PROGRAM IMPROVEMENT PLAN

SOUTH DAKOTA
DEPARTMENT OF SOCIAL SERVICES
DIVISION OF CHILD PROTECTION SERVICES

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South Dakota Child Protection Services (CPS)

Program Improvement Plan (PIP) Executive Summary

People-Centered & Science of Hope Aligned

South Dakota is strengthening its child welfare system to ensure children are safe, families are supported, and placements are used only when necessary. This Program Improvement Plan focuses on expanding family-based care while building family capacity to safely care for children at home.

Purpose

Following the Child and Family Services Review (CFSR), South Dakota Child Protection Services has developed a Program Improvement Plan (PIP) aligned with the Presidential Executive Order *Fostering the Future for American Children and Families* and the Administration for Children and Families' *A Home for Every Child* initiative, which advances the goal of homes waiting on children—not children waiting on homes.

This plan strengthens the South Dakota's ability to provide the right resource for the right child—ensuring children who cannot safely remain at home are placed in the right setting, at the right time, with the right level of care—while also maximizing opportunities for children to remain safely with their families whenever possible. Grounded in the Department's application of the Science of Hope, this work supports families in identifying clear goals, building pathways to achieve them, and strengthening their confidence to safely care for their children.

Part 1: Expanding Family-Based Placement Options (Increasing the Number of Homes)

Focus on building pathways so every child has access to a safe, supportive family setting.

1. Increase the Number of Licensed Kinship Providers

- Expand kinship locator services to identify and engage family supports early
- Support kin-specific licensing standards that remove barriers while maintaining safety
- Increase regional training to reinforce kin-first decision-making
- Use CQI to ensure families are consistently explored as placement options

Impact: More children remain connected to family and community, strengthening stability and belonging.

2. Increase Inventory of Licensed Foster Homes

- Refocus and refine foster recruitment with the insights and efforts provided by the Stronger Families Together advisory council.
- Expand targeted recruitment in high-need areas
- Continue to monitor licensing to remove delays and barriers
- Strengthen retention through the creation and strengthening of communities of fostering families, the development of additional supports for foster resources serving children with special needs, specialized training that prepares fostering families for handling challenging behaviors, and respite
- Support foster families as partners in achieving permanency goals

Impact: Increased access to family-based placements and improved placement stability.

3. Expand Treatment Foster Care (TFC) Capacity

- Increase provider capacity and participation
- Review reimbursement and support structures and identify enhancements
- Provide specialized training and clinical supports

Impact: Children with higher needs are served in family settings with the supports needed to succeed.

4. Strengthen Access to Psychiatric Residential Treatment (PRTF)

- Expand partnerships with behavioral health providers
- Improve timely assessment and referral pathways
- Strengthen transition and step-down supports

Impact: Children receive the right level of care, at the right time, with improved outcomes and fewer out-of-state placements.

Part 2: Strengthening Families to Safely Reduce the Need for Custody Approach

Support families in building the skills, supports, and confidence needed to safely care for their children, consistent with the Science of Hope framework.

Key Strategies

- Strengthen supervisor coaching to support consistent, high-quality safety decisions
- Deliver ongoing Comprehensive Safety Intervention (CSI) training to reinforce best practice
- Improve understanding of family strengths, protective capacities, and safety planning
- Implement Change-Focused Contact to build trust and support family-driven goals

- Use Continuous Quality Improvement (CQI) to ensure fidelity and continuous learning
- Adapt training and policy based on what works for families

Impact: Children remain safely in familiar environments, reducing trauma, while families build the skills, supports, and confidence to care for their children—strengthening their ability to succeed long after system involvement ends.

System Improvements

- Data & CQI: Real-time insights to guide decisions
- Workforce: Training focused on relationships, safety, and trauma-informed care
- Partnerships: Collaboration with families, tribes, courts, and providers

Measures of Success

Success will be demonstrated through measurable improvements in placement capacity, timely access to care, and safe reductions in custody, including:

- Increase in licensed foster and kinship homes
- Reduction in congregate care utilization
- Reduced wait times for PRTF placement
- Reduction in out-of-state placements
- Reduction in entries into custody where safety can be maintained at home
- Increase in children safely maintained with their families
- Sustained performance at or above federal safety standards

Science of Hope in Practice

South Dakota's approach supports families to:

- Identify clear, realistic goals for safety
- Navigate the pathways needed to achieve those goals
- Build confidence (agency) to overcome barriers and sustain change

This evidence-based approach leads to safer children and stronger families.

Bottom Line

This approach prioritizes children, strengthens families, and makes more effective use of state resources.

Monthly Date Submission:

Core Measures:

- 1:1 Foster Home-To-Child-Ratio
- Entries into Custody
- Exits from Custody

Chaser Measures: Update 10/16/2026

- Maintaining Family Connections
- Use of Congregate Care
- Recent Maltreatment History
- Home Disruptions

Lead Measures: Updated 10/16/2026

- Number of Licensed Foster Homes
- Number of Kinship Placements
    - As of the last day of the month
- Number of Youth in Group Care
    - Total children served during the month
- Number of Youth in PRTF: Mental Health
    - Total children served during the month
- Average Time to Mental Health PRTF Placement (days)
    - Average days between referral and placement
- Number of In-State Mental Health PRTF Beds Available
    - As of the last day of the month
- Number of Out-of-State Placements (PRTF and Group Care Only)
    - Total children served during the month
- Treatment Foster Care Capacity Gap
    - Numerator: average # referrals denied; Denominator: average # referrals
- Number of Entries into Custody
- Children Remaining Safely at Home
    - Numerator = # of children served in home; Denominator = # total children served (in home + out of home) – as of the last day of the reporting month

Minor formatting adjustments may have been made to this document for 508 compliance. Content is unaffected.