

Center for the Prevention of Child Maltreatment
Minutes: 4Q2017 Advisory Board Meeting
Thursday, November 16, 2017
Chamberlain, SD

ATTENDEES

Senator Deb Soholt – Chair	Carrie Sanderson, CPCM Director
Nick Bratvold, CAC-SD	Sharon Chontos, Sage/CPCM
Carole Cochran, SD Kids Count	Daniele Dosch, FBI
Tanya Fritz, Children’s Home CAC	Allison Reuland, SDNAFVSA (Network)
Mary Beth Holzwarth, Advocate	Wendy Kloepfner, State’s Attorney
Ann Larsen, SD DOE	Kathy LaPlante, USD SHS
Michael Lawler, USD SHS	Angela Lisburg, Central SD CAC
Jolene Loetscher, Advocate	Peggy Gibson, Advocate
Jay Perry, SD BOR	Colleen Winter; SD DOH
Suzanne Starr, UJS	Dr. Nancy Free; Child’s Voice CAC
Virgena Wieseler, SD DSS	Cassie Nagel; CPCM Program Assistant
Rachel Oelmann, Sage/CPCM	

Guests Present: Jessica LaMie (SD Legislative Research Council), Megan Borchert (Staff Attorney for the UJS) and Dr. Troy Fuerst.

Not in attendance: Cameron Corey (DCI), TateWin Means (Oglala Sioux Tribe), Senator Alan Solano (SD Legislature), Barry Hillstad (Sheriff’s Association), Jill Thorngren (SDSU School of Education and Human Sciences), and Hollie Strand (Pennington County Sheriff’s Office).

WELCOME AND INTRODUCTIONS

Welcome. Director Carrie Sanderson provided a welcome. Director Sanderson expressed her appreciation for the board’s collaboration thus far. She stated that CPCM is focused on helping stakeholders complete objectives and facilitating the people who are doing the work. She asked board members to continue to be interactive and bring up ideas for working together. She also expressed her appreciation to CPCM Program Assistant Cassie Nagel and Sage consultants Sharon Chontos and Rachel Oelmann for their support while Director Sanderson was on maternity leave.

Children’s Day at the Capitol. CPCM and CACSD will host Children’s Day at the Capitol on January 31, 2018. Information has been distributed through the CPCM Newsletter and an email. There is a suggested donation of \$100 per booth to cover a lunch. This year, we are focusing on grassroots advocacy. Board members are encouraged to have a booth and consider what information they want their legislators to know about their organization. Community members have been very responsive and excited to participate.

CPCM will develop a FAQ for the website for what to expect and how to prepare. Attendees are encouraged to wear Royal Blue, the child abuse prevention color. CPCM will have ribbons available.

CPCM will not be sponsoring any legislation this year. Board members are encouraged to share information about bills which may be of interest to the group and to notify CPCM staff about potential legislation.

CPCM ANNUAL REPORT AND UPDATES

Annual Report. The Board reviewed a draft of the CPCM Annual Report. The Annual Report will be published as a booklet and provided to the Board of Regents and South Dakota Legislators. Director Sanderson asked for input on whether to include information on the grant application submitted to create a Tribal Consortium. All agreed that it was important to include even though funding has not been secured. Board members were asked to review the report and provide any edits to CPCM by Wednesday, November 22, 2017.

Project Management Plan. The Board reviewed the CPCM Project Management Plan (PMP). The PMP is a guideline for how stakeholders are moving through the 48 objectives and will be a basis for continued updates and communication. The PMP will be updated bi-weekly, resulting in 26 versions at the end of year. Stakeholders and partners may request the PMP at any time.

Director Sanderson shared feedback from unsuccessful grant applications. Grant reviewer feedback indicated the scope focusing on child sexual abuse was too narrow and more information must be included on how partners were working together. As such, future grant proposals will expand language to include “child maltreatment” and CPCM will use MOUs to show the support and collaboration between partners.

GOAL A

CPCM has received approval for up to \$45,000 in funding from the Court Improvement Program (CIP) to focus on Goal A for the next 6 weeks. *Note: Further clarification with the CIP Committee identified that the available money is for FY 2018 and cannot be used for work in FY 2017 after September 2017.*

A.5 YRBS. Colleen Winter, DOH, spoke about the Youth Risk Behavior Survey challenges (time, apprehension on survey). Her staff is looking at other options to increase buy-in from schools. Schools are requiring parental consent to take surveys, which makes the process increasingly cumbersome. Ms. Winter expressed the importance of local support. Community education is necessary and we need to highlight how results are used and can impact potential funding. Sharon Chontos suggested incorporating education on the survey into upcoming ACEs training and sharing data results back to the schools.

GOAL B

B.2 Trauma-Informed Communities. Tanya Fritz, CHS, reported on DOH funding for the ACE Interface project. The fiscal deadline for the DOH money is January 31, 2018. A MOU between CPCM and CHS is currently being routed for approval. Community outreach has begun to garner excitement while we wait for finalization of the contract and scheduling. Ms. Fritz explained the application and vetting process for the ACEs & Resiliency Fellowship. Cost of the training is covered but applicants will have to provide their own travel and accommodations. Scholarships are

being considered. Selection of the first cohort of twenty-five individuals is a critical step and will require diligence to complete. Profession and physical location of participants will factor into the selection process to ensure the growth and progression of the training. Ms. Fritz discussed choosing a community where a multi-faceted approach with MDT, ACE, Enough, etc. occurs simultaneously. Director Sanderson suggested creating a “Gold Star Community” designation for trauma-informed communities participating in each program. Ms. Fritz discussed using the ACES Connection application to track the community training and to communicate on the progression of training and events. The app includes a mapping component. Ms. Fritz suggested hosting a board member training by an ACEs & Resiliency Fellow. CPCM will provide support for CHS throughout the project.

B.3 No Hit Zone. Angela Lisburg, Central CAC, provided an update. A video with No Hit Zone content is being finalized. Ms. Lisburg presented the program at the Avera Ethics conference and felt it was well received. St. Mary’s hospital in Pierre is currently implementing the program, with hopes to expand regionally by August 2018.

B.2 Pediatric Sexual Assault Kits. CPCM staff will reach out to Dr. Free for an update and any outstanding needs. Ms. Lisburg suggested getting the kits out and making any needed adjustments later, similar to how adult kits were distributed.

B.5 SANE Training. Allison Rueland, The Network, and Colleen Winter, SD DOH, noted Emily Johnson, SD DOH, is leading a discussion with the CACs, Network, SANE-A nurse examiners, and others on distribution of the adult sexual assault kits, the kit label, and the instructions within the kit. The group that Ms. Johnson has pulled together will be a good resource to further discussion regarding SANE support.

GOAL C

C.1 Curriculum and Training Standards. Senator Soholt is leading the charge to address what curriculum should look like across the state. Dr. Perry and Dr. Lawler updated the group on the curriculum discussions they have had. CPCM will develop best practices within the public university system and then distribute out to private and tribal systems. Format and delivery is yet to be determined.

C.3. Continuing Education. CPCM will continue to highlight and share the number of those that have completed the Mandatory Reporter Training.

C.5 Virtual Support Services. Discussion moved to afternoon session.

C.7 Legislative Participation. Director Sanderson expressed her appreciation to Dr. Perry and others who supported efforts to allow the CPCM Director to lobby. BOR support was key in establishing CPCM and will be an asset in the future. Any legislation moving forward will be reviewed and vetted by BOR. Future legislation will first be discussed at the April CPCM Board Meeting, with a vote to support legislation occurring at the August Board Meeting. CPCM legislation will be presented to BOR in October. Please inform CPCM of any 2018 legislation that may affect this group.

GOAL D

D.1 – D7. Discussion moved to afternoon session.

D.8 Mock House. A mock house at USD SHS was discussed. USD Nursing will collaborate with CPCM to share space, making the space multi-disciplinary.

D.9 Civil Child Abuse & Neglect Process. Director Sanderson serves on the Court Improvement Program (CIP) committee and will help review the SD manual for Abuse and Neglect cases. Training for attorneys representing parties was discussed.

D.13 Intake for Reporting. This objective has been removed from the Strategic Plan as reports must be made to law enforcement or Child Protection Services. Board members discussed providing better messaging how to report and how to display that message on the CPCM website. Board members also discussed training 911 dispatchers on reporting requirements. All agreed the instructions need to be streamlined and easy to follow. Public education on reporting is essential.

GOAL E

E.1 Public Awareness Campaign. Enough Abuse license purchase will likely be 2Q2018, after the ACE Interface program is implemented.

Board members discussed media coverage for CPCM. Director Sanderson asked for input on how to increase CPCM's media presence. Suggestions included introducing Director Sanderson to major media editorial boards; relying on newspaper association for print, reaching out to the Greater Dakota News System; and hosting a lunch to educate reporters in the region on our work. Other media outlets discussed were Sioux Falls Chamber magazine, 605 magazine, and Sioux Falls Women. Rapid City is not as engaged but there is opportunity there and in Pierre. CPCM will schedule a meeting with Ms. Loetscher to develop a comprehensive PR strategy.

GOAL F.

F.1. Establishing CPCM. Director Sanderson expressed her gratitude to Dr. Lawler and USD's School of Health Sciences for welcoming CPCM under their umbrella. CPCM is making room in the general budget to address marketing and website/branding issues by adding Director Sanderson's time to work funded through grants. CPCM can promote partner trainings and events via web and social media.

F.3 Tribal Outreach. Carole Cochran, SD Kids Count, organized discussions with JDAI regarding tribal outreach. CPCM applied for a SD Community Foundation Grant to fund in person meetings with tribal leaders.

F.4 Conferences. CPCM staff have attended conferences as both participants and vendors in order to share our objectives. Please let CPCM know of future opportunities to have a booth or speak to a group. The large number of conferences addressing child wellness is a key reason for organizing a combined conference provide a comprehensive message to a larger audience.

F.5 Outcome Review. Board members approved the format of the PMP. Updates and corrections should be sent to CPCM. Updates to the PMP will be highlighted for ease of use.

F.6 Grant Proposals. CPCM is currently preparing four grant applications. Funding was not received through the Reliance, Vision21, or QIC proposals; however, feedback will allow us to be more successful in future proposals. Kathy LaPlante's work in the QIC proposal will be used by CPCM to increase tribal outreach.

FALL 2018 CONFERENCE

Sharon Chontos (Sage) presented the idea of planning a SD Child Wellness and Family Resilience conference for fall 2018. The conference would highlight the work of stakeholders and board members were invited to partner in organizing the conference. The audience would primarily be professionals (CJUS, Education, CPS, Mental Health) and advocates. Branding for the conference should encompass the entire movement of work from CPCM stakeholders. The idea is not to replace current stakeholder conferences but to pull them all together, allowing for larger outreach for the stakeholders. Ms. Chontos will ask individuals to serve on a planning committee.

Logistics. To be held at the Sioux Falls Convention Center this year and in Rapid City next year. Two-day conference at end of Sept./ early Oct. with Keynote speakers on the first day and breakout tracks on the second day. Evening option- Public Education and social, possible fund-raising event.

Topics: Will follow the "Know. Respond. Prevent." model and strategic plan will drive the agenda. Keynotes speaker options include:

- Amelia Franck-Meyer – Strong child protection background and easy to understand presenting style.
- Dr. Nadine Burke Harris

Education tracks include Mental Health, Education, Behavioral health, Social Work, Criminal Justice / Law Enforcement, and Advocacy. Will include Cultural Integration or Speaker, focusing on Historical Trauma.

Funding/Registration Fee: Board members discussed a low registration fee of \$50 or no fee at all. A scholarship fund is needed for those unable to pay a registration fee. Funding may be available through VOCA or DOH for a statewide conference.

MDT ACTION PLAN

Watertown REACH Team. Nick Bratvold, CAC-SD, reported. The REACH Team opened the clinic on August 22, 2017, and serve on average six patients each week. The REACH Team is implementing a data tracking system to record benefits to patients as well as process improvements. There is national data available on hours saved by the MDT approach and the REACH team will replicate that for South Dakota. Board members discussed developing a white paper that would compare the MDT response process to a silo-ed response. Ms. Chontos gave the group an overview of a typical clinic day and highlighted the benefits to families served by the multi-disciplinary approach. This group has an incredible amount of trust with one another and the collaboration and comradery is inspiring. Ms. Loetscher suggested a 12 week update Press Release.

Stakeholders will document the establishment of the REACH Team in order to duplicate the process in other regions. The initial step is a readiness assessment for additional regions. Payment for

training for future Team members was discussed, including development of an in-state training program.

The evaluation of the REACH process was also discussed. NCA Accreditation will be used in creation of the REACH documents. Dr. Free added that NCA standard is the minimum and we can develop a SD specific Gold Standard. Documents must be available to the public so other communities can prepare for REACH expansion.

REACH Expansion. The REACH Team was designed to be a 3-year pilot program with evaluation at 6 months and 1 year, but expansion should be organic. Discussion included how to select the next region, possibly with an RFP process. One suggestion was using a county-based proposal approved by CPCM, CACSD and/or the Advisory Board. Objective A.1 data mapping will provide practical data to determine selection of communities. Ms. Kloeppner advised that Hughes County is very interested. Board members are encouraged to notify the board of other interested parties.

MOU AND RFP PROCESS

The MOU between CPCM and CHS for the ACE Interface program served as an example for future processes available to the Advisory Board. The MOU outlined the responsibilities of each party to the other and to the project. MOUs should be routed appropriately through each agency, including the formal USD review. Benefits include documenting outcomes, understanding how funding is being utilized and avoidance of miscommunication by being upfront about expectations. Director Sanderson encouraged partners to reach out to CPCM for assistance with strategic and administrative needs to accomplish the work plan.

K-12 VIRTUAL SUPPORT SERVICE MODEL

Senator Soholt led a discussion on the interconnectedness of the work plan. Senator Soholt introduced a potential model of providing a K-12 school district virtual support services and concurrently wrapping prevention and trauma-informed services around the community. She suggested looking for funding through criminal justice reform and shared services. Dr. Free suggested we need to be thoughtful about how we integrate ourselves into a community, bringing in trauma-informed principles and ACE screening, offer experts and funding. Web based and virtual solutions were discussed. The board agreed that all virtual solutions needed to be supported by in-person case management.

Action items included finding funding and identifying a community for a pilot project. Watertown was mentioned since they have the REACH Team. Combined community projects include ensuring that at least one ACE trainer is from that area, pilot a mandatory reporter integration in the schools, and add in Enough to wrap community in resources. This could create a “Gold Standard” Trauma-informed community.

2018 Timeline

Ms. Chontos led the group in identifying what items need to be done during the next four quarters to move through the work plan.

4Q2017:

- A.1: Environmental scan of needs in South Dakota and research methodology used in other states

1Q2018:

- B.2: RFP Selection and ACE Interface Training by Jan. 30.
- B.3: No Hit Zone policy in Avera St. Mary's, wider implementation by August 2018
- B.4: Purchase/distribute Pediatric Exam Kit
- D.2: First Draft of MDT Manual
- D.2: 1Q MDT Evaluation
- Convene Tribal Advisory Group (con't through 4Q2018)
- Finalize agenda and Develop syllabi for CEUs at Fall Conference (Feb)

2Q2018

- Purchase Enough Abuse Materials
- Garner interest in the medical community for future MDT models.
- Deadline for 2019 legislation

3Q2018

- Fall Conference
- MDT REACH Evaluation

Open Discussion

The following individuals expressed interest in serving on the RFP selection committee for the ACE Interface Trainer Training: Virgena Wieseler, Wendy Kloepfner, Kathy LaPlante, Danielle Dosch, and Peggy Gibson.

Ms. Winter brought up utilizing medical journals to get more information out to medical providers, creating awareness about the MDT model benefits and needs. Ms. Lisberg added that we need to reach out to Indian Health Services through the nursing staff.

The Board discussed SANE-P certification and the difficulty of attaining and keeping SANE-P certification with lack of acute occurrences in the state. It was suggested to focus on certifying SANE-As and provide additional training on pediatrics. Senator Soholt would like to have at least 1 certified SANE-P to be a subject matter expert and suggested looking at in terms of a virtual provider solution and move it out further in the strategic plan. The Network will have statewide SANE training on January 31st and is researching funding for a SANE coordinator. They have received pushback from hospitals that don't want SANE training because of the expense. Dr. Free questioned whether we are going to accept that response from hospitals. A larger issue may be that hospitals don't understand it, don't want to deal with it and are afraid of a lack of expertise or how it may affect a child. Senator Soholt agreed that we should not accept that response but need to figure out how to communicate the importance to hospitals, stressing the importance of embedding it as a standard in nursing and medical schools and putting accountability measures in place. She

suggested considering developing virtual support and training and build it into the regional response.

Next Meeting. January 31, 2018, in Pierre, SD, to coincide with Children's Day at the Capitol. Time and location TBD.