



ATTENDEES

Haifa Abou Samra, USD
Sharon Chontos, Sage/CPCM
Dr. Nancy Free, Child's Voice
Sara Kelly, UJS
Kathy LaPlante, USD
Angela Lisburg, Avera St. Mary's CAC
Cassie Nagel, CPCM
Tifanie Petro, Children's Home CAC
Michelle Seten, LSS
Virgena Wiesler, SD DSS

Nick Bratvold, CAC-SD
Carole Cochran, SD Kids Count
Terry Friend, IHS
Wendy Kloepfner, State's Attorney
Ann Larsen, SD DOE
Jolene Loetscher, Advocate
Teresa Nieto, BIA-Social Services
Carrie Sanderson, CPCM
Ashley Termansen, LCSW-PIP

Guest:

Muriel Nelson, CHS

Andrea Diehm, SD DOE

Not in attendance:

Deb Soholt, Senator
Shana Cerny, USD
Daniele Dosch, FBI
Krista Heeren-Graber, The Network
Mary Beth Holzworth, Advocate
Jay Perry, SD BOR
Colleen Winter; SD DOH

Alan Solano, Senator
Cameron Corey, DCI
Brent Gromer, ICAC
Barry Hillestad, Sheriff's Association
Tatewin Means, Oglala Sioux Tribe
Jill Thorngren, SDSU

WELCOME AND INTRODUCTIONS

Welcome. Carrie Sanderson and Virgena Wiesler provided a welcome and overview of the day's agenda. Ms. Wiesler served as acting Chair for the ensuing Advisory Board meeting.

Introductions. Present board members introduced themselves. New members introduced themselves to the group. For the benefit of new members present, Director Sanderson reviewed the additional members who were not present at the meeting. Members present were provided with updated board members list and contact information. All members are asked to carefully review their information and contact Cassie Nagel at CPCM to make any corrections or updates.



CPCM UPDATES

GOAL B

B.4 Pediatric Sexual Assault Exam Kits: The SD Department of Health (SD DOH) was awarded a federal grant from the Office of Violence Against Women (OVW) to establish a Sexual Assault Nurse Examiner (SANE) Program in South Dakota and support dissemination of the pediatric sexual assault exam kits. CPCM will serve as a subawardee for the grant and will manage the SANE Program. CPCM will hire a SANE Program Coordinator to facilitate work under the grant, with sixty five percent effort designated to the OVW grant and thirty five percent effort supported by CPCM funding to administer additional projects within the 10-year plan.

Dr. Nancy Free reported that the pediatric sexual assault kits have arrived from the manufacturer. Training on the kits was provided at the annual conference in October. Feedback from conference attendees included more training on how to administer the kits to male victims. Dr. Free is working with SD DOH to finalize kit instruction and report on feedback.

B. 2 SD ACEs & Resiliency (Includes discussion on E.3 Enough Abuse) – Director Sanderson provided a report on behalf of Collen Winter and the SD DOH. SD DOH included ACEs questions on their statewide Behavioral Risk Factor Surveillance System (BRFSS) assessment. The recent BRFSS survey indicated 46% of respondents had one ACE and 17% had a score of five or more ACEs. Muriel Nelson reported Children's Home Society (CHS) has the first iteration of state-level ACE scores and noted the average ACE score of children in South Dakota shelters was six.

CHS is overseeing and mentoring the 26 fellows who received ACEs and Resiliency master trainer training in January 2018. CHS is currently working with the fellows to ensure training fidelity and officially certifying those who demonstrate competency as master trainers.

In the first 10 months post-training, the SD ACEs & Resiliency program has trained 3900 individuals. Their goal is to train 4,000 people by end of calendar year 2018. Forty individuals were trained as presenters of the ACEs Interface material at the annual conference in October. Tifanie Petro reported that she has received numerous inquiries which indicate that Rapid City is ready for a presenter training event. The workgroup is currently reviewing fidelity of the program and advancement of fellows to a Master Trainer level. Ms. Petro is working with the Career Learning Center in Rapid City to incorporate ACEs Interface curriculum in their work to educate at the business level on workforce related issues.



CPCM is working with the SD Department of Social Services (SD DSS) and MassKids to establish contracts for Enough Abuse licensure. Partners are planning to hold an Enough Abuse trainer training in March 2019. CPCM will continue to discuss with partners the ongoing funding for Enough Abuse campaign support.

Kathy LaPlante reported on discussions during the annual conference regarding how adverse experiences are talked about and defined. Additional categories of adversity exists that were not considered in the initial ACEs assessment tool. Native communities and inner city communities have unique adverse experiences. Sharon Chontos offered that another assessment project to be launched by CPCM will attempt to address this issue.

GOAL C

Mandatory Reporting Curriculum: Ann Larsen with the Department of Education reported updates from the Post-Secondary Curriculum work group meeting held in October. The group is working with curriculum at the university level, specifically reviewing how mandatory reporting is covered in various program curricula, starting with education programs and future educators. Sen. Soholt feels passionately that this is an important early area of work. The work group started by looking at other state curriculum. The workgroup also drafted surveys to be completed by education students and professors in order collect information student awareness of their responsibility to report and professors' awareness, knowledge, and skill regarding how to educate students on the topic. The survey is moving through the IRB approval process. Shelby Hintz-Jepperson, a USD researcher, will serve as PI; however, results will reflect all regental universities.

GOAL D

D.2 MDT - REACH update. Special Agent Cam Corey has committed to chair the MDT project. The REACH clinic continues to report strong numbers and the REACH Team continues to work through staffing and timing issues and missed weeks. SA Corey and Wendy Kloepfner remain committed to work on the REACH Manual. Director Sanderson used this example to discuss how CPCM can assist subject matter experts with the work. REACH Team is developing curriculum for Lake Area Technical Institute nursing students who come onsite for shadow opportunities. The team is researching the medical model versus other models. Manual will be a guide but will not replace in person instruction and guidance for new MDTs.

GOAL F

F.6 Conference update. Ms. Nagel provided an update on the annual conference held in October 2018. Nearly 600 South Dakota advocates, community



members and health care, law enforcement and social work professionals gathered at the Sioux Falls Convention Center the two-day 18th Annual Community Response to Child Abuse Conference. Success and challenges were reviewed and discussed at a debrief meeting with conference partners. The group was especially pleased with the media coverage of the event and the responses from attendees through the speaker evaluations. CPCM staff is working with contractors to create an online library through the CPCM website to house the training videos recorded from the conference.

The date for next year's conference is October 3-4, 2019. A call for presenters will go out in December. The planning workgroup and CPCM staff will focus on increasing sponsorship to ensure the conference becomes self-supporting.

RESILIENT COMMUNITIES

Ms. Chontos introduced the work process model CPCM and the board will utilize to move projects forward. Board members will be asked to chair project work groups. CPCM and Sage staff will continue to facilitate and support but the chair would be the subject matter expert and group leader.

Resilient Communities Project Charter. Ms. Chontos presented the model for and purpose of the Resilient Communities Project. The goal is to provide a method for assessment and roll out. The charter does not define "community" but the intention was for it to be a geographic communities. It presumes inclusiveness but that should be included in the principle and values statement of the project. The workgroup may further define how the geographical community can engage and include smaller identity-based communities.

The solution will be community specific, meaning that the project will provide the base-line but the community will make it their own. The goal of the project is teaching communities how to problem solve, how to identify their own root causes, and then identify their own solutions. Communities will need to evaluate how the solutions are making a difference. The initiative will launch and updates will be provided through the CPCM newsletter or future board meetings.

Ms. Loetscher pointed out that the Red Cross ran a Resilient Communities program that was neighborhood-based so may want to consider other alternatives for naming the project such as Resilient Families/Resilient Communities. Board members are asked to brainstorm and provide alternatives or ideas for the workgroup to consider.

Trauma Informed Screening Project Charter: Dr. Kari Oyen, Dr. Brooke Jones and Ms. Chontos wrote a white paper to review screening options and models for medical clinical and school professional settings. South Dakota received funding



for Project Aware, which brings behavioral health to the schools. Additional information forthcoming, but Ms. Chontos provided a brief explanation of Project Aware which will be in six pilot schools.

Ms. Kloepfner questioned the DDN sites and cost if utilized for the telehealth. Solution would have to be HIPPA compliant. Ms. Chontos explained how the SD Diabetes Coalition handles a similar issue with a tablet in the school. We are hoping to utilize the platform used by SD DSS Behavioral Health through the opioid funding. Possible issues were discussed including: scarcity of providers, response for those without health insurance coverage for behavioral health and having pre-existing conditions listed which may remove eligibility for life insurance. It would be advantageous to get insurance representation on board with the project.

PK-12 and Youth Serving Organization (YSO) Programs to Prevent and Address Child Maltreatment: Ms. Chontos explained where this project will fall in the goals of the 10 year plan. Outcome is to give voice to children who need it to disclose and adults who are trained to appropriately and helpfully respond to disclosure.

DATA DISCUSSION

Carole Cochran explained the purpose and process for a data repository and led the discussion on implementing data collection within all areas of the 10-Year Plan. Data collection needs must be determined for specific projects, including: process improvement, outcomes, critical successes, tracking. Who will collect the data, and how it will be collected and stored must also be determined for each project. Dr. Samra suggested using a framework for evaluation and recommended the RE-AIM model. Workgroup Chairs should be prepared to hear from Ms. Cochran and the data team soon regarding their project data needs.

The following projects' data needs were identified and discussed as a large group: SD ACEs & Resiliency program (B.2), Pediatric Sexual Assault Kits (B.4) and REACH MDT (D.2).

SD ACEs & Resiliency program: Currently CHS and the ACEs fellows are using an interactive map to track where training is being held. They are also using a post-training survey; 20% of participants have completed thus far. Workgroup will look into possible tech solutions, such as Active Campaign. Nursing has students that go out to do community assessments and may be an option to be utilized for Resilient Communities and ACEs and Resiliency data gathering. Suggested data points include but are not limited to participant numbers, zip codes, profession, and if they have received training previously. A pre- and post-training survey was suggested.



Pediatric Sexual Assault Kits: Process improvement data could be check list in kit. Barcoding was suggested for tracking kits. Workgroup will need to meet and decide on outcome data within a month. Suggested data points include but are not limited to demographics, zip code, person completing the kit, kit status (used, timed out, discarded), survey, process of collection, and prosecution outcomes. A press release should be sent when kits go out. *After the meeting, Emily Johnson, SD Dept of Health, confirmed that the pediatric kits are uniquely numbered.*

REACH/ MDT: Data is currently being collected on those receiving services. Dr. Samra questioned the process for getting data from Medicare claims. Dr. Kari Oyen is looking into this process and finding that it often takes a federal court order. Suggested data points include but are not limited to demographics, community services used by client, type of maltreatment, conditions related and unrelated to abuse, collect every patient, medical data, and CPS data.

OPEN DISCUSSION

Ms. Wieseler reported that Child Protection Services is currently serving 16,000 kids in custody and has 21 staff vacancies, representing a significant increase for the state. Root cause of the increase in custody is about 55% attributable to meth/drug use. Ms. Weiseler discussed the requirements and challenges of the Family First legislation passed last February. Director Sanderson added that it has become very apparent that our communities need to surround and support CPS to provide better resources for families in crisis. In order to reduce the number of kids in custody, we have to do better as communities. Teresa Nieto added that training is focused on the foster care system but more technical assistance on protective services for tribal communities is needed. Dr. Free agreed that the state as a whole needs to fund primary prevention efforts, stating that while prevention is expensive, the return on investment is nearly four-fold.

The January meeting format was discussed. Legislative session presents a challenge, making it difficult to meet in person. After further discussion, the January meeting was set for January 14, 2019, at 5pm in Pierre, South Dakota with phone access for those who do not plan to attend Children's Day at the Capitol on the January 15, 2019. The January meeting will be brief with a truncated agenda consisting mostly of project reports.

The following action points were identified by project, to be completed by January 2019.

- Pediatric Sexual Assault Kits – gather feedback on kits and instructions.



- Data – Ms. Cochran and Ms. Chontos to schedule meetings with project team. Workgroup will finalize the CIP report.
- SD ACEs & Resiliency– Ms. Chontos and Ms. Petro to shore up evaluation and fidelity of master trainers.
- Enough Abuse – CPCM will facilitate and execute MOU and License Agreement, schedule training, and finalize trainer application.
- Curriculum –Workgroup will set a December meeting date and determine survey launch date after the holidays.
- Resilient Communities – Determine team members, name a Chairperson.
- MDT – Identify roles within the team. Ms. Kloepfner to review white paper. Mr. Corey and Ms. Kloepfner to begin draft of manual.
- Conference – Continue with action plan in place.
- Tribal Consortium – Identify a larger team, Ms. Nieto volunteered to Chair.
- Trauma Informed Assessment – Identify team and Chair
- Administrative – Complete handbook, written processes, and website. Research ability to create closed website with tab for each project. Determine process to utilize DSU students to build out solutions.

ACTION ITEMS FOR ALL

Provide ideas/alternatives for the branding of “Resilient Communities”	All
Respond to Sharon with the project workgroups that you would like to participate on and/or chair.	All
Review contact information and alert Cassie of any updates by November 27	All

Next Meeting. 2019 meeting dates: January 14, April 11, August 22, and November 14.