

South Dakota Health Care Oversight and Coordination Plan

The Initial Family Assessment (IFA) is the first face to face assessment with a family to determine the need for protective service. It employs safety concepts and decision-making methods concerned with reconciling information contained within CPS reports about alleged maltreatment and alleged threats to child safety. The IFA results in three decisions:

1. Has maltreatment occurred or is maltreatment occurring?
2. Is a child in this family subject to impending danger?
3. Is this a family who should be served by ongoing CPS?

Child functioning is the element of the IFA which captures how the child functions daily. This includes pervasive behaviors, feelings, intellect, physical capacity, temperament, vulnerability (child's ability to protect themselves), mental health, physical health, education needs, peer relations, and social and personal development. This assessment determines how the child interacts with their world on a daily basis and includes the child's physical capacity. The functioning of a nonverbal child is determined by the Family Services Specialist's observations and information gathered from caretakers.

An analysis is completed at the conclusion of the Child Functioning assessment. This is the Family Services Specialists' professional opinion of how the child functions on a day to day basis; what makes this child unique; and the implications of child functioning on child vulnerability. The analysis is based on information gathered from the various interviews and observations by the Family Services Specialist. Further assessment of the impact of traumatic events is on the child's functioning occurs through the Adverse Childhood Experience (ACE) assessment.

Survivors of repeated and severe childhood trauma generally experience a common set of problems as adults when they do not receive effective treatment. A decade-long scientific study, known as the Adverse Childhood Experiences Study found these problems are serious and life-altering, which include increased suicidal attempts and other mental health disorders, promiscuity, use of street drugs, heavy alcohol consumption, intractable smoking, and physical health problems such as diabetes, hypertension, obesity, strokes, heart disease, certain forms of cancer, chronic lung disease and liver disease. Family Services Specialists are required to complete an ACE assessment at the conclusion of the IFA on every child who will be served with ongoing services. The results are provided through the Adverse Childhood Experience Scale, after considering factors such as supports while exposed to trauma and resiliency of the child, the Family Services Specialist, Supervisor, and Regional Manager, the child's parents or guardians, and current caregivers I determine if the child will be referred to a trauma-informed treatment provider.

Child Protection Services (CPS) believes every child and youth who enters foster care has the right to have their well-being needs assessed and treatment plans implemented to treat identified needs. CPS uses both informal and formal assessments to help assess a child's physical health and mental health/behavioral needs and determine if further professional services are needed.

Mental Health:

CPS received a rating of Area Needing Improvement regarding mental/behavioral health of the child because 66% of the 38 applicable cases were rated as a Strength at the conclusion of the 2016 Child and Family Service Review (CFSR) While assessments of the mental/behavioral health of the child rated high, improvement in to identifying appropriate services and assisting the child to access those services was found to be an area or practice requiring improvement.

Additional findings of the 2016 CFSR, revealed CPS was following the process of obtaining necessary psychotropic medications approved and completed the oversight on psychotropic medications. However, the documentation per policy was not completed, resulting in an area needed improvement. The psychotropic medications policy was updated in September 2018 to coincide with the Child Case Plan process which provides specific direction to document oversight and assessment of psychotic medications. This created one location to document the consent and oversight process were being completed according to policy and practice standards.

Additional oversight is required for children placed at Group and Residential Facilities which includes a psychotropic medication consent form prior to starting or raising a psychotropic medication dosage. Consent and signature are required from the FSS, consulting psychiatrist, parent, and youth ages 13 or older. Further oversight is required if the information the psychiatrist fills out fall within the *Criteria Triggering Further Review*. Any review which results in a finding of one or more triggers requires further review and oversight by specialists at CPS State Office. The following is the criteria which triggers further review:

1. Prescribed four or more concomitant psychotropic medications
2. Prescribed two or more concomitant anti-depressants
3. Prescribed two or more concomitant anti-psychotics
4. Prescribed two or more concomitant stimulant medications
5. Prescribed two or more concomitant mood stabilizer medications
6. Prescribed psychotropic medications in doses above recommended doses
7. Prescribed psychotropic medication and child is five years or younger.

CPS receives a report annually from the Division of Medical Services outlining the total number of children on Medicaid, and the number of children on Medicaid in CPS custody prescribed at least one or more psychotropic medication. The report includes information on Medicaid recipients age 21 and under who were dispensed an anti-depressant, anti-psychotic, or ADHD category drug during the previous year. The report is utilized by FACIS to provide an additional source of information to confirm the accuracy and precision of CPS data. The report allows comparison between the population of children in custody of CPS to other juvenile Medicaid recipients prescribed different psychotropic medications and the amount. Additionally, the report provides the opportunity to compare current data to data from previous years, which provides an additional oversight and the opportunity for trend analysis.

FACIS interfaces with the state's Division of Medical Services. As part of this interface, information regarding any medications the children are prescribed display on the Pharmacy Claims tab of the Health Assessment in FACIS. This display includes the prescribing provider name, pharmacy, drug name, dosage, therapeutic class, and other items. The interface further enhances CPS's ability to provide This function assists the Family Services Specialist to provide proper oversight on psychotropic medications,

allowing them an additional avenue to confirm any changes made to the child's medication regime.

In January of 2019, a random review of children prescribed at least one or more psychotropic medications was completed by a CPS Program Specialist at the state office. The review found 88% of these cases had an Informed Consent form for psychotropic medication or documentation such as psychiatric assessments and mental health evaluations to justify the use of psychotropic medication. FACIS Health Assessment Screens in all 90 cases contained key data entered with pharmacy claims consistently documented. CPS will continue the random review of a minimum of 90 children each year to ensure diligent oversight of children receiving psychotropic medications.

As stated previously, the Child's Case Plan contains the current status of the child's mental health. The Child Case Plan is reviewed by the supervisor with the Family Services Specialist for accurate completion and quality data. The following items are included for focus of the Mental Health section:

- Dates of evaluations and provider names
- Current diagnoses
- Current medications and therapist
- Strengths and challenges; and
- Progress

CPS monitors proper oversight on psychotropic medications, sufficient assessment of mental health needs and services through Safety, Permanency, and Well-Being (SPWB) reviews. SPWB reviews are completed one time a year in each region in South Dakota.

Children and youth who receive Child Protection Services have typically experienced or been exposed to traumatic events such as physical abuse, sexual abuse, chronic neglect, sudden or violent loss of or separation from a loved one, domestic violence, and/or community violence. Often these children have emotional, behavioral, social and mental health challenges which require special care and treatment. This has significant implications for the delivery of services.

Family Services Specialist must be both trauma aware and trauma-informed to address the multiple challenges traumatized children and their families bring with them when they enter the system. A trauma aware and trauma-informed staff seeks to change the paradigm from one which asks, "what's wrong with you?" to one which asks, "what has happened to you?" Trauma-informed care is an approach to engaging individuals with histories of trauma which recognizes the presence of trauma symptoms and acknowledges the role trauma has played in their lives. The child welfare system must promote healing environments through embracing key trauma-informed principles of safety, trust, collaboration, choice, and empowerment. In addition, it is important to identify services within the community treatment providers which are trauma-informed.

Trauma-informed care is an established practice which can dramatically improve the outcomes for children, youth and their families. Trauma-informed practice, which means the responses by all members of the child welfare system to traumatized children, youth and families, includes all the following elements:

- A child-focused, family-centered, gender-specific and culturally sensitive, strengths-based approach;

- Highly individualized assessment and care which identifies and acts on the child/caregiver/family and social/environmental risk and protective factors;
- A relationship which is characterized by respect, dignity, compassion, listening and being present in the moment and validation;
- A relationship which is based on a partnership with families, supports families and promotes empowerment;
- A recognition and appreciation of the high prevalence of traumatic experiences by those children, youth and families served;
- An understanding of the profound neurological, biological, psychological, cognitive and social effects of trauma and violence on the child and family;
- Planned, purposeful, anticipatory and proactive actions which reduce or eliminate the potential for harm or re-traumatizing; and
- An inclusive, collaborative approach with community partners which are involved in the child and caregiver's lives.

The intent of being trauma-informed is to promote a system which recognizes, understands, and appropriately responds to trauma and its' side effects on children and their families. To achieve the goals of safety, permanency and well-being within CPS, all activities by the Family Services Specialist are focused on strengthening the family, promoting resiliency, enhancing physical, emotional, and social well-being including healing trauma wounds, and reducing or eliminating system-level activities which may further harm or re-traumatize children and their families.

Informal assessments of a child's mental health needs which begin at CPS's first encounter with the family include observations of the child by the Family Services Specialist, and input from the placement resource, parent, teacher, and/or mental health therapist. Through informal assessments of the behavioral, developmental, and cognitive functioning of a child the determination is made if further formalized assessments are required for the child, such as a mental health assessment, psychological assessment, psychiatric assessment, or psycho-sexual assessment. The Family Services Specialist, Family Services Specialist Supervisor, parents, and placement resource reviews the completed assessment and recommendations. Any diagnosis is discussed to ensure there is agreement. If any questions arise about the child's diagnosis, the FSS is responsible for addressing those concerns with the provider and a determination is made if a second opinion is needed. The Family Services Specialist continues with an ongoing assessment through caseworker visits, record review, and conversations with mental health professional, parents, and the placement resource about the child's diagnosis and behaviors.

Children's health needs are documented on the Health Assessment screen in FACIS, the state's CCWIS system. These assessment screens capture necessary information regarding the child's health status. In addition, diagnosed conditions being monitored in AFCARS are documented in the Diagnosed Conditions AFCARS screen.

From the time the child is assigned to receive services (out of home), the Family Services Specialist has 60 days to complete the child assessment in FACIS. If no information is updated on the screen for 180 days, the Family Services Specialist's caseload compliance report will report the inactivity, the lack of compliance is also automatically displayed to the supervisor as an area of non-compliance. The expectation is information is updated minimally every six months. The Health Assessment is the focus for this oversight.

FACIS captures the following information regarding mental health:

- Requests for Health Records including when records were received
- Mental Health Evaluations and Appointments
- Trauma Treatment Referrals and Progress Report information
- Comment field (captures special conditions of a child not reflected on the Diagnosed Conditions AFCARS screen)

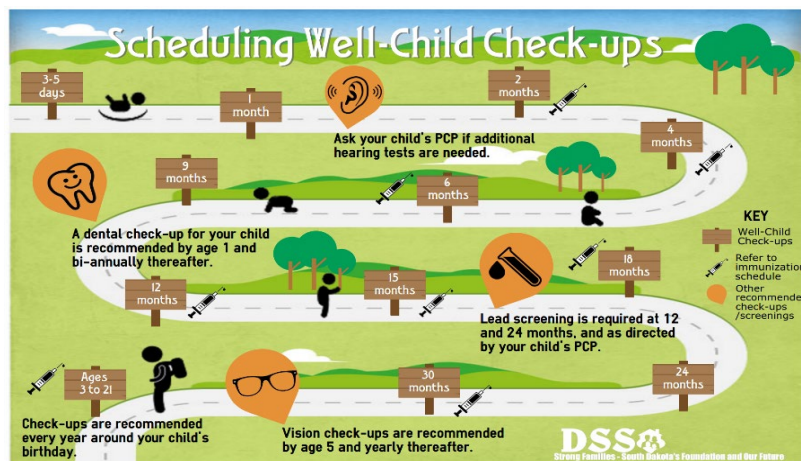
CPS completes a Child Case Plan within 60 days from the date a child entered care. The Child's Case Plan is a formalized assessment completed through collaboration with the child, parents, resource home, service providers, and Family Services Specialist.

FACIS captures mental health appointments, evaluations, and progress in an internal system, only available to CPS staff. However, it's important for youth, parents and placement resources to be aware of mental health information. Revisions to the Child Case Plan, completed in August of 2017, captures the child's health assessment information and autogenerates into the Child's Case Plan, ensuring current and accurate information is available to the child, parent and placement resource when they are provided the Child Case Plan.

Physical Health:

South Dakota CPS completed Round 3 of the CFSSR in September of 2016. CPS received a rating of Area Needing Improvement for physical health needs of the child as only 76% of applicable cases were found to be a strength and with improvements required in the assessment of needs and services provided to meet the identified needs.

CPS requires each child receive a health care screening within 30 days of entering care. CPS also requires a child to receive a dental exam by a dentist by their first birthday or first tooth, whichever arrives first. CPS follows the Well Child Check-ups schedule for children in CPS placement. These check-ups assist CPS staff and placement resources to manage on-going routine screenings and to monitor ongoing health needs of the child. The appointments are documented in the FACIS Health Assessment screens. The Well-Child Check guidelines are followed for children in custody and provide CPS staff and placement resources with a colorful and easily interpreted chart to ensure screenings are completed. Well-child visits are conducted in accordance with the American Academy of Pediatrics Bright Futures recommendation for preventative pediatric care. South Dakota Medicaid mails the placement resource a letter during the month of the child's birthday to remind them to schedule a well-child check-up and other services, such as teeth cleaning and a vision exam. The chart for health screenings and immunizations is below.



Recommended Immunization Schedule

Vaccine	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years	11-12 years
HepB	1 dose	1 dose				1 dose						
RV		1 dose	1 dose	1 dose	1 dose							
DTaP		1 dose	1 dose	1 dose	1 dose			1 dose			1 dose	1 dose
Hib		1 dose	1 dose	1 dose	1 dose	1 dose						
PCV		1 dose	1 dose	1 dose	1 dose							
IPV		1 dose	1 dose	1 dose		1 dose						1 dose
Influenza									1 dose (yearly)			
MMR						1 dose					1 dose	
Varicella						1 dose					1 dose	
HepA						2 doses						
MCV4												1 dose
HPV												2 doses

Family Services Specialists complete Permanency and Well-Being Certification training; they are trained to assess a child's physical health needs, including dental and vision and how to utilize the tools from the Division of Medical Services and Child Protection Services to assess and provide services to meet physical health needs. This includes providing proper oversight of a child's physical health needs and medications. Through the Division of Medical Services, the Family Services Specialist utilizes the chart above and are encouraged to provide those charts to placement resources. They must request immunizations records, typically from the local Women, Infant, Children (WIC) office or their primary health care provider, to ensure children are up to date with their immunizations. If the child is behind on their immunizations when they enter custody, the Family Services Specialist discusses this with the parent, the placement resource and medical professionals to develop a plan to bring immunizations up to date. Children's health needs are documented on the Health Assessment in FACIS. The assessment screens capture necessary information regarding the child's health status. Please note earlier explanation of diagnosed conditions, AFCARS, and interface with Division of Medical Services.

As noted previously, CPS allows 60 days from a child entering custody for the completion of the child assessment. If the assessments are not complete within 180 days, compliance reports alert the Family Services Specialist and their supervisor. The expectation is information is updated minimally every six months in FACIS. The Health Assessment is the focus for this oversight.

The screen captures the following information physical health:

- Immunization status
- Requests for Health Records including when records were received
- Referral to Birth to Three program
- Exams (captures type and provider information)
- Comment field (captures special conditions of a child not reflected on the Diagnosed Conditions AFCARS screen, for example, chronic ear infections)

The Child Case Plan captures a child's physical health, including dental and vision strength and needs. Physical health strengths and needs in the Child Case Plan are determined by observations of the child, discussions with the child, placement resource, parents, medical professionals and review of medical records. FACIS captures physical health appointments, evaluations, records request; this information is only available to CPS staff. However, it's important for the child, parents and placement resources to be aware of physical health information. Revisions to the Child Case Plan, completed in August of 2017, enhanced the information captured in the child's health assessment which autogenerates into the Child's Case Plan, ensuring current and accurate information is available to the child, parent and placement resources when they are provided a copy of the Child Case Plan. During the case plan preparation; the Family Services Specialist requests records from any relevant medical providers who provide care to the child. When records are received, the receipt is documented in the Health Assessment in FACIS. The Family Services Specialist reviews the records as part of the case plan evaluation process. There is a prompt in the Child Case Plan reminding the Family Services Specialist to review medical and mental health records; the Family Services Specialist must verify the records review on the child's case plan.

The placement resource and child's parents are invited to attend appointments, if there are no threats to safety. Often the placement resource sets appointments and takes the child to these appointments. At the end of appointment, the Family Services Specialist, placement resource and/or parents are provided a summary of the appointment. If the placement resource and/or parent did not attend the appointment, the Family Services Specialist shares the records with them as soon as possible. At a minimum, the information is shared during the next case plan evaluation. CPS is exploring further mechanisms to verify placement resources receive the child's records.

SPWB reviews are completed one time a year in each region in South Dakota. The reviews evaluate compliance with state policy regarding proper oversight of prescription medications as well if there was an adequate assessment of a child's physical health needs and services. SPWB reviews provides data and trends identifying the opportunities for future enhancements in providing for children's physical needs.

Children in the custody of CPS, who reside in a foster or kinship home are eligible for The Division of Medical Services Health Homes program. Health Homes are part of a person-centered system of care which achieves improved outcomes for recipients and better services and value for state Medicaid programs. Health Homes is a method of delivering enhanced health care services which promises better patient experience and better results than traditional care. The Health Home has many characteristics of the Patient-Centered Medical Home but is customized to meet the specific needs of Medicaid recipients with chronic medical conditions or behavioral health conditions.

Health homes must provide six federally mandated Core Services:

- Comprehensive Care Management,
- Care Coordination
- Health Promotion
- Comprehensive Transitional Care
- Patient and Family Support
- Referral to Community and Support Services

Health Homes are encouraged to utilize health information technology to more efficiently and effectively coordinate the care of Health Home patients. Through the provision of the six core services, the Health Home initiative aims to reduce inpatient hospitalization and emergency room visits, increase the integration between physical and behavioral health services, and enhance transitional care between institutions and the community.

Resource parents are provided the information on the availability of the Health Home program; ultimately the resource parent, in consultation with the Family Services Specialist, makes the determination if they will participate in the program. CPS advocates for all children in custody with complex medical needs take advantage of the service.

CPS seeks active oversight and confirmation of the determination of need prior to a child being placed in a psychiatric residential treatment facility (PRTF). CPS's partners in these safeguards are the State Review Team and the Peer Review Organization (PRO). The State Review Team (SRT) is comprised of representatives from the Departments of Social Services, Corrections, Human Services and Education who meet weekly to review each referral for PRTF. Each member of the SRT has an opportunity to ask questions, discuss alternatives to PRFT, and provide feedback. If the recommendation is for PRTF level of care, the SRT Facilitator notifies the Peer Review Organization (PRO) Certification Team for final determination of medical necessity.

The Division of Medical Services contracts with the Peer Review Organization (PRO), South Dakota Foundation for Medical Care to serve as the certification team. The PRO physicians are Board Certified in child/adolescent psychiatry. The Peer Review Organization nurse is certified by the American Nurses Credentialing Center in psychiatric and mental health nursing, addictions nursing, and managed care nursing. Medicaid (Title XIX) pays the treatment costs after approval by PRO. The diagnosis supporting the need for placement in a PRTF is confirmed by {PRO to ensure no child is placed in a PRTF due to inaccurate diagnosis.

Prior to the acceptance of a referral for residential treatment facility, no child is to be placed in a PRTF until Medicaid (Title XIX) approval has been received from the PRO with a specific length of stay and oversight, and authorization of requests to extend treatment stays based on progress toward treatment goals.

There are three accredited Child Advocacy Centers across South Dakota: Children's Home Child Advocacy Center in Rapid City, Child's Voice in Sioux Falls, Avera St. Mary's Central South Dakota Child Assessment Center in Pierre. Oglala Lakota Children's Justice Center in Pine Ridge also services as a child advocacy center. The Child Advocacy Centers are a child-focused center which coordinates the investigation, prosecution and treatment of child abuse, while helping children heal. The Child Advocacy Centers have

professionals specifically trained to interview a child or provide medical exams for the child. Representatives from many disciplines, including law enforcement, child protection, prosecution, mental health, medical and victim advocacy, and child advocacy, work together to conduct interviews and make team decisions about the investigation, treatment, management and prosecution of child abuse cases. The Child Advocacy Centers also provide training, support, technical assistance and leadership on a statewide level to communities throughout South Dakota.

A community effort to meet the health care needs of children in foster care in Sioux Falls is called Foster Care Clinic. Exams are completed at Child's Voice in Sioux Falls, SD, which is part of Sanford Children's Clinic. Children in CPS custody have comprehensive medical exams completed by the medical team who specializes in children who have been abused and/or neglected. The children have medical exams, with reviews of medical history and development assessments completed. Referrals are made for mental health, medical, dental, vision or hearing if needed. Appointments at the Foster Care Clinic are completed within 30 days of children placed in custody.