CENTER FOR THE PREVENTION OF CHILD MALTREATMENT

Strategic Plan: 2020 Update

CPCM Strategic Plan: 2020 Updates

TABLE OF CONTENTS

SUMMARY OF MAJOR CHANGES

LANGUAGE

To be consistent with additional information found throughout the work progress, the following language changes were made:

In the Goals of the strategic plan, the term "child sexual abuse" was changed to "child maltreatment." Many of CPCM's efforts surround ending child sexual abuse; however, the work of CPCM encompass all forms of maltreatment and can even reach to areas where childhood trauma impacts the lifespan.

Mandatory Reporter Training was changed to Child Maltreatment Reporting. The goal is to change the culture surrounding the ability for ALL South Dakotans to work together and report signs of maltreatment, regardless of statutory requirement.

Multidisciplinary Teams (MDTs) was changed to Child Response Multidisciplinary Teams. The change recognizes the vast nature of MDTs in South Dakota and provides better context to how CPCM and partners are working to provide training for the professionals who respond to instances of child maltreatment.

RESTRUCTURE OF GOAL AREAS

The following adjustments were made to the goal areas of the strategic plan:

Original Goal Area	Proposed Goal Area
A. Data, Benchmarking	A. Data, Benchmarking
B. Public, Private, and Tribal Health	B. Training and Professional Development
C. Mandatory Reporters	C. Interdisciplinary Response to Child Maltreatment
D. Criminal Justice and Child Protection Response	D. Public Awareness
E. Public Awareness	E. Infrastructure Design
F. Infrastructure Design	

Note: the adjustment to the Goals also aligns with the guidelines presented to the Board of Regents in 2015 for the development of CPCM. *See Page 12 of the 2015 BOR Agenda:*
https://www.sdbor.edu/the-board/2015AgendaItems/August/Retreat/5_BORRetreat0815.pdf#search=Center%20for%20Maltreatment

GOAL A: STATISTICS & BENCHMARKING

Vision: Create a single point data agency with management of an integrated database system to effectively monitor and ultimately predict indicators associated with child maltreatment in South Dakota.

BACKGROUND INFORMATION

GOAL A WILL REQUIRE A FUNDING SOURCE

DSU-CAHIT PROVIDED A PROPOSAL OF ACTIVITIES IN 2 PHASES, WHICH ARE INCLUDED HERE. Alternative and/or in addition to DSU-CAHIT could be SAS for Goal A.

SAS has the capabilities to do the following:

- Entity Resolution – Data management that matches records from various databases (A patented approach to bring data together)
- Analytic Assessment
- Operational Analytics – How to deploy the analytics
- Policy Analytics- long term impacts (summary level predictive analysis)

GOAL A: OBJECTIVES

A.1 DEVELOP SINGLE POINT DATA AGENCY

KNOW

A.1. Develop a single point data agency to help inform effectiveness of implemented strategies statewide through standard methodologies that ensure accurate incidence reporting and aggregation of data via an integrated database system. Through partnerships with organizations who provide such services as data management, data analytics, data analysis, and predictive analytics, leverage existing infrastructure and build upon their capacity to accomplish this aim.

Activities:

TASKS	TEAM	DUE DATE	STATUS
A.1.a: Facilitate virtual meetings with impacted organizations to determine data requirements and outline implementation considerations. Collaborate with all Tribes in South Dakota in collecting and reporting data.	Data Work Group CPCM	On-going	

TASKS	TEAM	DUE DATE	STATUS
A.1.b: Prepare and present a summary report of findings to the Center for the Prevention of Child Maltreatment Advisory Board, documenting nationwide best practice and implementation considerations for South Dakota.	CPCM	4Qtr2020	Update the best practice document that was completed by CPCM and SD KIDS COUNT
A.1.c. Conduct policy research on the following topics Data Governance requirements for the following organization types (please note that this list is not all inclusive and more organization types may be added as necessary) - Healthcare organizations: primary care, counseling, etc. (i.e. HIPAA) - Educational institutions, such as state, local, private (i.e. FERPA) - Unified Judicial System - State Department of Education - State Department of Social Services – Child Protection Services - BIA Social Services, Child & Family Services - Private/Public groups, such as SD Network, Child Advocacy Center's, etc. - Law Enforcement agencies, such as state, local, tribal.	DSU-CAHIT	Phase 1	
A.1.d: Using the findings from A.1.c. document what data can/cannot be shared and determine impact to project	DSU-CAHIT	Phase 1	
A.1.e: Determine the needs of participating agencies - the minimum necessary to conduct their work - additional data that would help conduct their work - best way to access/share data	DSU-CAHIT	Phase 1	
A.1.f: Determine foundational database - Can Child Protection Services share their database - Can Child Protection Services share their database structure/blank database - Is it necessary to begin from scratch - What type of database is best (i.e. MySQL, other)	DSU-CAHIT	Phase 1	

TASKS	TEAM	DUE DATE	STATUS
A.1.g Provide a list of potential solutions/recommendations for Phase II	DSU-CAHIT	Phase 1	
A.1.g Three possibilities for Phase II of this project. **Option I** – develop a federated data sharing model. A federated model is an arrangement that allows interoperability and information sharing between multiple stakeholders while each stakeholder maintains independent data repositories (such as a health information exchange). There are many hybrid variations of federated models that accomplish similar results, each with their own benefits. Technical oversight of this model to be provided by DSU. **Option II** – develop an aggregated model. An aggregated model is a model whereby data is collected from multiple stakeholders and aggregated into one repository. The data is then presented in a summarized format and available to all stakeholders. Technical oversight of this model to be provided by DSU. **Option III** – develop an aggregated model, completely housed and managed by DSU. This is really an extension of the above-mentioned aggregated model. This option would include DSU not only housing the hardware and data, but also include full time personnel to provide analytical capabilities.	DSU-CAHIT	Phase 2	

A.2 MEMORANDUMS OF UNDERSTANDING

KNOW

A.2. Develop necessary Memorandums of Understanding and protocols to allow for the collection of more detailed victim information that can be used in predictive modeling, ensure the ongoing collection, measurement and analysis of aggregated data to gauge outcome and effectiveness of implemented changes, and protect victim confidentiality.

Activities:

TASKS	TEAM	DUE DATE	STATUS
A.2.a: Consider and develop strategies to mitigate duplicate data entry/count of incidents, starting with a unique identifier assigned to cases that can be used across multiple agencies while protecting victim identity.	Data Work Group/Data Initiative Team/ LE/Health/DSS/Education/ DSU-CAHIT		
A.2.b: Gather baseline statistics across all anticipated user groups/agencies including tribal communities in South Dakota.	Data Work Group/Data Initiative Team/ LE/Health/DSS/Education/ DSU-CAHIT		

TASKS	TEAM	DUE DATE	STATUS
A.2.c: Develop benchmarking statistics based off baseline assessment, including South Dakota Tribes.	Data Work Group/Data Initiative Team/ LE/Health/DSS/Education/ DSU-CAHIT		
A.2.d: Develop standardized methodology for incidence reporting, including South Dakota Tribes.	Data Work Group/Data Initiative Team/ LE/Health/DSS/Education/ DSU-CAHIT		

A.3 STATE STRATEGY

KNOW

A.3. Leveraging the findings of the gap analysis and needs assessment, develop a state strategy based on the needs, resources, and capacity of data partners within the state that provides a) a systematic method for screening of child victimization across entities, b) lays the groundwork for policies and procedures that will ensure children and families receive appropriate services, and c) establishes predictive modeling techniques with the aim of preventing incidences of child maltreatment across the state.

Activities:

TASKS	TEAM	DUE DATE	STATUS
A.3.a: Using information gathered in Objective A.2, define operational definitions and requirements for each impacted agency in SD: a) Outline common and unique data fields across agencies. b) Set single-point agency definitions for data collection methodology, ensuring that consistent and replicable practices are in place statewide. c) Define user types. Consult with all Tribal nations in SD to determine what processes each are required to do; from that, collaborate to establish ways to collect data.	Sanford Medical		Medical group will be moving forward (see Sanford Health). We need to develop methods for collecting the appropriate data sets so we can continue to measure baseline information and streamline across agencies. A separate plan needs to be developed for working with Sanford/ Medical.

TASKS	TEAM	DUE DATE	STATUS
A.3.b: Consider and develop strategies to mitigate duplicate data entry/count of incidents, starting with a unique identifier assigned to cases that can be used across multiple agencies while protecting victim identity.	Sanford/Avera/Data Work Group/Data Initiative Team/ LE/Health/DSS/Education/Tribal Communities Committee/ DSU-CAHIT/USD Education		
A.3.c: Gather baseline statistics across all anticipated user groups/agencies including Tribal Reservations in SD.	Sanford/Avera/Data Work Group/Data Initiative Team/ LE/Health/DSS/Education/Tribal Communities Committee/ DSU-CAHIT/USD Education		
A.3.d: Develop benchmarking statistics based off baseline assessment, including SD Tribes.	Sanford/Avera/Data Work Group/Data Initiative Team/ LE/Health/DSS/Education/Tribal Communities Committee/ DSU-CAHIT/USD Education		
A.3.e: Develop standardized methodology for incidence reporting, including SD Tribes.	Sanford/Avera/Data Work Group/Data Initiative Team/ LE/Health/DSS/Education/Tribal Communities Committee/ DSU-CAHIT/USD Education		
A.3.f: Conduct a pilot project of a subset of organizations to validate methods and test processes for systematized screening of children for victimization before statewide launch.	Sanford/Avera/Data Work Group/Data Initiative Team/ LE/Health/DSS/Education/Tribal Communities Committee/ DSU-CAHIT/USD Education		
A.3.g: Gather the following key elements to inform the predictive model design: a) all data elements/fields in use (including but not limited to the child). b) data element/field definitions, including type of data collected, options available for response, and any constraints put on the data element as it is collected. c) availability (how far back) and accessibility (in what form) of historical data elements. d) identify next steps in preliminary model design, including type of model to be developed/used and assumptions regarding population parameters that may best characterize the underlying distribution.	Dr. Kari Oyen and researchers at the USD School of Education CPCM CPS	Completed 2017	Phase 1 of process

TASKS	TEAM	DUE DATE	STATUS
A.3.h: Build a preliminary model using the key elements listed above.	Dr. Kari Oyen and researchers at the USD School of Education	Pilot Report 2017	Logic model developed in Phase 1
A.3.i: Create a panel data set of historical data that represents cases with accurate, unduplicated counts and longitudinal elements (data needs to be captured over time, not overwritten).	Dr. Kari Oyen and researchers at the USD School of Education DSU	4 Qtr 2022	Currently data are in silos. Need to have a computer information system pull together the silo's
A.3.j: Develop and test algorithms.	Dr. Kari Oyen and researchers at the USD School of Education	On-going	
A.3.k: Define continuous and/or discrete variables of interest to be tested/used.	Dr. Kari Oyen and researchers at the USD School of Education	On-going	

A.4 INTEGRATED DATABASE

> **KNOW**   **A.4. Adopt or adapt an integrated database software solution for the single-point data agency to effectively monitor statewide impact on outcomes for children that are the victim of maltreatment or abuse.**

Activities:

TASKS	TEAM	DUE DATE	STATUS
A.4.a: Identify, screen, and select an integrated database software solution and vendor based on above-determined requirements. Work with the vendor to adopt or adapt the software solution based on those requirements.	Sanford/Avera/Data Work Group/Data Initiative Team/ LE/Health/DSS/Education/Tribal Communities Committee/ DSU-CAHIT/USD Education		
A.4.b: Define and schedule an implementation plan for the selected software solution to include: a) Establishment of an oversight team representative of all necessary stakeholders; b) Selection of a project manager (internal or consultant) to manage the software implementation process; c) Identification of functional and technical leads that represent the broad interests of all user groups; and d) Training for all user types.	Sanford/Avera/Data Work Group/Data Initiative Team/ LE/Health/DSS/Education/Tribal Communities Committee/ DSU-CAHIT/USD Education		

TASKS	TEAM	DUE DATE	STATUS
A.4.c: Work with vendor to conduct and proof a first build-out of the integrated software system.	Sanford/Avera/Data Work Group/Data Initiative Team/ LE/Health/DSS/Education/Tribal Communities Committee/ DSU-CAHIT/USD Education		
A.4.d: Configure the integrated software system to align with or best match noted system requirements from prior work; work with statewide impacted agencies to alert them of any deviations from the defined requirements and work to develop solutions to any gaps in software functionality.	Sanford/Avera/Data Work Group/Data Initiative Team/ LE/Health/DSS/Education/Tribal Communities Committee/ DSU-CAHIT/USD Education		
A.4.e: Pilot test transfer of established data sets to the newly developed integrated database.	Sanford/Avera/Data Work Group/Data Initiative Team/ LE/Health/DSS/Education/Tribal Communities Committee/ DSU-CAHIT/USD Education		
A.4.f: Conduct final software configuration testing.			
A.4.g: Initiate data conversion process.			
A.4.h: Define and document a user support plan for trouble-shooting or frequently asked questions.			
A.4.i: Go-live.			

A.5 PREDICTIVE MODELING TECHNIQUES

KNOW   **A.5. Establish and use predictive modeling techniques with the aim of preventing incidences of child sexual abuse and maltreatment.**

Activities:

TASKS	TEAM	DUE DATE	STATUS

A.5.a: Gather the following key elements to inform the model design:
  a) all data elements/fields in use (including but not limited to the child).
  b) data element/field definitions, including type of data collected, options available for response, and any constraints put on the data element as it is collected.
  c) availability (how far back) and accessibility (in what form) of historical data elements.
Review these elements with experts to identify next steps in preliminary model design, including type of model to be developed/used and assumptions regarding population parameters that may best characterize the underlying distribution.
	Dr. Kari Oyen and researchers at the USD School of Education	Start 2022	Beginning to build this

TASKS	TEAM	DUE DATE	STATUS
A.5.b: Build a preliminary model using the key elements listed above.	Dr. Kari Oyen and researchers at the USD School of Education	2022	
A.5.c: Create a panel data set of historical data that represents cases with accurate, unduplicated counts and longitudinal elements (data needs to be captured over time, not overwritten).	Dr. Kari Oyen and researchers at the USD School of Education	On-going	Need to get access to longitudinal data
A.5.d: Develop and test algorithms.	Dr. Kari Oyen and researchers at the USD School of Education		
A.5.e: Define continuous and/or discrete variables of interest to be tested/used.	Dr. Kari Oyen and researchers at the USD School of Education		
A.5.f: Develop feedback mechanisms (e.g. dashboard, internal monitoring and data sharing) for the distribution of model results to inform family awareness education and mandatory reporter training.	Dr. Kari Oyen and researchers at the USD School of Education		
A.5.g: Pilot test the model with data from 300 individual cases; test and review to evaluate statistical similarities.	Dr. Kari Oyen and researchers at the USD School of Education		
A.5.h: Define means of presenting and using the results of the model.	Dr. Kari Oyen and researchers at the USD School of Education		
A.5.i: Develop feedback mechanisms (e.g. dashboard, internal monitoring, public sharing documents/portal, and data sharing) for the distribution of model results to inform family awareness education and mandatory reporter training.	Dr. Oyen Partners, Tribal Work Group		
A.5.j: Launch the model and associated feedback mechanisms to ultimately a) Impact policy change; and b) Continually improve and inform predictive modeling algorithms.	Dr. Kari Oyen and researchers at the USD School of Education		

A.6 YRBS DATA

KNOW **A.6. Bi-annually (odd years) survey South Dakota students grades 9 – 12 using the Youth Risk Behavior Surveillance System (YRBS). Report to South Dakota Department of Education, the Center for the Prevention of Child Maltreatment, and other stakeholders every two years. Jointly create intervention strategies.**

Activities:

TASKS	TEAM	DUE DATE	STATUS
A.6.a: Add Adverse Childhood Experience (ACEs) questions to the YRBS survey.	SD DOH	2021 Survey	An aggregate question will be added to the 2021 Survey.
A.6.b: Analyze and cross-tabulate data.	SD DOH	2017, 2019, 2021, 2023, 2025	Will need to identify researcher to analyze report.
A.6.c: Report findings to stakeholders.	SD DOH	2017, 2019, 2021, 2023, 2025	ACEs in SD Report
A.6.d: Work with stakeholders to develop strategies to improve measures.	SD DOH, CPCM	Ongoing	

A.7 BRFSS AND PRAMS DATA

KNOW	**A.7. Incorporate Adverse Childhood Experiences (ACEs) questionnaire elements within the South Dakota Behavioral Risk Factor Surveillance System (BRFSS). Report to the Center for the Prevention of Child Maltreatment and other stakeholders annually and jointly create intervention strategies.**

Activities:

TASKS	TEAM	DUE DATE	STATUS
A.7.a: Add ACEs questions to the BRFSS survey and PRAMS.	SD DOH		We need to see how we can integrate data collection from Goal A into DOH strategies/ or adopt DOH strategies for Goal A.
A.7.b: Analyze and cross-tabulate data.	SD DOH	2021, 2023, 2025	Will need to identify researcher to analyze report.
A.7.c: Report findings to stakeholders.	SD DOH	2021, 2023, 2025	ACEs in SD Report
A.7.d: Work with stakeholders to develop strategies to improve measures.	SD DOH CPCM	Ongoing	

CPCM Strategic Plan | 12

Vision: Develop competencies, curricula, consistent training standards, and professional development opportunities in partnership with state, community, and academic organizations.

BACKGROUND INFORMATION

Training is occurring through ACEs and Resiliency, Enough Abuse, CAASt, and partnership with DSS for Mandatory Reporter training. The strategic plan calls for the development of additional training specifically for children.

GOAL B: TRAINING AND PROFESSIONAL DEVELOPMENT

B.1 ACES AND RESILIENCY INFRASTRUCTURE

PREVENT   **B.1. Develop infrastructure to manage a comprehensive ACEs and Resiliency education campaign.**

Activities:

TASKS	TEAM	DUE DATE	STATUS
B.1.a: Develop scope of project and target audiences.	CHS (lead), SD DOE, SD DOH, Jolene Loetscher	Complete	Complete
B.1.b: Develop funding sources and update at least annually.	CHS, CPCM	Ongoing	Ongoing
B.1.c: Negotiate terms with ACEs and Resiliency. Enter into a licensing agreement for curriculum.	CHS, CPCM, DSS-BHS	2018, 2021,2024	Ongoing
B.1.d: Annually assess the support required from national campaign office.	CHS, CPCM	Ongoing	Ongoing
B.1.e: Canvas organizations to determine if they are offering or receiving ACE training. Agencies should include but not be limited to schools, youth serving organizations, law enforcement, public health, Tribal health, private health, and behavioral health.	CHS, SD DSS, Tribal agencies, Other agencies as identified, CPCM	4Q2021	[potential Public Health research project]
B.1.f: Assess the programs offered and determine if and how the *ACEs and Resiliency* can supplement those programs.	CHS, CPCM	4Q2021	[potential Public Health research project]
B.1.g: Conduct a public opinion survey to gather baseline data regarding community's opinion regarding adverse childhood experiences	CPCM *See F.5*	4Q2021	[potential Public Health research project]
B.1.h: Adopt *ACEs and Resiliency* copyrighted curriculum and training materials.	CHS	Complete	Complete
B.1.i: Implement train the trainer model.	CHS, Partners	Ongoing	Ongoing

TASKS	TEAM	DUE DATE	STATUS
B.1.j: Manage registry list of trainers, organizations trained.	CHS	Ongoing	Ongoing

B.2 ENOUGH ABUSE CAMPAIGN

PREVENT   **B.2 Develop infrastructure to manage a comprehensive Enough Abuse education campaign.**

Activities:

TASKS	TEAM	DUE DATE	STATUS
B.2.a: Develop scope of project and target audiences.	CHS (lead), SD DOE, SD DOH,	Complete	Complete
B.2.b: Develop funding sources and uses and update at least annually.	CHS, CPCM	Ongoing	Ongoing
B.2.c: Enter into a licensing agreement for curriculum.	CHS, CPCM, DSS-CPS	Ongoing	Ongoing
BE.1.d: Annually assess the support required from national campaign office.	CHS	Ongoing	Ongoing
B.2.e: Canvas organizations to determine if they are offering or receiving Enough Abuse training. Agencies should include but not be limited to schools, youth serving organizations, law enforcement, public health, Tribal health, private health, and behavioral health.	CHS, SD DSS, Tribal agencies, Other agencies as identified	4Q2021	[potential Public Health research project]
B.2.f: Assess the programs offered and determine if and how the *Enough Abuse* can supplement those programs.	CHS	4Q2021	[potential Public Health research project]
B.2.g: Conduct a public opinion survey to gather baseline data regarding community's opinion regarding child sexual abuse.	CPCM *See F.5*	4Q2021	[potential Public Health research project]
B.2.h: Adopt *Enough Abuse* copyrighted curriculum and training materials.	CHS	Complete	Complete
B.2.i: Implement train the trainer model.	CHS, Partners	Ongoing	Ongoing; 2nd trainer training scheduled for 2021
B.2.j: Manage registry list of trainers, organizations trained.	CHS	Ongoing	Ongoing
B.2.k: Pilot online Enough Abuse training in at least one SD school district.	CHS, CPCM, Partners	3Q2021	Conversations have started

	PREVENT

B.3 Develop bystander awareness and education to build skills on how to safely intervene and help a child in distress. Provide community awareness and education seminars on what elements constitute a safe environment for children.

Activities:

TASKS	TEAM	DUE DATE	STATUS
B.3.a: Adapt/adopt *Enough Abuse Campaign* and *ACEs and Resiliency* curriculum to include cultural relevance and competence.	CPCM CHS	4Q2018	Complete
B.3.b: Develop or identify education model to teach individuals the immediate, appropriate response to discovery of maltreatment.	SD University Partners, Early Learners SD, Statewide Family Engagement Center, Head Start, The Network		[potential Public Health research project]
B.3.c: Adapt or develop the education models specific to foster families.	SD University Partners, Early Learners SD, Statewide Family Engagement Center, Head Start, The Network		[potential Public Health research project]
B.3.d: Adopt or develop the education models specific for daycare providers	SD University Partners, Early Learners SD, Statewide Family Engagement Center, Head Start, The Network		[potential Public Health research project]
B.3.e: Develop or identify competencies and evaluation method for training materials.	SD University Partners		[potential Public Health research project]
B.3.f: Seek peer review and scientific distinction.	SD University Partners		[potential Public Health research project]

TASKS	TEAM	DUE DATE	STATUS
B.3.g: Recruit speakers from across the state.	All CPCM Partners/Policy and Advocacy Committee	Ongoing	Ongoing
B.3h: Train speakers on how to present materials and address questions.	All CPCM Partners/Policy and Advocacy Committee	Ongoing	
B.3.i: Target communities for education training.	All CPCM Partners/Policy and Advocacy Committee	Annually - December	
B.3.j: Schedule speakers.	All CPCM Partners/Policy and Advocacy Committee	Annually – 2019 - 2026	
B.3.k: Maintain database of trainings, including location and number of people in attendance.	CPCM/ CHS		

B.4 PK-12 SCHOOL TRAINING FOR ENOUGH ABUSE & ACES AND RESILIENCY

PREVENT   **B.4. Launch a coordinated effort to teach prevention to students in school systems as well as their parents/guardians.**

Activities:

TASKS	TEAM	DUE DATE	STATUS
B.4.a: Supplement *Enough Abuse Campaign* materials with evidence-based models and practices for targeted school-age audiences so children have the language to communicate abuse.	CHS, Partners		
B.4.b: Work with SD DOE, South Dakota Education Association (SDEA), Associated School Boards of South Dakota (ASBSD), and all other associations to promote training.	CHS, CPCM	Ongoing	Currently working with Project Aware
B.4.c: Establish contacts with public, private, and Tribal school districts as well as homeschool associations to promote training.	CHS, Partners	Ongoing	Currently working with Project Aware
B.4.d: Establish annual schedule and coordinate trainers.	CHS, Partners	Ongoing	Currently working with Project Aware
B.4.e: Work with the school nurses, counselors (K – 5) and through health teachers (6 – 12). Offer training as an option that they can use in classrooms.	CHS, Partners		Adjust with continuing education requirements

B.5 YSO/ FAITH BASED ORGINIZATIONS TRAINING

PREVENT

B.5. Launch a coordinated effort to teach prevention efforts in youth serving organizations and faith-based organizations.

Activities:

TASKS	TEAM	DUE DATE	STATUS
B.5.a: Work with partners to implement training for after school programming (including but not limited to 21st Century Learning Centers, Boys and Girls Clubs, Youth & Family Services, and Lutheran Social Services)	SD DOE, DOH, CHS, Partners	Ongoing	RPE discussions for collaboration
B.5.b: Develop a faith-based coalition to coordinate and/or provide prevention education to faith-based youth organizations. Refer to SafeChurch® policies.	CHS, Partners		
B.5.c: Foster and support these organizations in policy implementation. • Create emblem/sign for door. • Provide draft policy documents.	CHS, Partners		[potential Public Health research project]
B.5.d: Create and execute an evaluation of implementation in YSO/ Faith Based Organizations. Publication of findings state-wide.	CHS, Partners		[potential Public Health research project]
B.5.e: Work with CPCM partners to review and approve curricula including *Enough Abuse Campaign*.	Advisory Board, CHS		
B.5.f: Utilize Sexual Abuse Safe-Child Standards (MassKids) to educate youth serving organizations.	CHS		

B.6 DEGREE PROGRAMS RELATED TO PREVENTION AND RESPONSE

RESPOND

B.6. Provide assistance and expertise to the South Dakota Board of Regents institutions on creating new degree programs related to child sexual abuse and maltreatment.

Activities:

TASKS	TEAM	DUE DATE	STATUS
B.6.a: Recommend specializations, majors, and/or minors that address child maltreatment.	UDS SHS	2021	Approved by BOR in March
B.6.b: Facilitate study on impact of degree programs.	CPCM, USD SHS	4Q2022	[potential Public Health research project]
B.6.c: Develop relationships with BOR schools and begin expansion of programing to all universities.	CPCM, USD SHS	4Q2022	

TASKS	TEAM	DUE DATE	STATUS
B.6.d: Integrate curriculum into professional schools, including law, business, medicine, criminal justice, education, and others	CPCM		Discussions with CIP committee, Education Schools, Trauma Informed Collaborative

B.7 REPORTING CHILD MALTREATMENT TRAINING FOR UNIVERSITIES

RESPOND ▶ **B.7. Develop competencies, curricula, and consistent training standards for reporting child maltreatment and sexual abuse in partnership with state, community, and academic organizations**

Activities:

TASKS	TEAM	DUE DATE	STATUS
B.7.a: Determine target audiences, presumed to include public, private, Tribal colleges and universities, and spiritual higher education.	CPCM		
B.7.b: Collect and summarize a baseline assessment of all curricula and training standards in place.	CPCM, DOE		Contract with School of Ed for Teachers
B.7.c: Research evidence-based and promising practice curriculum.	CPCM		[potential Public Health research project]
B.7.d: Create materials; determine how to embed in existing courses.	CPCM, DSS, SHS		Video is in development; Guidebook created; CAASt 5-hour training
B.7.e: Pilot and evaluate.	CPCM		[Evaluation is potential Public Health research project]
B.7.f: Review curriculum and training standards with key stakeholders.	CPCM		
B.7.g: Launch public and private universities, Tribal colleges, and technical schools.	CPCM Universities Tech Schools		
B.7.h: Evaluate courses and implement recommendations.	CPCM		

CPCM Strategic Plan | 18

RESPOND | **B.8. Offer training to all professions listed in mandatory reporter statutes. Provide tools for permissive reporting policy and training.**

Activities:

TASKS	TEAM	DUE DATE	STATUS
B.8.a: Collaborate with the South Dakota School Counselor Association (SDSCA) and South Dakota Association of School Psychologists (SDASP) in strategy development within schools.	SD DOE; DSS		Work is occurring through PK-12/ YSO workgroup and additional DOE grants
B.8.b: Train educators, school staff, school administrators, and volunteers in both private and public schools in permissive reporting and child welfare. Partner with school and professional associations to provide training to membership.	SD DOE, DSS, CPCM	Begin roll-out spring 2021	Promotion of
B.8.c: Pilot and evaluate modules. Provide options for schools such as: • Schools could use training modules found on CPCM Portal	SD DOE, CPCM, graduate students	Ongoing	CAASt, video
B.8.d: Create training hub or website for reporting child maltreatment in South Dakota. Include the follow information • Current SD DSS modules and trainers • Updated training modules • Trainer from registry	SD DOE, CPCM	Summer 2021	CAASt; list of trainings for schools
B.8.e: Conduct school survey to inform strategies for improved response and reporting in South Dakota K-12 schools.	USD School of Ed; CPCM, SD DOE	Ongoing	
B.8.f: Consult with Tribes to offer training as a resource for use if they have not developed something on their own.	SD DOE, Office of Indian Education	Spring 2021	CPCM has been connected to the TEDs
B.8.g: Reach out to private schools and homeschool associations to offer this training as a resource.	SD DOE, CPCM		
B.8.h: Examine expanding the language in the Administrators Code of Ethics (ARSD 24:11:03) and the Teachers Code of Ethics (ARSD 24:08:03) to more clearly detail responsibilities as mandatory reporters.	SD DOE		DOE legal has identified this area of need. Timing depends on DOE Legal

TASKS	TEAM	DUE DATE	STATUS
B.8.i: Work with key stakeholders to develop volunteer policy models that K-12 school districts can adopt. Develop school volunteer training to complement policies.	SD DOE; PK12-YSO Task Force	Complete	CPCM will promote during Spring 2021

B.9 PROFESSIONAL AND CONTINUING EDUCATION

RESPOND

B.9. Develop and deliver professional and continuing education modules regarding child abuse reporting and response. Work with professional boards to implement and require professional or continuing education for those who require licensure or certification for their practice.

Activities:

TASKS	TEAM	DUE DATE	STATUS
B.9.a: Implement child maltreatment reporter training using SD DSS module. Determine frequency of training. Determine if legislative action is needed to make training a requirement.	SD DSS	Ongoing	Ongoing
B.9.b: Research existing general and profession-specific continuing education.	CPCM, SD DOE	Ongoing	[potential Public Health research project]
B.9.c: Develop or recommend professional and continuing education modules.	CPCM, All CPCM Partners	Ongoing	CAASt, trainings during annul conference, A&N training
B.9.d: Pilot and evaluate modules.	CPCM	Fall 2020	CAASt
B.9.e: Work with the following SD boards to establish requirement, frequency, and registration of continuing education: • Board of Nursing • Board of Social Work Examiners • Counselors and Marriage and Family Therapist Examiners • Bar Association • State Medical Association	CPCM, SD Board of Regents (SD BOR)		
B.9.f: Launch continuing education.	CPCM, SD BOR	Multiple trainings launched	Ongoing

TASKS	TEAM	DUE DATE	STATUS
B.9.g: Track mandatory reporter training accountability as per SD DSS online tracking structure. Develop tracking mechanism on CPCM website.	SD DSS, CPCM	1Q2020	CPCM is creating option for tracking of DSS MR video, in conversation with DSS
B.9.h: Embed requirements in business structures so it can be enforced and implemented.	Advisory Board, Partner, Agencies/Boards	Spring 2020	
B.9.i.: Develop technical assistance plan for assisting businesses, organizations, and professions in the creation and implementation of best practices for mandatory reporting.	Advisory Board, Partner, Agencies/Boards		

B.10 SANE TRAINING

> **RESPOND**
>
> **B.10. Create and maintain a system to recruit, support, and educate SANE professionals.**

Activities:

TASKS	TEAM	DUE DATE	STATUS
B.10.a: Evaluate organizational structure to determine best location for SANE Program for state of SD.	CPCM, Partner	Annually	Ongoing
B.10.b: Assess training needs of SANEs; Arrange logistics for and host quarterly in-person training events and supplemental online training modules as needed.	CPCM, The Network, Child's Voice	2019-2021	Complete/On-going
B.10.c: Annually deliver hands-on training during a two-day Clinical Skills Lab. Ensure alignment with IAFN training requirements.	CPCM, The Network (support)	January 2020	Complete/On-going
B.10.d: Host simulation exercises to engage multiple disciplines.	The Network, CPCM (support)	2021	
B.10.e : Evaluate increased content knowledge via post-training surveys.	CPCM	2019-2021	Complete/On-going
B.10.f: Develop statewide benchmark standards and protocols to ensure SANEs are adequately trained prior to becoming a practicing SANE and on an ongoing basis. Determine reporting process to ensure practices are current.	CPCM, The Network, Sexual Assault Taskforce, SANE Advisory Board	2021	Research in progress

TASKS	TEAM	DUE DATE	STATUS
B.10.g: Create, develop, and build an infrastructure of forensic nursing education into University of South Dakota's (USD) nursing studies.	USD Nursing Dept, Child's Voice	2020-2021	
B.10.h: Identify a process to recruit and select nursing students interested in practicing in rural SD to become a SANE Scholar.	USD Nursing	2020-2021	
B.10.i: Assess ways to potentially partner with other South Dakota Nursing programs to utilize USD's forensic nursing curriculum and SANE Scholar model.	USD Nursing, CPCM (support)	2023	

B.11 CHILD RESPONSE TEAM TRAINING

RESPOND

B.11. **Provide first responder child sexual abuse training, as well as training on the MDT/CAC model, starting within the pilot project and expanding statewide.**

Activities:

TASKS	TEAM	DUE DATE	STATUS
B.11.a: Define target audience (e.g., CPS, schools, EMTs, etc.). Law enforcement encouraged to attend.	CPS, CACSD, LETC		
B.11.b: Define First Responder training. Work with state-wide agencies to determine need among response partners.	CPS, CACSD, LETC		
B.11.c: Define locations, dates, and invitees of training sessions. Arrange locations by location or by discipline.			
B.11.d: Execute training.			
B.11.e: Evaluate training efficacy.			
B.11.f: Re-evaluate training annually and make recommendations to update.			
B.11.g: Create a mock house to serves as training hub. Investigate using space at regental universities. Determine go/ no go on location and feasibility. If go, secure funding to equip. If no go, find alternative location.	CPCM SD DSS CACs DCI	2023	
B.11.h: When mock house has been established, develop training processes based on best practices.	CPCM	2023	

TASKS	TEAM	DUE DATE	STATUS
B.11.i: Define target training audiences. Establish schedule and human resources to launch and maintain training.	CPCM	2023	
B.11.j: Investigate purchasing and equipping a mobile mock house that can travel statewide to facilitate training.	CPCM	2023	

B. 12 ANNUAL CONFERENCE & TRAINING LIBRARY

PREVENT   **B.12.** Host an annual conference to disseminate best practices and research regarding the prevention and response of child maltreatment.

Activities:

TASKS	TEAM	DUE DATE	STATUS
B.12.a: Determine logistics of annual training.	CPCM, Partners	Ongoing	Will be hybrid of in-person and online.
B.12.b: Determine target audiences, presumed to include the following fields: education, law enforcement, medical, social work, law, and youth-serving organizations.	CPCM	Ongoing	Ongoing
B.12.c: Work with partners to identify and implement necessary training for each profession.	SD DOE, DOH, CHS, Partners	Ongoing	Ongoing
B.12.d: Recruit speakers from across the state and nation.	All CPCM Partners/Policy and Advocacy Committee	Ongoing	Ongoing
B.12.e: Maintain database of trainings, including location and number of people in attendance. Work with appropriate licensing agencies to offer continuing education units.	CPCM	Ongoing	Ongoing
B.12.f: Identify sponsors and funders for the annual conference to create self-funded education and support other training opportunities.	All CPCM Partners/Policy and Advocacy Committee	Ongoing	Ongoing
B.12.g: Create training library with videos and presentation materials from the annual conference and other supported trainings.	All CPCM Partners/Policy and Advocacy Committee	Ongoing	Ongoing

GOAL C: INTERPROFESSIONAL RESPONSE TO CHILD MALTREATMENT

Vision: Build capacity within communities and the state to respond to instances of child maltreatment, including development of professional responses within the fields of health, law, medicine, education, and childcare.

BACKGROUND INFORMATION

The CPCM Advisory Board will need to determine our role in response to childhood trauma as a whole. The question becomes the level of CPCM's involvement in relation to multiple outcomes from childhood trauma, including behavioral health, suicide prevention, drug se, and juvenile justice reform.

GOAL C: OBJECTIVES

C.1 TRAUMA SCREENING

RESPOND **C.1. Establish routine screening for trauma within medical and mental health professional practices.**

Activities:

TASKS	TEAM	DUE DATE	STATUS
C.1.a: Research how other states have developed ACEs tool protocol and operations; including universal trauma screening in schools, hospitals, and with CPS	CPCM, CHS		[potential Public Health research project]
C.1.b: Determine how the ACE tool is currently being used for grant reporting and other settings in South Dakota.	CPCM, CHS		[potential Public Health research project]
C.1.c: Develop a coalition of key stakeholders including but not limited to CACs, healthcare and mental health practices, licensing boards, and state associations of professional target audiences to understand research, assess training, and obtain feedback on need.			
C.1.d: Based on research, recommend an implementation plan including resources, timeline and budget.			
C.1.e: Draft a narrative and budget for grant applications.	CPCM		

TASKS	TEAM	DUE DATE	STATUS
C.1.f: Develop memorandums of understanding for partners who wish to participate in the implementation plan.			
C.1.g: Assign an agency to develop training. Explore developing an online module.			[potential Public Health research project]
C.1.h: Educate health care providers on the basis of trauma screening and the impact of physical and mental health.	SD DOH, SDSMA, Providers	Launch 2Q2019	
C.1.i: Work with the integrated health systems, independent hospitals and clinics, Federally Qualified Health Clinics (FQHCs), behavioral health facilities, Tribal health organizations, Indian Health Services (IHS), and other health settings to integrate ACEs screening questions with electronic health record (EHR) or equivalent systems.	CPCM, SD DOH (Support)	Launch 2Q2019	
C.1.j: Integrate the trauma screening in the public health home visiting program.	SD DOH		
C.1.k: Work with the providers' associations to integrate trauma screening questions with EHR or equivalent systems.	CPCM, CHS		
C.1.l: Explore integrating trauma screening in other venues	CPCM, CHS		[potential Public Health research project]

C. 2 NO HIT ZONES

PREVENT **C.2. Implement** *the No Hit Zone* **program within South Dakota institutions as a mechanism for fostering resilient and violence-free communities. The initial focus will be integration of this program into medical facilities throughout the state by 2022, with evaluation and follow-up processes complete by 2024.**

Activities:

TASKS	TEAM	DUE DATE	STATUS
C.2.a: Identify key stakeholders within regional medical institutions to facilitate the implementation of the *No Hit Zone* program into each facility.	CPCM	2020	In progress
C.2.b: Promote access to publicly-available *No Hit Zone* materials by medical facilities and other identified institutions.	CPCM	2020	Ongoing

TASKS	TEAM	DUE DATE	STATUS
C.2.c: Develop a written *No Hit Zone* policy outlining professional conduct for staff and visitors and integrate these measures into existing framework within each medical facility. Identify modifications for ancillary, rural, and remote facilities within each enterprise.	Avera Health, Indian Health Service, Monument Health, Sanford Health, and other independent facilities	4Q2021	In progress
C.2.d: Develop an online *No Hit Zone* training for required new hire onboarding and yearly education to promote the awareness and importance of the program within each facility.	Avera Health, Indian Health Service, Monument Health, Sanford Health, and other independent facilities	4Q2022	
C.2.e: Educate via train-the-trainer within direct patient care departments of the medical facilities. Teach supportive communication techniques and de-escalation strategies.	Avera Health, Indian Health Service, Monument Health, Sanford Health, and other independent facilities	At minimum, 1 training in each institution by 4Q2022	
C.2.f: Assist medical facilities to develop a training plan that preserves the integrity of the *No Hit Zone* program, primarily focusing on direct patient care departments and those serving families and children.	CHS	2Q2023	
C.2.g: Assist medical facilities in developing child-friendly resources and strategies to promote the values of the *No Hit Zone*.	CHS	2Q2023	Ongoing
C.2.h: Develop a plan to annually collect metrics on each *No Hit Zone* program and streamline the feedback reporting process of these results.	CPCM	4Q2023	
C.2.i: Conduct medical facility building audits to determine if there are opportunities to improve safety through physical design changes.	Medical facility security teams	4Q2024	Often these departments/teams can have the next 3-5 years or more already budgeted out, therefore if these audits would require any additional funding they may need to be delayed until 2024 or after

TASKS	TEAM	DUE DATE	STATUS
C.2.j: Assist medical facilities in conducting an overall evaluation of the *No Hit Zone* program.	CPCM	4Q2025	This would be 2 years after the development of the metric collection process, which would ensure CPCM has data to support the evaluation before assisting with the development of internal evaluation processes within each facility.
C.2.k: Broadly promote the program throughout South Dakota communities via scientific journals, local media, and other advertisement sources.	CPCM, medical facilities	Ongoing	[potential Public Health research project]
C.2.l: Evaluate additional venues that could benefit from the establishment of a *No Hit Zone* program.	CPCM	Ongoing after 2025	[potential Public Health research project]

C.3 SEXUAL ASSAULT KITS

RESPOND   **C.3. Distribute pediatric sexual assault exam kits at 100 percent of medical facilities. Adopt or adapt the content, training, and tracking of sexual assault exam kits that aligns with victims' rights prescribed by state and federal law and with national best practices.**

Activities:

TASKS	TEAM	DUE DATE	STATUS
C.3.a: Determine the content requirements of the pediatric exam kits.	DCI, Child's Voice, CACs	2017	Complete
C.3.b: Pilot exam kits.	DCI, Child's Voice, CACs	December 2017	Complete
C.3.c: Purchase and distribute kits.	SD DOH	2018	In Progress
C.3.d: Provide training on the use of pediatric exam kits.	DCI, Child's Voice, CACs	Begin in 2018	Ongoing
C.3.e: Consider mandatory evidence testing of kits through legislative action. Explore language and statute regarding sexual assault evidence kit.	DCI, SD DOH, State's Attorneys, Child's Voice, CACs		

TASKS	TEAM	DUE DATE	STATUS
C.3.f: Assess current capacity in the state to link with pre-existing virtual medical services and CACs.	CACs, Avera Health	Ongoing	Avera has a large grant for telehealth/ SANE work
C.3.g: Establish and implement protocols for a toll-free help/consultation line for use of sexual assault examination kits.	Child's Voice	2019	Available for pediatric; however ongoing marketing needed to increase usage.
C.3.h: Develop resource materials by June 2019 for family members when a kit is administered. Integrate materials into kit packaging as they are distributed for use. Review in odd years.	Child's Voice	2019	Complete/On-going Review
C.3.i: Determine partners and the responsibility of each partner in the research of an effective kit tracking system.	The Network/ CPCM/DOH	2020	In progress
C.3.j: Determine partners and the responsibility of each partner in the implementation of a kit tracking system.	The Network/ CPCM/DOH	2022	
C.3.k: Regularly review laws concerning sexual assaults kits and update as necessary.	The Network Sexual Assault Taskforce Childs Voice CPCM's Legis. Committee	Annually	

C.4 SANE PROGRAM

RESPOND

C.4 Increase the opportunity for victims of sexual assault to receive a medical forensic exam with a trained SANE at their local emergency departments.

Activities:

TASKS	TEAM	DUE DATE	STATUS
C.4.a: Evaluation CPCM's role in managing the SANE program	CPCM, The Network, SD DOH	2021	Will be discussed during OVW grant application

TASKS	TEAM	DUE DATE	STATUS
C.4.b: Build a support network by establishing a SANE Learning Collaborative (SANE LC); inform individuals of trainings and online resources as determined necessary by the SANE LC.	CPCM, The Network (support)	2019-2021	Complete/On-going
C.4.c: Establish a SANE Advisory Board where members will provide ongoing support, feedback, and recommendations to South Dakota's statewide SANE Program.	CPCM, The Network (Support)	2020	In Progress
C.4.d: Explore expanding SARTs in the state and support personnel via training to ensure best practices.	The Network, CPCM (support)	2021	
C.4.e: Assess current capacity in the state to link with pre-existing virtual medical services and CACs.	CACs	2017	
C.4.f: Develop benchmark standards and protocols for virtual SANE response.	CPCM, CAC, Avera		Complete in some locations (Avera).
C.4.g: Develop virtual pediatric SANE-P team.	CPCM, CAC, Avera		
C.4.h: Assess capacity to virtually link medical facilities with pediatric SANE-P personnel and develop needed infrastructure to support.	CPCM, CAC, Avera		
C.4.i: Develop benchmark standards and protocols for virtual pediatric SANE response.			
C.4.j: Develop virtual pediatric SANE team.	CPCM, CAC, Avera		
C.4.k: Assess capacity to virtually link medical facilities with pediatric SANE personnel and develop needed infrastructure to support.	CPCM, CAC, Avera		

C. 5 CRIMINAL JUSTICE RESPONSE

RESPOND   **C.5 Optimize the process and timeframe for resolution of <u>criminal</u> child abuse cases in South Dakota. Develop law enforcement processes for the collection of corroborating evidence in child maltreatment training. Launch at the Law Enforcement Training Center (LETC) and other education training venues.**

Activities:

TASKS	TEAM	DUE DATE	STATUS
C.5.a: Develop the following recommendations: • Enhance training in corroborating evidence collection and crime scene photography techniques.	DCI,	On-going	Northeast South Dakota officers Trained

TASKS	TEAM	DUE DATE	STATUS
C.5.b: Create unified messaging regarding trauma awareness for law enforcement and provide technical support for agencies to implement.	Multidisciplinary Teams (MDTs), CACs, CPS, The Network		
C.5.c: Create a checklist for front-line law enforcement and other personnel to follow during the response and investigation of child maltreatment cases.			Complete: Cam Corey has checklist. Need to address dissemination plan.
C.5.d: Develop a mechanism for working with Tribal law enforcement, Bureau of Indian Affairs (BIA), and other key stakeholders for ongoing training.			
C.5.e: Develop independent, online training pertaining to response to child maltreatment and understanding trauma. Ask law enforcement officers to take prior to attending LET.	DCI-MDT person		
C.5.f: Develop a Special Victims Law Enforcement Association. Use this network to deploy training to law enforcement agencies.	DCI-MDT person		
C.5.g: Evaluate best practices/training by the NDAA and other agencies.	USD Law School State Bar Assn CPCM		
C.5.h: Interview all parties that work with the child and family during the judicial process including but not limited to: • Judges • State's attorneys • Defense attorneys • CACs • FBI • DCI • US Attorney General Based on interviews, map the current process steps. Identify process steps and barriers that cause delays or issues. Ask respondents for suggestions to improve process.	USD Law School State Bar Assn CPCM		
C.5.i: Benchmark other states' processes and evidence-based prosecution tools and strategies to identify best practices for timeliness in case completion. Reach out to organizations such as the National Center for State Courts (NCSC) and National District Attorneys Association (NDAA) for best practice research and recommendations. Summarize in a report to stakeholders.	USD Law School State Bar Assn CPCM		

TASKS	TEAM	DUE DATE	STATUS
C.5.j: Gather representatives to map a proposed process based on benchmarking and interviews. Circulate process among key stakeholders to gain feedback and general approval.	USD Law School State Bar Assn CPCM		
C.5.k: Develop an educational program designed for judicial key stakeholders. Pilot program and integrate feedback.	USD Law School State Bar Assn CPCM		
C.5.l: Roll out judicial education to venues and target audiences including but not limited to: • Presiding Judges • Judicial circuit staff • State's Attorneys Defense orientation	USD Law School State Bar Assn CPCM		
C.5.m: Assess existing new judge orientation. Enhance educational programming based on curriculum developed above.	USD Law School State Bar Assn CPCM		

C.6 CIVIL JUSTICE RESPONSE

RESPOND

C.6. Optimize the process and timeframe for resolution of <u>civil</u> child abuse cases in South Dakota.

Activities:

TASKS	TEAM	DUE DATE	STATUS
C.6.a: Conduct a foundational assessment of target audience knowledge base. Based on assessment, inform educational program defined below.	South Dakota Unified Judicial System (SD UJS) (CIP)		Complete

TASKS	TEAM	DUE DATE	STATUS
C.6.b: Create training plan to ensure attorneys are prepared to provide quality representation. Regularly conduct assessments for professionals working in A&N system to determine training needs.	South Dakota Unified Judicial System (SD UJS) (CIP); CLE Committee of State Bar		The goal is to present to rural attorneys – pre and post assessments will help with presentations. There will a feedback/ informational gathering piece on the assessments to aid with determining other training needs. – see CLE Notes
C.6.c: Create review system for cases to determine average length of time child is in the civil system. Implement annual case file review and court watching system. Provide feedback to judicial stakeholders	South Dakota Unified Judicial System (SD UJS) (CIP); CPS		1. Sara Kelly pulls cases at random and discusses the total number of how cases are moving through the system. 2. CPS intended to implement court watching.

TASKS	TEAM	DUE DATE	STATUS
C.6.d: Support judicial training for trauma informed practice. Create and implement standardized intake procedure for judges in an effort to lower number of children placed immediately into foster care. Measure impact of intake procedure to guide training and response plan.	South Dakota Unified Judicial System (SD UJS) (CIP); CPS		[working with DSS – piloting in a few counties to see if kids can go to kinship care rather than foster care. Partners with Candidates for Care. See Iowa's model. These questions are asked by the judge at the intake phone call.]
C.6.e: Develop process for regular review of training materials for A&N cases. Review Green Book every 5 years. Evaluate and prepare additions to training video in conjunction with Green Book update.	South Dakota Unified Judicial System (SD UJS) (CIP); CPCM		This process is occurring now. Should be repeated on a 5 year basis. The process is not formalized at this point.
C.6.f: Support exploration of family courts in South Dakota	South Dakota Unified Judicial System (SD UJS) (CIP)		Initial approval for attending training as occurred
C.6.g: Encourage the development of CASA programs in the 5th and 6th Circuits. Assist in providing financial support and grant writing for the CASA programs.	CPCM	NA	
C.6.h: Support the development of a non-profit entity to manage the CASA state association.	CPCM	NA	

C.7 REGIONAL CHILD RESPONSE MULTIDISCIPLINARY TEAMS

RESPOND

C.7. Coordinate expansion of the REACH Team Program and Regional Multidisciplinary Teams (R-MDT). Develop and implement a Regional Multidisciplinary Team (MDT) Pilot Project in 13 counties in Northeastern South Dakota, headquartered in Watertown, and coordinated with the nearest Child Advocacy Center (CAC) in Sioux Falls.

Activities:

TASKS	TEAM	DUE DATE	STATUS
C.7.a: Define regions and identify stakeholders state-wide to implement regionalized technical assistance.	REACH Team, CAC-SD, DCI, CPS, CPCM	3Q2020	
C.7.b: Define child response MDTs in South Dakota.	REACH Team, Network, Call to Freedom, Children's Home Society	2Q2020	Meeting scheduled for December?
C.7.c: Create a list of all child response teams in South Dakota and develop list-serve for technical assistance support.	CPCM	2Q2021	[potential Public Health research project]
C.7.d: Create information guide for stakeholders on the role of the local MDT and the role of a regional REACH team. Provide informational training to state-wide stakeholders, including CPS, law enforcement, and medical providers.	REACH Team, CPCM	3Q2020	[potential Public Health research project]
C.7.e: Determine the CAC response capacity in South Dakota.	CAC-SD, CPCM	3Q2020	
C.7.f: Determine the CPS response capacity in South Dakota for work with REACH Teams	CPS, DCI, CPCM	4Q2020	
C.7.g: Educate community coalition leaders for the need to work with REACH Teams. See Resilient Communities section. Educate County Officials and Commissioners regarding prosecution needs. Work with State's Attorneys Association to accomplish.	DCI, CPCM	4Q2020	
C.7.h: Provide annual advanced MDT child sexual abuse training for REACH Teams	DCI, CPCM		
C.7.i: Outline technical support available for local MDTs.	DCI, CPCM		[potential Public Health research project]
C.7.j: Determine role of State MDT Coordinator with CACSD vs DCI. Who will do what?	CACs, CACSD, SD DSS	NE SD Coordinator – January 2020	

TASKS	TEAM	DUE DATE	STATUS
C.7.k: Establish State MDT Development Coordinator for the development and support of established MDTs. Establish a contract with CACSD and SD-DSS or establish a position within a state agency.	CACs, CACSD, SD DSS	4Q2020	DCI-MDT person
C.7.l: Established MDTs with CAC MOUs will participate in NCA Outcome Measurement System (OMS), and comply with NCA MDT Standards – Criteria F: The CAC provides routine opportunities for MDT members to give feedback and suggestions regarding procedures and operations of the CAC/MDT. The CAC has a formal process for reviewing and assessing the information provided.	CACs, CACSD, State MDT Development Coordinator		
C.7.m: The CAC affiliated with developing MDTs will utilize NCA MDT – Criteria F.	CACs, CACSD, State MDT Development Coordinator, MDTs		
C.7.n: Develop average resource commitment ($) per child abuse case. Track hours spent during the pilot. Capture activities that would not have occurred without the MDT in place.	State MDT Development Coordinator		Get this information from REACH team

C.8 VICARIOUS TRAUMA RESPONSE

RESPOND

C.8. Recommend that public and private employers of professionals working with child victims of violence develop and implement written plans specifically for vicarious and secondary trauma prevention and intervention practices within their organizations and agencies.

Activities:

TASKS	TEAM	DUE DATE	STATUS
C.8.a: Identify the target audiences and identify who is currently doing this work and build stakeholder group.	CPCM USD Social Work SDSU		
C.8.b: Evaluate vicarious trauma and workplace resiliency training. Report to stakeholders.	State Employee Assistance Program (EAP) CPCM USD Social Work SDSU		
C.8.c: Develop a draft written plan for stakeholders to follow in their employee assistance programs.	CPCM USD Social Work SDSU		

TASKS	TEAM	DUE DATE	STATUS
C.8.d: Determine if a statewide program should be implemented.	CPCM USD Social Work SDSU		
C.8.e: Create a list of resources for reference.	CPCM USD Social Work SDSU CPS		
C.8.f: Explore utilizing critical incidence stress de-briefing processes; implement a process statewide.	CPCM USD Social Work SDSU Sheriffs' Association		

C.9 RESILIENT COMMUNITIES SD

PREVENT   **C.9. Create trauma-informed and self-healing communities. Launch development of program.**

Activities:

TASKS	TEAM	DUE DATE	STATUS
C.9.a: Map out training objectives and link with prevention campaign.	Brookings County	1Q2021	Ongoing
C.9.b: Develop coalitions in pilot communities to engage community stakeholders in this effort.	CHS, Partners		
C.9.c: Pilot in 1 – 3 communities (with at least one being Tribal) in South Dakota and evaluate results.	CHS, Partners		Brookings County will be first
C.9.d: Host a roundtable for Trauma-informed Tribal Communities in South Dakota.	CPCM		
C.9.e: Launch statewide.	CHS, Partners		

GOAL D: PUBLIC AWARENESS

Vision: Establish and implement an awareness campaign to change the culture surrounding self-healing communities and to build a movement that ends child maltreatment and sexual abuse in South Dakota.

GOAL D: OBJECTIVES

D.1 COURAGE COALITION

PREVENT

D.1. Develop the "Courage Coalition" campaign to establish the shared responsibility by communities and stakeholders in South Dakota to know, prevent and respond to child maltreatment while also removing the stigma for survivors.

Activities:

TASKS	TEAM	DUE DATE	STATUS
D.1.a: Develop timeline, budget, campaign identity and required resources/partners for Courage Coalition launch.	CPCM TBD (MMC?)		
D.1.b: Identify and begin outreach to private/business financial support/sponsors and/or grant opportunities			
D.1.c: Identify and begin outreach for organizational and media partners			
D.1.d: Public launch event			

D.2 ASSESSMENT OF PUBLIC KNOWLEDGE

PREVENT

D.2. Conduct continued assessment to determine general public's understanding of and knowledge to respond to child maltreatment.

Activities:

TASKS	TEAM	DUE DATE	STATUS
D.2.a: Develop survey (phone/online) to establish an understanding of the general public's knowledge and comfort level with: ● defining child maltreatment ● perceived prevalence in their community ● personal obligations and knowledge of reporting process	CPCM MMC	Survey launch: January 2021	Determine partners to contract with

TASKS	TEAM	DUE DATE	STATUS
D.2.b: Determine frequency (every other year?) and data analysis/distribution plan for survey results to: ● statewide stakeholders ● communities with specific trend lines (as applicable) ● general public/media	CPCM	October 2020	

D.3 STATE OF CHILD WELLBEING

<table>
<tr><td>PREVENT</td><td>

D.3. Develop the "State of Child Wellbeing" report to be a standardized and annual benchmark for the public, media partners and stakeholders to understand progress in public awareness and reporting.

</td></tr>
</table>

Activities:

TASKS	TEAM	DUE DATE	STATUS
D.3.a: Utilize data from D2 to write an inaugural "State of Child Wellbeing" report with executive summary and data drill down	CPCM	1Q2022	
D.3.b: Create public event/news conference to announce "State of Child Wellbeing" at Children's Day; Annual report news conference also explains the work of CPCM and the outcomes from 2020 work and reporting; development of a state report card on action/response		1Q2021	
D.3.c: Establish "State of Child Wellbeing" as annual benchmark for the public and stakeholders to view progress and ROI of CPCM			
D.3.d: Proof of performance video for distribution to stakeholders and social channels			
D.3.e: Write one-pager also providing the baseline of work accomplishment and goals ahead; maybe individualized/market-specific as needed for media/public awareness to be updated annually		1Q2022	

D.4 LEADERS OF COMMUNICATION AND MESSAGING

<table>
<tr><td>PREVENT</td><td>

D.4. Establish CPCM and its team/advisory board to be the thought leaders in issues of child maltreatment and the resiliency of families in South Dakota through traditional and social media channels.

</td></tr>
</table>

Activities:

TASKS	TEAM	DUE DATE	STATUS
D.4.a: Create standardized media responses and pitch idea/schedule for earned media	Policy and Advocacy Committee/CPCM		
D.4.b: Establish and execute media lunch and learns in major media markets and develop template and schedule for annual/bi-annual rotation: ● Sioux Falls ● Rapid City ● Pierre ● Yankton/Vermillion ● Aberdeen			Rapid City completed
D.4.c: Develop and manage a social media presence and update per content calendar.			
D.4.d: Develop statewide earned media campaign relationships in tandem with Courage Coalition			

D.5 PUBLIC AWARENESS MANAGEMENT FOR ALL INITIATIVES

PREVENT   **D.5. Launch and manage public awareness messages and media resources.**

Activities:

TASKS	TEAM	DUE DATE	STATUS
D.5.a: Release public newspaper editorial and letters to the editor; utilize SD Newspaper Association distribution.	CPCM and Partners		
D.5.b: Schedule 3-7 television news interviews and spotlights as a follow up to news conference launch.	CPCM and Partners		
D.5.c: Launch news conference for awareness campaign (Sioux Falls, Rapid City & Sioux City designated market areas) and update as needed with new information as its available.	CPCM and Partners		
D.5.d: Release materials for media distribution.	CPCM and Partners		
D.5.e: Begin ad buy campaign.	CPCM and Partners		

GOAL E: INFRASTRUCTURE DESIGN

Vision: Create and sustain a network of statewide support and effort to move the goals of Jolene's Law Task Force and the Center for the Prevention of Child Maltreatment forward.

GOAL E: OBJECTIVES

E.1 ESTABLISH AND OPPERATE CPCM

PREVENT

E.1. Establish the Center for the Prevention of Child Maltreatment at the University of South Dakota to contribute to the state's overall public health by strengthening culture related to prevention and response to child maltreatment.

Activities:

TASKS	TEAM	DUE DATE	STATUS
E.1.a: Establish mission statement.	CPCM, Advisory Board	3Q2017	Complete
E.1.b: Establish vision statement.	CPCM, Advisory Board	3Q2017	Complete
E.1.c: Establish operating principles and guidelines.	CPCM, Advisory Board	3Q2017	Complete
E.1.d: Establish roles and responsibilities of partnership members.	CPCM, Advisory Board	Ongoing	In Progress
E.1.e: Develop a process for accepting new members.	CPCM, Advisory Board	3Q2017	Complete
E.1.f: Execute memoranda of understanding with all partners.	CPCM, Advisory Board	Ongoing	In Progress
E.1.g: Establish framework for accountability through a multidisciplinary team across state, private and Tribal agencies.	CPCM, Advisory Board	2018	
E.1.h: Create processes to manage the 10-year work plan objectives.	CPCM		
E.1.i: Implement office management and practices in accordance with Board of Regents mandates			

E.2 ESTABLISH CPCM ADVISORY BOARD

| PREVENT | E.2. Facilitate the creation of an external Advisory Board to include community, state, federal, Tribal, and education partners that advocate against child maltreatment and sexual abuse. |

Activities:

TASKS	TEAM	DUE DATE	STATUS
E.2.a: Establish roles and responsibilities of partnership members.	CPCM, Advisory Board	Ongoing	
E.2.b: Execute memoranda of understanding with all partners.	CPCM, Advisory Board	Ongoing	
E.2.c: Create Board Development cycle that includes: • Recruiting board members • Holding elections • Providing ongoing support and recognition Providing board orientation and training	CPCM Director CPCM Committees	1Qtr 2021	Ongoing

E.3 CRITICAL REVIEW OF 10-YEAR PLAN

| PREVENT | E.3. Critically review the progress of the 10-year work plan. Develop an evaluation design for outcome measurement. Review results bi-annually with Advisory Board. |

Activities:

TASKS	TEAM	DUE DATE	STATUS
E.3.a: Develop an overall logic model.	CPCM		
E.3.b: Develop a framework to solidify process and collect data.	CPCM		
E.3.c.: Conduct a statewide public opinion survey to obtain baseline information about opinion regarding child sexual abuse and its prevention (such as MassKids survey instrument).	CPCM, SD DSS, and stakeholders		
E.3.d: Gather feedback from major child sexual abuse stakeholders on an annual basis and implement evaluation design changes as needed.	CPCM, Advisory Board		

E.4 TRIBAL COMMUNITIES AND PARTNERSHIPS

PREVENT   **E.4 The Center shall collaborate with state, Tribal, regional, and national**

Activities:

TASKS	TEAM	DUE DATE	STATUS
E.4.a: Hire a Tribal Liaison at CPCM to dedicate their time to developing and implementing a strategy	CPCM	3QTR 2021	
E.4.b: Coordinate a uniform communication system to receive feedback and information and provide information to the South Dakota Tribes.	CPCM		In Progress
E.4.c: Create a formal infrastructure, similar to the Center Advisory Board, to work with Tribes to execute work plan.	CPCM		In Progress

E.5 LEGISLATIVE ADVOCACY

RESPOND   **E.5. Educate and advocate for the welfare of children in South Dakota. Annually assess South Dakota statute on mandatory reporters. Make recommendations for consideration in subsequent legislative sessions.**

Activities:

TASKS	TEAM	DUE DATE	STATUS
E.5.a: Statutorily require annual training for all mandatory reporters.	Advisory Board, CPCM		
E.5.b: Evaluate any change/shift in reporting. Initially follow up with addition of emergency medical technicians to the statutory list of mandatory reporters in South Dakota to assess implementation.	Advisory Board, SD DSS, CPCM	2017	
E.5.c: Follow up with other potential certified and non-certified reporters (e.g. daycare providers).	Advisory Board, SD DSS, SD DOE		
E.5.d: Evaluate statute language to address school volunteers, coaches, and similar roles to differentiate between volunteers and staff.			
E.5.e: Introduce legislation to have all school personnel, including non-certified employees and coaches, added to the list of mandatory reporters (26-8A-3). Outline requirement, frequency, and registration of training.	Advisory Board, CPCM	2020	
E.5.f: Evaluate statute language for enforcement of responsibilities for mandatory reporters during and beyond the performance of service (26-8A-7).			

E.6 GRANT AND RESEARCH DEVELOPMENT

PREVENT

E.6. Develop inter-professional grant proposals for research and practice related to treating and preventing child maltreatment and sexual abuse Establish capacity to improve overall best practices as implemented in the various agencies statewide. Encourage and support agency and Center staff to attend one to two conferences per year hosted by key partners. The Center shall collaborate with state, Tribal, regional, and national stakeholders, and provide leadership in developing the knowledge base around child maltreatment and sexual abuse. Research one to two evidence-based or promising practice programs, tools, and techniques on responding to child sexual abuse victims each year. Disseminate results via report and presentations at three to four venues per year.

Activities:

TASKS	TEAM	DUE DATE	STATUS
E.6.a: Attend conferences to improve prevention and response strategies.	CPCM, Advisory Board	Ongoing through Annual Reports	
E.6.b: Conduct an environmental assessment of best practices.	CPCM		
E.6.c: Provide financial support to key partners to attend conferences to build professional development to the greatest extent possible.	CPCM		This should move up to the strategic communication/ fundraising piece or possibly over to the training piece. Note that this task is directly related to available funding.
E.6.d: Create processes to manage the 10-year work plan objectives.	CPCM		
E.6.e: Conduct a grant search and subscribe to pertinent listservs for future funding announcements.	CPCM, USD	Ongoing	Ongoing
E.6.f: Establish relationships with state and federal program managers to determine funding alignment and timeline.	CPCM	Ongoing	

TASKS	TEAM	DUE DATE	STATUS
E.6.g: Develop grant proposals for research and practice that are discipline specific.	USD, SD BOR	Ongoing	Refer to grant report
E.6.h: Identify appropriate grant partners among state, federal and Tribal entities to include SD DOH, SD DSS, SD UJS, Attorney General's Office, BIA, and IHS.	CPCM, USD, SD BOR, Tribal Colleges	Ongoing	

E.7 SUSTAINABLE FUNDING INITIATIVE

PREVENT

E.7. Identify potential private and corporate funding sources for the prevention of child maltreatment and sexual abuse, and infrastructure to support those aims. Investigate and pursue angel investor and social impact bonding to fund specific proposals that stem from the CPCM work plan

**Activities:**

TASKS	TEAM	DUE DATE	STATUS
E.7.a: Develop a list of prospects and conduct prospect research to determine ask.	All CPCM Partners		
E.7.b: Develop case statements and collateral materials for cultivation and solicitation of gifts.	All CPCM Partners		
E.7.c: Assign prospects to Advisory Board (or other) members to cultivate and solicit gifts.	All CPCM Partners		
E.7.d: Develop a stewardship process.	All CPCM Partners		
E.7.e: Investigate and pursue angel investor and social impact bonding to fund specific proposals that stem from the CPCM work plan. Begin efforts in 2018.	All CPCM Partners		