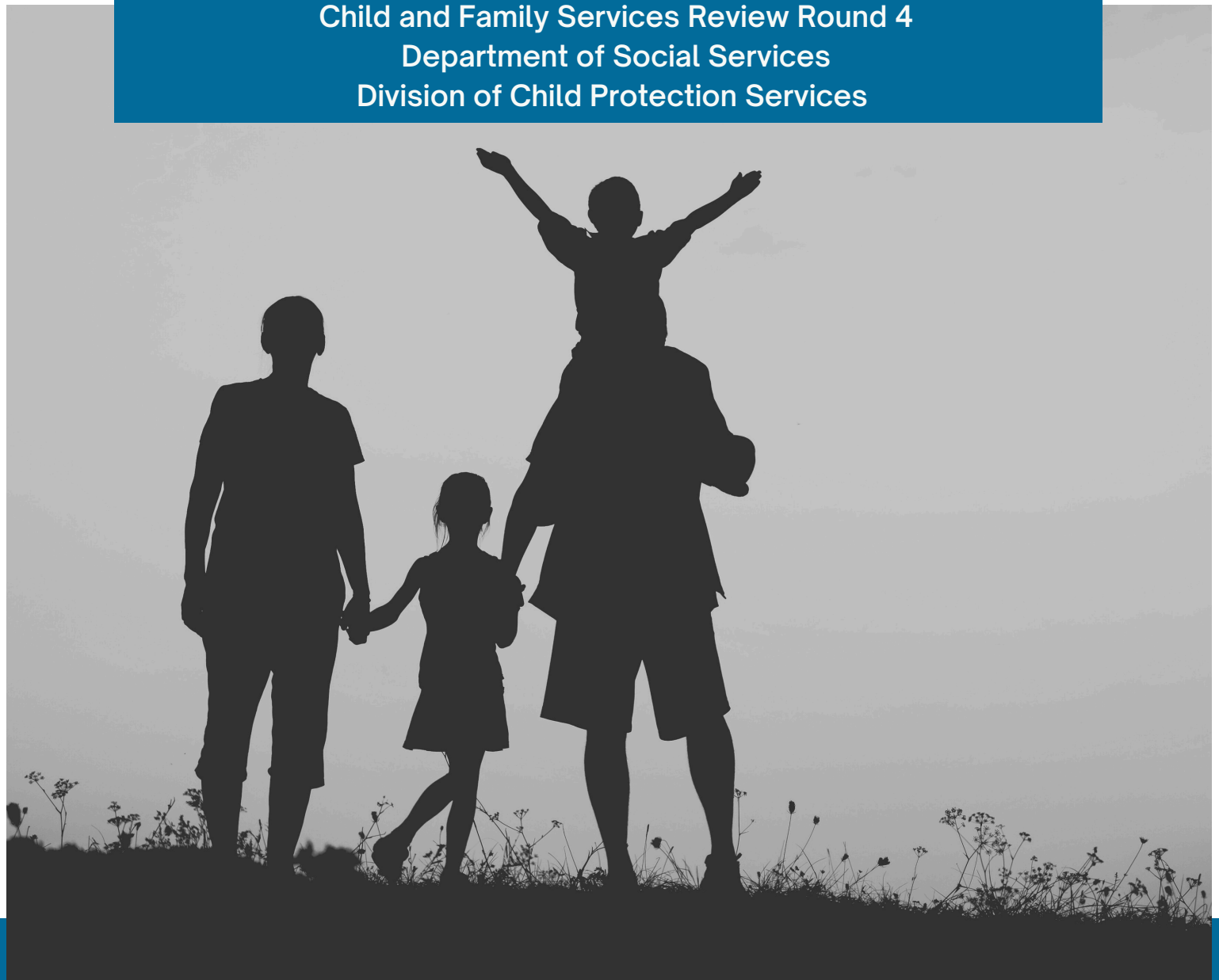
South Dakota Statewide Assessment

Child and Family Services Review Round 4
Department of Social Services
Division of Child Protection Services



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I. General Information

South Dakota Department of Social Services

Strong Families - South Dakota's Foundation and Our Future

Child and Family Services Review
Statewide Assessment
January 17, 2024

State Child Welfare Contact Person(s) for the Statewide Assessment

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List of Statewide Assessment Participants

Name	Affiliation	Role in Statewide Assessment Process
Alex Mayer	Department of Social Services Chief of Children and Family Services	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan
Amy Witt	Vice President of Lutheran Social Services	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan
Andrea Indahl	School Guidance Counselor with the Yankton School District	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan
Andrew Ausborn	South Dakota Behavioral Health	Consulted on Data and Consulted on Service Array Specific Questions
Angela Lisburg	Community Relations at Avera	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan
Annie Brokenleg	Juvenile Detention Alternatives Initiative with UJS.	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan
Ashley Asmus	South Dakota Child Protection Services	Agency Representative
Ashley Schlienmayer-Okroi	South Dakota Child Protection Services	Agency Representative
Ashley Zens	South Dakota Child Protection Services	Agency Representative
Becky Nelson	Office of Licensing and Accreditation	Foster Parent Recruitment and Retention Collaboration
Beth Bruggeman	Center for the Prevention of Child Maltreatment	Contractor for Parent Collaboration Workgroup/Parent Survey
Beth Dokken	South Dakota Department of Health-Director of Family and Community Health	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan and Consulted on DOH Services
Brandi Storegaard	Network Against Family Violence and Sexual Assault	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan
Carmen Stewart	Director of USD Head Start	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan

Name	Affiliation	Role in Statewide Assessment Process
Carrie Churchhill	Department of Health-Nurse Manager	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan
Carrie Mees	Minnehaha County State's Attorney	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan
Charnelle Gill	Parent/Grandparent with Live Experience and Early Childhood Manager with Sisseton Wahpeton Oyate Tribe	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan
Cherokee McAlpine	Young Adult/Former Foster Youth	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan
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Confidential Parent	Lived-Experience	Assisted in the development of the parent survey
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Confidential Parent	Lived-Experience	Assisted in the development of the parent survey
Confidential Youth	Lived-Experience	Assisted in the development of the youth survey
Confidential Youth	Lived-Experience	Assisted in the development of the youth survey
Darla Biel	Center for the Prevention of Child Maltreatment	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan and Contractor for Parent Collaboration Workgroup/Parent Survey
David Flute	Secretary of the Department of Tribal Relations	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan
Deborah Devine	ICWA Coalition Lead/Program Manager Tribal CW at Sisseton Wahpeton Oyate Tribe	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan
Eric Grover	South Dakota Child Protection Services	Agency Representative
Hannah Holen	South Dakota Child Protection Services	Agency Representative
Jamie Morris	Division of Developmental Disabilities-Clinical Administrator	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan
Janet Kittams	Helpline Center Chief Executive Officer	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan
Jenise Pischel	Director of Our Home Inc.	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan
Jennifer Mueller	Office of Licensing and Accreditation	Foster Parent Recruitment and Retention Collaboration
Jennifer Oedekoven	SD School Nurse Association	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan

Name	Affiliation	Role in Statewide Assessment Process
Jess Murano	Center for the Prevention of Child Maltreatment	Contractor for Parent Collaboration Workgroup/Parent Survey
Jessica Morson	ICWA Coalition Lead/Tribal CW Director-Flandreau Santee Sioux Tribe	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan
Jessica Snaza	Positive Indian Parenting Coordinator	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan
Joe Ashley	South Dakota Child Protection Services	Agency Representative
Joey Younie	Division Director of the Division of Developmental Disabilities	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan
JoLynn Bostrom	South Dakota Child Protection Services	Agency Representative
Joseph Graces	Secretary of the Department of Education	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan
Kathy Black Bear	Sicangu Children and Family Services	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan
Kathy Miller	South Dakota Child Protection Services	Agency Representative
Katie Larson	South Dakota Child Protection Services	Agency Representative
Kevin Kanta	Office of Licensing and Accreditation	Foster Parent Recruitment and Retention Collaboration
Kiley Hump	Department of Health-Disease Prevention and Health Promotion	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan
Kirsti Bunkers	Director of Juvenile Services	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan
Kristin Hintz	South Dakota Child Protection Services	Agency Representative
Lisa Fleming	South Dakota Child Protection Services	Agency Representative
Madisen Weber	South Dakota Child Protection Services	Agency Representative
Mark Gildemaster	South Dakota Department of Health	Consulted on Data

Name	Affiliation	Role in Statewide Assessment Process
Matthew Ballard	Department of Social Services Deputy Director of Medical Services	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan
Megan Newling	South Dakota Child Protection Services	Agency Representative
Melanie Boetel	Division Director of Behavioral Health	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan and Consulted on Service Array Specific Questions
Melissa Fluckey	Department of Social Services Division of Childcare-Program Specialist	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan
Michael Hight	Sanford Health Business Development and Outreach Services	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan
Michelle Worden	Deputy Director of the Division of Behavioral Health	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan
Mike Waldner	South Dakota Department of Economic Development	Consulted on ConnectSD
Misty McAllister	South Dakota Child Protection Services	Agency Representative
Muriel Nelson	Office of Licensing and Accreditation	Foster Parent Recruitment and Retention Collaboration
Pamela Bennett	South Dakota Child Protection Services	Agency Representative
Patricia Reiss	South Dakota Child Protection Services	Agency Representative
Raquel Thompson	Standing Rock Sioux Tribe Child Protection	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan
Renee Bear Stops	Parent/Grandparent with Lived Experience and Administrator of the Pierre Indian Learning Center	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan
Roslyn Stevenson	Director of CRP/REACH Lutheran Social Services	Assisted in the development of the youth survey
Sara Kelly	South Dakota Unified Judicial System	Agency Representative
Sara Sheppick	South Dakota Child Protection Services	Agency Representative

Name	Affiliation	Role in Statewide Assessment Process
Stacey Tieszen	CASA	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan
Suzanne Eagle Staff	Counselor-Cheyenne River Sioux Tribe	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan
Tami Lorenzen	Urban Indian Health Services	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan
Tanya Septka	South Dakota Child Protection Services	Agency Representative
Tasha Jones	South Dakota Housing Authority	Consulted on SD Housing Authority
Teresa Nieto	Supervisory Social Worker at BIA	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan
Terry Dosch	Council Director-Council of Community Behavioral Health	Stakeholder engagement for the development of South Dakota's Family First Prevention Plan
Tonia Bogue	South Dakota Child Protection Services	Agency Representative

Description of Stakeholder Involvement in Statewide Assessment Process

In November 2022 South Dakota Child Protection Services leadership began internal discussions on creating a CFSR Round 4 Core Group comprised of internal agency staff and stakeholders to develop the Statewide Assessment. During those meetings, it was discussed there are other federal planning efforts with the development of the Family First Prevention Plan and the Child and Family Services Plan, both which would be completed within the same time frame as the Round 4 CFSR Statewide Assessment. As South Dakota does not have a high population it was identified the same stakeholders would be engaged in all three planning efforts. Therefore, as an effort to respect child welfare partners time, it was strategically decided to align engagement efforts between all three plans instead of having different planning meetings separately.

Child Protection Continuous Quality Improvement Team were members of the Family First Prevention Team meeting as well as the Core group to ensure information was being collected to support all the federal planning. The CQI Team also reviewed what data/information was still needed from stakeholders or people with lived experiences to inform statewide child welfare system practices. In addition to the individuals listed above, community stakeholder and people with lived experience were engaged through other means listed below.

Community Stakeholders

Stakeholder surveys are sent to the following community partners:

- State Court Judges
- Tribal Judges
- State's Attorneys
- Tribal Prosecutors
- Child's attorneys
- Parent's attorneys
- Court services officers
- CASA directors
- Foster Parents
- Mental health directors
- Domestic violence shelter directors
- Drug and alcohol service providers
- ICWA directors
- BIA Social Services directors
- Law enforcement officials
- Family visitation center directors
- Parole agents
- Schools and residential/group care facility representatives

Stakeholders are asked input on the following information:

- How easily are families in their community able to access the following services?
  - Prenatal health care
  - Behavioral health screening and treatment
  - Services to address child's social, emotional, and/or behavioral development
  - Affordable quality child care
  - Affordable, quality child education (pre-k, grade school, etc.)
  - Affordable, quality adult education (GED, career, technical education, etc.)
  - Parent education (classes, training, or groups to learn parenting skills)
  - Sufficient food, housing, and clothing
  - Sports/recreational programs for children
  - Services which provide physically and emotionally safe environments for children/youth after school and on weekends.
  - Services which are appropriate for their culture and language
- Are there waitlist for services?
- Are services individualized (developmentally, culturally, and linguistically appropriate) to the needs of the children?
- What gaps are there in services for children and families?
- What are the most significant barriers to accessing mental health resources?
- What are the most significant barriers to accessing substance use/abuse resources?
- How do you or your agency support families?
- Rank the following services from most to least effective resource or tool in preventing child abuse/neglect:
  - Mental Health Services
  - Substance Abuse Services
  - Parenting Classes
  - Child Education
  - Prenatal Resources
  - Housing Assistance
  - Economic Assistance (SNAP, TANF, etc.)
  - Home-Based Services (Parenting Education)
  - Home-Based Services (Counseling)

- What are the barriers to a child in foster care achieving their permanency goal?
- Describe how the child welfare agency collaborates with you/your agency.
- Does it appear that new child welfare staff are appropriately trained to perform their job?
- Does it appear child welfare staff (seasoned workers) are appropriately trained to perform their job?
- Do foster parents/placement resources receive adequate initial training to work with the children in their care?
- Do foster parents/placement providers receive adequate ongoing training to work with the children in their care?

The following questions were only asked to stakeholders who are involved in the Court System (Judges, Attorney, CASA, Foster Parents)

- For children in foster care, how often do periodic reviews (required every six months) occur?
- For children in foster care, how often do initial permanency hearings (required 12 months from the child's entry into foster care) occur?
- How frequently are foster parents, pre-adoptive parents, and kinship providers notified of court hearings held with the respect to the child (ren) they are caring for?
- What is the typical method foster parents, pre-adoptive parents, and kinship providers receive notices of upcoming court hearings for the child(ren) placed in their care?
- Are foster parents, pre-adoptive parents, and kinship providers notified of their right to be heard in upcoming court hearings?

Specific results of the survey are captured within the Statewide Assessment.

Parents with Lived Experience:
Groups of parents and caregivers were recruited in the Brookings, Pierre and Sioux Falls areas to assist with cognitive interviewing in relation to parent surveys. Sioux Falls interviews occurred May 28, 2024, Pierre interviews occurred May 31, 2024, and Brookings interviews occurred on June 5, 2024. 1661Cognitive interviewing is a technique used to evaluate survey questions to determine whether the true meaning of the question, as intended by the evaluator, is conveyed to respondents, and more generally whether the question is functioning as intended. The CQI Team conducted the interviews and modified the survey after feedback was collected.

After utilizing the feedback gathered through cognitive interviewing, a parent with lived experiences survey was distributed in October 2024 via Survey Monkey and paper copies to parents who have worked with CPS, regardless of their outcome in the last year. The survey was active for two months. In total, 1,066 parents were sent the survey, and 74 individuals participated in the survey. Feedback regarding relationships with their caseworker, communication with caseworkers, frequency of communication with caseworkers, case planning, and access to services was gathered through the survey. An array of ages and races responded to the survey from various locations across the state.

Parents were asked the following questions in their survey:

- What is your race/ethnicity?
- What office is your caseworker from?
- Describe your current status with Child Protection. Specific situations are outlined to gauge if parents are working with CPS for in home services or if their children are in placement.
- Is this your first time having contact with Child Protection Services?
- How many previous cases have you had with Child Protection Services?
- Have any of the following factors contributed to your family becoming involved with Child Protection Services again?
  - My previous case with CPS closed too soon
  - Lack of natural supports in my life
  - I did not know what prevention services were available
  - I did not know who to reach out to for help for my family
  - Former services providers discontinued services that my family still needed
  - None of the above
  - Other (please specify)
- Please rate the following topics relating to your relationship with your current Family Services Specialist (caseworker)
  - My caseworker listens to me in a way that shows they want to really understand my family
  - My caseworker does what they say they will do
  - My caseworker notices what's working well in my family regarding the care, safety, and wellbeing of my children
  - My caseworker cares about my family and what changes needs to happen to make my children safe in the home

- Please rate the following topics relating to your communication with your current Family Services Specialist (caseworker)
  - My caseworker has been clear with me about why or how my children are unsafe
  - My caseworker and I agree with how my family situation or circumstances make my children unsafe
  - I have been involved in planning what needs to change in order for me to keep my children safe and meet their needs.
  - I have been involved in case planning for my children to ensure their individual needs are met either in my home or while they are placed out of the home.
  - My caseworker has spent time with my child and has listened to what they say about what needs to change at home, their concerns, and their needs.
  - My caseworker has made sure my child fully understands why Child Protection is involved and how they are working to ensure they are safe at home.
- Please select the frequency of communication with your caseworker for each method of communication:
  - Face to face meetings (does not include family time visitation)
  - Face to Face discussions at family time
  - Phone calls
  - Text Messages
  - Emails
- What topics are typically discussed during face to face meetings with your caseworker?
  - My case plan goals
  - Progress toward achieving my case plan goals
  - The services I am involved in
  - Barriers to achieving goals
  - Supports/Safety Planning
  - Family Time (visits with my children)
  - Relatives who might be able to care for my children in kinship care
  - Permanency goals for my children
  - My children's medical health
  - My children's mental health
  - My children's education
  - My children's social needs
  - My children's connections (to extended family, friends, communication, culture, faith practices, etc)
  - None of the above
  - Other (please specify)
- Please rate your agreement with the following statement: Face to face meetings with my caseworker are of sufficient quality to discuss my family's needs, goals, and services.

- Identify how each type of important update regarding your case is communicated (In person, phone call, text message, email)
  - Updates regarding my child's education
  - Updates regarding my child's mental health
  - Updates regarding my child's physical health
  - Updates regarding my child's placement
  - Court information
  - Family Time scheduling
  - My progress on my case plan goals
  - Information regarding services
- What services have you utilized to achieve your case plan goals? (a list of services was provided)
- Are the services you have received individualized/personalized (developmentally, culturally, easily understood, and in your primary language) to your specific needs?
- Were documents related to your case provided to you in your primary language?
- What services do you need but do not have access to? (a list of services was provided)
- What barriers prevent you from receiving services you need? (a list of barriers was provided)
- Do you know what the 211 Helpline Center is?
- How you every called 211 Helpline Center to access any of the following resources and services for your family? (a list of services was provided)

Specific details of the survey are captured throughout the Statewide Assessment.

Youth with Lived Experience:
A youth with lived experience survey was distributed to all children ages 14-18 in out of home placement, who have been in care for at least 60 days. In 2024, the survey was distributed to 198 youth and 91 youth responded. In July of 2024 youth involved with Young Voices were provided the opportunity to review the survey and provided feedback prior to it being distributed statewide. Community Resource Person (CRP) for youth were also provided the survey to provide feedback prior to administering the survey.

Youth were asked the following questions in their survey:

- How old are you?
- What is your race?
- What office is your CPS caseworker from?
- How long have you been in DSS custody?

- Is this your first time being in DSS custody?
- What is your current placement setting?
- If the youth was in group or residential the following questions were asked:
  - What is your discharge plan following your current placement?
  - One a scale from 1-5, how clear are you about the specific goals needed to achieve in order to be considered for discharge from your group or residential treatment?
  - Barriers preventing you from discharging from group care/residential treatment? (a list of barriers was provided)
- What is your permanency goal?
- What school grade are you in?
- Do you know how many credits you have completed?
- Do you know how many credits you still need to graduate?
- Are you on track to graduate or complete your GED?
- If you are 15 years and 9 months or older, have you been assigned a Community Resource Person (CRP) to provide you with Independent Living Services (ILS)?
- Who is your Community Resource Person (CRP) who provides you with ILS Services?
- How often to you meet with your Community Resource Person?
- Did you complete the Casey Life Skills Assessment?
- What Independent Living Services activities have you participated in?
  - Teen workshops
  - Virtual webinars
  - One on one meetings with Community Resource Person
  - Age meetings
  - I have not participated in any ILS activities
  - Other
- For youth age 16 or older, have you attended your Age 16, Age 17 or Transitional Meetings (these meetings are held to discuss planning and implementation of independent living services to prepare youth for leaving foster care and transitioning to adulthood)?
- How helpful were the age meetings you have attended?
- What would have made your age meetings more beneficial?

- What workers do you meet with on an at least a monthly basis?
  - Community Resource Person
  - Child Protection Services Caseworker
  - Residential Case Manage/Staff
  - CASA Worker
  - Attorney
  - Other
- Who works with you on Independent Living Skills (a list of the child's team members is provided to select from)
- What independent living skills have you done? (a list of ILS skills is provided to select from)
- What services/activities are you involved in? (a list of services is provided to select from)
- Are there other services you need?
- What services do you need, that you are not already receiving? (a list of services is provided to select from)
- Why are you not receiving these services? (a list of barriers are provided to select from)
- Do you take any daily medications?
- Select the reasons you are prescribed medications (a list of reasons are provided)
- Who provides you with your daily medications (a list of the child's team member is provided to select from)
- Does anyone discuss your medications with you?
- What things are talked about with you in regards to your medications?
  - Side effects
  - Benefits
  - Reasons for taking the medication
  - Checking in on your status with medications
  - None of the above
  - Other
- Are you given the option to attend court hearings related to your case?
- Have you attended court hearings related to your case?
- When you have attended court hearings, do you have the opportunity to speak in court?
- How often is your input heard in court?

- Who do you talk to about court? (a list of the child's team members are provided to select from)
- Are you assigned an attorney?
- How often do you speak with your attorney?
- How do you talk with your attorney? (in person, phone, letter, email, text message)
- Are you able to give your opinion to your attorney?
- Do you have a child case plan document that identifies your strengths, needs, goals, and activities/services you are involved in?
- Did you give input for your case plan?
- Does your CPS caseworker discuss your case plan with you?
- Have you had the opportunity to maintain meaningful relationships with friends, family, and important people in your life?
- Do you know if your CPS caseworker has requested a credit report for you?
- Did your CPS caseworker discuss your credit report with you?
- Are you 17 years old? If so, was the following discussed:
  - In regard to transitioning to adulthood, has your CPS caseworker or Community Resource Person discussed the following topics?
    - Housing
    - Career
    - Education Plans
    - Health Reports
    - None of the above

Specific details of the survey are captured throughout the Statewide Assessment.

Community Webinars/Presentation:
The Administrator for CQI and Outcomes presented about the Child and Family Services Review Process to the Court Improvement Program (CIP) Lunch and Learn on January 31, 2024. Over 30 people attended the presentation from the legal and judicial community. The Administrator for CQI and Outcomes presented at the State Tribal Meeting October 17, 2024, and how to get involved in the CFSR. During both presentations both phases of the CFSR was discussed in detail. Stakeholders were told how they could get involved with the CFSR through being a reviewer, developing the statewide assessment, and participating in stakeholder interviews.

II. State Context Affecting Overall Performance

Part 1: Vision and Tenets

Organizational Structure Overview
The South Dakota Department of Social Services, Division of Child Protection Services (CPS) is the Division designated to administer the Title IV-B and IV-E programs, Child Abuse Prevention and Treatment Act grant, John H. Chaffee Foster Care Program for Successful Transition to Adulthood, and the Community Based Child Abuse Prevent Program. The Department of Social Services is led by the Department Cabinet Secretary. Under the Department of Social Services, the Division of Children and Family Services was created. There is a Chief of Children and Family Services who oversees the Director of CPS. CPS is a state administered and state supervised child welfare system. The CPS Division Director oversees the statewide provision of CPS programs and services. There are two Assistant Division Director's, one who oversees field services and one who oversees program areas, both are under the direct supervision of the Division Director. There are two Program Administrators, one who oversees Continuous Quality Improvement and Outcomes and one who oversees Services to Families, both are under the direct supervision of the Division Director. State Office of CPS Program Specialists serve as advisors and consultants to the Division staff in specific program areas and are involved in the administration of funding, promotion, and evaluation of those programs. CPS is divided into seven geographical regions. Each Region is led by a Regional Manager who is directly involved with the management of staff in the Region and responsible for overseeing the region-wide provision of services in all program areas. CPS has nineteen offices statewide that provide CPS services. Each office within a Region has a supervisor or supervisors who provide clinical and direct supervision to Family Services Specialists and Social Services Aides that provide services in the program areas.

The core components of CPS and functions within those components include:

- Intake – receipt of child abuse and neglect reports Request for Services (RFS') including collateral contacts prior to screening and assignment for an Initial Family Assessment (IFA).
- Initial Family Assessment – process used to assess threats to danger and maltreatment in assigned child abuse and neglect reports through interviews with children, parents, and through other information sources.
- Ongoing Services – Protective Capacity Assessment (PCA) case planning and evaluation, and services provided for in-home and foster care cases where there are threats to child safety.
- Permanency Planning Services – providing placement resources, permanency planning, independent living and supports for children placed in out-of-home care.
- Adoption Services – placement of children who have a goal of adoption when parental rights are terminated and post-adoption services for children in adoptive placement.
- Licensing – licensing and regulation of child welfare and child placement agencies that provide placement services to children with emotional and behavioral needs was moved to the Office of Licensing and Accreditation January 2021. CPS provided these services prior to the creation of the Office of Licensing and Accreditation.
- Title IV-E Prevention Plan – development and implementation of the Prevention Plan and requirements as outlined in the Family First Prevention and Services Act.
- Administration of the Parenting Education Partners network.

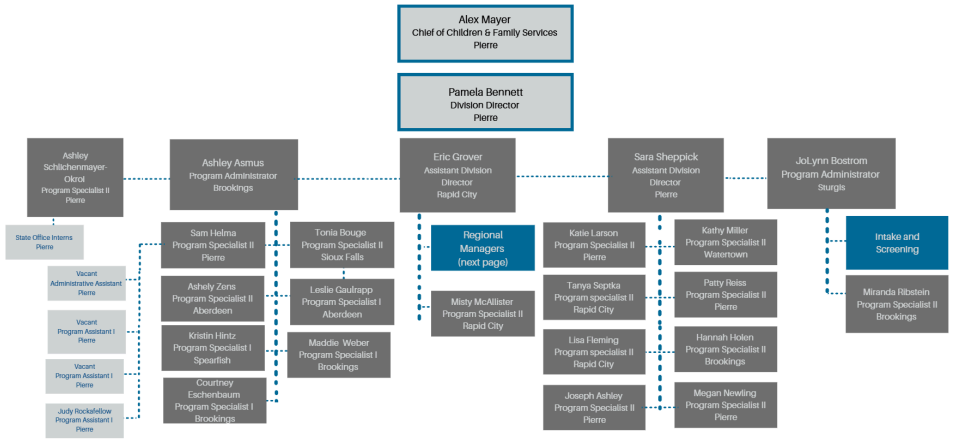
CPS directly provides child protection services for five of the nine South Dakota tribes. The tribes directly served by CPS are the Rosebud Sioux Tribe, Cheyenne River Sioux Tribe, Crow Creek Sioux Tribe, Lower Brule Sioux Tribe, and Yankton Sioux Tribe. The four tribes that provide their own full array of child welfare services are Flandreau Santee Sioux Tribe, Sisseton Wahpeton Oyate Tribe, Standing Rock Sioux Tribe, and the Oglala Sioux Tribe. CPS has Title IV-E agreements with these four tribes.

Each of the tribes have tribal courts and tribal law enforcement. There are several similarities with protocols of the courts and law enforcement for the five tribes compared to non-tribal law enforcement and courts. The similarities include the option for joint investigations, provisions for law enforcement to take emergency custody, and abuse/neglect (A/N) actions through the court with the court being able to give custody, care, and placement responsibility to CPS. The Federal Bureau of Investigation (FBI) and U.S. Attorney's Office also have jurisdiction to investigate and prosecute criminal child abuse on reservations.

A more detailed description of each of the Department's Divisions and the programs each provides can be found on the Department's website.

Department's Website

CPS State Office Organization



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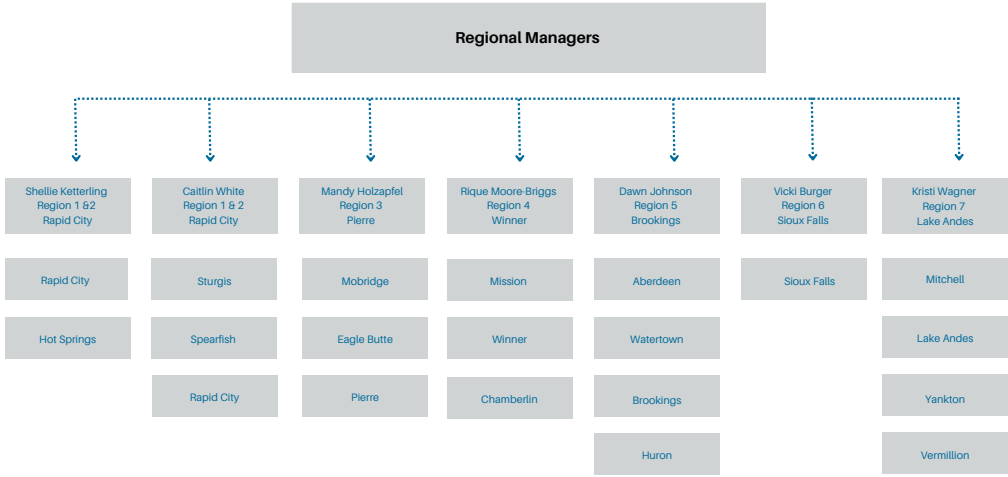
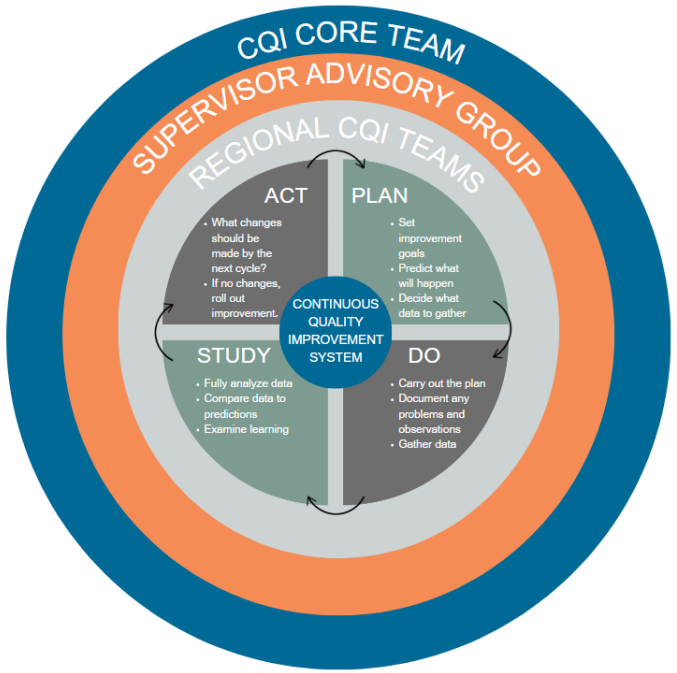
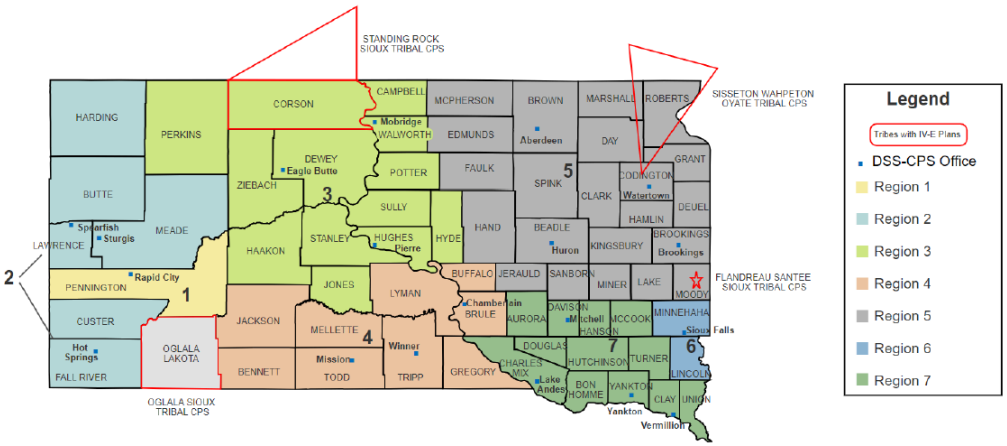
CPS Regional Management Structure



Continuous Quality Improvement System





Vision Statement

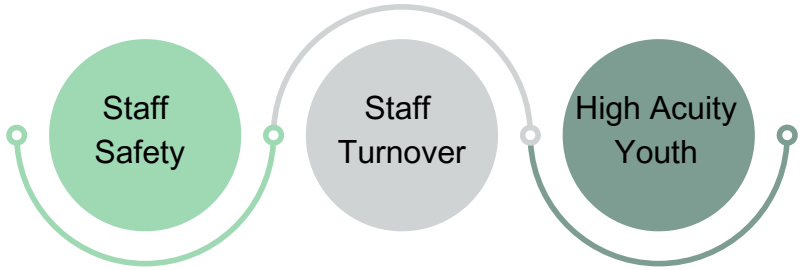
Families are engaged with a child welfare system which honors and uplifts their values and resilience through the empowerment of families involved within the system.

Mission Statement

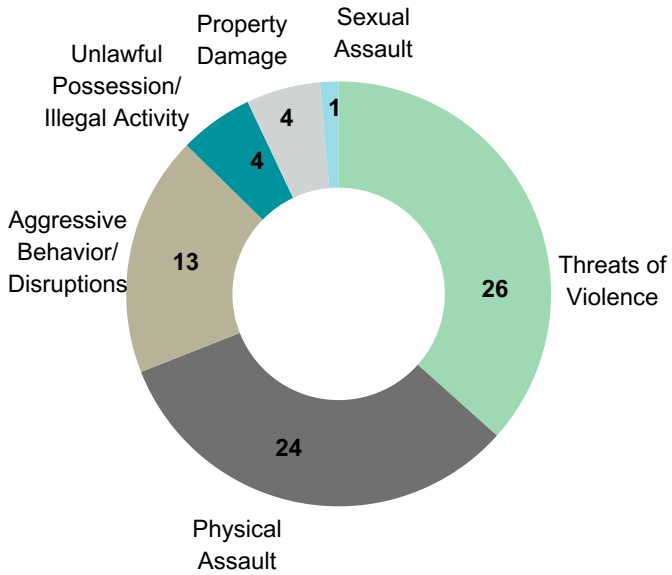
South Dakota welfare's mission is to engage parents, youth, and partners in a shared vision, to empower all involved to lead systemic change.

Part 2: Cross-System Challenges

Three major cross-system challenges affecting South Dakota's Child Welfare System is child welfare staff safety, staff turnover, and high acuity youth. These three areas are often seen as separate challenges, however, intersect and impact one another.



Child welfare professionals are particularly vulnerable to workplace-related violence, highlighting the urgent need for adequate support and safety measures. According to the Bureau of Labor Statistics, social service workers in the public sector are among the most at risk for workplace violence. In the last year, 71 critical incidents involving CPS staff were reported, including multiple assaults which resulted in several staff injuries.



Data Source: Internal CPS Tracking Form

South Dakota child welfare staff regularly confront significant safety challenges in their line of work, particularly when dealing with youth exhibiting aggressive behaviors. These challenges are compounded by instances of verbal and physical aggression that can occur during interventions, transports, or routine check-ins. These high-stress situations not only impact the workers on an individual level but can also affect their ability to perform their roles effectively, leading to high turnover rates within the department.

Furthermore, the increasing complexity of cases involving youth with greater needs—such as those with severe mental health issues, trauma histories, or complicated family dynamics—adds to the already heavy workload of child welfare staff. Managing these cases requires a multidisciplinary approach and often more time per case, straining resources and stretching caseload capacities. Effective management of these challenging cases demands additional support and resources, including increased staffing, better training, and more robust support systems to aid the workers in addressing these demanding situations.

In response to these challenges, several safety practices have been implemented, such as involving law enforcement when available, providing Motivational Interviewing and Safe Crisis Management Training, contracting safety communication services, and encouraging meetings in secure locations. However, these measures alone are insufficient to fully address the risks faced by child welfare workers. CPS has started a pilot of the Becklar Safety App to enhance worker safety. Currently, there are three regions in CPS who are piloting the new application.

Purpose of Becklar Application

- **Objective:** Enhance staff safety and response capabilities.
- **Need:** Address safety challenges faced by CPS employees in the field.

Key Features of Becklar's Application

- **Real-time Location Tracking:** Ensures staff can be located quickly.
- **Emergency Alerts:** Immediate notifications for urgent situations.
- **Safety Check-ins:** Regular updates on staff status.

Benefits to CPS Staff

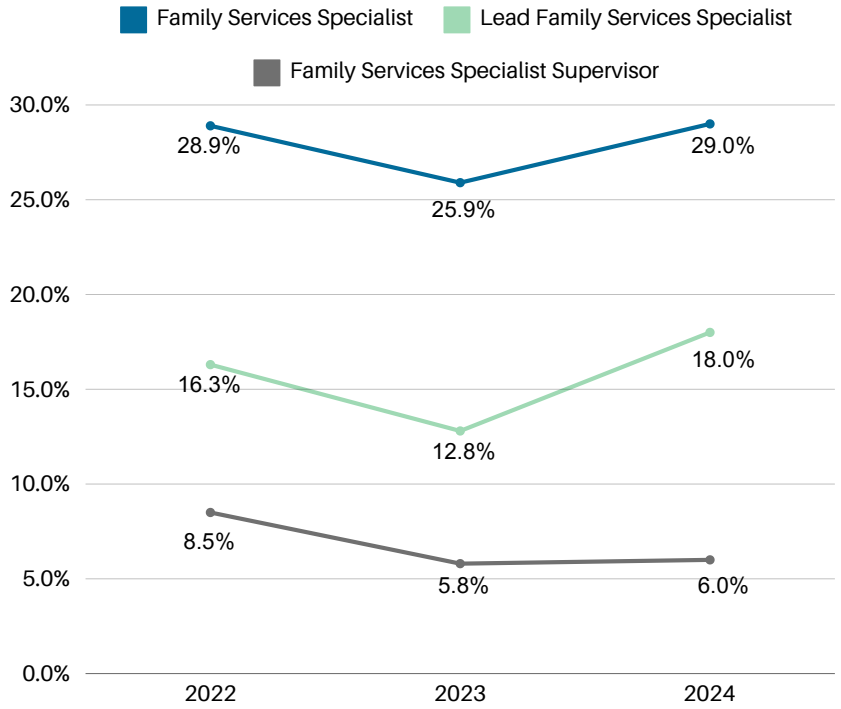
- **Immediate Assistance:** Rapid emergency response capabilities.
- **Increased Safety Awareness:** Better situational awareness for staff.
- **Streamlined Communication:** Improved coordination among team members.
- **Enhanced Confidence:** Greater sense of security leads to improved focus on duties.

CPS Director and Regional Managers (RM) analyze vacancy patterns, as well as staff recruitment and retention trends at quarterly RM meetings. DSS Finance sends overtime reports monthly which are distributed to the CPS Director, Assistant Directors, and Regional Managers to review on a monthly basis and analyze at quarterly RM meetings. Regional Managers compile quarterly data reports containing caseload counts and available staff. These reports are reviewed and analyzed by the RMs, Director, and Assistant Directors at the quarterly RM meetings. Recommendations for annual FTE budget requests or reallocation of FTE are presented to DSS Management Team based on analysis of this data and information.

In SFY2024, staff worked 30,028.80 overtime hours costing $1.25 Million.

Recruitment incentives, referral incentives, and hourly differential pay increases for regions with challenges acquiring sufficient staff are discussed with the Bureau of Human Resources (BHR) as regional needs are identified. Proposals are submitted and reviewed by DSS Leadership and BHR for approval. BHR and CPS Director meet bi-weekly and the list of approved incentives and differential pay is reviewed on a regular basis to determine continued need.

The following chart displays the staff turnover rate for specified positions in the agency:



Data Source: Human Resources Data Base

Employee Assistance Program (EAP):
BHR provides training to new employees about EAP services at "New Employee Day" each fall. BHR is invited to supervisor meetings, as requested, to provide refresher training to supervisors about EAP services to share with their staff. BHR provides employees with a monthly e-newsletter which contains services and updates about services available through EAP. BHR website maintains easily accessible information about EAP resources and how to access these resources on the BHR website.

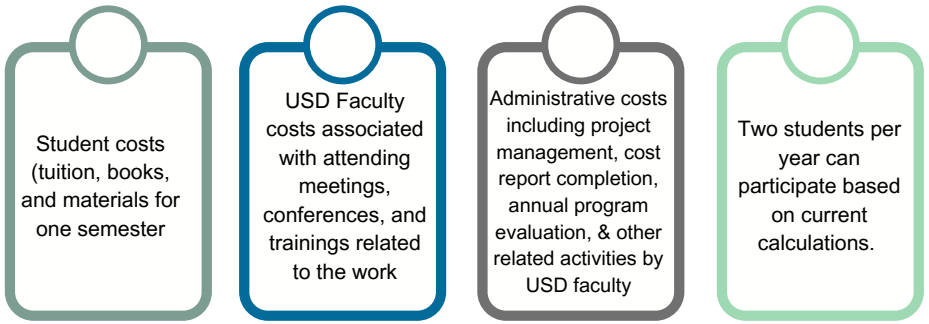
Compassion Fatigue:
CPS has trained current staff on Compassion Fatigue. Compassion Fatigue will be implemented into certification training in 2025. Participants will learn the symptoms and science of burn out, as well as tools for prevention. In addition to Compassion Fatigue, Trauma Training is provided to staff and facilitated by a mental health professional who helps staff understand and respond to their own secondary trauma, as well as client trauma.

Emergency Response:
Supervisor and Family Service Specialists (FSS) Emergency Response Policy outlines expectations for emergency response responsibilities to provide consistency statewide. FSS and Supervisors are provided compensation for standby time, as well as inconvenience time if they are called out of their home less than 3 hours. All other time is compensated at the employee's hourly pay rate or they have the opportunity to flex their time. Overtime is available if staff work more than 40 hours due to emergency response duties. Approval was requested and granted from DOT for staff on emergency response to take a state vehicle to their home for more convenience when they must respond to a report of abuse/neglect.

Continuous Performance Communication:
Continuous Performance Communication (CPC) check-in consultations are recommended to occur quarterly and required to occur bi-annually. Check-ins are focused discussions about what the employee is doing well, opportunities for development, goals, and support needs. Check-ins are recorded in the employee's Employee Space portal with BHR where the staff and supervisor can access the documentation at any time.

USD IV-E Contract:
The Department of Social Services collaborated with the University of South Dakota and through an inter-agency agreement, supported the work of Kay Casey Consulting, Inc. A final report was received from the consultant and through work with USD, a proposal appears below.
An inter-agency agreement is requested between DSS and USD. The purpose of this contract is to provide tuition reimbursement for Social Work students, with the overall goal to strengthen the child welfare workforce. Students who utilize the tuition reimbursement program for one school year will commit to working with CPS for two calendar years in exchange and agreements will be signed acknowledging this.

The elements of the inter-agency agreement include coverage of the following utilizing IVE-E dollars:



A start date is still tentative as the University of South Dakota works to finalize their student contract and complete their cost flow analysis.

CPS Workload Study:
CPS is preparing to examine workload, overtime, and emergency response among staff statewide to identify what workload is manageable for staff, establish equity among staff statewide, and identify areas needing staff development. Prior to the CPS workload study occurring, an analysis of caseload statewide needs to occur. A workgroup has been meeting since March 2024 to update the state's information system to complete an accurate caseload analysis. A caseload analysis must occur first as there needs to be an accurate assessment of a caseload statewide before determining what workload looks like to manage the caseload.

Part 3: Current Initiatives

Court Hearing Observation Project

The Court Hearing Observation Project was captured in South Dakota's Round 3 Program Improvement Plan, which was finalized in March 2019. This initiative was delayed due to the Covid-19 Pandemic, therefore, did not get implemented until March 2023. The overall goal of the Court Hearing Observation Project is to get a baseline of how the child welfare system is operating and to better understand the strengths and opportunities to improve the system's handling of child welfare cases. This is not a sole assessment on the Judge or the Unified Judicial System (UJS), the observation is of the child welfare system as a whole. The counties selected for the observation are Brown, Codington, Minnehaha and Pennington. Brown and Codington Counties have been completed; Minnehaha County is not supportive of court observations at this time. Pennington County is willing to allow this project in the court room, however, a new Judge was just appointed to Abuse and Neglect cases, therefore, UJS wanted to wait on observations. Hughes County was then selected due to their location and having a more diverse caseload. UJS and Action for Child Protection finalized their contract and surveys and observations started in April 2024. After Hughes County is completed, the team will reassess if Pennington County is ready for this project, or if another jurisdiction will be selected. South Dakota CPS and UJS acknowledges the importance of this project to ensure children and families receive quality court hearings to achieve appropriate and timely permanency, therefore, committed to continue this project through the 2025-2029 Child and Family Services Plan. At the request of the Chief Justice, findings from the observations are not being released until the observations are completed and will be released as statewide trends.

Office of Licensing and Child Protection Services Licensing Process Redesign

Child Protection Services and the Office of Licensing and Accreditation (OLA) have worked collaboratively on recruitment, licensure, placement, and foster parent support for several years. Child Protection Services, due to the need to have coordinated efforts to enhance and improve placement stability, has worked with OLA on a Business Process Re-Design. The team is utilizing CQI methods to determine what processes are going well and what processes can be enhanced to achieve even better outcomes for children and families, including specific goals to increase placement stability. This includes large scale systemic changes, as well as smaller incremental changes that can be put into practice in the more immediate future. The full project is discussed detail in the Foster Parent Outcome Section of the CFSP. Progress will be captured in the Annual and Progress Services Reports that follow the 2025-2029 Child and Family Services Plan.

Adoption Effectiveness and Efficiencies Workgroup

In partnership with ACTION for Child Protection, CPS conducted an organizational assessment in 2021-2022 to review various aspects of our practice. A key objective of this assessment was to identify opportunities to enhance services to children and families. The organizational assessment identified that caseloads of adoption cases statewide had significant variance in several key areas, including caseload numbers, supervision, decision making practices, and permanency expertise.

The assessment recommended South Dakota CPS consider and further evaluate the centralization of adoption cases statewide to better serve the children needing permanency throughout the state. Currently, CPS is in process of creating an adoption workgroup that would have members from all levels within CPS (Family Services Specialists, Supervisors, Program Specialists, and Regional Managers). The workgroup is being picked strategically to ensure that there is statewide representation to include urban, rural, and tribal areas as the initiative continues. CPS Management Team is aware that this is a significant change to practice and is ensuring that internal expertise from staff is utilized in guiding next steps.

Intake Coaching

South Dakota state law requires reports of abuse and neglect to be made to Child Protection Services, the county State's Attorney, or law enforcement. The county State's Attorney and law enforcement are required to inform Child Protection Services about reports they receive. Child Protection Intake Supervisors and Intake Family Services Specialists receive these abuse and neglect reports. It is essential the staff are responsive to community members regarding concerns of abuse or neglect. Information collection and decision-making must be prompt, highly focused, and criteria based. The Intake Specialist must gather specific and sufficient information from the reporting party to determine the safety of the child(ren) and the next steps for the agency.

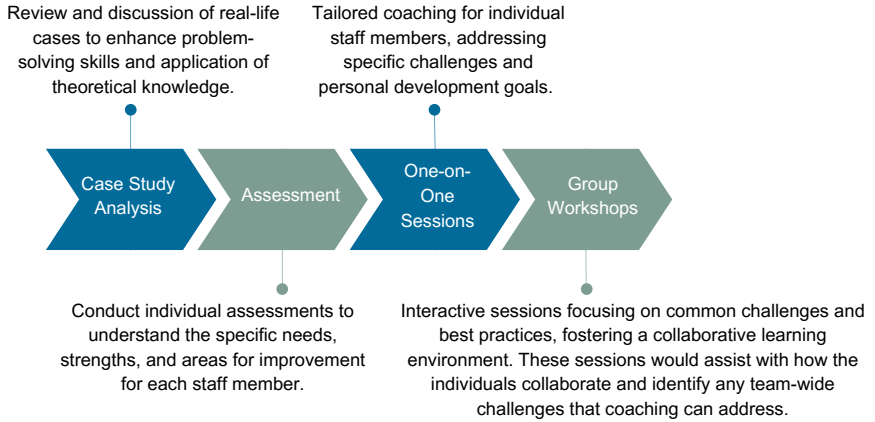
To continue to enhance South Dakota's practice, Child Protection Services is contracting with Action for Child Protection to coach Intake Supervisors and Family Services Specialists to increase competency, effectiveness, and efficiency while continuing to adhere to fidelity to the agency's Comprehensive Safety Intervention practice model. In doing so, this in-person coaching is needed to support the child protection workforce by reinforcing knowledge and skills, connecting Supervisors and Family Services Specialists to the agency practice model, and supporting professional development to ensure staff are more effective in their roles. The staff are located in Rapid City, Sioux Falls, and Aberdeen and the coaching will include observation of the current practice, joint planning to establish goals and expectations, skill building and problem-solving, modeling behaviors, and providing feedback.

Key areas of focus for coaching includes:

- **Communication Skills:** Improving communication skills, including active listening, empathy, and clear articulation of information. This is particularly important when working with families and stakeholders.
- **Crisis Interventions:** Providing tools and strategies for effective crisis intervention, helping staff remain calm, make informed decisions, and ensure the safety and well-being of children.
- **Application of Agency Practice Model:** Ensuring that all actions and decisions align with the agency's mission, values, and best practices in line with the agency's practice model.
- **Development of Adaptive Skills:** Emphasis on critical thinking, decision-making under pressure, and handling complex and sensitive cases with empathy and professionalism.

- **Professional Development:** Personalized coaching plans focusing on individual strengths and areas for improvement, including career advancement opportunities within the agency.
- **Self-Care:** Emphasize the importance of self-care, stress management, and resilience-building strategies to help staff cope with the challenges of their role.

The coaching methodology includes:



The desired outcomes of the coaching process includes:

Development Plans
Personalized development plans for each staff member, outlining specific actions, training, and support needed to achieve their goals.

Feedback and Reflection
Regular check-ins and assessments to discuss progress, challenges, and successes.

Enhanced Job Performance
Improved accuracy and precision in information gathering and decision-making, leading to better outcomes for children and families.

Increased Coping Mechanisms and Positive Work Attitudes
Better stress management and resilience in handling high-stress and crises, leading to a more motivated and engaged workforce, contributing to a positive organizational culture.

Improved Customer Satisfaction
Higher quality of service experienced by reporters, community members, and stakeholders, leading to increased trust and cooperation with the agency.

Strategic Alignment with Continuous Quality Improvement
By utilizing Continuous Quality Improvement principles within the coaching process, develop internal coaches to consistently enhance agency goals and ensure ongoing improvement of services provided to children and families.

The Division of Child Protection will then utilize the coaching program, assessments, feedback, and development plans to assist in establishing a program to support continual learning within the team. This would include periodic refresher courses and updates on policy and practice.

III. Assessment of Child and Family Outcomes

South Dakota utilizes the Children and Family Service Review Data Profile in conjunction with other data sources the state has available to help identifies trends in both strengths and areas needing improvement. South Dakota has a template to separate the observed performance into by how Region's are divided in South Dakota and that is compared with statewide trends. The CFSR Data Profile compliments what is already known by data reports in the CCWIS System, case reviews utilizing the OMS, internal case review on policy and practice, or external data sources. For example, South Dakota is aware that Native American children are the highest population of children in care and this is disproportionate to the Native American population in South Dakota. There are several initiatives outlined in South Dakota Child and Family Services Plan to target working with South Dakota Tribes and collaborating on how to serve the Native American population. South Dakota is also aware Placement Stability and Permanency performance outcomes are low from multiple data sources listed above, which is addressed in the permanency outcome section below.

1,710

Number of Children in Care
(as of 06/30/2024)
Report: Children in Alternative Care by State Total, Region & Office SFY 2024 as of June 2024

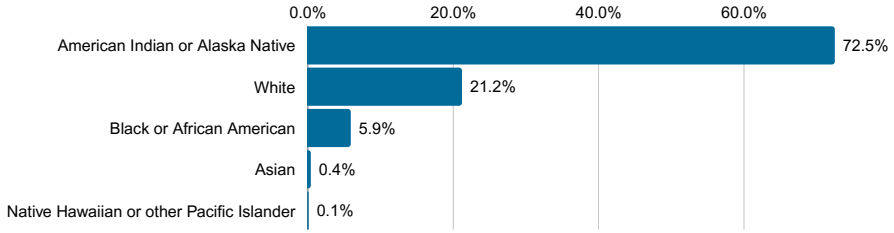
30%

Children Placed in Kinship Care
(as of 06/30/2024)
Report: Children in Alternative Care by State Total, Region & Office SFY 2024 as of June 2024

85%

Children Placed in a Family Setting
(as of 06/30/2024)
Report: Children in Alternative Care by State Total, Region & Office SFY 2024 as of June 2024

Children in Care by Race
(as of 06/30/2024)
Report: Demographics of Children in Alternative Care by State Total SFY 2024 as of June 2024



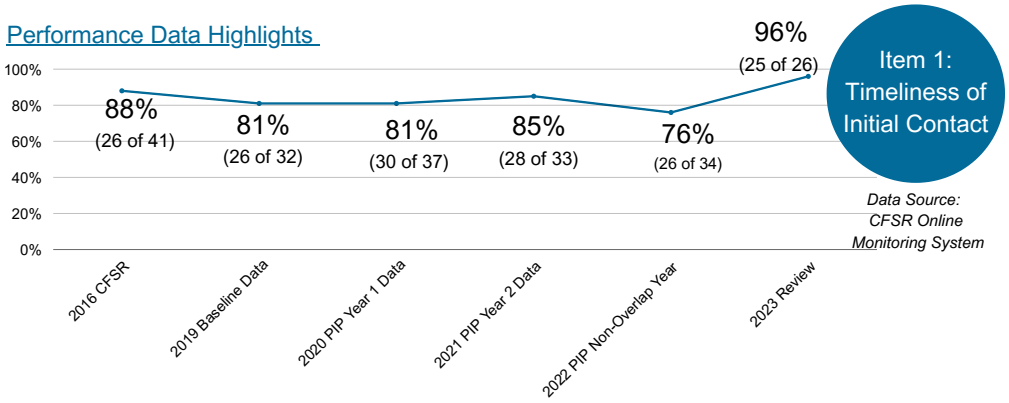
667

Non-Custody Present Danger Plans Completed in SFY24
(as of 06/30/2024)
Report: IFA Safety Outcomes SFY 2024 as of June 2024

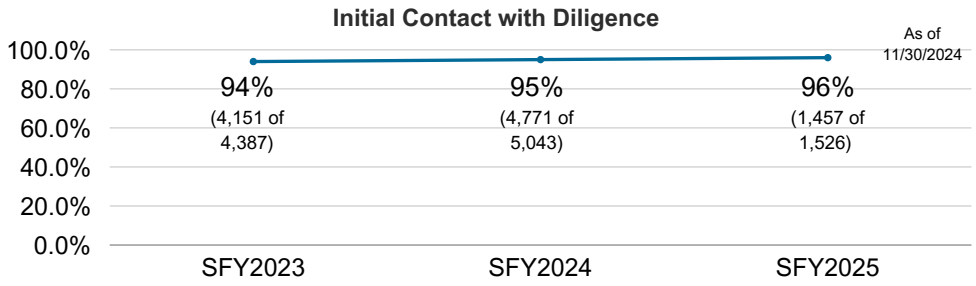
A. Safety Outcomes 1 and 2:

(1) Children are, first and foremost, protected from abuse and neglect (Item 1); and (2) children are safely maintained in their homes whenever possible and appropriate (Items 2 and 3).

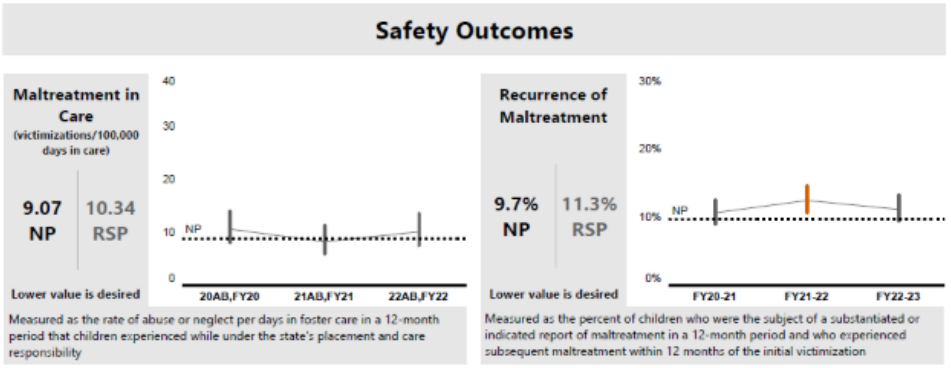
Performance Data Highlights



Data Source: CFSR Online Monitoring System

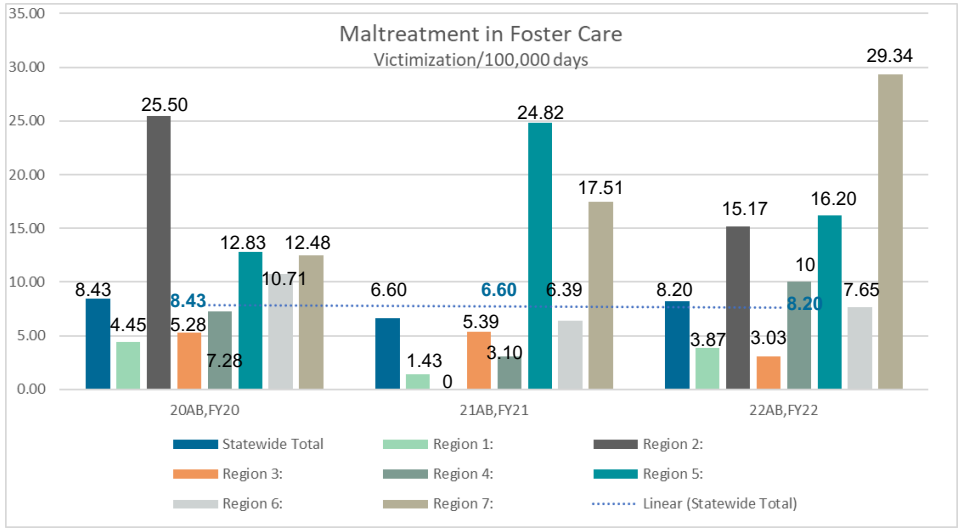


Data Source: Family and Child Information System (FACIS) Reports

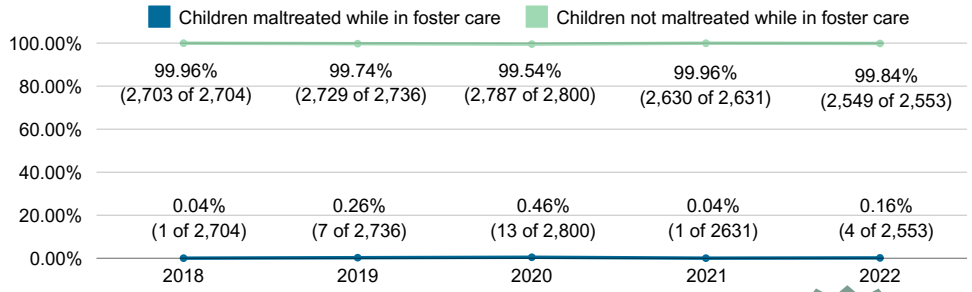


Data Source: Risk-Standardized Performance from South Dakota August 2024 Child and Family Services Review (CFSR 4) Data Profile

Maltreatment in Foster Care



Data Source: Observed Performance from South Dakota August 2024 Child and Family Services Review (CFSR 4) Data Profile

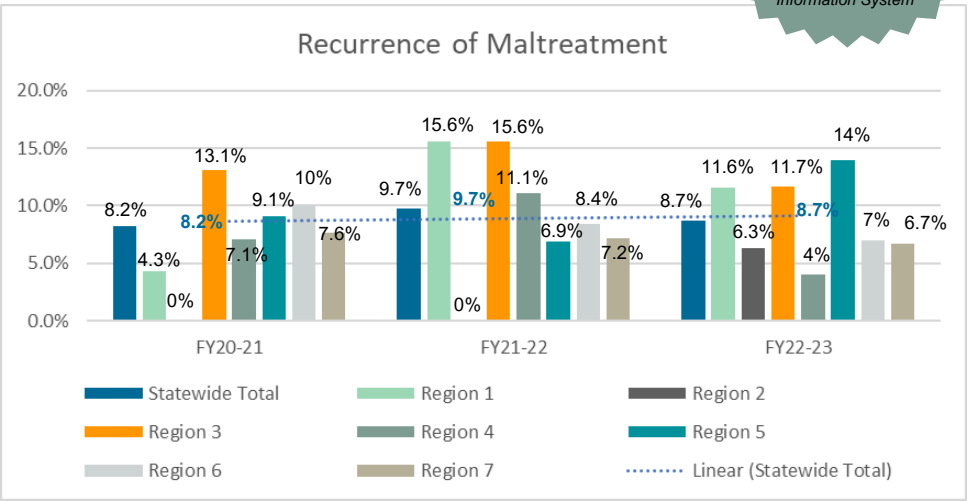


Data Source: Child Welfare Data Outcomes Website: https://cwoutcomes.acf.hhs.gov/cwodatasite/byState/south-dakota/

There was a total of 2,592 unduplicated children in foster care in SFY2024 (July 1, 2023-June 30, 2024). 99.7% (2584) of children were not maltreated in foster care.

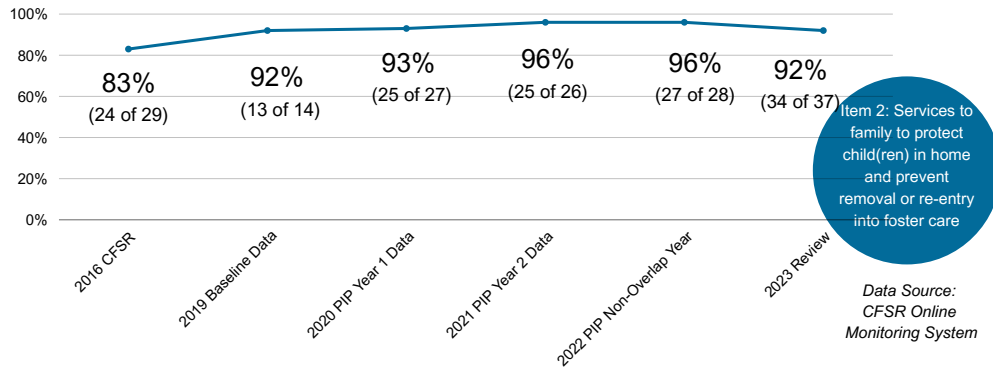
Data Source: Family and Child Information System

Recurrence of Maltreatment

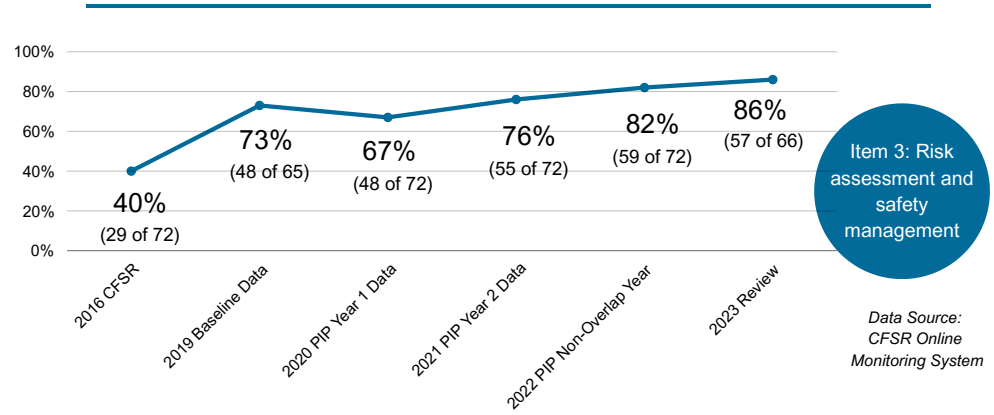


Data Source: Observed Performance from South Dakota August 2024 Child and Family Services Review (CFSR 4) Data Profile

Data Source: CFSR Online Monitoring System



Data Source: CFSR Online Monitoring System



Data Source: CFSR Online Monitoring System

Brief Analysis:

In Round 3 2016 CFSR, South Dakota was not in substantial conformity with Safety Outcome 1. From 2016 to 2023, South Dakota experienced a slight 10% increase in timeliness of initial contact South Dakota. In Round 3, 2016 CFSR, South Dakota was not in substantial conformity with Safety Outcome 2. Since Round 3, South Dakota has implemented several strategies and initiatives and has achieved substantial conformity. Through PIP implementation, South Dakota has improved safety assessment, safety plan determination, safety planning, and safety monitoring practices so that children are safe and do not enter or re-enter foster care when safety can be managed in the home. South Dakota experienced a 11% increase from 2016-2023 in services to the family to protect the child(ren) in the home and prevent removal or re-entry. South Dakota experienced a tremendously positive change in risk assessment and safety management since Round 3 2016 CFSR. From 2016 to 2023, there was a 115% increase in risk assessment and safety management.

South Dakota's Data Profile for August 2024 identified Maltreatment in Foster Care and Recurrence of Maltreatment as statistically no different than National Performance. Child Protection Services in South Dakota strives to continue to improve outcomes for children and families to ensure children are, first and foremost, protected from abuse and neglect. CPS accurately collects data in their Comprehensive Child Welfare Information System (CCWIS) to show performance in meeting initial contact with diligence. This data is collected and analyzed each month by the Strategy and Outcomes Program Specialist and shared with the Protective Services Program Specialist. South Dakota remains steady at a 95% strength performance, which is target performance by the Children's Bureau. South Dakota has not identified any improvement goals for timeliness of initial contact and oversight will continue.

Results of Deeper Data Exploration for Priority Focus Areas:

After the completion of the 2016 Child and Family Services Review, South Dakota completed a root cause analysis in why Safety Outcomes 1 and 2 had such poor performance. During 2017, Child Protection Services completed focus groups with all Family Services Specialists to get their input on issues affecting their work and suggestions for making the work more manageable. Additionally, focus groups were completed with supervisory staff to ensure their input was also gathered. Based on these focus groups with Family Service Specialists and Supervisors, it was learned that maintaining transparent lines of communication are necessary to assist with the retention of staff. Furthermore, valuable insights were gathered by staff providing their ideas on how the Division can do its' work more efficiently while maintaining the safety of children and integrity of the practice models.

Along with data gathered regarding retention and focus groups, individual regional case reviews were held to determine if workers were correctly using the safety model in Region 6, the largest metro area in South Dakota. It was determined that there were 26 children who could move safely from an out of home safety plan to an in-home safety plan if the region utilized the most recent enhancement of the Comprehensive Safety Intervention (CSI) model, safety plan determination and conditions for return. Based on the data gathered from the focus groups, OSRI, CCWIS system reports, and regional case reviews, South Dakota determined the root causes of the problems. The CSI Model is composed of Intake, the Initial Family Assessment and Ongoing Services. The model is still in place and has continued to be an integral part of Child Protection Services' practice. It was determined after review and analysis; however, the majority of supervisors were not adequately trained to effectively provide clinical supervision and skill development to their staff in safety decision making. Additionally, Regional Managers were also not prepared to develop these skills in their supervisors. As a result, the model was not being used with fidelity.

Through PIP implementation, South Dakota identified the goal to improve safety assessment, safety plan determination, safety planning, and safety monitoring practices so that children are safe and do not enter or re-enter foster care when safety can be managed in the home.

South Dakota completed several activities which have positively impacted the performance of Safety Outcome 2. Initial consultation and coaching was implemented to address case specific issues with immediate safety, permanency, and wellbeing. Regional assessments were completed including assessment of culture, perspectives, and values of the Region. Findings of the regional assessments were presented to the region's staff, and an action plan was completed regarding the findings to include how culture, perspectives, and values would be addressed. Action plans were monitored through a review of cases. Individual development plans were developed depending on each Supervisor's level of competence and need for further development in safety decision-making. The Safety Plan Determination and Conditions for Return practice standards were implemented statewide to ensure children are returned to their families safely. Staff were trained on Conditions for Return and stakeholder meetings were held to introduce the new practice standards.

Consultation, coaching, and skill development started in 2019 and ended in 2022. Consultations occurred between the Ongoing and Protective Services Program Specialist and Regional Managers on the Comprehensive Safety Intervention model. The Regional Managers all completed the same instrument to determine the accuracy of the decisions, and the sufficiency of information collected to complete the process of the Protective Capacity Assessment. The results showed the Regional Mangers were consistent in their evaluation of the fidelity and decision-making of the Protective Capacity Assessment. Starting in March 2022 the focus shifted to Present Danger decisions. The Ongoing and Protective Services Program Specialists conducted conference calls with the Regional Managers to provide consultation around present danger decisions. The consultations were completed every other month with the expectation that during the months in between, the Regional Managers would complete the same process with their supervisory team, then the Supervisor would complete the same process with their field staff.

A sub-workgroup from the Comprehensive Safety Intervention Workgroup was formed to develop the Out of Home Safety Plan Without Custody policy and procedure. This group met quarterly to gather data to help inform policy. This subgroup developed the framework and worked through the logistics of what services could be provided to this population. The subgroup completed a statewide review of all Out of Home Safety Plans Without Custody cases. This policy was incorporated into the policy Action was contracted to update, which is described below.

Child Protection Services has contracted with ACTION for Child Protection to revise policy for the Comprehensive Safety Intervention Model and complete a statewide assessment of Child Protection Services in South Dakota. Through the case review it was determined the policy and procedure needed enhanced regarding the documentation on the assessment of the Present Danger Plan Provider and Safety Plan Provider, specifically when the Safety Plan Provider was not the Present Danger Plan Provider. Also, policy needed clarified of when to change the Safety Plan to custody or guardianship due to the parent's lack of progress or when they cannot be located.

South Dakota has focused on making accurate safety decisions for children and families, so children are, first and foremost, protected from abuse and neglect and are safely maintained in their homes whenever possible and appropriate. The 115% increase in risk and safety assessment from 2016 to 2023 is evident of South Dakota ensuring staff are educated and equipped to make accurate safety assessments and decisions. This started with the Round 3 Program Improvement Plan and has continued through the Child and Family Services Planning once the PIP was completed.

Information Regarding CQI Change and Implementation Activities, as applicable:

South Dakota strives to continue to improve outcomes for children and families in order to prevent entry or re-entry in foster care and to ensure safety is managed for children and families who are served by the child welfare system. Through working to enhance staff's knowledge of the Comprehensive Safety Intervention (CSI) model CPS has strategically identified the following initiatives/projects to continue to support positive outcomes.

Intake Coaching:

South Dakota state law requires reports of abuse and neglect to be made to Child Protection Services, the county State's Attorney, or law enforcement. The county State's Attorney and law enforcement are required to inform Child Protection Services about reports they receive. Child Protection Intake Supervisors and Intake Family Services Specialists receive these abuse and neglect reports. It is essential the staff are responsive to community members regarding concerns of abuse or neglect. Information collection and decision-making must be prompt, highly focused, and criteria based. The Intake Specialist must gather specific and sufficient information from the reporting party to determine the safety of the child(ren) and the next steps for the agency. To continue to enhance South Dakota's practice, Child Protection Services is contracting with Action for Child Protection to coach Intake Supervisors and Family Services Specialists to increase competency, effectiveness, and efficiency while continuing to adhere to fidelity to the agency's Comprehensive Safety Intervention practice model. This initiative is described more in current initiatives.

In-Home Safety Plan Recruitment:

At the conclusion of the Initial Family Assessment, CPS completes a Safety Plan Determination (SPD) for children who are found to be in impending danger. When the SPD indicates the necessity of an out of home Safety Plan (placement), Conditions for Return are developed. Conditions for Return are written statements of specific behaviors, conditions, or circumstances that must exist before a child can return and remain in the home with an in-home Safety Plan. The Conditions for Return are directly connected to the specific reasons why an in-home Safety Plan could not be put into place. Often the lack of resources within the family, community, and agency to develop a sufficient in-home Safety Plan are identified as a condition requiring the child to be placed out of the home. Children deserve to be in their home, whenever it is safe to do so.

In-Home Safety Plan Recruitment Continued:

CPS believes there are potential resources in local communities to build safety networks around children and families. South Dakota identified the Community-Based Recruitment of In-Home Safety Plan Providers in their 2019-2024 Child and Family Services Plan as a pilot in Region 5 (Aberdeen, Brookings, Huron, Watertown). The communities of Aberdeen, Brookings, and Huron have implemented this program. Region 5 has the highest number of in-home cases in South Dakota, with having 65% more in home cases than the second highest Region. South Dakota's next steps to implement this program statewide is to finalize policy, develop an implementation plan, and monitor and measure progress statewide. Progress of the Community-Based Recruitment of In-Home Safety Plan Providers will be tracked through the Annual and Progress Services Reports that follows the 2025-2029 CFSP.

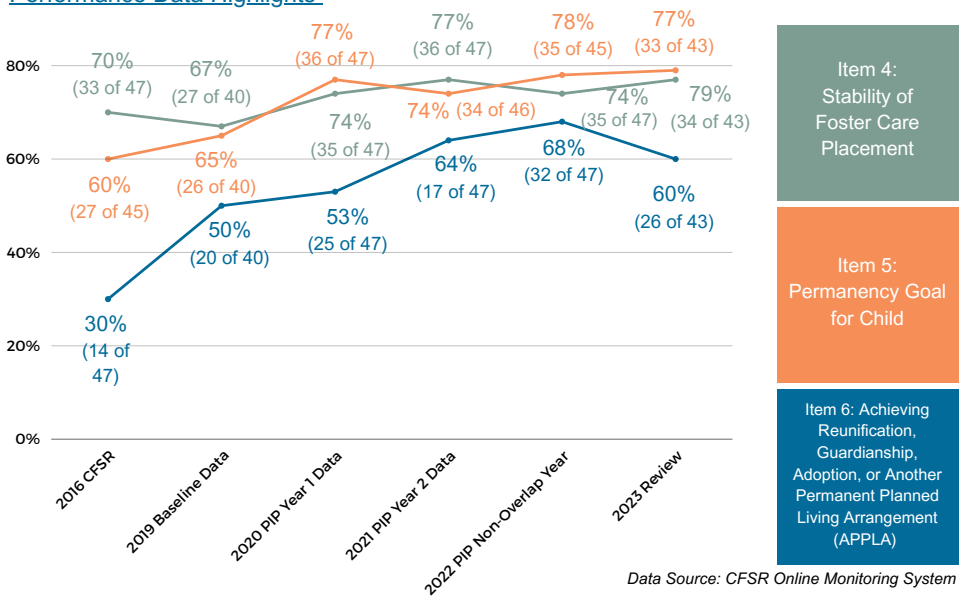
Initial Family Assessment Policy:

South Dakota's present and impending danger threats were refined, to include additional guidance and direction regarding the applicability of each threat to family conditions. The roles and responsibilities of On-Call Specialists, Initial Family Assessment Specialists, and Supervisors were clarified. These processes were currently in practice; however, the policy now highlights key areas and identifies who is responsible for tasks such as, making initial contact with families, reviewing child protection and law enforcement history, and safety planning meetings. Another area of focus relates to information collection; the Initial Family Services Specialists gathered information during interviews and collateral contacts related to caregiver's protective capacities; however, this information was never formally documented in the IFA document. With the new updates, Specialists will now document both enhanced and diminished protective capacities that are known or identified during the Initial Family Assessment process within the IFA document. To implement the new update, the information was presented to the CPS Management Team on October 31, 2024, and presented to the CPS Supervisors on November 19, 2024. Throughout the month of December, webinars were held with all CPS staff to highlight the key changes in policy, with the updated policy and documents were implemented statewide on January 1, 2025.

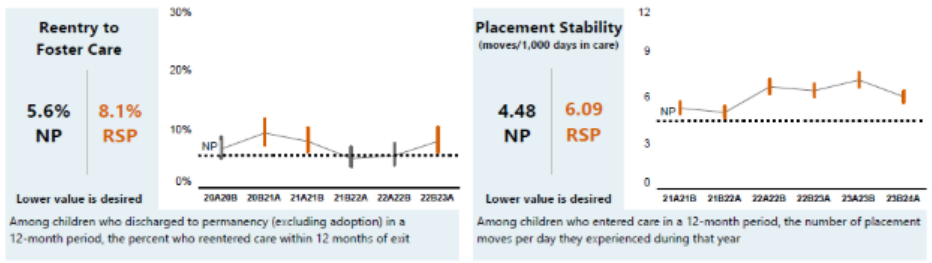
B. Permanency Outcomes 1 and 2

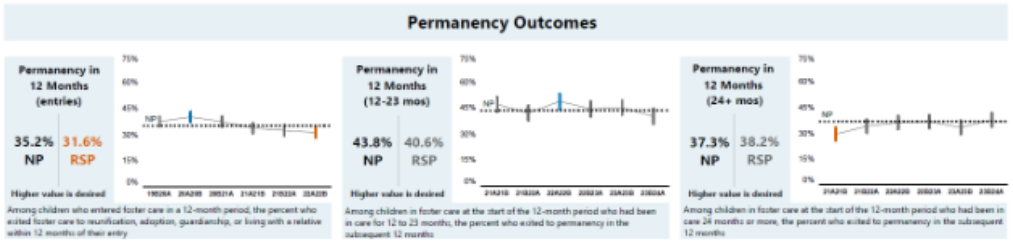
(1) Children have permanency and stability in their living situations (Items 4, 5, and 6); and (2) The continuity of family relationships and connections is preserved for children (Items 7, 8, 9, 10, and 11)

Performance Data Highlights



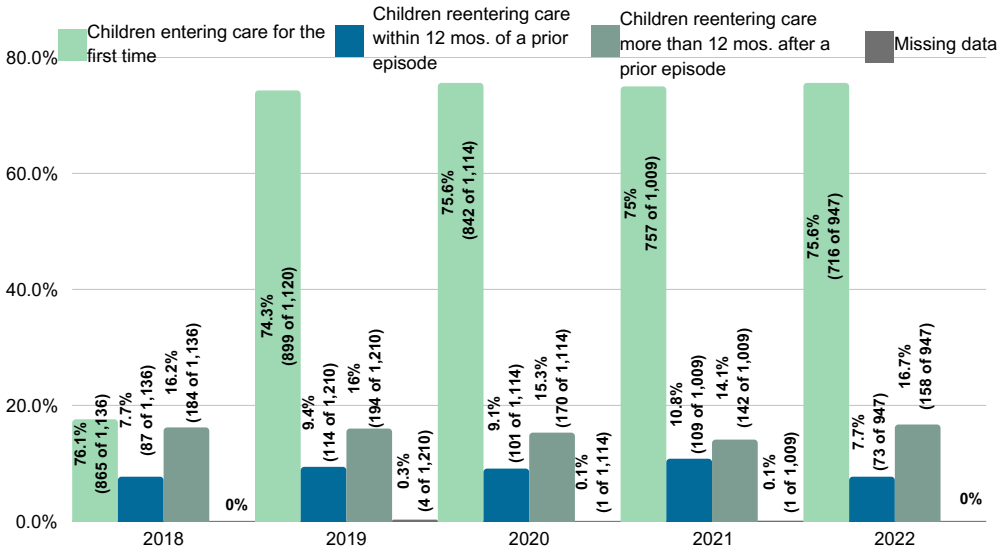
Data Source: CFSR Online Monitoring System



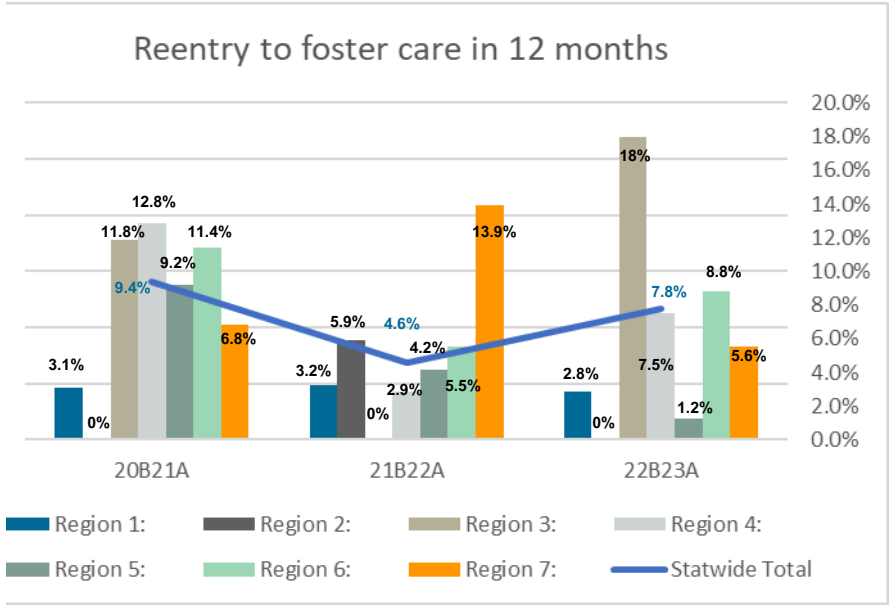


Data Source: Risk-Standardized Performance from South Dakota August 2024 Child and Family Services Review (CFSR 4) Data Profile

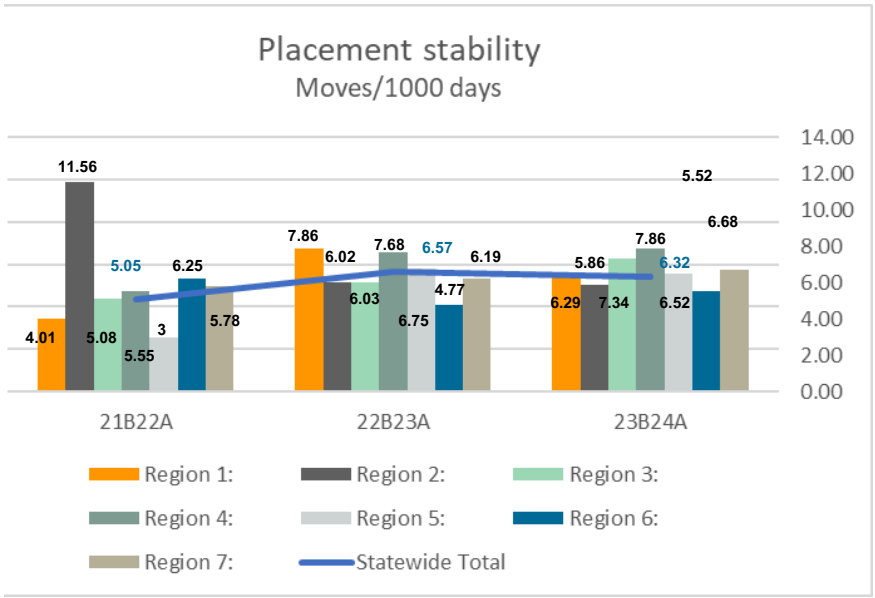
Children Reentering Foster Care



Data Source: Child Welfare Data Outcomes Website: https://cwoutcomes.acf.hhs.gov/cwodatasite/byState/south-dakota/

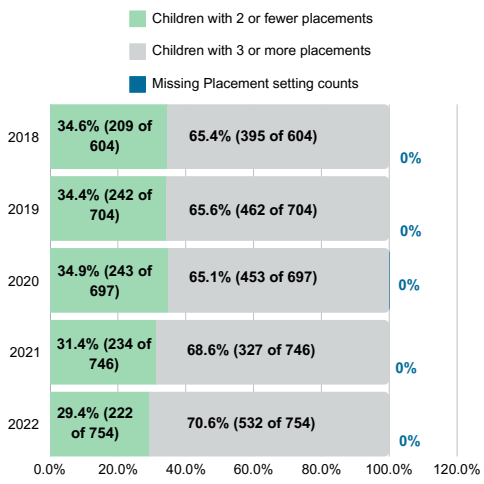


Data Source: Observed Performance from South Dakota August 2024 Child and Family Services Review (CFSR 4) Data Profile

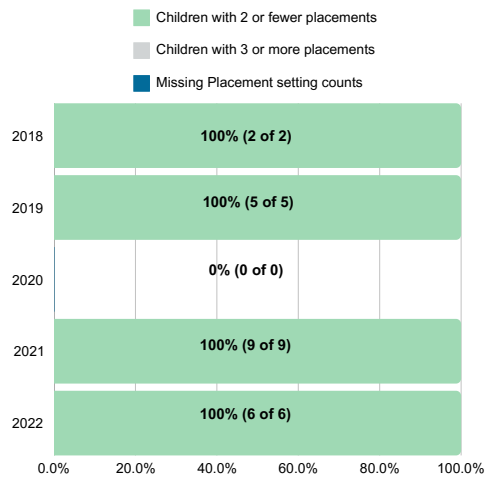


Data Source: Observed Performance from South Dakota August 2024 Child and Family Services Review (CFSR 4) Data Profile

In Care for 24 Months or Longer

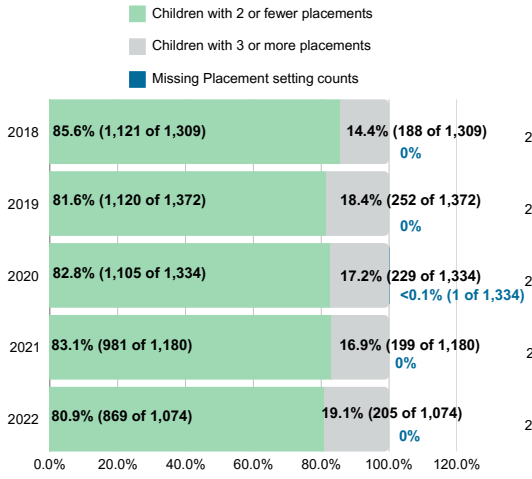


Time in Care Missing or Out of Range

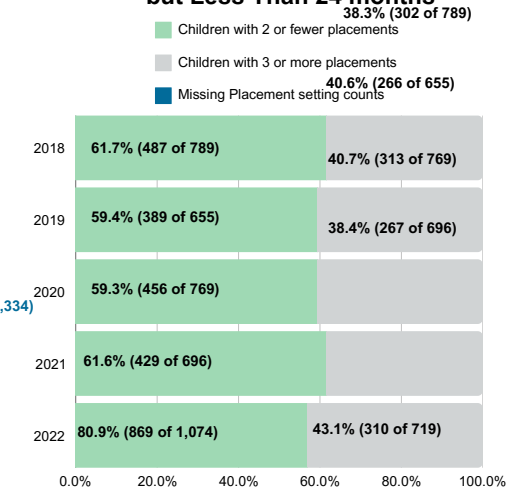


Data Source: Child Welfare Data Outcomes Website: https://cwoutcomes.acf.hhs.gov/cwodatasite/byState/south-dakota/

In Care Less Than 12 Months

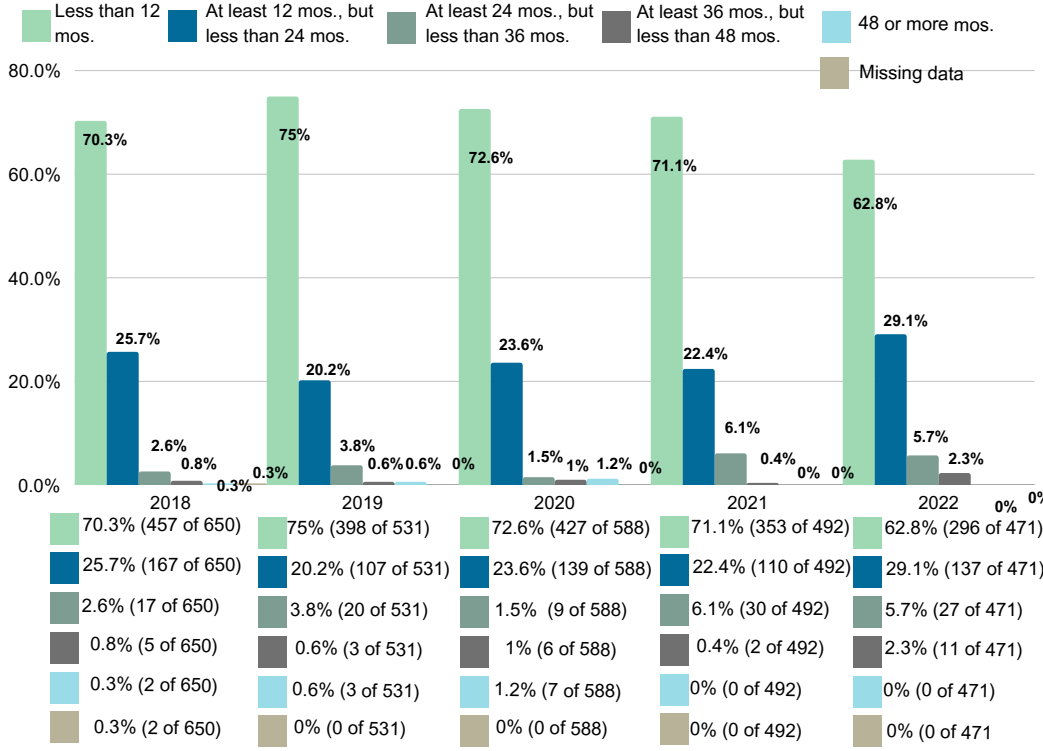


In Care at Least 12 months but Less Than 24 months



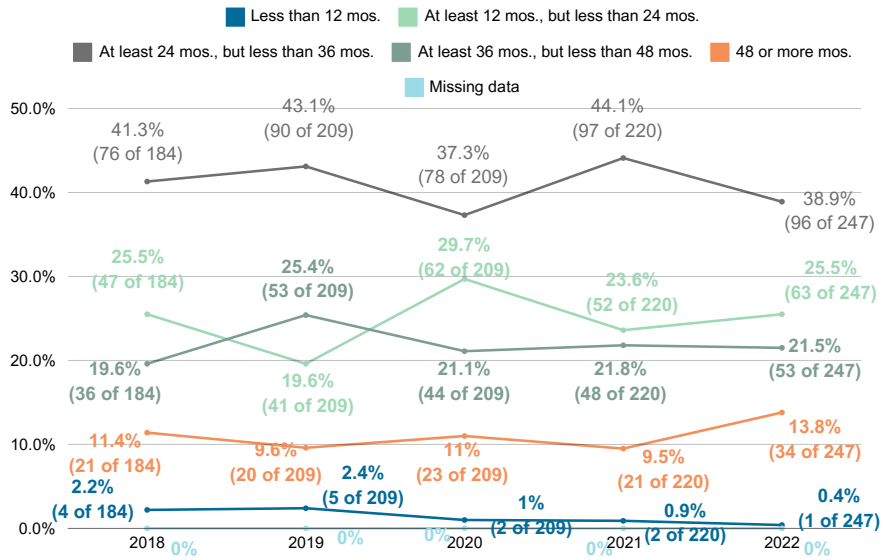
Data Source: Child Welfare Data Outcomes Website: https://cwoutcomes.acf.hhs.gov/cwodatasite/byState/south-dakota/

Time to Reunification



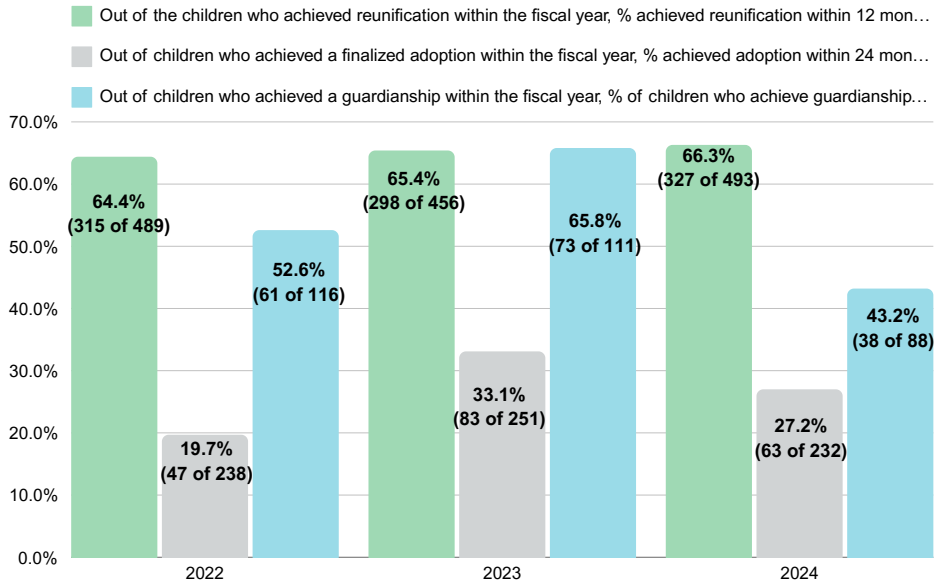
Data Source: Child Welfare Data Outcomes Website: https://cwoutcomes.acf.hhs.gov/cwodatasite/byState/south-dakota/

Time to Adoption

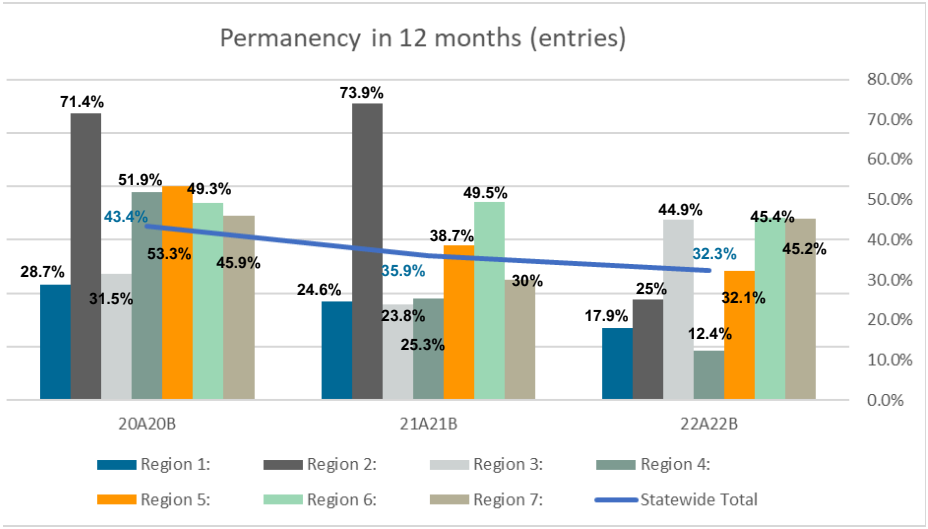


Data Source: Child Welfare Data Outcomes Website: https://cwoutcomes.acf.hhs.gov/cwodatasite/byState/south-dakota/

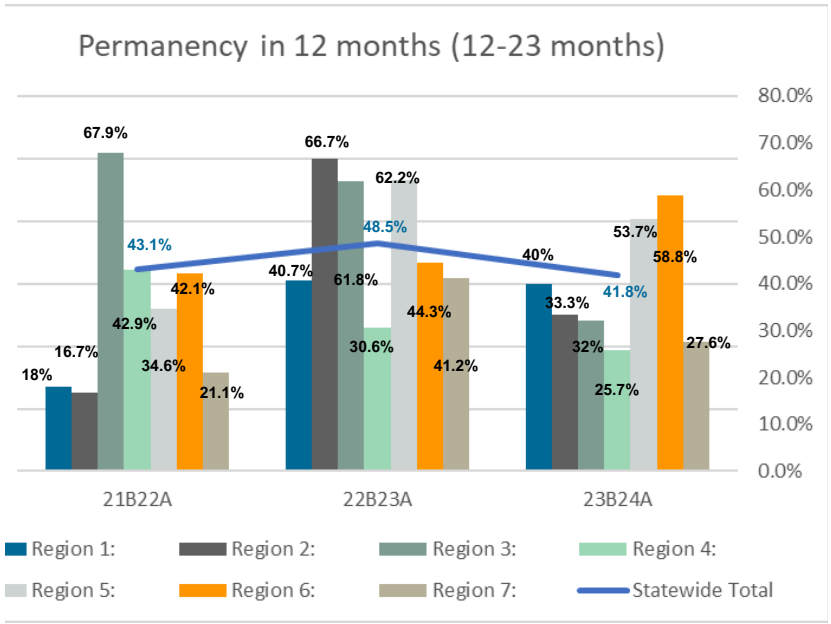
Timely Permanency



Data Source: Family and Child Information System (FACIS)



Data Source: Observed Performance from South Dakota August 2024 Child and Family Services Review (CFSR 4) Data Profile



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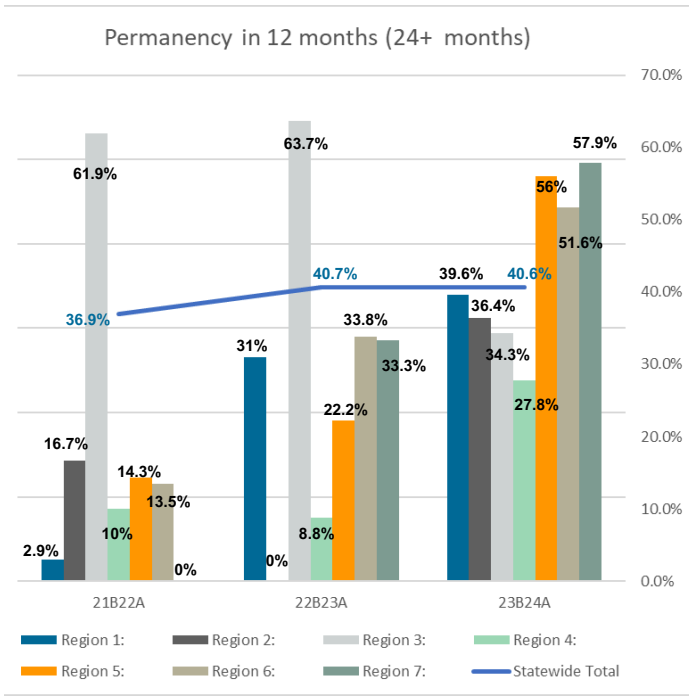
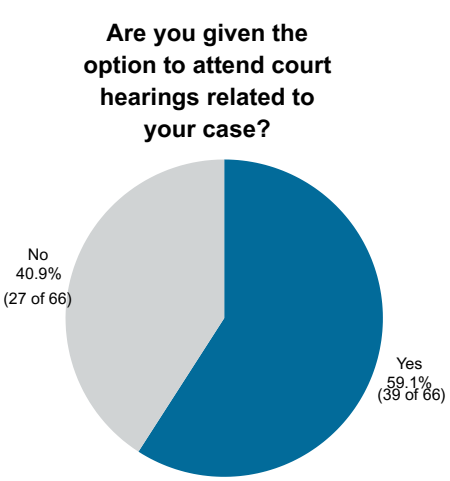
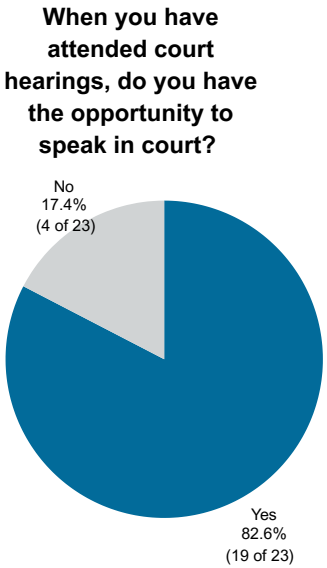
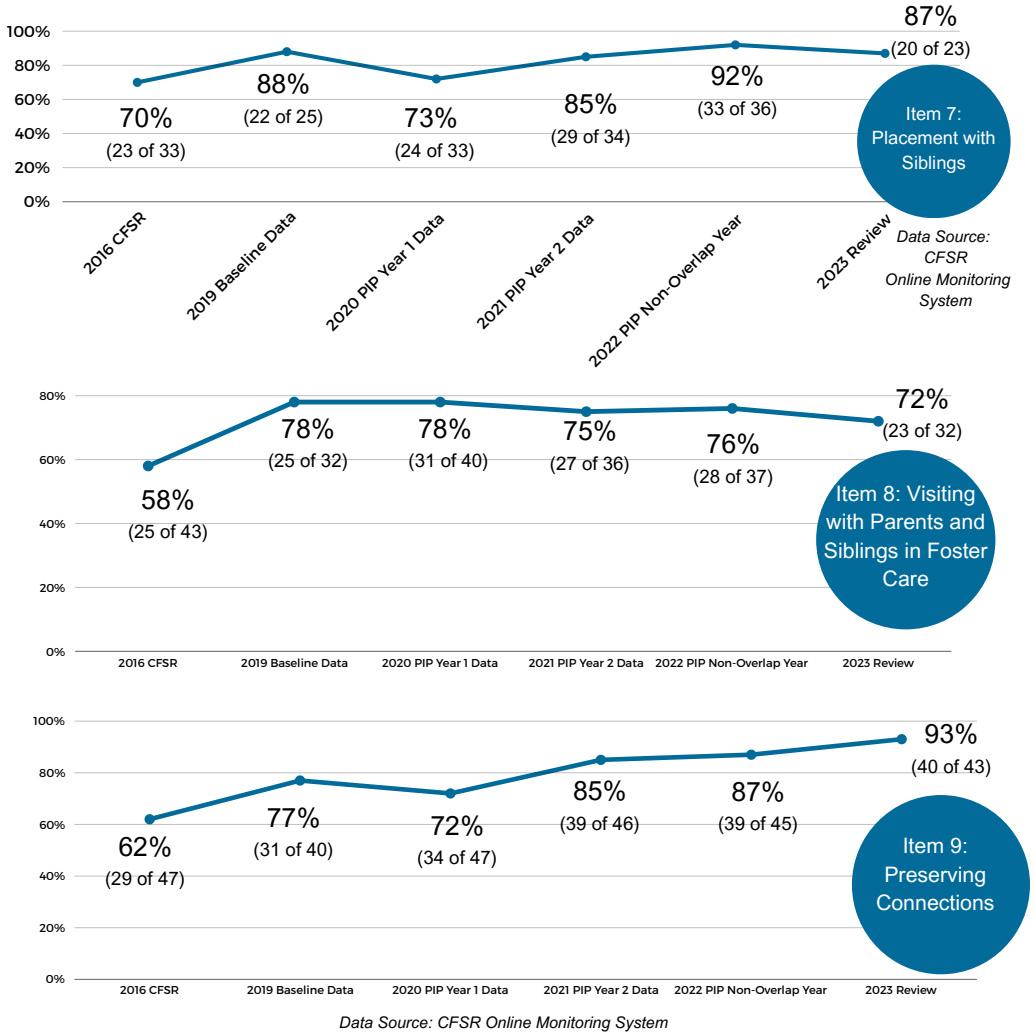


Data Source: Observed Performance from South Dakota August 2024 Child and Family Services Review (CFSR 4) Data Profile

Youth provided the following information regarding court through the 2024 Youth with Lived Experience Survey:

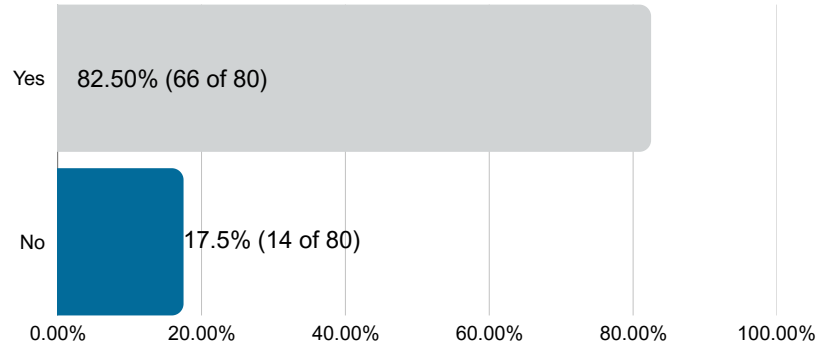


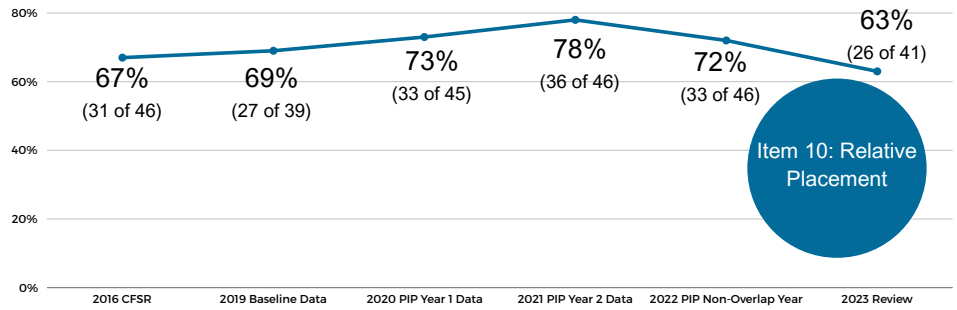




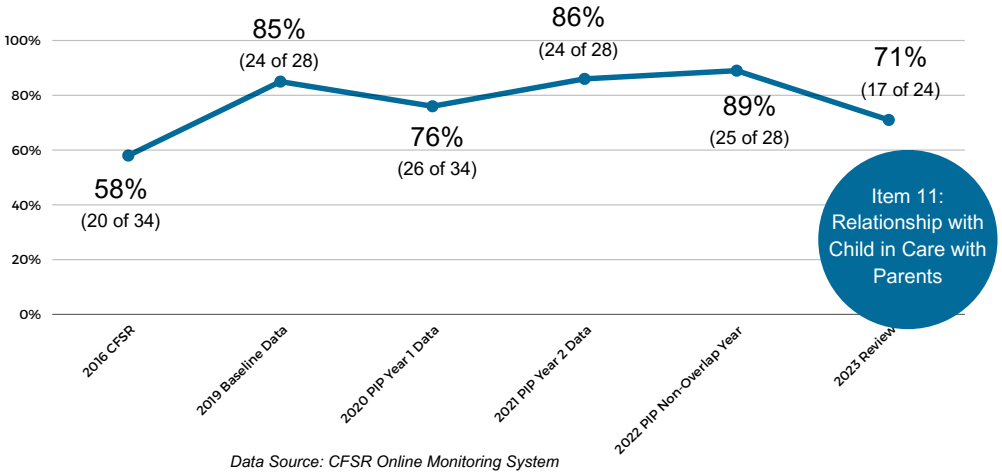
Data Source: CFSR Online Monitoring System

Through the 2024 Youth with Lived Experiences survey, youth provided the following information regarding preserving connections:





Data Source: CFSR Online Monitoring System

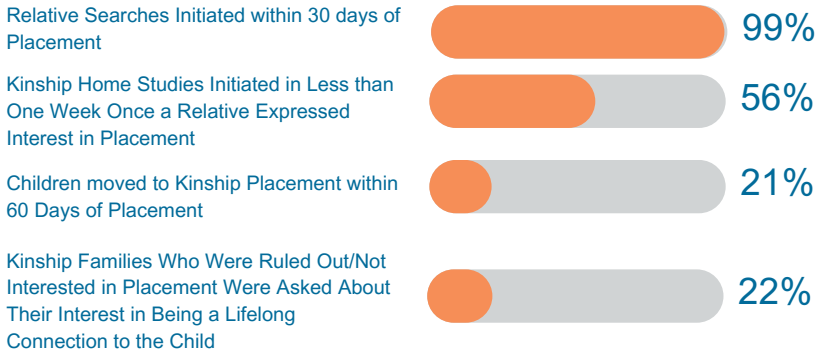


Data Source: CFSR Online Monitoring System

Kinship Fidelity Reviews

Kinship fidelity reviews were completed by the CQI Team in April 2024.

- 144 youth were reviewed
- All youth reviewed had been in placement a minimum of 6 months and their first placement was not with kin



Information was gathered strictly from file review and no interviews were completed to obtain additional information

Brief Analysis:

Data percentages related to all items pertaining to permanency outcomes 1 and 2 increased from 2016 to 2023.

- Stability of foster care placement increased 10%
- Permanency goal for child increased 31.7%
- Achieving reunification, guardianship, adoption, or Another Permanency Planned Living Arrangement increased 100%, however, there was a 12% decrease from 2022 PIP Non-overlapping year to the 2023 Review
- Placement with siblings increased 24%, however, there was a 5% decrease from 2022 PIP Non-overlapping year to the 2023 Review.
- Visiting with parents and siblings in foster care increased 24%, however, there was a 5% decrease from 2022 PIP Non-overlapping year to the 2023 Review.
- Preserving connections increased 50%
- Relative placement decreased by 6%. There was a 16% increase from the 2016 CFSR to 2021 PIP Year 2, however from PIP Year 2 through 2023 there was a 19% decrease.
- Relationship of child in care with parents increased 20.7% however, there was a 21.3% decrease from 2022 PIP Non-overlapping year to the 2023 Review.

South Dakota's Data Profile for August 2024 identified Permanency in 12 Months (12-23 Months) and Permanency in 12 Months (24+Months) as statistically no different than National Performance. However, identified Permanency in 12 Months (Entries), Reentry to Foster Care, and Placement Stability as statistically worse than National Performance.

Placement stability has increased through case review by 10% but has consistently been worse than national performance. One of the reasons for the discrepancies is the case review system considers if a move is a planned moved in the best interest of the child to achieve permanency or case planning goals. South Dakota is looking to enhance internal reporting in FACIS (CCWIS) to capture all the reasons a child moved placements. At this time FACIS allows to only select one reason for a move, when often times several factors influence a move. For example, a child could move placements to meet ICWA Placement Preference, Sibling Placement Preference, and Relative Preference, however, the system would only allow one of those to be selected when all of them are true reasons. This enhancement will allow South Dakota to perform better root cause analysis as to why children are moving placement and separate disruptions from planned moves that are in the child's best interest.

In April 2024, South Dakota CPS completed an assessment of Region 1 (Rapid City) and 6 (Sioux Falls) permanency data as they have the greatest population of children in care and greatest impact on permanency outcomes. Region 6 has more than twice the population of Region 1 and has seen twice as much population grown since 2010 census. Since 2019, Region 1 has experienced a 43.7% increase in the average number of children in care per month, while Region 6 has experienced a 9.9% decrease.

- Region 6 was assigned more than twice as many Initial Family Assessments as Region 1 and implements more than twice as many Present danger Plans per month, which reduces the number of children entering care in Region 6.
- At the end of SFY22 and SFY23 Regions 1 and 6 had near identical number of children in care; however, since the end of SFY23 Region 1 has seen a 12% increase in the number of children in care while Region 6 has seen a 23.5% decrease. In April 2024, Region 6 was seeing a similar average number of children entering and discharging care; while Region 1 has approximately 10 more children entering care per month than discharging from care, effectively increasing the total number of children in care each month.
- In Region 1 timely discharges to guardianship (within 18 months) have decreased by 46.3% since SFY2019, while in Region 6 timely discharges to guardianship have increased by 43.4%. In Region 1 discharges to guardianship exceeding 24 months has increased by 140.7% since SFY2019, while in Region 6 discharges to guardianship exceeding 24 months has reduced by 72.7%.
- Children from Region 1 spend approximately 8 more months in care than children from Region 6; with discharges to adoption taking up to six months longer in Region 1 than in Region 6.
- The average number of months from termination of parental rights until adoption finalization for Region 1 is 19.4 months, nearly double that of Region 6 at 10.8 months.

Data Source: Family and Child Information System (FACIS) Reports

The Strategy and Outcomes Program Specialist provided recommendations for Region 1 based on the findings.

- Initiatives to increase the use of present danger plans to reduce the number of children entering care.
- Initiative to increase concurrent planning efforts to support timely discharge from care.
- Explore potential initiatives with the court system to identify and eliminate barriers achieving timely permanency.

Results of Deeper Data Exploration for Priority Focus Areas:

After Round 3 of the CFSR in 2016, South Dakota examined performance regarding timely achievement of permanency. The state noted that their performance for children in care 12 to 23 months was statistically worse than national performance, which was a drop from the previous time frames. CFSR data specific to certain items, and more specifically item 6, show that children are not achieving permanency timely. While these data indicators, in conjunction with focus group discussions, gave some insight into the problem, South Dakota determined further analysis was needed to find the root cause of this issue. South Dakota enlisted the help of the Capacity Building Center for States to help build internal capacity, so additional data informed analysis could be done to determine why permanency is delayed for these children. It is important to note that this analysis is necessary. Initial root cause analysis indicated a need for timely and quality permanency hearings. South Dakota conducted regional assessments to evaluate permanency planning practices for children with adoption, guardianship, and APPLA goals and address challenges and barriers that are identified.

There are many factors that need to be considered in relation to any intervention or interventions developed to improve timeliness of permanency. Those factors include: different state and tribal jurisdictions; local systems and demographics; differences in how local state courts operate; regularity of court hearings and what occurs during the hearings; Child Protection Services offices with higher levels of turnover; inconsistent practice issues; and differences in strengths and areas needing improvement regarding implementation of practice among some of the Child Protection Services offices. Due to the variations from Region to Region, office to office, and among legal jurisdictions, Child Protection Services determined the most effective approach would be to complete localized assessments to determine the specific areas of need and strengths in each office's jurisdiction and develop plans to address factors at the office level in each Region that are affecting permanency rather than attempt to use one or two statewide approaches. Child Protection Services completed assessments and analysis at the Region and office levels.

Child Protection Services received technical assistance from the Capacity Building Centers (CBC) for States and Courts in this effort to improve practice and outcomes related to the case review system and permanency. Initially, the intent of the request for technical assistance from the CBCs was to look at how timeliness and quality of six-month periodic reviews can be improved. During discussions, which included Child Protection Services staff, a staff from the ACF Region 8 Office and the CBC staff, it was decided the project to improve six-month reviews could be incorporated into the broader permanency assessment project.

A case review instrument was developed with assistance from the CBC. A list of cases was pulled from FACIS for all children who were in care for seven months or more as of October 2017, and a second list of cases was pulled from FACIS for children who were discharged from care between July 1, 2017 and September 30, 2017. A random sampling of cases was selected from the lists. The sampling size for each office was determined with the assistance of the CBC.

Amongst other data elements, it was learned that hearing quality in the regions is inconsistent, furthermore, not all permanency hearings cover all of the elements that are necessary for a quality permanency hearing. The completion of this assessment led to efforts to enhance the quality and ensure timeliness of permanency hearings.

Quality and timely permanency hearings support the achievement of permanency for children. The Division of Child Protection Services, the Unified Judicial System and the Court Improvement Program Committee collaborated to enhance the quality of permanency hearings.

The analysis focused on data related to Item 6 in Region 1 and 6 to include the following:

- Data from the 2016 Child and Family Service Review
- Data from the Safety Permanency, Well-Being reviews conducted by the CPS in 2017 and 2018
- Interviews with Child Protection Services Staff
- Data on the length of stay of children in care and length of time between entry and discharge by permanency goal
- Data on the timeliness of permanency hearings
- Review of the New York Child Welfare Court Improvement Program's data on the relationship between hearing quality and case outcomes.

The outcome of the analysis determined the quality of permanency hearings was impacting permanency, thus creating the Court Hearing Observation Project. The Court Hearing Observation Project was captured in South Dakota's Round 3 Program Improvement Plan, which was finalized in March 2019. This initiative was delayed due to the Covid-19 Pandemic, therefore, did not get implemented until March 2023. The overall goal of the Court Hearing Observation Project is to get a baseline of how the child welfare system is operating and to better understand the strengths and opportunities to improve the system's handling of child welfare cases. This is not a sole assessment on the Judge or the Unified Judicial System (UJS), the observation is of the child welfare system as a whole. The counties selected for the observation are Brown, Codington, Minnehaha and Pennington. Brown, Codington, and Hughes County have been completed; Minnehaha County is not supportive of court observations at this time. Pennington County is schedule to start early 2025. South Dakota CPS and UJS acknowledges the importance of this project to ensure children and families receive quality court hearings to achieve appropriate and timely permanency, therefore, committed to continue this project through the 2025-2029 Child and Family Services Plan. At the request of the Chief Justice, findings from the observations are not being released until the observations are completed and will be released as statewide trends.

Pennington County makes up all of Rapid City, which as described in the data analysis section has seen an increase in children entering foster care, but a decrease in children discharging from foster care. The CPS and UJS team both recognize achieving permanency is an identified problem in Region 1. The Court Observation Project starting in early 2025 will provide additional data to assist in the root cause analysis as to how the court system impacts timely permanency. Through further assessment on timely permanency in Region 1, the total kinship placements have increased 109.6% from SFY2022 (83) to SFY2024 (174). This is a positive direction for achieving permanency as it supports children in their concurrent plan to help finalize permanency sooner if they cannot achieve reunification. The Court Observation Project is a major initiative in the 2025-2029 Child and Family Services Plan and progress towards achieving permanency will be tracked through Annual Progress Services Reports.

Permanency-related data was presented to the Court Improvement Program Coordinator. The agency will integrate this data with the finalized Pennington County Court Observations and will determine next steps following the completion of a comprehensive report

Information Regarding CQI Change and Implementation Activities, as applicable:

In addition to timely permanency initiatives, South Dakota has focused on supporting placement stability and supporting relative placements.

Placement Stability: South Dakota has implemented several proactive strategies to mitigate the reasons for previous placement disruptions and ensure better outcomes for children in care. These efforts include comprehensive caregiver training to equip foster parents with the necessary skills to manage the child's specific needs, as well as providing specialized services tailored to the child's unique challenges. Additionally, adjustments to placement criteria have been made to better match children with the most suitable caregivers and environments. To further prevent disruptions, the agency conducts ongoing monitoring through regular check-ins, where Child Protection Services' Family Services Specialists maintain a minimum of monthly in-person contact with both the child and their placement providers. These visits help assess the placement's stability and identify any needs that may arise, ensuring that both the child and the caregiver receive the support necessary to sustain a stable environment. In addition, the Licensing Specialist with the Office of Licensing and Accreditation plays a vital role in supporting licensed placement providers, assisting with any identified barriers or challenges, and ensuring open communication between the provider and the specialist. Licensed placement providers also participate in annual in-person renewal meetings, where strengths and areas for improvement are discussed. This process helps gather crucial information, which in turn improves placement matching and ensures that providers are equipped and aware of the child's specific needs prior to placement. These combined efforts, along with collaborative planning involving all stakeholders—such as social workers, therapists, and the child's support network—create a comprehensive, coordinated approach that promotes ongoing placement stability and supports the well-being of the children in care.

Relative Engagement and Support:
A Kinship Workgroup was created in December 2021 to develop a statewide CQI plan to enhance the areas of improvement regarding relative searching. This workgroup aims to enhance engagement with children and families regarding relative searching statewide. Using the CQI process, the Workgroup identified two overall goals:

1. Streamlining and having a consistent statewide kinship practice; and
2. Establishing criteria regarding the assessment of kinship providers.

The CQI Team completes annual case review that looks at if the fidelity to the relative search policy is followed. The Kinship Workgroup along with the support of the CQI Team reviews the findings of the fidelity reviews and makes recommendations to the Permanency Program Specialist and CQI Core on any modifications to the policy to better support quality and sufficient relative searching.

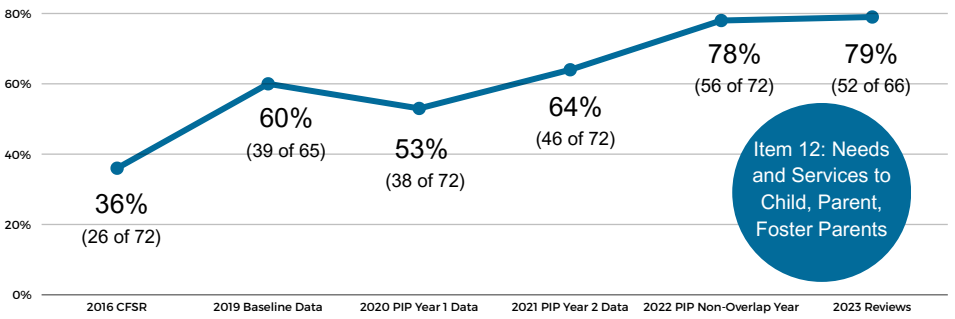
Kinship caregivers may be eligible for funding through the Kinship Navigator Grant. This grant assists kinship caregivers in learning about, finding, and using programs and services to meet the needs of the children they are raising and their own needs; and to promote effective partnerships with public and private agencies to ensure kinship caregiver families are served. This includes providing concrete support and brief legal services for families. Child Protection Services also provides reimbursement through other funding sources based on the needs of the child and family. These resources help provide placement stability in kinship care.

CPS does not provide unlicensed Kinship caregiver a monthly foster care subsidy payment while the child is in foster care. Unlicensed kinship families may be eligible for other resources when children are placed out of their home through safety planning or through a court order. Child Protection Services is responsible for making appropriate referrals to help Kinship families seek the services needed to care for a child. There are several community supports or programs through the SD Department of Social Services to assist kinship families in meeting the needs of the children in their home. If a Kinship family becomes a licensed foster or adoptive parent, they are eligible for the same monthly subsidy as other non-kinship licensed foster parents. When the Department of Social Services determines permanency through guardianship with an unlicensed kinship caregiver who has an approved home study is appropriate, the relative may be eligible for a guardianship subsidy. Eligibility is based on the same criteria as a non-kinship caregiver. Kinship caregivers are required to become licensed or approved for adoption prior to achieving permanency through adoption. The relative may be eligible for an adoption subsidy. South Dakota is exploring the possibility of developing new kin-specific licensing/approval standards as authorized by the Administration for Children and Families. Progress in developing these standards will be captured on the Annual and Progress Services Reports that follow the 2025-2029 Child and Family Services Plan. The Kinship Navigator Program contract was implemented at the end of SFY 24 to be a central point of contact kinship families, regardless if they are involved with CPS or not, who need assistance identifying and connecting with resources and supports to support the child and kinship family's needs.

Well-Being Outcomes 1, 2 and 3 : Families have enhanced capacity to provide for their children's needs

(1) Families have enhanced capacity to provide for their children's needs (Items 12, 13, 14, and 15); (2) Children receive appropriate services to meet their educational needs (Item 16); (3) Children receive adequate services to meet their physical and mental health needs (Items 17 and 18)

Performance Data Highlights:



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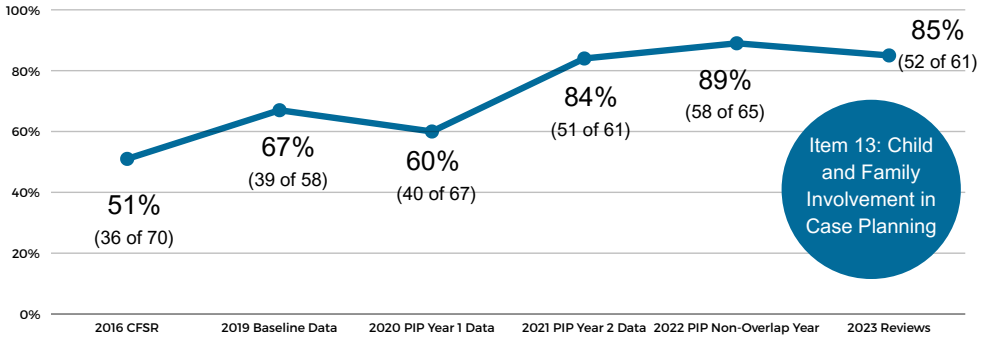

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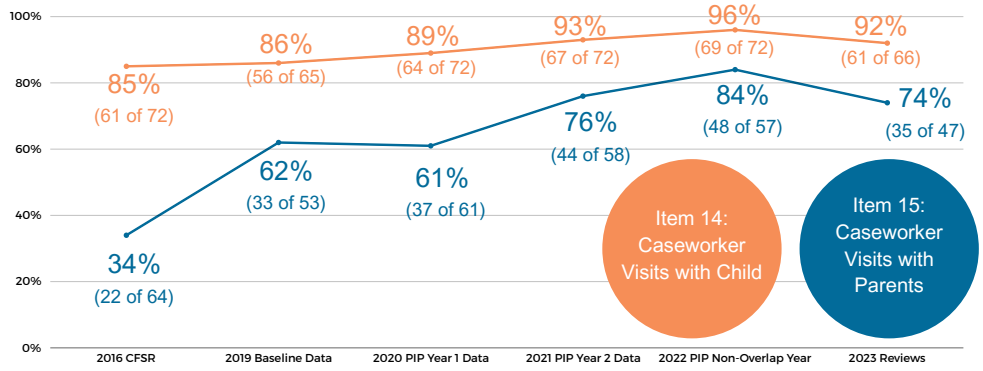
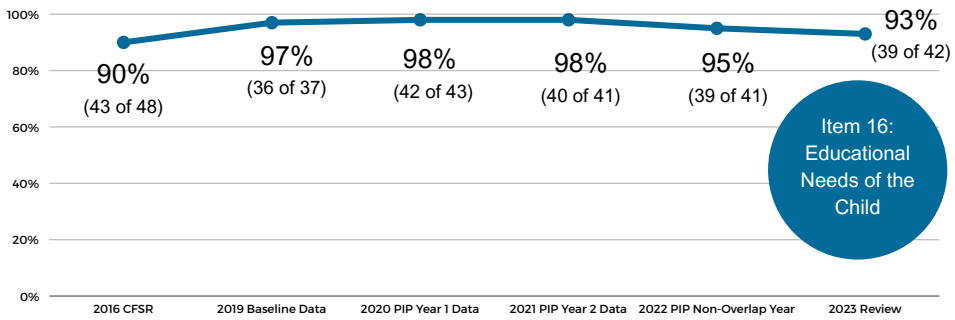
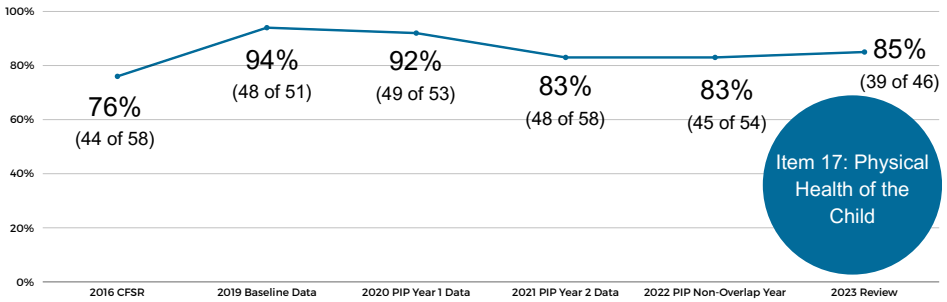


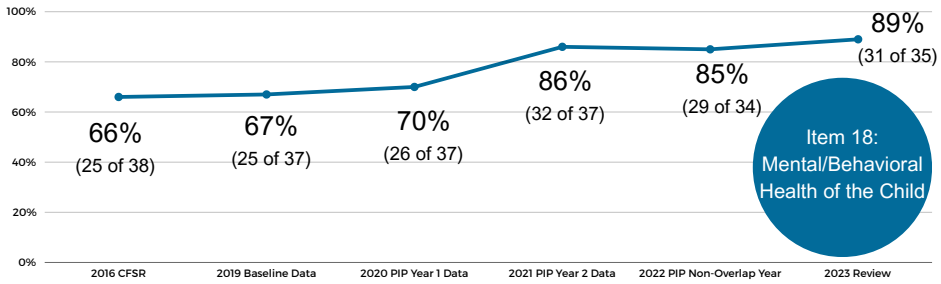
Data Source: CFSR Online Monitoring System



Data Source: CFSR Online Monitoring System

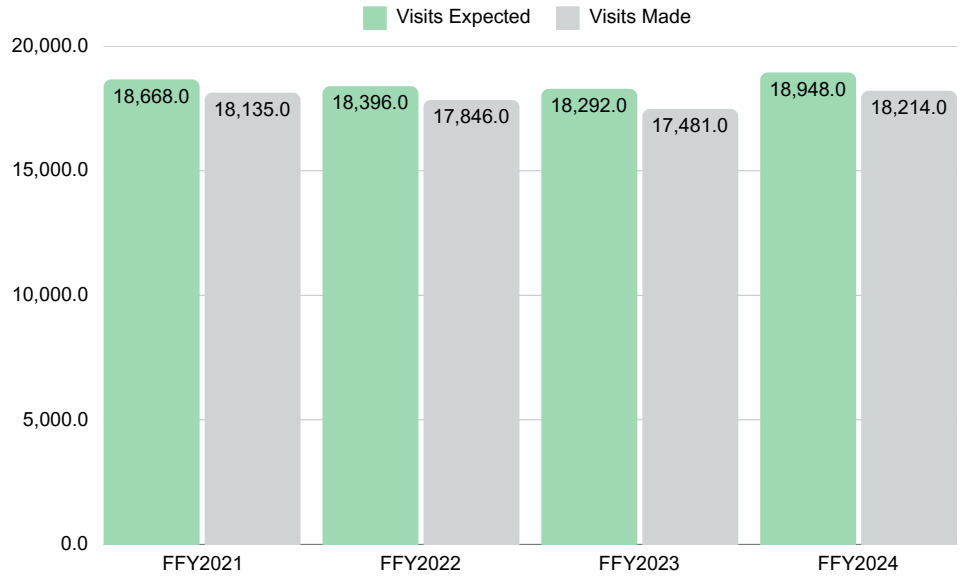


Data Source: CFSR Online Monitoring System

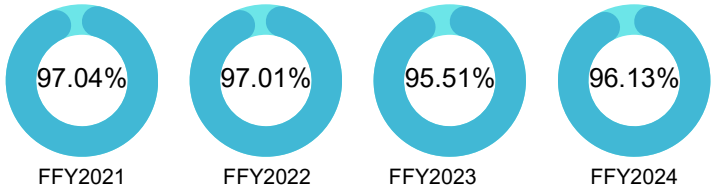


Data Source: CFSR Online Monitoring System

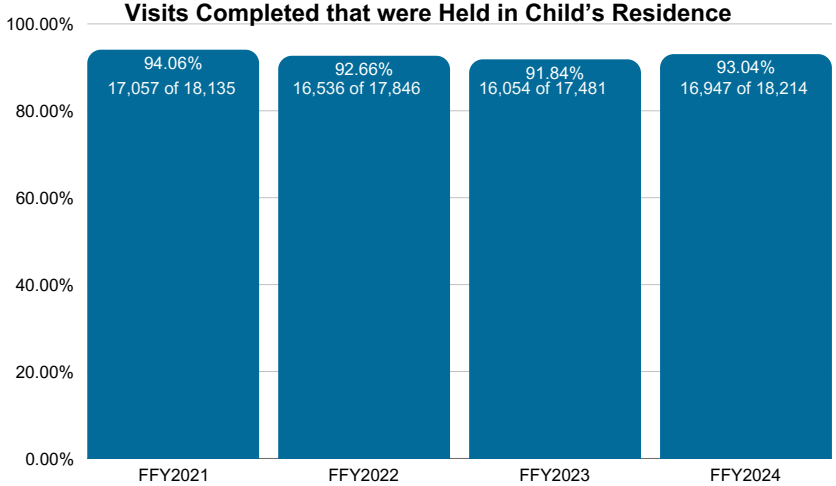
Caseworker Visits



% of Caseworker Visits Successfully Completed



Visits Completed that were Held in Child's Residence



Data Source for all Caseworker Visit Data Above: Family and Child Information System (FACIS) Reports

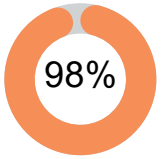
CPS completed a review of children in CPS custody over 30 days between January 1, 2023 and December 31, 2023 to determine if comprehensive medical assessments were completed. The following figures represent the information gathered from this review:

98%

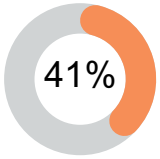
1,670 children were in care at least 30 days who required a well-child exam. Of those children, 1,639 were seen by a medical professional and met the criteria for having a well-child exam.

Child Case Plan Fidelity Reviews

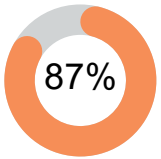
The child case plan fidelity review was completed in May 2024. A sample of child case plans completed from July to December 2023 for children age 14 or older were reviewed. 121 child case plans were reviewed.



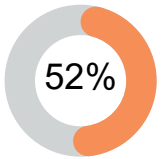
Child visit narrative completed



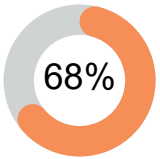
Sufficient needs statement



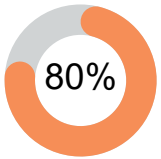
Record were reviewed for the purpose of the child case plan



Sufficient plan to support lifelong connections



Strengths description contained sufficient information



Placement Stability section contains sufficient information

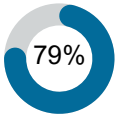
Information was gathered strictly from file review and no interviews were completed to obtain additional information

Pyschotropic Medication Case Reviews

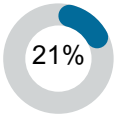
The psychotropic medication fidelity review was completed in April 2024. 162 youth were reviewed.

Children in Residential Treatment

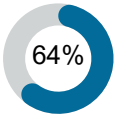
Children with ADHD diagnosis



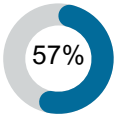
Assessments in the file to support diagnosis & need for medication



Children prescribed Methylphenidate Hydrochloride ER



Medication Oversight: Discussions with the child regarding benefits of medication



Children in Group/Residential without a Consent for Medication Form

Information was gathered strictly from file review and no interviews were completed to obtain additional information

Through the 2024 youth with lived experiences survey, 79.76% (67 of 84) of youth reported to take daily medications. 90.77% (59 of 65) youth reported that someone discusses their medication with them such as side effects, benefits, reason for taking the medication, and the status of the medications.

Brief Analysis:

Data percentages related to all items pertaining to Well-Being Outcomes 1, 2, and 3 increased from 2016 to 2023.

- Needs and Services to Child, Parent, and Foster Parent increased by 102.6%.
  - Child increased by 22.7%
  - Parent increased by 114%
  - Foster Parent decreased by 4%. Foster parents needs and services was 96% for the 2016 CFSR and was 92% in 2023. This is still a significantly high percentage and still considered a strength.
- Child and Family Involvement in Case Planning increased by 66.7%.
- Caseworker Visits with Child increased by 8.2%.
- Caseworker Visits with Parent increased by 117.6%.
- Educational Needs of the Child increased by 3%.

- Physical Health of the Child increased by 11.8%.
- Mental/Behavioral Health of the Child increased by 34.8%.

Through the State's Regional Reviews there was a trend that showed CPS was not assessing father's safety or needs to determine if there was impending danger and/or if services needed to be provided Items 12, 13, and 15 of South Dakota's Program Improvement Plan were met in January 2022. Prior to achieving these goals, Child Protection Services completed an analysis to determine why these items were not met. It was revealed engagement towards fathers was the main cause of poor performance. There were several barriers towards engagement with fathers, one being South Dakota Codified Confidentiality Law ,26-8A-13. This law was amended starting July 1, 2021, removing the barrier to notify the parent who did not initiate CPS involvement for in home cases. In addition to the law, there was a lack of engagement towards fathers, particularly those whom the children were not removed from. The Fatherhood Initiative kicked off in July 2020 to focus on engagement with fathers and their integral role in their children's lives. In each of these item's CPS made a significant jump from reporting in August 2021 (reviews from July 1, 2020 - May 2021) and reporting in January 2022 (reviews from January 2021 - November 2021). For needs and services to children, parents, and foster parents we saw an increase from 52% to 64% and the area of Child and Family Involvement in Case Planning increased from 65% to 84%. Caseworker Visits with Parents also saw an increase from 64% to 76%. From the 2016 CFSR to the 2023 review year, the assessment of needs and services for parents increased 114% and caseworker visits with parents increased 117.6%.

Results of Deeper Data Exploration for Priority Focus Areas/ Information Regarding CQI Change and Implementation Activities, as applicable:

Since the completion of the 2016 Round 3 Child and Family Services Review South Dakota focused on increasing engagement with parents and caregivers. Two main initiatives were the implementation of Motivational Interviewing and the Fatherhood Project.

Motivational Interviewing:

South Dakota Implemented Motivational Interviewing to address the need for enhancement in Family Services Specialist's skill development regarding engaging resistive parents who comply with Child Protection Services intervention but do not make the necessary behavioral changes. The PCA process emphasizes engagement of parents as a critical component of intervention by using a collaborative approach with parents and focusing on self-determination. The PCA measures progress through behavior change rather than compliance. The Motivational Interviewing training was provided to enhance Family Services Specialist's ability to engage parents in the protective capacity process, which is driven through caregiver self-determination and measures progress based on behavioral change.

Motivational Interviewing Continued:

It can help decrease parent's resistance to intervention and is intended to strengthen the parent's own motivation and commitment to change.

When Motivational Interviewing (MI) was initially implemented, Supervisor's lack of confidence to train their staff, even after completing MI Level I and MI Level II, was identified as an area of development and continues to be monitored and measured. An MI trainer completed Zoom training once a month, lasting approximately 20 minutes. There were specific MI adherent exercises and coaching offered for Supervisors statewide which they then would repeat with their staff. Since implementation of the monthly activities, Supervisors have reported an appreciation for the guidance and focus. The first training occurred January 6, 2020, and ongoing trainings have subsequently occurred on the first Monday of each month in 2020. Towards the end of 2020 the training day and time was reevaluated and as a result, the MI trainings were moved to the first Wednesday of each month starting February 2021. This change was made due to other recurring meetings scheduled on Monday's. Supervisors found value in having monthly trainings as they appreciated the structure and organization of the monthly meetings. Each monthly activity was stored in One Note and is dedicated towards the MI monthly training for the Supervisors who were not able to attend the Zoom training. Supervisors found the activities were easy to follow if they were not able to attend the meeting and relied on One Note for the information. In January 2022, the MI monthly meetings were discontinued as Supervisors reported more confidence in their ability to train and enhance staff's understanding of motivational interviewing from the changes in prior years with implementation of Motivational Interviewing and ongoing skill-building techniques. MI training activities can be made available as needed/requested. A team of MI trainers performs training of newly hired staff twice yearly or as requested. These trainings were conducted via Zoom, however, in 2024 these trainings returned to being delivered in person. MI trainings will continue to be delivered in person to enhance practice, relationship-building, and confidence. CPS is exploring securing a contractor to lead the agency's Motivational Interviewing practice including integration with model fidelity and ongoing skill building.

The Fatherhood Project:

The Fatherhood Project is an initiative to enhance engagement towards fathers in areas of safety, permanency, and well-being for children was implemented in Year 2 of the 2019-2024 Child and Family Services Plan.

The Fatherhood Project started in July 2020. A workgroup was developed to oversee the project. The workgroup consisted of Family Services Specialists, Family Services Specialists' Supervisors and Program Specialists. Through the Regional Review process and the Non-Maltreating Caregiver Case Plan fidelity review it clearly showed the lack of engagement with fathers during CPS involvement.

The Fatherhood Project (Continued):

The mission of the Fatherhood Project is to enhance the awareness with the Family Services Specialist of the importance of fathers in the lives of their children. In the first year of the project, CPS focused efforts on educating and skill building to staff regarding engagement with fathers. In SFY 2022 the workgroup reconvened to discuss next steps in project development and any additional members needed for the workgroup.

The workgroup met and developed monthly activities for each office to complete with their staff throughout the year. The following were completed:

- July - A newsletter was sent to all staff that was focused on successful stories Child Protection has had regarding reunification or making connections with children in foster care and their fathers, helpful tips on engaging fathers, and various facts about children growing up without fathers.
- August - There was an exercise that asked each worker to complete a self-reflection exercise on their own perceptions of fathers and their involvement in the cases which staff are working.
- September - Dan Griffin was given a contract to provide a training to all staff in Child Protection Services. The trainings were titled, “Engaging Fathers More Effectively”, and “Men and Trauma - The Missing Peace”. There were two sessions for each training. There were 198 staff who attended the two trainings.
- October - Staff were asked to complete an activity which Dan Griffin had suggested. Each staff member was asked to have children on their caseloads write a letter to their fathers. If the children were younger, they were asked to draw or color a picture for their fathers. An extra assignment was for staff to recreate a picture with their father from their childhood and submit it to the Program Specialist.
- November - A worksheet, “Engaging a Specific Father” was sent to all Child Protection staff. The assignment was to think about a specific father on their caseload and answer seven questions about engaging the specific father they chose to focus on.
- December and January - Staff had the opportunity to participate in a BINGO game that entailed specific activities pertaining to fathers which needed to be completed. The first office with a blackout won a prize.
- February - Each Supervisor was given the task to have the following discussed in their staff meetings:
  - Have the Family Services Specialist talk about a dad they are currently working with that the Family Services Specialist recognizes they have some bias or have been unable to engage and get brainstorming ideas from their peers.
  - Have the Family Services Specialist talk about a dad they are currently working with where they have been able to positively engage a father. A success story where their efforts to engage paid off.
  - As IFA Family Services Specialist, discuss how you gather information about fathers who may not reside in the home? What information do you gather and from whom? How do you engage mothers who will not share information about their children’s father?
  - As a Child’s Family Services Specialist, (those offices which have those specialties) discuss ideas about how you could talk with your kids on your caseload about fathers and the importance of fathers in their lives. If they don’t have a father in their life maybe talk about how you would talk to them about someday being a father or if it is a girl how important it will be to have fathers involved if they have children; doing some preventative work with our kids when they start their own families.
- March – The Family Services Specialist and Supervisors were provided with two articles. Each staff member was asked to read the article, “Tips for Dads”. The second article was, “Year of the Father” which offered several suggestions regarding working with fathers. Staff were asked to read through the 20 items and in a staff meeting talk about which of the 20 reasons impacted them and why. Their reasons could be professional or personal, it’s up to them on what information they wanted to share with their team.

Since the Fatherhood Project was launched the following accomplishments have been made:

- CPS has seen an increase in children being returned to their fathers and more fathers are engaged in the CPS process.
- The FACIS system (South Dakota’s data system) has been enhanced to identify who the child has been returned to so the data can be gathered regarding children being returned home to the father.
- The parent survey was updated to include parents who were not part of the initial reason for CPS involvement.

CPS safety assessment policies and practices were enhanced related to the parent with no impending danger. This practice will ensure parents who do not have impending danger are not missed in the Child Protection process.

In SFY 2023, Footsteps Counseling in Aberdeen submitted a proposal to pilot 24-7 Father, a curriculum for the promotion of fatherhood and parenting education focused on fathers. A Positive Indian Parenting trainer from the Yankton area is interested in participating in the pilot as well.

Data on utilization of parenting education classes is reviewed quarterly and annually. A collaboration with a representative of the Great Plains Tribal Leaders Health Board has yielded positive momentum in developing additional options for fathers regarding parenting education. A male instructor has been recruited through the Black Hills Special Services Co-Operative and upon completion of training this summer will begin delivering classes. A trainer is entered into a contract with CPS summer 2024 as well, to deliver Common Sense Parenting classes to parents, but as a father himself, he brings a unique perspective which he can offer to other fathers and male caregivers. A goal for the upcoming year is to help discover the champions of fatherhood as it is important for fathers to feel supported by other fathers and receive training from them rather than traditionally receiving instruction from only female instructors.

The Fatherhood Project (Continued):
Training during Foundation week has been enhanced to include the Importance of Fathers in a child's life. The training providing exercises and lecture on worker bias, how to locate fathers, and how to engage fathers. This training was first trained in March 2023 and is an element of the curriculum ongoing. Child Protection is also exploring partnering with the Division of Child Support on the Fatherhood Initiative, this is explained in more detail under the Quality Assurance Outcome.

IV. Assessment of Systemic Factors

Statewide Information System

Item 19: Statewide Information System

Overview

Child Protection Services' Comprehensive Child Welfare Information System (CCWIS) is called the Family and Child Information System (FACIS). FACIS is a statewide information system developed and maintained to collect and report data about children, family and resources served by South Dakota CPS. Quality data collection, both qualitative and quantitative, is a strength for CPS as evidenced by the information available through reports that readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care. FACIS contains fields to record and document all of these elements; status, demographic characteristic, location and goals. In 2016 Child and Family Services Review; the South Dakota CPS information system was rated as a strength and found to be in substantial conformity. Since 2016, South Dakota has continued to make enhancements to their information system and has assessed this systemic factor to be a **strength** for Round 4 of the Child and Family Services Review.

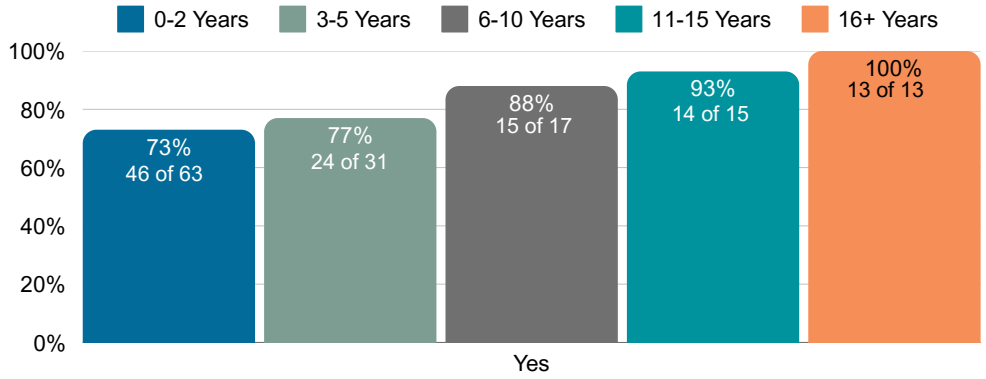
Data Management

CPS submits the required Adoption and Foster Care Analysis and Reporting System (AFCARS), National Youth in Transition Database (NYTD) and National Child Abuse and Neglect Data System (NCANDS) reports on time and meeting compliance. CPS utilizes the FACIS data reports to submit each year's budget request for funding CPS. To have compliant Federal submissions, caseworkers must maintain timely data entry in the FACIS system. If reports must be re-run for prior periods the data is consistent, which supports the state's assessment that the information is entered timely and accurately.

FACIS is used by all CPS staff to document child welfare work. One way this is confirmed is by reviewers who complete various case reviews reporting they find items in the same places as well as low incidence of errors or missing information for federal reports. Areas of case information documented in the FACIS system includes intake, IV-E eligibility, case management, placements, caseworker visits, resource management, adoptions, guardianships, financial management, reporting, administration, and interfaces. This is not an exhaustive list of documentation but provides a quality overview of major areas of focus.

Staff hired prior to the Covid-19 pandemic received a weeklong, in-person training by the FACIS Program Specialist. Since the pandemic, CPS staff receive initial FACIS training at the local office level during the onboarding process. This training includes explanations of data fields pertinent to AFCARS submissions and the importance of timely and accurate data entry. The FACIS Program Specialist, Continuous Quality Improvement Program Specialists, and the Learning and Development Program Specialist are currently working to return FACIS training to an in-person platform. Ongoing FACIS training is being provided by specific topics on a variable schedule throughout the year. Current topics for ongoing FACIS training have included Placements, Payments, Clearance, Title IV-E, Case Planning, AFCARS, Administrative Support Staff Overview, and Foster/Kinship Resources.

A survey was administered to all field staff in July 2024. 81% (112 of 139) of staff who completed the staff survey reported that their FACIS training was adequate to complete their job duties. The following staff, by years of service, reported their FACIS training was adequate to complete their job duties: 73% (46 of 63) of staff who have been employed by the agency for 0-2 years, 77% (24 of 31) of staff employed for 3-5 years, 88% (15 of 17) of staff employed for 6-10 years, 93% (14 of 15) of staff employed for 11-15 years, and 100% (13 of 13) of staff employed for 16+ years.

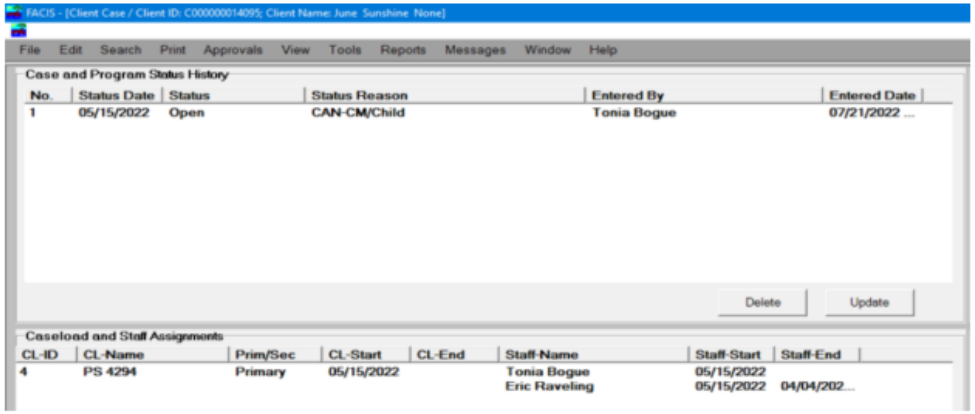


A majority of staff who reported their FACIS training was inadequate to complete their job duties were staff who have been employed for less than 5 years and have less experience with the FACIS system compared to staff who have been employed for more than 5 years. The need for virtual FACIS training during the COVID-19 pandemic was a barrier to these identified staff receiving hands on, in-person training however the agency is re-implementing in-person FACIS training to overcome this barrier in order to provide new staff with foundational knowledge and hands on experience to navigate and utilize the FACIS system.

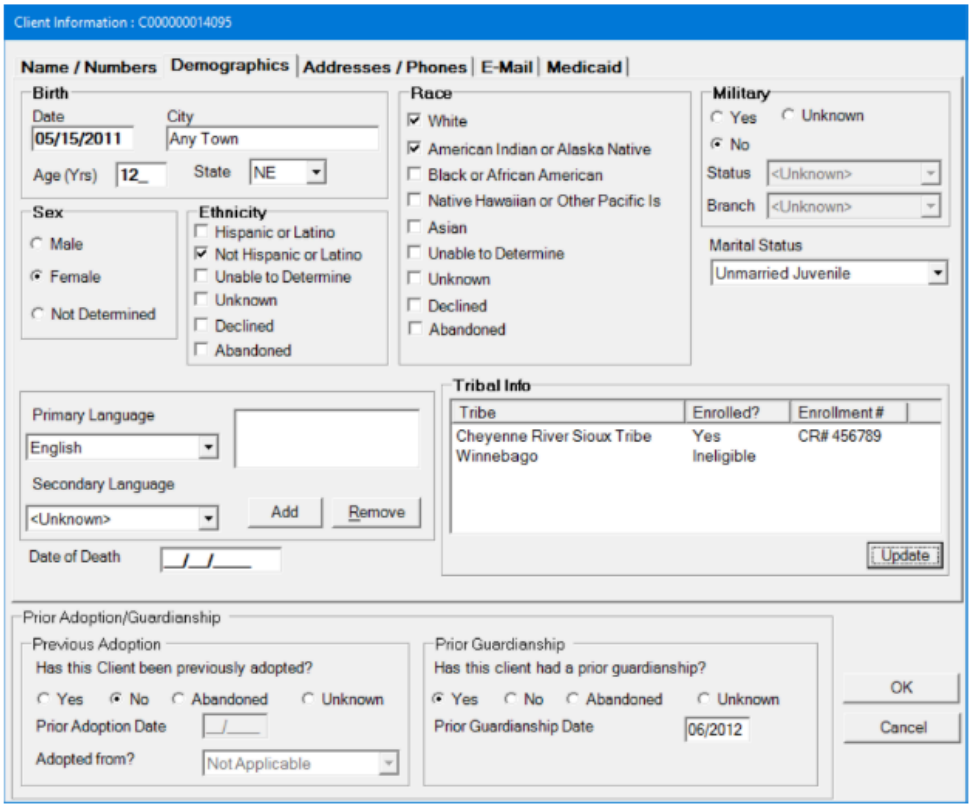
Demographic information for individuals contained in a specific abuse/neglect Request for Service are entered in the intake screen at the time of intake. Social Services Production Access (SSPA) is the data base utilized by the Department of Social Services Division of Economic Assistance for determination of SNAP and TANF eligibility. An interface was created in order for intake specialists to gather demographic information about a family when a Request for Service is received.

The SSPA interface allows the intake specialist to compare information such as addresses, and phone numbers gathered from the reporter and/or identify information if the reporter is unaware of this information. The interface allows the intake specialist to import demographic data (race, ethnicity, date of birth, sex and any aliases). This interface process helps ensure accurate information is captured from the time of intake and remains consistent across the two systems. The intake specialist then includes information in the Request for Service to the Family Services Specialist in order to locate the family for initial contact. When a report of maltreatment is assigned, the Family Services Specialist utilizes the demographic information provided to them on the Request for Service to locate the family. Each family member on the request for service is cleared against existing demographic, address and phone information already existing in FACIS. If new information is on the request for service which is not in the individual's permanent person record; the information is merged into the existing record. If the Family Services Specialist determines inaccurate information was provided, this is updated in the Initial Family Assessment. When a client is opened for ongoing services, the Family Services Specialist and/or Supervisor enter the most recent demographic information to the client's basic FACIS screen if something has changed since the Request for Service was assigned.

When a client is opened in the FACIS system for ongoing services, the status of each client is maintained in FACIS via case assignments and case opening/closing. This status is displayed on the client summary screen. Demographic characteristics such as date of birth, sex, race, ethnicity, disability, and medically diagnosed condition requiring special care are contained within the system and are easily seen by the worker and anyone in management role.

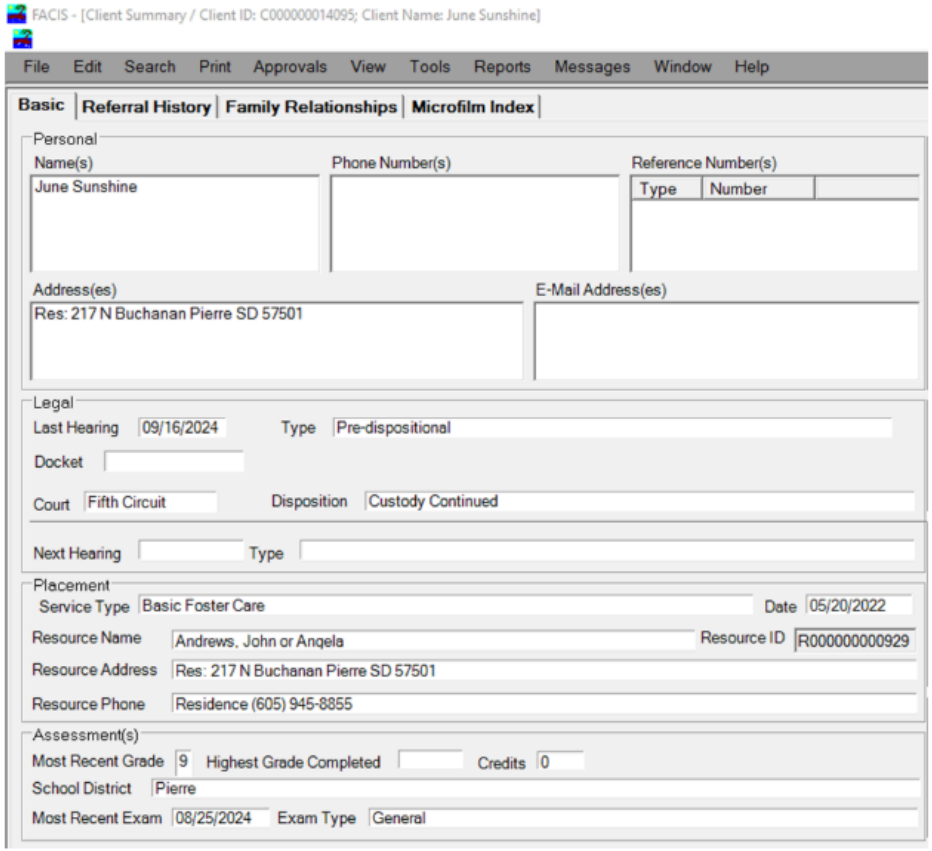


Client Case Status

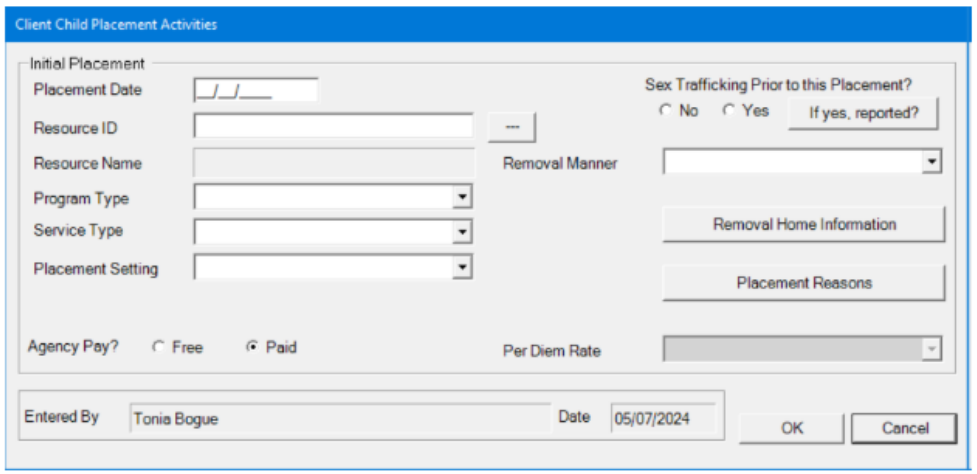


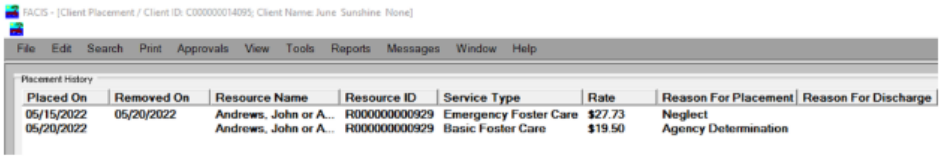
Client Basic-Demographics

When a child enters the temporary legal and physical custody of the department, the Family Services Specialist and/or Supervisor completes the child's FACIS placement screen within 24 hours of placement. Information from this screen also appears on the client's summary screen where resource name, address, and phone number is displayed. If the client moves placements, the change of placement is entered in the placement screen and automatically updates on the client's summary screen. Current address location is displayed on the client summary screen and displayed on the client placement screen.



Client Summary

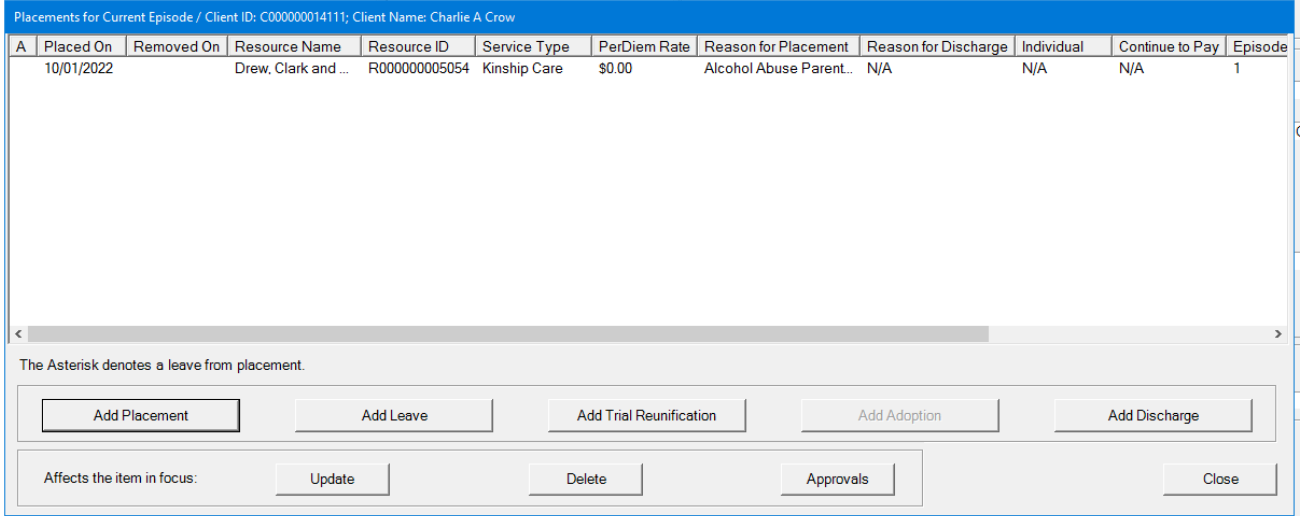




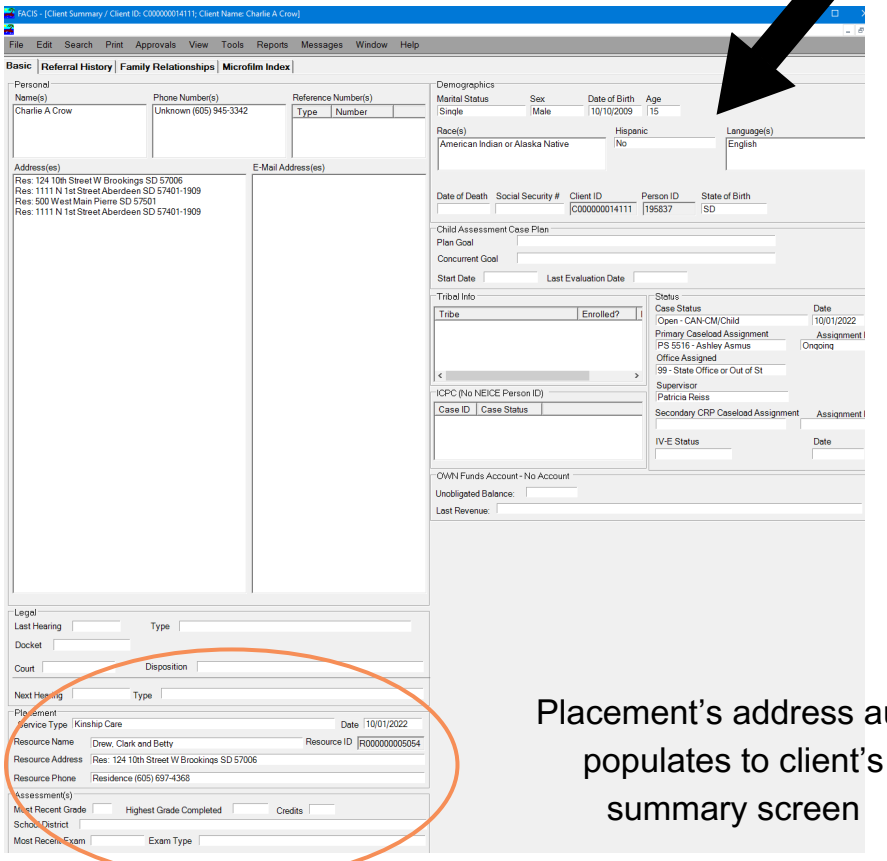
Client Placement

Addresses are maintained in the placement resource screens and fill into the screens mentioned above. Several processes are in place to ensure accuracy with the child's specific location at all times. Resource provider's addresses are confirmed by the Family Services Specialist on a monthly basis when they utilize the address to complete home visits with the child. Addresses are also confirmed by Licensing Specialist on a yearly basis through the resource provider's annual licensing renewal. Addresses in the placement resource screen are also utilized to send placement resources their monthly payments. When the Family Services Specialist notifies the placement resource of upcoming court hearings, the placement resource's address auto populates from the placement resource screen to the notification document. Please see below for screen shots showing the screens and fields where this information is maintained. These are mock cases and do not use or reflect actual client, family, or individual data.

When the child case plan document was originally created, collaboration with the FACIS Program Specialist was intentional in order to implement data quality checks. Through this collaboration, the team developed a child case plan that includes auto-populated information from the FACIS system. The child's information such as their name, age, date of birth, date of initial placement, date of current placement, and current resource name are auto populated from the FACIS basic screen and placement resource screen to the child case plan. The child case plan document was updated in 2016 to include the date and location of the child's most recent physical, vision, and dental appointments as well as any pharmacy claims are auto populated from the child's health assessment screen in FACIS to the child case plan. The child case plan is required by policy to be completed within 60 days of the child entering care. The child's initial permanency goal is captured in the child's case plan and entered into the child case plan screen in FACIS, displayed on the client summary screen, and auto populated to the child case plan. There is no state policy that outlines timeliness for child case plan screen data, however the supervisor enters this data at the time the child case plan is approved and signed by the supervisor. Family Services Specialists have been trained to review auto populated information when creating the child case plan. After the child case plan is complete, the Family Services Specialist reviews the plan with the child's parents, placement resource, and with the child if age appropriate. These individuals confirm the information outlined on the plan is correct prior to signing and dating the plan to ensure accuracy. If the child has a change to their permanency goal, the agency's policy requires the Family Services Specialist to complete a child case plan addendum within 14 days to reflect this change. The Family Services Specialist Supervisor is the last individual to sign the child case plan. At the time of the supervisor's signature, the initial permanency goal is entered into the child case plan screen in FACIS. Please see below screen shots on how data fields are auto populated into the child case plan document. These are mock cases and do not use or reflect actual client, family, or individual data.

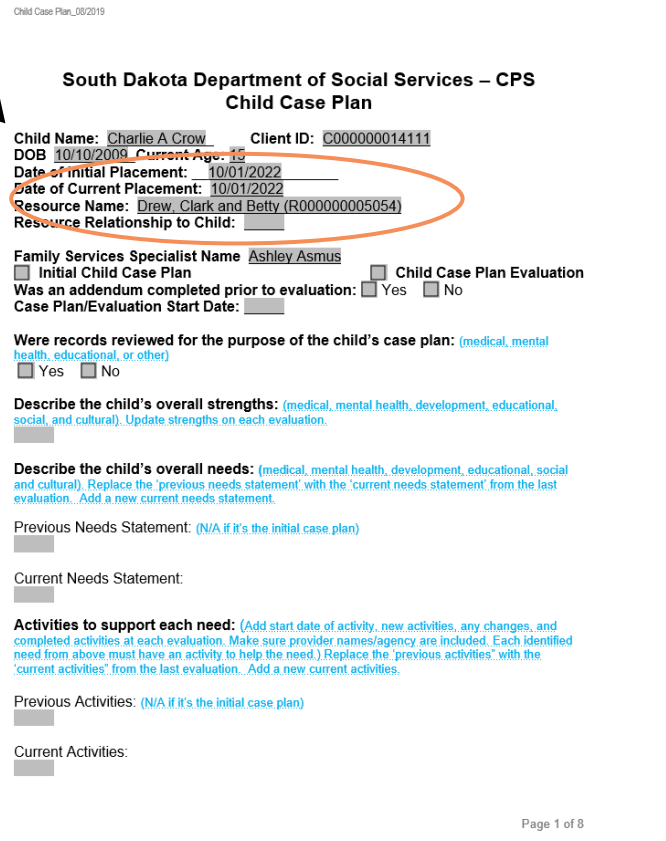


Placement Screen



Placement's address auto populates to client's summary screen

Placement dates and name of resource auto populates to the child's case plan



Child Case Plan_08/2019

South Dakota Department of Social Services – CPS
Child Case Plan

Child Name: Charlie A Crow **Client ID:** C000000014111
DOB 10/10/2009 **Current Age:** 15
Date of Initial Placement: 10/01/2022
Date of Current Placement: 10/01/2022
Resource Name: Drew, Clark and Betty (R000000005054)
Resource Relationship to Child:

Family Services Specialist Name Ashley Asmus
☐ **Initial Child Case Plan** ☐ **Child Case Plan Evaluation**
Was an addendum completed prior to evaluation: ☐ Yes ☐ No
Case Plan/Evaluation Start Date:

Were records reviewed for the purpose of the child's case plan: (medical, mental health, educational, or other)
☐ Yes ☐ No

Describe the child's overall strengths: (medical, mental health, development, educational, social, and cultural). Update strengths on each evaluation.

Describe the child's overall needs: (medical, mental health, development, educational, social and cultural). Replace the 'previous needs statement' with the 'current needs statement' from the last evaluation. Add a new current needs statement.

Previous Needs Statement: (N/A if it's the initial case plan)

Current Needs Statement:

Activities to support each need: (Add start date of activity, new activities, any changes, and completed activities at each evaluation. Make sure provider names/agency are included. Each identified need from above must have an activity to help the need.) Replace the 'previous activities" with the 'current activities" from the last evaluation. Add a new current activities.

Previous Activities: (N/A if it's the initial case plan)

Current Activities:

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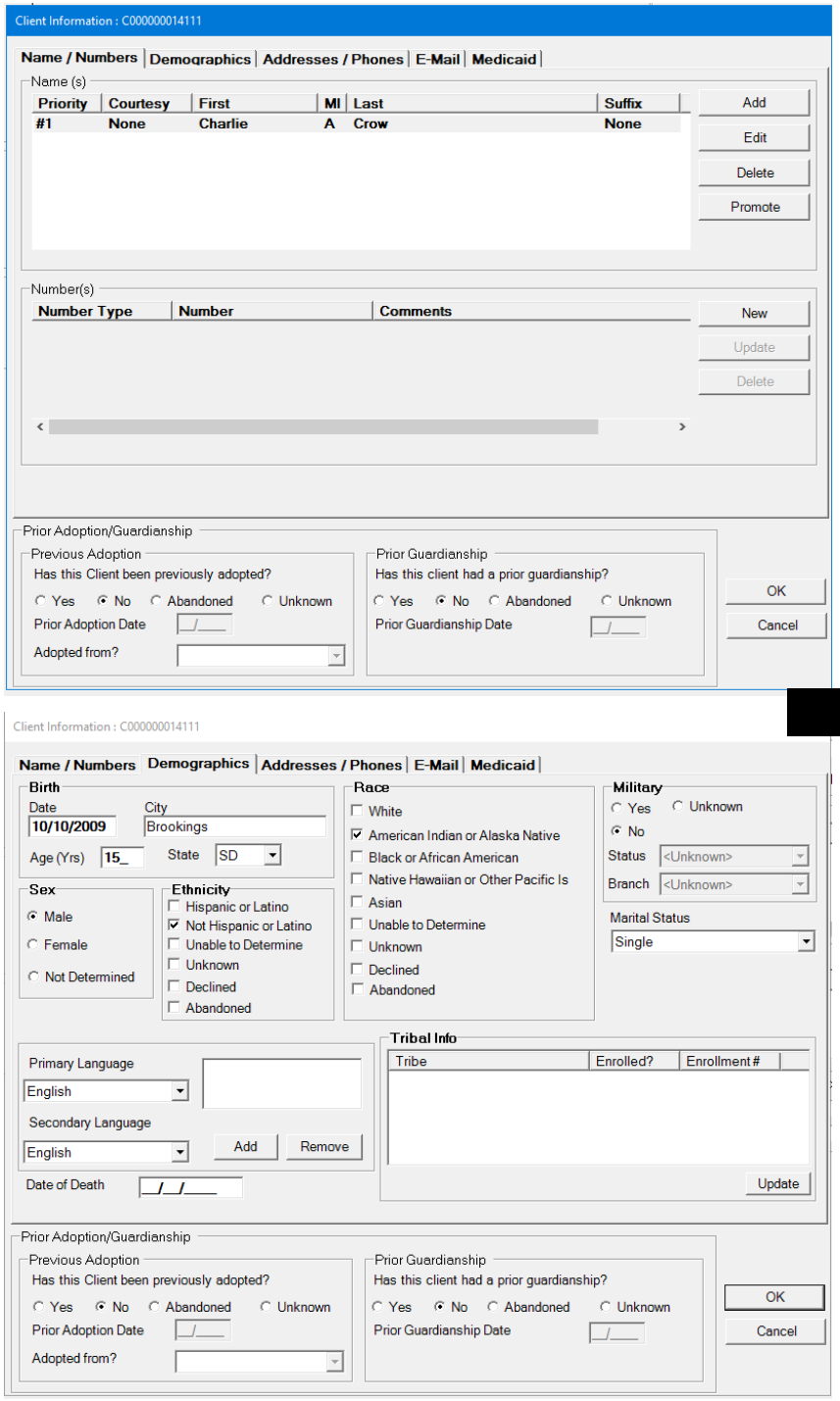

Client Basic Screen

Child's name, date of birth, and age auto populate from basic screen to child's case plan

Child Case Plan_08/2019

South Dakota Department of Social Services – CPS
Child Case Plan

Child Name: Charlie A Crow **Client ID:** C000000014111
DOB 10/10/2009 **Current Age:** 15
Date of Initial Placement:
Date of Current Placement: 10/01/2022
Resource Name: Drew, Clark and Betty (R000000005054)
Resource Relationship to Child:

Family Services Specialist Name Ashley Asmus
☐ **Initial Child Case Plan** ☐ **Child Case Plan Evaluation**
Was an addendum completed prior to evaluation: ☐ Yes ☐ No
Case Plan/Evaluation Start Date:

Were records reviewed for the purpose of the child's case plan: (medical, mental health, educational, or other)
☐ Yes ☐ No

Describe the child's overall strengths: (medical, mental health, development, educational, social, and cultural). Update strengths on each evaluation.

Describe the child's overall needs: (medical, mental health, development, educational, social and cultural). Replace the 'previous needs statement' with the 'current needs statement' from the last evaluation. Add a new current needs statement.

Previous Needs Statement: (N/A if it's the initial case plan)

Current Needs Statement:

Activities to support each need: (Add start date of activity, new activities, any changes, and completed activities at each evaluation. Make sure provider names/agency are included. Each identified need from above must have an activity to help the need.) Replace the 'previous activities" with the 'current activities" from the last evaluation. Add a new current activities.

Previous Activities: (N/A if it's the initial case plan)

Current Activities:

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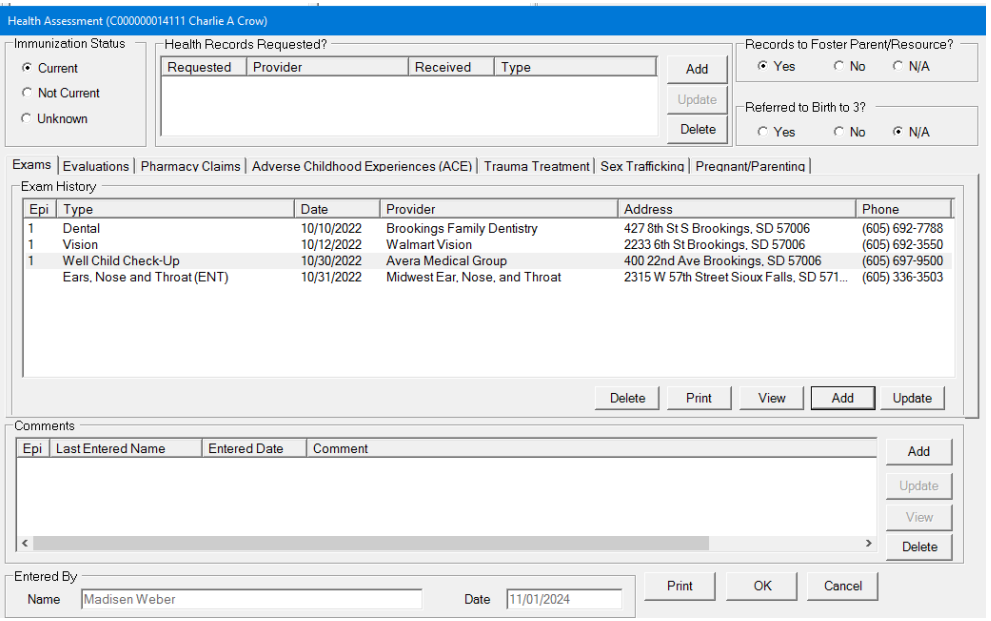
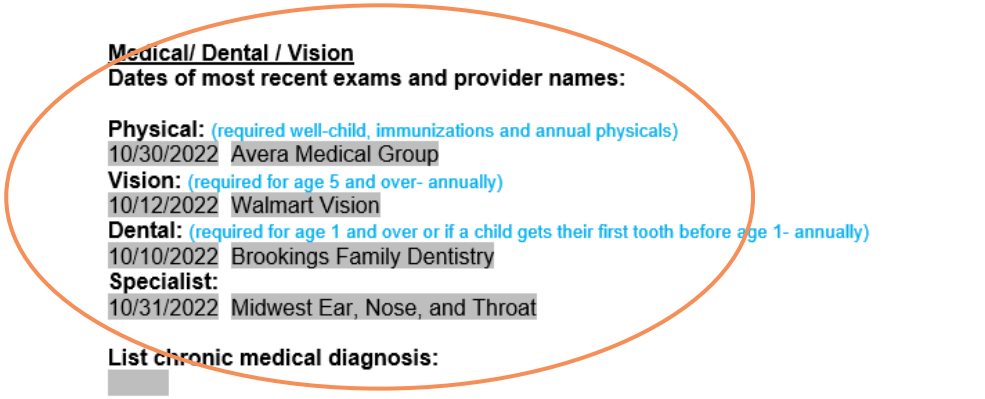
Health Assessment Screen- Exams Tab

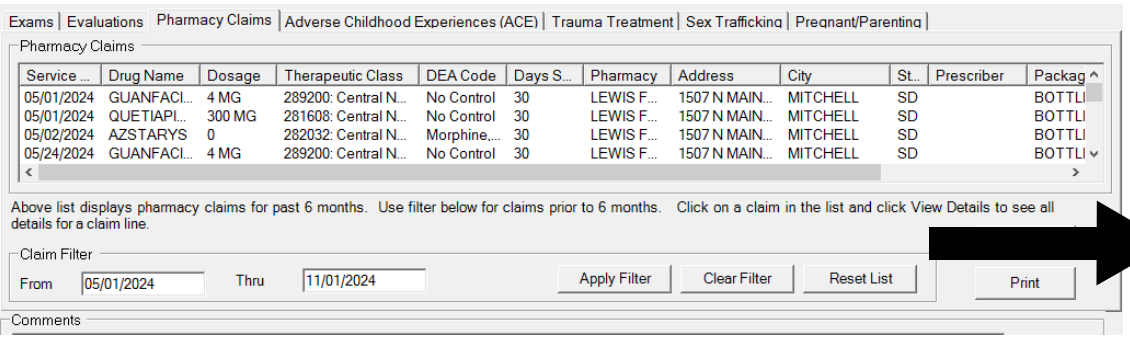
Child's health assessments auto populate from health assessment screen to the child's case plan

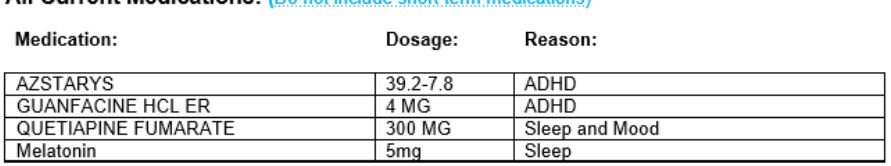




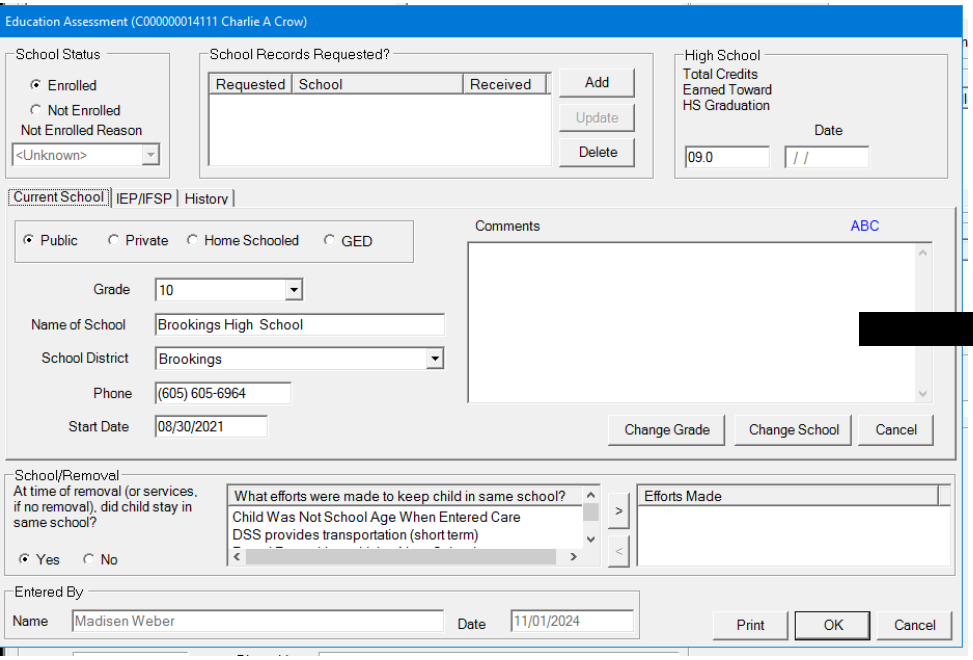
Child's prescribed medications auto populate from pharmacy claims tab to the child's case plan

Health Assessment Screen- Pharmacy Claims Tab

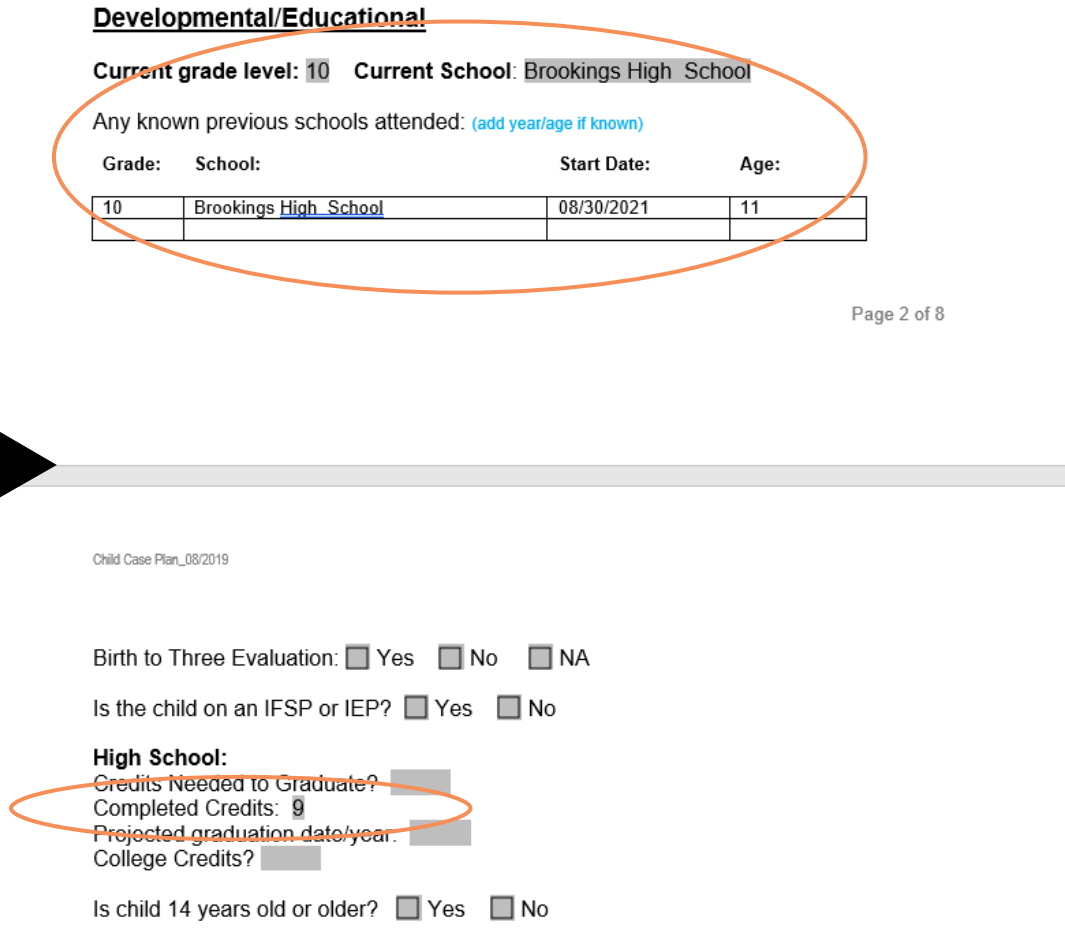




Client's grade, name of school, start date, age, and completed credits auto populate from education assessment to child's case plan



Education Assessment Screen



Developmental/Educational

Current grade level: 10 **Current School**: Brookings High School

Any known previous schools attended: (add year/age if known)

Grade:	School:	Start Date:	Age:
10	Brookings High School	08/30/2021	11

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Child Case Plan_08/2019

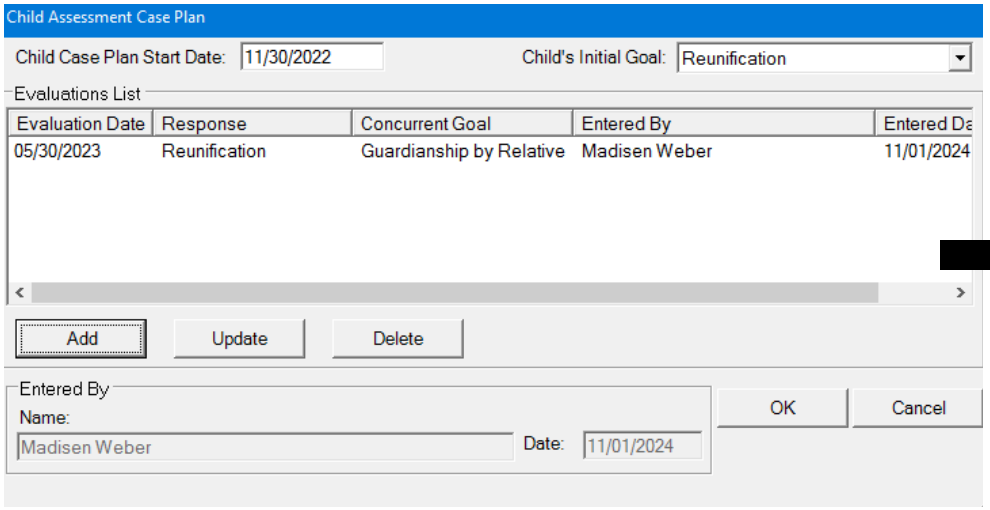
Birth to Three Evaluation: ☐ Yes ☐ No ☐ NA

Is the child on an IFSP or IEP? ☐ Yes ☐ No

High School:
Credits Needed to Graduate?
Completed Credits: 9
Projected graduation date/year:
College Credits?

Is child 14 years old or older? ☐ Yes ☐ No

Client's initial permanency goal and concurrent goal auto populate from the child's case plan screen to the child's case plan



Child Case Plan Screen

South Dakota Department of Social Services – CPS Permanency Plan

Siblings: (Describe sibling connections prior to removal. This includes siblings not in care.)

Describe reasons for separation and ongoing efforts to place siblings together: (only for siblings in care)

Plan to support sibling connections: (Both connections being developed and maintained) Replace the 'previous plan statement' with the 'current plan statement' from the last evaluation. Add a new current plan statement.

Previous Plan: (N/A if it's the initial case plan)

Current Plan:

Life Long Connections: This includes anyone that the child has a strong connection with- (i.e., relatives, fictive kinship, previous foster parents, parents with TPR {only if appropriate}, etc.)

Plan to support lifelong connections: Replace the 'previous plan statement' with the 'current plan statement' from the last evaluation. Add a new current plan statement.

Previous Plan: (N/A if it's the initial case plan)

Current Plan:

Identify Child's Permanent Plan: Reunification

Identify Child's Concurrent Plan: (Put N/A if no further efforts or TPR has occurred) Guardianship by Relative

Concurrent Plan placement options: (List resources who are being actively assessed. Include status of active home studies, tasks and time frames, and how you will develop the relationship.

Describe the efforts made to place the child in the least restrictive alternative (most family like) **setting available, within close proximity of their home and community, with the best interest and needs of the child being considered.**

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The State of South Dakota created a Continuous Quality Improvement culture throughout the agency. Staff at various levels including Program Assistants, Family Services Specialists, Supervisors, Regional Managers, and Program Specialists are initially trained on the FACIS system and educated on the importance of timely and accurate data entry. The importance of accurate data is known throughout the agency, and staff are intentionally trained to identify incorrect information in FACIS and to correct this data when inconsistencies are identified.

The FACIS system is able to create data reports to ensure quality and accurate data entry. When a data report is requested, the FACIS Team works with the Bureau of Information Telecommunications (BIT Team) to identify where the data needs to be pulled from within the FACIS system to create the report, and how the report should interpret that data. The BIT team works on the mapping of the data through the system to create the report. Once the report is created, the FACIS and CQI Team conduct manual reviews of the test report to ensure that the correct data is being pulled, and that it is being pulled in the intended manner of the initial request for the report. If errors are found, fixes to the report continue to be made and reviewed prior to the report being entered into production for full utilization. Additionally, through the report testing process the CQI Team is able to identify and correct any data errors identified. For example, when testing permanency hearing reports, the CQI Team discovered parent client numbers were being linked to legal lines. These were removed and a system edit was added to prevent legal hearings being entered or linked to adult clients. FACIS has approximately 230 static, quantitative data reports which capture data from the system and are available in a report viewer function for any staff to access. Categories for monthly reports include Adoption, Finance, Independent Living, Ongoing Services, Placements, Request for Service, and Resource Licensing. **Appendix A: Attachment A1- FACIS Reports** explains 26 of the agency's most utilized reports in further detail including the report name, program area, target users, report purpose, and quality assurance benefit. These quantitative reports are used for office/region/statewide review. These data reports contain data regarding children in care, children receiving in home services, abuse & neglect reports, licensing information, adoption information & independent living youth. The reports contain aggregate data and outcome measure data where appropriate. Reports provide function to allow the user to drill-down to case detail information. Staff at all levels have access to the data reports. Reports breakdown information from the macro statewide to the micro individual staff. Supervisors can access reports to review work in their specific unit. Regional managers can access reports to analyze what trends are in their region and can compare their data to statewide or to other regions.

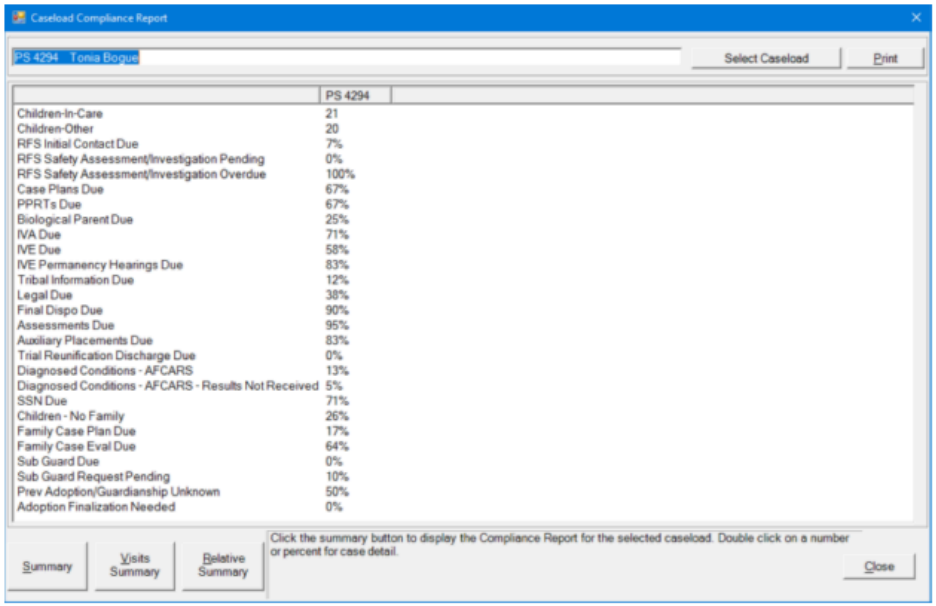
FACIS Program Specialists are responsible for reviewing reports. The expectation while running them is to verify accuracy and reliability of the data as they are the primary data stewards in this area. For instance, the Caseworker Visits-Not Visited report is reviewed monthly for any inaccurate entries. Staff may add a Not Visited entry for a child whose case closed during the month. These inaccurate entries are corrected.

Management Team including Program Specialists and Regional Managers, review reports in their specific areas for accuracy as well. For example, the ICWA Program Specialist reviews the ICWA report monthly and works with offices to ensure information is entered timely to be provided to the tribal entities. Data reports are discussed and reviewed quarterly as part of Management Team meetings. These report and data reviews also occur when annual fidelity reviews on various policy/practice areas are completed. The Continuous Quality Improvement (CQI) Specialists overseeing the reviews utilize reports during these reviews and compare information from the reports to what they are seeing in FACIS. If any anomalies were found, the head of the review notifies FACIS Program Specialists.

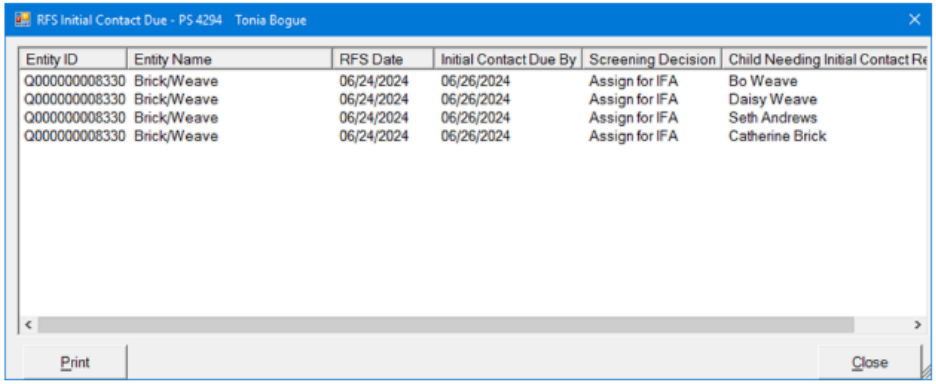
As it relates to Tribal entities with IV-E contracts, three of the four tribes currently do not have access to enter the children they oversee into the FACIS Information System. The three tribes that do not have access to the FACIS system are assisted by the ICWA Program Specialist with CPS to enter any information needed into the FACIS data system. These three tribes have identified they currently do not have the capacity to use FACIS for their information system and they document their cases within their own filing system. Any information, which this includes status, demographic, location, and permanency goals for every child in foster care are entered by the ICWA Program Specialist after he obtains the needed data from the tribes, to meet federal timeframes. The Sisseton Wahpeton Oyate- Child Protection Program (SWO-CPP) is only the tribe that has access to FACIS but the ICWA Program Specialist assists with timely entries on data points. The ICWA Program Specialist uses the same data reports and tools to ensure the state can readily identify the required four elements in the FACIS system.

Quantitative data reports are enhanced as needed based on changing requirements or areas of focus. There is a defined process for updating reports or requesting new data reports based on changing needs or program and policy changes. Requests for updates or changes to data reports can start from a request from local office staff, program specialists, regional manager, or leadership. After reviewing the request, if it is determined change is needed, the FACIS Program Specialist discusses this needed change with Bureau of Information and Telecommunications (BIT) staff. From there, a request is written to explain the desired report, and work is assigned to the BIT staff. BIT staff create the desired report which is then tested for accuracy prior to moving to production. The FACIS system includes Compliance Reports providing real-time access to items that are missing information in the system. These Compliance Reports can be used with staff during their staffing with Supervisors. Staff report using the Compliance Report generated on FACIS to monitor their cases and required data entry. These compliance reports alert staff to missing data based on state or federal rules, policy or practice. Supervisors and Regional Managers utilize data reports for ongoing management of caseloads and due dates. Many reports highlight data points that are missing by displaying Unknown, Not Entered or blank fields. Supervisors and Regional Managers are responsible for qualitative checks to ensure accurate, timely and complete data for the cases they oversee.

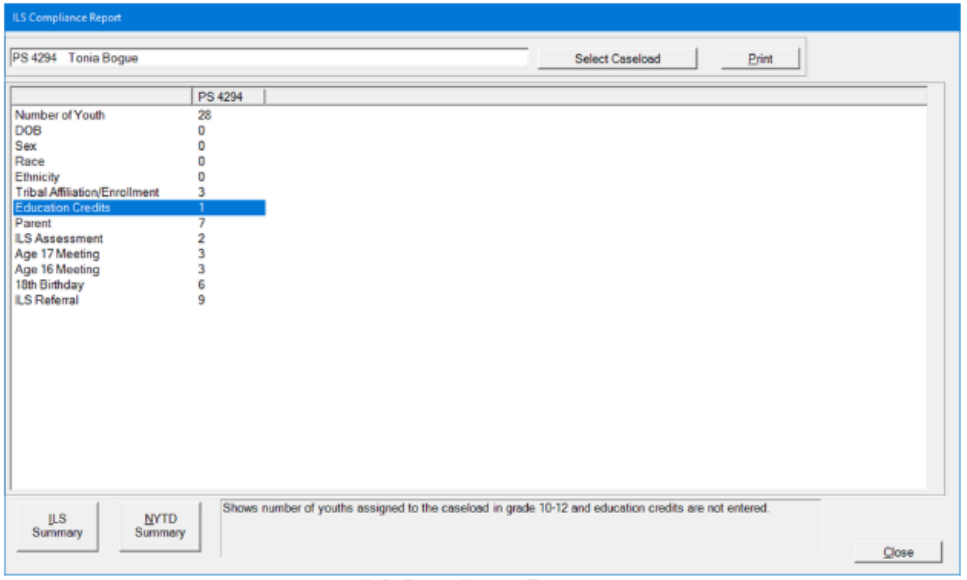
The compliance reports are used with staff during staffing with Supervisors to increase oversight and timeliness of data entry for AFCARS reporting. Data elements include biological parent screen information, diagnosed conditions, permanency goal, and tribal affiliation. When data is entered in the specified FACIS screen, the caseload reports refresh information directly from the database each time the report is accessed. Compliance screens differ based on the workers' specialty. For example, workers serving youth have rows regarding youth with pending National Youth in Transitional Database (NYTD) surveys. Compliance reports assist staff in managing due dates and ensure that required data is entered. Staff have consistently shared they use the Compliance Reports generated in FACIS to monitor their caseloads and required data entry items. Please see below for screen shots showing the screens and fields for FACIS Compliance Reports.



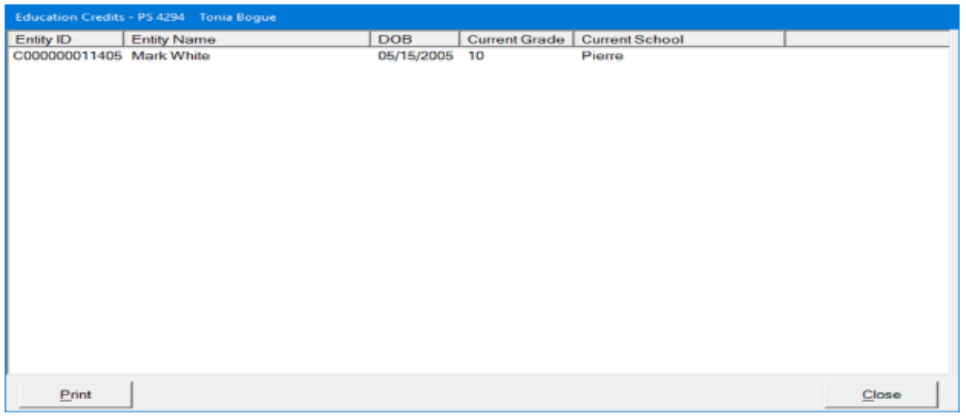
Compliance Reports- Caseload Compliance Overview and Details on Specific Rows



RFS Initial Contact Due

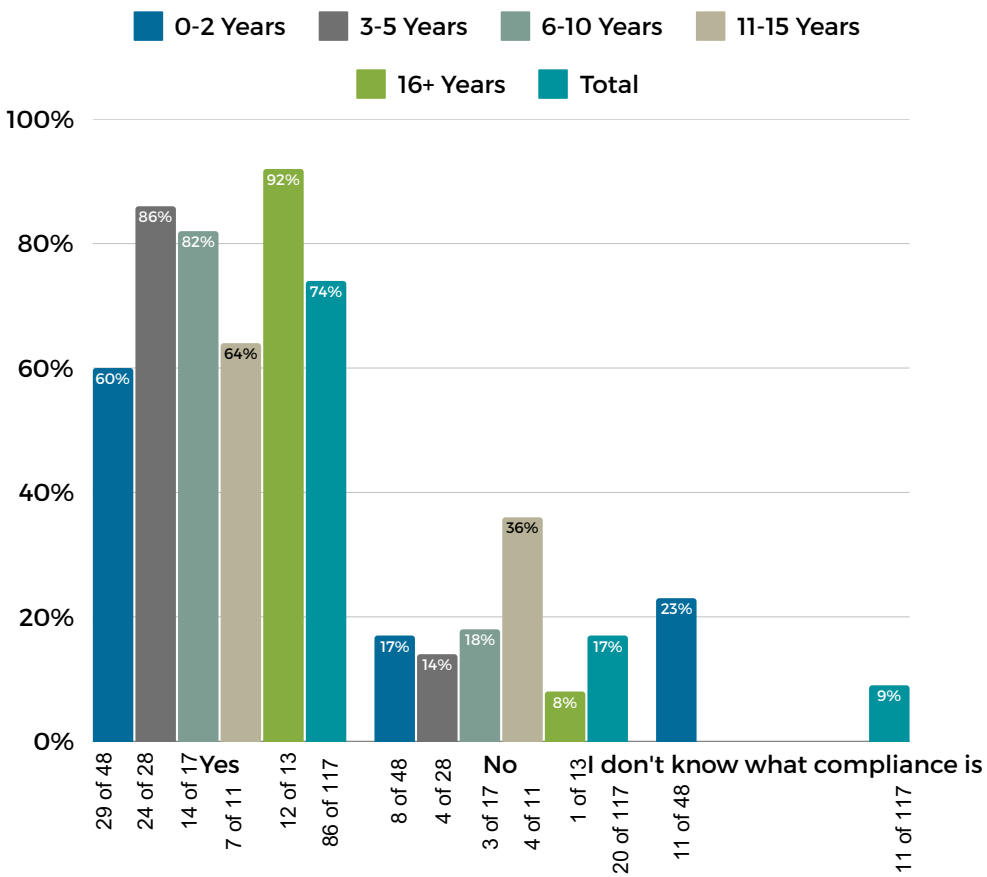


ILS Compliance Report



Education Credits Compliance Report

A survey administered in August 2024 showed 74% (86 of 117) of staff reported utilizing FACIS compliance screen.



CQI Process and System

South Dakota Child Protection Services Continuous Quality Improvement (CQI) Plan defines a three-tiered structure. Although these tiers operate separately, they are interconnected. The first level developed was the Core Team which is comprised of the Division Director, Assistant Division Directors, Administrators, CCWIS staff, and State Office staff members. The second tier developed was the Supervisor's Advisory Group (SAG) which consists of a supervisor from each of the seven regions within CPS. The final tier to be fully developed is the Regional CQI Teams.

CQI Program Specialists are assigned to oversee areas of data quality within the information system. For example, a CQI Program Specialist is assigned to oversee data quality of caseworker visits with children. The Strategy and Outcomes Program Specialist generates a weekly report on the status of caseworker visit entries for the federal fiscal year which is provided to the CQI Specialist who monitors progress on data entry and works with the local offices to ensure timely entry of caseworker visits in the FACIS System.

In addition, a CQI Program Specialist is assigned to oversee timeliness of completion of Initial Family Assessments which is monitored monthly. When a public data request is received, the Strategy and Outcomes Program Specialist generated the data report from the FACIS system and drafts a response with the requested data. The Strategy and Outcomes Program Specialist documents where and how the data was collected which is then confirmed by a CQI or FACIS Program Specialist for accuracy and approved by the Program Specialist who oversees the program area of the data being distributed to ensure the correct data is being distributed.

For a more complete description of the SD CPS CQI process, see the Quality Assurance Section of the Statewide Assessment. The FACIS Project Manager and the Management Team review information provided regarding federal requirements and guidelines on when updates are received. The FACIS Project Manager and members of the Management Team have participated in Federal workgroups related to data outcomes, collaborating with the court systems, technology, and CQI/QA. Quality data collection is the foundation of a fully functional CQI system. In South Dakota's child welfare system, FACIS is used to input, collect, and extract data. The FACIS Team and BIT staff extract and submit data yearly for NCANDS and the CFSP/APSR and twice a year for AFCARS and NYTD. FACIS Reports are provided to the State's NCANDS designee for input into the NCANDS portal. CPS uses the data quality tools and utilities provided to ensure required processes are followed. These include using the AFCARS Data Quality, Compliance and Frequency Reports, National Youth in Transition Database (NYTD) portal system & National Child Abuse and Neglect Data System (NCANDS) portal programs to review data prior to submission. Any data errors found are addressed and corrected wherever possible. The FACIS Project Manager ensures changes to mapping for reports are documented in the appropriate mapping documents.

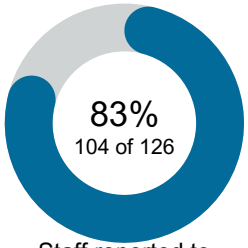
Accurate and Timely Data Entry

Quality qualitative and quantitative data collection is a strength for CPS. Challenges within the area of data collection center around ensuring staff enter data in a timely manner for the various reports to capture the necessary data. The timely entry of data is monitored through various reports on FACIS and efforts are made to make improvements where needed. Data is also collected through various surveys to staff and stakeholders. CPS has implemented several practices to support accurately and timely data entry. CPS has policy to inform staff when certain data points must be entered into FACIS:

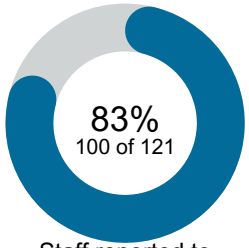
- Data related to placements must be entered before monthly batch process runs in order to ensure timely and accurate potential claim generation.
- Caseworker visit narratives must be entered within 48 hours of the visit.
- Abuse and neglect reports must be submitted for screening within two working days and screened within two working days following the submission.
- Placement and respite care activities must be entered by the second working day of the new month to be picked up for payroll, including discharges and placement moves to ensure the state can readily identify the location of a child under their care and placement responsibility at any given time.
- Title IV-A Eligibility screen must be completed the same day initial placement is entered.

- Medicaid screen must be completed the same day initial placement is entered.
- Biological parent screens must be completed within 14 days of placement.
- Discharges from care must be completed within 30 days of discharge date.
- Placement moves must be completed within 30 days of move.

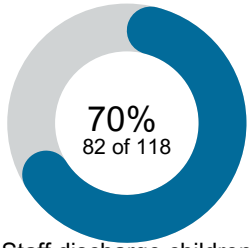
Through the SFY2025 Staff Survey, staff self reported the average timeliness of data entry for a variety of data points:



Staff reported to generate child placement agreements within 48 hours.



Staff reported to complete placement screens within 48 hours.



Staff discharge children from placement within 48 hours.

The FACIS system has edit checks in the system to help ensure quality data entry. There are appropriate date edits, range checks and prompts for critical or incomplete data on screens to prevent inaccurate or inconsistent dates. For example, the system will not allow a hearing disposition date to be prior to the hearing date. Initial contact with a child cannot be prior to the intake date. Date fields that document contact/visits with children and official findings cannot be a future date. Caseworker Visit narratives require completion of all defined program and policy areas such as Safety and Permanency. The FACIS system alert staff when an event occurs such as a child being discharged from a residential treatment facility. The system has instant message functions to alert staff of urgent items such as abuse/neglect reports regarding foster homes where children are placed or suspension of a license. FACIS has hyperlinks on some fields which the user can click to gain more information or instructions regarding the data to be entered in the field. For example, each NYTD service on the independent living screens has a hyperlink with the federal definition. CPS recently added a hyperlink for adjudicated delinquent on the independent living screen. Hyperlinks have been added for AFCARS elements such as discharge reason definitions and ICWA elements.

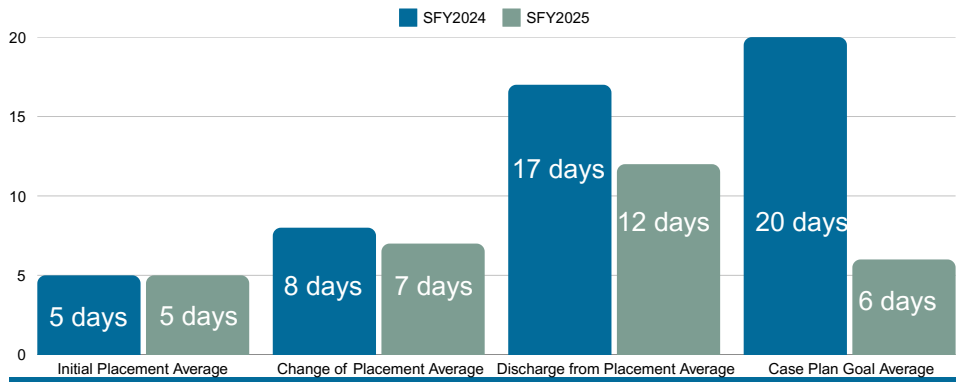
Thirteen fidelity reviews are completed on a yearly basis in the areas of Indian Child Welfare Act, Parent Case Plan Assessment and Visits, Child Case Plans and Caseworker Visits, Kinship, Permanency Round Tables, Children Missing in Care, Foster Kinship Placement Payments, Split Siblings, Family time, Initial Family Assessment and Intake, Psychotropic Medications, Well-Child Checks, and Youth Education Credits. Fidelity reviews are completed by the Continuous Quality Improvement Program Specialists and data/information quality checks are implemented to verify accuracy of specific data points.

For example, during the child case plan fidelity review, the signature date on the case plan is reviewed to ensure it matches the date entered in the child case plan FACIS screen. Refer to **Appendix A: Table A2- Fidelity Review Data Quality Tasks** for detailed descriptions of each data quality task in FACIS that is completed during specified fidelity reviews. If data is found to be incorrect or missing, staff are afforded an opportunity to correctly enter data. For example, in the 7% of cases in the below chart where the child case plan signature date did not match what was entered in FACIS.

Fidelity Review	Date of Review	Data Reviewed	Performance
Child Case Plan & Caseworker Visits Narrative Fidelity Review	April 2024	Child/Placement Provider Signature Matches Date Entered in FACIS	93%

Following the Child Case Plan and Caseworker Visits Narrative Fidelity Review, a Continuous Quality Improvement Program Specialist notified the worker and supervisor of child case plans that did not have matching signature dates on the child case plan and entered into the FACIS system. As a result, all incorrect dates entered in the child case plan screen on FACIS were corrected resulting in 100% performance in this data quality/information check.

The Bureau of Information and Telecommunications, in collaboration with the FACIS Program Specialist, developed a new report to assess the timeliness of data entry within the information system. The report focused on key data elements such as initial placement, change of placement, discharge of placement, and case plan goals. It included details such as client ID, initial begin date, date the information was entered into the system, days difference, and the family services specialist or supervisor responsible for data entry, along with the associated office and region. The report was generated through the FACIS information system, and the following averages were identified for each data element:



As each AFCARS reporting period nears, FACIS Program Specialists run test files to ensure accurate and complete information. FACIS Program Specialists are reviewing those files along with CQI Program Specialists. Information on areas where the percentages are lower but still meeting the 90% requirement are provided to CPS Management Team and/or local offices to ensure data is entered correctly and complete prior to submitting the official AFCARS file. If any data element happens to be below the 90% compliance in a test file, the data points are discussed during weekly CPS Management Team meeting to address the missing information and plan to get the information entered timely.

FACIS Program Specialists monitor data as part of answering contacts via the FACIS Help desk. FACIS Program Specialists are part of CPS Management Team and are expected to maintain knowledge and expertise in current policy, rules, federal rules and requirements for data entry. While responding to help requests, FACIS Program Specialists are mindful of rules that apply and are attentive to data that is not in compliance. For example, when responding to a request for data changes on placement information; FACIS Program Specialists review the placement history. If there are additional data entry items that are not in compliance; staff work with the local office to fix the item(s) while educating staff and Supervisors regarding the error(s).

For each data reporting period, Program Specialists review NYTD, AFCARS and NCANDS files prior to submission. Data is corrected if errors are found. If trends with incorrect or erroneous data are found; changes are implemented to assist in correcting the problem. In addition, trends regarding data entry have also been used to inform ongoing training. For example, the FACIS Team provided training on the AFCARS Diagnosed Condition screens when the Management Team identified there could be improvement in data entry for these fields. During each data reporting period, Program Specialists send reminders to field staff regarding data period end dates with instructions to ensure data is entered timely. CPS uses CQI process to determine if a trend is localized to a specific area or a statewide trend. From there, CPS uses CQI to process to determine any needed changes to effect improvement.

Strengths

System edits were enhanced where applicable to increase data accuracy and quality in reference to the new AFCARS 2.0 elements. Case Compliance reports were updated with additional information to assist staff and managers in oversight and timeliness of data entry for AFCARS reporting. Due to the quality and comprehensiveness of the CPS FACIS system, mapping changes were easily made to capture the data for all the new elements. There were only a few elements affecting a small number of children's records which were noted as data quality errors.

According to the FY2024 staff survey, staff reported the following in regard to timeliness of data entry:

73% (78 of 107) Generate the child case plan within 60 days.

91% (106 of 117) Enter child caseworker monthly visit narrations within 30 days.

87% (96 of 110) Enter parent caseworker monthly visit narrations within 30 days.

83% (100 of 121) Complete the placement screen within 48 hours

69% (82 of 118) Discharge children from placement within 48 hours.

Fields and screens were added or updated to capture information for the following AFCARS 2.0 data elements with little work or resources devoted to these updates:

- victim of sex trafficking and report to law enforcement
- removal home information
- placement reasons
- discharge information
- pregnant/parenting
- demographics for guardianship caretakers
- adoptive mother/father changed to 1st and 2nd adoptive caretaker
- inquiry if child is Native American
- determination ICWA applies
- ICWA notification to tribes
- prior guardianship
- prior adoption
- health exam or assessment
- child's tribal enrollment

CPS successfully submitted a compliant AFCARS file in the first submission timeframe for FFY 2023A (10/01/2022-03/31/2023). CPS received compliments from leadership and Children's Bureau staff regarding work in this area as many states were not able to submit a fully compliant file. CPS submitted the 2nd file within the submission timeframe FFY 2023B (04/01/2023-09/30/2023) and this submission was also fully compliant. CPS submitted a fully compliant file in the submission for FFY 2024A (10/01/2023-03/31/2024). 42 of the total required 186 elements were found to be in the 95-99% compliant range and 7 elements were in the 91-94% range.

Comments from the APDU acceptance letter supports the system as a strength. *"Children's Bureau also approves the state's accompanying data quality plan. Our regulation found at 45 CFR § 1355.50 – 13555.59 requires South Dakota develop and implement a data quality plan for all CCWIS automated functions. The data quality plan includes concise and comprehensive measures promoting timely, accurate, and complete data within FACIS. The state further supports high data quality through dedicated data governance and data management personnel, an established continuous quality improvement process, facilitated data quality reviews, and coordinated case plan fidelity reviews. We encourage South Dakota continue these monitoring efforts and ensure the system meets the state's needs."*

All CPS staff use the FACIS database to document their case activities. Data in FACIS screens are reviewed during fidelity reviews and the Regional Reviews to ensure accuracy and functionality statewide. Reviewers are able to find information entered in the system regardless of which office is assigned the child or family. Staff receive training on the use of the system from all areas of the state. When reviewing data reports; CPS has found no evidence there are any offices which are not utilizing the system for casework documentation.

The CPS Management Team is able to find case information for any office within the system. Supervisors, Regional Managers and Program Specialists report using data reports and case compliance reports on a regular basis.

South Dakota produces compliant AFCARS), NCANDS) and NYTD) reports. South Dakota CPS receives few, if any, data quality advisories for these reports. South Dakota has not been on an AFCARS improvement plan since 2019. CPS is able to produce comprehensive data reports regarding state totals as well as drilling down to office or region level reports. These reports are provided to stakeholders during meetings and for information requests. CPS has not received feedback from those entities about concerns of the overall data or its completeness.

South Dakota's last IV-E Review occurred in May 2018. The review found 1 error out of 80 cases. One example was IV-E eligibility is automatically ended if a 12-month review and IV-E redetermination are not entered in the system. This prevents overpayments from IV-E funds. The review found there was a good relationship between CPS and the Court Improvement Program and FACIS was noted an area of strength.

Preparation of public data requests and internal data quality or fidelity reviews demonstrate information related to removal dates, foster care entry dates and exit dates. Further, Child and Family Services Reviews (CFSR) show these data points are accurate. CPS has not had the removal date, foster care entry date, or exit date conflict with FACIS in a review using the Online Monitoring System (OMS). Reviewers have not notified QA staff that FACIS information is incorrect for these data points.

AFCARS has checks to find inconsistency across data fields. If exit data is not accurate in FACIS, elements would be flagged in the submitted files. Each year, the number of discharges to adoption is compared to the number of finalized adoptions data. There have not been concerns with this data point in the past.

Since the FACIS system processes payments to providers in addition to supporting reporting, entry and exit dates must be entered timely and accurately. If exit data was not accurate, payments would be consistently incorrect Payments would either be made incorrectly or be delayed due to errors. For example, in state fiscal year 2023, there were overpayments on approximately 89 claims out of 32,079. This translates to a 99% success rate in this area.

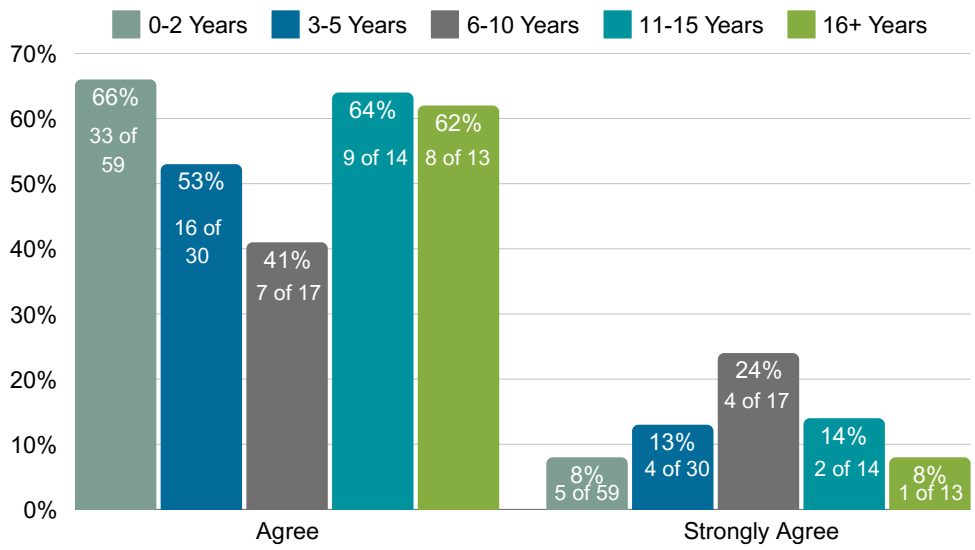
CPS fulfilled just over 40 public data requests in State Fiscal Year 2024. CPS did not have any requests where the state was unable to provide data or data was incomplete. There were some elements in data requests for which CPS does not capture the specific data requested and CPS was able to provide context and specifics about those to the requester.

Stakeholders

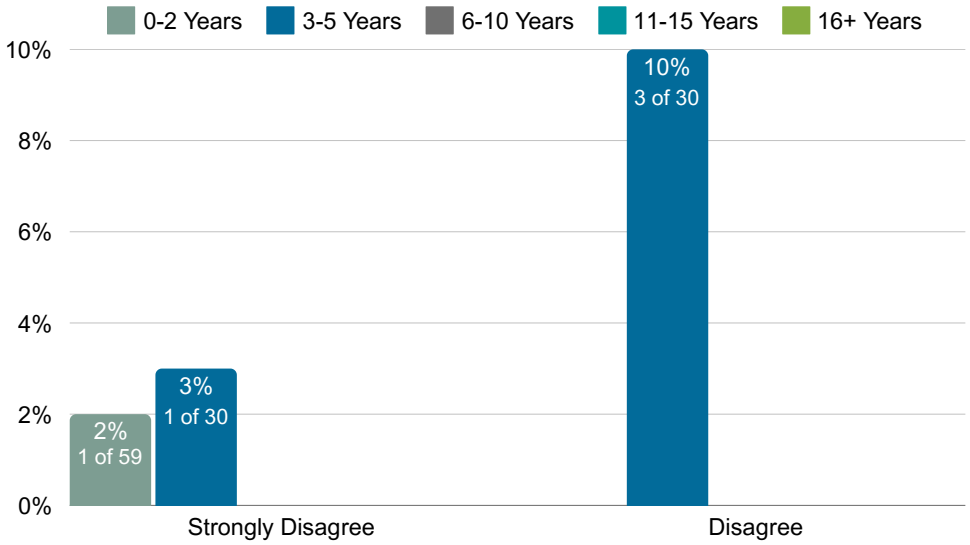
The State of South Dakota considers all FACIS users to be key stakeholders in the success of the CCWIS system. FACIS users are any child welfare staff, or external agencies who have limited access to the FACIS system and utilize FACIS as part of their job functions. 149 staff completed the annual staff survey in State Fiscal Year 2025. 96% (130 of 136) of staff reported that they use FACIS on a daily basis. The Court Improvement Program Coordinator, Child Welfare Contributing Agency (CWCA) staff and various other users play important roles as stakeholders and provide relevant feedback. CPS will continue diligent efforts to engage internal and external stakeholders to improve the CCWIS system and its support of overall outcomes for children and families. CPS continues its commitment to ongoing consultation with the tribes in South Dakota as part of the State Tribal Child Welfare Consultation meetings.

All users have access to the FACIS Help desk where suggestions for improvements or concerns about functionality can be submitted. The FACIS Program Specialists maintain a list of suggestions which is reviewed on quarterly basis. Suggestions are reviewed by the CPS Management Team prior to a project being written. CPS Management Team is directly involved in developing new data fields or changing existing processes within the system utilizing the CQI process when appropriate.

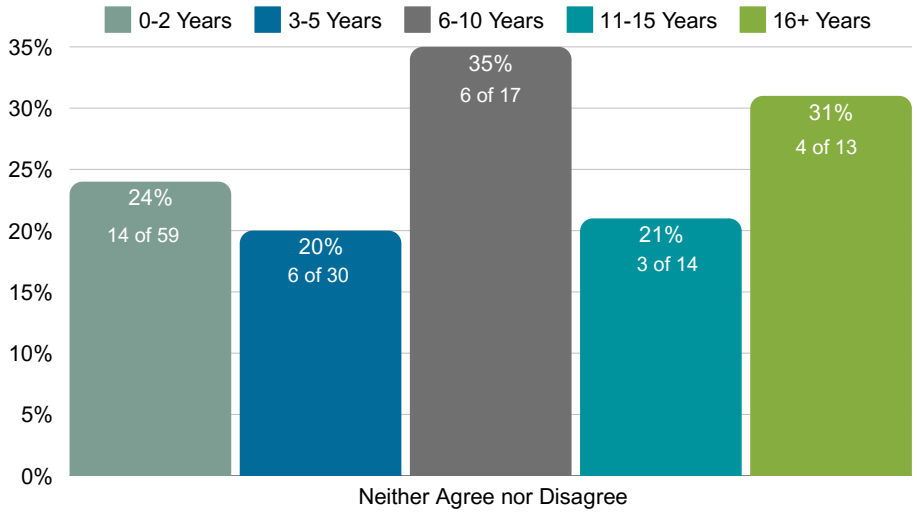
Through the annual staff survey,133 staff shared their input regarding updates with the FACIS system being helpful. 71% (95 of 133) of staff agreed or strongly agreed that updates made in FACIS have been helpful.



4% (5 of 133) of staff disagreed or strongly disagreed with the statement of FACIS updates have been helpful. Of the staff that disagreed and strongly disagreed, 2% (1 of 59) have been employed by the agency for 0-2 years. 13% (4 of 30) have been employed by the agency for 3-5 years.



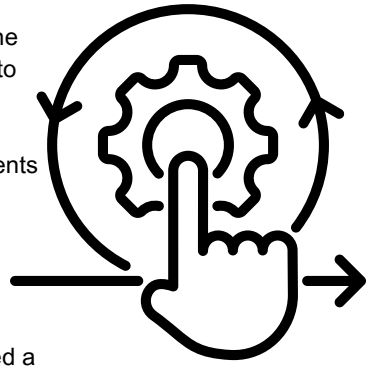
25% (33 of 133) neither agreed or disagreed that updates within the FACIS system have been helpful. Of the staff that were neutral with this statement, 24% (14 of 59) have been employed for 0-2 years, 20% (6 of 30) have been employed for 3-5 years, 35% (6 of 17) have been employed for 6-10 years, 21% (3 of 14) have been employed for 11-15 years, and 31% (4 of 13) have been employed for 16+ years.



Staff routinely comment on the quality of the system and the ease of use. The FACIS Help desk receives frequent comments about the usability of the system. Management Team members provide feedback regarding the flexibility and operability of the system. All improvements, enhancements and changes are done internally with State of South Dakota BIT staff. As well, FACIS staff with administrative functions can make some changes within the system without BIT intervention. This includes adding an item/selection to drop-down lists. The ease of use of the system directly correlates with its effectiveness in helping the state manage and monitor the status, demographics, characteristics, location, and placement goals for each child in the system. When a system is easy to navigate, staff can quickly access, input, and update critical information, such as a child's current status or specific needs, without unnecessary complexity. This ensures that the state can efficiently track each child's case in real time, making it easier to assess their situation and adjust placement or services accordingly.

The positive feedback from staff about the system's usability suggests that the system is intuitive and user-friendly, which allows them to focus on their core responsibilities, such as providing services to children and families, rather than troubleshooting technical issues. The ability of FACIS staff to make internal updates, such as adding items to drop-down lists, without needing to go through lengthy external processes (like involving BIT) further enhances the system's flexibility. This means the state can quickly adapt the system to meet changing needs or capture new data, ensuring that all relevant child information is up-to-date and accurate.

Ultimately, this ease of use and flexibility ensure that the statewide information system is functioning effectively to provide a comprehensive and real-time view of each child's needs, ensuring that they receive appropriate services and are placed in the most suitable environments for their well-being.

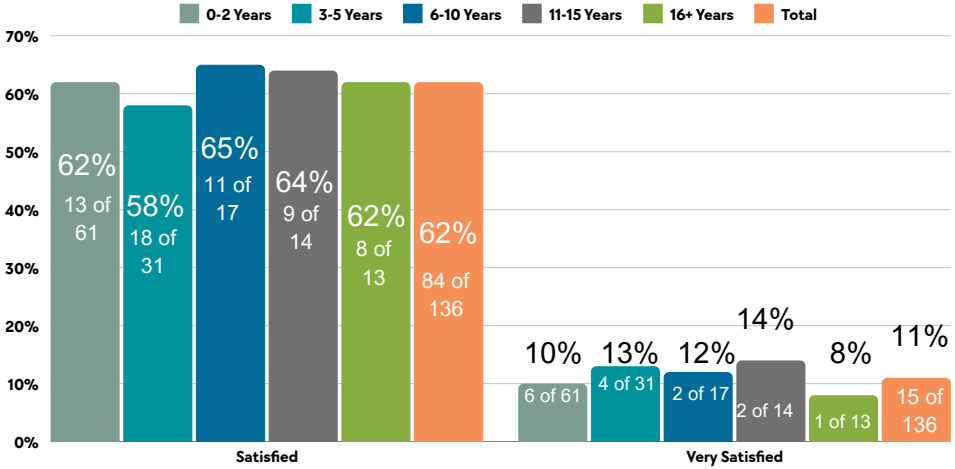


Through the FY2025 staff survey, 136 staff shared their input regarding the simplicity of navigating the FACIS system. On a scale of 1 to 10 with 1 being extremely difficult and 10 being very easy, staff reported a weighted average of 7.32. The following staff, by years of service, resulted in the following weighted averages: staff employed for 0-2 years averaged 7.02, staff employed for 3-5 years averaged 7.13, staff employed for 6-10 years averaged 7.35, staff employed 11-15 years averaged 8.21, and staff employed 16+ years averaged 8.23.

136 staff responded to the survey question regarding their level of comfortability surrounding technology. On a scale of 1 to 10, staff reported a weighted average of 7.96 in their level of comfortability with technology. The following staff, by years of service, shared their comfortability with technology on a scale of 1 to 10: a weighted average of 8.28 for staff employed 0-2 years, a weighted average of 7.71 for staff employed for 3-5 years, a weighted average of 7.94 for staff employed 6-10 years, a weighted average of 7.71 for staff employed for 11-15 years, and a weighted average of 7.31 for staff employed 16+ years.

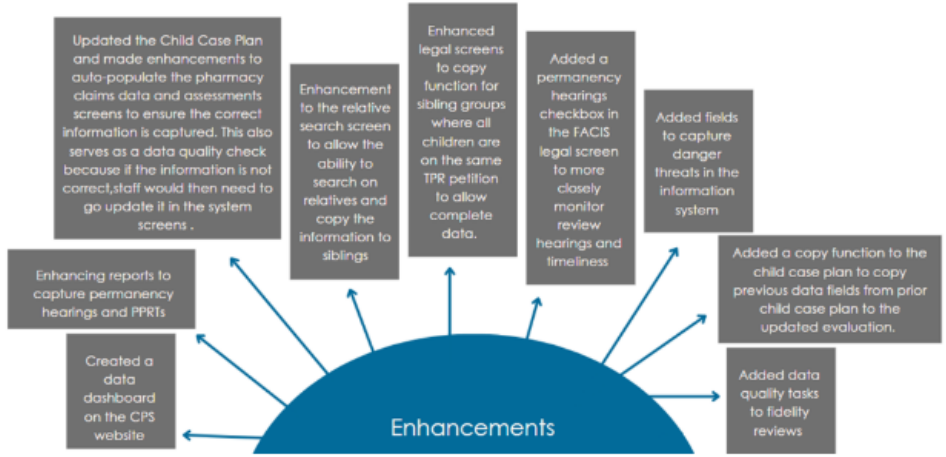
At least three staff who previously worked in child welfare in other states have commented on how superior and better FACIS is than the databases used in other states. These staff report it is more user friendly and easy to use. Stakeholders who use other systems have reported they wish their division or agency could have FACIS as their database. Technology staff have reported FACIS works much better and is easier to work with than other technology databases. The project manager and FACIS Help desk staff keep a running list of improvements offered by users. This list is routinely reviewed to determine what enhancements can/should be made within the system.

73% (99 of 136) of staff reported being satisfied or very satisfied with the FACIS system.



Enhancements

South Dakota's information system is proven to be a successfully functioning system, however the agency continually strives to remain proactive in identifying ways in which to make enhancements to support positive outcomes for the children and families served. CPS Management Team also takes into consideration suggestions from the filed with any additions to the system to help field and program areas have ownership and buy in with FACIS. The intent is to ensure FACIS fully supports existing practice and implementation efforts; practice drives the enhancements to the system. Since Round 3 CFSR, South Dakota has made several enhancements to the information system through the Program Improvement Plan and Child and Family Services Plan initiatives. These enhancements include:



Summary

South Dakota recognizes the importance of accurate, timely, and quality data to help inform strengths and opportunities for improvements. South Dakota strives to remain proactive in data collections to better serve children and families as well as support CPS staff. South Dakota's information system was found to be a **strength** in Round 3 of the CFSR and enhancements have continued to be made since then making this item a continued **strength** as demonstrated by the information outlined in this section.

Case Review System

Item 20: Written Case Plan

Overview

South Dakota CPS received an overall rating of Area Needing Improvement for the child's written case plan based on information from the statewide assessment for the 2016 Child and Family Services Review. The Round 3 Final Report outlined the parent and child participation in the development of the case plan was not evident. South Dakota was actively working on improving the Child Case Plan policy and process at the time of the 2016 CFSR. A workgroup comprised of Permanency and Well-Being Certification trainers was established in August 2014 to make improvements to the Child Case Plan. The workgroup surveyed staff responsible for completing Child Case Plans to obtain their input on what they like about the current Child Case Plan and what they would like to see changed with the current Child Case Plan. The workgroup noted some trends in the survey responses, which included taking out the activity sheet and making the needs assessment area clearer. The Child Case Plan was piloted in Sioux Falls, Rapid City, and Mission offices beginning in August 2016. Training and statewide implementation was completed in August 2017. Updates were made to the Child Case Plan after statewide implementation to further enhance the quality and usability of the Child Case Plan. The Child Case Plan Workgroup was expanded in November 2018 to consist of the original workgroup members and a Family Services Specialist representative from each Region. The goal of the workgroup was to revise the Child Case Plan to consider balancing what is manageable for Family Services Specialists, what is in the best interest of the child, and meeting IV-E requirements.

The workgroup sought input from foster parents throughout the state and Young Voices for what they would find meaningful in a Child Case Plan. The workgroup met February 1, 2019, to finalize the updates to the Child Case Plan. At the meeting, two youth who were in foster care at the time, provided input on making the Child Case Plan present more positively about youth, to expand the Independent Living section, improve how the Child Case Plan is reviewed with them by their worker, and enhance the description of connections.

The Administrator of CQI and Outcomes monitored the implementation of the Child Case Plan. Supervisors submitted newly completed Child Case Plans prior to the family signing the Case Plans, and after the Supervisor reviewed it. The Administrator of CQI and Outcomes provided written feedback in the Child Case Plan document if something was not completed according to policy. Depending on how much and what feedback was provided, the Administrator of CQI and Outcomes may have reviewed the Child Case Plan again to provide additional feedback. A spreadsheet was kept of every Child Case Plan reviewed from each office. The Administrator of CQI and Outcomes reviewed additional Child Case Plans from each Family Services Specialist, as necessary. Once it was determined a Supervisor has demonstrated the ability to provide feedback to their staff with fidelity to the policy and procedures of the Child Case Plans, the Administrator of CQI and Outcomes completed quarterly reviews of a sample of the Child Case Plan.

Starting in May 2018 there was a shift from the Administrator of CQI and Outcomes reviewing the Child Case Plan to providing onsite coaching and consultation regarding the Child Case Plan process.

The Administrator of CQI and Outcomes communicated with the Regional Managers to determine if offices within their Region were candidates for onsite coaching and consultation on the Child Case Plan. The coaching and consultation occurred in Region 1, Region 3, Region 5, and Region 7 as these regions reported difficulty in transitioning from the previous child case planning process. Once the newest update to the Child Case Plan was implemented the coaching and consultation continued in the identified offices where support is needed.

There has been a great deal of work since the 2016 CFSR regarding the written child case plan to ensure the process in all inclusive of the child, parent, and placement resource. This includes the document itself being functional for a child and parent to understand what the child's goals, needs, and services were. South Dakota continues to prioritize the child case planning process through case reviews to ensure the fidelity to the policy is being adhered to. Due to all these efforts and South Dakota's CQI processes in place to ensure continued efforts, South Dakota rates the written child case plan as a strength.

Child Case Plan Includes the Required Elements (IV-E Pre-Print)

South Dakota's written case plan policy aligns with the required elements in the IV-E pre-print. The written case plan document and policy was last modified in February 2019. During this modification the IV-E pre-print was referenced to ensure all the required elements are captured. The written case plan and IV-E pre-print continue to be cross referenced to ensure all required provision are met. South Dakota has an approved IVE Plan, which includes the state's case plans meeting the required elements of that approved IV-E plan.

South Dakota Child Case Plan Policy

Gathering Sufficient Information:

The development of the Child Case Plan is completed jointly with parents, the child, placement resource, and others critical to implementation of the Child Case Plan. Information is gathered during caseworker visits with the parent, child and placement resource. Expectations for child case planning is outlined in South Dakota's policy. This policy states that Family Services Specialists must gather and store information in the FACIS caseworker visit narrative screen and is then utilize the information when completing the Child Case Plan document. Ongoing conversations on case planning goals and services must also be documented on an ongoing basis in the FACIS system. The parent, child, and placement resource receive the Child Case Plan/Evaluation documents. South Dakota has both a child caseworker visit narrative template and parent caseworker narrative template used for the completion of case planning.

Child Caseworker Visit Screen:
The Child Caseworker Visit Screen has eight main tabs (safety, placement, medical, education/development, mental health, other social, connections, and permanency) the caseworker must complete each tab in detail to demonstrate they have completed a quality caseworker visit. Each tab contains prompts specific to the topic to help ensure that the caseworker documents all relevant details required for each specific assessment area.

This structure supports consistent, thorough documentation and ensures that all necessary information is captured to facilitate accurate assessments of the child. As stated above, these tabs serve as the documentation section of the Child Case Plan to ensure sufficient information was gathered from the child and placement resource to develop the written child case plan and ongoing assessments of case planning goals and services.

Family Services Specialist are trained during initial certification training on what information must be in each tab and how to have a quality assessment of each area/tab. Family Services Specialists are provided with a laminated copy of the below information during their certification to have with the during their child caseworker visits. This tool is also located on the Child Protection Services Intranet for staff to easily obtain if they lose their original copy. Below is also a screen shot of the FACIS screen where this information is documented.

Safety:

- Observe Child Alone
- Observe Sleeping Space
- If over 12 months of age describe in detail what was discussed and observed
- If under 12 months observe interactions with the child and resource provider

Placement:

Resource Provider's Needs:

- Respite
  - Did they use respite this month?
  - If yes, who provided?
  - Do they have a need for respite?
- Discuss resource provider's needs to help them care for the child
- Discuss placement stability
- Discuss search for ICWA, sibling, or relative placement needs (if applicable)
- Discuss the purchases made for the child and any future purchases needed
- For Group/Residential: What is child's tentative discharge date? Goals and progress toward goals?

Monthly Assessment of DSS/CPS:

- Quality of the home visits
- Communication with Family Services Specialist or other CPS staff

Medical/Dental/Vision:

Medical:

- Medical Provider
- Date of last medical exam
- Diagnosis/ treatment
- Concerns/Changes in medical health
- New Injuries/Illnesses
- Review medical needs on Child's Case Plan and discuss progress and barriers
- Does the provider have records?

Medication:

- Review/assess current medications/ supplements
- Discuss any dosage change or discontinued meds
- Review any new medications/ supplements

*Medications includes both prescription and over the counter

Dental:

- Dental Provider
- Date of last exam
- Diagnosis/ treatment
- Does the provider have records?
- Review dental needs on Child's Case Plan and discuss progress and barriers

Vision:

- Vision Provider
- Date of last exam
- Diagnosis/ treatment
- Does the provider have records?
- Review vision needs on child's case plan and discuss progress and barriers

Other conditions that require medical attention:

- Example: Emergency Room Visits

*Be aware of upcoming appointments to inform parents

Education/Developmental:

Discuss/observations:

- Gross motor (crawling, standing, walking, throwing ball)
- Fine Motor (drawing, using scissors, stacking blocks)
- Speech (first word, babbling, sentences)
- Visual Processing (recognizing letters & shapes, determining right from left)
- Oral Motor (excessive drool, drinking out of a cup, mouthing toys)
- Sensory Processing (overly sensitive to sound, touch, movement, emotionally reactive, constantly moving
- Discuss learning challenges in school (unable to concentrate, easily distracted, hyperactive)
- Milestones (succeeded in toilet training)
- Sleeping schedule/ eating habits

School:

- IEP/IFSP- does provider have a copy?
- Birth to Three/Educational Evaluations
- Current Special Education Services
  - Occupation Therapy
  - Physical Therapy
  - Speech Therapy
- Grades/credits- on track to graduate?
- Does provider have a copy of records?
- School conferences- are the parents aware?
- Review developmental/educational needs on Child's Case Plan and discuss progress and barriers

Mental Health:

- Mental health provider
- Discussion about behavior/attachment
  - Support resource provider needs to help with behaviors
- Any new mental health assessment?
- Does the provider have records?
- Review any mental health needs on Child's Case Plan for progress and barriers
- For Group/Residential: What goals are they working on in their treatment? Progress toward goals?

Medication:

- Review/assess current medications/supplements
- Dosage change or discontinued
- Review any new medications/supplements
- Medications includes both prescription and over the counter

Other Social:

- Social Skills- how do they interact with others?
  - Self-Esteem
  - Mentoring Services
- Independent Living Services- Review ILS needs on child's case plan and discuss progress and barriers
- Behaviors concerns (if not already discussed in mental health)
- What type of discipline was used this month?
  - How did the child respond?
  - How frequent was the discipline?
  - Does the resource provider need help/ education to addressing the discipline concerns?

Connections:

Siblings:

- Observe/ discuss sibling interactions
- Is counseling or other services needed among siblings?
- If separated, are monthly visits occurring between siblings?
- What other ways can the resource provider support the relationship between the siblings? (visits, phone calls, respite, etc)
- Review sibling connection portion of the child's case plan for progress and barriers

Parents:

- Review parent's family time plan- does the resource provider have a copy of the plan?
- Discuss progress or barriers
- What other ways can the resource provider support the relationship between the parent & child? (inviting parents to appointment, phone calls, supervising family time, etc.)
- Behaviors/feelings after family time?
- Observations from the child/resource during family time (quality, activities, strengths, barriers and safety threats)

Extended Family Members/Fictive Kinship:

- Review Lifelong Connections portion from Child Case Plan- discuss progress or barriers
- What can the resource provider do to help with these? (visits, phone calls, etc)
- Observations from resource prover/ child react after visits (quality, activities, strengths, barriers and safety threats)

Culture:

- Review needs from Child Case Plan and discuss progress or barriers
- Awareness of their culture/ethnic background
- How are they relating/adjusting to the resource provider's culture/ethnic background?
- Acceptance of other's culture/ethnic background
- Family Traditions practiced this month
- Cultural activities this month
- Tribal Enrollment

Community:

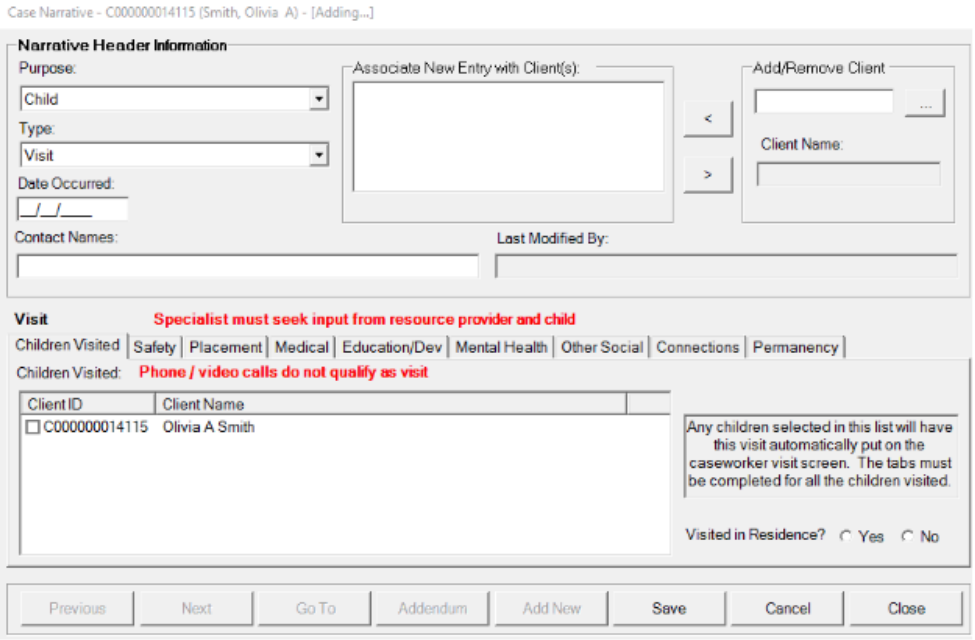
- Does the child have the opportunity to practice their faith?
- Any conflict with religion?
- Connection to neighborhood

Lifebook:

- Has the Lifebook been started?
- Observe/ Scan any updates
- Discuss progress towards the Lifebook and any assistance the provider needs with completing it

Permanency:

- Discuss permanency goal (progress/barriers)
- Child/Resource providers input on goal
- Did the resource provider receive a copy of child case plan?
- Was there contact from the child's attorney or CASA?
- Discuss any recent court hearings
- Input from child/resource provider for upcoming court hearing
- Do they want to attend/give input?
- For Group/Residential: what would they like to see as their discharge plan?



Parent Caseworker Visit Screen:

The Parent Caseworker Visit Screen has six main tabs caseworker must complete in detail to demonstrate they have completed a quality caseworker. As stated above, these tabs serve as the documentation section of the Child Case Plan to ensure sufficient information was gathered from the parent to develop the written child case plan and ongoing assessments of case planning goals and services. Family Services Specialists are trained during initial certification training on what information must be in each tab and how to have a quality assessment of each area/tab. Family Services Specialists are provided with a laminated copy of the below information during their certification to have with the during their parent caseworker visits. This tool is also located on the Child Protection Services Intranet for staff to easily obtain if they lose their original copy. Below is also a screen shot of the FACIS screen where this information is documented.

Case Plan:

Protective Capacity Assessment

- Protective Capacities
- Progress towards outcomes
- Services being provided
  - What is/is not working
  - How does the parent feel their services are going

Service Providers:

- Contact information of the services providers
- If the parents have not signed a release for service providers have them sign them.

Barrier:

- Discuss with the parents the barriers preventing them from making progress
  - Funding request
  - Transportation issues
  - Help refer services
  - Waiting List
  - Daycare
  - Unknown location of parents
- Brainstorm with the parents on how they can overcome those barriers
- What can DSS do to help overcome barriers

Family Time

- Parent/Child Family Time
  - How the parents feel family time is going
  - What they want to see differently about family time
  - Supports/services they have to help increase family time
  - Review Child Case Plan goal regarding family time
  - Discuss any barriers towards achieving Child Case Plan goals
  - Are parents getting individual time with each child
- Sibling Visits
  - Review Child Case Plan goal regarding siblings visits/connections
  - Discuss any barriers towards achieving the goal and parents ideas on overcoming barriers

Relationship:

- Discuss activities parent/child have been participating in together outside of Family Time
- Discuss goal on Child Case Plan and progress and barrier towards achieving goal.
- **Examples** of activities outside of visits:
  - Medical appointments
    - Physical
    - Dental
    - Vision
    - Other specialty appointments
  - IEP/IFSP meetings
  - Birth to Three Screening
  - Attending Birth to Three Services
    - Physical Therapy
    - Speech Therapy
    - Occupational Therapy
  - School conferences
  - School concerts
  - Family night at school
  - School carnivals
  - Sporting events (both games and practices)
  - After school activities
  - Summer Rec programs
    - Parents attend practices and games
    - Participate in any parent/child activities such as swimming lessons
  - Parent eating school lunch with child
  - Early Head Start (If area has)
  - Parents volunteer in Head Start classroom
  - Foster Parent Mentoring
  - Parent visiting child at daycare (if daycare allows)

Supports/Safety Planning:

- Review if a safety plan can be implemented
- If not, discuss what is needed in order for a safety plan to be implemented
- Who are the parents supports
- Discuss with the parents if their supports are safe individuals to be on a safety plan
- If in home safety plan is implemented, how does the parent feel their safety plan is going
- Discuss with the parents if safety plan providers are following through with what they committed to
- Does there need to be changes to the safety plan

Child Case Plan/Connections:

Case plan:

- Review the child(ren) needs
  - Medical/Dental/Vision
  - Mental Health
  - Education
  - ILS
  - Other needs identified for the child
- Discuss any progress towards achieving Child Case Plan goals.
- Discuss input the parents have in regards to their children's needs/services.

Connections:

- Review Child Case Plan goal regarding the following connections
  - Extended family
  - Cultural
  - Social
- Update parents on child's progress and discuss any barriers

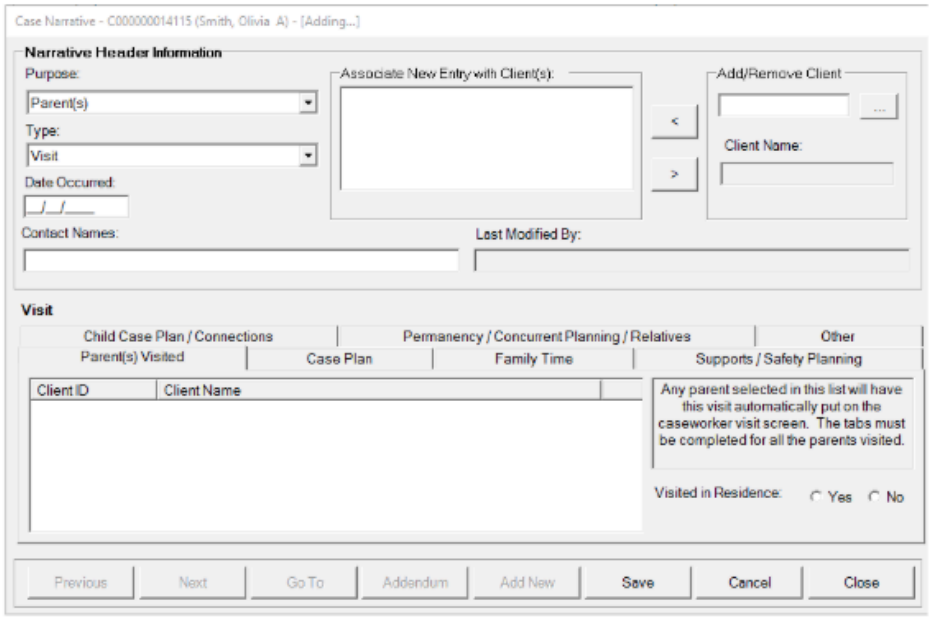
Permanency/Concurrent Planning/Relatives

Permanency:

- Discuss current goal any barriers towards achieving the goal.
- Discuss Concurrent Planning options and engage the parent in developing the child's concurrent plan.
- Discuss diligent search for relatives

Other Notes:

- Efforts towards ICWA and contacts the parents have with the Tribe.
- Note your observations of the home environment and your assessment of how the home is safe.



Written Child Case Plan Document:

The written case plan is referred to as “Child Case Plan” and provides a clear understanding of the child’s permanency goal, strengths, needs, and related services necessary to address needs; and to assess how well the placement resource can provide for the needs and safety of the child. The Child Case Plan provides accountability for team members to complete services necessary to meet the child’s needs and achieve his/her permanency goal(s). The Child Case Plan provides an ongoing assessment of the child’s strengths, needs, and activities (services) to improve needs and safety of the child in placement. Suitability of placement is assessed through least restrictive, proximity, and placement stability. Evaluations to the Child Case Plan capture changes in the child’s goal, suitability of the child’s concurrent plan, and the child’s placement stability. Monitoring the child’s progress through the evaluation provides a clear picture of how the child is progressing throughout placement and ensures prompt, thoughtful decision making surrounding the child’s needs.

Functionality and usability of the Child Case Plan was thoroughly assessed from August 2014 through February 2019 through South Dakota’s CQI process. The current Child Case Plan auto-populates any medications (physical health and mental/behavioral health) that are captured on the pharmacy claim screen in FACIS. This screen is an interface with Division of Medical Services that identifies medications prescribed to children in foster care covered by Medicaid. The Child Case Plan also auto-populates information from the child’s health, education, and independent living assessment screens from FACIS into the Child Case Plan. The Family Services Specialist must review the information that is auto populated by FACIS to ensure the information is correct and up to date. If not, the FACIS screens and Child Case Plan document must be updated.

Below describes each section of the written child case plan and what information must be contained in these sections.

Were records reviewed for the purpose of the Child Case Plan:
A child's records must be updated in the file and reviewed for the purpose of identifying strengths and needs in the Child Case Plan. If records have not been requested, then "No" is marked, and records must be requested immediately. "Yes" is marked when records are requested and reviewed. When a Family Services Specialist is transferred a case, they must review all records within the 30 days of assignment.

Describing a child’s strengths and needs:
The child's strengths and needs are written as positively as possible and include descriptive language with examples specific to the child. Some children have significant behavior problems or specific mental health diagnoses. When describing these behaviors or diagnoses, care and consideration must be given to the description and discussed with the child. When describing the needs of a child, consider what specifically is impacting the general functioning of the child on an ongoing basis. The needs of the child require attention and/or ongoing services to improve the child's well-being and overall functioning in the areas of Physical Health, Dental, Vision, Mental Health, Cultural, Social and Development/Education.

- Medical: Specific to the child's overall physical health, includes medical diagnosis, if any, status of immunizations, well-child checks, vision and dental needs.
- Mental Health: Specific to child's mental health assessment includes diagnosis and description of behaviors related to the child's mental and emotional health status, abuse, neglect, trauma and loss history or diagnosis. The consent process and oversight of prescription medications must be documented in this section. On the initial case plan the consent process and oversight is captured in the activities to improve challenges. On evaluations, the Family Services Specialist describes the ongoing oversight and any changes to medications or dosage in the progress section.
- Education/Development: Specific to the child's educational needs, for school age children; includes children on Individual Education Plan (IEP), Individual Family Service Plan (IFSP) (ages 0-3), or the status of a birth to three evaluation. Has the child had a history of trauma influencing his/her development? Describe grade in school and how the child functions within the classroom. Are there indicators further evaluations are needed?
- Cultural: Specific to the child regarding the family's traditions, language, foods, beliefs, customs, tribal affiliation/enrollment, cultural activities, faith/spirituality, prior to removal and current situation.

- Social: Specific to the child's connections prior to removal (except for educational as this is addressed in education/development) and current connections such as extracurricular activities, recreational activities, friends and clubs or groups the child participates in, or activities the child wants to start participating. Include interactions with peers, including children who are not school age.

- Other Behavior Affecting Placement: Includes behaviors not specifically related to any of the above categories affecting the placement. For example, a child may exhibit behavior such as sexually acting out, which would require a different level of supervision. Other examples of behavior could include delinquency, substance abuse, running away, not following family rules, etc. This section provides the documented behavior challenges of the child and provides support for a higher level of care.

All Current Medications:
The Child Case Plan auto populates any medications, both medical and psychotropic, the child has been on in the last six months. Medications listed in the Child Case Plan must be ongoing medications and short-term medications for acute care auto populated into the document must be deleted. The Family Services Specialist deletes any medications not current or repeat medications/dosage from the table. The Family Services Specialist states the reason for the medications in the table (what diagnosis is the medication addressing).

Medical/Dental/Vision:
Children are required to have vision exams beginning at the age of 5 and annually thereafter. Children are required to have dental exams at age 1 or when they receive their first tooth and must be completed annually. Well child exams are completed in accordance with the American Academy of Pediatrics Bright Futures recommendations for preventative pediatric care. The Child Case Plan auto populates the most current well child checks, dental appointments, vision appointments and other specialist appointments from the health assessment screen in FACIS. Chronic medical diagnosis must be captured in this section; this does not include any acute illnesses.

Mental Health:
The Child Case Plan auto populates current evaluations/assessments from the health assessment screen in FACIS. Any chronic mental health diagnosis must be captured in this section.

Developmental/Educational:
The Child Case Plan auto populates the child's current school and grade level as entered on the educational assessment screen in FACIS. The child's previous schools and years they attended must be captured in this section, once identified. The Family Services Specialist must indicate if the child had a Birth to Three Evaluation or if they are on an Individual Family Services Plan (IFSP) or Individual Education Plan (IEP). The number of credits auto populates from the Independent Living Screen in FACIS.

Independent Living Skills:
Starting at the age of 14 years old, the Child Case Plan must describe the services to help the youth transition to be a successful adult. At age 16, the Child Case Plan must describe the needs identified through the Casey Life Skills Assessment or similar independent living assessment. The Family Services Specialist must select if the Life Skills Assessment, Age 16 and/or Age 17 meetings are completed. Consultation with the youth's Community Resource Person (CRP) is required when identifying needs for the youth. The Family Services Specialist selects if the youth was referred to the Community Resource Person and if so, the name of the CRP. The Family Services Specialist indicates if credit reports were requested, if the youth completed driver's education, and if the youth has an identification card. If any of those tasks have not been started, then the Family Services Specialist must complete them. Starting at age 17 a transition plan is developed and captured on the Child Case Plan for when the youth turns 18. This must include the plan for housing, education, transportation, or anything else the youth requires for the transition into adulthood. This plan must be developed in collaboration with the youth.

The Rights of Youth in Care is required to be provided to youth, and the Family Services Specialist must apply these rights in practice when working with youth over 14 years old. Family Services Specialist must go over the Rights of Youth in Care form, which is attached to the Child Case Plan and have the youth sign and date it.

Siblings:
If the child has siblings, whether the sibling(s) are in care or not, the Family Services Specialist must describe what the relationship/status of the siblings was prior to the child being placed in custody. If children who entered custody together are not placed in the same home, the FSS must explain ongoing efforts to place them in the same home.

Plan to support sibling connections: This section outlines plans for maintaining connections with siblings who are not in care are included. The plan to support sibling connection is a description of what must be done for the child to maintain/develop their relationship with their sibling(s). This includes who does what, when, where, and how often.

Lifelong Connections:
This section includes anyone the child has a strong connection with (relatives, fictive kinship, previous foster parents, parents with TPR when appropriate, etc.) A connection is maintained with relatives and fictive kin the child had a previous connection with prior to entering custody. Connections are developed for relatives and fictive kin who are concurrent planning options for the child or if the child identifies they want a connection with the relative/fictive kin. The plan to support lifelong connections is a description of what must be done for the child to maintain/develop their relationship with identified family, fictive kinship or other supportive individuals. This includes who does what, when, where and how often.

Identifying the child's permanent and concurrent plan:
Every child is entitled to a permanent family as soon as possible. Concurrent planning requires reasonable efforts to reunite the child with the parents while making efforts to locate an alternative permanent placement in case reunification with the birth family is not successful. Concurrent Planning begins at Intake at which time information is gathered on potential relatives or other caretakers who may be a possibility for the child(ren). Information during the case planning stage includes an explanation regarding beginning efforts to conduct and gather information to complete a relative search. The Family Services Specialist must identify the child's permanent goal within the first 60 days the child entered placement. The child's concurrent goal must be identified by the 5th month of the case. An addendum to the case plan is completed to identify the child's concurrent goal. If the concurrent goal is identified at the time the initial case plan is completed, an addendum is not needed, unless there is a change which warrants an addendum.

Describe the efforts made to place the child in the least restrictive alternative (most family like) setting available, within close proximity of their home and community, with the best interest and needs of the child being considered:

- Least Restrictive Alternative: The purpose of this section of the Child Case Plan is to ensure Child Protection Services is making efforts to place the child in the least restrictive (most family like) option for a child and keeping them connected to their community, family and Tribe. A child's placement is assessed on an ongoing basis and moves are considered if a less restrictive option is available who can meet the needs of the child. This section will include an explanation of efforts to place the child in a lesser restrictive option, if the child is not in the lease restrictive placement, and why the current placement was chosen.

- Home Community: The purpose of this section is to ensure Child Protection Services is making efforts to keep the child connected to his/her home community to support connections and continuity in the child's life.

- Close Proximity to Parents: The purpose of this section is to ensure efforts are made to place the child in close proximity to the parent/caregiver the child was removed from to allow for regular family time to support reunification. The Family Services Specialist must provide an explanation as to whether the child remains near the parent they were removed from. If the placement is not near the parent, the FSS must explain why and what efforts have been made to place in close proximity to parents.

What is the status of the child's placement stability and describe efforts to maintain current placement: The purpose of this section is to ensure Child Protection Services is assessing placement on an ongoing basis and providing the supports needed to maintain the stability of the child's placement. Provide an explanation regarding the status of the child's current placement. If the child has had multiple moves, document the reasons for each move along with efforts made to prevent each disruption. When changes in placement are in the child's best interest, the reasons are documented justifying the best interest of the child and how it is consistent with achieving permanency goals.

Children in Care at least 60 days with a Written Case Plan:

The Initial Child Case Plan is due by the 60th day the child is physically removed from the home. FACIS tracks children in CPS custody who have a completed Child Case Plan. CPS Supervisors, Regional Managers, and Program Specialists are provided a compliance report that identifies children who have been in care for at least 60 days and have no Child Case Plan each month. This is provided at statewide, regional and office levels; it provides the overall performance as well as details to identify specific children. The denominator is all children in custody over 60 days during that timeframe and the numerator is the population of children who have a completed written child case plan. Below is a break down of SFY2024 and SFY2025 as of December 31, 2024 of the percentage of children in custody over 60 days with a written case plan.

State Totals: SFY2024	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Children in Care 60 days or more	1,457	1,449	1,433	1,449	1,451	1,472	1,460	1,480	1,475	1,484	1,479	1,484
Children with a written case plan	1,207	1,201	1,179	1,191	1,229	1,261	1,254	1,272	1,289	1,305	1,287	1,269
% Children with a written case plan	82.84%	82.88%	82.27%	82.19%	84.70%	85.67%	85.89%	85.95%	87.39%	87.94%	87.02%	85.51%
State Totals: SFY2025	Jul	Aug	Sep	Oct	Nov	Dec						
Children in Care 60 days or more	1,486	1,481	1,479	1,482	1,487	1,524						
Children with a written case plan	1,284	1,283	1,250	1,252	1,253	1,260						
% Children with a written case plan	86.41%	86.63%	84.52%	84.48%	84.26%	82.68%						

Data Source: Family and Child Information System (FACIS) Report

Through the 2024 youth with lived experience survey, youth shared input regarding their case plan.

94% 46 of 49 youth stated their CPS caseworker discusses their case plan with them.

71% 35 of 49 youth stated they gave input for their case plan.

Parents Authentically Involved in the Development of the Case Plan:

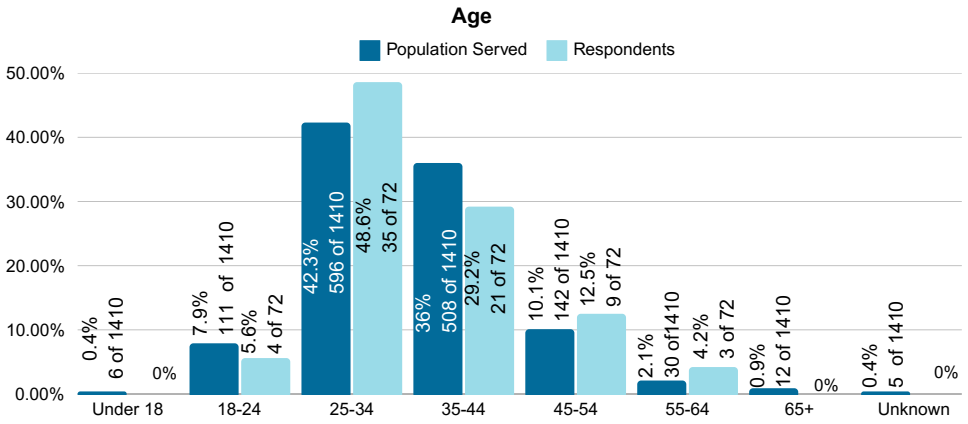
Parent engagement is essential to initial and ongoing case planning. Parental engagement is monitored and reviewed by the CQI Team through Caseworker Visit and Child Case Plan fidelity reviews and the Parental Capacity Assessment (PCA) fidelity reviews. Child Protection Services (CPS) aims to gather valuable insights and feedback directly from parents who have navigated the CPS system, with the goal of enhancing the services provided to children and families. The Center for the Prevention of Child Maltreatment (CPCM), with its proven expertise in facilitating discussions among families with lived experiences, is actively supporting CPS in the creation and implementation of a Parent Input Workgroup. This initiative will involve two distinct groups: one for parents currently receiving in-home services and another for parents whose children are in state custody. By capturing and amplifying the voices of these parents, CPS can drive meaningful improvements to better address the needs of all families involved. This contract directly supports the Child and Family Services Plan goal of “Families involved with the child welfare system through court, receive appropriate services to ensure safety, timely and suitable permanency, and well-being for children."

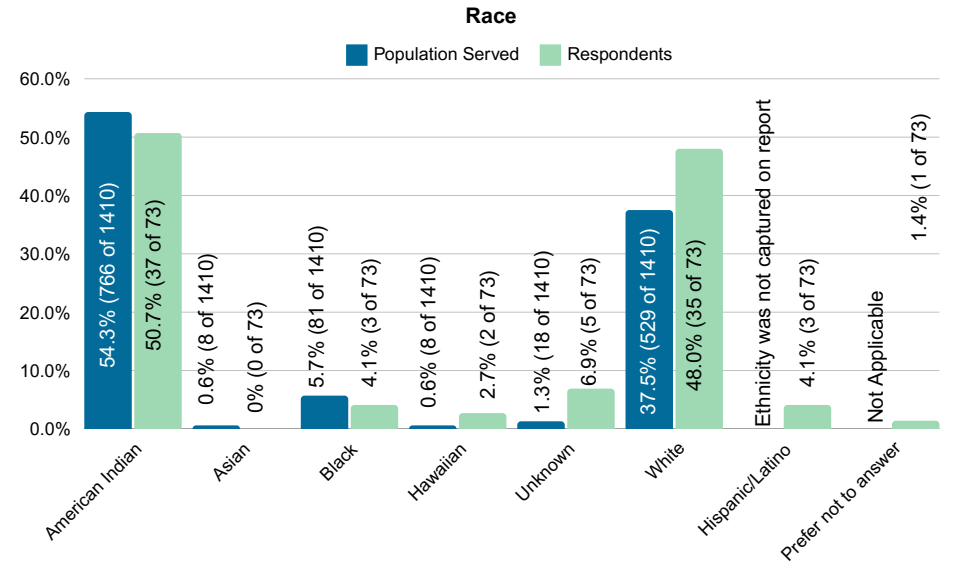
The first phase of developing the Parent Input Workgroup was to administer a parent survey to gather information about how parents experience the Child Welfare System. There was a link at the end of the survey where parents could leave their name and contact information if they were interested in the Parent Input Workgroup. This survey was first completed with in-person survey interviews, through the lens of cognitive interviewing with 20 parents in the Sioux Falls, Pierre, and Brookings areas. The highest demographic of children in foster care are Native American children. There were 65% (13) of the parents who participated in cognitive interviewing were Native American. The feedback provided has been utilized to improve the quality of the survey, which was administered in October of 2024, and will be sent annually thereafter. Analysis of the survey was completed by CPCM through the existing contract.

CPCM analyzed the parent survey results and findings are captured below. Nineteen of the parents who completed the survey were interested in participating in the Parent Input Workgroup to further analyze the data and develop recommendations on how to increase engagement with parents/caregivers. The Parent Input Workgroup will also be looking at the Parents Guide to Foster Care to make recommendations on information that should be added or if the language in the guide makes sense to parents.

A survey was administered to parents/caregivers with lived experience in October 2024. The survey was distributed via Survey Monkey (electronically) and paper copies, to parents who have worked with CPS, regardless of their outcome, in the past year. The survey was open for two months and a total of 1,066 parents/caregivers were sent the survey. 74 individuals participated in the survey, and nearly half (48.6%) of participants reported being between 25 and 34 years old. Regarding race/ethnicity, the largest group of respondents identified as American Indian or Alaska Native (50,7%), followed closely by White respondents (48%).

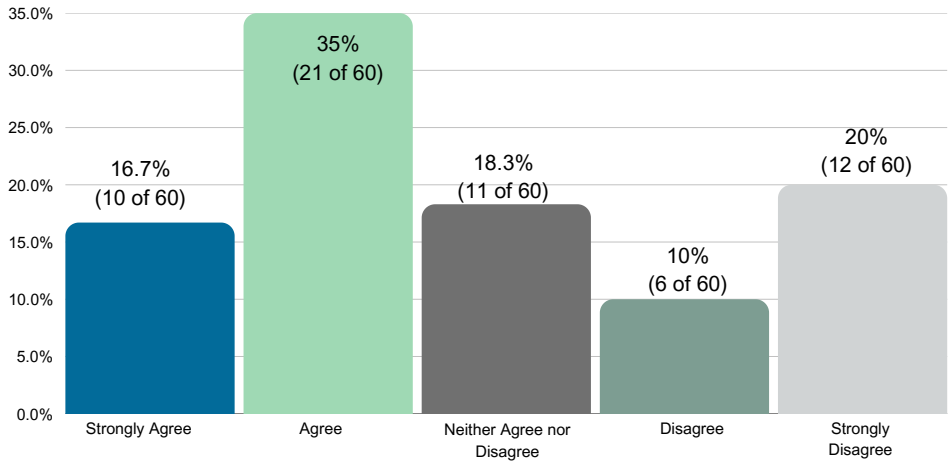
The majority of survey respondents indicated that their caseworkers’ offices were located in Sioux Falls and Rapid City, which aligns with these cities being the most populated in the state. The following charts display demographic information for the parents/caregivers who participated in the parents with lived experiences survey vs. the population of parents/caregivers served by the agency at the time of survey distribution:



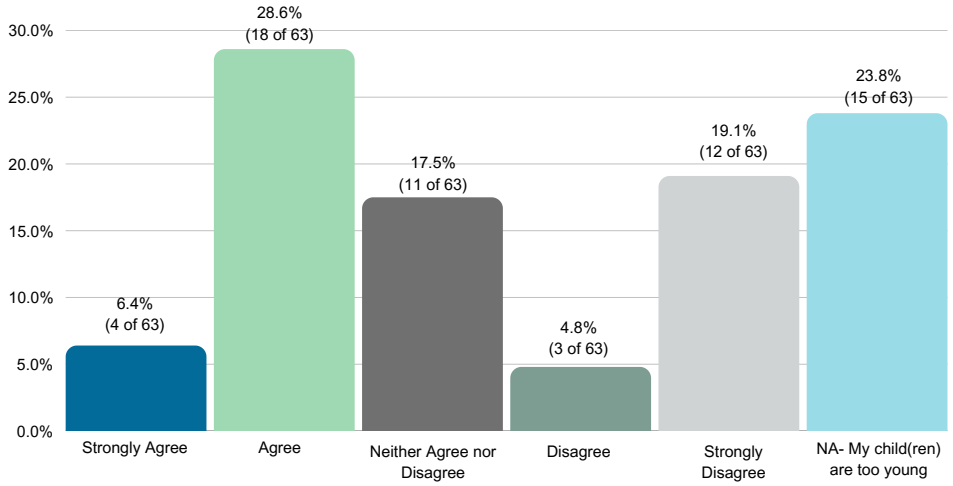


Parents/caregivers provided the following information regarding involvement in their child's case planning:

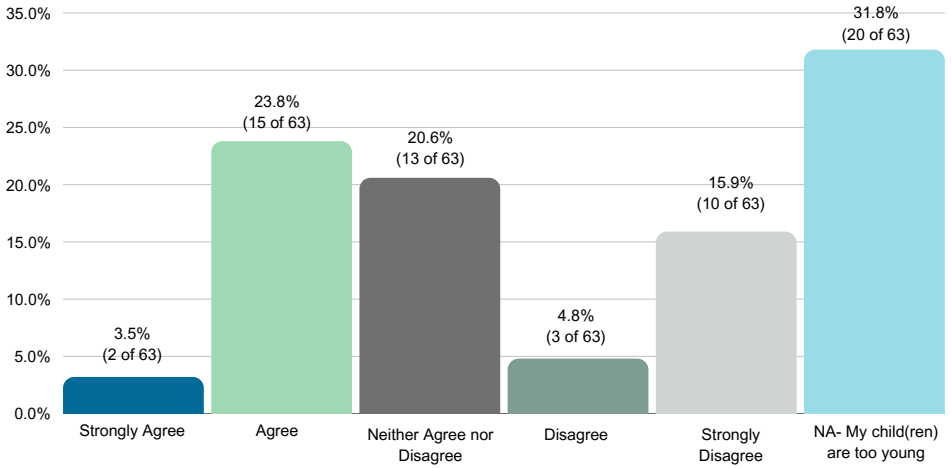
I have been involved in case planning for my children to ensure their individual needs are met either in my home or while they are placed out of the home.



My caseworker has spent time with my child(ren) and has listened to what they say about what needs to change at home, their concerns, and their needs.

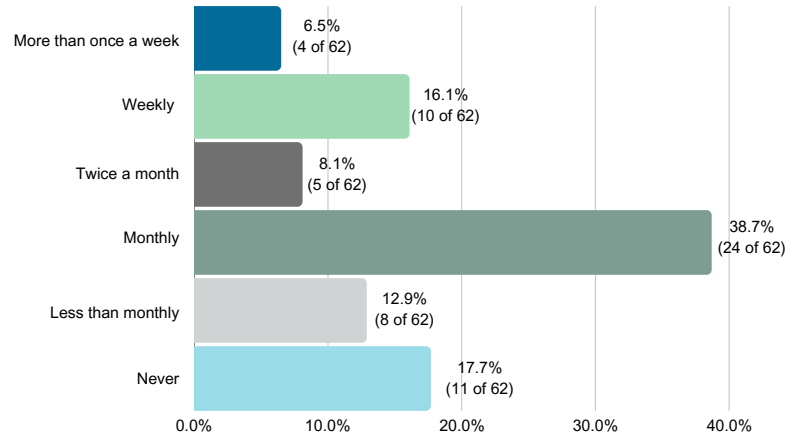


My caseworker has made sure my child(ren) fully understand why Child Protection is involved and how they are working to ensure they are safe at home.

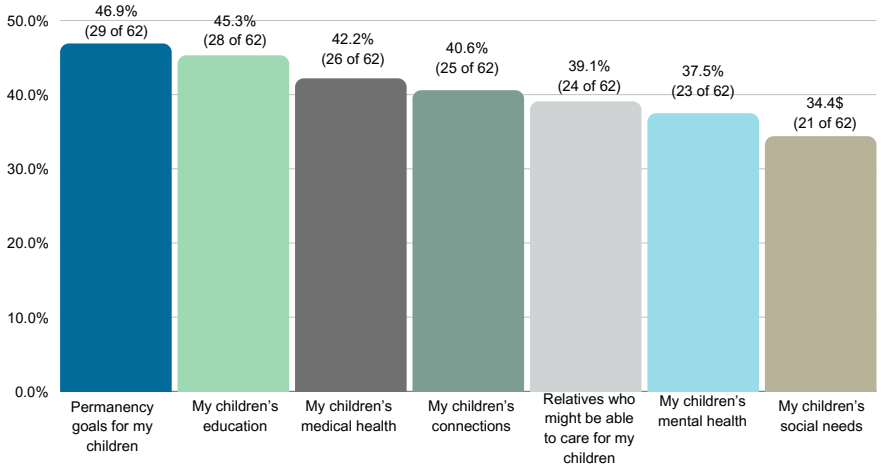


Child Protection Policy states Family Services Specialists must meet face to face with parents at a minimum of monthly in order to discuss case plan progress, goals, services, and information pertaining to their child's case plan. The following graphs reflect input provided by parents/caregivers through the parent survey regarding the frequency and quality of face to face meetings with Family Services Specialists. Several factors can effect these meeting frequencies, such as parents living out of state, being incarcerated, or having limited access to in-person contact due to restrictions in prisons, jails, or treatment facilities. Additionally, the length of the case and the parent's situation can further influence the ability to meet face-to-face.

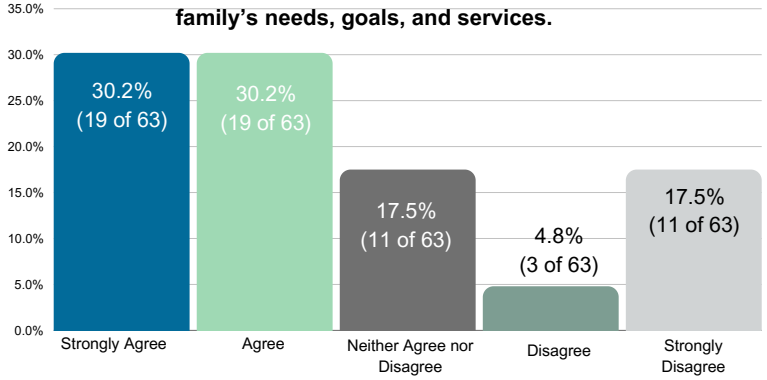
Frequency of Face to Face Meetings



What topics are typically discussed during face to face meetings with your caseworker? (answers specific to this item are included)

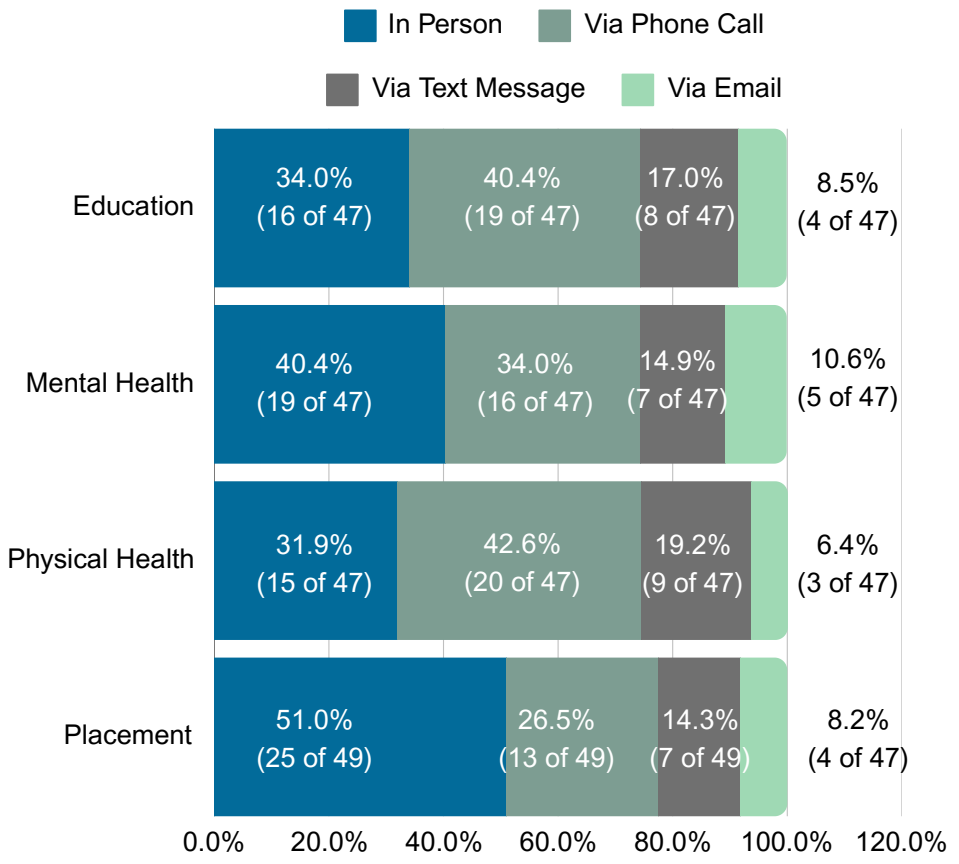


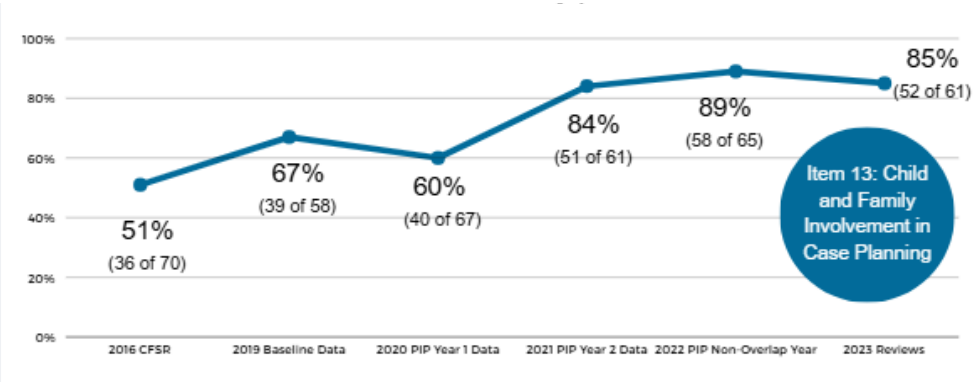
Face to face meetings with my caseworker are of sufficient quality to discuss my family's needs, goals, and services.



The following figure reflects data gathered through the parent survey by questions pertaining to the method in which important updates are communicated.

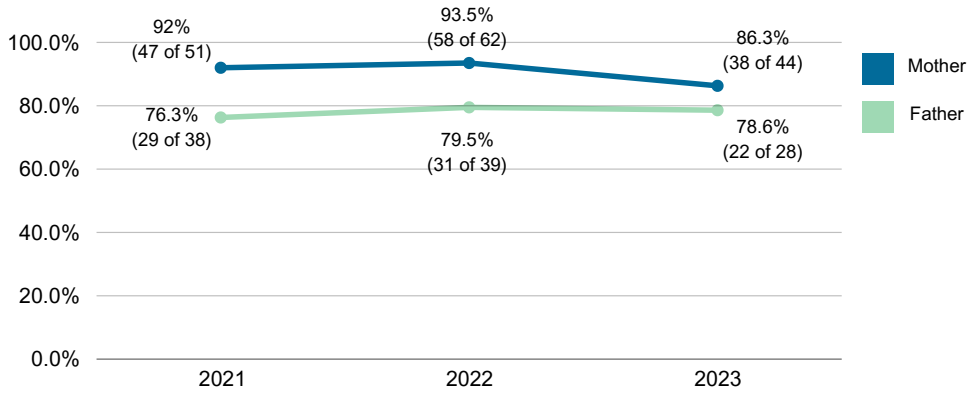
Updates regarding my child's...





Data Source: CFSR Online Monitoring System

Item 13 Child and Family Involvement in Case Planning Specific to Mother and Father Involvement



Data Source: Online Monitoring System

Summary

South Dakota CPS received an overall rating of Area Needing Improvement for the child's written case plan based on information from the statewide assessment for the 2016 Child and Family Services Review. As described above, South Dakota had prioritized the written child case plan process since before the 2016 CFSR. South Dakota finds great value in the child case plan process and ensuring parents and children are included in that process. This includes the document itself being functional for a child and parent to understand what the child's goals, needs, and services were. South Dakota also used the CQI philosophy and process to ensure changes to the written child case plan was quality and all inclusive. Data supports, on average, 85% of children who have been in foster care over 60 days in SFY2024 and SFY2025 have a written case plan. The highest statewide percentage being 88% and the lowest being 82%. Through analysis of the data and trends among Regions it was discovered one Region performs significantly lower than the other Regions. In SFY2024 this Region averaged 48% of the children in care over 60 days had a child case plan and so far in SFY2025 they are averaging 60%. Region 1 and 6 who have the most children in foster care average at 92% of children with a written case plan over 60 days in care. Therefore, South Dakota still supports a **strength** in this area; 85% is still a significant number of children in care over 60 days with a written child case plan, as well as, the majority of the 15% of children who do not have a written case plan originate from one Region and is not a statewide representation of practice.

Case Review System

Item 21: Periodic Reviews

Overview

South Dakota received an overall rating of Area Needing Improvement for periodic reviews based on information from the statewide assessment and stakeholder interviews for the 2016 Child and Family Services Review. Information in the statewide assessment and collected during interviews with stakeholders indicated that in South Dakota, periodic reviews occur by courts and by administrative review. Administrative reviews are conducted by the Permanency Planning Review Team (PPRT). In one large region of the state, the PPRT conducts all periodic reviews, while in other regions, the PPRT conducts the review only in those cases where the courts do not. Stakeholders reported that court periodic reviews are timely. However, because the process for scheduling a PPRT when the court does have a periodic review was unclear, it was uncertain whether periodic reviews conducted by PPRTs are occurring timely. Stakeholders also said that periodic reviews do not occur timely for children who have the goal of Another Planned Permanent Living Arrangement. Since the 2016 CFSR, South Dakota has administered stakeholder surveys where information collected on the timeliness of periodic reviews support they are timely. In addition to the survey's, South Dakota CPS created a permanency report that captures timeliness of periodic reviews. South Dakota investment in collecting data to support timely periodic reviews are occurring results in this item being a **strength**.

There was a provision in state law, SDCL 26-8A-24, that requires the court to hold review hearings of adjudicated abused and neglected children every six months. There is another provision in state law, SDCL 26-7A-19, that covers situations where an adjudication has not been completed but a child continues in care. If the child is in temporary custody of the Department of Social Services and has not been adjudicated as an abused or neglected child, the court shall review the child's temporary custody placement at least once every sixty days.

To ensure the case review requirements are met, those CPS offices where the court does not hold review hearings every 6 months must have a Permanency Planning Review Team (PPRT) for review of all children in legal custody, including those cases where CPS has been awarded placement and care responsibilities by a Tribal Court. This includes children in kinship care and children who have been returned home for a trial home visit.

The PPRT is required to review every child in care every 6 months until the child is no longer in custody. Cases where parental rights have been terminated and the child is placed in a pre-adoptive home waiting finalization, must also be reviewed. The PPRT shall consist of a CPS Supervisor, the Family Services Specialist, a placement resource representative, and a community person unrelated to the delivery of social services to children in foster care or their parents. It is the requirement of the Supervisor to serve as chairperson of the team. The review is open to the participation of the parents, foster parents, pre-adoptive parents, tribal representatives (if applicable), or relative caretaker of the child. It is the duty of the Supervisor to certify that all participants have been notified and that all reasonable efforts have been made to secure their participation.

Changes were made to the FACIS case compliance screen for PPRT tracking. The definition has been updated to consider the new Permanency Review checkbox on the Client Legal Screen. If a legal hearing has this box checked, Case Compliance will read this as satisfying the PPRT requirements. Offices that have regular hearings on a timely schedule will no longer need to add separate legal hearings - one of the hearings and a PPRT Administrative Review. The initial PPRT or review hearing is due six months after a child's entry into foster care. Subsequent review hearings or PPRT's are due six months from the previous review hearing. If the review hearing or PPRT is late, the six months starts counting from the date of that review. Children will show on the Case Compliance screen four months before the PPRT or review hearing to allow time to schedule the review hearing or PPRT.

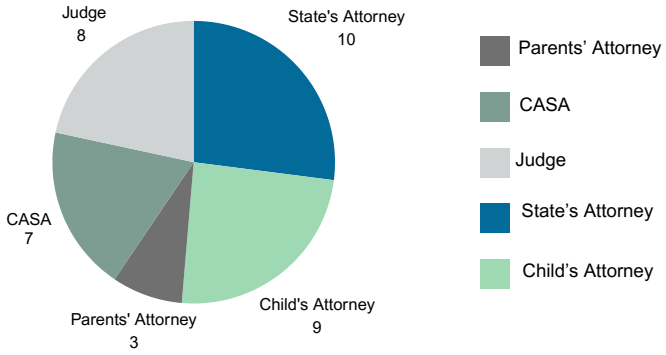
CPS completes an annual survey to stakeholders to gather input on how the child welfare system is performing on meeting the needs of children and families.

In 2023 there were 102 stakeholders surveyed, out of those 53% (54) were involved with the court system. 98% of stakeholders who are with the court system indicated PPRT's are occurring every 6 months for children in the foster care system.

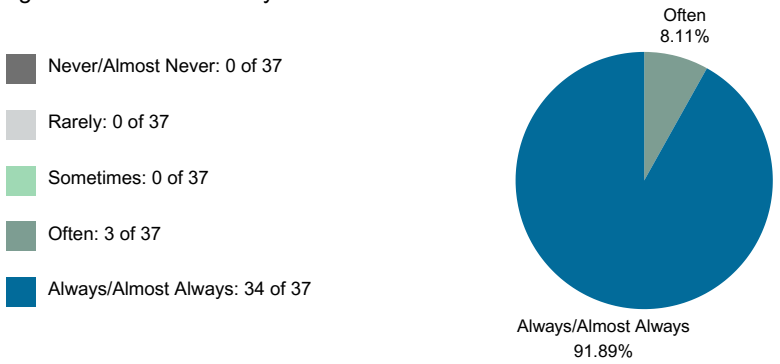
54 of 102 stakeholders were involved with the court system

53 of 54 stakeholders involved with the court system indicated PPRT's are occurring every 6 months for children in the foster care system.

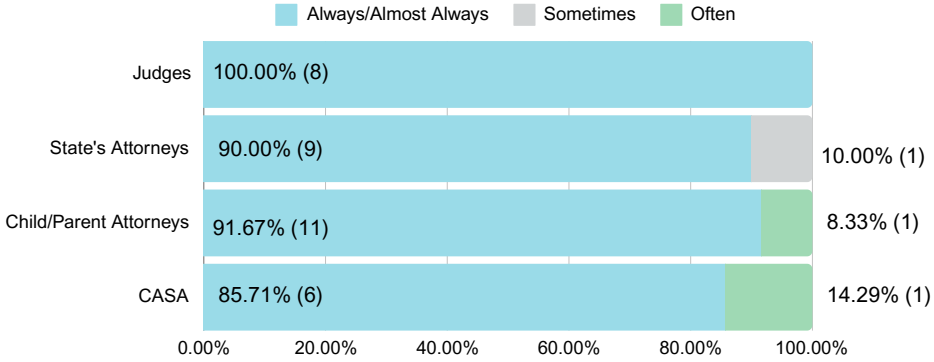
The next stakeholder survey was administered September 2024. CPS received feedback from the Children's Bureau regarding the survey and it was updated to capture the role of the stakeholder as well as enhanced to collect more targeted data points regarding permanency. Thirty-seven stakeholders responded to the stakeholder survey questions regarding permanency. Of the thirty-seven respondents, these are their specified roles:



Respondents provided the following information regarding Periodic Review Hearings occurring at a minimum of every six months:



Feedback provided to this question was provided specifically from the following professionals:



SFY2024

State Totals - Permanency Hearings	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
... 6 months on Month End	47	28	38	50	62	74	75	57	61	66	42	61
... 6 months on Month End and have PPRT (timely)	38	24	28	36	56	66	53	44	44	56	28	45
... % timely	81%	86%	74%	72%	90%	89%	71%	77%	72%	85%	67%	74%

Data Source: Family and Child Information System (FACIS) Report

SFY2025

State Totals - Permanency Hearings	Jul	Aug	Sep	Oct	Nov
Children with Entry into Foster Care...					
... 6 months on Month End	60	45	52	47	65
... 6 months on Month End and have PPRT (timely)	49	28	43	34	38
... % timely	82%	62%	83%	72%	58%

Data Source: Family and Child Information System (FACIS) Report

SFY2024

State Totals - Permanency Hearings	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
... more than 6 months	1,033	1,006	998	975	980	988	1,026	1,022	1,042	1,060	1,058	1,071
... more than 6 months and have PPRT within 6 months of Month end (timely)	882	856	845	807	818	828	865	896	902	896	913	922
... % timely	85%	85%	85%	83%	83%	84%	84%	88%	87%	85%	86%	86%

Data Source: Family and Child Information System (FACIS) Report

SFY2025

State Totals - Permanency Hearings	Jul	Aug	Sep	Oct	Nov
... more than 6 months	1,064	1,058	1,023	1,019	1,003
... more than 6 months and have PPRT within 6 months of Month end (timely)	895	864	818	823	782
... % timely	84%	82%	80%	81%	78%

Data Source: Family and Child Information System (FACIS) Report

Summary:

South Dakota has put a lot of focus in ensuring timely periodic reviews for each child occurs no less frequently than once every 6 months, either by a court or by administrative review. The data above accompanied by stakeholder surveys support periodic reviews are occurring every six months. For the percentage showing a periodic review did not happen, this does not necessarily mean the child did not have a periodic review, but instead it was not entered into the statewide information system.

- One reason for this is the office waiting for court orders prior to entering the information. CPS staff are trained to verify the information in the court order accurately reflects what recommendations were adopted during the court hearing. As an effort to mitigate the delay of data being entered into the statewide information system, South Dakota CPS is exploring GovLink, which is a program where staff can have immediate access to court orders once they are completed. The origin of this initiative is outlined in more detail in the QA section of the Statewide Assessment.

- The other reasons a periodic review is not showing for a child is the staff who entered forgot to mark the “Permanency Review” box in the Legal Screen. Many jurisdictions across South Dakota hold periodic reviews as a court hearing and not administrative review. The “Permanency Review” box allows the information system to distinguish the difference between a standard review hearing and a periodic review.

Child Protection has two reports used to help Regional Managers, Supervisors, and Program Specialists monitor quality assurance and timely periodic reviews.

- One report used is “Permanency Hearings Due_ Coming Due”. This report identifies what hearings are coming up due in the next six months to ensure there are court hearings or administrative reviews scheduled.

- The second report is “Permanency Hearings_Timeliness from Hearing.” This report identifies the percentage of timely periodic reviews and children who were due for a periodic review, but one was not entered into the statewide information system. Regional Managers and Supervisors can filter the report down to office and even case worker to determine what children are showing there was not a periodic review entered so they can investigate further. This report helps leadership identify if a periodic review was completed, but the “Permanency Review” box was not selected, this error is then corrected, and the child is reflected as having a periodic review the next time the report is generated.

Both the reports described are generated every month by the Strategy and Outcomes Program Specialist and stored in the information system for easy access. South Dakota’s investment in collecting data to support timely periodic reviews are occurring results in this item being a strength.

Case Review System

Item 22: Permanency Hearings

Overview

South Dakota CPS received an overall rating of Area Needing Improvement for permanency hearings based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and collected during interviews with stakeholders showed that permanency hearings are happening regularly for children in State Court, however not in Tribal Court. During the 2016 CFSR, South Dakota did not have data to support timely permanency hearings, therefore, relied solely on stakeholder interviews. Currently, South Dakota has survey results and data from the statewide information to support permanency hearings are occurring at a high percentage, therefore, supporting this item is a **strength**.

SDCL 26-8A-22 (Final decree of disposition—Permitted disposition when parental rights not terminated—Annual permanency hearing for child in foster care) and SDCL 26-8A-26 (Termination of parental rights—Return of child to parents or continued placement—Annual permanency hearing for child in foster care) state that in no case may a child remain in foster care for a period of more than twelve months from the time the child entered foster care without the court holding a permanency hearing and making a dispositional decree. The court is to review the child’s permanency status and make a dispositional decree every twelve months if the child continues in the custody of the Department of Social Services. As part of the permanency hearing, the court shall determine whether the State has made reasonable efforts to finalize the permanency plan that is in effect.

CPS policy regarding permanency hearings mandates staff must request a permanency hearing for every child that has been in the Department of Social Services care for 12 months, and the child must have a Dispositional (Permanency) Hearing on or before the 12-month anniversary of the child's entry into foster care. There must be a Permanency Hearing requested every 12 months if the agency has custody, or placement and care responsibility.

The chart below outlines the total number of children in custody on month end date, the number of those children who were expected to have a permanency hearing within the previous 12 months, and the number who had a timely permanency hearing within the previous 12 months.

SFY2024

State Totals - Permanency Hearings	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Children in Custody on Month End (Entry into Foster Care)	1,441	1,417	1,442	1,448	1,445	1,462	1,487	1,452	1,475	1,467	1,466	1,500
Children expected to have a permanency hearing	805	800	815	796	793	779	793	759	758	758	760	797
Number timely	647	645	658	636	649	634	657	652	665	664	694	734
% timely permanency hearing	80%	81%	81%	80%	82%	81%	83%	86%	88%	88%	91%	92%

Data Source: Family and Child Information System (FACIS) Report

SFY2025

State Totals - Permanency Hearings	Jul	Aug	Sep	Oct	Nov	Dec
Children in Custody on Month End (Entry into Foster Care)	1,499	1,485	1,475	1,481	1,473	1,511
Children expected to have a permanency hearing	797	786	769	782	771	774
Number timely	735	729	727	751	738	746
... % timely	92%	93%	95%	96%	96%	96%

Data Source: Family and Child Information System (FACIS) Report

The chart below breaks down the number of children who were expected to have a permanency hearing with the length of stay in care. The chart outlines the number of children who reached 12 months on month end and if they had a timely permanency hearing and children who have been in custody more than 12 months and had a timely permanency hearing within the last 12 months.

SFY2024

State Totals - Permanency Hearings	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
... 12 months on Month End	56	55	41	36	30	37	39	21	30	34	49	63
... 12 months on Month End and have Permanency Hearing (timely)	41	46	37	32	27	31	35	20	29	29	49	61
... % timely	73%	84%	90%	89%	90%	84%	90%	95%	97%	85%	100 %	97%
... more than 12 months	749	745	774	760	763	742	754	738	728	724	711	734
... more than 12 months and have Permanency Hearing within 12 months of Month end. (timely)	606	599	621	604	622	603	622	632	636	635	645	673
... % timely	81%	80%	80%	79%	82%	81%	82%	86%	87%	88%	91%	92%

Data Source: Family and Child Information System (FACIS) Report

SFY2025

State Totals - Permanency Hearings	Jul	Aug	Sep	Oct	Nov	Dec
... 12 months on Month End	61	45	49	51	33	43
... 12 months on Month End and have Permanency Hearing (timely)	56	42	46	48	33	41
... % timely	92%	93%	94%	94%	100%	95%
... more than 12 months	736	741	720	731	738	731
... more than 12 months and have Permanency Hearing within 12 months of Month end. (timely)	679	687	681	703	705	705
... % timely	92%	93%	95%	96%	96%	96%

Data Source: Family and Child Information System (FACIS) Report

The chart below describes children who have been in custody less than 12 months but had a permanency hearing. These children were not required to have a permanency hearing by month end and their permanency hearing occurred early, resulting in a timely permanency hearing.

SFY2024

State Totals - Permanency Hearings	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
... less than 12 months on Month End	636	617	627	652	652	683	694	693	717	709	706	703
... less than 12 months on Month End and have Permanency Hearing (timely)	360	341	329	358	396	424	450	467	491	488	474	507
... % timely	57%	55%	52%	55%	61%	62%	65%	67%	68%	69%	67%	72%

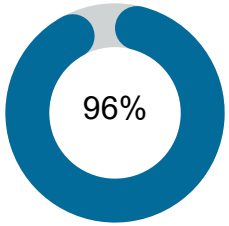
Data Source: Family and Child Information System (FACIS) Report

SFY2025

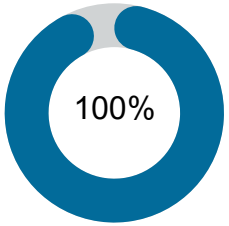
State Totals - Permanency Hearings	Jul	Aug	Sep	Oct	Nov	Dec
... less than 12 months on Month End	702	699	706	699	702	737
... less than 12 months on Month End and have Permanency Hearing (timely)	509	504	499	487	475	468
... % timely	73%	72%	71%	70%	68%	64%

Data Source: Family and Child Information System (FACIS) Report

CPS completes an annual survey to stakeholders to gather input on how the child welfare system is performing on meeting the needs of children and families.



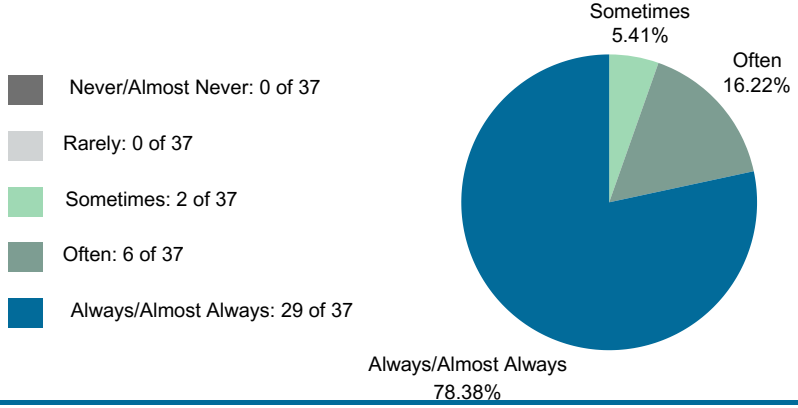
In 2022, 96% of stakeholders who are with the court system indicated permanency hearings are occurring every 12 months for children in the foster care system.



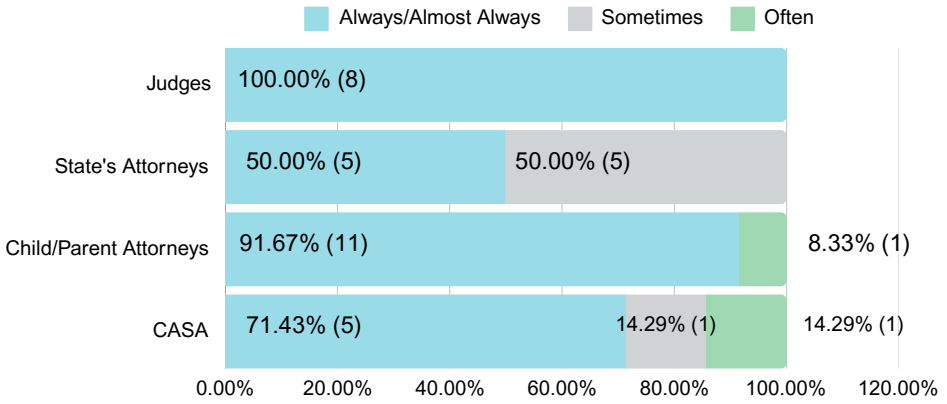
In 2023, 100% of stakeholders indicated permanency hearings are occurring every 12 months for children in the foster care system.

The next stakeholder survey was administered September 2024. CPS received feedback from the Children's Bureau regarding the survey and it was updated to capture the role of the stakeholder as well as enhanced to collect more targeted data points regarding permanency.

Thirty-seven respondents provided feedback regarding the frequency of initial permanency hearings occurring within 12 months of a child's entry into foster care. The following charts display the stakeholders' responses:



Feedback provided to this question was provided specifically from the following professionals:



Summary

South Dakota has put a lot of focus in ensuring that, for each child, a permanency hearing occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter. The data above accompanied by stakeholder surveys support permanency hearings are occurring every 12 months.

Child Protection has two reports used to help Regional Managers, Supervisors, and Program Specialist monitor quality assurance and timely periodic reviews.

- One report used "Permanency Hearings Due_ Coming Due" This report identifies what permanency hearings are coming up due in the next six months to ensure there is a permanency hearing scheduled timely.
- The second report is "Permanency Hearings_Timeliness from Hearing." This report identifies the percentage of timely permanency hearings and children who were due for a permanency hearing, but one was not entered into the statewide information system. Regional Managers and Supervisors can filter the report down to office and even case worker to determine what children are showing there was not a permanency hearing entered so they can investigate further.

Both the reports described are generated every month by the Strategy and Outcomes Program Specialist and stored in the information system for easy access. South Dakota investment in collecting data to support timely permanency reviews are occurring results in this item being a **strength**.

Case Review System

Item 23: Termination of Parental Rights

Overview

South Dakota CPS received an overall rating of Area Needing Improvement for termination of parental rights based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and collected during interviews with stakeholders indicated there is not a consistent statewide process for filing termination of parental rights (TPR) petitions. CPS provided data showing that timely filings of TPR petitions did not occur in several cases. Stakeholders said termination proceedings do not occur timely for Native American children. Not filing timely TPR petitions was captured in the South Dakota Program Round 3 Improvement Plan under Goal 2, Strategy 4, a collaboration with the legal systems to implement a petition specific to termination of parental rights to comply with the Adoptions and Safe Families Act. The TPR petition was developed and then sent out by the Executive Director of the State's Attorneys Association on March 1, 2019. However, South Dakota is in the process of updating their current report that captures data relating to termination of parental rights, filing of termination of parental rights petitions, and compelling reasons not to terminate. It was discovered the report calculating children from physically removing, not entry into foster care for the 15 of the most recent 22 months. In addition to making this update, South Dakota CPS also requested the Bureau of Information and Technology to make enhancements to the report. These enhancements include capturing data relating to Adoption and Safe Family Act (ASFA) Hearings where compelling reasons to not providing reasonable efforts are order. Due to South Dakota not having the data to support termination of parental rights petition are being filed timely, data on compelling reasons for the petition not filed, and data on children who meet other ASFA criteria this item is an area needing improvement. South Dakota is actively working on this report and it's anticipated to be completed by the time of stakeholder interviews in March 2024. South Dakota requests the opportunity to present data at that time.

File a Termination of Parental Rights Process:

CPS must request the State's Attorney or Tribal Prosecutor to file a petition to terminate parental rights when a child has been in foster care for 15 of the most recent 22 months. The State's Attorney and Tribal Prosecutor file the petition.

The exceptions to the provisions are as follows:

- The child is being cared for by a relative.
- The Case Plan documents a compelling reason for determining that filing such a petition would not be in the best interest of the child.
- Not all the services in the Case Plan that are necessary for the safe return of the child to the parent's home have been completed but progress toward the goal is being made and is documented.

The Department must document any compelling reasons for not filing a petition to terminate parental rights in the child's Legal Screen within FACIS.

SDCL 26-8A-21.1 allows the court to not reunify a child with the parent for certain circumstances including those felonies specified in Adoption and Safe Families Act (ASFA). SDCL 26-8A-21.2 requires the court to hold a permanency hearing if reasonable efforts are not provided and further requires the court to consider termination of parental rights, guardianship, placement with a permanent relative, or determine if there are compelling reasons to not enter a disposition that includes any of those options. SDCL 26-8A-26.1 allows the court to terminate parental rights for any child that has been abandoned for 6 months or longer. CPS policy requires a petition for termination of parental rights be filed on an abandoned infant as defined by State law. State law requires that children be appointed attorneys in abuse and neglect court actions to represent the interests of children.

Summary:

South Dakota has done a great deal of working in partnership with UJS on establishing a consistently practice across South Dakota in filing termination of parental rights petition and having a standardized termination of parental rights petition. After implementation of the termination of rights petition in March 2019 there was follow up with Regional Managers on any barriers towards the state's attorney filing the TPR petition. There were a handful of issues when the process was first implemented, however, no issues have been brough forth in the last 3 years. Any barriers to file the TPR petition was brough to the Court Improvement Coordinator attention for follow up. However, due to not having data reports in production to support strengths in this item, this item is an area needing improvement. South Dakota is actively working on having data reports to support a strength in this item and it's anticipated to be completed by the time of stakeholder interviews in March 2024. South Dakota requests the opportunity to present data at that time.

Case Review System

Item 24: Notice of Hearings and Reviews to Caregivers

Overview

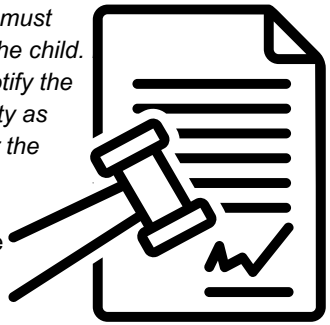
South Dakota CPS received an overall rating of Strength for notice of hearings and reviews to caregivers. Findings were determined based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and collected during interviews with stakeholders showed there is a process in place to notify foster parents, adoptive parents, and relative caregivers of reviews and hearings. Written notices are provided to caregivers. The written notice template was implemented in 2015 statewide to inform caregivers of their right to be heard in any review or hearing. Surveys to foster parents support South Dakota remains at a **strength** for this item.

Please see **Appendix B: Attachment B1- Notice to Placement Providers** to view the written template. CPS has a written policy regarding the "Notice to Out of Home Providers". This policy can be found in the Legal section, of the CPS Procedures Manual. The policy states:

INFORMING PLACEMENT RESOURCES OF HEARINGS AND PPRT'S
Under ASFA, certain placement resources have a right to notice and an opportunity to be heard at hearings regarding the child. The federal regulations require that the caregiver receive timely notice of permanency hearings and six-month reviews. However, while caregivers are entitled to notice and to submit written input to the court, they are not parties to the case and do not have a right to appear at the hearing, although in some cases they may be allowed to do so, nor do they have a right to appeal any decision made by the court in the A&N case.

Procedure: The procedure to be followed depends upon the type of placement resource: If the child is placed with a foster resource parent, pre-adoptive parent or relative caregiver, the FSS must inform the provider/caregiver of all permanency hearings, review hearings, and PPRT's regarding the child placed in their home. The provider/caregiver must also be informed that he/she can provide a written statement or report to the court and, in some cases, a verbal presentation to the court. The FSS should inform the provider/caregiver of the upcoming hearing or PPRT as soon as the FSS is informed of the scheduling of the hearing/PPRT and should use the letter in FACIS Document Generation to do so. All contacts with the provider/caregiver regarding hearings or PPRT's should be documented in the file. The FSS should discuss with the SA any request by the caregiver to attend a hearing or to make a verbal statement to the court.

If the child is placed in a group or residential facility, the FSS must inform the facility of the outcome of court hearings involving the child. n those offices where PPRT's are held, the FSS must also notify the facility of upcoming PPRT's. The FSS should inform the facility as soon as the FSS is informed of the outcome of the hearing or the scheduling of the PPRT.

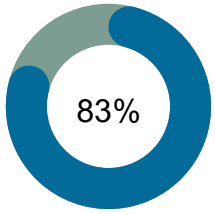


In June 2007, the Chief Justice of the South Dakota Supreme Court gave a directive, by letter, to all Circuit Court Judges to ensure foster parents, pre-adoptive parents, and/or relative caregivers receive notice of hearings. CPS policy requires the Family Services Specialists offer the placement resource the option to be heard orally in court, submit written comment, or have their comments included in the court report.

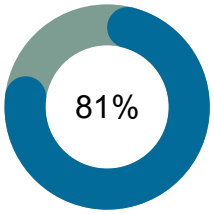
Policy also requires the Supervisor to ensure all participants are notified by letter. Placement Resource providers can be reimbursed for travel for attendance at PPRTs.

Placement Resources and stakeholders are surveyed on an annual basis regarding how often placement resources are informed being informed of PPRT meetings and court hearings regarding children placed in their homes. In 2022 and 2023 Placement Resources and stakeholders were surveyed on being informed of PPRT meetings and court hearings regarding children placed in their homes. The following data was collected:

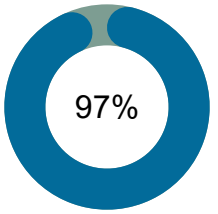
2022 and 2023



59 of 71 were notified of PPRT meetings and court hearings



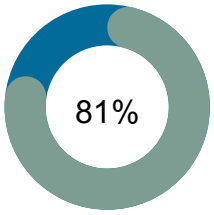
57 of 70 were informed of the right to be heard in a PPRT meeting or a court hearing



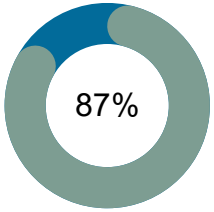
57 of 59 reported CPS staff are who notify them of a PPRT meeting or court hearing

In SFY24, 342 placement resource providers were surveyed. The population of respondents increased from 2022/2023 to 2024 as the case pull was expanded from 20% to 100% of placement resources with current placements being sent a survey.

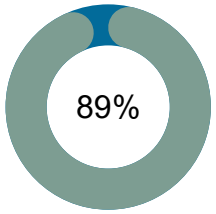
2024



239 of 294 were notified of PPRT meetings and court hearings



255 of 293 were informed of the right to be heard in a PPRT meeting or a court hearing



212 of 239 reported CPS staff are who notify them of a PPRT meeting or court hearing

Summary

South Dakota CPS has had a consistent process in place to notify placement resources of periodic reviews and court hearings since 2015, this includes a standard letter template to ensure all resources are notified consistently. Placement resources are reporting receiving this notice at high percentages, supporting policy is being followed. Due to South Dakota having a consistent process in place and placement resource survey's supporting it's being done this item is a **strength**.

Quality Assurance System

Item 25: Quality Assurance System

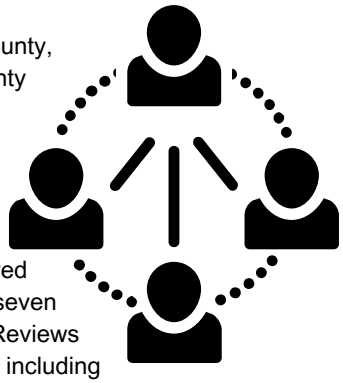
Overview

In CFSR Round 3, South Dakota was in substantial conformity for the quality assurance systematic factor. Since Round 3, South Dakota continued to prioritize CQI and developing a consistent review team for CFSR reviews and internal review processes. South Dakota combined internal case reviews and data quality checks to ensure accurate and timely data is collected to sufficiently inform child welfare outcomes in South Dakota. Please see **Appendix C: Table C1- Quality Assurance Initiatives** for detailed information related to South Dakota CPS major QA initiatives. These initiatives include internal case reviews, internal workgroups, internal projects, multi-disciplinary team projects, and initiatives to support staff retention. Appendix C: Table C1- Quality Assurance Initiatives includes further information such as staff responsible, internal/external partners, the purpose, and the process for each initiative and project. Specifics in ensuring accurate and timely data can be found in Item 19 as well as South Dakota Data Quality Plan. South Dakota continues to meet requirements to maintain substantial conformity in Round 4 and identifies Item 25 as **strength**.

Operation in Jurisdictions where Services are Provided

Organizational Structure

The Department of Social Services is state administered, and state operated. There are 19 CPS offices, with is contained in 7 regions, providing services to all counties in the state except those areas under the jurisdiction of an Indian tribe which has a tribal child welfare program and a current agreement with the State.
South Dakota is divided into 66 counties. Oglala Lakota County, which is within the Pine Ridge Reservation, is the only county where CPS does not have at least partial service responsibility.



In April 2008, CPS implemented the Safety, Permanency and Wellbeing (SPWB) Reviews. In January of 2019 it was updated to the Regional Review as cases were reviewed at a regional level instead of an office level. Each year, all seven regions in the state are reviewed. South Dakota Regional Reviews emulate the Children and Family Services Review (CFSR), including utilizing the June 2022 Onsite review Instrument and Instructions. South Dakota has a Quality Assurance policy that outlines Continuous Quality Improvement and Outcomes policy and practice that describes how the CQI system functions in South Dakota. This policy outlines how South Dakota ensures quality services for children served in foster care and in the home are provided to families. Please see **Appendix A: Table A2- Fidelity Review Data Quality Tasks** for South Dakota's review structure and **Appendix C: Attachment C2- Quality Assurance Policy for South Dakota's Quality Assurance Policy.**

South Dakota's Standards to Evaluate the Quality of Services

Continuous Quality Improvement System

The CQI Core Team has been operational for twelve years. South Dakota Child Protection Services Continuous Quality Improvement (CQI) Plan defines a three-tiered structure. Although these tiers operate separately, they are interconnected. The first level developed was the Core Team which is comprised of the Division Director, Assistant Division Director, CCWIS staff, and State Office staff members. The second tier developed was the Supervisor's Advisory Group (SAG) which consists of a supervisor from each of the seven regions within CPS. The final tier to be fully developed is the Regional CQI Teams.

Action for Child Protection completed an Organizational Assessment on CPS in 2021. The organization assessment aimed at completing a comprehensive capacity evaluation and readiness assessment including workload, structure, communication strategies, and compensation analysis. While much of CPS's work is completed directly with youth and families, an analysis and plan for enhancements in these focus areas will help further reform efforts with Family First Prevention Services Act (FFPSA) in South Dakota. Through that assessment, recommendation to develop a CQI Team, which would comprise of CQI Program Specialist to carry support South Dakota's CQI System. It also recommended a CQI Executive Team to ensure field, program, and CQI are all connected and working as one system.
South Dakota developed a CQI Executive Team comprised of the CPS Division Director, Director of Program, Director of Field Services, and Administrator of CQI and Outcomes. The Administrator of CQI and Outcomes Position was created in March of 2023. The CQI Executive Team started meeting in August 2023. The CQI Executive Team provides structure to roles and responsibilities with the formation of the CQI Team, provided a format for ongoing consultations, and to ensure field, program, and CQI are working as one system.

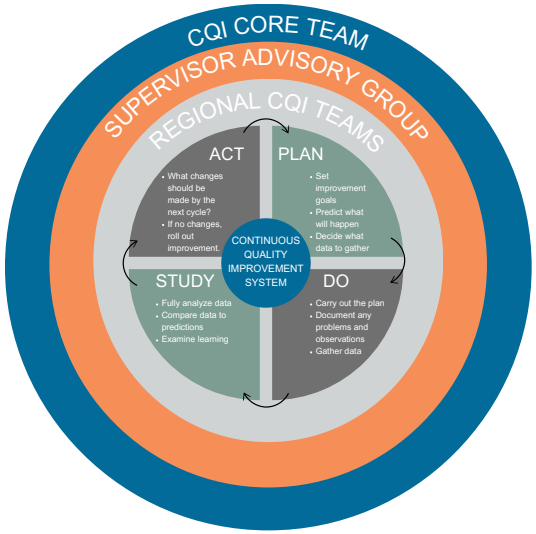
South Dakota CPS is actively developing a full time CQI Team to support the recommendations for the Organization Assessment. The structure to the CQI Team consists of the Administrator of CQI and Outcomes overseeing the CQI team. There are two Program Specialists who operate the information system under the CQI team, a Strategy and Outcomes Program Specialist, and five CQI Program Specialists. Currently, there are three CQI Program Specialist onboarded, the fourth CQI Program Specialist is currently in the hiring process. The CQI Team is responsible for Regional Reviews and CFSR Reviews, development the Child and Family Services Plan, Annual Progress Service Report, and Program Improvement Plan, completing fidelity case reviews to inform strengths and opportunities for improvement regarding policy and practice, revising the CPS policy and procedures manual, and overseeing performance outcome and the local and state level.

The CQI Team is designed to support each tier of the CPS CQI System. After the CQI Team completes case reviews on every Region, they review the effectiveness of policy and practice based on findings in the case reviews. They present findings to the Program Specialist who oversees the specific program and collaborate on any needed policy revisions. If training is what is needed, they collaborate with the Learning and Development Program Specialist on what areas of training need to be enhanced.

CQI System Structure

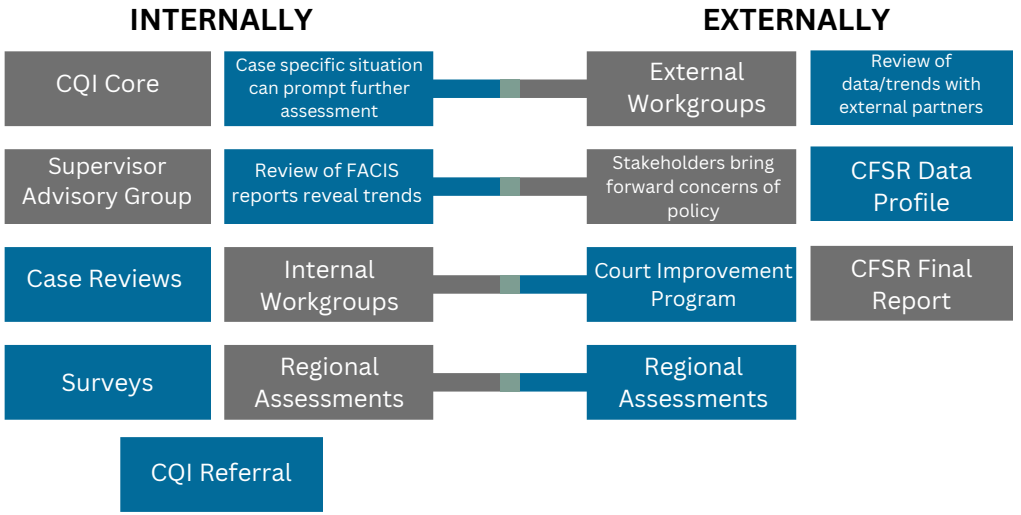
Continuous Quality Improvement (CQI) Core Team: The Continuous Quality Improvement (CQI) Core Team has been operational for fourteen years. The CQI Core Team's vision is building capacity in all tiers in the CQI System to confidently apply the philosophy of CQI statewide. CQI Core Team meetings are scheduled monthly, and updates are provided at the Management Team/Supervisor meetings. CQI Core Team gathers data on outcomes, analyze data to determine next steps, and initiate any policy change needed. The Administrator of CQI and Outcomes leads the CQI Core team and keeps the team updated on trainings related to CQI and resources to help support the CQI System.

Supervisor Advisory Group (SAG): The Supervisor Advisory Group (SAG) was developed in November 2010. This group consists of at least one supervisor from each Region. When Child Protection Services developed their CQI plan in 2012 SAG was identified as being a tier of CPS's CQI System. In May 2022 the SAG group analyzed ways to revitalize SAG to ensure the group is functioning at their full potential and applying the CQI philosophy to projects.



Regional CQI Teams: Between the second and third round of the CFSR, the teams were considered staff in the local offices. Since the completion of round three in 2016, CPS enhanced their collaboration with stakeholders in each local office as a part of the CQI team. One of the overarching goals of the 2020 – 2024 Child and Family Services Plan is to improve communication between partners of the child welfare system. This includes stakeholders as reviewers, a survey to them, and CQI meetings with the stakeholders. The CQI Team releases regional assessments to capture the performance outcomes of the latest regional review as well as results of fidelity review, stakeholder survey results, parent survey, and staff survey results. This gives a comprehensive view of how the region operates and what areas to focus CQI plans on. The regional assessments are provided to stakeholders and included in the office's CQI meeting with stakeholders. Please see Appendix C: Attachment C3- Regional Assessment Example for an example of a regional assessment.

South Dakota has a variety of ways, internally and externally, in which areas of policy, processes, or program areas to implement improvement goals are identified.



When a problem is identified within a specific area South Dakota follows the CQI process beginning with gathering information to determine who is impacted, what data is currently available, what additional data needs to be obtained, who needs to be involved with data/information collections, and starting root cause analysis. The South Dakota CQI Team conducts research on if other child welfare agencies have similar problems and what solutions or strategies other agencies have used.

There are many ways in which a problem can be identified for further focused CQI efforts and root cause analysis. All levels of CPS Staff are able to bring problems or trends they are seeing to the CQI team. Additionally, a CQI referral form has been created and shared with CPS Management Team.

Below are two examples of how South Dakota has identified a problem. The Region 3 CQI Plan was identified initially from the 2024 Regional Assessment. The Region 1 Recruitment/Stronger Families Together Imitative was identified through a placement crisis within Region 1.

<u>Region 3 CQI Example:</u>

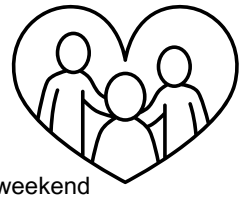
In July 2024, the Region 3 Regional Manager had reviewed the Regional Assessment, which had information from fidelity and regional reviews that revealed that supervisors and staff in this region were not making safety decisions in alignment with the Comprehensive Safety Interventions (CSI) model. The Regional Manager then looked closer at decision making during Initial Family Assessment, Protective Capacity Assessments, and other decision-making times during cases. The Regional Manager identified that there was a lack of adherence to the CSI model resulting in inconsistent and inaccurate safety threats for families. This area of need was brought to the attention of the Administrator of Services to Families, and the Administrator of CQI and Outcomes. The Administrator of CQI and Outcomes engaged the CQI Team in supporting this initiative within Region 3.

The CQI team worked closely with the Region 3 Regional Manager, Administrator of Services for Families, and the CSI Protective Services Program Specialist to develop a plan for addressing this gap. Utilizing the CQI toolkit, the team created a logic model and theory of change, identified root causes, and are in the development stages of crafting the CQI Plan. Through this process, it was discovered that supervisors in Region 3 lacked adequate training (initially and ongoing) on the CSI model, which hindered their ability to make informed safety decisions and to guide and mentor their staff effectively. Furthermore, a root cause analysis identified insufficient supervisor oversight in ensuring adherence to the CSI model. To address these issues, the team implemented several improvement strategies, including supervisor consults facilitated by the Regional Manager, and in-person CSI model training conducted by the Administrator of Services for Families, and the CSI Protective Services Program Specialist for regional staff. Weekly case transfer meetings were introduced to clarify staff roles and responsibilities. The success of these implementation strategies is being evaluated through documented supervisor consults, fidelity reviews to assess safety decision-making, regional case reviews to ensure consistent decision-making, reviews of substantiated and unsubstantiated IFAs, Parent Capacity Assessments at case closure, and quantitative FACIS reports such as Dispositions of CPS Investigations per RFS, Status of Assigned IFAs and Investigations, IFA Safety Outcomes, and Number of Requests for Services by State Total, Region, Office and County, and Family Protective Capacity Assessments. Currently the CQI Team is working with the Regional Manager to identify stakeholders to be engaged in creating the CQI Plan, as well as looking at SMART goals to measure the success and progress of the strategies implemented within Region 3.

Region 1 Stronger Families Together Initiative/Region 1 Recruitment CQI Example:

Stronger Families Together Initiative:
In May 2021, the State of South Dakota launched the Stronger Families Together (SFT) initiative to redefine foster families as a vital support not only for children but for the families they come from. The SFT initiative aimed to address both recruitment and retention of foster and adoptive families across the state, while also reinforcing the goal of keeping children connected to their families and communities. About four months prior to the SFT launch, a significant organizational change occurred with the creation of the Office of Licensing and Accreditation (OLA), which was separated from Child Protection Services (CPS). This change allowed for a clearer distinction of roles and fostered greater collaboration between OLA and CPS, ensuring that licensing and family support could be more streamlined and responsive to community needs. With the launch of SFT, the CPS Assistant Director of Programs was appointed as a liaison between OLA and CPS to bridge efforts and support collaboration statewide. In the early stages of SFT, a review of statewide data highlighted three out of seven regions—Region 1 (Midwestern), Region 3 (Northcentral), and Region 4 (Southcentral)—where recruitment and retention efforts were most urgently needed. The data revealed a stark disparity between the number of children in care and the number of foster homes available. In SFY 2021, Region 1 had five times as many children in care (405 children) as foster homes (81).

In December 2021 Region 1 launched a foster and adoption recruitment and retention team to address these challenges. The team consisted of representatives from CPS, OLA, local child placement agencies, non-profit organizations (such as South Dakota Kids Belong), faith-based communities, business leaders, private adoption agencies, tribal representatives, and individuals with lived experience. Since the fall of 2023, Region 1's team has partnered with the Why Not You (WNY) collaboration, which had been established to recruit foster and adoptive families but had become less active during the COVID-19 pandemic. As the community began to recover, it became a natural transition for Region 1's recruitment/retention team to align with WNY, as their goals closely overlapped. This revitalized collaboration included CPS, child placement agencies, private adoption agencies, foster families, South Dakota Kids Belong, tribal and faith-based representatives, all working together to address local recruitment challenges. The team met monthly, developing their vision, purpose, and goals while reviewing placement data and developing strategies to overcome the identified root causes leading to the low number of foster families. Metrics reviewed include the number of Native American children in care compared to Native American foster families, kinship care placements, placements in upper-level care (e.g., treatment foster care, group homes, and PRTFs), children placed outside the Rapid City area, sources of foster inquiries, and systemic community issues.



Foster Fest, a local recruitment event, was held on Memorial Day weekend 2024 to bring awareness to the need for more foster families through the access to information from the various foster care agencies in Rapid City as well as community support. Four other agencies, including the Stronger Families Together initiative collaborated for the event. A flyer for the event was created by the Children's Home Society media coordinator and this was shared by the agencies with foster families and child welfare staff, with the ask to share on social media and with other friends and family. The event was held in Rapid City's Main Street Square, and it was difficult to ascertain how many participants attended due to several people mingling in and out of the space throughout the event. The Rapid City Mayor prepared an Executive Proclamation to begin the event. An opening speech by a one of the collaborating child placement agencies spoke of the need for more families in the community to support youth experiencing trauma. State Representative Peri Pourier attended the event and gave a speech about the importance of being a caregiver to youth and how culture impacts Native American youth's identity. The team uses a structured feedback loop to evaluate the effectiveness of strategies and refine them. After events such as Foster Fest, team members convene to review outcomes, discuss strengths, and identify areas for improvement. For instance, while the team hoped the Foster Fest successfully raised community awareness, it did not generate foster care inquiries and we do not have other data to show it raised community awareness, however, the event was shared through social media through the Department of Social Services Facebook page. As a result, the team is exploring more targeted outreach methods, including greater involvement from tribal and faith-based representatives to improve cultural relevance and expand engagement. DSS staff and foster families, who are key referral sources for inquiries, contribute insights during these reviews to inform future recruitment efforts.

To strengthen recruitment, the team is piloting the Foster Parent Tool Kit which launched in August of 2024, equipping nine local foster families with resources such as Stronger Families Together t-shirts, talking points, and promotional materials. The following outcomes will be tracked throughout the pilot to assess effectiveness:

- Foster/Adoptive inquiries will increase by 10%
- Foster/adoptive parent preservice class sizes will increase by 10%
- Foster/Adoptive family numbers will increase by 10%
- Foster/Adoptive WRAP support through faith institutions will increase by 10%

Families involved in the toolkit have participated in video testimonials that will be used for recruitment by DSS, private child placement agencies, and social media platforms. Since August 2024, feedback from toolkit participants has been scheduled monthly and gathered to be shared with the recruitment team to assess the program's effectiveness and guide adjustments. Progress towards the outcomes will be identified in August 2025, a full year after implementation. If metrics gathered show progress towards positive outcomes, this initiative will be implemented statewide. If success is now shown, the workgroup will complete analysis as to why, make any necessary adjustments, and continue the pilot.

Retention strategies are equally prioritized. South Dakota Kids Belong (SDKB) WRAP support plays a vital role in retaining and supporting current Region 1 foster families to address the diverse needs of children in foster care. WRAP leaders and teams, based in local churches, provide targeted assistance to foster families within their congregations. Examples of support offered by WRAP teams in Region 1 include home and vehicle repairs, meal preparation, transportation for children, childcare, mentorship, grocery shopping and delivery, and lawn maintenance. While the number of WRAP leaders, teams, and foster families receiving these services is not currently available for SFY 2024, efforts to systematically monitor these metrics are in place for SFY 2025 and progress will be evaluated once there is a full year of data available. Further retention efforts through foster family training sessions are organized through partnership within community recruitment team members offering additional support and training for local foster families. Held at a local church, free childcare and meals donated by a local nonprofit restaurant are provided during these sessions. Quarterly trainings included:

- Attachment Workshop: 35-40 people attended
- Streaming of the National Adoption and Caregiver Conference
- Human Trafficking 101: 35-40 people attended
- Practical Parenting/Addressing Dysregulation and Explosive Behaviors: 35-40 people attended
- Our Children's Roots: 35 professionals attended in person & 20 online, 37 foster care providers attended in person & 20 online

During months without training, a local non-profit restaurant hosts a "date night" or breakfast for foster, adoptive, and kinship families, offering support, a meal, and a chance to connect with peers.

The team is currently developing a plan to collect data related to foster parent trainings offered in SFY 25 to include attendance and effectiveness of training provided. In an effort to support this goal, attendance registration through an online app, Eventbrite, will be required. Since the inception of Stronger Families Together, Region 1 has seen a 31% increase in foster families and a 33% rise in children in custody as of June 30, 2024.

Despite this progress, the gap remains significant, with five times as many children in care as available foster homes. The recruitment and retention team are conducting additional analysis to understand the factors contributing to the rising number of children in care. Continued conversations and strategy revisions will be informed by this analysis, ensuring a responsive and adaptive approach to recruitment and retention.

Refer to **Appendix C: Attachment C4- Region 1 CQI Plan Example** for an example of South Dakota's CQI Plan documents.

Strengths and Needs of the Service Delivery System

A key strength of South Dakota's quality assurance system lies in its Continuous Quality Improvement (CQI) structure. This framework supports a systematic, ongoing process of evaluating and improving service quality. By focusing on continuous assessment, feedback, and iterative improvements, the CQI structure helps ensure that the system remains responsive and adaptable to changing needs. This approach allows for the identification and correction of issues in real time, strengthening accountability and enhancing the overall effectiveness of services across the state. South Dakota has a full time Continuous Quality Improvement team which is comprised of the Administrator of CQI and Outcomes, two FACIS Program Specialists, one Strategy and Outcomes Program Specialist, and three CQI Program Specialists. The team collaborates effectively to ensure services are delivered with the highest standards of quality. This dedicated team works closely together, regularly assessing and monitoring service delivery processes to identify areas for improvement. By utilizing data-driven approaches, feedback loops, and ongoing evaluations, they ensure that any issues are promptly addressed and that services meet the needs of the community. Their collective expertise and commitment to continuous improvement contribute to the state's ability to provide consistent, effective, and responsive services across various areas.

Through the organizational assessment, South Dakota recognizes the opportunity to continue to enhance the state's service delivery system by continuing to onboard additional staff. The Continuous Quality Improvement (CQI) system is already a key strength, ensuring that services are consistently delivered at high standards. Adding more staff will serve as an enhancement to this already robust system by increasing the capacity for monitoring, evaluation, and improvement efforts. With additional personnel, the team will be able to conduct more in-depth assessments, identify improvement opportunities more swiftly, and implement changes more efficiently. The added staff will also allow for more specialized roles, enabling a stronger focus on critical areas such as data analysis, customer feedback, and adherence to best practices. This expansion will further elevate the effectiveness of the CQI system, making it even more proactive and responsive to the needs of the community.

The state also plans to onboard additional staff to enhance the training program, focusing on identifying both strengths and areas for improvement in how clients are served. This expansion will allow for a more thorough assessment of staff capabilities and the sufficiency of their ability to recognize and address client needs. With additional resources dedicated to training, staff will be better equipped to evaluate service delivery, ensure that clients receive the appropriate support, and identify any gaps in service provision. Ultimately, this will enhance the overall system by ensuring that both staff and services are aligned to meet the community's needs effectively.

Quality Data and Relevant Reports

Quality data collection is the foundation of a fully functional CQI system and identifying strength and needs of service delivery. South Dakota utilizes quality data from a variety of sources. Please see Figure 1.1 for an overview of where quantitative and qualitative data is collected to help inform strengths and needs of service delivery.

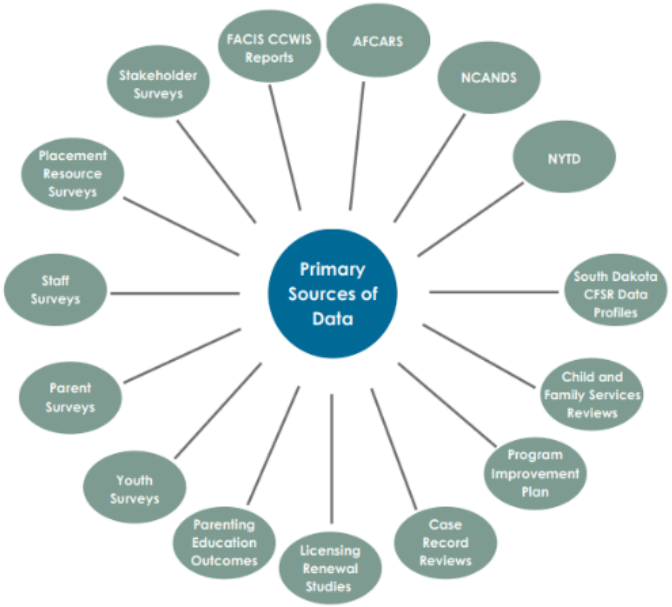


Figure 1.1

Data is collected from youth and parents through the administering of surveys and follow up focus groups. Annual youth surveys as well as monthly Young Voices meetings allow youth with lived experiences an opportunity to provide their perspective on safety, permanency, and well-being outcomes. Parent surveys are administered annually to gain parent and caregivers' perspectives on how the child welfare system is currently operating and where improvements can be made. Following the collection of parent surveys, focus groups comprised of parents and caregivers with lived experiences are organized to further analyze data and facilitate positive change.

The Court Improvement Program Committee collaboratively analyzes data and trends from South Dakota's CFSR Data Profile, as well as performance outcomes from onsite reviews.

FACIS reports are also shared with the committee pertaining data related to these outcomes. This data is then utilized to make recommendations on improvements for achieving safety, permanency, and well-being. Power BI is utilized to share the following data with presiding judges:

- Counts of Clients by Circuit Court
- Placement Clusters
- Placements by Office
- Children in Care by Permanent Plan
- Children in Care by Placement Setting
- Children in Care by Race
- Children in Care by Race and State/Tribal Court
- Children in a Family Setting
- Children in Placement by Court
- Length of Placement by Region
- Length of Placement by Court
- Placements by Service Type
- Service Type by Length of Time
- Length of Placement by Judge
- Length of Placement by Circuit Court
- Length of Placement by Circuit Court and County
- Placements by County and Judge
- Count of Placement Setting by Court County and Judge Name

Please see **Appendix C: Table C1- Quality Assurance Initiatives** for information regarding multi-disciplinary initiatives and projects that relate to data collection from youth, parents, and Court Improvement Program Committee. This appendix includes the purpose, process, and partners involved in each multi-disciplinary project and initiative.

FACIS is used to input, collect & extract quality data for the State's child welfare system. Several data quality utilities and tools are utilized to ensure data is accurate. Data that is entered into FACIS is extracted through quantitative data reports in a report viewer function for all staff to access. The data reports are also provided to offices/regions as they develop and implement Continuous Quality Improvement (CQI).

Reports specific to the use by Regional Managers and their offices/regions include: Status of Assigned IFAs and Investigations, IFA Safety Outcomes, Number of Requests for Services by State Total, Region, Office and County, Caseworker Visits for In Home Cases, Family Protective Capacity Assessments, Caseworker Visits Report with Parents, Children in Alternative Care, ICWA Directors Report, Caseworker Visits Report from Visits Screen, Legal Status of Children with Termination of Parental Rights and Plan of Adoption, and Children in Care Greater than 12 Months with the Plan of Adoption. These reports are analyzed by the Regional Managers and CQI Team to identify trends and areas where improvements can be made. Refer to **Appendix A: Attachment A1-FACIS Reports** for additional information on reports in FACIS.

CPS CQI Core Team reviews data extracted by FACIS and monitors trends across the State as well as trends within specific Regions. These reviews can be prompted by Core Team members, the Management Team, or the SAG. Ad hoc review teams have been created to review specific areas of concern. The Continuous Quality Improvement Team and CPS' Management Team members review CPS Data Outcomes Reports when those are released and compare the information to internal reports or case review results. When challenges are identified through data analysis, the Continuous Quality Improvement Team collaborates with the specific office/region to implement the CQI process in order to bring about change. Quantitative data reports are utilized as a data source to measure progress of identified goals and study the outcomes of the implementation plan. Data is reviewed throughout the CQI process to determine if the implementation plan is working as intended to enhance outcomes for families and children served by the child welfare agency.

While QA reviews serve as the data collection component in the CQI structure, it is important to continue the CQI loop. All CPS staff are required to complete CQI Training, please see Staff Training Outcome for CQI Training details. Upon receiving the local CQI training, offices are expected to examine instances of lower achieving performance indicators utilizing root cause analysis and to develop an improvement plan which includes continued evaluation. A brief CQI Training is completed for new stakeholder groups. The Administrator of CQI and Outcomes or a CQI Program Specialist will present to workgroup comprising of either internal or external stakeholder. The presentation includes CPS' vision to collaborate on local projects to help enhance outcomes for children and families while adhering to the CQI process when collaborating and identifying measurable outcomes. A high-level overview of CQI is provided to workgroup. Local county and/or office data is presented as well as South Dakota's observed data indicators for safety and permanency. The data presented helps inform the workgroup's outcomes and metrics.

Sharing of statewide and local data with stakeholders for their analysis and use and eliciting feedback on their analysis and conclusions is also an important component of CPS' CQI philosophy. In previous sections of this report, it has been detailed how information is shared with internal stakeholders and their feedback is sought. There is a shift from holding meetings across the state to share results with stakeholders to involving stakeholders in the offices CQI process and efforts towards change.

Collecting and analyzing data are essential steps within the CQI process, providing valuable insights that help guide decision-making. The agency and its stakeholders drive positive change and continuously improve outcomes for children and families by effectively using this information. One of the overarching goals of the 2020 - 2024 Plan was to improve communication between partners of the child welfare system, and this goal is continuing through the 2025-2029 CFSP. This includes stakeholders as reviewers, a survey to them, and CQI meetings with the stakeholders. Information that will be used at CQI meetings with the stakeholders is data from the Regional Reviews, results of a survey sent to them during the onsite review, and any pertinent data from FACIS.

Regional Assessments were released in July 2024. Regional Assessments capture the performance outcomes of the latest Regional Review as well as results of fidelity review, stakeholder survey results, parent survey, and staff survey results. This gives a comprehensive view of how the Region operates and what areas to focus CQI plans on. South Dakota utilizes the Online Monitoring System (OMS) Reports to identify performance outcomes and trends associated with the Regional Reviews. CQI plans are approved by the Administrator of CQI and Outcomes and monitored by the CQI Program Specialist assigned to the Region. The Regional Assessments are provided to stakeholders and included in the office's CQI meeting with stakeholders. After the regions and stakeholders have received and reviewed the regional assessments, the CQI Program Specialists collaborate with the Regional Managers, Supervisors, and stakeholders to identify areas that could benefit from a CQI Plan. The team creates a CQI Plan and through this plan, implementation and monitoring of the plan is discussed. The assigned CQI Program Specialist and Regional Manager monitor the plan and collaborates with the entire team if adjustments are needed.

Monthly Reports

South Dakota CPS completes monthly reports to capture monthly updates on current initiatives, technology projects, new initiatives, and data reporting. The CPS Regional Managers and Program Specialists both report on initiatives outlined in the CFSP and CFSR. All Regional Managers and Program Specialists have access to the information contained in the monthly report and are responsible for reviewing the information to identify any intersects with their program. Regional Managers share pertinent information with their supervisors and caseworkers to ensure initiatives and data related to their work is communicated effectively.

Monthly Report updates are shared with DSS Management Team to close the feedback loops about what the CPS specific initiatives are and how they complete the overall mission of the South Dakota Department of Social Services. DSS Management Team consists of the Department Cabinet Secretary, Deputy Secretary, Chief Financial Officer, Chief of Children and Family Services, Director of Legal Services, Chief of Behavioral Health, Division Directors for CPS, Child Care Services, Medical Services, Economic Assistance, Child Support, Behavioral Health, Human Services Center Administrator, and the Human Resources Manager.

The team meets monthly to discuss department and division initiatives, staffing, legislation, budgets, integration of services, and to identify successes, challenges, and solutions.

Please find examples below of collaborative efforts between CPS and other divisions under the Department of Social Services:

GreenCourt's GovLink

GreenCourt's GovLink solution is a sole-sourced process designed to streamline and automate the document composing, compiling, and eFiling procedures, resulting in significant time savings for state agencies and the courts. The solution enhances process efficiency, accelerates case progress, and offers greater control to workers. Supervisors have the flexibility to oversee and reassign tasks as necessary in response to backlogs, absences, or staff shortages.

In January 2023, the Unified Judicial System (UJS) mandated the Division of Child Support (DCS) to begin eFiling using UJS' File & Serve (F&S) application. However, the F&S application proved cumbersome and lacked customization options. Additionally, DCS faced challenges as they were unable to pull documents from their document repository application.

GreenCourt's GovLink application provided a tailored solution to address these issues. It allowed for essential customizations, enabling DCS to integrate with their document repository application seamlessly. GovLink also improved the case tracking and monitoring process from start to finish for eFiling, ensuring that future filings in the court file are automatically transmitted to DCS.

In June 2023, DCS and GreenCourt entered into a contract to develop a customized solution. Joint Application Design (JAD) sessions were held between GreenCourt, DCS, UJS, and the Bureau of Information and Telecommunications (BIT) to understand and map DCS workflows. Once development was completed, a pilot program was launched in December 2024 with DCS and Pennington County Court. The pilot proved successful, leading to the commencement of a second pilot with Minnehaha County Court on January 13, 2025. If no issues arise, a statewide rollout of GovLink is scheduled for January 27, 2025.

The pilot programs have shown that the time to eFile documents has been reduced by 50%, which is a significant improvement. Looking ahead, DCS plans to implement additional enhancements, including expanding eFiling capabilities to all DCS staff (currently restricted to designated personnel), integrating prosecutors into the system to facilitate electronic document exchanges between DCS and prosecutors, and enabling e-signature functionality for even greater efficiency.

GreenCourt's GovLink solution not only accelerates workflows but also sets the stage for a more efficient, fully integrated, and automated eFiling system.

The Division or Child Support and Division of Child Protection are working on collaborating to explore implementation of GovLink for Child Protection Services. Child Protection and Child Support have had a preliminary meeting to discuss how GovLink came to be with Child Support and how they collaborated with UJS and Green Court. Child Support completed a demo of GovLink for Child Protection. Child Support is serving as a liaison between Child Protection and Green Court to get a meeting set up to discuss the expansion of their product and services to Child Protection.

This initiative is in the preliminary stages but serves as a good example on how divisions in the Department of Social Services collaborate and share initiatives through the monthly reporting process.

Fatherhood Initiative-Championing Fatherhood

In 2020 CPS began the Year of the Father, a focus on promoting fatherhood. A consultant provided training to all CPS staff on "Engaging Fathers More Effectively" and "Men and Trauma- The Missing Peace". Monthly activities were also promoted, language changes, and practice enhancements were implemented. This work was effective, and data reflected an increase from 52% to 64% for needs and services to children, parents, and foster parents; 65% to 84% in the area of child and family involvement in case planning; and 64% to 76% on caseworker visits with parents, from 2021 regional reviews to 2022 reviews.

Conversation with the Division of Child Support on the shared interest of promoting fatherhood involvement and CPS has occurred. Three male trainers who are fathers are located in different areas of South Dakota and share interest in becoming Champions of Fatherhood.

- George Summerside, former CPS Family Services Specialist and current counselor with Lewis and Clark Behavioral in Yankton, is a current trainer of Common Sense Parenting and has a contract with DSS for this work. He has experience working with survivors of domestic violence and their partners, as well as affected children.

- Joe Tyon participated in a 2023 Positive Indian Parenting train the trainer opportunity and completed the training successfully. He is employed with the Great Plains Tribal Leaders Health Board and is interested in collaborating to promote fatherhood. A meeting with him is scheduled for January 27th in Rapid City. He is Native American from the Oglala Sioux Tribe and the Fatherhood Coordinator for GPTLHB.

- Keith Ferguson is employed with the Black Hills Special Services Cooperative, which holds a contract with DSS for Common Sense Parenting. He specializes in Fatherhood training and energetically presented at the Annual Community Response to Child Abuse Conference on the subject. He also has experience in having a corrections-involved family member as his brother has been incarcerated long-term and speaks to overcoming this adversity and taking on a kinship role for affected children.

There is a current request for funding to further collaborate with the above individuals and to recruit others throughout the state to champion fatherhood throughout the facets of DSS. This is an inter-divisional collaborative effort and representatives from other DSS divisions would be optimal.

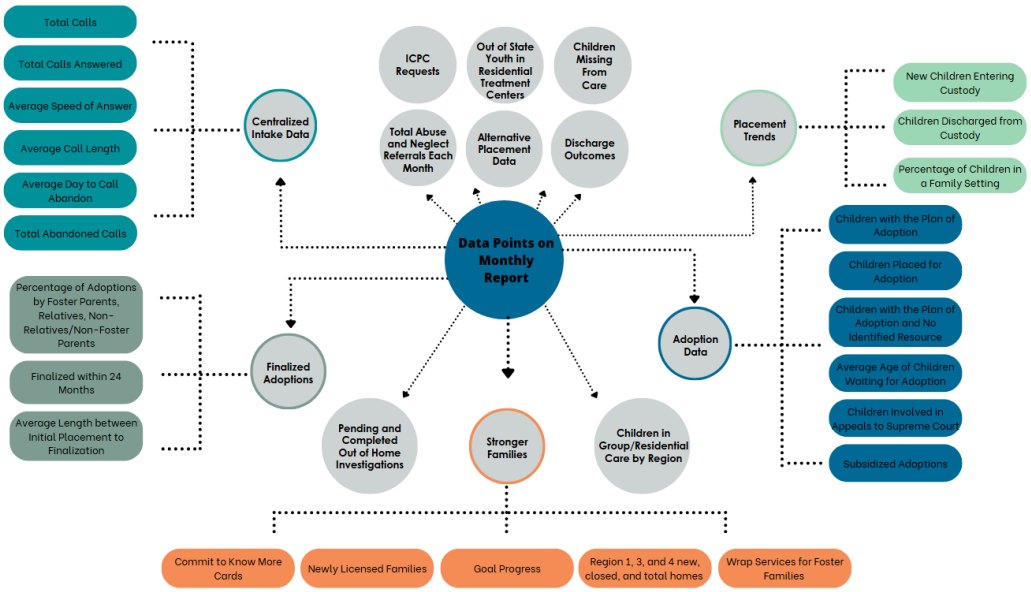
A request for funding would include consultant work with these individuals, with others recruited, and to identify and subsequently purchase a fatherhood-focused prevention curriculum. 24-7 Dad® is a front runner through research to date.

There are no programs in the Title IV-E Clearinghouse related specifically to dads with any rating currently awarded, though there are programs on the planning list for review. Formal training to DSS employees as determined appropriate will be an element of the work developed.

Child and Family Services Initiative

Through the South Dakota Department of Social Services Strategic Planning, the Divisions of Economic Assistance (EA), Child Support (CS), and Child Protection Services (CPS) collaborated to develop the Children and Families Initiative. This initiative aims to engage and support shared customers served by all three divisions, including SNAP recipients, parents involved in child support cases, and families engaged with CPS. Each month, CPS generates a list of newly opened cases in the two largest urban areas, Sioux Falls and Rapid City. CPS sends everyone on this list a brochure outlining the services available from the three divisions, along with an application. Additionally, EA contacts individuals not already receiving assistance—via phone or email—to determine if they require community resources or help applying for EA programs. The number of individuals who submit an EA application for additional assistance after receiving the application from CPS is tracked. Between June 2023 and October 2024, CPS staff mailed a total of 869 applications, resulting in 59 households applying for EA programs. Data and initiatives are shared at the CPS Management Team meetings when relevant.

Data and initiatives are shared at the CPS Management Team meetings when relevant. The following data points are captured on the monthly report:



Limitations of data used

South Dakota has no limitations on the data it receives or uses. The state's Information System produces 233 data reports, which are accessed by all agency staff and shared with relevant organizations and workgroups when needed. These FACIS data reports are crucial for identifying trends, supporting regional CQI plans, determining recruitment needs, and more. When reports such as the data profile and data reports from workgroups like the Court Improvement Program are received, the agency cross-references this data with FACIS reports to ensure consistency and data quality. The agency has the necessary resources for effective data analysis and has enhanced their data analysis by adding the Strategy and Outcomes Program Specialist position. The role of the Strategy and Outcomes Program Specialist is dedicated to data analysis and is supported by the FACIS Program Specialists and Continuous Quality Improvement Program Specialists. The Continuous Quality Improvement team is continuously developing to improve data analysis capabilities. Additionally, South Dakota works with contracted programs, such as the Center for Prevention of Child Maltreatment, to analyze parent survey data, and will continue to explore further opportunities to engage outside agencies in data analysis.

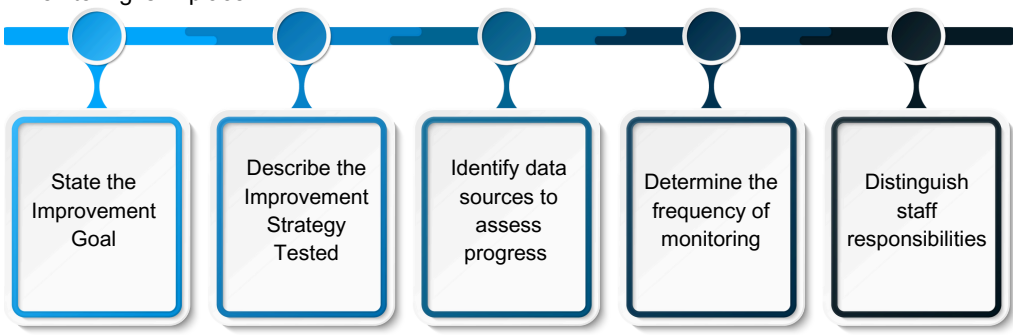
Evaluation of Implemented Program Improvement Measures

Collecting and analyzing the data are important steps within the CQI process. However, the agency and the stakeholders must then use the information to drive change to improve outcomes for children and families. Information used to identify areas of improvement are also used to monitor implemented improvement measures. For example, Regional Assessments, Fidelity Reviews of policy and practice, data from case reviews, data from surveys are used to help identify program improvement and to monitor improvement goals/measures.

The CQI Plan template outlines the specifics to the implementation plan. This includes when the improvement measure will start, end, and who/where is it targeting. The CQI plans outline out how the improvement measures will be studied. This includes, what are the learning questions needing to be answered, what data is collected (methods/tool, respondents, point person), and what is the analysis plan. After the strategy is tested, then the plans direct how to document what was learned and what the next steps are. The following outlines what the options are for next steps in the CQI Plan:

If the decision is to maintain or scale up a strategy, then documentation on how the change processes will be managed and how that will be communicated is required. If the decision is to adapt the strategy and test again, then a description on how the strategy is adapted is required.

The last section of the CQI plan outlines how to monitor progress towards the improvement goal. The following sections must be answered and approved by CQI to ensure quality monitoring is in place.



South Dakota is also exploring software to assist in managing strategic planning across the agency. This would include strategies outlined in the Child and Family Services Plan and subsequent Annual Progress Services Reports, CFSR Program Improvement Planning, CQI Plans, CPS Monthly Reporting, DSS Monthly Reporting, internal strategic planning within the Department of Social Services, and external strategic planning with other child welfare partners. South Dakota is exploring how to streamline the same information across several plans, for example if a data point or goal progress update is outlined in three different plans the update is entered once and automatically streamlined in all relevant plans.

This same resource would also allow for project/goal management to send out automatic alerts when information or goal progress is due to be updated. This software is still in the exploration phase, there is currently one vendor identified who can provide these services. The CQI Team within CPS and IT Implementation Manager within the Department of Social Services have completed demos with the organization offering these services.

Summary

South Dakota CPS received an overall rating of strength for the quality assurance system based on information from the statewide assessment in the 2016 Child and Family Services Review. In the statewide assessment, CPS provided enough information to show the quality assurance system is functioning in the jurisdiction where the services included in the CFSP and APSR are provided. CPS conducts quality assurance reviews and uses reports from CCWIS to evaluate the process. Reports are accessible to all staff and reports and case review results are used to implement improvements and monitor progress. The information in this section supports South Dakota continued efforts to expand the CQI System and enhance service delivery to children and families and support staff. South Dakota's CQI system directly impacts services outlined in the CFSP and APSR's and remains a strength for Round 4 of the Child and Family Services Review.

Staff and Provider Training

Item 26: Initial Staff Training

Overview

Staff Training was found to be a strength in initial training in the 2016 CFSR. CPS has enhanced the training even more since the 2016 CFSR. CPS gathers data and more information related to staff perspective on training for the further assessment of this Systemic Factor. South Dakota applies the CQI philosophy to identify ways to improve the initial training to ensure staff have the knowledge and resources to perform sufficient services delivery pursuant to the CFSP. Initial Staff Training is a strength for South Dakota as staff receive training in accordance with established curriculum and timeframes and the system demonstrates how well the initial training addresses basic skills and knowledge needed to carry out staff duties.

Initial Training

As a result of the pandemic, trainings were largely delivered virtually. The shift back to in person trainings, or a hybrid of in person and virtual is underway. The delivery of training in person helps foster networking, relationship-building, sharing of best practices, helps with delivery and understanding of material, and can be delivered more personably. While there is no policy regarding a timeframe for which initial training is to be complete there is a best practice expectation that it be done within one year of hire. Historically the data tracking system has been manual and inconsistent resulting in inaccurate cumulative data. Planning is underway to transition this tracking to a Learning Management System. Trainings are made available equitably across the state with locations and frequency allowing for equal availability, thereby having no impacts on delivery. Yearly internal Child and Family Services Reviews paired with ongoing fidelity reviews inform the training program using data regarding gaps in preparation to carry out responsibilities.

CPS continues to provide mandatory certification training for all newly hired Family Services Specialists. The state of South Dakota does not have contracted staff who complete case management responsibilities. The rotation allows for staff to enter the training cycle shortly after their hire date. The current certification training is comprised of 231 hours of training.

Mandatory Reporter Training (1 Hour)

Increase knowledge of the State of South Dakota's child abuse and neglect laws. Increase knowledge of types and indicators of abuse and neglect. Increase knowledge of the role and process of reporting abuse and/or neglect.

Foundation (28 Hours)

The foundation of CPS policy and practice, and orientation training related to the CPS Mission and Vision, Practice Models, and Principles and Standards. The training includes information on developing self-awareness and cultural consciousness; curriculum to develop staff skills and increase knowledge related to interviewing and engaging families; and skills on practicing safe work habits. Staff learn about the legal process as well as laws and policy related to child abuse and neglect and ICWA. Staff are trained on South Dakota Tribal Nations- Understanding the Culture- Yesterday's Impact- Today's Challenges on Our Work in CPS.

Initial Family Assessment/Safety Evaluation (26 Hours)

The foundation of CPS policy and practice, and orientation training related to the CPS Mission and Vision, Practice Models, and Principles and Standards. The training includes information on developing self-awareness and cultural consciousness; curriculum to develop staff skills and increase knowledge related to interviewing and engaging families; and skills on practicing safe work habits. Staff learn about the legal process as well as laws and policy related to child abuse and neglect and ICWA. Staff are trained on South Dakota Tribal Nations- Understanding the Culture- Yesterday's Impact- Today's Challenges on Our Work in CPS.

Ongoing Services/Case Planning and Safety Management (28 Hours)

Participants learn a system of intervention that is fundamentally based on the application of safety concepts and criteria. Participants will develop skills to engage and build collaborative partnerships with the caregivers, direct conversations with caregivers regarding the identified threat to safety, raise self-awareness and seek agreement with caregivers on what must change in order to keep the child safe, understand the purpose for the Protective Capacity Assessment and the relationship between what must change, and the enhancement of diminished protective capacities. The training helps staff learn how to write realistic goals, outcomes and objectives for change in a Protective Capacity Assessment document; understand specific case plan services are intended to enhance the identified diminished protective capacity; identify when caregiver protective capacities are sufficient to protect against the threats to the child safety; and how to document the Protective Capacity Evaluation process.

Protective Capacity Evaluation (14 Hours)

The participants will consider a foundation from which measuring progress can be applied. They will have a broad perspective about measurement beyond compliance and behavior change. Participants will be able to complete a Protective Capacity Case Plan evaluation and will be able to emphasize ongoing safety intervention as dynamic and provisional.

Permanency/Well-Being (30.5 Hours)

Participants receive an overview of child development, family dynamics, parent-child attachment and parenting discipline techniques. The training provides participants with an understanding of the importance of preserving connections and what constitutes quality caseworker visits. Participants learn about placement services for children in foster care; comprehensive assessments of children and how to complete a comprehensive assessment; formal case planning development for children; and case plan evaluation. They gain knowledge of the Interstate Compact on the Placement of Children (ICPC) process, Permanent Plan options, and education on federal laws pertaining to placement. The training also provides them with information on the adoptive family search process, matching considerations for placement of children and adoption; training on youth development, to help foster parents, adoptive parents, workers in group homes, and case managers; understand and address the issues confronting youth preparing for a successful transition to adulthood and making a permanent connection with a caring adult; and the Independent Living Services Program (Chafee).

Trauma Informed Practice (12 Hours)

Participants learn about the essential elements of a trauma informed child welfare system; how trauma affects children; the impact of trauma on the brain and body; the influence of the developmental stages; and the influence of culture.

Medical Indicators of Abuse and Neglect (8 Hours)

Participants learn about identifying physical abuse and neglect. Participants are trained in injury identification and indicators of physical abuse and neglect. Participants learn the importance of the Adverse Childhood Experiences (ACE) document and the dynamics of domestic violence.

Motivational Interviewing Level One (12 Hours) & Motivational Interviewing Level Two (8 Hours)

Motivational interviewing is an engagement tool that workers can utilize to support families in exploring and resolving ambivalence about change. Given that families often become involved in the child welfare system involuntarily and that engagement may be a challenge for caseworkers, Motivational Interviewing is a method that benefits Caseworkers. At the conclusion of MI Level One, participants will demonstrate a basic understanding of Motivational Interviewing and utilize MI practices to increase engagement with the families they serve. At the conclusion of MI Level Two, participants will have utilized the skills they learned in MI Level One. They will bring the experiences they had since MI Level One to MI Level Two training for support and to enhance their engagement skills.

Foster/Adoptive Parent Training Program (30 Hours)

Foster Care and Adoptive Online training is required for all prospective foster and adoptive parents. Foster care and Adoptive online training is facilitated through a combination of classroom (4 classes) and online sessions (5 classes). The training can also be completed 100% online, as well. Family Services Specialists complete Foster Care and Adoptive Online training so they experience the same training provided to the foster and adoptive parents and learn about the same theories and concepts. Participants learn a competency-based, integrated approach to parenting of children placed in foster care or for adoption.

Common-Sense Parenting or Positive Indian Parenting Overview (4 Hours)

Parenting education is provided to new employees with CPS to understand parenting techniques, current practices, and the information which is shared to parents and caregivers who attend the training. Four-hour classes are delivered in various locations throughout the state as scheduled.

Human Trafficking Training (3 Hours)

Identifying Human Trafficking including sex trafficking and labor trafficking. Resource support and collaboration.

Office of Licensing and Accreditation-Foster Care Licensing (3 Hours)

Participants will learn about the Office of Licensure and what the participants role is regarding recruitment and working with foster parents.

Safety Crisis Management Techniques- SCM (8-16 Hours)

Participants will learn verbal de-escalation and physical intervention techniques to enhance personal safety

Compassion Fatigue (8 Hours)

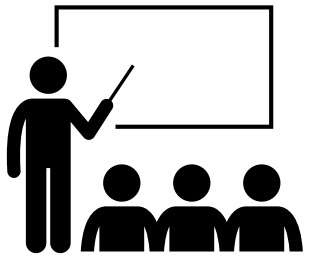
This training will be implemented in 2025. Participants will learn the symptoms and science of burn out as well as tools for prevention.

The certification faculty includes 39 trainers from CPS, a Safety Crisis Management (SCM) training team numbering 13 individuals, and a physician who trains on medical indicators of child abuse and neglect. The certification faculty also includes a licensed therapist who trains on Trauma Informed Practice, an advocate from Call to Freedom who trains on Human Trafficking, and a staff member from the Office of Licensing and Accreditation to train on foster care Licensing for the State of South Dakota. The ICWA Program Specialist continues to provide Cultural Awareness training as part of Foundation training weeks.

The SCM training offers a full day de-escalation training which is required of all staff and additionally all staff who interact with the public face to face (majority of CPS staff) also take an additional full day of physical interventions training.

Staff receive initial training in the FACIS system that includes explanations of data fields pertinent to AFCARS submissions and the importance of timely and accurate data entry. This training is completed at the local office level during onboarding of new employees. The duration of the training is dependent on the employee's personalized need but is generally 2 hours in length.

All Child Protection Services staff must complete CQI Training. When CQI training was initially implemented as a training requirement in March 2024, staff completed the CQI Training Academy the Capacity Building Center for State's offers on their website. The training is comprised of a pre-test, 7 interactive modules, and a post-test. Following the post-test there is a satisfaction survey staff must complete prior to getting the certificate to show they completed the required training. Staff were then to send a copy of their certificate to the Learning and Development Program Specialist. Once that certificate was received, the Learning and Development Program Specialist assigned the South Dakota Specific CQI training to the staff to complete within 2 weeks of assignment. The South Dakota Specific training provides an overview of each tier of the CQI system, internal processes, external processes, importance of accurate and timely data entry, and current workgroups. Feedback received from field staff indicated that the current CQI training was difficult to understand and comprehend.



Currently, the Continuous Quality Improvement Program Specialists are utilizing this feedback and are revising and restructuring the CQI training curriculum to be a webinar series. The previous curriculum will be reviewed to re-structure the CQI webinar series to be more applicable to field staff's CQI responsibilities. The intention of the webinar series will be for Child Protection Services staff to have a general understanding of the CQI process, how to identify the problem, identify root causes of the problem, develop an action plan, and measure results. The webinar will also provide an overview of how staff can utilize CQI documents such as the 5 whys, fishbone diagram, theory of change, and logic model. The webinar series will be assigned to staff as part of their onboarding training after their first year of employment as this was a recommendation from Supervisors and Regional Managers.

Receiving CQI training after staff's first year of employment will allow them to apply the CQI philosophy on the previous knowledge they obtained through certification training and their year of experience in the agency. Once completed, the webinar series will be added to SDLearn and required for all staff to complete it yearly as a refresher to CQI.

The Learning and Development Program Specialist continues to evaluate the training needs of field staff utilizing Continuous Quality Improvement. CPS has been enhancing Certification training to create more skill-based training and is exploring technology to aid in this. Faculty for each training meet annually to evaluate and plan for further enhancement of the training to meet the development needs of field staff. As policies are undergoing updates the training teams meet and collaborate more closely on impacts

The Learning and Development Program Specialist is currently working on transitioning the tracking of staff training to a Learning Management System (LMS). However, at this time, staff training is still manually tracked using an Excel spreadsheet. When a staff member is enrolled in training by their supervisor, their information is added to the spreadsheet. After completing the training, the staff member's test score is recorded on the spreadsheet to reflect completion of the training. A certificate of completion is sent to the supervisor and issued to the staff after each training. While there is currently no formal policy outlining specific timeframes for completing initial training, staff are expected to complete initial training within their first year of employment. Email reminders are sent to supervisors for any incomplete trainings after a year of employment. These reminders are sent whenever training deadlines are missed, rather than on a fixed schedule. There is no set frequency for these reminders because they are based on individual instances where an employee has not completed the required training within a year of employment. This approach ensures that staff are consistently reminded to complete their training and helps prevent any employee from falling behind on essential learning and certification milestones until the transition of the new system is fully implemented.

CPS partnered with Action 4 Child Protection to revise policies, curricula, and tools within the Comprehensive Safety Intervention (CSI) Practice Model. Action 4 Child Protection secured a contract with CPS to ensure successful implementation of new policies, curricula, and tools within the Comprehensive Safety Intervention (CSI) Practice Model already developed by Action 4 Child Protection. New hires will also undergo certification training as part of the onboarding process. Delivering consistent, high-quality training is essential to maintaining fidelity to the agency's core practice model, ensuring improved outcomes for the children and families CPS serves.

Action 4 Child Protection will provide initial certification training on the Comprehensive Safety Model starting in 2025. Action 4 Child Protection will mentor state trainers on the training curriculum to prepare them to administer the training to new staff by the time the contract expires. The approach to implementing the new CSI model certification training is as follows:

Initial Family Assessment	Protective Capacity Assessment
• Create and deploy pre-training assessment to establish baseline for supervisor and staff competency. • Deliver six 3-day trainings to Initial Family Assessment Specialists (new hires). • Deploy post-training assessment and provide results to South Dakota CPS leadership.	• Create and deploy pre-training assessment to establish baseline for supervisor and staff competency. • Deliver six 3-day trainings to Ongoing Specialists (new hires). • Deploy post-training assessment and provide results to South Dakota CPS leadership.

Progress Assessment	Protective Capacity Assessment
• Create and deploy pre-training assessment to establish baseline for supervisor and staff competency. • Deliver six 2-day trainings to Ongoing Specialists (new hires). • Deploy post-training assessment and provide results to South Dakota CPS leadership.	• Create and deploy pre-training assessment to establish baseline for supervisor and staff competency. • Deliver six 2-day trainings to Ongoing Specialists (new hires). • Deploy post-training assessment and provide results to South Dakota CPS leadership.

Change Focused Contact is a crucial CSI Ongoing intervention component that is integrated with the Protective Capacity Assessment and Progress Assessment. South Dakota CPS is beginning the process for installing Change Focused Contact. This effort must include supervisors and specialist receiving foundational training on Change Focused Contact practice and decision-making. As part of this scope of work, Action will assist South Dakota CPS in implementing this training curriculum. Action will distribute training participant evaluations to supervisors and specialists following each training session. Training evaluations will supplement results of pre and post training assessments to inform refinements of training approaches and further the development of the South Dakota CPS training program.

Case Assignment

During their first year, staff are assigned a caseload by their supervisor. Although there is no formal policy regarding caseload limits, new employees are generally assigned a smaller caseload, with additional cases added as they become more familiar with their roles and responsibilities. Caseloads are assigned to staff at the discretion of their supervisor based on the skill of the individual staff and out of necessity for the specified office. Full case loads range from roughly 25-40 children (depending on case status, aka pre vs post termination of parental rights). Newer staff are generally kept around half (or less). Experienced staff members are designated as secondary supports to mentor new employees as they navigate their caseload tasks for the first time. Experienced staff members assist new employees as they engage in key responsibilities, such as meeting with families, developing case plans and court reports, and performing daily tasks. This hands-on support, provided by both colleagues and supervisors, allows new staff to gain practical experience and context before attending formal training. By doing so, they are better equipped to understand how to apply the knowledge gained during training to their daily duties and responsibilities. An Organizational Assessment was completed in 2021. One of the recommendations was to complete a further "Workload Capacity Study" in South Dakota. It was noted that "while the terminology "caseload" and "workload" are often used interchangeably in the field of child welfare, the terms are not synonymous. For front-line workers, caseload may often be an indicator of workload, but assuming higher caseload equals higher workload or conversely that lower caseload equals lower workload is not always an accurate assumption." The nuances of individual cases difference in specialties, rural vs urban, physical coverage span of each region, and the associated administrative activities required to manage each, drive workload and the time it takes to effectively deliver child welfare services. Funding and planning to support Workload Capacity Study is currently being pursued.

New employee's assigned supervisor immediately accesses the training schedule through the agency's website when employees are hired. Supervisors register new staff for their required initial trainings based on the earliest availability. There is no policy outlining timeframes to complete initial training as this has not been deemed necessary. There is a reasonable expectation for initial training to be completed by 12 months of employment as classes are offered on a rotating basis and staff are expected to attend the soonest available trainings unless there is a valid excuse such as an unanticipated family emergency. Staff are not required to complete initial training prior to being assigned cases, however they are assigned a smaller caseload and provided secondary support from co-workers and/or their supervisor.

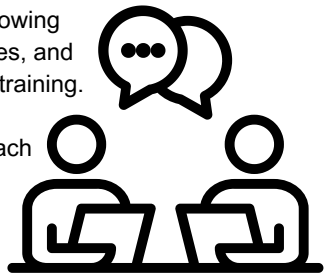
Sufficiency of Initial Training

All staff gain a foundational understanding of essential topics such as Initial Family Assessments, Permanency and Well-Being, and Parent Capacity Assessments through initial training, however coaching from supervisors and/or seasoned colleagues following initial training is vital to prepare staff to deliver services. While initial training has a classroom-style approach, mentoring allows new staff to gain hands-on, in the field experience from supervisors and/or seasoned colleagues.

Through shadowing opportunities, supervisors and seasoned colleagues can observe the new staff's skills, offering feedback and guidance as needed. Mentoring activities may include attending parent interviews, observing case planning sessions, assisting with case plan development, and reviewing court reports, among other tasks.

Since the state does not have a set requirement for the duration or structure of the mentoring process, each region customizes its' approach to meet local needs. The length of one-on-one mentoring depends on the new staff's competence and comfort level, with the possibility of ongoing support. This mentoring process helps new staff build confidence in their roles while receiving constructive feedback from experienced team members. Supervisors also hold monthly staff meetings, including with new employees, to gather feedback on their training experience and comfort with service delivery.

The mentoring relationship also ensures that new staff are following best practices, staying updated on policy or procedural changes, and consistently applying the knowledge gained during their initial training. While there is no statewide mandate for the duration of the mentoring period, regions adjust the approach based on the new staff member's learning pace and the complexity of services being provided.



This personalized mentoring approach enables targeted support, addressing specific areas where new staff may need further development, while fostering a collaborative environment that benefits both new and experienced staff members.

The state administers evaluations after each certification training to assess certification trainings provided staff with the knowledge and skills necessary to succeed in their respective roles within CPS. Each training has specific learning objectives outlined in the evaluation to assess staff's understanding of the material covered in the specific training. Post tests are completed after each training, however historically not all trainings have had pre-tests. Pre-testing will be incorporated into each certification training in 2025 to better measure effectiveness in the future. Post testing has had over a 90% passing rate (passing being 70% or higher on the post test) based on tracking since 2020 of roughly 145 staff. Staff recognize the knowledge, skill, and expertise of the trainers; adding comments about how field experience and examples from the trainers are helpful to understand how the concepts they learn translate into the field work. Staff shared that despite the virtual settings for most trainings, the trainers are successful with ensuring there were times for engagement, small group activities, and asking questions. The responses from the staff surveys and post training evaluations are reviewed by the CQI Team in collaboration with the Learning and Development Program Specialist after certification trainings. The data is used to identify trends and improve the existing staff training curriculum. For example, these have been used to identify the need for more hands-on activities for child case plans, more role playing and practice for legal testimony preparation, more detailed training about what makes an effort "concerted" on specific items.

The state obtains employee and consumer feedback through training evaluations and surveys. Following each initial training, staff are administered evaluations to provide feedback. These evaluations allow staff to highlight areas of strength and identify opportunities for improvement.

Evaluations ask trainees questions to assess how well the training content meets the needs of staff, the clarity of the material, and the applicability of the skills learned to the staff's daily responsibilities. The staff evaluations reflect a desire to have some components of training transition to in-person. This is being actively addressed. In February 2024, one session of Trauma Training was transitioned to in-person. In April 2024, two sessions of Motivational Interviewing One Training occurred in person. Feedback from the in-person training has been overall positive, with comments regarding the ability to actively engage with others being highly beneficial. In addition, Safety Crisis Management Techniques Training, Motivational Interviewing One/Two Training, Protective Capacity Assessment Training, and the Protective Capacity Evaluation trainings were held in person for the remainder of sessions in 2024. Other notable comments from staff evaluations include, completing the training prior to having a caseload was the most beneficial due to ensuring they had the time to focus on training, in addition to having all of the skills from training prior to the direct work with families. A majority of staff did identify that if they had a caseload, they were receiving support from co-workers or their supervisor to cover their regular duties to allow for them to focus on the training.

In addition to training evaluations, staff are also administered an annual survey which captures feedback on training and satisfaction regarding training's effectiveness. In order to address employee and consumer feedback to improve training curricula, the responses from staff surveys and post-training assessments are reviewed by the Continuous Quality Improvement (CQI) Team in collaboration with the Learning and Development Program Specialist following certification trainings. This data is analyzed to identify trends and inform improvements to the existing staff training curriculum. In the most recent SFY2025 Staff Survey, 84% (117 of 140) of staff reported they have the resources and tools (training) necessary to perform job duties.

Workgroups have been established for Initial Family Assessment training and Foundations training to develop and implement updated curricula, incorporating staff feedback to enhance the training content. These workgroups include Supervisors, Family Services Specialists, and Program Specialists, ensuring a comprehensive and well-rounded perspective in the curriculum development process.

Summary

South Dakota has provided detailed evidence to support a **strength** in the area of initial training. The current initial training program equips CPS staff with the necessary skills and knowledge to effectively perform their duties and responsibilities as evidenced through feedback in the annual staff survey. While the Covid-19 pandemic required a transition to virtual training, the state ensured that new employees received the essential training to understand their roles. The state is now in the process of transitioning training back to an in-person format.

Staff and Provider Training

Item 27: Ongoing Staff Training

Overview

Ongoing Staff Training was found to be a strength for ongoing training in the 2016 CFSR. CPS has enhanced the training even more since the 2016 CFSR and continues to make ongoing enhancements. One example is contracting with Action 4 Child Protection on the Comprehensive Safety Interview Model to ensure staff are sufficiently trained in South Dakota's safety model. Staff and supervisors are provided required ongoing training to successfully complete job requirements making this item a **strength.**

Ongoing Training Policy

There is no current policy regarding ongoing staff training requirements. Webinar attendance is directed as either mandatory or optional, however attendance for ongoing trainings is not tracked outside of direct supervision confirmation. The trainings are made available to all staff via calendar invite for the live session and are also recorded and saved in an accessible location for supervisors to use at will when they see a need for a staff to learn more on a specific topic. Ongoing staff training is addressing the needed skills and abilities of staff as evidenced by staff survey responses and improvements in fidelity reviews/ system data.

Policy and Practice Training Webinars:

CPS continues to provide formal ongoing training for Family Services Specialists and Supervisors. Depending on the need, CPS provides training either through virtual training or traditional classroom settings. Child Protection Services currently has 17 Program Specialist, 7 Regional Managers, 32 supervisors, and 164 Family Services Specialist, across the state. The following trainings are available virtually, both live and recorded to Family Services Specialist, Supervisors, Program Specialist, and Regional Managers:

- Adoption- NTI Adoption Competency
- Independent Living Services
- Qualified Residential Treatment Provider Procedures and Upper-Level Placement
- FACIS Placements (2 sessions, February and March 2024)
- FACIS Payments (4 sessions, mid-March, late-March, September, October 2024)
- FACIS Basics (5 sessions, March, mid-May, late May, September, October 2024)
- Missing from Care
- FACIS Clerical Overview
- FACIS Resources
- FACIS Case Plans & Family Matrix
- FACIS Request for Service Clearance
- IV-E Eligibility
- AFCARS
- Foster Care Appreciation and Support Services
- Indian Child Welfare Act (ICWA)

A webinar series to provide ongoing training on topics to all CPS staff was launched in January 2024. Presentations on Kinship and ICWA, Permanency, Family First, and Foster Care Child Case Plan & Narratives are planned for the upcoming year. These sessions are recorded and available for all CPS staff to view if unable to attend the live presentation.

FACIS trainings are highlighted in the bullets above and are provided as needed and/or requested by staff. Training sessions on payments and supervisor roles are geared toward supervisors and their duties and responsibilities. Training on FACIS data reports is provided to various levels of the Management Team on an as needed basis. Each year a different set of training topics are presented during Management and Supervisor Meetings.

The following one time trainings were provided during Management Team and Supervisors meetings in person:

- QRTP Assessment Requirements
- Emergency Response Survey
- CFSR Round 4 Child and Family Services Review Process
- Caseworker Child Visit Narratives and Placement Screens
- Positive Indian Parenting
- Poverty Simulation
- Reframe up Crisis to Clarity TOP Facilitation Methods
- Teambuilding Training by Black Hills Co-Op
- “Let’s Roam” (teambuilding and team formation)
- Compassion Fatigue

Child Protection Services collaborates with the Division of Developmental Disabilities to offer regional trainings for CPS Staff to enhance their knowledge of the Division of Developmental Disabilities and services they provide. A total of nine workshops were held for Family Services Specialists, Supervisors and Regional Managers.
The following Division of Developmental Disabilities workshops were held in 2022:

- February 17, 2022: Yankton/Vermillion
- February 18, 2022: Mitchell
- March 22, 2022: Chamberlain
- March 23, 2022: Winner
- April 20, 2022: Pierre
- April 21, 2022: Rapid City (Region 2 staff)
- May 17, 2022: Sioux Falls
- May 18, 2022: Sioux Falls
- June 2, 2022: Watertown
- September 14, 2022: Rapid City (Region 1)
- September 15, 2022: Rapid City (Region 1)

At this time, the Learning and Development Program Specialist is creating a plan for ongoing workshops, but a schedule has not been finalized.

Comprehensive Safety Intervention (CSI) Practice Model Training:

The Intake Assessment is the first source of knowledge about a family when a concern has been expressed to the agency by a reporting party. The Intake Assessment is also the first process in the Comprehensive Safety Intervention (CSI) model where decisions are made regarding the need for intervention from Child Protection Services. It is of utmost importance Intake Specialists gather specific and sufficient information from the reporter to ensure accurate and prompt decision making regarding next steps for our agency.

South Dakota CPS partnered with Action for Child Protection to increase the Intake Assessment fidelity by examining practices of Intake Specialists as they receive calls, document the concerns, and decision making for screening and determining response time. In May 2023, Action for Child Protection conducted a fidelity review and analysis of Intake Assessment reports and interviewed and observed Intake Specialists to gain further insight regarding workload, competency, and intervention fidelity.

As a result of the fidelity review, it was recommended in order to increase the competency, effectiveness, and efficiency across the Intake Unit, the staff and supervisors would benefit from formalized training and coaching. A Request for Proposal regarding coaching for intake staff and supervisors was sought and Action for Child Protection was selected for the vendor.

The kick-off meeting for Intake Coaching and Consulting was held in-person in Pierre on July 9-10, 2024. All 19 staff from the intake unit attended to include 13 intake specialists, 4 screeners and 2 supervisors. A survey self-assessment and base knowledge was conducted with Intake Specialists and Intake Supervisors on July 24, 2024. The first group coaching session was held in Rapid City on August 12-12, 2024, and in Sioux Falls on August 20-21, 2024. The second round of coaching sessions were held in-person September 24-26, 2024, and September 30-October 2, 2024, and the third round was held October 29-31, 2024. Two on site coaching sessions remain and are scheduled for November 18-20, 2024, and December 17-19, 2024. These coaching sessions focused on enhancing critical thinking skills, strengthening the knowledge and skills of the staff, and supports effective transfer of learning into practice. Intake staff have also participated in virtual collaboratives in which they listen to calls and discuss information collection and next steps.

Following the Intake Assessment, the next process of the CSI model is the Initial Family Assessment and Protective Capacity Assessment. CPS partnered with Action 4 Child Protection to revise policies, curricula, and tools within the Comprehensive Safety Intervention (CSI) Practice Model. Action 4 Child Protection secured a contract with CPS to ensure successful implementation of new policies, curricula, and tools within the Comprehensive Safety Intervention (CSI) Practice Model already developed by Action 4 Child Protection.

CPS mandates comprehensive training on the updated materials for all management and current staff. Delivering consistent, high-quality training is essential to maintaining fidelity to the agency’s core practice model, ensuring improved outcomes for the children and families CPS serves.

The approach to implementing the new CSI model certification training is as follows:

Initial Family Assessment	Protective Capacity Assessment
• Modify training curriculum to target supervisor consultation and coaching needs. • Create and deploy pre-training assessment to establish baseline for supervisor and staff competency. • Deliver two 2-day modified training sessions to supervisors. • Deliver six 3-day trainings to Initial Family Assessment Specialists (current staff). • Deploy post-training assessment and provide results to South Dakota CPS leadership.	• Modify Protective Capacity Assessment and Progress Assessment training curricula to target supervisor consultation and coaching needs. • Create and deploy pre-training assessment to establish baseline for supervisor and staff competency. • Deliver two 2-day training sessions on Protective Capacity Assessment and Progress Assessment for supervisors. • Deliver six 3-day trainings to Ongoing Specialists (current staff). • Deploy post-training assessment and provide results to South Dakota CPS leadership.

Progress Assessment	Protective Capacity Assessment
• Create and deploy pre-training assessment to establish baseline for supervisor and staff competency. • Deliver six 2-day trainings to Ongoing Specialists (current staff). • Deploy post-training assessment and provide results to South Dakota CPS leadership.	• Create and deploy pre-training assessment to establish baseline for supervisor and staff competency. • Deliver two 2-day modified training sessions to supervisors. • Deliver six 2-day trainings to Ongoing Specialists (current staff). • Deploy post-training assessment and provide results to South Dakota CPS leadership.

Each session of the new CSI model certification training curriculum will be tracked for attendance to ensure compliance with mandatory ongoing training requirements.

CQI Ongoing Training:

The CQI core team has built a Continuous Quality Improvement culture where CQI processes are implemented in every aspect of the child welfare system and embedded into staffs' day-to-day duties. At least one Continuous Quality Improvement Program Specialist is a member of all workgroups in order to ensure that CQI processes are being followed. When new workgroups are created, the Continuous Quality Improvement Program Specialist provides a training overview of the CQI process in order for all members, both internal staff and external stakeholder, to understand the guiding principles of change management. Continuous Quality Improvement Program Specialists also provide a training overview of the CQI process when CQI plans are developed to re-enforce the process as CQI plans are assessed and monitored.

Safety Crisis Management Training:

Safety Crisis Management was introduced to enhance staff safety through de-escalation techniques and hands-on physical intervention training. All CPS staff who work with the public in any capacity are required to participate in the de-escalation training; all staff who work with people face to face are expected to participate in the hands-on physical interventions training. Manuals of techniques are also shared to each participant to serve as an ongoing tool for reference. In order to share this training with all CPS staff, a team of thirteen instructors were trained by JKM, Inc. and certified to train the material ongoing. They are required to recertify annually through JKM, Inc. Five training teams were formed by these instructors and will be leaders of the training in their coverage areas. A training will be offered in each of the seven regions before the end of this calendar year to get all current staff trained and then trainings will be offered quarterly for onboarding new hires starting in 2025.

Northeast South Dakota Family Violence Prevention Conference

The Northeast South Dakota Family Violence Prevention Conference began Aberdeen, South Dakota, in 2013, with a group of community agencies with the initiative to address family violence. Living in a Rural South Dakota community, education can be limited. The leaders wanted to provide evidence-based trauma-informed education that was affordable to professionals across the State. Throughout the years they have brought Nationally recognized speakers, such as Casey Gwinn, Kristen Gibbons-Feden, Jonathan Hatami, and the detectives that worked the Christopher Watts case.

This training was designed for professions working with families experiencing domestic violence, child maltreatment, sexual assault, and trauma. Staff heard from nationally known speakers regarding the latest research, practical experiences, and methods of addressing all forms of maltreatment.

The 2024 Northeast South Dakota Family Violence Prevention Conference was held October 16th and 17th. This conference focused on the Savanna Lafontaine-Greywind case. In August 2017, 22-year-old Savanna Lafontaine-Greywind was brutally murdered while she was 8 months pregnant. The woman charged with conspiring her murder is currently serving a life sentence, and two women who prosecuted for her case shared their story of the trial and the advocacy Greywind's story started.

Tanya Johnson Martinez, a North Dakota legal defender with 21 years of experience and Leah Viste, a public defender for the North Dakota Commission on Legal Counseling for Indigents presented on the Savanna's Act and Invisible No More to help raise awareness for Missing and Murdered Indigenous People.

Eleven Child Protection Services Staff attended this conference.

SDLearn

South Dakota Bureau of Human Resources has developed a Learning Management System, SDLearn. All BHR Training and Development opportunities can be found in the SDLearn system. All state employees have access to SDLearn. This resource is a major enhancement for ongoing development for all state of SD employees.

SDLearn houses over 2,600 predeveloped courses in a multitude of content genres. The system is designed to take an employee's job title and personal interests into account, allowing it to suggest training courses suited to their needs. Employees can search for professional and personal development courses in SDLearn as well as register for instructor-led trainings being offered. Employee onboarding, BIT cybersecurity training, required compliance training and Ignite Leadership Development will all be found within SDLearn as well. Besides choosing classes independently and the required courses assigned to employees, supervisors also have the ability to assign trainings to staff. This system also enables South Dakota to pull reports relevant to trainings staff have completed.

Capacity Building Center for States

The Child Protection Management Team (Regional Managers and Program Specialists) have been informed of various trainings at the Capacity Center for State's and Children's Bureau regarding safety, permanency, and well-being for children and families as well as preparation for Round 4 of the Child and Family Services Review. Members of the Management Team attend these trainings if available and the training topic is relevant to their specialty.

Community Response to Child Abuse Conference

There is an annual Community Response to Child Abuse Conference, which occurs every October. Attendees typically include medical providers, law enforcement, educators, counselors, social workers, students, community advocates and more. The conference typically offers 15+ unique breakout sessions provided by local and regional leaders. Sixty Child Protection Services staff attended the 2024 Conference.

Four general sessions will be offered in October 2024 that feature state and national experts who discussed current best-practices:

- Warren Binford: The Digital Child
- Sean Covel: The Question is How
- Suzanne Starling: Understanding Vulnerable Child Syndrome
- Michelle Trent and Briana Halse: Risk Management: Trauma-Informed (Self) Care

Staff had the opportunity to pick from 19 breakout sessions in October 2024:

- The Negative Impact of Social Media on Child and Adolescent Mental Health; A.R. Ascano
- Sexually Transmitted Diseases in Child Sexual Abuse Cases; Shelly Hruby, Kirsten Persson, and Kelly Wharton
- Personal and Professional Perspective of Utilizing Lakota Culture to Heal and Examine Social Determinants of Tribal Health, Damon Leader Charge
- A Multi-Tiered Community-Based Approach to Trauma-Informed Care for Youth in Southeastern South Dakota; Ellen Knowles
- Handle with Care; Angela Waldner
- When the Perpetrator is a Child; Warren Binford
- Ghosts in the Nursery and Child Abuse: The Relationship to Infant Mental Health; Nancy Free
- Appropriate Involvement of Minors in Custody and Dependency/Neglect Cases; A.R. Ascano
- Family First Prevention Services: Next Steps; Ashley Schlichenmayer-Okroi
- Behavioral Health, Education, Access and Management for South Dakota - Increasing Capacity to Address Pediatric Behavioral Health Needs Across South Dakota; Aimee Deliramich and Nikki Eining
- Every Connection Counts: Strengthening Cases Through Victim-Centered Investigation and Prosecution; Roxanne Hammond and Cameron Ducheneaux
- Breaking Barriers: Reducing Stigma and Harm in Substance Disorder and Child Welfare; Melissa Dittberner
- Engaging Fathers: Enhancing Family-School Partnerships; Keith Ferguson
- Indigenous Approach to Addiction Healing and Mental Health Management; Gene Tyon
- Monsters Among Us: Catching Predators and Keeping Kids Safe in a Digital Abyss; Heather Knox and Matthew Almeida
- The Medical Evaluation of Abusive Head Trauma in Children; Suzanne Starling
- Understanding the Impacts of Social Determinants of Health in Early Childhood; Jennifer Weber
- Laying the Foundation for Tribal and State Partnerships: Strategies to Expand Diversion Access for Indigenous Youth; Annie Brokenleg and Tamera Marshall

Supervisor Development

CPS continues to focus on the enhancement of supervision skills. In response to achieving this objective, CPS is committed to providing specialized training for Supervisors related to clinical and consultation skills in implementing the Comprehensive Safety Intervention (CSI) model.

Child Protection Supervisors are required to complete a series of trainings to help support and give them guidance in supervision. These trainings include:

There are also elective trainings Supervisors have the opportunity to attend to further support them in supervision of staff.

- Helping Them Grow
- Feeding the Four Tendencies for Supervision
- 16 Personalities for Supervisors: Putting it All Together
- The Challenge of Change for Supervisors
- Managing Remote Workers
- Ignite Leadership: First-Time Supervisors
- Ignite Leadership: Mid-Level Managers and Experienced Supervisors

An emphasis on supervisory staff development including benchmarks of completion is in development; an exploration into the possibility of a supervisory certification program is underway.

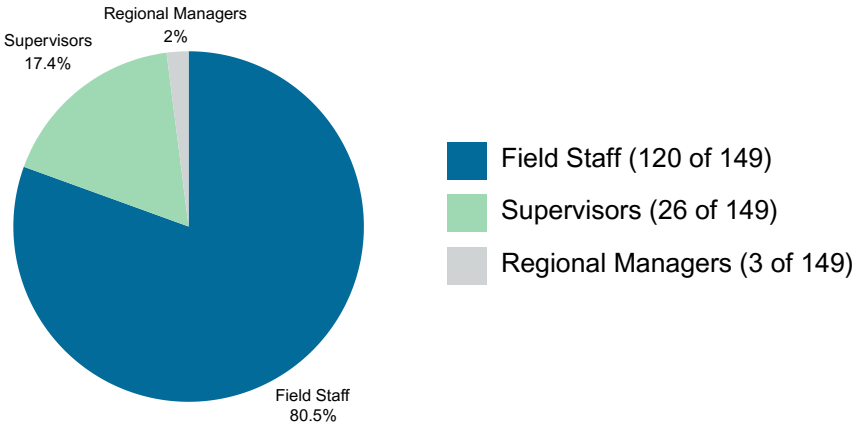
Bureau of Human Resources attended the April/May 2024 Management Team and Supervisor Meeting and presented on the results of the staff engagement survey. This survey was initiated statewide, and the data was broken down by department and division. CPS data was presented and attendees at the meeting broke into groups in order to provide additional feedback and recommendations for next steps. The data was then shared with all CPS staff for information. At the beginning of SFY25, a workgroup was formed to review CPS specific data from the BHR engagement survey.

The workgroup will determine next steps based on survey results to help support staff through training.

CPS purchased “A-Z for Self Care” books for supervisors and managers. The books outline guidance and recommendations on self care and exercises to participate in with staff.

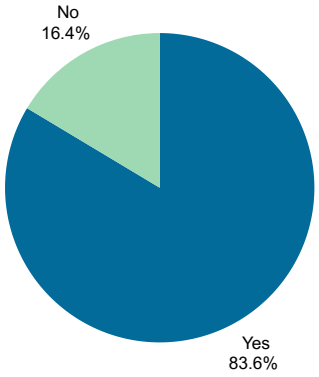
Assessment of Ongoing Trainings:

In SFY2025, the state administered an annual staff survey to all staff to assess the adequacy of resources, tools, and training necessary to effectively perform job duties. 149 staff responded to the survey and the chart below outlines the respondents specified roles.



I have the resources and tools required to fulfill my responsibilities.

83.6% of respondents (117 of 140) felt they had the resources and tools required to fulfill their responsibilities. Ongoing training is categorized as part of “resources and tools” in this survey.



84%

84% (117 of 139) of staff also reported to have received adequate ongoing training opportunities that have been beneficial to complete their job duties.

There is no current policy regarding ongoing staff training requirements, however in order to ensure staff are informed of ongoing training opportunities, supervisors notify staff of ongoing training, webinars, and conferences through email notification or through in-person verbalization. Webinars on updated policy and practice are mandatory for all staff and supervisors ensure all of their staff attend a webinar session. Webinar attendance is directed as either mandatory or optional, however attendance for ongoing trainings is not tracked outside of direct supervision confirmation. The agency does not have contracted caseworkers or supervisors.

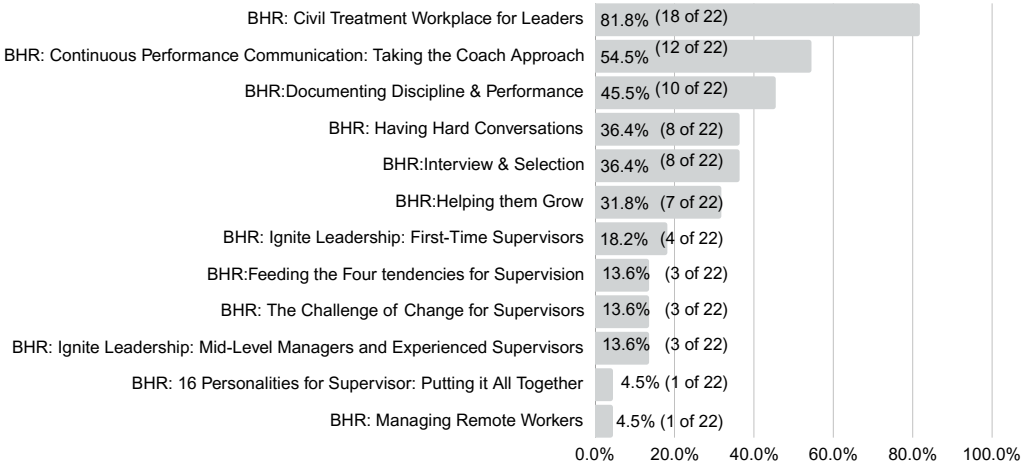
In 2024, a stakeholder survey was administered to 259 stakeholders across the state. Through this survey, 75.62% (183 of 242) reported that seasoned child welfare staff are appropriately trained to perform their job.

The state uses a mix of manual and digital methods to track training across all levels. For in-person training, attendance is manually tracked using spreadsheets, which helps keep detailed records. For virtual training sessions and webinars, participation is tracked through online platforms, ensuring accurate data is collected for those events.

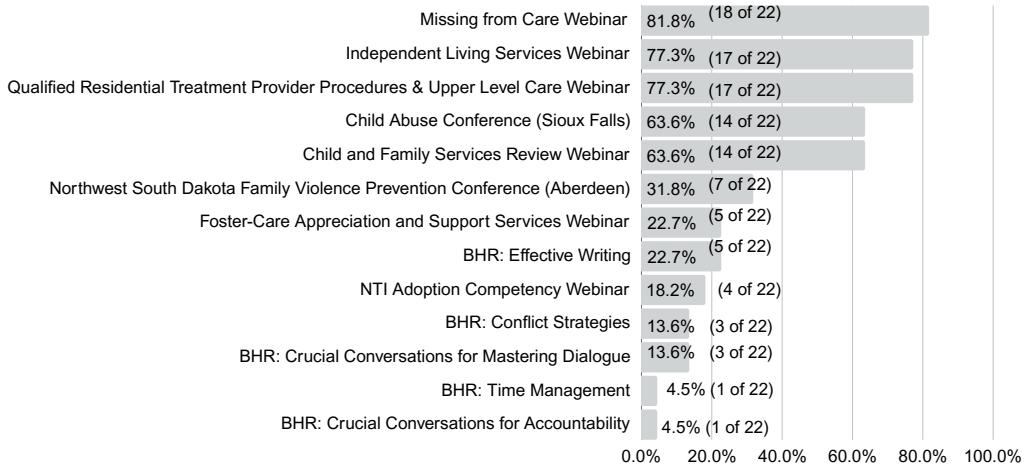
Additionally, the state uses a Learning Management System (LMS) specifically for any trainings offered through BHRA which has incorporated digital tracking measures.

In SFY2025, staff and supervisors completed the following ongoing training that addressed skills and knowledge needed to carry out job duties:

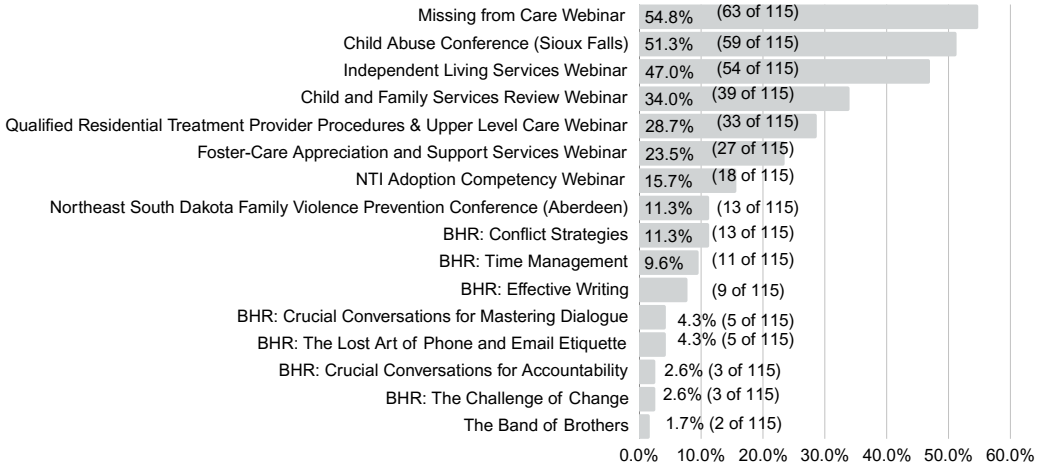
Trainings/Conferences Supervisors Have Attended (Available to Supervisors only)



Trainings/Conferences Supervisors Have Attended (Available to all staff))



Trainings/Conferences Field Staff Have Attended (Available to all staff))



To what extent were staff who completed ongoing training in a specified period prepared to deliver services pursuant to the CFSP?

The state ensures ongoing training addresses essential skills and knowledge for staff by conducting fidelity reviews throughout the year. These reviews assess different areas of practice, providing insights into staff performance and identifying areas where additional training or skill-building may be needed. The findings from these reviews and feedback from each training are used to refine and adjust training programs, ensuring they are targeted and effective in addressing identified weaknesses.

Staff feedback is gathered through surveys for all of the BHR trainings and large conferences such as the Child Abuse Conference and Family Violence Prevention Conference. Feedback on webinars is informally gathered by the presenter and leadership team after each presentation.

The state collects data from several sources to improve training curricula, such as the annual state Child and Family Services Reviews, multiple fidelity reviews, staff feedback through surveys, and broader engagement surveys. These data points provide valuable insights into the effectiveness of current training and highlight areas for improvement.

The CQI team and Learning and Development Program Specialist oversee the analysis of this feedback and facilitate individualized training team meetings and workgroups to address identified needs and enhance the curriculum. Additionally, the state explores opportunities to bring in external expertise, researching and contracting with outside consultants who specialize in curriculum development and delivery. To support these improvements, budget requests are made to secure the necessary resources for curriculum enhancements and additional training opportunities.

Summary:

In the Round 3 2016 CFSR, South Dakota received a strength in ongoing training and since then, the state has made continuous efforts to enhance its training and supervisor development programs. Staff and supervisors are provided with regular training to ensure they meet job requirements and are up to date on the latest policies and procedures. This ongoing training is designed to improve the skills and capabilities of staff, as shown by positive responses in staff surveys and improvements in fidelity reviews and system data. Despite having ongoing training opportunities in place, South Dakota is committed to further enhancing its curriculum. To support this, the state has contracted with Action 4 Child Protection to provide additional training on South Dakota's safety model, ensuring that staff continue to receive comprehensive and relevant training. Information provided within this item support that South Dakota's Ongoing Staff Training is a **strength**.

Staff and Provider Training

Item 28: Foster and Adoptive Parent Training

Overview

Foster and adoptive parent training was identified as a strength in the 2016 Child and Family Services Review (CFSR). Since then, training for foster and adoptive parents has been enhanced to ensure that all foster parents, adoptive parents, and staff at state-licensed or approved facilities are properly equipped to care for children making this item a continued **strength**. Pre-service training has transitioned to a hybrid model, providing flexibility for prospective foster and adoptive families. Given the significant population of Native American children in South Dakota, a specialized training focusing on the traditions and cultures of Indian people has been introduced to better prepare both current and prospective foster parents for their important role in caring for Native American children.

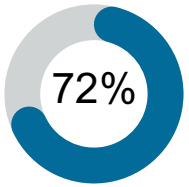
Initial Training

Before obtaining an initial foster care license and adoption approval, prospective foster parents are required to complete thirty hours of pre-service training. All training is completed before a license is issued, 100% of licensed families have completed initial training requirements. This training will typically span over ten weeks and families are asked to sign a contract to commit to requirements of this timeframe. The training is facilitated through a combination of online and classroom sessions to provide added flexibility for families. Training is based on the philosophy that the value of family life for children, however family is defined, is compelling. Because of this, knowledgeable and skilled foster and adoptive parents are integral to providing quality services. The pre-service training covers various topics including the impact of separation on child development, the formation of attachments, the significance of the birth family, behavior management techniques, the Reasonable and Prudent Parent Standard, permanency planning for children, child development, as well as CPR, first aid, and medication management training. Training compliance is tracked through a workflow document by the contract agency and any non-compliance are discussed monthly. Foster and adoptive parents are not granted an official license until all training requirements are completed.

Additionally, the initial home study evaluates the foster parents' understanding of caring for children who have experienced trauma and identifies any additional training needs.

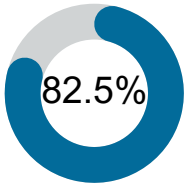
The Office of Licensing and Accreditation administers a survey to families who completed the training to learn about their training experience and ways training can be enhanced.

In addition to this, Licensing Specialists obtain feedback from first-year foster families at the time of their renewal and discuss the effectiveness of training in preparing them for placements. Informally, this information is used as a feedback loop to identify ways in which the preservice training may be improved. Additionally, a survey to all licensed families is administered every three years. In the May 2024 survey, respondents provided the following information regarding training they received:



72% (41 of 57) of respondents felt the preservice training provided them with the basic skills and knowledge needed to carryout duties with regard to children in foster care.

82.5% (47 of 57) of respondents reported not experiencing any challenges in completing the pre-service foster and adoptive parent training such as language, training format, training location, or training times.

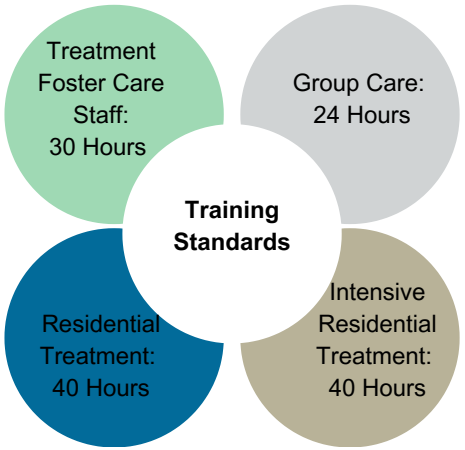


In 2024, a survey was sent to stakeholders across the state. Through this survey, 67.2% (156 of 232) of respondents identified that parents/placement providers receive adequate initial training to work with the children in their care.

Foster and adoptive parent training goals are to help:

- Meet the protective, developmental, cultural and permanency needs of children placed with foster and adoptive families.
- Strengthen families, whether they are families of origin, blended families, extended or kinship families, foster families, adoptive families, or tribal members.
- Strengthen the quality of family foster parenting and adoption services by providing a standardized, structured framework for pre-service training and mutual assessment.

Training standards for staff in childcare/residential agencies follow:



Training is required in the following categories:

- Administrative procedures and overall program goals
- Understanding children's emotional needs and problems that affect and inhibit their growth
- Principles and practices of childcare
- Behavior management techniques
- Family relationships and the impact of separation
- Substance abuse, its recognition, prevention, and treatment
- Identification and reporting of child abuse and neglect
- Use of seclusion and personal restraint, if used by the facility
- Emergency and safety procedures
- Cultural sensitivity

UNITY

UNITY is a curriculum based on traditions and cultures of Indian people. It is designed to address issues Native American foster parents have identified as important and prepare current and potential foster parents for their critical role as care giver for Indian children.

UNITY is a 30-hour training curriculum with the following components:

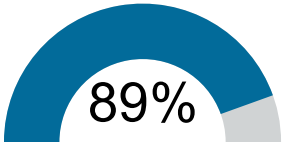
- Foster Parent Orientation
- Human Growth and Development
- Attachment and Loss
- Protecting, Nurturing and Meeting Needs through Discipline
- Historical Trauma and Intergenerational Grief
- Effects of Addiction on Children
- Child Abuse/Neglect and Sexual Abuse
- Promoting Permanency Outcomes
- Kinship Care and Self-Esteem

In addition to training to become a licensed foster parent, additional cultural trainings are being offered to current foster families. Examples of these include the following trainings:

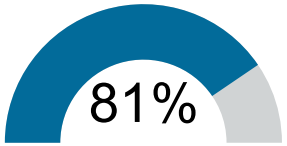
- Cultural Competency Training Services, training is provided by LSS through the WIC Community Innovation and Outreach Project:
- Part 1- Relating to Norms
- Part 2- Understanding Values
- Cultural Language Arts Network Classes
- Intro Dakota – taught by Summer Dumarce
- Intermediate Dakota- taught by Dawi Huhu Maza
- Positive Indian Parenting Classes
- Indian Child Welfare Act Training presented by CPS Family Services Specialist Supervisor from Watertown, SD.

Ongoing Training

Six hours of training is required for an annual foster care license renewal and adoption approval, and an additional six hours is required for Specialized Foster Care. In the 2024 Foster Parent Survey, respondents provided the following information pertaining to ongoing training:

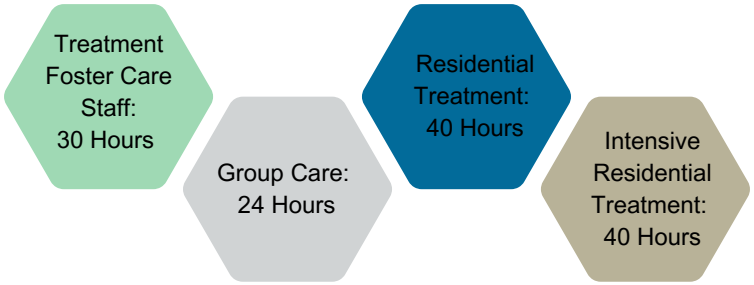


121 of 136 respondents identified no challenges in obtaining or receiving the six hours of annual required training for license renewal.



109 of 135 of respondents reported the six hours of annual training provided them with additional skills and knowledge needed to carry out their duties with regard to children in foster care and, if they adopted, for their adopted children.

Ongoing, annual training standards for staff in childcare/residential agencies follow:



In order to ensure compliance with training requirements, foster families are responsible for completing ongoing training and reporting their annual training hours to their Licensing Specialist. This verification can be in the form of a certificate of completion, verification of completion, or a verbal discussion of their training hours at the time of their renewal. The Licensing Specialist will track the training hours in FACIS under the resource and will be reviewed by the Office of Licensing and Accreditation Supervisor and/or Program Manager prior to approval of the foster care/adoption license.

Completion of training hours are a requirement for annual renewal of a family's foster care license and if not completed by the end of the renewal year, the Licensing Specialist will collaborate with the family to develop a plan to ensure that the training hours are completed within 30 days. . There are no restrictions on their license if the training renewal is completed in a timely manner. If a family does not complete the training requirements, the state has the authority to restrict their license. Completion of training is logged on the renewal paperwork. The data is not readily available in a report that can be pulled to analyze. The majority of families complete training hours at the time of renewal. In the future, the Department is planning to enhance systems to track training hour completion.

In 2024, a stakeholder survey was completed by stakeholders across the state. Respondents provided the following information regarding foster/adoptive parent training:

165 of 227 stakeholders reported that foster parents/placement providers receive adequate ongoing training to work with the children in their care.

Childcare facilities/residential training is tracked by the agency in the employee's personnel file and reviewed by OLA staff at the annual licensing renewal.

Foster families complete an annual renewal assessment to evaluate their strengths and areas of improvement, determining specific training needs for the family. The family's licensing specialist provides them with training opportunities based on the assessment results. For childcare facilities/residential staff this is addressed and assessed at the annual licensing renewal process by OLA staff. If a childcare facility is found to be out of compliance with training requirements a Corrective Action Plan (CAP) is created. If a facility cannot resolve the issue with a CAP, then further action such as suspension or revocation is taken. OLA does not compile data related to areas of CAP's, but there were no facilities in the last year with a CAP related to training.

Summary

As evidenced through the information provided, South Dakota's foster and adoptive parent training process is a **strength**. Since the 2016 CFSR, the state has enhanced training by shifting to a flexible hybrid model for prospective families. Pre-service training covers essential topics, including child development, trauma, behavior management, and the cultural needs of Native American children, through specialized programs like the UNITY curriculum. Ongoing annual training is required for both foster parents and childcare staff to maintain licensure. Families are regularly assessed to identify training needs, ensuring they are well-prepared to meet the complex needs of children in care. This comprehensive approach to training supports a **strength**.

Service Array and Resource Development

Item 29: Array of Services

Overview

In the 2016 CFSR Round 3, South Dakota was in substantial conformity with the systemic factor of Service Array and Resource Development but received an overall rating of Area Needing Improvement for Item 29 based on the statewide assessment and stakeholder interviews. It was identified that although there was an adequate array of services in all jurisdictions of the state, families who live in less populated areas of the state must drive farther to access services and experience waitlists for some needed services. Since Round 3, South Dakota has made several enhancements to provide an array of services to individuals residing in rural and less populated areas. Initiatives such as SD Connect have allowed individuals to access tele-health services in addition to the implementation of community health workers, wellness on wheels, and increased transportation services.

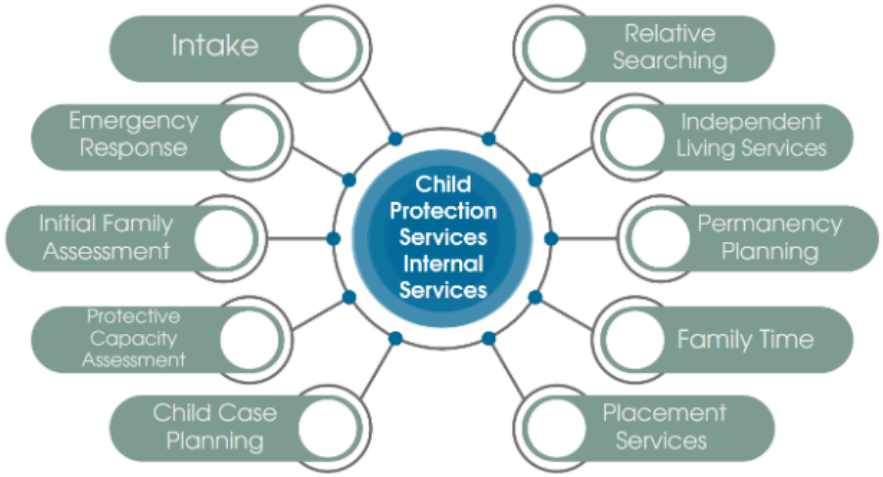
Appendix D: Table D1- Array of Services outlines services by divisions within the Department of Social Services such as Behavioral Health and Economic Assistance, Department of Health, Department of Human Services, Department of Education, as well as additional community organizations and private Organizations. Information is provided regarding the purpose of the program, services that are provided, the population that the program serves, and the location of the program and/or services.

In additional to external services, CPS provides a full range of child welfare services statewide. Services are provided in the tribal jurisdictions either directly by CPS or under agreements in which the particular Tribe provides the full array of services. The services provided by CPS include parenting education, intake for child abuse and neglect reports, 24/7 emergency response, assessment of abuse and neglect and child safety, ongoing protective services, reunification services to families, independent living services, and permanency planning services. CPS uses the Comprehensive Safety Intervention (CSI) model to respond to reports of abuse and neglect. The CSI is a safety driven model integrated throughout the components of the services to families. CPS coordinates these services with community and tribal providers.

CPS identifies children and family's needs beginning with the Intake and throughout the IFA process. At the conclusion of the IFA, the safety evaluation process determines which families are in need of intervention based on child safety. The Initial Family Assessment (IFA) is a bridge to the Parent Capacity Assessment (PCA) which is the ongoing intervention process. The PCA provides the Family Services Specialist with a structured approach for engaging and involving caregivers and children in the case planning process. Intervention services are no longer focused on compliance, but rather on behavior changes. Services to children and families are provided by CPS, as well as community partners through contractual agreements or referral

South Dakota is rated as a **strength** for array of services as both internal and external services are available and accessible for all jurisdictions covered under the Child and Family Services Plan (CFSP).

Child Protection's Internal Services under all Jurisdictions Covered under the CFSP to Assess and Address the Needs of Families and Children



Intake

The first phase of the CSI model is intake. State law requires reports of abuse and neglect to be made either to the county State's Attorney, law enforcement, or CPS. The county State's Attorney and law enforcement are required to inform CPS about reports they receive. CPS receives intake calls during normal business hours Monday through Friday between 8:00 AM and 5:00 PM. After hour emergency reports are received by law enforcement dispatch. CPS restructured the intake system in January 2015 from a regional call system to a centralized call system. Intake Specialists are split between two units, all serving under one administrator.

CPS can access information on criminal court convictions through the Unified Judicial System which provides information related to determining child safety during the intake process. CPS also networks and consults with key community and tribal stakeholders who could have relevant information about family history. Several jurisdictions across the state have community and tribally based Child Protection Teams and Multidisciplinary Teams for the purpose of assisting in the assessment and treatment of child abuse and neglect. CPS offices request collateral information from selected mandatory reporters to obtain relevant background information.

CPS uses the Child Maltreatment Screening and Response Determination to "triage" Request for Services (RFS) assignments based on child safety and vulnerability. The determination provides a structured decision-making process for Supervisors and Family Services Specialists designated as Screeners to assist staff performing intake duties in the initial determination of child safety and vulnerability which then drives CPS' timeframes for initial contact.

To continue to advance the centralized process, CPS centralized the screening process, with implementation being completed in June 2020. This centralized process reduced the number of Supervisors, and Family Services Specialists are responsible for screening referrals. The centralized process includes four centralized Screeners who are solely responsible for decision-making of referrals statewide, regardless of the location of the family.

Emergency Response

CPS staff provide emergency response to reports of abuse and neglect 24 hours a day and seven days a week, which is coordinated with local law enforcement. Calls are routed through local law enforcement agencies and CPS staff respond to the reports determined to indicate present danger. Law enforcement or court services officers are authorized to take temporary custody of a child without an order of the court if certain criteria defined in South Dakota Codified Law are met.

Initial Family Assessment

CPS and law enforcement have the authority under State law to investigate child abuse and neglect reports. CPS and local law enforcement have a protocol in place regarding coordination of investigations of abuse and neglect depending on child safety and whether the report involves a potential crime. The Initial Family Assessment (IFA) is the assessment process used by CPS when a report is assigned. The IFA places the emphasis on decision-making regarding intervention on impending and present danger threats to child safety rather than the substantiation of an incident.

In State Fiscal Year 2024, 2,701 IFAs were completed.

Ongoing Services

CPS believes case decisions need to be based on an ongoing analysis of safety. The Protective Capacity Assessment (PCA) is the ongoing process within the CSI model that occurs between CPS and the parents. The PCA emphasizes self-determination and facilitates case planning with the family based on danger threats, the protective capacities of the parents, and needed behavior change. This focuses case planning on behavior change rather than just the incident or compliance through the development and enhancement of caregiver protective capacities. The PCA is used with both in-home cases and cases where the child is placed in the custody of CPS in an out of home Safety Plan. In State Fiscal Year 2024, 436 Parent Case Assessments and 754 Parent Case Assessment Evaluations were completed.

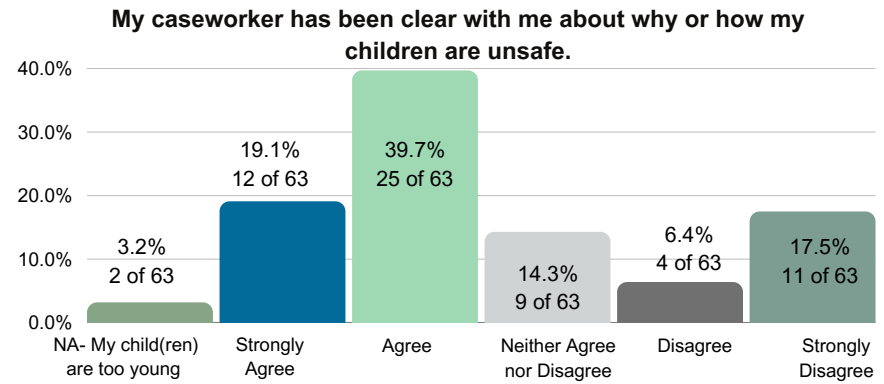
CPS works with the parents during the PCA process to determine what must change and what services are necessary to achieve these behavioral changes. The PCA Case Plan is developed around the necessary services and includes roles, responsibilities, and timeframes for those who are involved in the plan. South Dakota is an expansive, rural state with a small population base. The availability of services to families varies depending on the geographical area of the state. The PCA process encourages the parent to lead the determination of what services they believe are necessary to make behavior changes and encourages the utilization of natural services identified by the family, e.g., tribal elders as counselors.

CPS facilitates parents' access to services through collaboration with service providers, assistance working with service providers, assistance with transportation, paying for expenses for services not covered through other means, and assistance in addressing other issues that may create barriers for families to access services. The PCA Case Plan Evaluation is used by CPS through communication and contact with the family members and communication and coordination with service providers to evaluate the Case Plan progress to assess whether the diminished protective capacities are being enhanced, and subsequently, whether danger threats are being controlled.

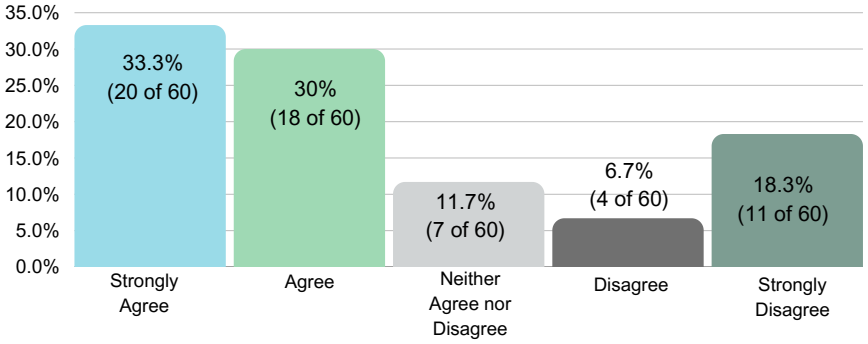
The Safety Plan Determinations (SPD) and Conditions for Return are finalized at the conclusion of the Initial Family Assessment, when impending danger has been identified, as well as during each PCA and PCA Case Plan Evaluation. In instances where the Safety Plan Determination and Conditions for Return indicate the need for an out-of-home Safety Plan (placement), corresponding Conditions for Return are established. These Conditions for Return are clearly defined statements outlining specific behaviors, conditions, or circumstances that must be met before a child can be safely returned to and remain in the home with an in-home Safety Plan. The Conditions for Return are directly linked to the specific reasons preventing the implementation of an in-home Safety Plan. Additionally, safety services are identified to mitigate, control, or manage impending danger, thereby facilitating the child's return to or continued stay in the home.

A parents with lived experiences survey was distributed via Survey Monkey and paper copies to parents who have worked with CPS, regardless of their outcome, in the past year. the survey was open for two months. In total, 1,066 parents were sent the survey, and 74 individuals participated in the survey. The survey results indicate that over half of respondents expressed positive perceptions of their caseworkers across several key areas. Specifically, a majority agreed or strongly agreed that their caseworker listens attentively and demonstrates a genuine effort to understand their family's unique circumstances. Respondents also highlighted that caseworkers generally follow through on their commitments, recognize strengths within the family related to the care, safety, and well-being of their children, and show genuine care for the family while discussing necessary changes to ensure children's safety at home.

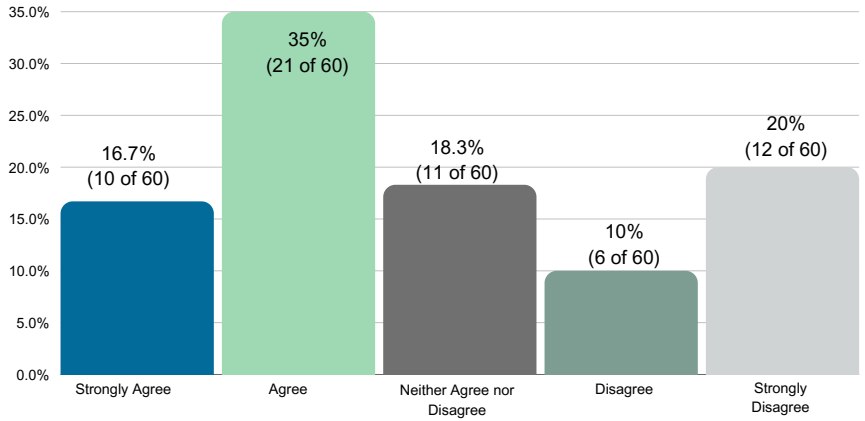
The following chart displays parents/caregiver's responses to their involvement in the case planning process:



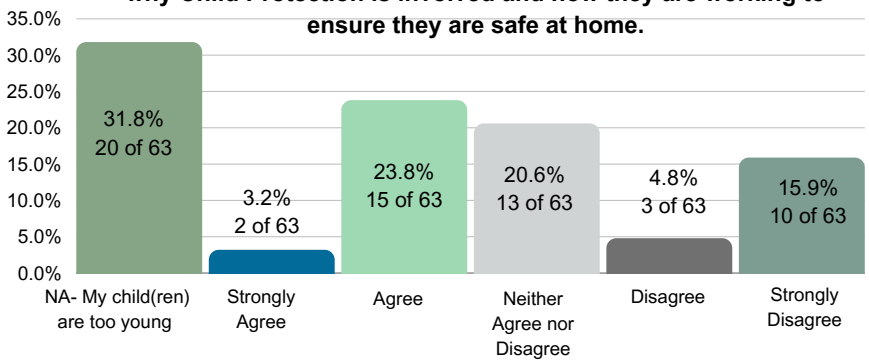
I have been involved in planning what needs to change in order for me to keep my children safe and meet their needs.



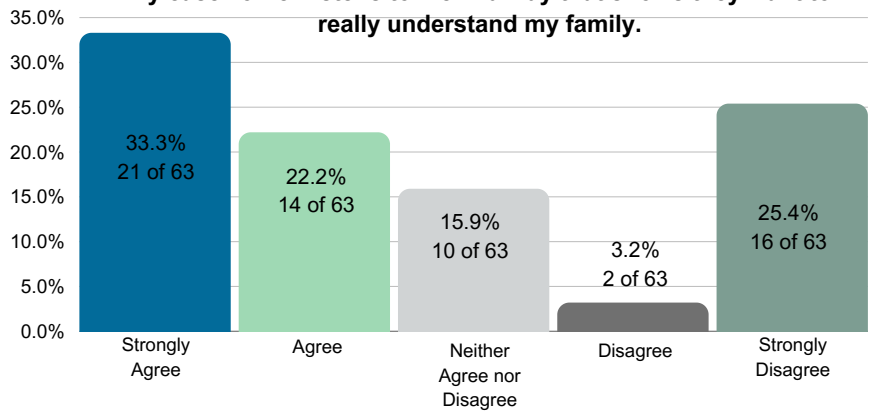
I have been involved in case planning for my children to ensure their individual needs are met either in my home or while they are placed out of the home.



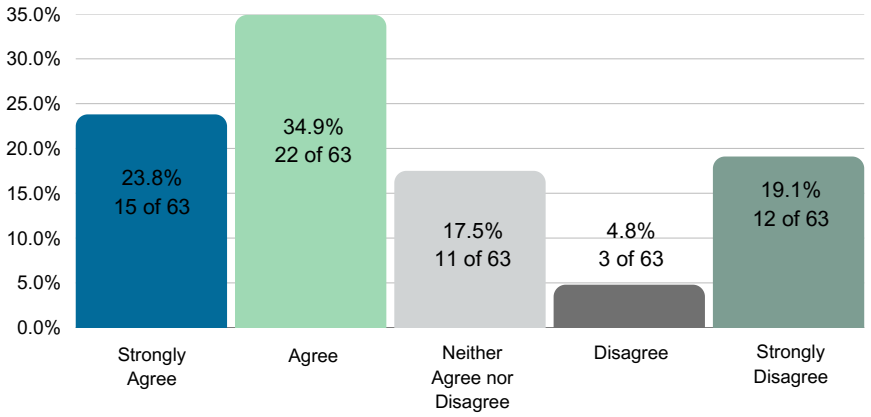
My caseworker has made sure my child(ren) fully understand why Child Protection is involved and how they are working to ensure they are safe at home.



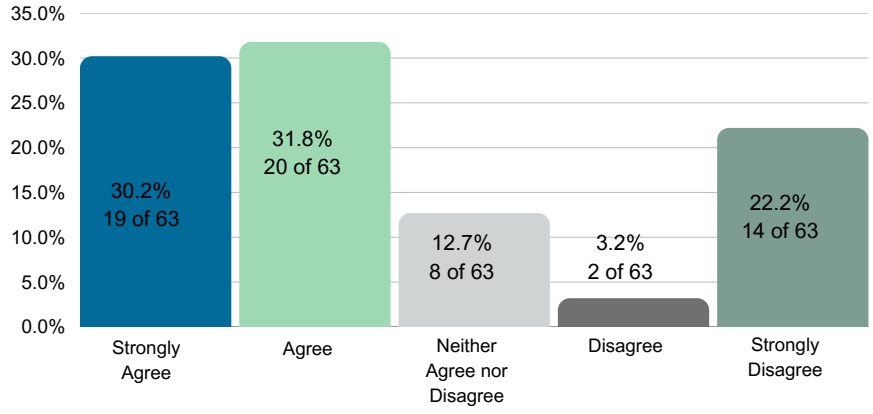
My caseworker listens to me in a way that shows they want to really understand my family.



My caseworker notices what's working well in my family regarding the care, safety and wellbeing of my child(ren).



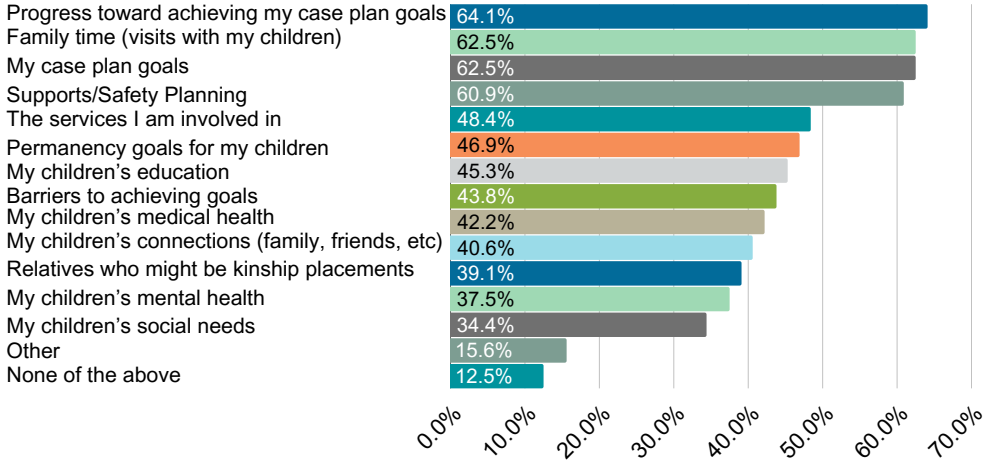
My caseworker cares about my family and what changes need to happen to make my children safe in the home.



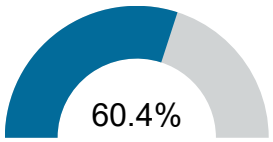
Communication between the caseworker and parent is vital for building trust and fostering a positive relationship. It helps ensure both parties are on the same page regarding the child's needs and the family's goals. Regular communication allows the caseworker to address concerns, provide support, and offer resources, while also giving the parent an opportunity to share feedback and progress. This ongoing dialogue is essential for creating a collaborative environment that promotes the well-being of the child and supports the family's growth and stability.

The parent survey revealed that 69.4% (43 of 62) of parents reported having at least monthly face-to-face meetings with their caseworker. 12.9% (8 of 62) had face-to-face meetings less than once a month, and 17.7% (11 of 62) never had any in-person meetings. Several factors can affect these meeting frequencies, such as parents living out of state, being incarcerated, or having limited access to in-person contact due to restrictions in prisons, jails, or treatment facilities. Additionally, the length of the case and the parent's situation can further influence the ability to meet face-to-face.

During face to face meetings, parents and caregivers reported to discuss the following topics with their caseworkers:

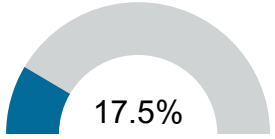


Parents and caregivers shared their level of agreement with the statement, "Face-to-face meetings with my caseworker are of sufficient quality to discuss my family's needs, goals, and services," through the Parents with Lived Experiences Survey.



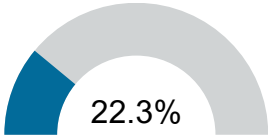
Strongly Agree or Agree

60.4% (38 of 63) of respondents agreed or strongly agreed with the statement.



Neither Agree nor Disagree

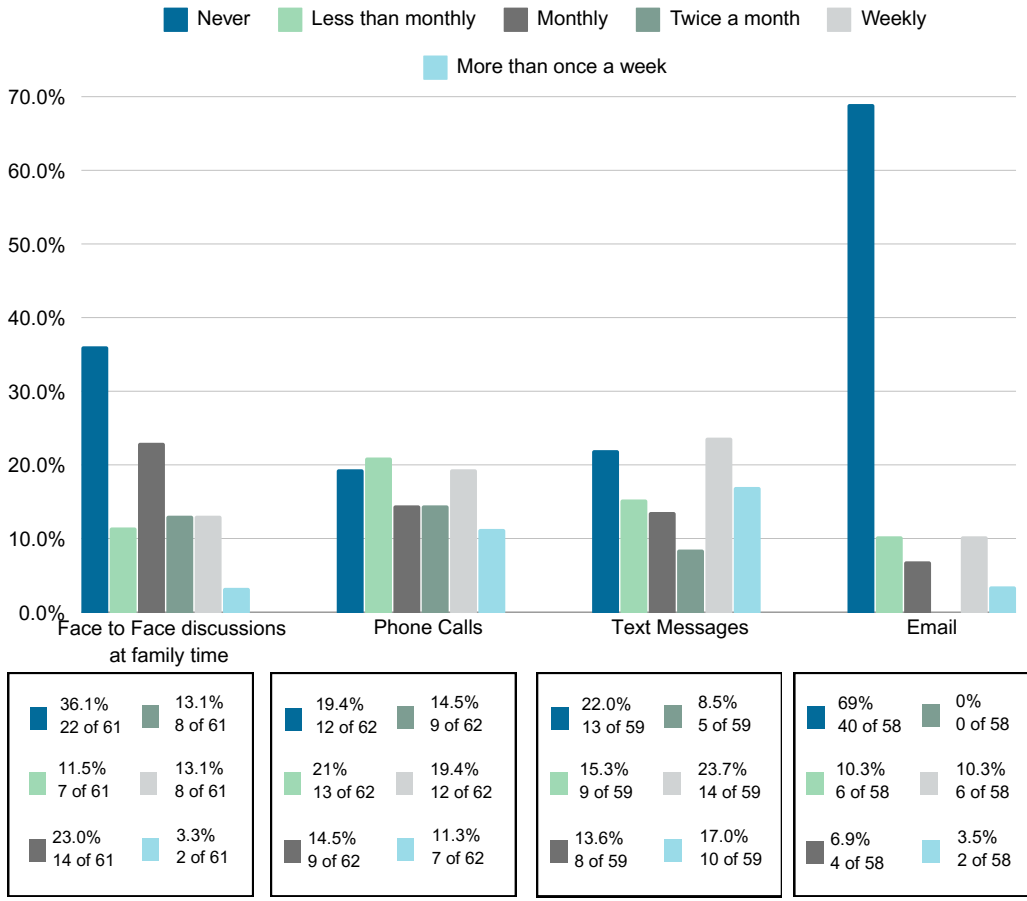
17.5% (11 of 63) of respondents neither agreed nor disagreed with the statement.



Disagree or Strongly Disagree

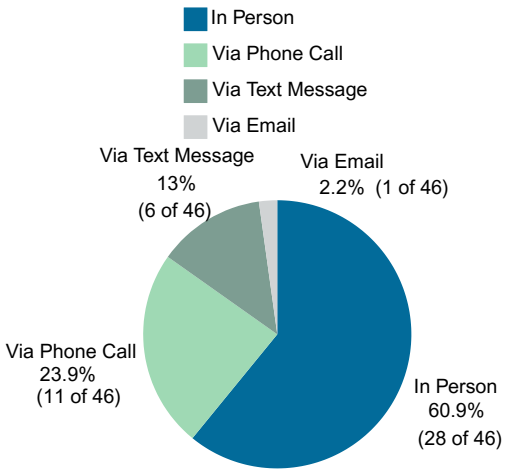
22.3% (14 of 63) of respondents disagreed or strongly disagreed with the statement.

In addition to face-to-face meetings, ongoing communication through phone calls, text messages, and during family time plays a crucial role in supporting the ongoing case plan process. These alternative methods help maintain consistent contact between the caseworker and parent/caregiver, ensuring continuous collaboration and updates. Regular communication, even outside in-person meetings, strengthens the partnership between the caseworker and parent/caregiver, allowing for timely support, clarification of goals, and addressing any concerns. This ongoing communication is essential for keeping the case plan on track and fostering a positive, supportive relationship that benefits the family's progress. Through the parent survey, parents/caregivers provided the following feedback regarding the frequency of communication with their caseworker based on the form of communication.

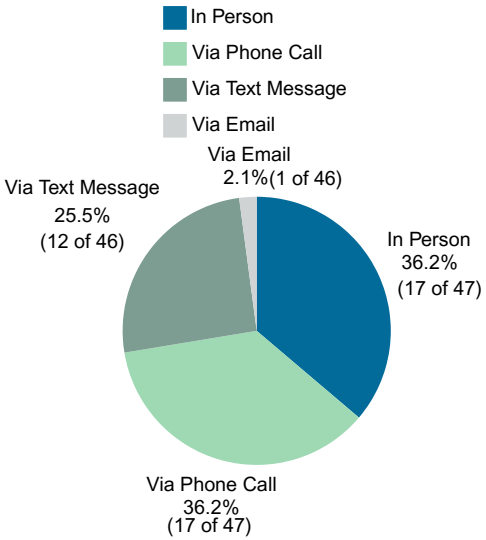


The next two figures reflect data gathered by questions about the method in which important updates are communicated. In person and phone call communication were found to be the most frequent forms of communication between parents and caseworkers when discussing progress on case plan goals and information regarding services.

My progress on my case plan goals.

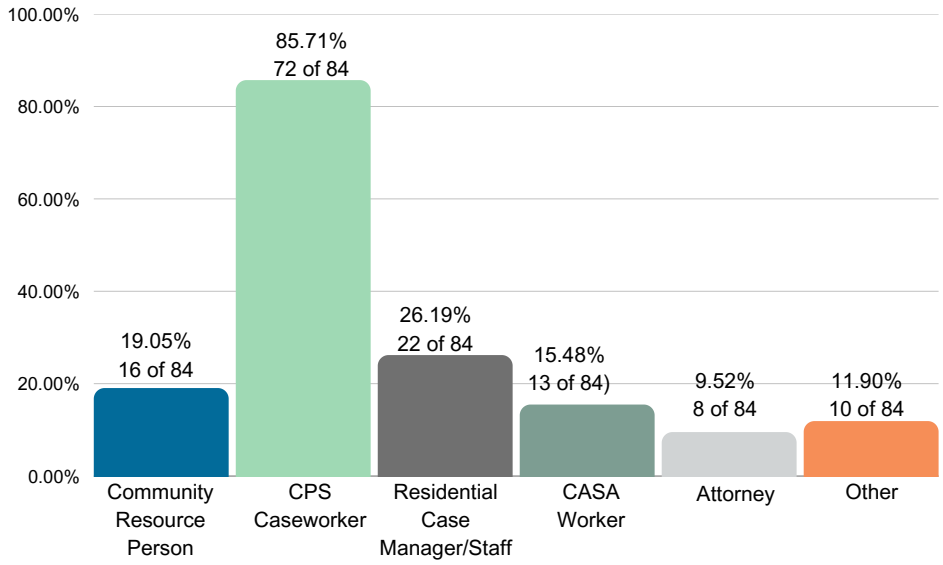


Information regarding services.



In addition to information being gathered through the parents with lived experience survey, the agency conducts annual youth survey to gather input from youth with lived experiences. The following charts represent information gathered in the 2024 Youth Survey regarding communication with agency staff and additional support individuals:

What workers do you meet with on at least a monthly basis?



Services to Maintain Children in their Homes under all Jurisdictions Covered under the CFSP

The IFA is supplemented with processes for Present Danger Plans, Safety Plan Determinations, Conditions for Return, and In-Home Safety Plans. The Present Danger Plan allows CPS to consider an alternative to children being placed in CPS custody during the completion of the IFA when it is indicated the child is unsafe due to present danger threats. CPS uses the Present Danger Plan to explore possible ways of controlling the danger threats to child safety with the family. The parents can voluntarily allow the children to be cared for by other caretakers mutually agreed upon between the parent and CPS pending the completion of the IFA or the alleged maltreating caregiver can be removed from the home. In State Fiscal Year 2024, CPS completed 2,701 Initial Family Assessments. Of the total 2,701 completed, 1,098 identified present danger threats in the family. Of the 1,098 Initial Family Assessments that identified present danger, 667 were able to implement a Present Danger Plan to prevent the children from entering the temporary legal and physical custody of the agency. Present Danger Plans are specific to the family's dynamic and can include the children remaining in the home with the maltreater being removed from the home or the children being temporary placed with a relative or fictive kin for the duration of the Initial Family Assessment. Safety Planning is used following the completion of the IFA when threats to child safety exist in the home. The use of a Safety Plan gives the parent and CPS additional time to make better determinations during the ongoing services phase as to what behavioral changes and services are needed to help the parent and CPS manage child safety. The most intrusive Safety Plan is when a child is removed from the home and placed in the custody of CPS because danger threats cannot be managed with the child in the home. Of the total 2,701 Initial Family Assessments completed in SFY2024, 171 assessments were completed where either present danger was not identified, or the assessment was able to be closed with the implementation of an in-home safety plan.

The Stronger Families Together recruitment messaging purposely recruits foster families who are willing provide care and support to the children in foster care and their birth families, to partner in reunification efforts. When the foster families are involved in wrap services, this can also provide additional support to the birth families to assist them in pre and post reunification. Some of the ways wrap families support birth families is by becoming safety plan providers to assist in managing the in-home safety plan, providing transportation, occasional day care, meal prep, or assisting with other identified needs. Community-Based Recruitment of In-Home Safety Plan Providers: Often the lack of resources within the family, community, and agency to develop a sufficient in-home Safety Plan are identified as a condition requiring the child to be placed out of the home. Children deserve to be in their home, whenever it is safe to do so. CPS believes there are potential resources in local communities to build safety networks around children and families. South Dakota identified the Community-Based Recruitment of In-Home Safety Plan Providers in their 2019-2024 Child and Family Services Plan as a pilot in Region 5 (Aberdeen, Brookings, Huron, Watertown). The communities of Aberdeen, Brookings, and Huron have implemented this program.

Region 5 has the highest number of in-home cases in South Dakota, with having 65% more in home cases than the second highest Region. South Dakota's next steps to implement this program statewide is to finalize policy, develop an implementation plan, and monitor and measure progress statewide. In areas that have Community Safety Plan providers, families are given the opportunity to utilize this service but have the ability to decline. Currently, the Brookings community has 5 safety plan providers which have served 5 families consisting of 11 total children. The Huron community has 11 safety plan providers which have served 19 families and 34 total children. The Aberdeen Community Safety Plan initiative is in the beginning stages of implementation and currently has 3 safety plan providers with one child who has been served. The Aberdeen CPS office identifies the need for additional safety plan providers and will continue to make efforts to recruit providers.

Family Services Specialists refer families to services outlined in **Appendix D: Table D1-Array of Services** when impending danger can be controlled through interventions such as parenting classes, outpatient mental health, substance use services, housing and economic assistance, etc. In FY2024, 162 families consisting of 379 children were opened for ongoing services but were able to remain in their home while the family received services necessary to manage and alleviate impending danger threats.

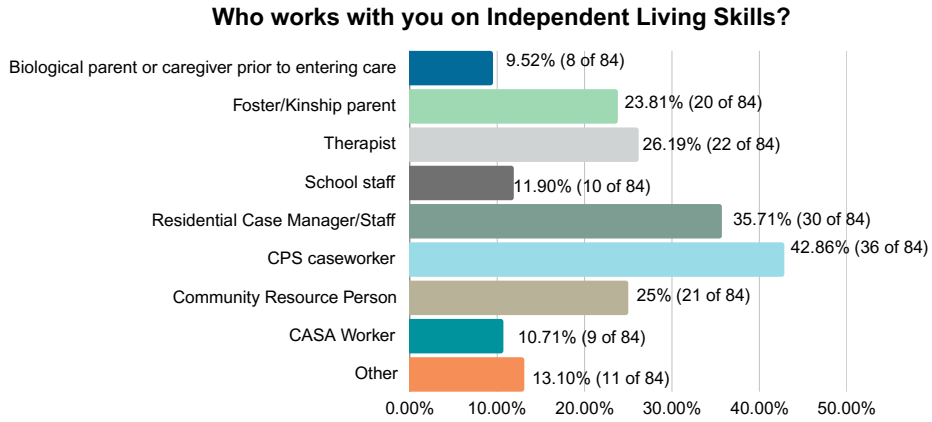
Placement Services under all Jurisdictions Covered under the CFSP

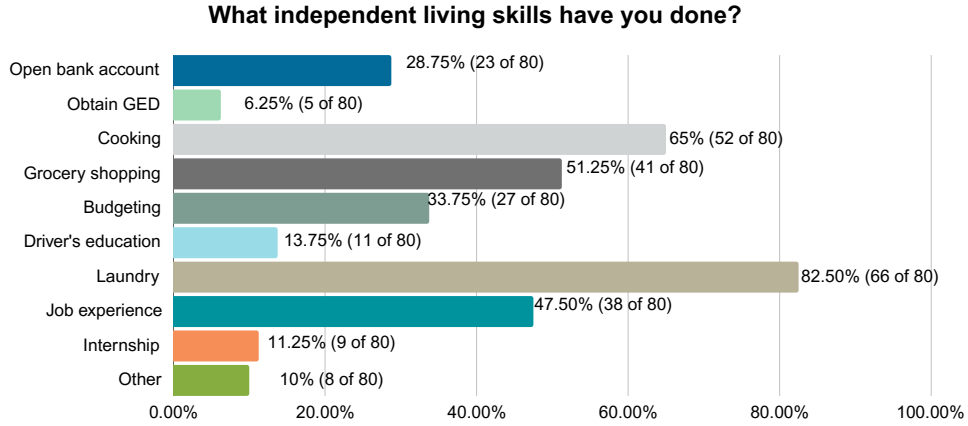
CPS provides placement services when a child is placed into the care and custody of CPS by either law enforcement or the courts. Placement options include kinship care, which includes relative and fictive kin care, foster care, other child welfare agencies licensed by the Office of Licensing and Accreditation under the Department of Social Services, and in some instances, out of state placement resources. Licensed child welfare agencies include family foster care, emergency/shelter care, treatment foster care, alternative placement services, group care centers for minors, residential treatment centers, and intensive residential treatment centers.

Residential treatment programs are also available for children with needs related to substance abuse, mental health, and developmental disabilities. CPS considers placement with relatives a priority and state and tribal laws include provisions requiring a relative placement to be the first consideration when a child is placed. Kinship home studies are completed through a contract with a private agency. The kinship study process includes background checks and the assessment of the kinship caregiver's ability to meet the needs of the child and determination of the prospective kinship caregiver's ability to provide a safe home based on identification and evaluation of their existing protective capacities.

CPS can consider an expedited placement with relative kin or fictive kin soon after the child is placed in care before a home study is completed if the child has a substantial connection to the kin provider and if the necessary safety determinations can be made.

CPS provides supervision, case planning, permanency planning services, and independent living services to children in CPS custody. Through the 2024 youth with lived experiences survey, respondents provided the following information regarding Independent Living Services:





When law enforcement determines a child must be removed from a caretaker due to safety threats in the home without the assistance of CPS, CPS must have contact with the child immediately after being notified by law enforcement or another reporter to determine an appropriate safety plan. In cases where law enforcement calls CPS for assistance, CPS will immediately respond. When a child is removed from the home and placed by CPS into a licensed foster home, CPS will meet with the child to assess the needs and safety of the child the next working day. If the child is placed in an unlicensed kinship care placement, CPS will assess safety the next business day. A home visit is then required for all children in out-of-home care within the next 14 days, with a third visit required in the next 30 days. Ongoing home visits are then required on a monthly basis.

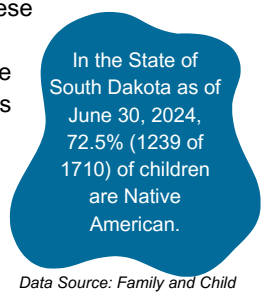
CPS completes the Child Case Plan within 60 days of the child being placed in care. The case planning process emphasizes the involvement of parents, the child, the resource provider, the community resource person (if applicable), the supervisor, and others who have a significant role in the family. The Child Case Plan assesses and documents the child's needs, determines the services and supports needed, and documents the efforts made in meeting the child's needs, assuring stability, and facilitating permanency. CPS uses the Child Case Plan to assess progress and adjustments in the plan. CPS works in coordination with the Tribal ICWA Programs and other tribal resources when the child is affiliated with a Tribe. These efforts are described under the section on ICWA and collaboration with the Tribes. Additional tools CPS uses to promote stability and permanency for children in care and enhance family involvement include placement team meetings, team decision-making meetings, family group conferencing, permanency planning team meetings, independent living/ transition meetings, and concurrent planning.

When a placement resource is unable to be identified upon a child entering the agency's temporary legal and physical custody, the agency makes ongoing efforts and collaborates with the Office of Licensing and Accreditation to secure a placement as soon as possible. In emergency situations, Family Services Specialists may supervise a child in a hotel and/or CPS office until placement can be identified. To ensure the safety of both children and staff, the agency developed a policy addressing unconventional stays such as office stays, hotel stays, or situations where staff are transporting children and are required to stay overnight with them.

The purpose of this policy is to (1) ensure the safety and supervision of children and youth without placement (2) to safeguard the staff supervising these children and youth and (3) to provide clear guidance and support for staff supervising children overnight. This policy aims to provide clear guidelines to staff regarding general procedures, hotel room procedures, supervision expectations of child/youth, support for staff, and FACIS documentation. Specific procedures for staff and youth's safety include adjoining rooms will be considered based on the needs of the situation, and staff will determine whether adjoining doors should be locked for safety. Non-CPS staff may assist CPS staff in supervision but cannot provide overnight care and are not covered by Workman's Compensation. Decisions regarding additional staff for supervision will be based on the unique needs of the child. For further information on this policy, refer to **Appendix D: Attachment D2- Children Without Placement Policy for DSS' policy** for unconventional stays.

A child is considered Native American if enrolled, eligible for enrollment, or reporting an affiliation but ineligible for enrollment in a Native American Tribe. The state values children being placed in the most family-like setting available to meet their needs as well as maintain family and cultural traditions such as food, activities, etc. The agency is aware of the primary Native American demographic and makes concerted efforts to recruit Native American foster and adoptive families, however the number of Native American households available to the state does not suffice to have an equal amount of Native American foster homes to the number of Native American children in care. 5.47% of households in South Dakota are Native American.

The state of South Dakota does not recruit on Sisseton Wahpeton Oyate, Oglala Sioux, Flandreau Santee Sioux, or Standing Rock Sioux Tribal lands as these tribes have their own child welfare agency and recruitment efforts. In combination, the number of Native American households on these tribal lands includes 6,716 homes that are not available to the state's recruitment efforts making 3.56% of South Dakota's households Native American households that are in the agency's recruitment area. In comparison, 85.8% of South Dakota's households are White and 8.72% of households are comprised of races such as Black, Asian, Pacific Islander, two or more races, Hispanic, and other. Out of the state's 3.56% of Native American households that are available to the agency for recruitment, this percentage does not account for the number of households who are currently receiving CPS services or additional characteristics that would disqualify them from being placement resources such as home condition, medical conditions, age, finances, etc. (Data Source for Household Data: Department of Health Census Data)



Data Source: Family and Child Information System (FACIS) Report

Permanency Planning Services under all Jurisdictions Covered under the CFSP

When reunification is not successful, CPS makes concerted efforts to place children in an alternative permanent placement. CPS considers placement with relatives as a priority and makes ongoing efforts to locate relative placement resources. CPS provides subsidies for guardianship using state funds and also receives federal funding through the Guardianship Assistance Program to provide guardianship subsidies to licensed kinship families who are eligible. CPS provides financial and medical subsidies and post-adoption services to children and their adoptive families. Many adoptions and guardianships are with the children's foster parents or relatives.

CPS also places children and youth in Another Planned Permanent Living Arrangement (APPLA) as an alternative when adoption and guardianship are not the permanent plans and APPLA is in the child's best interest. This is only utilized for a youth over age 16 and the court must provide approval for this permanent plan.

CPS provides support to placement resources and at least monthly visitation to ensure the stability, safety, and well-being of children in placement. CPS makes efforts to ensure the health, education, connections, social, and physical needs of children are met while in foster care. These efforts are documented in the Child Case Plan and the caseworker narratives.

CPS uses a variety of planning meetings to assist in permanency decisions and permanency planning. Those include Placement Team Meetings, Concurrent Planning Meetings, Family Group Conferencing, Permanency Roundtable Meetings, Adoption Conference Selection Meetings, and other team meetings.

When children are unable to return to their parent or guardian's care, the agency makes concerted efforts to identify a permanent living arrangement as soon as possible. Programs that are utilized by the agency include: The Foster Network, Foster Parent Associations, the Light of Mine Ranch, SDKB, Wendy's Wonderful Kids. The services these programs provide are designed to help children find permanent, loving homes while supporting adoptive families throughout the entire adoption journey.

The Department of Social Services, in partnership with South Dakota Kids Belong, is actively involved in Governor Noem's Foster and Adoptive Parent Recruitment Campaign. This campaign is a call to action to recruit, prepare, and support foster and adoptive families. Children who are available for adoption are listed on the Stronger Families Together website in an effort to identify a safe, suitable, and permanent family. The Stronger Families Together initiative in South Dakota provides a range of services to support adoption, ensuring children are placed in safe, permanent homes. These services include:

Pre-Adoptive Counseling	Adoption Support & Education	Case Management	Financial Assistance	Post-Adoption Services
Offering guidance and support to adoptive parents to help them prepare for the emotional and logistical aspects of adoption.	Providing training for prospective adoptive families on adoption processes, child development, and addressing the unique needs of children in foster care.	Assisting families with the adoption process by coordinating with social workers, legal services, and other agencies to ensure a smooth transition.	Offering resources such as adoption subsidies to help with the financial costs associated with adopting children from the foster care system.	Providing ongoing support to adoptive families after the adoption is finalized, including counseling and access to community resources to ensure long-term success and stability.

Wendy's Wonderful Kids is a signature program by the Dave Thomas Foundation for Adoption that supports the hiring of adoption recruiters who are dedicated to finding permanent families for the longest-waiting children in foster care. Wendy's Wonderful Kids is an organization throughout United States and Canada with recruiters in Rapid City and Sioux Falls. Children eligible for adoption are referred to a Wendy's Wonderful Kids Recruiter. The recruiter meets with the child frequently to establish rapport and learn about the child's family and natural supports. Wendy's Wonderful Kids recruiters use an evidence-based, child-focused recruitment model to find the right family for every child in their care. A 5-year national evaluation revealed that children referred to the program are 3x more likely to be adopted.

The agency has an Adoption Subsidy Program which helps support children who have been adopted by providing monthly Medicaid and/or financial assistance. Children are eligible for subsidized adoption when the Department of Social Services legal authority to place and to consent to the child's adoption and when the special needs and circumstances of the child result in a limited number of suitable adoptive homes being available, necessitation the use of a subsidized adoptive home.

The amount of financial assistance is dependent on the case circumstances and needs of the child. The following are types of subsidy authorized:

- Non-recurring adoption expenses are provided up to the amount of $2,000 per child. This is available to families who adopt a child through DSS and can be used for costs from attorney fees, court costs, transportation or travel costs or other expenses directly related to finalizing the adoption.
- Maintenance Subsidy- monthly stipend is financial assistance provided to adoptive parents each month to help cover the costs of raising a child. This subsidy can be used for various expenses such as food, clothing, medical care, education, and other general living expenses to ensure the child's well-being.
- Medical Services- Medicaid, as part of an adoption subsidy, provides health coverage for children who are adopted. Medicaid helps ensure the child has access to necessary medical, dental, and mental health services. Medicaid generally covers a wide range of health-related costs, including doctor visits, hospital stays, prescription medications, and therapies. The goal is to reduce the financial burden on adoptive parents, ensuring the child receives the care they need without the family facing significant out of pocket costs.
- Other subsidies (related to pre-existing conditions) This type of subsidy refers to additional financial assistance that may be provided on a case-by-case basis as part of the adoption subsidy to address specific health, mental health, behavioral health, or developmental issues that are not covered by Medicaid and that the child may have had prior to the adoption. (this is generally paid for by Miscellaneous Payment-Medical Subsidy Non-Title XIX on FACIS) In SFY2024, $227,800.41 was provided through Miscellaneous Payment-Medical Subsidy Non-Title XIX funding.

The agency supports adoptive families with the financial costs of adoption in a variety of ways. Reimbursement of an adoption home study is available up to $3,000. In addition, non-recurring adoption expenses are covered by CPS for special needs children up to $2,000 which is a one-time-only fee and could include the cost of attorney fees.

Availability and Accessibility to Services under all Jurisdictions Covered under the CFSP

South Dakota has implemented several initiatives and services aimed at improving accessibility for underserved populations, particularly those in rural areas. Rural communities in South Dakota, like in many other states, often face challenges related to healthcare, education, transportation, and technology access due to geographic isolation and lower population density. However, the state has recognized these disparities and taken steps to address them. Below highlights some of South Dakota's services across the state. The table within **Appendix D: Table D1- Array of Services** provides a comprehensive view of South Dakota's full array of services.

South Dakota's Department of Social Services operates both full-time and itinerant offices, along with the Human Services Center, across 42 communities statewide. Itinerant offices are stationed in rural areas to ensure individuals in those locations have access to services.

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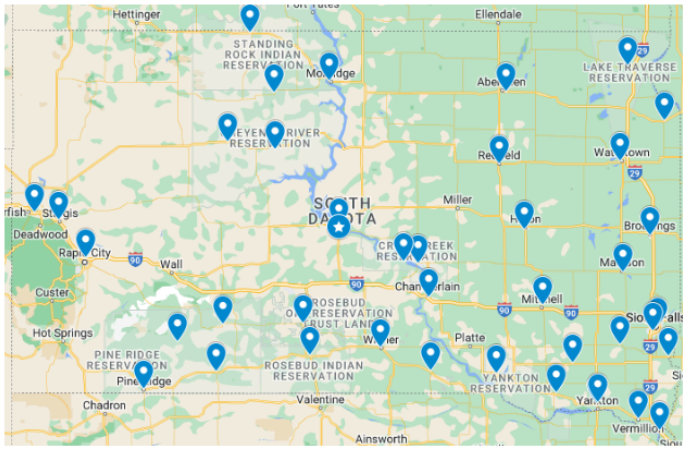


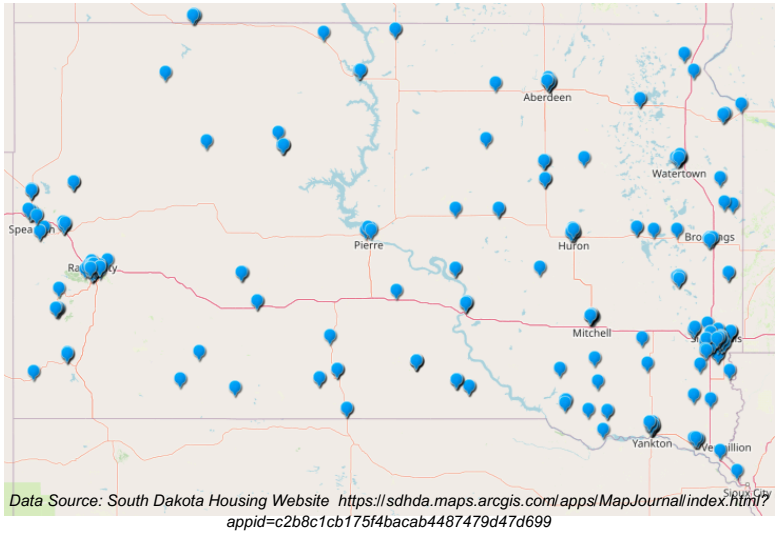
The Department of Social Services is divided into divisions to include the Division of Behavioral Health services, Division of Children and Family Services (Child Protection Services, Child Support, Economic Assistance), Division of Legal Services, and Division of Medical Services. The Division of Behavioral Health ensures children and adults with mental health disorders and chemical dependency in South Dakota communities have the opportunity to choose and receive effective services needed to promote resilience and recovery. Services include mental health, substance use disorder and recovery support, Intensive Methamphetamine Treatment, services for problem gambling, services for pregnant and parenting women, involuntary commitments, prevention services, and behavioral health crisis care.

Data from the Division of Behavioral Health shows a reduction in wait times for services at mental health and substance use disorder treatment agencies between Fiscal Year 2023 and Fiscal Year 2024. In Fiscal Year 2023, Mental Health Agencies reported an average wait time of 16 days, while Substance Use Disorder Treatment Agencies had an average wait time of 8 days, according to the quarterly Access to Services Survey that was completed by providers at Behavioral Health facilities. By Fiscal Year 2024, the wait time for mental health services decreased to 15 days, and the wait time for substance use disorder treatment decreased to 7 days. Mental Health services that are captured in the quarterly Access to Services Survey includes Initial Assessment (Adult), Initial Assessment (Youth) 18 and Under, CARE: Psychiatric Services (Adult), CARE: Case Management and Therapy (Adult), CARE: Room and Board, if Applicable (Adult), CYF: Psychiatric Services (Youth), CYF: Case Management and Therapy (Youth), Intensive Family Services (IFS), Appropriate Regional Facility (ARF), Functional Family Therapy (FFT) Justice Involved Youth, Substance Use Disorder (SUD) Justice Involved Youth, and Justice Involved Youth, MH Outpatient EBP Services. Substance Use Disorder Services that are captured in the quarterly survey include Initial Assessment (Adult), Initial Assessment (Youth) 18 and Under, Outpatient Treatment Services (Adult),

The Division of Behavioral Health Services also operates the Human Services Center which offers individuals with mental illness or chemical dependency personalized, effective professional treatment that supports them in reaching their highest level of personal independence within the most therapeutic setting. The Division of Children and Family Services provides comprehensive services to children and families through the Child Protection Services, Child Support Services, and Economic Assistance divisions. Services provided through the division of Child Support include locating non-custodial parents, establish paternity, and establish a financial partnership to support children when their parents do not live together. Economic Assistance provides medical, nutritional, financial, and case management services to promote the well-being of lower income families, children, people with disabilities, and the elderly. Specific services that are offered include auxiliary placement, Children's Health Insurance Program, Community Assistance Program, Energy and Weatherization Assistance, Supplemental Nutrition Assistance Program (SNAP), Medical Eligibility, Temporary Assistance for Needy Families (TANF), Quality Control, Child Care Licensing, and Child Care Assistance.

South Dakota Housing offers a wide range of programs designed to help individuals and families across the state secure affordable and suitable housing that fits their financial needs. These programs provide valuable assistance to ensure that residents have access to safe, quality housing options within their budget. Among the available resources, income-based housing plays a crucial role in supporting low-income individuals and families by offering affordable living spaces tailored to their financial situation.

These income-based housing opportunities are not limited to urban areas but are also available in rural communities and on tribal lands throughout the state, ensuring that all South Dakotans, regardless of location, have access to adequate and affordable housing. The map below displays where income-based housing options are available throughout the State of South Dakota.



Data Source: South Dakota Housing Website https://sdhda.maps.arcgis.com/apps/MapJournal/index.html?appid=c2b8c1cb175f4bacab4487479d47d699

Refer to Appendix D: Table D1- Array of Services for detailed information on additional services and programs provided through South Dakota Housing.

South Dakota has implemented three significant initiatives including mobile health units, broadband expansion, and the community health worker program to increase the availability and accessibility of services to residents of South Dakota.

Mobile Health Units

Wellness on Wheels is a mobile unit initiative through the Department of Health that brings community health services to underserved communities, including rural locations, across South Dakota. Communities are able to request a wellness on wheels visit to have the mobile unit come to their community. Services offered through the Wellness on Wheels mobile unit includes Women, Infants, and Children services, pregnancy care, immunizations, oral health, safe sleep, maternal depression screening, developmental screening, and sexually transmitted infection testing.

Data Source: South Dakota Department of Health https://doh.sd.gov/programs/wellness-on-wheels/

Broadband Expansion Initiative

Access to high-speed internet is essential for everything from healthcare to education and economic development. Recognizing the digital divide that affects rural communities, South Dakota has made significant investments in expanding broadband infrastructure. In 2019, as a response to Governor Noem's challenge to bring sustainable, high-speed internet to every home and business in South Dakota, legislature approved a $5 million allocation that launched the ConnectSD broadband program. ConnectSD has leveraged $85 million of state general funds along with $89 million of federal funds and $127 million of private investment from the broadband providers. These investments total over $301 million in broadband expansion in the state since Governor Noem took office in 2019. The program has awarded 106 grant awards or projects and has connected or is in the process of connecting almost 32,000 locations that previously did not have internet access or were underserved. In addition to ConnectSD, the Digital Equity Act Program allocates $2.75 billion to create three grant programs focused on advancing digital equity and inclusion. *(Data Source: South Dakota governor's Office of Economic Development)*

These initiatives are designed to ensure that all individuals and communities have the skills, technology, and resources necessary to fully participate in and benefit from the digital economy. The South Dakota Digital Opportunity Plan outlines an inclusive strategy to close the digital divide, aligning with the state's broader economic objectives. South Dakota recognizes equipping its residents with the technologies and skills of the 21st century is essential for maintaining its way of life and supporting the vitality of its small towns. The state plans to fully leverage the funding available through the Digital Equity Act, using this Plan as a guiding framework. The plan's vision is to ensure every citizen will have access to affordable, future-proof, high-speed internet, along with the means to utilize it safely and competently. The plan's objectives include: Improve access to and adoption of affordable high-speed internet, enhance accessibility of public services online, increase access to digital literacy curriculums, increase access to cybersecurity curriculums, and expand access to computing devices for accessing the internet. Broadband expansion has significantly improved accessibility to telehealth services, including mental health care, by providing more widespread and reliable internet connections, especially in rural or underserved areas.

With better internet access, individuals in remote locations can now engage in virtual healthcare consultations, reducing the need for travel and overcoming geographical barriers. Individuals also have access to online applications that prior to this expansion they would have to drive to the particular office to receive such as Child Care Assistance, Temporary Assistance to Needy Families (TANF), and Supplemental Nutrition Assistance Program (SNAP) applications. High-speed internet facilitates video calls, enabling real-time interactions between patients and healthcare providers, which is essential for effective telehealth, including mental health support. For mental health services, this has been particularly impactful, as individuals can access therapy, counseling, and psychiatric consultations from the privacy and comfort of their own homes. Furthermore, as broadband networks become more affordable and widely available, more people can participate in telehealth, including those with limited access to transportation or those living in areas with fewer healthcare facilities. Broadband expansion has also contributed to better access to mental health resources, remote monitoring tools, and digital health platforms, empowering individuals to manage their mental well-being. Ultimately, the growth of broadband infrastructure has been a key enabler of telehealth's evolution, enhancing equity in healthcare by making both physical and mental health services more accessible to a diverse population.

The following figure displays South Dakota's broadband coverage from 2019 to 2023:

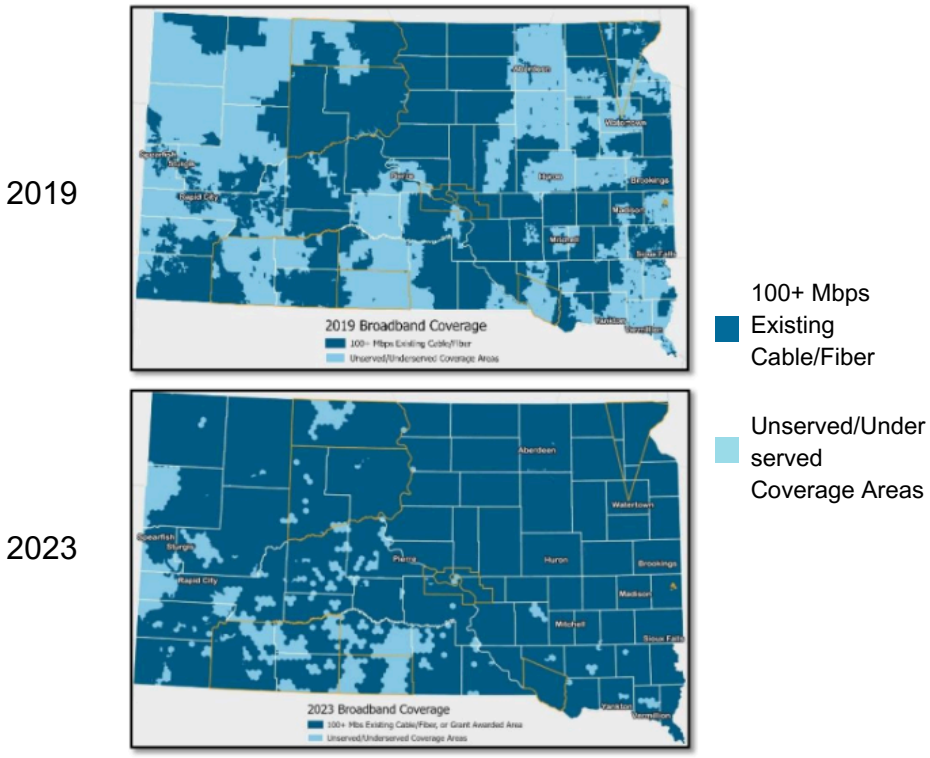


Figure 2: South Dakota Broadband Coverage Maps, 2019 v. 2023

(Data Source: South Dakota governor's Office of Economic Development)

South Dakota's Community Health Worker Program

Community Health Representatives have worked across South Dakota for 50 years, however beginning in 2015, South Dakota Department of Health began work to develop a Community Health Worker workforce across South Dakota. In 2015, the Department of Health conducted an environmental scan and statewide analysis of the Community Health Worker workforce. In 2016, The Department of Health and Department of Social Services co-facilitated a workgroup to develop key recommendations for Community Health Workers in South Dakota. From there, in 2017 and 2018, the Department of Social Services drafted a Medicaid State Plan Amendment and submitted it to Centers for Medicare and Medicaid Services for review. The Medicaid State Plan Amendment was approved and on April 1, 2019 the Department of Social Services announced Community Health Worker services as a covered service of South Dakota Medicaid under fee-for-service reimbursement. From 2020 to 2022 the state of South Dakota launched a workgroup, developed a strategic plan, established relationships with Community Health Representatives, was awarded the Centers for Disease Control and Prevention Health Disparities Grant, and partnered with organizations in South Dakota to further develop supports for the workforce development. In 2022, South Dakota launched the first Community Health Workers programs and since then relationships with Community Health Representative programs continue to develop. This program uses local residents to provide health education, outreach, and support services in their communities. CHWs help individuals in underserved rural areas navigate the healthcare system, access preventative care, and manage chronic conditions. This program has been instrumental in improving health outcomes, especially in high-risk rural communities. developmental screening, and sexually transmitted infection testing.

(Data Source: Department of Health Website https://doh.sd.gov/about/community-engagement/community-health-workers/)

EMS Telemedicine in Motion

"Telemedicine in Motion: EMS" is a groundbreaking initiative launched in South Dakota on November 14, 2022. This initiative is designed to integrate telemedicine into the state's emergency medical services (EMS) and enables EMS agencies to equip their ambulances with iPads that connect them to Avel eCare's emergency medicine specialists in Sioux Falls. Whenever EMS teams need assistance, they can consult with doctors and nurses during transit, improving patient care in real-time. The program was launched through the leadership of Governor Kristi Noem, who advocated for increased funding to support local EMS agencies. As a first-of-its-kind program in the United States, it is poised to strengthen the sustainability of EMS services across South Dakota and enhance the quality of care in communities statewide.

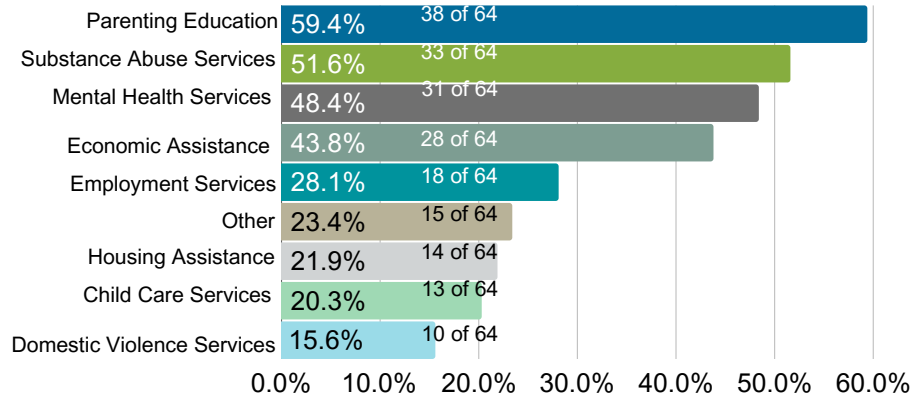
The goal of the Telemedicine in Motion: EMS program is to ensure that emergency medical crews are no longer isolated when transporting patients to larger hospitals, especially in rural areas. Eighty percent of South Dakota's ambulance services are staffed by volunteers and may find themselves in critical situations without immediate access to advanced medical expertise.

By connecting EMS crews with Avel eCare's board-certified emergency physicians and experienced nurses via telemedicine, this program provides crucial support during transit. This additional layer of professional guidance will help EMS personnel make informed decisions and deliver more effective care. For rural South Dakota communities, where access to specialized medical professionals may be limited, having emergency physicians and nurses on hand through the telemedicine system is a significant enhancement. It ensures that patients receive timely and expert care even before reaching the hospital, improving outcomes and overall medical experiences for those in need. Since the implementation in 2022, 107 communities statewide have been positively impacted.

(Data Source: Department of Health's Website https://doh.sd.gov/healthcare-professionals/ems-trauma-program/ems-telemedicine/)

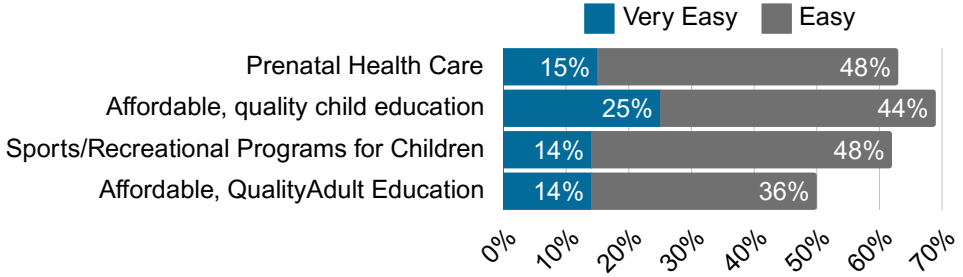
Stakeholder Feedback on Availability and Accessibility of Services under all Jurisdictions Covered under the CFSP

Through the parents with lived experience survey, 52.3% of respondents identified that they have access to services needed to achieve their case plan goals and reported utilizing the following services:



An annual stakeholder survey was administered in 2023 and was completed by 102 individuals across the entire state of South Dakota. Stakeholders identified the ease of service accessibility in several areas such as prenatal health care, affordable, quality child education, sports/recreational programs for children, quality adult education, parenting education, and services which are appropriate for client's culture and language. 63% of stakeholders reported accessibility to prenatal healthcare to be very easy or easy to access. 69% of stakeholders identified affordable, quality child education to be very easy or easy to access. 62% of stakeholders found sports/recreational programs for children to be very easy or easy to access. 50% of stakeholders identified quality adult education to be very easy or easy to access and an additional 31% were unsure of the accessibility of this service. 43% of stakeholders identified parenting education to be very easy or easy to access and an additional 23% of stakeholders were unsure. 23% of stakeholder identified culturally appropriate and services in the client's language to be very easy or easy to access, however 43% of stakeholders were unsure on the accessibility of these services.

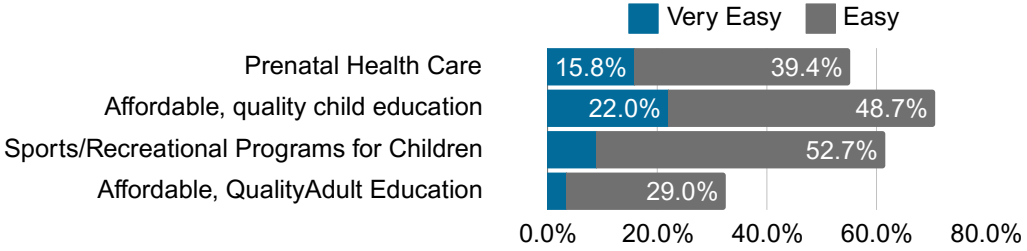
2023



The most recent annual stakeholder survey was administered in 2024 and was completed by 259 individuals across the entire state of South Dakota.

Stakeholders identified the ease of service accessibility in several areas such as prenatal health care, affordable, quality child education, sports/recreational programs for children, quality adult education, parenting education, and services which are appropriate for client's culture and language. 55.1% (140 of 254) of stakeholders reported accessibility to prenatal healthcare to be very easy or easy to access. 70.7% (183 of 259) of stakeholders identified affordable, quality child education to be very easy or easy to access. 61.6% (159 of 258) of stakeholders found sports/recreational programs for children to be very easy or easy to access. 32.4% (84 of 259) of stakeholders identified quality adult education to be very easy or easy to access and an additional 47.9% (124 of 259) were unsure of the accessibility of this service. 39% (101 of 259) of stakeholders identified parenting education to be very easy or easy to access and an additional 28.6% (74 of 259) of stakeholders were unsure. 20.5% (53 of 258) of stakeholder identified culturally appropriate and services in the client's language to be very easy or easy to access, however 40.7% (105 of 258) of stakeholders were unsure on the accessibility of these services.

2024



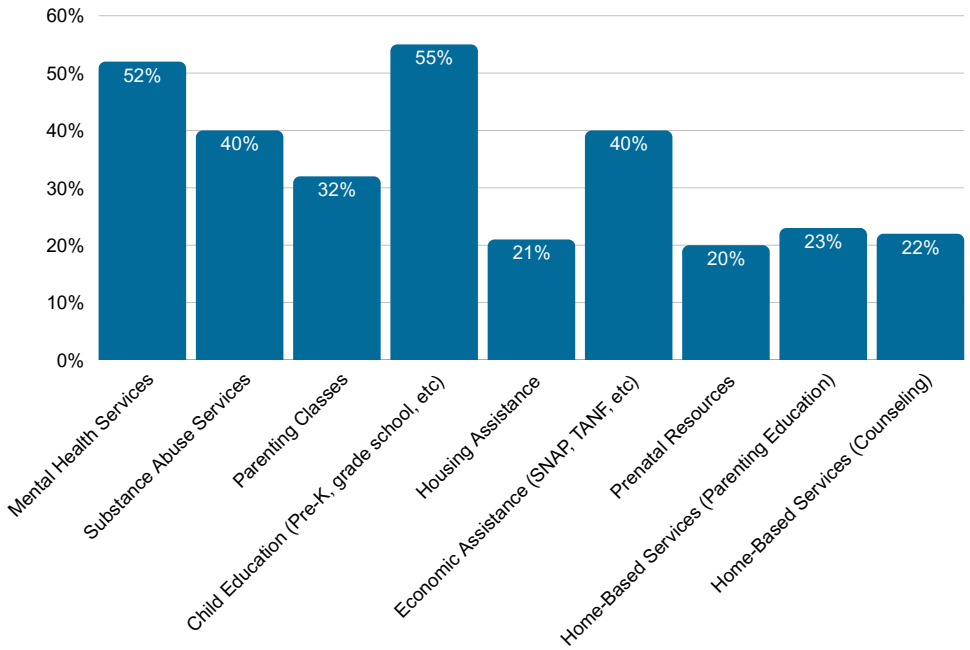
In 2023, Sixty-nine percent of stakeholders statewide identified waitlists to be the most significant barrier to accessing mental health resources. In addition, 62% identified transportation to be a significant barrier and 60% identified a lack of available facilities and/or providers in the community.

In 2024, 61.9% of stakeholders identified waiting lists to be a barrier to accessing mental health resources. This percentage decreased by 7.1% since the 2023 stakeholder survey. The Division of Behavioral Health is aware of the barrier of waitlists and has seen a decrease in wait times since the last fiscal year. The Division of Behavioral Health will provide further data regarding wait times through stakeholder interviews.

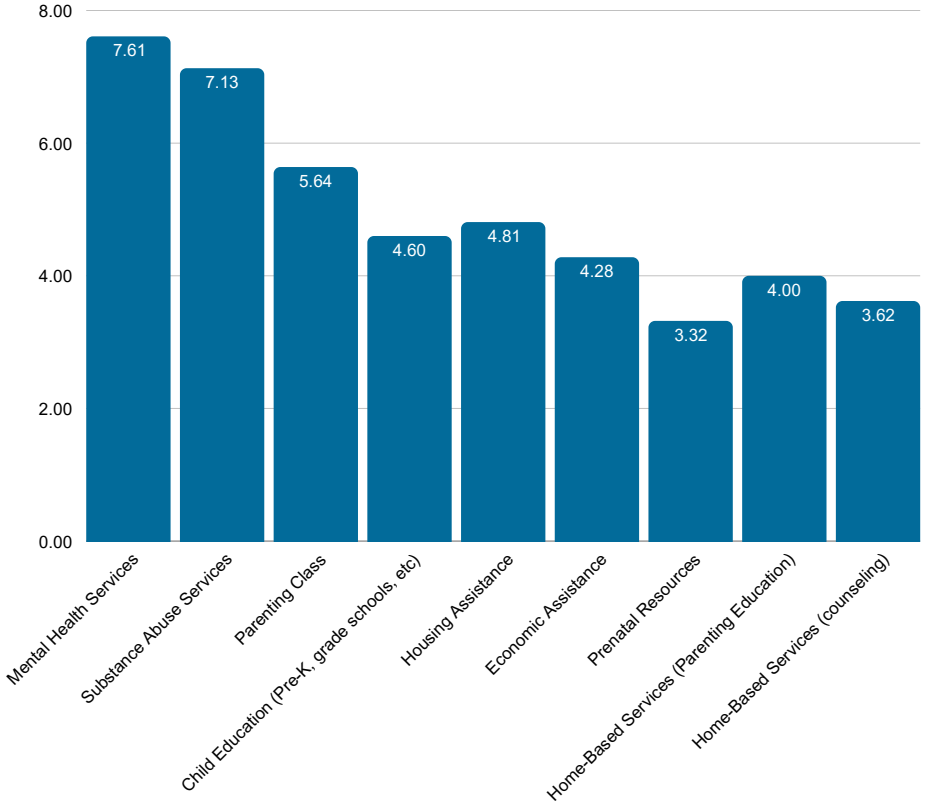
In 2024, 58.8% of stakeholders identified transportation to be a significant barrier and 53.7% identified lack of available facilities and/or providers in the community. The barrier of transportation decreased by 3.2% and lack of available facilities and/or providers decreased by 6.3%.

The state of South Dakota recognizes the challenges of accessing mental health services, healthcare, jobs, and other essential services due to limited transportation options, South Dakota has worked to expand rural public transit systems. Rural transit services, such as those offered through the South Dakota Transit Association, help residents get to mental health services, healthcare appointments, grocery stores, and other vital services. Refer to **Appendix D: Table D1- Array of Services** for further details.

In 2023, Stakeholders identified the following strengths and resources in their community to help prevent child abuse and neglect:

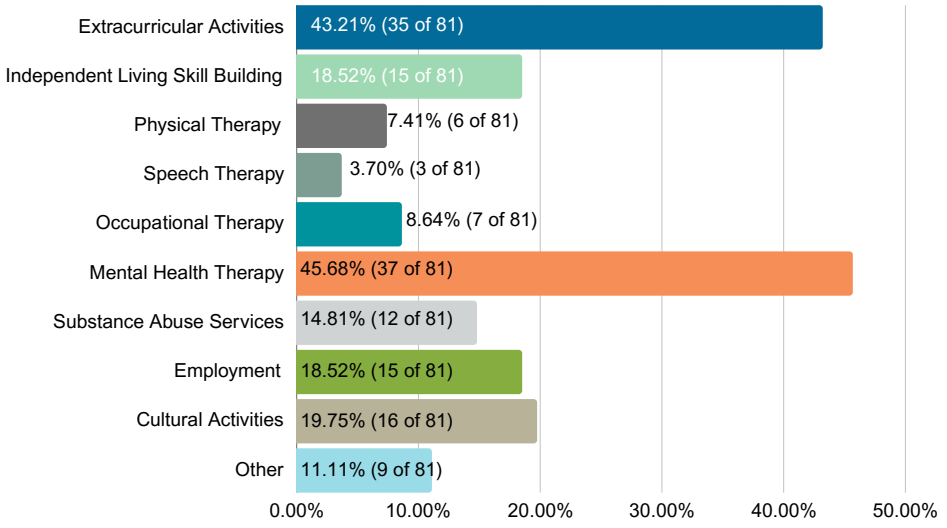


In 2024, stakeholders ranked services from most (1) to least (9) effective resource or tool in preventing child abuse/neglect.

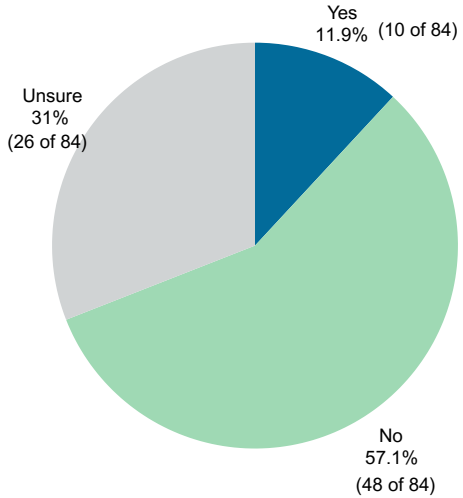


Through the 2024 Youth with Lived Experience Survey, youth provided the following information regarding services and activities:

What services/activities are you involved in?

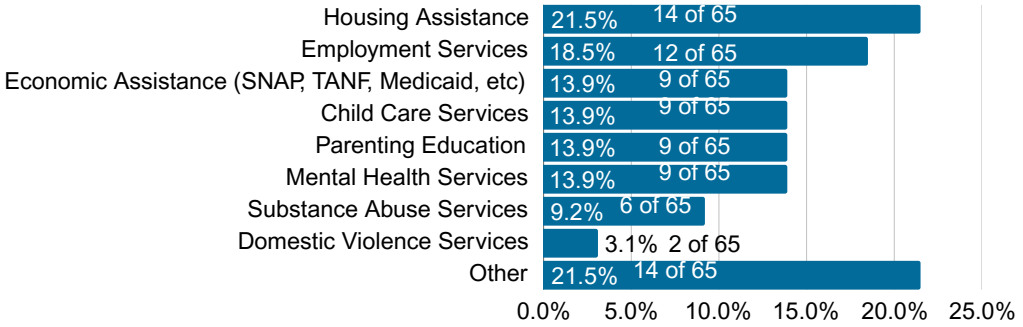


Are there other services you need?

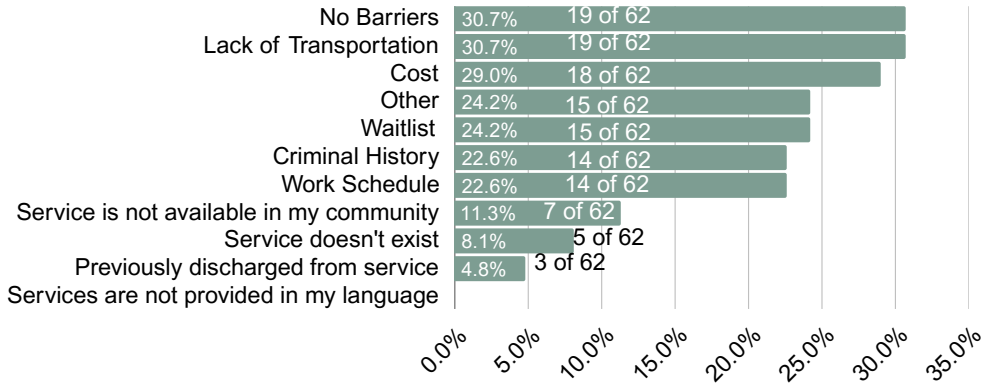


Gaps in Service Array

Through the parents with lived experiences survey, 52.3% of respondents identified that they had the necessary services needed to achieve their case goals. 47.7% of respondents stated they needed the following services, but did not have access to receive them:



Parents identified the following barriers which prevented them from receiving the services they needed above:

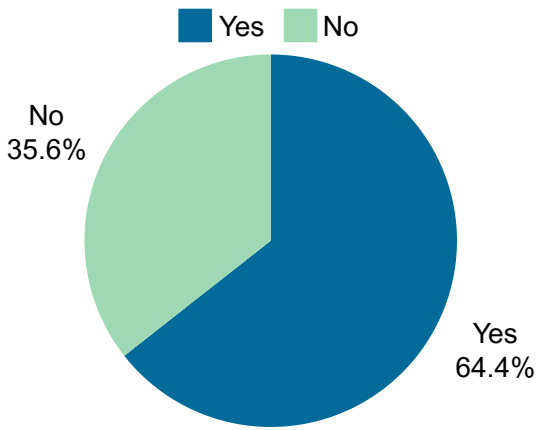


While 30.7% of participants reported no barriers to accessing services, the most frequently cited barriers were lack of transportation and cost. Additionally, a significant portion of respondents selected “Other” (24.2% 15 of 62), with many of these responses (46.7% 7 of 15) indicating incarceration as a key barrier. The state is aware that transportation is a significant gap in accessibility for certain communities due to the rural nature of the state of South Dakota. This means that some individuals or families face challenges in reaching essential services. Recognizing this issue, both the state and relevant agencies are actively working to bridge this gap and improve access to transportation options. The agency provides gas vouchers to individuals when transportation is a barrier to accessing services necessary for achieving case plan goals such as attending treatment sessions, family visits, children's medical appointments, and parenting classes. By offering gas vouchers, the agency helps ensure that individuals can participate in these essential activities, supporting their progress and overall success in meeting their case plan objectives. The state’s public transit system also continues to expand to meet the needs of rural communities and staff of the Department of Social Services educate parents, caregivers, and families on transportation services available to them.

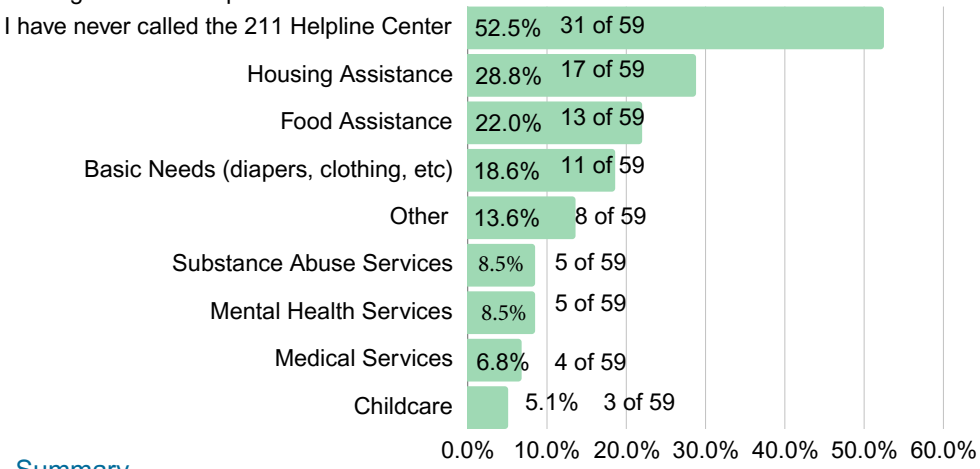
In addition to overcome the barrier of transportation, the State of South Dakota has implemented a variety of services discussed throughout this systemic factor to mitigate the need for transportation such as telehealth services and mobile health clinics.

Information for the 211 Helpline Center is shared with the parents, caregivers, and families served by the child welfare agency where an array of community resources can be accessed, including information to overcome barriers that may impact individuals’ access to services, such as transportation and cost.

64.4% of respondents from the parent survey reported knowing what the 211 Helpline Center was.



Respondents reported accessing the following resources and services for their family through the 211 Helpline Center:



Summary

Since Round 3, South Dakota has made several enhancements to provide an array of services to individuals residing in rural and less populated areas which has been proven through the information contained in this item. Since the implementation of these initiatives, residents of South Dakota have broadened access to services making this item a **strength**.

Service Array and Resource Development

Item 30: Individualizing Services

Overview

In the 2016 CFSR Round 3 South Dakota received an overall rating of **Strength** for Item 30. Information in the Statewide Assessment and collected during stakeholder interviews indicated that services are individualized to meet the needs of children and families and are culturally competent. Stakeholders also noted that flexible funding is available and used to ensure that a tailored set of services are provided to families.

CPS begins assessment of children’s and families’ individualized needs at Intake. There are five elements included in the Initial Family Assessment (IFA) are also within the Request for Services Intake form. Those five elements are: whether maltreatment occurred; the nature of the circumstances surrounding the maltreatment if it did occur; child functioning of each child; general parenting practices and discipline of each parent/caregiver in the home; and adult functioning of each parent/caregiver in the home. Intake Specialists gather any information the referent can provide related to these five elements as well as demographic information and characteristics.

When referrals are assigned for an IFA, the Family Services Specialist completing the IFA must be aware, when possible, of any specialized needs that could affect the Family Services Specialists ability to complete the assessment related to such things as language, developmental delays, hearing or speech limitations, etc.

Following the IFA, CPS works with the parents during the PCA process to determine the family's diminished protective capacities and services to enhance these capacities. When collaboratively developing the family's PCA, the Family Services Specialist must be aware of the individual needs of the family and any factors that could impact the family's progress such as language barriers, developmental disabilities, and/or diagnoses.

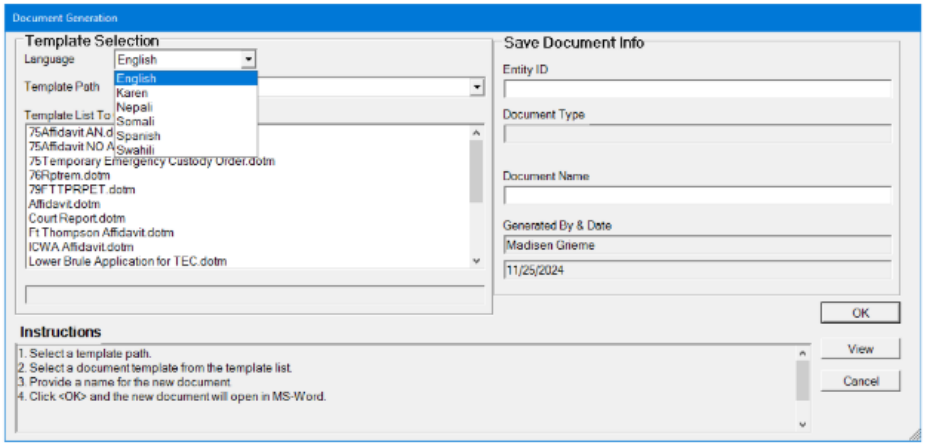
CPS facilitates parent's access to services through collaboration with service providers, assistance with working with service providers, assistance with transportation, paying for expenses for services not covered through other means, and assistance in addressing other issues that may create barriers for families to access services. The PCA Case Plan Evaluation is used by CPS through communication and contact with the family members and communication and coordination with service providers to evaluate the Case Plan progress and assess whether the diminished protective capacities are being enhanced and, subsequently, whether safety threats are being eliminated.

This item continues to be a **strength** as South Dakota continues to have a formalized process in place to identify and individualizes services for children and families. South Dakota also ensures children and families have access to individualized services.

Developmentally and Culturally Appropriate Services under all Jurisdictions Covered under the CFSP

Through the IFA, PCA, and PCA Evaluation stages, CPS staff continue to learn about the client's specialized needs and ways services can be individualized. The agency has several services and programs in place to meet the needs of individuals who speak languages aside from English as well as individuals who experience developmental delays, and hearing or speech limitations. Services specific to individuals with Developmental Disabilities include Filling My Day, Respite Care Program, Family and Self-Advocate Training and Resources Program, Family Support 360, CHOICES, Developmental Center, Job Services, Independent Living Services, Assistive Technology Clinics, and Career Preparation. Interpreter services are available through the Division of Rehabilitation Services for individuals who are deaf, hard of hearing, or have speech impediments. In addition, staff and persons served by the agency have access to Lutheran Social Services Interpreter Services, Propio, and A to Z World Languages to assist in translation and interpretation of a variety of languages. Treatment Foster Care, Group Care, Refer to Appendix D: Table D1- Array of Services for a detailed description of services available to assist these individuals.

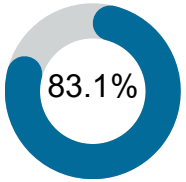
Currently, CPS has completed the translation of 61 templates. CPS staff access documents through the FACIS system and are provided the options of languages available after selecting the specific document. For example, when staff generate a legal document, they are given the option to generate three documents in English, Spanish, Karen, Nepali, Somali, and Swahili.

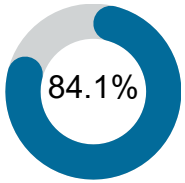


The final 27 templates have been provided to the agency's technical team to load to FACIS. This project plans to be completed by Spring 2025. In addition to providing translated documents to accommodate the specific needs of clients, the websites of the Department of Social Services, Department of Education, Department of Health, and Department of Human Services are equipped with google translate functionality that supports translation into a wide range of languages.

This ensures greater accessibility and inclusivity for individuals with diverse linguistic backgrounds, facilitating more effective communication across various service platforms. CPS employees have access to Propio, Lutheran Social Services Interpreter Services, A to Z World Languages, and services through the Division of Rehabilitation Services in order to provide information to individuals in their primary language. Refer to Appendix D: Table D1- Array of Services for detailed information regarding the services provided, population that is served, and the location of services.

83.1% of parents/caregivers indicated, through the parents with lived experiences survey, that services they received were individualized/ personalized (developmentally, culturally, easily understood, and in their primary language) to their specific needs.





84.1% of parents/caregivers indicated, through the parents with lived experiences survey, that documents related to their case were provided in their primary language.

Through the 2024 Stakeholder survey, 64.3% (157 of 244) reported that services are individualized (developmentally, culturally, and linguistically appropriate) to the needs of the children.

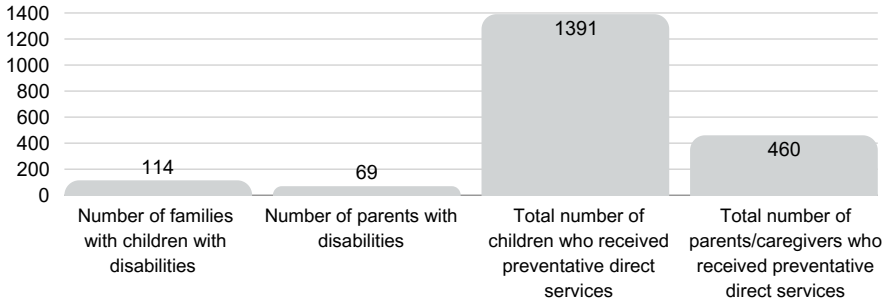
64.3%

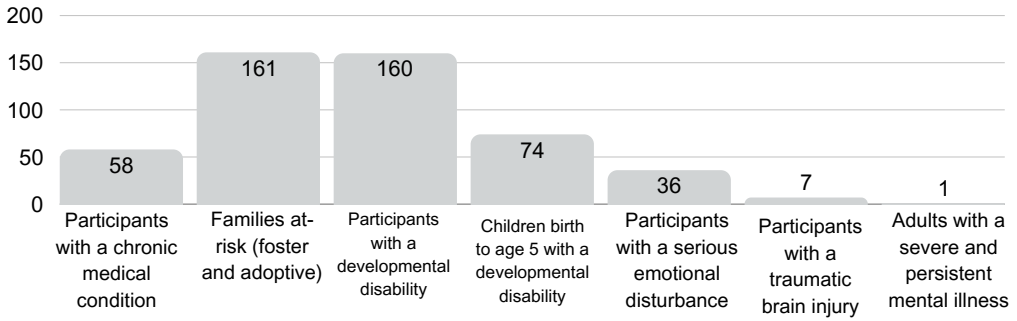
In addition, 61.3% (147 of 240) of stakeholders identified that services are individualized (developmentally, culturally, and linguistically appropriate) to the needs of parents/families.

61.3%

Disability and Special Needs Characteristics under all Jurisdictions Covered under the CFSP

In addition to language services, the agency works with children and families who have diagnosed disabilities. The Department of Human Services Division of Developmental Disabilities supports families of children or adults with special needs through the Respite Care Program. The following charts include information regarding clients the agency has served in Federal Fiscal Year 2024.





CPS uses Promoting Safe and Stable Families funding to provide foster parents and adoptive parents with respite care services through the South Dakota Department of Human Services Respite Care Program. The Respite Program served 497 children. There were 401 families who received respite care services.

Community Assistance Programs under all Jurisdictions Covered under the CFSP

The state of South Dakota has four community action programs that serve the entire state and have central offices located in Rapid City, Sisseton, Madison, and Lake Andes. These private, nonprofit agencies provide services to low-income South Dakotans such as weatherization, community transportation, food pantries, and emergency services. Western SD Community Action Agency has the purpose to make a positive impact upon the causes and effects of poverty. The agency supplies those living in poverty with the resources and assistance necessary to overcome these conditions. Grow SD gears their main focus on housing and weatherization programs. A central office is located in Sisseton with outreach offices in Aberdeen and Tulare. Inter-Lakes Community Action Partnership has a central office located in Madison as well as offices in each county served. The Rural Office of Community Services has a focus on emergency services and homelessness prevention. The central office is located in Wagner with outreach offices located in Tripp, Yankton, Winner, Mitchell, and Chamberlain. Refer to **Appendix D: Table D1- Array of Services for a description of each agency's services and coverage areas.**

Placement Resources Support Services under all Jurisdictions Covered under the CFSP

There are multiple resources across the state for foster families to access free clothing and other items for children in foster care. The following non-profit agencies provide support directly to foster families:

- The Foster Network out of Sioux Falls assists with supporting foster families across the state. The Foster Network has a clothing closet open to families. The Foster Care Network assists families with bedroom furniture, scholarship opportunities for children in foster care and help supplement families at Christmas time with gifts for children in foster care. They also have a support group for foster families and offer training through this and host multiple retention events each year for families.

- The Cherub's Closet in Sioux Falls, offers one pack of diapers per child once a month, including clothing and other items.
- The Society of St. Vincent de Paul, in Sioux Falls, provides free diaper for children in foster care. These are available three Wednesdays and the first three Saturdays of every month.
- Sotera Youth and Family Services Collaborative out of the Pierre area provides additional training to foster families. They have a supply closet consisting of clothes, diapers, furniture, formula and toys available to foster families. They host multiple retention events each year for families.
- Black Hills Foster Care Association covers the western side of the state. They provide backpacks with basic necessities for children when they come into care. They host multiple retention events each year for families.
- Fountain Springs Foster Care Supply Closet in Rapid City provided essential items to children and families in foster or kinship situations, including clothing, underwear and socks, pajamas, meals and other items as needed. This clothing closet closed in April of 2024; however, the Fountain Springs Church is committed in continuing to assist foster families by providing needed items for their family when a request is made.
- The Aberdeen Area Foster Closet provides baby/toddler items and toys, hygiene items and clothing for children in foster care.
- Restore Church Foster Closet in Yankton provides needed supplies and meals to support foster families and initial placements of children in their home. They also provide wrap around services for foster families with words of affirmation, childcare, acts of service, and prayer.
- The EC-CASA Caring Closet in Watertown provides items to foster families such as clothing, baby hygiene and equipment, blankets/pillow, toys books, and much more.
- Brookings Area Foster Closet provides clothing, shoes, hygiene packs, diapers, baby items and more to foster families in the Brooking's area.
- The Light of Mine Ranch covers the western side of the state. They help families with school supplies. The assist with purchasing Regalia for Native American children to be able to dance. They provide furniture assistance when needed for families. During the summer they do monthly retention events for families.

- South Dakota Kids Belong, in partnership with the Department of Social Services, has initiated a program that will allow community businesses to show their support to area foster families. South Dakota Kids Belong has reached out to local businesses with a request to become "Foster Friendly." Businesses that would like to participate will provide their information on the Foster Friendly app and will note any discounts that are being provided to show their support as a Foster Friendly business. There are currently over 300 businesses who have volunteered services at a reduced or no cost for foster families.

South Dakota Kids Belong is also working closely with the faith communities in Sturgis, Deadwood, Hot Springs, Custer, Rapid City, Aberdeen, Yankton, Vermillion, and Sioux Falls areas to provide wrap around services to existing foster families. As of May 31, 2024, there are currently 27 wrap teams that include 378 members. Wrap services provide direct supportive services such as home/car repair, meal prep, day care, mentorship, grocery shopping/delivery, lawn maintenance and words of encouragement through members of the foster family's church or community.

- SDKB has a state wrap director who has vast experience in organizing wrap around services for foster families.
- SDKB has a regional wrap coordinator in Region 1 (Rapid City area), which is one of the three identified areas in SD that has the highest needs for recruitment and retention of foster families.
- Many churches in SD do not have organized wrap services, however, they have become foster friendly by creating an awareness for children in foster care and asking for members to engage in the mission to care for vulnerable children. These churches are recognized in SDKB's Foster Friendly App.

Individualized Services Through Flexible Funding under all Jurisdictions covered under the CFSP

The Department of Social Services, Child Protection Services received $200,000 in funding through the Kinship Navigator Grant from October 1, 2022 to September 30, 2024 to assist kinship caregivers in learning about, finding, and using programs and services to meet the needs of the children they are raising and their own needs; and to promote effective partnerships with public and private agencies to ensure kinship caregiver families are served. This includes providing concrete supports and brief legal services for families. These concrete supports may include groceries, gas, beds, clothing, etc. From July 1st, 2023, to June 1st, 2024, the Kinship Navigator Grant reimbursed 203 families with concrete services. There were 156 families involved with the SD Department of Social Services at the time the reimbursement occurred and 47 families informally caring for their kin or whose kinship placement was supervised by a tribal child welfare office. Other families were also provided long-term referrals to community supports or public assistance. The CPS Family Services Specialist completes a funding request when financial support is identified as a need to maintain placement stability during the monthly home visit. A funding request is completed and provided to program staff. CPS Program staff coordinate services and supports through local businesses and set up direct bill accounts to limit the burden of purchasing services. Kinship caregivers can also request reimbursement for supports and services that were directly purchased by the kin.

CPS program staff have ongoing communication with the Family Services Specialist, kinship family, and local vendors to ensure services are provided timely. In June 2024, DSS/CPS launched a kinship navigator program titled "Kinship South Dakota". To help implement this program DSS/CPS signed a contract with Lutheran Social Services (LSS) to provide a full-time kinship navigator that can assist CPS is providing services to kinship families in South Dakota, regardless of CPS involvement.

Implementation continued with a soft launch of family referrals in June 2024. The program was launched to tribal agencies and SD CPS in August 2024 and launched to the public in September 2024. This program provides a full-time kinship navigator who offers support and resources to kinship caregivers. The aim is to help meet the needs of the family and support the ongoing placement of children with their kinship caregivers. Kinship South Dakota conducts a needs assessment for each family to identify referrals to resources and provides concrete supports available in the family's community. If additional support is needed, the kinship navigator will assist the caregiver through advocacy, problem-solving, and additional guidance to remove barriers to provide care for their kin. Inquiries and referrals can be made to Kinship South Dakota from child welfare agency staff, kinship families, counselors, professionals, community partners, or any concerned individuals. To reach Kinship South Dakota, individuals can call 1-844-344-9482 or 605-601-3410, or send inquiries/ referrals via email to KinshipSD@LssSD.org. No application is required to receive services initially. After the family assessment is completed, the navigator will assist the kinship family in reimbursement through the kinship navigator grant. The navigator will also assist the family in obtaining the W9, invoice, etc. for more efficient voucher processing. The navigator then provides follow up or aftercare prior to closing the inquiry.

Adoption and Legal Guardianship Incentive funds are used for a variety of services for children and families. A good share of the funding is used to fund a portion of the Post Adoption Services contract CPS had with Children's Home Society. The contract offered individual child therapy, consultation, family therapy, sibling therapy, crisis intervention, referrals to appropriate services, adoption competent services, evidence-based services, one-on-one parent education, psycho-educational services, community trainings, parent networking/support, advocacy, and family support. The contract facilitated adoption competency training for mental health professionals to create a statewide network of mental health providers prepared to meet the needs of adoptive families and their children. It funded an annual statewide adoption conference for child protection staff, mental health providers and adoptive families. The existing Post Adoption Contract ended on May 31, 2024, and CHS will no longer be the contracted agency for Post Adoption Services. Funds are used to fund the Wendy's Wonderful Kids (WWK) contract. The contract provides for two recruiters working with youth statewide on recruiting and identifying adopted families. The youth assigned to the WWK recruiters are identified as youth harder to place. The caseload for each recruiter averages 18 to 20 children. The contract matched 14 children with adoptive families and finalized on five children in SFY 2023.

Adoption and Legal Guardianship Incentive funds have been used to pay for child specific home study updates, adoptive placement supervision services for youth matched with adoptive families living outside of South Dakota, who are approved through private adoption agencies. Funds have been used for individual services and items requested by families. Some examples are legal fees, home modifications, travel reimbursement, applied behavioral analysis, specific parenting training, and various other miscellaneous items.

CPS tracks adoption savings through the CCWIS Program. All subsidized adoptions are entered in FACIS. When a funding source is determined and approved, IV-E adoption subsidies based on the provisions of Fostering Connections to Success and Increasing Adoptions Act of 2008 are identified as a "Fostering Connection's" case. The Subsidized Adoption Summary Details report identifies the calculated paid claims for eligible cases under "Fostering Connections". CPS calculates the state/federal match and determines the actual adoption cost savings. CPS' method has been approved by the Children's Bureau and reports the actual savings. There have been no changes to the methodology. Currently there are 523 youth receiving adoption assistance who are IV-E because of Fostering Connections to Success and the Increasing Adoptions Act of 2008.

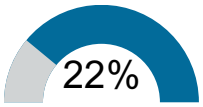
CPS has spent the entire savings on Post Adoption Services. CPS assists several adopted youth in residential treatment and group care placements with tuition assistance and other services not covered under some other type of funding source. CPS will continue to utilize adoption savings for post-adoption supports to families. The Post Adoption program continues to utilize services through the CARES Wrap Around Program provided by Lutheran Social Services. CARES is a community-based prevention and diversion program utilizing Wraparound Family Team Conferences to successfully engage and serve families who are at risk of child abuse and neglect. In SFY2024, four families were referred to the CARES wrap around program by the Adoption Program Specialist and four families were referred to a new interactive training program through LSS called Strengthening Families Together, which is designed to support families who might be facing conflict or wanting to build skills.

CPS continues to use Promoting Safe and Stable Families (IV-B, Subpart II) funds to assist with providing services that help keep children in their homes; support parents to keep children safe when reunification occurs; ensure stability of placements with foster parents, kinship parents, and adoptive parents; and facilitate adoptions. Approval for use of funds must be provided by Regional Managers and the Assistant Division Director. CPS views Promoting Safe and Stable Families funds as a critical source for situations where even basic levels of support can make the difference in the success of family preservation. Emergency funding for Promoting Safe and Stable Families allowed CPS to assist families with the same services for a longer period as CPS often depletes the funds well before the allotted timeframe. CPS continues to request approval to utilize funds in order to provide contract services for Interstate Compact on the Placement of Children (ICPC) and kin placement home studies to support temporary and permanent placement with relatives and non-custodial parents, legal services to expedite permanency for ICWA children through the court process, child parent visitation through contracts with visitation centers, and contract services for genetic testing to establish paternity for children in foster care.

In addition, funds are available for staff to help families meet needs that can help with placement prevention or reunification including:

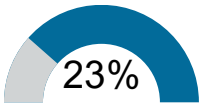
- Transportation, bus tickets and gas cards for parents to access services and employment
- Rental assistance, utility deposits to support placement prevention and reunification
- Crisis or other day care to support placement prevention and reunification
- Counseling/treatment for parents
- Assessments and evaluations for parents and children to assess danger threats and determine service needs
- Alcohol and drug treatment and testing for parents to assess danger threats and determine service needs
- Supports and services to Present Danger Plan and Safety Plan Providers to prevent children from entering care
- Needs for kinship placement resources - beds, cribs, highchairs, initial food, or clothing, etc.

The IV-B, Subpart II funds are allocated as follows:



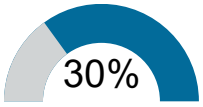
Family Preservation Services

CPS needs to enhance implementation of interventions in maintaining children in their homes and determining when children can be reunified. Funds will be used to support these efforts. (Mental Health Services, ICWA Expert Witness, Daycare, Transportation/Grocery/Gas/Cleaning)



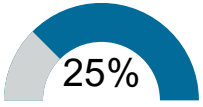
Family Support Services

The services and reason the service providers were selected include: community based family visitation center services for parents and their children, which were selected for contracting based on the fact they were already providing visitation services and located in several regions across the state to provide increased access for families; community-based counseling for parents and children selected based on the treatment providers that provide a specific type of service and expertise; FAS screenings by the University of South Dakota Medical School with the expertise in this area; paternity testing; home studies



Time Limited Family Reunification Services

CPS will be increasing efforts to improve timeliness of permanency and funds will be used in this area to support these efforts. (Visitation Centers, Interpreters, Housing/Utilities, Transportation/Grocery/Gas/Cleaning, Home Studies)

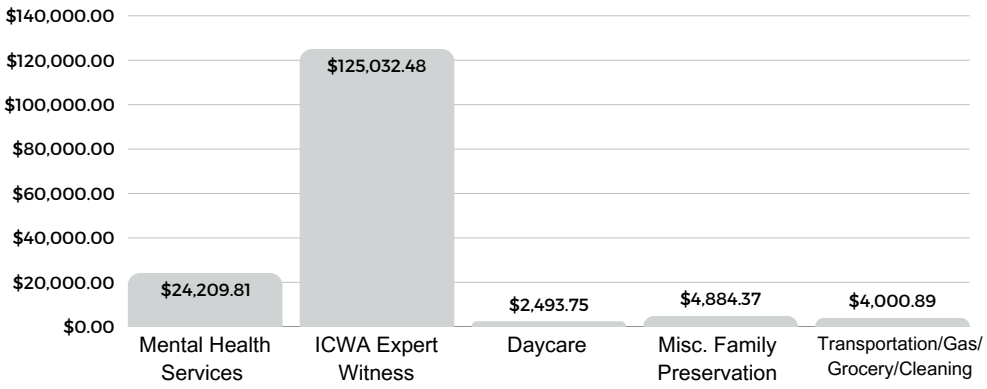


Adoption Promotion and Support Services

CPS will be increasing efforts to improve timeliness of permanency and ensure stability of adoptions and funds will be used in this area to support these efforts. (LSS Home Studies)

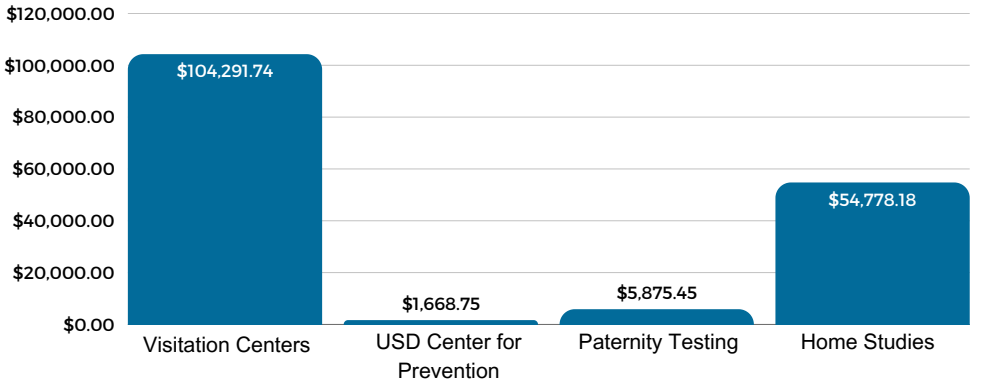
Family Preservation Services

In FFY2023, a total of $723,442.37 Promoting Safe and Stable Families (IV-B, Subpart II) funds were spent. Of these funds, $160,621.30 was spent for family preservation services in the areas of mental health services, ICWA expert witness, daycare, miscellaneous family preservation, and transportation/gas/grocery/cleaning.



Family Support Services

$166,614.12 is allocated towards family support services to include visitation centers, USD Center for Prevention, paternity testing, and home studies.

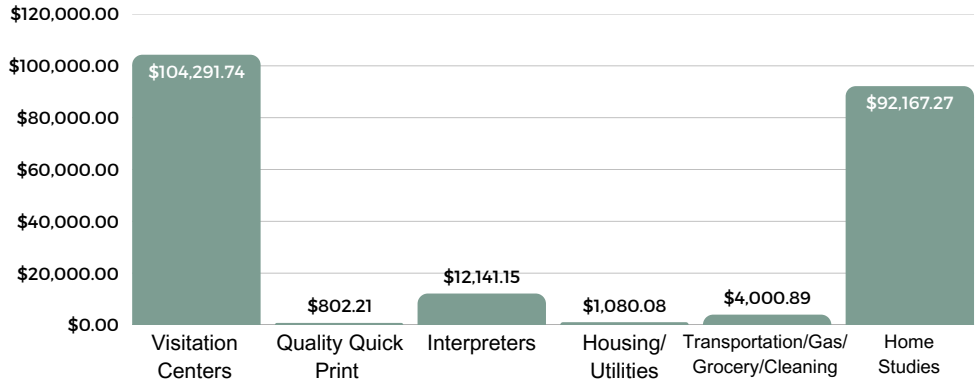


Adoption Promotion and Support Services

$181,723.61 is provided for adoption promotion and support services and all of this funding is spent towards Lutheran Social Services home studies.

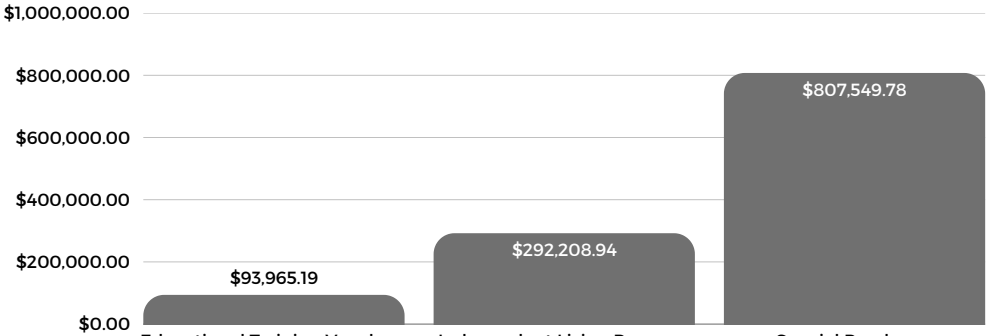
Time Limited Family Reunification Services

$214,483.34 is allocated for time limited family reunification services for expenses such as visitation centers, quality quick print, interpreters, housing/utilities, transportation/grocery/gas/cleaning, and home studies.



Miscellaneous Payments

Child Protection has availability to assist with financial needs such as clothing, educational expenses, extra-curricular activity costs, college supplies, driver's education, transitional housing, and much more. In State Fiscal Year 2024, $180,498.44 was spent through miscellaneous payments for costs related to children's clothing needs.



Educational Training Vouchers

Educational Training Vouchers (ETV) includes items for older youth in foster care such as housing ($700), scholarships ($91,494.23), and college supplies ($1,861.96).

Independent Living Program

Costs in this category include: housing ($30,365.63), transitional housing ($10,197.39) starter kit/incentives ($9,369.86), case management expenses while in an Independent Living Preparation Program ($203,422.33), driver's education ($9,801.70), and additional miscellaneous needs of older youth in foster care ($29,598.03)

Special Purchases

Items included in this category include costs associated with extra curricular activities, child specific supplies such as hair products for an African American child, groceries, and reimbursement to placement providers for child specific items.

Summary

South Dakota received a strength in Item 30 during the 2016 CFSR and evidenced from the information included in this item, the state of South Dakota has continued to make enhancements to provide clients with individualized services. The agency has also increased the availability of culture specific resources through the translation of DSS documents and interpreter services and continues to have access to flexible funding sources to provide services to family making this item a Strength.

Agency Responsiveness to the Community

Item 31: State Engagement and Consultation with Stakeholders pursuant to CFSP and APSR

Overview

South Dakota has expanded engagement and collaboration efforts throughout Round 3 and now in Round 4 of the CFSR. The level of engagement and consultation by CPS with stakeholders make this item a **strength**.

The South Dakota child welfare system recognizes the importance of collaboration and honest, transparent conversations with all members of the child welfare system to move towards positive outcomes for children and families. This is evidenced by the 2025-2029 Child and Family Services Plan. CPS collaborates consistently with the internal and external partners in the development, assessment, modification, and monitoring of the CFSP, as well as the progress reported in subsequent APSRs. These collaborative efforts are not seen as an event, but an ongoing process to continually identify more efficient and effective ways to improve outcomes for children and families who encounter the child welfare system. The process of envisioning the future of child welfare through the development of a vision statement provided an opportunity for multiple discussions, both internal and external. The vision statement provided aims to empower all members of the child welfare system towards systemic change.

Further collaboration with internal and external teams provided the input necessary to finalize South Dakota's vision statement, these partners included the Pennington County Deputy State's Attorney, Court Improvement Program Coordinator, the Center for the Prevention of Child Maltreatment. A tribal stakeholder and additional CIP member who is associated with the school district were invited, however, were not able to attend. They were given the opportunity to provide feedback in writing. In determining interim benchmarks, the team agreed to set a benchmark for the first year, then review progress towards each goal/objective each year thereafter to determine what the next year's goal should be.

The process of envisioning the future of child welfare through the development of a vision statement provided an opportunity for multiple discussions, both internal and external. The vision statement provided aims to empower all members of the child welfare system towards systemic change.

State Engagement and Consultation with Internal Collaboration

To create a shared vision across the broader child welfare system to support prevention and better outcomes for children and families, CPS collaborates consistently with the internal and external partners in the development, assessment, modification, and monitoring of the CFSP, as well as the progress reported in subsequent APSRs. These collaborative efforts are not seen as an event, but an ongoing process to continually identify more efficient and effective ways to improve outcomes for children and families who encounter the child welfare system.

The Department of Social Services Strategic Plan for 2021-2025 was presented to all staff via electronic correspondence in January of 2022. The plan development included staff from across the state from every division and at various levels of the agency. The strategic plan places value on staff input and the customer experience. Every step in the development of the plan looked very deliberately at what it would mean for employees and South Dakota customers. South Dakota's DSS Strategic Plan will be the basis for progress and the measure of success will be the work completed to meet the goals. The Strategic Plan goals center around creating a culture that includes recognition, innovation, and opportunities for growth.

The following sources provide for internal collaboration within the South Dakota Department of Social Services and CPS. Due to the structure of the department inter-department and inter-agency collaboration occurs on a consistent basis.

DSS Management Team	The Management Team consists of the Department Cabinet Secretary, Deputy Secretary, Chief Financial Officer, Chief of Children and Family Services, Director of Legal Services, Chief of Behavioral Health, Division Directors for CPS, Child Care Services, Medical Services, Economic Assistance, Child Support, Behavioral Health, Human Services Center Administrator, and the Human Resources Manager. The team meets on a monthly basis to discuss department and division initiatives, staffing, legislation, budgets, integration of services, and to identify successes, challenges, and solutions.
CPS Management Team	The CPS Management Team consists of the Division Director, Assistant Division Directors, Program Administrators, Program Specialists, and the Regional Managers. The team meets virtually on a weekly basis and in-person on a quarterly basis. Internal conversations are had regarding the status of each region and program area. Ongoing progress evaluation of initiatives are discussed each week as well as discussion, selection and planning of new initiatives is accepted by the team.
ICWA Capacity Building	The workgroup is made up of representatives from the seven regions in CPS, the ICWA Program Specialist, CQI Program Specialist, and FACIS Program Specialist. This workgroup is not only responsible for completing ICWA compliance reviews but also a capacity building process with training and awareness of ICWA trends locally and nationally. Casey Family Programs has expressed support for the workgroup and offered to schedule presenters for the group. The members from each region are able to bring back knowledge from this workgroup and serve as subject matter experts within their regions.
Supervisor Advisory Group (SAG)	This group is made up of the Continuous Quality Improvement and Outcomes Administrator, Continuous Quality Improvement Program Specialists, and supervisors throughout the state. The team meets monthly to address topics as presented to them by the field, or by the Continuous Quality Improvement (CQI) Core Team.

The state uses internal monthly reports submitted by both Regional Managers and Program Specialists. These standardized documents, completed each month by every Regional Manager and Program Specialist statewide, provide current data and updates on statewide and regional projects and initiatives. The reports include the state's goals and benchmarks from the CFSP, with Program Specialists providing monthly updates on progress toward these goals. The data covers a range of topics, including total referrals, the status of IFAs and Out of Home Investigations, placement trends, discharge outcomes, children in group/residential care, out-of-state youth in residential treatment centers, ICPC requests, finalized adoption data, children missing from care, Stronger Families Together, and foster parent recruitment. The information is reviewed during CPS Management Team meetings and is used in the development of the CFSP and APSR.

Engagement and Consultation with Stakeholders

The following describes the collaborative efforts of CPS through the facilitation and support of multiple multi-disciplinary teams. Each of these collaborations are utilized in all aspects of the CFSP/APSR, including, but not limited to, development, assessment of agency strengths and areas of improvement, review and modification of goals, objectives, and interventions and monitoring of progress. When collaborating, the CPS team ensures diversity of families and young adults being served who have been historically underserved or marginalized, and those adversely affected by persistent poverty and inequality in the child welfare system.

Representatives from the Divisions of CPS, Medical Services, and Behavioral Health in addition to representatives from the Departments of Human Services, Education, and Corrections comprise the State Review Team (SRT). The SRT meets weekly to review referrals of children and youth for inpatient treatment at residential and intensive residential treatment facilities. The SRT submits recommendations for psychiatric level of care to the South Dakota Foundation for Medical Care, formerly known as PRO (Peer Review Organization). The Foundation for Medical Care utilizes child psychiatrists and psychiatric nurses to determine medical necessity for psychiatric level of care and if the case meets criteria, the Foundation for Medical Care approves placement for a specific period of time not to exceed six months with a process to review requests for continued stays. If the case does not meet criteria, a less restrictive level of care is recommended by the SRT with suggestions from the Foundation for Medical Care. This system ensures that South Dakota's federal plans are shaped by a multi-disciplinary team of professionals who work together to ensure that children and youth receive the most appropriate level of psychiatric care based on their individual needs. The process also involves continuous review, allowing for flexibility and responsiveness to changes in the child's condition or treatment progress, and ensuring that the care provided aligns with medical necessity and federal guidelines.

Representatives from each group care facility and each Psychiatric Residential Treatment Facility (PRTF) comprise the South Dakota Association of Youth Care Providers (SDAYCP). The SDAYCP, CPS staff, CPS Supervisors, CPS Regional Managers, and CPS State office comprise the GRIT calls.

GRIT is an acrostic outlining the following values for the group:

G Guts, to bring it to the think tank, and dig into the guts of what the youth needs

R Resilience, of the youth, and of the team providing care

I Identification of the needs and the resources appropriate or needed

T Treatment steps for crisis, further crisis prevention and following the crisis follow-up

The GRIT calls started in June 2020 and occur weekly to discuss youth with high acuity needs who are in need or placement. The SDAYCP and CPS discuss the youth's strengths, needs, previous placements, and level of care needed in attempt to problem solve and keep the youth in South Dakota, rather than having to be placed out of state or at a level of care unequal to their needs. These youth are discussed on the weekly calls until a placement is found. GRIT fosters collaboration and connection with CPS staff and the SDAYCP. Input regarding youths' placements from both CPS and SDAYCP ensures that youth are placed in the appropriate level of care to meet their needs and supports service improvement within the group and residential service delivery system. Feedback and recommendations from GRIT influence the development of the Child and Family Services Plan (CFSP) and Annual Progress and Services Reports (APSR).

The Justice for Children Committee (JCC) is a combined committee that is established to meet the requirements of the Children's Justice Task Force Grant and the Child Abuse Prevention and Treatment Act Grant. Membership includes those required by the grant: law enforcement, Criminal Court Judge, Civil Court Judge, prosecuting attorney, defense attorney, attorney for children, CASA representative, health professional, mental health professional, Child Protection Services agency personnel, an individual experienced in working with children with disabilities, a parent, an adult former victim of child abuse/neglect, and an individual experienced in working with homeless children and youth. Review of the broader systems involved with child welfare and policy and recommendations for enhancement and improvements are ongoing functions of the JCC. The JCC report is included in the Child Abuse, Prevention and Treatment Act (CAPTA) Plan. The recommendations and action steps established by the JCC for the Children's Justice Act Grant are also included in the APSR. The JCC is consulted regarding CPS policy, practice and training related to responding to child abuse and neglect, including sex trafficking of children.

The Independent Living Services (ILS) Advisory Workgroup is composed of representatives from CPS, Department of Corrections, group and residential facilities, Community Resource Persons (CRP), tribal representative, and youth who are in foster care or have exited foster care. The ILS Workgroup meets at least twice per year and advises CPS on the biannual Teen Conference, the Regional ILS training workshops, program development, and service delivery to youth.

Data on NYTD and Youth Independent Living Surveys are provided at the meetings, discussed, and utilized in development of the CFSP and subsequent APSR.

The input of the workgroup will continue to be used to measure progress and make any needed adjustments in independent living services. The ILS Advisory Workgroup addresses the major concerns of individuals involved in developing the Child and Family Services Plan (CFSP) and Annual Progress and Services Reports (APSR) by integrating feedback and recommendations from key stakeholders, particularly youth and representatives of the Independent Living Services (ILS) Advisory Workgroup. This ensures that the goals, objectives, and updates reflect the priorities and challenges identified by those directly impacted.

The input of the workgroup will continue to be used to measure progress and make any needed adjustments in independent living services. Young Voices members—current and former foster youth—play a key role in the ILS Advisory Workgroup, offering insights and strategies to support service improvement.

For example, youth have emphasized the importance of focusing on key outcomes, such as:

Through structured discussions in advisory meetings, youth highlight challenges and propose actionable solutions, such as access to vocational training and expanding credit recovery programs. These recommendations are integrated into planning documents like the Child and Family Services Plan (CFSP) and Annual Progress and Services Reports (APSRs). This ensures youth perspectives are central to shaping strategic priorities and practical adjustments in independent living services. By engaging youth not only in completing surveys but also in crafting solutions aligned with their goals, CPS fosters a collaborative approach that empowers young people and improves service delivery outcomes.

The Office of Licensing and Accreditation, under the Department of Social Services, prepares for the annual relicensing onsite visit to group care centers for minors and residential and intensive residential treatment facilities by surveying residents and staff. The resident survey includes a range of questions on topics such as how the resident is treated; whether the resident feels safe; what contact they have with their family and supervising staff; and how they are engaged in the development of their treatment plan.

The staff survey includes questions pertaining to program policies and procedures, training, treatment planning, and services offered by the program. The information is shared with the individual agencies while in the review process as an element of the renewal review. Responses from resident and staff surveys offer valuable insights into the licensing, recruitment, and retention systemic factor. These insights are used in the development of the CFSP and subsequent APSRs to assess the placement settings of children served by the agency.

The Parenting Education Partners is a statewide network of parenting educators that provide parenting classes. The Community-Based Child Abuse Prevention Board, which is composed of parents and other stakeholders, meets two times per year to assess the effectiveness of the Common Sense Parenting, Responsive Parenting, and Positive Indian Parenting classes and make recommendations regarding parenting program approaches, techniques, and accommodations for populations with special needs. The Parenting Education Partners work with tribal agencies to improve efforts toward serving tribal areas. Input from the Advisory Board is used to enhance parenting education training for parents in the development of the CFSP and subsequent APSRs. The input from the Advisory Board will continue to be used to measure progress and make any needed adjustments in the Parenting Education Program through a feedback loop upon discussing key topics, reviewing data, and providing input in goal-setting and achievement. Parenting Education Partners informed on a revised data collection process for prevention services. A new survey was developed for participants of classes and other prevention-related services, fully distinct from the CPS delivery system's data collection, and this survey process has been tested, fully implemented, and in place for over a year now, so that a full year's data is available for review. This enhancement is significant and has been an exciting advancement for partner agencies, the CBCAP board, and the prevention viewpoints within CPS services. Data from the survey collection mechanism is reviewed quarterly state/system-wide, and sent to each provider to review. Data for the full year will be reviewed by the CBCAP board, federal CBCAP partners, and the CPS data analysis/strategic planning processes.

The State and Private Adoption Agency Collaboration is a group with participants from licensed private adoption agencies and CPS program staff. The group's first meeting was held on June 3, 2020, on Zoom. Seven private adoption agencies participated in the meeting. The private adoption agencies were enthusiastic about the opportunity to work collaboratively with the State on several topics. Plans are underway to survey members on what projects to focus on first. Collaboration ideas suggested by the group include post adoption services, adoptive parent training and education, matching opportunities, and resource sharing. The group will be meeting every two months initially.

The Individuals with Disabilities Education Act 2004 requires the establishment of a special education advisory panel to provide suggestions and advice to the State Department of Education on critical issues regarding special education services throughout South Dakota. The South Dakota Advisory Panel on Children with Disabilities (SDAPCD) meets, at minimum, four times a year. The membership of the SDAPCD must consist of members appointed by the Governor.

The membership is representative of the State population and composed of individuals involved in or concerned with the education of children with disabilities, including a representative from the State child welfare agency responsible for foster care.

The Department of Education (DOE), Special Education Program and the Department of Social Services have an Interagency Agreement that is updated at least every three years. The purpose of this Agreement is to identify and define the financial responsibilities of both DOE and DSS to facilitate the provision and coordination of services for all children, youth and adults who are eligible under programing across agencies. This Agreement in particular is intended to fulfill the requirements of Part B of the Individuals with Disabilities Education Act (IDEA), for students who are IDEA eligible. The role of CPS is to identify personnel to act as a liaison with DOE and the Local Education Agency (LEA). The designated CPS employee will recommend operational procedures and priorities, resolve problems or issues in accordance with the dispute resolution process, and recommend necessary policy clarification and procedures to carry out the Agreement. The agreement requires the following data sharing and responsibilities from CPS:

1. Share information on students who are in state custody and placed in a residential treatment center or intensive residential treatment center with the Local Education Agency (LEA) to timely receive records and implement services as outlined in the IEP.
2. Whenever possible, facilitate the child's transition to the LEA in the following manner:
   - Notify the LEA that it intends to enroll the child in the LEA.
   - For students on IEPs, attend an IEP Team meeting to assist the LEA in determining the most appropriate educational placement.
3. Submit to DOE an annual December 1 child count for students who are in DSS custody and eligible and receiving special education and related services being paid through auxiliary placement.
4. Provide student information to DOE necessary to determine student residency.
   - DSS provides DOE with four files over the course of the year providing DOE with the following information for all school age children in foster care:
     - first name
     - Last name
     - date of birth
     - Gender
     - Race/ethnicity
     - resident district name
     - resident school name.

Schedule of data sent to DOE:

- File 1 – To be received annually by September 10th. Children ages 3 and over that have been placed in foster care from July 1st through August 31st of the same year
- File 2 – To be received annually by December 10th. Children ages 3 and over that have been placed in foster care from September 1st through November 30th of the same year
- File 3 – To be received annually by March 10th. Children ages 3 and over that have been placed in foster care from December 1st through February 28th (29th if Leap Year) of the same year.
- File 4 – To be received annually by May 10th. Children ages 3 and over that have been placed in foster care from March 1st through April 30th.

5 Assist LEAs and DOE in enrolling as South Dakota Medicaid providers.

6 Provide instructions and technical assistance through scheduled provider training sessions on an as needed basis.

South Dakota CPS recognizes the importance of collaboration and joint decision-making between educational agencies and CPS. The Permanency Program Specialist acts as an Education Liaison between the state child welfare agency, DOE, and the Local Education Agencies (LEA)s to ensure the requirements of the Fostering Connections to Success, Increasing Adoptions Act of 2008, and the Uninterrupted Scholars Act of 2013 are met. The role of the CPS Education Liaison is to work jointly with the DOE designated foster care point of contact for ongoing collaboration and conflict resolution. The DOE Foster Care Point of Contact and the CPS Education Liaison meet multiple times per year to discuss efforts to effectively implement foster care requirements. The CPS Education Liaison is involved in discussions to maintain children within their school of origin, unless a determination is made that attending that school would not be in the best interest of the child. The CPS Education Liaison ensures LEAs understand the requirement to immediately enroll children in foster care despite a lack of education records. The CPS Education Liaison also ensures that transportation funding is in place to ensure that appropriate transportation is provided to ensure the child remains in their school or origin. The CPS Education Liaison updates CPS local office contact information yearly that is provided to the LEAs by DOE.

The Department of Social Services (DSS) operates the Auxiliary Placement Program. The Auxiliary Placement Program funds tuition costs for youth in the custody of DSS, Child protection Services (CPS), Department of Corrections (DOC) and some eligible youth in tribal custody who reside in group and residential treatment facilities. DSS partners with the Department of Education (DOE) to administer this program. Group and Residential treatment providers that are attendance centers of a public-school districts report enrollment data to DOE each year. DOE identifies which youth are eligible for reimbursement by the Auxiliary Placement Program based on their enrollment code entered into DOE's enrollment system.

DOE then calculates the amount of state aide they will pay to each school district based on the data entered into their enrollment system and reports this to DSS. DSS subtracts the amount of state aide paid by the DOE to the school districts for the eligible youth and pays each school district the remainder of the total tuition costs each year. Additionally, annually DSS provides DOE special education data for youth eligible for the Auxiliary Placement Program placed in out of state residential treatment facilities or in state residential treatment facilities that are not an attendance center of a public school district. This data is used by DOE to report Individual with Disabilities Education Act (IDEA) eligible students to the U.S. Department of Education.

While developing the State Prevention Plan as outlined by the Family First Prevention Services Act (FFPSA) a teaming structure was developed including a Core Team to drive planning efforts, a Prevention Team to help navigate efforts, and a Fiscal Team to plan braiding and blending of funding streams for greatest impact. These teams meet on a recurring basis at a frequency established by each team. The Core Team, for example, meets monthly. Meetings are a hybrid of virtual and in-person for maximum participation. The Core Team is comprised primarily of CPS and DSS leadership and program staff, along with the experience provided by a tribal ICWA Director, and two tribal child protection leads. The Prevention Team involves a broad range of participants representing urban, tribal, rural, and even frontier perspectives in South Dakota. There is a prominent and diverse tribal aspect with a variety of representatives involved, a young adult with lived experience participates, a grandmother who is a Common Sense Parenting trainer and is parenting her grandchildren represents her tribal affiliation, many community and state agencies with leads from varying levels of structure are included, and federal partners are involved. Rich data review occurred initially and ongoing to help drive the decision-making of the team throughout the process. The stage currently in development includes pre-piloting- the utilization of grant dollars to soft-pilot delivery of FFPSA supports before finalizing the prevention plan. This will help those involved to provide input on the planning and real-time families to also have an impact by expressing what works well, what could be improved, and help inform policies, procedures, and on goal-setting.

Weekly Zoom meetings of a sub-workgroup from the main Oglala Sioux Tribe (OST) Task Force occurs. The main task force meets every Monday, and the sub-workgroup meets every Friday. The discussion is focused on improving the challenges faced by the OST's - Child Protection Program. CPS ICWA Program Specialist will continue to meet with the sub-workgroup and bring back any questions, updates, or requests to DSS-CPS leadership.

The South Dakota ICWA Placement & Recruitment Project also known as South Dakota Native Foster Care (SDNFC), was created in 2014 with the task of increasing the amount of Native American foster homes in South Dakota. The group gradually became inactive after Casey Family Programs pulled away from the partnership that was created and now the collaboration between the Tribes and State is gathered through the Stronger Families Together initiative which is made up of workgroups with tribal membership at various levels.

The Stronger Families Together initiative is a call for action to recruit, prepare, and support foster and adoptive families within their own communities based on the following four principles: All children deserve to grow up in a family where they are loved and protected; Foster families are needed to care for children and support their families when they are experiencing challenges that cause the children to be unsafe; Encouragement, support, and services are needed for parents, kinship families, foster families, and adoptive families to provide the best care possible for children; Families are needed to provide children a safe, stable, and permanent forever family if they cannot return home. The initiative highlights the needs for more foster families to provide care for Native American children, sibling groups, older youth, children who require specialized care due to behavioral, mental health, or medical needs, and families who are willing to partner with the child's family to help achieve reunification and/or to maintain connections. The following entities across SD continue to collaborate for Stronger Families Together: The Governor's Office, Tribal Relations, DSS (CPS, OLA, Communications), South Dakota Kids Belong, Tribal child welfare programs (Oglala CPS, Sicangu, ICWA and BIA from Crow Creek, Lower Brule, and Rosebud), foster and adoptive parents, foster care alumni, business leaders, faith-based organizations, private adoption agencies, and child placement agencies. Through strategic partnerships, feedback is consistently gathered from stakeholders, including tribal representatives, community organizations, foster families, and youth with lived foster care experience. South Dakota systematically integrates stakeholder input into the CFSP and APSR by:

Data-Driven Decision Making

Feedback from stakeholders is used to inform key performance indicators, such as the ratio of foster homes to children in care. For example, regions like region 1 (Rapid City), which has 5.2 times as many children as available foster homes, have specific recruitment plans developed through stakeholder collaboration.

Program Development

Based on stakeholder feedback, South Dakota developed the Foster Parent Tool Kit, equipping foster families with resources to share their experiences and recruit new families. The outcomes of this program, such as increased inquiries and foster parent licensing, are tracked and reported in the APSR.

Policy Adjustments & Reporting

Feedback from tribal representatives highlighted the need for culturally appropriate recruitment materials. In response, DSS collaborated with the Department of Tribal Relations to develop culturally relevant brochures and social media strategies tailored to Native American communities. This initiative is reported annually in the APSR, demonstrating ongoing efforts to recruit Native American foster families.

Examples of Integration

Example 1: After a collaborative group highlighted the importance of engaging the faith community, DSS expanded the Foster Friendly Churches initiative. Feedback led to the development of a Foster Friendly App, connecting foster families with supportive churches, which is now part of the CFSP.

Example 2: During stakeholder meetings, foster parents and alumni emphasized the importance of youth voice in recruitment. This feedback resulted in the creation of the Youth Bureau of Speakers, a program now highlighted in the APSR as a strategy to increase foster care placements for older youth.

The state uses these ongoing consultations to refine recruitment strategies and improve service delivery. Monthly updates, newsletters, and quarterly meetings ensure stakeholders remain informed and their feedback continues to shape policies, with key outcomes reflected in federal reporting through the APSR.

The Kinship Workgroup was created in December 2021. The Kinship Workgroup meets monthly to enhance engagement of children and families regarding relative searching and relative placement for families involved with the child welfare system. The work group consists of CPS Director of Field Services, CPS Program Specialists, CPS Regional Managers, CPS Supervisors, CPS Kinship Specialists, and CPS Family Services Specialists. The workgroup has external members including a youth with lived experiences, a kinship resource with lived experiences, the Rosebud Sioux Tribe ICWA Director, the Standing Rock Sioux Tribe ICWA Director, Sicangu Child and Family Services Family Developers, Lutheran Social Services (LSS) Kinship Home Study Specialists, LSS Kinship Supervisor, and LSS contracted Kinship Locators. This workgroup has identified two overall goals including: streamlining and having a consistent statewide kinship practice; and establishing criteria regarding the assessment of kinship providers. This workgroup collaboratively reviews findings from annual kinship fidelity reviews and apply these findings to the development of the CFSP and subsequent APSRs. Through this workgroup, the agency actively works towards the goal outlined in the CFSP of engaging with the tribe in diligent relative searching.

Engagement and Consultation with Tribal Representatives

Nine tribal nations are located within South Dakota, with CPS providing direct child protection services for five of these nine tribes. The four tribes that provide their own full array of child welfare services are the Flandreau Sioux Tribe, Sisseton Wahpeton Oyate Tribe, Standing Rock Sioux Tribe, and the Oglala Sioux Tribe. The tribes directly served by CPS are the Rosebud Sioux Tribe, Cheyenne River Sioux Tribe, Crow Creek Sioux Tribe, Lower Brule Sioux Tribe, and Yankton Sioux Tribe. CPS has Title IV-E agreements with these four tribes. Each of the tribes have tribal courts and tribal law enforcement. There are several similarities with the protocol with the courts and law enforcement with the five tribes compared to non-tribal law enforcement and courts.

The similarities include the option for joint investigations, provisions for law enforcement to take emergency custody, and abuse/neglect actions through the court with the court being able to give custody, care, and placement responsibility to CPS. The FBI and U.S. Attorney's Office also have jurisdiction to investigate and prosecute criminal child abuse on the reservations. Tribes have representation in many internal and external workgroups related to services provided by South Dakota's child welfare system.

In 2022, in preparation for the planning and development of its FFPSA prevention plan, CPS began having individual engagement sessions with tribes. The purpose of these meetings was to gather information about their services, resources, revenues, strengths, and needs. An overview of FFPSA that included allowable areas for claiming, the Clearinghouse, and Evidence Based Practices (EBPs) were provided. The meetings provided an opportunity for CPS to enhance relationship-building with key tribal members. Through storytelling, the tribes shared their communities' strengths, opportunities or challenges, and areas of concerns in services; these themed are identified below.

Through storytelling, the tribes shared their communities' strengths, opportunities or challenges, and areas of concerns in services; these themed are identified below.

Strengths:

- Developed service arrays
- Investment in families and community
- Creative systems to address basic needs
- Cultural/traditional methods to address family needs

Opportunities or Challenges:

- Housing
- Substance use disorder services/treatment
- Lack of cultural services in geographical areas
- Lack of community/familial connection

Areas of Concern:

- EBPs lack cultural or traditional component
- Infrastructure, funding, and resources to support direct Title IV-E drawdown
- Necessary collaboration for Title IV-E pass-through funding
- How to ensure their voices are heard

The support of Positive Indian Parenting through Community Based Child Abuse Prevention Grant funds will continue. Other culturally relevant programs such as Family Spirit and Lakota Circles of Hope would be considered for IV-E reimbursement if a program were to achieve the well-supported rating in the Clearinghouse. These programs are reported to be provided in the state by various community organizations.

Additional engagement included involvement of two tribal members for the development of the request for proposal to obtain the consultant to organize family first prevention planning, scoring of proposals, review of contract, and involvement in teaming structure. Meetings with the ICWA Coalition leads to gather historical information on preferred methods of engaging tribes and provide information on the elements and requirements of FFPSA occurred, including the SD ICWA Coalition meeting in Rapid City. CPS values the involvement of Native representation at all levels of planning, development, and implementation of the prevention plan and the pace at which this planning process has proceeded was intentional in order to organize this involvement. As a result, the Core and Prevention teams have benefited from tribal voice in discussion and decision-making.

Consultants from ICF along with members of DSS met individually with tribal officials on tribal lands to present an overview of FFPSA and begin the process of consultation to gain input from each of these tribes. **Appendix E: Table E1- Tribal Collaboration Efforts** outlines detailed information regarding South Dakota's ongoing tribal collaboration efforts.

The State Tribal Child Welfare Consultation (STCWC) is a workgroup made up of the nine ICWA directors and tribal CPS directors for those tribes that have a state tribal agreement. The state is represented by DSS-CPS leadership, ICWA Program Specialist, Court Improvement Program Administrator and other state personnel as needed. This workgroup is scheduled to meet on a quarterly basis following a meeting with the nine ICWA directors in a workgroup called the ICWA Coalition. The intent was that ICWA directors could discuss their concerns and bring it forward to the STCWC for discussion. In 2024, inconsistency developed as the ICWA Coalition cancelled a couple of meetings due to their workgroup needing more time. These cancelled meetings were not rescheduled.
As part of an ongoing collaboration between the state and tribes, letters of invitation were sent out in February 2024 to each tribe with an invite to meet with DSS-CPS leaders on an individual basis. The intent was to give each tribe a chance to discuss their program's challenges or successes, where they might not have a chance to talk about their program, at length, in a larger STCWC meeting. Out of the nine tribes, five responded and meetings were held. An in-person meeting was held with one tribe, who through discussions, expressed an interest in entering into some type of state tribal agreement. Examples were discussed with what is currently in place and this tribe would like to have a follow up meeting in the first quarter of 2025 to further explore a state tribal agreement. Items related to the CFSP and APSR continue to be discussed at each of the meetings. The group created its second strategic plan entitled, "Strategic Plan for Unified Advocacy and Action" which has two targets for the group's collective work: "Disproportional Entry Rates of Native American Children into Custody" and "Determine What Prevention Efforts Are Needed.", however, as discussions progressed it was decided that while these are still very important targets, they needed to be broken down into more realistic steps that would strengthen the targets in the long run.

On a regional level, DSS-CPS collaborates with individual tribes as part of ICWA compliance. This could range from ICWA notice to due diligence in the relative search process. A new process was started in the summer of 2023 where any adoption cases that require a Good Cause ruling, would be staffed by the Adoption Program Specialist, ICWA Program Specialist, Family Services Specialist, Supervisor and the tribe's ICWA specialist. There have been a number of these meetings, which have been a good opportunity to collaborate on ICWA compliance.

CPS Team Members, Committees and Groups Collaboration

CPS team members participate in the following teams, committees, and groups to continue to foster collaboration across the child welfare system. Each team promotes the child welfare system and informs the development, assessment, modification, and monitoring of the CFSP, as well as the progress reported in subsequent APSRs. When collaborating, the CPS team ensures diversity of families and young adults being served who have been historically underserved or marginalized, and those adversely affected by persistent poverty and inequality in the child welfare system.

Department of Social Services conducts an online survey of foster families every three years. In May 2021 403 out of 821 (49%) of licensed foster families completed the survey. Survey questions were related to training, communication/support, working with birth parents, and court hearings. Some notable outcomes were:

83%

83% of the respondents feel they are supported as a foster parent

94%

94% of the respondents would recommend becoming a foster parent to someone they know.

The latest foster parent survey was completed in June 2024. The following diagrams reflect information provided to the agency through the foster parent survey:

73% (98 of 134) of the respondents feel they are supported as a foster parent by their Family Services Specialist

73%

82% (110 of 134) of respondents feel supported by their Licensing Specialist.

82%

81% (108 of 133) of respondents would recommend becoming a foster parent to someone they know

81%

The South Dakota Youth Care Providers Association meets quarterly. Representatives from the Department of Social Services (CPS, Auxiliary Placement, and Behavioral Health) and the Department of Corrections attend the meetings to discuss areas related to children placed in group and residential care such as admissions, denials, discharges, seclusion and restraints, placement numbers, out of state placements, and efforts to improve the system for youth placed in upper levels of care. CPS shares quarterly child welfare data at these meetings such as number of calls to CPS intake line, number of children in all alternative care placements, new children in care, discharge outcomes, and out of state placements. SDAYCP members share quarterly data related to ACE and CANS assessment data for children entering and discharging group care and PRTF placements, as well as length of stay for each service and program. The data and information shared assists in identifying types for services needed, as well as strategies to address identified barriers to access services for children. An example is ongoing discussion related to the referral process and number of referrals to Intensive Family Services and Family Functional Therapy, services provided by the Community Mental Health Providers to help stabilize youth upon discharge from group care and PRTF treatment.

The ILS Program Specialist is a member of the South Dakota Youth Employment Services, a subgroup of the South Dakota Workforce Development Council (WDC) established by the state South Dakota Department of Labor and Regulation to help improve youth employment. Information obtained through the group will be used to measure progress and make any needed adjustments in the independent living services.

The ILS Program Specialist is a member of the South Dakota Housing for the Homeless Consortium Youth Committee, established by the South Dakota Housing Authority to help address housing issues for families and youth who transition from foster care. Information obtained through the group is used to measure progress towards the state's goals as outlined in the CFSP and make any needed adjustments in the independent living services. The Committee holds monthly conference calls and quarterly meetings to share information regarding housing trends and resources.

Parenting Education Partners hold peer reviews of local Parenting Education providers. The information from the reviews is used in the APSR to improve parenting education and other prevention services. The input gained from the Peer Reviews is used for the development of the CFSP and subsequent APSRs and will continue to be used to measure progress and make any needed adjustments in the Parenting Education Program.

The Department of Health is in the early stages of developing a South Dakota Preventable Death Review Team. This team will collaborate with law enforcement, medical examiners/coroners, and the Vital Statistics Office to create and implement a plan to collect timely and comprehensive data on all child deaths. The Preventable Death Review Team will initially focus on the two largest counties, Minnehaha and Pennington, and then will expand statewide within the next two to four years. The Assistant Director and the Protective Services Program Specialist are on the Review Team. In addition to Minnehaha and Pennington counties, there are fatality review groups on the east and west sides of the state of South Dakota. Each group has a CPS staff member sit on the committee.

The Administrator of Services for Families is a member of the Child and Family Services Interagency Workgroup through the Division of Family and Community Health Head Start Collaboration. The workgroup meets quarterly and is exploring a charter to collaboratively enhance the well-being and development of children and families in South Dakota. The workgroup will focus on building a coordinated, efficient, and responsive state-supported service delivery system that ensures the effective and equitable support of families, with particular attention to vulnerable populations. The workgroup will facilitate communication, share resources, address gaps in services, and create collaborative strategies among agencies and organizations serving children and families. The mission set forth through the charter is to strengthen collaboration across South Dakota state agencies and the Early Childhood Comprehensive Systems grant work to provide children and families with the services, resources, and support they need to achieve positive outcomes in health, education, safety, and overall family well-being.

The Administrator of Services for Families provides input regarding safety of children, as well as education regarding child welfare in South Dakota. Areas of focus at recent meetings include family planning, newborn screenings for hearing and metabolic diseases, the Women, Infants, and Children (WIC) program that provides supplemental nutrition for women, infants, and children, For Baby's Sake that provides information and resources to help women have healthy pregnancies and healthy babies, access to oral health, and access and services to childcare. The workgroup is also reviewing proposed administrative rule changes which are targeted at better access and services for childcare utilization and the overview of the Front Door initiative of the Dakota at Home program offered by the Department of Human Services.

The Protective Services Program Specialist from CPS is a member of the Birth to Three Interagency Coordinating Council (ICC), which has the purpose of advising and assisting the Department of Education on identifying appropriate services for children ages birth to three who have a disability or developmental delay. Information is exchanged between CPS and the ICC to further services for the children in the target population. The Council meets four times per year and the Program Specialist provides input regarding keeping the children safe and provides data on the number of Birth to Three children who have been victims of abuse and/or neglect. The ICC is mandated by federal law and appointed by the Governor to advise and assist the Lead Agency to implement the requirements of Part C of the Individuals with Disabilities Education Act (IDEA). The 2021 child count numbers for children served by South Dakota's Part C Birth to Three Program was 1,018.

The CASA Program has six active programs across the state. A CASA volunteer is a trained citizen who is appointed by a Judge to represent the best interests of a child in court. The children served are determined to be victims of abuse or neglect by the Court. The National CASA Association has developed a new training curriculum, as well as improved policy and manual updates. The purpose of these updates is to assist in alignment of all CASA progress across the country, so they are all utilizing the same practice. The new training provides hands-on cases and is noted to be more practical and "real" for the volunteers. In 2019, 760 children received services by a CASA volunteer. The Protective Services Program Specialist is an appointed member of the South Dakota CASA Commission board. The board monitors the number of children served and the number of children waiting for a CASA volunteer. Funding determinations are considered through the board. The board provides opportunities for education and collaboration. The South Dakota Legislature recently allocated $1 million from the general fund to the South Dakota CASA Commission to help expand and develop new CASA programs. The funds will be distributed through grants to help with: Program growth and expansion, new program development, and recruiting more volunteers.

CPS and the Department of Education continue their collaboration related to the implementation of Title I of Every Student Succeeds Act. Procedures for staff in CPS and local school districts were developed, as well as an MOU between the Departments of Social Services and Education to enhance educational stability for children and a process to address issues as they arise.

The Center for the Maltreatment of Child Prevention developed a task force, PK-12 YSO (Pre-Kindergarten – 12th grade and Youth Serving Organizations) which began in November 2018 to surround a community's infrastructure, particularly schools and youth serving organizations, with the tools and education necessary to know of, respond to, and prevent child maltreatment. Four focused objectives of the task force are: offer all school district personnel mandatory reporter training; develop a platform and infrastructure for virtual support services of counseling, behavioral health and social work in K-12 schools; launch a coordinated effort to teach prevention to students in school systems as well as their parents/guardians; and launch a coordinated effort to teach child sexual abuse prevention efforts in youth serving organizations and faith-based organizations. The Protective Services Program Specialist is a member of the task force and is assisting in moving the efforts, activities, and prevention forward.

The Center for Prevention of Child Maltreatment is located at the University of South Dakota under the School of Health Sciences. The Center has six major goals and 48 supporting objectives that address a 10-year comprehensive approach toward ending child sexual abuse in South Dakota. The objectives of the 10-year plan will increase the State's capacity to address all forms of child maltreatment. The six goals of the plan include: Statistics and Benchmarking; Public, Private and Tribal Health; Mandatory Reporting; Criminal Justice and CPS Response; Infrastructure; and Public Awareness. The Center has an advisory board with multi-disciplinary representation including the Division Director for CPS. The advisory board provides direction, guidance, and oversight of the 10-year plan. The objectives of this Plan will increase the State's capacity to address all forms of child maltreatment.

Six representatives from CPS participate as members of the Court Improvement Program (CIP) Committee. The CIP Committee focuses on areas that relate to the CFSR permanency outcomes, the case reviews system, and the CFSP/APSR. The agency's goal 3 states, "Families involved with the child welfare system through the court receive appropriate services to ensure safety, timely and suitable permanency, and well-being for children." A benchmark for this goal includes the CIP Committee reviewing the results of the Child and Family Services Review (CFSR) to identify permanency initiatives needed for the Program Improvement Plan. During monthly meetings, the Court Improvement Program Committee discusses the state's data profile, the CFSR process, and collaborates to brainstorm permanency initiatives.

CPS is involved in the Juvenile Detention Alternatives Initiative (JDAI), a program intended to provide alternatives to detention for youth in the juvenile corrections system. The Regional Mangers from Regions 1 (Rapid City) and 6 (Sioux Falls) are members of the JDAI committees in their service area. JDAI expansion meetings were held in Aberdeen, Brookings, Watertown, Mitchell, and Pierre with CPS supervisors from those offices participating in the meetings. Occasionally, children under CPS custody enter the juvenile corrections system, and it is important to provide less restrictive alternatives.

The Protective Services Program Specialist is a member of the steering committee for Project SCOPE (Supporting Children of the OPioid Epidemic). Project SCOPE is a national training initiative intended to build nationwide provider capacity and confidence in applying evidence-based practices in screening, monitoring, and interdisciplinary support for children and families diagnosed with Neonatal Abstinence Syndrome (NAS), Neonatal Opioid Withdrawal Syndrome (NOWS), or who are suspected of being impacted by opioid use, trauma, or related exposure. The purpose of this national initiative is to train interdisciplinary teams on emerging knowledge and evidence-based practices in screening, monitoring and interdisciplinary care for children impacted NAS, trauma, or related exposure. Core curriculum will include current research on brain development, developmental outcomes of prenatal exposure to opioid and other substances, trauma informed care, provider secondary trauma stress, and strategies to support caregivers. This initiative is intended to improve outcomes by linking research to practical application in local communities, providing opportunities to share knowledge and findings with national networks and federal agencies, and providing recommendations for future interventions. The Center for Disabilities at the University of South Dakota Sanford School of Medicine is partnering with the University of Wyoming Institute for Disabilities and the Nisonger Center at the Ohio State University and the University of Cincinnati Center for Excellence in Developmental Disabilities for this project. This initiative will build upon the effective ECHO virtual training model and is a pilot supported by the U.S. Department of Health and Human Services Administration on Intellectual and Developmental Disabilities. This initiative will also support Plans of Safe Care.

The Learning and Development Program Specialist is working in collaboration with Call to Freedom, an advocacy center for Human Trafficking to deliver training to Child Protection Family Services Specialists on identification and risk factors for youth who come to the attention of CPS.

The Permanency Program Specialist is a member of the National Child Welfare Anti-Trafficking Collaborative. This group is a collaboration of state, county, and tribal child welfare agencies all over the United States that work to initiate or strengthen strategies to address human trafficking and the commercial sexual exploitation of children. The collaboration was formed to provide child welfare professional the space to discuss efforts and share resources. The collaboration meets bimonthly to hold targeted conversations on how different states are addressing tracking within child welfare agencies.

CPS and the University of South Dakota are partnering together on an Adverse Child Experiences (ACE) study. With early intervention and prevention efforts, the impacts of ACEs can be mitigated. Child Protection is partnering with the University of South Dakota (USD) to recognize ACEs as part of a family's environment to better understand behavior and provide appropriate supports. ACE data is shared with USD through an MOU. The data collected will identify populations and regions that are experiencing child adversity and therefore are at risk for poor health and well-being. This information can be used to identify existing supports and areas of need to promote resiliency in these communities. It can also be used to inform policy that supports protective factors (safe school environment, positive adult and peer relationships, and high cognitive skills). Specifically, this data will support service providing agencies to train their staff to address ACEs and promote resiliency within the families and children they serve.

South Dakota is in the midst of a methamphetamine epidemic, while at the same time experiencing a growing opioid problem. These circumstances have led to a significant increase in the number of child abuse and neglect cases. Volunteers of America, Dakotas (VOAD) serves pregnant, parenting and postpartum women whose children have been removed or are at-risk of being removed from their custody due to substance use. VOAD's New Start Residential Program and its primary partner, CPS, propose to address the need for formal coordination mechanisms among family serving agencies to respond to the rising rate of children in out-of-home placements due to parental substance abuse. VOAD's New Start Program is one of only two residential treatment facilities in the state where mothers can live with their children during recovery. VOAD is located in Sioux Falls, SD but serves families from across the entire state. Mothers may have their children with them from ages 0-8 years old and a total of two children. The Regional Manager from Region 6 is the primary child welfare partner for the Regional Partnership Grant (RPG). Currently VOAD New Start has the capacity to serve a total of 30 women in their residential program. The agency collaborates with VOAD's New Start Program staff to discuss trends that may impact the number of child abuse and neglect cases, such as substance use, as well as program success rates and other factors observed by program staff regarding residents involved with the agency.

The ReNew Program through Bethany Social Services starts at prenatal care and continues to age five. This program provides a case manager to assist the family with resources to overcome any barriers they may be facing, though they specialize in past and present substance abuse. This program began in Region 1 and Region 6. The Regional Manager in Region 6 participates on the advisory group.

Multiple CPS staff are involved in the South Dakota Unified Judicial System's Dual Status Youth Initiative. The term "dual status youth" refers to juveniles who come into contact with both the child welfare and juvenile justice systems and occupies various statuses in terms of their relationship to the two systems. A growing body of research has consistently confirmed that, in comparison to juveniles without such cross-system involvement, dual status youth present a range of important challenges. The challenges and costs associated with dual status youth strongly suggest the need to devise and implement innovative ways to manage these difficult cases. The Robert F Kennedy (RFK) National Resource Center will use its four-phase framework to provide technical assistance and consultation in partnership with the South Dakota Unified Judicial System to positively impact outcomes for youth involved in both the juvenile justice and child welfare systems. Enhancements and improvements in policy and routine practice realized through this project will focus on strengthening practices, programs, and services for various systems of care on behalf of the South Dakota Unified Judicial System for their identified target.

In 2020, the CPS Division Director was appointed to serve on the Behavioral Health Advisory Council (BHAC). The Council advises the Division of Behavioral Health with the planning, coordination, and implementation of the State's behavioral health services plan. BHAC members assist with the establishment of goals for the State Plan while also monitoring and reviewing fiscal and programmatic information to evaluate the adequacy of services for individuals with behavioral health needs. The BHAC also provides input toward potential services and/or funding expansion.

CPS, Behavioral Health, Yankton School District, and Lewis and Clark Behavioral Health in Yankton, SD have partnered to implement a school-based child abuse prevention program. This program benefits families who require intervention; however, do not meet the criteria for CPS intervention. The goal is to reach families and provide services prior to a family experiencing a crisis which prevents them from safely caring for their child. In researching evidence-based models and considering the resources already in the Yankton community, Systems of Care was selected as the model for this program. Additional steps included data collection, education around mandated reporting, screening criteria of the school, and Lewis and Clark Behavioral Health educating CPS on services offered through the school and community. Collaboration continues for development around criteria and the screening protocols. All agencies partnered through the implementation phase which ended May 2022. The Systems of Care-Child Protection Services (SOC-CPS) team meets quarterly to focus on ongoing success of the program. An Memorandum of Understanding is in place for ongoing exchange of information, largely including information on referrals to the intake process.

South Dakota desires to collaborate and bring together cross-agency partners to develop, implement, and monitor Plans of Safe Care for all infants affected by substance use, not just those infants who meet the criteria for child welfare intervention. Plans of Safe Care will be aligned with a new Medicaid program focused on connecting pregnant mothers with supports and resources, with a focus on ensuring prenatal care. South Dakota State University received a HRSA grant related to Plans of Safe Care. The BIRTH-SD-AIM (Bridging Information and Resources to Transform Health of South Dakota parents - Assessing need and Implementing Maternal health safety bundles) was received in September 2023 and the grant period is for four years. Over those four years, the goal is to implement sets of patient safety standards in birthing hospitals across the state and the first set of standards that is being worked on is for pregnant individuals with substance use disorder.

Lutheran Social Services received a family stabilization grant and is implementing the CARES model in Watertown and Sioux Falls. This evidence-based model is geared towards prevention of families in the child welfare or juvenile justice system by identifying families early and providing a case manager and family advocate to walk alongside them through their at-risk situation. This program started receiving referrals from the Watertown and Sioux Falls school district in January 2022. Lutheran Social Services has collaborated with CPS throughout the process of securing the grant through implementation. There are ongoing discussions regarding data sharing and metrics to help measure outcomes for the program. LSS CARES provides CPS data regarding number of referrals, historical number enrolled, # of active clients, race/ethnicity/language of clients, referral sources data as well as data.

The REACH (Respond, Educate, Advocate, Counsel, Heal) team, established in 2017, is headquartered in Watertown and serves 13 surrounding counties. This multidisciplinary team is designed to help victims and their families navigate the criminal justice system. The REACH team consists of local law enforcement, Division of Criminal Investigation (DCI), medical providers, forensic interviewers, child protection, mental health providers, victim advocates and prosecutors. Once child abuse is alleged, the victim comes to the center, where they meet with the team, allowing the family to receive next step information from all specialties on the team. The team approach allows the child and family to get all information from one place, so the team can create a plan of action together.

The National Association of State Foster Care Managers (NASFCM) is a platform that enables State Foster Care Managers to collaborate and share their knowledge to enhance the well-being of children and youth who are placed in out-of-home care, as well as their families. Through this organization, members can exchange information and expertise about issues that impact the safety, permanency, and overall welfare of these children. The Executive Board convenes once a month to address organizational matters. Currently, the board's president is a member of SD CPS.

CPS is collaborating with the Center for the Prevention of Child Maltreatment, which contracts with the Black Hills Special Services Cooperative, to coordinate a parent's advisory group. CPS has presented to the coordinators of this group to inform on CPS services and supports overall throughout the state and developing a feedback loop related to prevention services. CPS will outline for the group opportunities to provide input in more detail to help enhance parental feedback in planning. Through the Community Based Child Abuse Prevention Board Meetings, parenting education partners are in the process of identifying representatives from each area served (statewide coverage is assured by the group of these providers) to participate in future board meetings, share feedback and assist in planning. As development of the parenting education focus on fatherhood continues to expand, champions of fatherhood who are fathers (or other male caregivers such as grandparents and uncles) with lived experience related to involvement in CPS are being sought. An infrastructure of trainers who are fathers has been established and community education partners in place to begin delivering fatherhood parenting education; when the champions of fatherhood are identified this program area will kick-off.

To help inform services and supports as a whole and provide feedback on prevention services in the state, CPS program specialist has met with the Young Voices group as led by Lutheran Social Services (LSS) program coordinator. Youth participating in the meeting were assisted by LSS Community Resource People (CRP) during the meeting to help relay and record information. At upcoming opportunities, a group of youth advisors from Young Voices are committed to participation to share perspectives as youth with lived experience related to services and supports and prevention efforts. A CRP from the Aberdeen area has volunteered to lead the effort of enhancing involvement from youth advocates in these focus areas and will attend meetings as arranged with the youth.

The Community Based Child Abuse Prevention (CBCAP) Board meets twice per year at minimum. The group focuses on updates to parenting education curricula provision, key data points relevant for the group to review and offer feedback on, discuss upcoming events or relevant trends in the field. This group recently added additional meetings so that the group is currently meeting four times per year, with two of those instances being in evening hours to maximize participation of people with lived experience, caregivers, and parents, as well as contracted instructors who may not be available 8a-5p. Groups or entities are invited to participate and present information on their focus areas upon invite. The board also strategizes on community recognition of child abuse prevention approaches and techniques, with a heavy focus on enhancing community organization involvement. Nineteen contract sites are located throughout the state for parenting education partners and have strong community ties within their sites.

CPS is committed to collaborating with community partners to prevent child abuse and neglect. The Governor of South Dakota signed an Executive Order recognizing April as Child Abuse Prevention Month. A media campaign was developed to share the proclamation statewide. CPS encourages people in communities across the state to work together to keep children safe and offer the support families need to stay together. Child abuse prevention material is provided to the Common Sense Parenting class participants statewide. Parenting Education Partners provide information to parents and service providers in their areas of service. See Section 5, Community Based Child Abuse Prevention (CBCAP) section under Child and Family Service Continuum for further information about convening community partners to prevent child abuse and neglect.

CPS has several collaborative efforts with tribal partners from all nine South Dakota tribes. Focus areas of tribal engagement includes permanency planning, cultural connections, recruitment/retention of Native American foster homes, Jurisdictional transfers, IV-E funding, technical assistance, Qualified Expert Witnesses, Family First Prevention Services Act, ICWA education, federal reporting, case consultati8on, adoption assistance and guardianship assistance program, and Chafee/Educational Training Vouchers. Please see **Appendix E: Table E1- Tribal Collaboration Efforts** for further information on these collaborations.

Community Stakeholder Engagement and Collaboration

CPS seeks input from stakeholders, parents, and youth about service array and delivery in their area. Data is collected from youth and parents through the administering of surveys and follow up focus groups. Annual youth surveys as well as monthly Young Voices meetings allow youth with lived experiences an opportunity to provide their perspective on safety, permanency, and well-being outcomes. Parent surveys are administered annually to gain parent and caregivers' perspectives on how the child welfare system is currently operating and where improvements can be made. Following the collection of parent surveys, focus groups comprised of parents and caregivers with lived experiences are organized to further analyze data and facilitate positive change.

The Court Improvement Program Committee collaboratively analyzes data and trends from South Dakota's CFSR Data Profile, as well as performance outcomes from onsite reviews. FACIS reports are also shared with the committee pertaining data related to these outcomes. This data is then utilized to make recommendations on improvements for achieving safety, permanency, and well-being. Power BI is utilized to share the following data with presiding judges:

- Counts of Clients by Circuit Court
- Placement Clusters
- Placements by Office
- Children in Care by Permanent Plan
- Children in Care by Placement Setting
- Children in Care by Race
- Children in Care by Race and State/Tribal Court
- Children in a Family Setting
- Children in Placement by Court
- Length of Placement by Region
- Length of Placement by Court
- Placements by Service Type
- Service Type by Length of Time
- Length of Placement by Judge
- Length of Placement by Circuit Court
- Length of Placement by Circuit Court and County
- Placements by County and Judge
- Count of Placement Setting by Court County and Judge Name

There are seven Regional Reviews held each year where the Administrator of CQI and Outcomes provides a stakeholder survey to several community partners, including State Court Judges, Tribal Judges, State's Attorneys, Tribal Prosecutors, child's attorneys, parent's attorneys, CASA directors, mental health directors, domestic violence shelter directors, drug and alcohol service providers, ICWA directors, BIA Social Services directors, law enforcement officials, family visitation center directors, court services officers, parole agents, schools and residential/group care facility representatives. Each region compiled a list of stakeholders to survey. See details below regarding date of survey distribution, number of surveys sent, number of responses, and response rate.

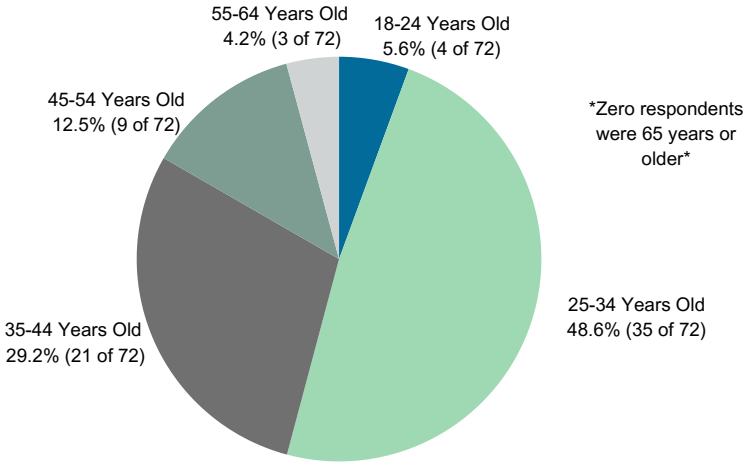
One of the overarching goals of the 2020 - 2024 Plan was to improve communication between partners of the child welfare system and this goal is continuing through the 2025-2029 CFSP. This includes stakeholders as reviewers, a survey to them, and CQI meetings with the stakeholders. Following each Regional Review, surveys are completed with community stakeholders, parents, children, and CPS staff to obtain input on CPS service delivery. The CQI Team releases regional assessments to capture the performance outcomes of the latest Regional Review as well as results of fidelity reviews, stakeholder survey results, parent survey results, and staff survey results. This gives a comprehensive view of how the region operates and what areas to focus CQI plans on. The regional assessments are provided to stakeholders and included in the office's CQI meeting with stakeholders.

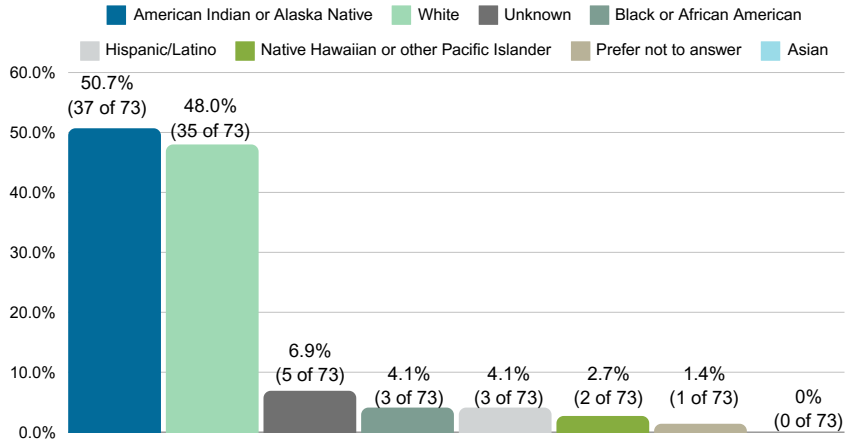
CPS has implemented stakeholder participation in Regional Reviews to promote transparency amongst the child welfare system. Stakeholders began Regional Reviews in July 2019. Each Region was asked to select any stakeholders they determined to be experienced enough to do a review. Those names are provided to the Administrator of CQI and Outcomes. Agencies that have completed a Regional Review are Lutheran Social Services, Unified Judicial System (UJS), Minnehaha County State's Attorney, Center for the Prevention of Child Maltreatment, East Central Court Appointed Special Advocates (CASA), the Yankton School District, an ICWA Representative, Safe Harbor Domestic Abuse Shelter, Black Hills Special Services Cooperative, and Human Services Center, Law Enforcement, parent attorney, and Clay County State's Attorney. A training is provided to stakeholders surrounding the Regional Review process, the Onsite Review Instrument Instructions (OSRII), completing interviews, and navigating the Online Monitoring System. Stakeholders partner with staff from CPS who are experienced with completing Regional Reviews.

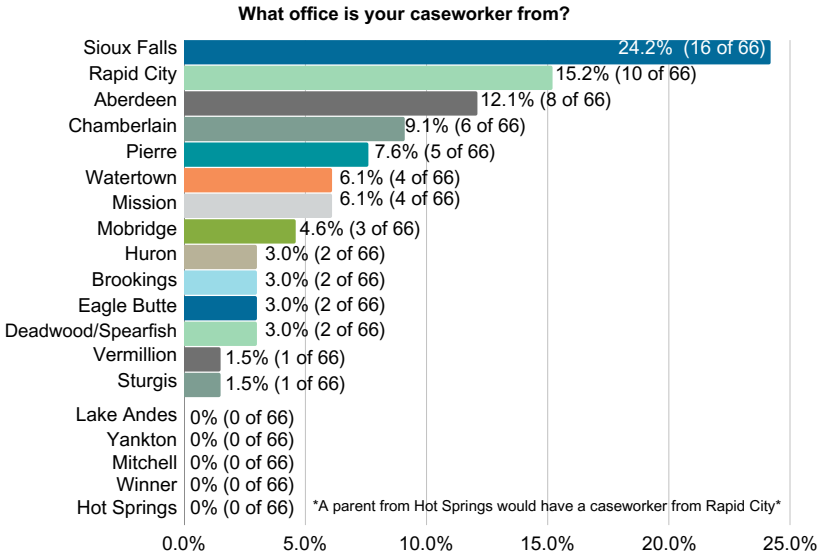
Lived-Experience Stakeholder Engagement and collaboration

Groups of parents and caregivers have been recruited in the Pierre and Sioux Falls areas to assist with cognitive interviewing in relation to parent surveys. Sioux Falls interviews occurred May 28, 2024, and Pierre interviews occurred May 31, 2024. Cognitive interviewing is a technique used to evaluate survey questions to determine whether the true meaning of the question, as intended by the evaluator, is conveyed to respondents, and more generally whether the question is functioning as intended. The CQI Team conducted the interviews and modified the survey after feedback was collected.

After utilizing the feedback gathered through cognitive interviewing, a parents with lived experiences survey was distributed in October 2024 via Survey Monkey and paper copies to parents who have worked with CPS, regardless of their outcome, The survey was active for two months. In total, 1,066 parents were sent the survey, and 74 individuals participated in the survey. Feedback regarding relationship with their caseworker, communication with caseworkers, frequency of communication with caseworkers, case planning, and access to services was gathered through the survey. An array of ages and races responded to the survey from various locations across the state. Refer to the charts on the next page for further information on the demographic information of respondents:







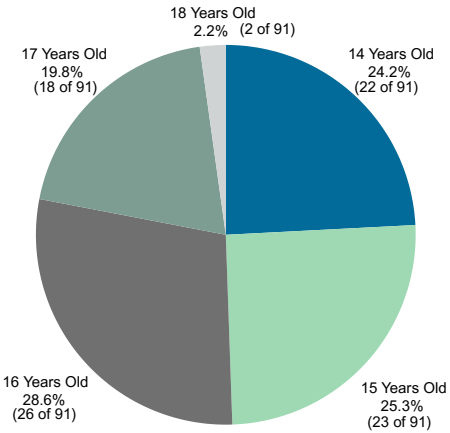
Child Protection Services (CPS) aims to gather valuable insights and feedback directly from parents who have navigated the CPS system, with the goal of enhancing the services provided to children and families. The Center for the Prevention of Child Maltreatment (CPCM), with its proven expertise in facilitating discussions among families with lived experiences, will support CPS in the creation and implementation of a Parent Input Workgroup. This initiative may involve two distinct groups: one for parents currently receiving in-home services and another for parents whose children are in state custody. By capturing and amplifying the voices of these parents, CPS can drive meaningful improvements that better address the needs of all families involved. This contract directly supports the 2025-2029 Child and Family Services Plan goal of "Families involved with the child welfare system through court, receive appropriate services to ensure safety, timely and suitable permanency, and well-being for children." Goal 3, Objective 1, specially aims towards engaging and empowering parents to participate in child welfare system change. The first task of this workgroup will be to review and analyze the parent survey and collaborate on next steps to improve outcomes for children and families.

65%

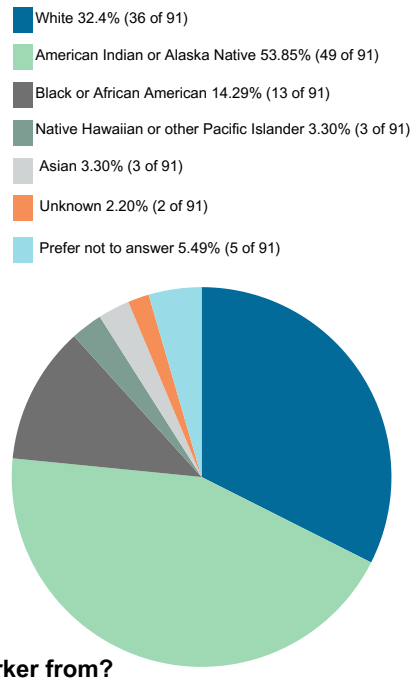
40 of 62 respondents identified an interest in participating in a focus group to provide additional input to improve services to families working with Child Protection Services.

In addition to the parents with lived experience survey, a youth with lived experience survey was distributed to all children ages 14-18 in out of home placement, who have been in care for at least 60 days. In 2024, the survey was distributed to 198 youth and 91 youth responded. The following chart displays the demographic information of youth who completed the survey:

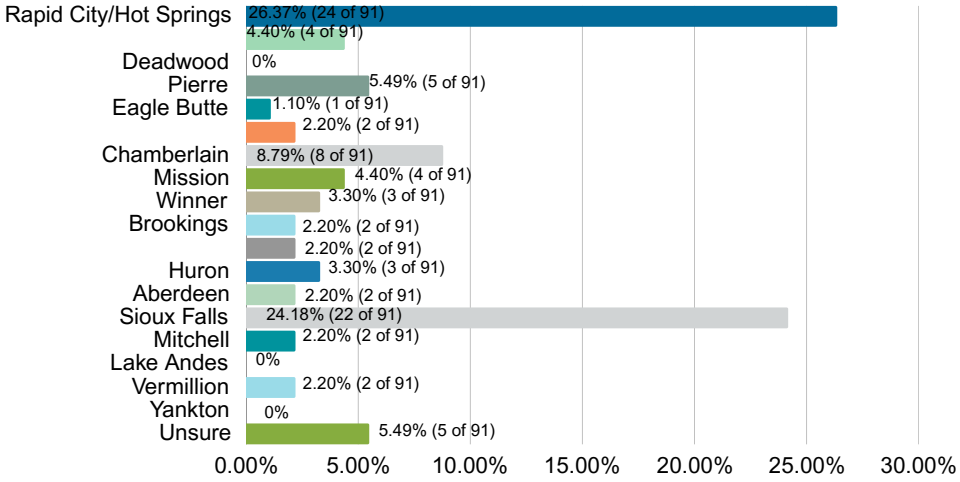
Age



Race



What office is your CPS caseworker from?



Beginning in SFY 2022, youth, tribal leaders, and kinship providers with lived experience were invited to participate in the kinship workgroup. The youth, tribal leaders, and kinship providers have attended workgroup meetings. Foster parents and other community partners are active members on the Region 1 and Region 3 Foster Parent Recruitment workgroup. The CQI process is completed during workgroup meetings with internal CPS staff, community partners, and members with lived experiences. This is further detailed in the Quality Assurance System Outcome.

Young Voices remains active in South Dakota, though they do not meet monthly. Instead, they come together periodically to share their foster care experiences and contribute to improving policies and practices within the child welfare system. Goal 3 of South Dakota's Child and Family Services Plan outlines the objective that youth are engaged and empowered to participate in child welfare system change. The agency's year 1 benchmark includes engaging Young Voices leadership to determine if incorporating this objective in their existing program aligns with their mission. CPS publishes data relating to safety, permanency and well-being on the Department of Social Services website for anyone to access. Since the launch in SFY 2021, birth parents, kinship families, foster parents, adoptive parents, and youth with lived experience have participated in planning and implementation of the Stronger Families Together initiative to recruit and support foster families who support reunification efforts, maintaining connections, and timely permanency for children.

Since the COVID-19 pandemic, membership in Young Voices has experienced a significant decline. Despite this, the state of South Dakota remains steadfast in its commitment to collaborating with aged-out youth who are passionate about sharing their lived experiences. These youth have continued to engage in impactful panel presentations across the state, demonstrating resilience and dedication. Recognizing the value of their voices, the Independent Living Program Specialist, in collaboration with the Community Resource Team, is working diligently to recruit new members to reinvigorate and expand the program.

The insights provided by Young Voices have proven invaluable in shaping and enhancing South Dakota's foster care and independent living services. Young Voices participants have contributed meaningfully by speaking to foster parents, group and residential staff, Child Protection Services employees, administration, and other key stakeholders. Their perspectives help illuminate areas for growth and innovation, ensuring that independent living services and transition supports address the real needs of youth leaving care.

Over the past year, members of Young Voices have significantly expanded their advocacy efforts, sharing their experiences and perspectives with key stakeholders to foster understanding and improve services for youth in care.

Young Voices delivered a compelling presentation that resonated with attendees at the below events in 2024.

- January 31, 2024 – Quarterly meeting of the Group and Residential Providers Association, comprising directors and supervisory teams from all group and residential programs across South Dakota.
- May 10, 2024– Meeting at McCrossan Boys Ranch in Sioux falls with 40 members of stakeholder agencies including the Office of Licensing and Accreditation, Lutheran Social Services, and staff from notable group and residential treatment programs such as Abbott House, Children's Home, Our Home, McCrossan's, Aurora Plains Academy, the Human Services Center, Brighter Transitions, and Behavioral Health.
- October 16, 2024 --Young Voices spoke directly to staff and youth in the long-term care unit at the state psychiatric hospital, bringing their unique insights to an audience deeply involved in the care and treatment of children and adolescents.

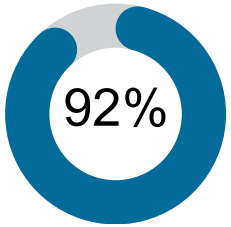
Looking ahead, Young Voices will continue these impactful efforts by presenting again to the Group and Residential Providers Association during an upcoming quarterly meeting. Following this presentation, Young Voices will engage with state legislators that evening to further advocate for system improvements.

The group has also been invited to participate in an upcoming foster parent training session, where they will share their personal experiences of navigating the foster care system. Their stories aim to provide foster parents with valuable insights into the unique challenges and needs faced by youth in care. This session represents a critical recruitment effort, as it highlights the pressing need for foster parents willing to care for older youth. By fostering empathy and understanding among prospective foster parents, the presentation seeks to inspire them to take on this vital role, ultimately contributing to a stronger, more supportive network for older youth in the foster care system.

Young Voices also serves as an essential platform for participants to influence systemic improvements. The Community Resource Persons (CRPs) meet with Young Voices members and relay updates and recommendations to the CPS Independent Living Program Specialist. These recommendations directly inform the development of the Child and Family Services Plan (CFSP) and subsequent Annual Progress and Services Reports (APSRs). By integrating youth feedback into these critical documents, South Dakota ensures that lived experiences remain central to measuring progress and implementing adjustments in independent living services.

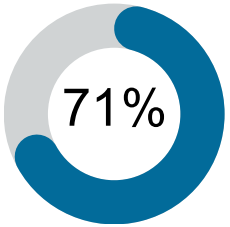
The state remains committed to recruiting new Young Voices members and fostering a culture of collaboration, ensuring that youth continue to have meaningful opportunities to shape the systems that serve them. South Dakota recognizes that youth input is not only valuable but essential to achieving long-term success for those transitioning out of foster care.

CPS surveys youth in accordance with the National Youth in Transition Database (NYTD) regulations at age 17 for children in foster care & and follow-up surveys at age 19 and 21. Additionally, CPS surveys all 17-year-old youth in foster care each year, not just in Federal NYTD Baseline years. CPS reviews the survey results and uses the information in planning. For example, the surveys and youth collaboration have indicated homelessness is a concern CPS will focus on in the CFSP and subsequent APSRs.



Response rate for surveys sent to 17-year-olds

During FY24, 83 NYTD surveys were sent to 17-year-olds, and 76 surveys were completed within the required 45-day timeframe. This represents a 92% completion rate, reflecting strong engagement with this age group. Among the 17-year-olds, four youth were missing from care, one declined to complete the survey, and two were incarcerated. For 21-year-olds, FY24 was a baseline year, with 63 surveys sent out and 45 completed, resulting in a 71% completion rate. Challenges for this age group included seven youth being incarcerated, nine being unable to be located, and one declining to complete the survey.



Response rate for surveys sent to 21-year-olds

Collaboration among staff played a crucial role in ensuring surveys were completed. When youth turn 17, an automated email notification is sent, which includes the survey. The Independent Living Program Specialist coordinates efforts by emailing notifications to the Family Service Specialist, their supervisor, and the Community Resource Person. This team works together to engage youth and ensure the surveys are completed on time. Youth involvement in this process may include personalized communication to encourage participation, explaining the importance of the survey during face-to-face meetings or group discussions, and addressing any concerns they might have.

Compliance reports generated in the SAQWIS system further support the process by alerting staff and the Community Resource Team about upcoming surveys for youth turning 17, 19, or 21. To improve participation among older youth, incentives are provided for those aged 19 and 21 who complete the surveys. These incentives, along with consistent follow-up and collaborative efforts, aim to address barriers such as homelessness, lack of engagement, or difficulty in locating youth.

Independent Living Surveys are completed by youth transitioning from care. In FY24, 36 Independent Living Surveys were completed. These surveys are provided to youth by the Family Service Specialists and/or the Community Resource Person during the Transition Meeting, held 30 to 90 days before the youth leaves CPS custody. Completion of the Independent Living Survey is mandatory for all youth transitioning from care at age 18 or older.

The surveys are a critical tool for assessing services and identifying areas for improvement in service delivery. The results of these exit surveys are shared with the CPS Management Team, the Independent Living Services (ILS) Advisory Workgroup, and during ongoing and certification training for staff. Young Voices members—current and former foster youth—play a key role in the ILS Advisory Workgroup, offering insights and strategies to support service improvement.

For example, youth have emphasized the importance of focusing on key outcomes, such as:

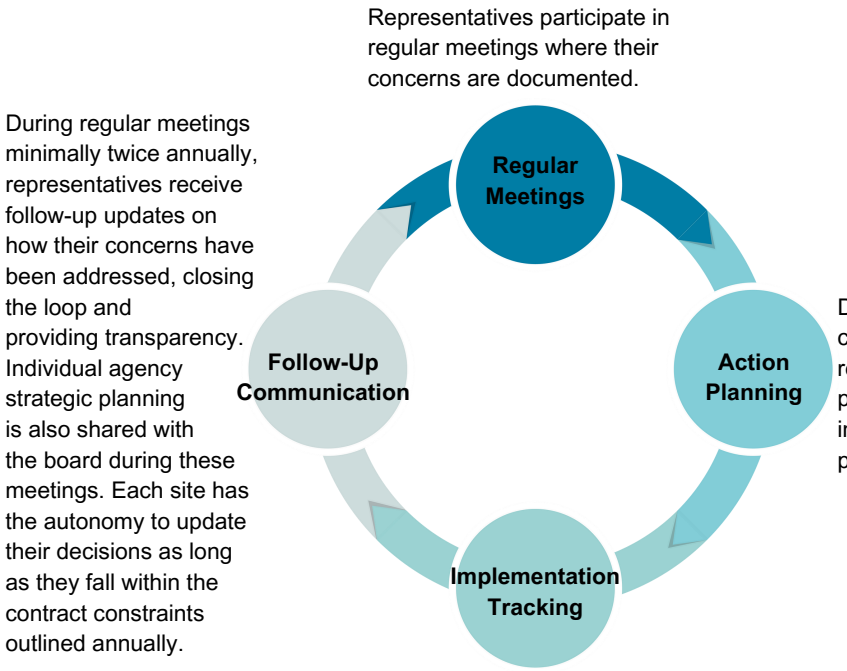
- Goal 1: Supporting youth in obtaining a high school diploma or GED.
- Goal 2: Ensuring youth are employable after transitioning from foster care.

Through structured discussions in advisory meetings, youth highlight challenges and propose actionable solutions, such as access to vocational training and expanding credit recovery programs. These recommendations are integrated into planning documents like the Child and Family Services Plan (CFSP) and Annual Progress and Services Reports (APSRs). This ensures youth perspectives are central to shaping strategic priorities and practical adjustments in independent living services. By engaging youth not only in completing surveys but also in crafting solutions aligned with their goals, CPS fosters a collaborative approach that empowers young people and improves service delivery outcomes.

The individuals with lived experience invited to participate represent statewide perspectives. Youth and birth parents have been invited to the Stronger Families Together steering committee, which meets monthly, and although there has been youth involvement, consistent participation has been challenging. Currently, a birth family has shared their reunification experience via a video on StrongerFamiliesTogether.sd.gov, and youth have shared their stories through social media. The main barriers to engaging these stakeholders include scheduling conflicts, limited availability, and discomfort in sharing personal experiences formally. To address these challenges, we are implementing flexible meeting options and supportive environments to facilitate their participation.

The CQI process involves systematically documenting concerns raised by representatives and incorporating these into goals and objectives. Evidence of addressing these concerns is shown through action plans which are regularly reviewed and updated with the representative's input. Through survey results, representatives perceive the agency as responsive when their feedback leads to measurable and ongoing communication is maintained to ensure their concerns are acknowledged. Placeholder for survey results

The state's feedback loop consists of several key elements:



This continuous engagement and transparency ensure that concerns are addressed effectively, and representatives feel their input is valued.

Summary

There is intentional collaboration between all child welfare partners with the common goal of preventing families from experience the child welfare system or for those who must experience the child welfare system to have sufficient services and positive outcomes. This requires deliberate collaborations as well as taking advantage of informal opportunities to build relationships and collaborate. South Dakota has demonstrated a strength with state engagement and consultations with stakeholders pursuant to the CFSP and APSR as described in the information contained above section.

Agency Responsiveness to the Community

Item 32: Coordination of CFSP Services with Other Federal Programs

Overview

Coordination of CFSP Services with Other Federal Programs was found to be in substantial conformity in the 2016 Child and Family Services Review. The state provided information that addressed how services under the CFSP are coordinated with services or benefits with other federal programs serving the same populations. Coordination with these services continues and have enhanced since Round 3, supporting a **strength** for Round 4.

Coordination of CFSP Services with Other Federal Programs

The South Dakota Department of Social Services (DSS) facilitates coordination among its internal division such as Medicaid, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Child Care Services, Child Support Services, Behavioral Health, and Child Protection Services (CPS) to provide integrated support for children and families. The DSS Management Team, including key leaders from various divisions, meets monthly to discuss initiatives, budgets, and service integration, ensuring effective collaboration. Data is shared between DSS divisions to implement programming and services without the need for an MOU. The previously mentioned DSS Strategic Plan outlines the Department's strategic goals and objectives across divisions related meeting the needs of children and families served by DSS. Additionally, the Executive Team and CPS Management Team play vital roles in aligning strategies and addressing cross-division priorities. For example, the Executive Team coordinates department-wide budget recommendations, while the CPS Management Team develops plans like the Continuity of Operations Plan (COOP), ensuring essential services remain operational during emergencies. This structure promotes seamless service delivery for vulnerable families.

Child Care Services: The Department of Social Services, Division of Child Care Services provides funding to resource providers when childcare is needed for children in out-of-home placement. The provider must meet program eligibility and is required to be working or attending school (excludes graduate school). Income is not considered for these providers. In SFY2024 (July 1, 2023-May 31, 2024) the Division of Child Care Services served a monthly average of 622 children in the care of CPS. Child Care Services and CPS Program Specialists consult at least yearly regarding policy, data, forms, and division updates. CPS field offices consult with Child Care Services multiple times during the life of a case and have a strong partnership to provide childcare to parents, kinship families, and foster parents. Child Care Services and CPS complete a joint meeting with families who are utilizing childcare services prior to the finalization of adoption or guardianship to help provide a seamless transition. CPS and Child Care Services jointly created a "Tips" sheet to help guide CPS staff in utilizing the assistance Child Care Services provides to CPS families. CPS and Child Care Services Program Specialist consult yearly to promote service coordination.

Temporary Assistance for Needy Families (TANF): Temporary Assistance for Needy Families (TANF) is a public assistance program administered by the Department of Social Services, Division of Economic Assistance. Since September 2022, each month, the Department of Social Services (DSS) sends correspondence to families newly involved with Child Protection Services (CPS) in the Rapid City and Sioux Falls areas. This communication includes a copy of the DSS Handbook, which provides detailed information about the various divisions and the services they offer, such as medical, nutritional, childcare, financial and case management. This initiative is a collaborative effort between CPS and Economic Assistance. A relative caregiver may be eligible for TANF if there is a parent absent from the home and the caregiver is not receiving a comparable monthly subsidy or other forms of public assistance (for example SSI) for the child. The average number of TANF cases per month that include at least one child in the home who is "agency placed" from July 2023 through April 2024 is 197 cases. For a relative to meet criteria for TANF, they must meet the specific degree of relationship found in Admin Rule 67:10:01:06. The TANF payment rate is higher for children who are "agency-placed". If the child was placed in out-of-home care (with custody or without custody) by the Department of Social Services under a parental agreement or court order, it is considered agency-placed. Child Protection refers kinship providers to the Division of Economic Assistance, where they can formally apply for TANF benefits. This direct referral ensures that caregivers are connected to the appropriate resources. The Family Services Specialist who is responsible for the family's case, begins by identifying the need for financial support for the child who has been placed with a kinship provider. CPS works with kinship families to assure families consider TANF as a source of funding for relative children who are placed in their care. The Family Services Specialist assists the kinship provider in completing and submitting the application for TANF at the local DSS office. This support might involve gathering required documentation, providing guidance on the application process, or scheduling an appointment at the DSS office.

The Family Services Specialist must provide the Economic Assistance (EA) caseworker with key documents, such as, the Child Placement Agreement or the Safety Plan, which proves that the child has been officially placed with the kinship provider by the agency and the proof of relationship between the kinship provider and the child (e.g., birth certificates, legal documents). These documents are needed to support the claim for benefits. This can be collected and submitted by the Family Services Specialist if the kinship provider does not have access to these documents. The Family Services Specialist collaborates with the EA caseworker to ensure that the caregiver's application is processed efficiently. Child Protection Family Service Specialists maintain ongoing contact with kinship providers to provide support, monitor the child's well-being, and ensure the family is receiving TANF benefits. Family Service Specialists work with the Division of Economic Assistance to track the progress of the TANF application and ensure that payments are received in a timely manner. This partnership between the Division of Child Protection and the Division of Economic Assistance helps provide a safety net for families, ensuring that children in out-of-home placements receive stable care and support. TANF shares data related to the number of relatives receiving TANF grants for children placed by CPS to assist in planning for financial support to kinship caregivers. Below represents data shared related to TANF cases for children placed with relatives by CPS in SFY 24.

SFY24	Total Cases (Unduplicated)	Total Benefit Payments per Year	Annual Average Benefit Payments per Case	Monthly Average Benefit Payments per Case
Agency Placed	369	$2,003,909	$5,430.65	$853.09

Energy and Weatherization Assistance:
Energy and Weatherization Assistance is available through the Department of Social Services, Division of Economic Assistance. This program helps low-income households pay for home heating costs and make their homes more energy efficient. Eligibility and assistance amounts are based on the number of people in the home, income, and type and cost of heating in the home. Kinship caregivers can apply for assistance.

Supplemental Nutrition Assistance Program: The Supplemental Nutrition Assistance Program through the Department of Social Services, Division of Economic Assistance, helps low-income families by providing the food they need to stay healthy. If a kinship provider is struggling to provide food during out-of-home placement, SNAP is a resource that can be utilized. CPS works closely with the Division of Economic Assistance (EA) to ensure that parents and kinship providers applying for Supplemental Nutrition Assistance Program (SNAP) benefits receive timely support. CPS Family Services Specialists and EA staff communicate at the beginning and end of a case, after placement moves, and then as needed to address any barriers to accessing SNAP or to resolve issues related to application processing. After SNAP benefits are secured, CPS continues to monitor the household's overall well-being, including food security. The Family Services Specialists check in with child's parent or kinship providers at monthly home visits to ensure they can provide adequate nutrition for the children in their care using SNAP and other available resources.

By ensuring collaboration between CPS and the SNAP program, the state helps kinship providers and parents access essential food resources for children in out-of-home placements. This partnership strengthens the caregiver's ability to provide for the child's nutritional needs while supporting the overall well-being and stability of the household.

Child Support: Children in the custody of CPS eligible for IV-E and IV-D funding receive child support services through the Department of Social Services, Division of Child Support Services. As of June 17, 2024, Child Support Services reports 382 current child support cases and 979 arrears cases involving children in CPS custody. An automatic referral from FACIS to the Division of Child Support occurs when a child is determined Title IV-E Eligible. An interface between child support enforcement and the FACIS system also identifies whether the state claims child support on children in their care. CPS consults with Child Support when it is determined not appropriate to collect support due to the adverse effect the collection causes toward efforts of reunification. CPS consults with Child Support Specialists when termination of parental rights occurs and asks the Court to make a decision with regard to child support arrears. Through the child support interface into FACIS, CPS is able to identify fathers who have been identified by Child Support, both alleged father and when paternity has been established through the child support system. This allows CPS to identify and engage fathers in a timely manner.

Children and Families Initiative: Through the South Dakota Department of Social Services Strategic Planning, the Divisions of Economic Assistance (EA), Child Support (CS), and Child Protection Services (CPS) collaborated to develop the Children and Families Initiative. This initiative aims to engage and support shared customers served by all three divisions, including SNAP recipients, parents involved in child support cases, and families engaged with CPS. Each month, CPS generates a list of newly opened cases in the two largest urban areas, Sioux Falls and Rapid City. CPS sends everyone on this list a brochure outlining the services available from the three divisions, along with an application. Additionally, EA contacts individuals not already receiving assistance—via phone or email—to determine if they require community resources or help applying for EA programs. The number of individuals who submit an EA application for additional assistance after receiving the application from CPS is tracked. Between June 2023 and October 2024, CPS staff mailed a total of 869 applications, resulting in 59 households applying for EA programs.

Social Security Benefits: A child in out-of-home placement may be eligible for assistance through the Social Security Administration for Supplemental Security Income due to a disability or through Social Security Title 2 benefits. If benefits are available, CPS uses the funding to support the care and wellbeing of the child while in out-of-home placement. When CPS learns a child who has entered CPS custody is receiving benefits from Social Security, CPS works with Social Security to designate CPS as the payee for the child. If a child is not receiving benefits, but it is determined it is in the best interest of the child to receive benefits, CPS will submit an application for benefits.

An information exchange agreement is in effect between the South Dakota Department of Social Services and the Social Security Administration for strengthening protections for Social Security Beneficiaries Act. The current agreement was placed in effect on February 1, 2024, and will remain effective until January 31, 2029. Through the agreement, the Department of Social Services discloses data regarding children in foster care to the Social Security Administration. The State Agency discloses data on children in foster care whose (a) foster care placement location changed, (b) who entered foster care, or (c) who exited foster care in the past month. A variety of data elements are also contained within the information that is exchanged between the agencies such as the child's name, social security number, name of the foster parent or organization where the child is placed, child's status, and much more. The Social Security Administration then uses the data to (1) determine appropriate payee for represented minor beneficiaries who have entered, exited foster care, or changed foster care placement location, (2) determine whether a payee is appropriate for unrepresented minor beneficiaries who have entered foster care; and (3) identify when the State is responsible for an overpayment issued to a minor beneficiary. The Social Security Administration matches the foster care child's social security number submitted by the State Agency against SSA's Title II and Title XVI records. If the foster child's SSN is not provided, SSA will attempt to match the foster care child's name and date of birth against SSA's SSN records to facilitate SSA's attempt to identify whether the foster care child is a minor beneficiary under Title II or Title XVI.

When the Social Security Administration identifies a foster care child that is a Title II and/or Title XVI beneficiary, SSA may use the State Agency data to update the physical location/address and living arrangement of the minor beneficiary. The Social Security Administration will conduct an independent investigation of the Title XVI recipient's living arrangement before making any changes to the Title XVI payments. Information is exchanged on the 5th of every month and the Administrator of CQI and Outcomes is included on the monthly electronic correspondence to confirm data is being sent. Through the duration of the agreement, the Social Security Administration estimates receiving information on 5 million records nationwide.

In Fall 2024 local social security offices reported not being aware of the interface and were asking for CPS to send a separate file every month with the same data points contained in the information exchange agreement. As an effort to mitigate this issue, the CPS followed up with the Social Security Regional Office, specifically then Subject Matter Expert/Data Exchange Coordinator, to ensure all offices were aware of the interface and information was being shared from the regional SSA offices to the local SSA offices. The Subject Matter Expert/Data Exchange Coordinator expressed once the files come to SSA, they are transmitted into their eRPS system where SSA field office managers control the issues in the Workload Management side. They are to assign these issues to technicians to work. The local management team from South Dakota SAA contacted the Subject Matter Expert/Data Exchange Coordinator on October 10, 2024. The Subject Matter Expert/Data Exchange Coordinator reached out to the South Dakota team with screen shots on how to access the information within their eRPS system. South Dakota CPS confirmed with the South Dakota SSA team they are now receiving the information from their database.

Substance Abuse and Mental Health Services:
CPS refers children and parents for evaluation and treatment services to Community Mental Health Centers which receive state and federal funds through contracts with the Department of Social Services. CPS also refers parents and youth for evaluation and treatment services to addiction treatment service providers which receive state and federal funds through contracts with the Department of Social Services. The Department of Social Services, Division of Behavioral Health provides mental health and substance use services across the state. CPS refers children and parents for evaluation and treatment services to Community Mental Health Centers which receive state and federal funds through contracts with the Department of Social Services. CPS also refers parents and youth for evaluation and treatment services to addiction treatment service providers which receive state and federal funds through contracts with the Department of Social Services. As part of the Juvenile Justice Public Safety Improvement Act, community-based treatment services are also available for justice involved and at-risk youth. Those services include Functional Family Therapy, Aggression Replacement Training, Moral Recognition Therapy, Systems of Care, Substance Use Disorder Services, and other additional services. CPS participates in a quarterly Juvenile Justice Reinvestment Initiative workgroup lead by the Division of Behavioral Health to discuss services for justice involved youth or at-risk youth in South Dakota communities. The Suicide and Crisis Lifeline, 988, is a direct connection for children or families to receive care and support during a mental health, substance abuse, or suicide crisis.

Resource providers or children can receive this support by dialing 988 on any phone. 988 can help address and guide a resource provider or child in addressing the immediate crisis needs of the child. It also reduces the use of law enforcement and helps end the stigma towards seeking or accessing mental health care. The CPS Division Director serves on the Behavioral Health Advisory Board to inform the board of the needs of families involved in the child welfare system and to identify coordination intersects. The board shares the availability and wait times for inpatient and outpatient mental health services for adults and children. On occasion information is presented on the trends experience by the children and families who are child welfare involved. Additionally, the Direction of CPS, the Director of Behavioral Health, the Administrator of the Human Services Center, and the Chief of Behavioral Services all serve on the DSS Management Team. The Management Team frequently discusses the agency as a whole and the shared populations served. This dynamic group proactively develops strategy and recommends utilization and requests for additional resources including FTE for all divisions within DSS.

The Department of Social Services operates an acute psychiatric hospital the Human Services Center (HSC), located in Yankton, South Dakota. CPS, HSC and the South Dakota Association of Youth Care Providers (SDAYCP) have a memorandum of understanding (MOU) that allows youth to receive acute mental health services at HSC while residing in a group and residential setting. If a youth residing in a group and residential setting meets criteria for acute hospitalization the Group and Residential provider works directly with HSC to admit the youth for up to 14 days and return to their respective facility upon stabilization with the agreement the treatment program will accept the youth back once HSC has assessed the child's needs, crisis has resolved, and HSC recommends the youth can return to the in-patient treatment program.

This MOU was utilized four times in FY24 and has been utilized a total of six times in FY25. The MOU has provided the opportunity to provide crisis services to youth in need and maintain continuity of services with their treatment provider.

Independent Living – Housing: CPS uses data to enhance collaboration with the Department of Labor and Regulation (DLR), housing authorities, and service providers, ensuring seamless support for youth transitioning out of foster care. By tracking eligibility, housing needs, and program utilization through systems like FACIS, CPS identifies and refers participants to resources such as HUD's Family Unification Program (FUP) and Foster Youth to Independence (FYI) vouchers. Metrics such as the number of vouchers issued, wait times, and program retention rates help evaluate program effectiveness, while feedback from youth highlights service gaps and areas for improvement. Data shows that the FYI voucher program has significantly shorter wait times compared to Section 8 housing, reflecting strong interagency coordination. The expansion of the FYI program into Minnehaha County in April 2024 demonstrates increased reach, but initial results will determine its impact. Coordination with LSS ensures timely eligibility determinations and supportive services, while collaboration with the DLR Workforce Training Youth Committee integrates housing and employment services to improve outcomes. Overall, CPS leverages data to refine cross-agency referral protocols, address gaps, and scale resources, ensuring youth and families receive timely and effective support.

Education: CPS assists parents and resource providers in receiving and accessing special education services through the schools. A child may be eligible for an Individual Education Program (IEP). Eligibility is determined by an evaluation procedure completed by the child's school district and based off the SD Department of Education Eligibility Guide. CPS partners with the child's parents, resource provider, and school district to develop an appropriate IEP. An annual meeting is held to discuss the child's strengths and goals for the upcoming school year. The school district provides ongoing testing every three years to determine the ongoing eligibility of the child in the special education programing.

The Individuals with Disabilities Education Act 2004 requires the establishment of a special education advisory panel to provide suggestions and advice to the State Department of Education on critical issues regarding special education services throughout South Dakota. The South Dakota Advisory Panel on Children with Disabilities (SDAPCD) meets, at minimum, four times a year. The membership of the SDAPCD must consist of members appointed by the Governor. The membership is representative of the State population and composed of individuals involved in or concerned with the education of children with disabilities, including a representative from the State child welfare agency responsible for foster care.

The Department of Education (DOE), Special Education Program and the Department of Social Services have an Interagency Agreement that is updated at least every three years. The purpose of this Agreement is to identify and define the financial responsibilities of both DOE and DSS to facilitate the provision and coordination of services for all children, youth and adults who are eligible under programing across agencies. This Agreement in particular is intended to fulfill the requirements of Part B of the Individuals with Disabilities Education Act (IDEA), for students who are IDEA eligible. The role of CPS is to identify personnel to act as a liaison with DOE and the Local Education Agency (LEA). The designated CPS employee will recommend operational procedures and priorities, resolve problems or issues in accordance with the dispute resolution process, and recommend necessary policy clarification and procedures to carry out the Agreement. The agreement requires the following data sharing and responsibilities from CPS:

1. Share information on students who are in state custody and placed in a residential treatment center or intensive residential treatment center with the Local Education Agency (LEA) to timely receive records and implement services as outlined in the IEP.
2. Whenever possible, facilitate the child's transition to the LEA in the following manner:
   - Notify the LEA that it intends to enroll the child in the LEA.
   - For students on IEPs, attend an IEP Team meeting to assist the LEA in determining the most appropriate educational placement.
3. Submit to DOE an annual December 1 child count for students who are in DSS custody and eligible and receiving special education and related services being paid through auxiliary placement.
4. Provide student information to DOE necessary to determine student residency.
   - DSS provides DOE with four files over the course of the year providing DOE with the following information for all school age children in foster care:
     - first name
     - Last name
     - date of birth
     - Gender
     - Race/ethnicity
     - resident district name
     - resident school name.
   - Schedule of data sent to DOE:
     - File 1 – To be received annually by September 10th. Children ages 3 and over that have been placed in foster care from July 1st through August 31st of the same year
     - File 2 – To be received annually by December 10th. Children ages 3 and over that have been placed in foster care from September 1st through November 30th of the same year
     - File 3 – To be received annually by March 10th. Children ages 3 and over that have been placed in foster care from December 1st through February 28th (29th if Leap Year) of the same year.
     - File 4 – To be received annually by May 10th. Children ages 3 and over that have been placed in foster care from March 1st through April 30th.
5. Assist LEAs and DOE in enrolling as South Dakota Medicaid providers.
6. Provide instructions and technical assistance through scheduled provider training sessions on an as needed basis.

South Dakota CPS recognizes the importance of collaboration and joint decision-making between educational agencies and CPS. The Permanency Program Specialist acts as an Education Liaison between the state child welfare agency, DOE, and the Local Education Agencies (LEA)s to ensure the requirements of the Fostering Connections to Success, Increasing Adoptions Act of 2008, and the Uninterrupted Scholars Act of 2013 are met. The role of the CPS Education Liaison is to work jointly with the DOE designated foster care point of contact for ongoing collaboration and conflict resolution. The DOE Foster Care Point of Contact and the CPS Education Liaison meet multiple times per year to discuss efforts to effectively implement foster care requirements. The CPS Education Liaison is involved in discussions to maintain children within their school of origin, unless a determination is made that attending that school would not be in the best interest of the child. The CPS Education Liaison ensures LEAs understand the requirement to immediately enroll children in foster care despite a lack of education records. The CPS Education Liaison also ensures that transportation funding is in place to ensure that appropriate transportation is provided to ensure the child remains in their school or origin. The CPS Education Liaison updates CPS local office contact information yearly that is provided to the LEAs by DOE.

The National School Lunch Program (NSLP) is a federally assisted meal program operating in public and non-profit private schools. This program provides free and reduced school meals for children. Children in foster care or children who reside in a household that receives TANF services are eligible for free school meals. CPS provides a list of all school ages-children in CPS custody four times a year to the Department of Education (DOE). DOE provides this data to the school districts. School districts then ensure that all children in foster care are enrolled in the free and reduced lunch program. These children may also be eligible for the School Breakfast Program, Special Milk Program for Children, Child and Adult Care Food Program, and Summer Food Service Program.

The Department of Social Services (DSS) operates the Auxiliary Placement Program. The Auxiliary Placement Program funds tuition costs for youth in the custody of DSS, Child protection Services (CPS), Department of Corrections (DOC) and some eligible youth in tribal custody who reside in group and residential treatment facilities. DSS partners with the Department of Education (DOE) to administer this program. Group and Residential treatment providers that are attendance centers of a public-school districts report enrollment data to DOE each year. DOE identifies which youth are eligible for reimbursement by the Auxiliary Placement Program based on their enrollment code entered into DOE's enrollment system. DOE then calculates the amount of state aide they will pay to each school district based on the data entered into their enrollment system and reports this to DSS.

DSS subtracts the amount of state aide paid by the DOE to the school districts for the eligible youth and pays each school district the remainder of the total tuition costs each year. Additionally, annually DSS provides DOE special education data for youth eligible for the Auxiliary Placement Program placed in out of state residential treatment facilities or in state residential treatment facilities that are not an attendance center of a public school district. This data is used by DOE to report Individual with Disabilities Education Act (IDEA) eligible students to the U.S. Department of Education.

Head Start: Head Start and Early Head Start is available to families who receive public assistance (TANF, SSI, or SNAP) or who have children in out-of-home care through CPS. Head Start and Early Head Start provides free learning and developmental services for children ages 0-5. There are center-based or home-based options. Head Start programs help prepare children to succeed in school and deliver services in core areas of early learning, health, and family well-being. Protective Services Administrator participates in the the Child and Family Services Interagency Workgroup through the Division of Family and Community Health Head Start Collaboration. The Administrator of Services for Families is a member of the Child and Family Services Interagency Workgroup through the Division of Family and Community Health Head Start Collaboration. The workgroup meets quarterly and is exploring a charter to collaboratively enhance the well-being and development of children and families in South Dakota. The workgroup will focus on building a coordinated, efficient, and responsive state-supported service delivery system that ensures the effective and equitable support of families, with particular attention to vulnerable populations. The workgroup will facilitate communication, share resources, address gaps in services, and create collaborative strategies among agencies and organizations serving children and families.

The mission set forth through the charter is to strengthen collaboration across South Dakota state agencies and the Early Childhood Comprehensive Systems grant work to provide children and families with the services, resources, and support they need to achieve positive outcomes in health, education, safety, and overall family well-being.

Birth to Three Services: SD Birth to Three helps children with developmental delays and their families provide early intervention to services and supports. The program is for children from birth to 36 months with developmental delays or disabilities. Children in out-of-home placement must receive a birth to three evaluations after a substantiated report of abuse and neglect or during their initial placement in out-of-home care, and additionally if there are developmental needs or concerns that are identified later. During State Fiscal Year 2024 (July 1, 2023-May 31, 2024), CPS referred 533 children to Birth to Three. The Administrator of Services for Families is also a member of the Birth to Three Interagency Coordinating Council, which advises and assists the Birth to Three program and the Department of Education on identifying appropriate services for the children in this target population. Information is exchanged between CPS and the Council to further support, promote, and provide the services for these children. This Council is also mandated by federal law and appointed by the Governor of South Dakota to advise and assist Birth to Three in implementing the requirements of Part C of the Individuals with Disabilities Education Act (IDEA).

Disability Services: The Division of Rehabilitation Services (DRS) provides resources to assist children with a disability obtain or maintain employment, economic self-sufficiency, personal independence, and full inclusion into society. Vocational Rehabilitation offers Project Skills, which is a paid work experience available to high school students. The state works with the local school district to provide students a job coach that facilitates an opportunity to learn different skills in a variety of job placements. This division also provides transitional resources for students with disabilities. This helps students plan for their future with a variety of services. Other resources available through Rehabilitation Services include Project Search, Assistive Technology, Supported Employment Services, Customized Employment, and Independent Living Services. In addition, there are services available to children who are deaf, hard of hearing, or have speech impediments. For youth transitioning out of foster care, CPS and the Division of Rehabilitation Services (DRS) coordinate access to independent living services, including life skills training, financial literacy programs, and housing support. CPS and DRS meet as needed to share case details, assess the needs of foster youth with disabilities, and plan a coordinated transition strategy, tailored to the specific needs of each youth. Each agency contributes its expertise. CPS provides social services support, while DRS focuses on vocational and independent living skills. These services help children with disabilities prepare for life after care, ensuring they have the necessary supports to achieve independence. CPS and DRS also collaborate with schools and other agencies to ensure that children with these specific needs have access to the right combination of services, both in the classroom and in their vocational training.

By fostering strong partnerships between CPS, DRS, and local school districts, CPS ensures that children with disabilities in foster care have access to a comprehensive network of services designed to promote their independence, employment, and personal success. The Family Services Specialist works with the child's school district, parent, and/or foster or kinship caregiver to identify transitional needs. The Family Services Specialist attends the yearly IEP meeting to identify transitional goals as part of the Individual Education Program (IEP). The school district provides a referral to DRS for additional needs or services based on the IEP. The Family Services Specialist support this program by reviewing program case plans and providing input. This coordination helps bridge the gap between education, vocational training, and independent living, providing these children with the support they need to thrive.

Eligible children in the custody of CPS are provided services through the South Dakota Department of Human Services, Division of Developmental Disabilities. The programs include residential and community-based services for individuals with disabilities. The mission of the Division of Developmental Disabilities is to ensure that people with developmental disabilities have equal opportunities to receive services and supports they need to work and live. There are state funded family supports available for those caring for children who have a developmental disability. These programs include Respite Care, Strengthening Families Program, Family Support 360, and CHOICES Program. CPS collaborates with the Division of Developmental Disabilities on youth in state custody with disabilities who are in need of residential and community-based services. Joint meetings are held with CPS and the Division of Disabilities staff to discuss youth in need services offered by the programs they oversee. CPS has also engaged in discussions with The Department of Human Services regarding their adult guardianship program for youth aging out of CPS custody who are in need of an adult guardian.

Childcare Services: The Department of Social Services, Division of Childcare Services provides the Early Childhood Enrichment Program. This program focuses on keeping children safe by providing child safety seats at no cost to families with children who are eligible for Title XIX Medicaid. Caregivers for children placed in out-of-home care are eligible for this program. CPS and the Division of Childcare Services maintain open lines of communication to ensure that the process for accessing child safety seats is streamlined. CPS Family Service Specialists communicate with the Early Childhood Enrichment Program to verify that referrals are processed promptly and that safety seats are distributed efficiently. The Early Childhood Enrichment Program collaborates with local community organizations, childcare centers, and other partners to distribute safety seats and offer training. CPS ensures that providers are aware of these local resources and supports them in accessing services within their community.
The Department of Social Services, Division of Childcare Services provides funding to foster parents and kinship providers when child care is needed for children in CPS custody while the provider is working or attending school. For SFY2024- July 1st 2023 - June 30th 2024, CCS served a monthly average of 624 children in the care of CPS.

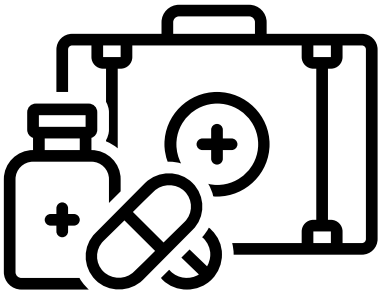
Medicaid: CPS maintains an interface with Medicaid, another division within the Department of Social Services. The interface was developed and maintained through a collaboration between the Bureau of Information and Telecommunications, CPS, and Medicaid with a goal to assist children and families to maintain Medicaid eligibility when they are receiving services through both divisions. When a child is ordered into CPS custody and opened as a client in the FACIS system, the interface notifies Medicaid to determine if the child is a previous Medicaid client. The child's Medicaid aide category and coverage start date are entered in the FACIS system, which generates Medicaid to send a new Medicaid card to the child's placement resource to ensure timely coverage.

CPS uses data in collaboration with Medicaid to ensure seamless healthcare coverage for former foster youth through a comprehensive, data-driven approach. Detailed records from the FACIS (CCWIS) system verify youth eligibility by confirming they were in foster care on their 18th birthday, enabling accurate and timely enrollment in the Former Foster Care Medicaid Program without delays or gaps in coverage. Automated notifications within FACIS inform the Division of Economic Assistance and Division of Medical Services of Medicaid category changes, streamlining the enrollment process. CPS tracks transitions and monitors service usage while Medicaid provides feedback on access, utilization trends, and gaps in care, helping to address systemic issues. A formal communication protocol resolves discrepancies, addresses eligibility questions, and coordinates services. Joint reviews of enrollment data, healthcare utilization, and reported barriers allow CPS and Medicaid to assess program performance, identifying patterns like delayed access to mental health care or challenges in finding primary care providers. By May 31, 2024, 435 youth were enrolled, reflecting effective practices. Data also highlights systemic strengths, such as minimized gaps in coverage through automated processes, and areas for improvement, like expanding provider networks or outreach efforts. Feedback from youth, gathered through Lutheran Social Services, reveals qualitative insights into service accessibility, enabling CPS and Medicaid to enhance support under the 1115 Waiver while ensuring consistent and comprehensive healthcare for aging-out youth.

The Health Home Program is available to any child in CPS custody in family foster homes and kinship homes. South Dakota's Health Home Program offers enhanced health care services to eligible Medicaid recipients who have qualifying chronic conditions or a severe mental illness or emotional disturbance. DSS Medical Services sends a letter to the parent or guardian, including CPS for children in state custody, to notify when a child is eligible for the Health Home Program which initiates the referral process to assign a Health Home provider to assist with coordinating services. The Medicaid aid category in the FACIS information system identifies the child is in state custody. A notification letter of eligibility for the Health Home Program is sent to the caretaker's address where the child is placed based on child's address in the SD Medicaid system.

Children in foster care receiving IVE or IVB funding are eligible for Medicaid Title XIX coverage, through the Division of Economic Assistance and Division of Medical Services. Reimbursement for lodging, mileage, and meals is available for appointments or services covered by Medicaid, that are outside the child's city of residence, through the Medicaid Non-Emergency Medical Travel (NEMT).

The resource provider must follow the guidelines set by the program. Children in out-of-home placement receiving Medicaid are eligible for this program. The service must be a Medicaid covered service by a Medicaid provider.



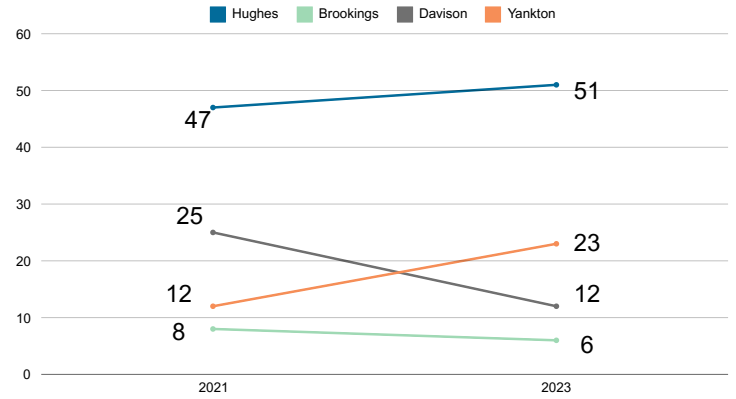
Child Protection works closely with the state Division of Economic Assistance and the Division of Medical Service office to ensure that resource providers are aware of and follow the NEMT program guidelines. This collaboration ensures that eligible children can access necessary medical services without financial barriers. Child Protection provides information to resource providers regarding the NEMT program's reimbursement policies, such as how to submit claims for mileage, lodging, and meals when transporting a child for Medicaid-covered services outside their city of residence. Licensed foster parents are provided training during their pre-service training through the Office of Licensing regarding accessing the NEMT program. Information regarding this program is also included in the State's Foster Parent Handbook.

The Family Services Specialist then ensures utilization of the program during monthly home visits with the foster or kinship provider when needs are discussed Child Protection coordinates with Medicaid-approved medical providers to ensure that appointments and services align with the NEMT program's requirements. The Family Services Specialist works with the foster or kinship caregiver to ensure that medical and mental health needs are met on a monthly basis during the monthly home visit discussions regarding the child's case plan. If an approved Medicaid provider is not located in the area of the child's placement, the Family Services Specialist works with the caregiver to identify a provider in another area and informs the caregiver regarding the NEMT program. If there are barriers to accessing the program, the Family Services Specialist will reach out to program administers to eliminate barriers or seek additional information. This ensures that services provided are covered by Medicaid and that travel reimbursement is available for the resource provide.

Women, Infant, and Children (WIC) Program: South Dakota Women, Infants, and Children Program (WIC) is a public health nutrition program through the South Dakota Department of Health funded through a federal grant that provides information on healthy eating, referrals to healthcare and other services, and nutritious foods (vegetables/fruit, whole grains, dairy, proteins, juice, cereal, infant food) to supplement diets for South Dakota children up to age five who qualify for Medicaid Title XIX, Temporary Assistance for Needy Families (TANF), or other low-income programs. Caregivers of children placed in out-of-home are eligible for this program. CPS Family Services Specialist refers foster parents or kinship caregivers to the WIC program at initial placement. The Family Services Specialist ensures that children are enrolled in Medicaid timely to ensure WIC can make an eligibility determination. The Family Services Specialist Provides WIC with necessary documents, including the Child Placement Agreement or Memorandum of Understanding upon request. The Family Services Specialist assists the foster parent or kinship caregiver in setting up a WIC appointment to ensure ongoing eligibility or helps address barriers to accessing services as necessary during the life of the case.

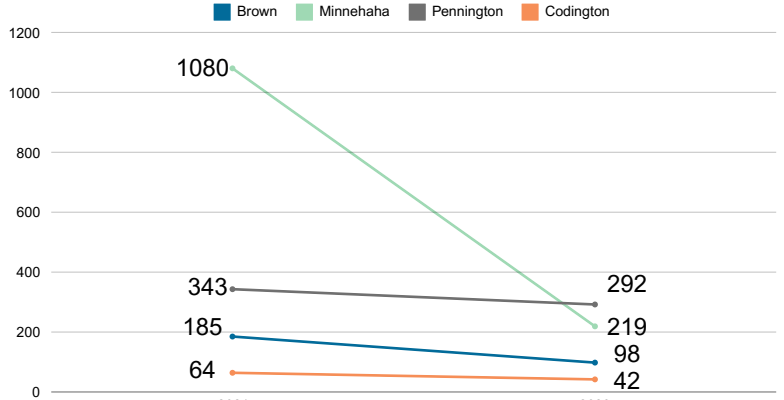
Juvenile Justice and Delinquency Prevention Services: CPS is involved in the Juvenile Detention Alternatives Initiative (JDAI), a program intended to provide alternatives to detention for youth in the juvenile corrections system. The Assistant Director of CPS is a member of the JDAI Steering Committee. The Steering Committee meets at least once per year with subcommittees meeting intermittently to facilitate JDAI initiatives. JDAI Initiatives include training of law enforcement officers to complete the Risk Assessment Instrument (RAI) which provides standardized criteria for juvenile detention, development of Court Resource Homes to provide additional detention alternatives in Brown and Codington Counties, providing training for Regional Diversion Coordinators, and establishment of a Tribal JDAI Subcommittee. The Regional Mangers from Regions 1 (Rapid City) and 6 (Sioux Falls) are members of the JDAI committees in their service area. JDAI expansion meetings were held in Aberdeen, Brookings, Watertown, Mitchell, and Pierre with CPS supervisors from those offices participating in the meetings. Occasionally, children under CPS custody enter the juvenile corrections system, and it is important to provide less restrictive alternatives. Below is detention admission data from SFY 21-SFY 23.

Detention Admissions by JDAI site



Data Source: South Dakota Juvenile Detention Alternatives Initiative (JDAI)

Detention Admissions by JDAI site



South Dakota Juvenile Detention Alternatives Initiative (JDAI

Child Protection Services (CPS) participates in the Juvenile Justice Reinvestment Initiative (JJRI) workgroup organized by Department of Social Services, Division of Behavioral Health (BH). The workgroup is comprised of community stakeholders to include local Community Mental Health Center representatives, a member from the Action for the Betterment of our Community, and United Judicial Services (UJS) members to include court services officers from districts around the state. The goal for this workgroup is to discuss ongoing collaboration between stakeholders to sustain targeted services for justice involved youth. BH highlights a specific topic each session, providing an opportunity for stakeholders to voice success, concerns or recommendations to better support access and outcomes of JJRI services in South Dakota communities.

Community Based Child Abuse Prevention:
The Community Based Child Abuse Prevention (CBCAP) Board meets twice per year at minimum. The group focuses on updates to parenting education curricula provision, key data points relevant for the group to review and offer feedback on, discuss upcoming events or relevant trends in the field. This group recently added additional meetings so that the group is currently meeting four times per year, with two of those instances being in evening hours to maximize participation of people with lived experience, caregivers, and parents, as well as contracted instructors who may not be available 8a-5p. Groups or entities are invited to participate and present information on their focus areas upon invite. The board also strategizes on community recognition of child abuse prevention approaches and techniques, with a heavy focus on enhancing community organization involvement. Nineteen contract sites are located throughout the state for parenting education partners and have strong community ties within their sites.

Summary
Child Protection Services' level of coordination with federal programs make this item a **strength** as demonstrated by the information contained in the above section.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

Overview
In the 2016 CFSR Round 3, South Dakota received an overall rating of Strength for item 33 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and collected from stakeholders showed that the state has processes in place to equally apply licensing standards to all licensed foster and adoptive homes and childcare institutions. South Dakota continues to demonstrate a **strength** in ensuring state standards are applied to all licensed or approved foster family homes receiving title IV-B and IV-E funds.

CPS Foster Care and Adoption
SD State law mandates licensure of childcare providers and gives the Department authority to establish minimum standards for licensure and adoption approval.

All licensing and adoption actions are based on South Dakota laws (SDCL 25-5 and 26-6) and adoption and licensing standards (Chapters 67:4:01 – Provisions and Scope of Services; 67:14:32 - Services to Adoptive Families; 67:42:09 – Child Placement Agencies; 67:42:05 - Family Foster Homes; 67:42:07 – Group Care Centers for Minors; 67:42:08 – Residential Treatment Centers; 67:42:11 – Environmental/Health; 67:42:13 – Independent living Preparation; and 67:42:15 – Intensive Residential Treatment Centers). As new national standards are passed into Federal law, the Department actively works with the Division of Legal Services and other stakeholders to draft legislation to bring South Dakota into compliance with Federal law.

There are five tribes with contracts which include Standing Rock, Oglala, Sisseton, Flandreau, and Crow Creek. The additional South Dakota tribes have not entered into agreements with DSS. The five tribes with contracts have the authority to license their own foster homes using their own licensing standards and training curriculum. UNITY training is available to a limited degree in some tribal areas to offer a more culturally competent curriculum. Out of the five contract tribes, Crow Creek Sioux Tribe was the only tribe actively using UNITY training and licensing foster families. They have offered "Train the Trainers" training not only for their tribal members but opened it up for other tribes. Oglala Sioux Tribe is in the process of becoming trained in UNITY. Flandreau Sioux Tribe, Sisseton Wahpeton Oyate and Standing Rock Sioux Tribe use their own training curriculum.

DSS has a contract with a private agency to complete all preservice training and initial home studies across the state which does not include the five contract tribes. Ten, three-hour meetings are held to complete the required 30 hours of training. DSS has modified the process for the 30 hours of training to allow applicants to attend classes in individual sessions or by completing it on-line. Home consultations are conducted throughout the training and as part of the home study process. Upon completion of the orientation training, families are given an application to sign for licensure of foster care and for adoption approval.

The Department has 120 days from the date an application is signed to complete the home study process. The initial home study completed can be used for both adoption approval and foster care licensure. DSS policy does not allow for provisional licenses. Exceptions can be made to the maximum of six children under 18 in the home, including the foster parent's children in the case of sibling groups.

When staff license a foster home or complete renewals of licenses, the Office of Licensing and Accreditation (OLA) Supervisor and Program Manager reviews all documentation to ensure standards are met. OLA uses standardized licensing documents for all applicants to ensure all standards are applied consistently. The standard documents include the Initial Home study, Renewal Home study, and the Sanitation and Safety Checklist. The OLA Supervisor and Program Manager are required to read the home study related to general standards, look for completed background checks, look for any changes in the home that may affect the license, and verify completion of training.

In order to guarantee quality assurance, the OLA Supervisor and Program Manager review all documents before approval of initial license or renewal of licensure. After the documents are reviewed, they are scanned into File Director under the resource. Once the documents are approved the final step is for the Licensing Supervisor and Program Manager to review the program line in FACIS for accuracy and then approve the resource for foster care and/or adoption.

The rules and law cover a range of standards including health history, three reference checks, central registry screenings for all household members that are 18 years of age or older, criminal records checks for adult household members by the Division of Criminal Investigation that includes a fingerprint FBI check for foster care licensure and adoption approval, training, the applicant's ability to provide care, number of children in the home, and home safety provisions.

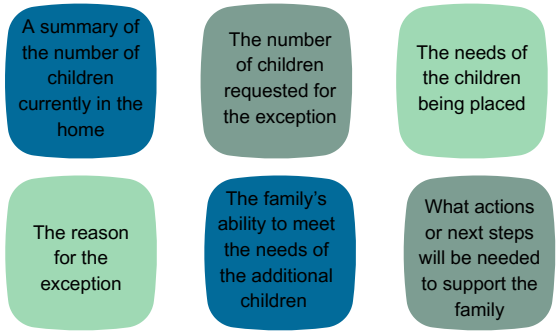
Once a family is licensed for foster care and adoption, their license is valid for one year. After a foster parent is licensed, an application for foster care is completed by the foster parent on an annual basis. A renewal visit is completed to check continued compliance with administrative rules. In addition to required pre-service training, foster parents must attend six hours of training annually before their license may be renewed. All training hours are documented in FACIS under the resource and training documentation is scanned into File Director by the Licensing Specialist. Prior to submitting the renewal study for approval, the Licensing Specialist conducts an annual background check by reviewing FACIS and electronic court information through South Dakota Unified Judicial System website on the applicant(s) or household member(s) over the age of 18.

For families that reside on non-contracted tribal land they are licensed by DSS, and the licensing process is the same as any other DSS licensed foster family. If a family chose to complete the UNITY training, DSS accepts this training to meet the 30 hours of pre-service training. The review process for families that reside on non-contracted tribal land is the same as the DSS licensed families as outlined above.

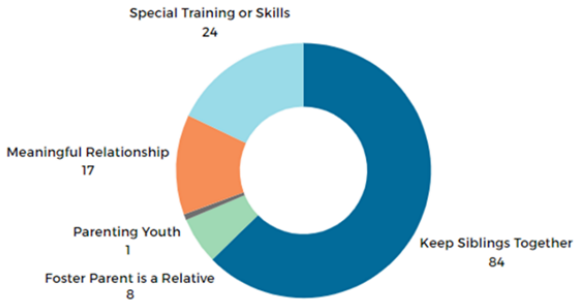
The contract tribes differ slightly in that they all have licensing standards unique to their own tribe. The documents they provide to DSS-CPS are related to federal safety checks, their initial and renewal home study packets, and licenses. Renewal training hours and related documents are kept in their hard files and are reviewed when the ICWA Program Specialist does the annual onsite reviews.

For tribal licensing of foster homes within the five contract tribes, the CPS ICWA program specialist reviews their documents to make sure the tribes meet federal and tribal standards and OLA assists if questions arise. The review process ensures the tribally licensed foster homes meet Title IV-E compliance as well as the tribe's licensing standards. Because of their contract with the state, the contract tribes follow their own licensing standards while maintaining compliance with federal standards.

DSS has an Administrative Rule allowing exceptions to the status and number of children cared for by foster families. OLA Licensing Specialists request exceptions to this standard to the Licensing Supervisor and Program Manager. OLA Licensing Specialists provide the resource name and number along with the following:



The Licensing Supervisor and Program Manager will approve or deny the exception. All exceptions are tracked on a shared document between the Program Manager and Licensing Supervisor. There are no timeframes associated with the exceptions; however approved exceptions are re-evaluated at the time of the family's annual renewal. Since January 2021 to May 31, 2024, OLA has granted 134 exceptions for DSS licensed foster families. Child Placement Agencies approve exceptions for the foster homes licensed by their agencies, and this is not reported to DSS. The chart below shows the total number of exceptions and the reasons the exceptions were granted.



South Dakota Department of Social Services (SD DSS) ensures compliance with background check requirements for licensed foster homes primarily through Title IV-E reviews and mock IV-E reviews. While formal fidelity reviews are not conducted, these reviews provide a robust mechanism to verify that background checks and other licensing requirements are met.

Title IV-E Review Findings
South Dakota underwent a primary Title IV-E review in 2018, which assessed compliance with federal eligibility requirements, including background checks.
Results:

- 79 out of 80 cases reviewed were found to meet all eligibility criteria, indicating substantial compliance with federal standards.
- Only one case was deemed an error due to an issue unrelated to background checks, confirming that background check compliance was effectively monitored and enforced at that time.
- The Children's Bureau determined that South Dakota's Title IV-E foster care program was in substantial compliance, meaning a secondary review of 150 cases was not required.
- No issues related to background checks were cited during the 2018 review, demonstrating that South Dakota was meeting federal expectations for licensing compliance.

2024 Mock IV-E Review
In April 2024, SD DSS conducted a mock Title IV-E review to assess ongoing compliance and prepare for future federal reviews.
Process:

- A total of 80 cases were reviewed using the Federal Title IV-E Foster Care Eligibility On-Site Review Instrument.
- Reviewers included representatives from Child Protection and the Office of Licensing and Accreditation, ensuring a comprehensive evaluation.

Results:

- 78 out of 80 cases were found to be in compliance, maintaining substantial compliance with Title IV-E requirements.
- One of the two non-compliant cases was due to an invalid foster care license, which indirectly highlights the importance of proper licensing standards, including background checks.
- ·The second non-compliant case involved court order language and did not pertain to licensing or background checks.

Although SD DSS does not conduct formal fidelity reviews specifically for background checks, the state ensures compliance through rigorous Title IV-E reviews and internal monitoring processes. The findings from both the 2018 federal review and the 2024 mock review demonstrate South Dakota's commitment to maintaining high standards for foster home licensing, including the completion of required background checks. Substantial compliance with Title IV-E requirements indicates that background check procedures are effectively implemented and monitored.

In compliance with new federal rule effective November 27, 2024; South Dakota's State Title IV-E plan was amended to ensure licensed kinship families are reimbursed at the same Foster Care Maintenance Payment (FCMP) rate as a licensed non-relative foster home would receive for the same placement. South Dakota is also exploring development of separate kinship licensing standards in accordance with this new federal rule.

In October 2024, the Strategy and Outcomes Program Specialist completed a foster kinship placement payment review. Children who were placed with a relative or fictive kin in a foster family or pre-adoptive home setting from 07/01/2023-06/30/2024 were reviewed to ensure licensed kinship families were being reimbursed at the same Foster Care Maintenance Payment rate as a licensed non-relative foster home.

194 clients were reviewed and of these clients 83 were placed with relative/fictive kin in basic foster care, 4 were placed with relative/fictive kin in specialized foster care, 3 were placed with relative/fictive kin in a family Tx home, and 104 were placed with relative/fictive kin in foster/adopt care. Overall, 94% (183 of 194) were in compliance. 98% (81 of 83) of children placed in basic foster care with a relative/fictive kin provider were found to be in compliance. The two clients found to be out of compliance were placed out of state and those placements were receiving a lower rate than South Dakota rates due to that state's foster care rate. 100% (4 of 4) of clients placed in specialized foster care with a relative/fictive kinship provider were found to be in compliance. 100% (3 of 3) of clients placed in a family Tx home with a relative/fictive kinship provider were found to be in compliance. 91% (95 of 104) of clients placed in foster/adopt care with a relative/fictive kinship provider were found to be in compliance. 9 placements were found to be receiving a lower adoption subsidy due to the previous years' rate selected.

Child Placement Agencies (CPAs)

The DSS Office of Licensing and Accreditation (OLA) is the agency responsible for licensing Child Placement Agencies. Each Child Placement Agency is relicensed annually by OLA.

There are twelve Child Placement Agencies licensed to provide foster care and adoption placement services. The majority of the children served by Child Placement Agencies providing adoption placement services are newborns whose parents are not involved with CPS and who voluntarily terminate parental rights for the purpose of adoption of the child. The agencies provide the temporary foster home, complete adoptive home studies and match children with adoptive parents. The service for which CPS contracts from Child Placement Agencies is treatment foster care. The Child Placement Agency recruits and licenses the foster families. CPS makes placement referrals to the Child Placement Agency. The Child Placement Agency provides supervision and case management services to the child and the foster home as a supplement to the supervision and case management services CPS provides. As of June 30, 2024, there were 200 children/youth placed in treatment foster care for 244 days as an average length of stay. There were 47 treatment foster homes licensed across the state.

The Child Placement Agency must follow the same standards and requirements as OLA foster homes must follow, which are established through state law and rule. Each licensed agency is reviewed at least one time per year.

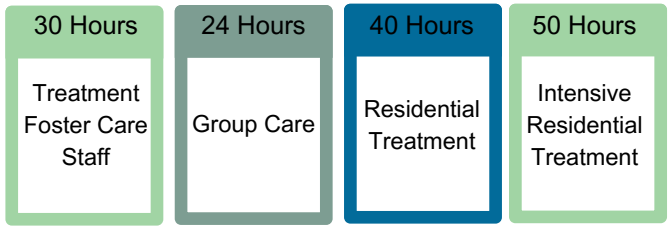
Group Care Centers, Emergency Shelters, and Residential Treatment Facilities

Child Protection Services contracts with private agencies licensed to provide residential services to youth. There are currently three Group Care Centers for Minors, eight Residential Treatment Centers, one Intensive Residential Treatment Center, and seven Emergency Shelters licensed to provide care in South Dakota.

Each licensed facility is reviewed at least one time per year and is approved by the OLA Program Manager. The review consists of a random audit of 25% personnel records and 25% resident records, review of volunteer records if volunteers are used, review of updates or changes to policy and procedures, and interviews with a select number of staff and residents of the facility.

OLA completed the annual reviews of all 19 facilities and 12 Child Placement Agencies during state fiscal year 2024. OLA utilizes templates that align with the South Dakota Administrative Rules for each license type to ensure consistency. When non-compliance is found, a Corrective Action Plan is implemented and monitored to ensure compliance is reached before a license is issued. Since 2020, all items found to be in non-compliance during the renewal process were resolved, resulting in a 100% renewal rate. The number of non-compliances or Corrective Action Plans is not tracked. The timeframe for correction is determined by OLA. There are not specific timeframes for completion in ARSD. License renewals and corrective action plans are published online.

Each agency is responsible to keep orientation and on-going training records for each staff and OLA reviews a random sample of these records during their annual renewal. Training standards for staff in these agencies follow:



Agencies that do not comply with the training standards will be placed on a Corrective Action Plan. There were no Corrective Action Plans relating to training in the past few years. Corrective Action Plans, licensing certificates, and renewal studies are available online to the public.

Summary

The information provided above indicates that licensing standards are being applied consistently and equally statewide to foster and adoptive parents as well as Child Placement Agencies, Group Care Centers, Emergency Shelters, and Residential Treatment Facilities. The state of South Dakota ensures standards are applied consistently and equally by utilizing standardized documents as well as practicing a uniform licensing and renewal process. South Dakota's practices licensing standards are being applied consistently and equally statewide making this item a strength.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 34: Requirements for Criminal Background Checks

Overview

In the 2016 CFSR Round 3, South Dakota received an overall rating of Strength for Item 34. Information from the statewide assessment and stakeholder interviews showed that the state was complying with federal requirements for criminal background clearances related to licensing foster care and adoptive placements. The state was found to have a process in place for addressing safety concerns identified for children in foster and adoptive placements. South Dakota continues to demonstrate a **strength** in ensuring the state complies with federal requirements for criminal background clearances as relating to licensing or approving foster care and adoptive placement and has a case planning process in place that includes provisions for addressing the safety or foster care and adoptive placement for children.

Provisions for Criminal Background Checks for Prospective Foster and Adoptive Parents

South Dakota Codified Law 26-16-14.3 and 26-6-14.5 require criminal records checks of child welfare license applicants, staff, and other adults residing in the facility or home, including foster homes and group and residential programs, and 25-6-9.1 requires criminal records checks of adoptive parents and applicants. These checks for foster homes and group and residential facilities are done through the state Division of Criminal Investigation. DSS rules ARSD 67:42:01:05.01 and 67:14:32:05.05 defines what convictions disallow an applicant from being licensed for foster care or approved for adoption.

CPS rules ARSD 67:42:01:05.02 and 67:14:32:05.03 require screening of applicants, staff, family, and other household members who are at least eighteen years of age for substantiated reports of child abuse or neglect, defines substantiated reports to include placement on the central registry, outlines the screening process and does not allow these individuals in a foster or adoptive home to have a substantiated report.

The department shall secure a criminal record check to obtain information concerning convictions for criminal offenses by a prospective foster parent as well as any other adult living in the prospective foster home. An individual is not eligible to receive a foster home license if the individual or any other adult living in the prospective foster home has a conviction for any of the following:

67:42:01:05.01. Criminal record check.

1.A crime that would indicate harmful behavior towards children;
2. A crime of violence as defined by SDCL 22-1-2 or a similar statute from another state;
3. A sex crime pursuant to SDCL chapters 22-22 or 22-24A or SDCL 22-22A-3 or similar statutes from another state; or
4. Within the preceding five years, a conviction for any other felony.

If an individual is seeking licensure from another child-placement agency, the department shall obtain the criminal record check for the child-placement agency if the child-placement agency is unable to obtain the record check on its own. If the criminal record check reveals a conviction for any of the crimes listed in this section, the department shall notify the child-placement agency of the existence of the conviction.
For all other child welfare agencies, the department shall review the provider's records to ensure that the criminal records are being secured to detect convictions for any of the crimes listed in this section.

The department shall deny an application and shall notify the applicant of the denial if the criminal record check required under § 67:14:32:11.01 detects a conviction for any of the following:

67:14:32:05.05. Application denied if criminal record check detects certain crimes.

1.A crime that would indicate harmful behavior towards children;
2. A crime of violence as defined by SDCL 22-1-2 or a similar statute from another state;
3. A sex crime pursuant to SDCL chapters 22-22 or 22-24A or SDCL 22-22A-3 or similar statutes from another state; or
4. Within the preceding five years, a conviction for any other felony.

67:14:32:05.03. Screening for substantiated reports or convictions of abuse and neglect.

The department shall screen an applicant and family members and other household members who are at least ten years old to determine if the individual has been involved in any substantiated incidents of child abuse or neglect. The individual may not have a substantiated report of child abuse or neglect. Substantiated reports of child abuse or neglect include reports placed into the department's central registry under § 67:14:39:03, reports placed on the central registry of another state, and reports that were investigated and substantiated by a tribal program.

If the screening locates an individual's name on the department's central registry and the individual has not already been given due process on the substantiation, the department shall notify the individual in writing that he or she may request a hearing to refute the accuracy of the information found. The hearing shall follow the provisions of SDCL 26-8A-11 and chapter 67:14:39.

If the screening locates an individual's name on the central registry of another state, it is the individual's responsibility to contact the other state to access the process for removal of his or her name from that state's central registry. If the other state has such a process and removes the individual's name from its central registry, the individual shall request the other state to submit documentation to the department verifying the removal of the individual's name from its central registry.

If the screening locates a report that was substantiated by a tribal program, it is the individual's responsibility to contact the tribal program to access the process for removal of his or her name from the record of the report. If the tribal program has such a process and removes the individual's name from the record of the report, the individual shall request the tribal program to submit documentation to the department verifying the removal of the individual's name from the record.

Licensing Specialists monitor any changes in family circumstances and complete the required background checks as needed. At the time of the renewal, the Licensing Specialist will complete a name-based search in FACIS and through the Unified Justice System to ensure the family remains in compliance with standards.

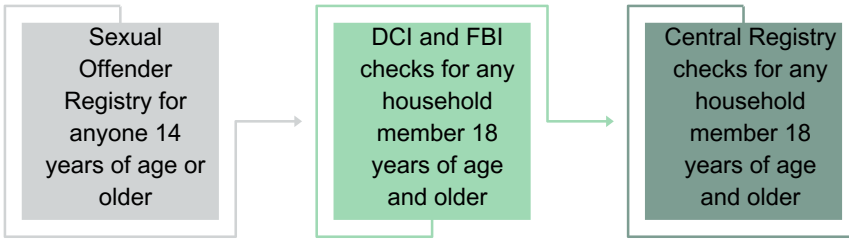
Requirements for Criminal Background Checks and Licensing Standards

OLA is the Division within the Department of Social Services responsible for licensing Child Welfare Agencies. The type of facilities for children which are defined as child welfare agencies are Foster Homes, Child Placement Agencies, Group Care Centers for Minors, Residential Treatment Centers, Intensive Residential Treatment Centers, and Emergency Shelters.

Child Welfare Agencies are required to meet established standards which include standards related to criminal background checks for employees, other safety provisions, treatment, employee qualifications, training, the physical facility, and general care. Background checks include FBI, DCI, South Dakota Central Registry, and Sex Offender. Once a Child Welfare Agency is licensed, OLA completes annual licensing reviews and ensures that the agency has completed the background checks for employees required by the Administrative Rules of South Dakota.

Background checks are a requirement for individuals interested in obtaining a foster and/or adoptive license as well as childcare institutions, therefore children are not placed in these settings prior to background checks being completed.

In order to ensure foster and adoptive placements remain in compliance with required criminal background clearances, the Licensing Specialist reviews FACIS to determine if the foster and/or adoptive family or household members had any areas of non-compliance. The Licensing Specialist will review the Unified Judicial System to determine if household members over the age of 18 have had any recent arrests or court actions that would disqualify the family from providing foster care. The Licensing Specialist reviews the file to ensure the following background checks have been completed on applicant(s):



The family is responsible for notifying their Licensing Specialist when anyone moves in or out of their home during the licensing year. Necessary background checks are completed on individuals as needed by the Licensing Specialist. If the family does not notify their Licensing Specialist and the resource is out of compliance a Resource Complaint is assigned to the Licensing Specialist to assess the situation and ensure necessary background checks are completed. The non-compliance is documented in FACIS.

To ensure the system is effective and families are in compliance with all the requirements, DSS conducts a muti-step review process before the license is issued. A thorough examination of the home study and associated documents is completed by two contracted staff and the Licensing Supervisor and Program Manager to ensure all eligibility requirements are met.

A IV-E review was completed in 2018, and 80 cases were reviewed. The review team determined that seventy-nine of the eighty (79 of 80) cases met eligibility requirements (i.e., were deemed non-error cases) for the PUR. One case was determined as an error for the child's entire foster care episode.

A mock IV-E review took place the week of April 4 through April 8, 2022. A total of 80 cases were reviewed. At this mock review, 2 cases out of 80 were found to be out of compliance. The two cases found to be out of compliance were due to the wrong month being utilized when determining if child/family meets the income guidelines of Title IV-E. There were also some cases found to have under payments due to timeliness of court orders.

CPS completed a mock IV-E review in April 2024, in which 80 children were reviewed. As part of the mock IV-E review, compliance of applying safety standards including criminal records checks and child abuse central registry screenings were reviewed. 78 of 80 cases reviewed were in compliance with requirements to meet licensing standards. Although two cases were out of compliance, only one was found noncompliant with meeting child abuse central registry screening standards. Immediate action was taken, and the foster license was suspended. 79 of the 80 cases reviewed showed all necessary background checks were completed. The second case in this mock review was out of compliance due to a lack of appropriate language in a permanency order.

OLA reviews files of foster homes licensed by Child Placement Agencies during the yearly licensing review to ensure compliance with South Dakota Administrative Rule. Data is not currently collected regarding compliance rate.

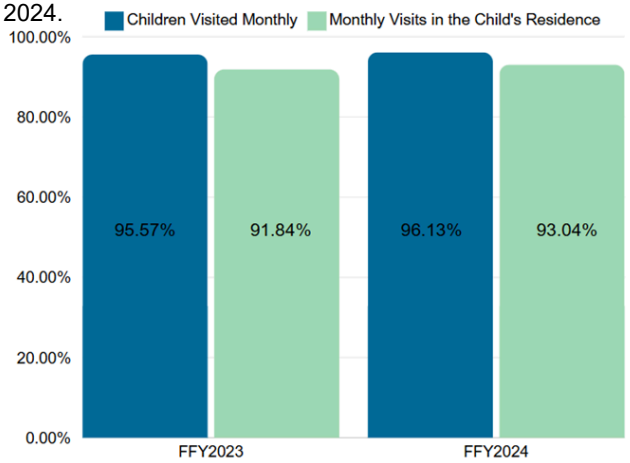
Safety of Children in Care

The Regional Managers across the state track the number of children who enter CPS custody and have no emergency placement identified by the evening of their first night in care. These circumstances result in the child(ren) staying with CPS staff in an office or hotel setting. This tracking allows CPS to evaluate the types of placement resources needed for children in CPS custody.

CPS completes a minimum of once monthly home visits for children placed in all levels of out-of-home care within South Dakota. Staff are expected to visit children placed out of state approximately every six months with an expectation of monthly visits by the out of state agency providing supervision. Children in group or residential placement out of state are visited in person every three months, per CPS policy. There is no ICPC supervision provided for children in group and residential that are placed outside of South Dakota.

During home visits, the caseworker must assess the child's strengths, needs, and services at each home visit. The caseworker must seek input from the resource provider, parent(s), child, and other members of the permanency team regarding the child's medical health, mental health, educational status, social health, family connections, independent living skills, and permanency goals. In addition, the caseworker must assess safety through observations and interviews with the resource provider and child. The caseworker must also assess placement stability and provider resources needed to stabilize the placement.

CPS staff are required to enter visits with children in out of home care in FACIS (CCWIS). Reports in FACIS, which is accessible to staff, are used to report both monthly calendar visits and visits per child per 12 months based on CPS staff entries of visits into FACIS. CPS staff also document the detail of the visits in the FACIS narrative. There are eight tabs that assess safety, permanency, and wellbeing. The narrative includes the Family Services Specialist assessment of the safety, permanency well-being of the child during each visit as well as the case activity related to case planning. A screen in FACIS allows staff to document visits as a specific activity and specify whether or not they are in residence. CPS developed a report to be used by the administration, the Family Services Specialists and Supervisor to monitor the level of compliance with caseworker visits monthly. CPS added a Caseworker Visits Compliance Report. CPS consistently outperforms the National Standard of 95% of children visited each month and 50% of the visits occurring in the child's residence. The following chart shows the percentage of children visited monthly and monthly visits that occurred in the child's residence for FFY 2023 and FFY 2024.



Data Source: Family and Child Information System (FACIS) Report

CPS will continue to explore opportunities to increase quality assessment of children in care during caseworker visits. CPS administers a survey to placement resources to help monitor caseworker visits. The information gathered from the placement resource involves frequency of visits, location of visits, quality of visits, and placement resource's satisfaction with visits. This information is utilized to help increase the frequency and quality of caseworker visits with children as well as enhance services and supports to placement resources. In SFY 2024 all seven regions sent the placement resources survey regarding caseworker visits. Surveys were sent to all resource providers at all levels of care with a current placement at the time the surveys were distributed in each region. Each region was designated a month during the fiscal year in which surveys would be sent to resource providers with current placements during that month. At the beginning of the designated month, the Strategy and Outcomes Program Specialist pulled a list of all children in care for the region and worked with the region to compile an email list of all resource providers for children placed from their region. Once the email list was completed, the surveys were sent out. Providers were asked to complete a survey for each sibling group placed in their home, if they had more than one.

The caseworker uses input, observation, and contacts with the child's permanency team to develop the Child Case Plan. This case plan is established within 60 days of the child's placement out of the home and updated every six months. The case plan outlines the child's identified strengths, needs, activities to support needs, connections, educational information, medical information, independent living services (if age appropriate), and placement information. The case plan is reviewed with the child, if age appropriate, placement providers, parents, and approved by the Supervisors to ensure all individuals are aware of the child's information.

Through the 2024 youth with lived experiences survey, 94% of youth stated their CPS caseworker discusses their case plan with them.

94%

46 of 49 youth stated their CPS caseworker discusses their case plan with them.

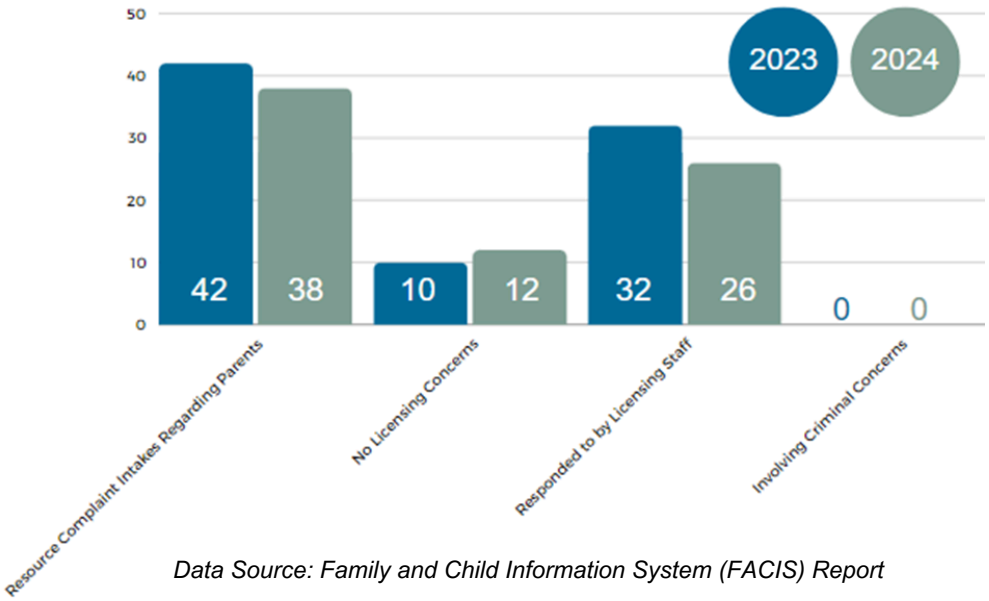
The case planning policy outlines that children's safety is assessed on a monthly basis. CPS completes a yearly Child Case Plan and Child Case Narrative fidelity review to monitor monthly home visit documentation and ensure that caseworkers are providing quality assessments regarding the child's safety in the out-of-home placement. Quality is assessed by ensuring the following: interactions between the child and placement resource are documented in the child's narrative screens, the child is seen alone, the child is observed and interviewed regarding safety if developmentally appropriate, and the child's sleeping space is observed.

South Dakota operates on a centralized intake system to receive reports alleging abuse and/or neglect of a child. Reports alleging child maltreatment, Present Danger or Impending Danger are received by Centralized Intake Monday through Friday 8am-5pm in both central and mountain time zones. CPS (local) office staff provide emergency response to reports of maltreatment weekdays after 5pm, weekends and holidays. Calls are routed through local law enforcement agencies and CPS staff respond to the reports determined to indicate Present Danger. Centralized Intake Family Services Specialist receive, document, and assess intake reports from the community and complete intake documentation while receiving information from the reporter during the phone call. The Intake Specialist and Intake Screener then reviews and analyzes the information documented in the report to determine whether the information reported meets the criteria for CPS intervention. SD CPS utilizes a two-step screening and priority response time decision making process. After completing the Request for Service, the Intake Specialist makes an initial screening and priority response time decision and submits the Request for Service to an Intake Screener who makes final screening and priority response decision based on report information. The Intake Supervisor is required to review screening decision in several case circumstances, but specifically all reports involving a facility licensed by the Department and all reports involving out-of-home care facilities.

The same process above applies when reports are received alleging abuse or neglect of a child in foster care or a placement facility. If the report includes any allegations of abuse or neglect or concerns for child safety, steps are taken to ensure the child is safe, which may include removal of the child if necessary. In the case of placement facilities, involved staff may be put on administrative leave or terminated depending on the seriousness of the allegations. The report is assigned as an Out of Home Investigation. If the Intake is determined to not involve allegations of abuse or neglect or concerns for child safety, then the report is referred to OLA Licensing staff so a determination can be made on what further action is needed to assess the situation for licensing compliance issues. CPS uses safety-based criteria when assigning reports regarding children in care to ensure consistency. This would also apply to situations where there are allegations regarding crimes on the part of the foster parent or any other member within the home. In most instances, the Out of Home Investigation is completed by a contract consultant. If it is determined after the investigation there was no abuse or neglect or no concerns for child safety, then the report is referred to OLA Licensing staff so a determination can be made as to what further action is needed to assess the situation for licensing compliance issues. It is also possible for a concern regarding a foster home to come to the attention of CPS as a licensing complaint. If the concerns do not involve allegations of abuse or neglect but contains licensing concerns, the report is recorded in the FACIS resource case screens and handled by OLA Licensing staff. Licensing staff will address the concerns with the agency and complete a corrective action plan. Corrective action plans are available online.

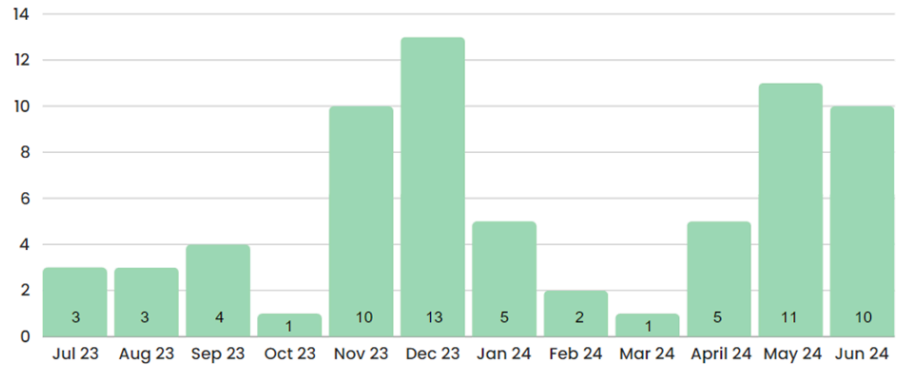
From July 1, 2023, to June 30, 2024, there were 175 reports of maltreatment involving licensed family foster homes, of which 13 met the screening criteria for assignment as an Investigation. Out of 104 reports of maltreatment involving group and residential care, 5 met the screening criteria for assignment.

Areas of noncompliance with licensing standards are documented through Centralized Intake as resource complaints and assigned to the Licensing Specialist for follow up. The Licensing Specialist will contact the family and address areas of need. The following table provides data on the Resource Complaint reports to CPS regarding foster parents. Each report was determined to be solely a resource complaint since it did not involve abuse and neglect concerns or concerns for child safety. The reports were then further assessed for licensing concerns and those with licensing concerns were addressed by licensing. The concerns reported related to Fiscal Year 2023 and 2024.



Data Source: Family and Child Information System (FACIS) Report

The state of South Dakota does not allow for individuals going through the foster/adoptive licensing process to accept placement of children prior to completing all licensure requirements.



Children with an Office/Hotel Stay

Data Source: Internal CPS Tracking Form

The graph above displays the number of children who resided, for at least one night, in an office/hotel setting per month. Children being placed in non-licensed or temporary placements, like hotel rooms or agency offices, is an issue occurring statewide, often due to the specific needs of the child and a lack of available placement options. To ensure safety in these situations, the state has established a clear process. CPS staff are responsible for supervising the child until a licensed placement is found, with compensation provided for overtime, meals, and other necessary expenses. Hotel accommodations are selected based on the child's needs and staff safety, with special considerations made when opposite-sex staff are involved in overnight supervision. Non-CPS staff cannot supervise children overnight, though they may assist CPS staff. Decisions regarding staffing levels are based on the child's needs, and additional support can be requested from other regions. The state's documentation system (FACIS) ensures that all temporary placements are properly recorded and monitored. This practice is designed to prioritize the safety and well-being of both children and staff while efforts continue to secure appropriate, long-term placements.

Response to Children on Missing from Care Status

When the Department of Social Services has custody or care of a youth and the youth is absent from their placement resource or parent, specific procedures must be in place to help successfully locate and assess the youth's safety.

Children and youth who are missing, or have run away from foster care, have a greater likelihood of experiencing adverse outcomes. This applies to any child or youth who the SD Department of Social Services has responsibility for care, placement, and supervision. As of July 31, 2024, there were 29 youth reported missing from care.

When a child is reported as missing from care, the resource provider or CPS must contact law enforcement for entry into the National Crime Information Center (NCIC) and SD Missing Persons Clearinghouse. Within 24 hours, CPS must notify the child's parent(s) and notify the National Center for Missing and Endangered Children (NCMEC). On the next business day, CPS must notify other participants of the child's permanency team including the tribe (if applicable), the state's attorney or tribal prosecutor, the child's attorney, or guardian et litem, and the parents' attorneys. The CPS Permanency Program Specialist will be notified of the report when the CPS caseworker enters that the child is missing from placement on the caseworker documentation system (FACIS). If the youth is missing from care and considered high risk or if it is believed that the child was taken against their will, the CPS Director must be notified. The CPS caseworker will document attempts to locate the child on a weekly basis. Concerted efforts should be completed to locate the missing youth. These efforts include ongoing phone calls with law enforcement, communication with NCMEC, ongoing contact with parents, relatives, friends, resource providers, or other close connections regarding possible places the youth may go, social media checks, texts or calls to youth's cell phone, checking the youth's belongings for information, contacting the ICWA program, searching areas the youth frequents, and contacting local emergency shelters, hospitals, or homeless youth programs.

The Permanency Program Specialist reviews all CPS children missing from care monthly to ensure that sufficient attempts based on expectations in CPS policy to locate are occurring. The Permanency Program Specialist can request further consultation to locate the missing youth. The Permanency Program Specialist reports information regarding children missing from care/runaway to the Director and Assistant Director.

Once a child is recovered or located, diligent efforts must be made to complete a debriefing with the child that includes:

- Information regarding the primary factors that lead the youth to be missing from care.
- Information regarding the primary factors that lead the youth to be missing from care.
- Assessment of medical, mental health, or other specialized care necessary upon return to ensure the safety and wellbeing of the youth.

Documentation of the debriefing must be included in the youth's file. This information will be reported to future placement resources. If the youth is identified to have been at risk or a victim of sex-trafficking trafficking, this must be reported immediately to intake, law enforcement, the NCIC, and NCMEC. A specialized plan must be created to identify specialized services and supports for a youth who has been a victim of sex-trafficking. This may include a referral to appropriate forensic, medical, mental health, placement, and educational services.
South Dakota CPS completed an audit with the Office of Inspector General most recently in February 2022. CPS provided information and documentation for three children who were reported as missing from care. It was identified during that audit, that South Dakota had no requirement or state law to report missing children to the National Center for Missing and Exploited Children (NCMEC). After the audit, South Dakota began receiving technical assistance from NCMEC.CPS began drafting new Missing from Care Policy and Procedure in 2022. In July 2023, South Dakota updated its IVE Plan to include that CPS shall report immediately, no later than 24 hours, information on missing or abducted children to NCMEC. Policy and Procedure was finalized and implemented in September 2023. CPS provided multiple trainings to upper management, CPS field staff, group & residential facilities, and foster parents in 2023 regarding reporting missing children information to NCMEC.

Summary

The results of the federal IV-E review as well as the state's mock IV-E review show the state is complying with federal criminal background requirements. The state has a structured process in place to address the safety of children in foster care and in adoptive placements statewide. South Dakota has specific procedures to diligently locate children missing from care in order to accurately assess their safety in a timely manner. This information supports finding this item to be a **strength**. OLA reviews files of foster homes licensed by Child Placement Agencies during the yearly licensing review to ensure compliance with South Dakota Administrative Rule.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 35: Diligent Recruitment of Foster and Adoptive Homes

Overview

During the 2016 Child and Family Services Reviews the State's Foster and Adoptive Parent Licensing, Recruitment, and Retention program was rated as a Strength and found in substantial conformity. The Department of Social Services, Office of Licensing and Accreditation has consistently licensed more families than families who discontinue providing care. South Dakota continues to demonstrate a **strength** in ensuring diligent recruitment or potential foster and adoptive families is occurring statewide to reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed.

Percentage of Foster Families by Race

As of May 31, 2024, of the 815 foster families the two highest races' making up foster families in South Dakota are Native American 10.9% (89) and White 85% (693). The remainder of the breakdown of race: Black 2.8 % (23), Asian .98% (8) and Hawaiian/Pacific .25% (2).

SFY	Black	Native American	White	Asian	Hawaiian/Pacific
2021	2.4%	10.2%	86.1%	.97%	0%
2022	2.8%	11.8%	83.6%	1%	0%
2023	3.6%	11%	84.8%	1%	0%
2024	2.8%	10.9%	85%	.98%	.25%

Data Source: Family and Child Information System Report

The Foster Family's race is pulled using the following alphabetical race priority:

1. American Indian
2. Asian
3. Black
4. Nat Hawaiian/Pacific Islander
5. White

When foster families are of different races, the family's racial identity is determined by the race that comes first alphabetically. For instance, if one parent is listed as American Indian and the other as White, the foster family would be classified as American Indian.

Key considerations in recruiting families continue to be age and race, as of May 31, 2024, there are 70.7% (1,122 of 1,587) of the children in custody between the ages of 0-11 and 73.5% (1,167 of 1587) of the children and youth in custody being Native American. According to the 2020 United States Census, Native Americans make up 9% of the population in South Dakota, therefore creating a significant challenge to recruit an adequate pool of Native American resource families. As of May 31, 2024, DSS had a total of 89 Native American foster homes which is 11% of the families.

A total of 71 children of the 1167 affiliated with South Dakota Tribes were placed in licensed kinship care across the state as of May 31, 2024.

Age Group	0-4	5-11	12-15	16-18	19-21
Percentage in Custody	35.3% (561)	35.3% (561)	18.2% (289)	10.8% (172)	.3% (4)
* Percentage in Family Setting	99.6% (559)	88.4% (496)	68.9% (199)	49.4% (85)	25% (1)

*This number does not include children and youth in trial reunification.

Data Source: Family and Child Information System Report

South Dakota is comprised of a diverse population of families from many races and cultures. Native American children and families constitute the highest percentage by race receiving services from Child Protection Services.

Five of nine Native American tribes in South Dakota have Tribal-State agreements to license foster homes on their tribal land and service area. They are the Flandreau Santee Sioux Tribe, Standing Rock Sioux Tribe, Oglala Sioux Tribe, Sisseton Wahpeton Oyate, and Crow Creek Sioux Tribe. Crow Creek Sioux Tribe does not have a IV-E agreement.

Through the licensing process, foster and adoptive families share their strengths related to their capacity to care for children or youth. Through comprehensive conversation, the Licensing Specialist is able to gather information regarding the family's experiences and knowledge in order to best pair children and youth with foster and adoptive families. Experience and knowledge specific to their ability to care for older youth, LGBTQ youth, and/or youth with disabilities is discussed and shared with Licensing Specialists across the state. Although the FACIS system does not currently track foster and adoptive parents' capacity to care for children's specific needs, Licensing Specialists across the state have a shared document that is organized by the state's regions and outlines foster and adoptive family's specific strengths and capabilities. The state recognizes the need for tracking the number of foster and adoptive homes who have the capacity to care for older youth, LGBTQ youth, and/or youth with disabilities and has a tracking mechanism in place that will be included in the licensing information system that is currently being developed. At this time, Licensing Specialists are knowledgeable on the strengths of their assigned foster and adoptive families and utilize these strengths in order to place children in homes that can adequately meet their needs. Licensing Specialists have identified pools of foster parents throughout the state who have the strengths and ability to accept placement of older youth, youth with disabilities, and/or LGBTQ youth. Difficulty has been found in identifying placement for older youth and youth with disabilities, therefore recruitment strategies have been focused on these populations. Licensing specialists have not identified difficulty in identifying placement for LGBTQ youth.

Diligent Recruitment Efforts

Child Protection Services (CPS) and the Office of Licensing and Accreditation (OLA) continue to share the responsibility of the recruitment and retention of foster families in South Dakota.

As of May 31, 2024, DSS had a total of 815 basic foster homes licensed. CPS and OLA continue to utilize the Family and Child Information System (FACIS) to inform the development of the division's recruitment plan for foster and adoptive parents. FACIS provides real time data such as age, gender, race, and tribal affiliation of children and youth in custody. The data is available by office, region, and statewide, allowing staff to have the data at their fingertips to analyze trends. Most of the information gathered was available through FACIS, although additional information about specific child needs and families available for placement was gathered by OLA and CPS staff. A needs assessment was conducted in May 2024 to determine recruitment needs for South Dakota's statewide recruitment plan for SFY 2025 (July 1, 2024 – June 30, 2025). A set of data elements related to children in care and available foster and adoptive families was gathered and analyzed across the state. Through this analysis of data, targeted recruitment efforts have been focused on children with special medical and behavioral needs and sibling groups. As of April 30th, 2024, there are 150 sibling groups of brothers and sisters statewide who have at least one sibling who is separated and placed in a different placement. Family and Child Information System (FACIS) continues to help inform ongoing progress and status on recruitment and retention in South Dakota.

Key considerations in recruiting families continue to be age and race, as of May 31, 2024, there are 70.7% (1,122) of the children in custody between the ages of 0-11 and 73.5% (1,167) of the children and youth in custody being Native American. According to the 2020 United States Census, Native Americans make up 9% of the population in South Dakota, therefore creating a significant challenge to recruit an adequate pool of Native American resource families. As of May 31, 2024, DSS had a total of 89 Native American foster homes.

Recruiting families for teenagers remains a challenge. Youth ages 12-18 are 29.3% (465) of the youth in custody; 61.3% (285) of these youth are placed in family settings. CPS and OLA continue to see a trend of youth placed in CPS custody due to developmental disability, mental health, and behavioral needs their families cannot meet. It remains especially challenging to locate placement resources for youth discharging from group care or residential treatment. Families are needed with special skills in caring for children with significant developmental delays, significant behavioral needs, genetic disorders, prenatal drug and alcohol effects, drug-addicted newborns, and rare/complex medical diagnoses.

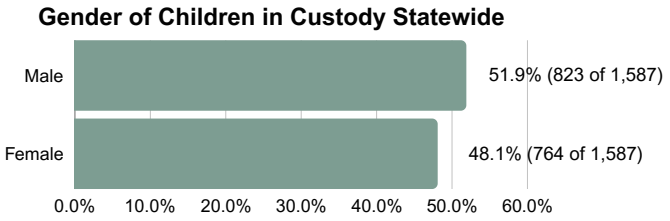
Data from FACIS as of May 31, 2024, utilized to inform recruitment efforts includes the following:

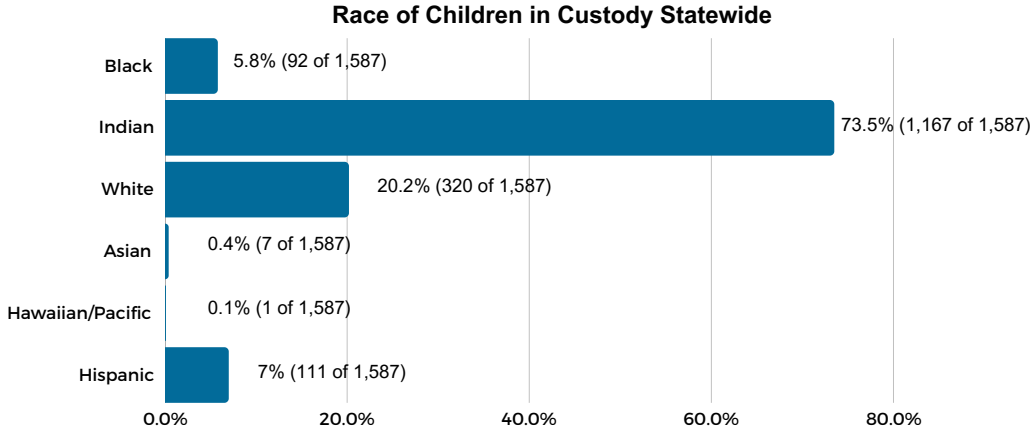
Percentage of Children in Custody Statewide by Age Group

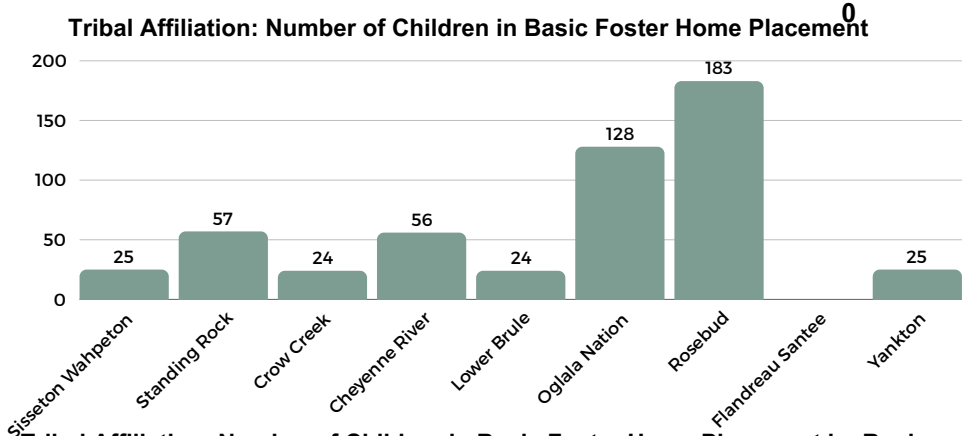
Age Group	0-4	5-11	12-15	16-18	19-21
Percentage in Custody	35.3% (561)	35.3% (561)	18.2% (289)	10.8% (172)	.3% (4)
* Percentage in Family Setting	99.6% (559 of 561)	88.4% (496 of 561)	68.9% (199 of 289)	49.4% (85 of 172)	25% (1 of 4)

*This number does not include children and youth in trial reunification.

Data Source: Family and Child Information System Report







Tribal Affiliation: Number of Children in Basic Foster Home Placement by Region

Region	Sisseton Wahpeton	Standing Rock	Crow Creek	Cheyenne River	Lower Brule	Oglala Nation	Rosebud	Flandreau Santee	Yankton
1	1	9	5	16	6	101	34	0	1
2	0	1	1	0	0	3	1	0	0
3	1	11	0	20	0	0	11	0	0
4	1	0	11	0	12	1	62	0	0
5	9	0	1	2	0	1	12	0	0
6	8	1	6	14	6	18	59	0	9
7	5	0	0	2	0	0	4	0	15

Data Source: Family and Child Information System Report

A total of 71 children affiliated with South Dakota Tribes are placed in licensed kinship care across the state.

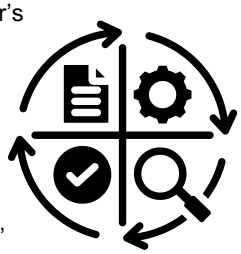
South Dakota is comprised of a diverse population of families from many races and cultures. Native American children and families constitute the highest percentage by race receiving services from Child Protection Services.

Five of the nine Native American tribes in South Dakota have Tribal-State agreements to license foster homes on their tribal land and services area. They are the Flandreau Santee Sioux Tribe, Standing Rock Sioux Tribe, Oglala Sioux Tribe, Sisseton Wahpeton Oyate, and Crow Creek Sioux Tribe.

While each community in South Dakota has their own unique recruitment needs, there are similarities in placement needs statewide. South Dakota recruitment efforts target the following:

1.Native American families to care for Native American children.
2.Families to care for brothers and sisters
3.Families to care for older children and youth (10-18)
4.Families who can care for children who require specialized care due to behavioral, mental health or medical needs.
5.Families who can care for children and support their parents to achieve reunification.

In May of 2021, the Stronger Families Together initiative was launched to recruit and support foster families in SD. Stronger Families Together targets the recruitment of Native American families to care for Native American children. It is the fourth year of the Stronger Families Together Initiative. The following entities across South Dakota continue to work together for Stronger Families Together: Governor's Office, DSS, CPS, OLA, South Dakota Kids Belong, Tribal child welfare programs, foster and adoptive parents, foster care alumni, business leaders, faith-based organizations, private adoption agencies, and child placement agencies.



The recruitment plan is a 12-month plan that is targeted at the greatest recruitment needs in South Dakota. The recruitment plans' sub-committee, comprising of representatives from Child Protection, the Office of Licensing and Accreditation, the Bureau of Indian Affairs, and tribal entity developed the plan and review it on an annual basis. The Department of Social Services Communications team coordinates the statewide messaging of the vision and call to action through news stories, testimonials, websites, social media, and emails.

Workgroups were established in the three regions with the greatest need for foster homes based on the ratio of children in care to available foster homes. These regions were identified as Region 1 (Rapid City), Region 3 (Pierre, Mobridge, and Eagle Butte), and Region 4 (Chamberlain, Winner, and Mission). These teams comprise members from CPS and OLA state offices, local CPS and OLA offices, regional foster parents, South Dakota Kids Belong, community participants, and tribal representatives.

The recruitment teams meet monthly or as needed. Faith-based, business, and nonprofit organizations collaborate with Stronger Families Together to provide outreach and engagement opportunities about foster parenting needs through their existing community relationships.

Recruitment information is disseminated by members of local recruitment collaboratives at several community events such as the Nurse's Association Conference, Child Maltreatment Conference, Christmas Parades, Community Family Game Nights, Health Fairs, University Events, Lakota National Invitational Statewide Basketball, and much more as an effort for ongoing recruitment.

Through the SFT initiative, a steering committee was organized and has been meeting monthly. Each month, data is presented, reviewed, and analyzed to ensure recruitment and retention targets are being met across the state, but especially in the three regions identified with the greatest needs. Recruitment strategies are developed to address any identified needs.

Among the regions, the evolution of Region 1's recruitment and retention efforts is particularly notable. In May 2021, the State of South Dakota launched the Stronger Families Together (SFT) initiative to redefine foster families as a vital support not only for children but for the families they come from. The SFT initiative aimed to address both recruitment and retention of foster and adoptive families across the state, while also reinforcing the goal of keeping children connected to their families and communities. About four months prior to the SFT launch, a significant organizational change occurred with the creation of the Office of Licensing and Accreditation (OLA), which was separated from Child Protection Services (CPS). This change allowed for a clearer distinction of roles and fostered greater collaboration between OLA and CPS, ensuring that licensing and family support could be more streamlined and responsive to community needs. With the launch of SFT, the CPS Assistant Director of Programs was appointed as a liaison between OLA and CPS to bridge efforts and support collaboration statewide. In the early stages of SFT, a review of statewide data highlighted three out of seven regions—Region 1 (Midwestern), Region 3 (Northcentral), and Region 4 (Southcentral)—where recruitment and retention efforts were most urgently needed. The data revealed a stark disparity between the number of children in care and the number of foster homes available. In SFY 2021, Region 1 had five times as many children in care (405 children) as foster homes (81).

In December 2021 Region 1 launched a recruitment and retention to address these challenges, community-based foster/adoption. The team consisted of representatives from CPS, OLA, local child placement agencies, non-profit organizations (such as South Dakota Kids Belong), faith-based communities, business leaders, private adoption agencies, tribal representatives, and individuals with lived experience. The teams meet at least monthly to review placement data and develop strategies to support local recruitment and retention efforts. Since the fall of 2023, Region 1's team has partnered with the Why Not You (WNY) collaboration, which had been established to recruit foster and adoptive families but had become less active during the COVID-19 pandemic.

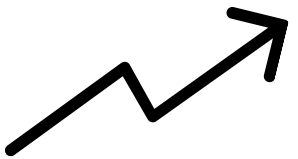
As the community began to recover, it became a natural transition for Region 1's recruitment team to align with WNY, as their goals closely overlapped. This revitalized collaboration included CPS, child placement agencies, private adoption agencies, foster families, South Dakota Kids Belong, tribal and faith-based representatives, all working together to address local recruitment challenges. The group organizes quarterly foster family trainings, offering free childcare and meals donated by a local nonprofit restaurant. During months without scheduled trainings, a restaurant hosts a monthly "date night" for foster, adoptive, and kinship families, providing a complimentary meal and an opportunity to connect with other families in a supportive setting. Recruitment events, such as Foster Fest in Rapid City, have also brought together various child welfare organizations and featured keynote speakers, including a local Native American leader. The event received additional recognition when the Rapid City Mayor issued an Executive Proclamation, emphasizing the need for community-wide awareness and support for local foster care efforts.

Since the inception of Stronger Families Together, there has been a noticeable shift in outcomes and trends, though certain challenges may have impacted these developments. In Region 1, the number of foster homes has significantly increased, along with a substantial rise in the number of children entering custody. As of June 30, 2024, there was a 31% increase in foster families and a 33% increase in children in custody, excluding those in trial reunification. Despite the growth in foster homes, the sharp rise in children entering care means Region 1 continues to face a considerable gap, with five times as many children in care as available foster homes.

Inquiries

The State contracts with a private agency, Lutheran Social Services, to carry out foster and adoptive family inquiry processes, foster parent trainings, and to conduct initial home studies. Through the contract, an Inquiry Coordinator responds to families interested in learning more about fostering and adopting as well as completes the inquiry process with families who are ready to start the foster home licensing or adoption approval process. Phone and e-mail contact information for the Inquiry Coordinator is listed on the DSS and Stronger Families Together website. Families can also submit a "Learn More About Foster Parenting" postcard on the Stronger Families Together website or fill out a postcard at a recruitment event to learn more about becoming a foster parent. When the postcard is received, it is forwarded to the Inquiry Coordinator to respond and provide information. Families may also contact the local CPS or OLA offices to be connected to the Inquiry Coordinator.

The number of individuals and families interested in becoming a licensed foster family has steadily increased from 2022 to 2024.

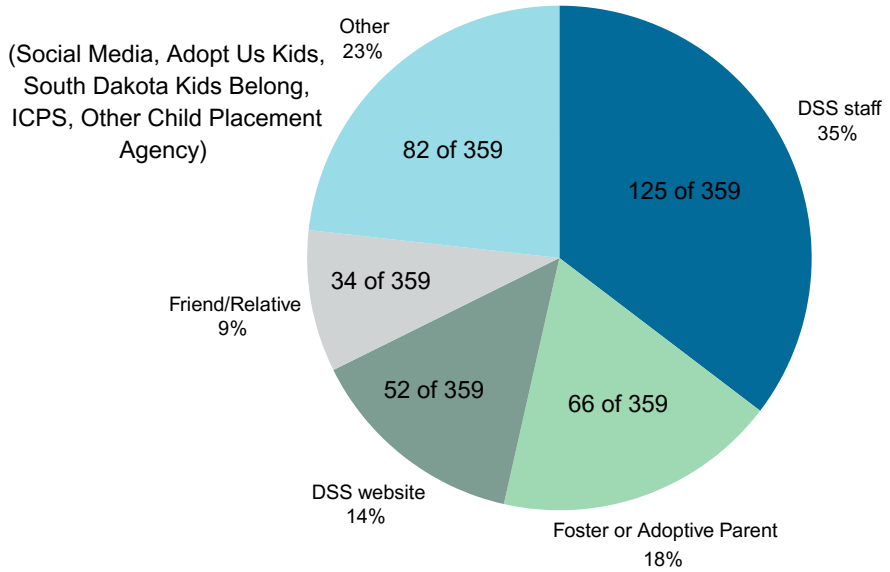


During the recruitment and licensing process are targeted areas of needs are discussed. South Dakota's future plan is to modify systems to capture additional data to determine what percentage of families expressed interest align with targeted recruitment needs.

More specifically, 467 Learn More about Foster Parenting cards were received statewide from June 1, 2023 – May 31, 2024. An additional 371 families unfamiliar with Stronger Families Together called to ask questions about fostering or adopting from June 1, 2023 – May31, 2024. An additional 81 kinship families inquired about becoming licensed foster parents.

The FACIS inquiry screen tracks the referral source when families complete an inquiry to begin the foster family licensing or adoption approval process. The inquiry coordinator contacts all individuals who submit a "Learn More about Foster Parenting" card to provide additional information and answer questions about their interest in becoming a foster or adoptive family. If an individual or family remains interested in starting the licensing process after the initial contact, the inquiry coordinator completes a more in-depth inquiry process between the agency and the prospective foster and adoptive family to determine next steps. The inquiry process was completed with 359 individuals and/or families in SFY2024 from July 1, 2023- May 31, 2024, during this timeframe the State licensed 177 new foster and adoptive families.

Out of the 359 inquiries below is the breakdown of referral sources:



Data Source: Family and Child Information System

The average number of days in 2024 from application to licensure was 122 days. *(Data Source: Lutheran Social Services)* South Dakota is currently working to enhance systems to capture data throughout the licensing process. This enhancement will allow better evaluation of the effectiveness across each step of the licensure process.

Adoption Recruitment

South Dakota continues to implement strategies to recruit and match children available for adoption with permanent adoptive families. Starting in December 2019, SD began tracking children with the plan of adoption, who have no identified adoptive resource. This information is reported by Regional Managers monthly and the data is used in a variety of ways. Tracking this information has allowed CPS to make budget requests for expansion of the Wendy's Wonderful Kids program. The information has been used to staff youth on the list and discuss possible targeted recruitment opportunities with staff. It has been used in a number of press releases to give an accurate picture of the children the Department is seeking adoptive families for. It is information that is reported to the SD Governor's office, as the Governor has taken special interest in CPS's Foster care and Adoption program. The youth being tracked can be cross referenced with existing adoption reports generated from the Family and Child Information system. This allows CPS to access demographic data which can be used to develop recruitment strategies matching the children who are available for adoption. There are 98 children without an identified adoptive resource as of June 24, 2024. South Dakota continues to utilize national adoption matching websites such as AdoptUSKids and Raise the Future to identify potential adoptive families who are waiting for children legally cleared for adoption and no identified adoptive resource.

CPS continues to partner with South Dakota Kids Belong (SDKB), a chapter of America's Kids Belong, to recruit adoptive families for specific children. The "I Belong Project" gives a face and voice to children eligible for adoption and no adoptive family identified. South Dakota Kids Belong has put together a team to create videos of waiting children. The videos capture the child's personality, interests, and the child's input about their adoption plan. 199 children have participated in an "I Belong" video shoot to assist with targeted adoption recruitment since December 13, 2018. This encompasses the use of high-quality videography and photography, to focus on the strengths and needs of youth and showcase their individual personalities. The videos can be used in a variety of ways, depending on an individual child and circumstances. The videos can be linked to the child's profile on adoption exchange websites, featured on the South Dakota Kids Facebook page, shared with specific adoptive families, or other child-specific recruitment strategies. The first videos were created January 2019 and as of June 1, 2024, there have been 199 videos completed on children. Out of these children, 38% (76 of 199) have finalized their adoption, 10% (20 of 199) are currently placed in their adoptive family, and one child (0.5%, 1 of 199) has obtained permanency through guardianship.

The Permanency Roundtable model was introduced to Child Protection Services in 2016. Permanency Roundtables are a structured, professional case consultation designed to develop an aggressive, innovative, and realistic Permanency Action Plan for the child or sibling group. This model was selected to assist CPS in developing appropriate permanency goals, address permanency related barriers, and to help achieve timely permanency. Permanency Round Tables have been implemented statewide with the final CPS region completing implementation in 2023. A skills training guide for new staff was created and implemented in 2023

To ensure ongoing accountability, the status of Permanency Roundtable meetings is tracked each month by each Regional Manager, based on the number of meetings that occurred within their respective regions. This tracking process allows for improved oversight and consistency in implementation. The Permanency Roundtable model has also been incorporated into the Permanency and Wellbeing certification training for new staff, which occurs at least three times a year. This ensures that all new Family Services Specialists and Supervisors are equipped with the skills and knowledge to use Permanency Roundtables as a critical tool in permanency planning. Family Services Specialists and Supervisors continue to use this model to identify and address barriers to permanency, creating tailored plans to move children toward stable, permanent placements.

Next steps for implementation include consulting with Casey Family Programs in 2025 to develop policies and ensure model fidelity. Additionally, CPS will explore ways to track Permanency Roundtable outcomes within the CPS SACWIS system, providing data-driven insights into the model's effectiveness in achieving timely permanency for children and youth.

Approximately 35-40 children are consistently assigned to the two full-time Wendy's Wonderful Kids adoption recruiters available to CPS. Wendy's Wonderful Kids is a national program established by the Dave Thomas Foundation; a non-profit organization committed to increasing adoptions of children in foster care waiting to be matched with an adoptive family. Wendy's Wonderful Kids supports the hiring of specialized adoption recruiters who are dedicated to finding permanent families for children in foster care. Target youth are teenagers, children with special needs, and sibling groups. Wendy's Wonderful Kids uses an evidence based, child focused recruitment model to find an adoptive for each child matched with the child's individual needs. The two current Wendy's Wonderful Kids adoption recruiter positions are employed by Children's Home Society with additional funding provided by the Dave Thomas Foundation and the Department of Social Services. CPS is exploring possibilities for expansion of the Wendy's Wonderful Kids program with the Dave Thomas Foundation.

With the aim of introducing approved adoptive families to the children that have a plan of adoption and no identified adoptive family, CPS hosted four Virtual Adoption Fair events. The first event was held on November 1, 2021; a second event held on November 14, 2022; a third event held on June 12, 2023; and a fourth event held on November 6, 2023. For all events, each of the seven CPS regions selected youth to present to adoptive families in South Dakota. A virtual presentation was created with adoption caseworkers presenting information on the children with pictures, videos, and descriptions by their adoption caseworkers and those who know the child(ren) well. These presentations allowed the children's personalities to come through and give the child(ren) an opportunity to share information about themselves and their interests. The events shared information about the adoption process and resources available to assist families adopting children with special needs.

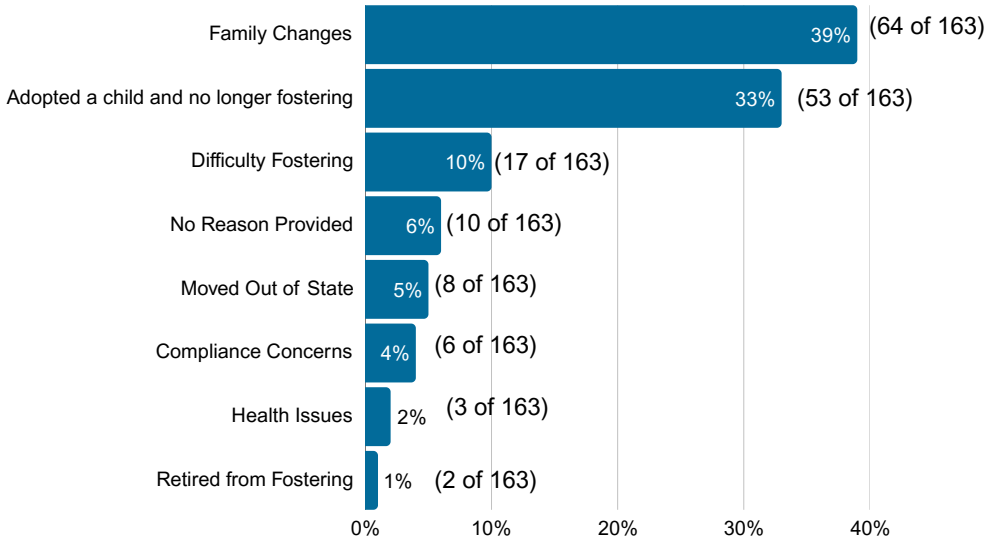
All approved South Dakota foster and adoptive families were invited to attend, as well as families approved through other private adoption agencies. These Virtual Adoption Fairs have been held each year since its inception. The number of children presented at these events ranged from 13 to 22 children per event and included brothers and sisters who have a plan to be adopted together. One hundred thirty-three (133) families attended the four events. The number of adoptive families attending started with 67 families at the first event and declined over time with the most current event hosting 22 families. An estimate of 800-900 families were invited to each event. A likely reason for the decline in attendance is due to families having access to the SD Kids Belong website which features children on an ongoing basis and not specific to an event. Families who have attended previously may not have joined again if their questions were answered or they learned how to access information about specific children through the SD Kids Belong website. There is no data collected to account for the decline. Families were sent a survey after each event to provide an opportunity to inquire about specific children and provide input about the event. Fifty-five (55) of 133 or 41% responded to the survey. Of the responses, all were positive, and families expressed the event was beneficial for them. Thirty-five (35) of 133 or 26% families who attended the events responded with interest in learning more about a child featured on the Virtual Adoption Fair event. Family Service Specialists reported no youth matched or adopted as a result of the Virtual Adoption Fair. The information was collected through surveys for six months following the event. However, through collaboration with SD Kids Belong, families have reported the Virtual Adoption Fair was a contributing factor to the matching of children they adopted. A data collection has not been obtained to confirm this; however, efforts are currently underway to evaluate how adoptive families can access this information presented at the event in a manner which is consistent with their needs. The aim is that families will be able to access the information on demand and not have to wait for a scheduled biannual event.

Other means of recruitment will be explored to gather alternative methods of recruitment for adoptive children. Stakeholders from CPS, CPA's, adoption agencies, tribes, etc. are involved in fidelity reviews and workgroups related to permanency practice to provide insight in order to improve recruitment efforts.

The Department of Social Services does not emancipate children in care; therefore, data is unable to be collected regarding youth whose permanency goal was adoption and/or who had parents whose parental rights were terminated exited care via emancipation. Youth whose permanency goal is adoption, and parental rights have been terminated will age out of foster care at the age of 18, as the Department of Social Services does not emancipate, but instead provides these young adults ongoing support through the Independent Living Program and will continue to have a Community Resource Person assigned to them until the age of 21. If at age 18, the youth has not completed high school or received a GED certificate, they do have the option to continue to stay in custody or remain in their placement through a continued care agreement until they graduate, receive a GED certificate, or turn 21 years old, whichever comes first.

Foster Parent Closure

Reasons for foster family closure are tracked in FACIS to analyze retention patterns. From July 1, 2023, through May 31, 2024,out of all the foster homes licensed, 163 foster families closed their foster care license.



Data Source: Family and Child Information System Report

The closure data is gathered through exit interviews between the foster family and the Licensing Specialist at the time of closure. The state tracks closure reasons for each fiscal year. Over the last three years, family changes (42%) continue to be the highest reason for closing a license followed by adopting a child (25%) as the reason for closing their license. Families have an opportunity to complete an exit survey when they close their license and provide additional information including how to improve of the process.

Summary

South Dakota has maintained multiple approaches to recruit foster and adoptive homes through a diligent recruitment plan, localized and targeted plans, and by collaborating with tribal partners and stakeholders. The Stronger Families Initiative launched in 2021 and has allowed the Governor's Office, DSS, CPS, OLA, South Dakota Kids Belong, Tribal child welfare programs, foster and adoptive parents, foster care alumni, business leaders, faith-based organizations, private adoption agencies, and child placement agencies to collaborate in recruitment and retention efforts statewide. The information provided supports South Dakota's diligent recruitment of foster and adoptive homes to be a **strength**.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

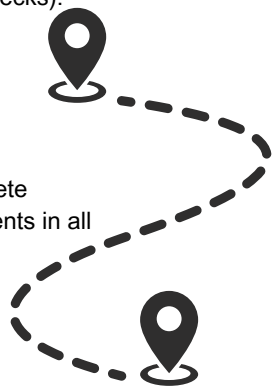
Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

Overview

In the 2016 CFSR Round 3, South Dakota received an overall rating of Area Needing Improvement for Item 36. Information in the statewide assessment reflected the state does not complete Interstate Compact on the Placement of Children (ICPC) requests timely. However, it was found that South Dakota does make good use of cross-jurisdictional resources for placement.

ICPC Requests to Place a Child from Another State in South Dakota

CPS policy requires home studies requested by another State for prospective foster and adoptive homes or kinship providers be completed and submitted to the other state within 60 days. The only exception to this time limit is if circumstances are beyond CPS's control (e.g., delays in receipt of Federal Agency background checks). CPS then has an additional 15 days to complete the study and report to the requesting State.



CPS contracts with Lutheran Social Services (LSS) to complete ICPC home studies for foster homes and adoptive homes in all Regions. CPS contracts with Lutheran Social Services to complete ICPC home studies for prospective kinship placements and parents in all Regions.

The following procedures are to be followed by LSS and CPS staff in order that the 60-day time frame can be met for ICPC home studies related to foster and adoptive parents.

1.After receipt of the home study request from another state, ICPC Program Specialist reviews in formation for accuracy and submits ICPC information to LSS via secure email.

2.LSS makes their first contact with the family over the phone whenever possible.

3.LSS follow-ups with a letter re-affirming the time frames to complete the home study.

4.LSS assists families in obtaining fingerprints, when necessary, in order to do FBI criminal background checks if the home is to be licensed for foster care. State Division of Criminal Investigation checks are completed for kinship and adoptive home study requests.

5.LSS offers families assistance in completing necessary forms.

6.When obtains the signed documents from the family. LSS contacts the appropriate CPS supervisor to discuss any issues that arise during the home study process.

7.The completed home study includes a recommendation regarding the placement and identifies any issues requiring specific attention, services, or supervision. The completed study is sent to the ICPC Program Specialist, appropriate CPS supervisor with the cover letter copied to the appropriate Regional Manager.

8.If required efforts by LSS have been exhausted and the family does not provide sufficient information or cooperate with other requirements for completion of the home study, the home study will be denied.

9.The Deputy Compact Administrator/ICPC Program Specialist reviews all ICPC home studies. If the Regional Manager is reluctant to approve the home for placement, the reasons will be discussed with the ICPC Deputy Compact Administrator who then makes the final decision whether to approve the home study.

The following procedures are to be followed LSS and CPS staff in order that the 60-day time frame can be met for ICPC home studies related to kinship and parents.

1.After a request is received to complete a relative or parent home study, CPS documents the request in FACIS and sends the request to the CPS Regional Manager or Supervisor and LSS.

2.LSS makes contact with the relative or parent to complete the required paperwork. LSS completes home visits with the relative or parent and makes collateral contacts to gather information for the home study.

3.Once CPS receives the study, a determination is made by CPS whether the placement will be approved or if there is need for more information. CPS may need to gather more information from LSS and/or the potential resource in order to make the placement decision.

4.The Deputy Contract Administrator reviews all ICPC home studies. If the Regional Manager is reluctant to approve the home for placement, the reasons will be discussed with the ICPC Deputy Compact Administrator who then makes the final decision whether to approve the home study.

5.CPS tracks all incoming and outgoing home study requests and the completion dates in order to report to the Federal Government on an annual basis the length of time it takes to complete and report on the home studies from the requesting states.

South Dakota utilizes the National Electronic Interstate Compact Enterprise (NEICE) to process cross jurisdictional adoptive and permanent placements within the State of South Dakota. All Interstate State Compact on the Placement of Children (ICPC) parties are required to utilize NEICE by 2027. There are currently six ICPC member states that are not currently utilizing the NEICE program. South Dakota processes these requests via secure email. South Dakota utilizes reports in the NEICE system and the FACIS system to assess the efficiency of the ICPC process.

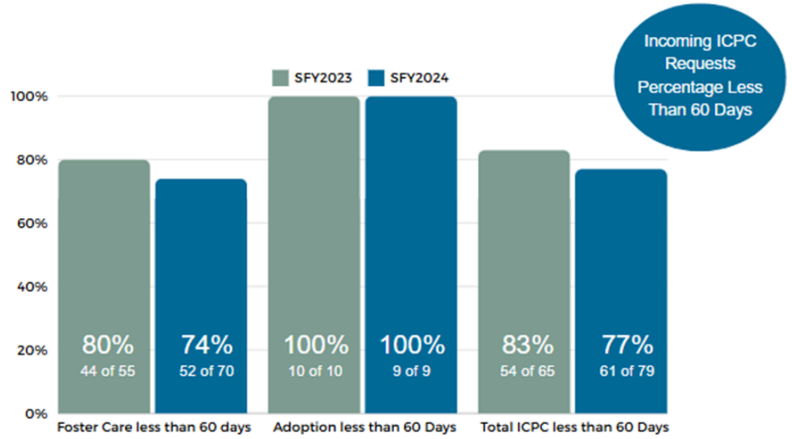
South Dakota Local Office completes all required documents for an ICPC request. These documents include standardized 100As for initial requests and approval/denial and standardized 100Bs, indicating a placement or a case closure. South Dakota staff have a comprehensive list of documents that are to be included in an outgoing request that include such documents as child records, court orders and the Financial Medical plan for the child. This request is sent to the ICPC Program Specialist for processing. The ICPC Program Specialist reviews documents for accuracy and requests additional information from SD Local Worker if needed. The information is then sent to the receiving state via NEICE or secure email.

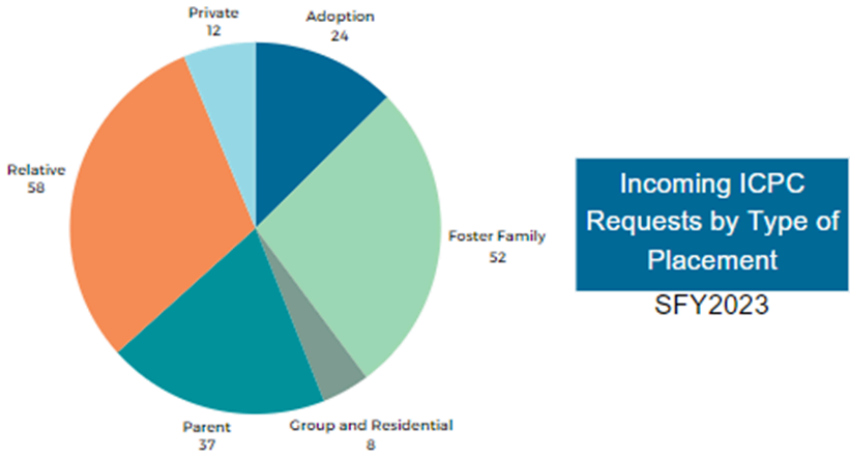
NEICE has streamlined the process for sending and receiving ICPC requests and improved timely communication between States. There continues to be delays in receiving out of state background clearances and completion of required foster parent/adoption training. These requirements often take over sixty days and delay the timely completion of home studies and placement decisions.

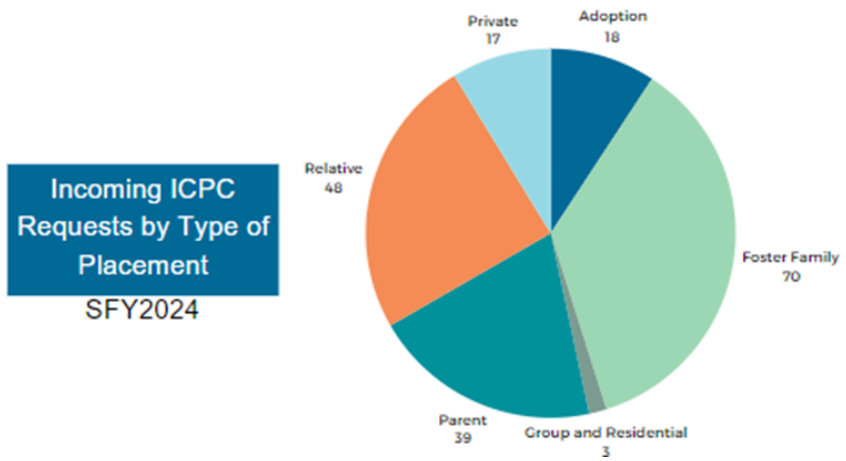
The sending state sends ICPC documents to South Dakota utilizing the NEICE system or secure email. The ICPC Program Specialist reviews documents to ensure accuracy and requests additional information in needed. The information is then sent via secure email to SD Office of Licensing and Accreditation, the contracted home study agency, and the Local SD Child Protection Office for review. SD Office of Licensing and Accreditation and/or the contracted home study agency then complete study. The completed study is sent back to the ICPC Program Specialist who reviews in conjunction with the SD Local Office to determine a placement decision. Lutheran Social Services completes a relative or kinship home study on a standardized home study document. Office of Licensing and Accreditation also has a standardized initial home study document, that includes an option for child specific studies, required by ICPC regulations.

ICPC Program Specialist receives ICPC requests via secure email from the SD Department of Corrections, private adoption agencies/attorneys, contracted Tribes and from parents for private residential or adoptive placements. The ICPC Program Specialist reviews these requests for accuracy and sends the requests via NEICE or secure email to the receiving state. When ICPC requests are received from another state for private parental placements, private adoptions, or residential placements, ICPC Program Specialist reviews information and approves or denies placement. If the proposed placement resource is domiciled on a contracted Tribal Reservation, the request is sent to the Tribal Social Services Agency for completion of the home study and placement approval.

The following is data for state fiscal years 2023 and 2024, obtained from National Electronic Interstate Compact Enterprise (NEICE) regarding completion of ICPC foster home and adoption home studies.

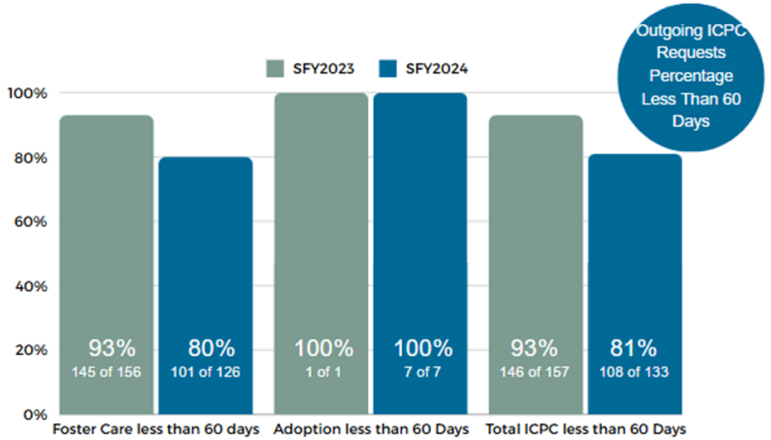




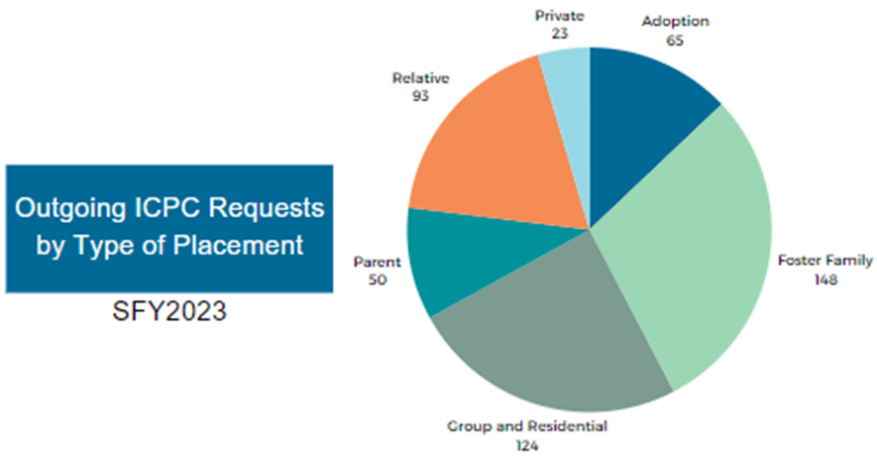


Data Source: National Electronic Interstate Compact Enterprise (NEICE)

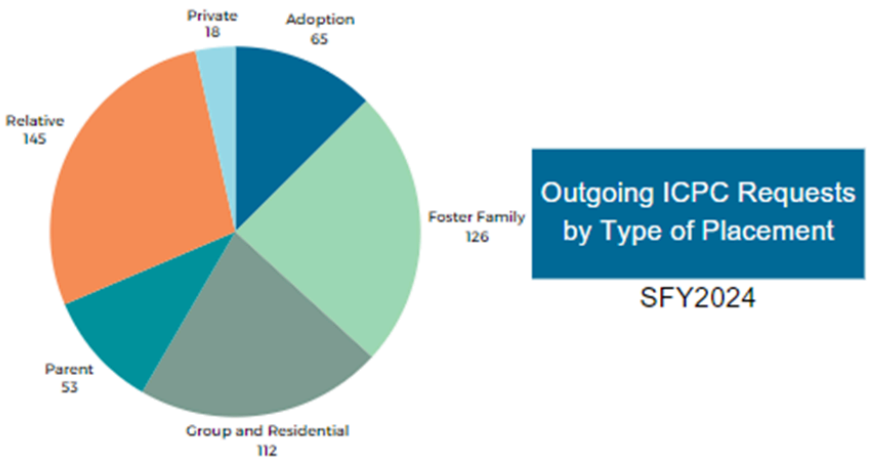
The following table includes data from State fiscal years, which shows the percentage of home studies completed for CPS within 60 days by other states. It indicates how timeliness of completion of home studies has improved through timely submission in the NEICE system and accurate reporting using reports available in NEICE.



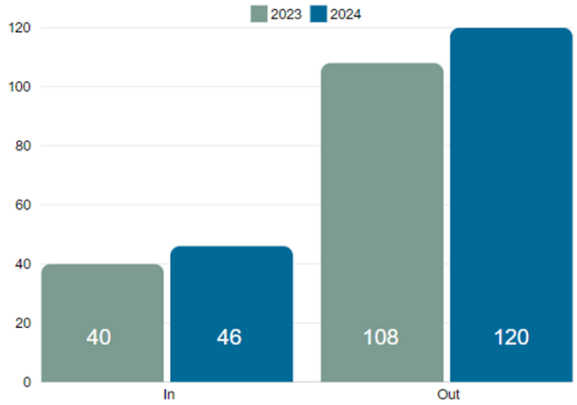
The following graphs include data which shows the volume of ICPC requests by placement type CPS has made of the last state fiscal years.



Data Source: National Electronic Interstate Compact Enterprise (NEICE)



The following table includes data which shows the number of children placed both in and out of state during these fiscal years.



Data Source: National Electronic Interstate Compact Enterprise (NEICE)

If a child has a permanency plan of adoption and CPS does not have an adoptive resource that is either a relative who lives in/out of state, the foster parent of the child, or other in-state resource identified for a child as the adoptive placement, CPS begins out of state searches. CPS uses several resources in the recruitment of adoptive families for children that do not have an identified adoptive resource. These resources allow CPS to complete nationwide searches for families interested in adopting children in the custody of CPS. AdoptUsKids and Raise the Future, formerly known as the Adoption Exchange, are the organizations used most often by CPS in searching for out of state families. Both organizations have websites to photo list children, and for CPS to be able to review the information about families that have registered on the sites. CPS is required to obtain approval from the Native American child's tribe to photo list the child. Raise the Future has a variety of recruitment services that South Dakota can also utilize.

CPS Adoption Specialists receive inquires on the AdoptUsKids website and through emails from Raise the Future. Once inquiries are received, the Adoption Specialist must initially screen the inquiries to assess whether the family meets the child's recommended criteria. If the family meets the criteria specific to the child, the Adoption Specialist requests the completed signed adoption home study. If the search is for a Native American family, CPS must ensure the home study includes verification from the federally recognized tribe of which the family is a member.

South Dakota also has access to the services of the Wendy's Wonderful Kids recruiter located with the Children's Home Society in Rapid City. The recruiter has networked with many other nationwide organizations, including A Family For Every Child and Adopt America Network, which have additional prospective adoptive families who might be possible matches for children in CPS custody.

Child Protection Services strives to provide the same level of supports and services no matter where a child is placed. In state adoptive placements are supervised by Child Protection staff who have standard policy and procedures they follow. South Dakota is a state administered system so cross regional placements are not tracked. The adoption family service specialist maintains as the primary adoption worker no matter where the child is placed in the state. Child protection provides adoptive placement supervision for placements made with private adoption agency homes.

In cases where children are matched with out of state families, who are licensed through private adoption agencies, a purchase of service contract is completed. The agency is contracted to complete the same level of supervision services as what Child Protection staff are required to provide. In state fiscal year 2024 there where twelve out of state supervision contracts in place that provide supervision and support for twenty-four children placed out of state. Adoptive families are able to access services through their adoption assistance agreements. These agreements are negotiated based on the child's needs. If a service is needed that is not covered under Medicaid, Child Protection Services will cover the cost of the service.

Summary

South Dakota has a sufficient process in place, utilizing the National Electronic Interstate Compact Enterprise (NEICE), to adequately use Cross-Jurisdictional Resources for Permanent Placement of children in care. Data reported through the NEICE system confirms that South Dakota completes Interstate Compact on the Placement of Children (ICPC) requests timely and continues to make good use of cross-jurisdictional resources for placement making this item a **strength** for South Dakota.

APPENDIX A: INFORMATION SYSTEM ATTACHMENTS

ATTACHMENT A1: FACIS REPORTS

REPORTS BY PROGRAM AREA USED IN ANALYSIS OF OUTCOMES

Program Area	Report	Target Users	Report Purpose	QA Benefit
Request for Services	Dispositions of CPS Investigations per RFS	Administrator of Services for Families, CSI Program Specialist	Lists number of substantiated and unsubstantiated investigations and disposition regarding service provision.	CPS uses this report to monitor case disposition including how many cases are opened for services.
Request for Services	Status of Assigned IFAs and Investigations	Administrator of Services for Families, CSI Program Specialist, Regional Managers	Lists number of days IFAs are pending for defined periods of time so CPS will know how many IFAs are overdue and how many days overdue.	CPS has been addressing the issue of overdue IFAs by local offices by evaluating and monitoring status of timeliness through use of this report.
Request for Services	IFA Safety Outcomes	Administrator of Services for Families, CSI Program Specialist, Regional Managers	Reports number of IFAs & number meeting response time, number with diligent efforts to make initial contact, number with identified safety threats, and number by safety response when a safety response is required.	CPS uses this report to monitor initial contact time and for budget indicators.
Request for Services	Number of Requests for Services by State Total, Region, Office & County	Administrator of Services for Families, CSI Program Specialist, Regional Managers, Family Services Specialist Supervisors	Reports number of Requests for Services (RFS) that have been received and number that have been assigned.	CPS uses this report to monitor screening rates.
Ongoing Services	Caseworker Visits for In Home Cases	Administrator of Services for Families, CSI Program Specialist, Regional Managers	Reports by each case visits expected, visits made, and visits not entered by month.	CPS uses this report to monitor compliance with in-home visits with children.
Ongoing Services	Family Protective Capacity Assessments	Administrator of Services for Families, CSI Program Specialist, Regional Managers	Reports by month the number of PCAs started by month and the number within the required timeframe and the number 30, 60, or more days overdue	CPS uses this report to monitor timeliness of Protective Capacity Assessments (parent case plans).

Program Area	Report	Target Users	Report Purpose	QA Benefit
Ongoing Services	Caseworker Visits Report with Parents	Administrator of Services for Families, CSI Program Specialist, Regional Managers	Reports by each case visits expected with parents, visits made, and visits not entered by month.	CPS uses this report to monitor compliance with in-person visits with parents who are identified caretakers.
Placements	Children in Alternative Care	Permanency Program Specialist, Upper Level Placement Program Specialist, Regional Managers, Family Services Specialist Supervisors	Reports by month the number of children in type of placement setting, average length of stay for children discharged and for children in care by placement setting, and discharge reason for children discharged	CPS uses this report to monitor timeliness of permanency and types of permanent placement discharges. The report will be used by the Permanency Workgroup along with the SPWB Reviews and state data indicators to monitor any efforts put in place to improve permanency efforts.
Placements	Demographics of Children in Alternative Care	Permanency Program Specialist, Upper Level Placement Program Specialist	Reports number of children by placement setting by age, race, sex, and tribal affiliation.	CPS uses this report to assist with keeping aware of trends in demographics including placements by race and assist in determining placement resource needs.
Placements	ICWA Directors Report	ICWA Program Specialist, Regional Managers	Lists children by tribal affiliation, time in care, permanent plan, last type of hearings, hearing date, office, and FSS.	CPS provides this report monthly to Tribal ICWA Directors. Used for the ICWA Fidelity Review case pull and to review accuracy of related FACIS data.
Placements	Caseworker Visits Report form Visits Screen	Permanency Program Specialist, Regional Managers	Reports by each child visits expected, visits made, and visits not entered by month.	CPS uses this report to monitor compliance of face-to-face visits with children placed out of the home.
Placements	Child Assessment Case Plans	Permanency Program Specialist	Reports number of children in care 60 days or more with/without a child case plan. For children with a child case plan, counts number of children with a case plan evaluation.	CPS uses this report to monitor timeliness of child assessment case plans.
Placements	Closed Cases Open Medicaid	FACIS Information System Program Specialist	Displays clients whose case status is closed but Medicaid coverage is still active.	CPS uses this information to ensure children who no longer have an open CPS case appropriately have Medicaid coverage terminated.

Program Area	Report	Target Users	Report Purpose	QA Benefit
Placements	DCS_ORFI	FACIS Information System Program Specialist	Displays payment, demographic and biological parent information.	Child Support uses this report to cross-reference information with their data system with what is entered in FACIS.
Placements	PISN Monitor	FACIS Information System Program Specialist	Lists children that have an initial placement date within the report parameters includes PISN and worker	Used for QA to ensure staff are matching children on SSPA & importing PISN.
Payments	Random 522 Claim Checking Report	FACIS Information System Program Specialist	Random report run monthly to review claims paid during past selected month.	CPS uses this information to ensure 522 are being completed and processed correctly.
Payments	1099 Claims for Finance	FACIS Information System Program Specialist	Pulls claims for which resources could potentially need a 1099 for tax purposes.	CPS uses the information to verify file is accurate before providing final version to Finance.
Payments	Paid Claims by Service Type	FACIS Information System Program Specialist	Displays claims paid to resources for claims which may require a 1099.	CPS uses this report to ensure claims have the correct code so the appropriate claims are flagged for potential 1009 to the resource.
Payments	IVE Claims Adjustment Results	Interstate Compact Placement of Children and Title IV Program Specialist	Displays claims for which the monthly claims process changed the funding source either to IV-E or to a non-IV-E fund source based on changes to either eligibility or reimbursability.	CPS uses the information to verify claims were adjusted properly and to identify any errors in IV-E eligibility or reimbursability.
Adoption	Legal Status of Children with Termination of Parental Rights and Plan of Adoption	Adoption Program Specialist, Regional Managers	Lists children with at least one parent's rights terminated where adoption is the permanent plan, and when the TPR appeal expires. Also, includes total number of children, average age, number by race, number by tribal affiliation, and number enrolled	CPS uses this report to monitor timeliness of movement toward adoption.

Program Area	Report	Target Users	Report Purpose	QA Benefit
Adoption	Children in Care Greater than 12 Months with the Plan of Adoption	Adoption Program Specialist, Regional Managers	Lists children by placement date, months in care, placement setting, last hearing and court of jurisdiction.	CPS uses this report to monitor timeliness of movement toward adoption.
Adoption	Adoption Averages with Race and Primary Basis	Adoption Program Specialist	Report lists number of initiated and finalized adoptions, average months between placement date and date of adoption, average months between TPR and finalization, number of adoptions by foster parent, relative, relative foster parent, non-relative, number of Native American children adopted by White and Native American parents and number of white children adopted by White and Native American parents.	CPS uses this report to monitor timeliness of adoption and monitor number of adoptions by relatives and foster parents.
Resource/Licensing	Licensed Foster Homes by Race	Stronger Families Program Specialist	Reports number of foster homes by race, number of new homes, number closed, and how the foster parent first learned about foster parenting.	CPS uses this information in foster parent and adoptive parent recruitment and retention planning.
Resource/Licensing	Resource Inquiries	Stronger Families Program Specialist	Lists the number of inquiries by month by type of license.	CPS uses this information in foster parent and adoptive parent recruitment planning.
Independent Living Services	Independent Living Expenditures	Permanency and Independent Living Program Specialist	Calculates claims totals by Independent Living service code. Calculates dollar amounts, number of claims and number of clients for these claims.	CPS uses this report to ensure accuracy of billing and data entry related to Independent Living Services.
Independent Living Services	Resource Claims Summary	Permanency and Independent Living Program Specialist	Calculates claims totals by service code, number of units and amounts.	CPS uses this report to ensure accuracy of billing and data entry related to Independent Living Services.
Continuous Quality Improvement and FACIS Information System Program Specialists oversee and utilize all of the following reports on a routine basis				

TABLE A2: FIDELITY REVIEW DATA QUALITY TASKS

YEARLY REGIONAL REVIEW SCHEDULE

Region	Month
Region 1 (Rapid City, Hot Springs, Sturgis, Spearfish) *Realignment between Region 1 and Region 2 has occurred	February
Region 3 (Pierre, Mobridge, Eagle Butte)	January
Region 4 (Mission, Winner, Chamberlain)	July
Region 5 (Brookings, Huron, Watertown, Aberdeen)	August
Region 6 (Sioux Falls)	October/November
Region 7 (Mitchell, Lake Andes, Yankton, Vermillion)	April

*review schedule is subject to change if scheduling conflicts arise

YEARLY FIDELITY REVIEW SCHEDULE

Month	Fidelity Review(s) Scheduled	Data Quality Tasks in FACIS
July	ICWA Protective Capacity Assessment/Parent Visits	**PCA/Parent Visits:** The date of the signature on the PCA/PC-Eval matches the date entered in FACIS, the impending danger threats on the case plan/evaluation match what is entered in FACIS, and the safety plan determination responses match what is entered in FACIS **ICWA:** ICWA Affidavit was completed for the 48-hour hearing, language in the ICWA Affidavit was sufficient, tribal affiliation in FACIS matches documentation in the file, and enrollment status in FACIS matches
August	Child Case Plan/Caseworker Visits	Child/Placement Provider signature matches date entered in FACIS, the child's permanency goal on their child case plan/evaluation matches what is entered in FACIS, the education information in the case plan matches what is entered on the education screen within a reasonable timeframe, and narrative information on where the child was seen matches the selection on visited in residence yes/no
September	Kinship Permanency Round Tables	**Kinship:** All relatives who were identified within the first 60 days of placement are listed in the Relative Search Screen and at the time of the case review, all relatives documented in the relative search screen are accurately reflected as to their status as a potential placement resource
October	Missing in Care Foster Kinship Placement Payment	**Missing in Care:** The placement screen correctly reflects the dates the child was missing from care and the Youth Missing From Care Runaway form is generated in FACIS **Foster Kinship Placement Payment:** The payment screen reflects that foster kinship providers are being paid at a minimum the basic foster care rate.

Month	Fidelity Review(s) Scheduled	Data Quality Tasks in FACIS
November	Split Sibling Family Time	**Family Time:** The Family Time Agreement document is generated in FACIS, mothers and fathers are entered in the biological parent screen and open for services.
December	Split Sibling (continued from November) Family Time (continued from November)	**Family Time:** The Family Time Agreement document is generated in FACIS, mothers and fathers are entered in the biological parent screen and open for services.
January	ICWA IFA/Intake	**ICWA:** ICWA Affidavit was completed for the 48-hour hearing, language in the ICWA Affidavit was sufficient, tribal affiliation in FACIS matches documentation in the file, and enrollment status in FACIS matches
February	Psychotropic Medication	Consent form for psychotropic medication is in the file for children in group care and residential treatment and diagnosed conditions are accurately coded in the Diagnosed Conditions FACIS screen
March	Well-Child Checks Youth Education Credits	**Well-Child Checks:** Assessment screens show appointment within the first 30 days of placement and/or annual appointments. **Youth Education Credits:** The client's educational credits on their education assessment screen matches educational records and the child case plan.
April	No Reviews	Not Applicable
May	No Reviews	Not Applicable
June	No Reviews	Not Applicable

FIDELITY REVIEW TASKS AND DEADLINES

Name of Review	Case Pull Deadline (If date falls on a holiday or weekend, deadline is the working day prior)	Date of Review	Case Analysis Deadline (If date falls on a holiday or weekend, deadline is the working day prior)	Send to Regional Managers & Assigned Program Specialists
ICWA	7 days prior to review	July 1-31st	30 days following completion of review	One week after analysis is completed
PCA/Parent Visits	7 days prior to review	July 1-31st	30 days following completion of review	One week after analysis is completed
Child Case Plan/Caseworker Visits	7 days prior to review	August 1-31st	30 days following completion of review	One week after analysis is completed
Kinship	7 days prior to review	September 1st-30th	30 days following completion of review	One week after analysis is completed
Permanency Round Tables	7 days prior to review	September 1-30st	30 days following completion of review	One week after analysis is completed
Missing in Care	7 days prior to review	October 1-31st	30 days following completion of review	One week after analysis is completed
Foster Kinship Placement Payment	7 days prior to review	October 1-31st	30 days following completion of review	One week after analysis is completed
Split Sibling	7 days prior to review	November 1st-December 31st	30 days following completion of review	One week after analysis is completed
Family Time	7 days prior to review	November 1st-December 31st	30 days following completion of review	One week after analysis is completed
ICWA	7 days prior to review	January 1-31st	30 days following completion of review	One week after analysis is completed
IFA/Intake	7 days prior to review	January 1-31st	30 days following completion of review	One week after analysis is completed
Psychotropic Medication	7 days prior to review	February 1-31st	30 days following completion of review	One week after analysis is completed
Well-Child Checks	7 days prior to review	March 1-31st	30 days following completion of review	One week after analysis is completed
Youth Education Credits	7 days prior to review	March 1-31st	30 days following completion of review	One week after analysis is completed

APPENDIX B: CASE REVIEW SYSTEM ATTACHMENTS

ATTACHMENT B1: NOTICE TO PLACEMENT PROVIDERS

DIVISION OF CHILD PROTECTION SERVICES

South Dakota Department of Social Services

PHONE:
FAX:
WEB: dss.sd.gov

SUBJECT: Court Hearing

Dear ,

In accordance with Public Law 105-89, the foster parent, pre-adoptive parent, or relative caretaker of a child in care must be provided with notice and be given the right to be heard at court hearings involving the child. This letter is to inform you of a hearing regarding , scheduled for at . The hearing will be held at the . I will be working with you to assure I have gathered all of your input prior to the hearing.

Thank you for providing a safe and stable home for , and your continued commitment to providing care.

If you have any questions, please contact me at the number listed above.

Sincerely,

Family Services Specialist

APPENDIX C: QUALITY ASSURANCE SYSTEM ATTACHMENTS

TABLE C7: QUALITY ASSURANCE INITIATIVES

QUALITY ASSURANCE INITIATIVES AND PROJECTS

FURTHER INFORMATION REGARDING THESE PROJECTS CAN BE OFFERED AS REQUESTED

INTERNAL CASE REVIEWS

Initiative/Project	Staff Responsible	Internal Partners	External Partners	Purpose	Process
ICWA Fidelity Review	Continuous Quality Improvement Team	ICWA Program Specialist and ICWA Capacity Building Workgroup	This is an internal review.	Assess ICWA compliance and CPS policy and practice.	A randomized sample is reviewed every six months using a standardized review instrument. Findings are reviewed to determine if there is a gap in policy and practice and/or a staff learning/development need.
Kinship Fidelity Review	Continuous Quality Improvement Team	Permanency Program Specialist and Kinship Workgroup	This is an internal review.	Assess current policy and practice of identifying, locating, informing, and evaluating relatives.	A randomized sample of the children in custody are reviewed each year using a standardized review instrument. Findings are reviewed to determine if there is a gap in policy and practice and/or a staff learning/development need.
Child Case Plan Fidelity Review	Continuous Quality Improvement Team	Permanency Program Specialist	This is an internal review.	Ensure compliance with completing quality child case plans that address needs and services for youth in care.	A randomized sample of the children in custody are reviewed each year using a standardized review instrument. Findings are reviewed to determine if there is a gap in policy and practice and/or a staff learning/development need.
Psychotropic Medication Oversight Review	Continuous Quality Improvement Team	Upper Level Placement Program Specialist	This is an internal review.	Assess compliance with oversight and monitoring of psychotropic medications for children in care.	A randomized sample of the children in custody are reviewed each year using a standardized review instrument. Findings are reviewed to determine if there is a gap in policy and practice and/or a staff learning/development need.
Well-Child Checks	Continuous Quality Improvement Team		Department of Health	Assess compliance with well-child checks to occur within 30 days of a child entering the agency's care and annually.	Review a list of children, provided by the Department of Health, who did not receive an annual well-child check. The agency reviews documentation to ensure the list is accurate and identify barriers in the child having a well-child check.

Initiative/Project	Staff Responsible	Internal Partners	External Partners	Purpose	Process
Parent Case Plan and Caseworker Visits	Continuous Quality Improvement Team	Protective Services Administrator, CSI Protective Services Program Specialist	This is an internal workgroup.	Assess compliance with engagement of parents and caretakers to complete parent case plans and monthly caseworker visits.	A randomized sample of parents/caretakers who have been involved with the child welfare agency are reviewed each year using a standardized review instrument. Findings are reviewed to determine if there is a gap in policy and practice and/or a staff learning/development need.
Missing in Care	Continuous Quality Improvement Team	Permanency Program Specialist, Permanency and Independent Living Program Specialist	This is an internal workgroup.	Assess compliance with policy for youth who are missing in care and concerted efforts to locate them in a timely manner.	A randomized sample of children who were missing in care are reviewed each year using a standardized review instrument. Findings are reviewed to determine if there is a gap in policy and practice and/or a staff learning/development need.
Foster Kinship Placement Payment	Continuous Quality Improvement Team	Permanency Program Specialist, Permanency and Independent Living Program Specialist	This is an internal workgroup.	Assess compliance with foster kinship placement provider payments.	A randomized sample licensed kinship providers are reviewed each year to ensure they are receiving the same foster care payment as licensed non-kinship placements.
Split Sibling	Continuous Quality Improvement Team	Permanency Program Specialist	This is an internal workgroup.	Assess compliance with siblings being placed together while in foster care.	A randomized sample of siblings who are not placed together are reviewed each year using a standardized review instrument. Findings are reviewed to determine if there is a gap in policy and practice and/or a staff learning/development need.
Family Time	Continuous Quality Improvement Team	Permanency Program Specialist	This is an internal workgroup.	Assess compliance to ensure children and families are provided adequate family time.	A randomized sample of children are reviewed each year using a standardized review instrument to ensure quality family time is occurring for children and families involved with the child welfare system.
Youth Education Credits	Continuous Quality Improvement Team	Permanency and Independent Living Program Specialist	This is an internal workgroup.	Assess compliance with youth receiving educational credits to meet graduation requirements.	A randomized sample of youth 14 and older are reviewed each year using a standardized review instrument to ensure educational requirements are being obtained appropriately in order for successful graduation.

Initiative/Project	Staff Responsible	Internal Partners	External Partners	Purpose	Process
Initial Family Assessment and Intake	Continuous Quality Improvement Team	Protective Services Administrator, CSI Protective Services Program Specialist	This is an internal workgroup.	Assess compliance with Initial Family Assessment and Intake protocol.	A randomized sample of assigned reports of maltreatment are reviewed each year using a standardized review instrument to ensure compliance with policy. Findings are reviewed to determine if there is a gap in policy and practice and/or a staff learning/ development need.

INTERNAL WORKGROUPS

Initiative/Project	Staff Responsible	Internal Partners	External Partners	Purpose	Process
Comprehensive Safety Intervention (CSI) Workgroup	Protective Services Administrator and Comprehensive Safety Intervention Program Specialist	Regional Managers, Supervisors, Family Services Specialists, Continuous Quality Improvement Team	This is an internal workgroup.	Focus on the State's safety model to ensure quality application.	The team meets on a quarterly basis to review policies, trends, complete fidelity reviews, and make recommendations to the CPS Management Team to ensure practice is implemented as intended.
Psychotropic Medications Workgroup	Upper Level Placement Program Specialist	Family Services Specialists, Supervisors, Permanency Program Specialist, and Independent Living Program Specialist	Aurora Plains, Wellfully, and Human Services Center	To ensure proper oversight of children prescribed psychotropic medications	The group meets on a quarterly basis to discuss data and trends regarding prescribed psychotropic medication for children in foster care. The group works collaboratively to identify areas needing enhancement and then make recommendations to CPS policy and practice. The leader of the group reports back to the Continuous Quality Improvement Team on their findings, progress, and next steps.
Adoption Work Group	Adoption Program Specialist	Adoption Supervisors, Adoption Family Services Specialists	Center for Adoption, Support, and Education Representative	Increase knowledge of adoption staff to better meet the needs of youth moving through permanency in adoption or guardianship settings.	The team meets on a quarterly basis to discuss adoption trends, policy, and enhancements. At this time, the group is working collaboratively with the Center for Adoption, Support, and Education to implement training to increase the capacity of adoption staff.

Initiative/Project	Staff Responsible	Internal Partners	External Partners	Purpose	Process
Kinship Workgroup	Permanency Program Specialist	Director of Field Services, Regional Managers, Supervisors, Kinship Specialists, Family Services Specialists	Youth with Lived Experiences, Kinship Resource with Lived Experiences, Rosebud Sioux Tribe ICWA Directors (Rosebud Sioux Tribe and Standing Rock Sioux Tribe), Sicangu Child and Family Services Family Developers, Lutheran Social Services (LSS) Kinship Home Study Specialists, LSS Kinship Supervisor, and LSS contracted Kinship Locators	Enhance engagement of children and families regarding relative searching	Meet on a monthly basis to discuss relative searching and relative placement for children in the child welfare system. The team identifies barriers and ways to improve the system.
Staff Safety Workgroup	Learning and Development Program Specialist	Family Services Specialists, Supervisors, Regional Managers	DSS Operations, JKM Training Inc, Bureau of Human Resources and Administration	Establish practices to protect child protection workers when completing their job duties.	The group meets on a quarterly basis to discuss trends and needs to support staff safety. Currently the group is working to implement a safety software for staff to utilize in the field when faced with emergent situations. DSS Operations is working through the contract process and once this is in place, implementation will continue. This work group also discusses training opportunities for field staff. Safety Crisis Management Trainings were provided in-person to employees. Safety Crisis Management Instructor Training was completed for twelve attendees.

INTERNAL PROJECTS

Initiative/Project	Staff Responsible	Internal Partners	External Partners	Purpose	Process
Child Support Interface into FACIS	FACIS Team	CPS Management Team	Child Support Program Specialist, Child Support Supervisor, Bureau of Information and Telecommunications	To identify whether the State claims child support on children in their care and to identify fathers in a timely manner.	Interfacing Child Support Enforcement within the FACIS system to expedite collaboration with other DSS units to help in identifying fathers when paternity has been established through the child support system
Office of Licensing and Accreditation Interface into FACIS	FACIS Team	CPS Management Team	Office of Licensing and Accreditation Program Manager, Office of Licensing and Accreditation Supervisor, Red Mane Technologies, Bureau of Information and Telecommunications	To gather data needed to support AFCARS and federal requirements and to monitor the placement of children in foster care.	The team has been working collaboratively to develop this interface. Development is still in progress. The tentative roll out day is September 2024.

Initiative/Project	Staff Responsible	Internal Partners	External Partners	Purpose	Process
Caseworker Visit Project	Supervisor Advisory Group (SAG)	Supervisors	This is an internal project.	Identify ways to overcome barriers that prevent monthly child and caseworker visits to ensure that all children in DSS/CPS custody are safe in their placement setting.	SAG team reviewed FY23 data and reasons for all children that were not seen. SAG group discussed patterns and brought back the information to all supervisors. Short- and long-term interventions were identified. The SAG team presented on this project in April 2024 at the Mangement Team/Supervisor yearly meeting. The short-term interventions have been put in place and long-term interventions are being actively worked on being put into place
Permanency Round Tables	Permanency Program Specialist	Regional Manager, Supervisors, Consultant Team	This is an internal project.	To address timely placement with a permanent family for children in out-of-home care.	A team composed of a facilitator, case worker, supervisor, inside consultants, outside consultants, and scribe meet on a quarterly basis to discuss a specified child's permanency plan. The team discusses previous action steps, barriers, and brainstorms new action steps to support the child's permanency in a timely manner.
Intake Assessment Project	Protective Services Administrator and Comprehensive Safety Intervention Program Specialist	Intake Specialists	ACTION for Child Protection, Bureau of Information and Telecommunications	To increase the intake assessment fidelity	Examines practices of Intake Specialists as they receive calls, document the concerns, and decision making for screening and determining response time.
Fatherhood Initiative	Family First Program Specialist	Fatherhood Workgroup	Parenting Education Partners, Independent Contractor Consultants, Great Plains Tribal Leaders Health Board Representative, Boys Town Common Sense Parenting, National Indian Child Welfare Association Positive Indian Parenting	Enhance the awareness of the importance of fathers in the lives of their children.	Monthly activities were given to each office to complete throughout the year to focus on engagement with fathers. Parent surveys are administered to measure efforts being provided to parents and families. Parents with lived experience work groups are being developed to further enhance services being provided to parents, specifically fathers.
BEES Interface into FACIS	FACIS Team	CPS Management Team	Bureau of Information and Telecommunications Application/Business Project Manager, Red Mane Technologies	To maintain Medicaid eligibility	When a child comes into care interface notifies Medicaid to determine if the child is a previous Medicaid client. The team has been working collaboratively to test the system's effectiveness and make changes as needed.

Social Services Production Access (SSPA) Interface	FACIS Team	N/A	Economic Assistance	For intake staff to confirm contact and demographic information	Interfacing Economic Assistance within the FACIS system to expedite collaboration
Timely Data Project	FACIS Team	CPS Management Team	Bureau of Information and Telecommunications		

INITIATIVES TO SUPPORT STAFF RETENTION

Initiative/Project	Staff Responsible	Internal Partners	External Partners	Purpose	Process
Workload Analysis Project	Continuous Quality Improvement Team	To be determined	To be determined	Identify what workload is manageable for staff, establish equity among staff statewide, and identify areas needing staff development.	Examine workload, overtime, and emergency response among staff statewide.
Caseload Analysis Project	Continuous Quality Improvement Team	FACIS Program Specialists, Regional Managers, Supervisors, Data Program Specialist	Bureau of Information and Telecommunications	Monitor and assess worker caseloads across the state to guarantee balanced assignments.	Identify current reports and processes in the information system to determine what needs to be enhanced in order to prepare the caseload analysis. Once this is completed, data can be extracted from the system to identify caseload trends to help support the workload analysis project.
Emergency Response	Continuous Quality Improvement Team	Supervisors, Family Services Specialists	To be determined	Identify areas of opportunity to improve the Emergency Response Process to support staff and supervisors	Surveys were administered to family services specialists and supervisors to better understand the current emergency response process. Focus groups with staff are being held to gather qualitative data on their experience and how emergency response impacts them personally and professionally. Data is being collected to identify trends and areas needing improvement to better support staff and supervisors.

MULTI-DISCIPLINARY TEAM PROJECTS

Initiative/Project	Staff Responsible	Internal Partners	External Partners	Purpose	Process
Independent Living Services (ILS) Advisory Workgroup	Permanency and Independent Living Program Specialist	Regional Managers, Supervisors, Family Services Specialists, ICWA Program Specialist	Department of Corrections, Group and Residential Facilities, Community Resource Persons, Tribal Representative, CASA, Office of Housing, Department of Education, Division of Economic Assistance, Independent Living Placement Programs, and Youth with Lived Experiences	Assess Independent Living Services to determine what enhancements are needed in services to better support teenagers in foster care.	The team meets twice a year to discuss the biannual Teen Conference, the Regional ILS training workshops, program development, and service delivery to youth. The team discusses data to measure progress and make needed adjustments in independent living services.
OLA Recruitment/Retention and ICWA Placement Recruitment Project	Stronger Families Program Specialist	Assistant Director of Child Protection Services and ICWA Program Specialist	Office of Licensing and Accreditation, South Dakota Native American Tribes	Increase the number of foster homes and Native American foster homes in South Dakota and to support current foster families.	The Office of Licensing and Accreditation team utilizes the Family and Children Information System (FACIS) to collect real time data regarding the specifics of children in foster care and trends throughout the state. The team then creates a targeted recruitment plan to recruit foster parents to meet the needs of their specific districts. The State of South Dakota has a large population of Native American children in care. In order to ensure Native American children are able to maintain their culture and traditions while in foster care, the The Office of Licensing and Accreditation team works collaboratively with South Dakota Native American tribes and the ICWA Program Specialist to brainstorm effective ways to recruit Native American foster homes.
Kinship Licensing Standards Project	Assistant Director of Child Protection Services	Director of Child Protection Services, Adoption Family Services Specialist Supervisor, Permanency Program Specialist, Adoption Program Specialist, Stronger Families Program Specialist, CQI and Outcomes Administrator, and Regional Manager	Change and Innovation Agency, Office of Licensing and Accreditation	To optimize recruitment, licensing, adoption approval, placement, and retention processes to operate with utmost efficiency and effectiveness.	Child Protection Services, the Office of Licensing and Accreditation, and Change and Innovation Agency are working collaboratively on this project. The project is in the beginning stages and a kick-off meeting with the Change and Innovation Agency has occurred. The next steps of the project are to develop focus groups comprised of Staff, foster parents, and stakeholders to gather input about current processes. After data and information is collected, the Change and Innovation Agency will provide findings and recommendations to enhance current processes and an action plan will be developed and implemented.

Initiative/Project	Staff Responsible	Internal Partners	External Partners	Purpose	Process
Stronger Families Together Initiative	Stronger Families Program Specialist	Assistant Director of Child Protection Services and ICWA Program Specialist	The Governor's Office, Tribal Relations, South Dakota Kids Belong, Tribal Child Welfare Programs (Sisseton-Wahpeton Oyate, Oglala Sioux Tribe, Crow Creek), ICWA Specialist (Rosebud Sioux), foster and adoptive parents, foster care alumni, business leaders, faith-based organizations, private adoption agencies, Office of Licensing and Accreditation, OLA Communications and child placement agencies	The *Stronger Families Together* initiative was launched to recruit and support foster parents in South Dakota. The initiative includes a focus to recruit foster parents who are able to support family connections and reunification efforts.	Stronger Families Program Specialist works collaboratively with Child Placement Agencies, Office of Licensing and Accreditation, and local faith-based groups to help recruit and train foster families throughout South Dakota. The established partnerships help provide ongoing support and training to new and experienced foster parents.
Region 5 In Home Safety Plan Provider Project	Region 5 Regional Manager	Brookings, Aberdeen, and Huron Supervisors and Family Services Specialist	Gracepoint Wesleyan Church	Identify and utilize community members who are willing to support families through the reunification process.	Community members are trained in Child Protections' safety model and Conditions for Return to assist families through the reunification process. These individuals act as safety plan providers for families who may not have positive, natural, supports to support them through reunification with their children.
LSS CARES - Pilot Sites Region 5 and 6	Family First Program Specialist	CQI team, Region 5 and 6 Regional Manager, Supervisor	Lutheran Social Services	Wrap-around prevention service to support families in achieving their goals.	Families are referred to this program by school social workers or counselors. An LSS CARES Wraparound team member will then contact the family to schedule an introductory meeting to discuss the services offered. Services are altered to meet the specific needs and goals of the family and can include crisis planning, support planning, care planning, and skill development.
ILS Young Voices Youth Group (Sioux Falls, Rapid City, Mitchell, and Aberdeen)	Permanency and Independent Living Program Specialist	ICWA Program Specialist	Community Resource Persons, Community Resource Persons' Supervisor	Provide youth an opportunity to share their views and experiences in foster care.	Community Resource Persons attend ILS Young Voices Group meetings and share input with the CPS program specialist. The information gathered is used to measure progress and make adjustments in independent living services.

Initiative/Project	Staff Responsible	Internal Partners	External Partners	Purpose	Process
Dual Status Youth Project	Permanency and Independent Living Program Specialist	Region 1 Family Services Specialist Supervisor and Region 6 Regional Manager	Robert F Kennedy National Resource Center, South Dakota Unified Judicial System	To positively impact outcomes for youth involved in both the juvenile justice and child welfare systems.	The team works together to discuss trends and data to identify areas needing enhancement. The team makes changes to policy, practices, programs, and services for youth who are in contact with the child welfare and juvenile justice systems to support better outcomes for their future.
GRIT Collaborative Group	Upper Level Placement Program Specialist	Supervisors, Regional Managers	Representatives from each group care facility and each Psychiatric Residential Treatment Facility	Identify placement possibilities for youth with high acuity needs.	The team meets weekly to discuss the youth's strengths, needs, previous placements and level of care needed in attempt to problem solve and keep the youth in South Dakota. Youth continue to be discussed on a weekly basis until placement is found.
System of Care (Yankton)	Family First Program Specialist and Continuous Quality Improvement Team	CQI Team	Division of Behavioral Health, Yankton School District, Lewis and Clark Behavioral Health Services	A school-based child abuse prevention program that reaches families and provides services prior to a family experiencing a crisis which prevents them from safely caring for their child.	The System of Care-CPS Prevention Position was implemented in August 22, 2021. Families are referred to this program and then provided services based on their needs and their family's goals. The lead members meet on a monthly basis to discuss questions and the status of the program.
USD IV-E Contract Program	Learning and Development Program Specialist	No Internal Partners are involved in this program.	University of South Dakota (USD), Office of Finance	A IV-E Tuition Stipend Program with USD to provide tuition reimbursement to graduating students with BSW degree who sign an agreement to work in an entry level FSS position where CPS needs to fill vacancies for a designated amount of time (ex: 2 years).	There is currently an inter-agency agreement between DSS and USD to contract with a national IVE expert to assist in developing a proposal for this program specific to USD BSW program, as well as South Dakota DSS needs and resources.
Adverse Childhood Experiences (ACE) Study	Data Analysist Program Specialist	There are no internal partners for this study.	University of South Dakota	To recognize ACEs as part of a family's environment to better understand behavior and provide appropriate services.	Data is collected to identify populations and regions that are experiencing child adversity. The information will be used to identify existing supports and areas of need to promote resiliency in these communities. Data will further support service providing agencies to train their staff to address ACEs and promote resiliency within the families and children they serve.

Initiative/Project	Staff Responsible	Internal Partners	External Partners	Purpose	Process
Cognitive Interviewing- Parent Surveys	Continuous Quality Improvement Team	Family Services Specialists	Parents and caregivers who have been or are currently working with the child welfare system in South Dakota	Collect data from parents who have been or are currently involved in the child welfare system to enhance practice.	Parent surveys are sent out to all parents in the Summer of 2024. Prior to administering surveys, parents and caregivers were recruited in the Brookings, Pierre, and Sioux Falls area to assist with cognitive interviewing. Cognitive interviewing is a technique used to evaluate survey questions to determine whether the true meaning of the question, as intended by the evaluator, is conveyed to respondents and is functioning as intended. One question on the survey asks parents and caregivers if they want to participate in a focus group that will review the results of the survey and participate in joint planning on how to improve children and parents experience with the child welfare system in South Dakota. After the survey results are received, parents will be contacted to review the results of the survey and determine next steps.
Court Improvement Program	Administrator of CQI and Outcomes	4 Child Protection Services Staff are appointed to serve on the committee	Court Improvement Program Committee, South Dakota Supreme Court	Assesses the child welfare system's handling of child abuse and neglect cases and recommends improvements for achieving safety, permanency, and well-being in a timely manner.	Safety, Permanency, and Well-Being performance outcomes from South Dakota's CFSR Data Profile, as well as performance outcomes from onsite reviews are shared with the Court Improvement Program Committee. This helps to keep CIP well-informed on where South Dakota is performing and to identify areas they can provide support or insight to assist in improvement outcomes for children and families. CIP conducts monthly Lunch and Learn trainings since March 2021 to provide relevant up-to=date information as it relates to the child welfare system.

Initiative/Project	Staff Responsible	Internal Partners	External Partners	Purpose	Process
Youth Surveys	Continuous Quality Improvement Team	Independent Living Services Program Specialist	Youth with lived experience	Collect data from youth with lived experiences to improve outcomes in the areas of safety, permanency, and well-being.	Youth Survey: Administered on an annual basis to youth in foster care age 14 or older to provide their input on the child welfare system and suggested improvements. ILS Survey: Administered to youth transitioning from care to gather their insight on the Independent Living Services Program and services they were provided. Data from these surveys are analyzed by the Continuous Quality Improvement Team and shared with the CPS Management Team to identify ways in which change can positively impact the outcomes of youth who experience the child welfare system.
National Youth in Transition Database (NYTD)	FACIS Information System Program Specialist	Permanency and Independent Living Program Specialist	Children's Bureau- Administration for Children and Families	Ensure that Independent Living Services are adequately preparing and supporting youth from foster care to independent adulthood.	Gathers information such as sex, race, ethnicity, foster care status, employment, and education on youth in foster care. States provide what services and financial assistance they provide. South Dakota surveys youth on a variety of outcomes such as financial self-sufficiency, experience with homelessness, educational attainment, positive connections with adults, and high-risk behavior. Youth are given a survey at the age of 17 and again when they turn 19 and 21.

ATTACHMENT C2: QUALITY ASSURANCE POLICY

Subject:	Quality Assurance System- Continuous Quality Improvement and Outcomes				
Original Effective Date:	10/02/2024	**Current Effective Date:**	10/02/2024	**Approval:**	10/02/2024

Purpose & Objectives:	The purpose is to outline the policies and requirements for South Dakota's Quality Assurance System, specific to Continuous Quality Improvement and Outcomes. These policies outline the Foundational Administrative Structure, Quality Data Collection, Case Record Review Data and Process, Analysis and Dissemination of Quality Data, Feedback to Stakeholders, Decision-Makers and Adjustment of Programs and Process
Authority:	**Child and Family Services Review Regulation** 45 CFR 1355.34(c)(3) **Child and Family Services Plan Regulation** 45 CFR 1357.15(u)

Definitions:	Continuous Quality Improvement: Continuous Quality Improvement (CQI) is an ongoing process aimed at enhancing organizational practices and outcomes. It involves identifying areas for improvement, implementing changes, monitoring progress, and adjusting strategies based on data. The goal is to improve efficiency, effectiveness, and customer satisfaction through incremental improvements. Quality Assurance: Quality Assurance (QA) in child welfare is a process that ensures services meet established standards and effectively support children and families. It involves monitoring, reviewing, and improving practices to prevent issues and ensure consistent, high-quality care. Fidelity Review: A fidelity review is an evaluation process that assesses whether a program or intervention is being implemented as designed, following the intended model or guidelines. In child welfare, it ensures that services are being delivered correctly and consistently to achieve the desired outcomes. Sample Methodology: A sample methodology is a research approach that outlines how a sample of participants, data, or cases will be selected and analyzed to draw conclusions about a larger population. It includes the process for choosing the sample size, sampling technique, and data collection methods to ensure reliable and valid results.
	Supporting Documents

Forms, Publications, and Instructional Documents:	Continuous Quality Improvement Toolkit: • CQI Plan Referral • CQI Plan • Fishbone Diagram • Theory of Change • Logic Model	

CPS Functions Impacted:	Family Services Specialist, Supervisor, Regional Manager, Program Specialists, Assistant Directors, Director
General Procedures	Federal regulation requires all states to have a quality assurance system to assess services as a part of the Child and Family Services Plan. In 2012, the Children's Bureau directed states to enhance their quality assurance systems through a CQI approach. It is encouraged to utilize the CQI principles when strengthening and monitoring performance. South Dakota's child welfare system uses CQI, and it has been operational within Child Protection services since 2012. The five components essential to a well-functioning CQI system in relation to CPS' CQI Program are detailed below. 1. Foundational Administrative Structure 2. Quality Data Collection 3. Case Record Review Data and Process 4. Analysis and Dissemination of Quality Data 5. Feedback to Stakeholders and Decision-Makers and Adjustment of Programs and Process
Foundational Administrative Structure	States must have strong administrative oversight to ensure their CQI system is functioning effectively and consistently and is adhering to the process established by the agency's leadership. Child Protection Services Continuous Quality Improvement (CQI) plan defines a three-tiered structure. Although these tiers operate separately, they are interconnected. The first level developed was the Core Team which is comprised of the Division Director, Assistant Division Director, CCWIS staff, and State Office staff members. The second tier developed was the Supervisor's Advisory Group (SAG) which consists of a supervisor from each of the seven regions within CPS. The final tier to be fully developed is the Regional CQI Teams. CPS developed a training program which is initially presented to staff in the local office as staff are expected to adhere to application of the philosophy. South Dakota CPS is actively developing a full time CQI Team. The structure to the CQI Team consists of the Administrator of CQI and Outcomes overseeing the CQI Team. There are two Program Specialists who operate the information system under the CQI Team, a Strategy and Outcomes Program Specialist, three CQI Program Specialists, and two additional CQI Program Specialists are currently in the process of being hired. The CQI Team is responsible for Regional Reviews and CFSR Review, development of the Child and Family Services Plan, annual Progress Service Report,

	and Program Improvement Plan, completing fidelity reviews to inform strengths and opportunities for improvement regarding policy and practice, revising the CPS policy and procedures manual, and overseeing performance outcome at the local and state level. The CQI Team supports each tier of the CPS CQI System. After the CQI Team completes case reviews on every region, they review the effectiveness of policy and practice based on findings in the case reviews. They present findings to the Program Specialist who oversees the specific program and collaborate on any needed policy revisions. If training is needed, they collaborate with the Learning and Development Program Specialist on what areas of training need to be enhanced.
Continuous Quality Improvement (CQI) Core Team	The Continuous Quality Improvement (CQI) Core Team has been operational for twelve years. The CQI Core Team's vision is building capacity in all tiers in the CQI System to confidently apply the philosophy of CQI statewide. CQI Core Team meetings are scheduled monthly, and updates are provided at the Management Team/Supervisor meetings. CQI Core Team gathers data on outcomes, analyzes data to determine next steps, and initiates any policy change needed. The Administrator of CQI and Outcomes leads the CQI Core Team and keeps the team updated on trainings related to CQI and resources to help support the CQI System.
Supervisor Advisory Group (SAG)	The Supervisor Advisory Group (SAG) was developed in November 2010. This group consists of at least one supervisor from each Region. SAG meets monthly to work on projects related to policy and practice enhancements. SAG members also review case specific situations to ensure conformity across the state and seek input from fellow supervisors on case management questions. In May 2022, SAG members, along with input from supervisors from their regions developed vision and goals, which are listed below. **Vision:** Support South Dakota CQI System through seeking to identify, describe, and analyze strengths, problems, and propose solutions to promote stronger families in South Dakota. **Goals:** Streamline Processes to help reduce workload • Collect more information from staff as to what is causing barriers for them in their daily work. • Establish the gaps in policy and practice section of monthly report as a standing agenda item at SAG. Create policy on how SAG is to operate: • Create guiding principles of SAG that align with the CQI Process • Communication: Create feedback loops • Create flow chart and referral process • Create onboarding plan for new members

	Skill building in the CQI process: • Initial CQI training • Enhance CQI skills
Regional CQI Team	Between the second and third round of the CFSR, Region CQI Teams were considered staff in the local offices. Since the completion of round three in 2016, CPS began including stakeholders in each local office as part of the CQI team. As part of the Regional Reviews, input is sought from Supervisors, Family Services Specialists, and other stakeholders regarding systemic factors such as training needs for staff and resource providers, quality of services provided by CPS, and service array. One of the overarching goals of the 2020-2024 CFSP was to improve communication between partners of the child welfare system. This includes stakeholders as reviewers, a survey to them, and CQI meetings with the stakeholders. The CQI Team completes regional assessments at the end of each state fiscal year to capture the performance outcomes of the latest Regional Review as well as results of fidelity review, stakeholder survey results, parent survey, and staff survey results. This gives a comprehensive view of how the region operates and hat areas to focus CQI plans on. The regional assessments are provided to stakeholder and included in the office's CQI meeting with stakeholders.
Quality Data Collection:	Child Protection Services' Comprehensive Child Welfare Information System (CCWIS) is called the Family and Child Information System (FACIS). FACIS is used to input, collect & extract quality data for the State's child welfare system. The FACIS Team and BIT staff regularly extract and submit data for federal reports which include: Adoption and Foster Care Analysis and Reporting System (AFCARS), National Child Abuse and Neglect Data System (NCANDS), National Youth in Transition Database (NYTD) & the Child and Family Services Plan (CFSP)/Annual Progress and Services Report (APSR). AFCARS was established to report data in order to support policy development and program development. Data reported for AFCARS includes but is not limited to the child's demographic information, placement setting information, reason for removal, permanency goal, caretaker information, foster parent information, sources of federal financial assistance for child (IV-E). NCANDS data is collected annually regarding reports of child abuse and neglect in order to examine trends across the country. The National Youth in Transition Database collects information and outcomes on youth currently or formerly in foster care who received independent living services as a part of the Chafee Program. The CFSP is a 5-year strategic plan for the agency to strengthen its' child welfare system. The plan outlines initiatives and goals that the agency will administer and complete in order to promote the safety, permanency, and well-being of children and families. The APSR aligns with the CFSP and provides an annual update on the progress made by the agency towards the goals and objectives and the planned initiatives for the upcoming fiscal year. Click this link for specific information regarding South Dakota's Child and Family Services Plan and Annual Progress and Services Report.

	For each of the items submitted through an extraction process, the State must maintain mapping documents to clearly document what FACIS data fields and information are used for each element on these reports. FACIS Reports are provided to the State's NCANDS designee for input into the NCANDS portal. CPS uses the data quality tools and utilities provided to ensure required processes are followed. The FACIS Project Manager ensures changes to mapping for reports are documented in the appropriate mapping documents. Quantitative data reports are provided in a report viewer function for any staff to access. These quantitative reports are used for office/region/statewide review. CPS' FACIS system includes Compliance Reports providing real-time access to items that are missing information in the system. These Compliance Reports can be used with staff during their regular staffing with Supervisors. Staff have consistently shared they use the Compliance Report generated on FACIS to monitor their cases and required data entry. Click this link for information on FACIS Policy- Reports. Qualitative data is gathered through several avenues, including case record reviews, peer reviews, licensing renewal studies, parenting education outcomes data, customer satisfaction surveys, supervisor surveys, and foster parent surveys. South Dakota utilizes the Onsite Review Instrument and Instructions for Regional Reviews and creates instruments for review of internal policy and practice. Instruments are created by the Strategy and Outcomes Program Specialist with the support of the CQI team. After a new instrument is developed, the CQI Team must review the same case to apply the instrument. Results are compared to ensure inter-rate reliability. If there is discrepancy in findings, more training is provided on the instrument, or the instrument is adjusted to ensure the correct information is collected.

Case Record Review Data and Process	
Regional Review Process	Onsite Review Process The Regional Review is led by the Administrator of CQI and Outcomes. The case review process began in April 2009. The 2022 Child and Family Services Review (CFSR) Onsite Review Instrument and Instructions (OSRII) is used to review cases. The Regional Reviews emulate the Child and Family Services Reviews as it includes not only case file reviews but also includes case related interviews with key individuals and non-case related community stakeholder surveys. Each of the seven Regions are reviewed every year. The number of cases reviewed each year include a minimum of 25 in-home cases per year and a minimum of 45 foster care cases per year. These cases are chosen six to eight weeks in advance; please see sampling methodology section for case pull specifics.

Regional Review Preparation	Staff Preparation Staff must complete a training of the outcomes and items outlined in the OSRII prior to their Region being reviewed. There are two types of trainings offered, either by completing the training modules on Microsoft Teams or an in-person interactive training that helps connect South Dakota policy and practice to the OSRII outcomes and items. Regions who are selected for the Child and Family Services Review must complete the in-person training. Once the Region receives their case pull, they must complete the File Director Checklist to ensure all their files are complete for the review. The Family Services Specialist and Supervisor assigned to the case must complete a review of the records during the period under review to accurately identify all case participants who will need to be interviewed, to ensure all case documentation/files have been requested/received, and to prepare for any questions regarding the case. Case Preparation: A meeting with the Regional Manager and Supervisors is held three to four weeks before the review with the Administrator of CQI and Outcomes to discuss case confirmation and confirmed participants. The Region must complete a case template prior to the meeting that outlines the following: • Case Confirmation • Case Rating (Easy, Moderate, Difficult) • Is this an ICWA case? • Date Case Opened • Names and Ages of Children • Behaviors of Target Child/Children • Previous Caseworkers during the Period Under Review • Current Caseworker • Supervisor • Mother's Name and involvement • Father's Name and involvement • Other Caretakers • Parents Services Providers • Children's Service Providers • Present Danger Plan Providers • Safety Plan Providers • Interview Barriers Identified • Special Case Circumstances The Administrator of CQI and Outcomes, Strategy and Outcomes Program Specialist, Supervisor assigned to the case, and Regional Manager review the information to ensure all necessary case interviews are scheduled. A rating is assigned to the case based on number of interviews, number of children and caretakers being rated, needs of the child(ren), and amount of case documentation. The case rating helps provide an evenly distributed case assignment to reviewers. The Administrator of CQI and

	Outcomes also discusses the structure of the review week, order of interviews, timeframes case documentation will be uploaded to the reviewers' files, and when the interview schedules need to be completed by the Region. Case documentation will start to be uploaded at the conclusion of the meeting, all closed cases are expected to be completed in the system and will not be relooked at once uploaded. The Region has until noon on the Friday before the review week to ensure the file is complete. File Director is reviewed again after this deadline to upload any additional files that were uploaded to the electronic file. The Region must have their interview schedule completed by noon on the Friday before the Review. The Region must set up all interviews and provide Zoom/Teams links or phone numbers for interviews. The Region must assign a designated contact person to be in the office Friday afternoon who can address and resolve any updates or changes needed to the schedule after the Administrator of CQI and Outcomes reviews.
Case Review Week	The following is the layout of the case review week. The time zone is always the time zone the Region falls into. • Monday - 8:00 AM to 3:00 PM review case files. • Monday - 3:00 PM until 12:00 PM Wednesday complete interviews. • Wednesday - Noon until Thursday noon complete case write ups on the Online Monitoring System. • Thursday - Noon until Friday 5:00 PM complete first and second level QA. The Administrator of CQI and Outcomes or other assigned third-party quality assurance provides individual case consultation as needed, answers questions regarding the rating of each Item, and reviews and discusses the outcomes on each case prior to reviewers submitting the final documents outlining the strengths and areas needing improvement. Cases are tracked by date and time they are submitted, and quality assurance will be completed in the order they are received. On Friday of the case review week a debrief meeting is held with all the reviewers. During this meeting, reviewers identify strengths and areas of opportunity of the office in the areas of safety, permanency, well-being, review preparedness, and following South Dakota policy and practice. The information gathered during the meeting is shared with the Region during their review exit meeting.
Post Review Process	The Regional Manager is given two weeks after the onsite review to provide a rebuttal to the findings. Only rebuttals changing the rating of the item are accepted. The rebuttal must consist of the region producing documentation not found during the onsite review. The region must make sure the case meets the criteria for a strength as outlined in the OSRII. The rebuttals are reviewed by the Administrator of CQI and Outcomes, and the case reviewers are consulted to assist in determining if the outcomes should be changed based on the new information provided. If further guidance is needed, the Division Director is consulted, and a decision is made as to the result.

	An exit meeting is held in the region to present a summary of the findings of the review to all staff. Outcomes and trends related to the case reviews are shared in a Power Point presentation to supplement the verbal presentation. Following the exit meeting, a follow up meeting will occur within 30 days between the CQI Team and Regional Leadership to discuss any modifications to the region's CQI plan to address any opportunities for improvement.
Sampling Methodology	Placement cases Using the FACIS Report Generator, the Review Cases – Placement report is run for the Sample Period for the Region being reviewed. The population of children included in the report is based on the code used to generate the AFCARS files. The criteria used for inclusion in the report is the same as used for the AFCARS files. A randomized list of all placement cases (excluding any cases in which children were on trial reunification during the entire period under review) is generated. Cases are reviewed in the order of the randomized pull to determine if any cases meet the criteria for elimination. Cases to be reviewed and alternate cases are selected from the randomized list, beginning with the first case on the list and moving down the list in sequence. In-Home Using the FACIS Report Generator, the Review Cases – In Home report is ran for the Sample Period for the Region being reviewed. A randomized list of all families receiving in-home services (including families where children are on trial reunification for the entire period under review) is generated; the report excludes any cases that have not been open for a minimum of 45 days during the Sample Period. Cases are reviewed in the order of the randomized pull to determine if any cases meet criteria for elimination. Cases to be reviewed and alternate cases are selected from the randomized list, beginning with the first case on the list and moving down the list in sequence. In the event a region does not have any In-Home cases, or if part or all of the cases they do have must be eliminated, then the open days' timeframe is extended by 45 days.
Case Elimination Requirements	Foster Care Cases are eliminated if they meet any of the following criteria: • A foster care case that was discharged or closed according to agency policy before the period under review. • A case open for subsidized adoption payment only and not open to other services. • A case in which the target child reached the age of 18 before the period under review. • A case in which the selected child is or was in the care and responsibility of another state, and the state being reviewed is providing supervision through an Interstate Compact on the Placement of Children (ICPC) agreement. • A foster care case in which the child's adoption or guardianship was finalized before the period under review and the child is no longer under the care of the state child welfare agency.

	• A foster care case in which the child is in foster care for fewer than 24 hours during the period under review. • A case appearing multiple times in the sample, such as a case that involves siblings in foster care in separate cases. • A case in which the child was placed for the entire period under review in a locked juvenile facility or other placement that does not meet the federal definition of foster care. • A foster care case in which the child was in a Trial Reunification the entire period under review. • A foster care case reviewed in the last 12 months. In-Home cases are eliminated if they meet any of the following criteria: • In-home services case open for ongoing services for fewer than 45 consecutive days during the period under review. • An in-home services case in which a child was on a Trial Reunification at the start of the sampling period and the Trial Reunification was fewer than 45 consecutive days. • In-home services case in which any child in the family was in foster care for more than 24 hours during the period under review. • In-home cases appearing more than once in the sample. • In-home case reviewed in the last 12 months. The following cases are subject to review unless circumstances warrant exclusion as agreed to by the Children's Bureau: • Cases involving administrative, civil, or criminal litigation. • Cases involving current or former employees of the child welfare agency and contracted provider agencies. The Strategy and Outcomes Program Specialist-pulls the random sample and if a case meets any of the above criteria, the case is eliminated. The first case on the list of alternates is then placed into the cases to be reviewed. A tracking form can be found in the J drive to track cases that were eliminated, including the reason for elimination. The Strategy and Outcomes Program Specialist maintains the tracking form. **Eliminating cases when key participants cannot be interviewed:** If, after the finalization of cases, the Regional Manager becomes aware of the region's inability to schedule interviews with the key participants (due to refusal by the party to be interviewed, despite concerted efforts to engage the participants, or due to inability to locate the key participants, despite concerted efforts to locate), the Regional Manager is to notify the Administrator of CQI and Outcomes as well as provide a list of the efforts made by the local office to schedule interviews with the key participants. The Administrator of CQI and Outcomes reviews the efforts and if it appears all concerted efforts have been made, the case is eliminated and the next case on the alternative list of cases is added to the cases to be reviewed. If it is

	determined concerted efforts have not been made, then the Administrator of CQI and Outcomes will advise what further efforts are needed. If, during the week of the onsite review, key participants do not attend an interview the reviewers provide a list of the efforts made by the reviewers and local office to locate or engage the key participant for their interview. The Administrator of CQI and Outcomes discusses the case with the reviewers to determine if they were able to obtain sufficient information from other parties in the case to accurately rate the items. If not, then the case must be eliminated.
Case Related Interviews	The following individuals related to a case must be interviewed unless they are unavailable or completely unwilling to participate: • The child (school age). • The child's parent(s). • The child's foster parent(s), pre-adoptive parent(s), or other caregiver(s), such as a relative caregiver or group home houseparent, if the child is in foster care. • The child and/or family's Family Service Specialist(s) Supervisor if the Family Service Specialist is unavailable. When the Family Service Specialist has left the agency, they can still be asked to interview. If they are not available for an interview, interviews with the Supervisor who was responsible for the Family Service Specialist assigned to the family must be scheduled. If any of the above parties are not able to be interviewed, interviews with other parties (attorneys, family members, services providers, etc.) can be scheduled if they are able to provide an accurate perception of that key participant. This must be from the family's perspective; an agency staff cannot provide this perspective. Acceptable exceptions to conducting interviews: • Only school-age children are interviewed unless other arrangements are made. Cases involving children younger than school age, or children who are developmentally younger than school age, may be reviewed but do not require an interview with the child. • The parents cannot be located or are outside of the United States. The agency must show they have made attempts to locate the parents. • The interviewees cannot be reached or do not respond to efforts to reach them, despite documented diligent efforts through various methods to engage them. • There is a safety or risk concern in contacting any party for interview. • Any party is unable to consent to an interview due to physical or mental health incapacity. • Any party refuses to participate in an interview and the agency can document attempts to engage them. Note: there must be efforts made to engage the party beyond a letter/or phone call.

	• Any party is advised by an attorney not to participate due to a pending criminal or civil matter. Note: Even if there are pending criminal or civil matters, or due process or TPR appeals in process, an attempt must be made to engage the party for an interview, until such time the party has been advised by an attorney not to participate. Unacceptable exceptions to conducting an interview: • An age cut-off that does not take into account a child's developmental capacity. • A party who refuses to participate in an interview, but the agency did not attempt to engage the individual beyond a letter or telephone call. • A party who has not been located and the agency has not made attempts to locate the individual. • A party who speaks a language other than English. Arrangements must be made for an interpreter.
Questions or Issues Regarding the Federal Onsite Review Instrument and Instructions	When questions are brought up during reviews as to the final rating on an item regarding a specific case, those questions are further discussed between the Site Leaders providing QA. Additional cases involving that same item are then examined, in order to provide consistency. At all times throughout the QA process, Site Leaders reflect on how other cases were rated in other reviews in similar situations, in order to provide consistency throughout the state. However, considerations for case circumstances are also given. If more explanation or clarification is needed beyond the Onsite Leaders' expertise, the question or issue is taken to the Administrator of CQI and Outcomes of Child Protection Services for clarification. All reviewers are notified of the response via email. If a case situation arises that the Division's Management Team should be aware of, then an email outlining the information and subsequent ratings will be sent to the Management Team.
Process for Addressing Danger Threats During Regional Reviews	If at any time during the review of the case material on FACIS or File Director, the reviewers have determined any child is unsafe, the reviewers must immediately notify the Administrator of CQI and Outcomes. The Administrator of CQI and Outcomes must then notify the Regional Manager. The Regional Manager then updates the Administrator of CQI and Outcomes as to action taken.
Conflict of Interest	Reviewers cannot participate in a review within their own region. Reviewers cannot review any case in which they were actively involved as a Family Service Specialist, Supervisor or Regional Manager. Staff cannot review a region/office they once worked in until they have been out of that office/region for a year or longer if necessary. Reviewers cannot review any case in which they participated or consulted in any way. For example, if a Program Specialist was involved in an APPLA call regarding a child from the Eagle Butte office, the Program Specialist cannot review that child's case

	during that Region's review. The reviewer must notify the Administrator of CQI and Outcomes immediately if the reviewer has consulted or participated in any case assigned to the reviewer; the Administrator of CQI and Outcomes will then reassign the case to another reviewer. Reviewers cannot review or provide third-party quality assurance on any case involving a friend or relative. The reviewer must notify the Administrator of CQI and Outcomes immediately if the reviewer is assigned to a case involving a friend or relative; the Administrator of CQI and Outcomes will then reassign the case to another reviewer. Reviewers or those conducting third-party quality assurance who have a conflict of interest in a case, for any reason, cannot participate in any team or reviewers debriefing of cases which impacts ratings of cases.
Quality Assurance	To conduct quality assurance during reviews, the person must be a Program Specialist I, or higher organizational level; have participated in a Reviewer Training on the 2022 OSRI; and have at least five years of experience completing Regional Reviews. This person would also need to have shadowed others conducting third-party quality assurance on at least one occasion. The third-party quality assurance reviewers seek direction on any questions they have, or final rating decisions, from the Administrator of CQI and Outcomes.
Training	<u>Reviewer</u> Training for reviewers is conducted within one month before their assigned review. Reviewers are scheduled for onsite reviews several months in advance. All reviewers who plan to participate in a review must complete the training held prior to the review. The participants are first trained on the review process, the definition of all the items and how to rate them on the Online Monitoring System. There is also discussion on how to write Strengths, Areas Needing Improvement, and when an item does not apply. Any material needed for the training is provided to participants on the training Microsoft Teams Channel. Reviewers are provided examples of previous case write up of de-identified cases to promote consistent language in the case review write ups. These case examples are updated based on feedback/changes received by the Children's Bureau to ensure the most update to date language is being used as examples. Reviewers are provided an item guide to help guide them on how to rate each item and any specific information/language that is needed for the items. The item guide is a working document and is updated as needed to capture the most updated direction and information, this includes any updates made to Round 4 to the CFSR. After the reviewers complete the training, and no later than one week prior to the review, the Administrator for CQI and Outcomes holds a Question/Answer meeting each reviewer must attend. This meeting allows reviewers to ask any questions they

	had while reviewing the training modules. The Administrator of CQI and Outcomes reviews the expectations of the training week, reviews the "General Guidelines" outlined in the Item Guide, and discusses changes to the OSRII from Round 3 to Round 4 for the individuals who are experienced reviewers. <u>Quality Assurance</u> Third-party quality assurance staff must have a minimum of 5 years of experience completing a review and completed any initial and ongoing training of the review process. Third-party quality assurance staff must review resources and tools on the Microsoft Teams Reviewer Training under the QA Channel. Third-party quality assurance staff must shadow the review process from the quality assurance perspective before completing any quality assurance. Prior to a third-party quality assurance completing a review, the Administrator of Continuous Quality Improvement and Outcomes transfers an already completed case from the Official OMS to the Practice OMS. Information and ratings are altered and the third-party quality assurance staff in training will complete the quality assurance process and draft QA notes in the Practice OMS. Those notes are then reviewed by the Administrator and CQI and Outcomes to ensure quality QA was completed. This process is repeated as necessary to ensure the third-party quality assurance staff in training can sufficiently apply the QA concepts into practice. For the first year the new third-party quality assurance staff completes QA, the Administrator of CQI and Outcomes will review QA notes after each review to discuss the third-party quality assurance staff strengths and areas of growth within the process. The third-party quality assurance staff must be included in all discussions regarding the OSRII with the Children's Bureau.
Fidelity Review Process	In addition to the Regional Reviews, ad hoc reviews are completed when specific trends or outcomes warrant further analysis and review. Annual fidelity reviews completed include Child Case Plan, Parent/Child Caseworker Visit documentation, Present Danger Planning, Initial Family Assessment, Protective Capacity Assessment, Safety Plan Determination/Conditions for Return, Relative Searching, Psychotropic Medication, Sibling Connections/Placement, ICWA Compliance, and Intake/Screening. South Dakota utilizes the Online Monitoring System (OMS) Reports to identify performance outcomes and trends associated with the Regional Reviews. CQI plans are monitored by the CQI Team.
Sampling Methodology	Seven days prior to each fidelity review, the Data Analyst Program Specialist identifies the population of clients relevant to the specific fidelity review. A confidence level of 95% and 5% margin of error are the standard percentages utilized to calculate the ideal sample size of the population. A randomized list of clients, equal to the identified sample size, is provided to the Continuous Quality Improvement Specialists to begin the fidelity review. When completing the fidelity review, if a client listed on the randomized pull is determined to not meet the criteria for review, consultation

	occurs with the Administrator of Continuous Quality Improvement and Outcomes. If the client is removed from the randomized pull, an additional client from the population is added to the randomized sample in order to ensure the ideal sample size is met.
Surveys	Surveys must be sent to staff, resource providers, youth, parents, and stakeholders on an annual basis to assess the child welfare system's functioning. The Strategy and Outcomes Program Specialist tracks and administers surveys in accordance with the survey schedule approved by CPS Management Team. Stakeholders who must be sent surveys include: State Court Judges, Tribal Judges, State's Attorneys, Tribal Prosecutors, child's attorneys, parents attorneys, CASA directors, mental health directors, domestic violence shelter directors, drug and alcohol service providers, ICWA directors, BIA Social Services directors, law enforcement officials, family visitation center directors, court services officers, parole agents, schools and residential/group care facilities. Survey results are analyzed by the Continuous Quality Improvement team and shared with staff through Regional Assessments. Data gathered from surveys are discussed with individuals pertinent to the specified survey including but not limited to management team, supervisors, family services specialists, stakeholders, and workgroups. Results are then used to identify areas needing enhancements and next steps.
Analysis and Dissemination of Quality Data	There are several levels of data analysis occurring throughout CPS. Data, both qualitative and quantitative, are analyzed at the local level as offices review the results of the Regional Reviews. Data is analyzed at the regional and statewide levels as Regional Managers and Supervisors review the various data profiles, FACIS data, and surveys. The Supervisor Advisory Group (SAG) meets monthly. The SAG serves as another level of data analysis, as they work on issues identified by the field, or by the Management Team. The SAG disseminates results both to the Management Team and the field. The CQI Core Team meets monthly to discuss issues that have come to their attention through the Regional Reviews, SAG, or data profiles and other reports. The CQI Core Team then analyzes data around specific issues and reports findings to the Management Team. Individual case review results from the Regional Reviews are distributed to the Regional Manager at the end of the onsite week. The Regional Manager is encouraged to share the specific results with the Supervisor(s) as well as each staff person. While QA reviews serve as the data collection component in the CQI structure, it is important to continue the CQI loop. Every staff completes CQI training. Upon receiving the local CQI training, offices must examine instances of lower achieving performance indicators utilizing root cause analysis and to develop an improvement plan which includes continued evaluation. Through the course of the local CQI

	training and application of the CQI process to improving specific outcomes and practice, all staff at the local office level become more engaged in data analysis. Statewide and local data must be shared with stakeholders for their analysis and to elicit feedback on their analysis and conclusions as this is an important component of CPS' CQI philosophy. In previous sections of this report, it has been detailed how information is shared with internal stakeholders and their feedback is sought.
Feedback to Stakeholders and Decision-Makers and Adjustment of Programs and Process	Collecting and analyzing the data are important steps within the CQI process. However, the agency and the stakeholders must then use the information to drive change to improve outcomes for children and families. This includes stakeholders as reviewers, a survey to them, and CQI meetings with the stakeholders. Information used at CQI meetings with the stakeholders is data from the Regional Reviews, results of a survey sent to them during the onsite review, and any pertinent data from FACIS. The Strategy and Outcomes Program Specialist releases Regional Assessments after each state fiscal year is completed. Regional Assessments capture the performance outcomes of the latest Regional Review as well as results of fidelity review, stakeholder survey results, parent survey, and staff survey results. This gives a comprehensive view of how the Region operates and what areas to focus CQI plans on. Fidelity reviews completed include Child Case Plan, Parent/Child Caseworker Visit documentation, Present Danger Planning, Initial Family Assessment, Protection Capacity Assessment, Safety Plan Determination/Conditions for Return, Relative Searching, Psychotropic Medication, Sibling Connections/Placement, ICWA Compliance, and Intake/Screening. South Dakota utilizes the Online Monitoring System (OMS) Reports to identify performance outcomes and trends associated with the Regional Reviews. CQI plans are monitored by the CQI Team. The Regional Assessments must be provided to stakeholders and included in the office's CQI meeting with stakeholders.

ATTACHMENT C3: REGIONAL ASSESSMENT EXAMPLE

South Dakota Department of Social Services

Strong Families - South Dakota's Foundation and Our Future

CHILD PROTECTION SERVICES
REGION 5
SFY24 REGIONAL ASSESSMENT

Table of Contents

2025-2029 Child & Family Services Plan (CFSP) Vision & Goals

VISION

Families are engaged with a child welfare system which honors and uplifts their values and resilience through the empowerment of families involved within the system.

Goal 1

The Child Welfare System is equipped to provide children and families with evidence based prevention services which align with the Family First Prevention Plan.

Goal 2

When a family is involved in the child welfare system, the least restrictive prevention service is utilized, to ensure children are not removed from the home when they can safely be cared for in their home.

Goal 3

Families involved with the child welfare system through the court receive appropriate services to ensure timely and suitable safety, permanency, and wellbeing for children. Children return to the home as soon as safely possible through a shared understanding of all parties of Conditions for Return.

Regional Offices & Counties Served:

- Aberdeen | McPherson, Edmunds, Brown, Marshall
- Brookings | Kingsbury, Brookings, Miner, Lake, Moody
- Huron | Faulk, Spink, Hand, Beadle, Jerauld, Sanborn
- Watertown | Roberts, Day, Clark, Codington, Hamlin, Grant, Deuel

157

Number of Children in Care
(as of 06/30/2024)
Report: Children in Alternative Care by State Total, Region & Office SFY 2024 as of June 2024

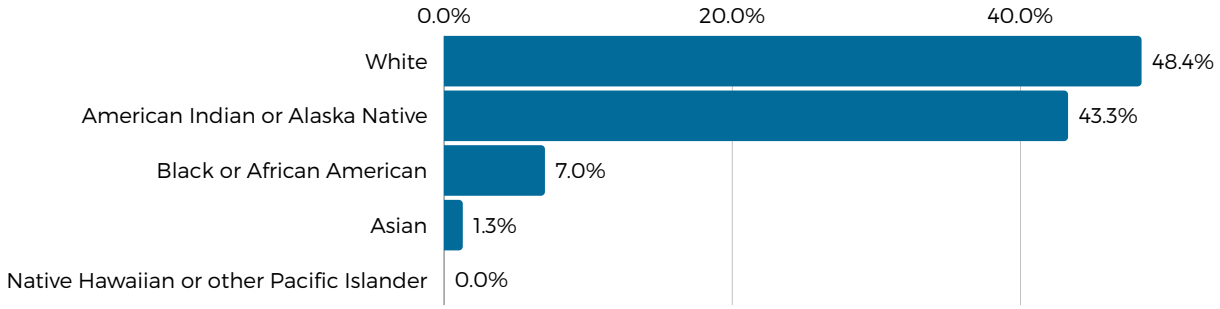
24%

Children Placed in Kinship Care
(as of 06/30/2024)
Report: Children in Alternative Care by State Total, Region & Office SFY 2024 as of June 2024

82%

Children Placed in a Family Setting
(as of 06/30/2024)
Report: Children in Alternative Care by State Total, Region & Office SFY 2024 as of June 2024

Children in Care by Race
(as of 06/30/2024)
Report: Demographics of Children in Alternative Care by State Total SFY 2024 as of June 2024



132

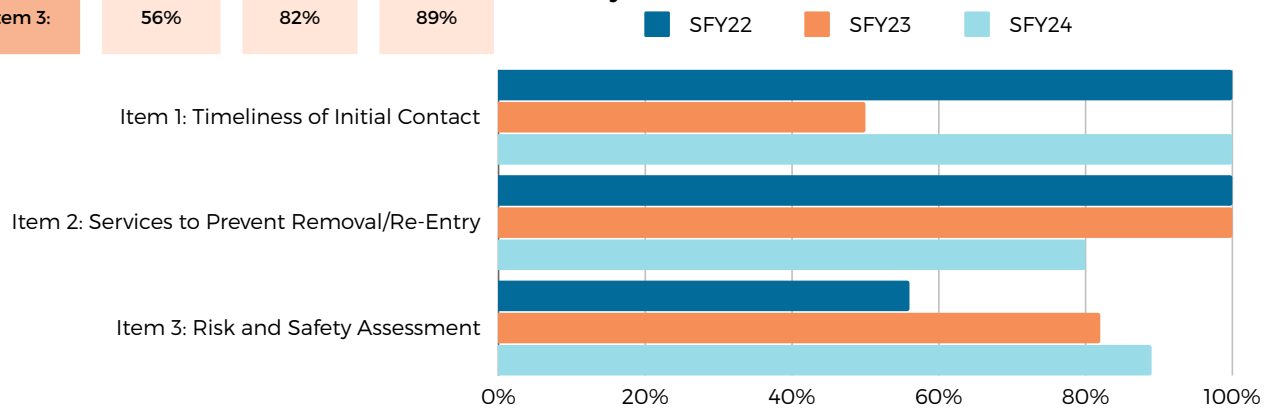
Non-Custody Present Danger Plans Completed in SFY24
(as of 06/30/2024)
Report: IFA Safety Outcomes SFY 2024 as of June 2024

SAFETY OUTCOMES

SFY24 Regional Review: Safety Outcomes 1 and 2

	SFY22	SFY23	SFY24
Item 1:	100%	50%	100%
Item 2:	100%	100%	80%
Item 3:	56%	82%	89%

Region 5's regional review was completed in September 2023. From the previous fiscal year, Region 5 showed significant improvement in Item 1 and a decline in performance in Item 2. The region has showed steady improvement in performance in Item 3 over the past three fiscal years.



Safety Data Indicators

24.82
victimizations per 100,000 days in foster care

Maltreatment in Care

Definition: Of all children in foster care during a 12-month period, the rate of victimization per 100,000 days of foster care
National Performance: 9.07 Victimizations per 100,000 Days in Foster Care (a lower value is desirable)

6.9%

Recurrence of Maltreatment

Definition: Of all children who were victims of a substantiated maltreatment report during a 12 month period, the percentage of victims of another substantiated maltreatment report within 12 months of the initial victimization.
National Performance: 9.7% (a lower value is desirable)

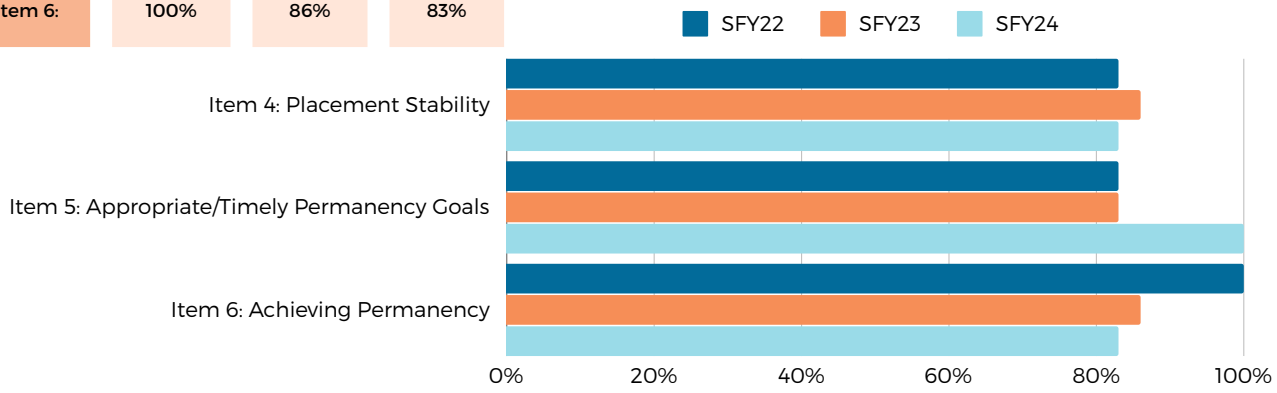
For additional information regarding CFSR Data Indicators visit CFSR Statewide Data Indicators

PERMANENCY OUTCOMES

SFY24 Regional Review: Permanency Outcome 1

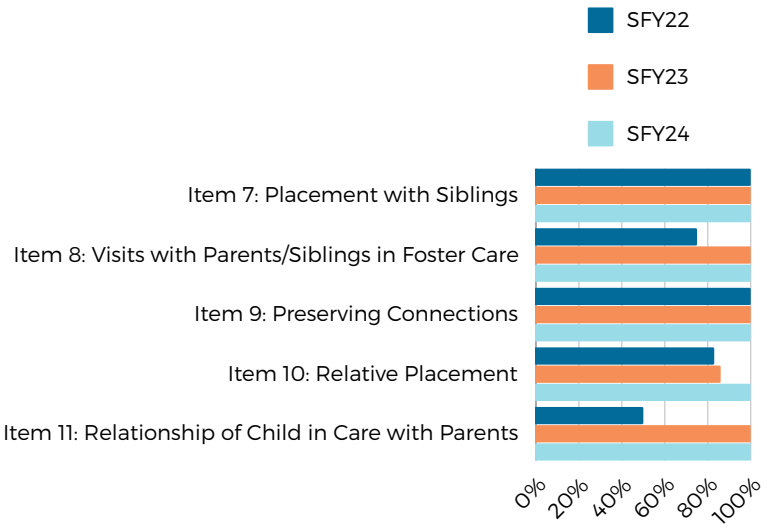
	SFY22	SFY23	SFY24
Item 4:	83%	86%	83%
Item 5:	83%	83%	100%
Item 6:	100%	86%	83%

While Region 5 experienced a slight decline in performance in Items 4 and 6, the region demonstrated improvement in Item 5 performance.



SFY24 Regional Review: Permanency Outcome 2

	SFY22	SFY23	SFY24
Item 7:	100%	100%	100%
Item 8:	75%	100%	100%
Item 9:	100%	100%	100%
Item 10:	83%	86%	100%
Item 11:	50%	100%	100%

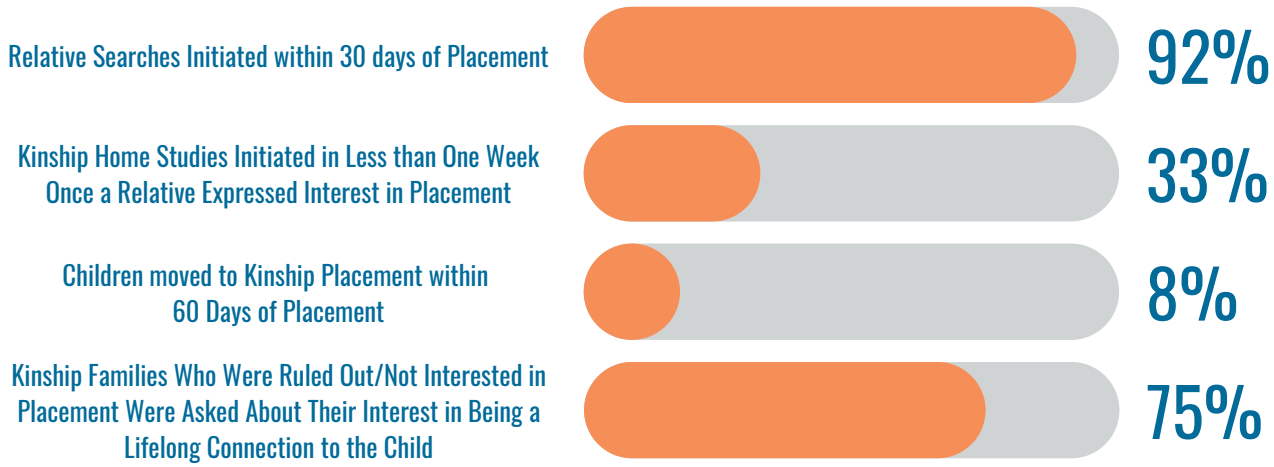


Region 5 demonstrated exemplary performance in Permanency Outcome 2, having achieved 100% strengths on all items in SFY24 and improved performance in Item 10 since SFY23.

Kinship Fidelity Reviews

Kinship fidelity reviews were completed by the CQI Team in April 2024.

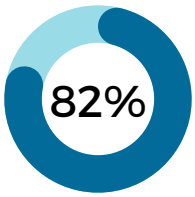
- 12 youth from Region 5 were reviewed
- All youth reviewed had been in placement a minimum of 6 months and their first placement was not with kin



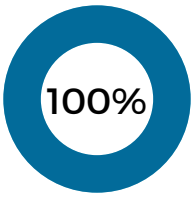
*For a comprehensive overview of your region's results refer to the full report which was provided to the Regional Manager.

Indian Child Welfare Act (ICWA) Compliance Reviews

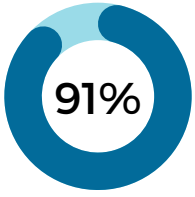
The ICWA Compliance review was completed in Spring 2024; ICWA cases open during July-December 2024 were reviewed. 11 youth from Region 5 were reviewed.



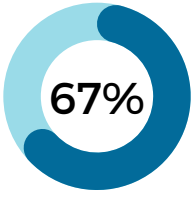
DSS notified the Tribe the child was in custody timely (within 5 days)



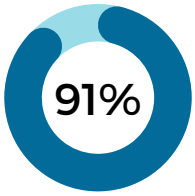
ICWA Affidavit was completed for the 48-hour hearing



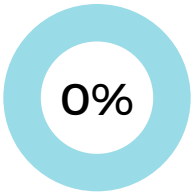
Sufficient Efforts to Achieve ICWA Placement Preference



Tribe has been provided copies of case plans, safety plans, and/or court reports



Sufficient Reunification Efforts provided to the family



Contested adjudicatory hearings that included testimony from a QEW

*For a comprehensive overview of your region's results refer to the full report which was provided to the Regional Manager.

Permanency Data Indicators

34.4%

Permanency in 12 Months for Children Entering Care

Definition: Of all children who enter foster care in a 12-month period, percentage that were discharged to permanency within 12 months of entering foster.
National Performance: 35.2% (a higher value is desirable)

69.7%

Permanency in 12 Months for Children in Care 12-23 Months

Definition: Of all children in foster care on the first day of a 12-month period who had been in foster care continuously between 12 and 23 months, the percentage who were discharged to permanency within 12 months of the first day
National Performance: 43.8% (a higher value is desirable)

46.4%

Permanency in 12 Months for Children in Care 24+ Months

Definition: Of all children in foster care on the first day of a 12-month period who had been in foster care continuously for 24 months or more, the percentage who were discharged to permanency within 12 months of the first day
National Performance: 37.3% (a higher value is desirable)

5.1%

Reentry to Foster Care

Definition: Of all children who exit foster care in a 12-month period to reunification, living with a relative, or guardianship, the percentage who reentered foster care within 12 months of their discharge.
National Performance: 5.6% (a lower value is desirable)

7.43
moves per 1,000 days in care

Placement Stability

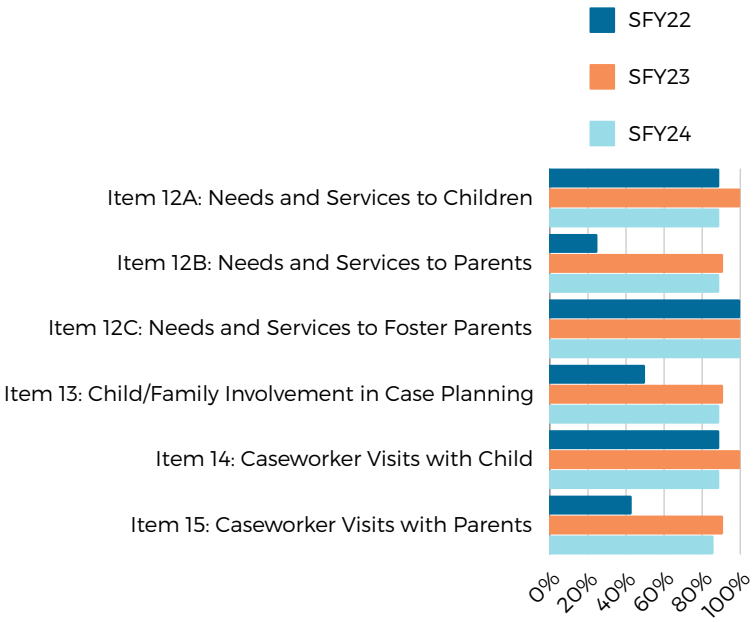
Definition: Of all children who enter foster care in a 12-month period, the rate of placement moves per 1,000 days of foster care.
National Performance: 4.48 Moves per 1,000 Days in Care (a lower value is desirable)

For additional information regarding CFSR Data Indicators visit CFSR Statewide Data Indicators

WELL-BEING OUTCOMES

SFY24 Regional Review: Well-Being Outcome 1

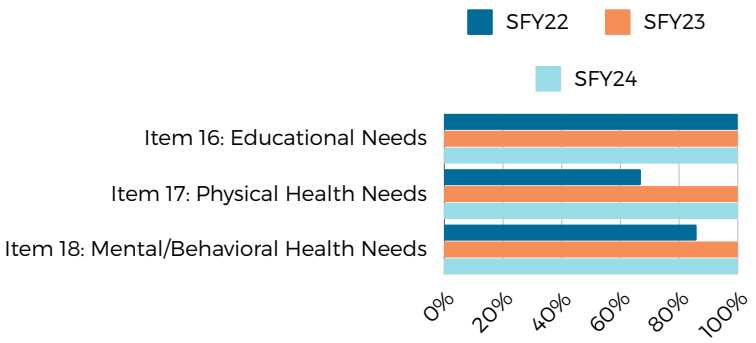
	SFY22	SFY23	SFY24
Item 12A:	89%	100%	89%
Item 12B:	25%	91%	89%
Item 12C:	100%	100%	100%
Item 13:	50%	91%	89%
Item 14:	89%	100%	89%
Item 15:	43%	91%	86%



Region 5 has consistently maintained excellent performance in Item 12C. While Items 12A, 12B, 13, 14 and 15 each saw a slight decrease in performance from SFY23, overall the Region demonstrated high performance for Well-Being Outcome 1.

SFY24 Well-Being Outcomes 2 & 3

	SFY22	SFY23	SFY24
Item 16:	100%	100%	100%
Item 17:	67%	100%	100%
Item 18:	86%	100%	100%

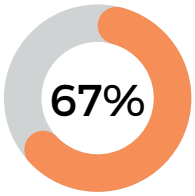


Region 5 has demonstrated consistent exemplary performance in Well-Being Outcomes 2 and 3, having achieved strength ratings in all three items in the past two fiscal years.

Child Case Plan Fidelity Reviews

The child case plan fidelity review was completed in May 2024. A sample of child case plans completed from July to December 2023 for children age 14 or older were reviewed. 6 child case plans from Region 5 were reviewed.

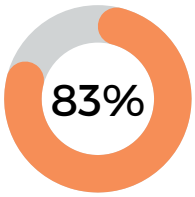
Child visit narrative completed



Sufficient needs statement

Record were reviewed for the purpose of the child case plan

Sufficient plan to support lifelong connections



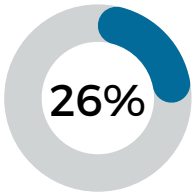
Strengths description contained sufficient information

Placement Stability section contains sufficient information

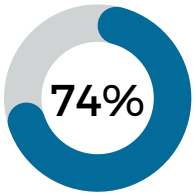
*For a comprehensive overview of your region's results refer to the full report which was provided to the Regional Manager.

Pyschotropic Medication Case Reviews

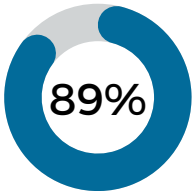
The psychotropic medication fidelity review was completed in April 2024. 19 youth from Region 5 were reviewed.



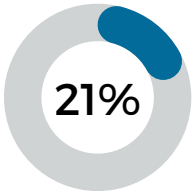
Children in Residential Treatment



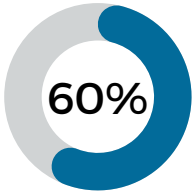
Children with ADHD diagnosis



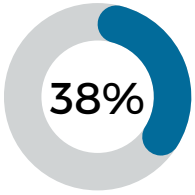
Assessments in the file to support diagnosis & need for medication



Children prescribed Fluoxetine HCL



Medication Oversight: Discussions with the child regarding benefits of medication



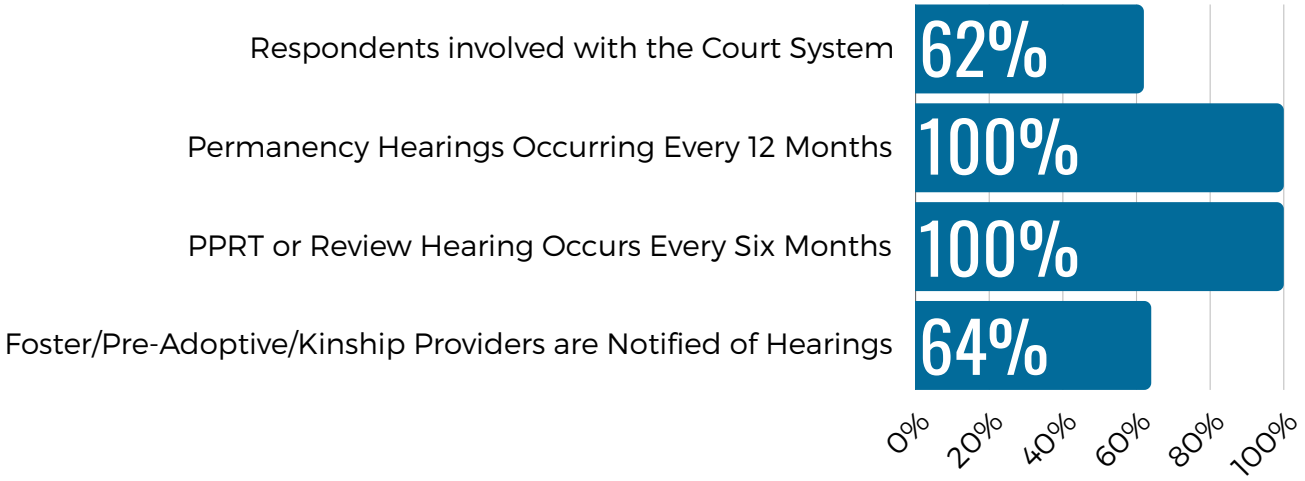
Children in Group/Residential without a Consent for Medication Form

*For a comprehensive overview of your region's results refer to the full report which was provided to the Regional Manager.

SURVEY RESULTS

Stakeholder Survey

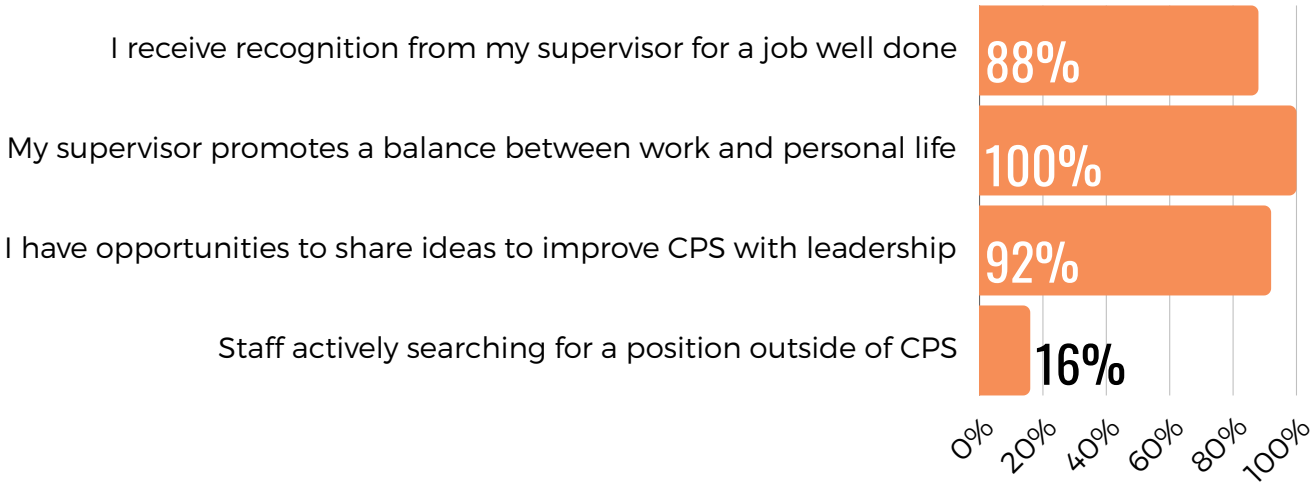
The Stakeholder Survey was sent out to Region 5 Stakeholders in conjunction with their Regional Review. 26 responses were received of 73 surveys sent out (36%)



*For a comprehensive overview of your region's results refer to the full report which was provided to the Regional Manager.

Staff Survey

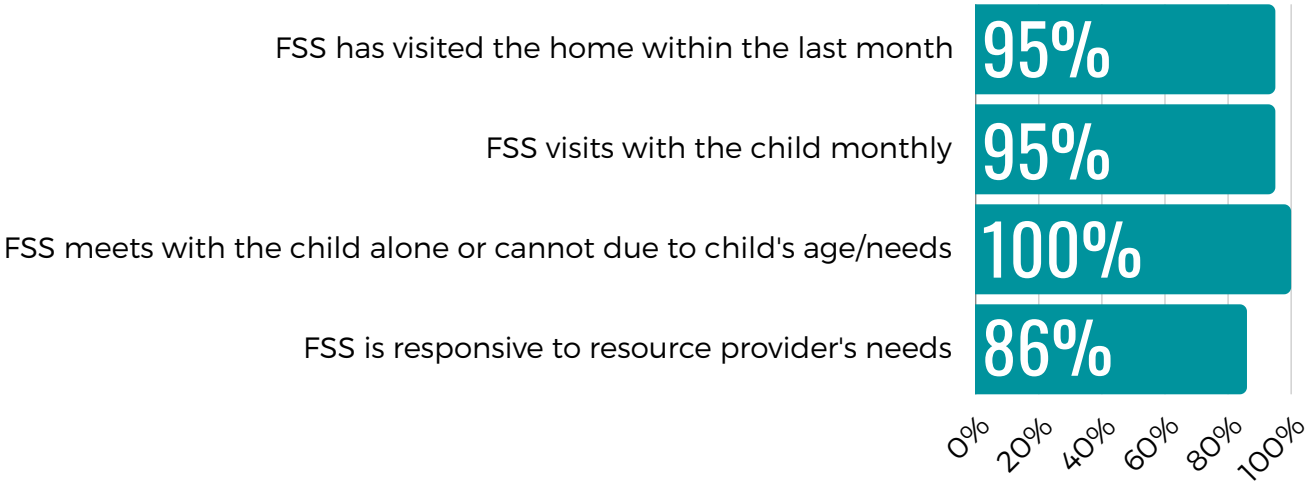
The SFY24 Staff survey was conducted in conjunction with the regional review. 25 staff in Region 5 responded to the survey.



*For a comprehensive overview of your region's results refer to the full report which was provided to the Regional Manager.

Placement Resource Survey (Caseworker Visits)

Placement Resource Surveys for Region 5 were sent out in January 2024; surveys were sent out to all resource providers with a placement. 42 responses were received.



*For a comprehensive overview of your region's results refer to the full report which was provided to the Regional Manager.

ATTACHMENT C4: REGION 1 CQI PLAN EXAMPLE

South Dakota Department of Social Services

Plan Template

Continuous Quality Improvement

Information and Organization

Project Name: **Region 1 Recruitment** Date: 10/2024

Staff Name	CQI Role and Responsibilities
Lisa Fleming	Facilitator/Monitoring/Program Specialist
Andi Heymeyer	OLA Staff
Foster Parent	Stakeholder
Shellie Ketterling	CPS Regional Manager
South Dakota Kids Belong	Stakeholder
Children's Home Society	Stakeholder
Lutheran Social Services	Stakeholder
CQI Team	Activity Monitoring/Data
Law Enforcement	Stakeholder

High-Level Challenge Description:

There are 4 times as many children as there are foster homes in Region 1. The children are having to be placed outside of their home community. There are not sufficient placements to meet the needs of the children in Region 1 that are in need of placement. This impacts the children, families and the staff. When children are placed outside of their home community they lose connection, it makes family time more difficult, as well as added burden of traveling for caseworker visits with the children.

Step 1: Plan

Specify the challenge, set an improvement goal, and identify root causes.

What is the extent of the problem? who is experiencing the problem? Who is affected by the problem?	What are the root causes of the challenge?	What are the SMART improvement goals?	Data sources to measure progress
The problem is affecting the foster homes, children, families, and staff in Region 1. It extends further putting pressure on resources outside of Region 1 when children are placed in foster homes in different regions.	The number of foster homes in Region 1 is not sufficient for the number of children in care in Region 1, additionally the foster homes that are open and ones that need to be recruited need to have the necessary skills and support to meet the needs of the children to be placed into their home. Targeted recruitment, training, and support is needed to increase the foster homes and ensure they can take placement of children in Region 1. There are more children entering care in Region 1 than are exiting care in Region 1 each month.	The team will meet monthly with internal partners and stakeholders. inquires for fostering in Region 1 will increase by 10% and foster homes opening in the next FY by 10%. The number of children from Region 1 office remaining in foster homes within Region 1 will increase by 5% in the next FY. Region 1 will see a reduction of foster home closures by 5% for reasons other than adoption/permanency of a child.	IVE Placement reports - FACIS PowerBI mapping of Region 1 placements - FACIS OLA internal tracking of the closed foster homes in region 1, and reason for closure New inquire tracking OLA Tracking of new licenses OLA Survey of foster parents (3 year survey through OLA)

Step 2: Do

Brainstorm improvement strategies that will address the root cause of the challenge.

Root Cause	Improvement Strategy (Consult clients, staff, and stakeholders)	How might the strategy lead to improvement?
There is not adequate recruitment and retention of foster homes that are able to meet the needs of the children in the community.	● Targeted recruitment with stakeholders ● Increased training in person focused on feedback from foster parents on what additional training is needed ○ Monthly Trainings ● Additional supports being identified for foster families (WRAP expansion) ● Review foster parent survey data about supports	● Getting the right individuals to inquire about fostering ● Putting resources into the foster homes before placement disruption ● Ensuring foster parents understand realities prior to children being in their home ● Wrap support to increase the ability of foster parents to meet the needs of children with higher needs or large sibling groups ● Ongoing training focused on the needs of youth
There are more children entering care in Region 1 than are exiting care each month.	● Court Observation Project (starting 2025) ● Meet and add a legal stakeholder to the Recruitment Team (new strategy) ● Do further analysis of which children are not exiting care (potentially new Root cause)	● Increased understanding from the courts on why there are delays in Region 1 of children exiting care.

Determine which strategy to implement, specify strategy details, and plan a test.

Specify the strategy (duration, frequency, staff responsibilities, technology/training needs)	Develop learning questions. What do we want to learn?
Level of Placement Decision Review (One Time review) CPS state office staff, FACIS Team	Are children from Region 1 placed in the correct level of care for their needs? Is the level of needs of the children impacting the ability for the children to be placed in their community?
In-person quarterly training OLA and local stakeholders will ensure that quarterly in person trainings occur within Region 1	What training is needed for foster parents? Does in person training make foster parents feel more successful and confident in their skills? Does in person training make foster parents feel more supported? Are foster parents who attend in person trainings more likely to keep their license open?
Targeted recruitment within Region 1 The recruitment and retention workgroup will identify (from data review) the types of foster homes needed (tribal, sibling group, older youth) and target recruitment of foster homes to families that are able to meet those needs.	Does targeted recruitment lead to foster homes becoming licensed that can take placement of the children needing placement within Region 1? If the needs of the children in Region 1 are discussed prior to a foster parent inquiry is the foster home more likely to take on siblings groups, older youth, or areas of need that are identified?
Increase WRAP supports Stakeholders and faith based stakeholders will increase their outreach to their congregations about the need for WRAP support and support for children in Region 1 foster care. The WRAP coordinators will help ensure that ongoing outreach occurs, training is occurring for WRAP volunteers. OLA will ensure background checks are done.	Does increased support from the community reduce the percentage of placement disruptions? Does increased wrap support enable foster homes to accommodate larger sibling groups? Does wrap support reduce foster homes closing their license?

Specify the Implementation Plan:

(start and end dates, where and who will pilot the strategy)

The workgroup started in 2021/2022 when the Stronger Families Together Initiative stared. The Why Not You and Stronger Families Together groups combined in early 2023 within Region 1 to focus on recruitment and retention while utilizing the CQI process.

Recruitment team meets monthly to discuss how recruitment strategies are going and input from stakeholders.

Quarterly review of data, provided by the CQI Team, will help look at placement of children in Region 1 and where the children are placed (location and level of care).
OLA will track reasons for closure in further detail. This data is captured within the FACIS system and can be pulled by the CQI Team, although OLA tracks more detailed reasons for closure.

One time review was completed prior to formal CQI plan being written.

Court Observation is starting in 2025 for Pennington County.

Stronger Families Together PS and CQI PS will monitor the data of foster homes to children in Region 1 and how implementation strategies are working.

Step 3: Study

Describe how you will answer each learning question- What data will you examine or collect? If collecting new data, how will you gather it? How will you analyze data?

Learning Question #	Data Collection (method/tool, respondents, point person)	Analysis Plan
Does targeted recruitment lead to foster homes becoming licensed that can take placement of the children needing placement within Region 1?	Review of inquires from what events (OLA, SFT PS) Review of when those homes are opened if they are taking placement of the targeted population (FACIS reports, CQI, feedback from local CPS office staff and OLA staff)	An analysis of data quarterly at meetings, discuss any barriers
Are children from Region 1 placed in the correct level of care for their needs?	Data/file review (CQI team, Program Specialists)	Complete full review and review data with retention and recruitment team Identify any patterns/trends
Why has there been an increase in children entering care in Region 1?	Stronger Families Together and CQI PS. FACIS data review	Once data is gathered look at reasons for CPS involvement that includes children being removed from the home. Analyze what has changed in past years leading to an increase of children entering care in Region 1.
Why are children not discharging form care in Region 1 as compared to other areas?	Court Observation Project (gather data once that is completed) - CQI PS	Review data obtained from the court observation project to see if there are any identified practices within the court that may be effecting the timeliness to permanency.

Step 4: Act

After the strategy is tested, document what was learned and what the next steps will be.

"We Learned" statements:

-

Based on what we learned, we will...

Maintain or scale up the strategy

Abandon the strategy and try something new

Adapt the strategy and test again. How?

_____

_____

_____

If you have chosen to maintain or scale up, consider how you will manage the change process. How will you communicate about the new practice and what was learned?

We will communicate changes at the monthly meetings of the recruitment team.

Monitoring Progress Toward the Improvement Goal.

How will the goal be monitored to ensure sustained improvement?

Improvement Goal (from step #1)	Improvement Strategy Tested	Data Sources to Assess Progress	Frequency of Monitoring	Staff Responsible
The team will meet monthly with internal partners and stakeholders. inquires for fostering in Region 1 will increase by 10% and foster homes opening in the next FY by 10%. The number of children from Region 1 office remaining in foster homes within Region 1 will increase by 5% in the next FY. Region 1 will see a reduction of foster home closures by 5% for reasons other than adoption/permanency of a child.	**Targeted recruitment and foster care home inquires** **Increased training for foster parents (monitor attendance of trainings offered)**	IVE Placement reports - FACIS PowerBI mapping of Region 1 placements- FACIS OLA tracking of the closed foster homes in region 1, and reason for closure New inquire tracking -OLA Tracking of new licenses -OLA Survey of foster parents (3 year survey through OLA) Census Data	**Meeting Monthly** **Quarterly Data Review**	**CQI Staff – Data monitoring** **Lisa Fleming**

Next Steps:

- Provide links to relevant resources
- Write down questions and decisions
- Add reminders for everyone
- Enumerate miscellaneous information

APPENDIX D: SERVICE ARRAY AND RESOURCE DEVELOPMENT ATTACHMENTS

TABLE D1: ARRAY OF SERVICES

Department of Social Services: Behavioral Health

COMMUNITY-BASED MENTAL HEALTH CENTERS

Program	Purpose	Services	Population Served	Location
Behavior Management Systems	Provide high quality and effective mental health and substance use disorder services helping clients lead full and productive lives while contributing to the health and well-being of our communities	Medication evaluation and management, psychological evaluations, psychological testing, individual therapy, group therapy, emergency commitment evaluations, nursing home consultation, 24-hour crisis intervention via crisis line, EAP Services, Drug and Alchohol Services.	Children, Adults, Families, Couples	Harding, Butte, Lawrence, Meade, Pennington, Custer, Fox River, Oglala Lakota, Jackson, and Bennett Counties https://www.wrmentalhealth.org/
Brookings Behavioral Health and Wellness	To provide comprehensive, integrated behavioral health services that promote well-being and quality of life for all	Walk-in Substance Use Disorder Assessments, Screenings, Case Management, Individual therapy, Group therapy, crisis intervention, psychiatric evaluation, medication management, Children, Youth, and Family (CYF) Services, Comprehensive Assistance with Recovery and Empowerment (CARE) Services, and Individualized and Mobile Program of Assertive Community Treatment (IMPACT). Aggression Replacement Training (ART), Functional Family Therapy (FFT), Moral Reconation Therapy (MRT), Systems of Care (SOC).	Children, Adults, Families, Couples	Brookings County https://brookingsivycenter.org/
Capital Area Counseling	Provide exceptional and effective care to individuals and families in central South Dakota by empowering those we serve, focusing on strengths, and promoting wellness within our communities	Medication evaluation/management, evaluations, testing, individual and group therapy, emergency commitment evaluations, nursing home consultation, crisis intervention via crisis line, EAP Services. Cognitive Behavioral Interventions for Substance Abuse (CBISA) Provider, Aggression Replacement Training (ART), Functional Family Therapy (FFT), Moral Reconation Therapy (MRT), Systems of Care (SOC).	Children, Adults, Families, Couples	Haakon, Stanley, Jones, Lyman, Buffalo, Hyde, Hughes, Sully, and Potter Counties https://cacsnet.org/
Community Counseling Services	To promote healthy individuals and families in the communities we serve	Medication evaluation/management, evaluations, testing, individual and group therapy, emergency commitment evaluations, nursing home consultation, crisis intervention via crisis line, EAP Services. Cognitive Behavioral Interventions for Substance Abuse (CBISA) Provider, Aggression Replacement Training (ART), Functional Family Therapy (FFT), Moral Reconation Therapy (MRT), Systems of Care (SOC).	Children, Adults, Families, Couples	Hand, Beadle, Jerauld, Kingsbury, Miner, Lake, and Moody Counties https://www.ccs-sd.org/

Program	Purpose	Services	Population Served	Location
Human Service Agency	To provide high quality human services to enable people to develop their fullest potential while maintaining the highest standard of ethical and fiscal responsibility	Medication evaluation/management, evaluations, testing, individual and group therapy, emergency commitment evaluations, nursing home consultation, crisis intervention via crisis line, EAP Services. Cognitive Behavioral Interventions for Substance Abuse (CBISA) Provider, Walk-In Substance Use Disorder Assessments,	Children, Adults, Families, Couples	Roberts, Grand, Codington, Deuel, Hamlin, and Clark Counties https://humanserviceagency.org/
Lewis & Clark Behavioral Health Services	Pioneer and sustain comprehensive, integrated mental health and substance use treatment services that promote the health and quality of life for community members	Medication evaluation/management, evaluations, testing, individual and group therapy, emergency commitment evaluations, nursing home consultation, crisis intervention via crisis line, EAP Services. CBISA Provider, Walk-In Substance Use Disorder Assessments, Aggression Replacement Training (ART), Functional Family Therapy (FFT), Moral Reconation Therapy (MRT), Systems of Care (SOC).	Children, Adults, Families, Couples	Charles Mix, Douglas, Hutchinson, Bon Homme, Yankton, Union, and Clay Counties https://www.lcbhs.net/
Northeastern Mental Health Center	Community treatment center dedicated to the health, wellness, and recovery of those with mental health and substance use disorders	Medication evaluation/management, evaluations, testing, individual and group therapy, emergency commitment evaluations, nursing home consultation, crisis intervention via crisis line, EAP Services. Aggression Replacement Training (ART), Functional Family Therapy (FFT), Moral Reconation Therapy (MRT), Systems of Care (SOC).	Children, Adults, Families, Couples	Campbell, Walworth, McPherson, Edmunds, Brown, Faulk, Spink, Day, and Marshall Counties https://nemhc.org/
Southeastern Behavioral Healthcare	Ensure the well-being of our community is being supported	Medication evaluation/management, evaluations, testing, individual and group therapy, emergency commitment evaluations, nursing home consultation, crisis intervention via crisis line, EAP Services. Aggression Replacement Training (ART), Functional Family Therapy (FFT), Moral Reconation Therapy (MRT), Systems of Care (SOC).	Children, Adults, Families, Couples	McCook, Minnehaha, Lincoln, and Turner Counties https://www.southeasternbh.org/about
Southern Plains Behavioral Health Services	Fulfill social and emotional health needs in the community	Medication evaluation/management, evaluations, testing, individual and group therapy, emergency commitment evaluations, nursing home consultation, crisis intervention via crisis line, EAP Services. Aggression Replacement Training (ART), Functional Family Therapy (FFT), Moral Reconation Therapy (MRT), Systems of Care (SOC).	Children, Adults, Families, Couples	Mellette, Todd, Tripp, and Gregory Counties https://spbhs.net/

Program	Purpose	Services	Population Served	Location
Three Rivers Mental Health and Chemical Dependency Center	Provide mental health and chemical dependency services	Medication evaluation/management, evaluations, testing, individual and group therapy, emergency commitment evaluations, nursing home consultation, crisis intervention via crisis line, EAP Services. Aggression Replacement Training (ART), Functional Family Therapy (FFT), Moral Reconation Therapy (MRT), Systems of Care (SOC).	Children, Adults, Families, Couples	Perkins, Carson, Dewey, and Ziebach Counties No office specific website https://dss.sd.gov/behavioralhealth/agencycounty.aspx
SERVICES FOR JUSTICE INVOLVED AND AT-RISK YOUTH/ADULTS **HTTPS://DSS.SD.GOV/FORMSANDPUBS/DOCS/BH/JJRI_FLYER.PDF**				
Systems of Care (SOC)	Support youth and families to become self-reliant	Case management services to help families to navigate and access services, while also giving them skills they need to become self-reliant.	Youth and Families with Complex Needs	Statewide- specific counties are shown on website link above
Functional Family Therapy (FFT)	Help youth and families build skills	Family-based therapy that focuses on building skills to improve family relationships, reduce behavioral issues, and improve school performance.	Youth and Families	Telehealth Services Available Rapid City, Brookings, Pierre, Huron, Mitchell, Watertown, Yankton, Aberdeen, Sioux Falls, Winner, and Lemmon
Aggression Replacement Training (ART)	To alter behaviors of chronically aggressive youth	Teaches coping skills for managing anger and impulsiveness using three interventions: social skills, anger control, and moral reasoning. Provides group discussion to correct anti-social thinking.	Youth	Telehealth Services Available Rapid City, Brookings, Pierre, Huron, Mitchell, Watertown, Yankton, Aberdeen, Sioux Falls, Winner, and Lemmon
Moral Recognition Therapy (MRT)	Assist participants in overcoming negative thought and behavior patterns	Combines education and structured exercises to assist participants in addressing negative thought and behavior patterns. A 12 step process which focuses on issues such as honesty, trust, acceptance, healing relationships, and setting goals.	Youth and Adults	Statewide and Telehealth Services Lutheran Social Services, Volunteers of America, Compass Point, Capital Area Counseling Services, Martin Addiction Recovery Center, South Dakota Urban Indian Health, Pennington County Sheriff's Office Addiction Treatment Services, Addiction Recovery Center of the Black Hills Rapid City, Brookings, Pierre, Huron, Mitchell, Watertown, Yankton, Aberdeen, Sioux Falls, Winner, and Lemmon

Program	Purpose	Services	Population Served	Location
Substance Use Disorder Services	Aide individuals in overcoming addiction to substances	Cannabis Youth Treatment (CYT) and Cognitive Behavioral Interventions (CBISA)	Youth and Adults with a Substance Use Disorder	Statewide and Telehealth Services Lewis and Clark Behavioral Health Services, Dakota Counseling Institute, Glory House, Volunteers of America, Carroll Institute, Community Counseling Services, Human Service Agency, Lutheran Social Services, Compass Point, Avera Addiction Care Center, Capital Area Counseling Services, Martin Addiction Recovery Center, Pennington County Sheriff's Office, Addiction Treatment Services, Addiction Recovery Center of the Black Hills
EDUCATIONAL RESOURCES				
South Dakota Parent Connection (SDSC)	Connect families who care for individuals with disabilities to resources	Individualized guidance, training, support groups, camps/activities, and online resources for caretakers.	Families who care for individuals birth to age 26 with diabilities or special health care needs	Online Resources, Sioux Falls, Rapid City, Aberdeen https://sdparent.org/about
National Alliance on Mental Illness- South Dakota (NAMI)	Advocate for better lives for individuals who have a mental illness	Provides advocacy, education, support, and public awareness so that individuals and families affected by mental illness can build better lives. Classes, programs, and wellness activities are offered in Sioux Falls, Sisseton, and Milbank.	Individuals and families impacted by mental illness	Statewide Peer Leadership Council, Aberdeen, Brookings, Huron, Pierre, Rapid City, Sioux Falls, Watertown https://namisouthdakota.org/
SUBSTANCE USE SERVICES				
Face It Together	Help anyone impacted by alcohol and other drugs	One-on-one peer recovery coaching to help those struggling with addiction and/or their families. Coaches provide emotional support, translate goals into action, discuss barriers, support individuals after setback, and much more.	Persons recovering from an addiction and/or their families	Virtual Services and Sioux Falls https://www.wefaceittogether.org/
Bethany Christian Services ReNew Program	Support expectant mothers who have a history of opioid or other substance use	Case management and peer support for the first year of a baby's life. They assist the mother in her recovery, help connect to community resources, and share parenting practices to help with attachment and bonding.	Mothers with newborns and/or expectant mothers who have a history of substance use	Sioux Falls and Rapid City https://bethany.org/media/branch-specific-services/renew/renew-program-guide-download.pdf

Program	Purpose	Services	Population Served	Location
Intensive Methamphetamine Treatment (IMT)	Support individuals with severe methamphetamine use disorders	Residential services, outpatient treatment, and case management to support long-term recovery. Individuals attend a minimum of three group sessions per week in addition to individual sessions, family sessions and case management.	Adults who are assessed with a severe methamphetamine use disorder	Sioux Falls: Carroll Institute, Glory House, Keystone Outreach Mitchell: Dakota Counseling Institute-Stepping Stones Rapid City: Pennington County Sheriff's Office-Addiction Treatment Services Rosebud: Rosebud Sioux Tribe Treatment Program Aberdeen: Avera Addiction Care Center https://dss.sd.gov/formsandpubs/docs/BH/IMT_brochure.pdf
Behavior Management Systems- Full Circle	Help clients lead full and productive lives	Residential program that allows mothers to include their children in their treatment journey. Mothers learn the skills needed to balance parenting, work, and sobriety. Services offered include specialized, trauma-informed treatment, parenting skills, employment support, health and wellness skills, access to prenatal, postpartum, and well-baby care, support with reunification, and linkage to community services.	Adult, Pregnant, and Parenting Women who have a substance use disorder	Rapid City https://www.wrmentalhealth.org/full-circle-inpatient-addiction-services/
Alateen Meetings	Fellowship for teenagers who have been impacted by alcohol use	Support group to allow teenagers to meet other individuals their age with similar struggles and situations.	Teenagers whose lives have been affected by someone else's drinking	Virtual Services https://al-anon.org/newcomers/teen-corner-alateen/
Al-Anon Meetings	Fellowship for friends and family of persons with an alcohol addiction	Support group of peers who share their experience in applying the Al-Anon principles to problems related to the effects of a problem drinker in their lives.	Families and friends of persons addicted to alcohol	Spearfish, Sturgis, Rapid City, Hill City, Custer, Hot Springs, Francis, Gregory, Platte, Armour, Mitchell, Chamberlain, Philip, Pierre, Huron, Aberdeen, Sisseton, Watertown, Brookings, Madison, Sioux Falls, Viborg, Vermillion and Virtual https://al-anon.org/
Narcotics Anonymous (NA)	Support and accountability for people in recovery from drugs	Fellowship of people in recovery from drugs who meet regularly to help support each other to practice abstinence from all drugs.	Persons in recovery from drug use	Aberdeen, Brookings, Custer, Deadwood, Sioux Falls, Sisseton, Rapid City, Mitchell, Mobridge, Piedmont, Spearfish, Sturgis, Yankton, Watertown https://www.na.org/

Program	Purpose	Services	Population Served	Location
Alcoholics Anonymous (AA)	Support individuals in their sobriety from alcohol	Fellowship of people who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism.	Persons in recovery from alcohol abuse	Statewide Support Group. For specific locations, please use the link below: https://area63aa.org/meeting-zips/
Supported Housing for Addiction Recovery and Empowerment (SHARE)	Address the recovering person's need for a safe and healthy living environment	Individuals reside together in a drug free and structured environemnt outside of a formal treatment setting and are supported in managing their overall care while learning responsible behavior, values, and positive habits to assure continued sobriety.	Person's older than 18 who are recovering from an addiction	Aberdeen (Oxford House), Huron (Hope House), Sioux Falls (Kingdon Boundaries Prison Aftercare Ministry, Tallgrass Recovery, Washed Clean Ministries, Glory House, Southeastern Behavioral HealthCare, Oxford House), Watertown (Inter-Lakes Community Action Partnership), Brookings (Teen Challenge, Oxford House), Redfield (Reflections Recovery Home), Rapid City (Oxford House), Yankton (Oxford House), Mitchell (Oxford House), Sturgis (Oxford House) https://dss.sd.gov/formsandpubs/docs/BH/BH11_SHARE_flyer.pdf
Volunteers of America- New Start	Residential program for pregnant and parenting women with co-occurring substance use disorders	Long-term support, which includes a stable living environment throughout the duration of treatment. The program assists in supporting the client's participation in psychiatric and medical care, childcare needs, parent education and child development, employment services and job training, as well as treatment interventions.	Pregnant Women and/or Women with Dependent Children who are overcoming an addiction	Sioux Falls https://www.voa-dakotas.org/services/substance-abuse/
South Dakota Prevention Resource Centers (PRC)	Focused on helping people develop the knowledge, attitude, and skills they need to make good choices about harmful behaviors of substance misuse or abuse	Provide regional support for those looking for prevention resource materials such as videos, DVDs, books, CDs, brochures, and curricula. Staff can provide training and education in the area of prevention.	Students, Parents, Educators, community groups, community agencies, law enforcement.	Statewide Western PRC: Youth and Family Services- Rapid City, SD Northeastern PRC: Human Service Agency- Watertown, SD Southeastern PRC: Volunteers of America, Dakotas- Sioux Falls, SD Contracted Prevention Providers Locations: Sturgis, Sisseton, Rapid City, Aberdeen, Brookings, Sioux Falls, Huron, Hot Springs, Watertown, Herrick, Yankton, White River, Aberdeen, Redfield, Lemmon, Vermillion, and Newell https://dss.sd.gov/formsandpubs/docs/BH/SUD_Prev_flyer.pdf

Department of Social Services: Economic Assistance

Program	Purpose	Services	Population Served	Location
Children's Health Insurance Program (CHIP)	Provides health insurance at little or no cost	Provides coverage to help pay for necessary medical expenses individuals need to stay healthy such as hospital stays, doctor visits, and prescriptions. Provides coverage to help pay for the costs of long-term care for seniors and individuals with disabilities in their homes, communities, and medical facilities.	Children, Adults, & Families, Older Adults & People with Disabilities	Apply online, print a paper application, or visit any DSS office https://dss.sd.gov/economicassistance/medical_programs.aspx
Energy and Weatherization Assistance	Provides assistance to low income families to help pay for heating bills and weatheriztion of homes	Education on energy conservation, financial assistance to assist paying for home heating costs.	Low-income South Dakotans Eligibility and assistance amounts are based on the number of people in the home, income, type and cost of heating and location.	Statewide Coverage https://dss.sd.gov/economicassistance/energy_weatherization_assistance.aspx
Supplemental Nutrition Assistance Program (SNAP)	Provides assitance to low income families to help them buy food to remain healthy	Financial assistance with purchasing the food needed for a nutritionally adequate diet, nutrition education.	Low-income South Dakotans The amount of SNAP benefits a person or family receives is based on household size, income, and allowable expenses.	Statewide Coverage Apply online, print a paper application, or visit any DSS Office https://dss.sd.gov/economicassistance/snap.aspx
Temporary Assistance for Needy Families (TANF)	Provides temporary monthly cash to assist families in need	Parent Work Program assists individuals to reach their employment goals- work clothing, transportation, vehicle repairs, tools, relocation expenses, GED testing fees. Temporary payments to assist individuals and their families with items such as food, clothing, shelter, utilities, household items, and personal care items.	Needs-based program for families with children under age 18 (or under age 19 if the child is in high school) who needs financial support because of: • the death of a parent • a parent is absent from the home; or • the physical or mental incapacity or unemployment of a parent	Statewide Coverage Applications at any DSS Office https://dss.sd.gov/economicassistance/tanf.aspx
Quality Control	Help low-income families pay for child care as they work, attend school, or both	Provides Federal Child Care and Development Block Grant funds to help families pay for child care expenses.	Families who meet the income requirements	Statewide https://dss.sd.gov/childcare/linksandresources/

Department of Health: Programs for Children and Families

DATA CAN BE FOUND AT: https://doh.sd.gov/a-z-reports/

SUBSTANCE USE SERVICES

Program	Purpose	Services	Population Served	Location
Avoid Opioid Prescription Addiction	Joint effort between Department of Health and Department of Social Services to address opioid abuse and misuse	Online education, resource hotline, opioid texting support, medication-assisted treatment, care coordination, Face It Together- peer coaching, Better Choices, Better Health SD- educational workshops.	Persons with an opioid use disorder	Statewide and Online https://doh.sd.gov/programs/avoid-opioid-prescription-addiction/
Be Tobacco Free South Dakota/Quit Tobacco SD	Promotes prevention, cessation, and education to reduce tobacco use rates and tobacco-related diseases in South Dakota	Online tribal tobacco advocacy toolkit, webinars, educational articles, and a variety of resources to promote a tobacco-free lifestyle. Partners with QuitLine Services to offer personalized support.	Youth, Adults, and Native American Tribes	Statewide and Online https://quittobaccosd.com/
SD Quit Line	Support to those wanting to quit tobacco use	Personalized health coaching and/or access to NRT products to support those wanting to overcome their tobacco use. Support is offered through three programs including phone coaching, Kickstart Kit, and 2Quit SD text coaching. Resources are mailed directly to the participant.	Youth, Pregnant and Postpartum, Women, Parents of Youth Users, Native Americans, Seniors	Statewide and Online https://www.sdquitline.com

INFANT HEALTH & SAFETY

Program	Purpose	Services	Population Served	Location
Newborn Screening Program	To detect potentially fatal or disabling conditions and birth defects in newborns as early as possible	Newborn blood spot screening and hearing screening to detect fatal or disabling conditions. Offers continued follow-up medical care to infants who have a diagnosed disorder.	Newborns	Screening services: Statewide- local doctor's office Follow up care: Sioux Falls, SD Genetic services: Aberdeen, Pierre, Sioux Falls, Rapid City https://doh.sd.gov/programs/newborn-screening/
Safe Sleep	Educates parents and caretakers on safe sleeping practices for their newborns and infants	Online education on safe sleep practices for newborns and infants. Information on incentive programs and resources in communities to provide a safe infant sleep environment.	Parents and Caregivers	Statewide and Online https://doh.sd.gov/programs/safe-sleep/
Women, Infants & Children	To better the health of women, infants and young children who are part of low-income families	Personalized nutrition information, breastfeeding education and support, referral to healthcare/social services, and vouchers to access nutritious foods.	South Dakota women who are pregnant, breastfeeding, and postpartum Infants and children under the age of 5 who need assistance with their health or nutrition	Statewide Mobile clinics for patients in rural and underserved populations https://doh.sd.gov/programs/wic/
For Baby's Sake	Help give every baby the best possible start to a healthy life	Online education in regard to early signs of pregnancy, prenatal care, post partum, breast feeding, safe sleep, immunizations, and much more.	Parents and Caregivers	Statewide and Online https://doh.sd.gov/topics/maternal-child-health/pregnancy-early-childhood/first-1000-days/

EXPECTING MOTHERS

Program	Purpose	Services	Population Served	Location
Pregnancy Care Program	Promote the health and well-being of infants and their families in South Dakota	Offers a range of case management services and initiatives designed to address various aspects of maternal and child health including prenatal care, infant health, early childhood development, and parenting support.	Parents, Caregivers, and Healthcare Professionals	Statewide https://doh.sd.gov/programs/pregnancy-care-program/#:~:text=The%20Pregnancy%20Care%20Program%20promotes,developmental%20delays%20or%20health%20issues.
Bright Start	Provide support to mothers through each step of their pregnancy	One-on-one, in-home support through the journey of pregnancy. Nurses assist in finding prenatal care services and provide education and support to mothers until their child turns two years old. Indigenous Lactation Counselor- Five trained professionals who connect with and offer culturally sensitive breastfeeding support to the Native American population.	Expecting, First-Time Mothers	Statewide https://doh.sd.gov/programs/bright-start/

HEALTH & SAFETY

Program	Purpose	Services	Population Served	Location
Seat Safety and Seat Belt Safety	Educate individuals on proper seat belt and car seat use	Online resources and toolkits to educate caregivers, youth, and adults on proper seat belt and car seat use to prevent needless deaths.	Caretakers, Adults and Youth	Statewide and Online https://doh.sd.gov/programs/seat-belt-safety/
Suicide Prevention	Prevent suicide by learning about warning signs	Online education, 988 hotline, links to behavioral health resources, suicide prevention apps, and access to toolkits and trainings.	Children, Emergency Medical Services, Fire Services, Law Enforcement, High-Trauma Professionals, American Indian, College Students, LGBTQ, Parents, Older Adults, Teens, Veterans	Statewide and Online https://sdsuicideprevention.org/

HEALTH & SAFETY

Program	Purpose	Services	Population Served	Location
Lost & Found	Deliver comprehensive, data-driven, and resilience-focused suicide prevention and postvention programs and services	Peer2Peer Mentoring program connects students with campus and community supports and resources, so the resources are more likely to be used when needed.	Young Adults (ages 15-34) and their support networks- parents, educators, employers, and friends	Dakota Wesleyan University, South Dakota State University, University of South Dakota, and Augustana University. Online Resources are available https://resilienttoday.org/
Helpline Center	Reduce the risk of youth suicide	Offers a wide range of suicide prevention and postvention support services, including the 24/7 operated 988 Suicide and Crisis Lifeline. They are currently in the process of implementing the evidence-based peer support program, Hope Squad, in nine South Dakota K-12 schools. Hope Squad is comprised of students selected by their peers who are trustworthy and caring. The squad members are trained by advisors to watch for at-risk students, provide friendship, identify warning signs, and seek help from adults.	Youth & Parents	Harrisburg North, East, and South Middle School, Harrisburg Freshman Academy, Brookings High School, Wagner Middle and High School, Chamberlain High School, Hanson Middle School https://www.helplinecenter.org/
Long-Term Follow Up	Improve health outcomes and quality of life for children with medical complexity and their families through better care coordination	Care coordination for families who have a child with a medical complexity. Follow-up appointments with a licensed social worker and resources to increase their knowledge and ability to care for their child.	Parents of children who are diagnosed with a medical complexity	Statewide
ON Track SD	Innovative treatment program for adolescents and young adults to help them achieve their goals for school, work, and relationships	Care and support from a specialized team, medication treatment, help with achieving goals, such as finding a job or completing school.	Individuals between the ages of 15 and 40 and are recently experiencing thoughts and behaviors that seem out of the ordinary, disorganized thinking, feelings of suspiciousness or fear, hearing voices, sounds, or seeing images that others don't.	Sioux Falls and Rapid City
Community Health Worker Program	To bridge the gap between communities and health/social service systems	This program began in 2019. Community Health Workers serve as a liaison between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.	Individuals receiving health/social services	As of June 1, 2023, there are over 115 Community Health Workers and over 85 Community Health Representatives across the nine tribes in South Dakota. https://chwsd.org/

HEALTH & SAFETY

Program	Purpose	Services	Population Served	Location
WOW- Wellness on Wheels	To bring community health services to underserved communities across South Dakota	WIC, Pregnancy Care, Immunizations, Oral Health, Safe Sleep, Maternal Depression Screening, Developmental Screening, Sexually Transmitted Infection (STI) Testing.	Individuals who experience barriers to accessing community health services including but not limited to: adults, expecting mothers, post-partum mothers, newborns, children	Underserved communities across South Dakota. Individuals can request Wellness on Wheels to visit their community. https://doh.sd.gov/programs/wow/
Childhood Lead Poisoning Prevention Program (CLPPP)	To eliminate childhood lead exposure as a public health problem	Provides lead exposure prevention education and support to the families of children exposed to lead.	Children 6 years and younger and their parents/family	Statewide https://doh.sd.gov/topics/diseases/infectious/sd-clppp/#:~:text=The%20South%20Dakota%20Childhood%20Lead,of%20children%20exposed%20to%20lead.
South Dakota PLAN	To provide judgement-free care and help clients make decisions about when or if they want to have children	Birth control, information, education, and counseling, community education, pregnancy testing and planning, STI and HIV testing, basic infertility services, annual checkups, screenings for health issues such as breast or cervical cancer, follow-ups and referrals to specialists.	Women, men, and couples who are interested in achieving their desired number and spacing of children	Aberdeen, Alcester, Brookings, Eagle Butte, Elk Point, Fort Thompson, Hot Springs, Huron, Plankinton, Pierre, Rapid City, Sioux Falls, Spearfish, Watertown, Winner, Woonsocket, Yankton https://doh.sd.gov/programs/sd-plan/
Healthy SD	Provide information and inspiration to individuals as they explore all of the ways to live better and grow stronger	Nutrition, Physical Activity, Health & Wellness, and Workplace educational resources to enhance individuals' overall health and well-being.	Adults, Children, and Parents	Online https://healthysd.gov/
Indian Health Services	To raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level	Comprehensive healthcare delivery system, inpatient and outpatient care, and conduct preventive and curative clinics. Research efforts for diabetes, cardiovascular disease, cancer, and the application of health risk appraisals in all communities.	Adults, Children, and Families	Cheyenne River (Eagle Butte), Fort Thompson, Mobridge, Lower Brule, Pine Ridge, Rapid City, Rosebud, Sisseton, Wagner https://www.ihs.gov/

Department of Human Services: Programs for Children and Families

DIVISION OF DEVELOPMENTAL DISABILITIES

Program	Purpose	Services	Population Served	Location
Filling My Day	To assist a person with an intellectual or developmental disability to live a meaningful day	Companion services, recreational opportunities, specialized therapies such as horse, art, and music, and programs to teach basic living skills.	Persons with an intellectual or developmental disability	Statewide https://dhs.sd.gov/en/division-developmental-disabilities/filling-my-day
Respite Care Program	To provide temporary relief care for children or adults with special needs	Respite care breaks to allow families time to tend to the needs of their other children, spouse, or themselves.	Any family having a child or adult with a: • Developmental Disability, Developmental Delay, Serious Emotional Disturbance (children), Severe and Persistent Mental Illness, Traumatic Brain Injury, Child they have adopted	Statewide https://dhs.sd.gov/en/division-developmental-disabilities/respite-services-for-caregivers-of-people-with-developmental-disabilities
Family and Self-Advocate Training and Resources Program	Learn skills to prevent, minimize, and manage behavioral challenges with dignity, safety, and possibility of change	Online trainings, support groups, guardianship funding services, employment resources, ABLE Accounts to assist with saving money.	Those impacted by an intellectual or developmental disability	Statewide and Online https://dhs.sd.gov/en/division-developmental-disabilities/family-and-self-advocate-training-and-resources
Family Support 360	Helps people with intellectual and developmental disabilities and their families get the services they need to live in their own home and community as independently as possible	Home and vehicle modifications, companion services, in-home personal care, medical adaptive equipment and supplies, nutritional supplements,	People with intellectual and developmental disabilities and their families	Statewide https://dhs.sd.gov/en/division-developmental-disabilities/family-support-360
CHOICES (Community, Hope, Opportunity, Independence, Careers, Empowerment, Success)	To support children and adults with intellectual and developmental disabilities	Case management services to determine further services needed, Community Service Providers to provide direct services to individuals, Individiual assistive technology, residential services, day services, etc.	Children and adults with intellectual and developmental disabilities	Statewide https://www.dhs.sd.gov/en/division-developmental-disabilities/choices-waiver
South Dakota Developmental Center	To develop a person's interests and personal goals	Individualized care and case management services regarding the person's physical development and health, communication, mental health, and needs. On campus services to meet the individual needs of each person.	Individuals with developmental disabilities who would benefit from individualized care and treatment	Redfield, SD https://www.dhs.sd.gov/en/south-dakota-developmental-center

DIVISION OF SERVICE TO THE BLIND AND VISUALLY IMPAIRED

Program	Purpose	Services	Population Served	Location
Job Services	To help people with disabilities choose and prepare for careers	Professional rehabilitation counselors provide guidance and deliver services such as vocational counseling, work skills training, skill of blindness training, assistive technology devices and training, job site accommodations, job placement, employer services, and financial assistance for training and employment preparation costs.	Individuals with visual impairments	Statewide https://dhs.sd.gov/en/rehabilitation-services/job-services-for-adults-with-disabilities
Independent Living Services	To increase a person's ability to live independently	Rehabilitation teachers provide services in the individual's home to provide skills and alternative methods for doing everyday activities. Services include but are not limited to: training to travel safely, communications, homemaking, counseling, low vision training, and leisure activities.	South Dakota residents with a significant visual impairment that limits their ability to live independently	Statewide https://dhs.sd.gov/en/rehabilitation-services/independent-living-services-for-adults-with-disabilities
Assistive Technology Clinics	To learn about devices and technology to help with vision loss	Training and education related to devices and technology that can assist persons with visual impairments.	South Dakota residents who have visual impairments	Sioux Falls, SD https://dhs.sd.gov/en/division-developmental-disabilities/assistive-technology-for-people-with-developmental-disabilities
Career Preparation	Prepare students for higher education and employment	Job exploration counseling, work-based learning experiences, counseling on higher education enrollment opportunities, workplace readiness training, self-advocacy instruction. Transition week for high school students in South Dakota.	Students who work with a vocational rehabilitation counselor in South Dakota	Statewide Transition Week: Augustana University in Sioux Falls, SD https://dhs.sd.gov/en/rehabilitation-services/career-preparation-for-students-with-disabilities

Department of Education Services

SERVICES FOR YOUTH, PARENTS AND FAMILIES

Program	Purpose	Services	Population Served	Location
Birth to Three	Support children with developmental delays and their families by providing dynamic, individualized early intervention services and supports	In-home services to provide training, education, and support to children with developmental delays and their families.	Children age birth to 36 months with developmental delays or disabilities and their families	Statewide https://doe.sd.gov/Birthto3/ https://doe.sd.gov/Birthto3/documents/homevisiting.pdf
Student Wellness and Supports	Provide assistance and resources for all students to learn, thrive, and grow	Project Aware: partnership with Department of Social Services-Division of Behavioral Health to bring mental health services to schools for children to access more readily. Positive Behavior Interventions and Supports: systemic school-wide, group, and individualized strategies for achieving important social and learning outcomes while preventing problem behavior with all students. SDMyLife: Helps students better understand themselves and how their interests, skills, and knowledge relate to real-world academic and career opportunities.	School-aged youth	Statewide https://doe.sd.gov/studentwellness/
Emergency Food Assistance Program (TEFAP)	Donate food for distribution to food banks, food pantries, soup kitchens and community action programs	Individuals complete an intake application form and are provided food through this program.	Individuals whose household and financial circumstances are at or below 185% poverty level and/or any family who qualifies for reduced price meals	Statewide https://doe.sd.gov/CANS/tefap.aspx
General Educational Development (GED) Services	Support individuals who are interested in obtaining their GED	Preparation for tests, online testing, list of testing centers, and contact information.	Individuals seeking their GED	Statewide https://doe.sd.gov/GED/
Head Start	Provide free comprehensive services to pregnant women and children birth to five years	In-home and center-based services to support children's education and help families find assistance during challenging times. Provide medical, dental, hearing, vision, behavioral, and developmental screenings.	Children birth to five years old and their families	120 centers across South Dakota. Specific sites can be found at this website: https://eclkc.ohs.acf.hhs.gov/center-locator?latitude=43.970&longitude=-99.902&state=SD

Program	Purpose	Services	Population Served	Location
SUN Meals- Summer Food Service Program	Provide meals to children in low-income areas when school is not in session	Meals-to-go and on-site meals are provided to children during the summer months while they are not receiving meals at school.	Area with 50% of the area's population qualified for free or reduced priced meals.	Several Locations across the state. Specific sites can be found at this website: https://www.fns.usda.gov/summer/sitefinder
Path2Impact	Offer a safe and secure place for youth to go during non-school hours	Before and after school program as well as summer youth program to ensure children's safety while they are not at school.	School-aged youth	Statewide https://doe.sd.gov/path2impact/

Community and Private Agency Services

PARENTING CLASSES

Program	Purpose	Services	Population Served	Location
Positive Indian Parenting	Help parents and families remember teachings and practice them	Eight sessions of parenting training and coaching including: traditional parenting, lessons of the storyteller, lessons of the cradleboard, harmony in child rearing, traditional behavior management, lessons of mother nature, praise in traditional parenting, and choices in parenting.	Parents	Virtual In-Person training as requested https://dss.sd.gov/formsandpubs/docs/PARED/CPS05-positive_indian_Parenting_brochure.pdf
Common Sense Parenting	Improve a parent's skills and ability to parent in an effective manner	Training series to teach easy-to-learn techniques that address issues a parent may have with communication, discipline, decision-making, relationships, and self-control when parenting.	Parents	Wagner, Watertown, Rapid City, Pine Ridge, Sioux Falls, Aberdeen, Huron, Pierre, Mitchell, Yankton, Gregory, Winner, and Lake Traverse Reservation https://dss.sd.gov/childprotection/parentingprogram.aspx
Responsive Parenting	Increase the enjoyment and satisfaction of parenting young children	Six-week class series for parents to increase their knowledge on their child's temperament, needs, how children learn, how to encourage children, the parent child relationship, and the stress of parenting.	Parents with children ages birth to three years old	Online, Aberdeen, Brookings, Huron, Watertown https://dss.sd.gov/childcare/educationalopportunities/responsiveparenting.aspx

Program	Purpose	Services	Population Served	Location
Understanding Me Up to Age 3	Help parents understand the world from a child's perspective	Four-week series to help parents understand why children act the way they do, how to keep children safe, how children learn, and how to help children manage their feelings.	Parents with children younger than 3 years old	Online, Aberdeen, Brookings, Huron, Watertown https://dss.sd.gov/childcare/educationaloppportunities/responsiveparenting.aspx
PLACEMENT RESOURCE SUPPORT SERVICES				
The Foster Network	Empower and support families who care for children placed through a licensing agency	Clothing closet, bedroom furniture, scholarship opportunities, Christmas presents, support group, and training.	Foster Parents	Headquarters- Sioux Falls Serve the entire state of South Dakota https://www.thefosternet.org/
Sotera Youth and Family Services Collaborative	Provide children and families the support they need to be successful and thrive	training, retention events, supply closet consisting of clothes, diapers, furniture, formula, and toys.	Foster Parents	Pierre https://www.facebook.com/SoteraFamily/
Black Hills Foster Care Association	Improve the experiences and outcomes for kids in foster care	Provide backpacks with basic necessitates for children when they come into care and host retention events.	Foster Parents	Western South Dakota https://americaskidsbelong.org/lp/foster-friendly-black-hills/
The Light of Mine Ranch	Provide healthy, family environments for children to develop and grow	Assist in purchasing Regalia for Native American children to be able to dance, furniture assistance, retention events, and provide school supplies for children in foster care.	Foster Parents	Western South Dakota https://www.lightofmineranch.com/
Foster Friendly App	Promote foster friendly businesses in South Dakota	Businesses in South Dakota provide discounted services to show their support to area foster families.	Foster Parents	Statewide https://americaskidsbelong.org/foster-friendly-communities/foster-friendly-app/
PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY				
Aurora Plains Academy	Facilitate lasting change in residents and their families	Intensive residential treatment in the areas of mental illness, emotional problems, conduct problems, learning problems, chemical abuse problems, sexual abuse/offender issues, and peer and family problems. This facility offers therapy services, alternative day schools, recreational activities, and residential services.	Youth ages 10 to 20	Plankinton https://www.clinicarecorp.com/aurora-plains/

PRIVATE MENTAL HEALTH ORGANIZATIONS: LUTHERAN SOCIAL SERVICES

Program	Purpose	Services	Population Served	Location
Behavioral Health Services	Provide outpatient behavioral health services to those in need of support	Individual and group counseling for depression, anxiety, stress, grief, strain on relationships, isolation, job loss, anger, family conflict, couples' conflict, divorce adjustment, marriage preparation, mental health assessments and evaluations, mediation, critical incident treatment, and behavioral healthcare for victims of crime.	Children, Adults, Families, Couples	Telehealth Aberdeen, Rapid City, Sioux Falls, Brookings, Mitchell, Watertown, Milbank, Sisseton https://lsssd.org/what-we-do/behavioral-health-services/
CARES Wraparound Services	Early-intervention service that follows a high fidelity wraparound approach to service delivery by providing care coordination to families	Care coordination to support families with crisis planning, support planning, care planning, skill development, referrals, and support identification. LSS CARES partners with other formal supports who create one collaborative and comprehensive plan to help families work towards their goals.	Families	Sioux Falls and statewide based on availability Referrals are made through school social workers or counselors, then a team member will contact families to determine services in their area. https://lsssd.org/what-we-do/cares-wraparound-services.html
Center for New Americans- Immigration Services	Help refugees become self-sufficient through services	Initial consultation, USCIS documentation preparation, Asylum application, photograph services for immigration and passport purposes, liaison between clients and USCIS offices, citizenship interview preparation, and citizenship classes.	Individuals seeking assistance with immigration and/or citizenship issues	Aberdeen, Huron, Rapid City, Sious Falls, Yankton https://lsssd.org/what-we-do/center-for-new-americans/
Interpreter Services	Serve people who have limited English skills	On-site in-person interpretation, video and audio remote services, written translation, message relay, interpretation using telephone or conference call. Available languages: Amharic, Arabic, Bosnian, Croatian, Dinka, Karen, Mai-Mai, Nepali, Oromo, Russian, Serbian, Somali, Spanish, Sudanese, and Ukrainian	Individuals seeking assistance with interpretation	Sioux Falls and Virtual https://lsssd.org/what-we-do/interpreter-services/
New Beginnings Center	Serve youth who have emotional, behavioral health and educational challenges	Comprehensive treatment program, specialized education program, opportuntiies for community involvement, emergency shelter, assessments, respite care, transitional care and short-term care.	Boys and girls ages 10 to 17 who have emotional, behavioral health and educational challenges.	Aberdeen https://lsssd.org/what-we-do/residential-services-for-children-youth/new-beginnings-aberdeen.html
Canyon Hills Center	Assist youth in building skills to overcome their emotional, behavioral, and/or educational challenges	Psychiatric residential treatment facility to serve individuals through a specialized education program, extensive outdoor recreation, opportunities for community involvement, and evidece-based programming including cognitive behavvior therapy groups.	Boys and girls ages 10 to 17 who have emotional, behavioral health and educational challenges.	Spearfish https://lsssd.org/what-we-do/residential-services-for-children-youth/canyon-hills-spearfish.html

PRIVATE SOCIAL SERVICES ORGANIZATIONS: LUTHERAN SOCIAL SERVICES

Program	Purpose	Services	Population Served	Location
Community Resource Program	Provides independent living skills	Provide case management support to youth in-care, and after the youth leave the care and custody of the Department of Social Services. Case management services include one-to-one education, workshops, and conferences. Helps youth access funding for post-secondary education, housing assistance, and startup support for graduating high school seniors.	Young adults ages 16 to 21 who are or have been in foster care or juvenile justice	Statewide https://lsssd.org/what-we-do/independent-living-services/community-resource-program.html
Kinship Services	To locate relatives or fictive kin who are interested in being a placement option for a child/children in the custody of the state	Complete comprehensive home studies with relatives or fictive kin who are interested in being a placement option for a child or children in the custody of the state. Conduct relative searches to locate, identify, and engage relatives or fictive kin who may be potential placements and/or connections for children.	Children, Adults, Families who are working with the Department of Social Services-Child Protection Services	Statewide services based in Sioux Falls, Rapid City, Aberdeen, Mitchell, and Pierre https://lsssd.org/what-we-do/kinship-services.html
Youth Mentoring Services	Empower young people to succeed by establishing trusting relationships with adult volunteers	In school, high school, and community mentoring for youth and teenagers. Mentors spend one hour per week with their mentee and spend time doing a variety of activities together to build a supportive relationship.	Children in grades Pre-K through teenagers in 12th grade	Sioux Falls Area Sioux falls, Aberdeen, Baltic, Brandon Valley, Canton, Dell Rapids, Garretson, Harrisburg, Lennox, Tea Area, Tri-Valley, and West Central School Districts https://lsssd.org/what-we-do/mentoring/
Resource Family Services	To identify and develop resource families to meet the needs of South Dakota's children and families	Screening, training, and assessment to individuals interested in becoming foster or adoptive families for the SD Department of Social Services.	Individuals interested in becoming foster parents	Statewide https://lsssd.org/what-we-do/resource-family-services.html
Summit Oaks Center	Help youth gain skills to care for themselves and others	Psychiatric residential treatment center for youth. They offer a comprehensive therapeutic program and a specialized education program to help youth learn to care for themselves and others.	Boys and girls ages 10 to 17 who have emotional, behavioral health and educational challenges.	Sioux Falls https://lsssd.org/what-we-do/residential-services-for-children-youth/summit-oaks-sioux-falls.html
Treatment Foster Care	Offer a safe, nurturing environment for youth and children who have behavioral, emotional, developmental, medical, or social needs	Foster parents provide 24-hour care and supervision for children who are separated from their families. LSS is a licensed Child Placement Agency through the Department of Social Services and foster parents are certified to provide family foster care at the treatment level of care.	Youth and children who have behavioral, emotional, developmental, medical, or social needs	Sioux Falls https://lsssd.org/what-we-do/foster-care/

Arise Youth Center	Provides shelter care to youth without a placement	Short term group care facility that assists youth and their families through a screening process to identify needs and community resources along with a discharge plan in collaboration with the court system.	Youth	Minnehaha and Pennington Counties https://lsssd.org/what-we-do/detention-alternatives/ariseyouthcenter.html

PRIVATE SOCIAL SERVICES ORGANIZATIONS: CHILDREN'S HOME SOCIETY

Program	Purpose	Services	Population Served	Location
Psychiatric Residential Treatment Facility	Empower children to overcome the trauma that has affected their lives	A therapeutic, home-like environment where staff work to help children re-establish healthy relationships with others and learn the skills necessary to be successful at home, school, and in the community. Services include individualized treatment plan, education services, individual and group therapy, family therapy, psychiatric services, nutritious meals, and cultural education.	Children ages 4-14 who have experienced abuse or other traumatic life events and struggles with emotional and/or behavioral needs	Rapid City and Sioux Falls https://chssd.org/residential-treatment-and-education/
Emergency Shelter and Crisis Intervention (Children's Home Shelter for Family Safety)	Empower victims to overcome trauma and rebuild their lives	Emergency shelter, crisis intervention, counseling, advocacy, and support	Victims of domestic violence, sexual assault, stalking, child abuse, and/or neglect	Sioux Falls https://chssd.org/shelter/
Children's Home Child Advocacy Center	Provide a safe environment for children to discuss the trauma they have faced	Provides support and a safe, child-friendly environment for conducting expert forensic interviews of children who are alleged victims of abuse.	Children disclosing abuse and/or neglect	Rapid City https://chssd.org/CAC/
Adoption and Therapeutic Foster Care	Unite children with families and empower them to be safe, healthy, and strong	Education and training to become a foster parent as well as support services after becoming a licensed foster parent.	Individuals interested in becoming a foster parent and/or current foster parents	Sioux Falls https://chssd.org/foster-care-and-adoption/
Prevention Education and Training	Empower individuals to end abuse and build safe, healthy, and strong communities	A variety of training events to become trauma-informed. Trainings topics include Adverse Childhood Experiences (ACES), Resilience, Child Abuse and Neglect, Child Safety, and Vicarious Trauma.	Parents and caretakers	Virtual and Statewide https://chssd.org/prevention/

PRIVATE RESIDENTIAL TREATMENT SERVICES: OUR HOME

Program	Purpose	Services	Population Served	Location
Our Home Rediscovery Drug & Alcohol Treatment	Assist youth in overcoming their addiction	Primary inpatient drug and alcohol services, short-term substance abuse rehab program, specialized groups and individual counseling to address the specific needs of the youth, cultural, spiritual, and educational opportunities. Treatment is completed in approximately 45 days.	Male and female youth with a primary diagnosis of substance dependency disorder	Huron and Parkston https://www.ourhomeinc.org/rediscovery
Our Home Psychiatric Residential Treatment Center-Huron	Develop healthier mindsets and coping skills for youth	Treatment for sexually aggressive males. Services include specialized groups and individual counseling to address the specific needs of the youth, cultural, spiritual, and educational opportunities.	Male youth ages 10-17 that have identified treatment needs, which are beyond community-based services	Huron https://www.ourhomeinc.org/asap-treatment
Our Home Psychiatric Residential Treatment Center	Work with youth to develop healthier attitudes and coping skills	A multidisciplinary treatment team works with the youth and family to design a treatment plan that addresses each youth's individual needs and objectives.	Female and male youth ages 12-17 that have experienced concerning legal, school, or family behaviors	Parkston https://www.ourhomeinc.org/parkston
Connections Treatment Foster Care	Enhanced foster care services to prevent placement in a more restrictive setting	Foster care for youth who have emotional, developmental, or medical disabilities to be provided appropriate out of home therapeutic placement and other services to enhance their emotional and social functioning and well-being. Person centered 24/7 case management services, crisis management, person centered treatment planning, skill building groups, community resources, evidence-based assessments, educational activities, and extra-curricular activities.	Youth who have emotional, developmental, or medical disabilities	Huron/Parkston https://www.ourhomeinc.org/connections

PRIVATE RESIDENTIAL TREATMENT SERVICES: MCCROSSAN BOYS RANCH

Program	Purpose	Services	Population Served	Location
Group Care	Support youth to learn responsibility, social skills, life skills, and a sense of community	Residential care, therapy, psychiatric care, chemical dependency, restorative justice, moral development, spiritual programs,	Boys age 12-17	Sioux Falls https://mccrossan.org/programs
Transitional Program	Prepare young men for success in the Independent Living Program	A program that is a step between group care and independent living and focuses on preparing young men for success in the Independent Living Preparation Program. The residents have direct supervision and focus on social and life skills development, job seeking skills, and more	Male Adolescents age 16-18	Sioux Falls https://mccrossan.org/programs
Independent Living Preparation Program	Prepare youth for independent living	Youth have support in learning how to cook, clean, and manage finances, gain employment, earn their high school diploma or GED, or go on to higher education.	Males age 17-20	Sioux Falls https://mccrossan.org/programs
Short-Term Assessment Services	Provide referring agency with recommendations for services a youth needs	30-60 day program to complete a comprehensive assessment through evaluations, observations, and monitoring of youth in a structured setting.	Youth Males age 12-18	Sioux Falls https://mccrossan.org/programs
Respite Care	Allow caretakers to tend to matters not related to the youth	Planned, short-term stay for youth in a safe and structured environment while their caretakers attend to other matters.	Kinship Providers, Guardians, and/or Foster Parents	Sioux Falls https://mccrossan.org/programs
Community Reintegration	Assist residents in becoming integrated in their community after treatment	60-90 day program to assist residents that are discharged from a psychiatric residential treatment facility and are in need of transitional services into their home community. Structure, supervision, family and individual therapy, educational services, and assistance securing community resources are provided.	Youth Males age 12-18	Sioux Falls https://mccrossan.org/programs
Crisis Stabilization	Provide support to youth during a difficult time in their life	7-10 day program for boys who are experiencing difficulties, with the goal of preventing placement outside of the home. Staff support the youth to stabilize prior to returning home.	Youth Males age 12-18	Sioux Falls https://mccrossan.org/programs

PRIVATE RESIDENTIAL TREATMENT SERVICES: WELLFULLY

Program	Purpose	Services	Population Served	Location
WellFully Addiction Recovery Program	Provide inpatient and outpatient addiction recovery for youth	24-hour supervision, residential treatment, intensive counseling, intensive outpatient program, and educational support to help youth develop effective coping skills, make better life choices, and receive ongoing support for a successful future.	Youth ages 11-18 who have substance abuse issues and co-occurring disorders	Rapid City https://www.wellfullypacc.org/addiction-recovery
WellFully Behavior Health Program	Help youth across the state of South Dakota who need group care or respite care	Individual, group, and family therapy, physical and therapeutic activities, mental health clinical treatment plans, 24-hour supervision, and educational support.	Youth ages 10-17 who have been abused and neglected, and/or struggling with behavioral health issues	Rapid City https://www.wellfullypacc.org/behavioral-health-care
WellFully Adolescent Psychiatric Residential Treatment Facility	Support youth while they gain skills to overcome their complex trauma	24-hour supervision, residential treatment, intensive counseling, psychological and psychiatric care, mental health clinical treatment plans, specialized groups in intimate partner violence, grief, and anger, and educational support.	Female youth who have a harder time controlling their behaviors due to complex trauma	Rapid City https://www.wellfullypacc.org/psychiatric-residential-treatment
WellFully Adolescent Crisis Care Center	Support youth who are experiencing thoughts of suicide or crisis	A safe space for youth to breathe and be provided resources.	Middle and high school age youth who are in crisis or may be considering suicide	Rapid City https://www.wellfullypacc.org/crisis-care-center
WellFully Academy	Provide sufficient educational services	Educational services for the children residing at WellFully.	Youth residing at WellFully	Rapid City https://www.wellfullypacc.org/wellfully-academy-lab
WellFully LAB Class	Provide educational services during the summer months	Summer program to provide a safe place for youth.	Youth with risky behaviors	Rapid City https://www.wellfullypacc.org/wellfully-academy-lab

PRIVATE RESIDENTIAL TREATMENT SERVICES: ABBOTT HOUSE

Abbott House Residential Treatment	Provide therapeutic residential treatment support services to young women	Intensive trauma-based treatment services such as therapeutic groups, medical services, educational services, and community engagement to help youth overcome the burdens facing them.	Young women, ages 7 to 18, in the Midwest	Mitchell https://www.abbotthouse.org/our-services/residential-treatment/

Program	Purpose	Services	Population Served	Location
Abbott House Independent Living	Opportunities for youth to live a more independent lifestyle while still receiving support	Independent living locations to support young adults through the transition into adulthood while still receiving therapeutic services. Youth sign a lease, find and maintain a job, often attend college or a technical school and care for themselves. Staff members are available and offer assistance to help the individuals build skills such as cooking, laundry, and finances.	Aging Youth	Mitchell and Rapid City https://www.abbotthouse.org/our-services/larson-independent-living/
Abbott House Therapeutic Foster Care	Home away from home for youth who have faced abuse and neglect	A salaried couple lives in each home and serves as the parental figures for the young people living in the home. Homes provide a family environment where girls and boys learn skills needed to transition into adulthood.	Youth who have completed Abbott House Residential Treatment and/or youth with extensive trauma	Mitchell, Rapid City, and soon to be Sioux Falls https://www.abbotthouse.org/our-services/bridges-therapeutic-foster-care/
GROUP CARE				
Falls Academy	Provide trauma-informed treatment to promote recovery and resiliency in youth	Educational services (High School Programming, Credit Recovery, GED Preparation and Completion, Special Education Services), Group and Individual Based Therapy Services (The Seven Challenges, Moral Reconation Therapy, Individual/Family Counseling, Aggressive Replacement Therapy, Eye Movement Desensitization and Reprocessing, Brain spotting), Daily Community Meeting, Daily Life Skills Programming (Community Employment Preparation), Community Based Activities (Recreational Programming, Community Service Opportunities, Community Employment).	Male and Female Adolescents	Sioux Falls https://www.brightertransitionytc.com/falls-academy/
Sacred Heart	Provide care for youth experiencing conflicts	Psychological evaluations, chemical dependency evaluations, family evaluations, and behavioral needs assessment. Staff monitor and document observations of the child's behavior on a daily basis to support improvement.	Youth	Eagle Butte https://shconline.org/child-services/group-care-services/
EMERGENCY SHELTER CARE				
Emergency Shelter Care	Shelter services to youth awaiting a placement	Shelter Care	Youth	Arise East and West, Hughes County Shelter Care, Cheyenne River Sioux, Ogalala Sioux Tribe, Spotted Tail

INTERPRETER SERVICES

Program	Purpose	Services	Population Served	Location
Division of Rehabilitation Services	Provide services to people who are deaf, hard of hearing, or have speech impediments	Telecommunication Relay Services (TRS), Telecommunication Equipment Distribution Program (TED), Project Link South Dakota, Hearing Aid Assistance Program (HAAP), Cochlear Implant Program, I CanConnectSD- Deaf Blind Equipment Program, Communication Assistance Services, Non-ADA Interpreting Requests, Interpreter Certification, Mentoring Services, and Interpreter & Mentoring Resources	Residents of South Dakota who are deaf, hard of hearing, deaf-blind and late-deafened	Statewide https://dhs.sd.gov/en/rehabilitation-services/services-for-people-who-are-deaf-or-hard-of-hearing
Lutheran Social Services Interpreter Services	Serve people who have limited English skills	On-site in-person interpretation, video and audio remote services, written translation, message relay, interpretation using telephone or conference call. Available languages: Amharic, Arabic, Bosnian, Croatian, Dinka, Karen, Mai-Mai, Nepali, Oromo, Russian, Serbian, Somali, Spanish, Sudanese, and Ukrainian	Individuals with a primary language different from English and/or individuals who experience hearing impairments	Sioux Falls and Virtual https://lsssd.org/what-we-do/interpreter-services/
Propio	Serve people who have a primary language different from English	Over the phone interpretation, video remote interpretation, and document translation in over 300 languages. This vendor also has American Sign Language interpreters available through virtual services for individuals who experience hearing impairments.	Individuals with a primary language different from English and/or individuals who experience hearing impairments	Statewide- Virtual https://propio.com/propios-language-and-technology-solutions/
A to Z World Languages	Help individuals overcome language barriers	24/7 translation, transcription, and interpretation services in over 100 languages and dialects as well as American Sign Language.	Individuals with a primary language different from English and/or individuals who experience hearing impairments	Sioux Falls and by phone https://www.atozworldlanguages.com/

RURAL SOUTH DAKOTA SERVICES

Federal Transit Administration (FTA) Section 5311 Program-- Dakota Transit Association	Authorizes capital, administrative, operating assistance and training grants to state agencies, local governments, Indian tribes, and nonprofit organizations proving rural public transportation services.	Provides up to 80% federal share of the costs for administrative expenses, up to 80% for capital costs and up to 50% of the net operating deficit for rural transit operations.	All projects must benefit residents in non-urbanized areas (under 50,000 population) of South Dakota	Refer to Map for specific locations: https://experience.arcgis.com/experience/6b7a85552f9e45b886fbb82c03ed18ca
Telehealth Services	Provide substance use and mental health services to individuals who experience barriers to receive services in person	Substance Use Disorder and Mental Health Services	Individuals needing substance use and mental health support	https://dss.sd.gov/docs/behavioralhealth/agency_county/telehealth_services.pdf

Community Assistance Programs

INTER-LAKES COMMUNITY ACTION PARTNERSHIP

Service Area: Brookings, Clark, Codington, Deuel, Grant, Hamlin, Kingsbury, Lake, Lincoln, McCook, Miner, Minnehaha, Moody, Turner

Program	Purpose	Services	Population Served	Location
Home Rehab	Enhance a pre-existing home to increase safety and accessibility	Zero-interest, five-year decreasing balance loan to be used for accessibility modifications for persons with disabilities, in addition to making necessary repairs for health, safety, and code compliance. Eligible participants work with a Self-Help Rehabilitation Representative to determine their specific needs, create a plan, and identify funding sources.	Families with financial needs who qualify for the program	Above Counties- excludes Sioux Falls https://www.interlakescap.com/custom/home-rehab
Financial Assistance	Support individuals and families who have financial barriers	Financial assistance is available to help individuals and families with security deposits, emergency utility assistance, and/or rent assistance. Vouchers are available for eligible housholds to purchase emergency clothing at thrift stores.	Families with financial needs who qualify for the program	Clothing assistance excludes Sioux Falls https://www.interlakescap.com/custom/programs
Weatherization/LIEAP	Make housing for low-income persons more energy-efficient and less costly	The residence is audited and a list of needs is developed. The program provides materials and pays contractors for labor to weatherize the home. Furnaces may be repaired or replaced through the program. In addition, some inefficient/high-cost non-operating appliances can also be replaced in certain circumstances. The furnace repair/replacement program is available for homes that have been weatherized.	Weatherization Program: Persons at or below 200% of poverty-level income LIEAP (fuel assistance) Program: Persons at or below 175% of poverty-level income	All counties listed above https://www.interlakescap.com/custom/weatherizationlieap https://www.wsdca.org/weatherization
Angel Tree	Provide families and children with gifts during the holiday season	Businesses host “Angel Trees” that contain separate cut out angels that list the age and desired item of each eligible participant	Low-income families	Clark, Deuel, Grant, Hamlin, Kingsbury, Moody, and Turner Counties https://www.interlakescap.com/custom/angel-tree
Food Distribution Program	Support those in need of food	Food pantry that provides a three-day supply of food for eligible participants.	Families in need of food	All counties listed above https://www.interlakescap.com/custom/food-distribution-program
ESG	Help those who do not have secure and safe shelter	Case management, security deposit, and rent assistance services aimed at helping participants retain their housing or to re-enter appropriate and permanent housing.	Persons at risk of becoming without a home and Persons who have become without a home	All counties listed above https://www.interlakescap.com/custom/esg

Program	Purpose	Services	Population Served	Location
Youth Recreation	Financially support youth activities	When funding is available, ICAP partners with Park and Recreation Department to provide Summer Recreation vouchers to eligible families. Clark and Turner counties provide financial assistance for swim passes. Children in foster care automatically qualify for this assistance.	Eligible families and children	Brookings, Clark, and Turner Counties https://www.interlakescap.com/custom/youth-recreation
Bright Futures	Rapid rehousing for families without a home	This program eliminates most barriers to move into safe housing as quickly as possible. Eligible families are required to agree to case management services and work with a Housing Stabilization Coach to create a housing stability plan. Participants can receive assistance for a security deposit and up to 24 months of rental assistance based on their individual progress.	Families with children who have the desire and ability to increase their financial self-sufficiency through employment	All counties listed above https://www.interlakescap.com/custom/bright-futures
ESG	Help those who do not have secure and safe shelter	case management, security deposit, and rent assistance services aimed at helping participants retain their housing or to re-enter appropriate and permanent housing.	Persons at risk of becoming without a home and Persons who have become without a home	All counties listed above https://www.interlakescap.com/custom/esg
Employment Related Services	Decrease barriers for individuals to obtain employment	Assists with the financial barriers to obtaining a job such as gas vouchers and bus passes	Persons in need of financial assistance	All counties listed above https://www.interlakescap.com/custom/employment-related-services
VITA	Increase person's knowledge on taxes	Opportunity to meet with volunteers trained by the IRS to process their returns.	Eligibility is based on household income which is set by the IRS each tax season	All counties listed above https://www.interlakescap.com/custom/vita
Helpline Center	Make lives better by giving support, offering hope and creating connections all day, every day.	211 Helpline: Online platform that outlines services by a variety of categories in the individual's city, county, or surrounding area. 988 Lifeline: Suicide and crisis lifeline, in-person crisis assistance, resources for a variety of categories including: assessments, treatment facilities, financial assistance, substance use, domestic violence support, counseling, legal, support groups, veterans, Native American/Tribal Communities, and basic needs. mental health screenings, resources for counseling services, support groups, Volunteer Connections, Suicide Grief Support, Caregiver Support, Outreach Support, Child Care Helpline	This center is beneficial for individuals of all ages experiencing a variety of circumstances	Varies based on service type. Website has the ability to be translated to a variety of languages. https://www.helplinecenter.org/

WESTERN SD COMMUNITY ACTION AGENCY

Service area: Bennett, Butte, Corson, Custer, Dewey, Fall River, Jackson, Haakon, Harding, Lawrence, Meade, Pennington, Perkins, and Ziebach counties

Program	Purpose	Services	Population Served	Location
Get Covered- South Dakota Affordable Care Act Navigators	Provide individuals unbiased support in securing health care coverage	Individuals complete an application and are then assigned a navigator. Navigators assist in providing education on health insurance, assist with insurance applications, determine eligibility for premium tax credits to reduce the cost of insurance, and assistance in selecting the plan that is right for each person.	All South Dakotans including: • Rural Communities • Low-income individuals • American Indians • Racial and ethnic minorities • LGBTQ+ Individuals • Medicaid-eligible individuals	Sioux Falls, Virtual https://communityhealthcare.net/get-covered-sd/
Low Income Home Energy Assistance Program (LIHEAP) and Weatherization: See above- Inter-Lakes Community Action Partnership				Rapid City, Phone, Email
VITA Program: See above- Inter-Lakes Community Action Partnership				Rapid City, Phone, Email
SHINE	Educate individuals about Medicare, and how to avoid fraud to protect their benefits	A team of trained staff and volunteers educate individuals to understand Medicare options, assist and provide information on plan comparisons or enrollments, Medicare appeals, fraud prevention and education, Medicare billing issues, and application assistance for low-income programs	Medicare beneficiaries in South Dakota	Rapid City, Sioux Falls, Milbank, phone, or email https://dhs.sd.gov/en/ltss/shiine

GROW SD

Service area: Beadle, Brown, Campbell, Day, Edmunds, Faulk, Hand, Hughes, Hyde, Marshall, McPherson, Potter, Roberts, Spink, Stanley, Sully, and Walworth Counties

Housing Assistance	Provide housing development statewide	Home Mortgage Loans, Down Payment/Closing Cost Assistance, USDA 502 Direct Loans, Homeownership Education and Housing Counseling	Individuals needing financial or educational assistance regarding housing	Sisseton, online applications, available by phone and email https://www.growsd.org/about-us/resource-library/?cat=Applications
Emergency Furnace Repair	Ensure individuals have adequate access to heat	Assistance in repairing or replacing furnaces to low-income individuals	Owners of homes who are eligible participants of the South Dakota Low Income Energy Assistance Program	Sisseton, online applications, available by phone and email https://www.growsd.org/about-us/resource-library/?cat=Applications
Weatherization: See above				All counties served by Grow SD

RURAL OFFICE OF COMMUNITY SERVICES

Service area: Aurora, Bon Homme, Brule, Buffalo, Charles Mix, Clay, Davison, Douglas, Gregory, Hanson, Hutchinson, Jerauld, Jones, Lyman, Mellette, Sanborn, Todd, Union, and Yankton Counties

Program	Purpose	Services	Population Served	Location
ROCS Transit	Provides affordable and accessible transportation services for all outings	Transportation services for individuals' medical, educational, profession, and social needs	Individuals in need of transportation	Aurora County, Beresford-Alcester, Brandon City, Canton, Charles Mix County, Brule-Lyman County, Kingsbury County, Madison area, Gregory County, Harrisburg area, Hartford area, Miner County, Moody County, Parker, Parkston (Hutchinson County), Salem area, Tea area, Union County, Viborg-Centerville, Wagner (Bon Homme, Charles Mix, and Douglas Counties), Wessington Springs, and Winner
ROCS Dining Services	Provides nutritious and diabetic-friendly lunches	Provides nutritious and diabetic friendly lunches 5 days a week. Meals are available on a donation basis according to suggested income guidelines. Prices vary per location. EBT cards are accepted at all locations and individuals may be eligible for free meals through Medicaid	Individuals in need of nutritious lunches	22 locations in southeastern South Dakota: Armour, Avon, Burke, Canton, Chamberlain, Corsica, Delmont, Gregory, Kimball, Lake Andes, North Sioux City, Parker, Plankinton, Platte, Springfield, Stickney, Tyndall, Vermillion, Wagner, Wessington Springs, White Lake, and Winner
ROCS Community Engagement	Provide support to those who are experiencing emergency hardships	Services vary based on location, but may include: Rental Assistance, Utility Assistance, Transit Passes, Vita Program, Garden Project, Food Pantry.	Individuals experiencing emergency hardships	Yankton (Yankton and Bon Homme County), Wagner (Charles Mix, Gregory, Douglas, and Hutchinson County), Vermillion (Clay County), North Sioux City (Union County), Mitchell (Aurora, Davison, Hanson, Jerauld, Sanborn, and Tripp County), Lake Andes (Charles Mix, Gregory, Douglas, and Hutchinson County), Chamberlain (Brule, Buffalo, Jones, Lyman, Mellette, and Todd County)
ROCS Community Closet	Reduce waste, mitigate financial strain, and support the community	Thrift store that offers a wide variety of merchandise including clothing for the whole family, shoes, coats, appliances, vintage items, books, jewelry, toys/games, lamps, dishes, and more all at affordable prices. Foster Friendly business that offers 20% discount to those presenting a foster friendly card.	All Individuals	Mitchell and Wagner
ROCS Weatherization	Help low-income households overcome the high cost of energy through conservation measures	Emergency furnace repair and/or replacement, energy audits, education on conservation measures, fee based audit service to families who don't quality for weatherization services.	Low-income households	Online Application Business office- Wagner, Yankton Outreach Office, Mitchell Outreach Office

South Dakota Housing

Program	Purpose	Services	Population Served	Location
SD Cares	Offer financial assistance to help stabilize individual's housing situation	Provide emergency housing and utility assistance	South Dakota residents who have been financially impacted due to COVID-19. Eligibility criteria: • Income qualify based on county of residence • Have one or more individuals in the household who has qualified for unemployment benefits, experienced a reduction in household income, incurred significant costs or experienced other financial hardship due directly or indirectly to the coronavirus outbreak. • One or more individuals in the household have a past due utility bill or mortgage statement or are able to prove that they are at risk of experiencing homelessness or housing instability.	Statewide Online Application Website has the ability to be translated to a variety of languages. https://www.sdhousing.org/ready-to-buy/save-my-home/sdcares
Security Deposit Assistance	Support renters in emergency situations, prevent homelessness, and assist low-income families in moving into stable housing	Funding to be used for the payment of security deposits of rental units.	First come, first served basis for low-income families whose households income does not exceed 60% of the area median income by household size and county	Statewide Contact information for specific locations is available through: https://www.sdhousing.org/ready-to-rent/rental-assistance/security-deposit
Homeowner Rehabilitation	Expand the supply of decent, safe, sanitary, and affordable housing for very low-income and low-income households.	Funding to eligible homeowners to assist with the repair, rehabilitation or reconstruction of owner-occupied units.	Low-income families and households	Statewide Online Application https://www.sdhousing.org/develop-housing/available-development-programs/home-program
Sustainable Housing Incentive Program (SHIP)	Seeks to be another tool for communities to break the cycle of homelessness.	Provides one-time assistance and works in collaboration with other housing assistance and supportive services for households that need longer term support.	Individuals and families with a household income below 50% of area median income, per HUD standards. Households at greatest risk of housing instability due to multiple barriers such as poor rental history, homelessness, formerly incarcerated, those with chronic physical or mental disabilities, chronic substance abusers, transitioning youth, or disable veterans.	Aberdeen, Brookings, Canton, Chamberlain, Clark, Clear Lake, DeSmet, Flandreau, Hayti, Howard, Lake Andes, Madison, Milbank, Mitchell, Parker, Rapid City, Redfield, Salem, Sioux Falls, Vermillion, Wagner, Watertown, Yankton Office locations provide services to the county https://www.sdhousing.org/forms/sustainable-housing-incentive-program-plan-and-application#:~:text=SHIP%20seeks%20to%20be%20another,that%20need%20longer%20term%20support.

Program	Purpose	Services	Population Served	Location
Coordinated Entry System	Ensure individuals are receiving appropriate services within a consistent streamlined approach	Assesses the individual's needs and connects them to the appropriate services.	Individuals without a home or at the risk of becoming without a home	Statewide services Seven physical access points: Chamberlain, Lake Andes, Mitchell, Rapid City, Sioux Falls, Vermillion, Wagner, Watertown, Yankton Toll free phone line https://www.sdhousing.org/housing-partners/housing-for-the-homeless
Rural Development (USDA 515)	Help improve the economy and quality of life in rural America	Rural rental housing loans, rental assistance, multifamily housing loan guarantees.	Ownership: Individuals, partnerships, limited partnerships, for-profit corporations, nonprofit organizations, limited equity cooperatives, Native American tribes, and public agencies are eligible to apply. Tenancy: Very low, low-, and moderate-income families; elderly persons; and persons with handicaps and disabilities. Very low income is defined as below 50 percent of the area median income; low income is between 50 and 80 percent; moderate income is capped at $5,500 above the low-income limit.	Aberdeen, Watertown, Huron, Mitchell, Sioux Falls, Yankton, Pierre, and Rapid City have office locations however individuals statewide can be provided services. https://www.hud.gov/sites/documents/19565_515_RURALRENTAL.PDF

ATTACHMENT D2: CHILDREN WITHOUT PLACEMENT POLICY

State of South Dakota DSS
Child Protective Services

Subject:	Children Without Placement				
Original Effective Date:	01/01/2025	**Current Effective Date:**	01/01/2025	**Approval:**	01/01/2025

Purpose & Objectives:	The purpose of this policy is to outline the procedures and requirements when children are without placement and are staying under the supervision of CPS staff, whether in agency offices or hotels. These procedures also apply to situations where staff are transporting children or youth, such as during out-of-state placements, and are required to stay overnight with them. Objectives of the Procedures: • To ensure the safety and supervision of children and youth without placement. • To safeguard the staff supervising these children and youth. • To provide clear guidance and support for staff supervising children overnight.
Authority:	**State and Federal Laws and/or Administrative Rules** 67:14:30 Child Protective Services.

Definitions:	**Child Without Placement:** A child in CPS custody who does not have an assigned foster home, group home, shelter, or other placement and requires temporary supervision by CPS staff. **State Per Diem:** The daily allowance provided by the state for meals and expenses incurred by staff while supervising children overnight. **Adjoining Rooms:** Hotel rooms with a shared door that allows access between the two rooms, used for privacy and supervision needs in overnight stays. **Overnight Supervision:** The act of supervising children or youth in CPS custody overnight, typically in a hotel or agency office, when no placement resource is available.

Forms, Publications, and Instructional Documents:	**Supporting Documents**	
	Supportive Services Policy	Hyperlink

CPS Functions Impacted:	Family Services Specialist, Emergency Response Family Services Specialist, Supervisor, Regional Manager, Program Specialist, Assistant Director, Director
General Procedures	• Staff will receive State Per Diem for meals when they are required to supervise children overnight and are unable to leave to provide for their own meals. • Staff will be paid while staying with the child. The specific needs of the child will determine the number of staff required to ensure the safety of both the child and staff, as well as supervision expectations. • Decisions on using the DSS office or a hotel room will be based on the best interests and needs of the child. • Additional pay incentives for foster homes are contingent on approval from the State Office and are based on the additional services provided to meet the unique needs of the child. • Staff will be reimbursed in FACIS for approved expenses related to child meals, outings, laundry, food, and toys.
Hotel Room Procedures	• The type of hotel room will be determined based on the needs of the child/youth and staff. • State rates will be requested whenever available. • Hotel charges beyond state rates will be processed through FACIS. • Adjoining rooms will be considered based on the needs of the situation, and staff will determine whether adjoining doors should be locked for safety. • For opposite-sex staff supervising a youth overnight, accommodations will ensure privacy and professionalism, such as adjoining rooms or suites with separate sleeping areas. A rotation schedule will be implemented to avoid consistent pairing of opposite-sex staff over extended periods.

Supervision of Child/Youth	• Non-CPS staff may assist CPS staff in supervision but cannot provide overnight care. ○ Non-CPS staff are not covered by Workman's Compensation. • Daytime childcare arrangements will be based on the child's needs, with staff utilizing the Supportive Services Policy as needed. • Decisions regarding additional staff (e.g., female or male staff) for supervision will be based on the unique needs of the child.
Support for Staff	• Staff can request assistance from other regions/offices through Regional Managers using SharePoint. • Emergency Response staff may be requested for supervision if other coverage options are unavailable. • Hourly staff will receive overtime pay for hours worked over 40 per week. • Salaried staff will be compensated for providing direct supervision through pre-approved "additional pay" if the supervision lasts 3 hours or more, with compensation schedules discussed with direct supervisors and approved by State Office. • The roles of Aides and Interns will be determined by Supervisors/Regional Managers. • If placement barriers arise due to the child's needs, staff should consult the Upper-Level Placement Program Specialist for assistance with placement searches and additional support.
FACIS Documentation	**Initial Placement Protocol:** For children placed under CPS custody and not yet in any form of placement (e.g., foster care, shelter care, or group care), no placement documentation should be entered until the child is placed in a resource. Custody details must be recorded in the child's legal records, and case narratives should accurately reflect the child's current situation **Disruption During Placement Protocol:** If a child in placement experiences a disruption and requires temporary supervision in an office or hotel, a leave must be entered in FACIS as "leave with individual" to document the child's circumstances appropriately.

APPENDIX E: AGENCY RESPONSIVENESS TO THE COMMUNITY ATTACHMENTS

TABLE E7: TRIBAL COLLABORATION EFFORTS

Tribal Engagement-Tribal Ongoing Collaboration

Participants	Focus	Further Information
CPS, All tribes related to child	Permanency Planning, Cultural Connections	CPS ensures collaboration with the tribe as it relates to Permanency Planning. Including but not limited to contacting the tribe and involving them in discussions and decisions about, relative searching, ICWA placement options, and when appropriate providing the tribe with a a copy of the kinship home study. When the child's tribe has intervened, the tribe is provided notice of permanency reviews and permanency hearings to provide input related to services and a permanency plan. Tribes are invited to participate in permanency planning meetings as well as adoption committee meetings to staff adoptive families and select an adoptive resource.
CPS, Stronger Families Together, Teresa Nieto (BIA Supervisory Social Worker-Crow Creek Sioux Tribes) Department of Tribal Relations, Office of Licensing and Accreditation (OLA)	Recruitment/Retention of Native American Foster Homes	Stronger Families Together is the foster/adoptive recruitment campaign that DSS CPS continues to promote. The primary focus of the campaign is to highlight the need for foster families to support the child and their family with the reunification process. Involvement, collaboration, and input from the tribes assists in recruitment of new Native American foster homes to better support the demographics of the children in foster care in South Dakota. A workgroup was created with the Department of Tribal Relations (DTR), focusing on increasing tribal engagement and partnerships to increase Native American foster families to comply with the ICWA Placement Preferences.
CPS, Tribes, STCWC	Jurisdictional Transfers, IV-E Funding, Technical Assistance	Transfer protocol developed with SD ICWA Coalition in 2005 and revised by the STCWC in 2015. Transfer protocol established a list of documents and information provided to the Tribe at the time of transfer to ensure continuity of services. The STCWC discussed transfer of jurisdiction to explore how the tribes facilitate a transfer from state custody back to tribal jurisdiction. The standard procedure is for the tribe to issue a petition to transfer filed by the ICWA Director which is heard in state court and the state court issues a transfer order which is followed up by a tribal court order accepting jurisdiction. If the child is Title IV-E eligible and the tribe has a State Tribal Agreement for the pass through of Title IV-E funds then it is possible for the eligibility to follow the child back to tribal jurisdiction. It was found it was not standard practice for some tribes to issue follow up court orders and extenuating circumstances usually caused an interruption in the tribal court prohibiting the order from being produced.
CPS, SD ICWA Directors Coalition, Unified Judicial System	Qualified Expert Witnesses	The SD ICWA Directors Coalition developed a training for individuals interested in becoming a Qualified Expert Witnesses (QEW) as an effort to increase the capacity of QEW's in South Dakota. The goal is to continue to offer this training on an ongoing basis in order to have a list of QEW's that are separate from the Tribe's ICWA Directors.
FFPSA Program Specialist, South Dakota Tribes, ICWA Program Specialist	FFPSA	The Family First Prevention Services Act (FFPSA) plan has been developed. Tribal input was vital to the overall success of the plan development. CPS has met with Tribes on all Tribal lands for input into the final FFPSA plan. Some of the meetings have been virtual due to weather or tribal preference. Tribal involvement was obtained prior to the launch of the request for proposals to obtain the vendor, through the contract development process, robust tribal representation is in place in the Core and Prevention Teams, and sub team work. As the plan is approved tribal involvement will continue in the implementation planning roll out stages as well.
ICWA Capacity Building Workgroup	ICWA Education	At the recommendation of the ICWA Coalition it was decided to create the ICWA Capacity Building Workgroup within DSS-CPS. The workgroup is made up of representatives from the seven regions in CPS, the ICWA Program Specialist, CQI Program Specialist, and FACIS Program Specialist. This workgroup is not only responsible for completing ICWA compliance reviews but also a capacity building process with training and awareness of ICWA trends locally and nationally. Casey Family Programs has expressed support for the workgroup and offered to schedule presenters for the group. The members from each region are able to bring back knowledge from this workgroup and serve as subject matter experts within their regions.
Indian Child Welfare Advisory Council	Ongoing Communication and Collaboration	Through House Bill 1232, an Indian Child Welfare Advisory Council has been created that will begin in July 2024. The hope for the Advisory Council is " to facilitate communication, collaboration, and cooperation between the tribes, the department, and other subject matter experts; to promote the exchange of ideas and innovative solutions related to Indian child welfare; to expand partnerships with applicable stakeholders; and to assist the department in formulating policies and procedures relating to Indian child welfare"

Tribal Engagement- Tribal Ongoing Technical Assistance

Focus	Further Information
Ongoing Education	ICWA Program Specialist provides facilitation and education to tribes and state entities on how their agencies can best work together to serve families and children. OLA provided licensing process training for the five tribes who license their own foster homes, which was recorded for new tribal licensing staff to utilize for onboarding with foster home licensing. ICWA Program Specialist regularly provides Title IV-E training to new staff with the four tribes with State-Tribal IV-E agreements. Training regarding Qualified Residential Treatment Program (QRTP) requirements has been provided to the four tribes with Title IV-E agreements. CPS provided a modified certification training for Oglala Sioux Tribe CPS in 2022 and invited all tribes with their own child welfare programs to participate in CPS certification trainings going forward.
Tribal Input and Engagement- Services	ICWA Program Specialist receives feedback from tribes and incorporates it, when possible, to enhance services and collaboration.
Tribal Input- Federal Reporting	ICWA Program Specialist consults the tribes in all aspects of the CFSP and APSR, including, but not limited to, development, assessment of agency strengths and areas needing improvement, review and modification of goals, objections, and interventions, and monitoring of progress. Both documents are provided to the tribes once completed.
Case Consulatation	ICWA Program Specialist consults on case specific questions and provides guidance to the tribe or states when needed.
IV-E Foster Home Licensing	ICWA Program Specialist monitors foster care licensing compliance on an ongoing basis with renewals and any newly licensed foster homes to keep tribally licensed homes in compliance with Title IV-E.
IV-E Eligibility, AFCARS	ICWA Program Specialist reviews tribal children who are Title IV-E eligible to ensure data entry of required AFCARS elements are completed, which are outlined in the State-Tribal Agreement. If data is missing, the ICWA Program Specialist notifies the Tribal Case Manager and Supervisor of the missing data, requests it be entered or will enter it himself, if needed.
Adoption Assistance and Guardianship Assistance Program (GAP)	As a part of the State-Tribal Agreement, The ICWA Program Specialist assists Tribal Case Managers regarding Tribal children who are adopted or in a guardianship to ensure the Adoption Assistance Program and Guardianship Assistance Program guidelines are followed.
Legal, Qualified Expert Witnesses (QEW)	ICWA Program Specialist assists the Court Improvement Program (CIP) Coordinator with managing the Qualified Experts Witness (QEW) listing on the Unified Judicial System's Website
Chafee, Educational Training Vouchers (ETV)	ICWA Program Specialist provides technical assistance to the tribes for Chaffee, ILS Programs, and ETV funds.

APPENDIX F: SOUTH DAKOTA DATA PROFILE

South Dakota

Child and Family Services Review (CFSR 4) Data Profile
AFCARS and NCANDS submissions as of 7-11-24

August 2024

Risk-Standardized Performance Visualization

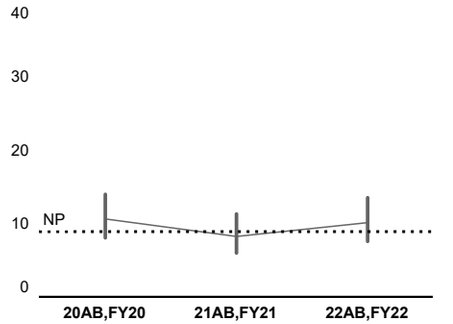
Risk-Standardized Performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. The vertical bars in the line graph represent the lower RSP and upper RSP of the 95% RSP (confidence) interval, and national performance (NP) is the dotted black line.

Safety Outcomes

Maltreatment in Care
(victimizations/100,000 days in care)

9.07 NP | **10.34 RSP**

Lower value is desired

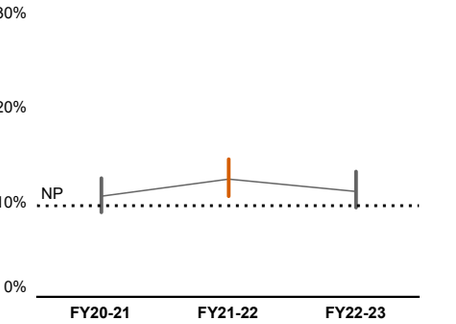


Measured as the rate of abuse or neglect per days in foster care in a 12-month period that children experienced while under the state's placement and care responsibility

Recurrence of Maltreatment

9.7% NP | **11.3% RSP**

Lower value is desired



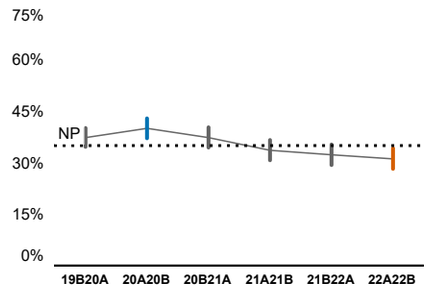
Measured as the percent of children who were the subject of a substantiated or indicated report of maltreatment in a 12-month period and who experienced subsequent maltreatment within 12 months of the initial victimization

Permanency Outcomes

Permanency in 12 Months (entries)

35.2% NP | **31.6% RSP**

Higher value is desired

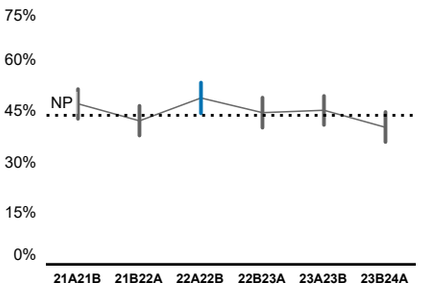


Among children who entered foster care in a 12-month period, the percent who exited foster care to reunification, adoption, guardianship, or living with a relative within 12 months of their entry

Permanency in 12 Months (12-23 mos)

43.8% NP | **40.6% RSP**

Higher value is desired

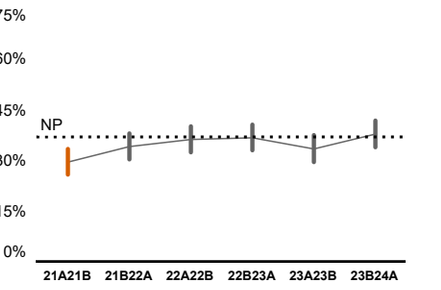


Among children in foster care at the start of the 12-month period who had been in care for 12 to 23 months, the percent who exited to permanency in the subsequent 12 months

Permanency in 12 Months (24+ mos)

37.3% NP | **38.2% RSP**

Higher value is desired

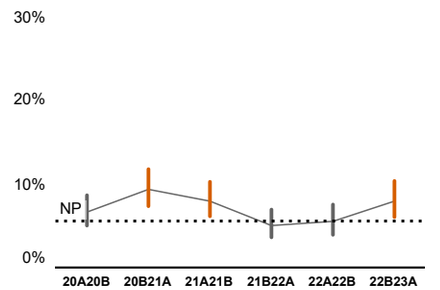


Among children in foster care at the start of the 12-month period who had been in care 24 months or more, the percent who exited to permanency in the subsequent 12 months

Reentry to Foster Care

5.6% NP | **8.1% RSP**

Lower value is desired

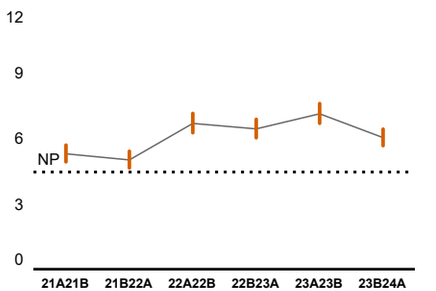


Among children who discharged to permanency (excluding adoption) in a 12-month period, the percent who reentered care within 12 months of exit

Placement Stability
(moves/1,000 days in care)

4.48 NP | **6.09 RSP**

Lower value is desired



Among children who entered care in a 12-month period, the number of placement moves per day they experienced during that year

Performance Key

- State's performance (using RSP interval) is statistically better than national performance.
- State's performance (using RSP interval) is statistically no different than national performance.
- State's performance (using RSP interval) is statistically worse than national performance.
- DQ Performance was not calculated due to exceeding the data quality limit on one or more data quality (DQ) checks done for the indicator. See footnotes for more information.

South Dakota

Child and Family Services Review (CFSR 4) Data Profile
AFCARS and NCANDS submissions as of 7-11-24

August 2024

Risk-Standardized Performance

Risk-Standardized Performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information on interpreting performance.

	National Performance		19B20A	20A20B	20B21A	21A21B	21B22A	22A22B	22B23A	23A23B	23B24A
Permanency in 12 months (entries)	35.2% ▲	RSP	37.8%	40.5%	37.8%	34.1%	32.8%	31.6%			
		RSP interval	35.1%-40.6%[2]	37.6%-43.4%[1]	34.9%-40.8%[2]	31.2%-37.1%[2]	29.8%-35.8%[2]	28.7%-34.7%[3]			
		Data used	19B-21B	20A-22A	20B-22B	21A-23A	21B-23B	22A-24A			
Permanency in 12 months (12-23 mos)	43.8% ▲	RSP				47.5%	42.5%	49.2%	44.9%	45.6%	40.6%
		RSP interval				43.1%-51.8%[2]	38.2%-46.9%[2]	44.7%-53.7%[1]	40.5%-49.3%[2]	41.3%-49.8%[2]	36.3%-45.1%[2]
		Data used				21A-21B	21B-22A	22A-22B	22B-23A	23A-23B	23B-24A
Permanency in 12 months (24+ mos)	37.3% ▲	RSP				29.9%	34.5%	36.6%	37.1%	33.8%	38.2%
		RSP interval				26.2%-33.8%[3]	30.7%-38.4%[2]	32.8%-40.5%[2]	33.4%-41.0%[2]	29.9%-37.9%[2]	34.3%-42.2%[2]
		Data used				21A-21B	21B-22A	22A-22B	22B-23A	23A-23B	23B-24A
Reentry to foster care	5.6% ▼	RSP		6.8%	9.5%	8.1%	5.2%	5.7%	8.1%		
		RSP interval		5.2%-8.8%[2]	7.5%-11.9%[3]	6.3%-10.4%[3]	3.8%-7.1%[2]	4.1%-7.7%[2]	6.2%-10.5%[3]		
		Data used		20A-21B	20B-22A	21A-22B	21B-23A	22A-23B	22B-24A		
Placement stability (moves/1,000 days in care)	4.48 ▼	RSP				5.35	5.07	6.74	6.49	7.18	6.09
		RSP interval				4.98-5.75[3]	4.7-5.47[3]	6.31-7.2[3]	6.08-6.93[3]	6.74-7.65[3]	5.72-6.48[3]
		Data used				21A-21B	21B-22A	22A-22B	22B-23A	23A-23B	23B-24A

			20AB,FY20	21AB,FY21	22AB,FY22	FY20-21	FY21-22	FY22-23
Maltreatment in care (victimizations/100,000 days in care)	9.07 ▼	RSP	10.84	8.46	10.34			
		RSP interval	8.27-14.19[2]	6.21-11.52[2]	7.79-13.73[2]			
		Data used	20A-20B, FY20-21	21A-21B, FY21-22	22A-22B, FY22-23			
Recurrence of maltreatment	9.7% ▼	RSP				10.8%	12.6%	11.3%
		RSP interval				9.1%-12.7%[2]	10.8%-14.7%[3]	9.6%-13.4%[2]
		Data used				FY20-21	FY21-22	FY22-23

Performance Key

[1] State's performance (using RSP interval) is statistically better than national performance.

[2] State's performance (using RSP interval) is statistically no different than national performance.

[3] State's performance (using RSP interval) is statistically worse than national performance.

DQ Performance was not calculated due to exceeding the data quality limit on one or more data quality (DQ) checks done for the indicator. See footnotes for more information.

▲ For this indicator, a higher RSP value is desirable. ▼ For this indicator, a lower RSP value is desirable.

Footnotes

National Performance (NP) is the observed performance for the nation for an earlier point in time. See the Data Dictionary for more information, including the time periods used to calculate the national performance for each indicator.

Risk-Standardized Performance (RSP) is derived from a multi-level statistical model and reflects the state's performance relative to states with similar children and takes into account the number of children the state served, the age distribution of these children, and, for one indicator, the state's entry rate. It uses risk adjustment to minimize differences in outcomes due to factors over which the state has little control and provides a more fair comparison of state performance against the national performance.

Risk-Standardized Performance (RSP) interval is the state's 95% confidence interval estimate for the state's RSP. The values shown are the lower RSP and upper RSP of the interval estimate. The interval accounts for the amount of uncertainty associated with the RSP. For example, the Children's Bureau is 95% confident that the true value of the RSP is between the lower and upper limit of the interval. If the interval overlaps the national performance, the state's performance is statistically no different than the national performance. Otherwise, the state's performance is statistically higher or lower than the national performance. Whether higher or lower is desirable depends on the desired direction of performance for the indicator.

Data used refers to the initial 12-month period (see description for the denominator in the Data Dictionary) and the period(s) of data needed to follow the children to observe their outcome (see description for the numerator in the Data Dictionary). The FY (e.g., FY19), or federal fiscal year, refers to NCANDS data, which spans the 12-month period October 1 – September 30. All other periods refer to AFCARS data: 'A' refers to the 6-month period October 1 – March 31. 'B' refers to the 6-month period April 1 – September 30. The two-digit year refers to the calendar year in which the period ends (e.g., 19A refers to the 6-month period October 1, 2018 – March 31, 2019).

DQ identifies when performance was not calculated due to the state exceeding the data quality limit on one or more data quality (DQ) checks done for the indicator, or missing AFCARS and/or NCANDS submission(s). Exceeding a limit on a DQ check will result in performance not being calculated on the associated indicator(s) that require that data period. Exceeding the limit of a single DQ check can affect multiple indicators and reporting periods. See the data quality table for details.

Observed Performance

Observed performance is the percent or rate of children experiencing the outcome of interest, without risk adjustment. See the Data Dictionary for a complete description of the numerator and denominator for each statewide data indicator.

		19B20A	20A20B	20B21A	21A21B	21B22A	22A22B	22B23A	23A23B	23B24A
Permanency in 12 months (entries)	Denominator	1,071	970	925	928	875	864			
	Numerator	429	414	365	326	292	277			
	Observed performance	40.1%	42.7%	39.5%	35.1%	33.4%	32.1%			
Permanency in 12 months (12-23 mos)	Denominator				449	446	422	430	463	419
	Numerator				219	192	213	197	217	174
	Observed performance				48.8%	43.0%	50.5%	45.8%	46.9%	41.5%
Permanency in 12 months (24+ mos)	Denominator				427	451	460	465	429	458
	Numerator				134	164	177	184	149	180
	Observed performance				31.4%	36.4%	38.5%	39.6%	34.7%	39.3%
Reentry to foster care	Denominator		734	666	664	624	596	574		
	Numerator		47	62	52	29	31	45		
	Observed performance		6.4%	9.3%	7.8%	4.6%	5.2%	7.8%		
Placement stability (moves/1,000 days in care)	Denominator				137,410	136,347	129,834	138,669	130,288	154,576
	Numerator				742	668	866	899	964	969
	Observed performance				5.40	4.90	6.67	6.48	7.40	6.27

		20AB,FY20	21AB,FY21	22AB,FY22	FY20-21	FY21-22	FY22-23
Maltreatment in care (victimizations/100,000 days in care)	Denominator	616,991	593,375	584,140			
	Numerator	51	38	46			
	Observed performance	8.27	6.40	7.87			
Recurrence of maltreatment	Denominator				1,484	1,460	1,453
	Numerator				122	142	126
	Observed performance				8.2%	9.7%	8.7%

DQ = Performance was not calculated due to the state exceeding the data quality limit on one or more data quality (DQ) checks done for the indicator, or missing AFCARS and/or NCANDS submission(s). Exceeding a limit on a DQ check for an AFCARS and/or NCANDS submission(s) will result in performance not being calculated on the associated indicator(s) that require the affected submission(s) to calculate performance. A DQ flag will likely affect multiple measurement periods. See the data quality table for details.

Denominator: For Placement stability and Maltreatment in care = number of days in care. For all other indicators = number of children.

Numerator: For Placement stability = number of moves. For Maltreatment in care = number of victimizations. For all other indicators = number of children.

Percentage or rate: For Placement stability = moves per 1,000 days in care. For Maltreatment in care = victimizations per 100,000 days in care. For all other indicators = percentage of children experiencing the outcome.

South Dakota

Child and Family Services Review (CFSR 4) Data Profile
AFCARS and NCANDS submissions as of 7-11-24

August 2024

Data Quality

Calculating performance on statewide data indicators relies upon states submitting high-quality data. Data quality checks are performed prior to calculating state performance. The values below represent performance on the data quality checks. If a value for a data period needed to calculate performance on an indicator is orange or "DQ", then state performance on that indicator is not calculated. See the Data Dictionary for a complete description of each check and what the values represent.

AFCARS Data Quality Checks

	Limit	MFC	Perm	PS	19B	20A	20B	21A	21B	22A	22B	23A	23B	24A
AFCARS IDs don't match from one period to next	> 40%	●	●	●	22.1%	25.3%	23.1%	21.4%	23.9%	21.3%	23.9%	21.8%	21.3%	
Date of birth after date of entry	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Date of birth after date of exit	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dropped records	> 10%	●	●	●	0.3%	0.5%	0.4%	0.3%	0.4%	0.5%	0.2%	0.4%	0.1%	
Enters and exits care the same day	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Exit date is prior to removal date	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing date of birth	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing date of latest removal	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing discharge reason (exit date exists)	> 10%		●		0.2%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing number of placement settings	> 5%			●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Percentage of children on 1st removal	> 95%	●	●	●	72.2%	72.2%	73.4%	74.2%	72.2%	72.5%	71.7%	74.0%	73.6%	75.2%

NCANDS Data Quality Checks

	Limit	MFC	RM	20-21	21-22	22-23	2020	2021	2022	2023
Child IDs for victims match across years	< 1%		●	7.8%	7.8%	8.0%				
Child IDs for victims match across years, but dates of birth/ age and sex do not	> 5%		●	1.6%	0.0%	0.0%				
Missing age for victims	> 5%	●	●				0.1%	0.2%	0.3%	0.2%
Some victims should have AFCARS IDs in child file	< 1%	●					100.0%	100.0%	100.0%	100.0%
Some victims with AFCARS IDs should match IDs in AFCARS files	> 0	●					Y	Y	Y	Y

MFC = Maltreatment in foster care, PS = Placement stability, RM = Recurrence of maltreatment, Perm = Permanency indicators (Permanency in 12 months for children entering care, in care 12-23 months, in care 24 months or more, and Reentry to care in 12 months)

Performance Key

☐ A blank cell indicates there were no data quality checks assessed for that data period because it relies on a subsequent period of data that is not yet available.

■ Indicates that data quality check results exceed the data quality limit.

DQ Indicates the data quality check was not performed due to data quality issues, or missing AFCARS and/or NCANDS submission(s). For example, there were underlying data quality issues with the AFCARS or NCANDS data set such as AFCARS IDs not being included or a DQ limit exceeded on a related data quality check. "DQ" is displayed on the RSP and Observed Performance pages when performance could not be calculated due to data quality issues.