SOUTH DAKOTA YOUTH AT-RISK

Prepared for

South Dakota Youth and Family Alliance
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May 1991

PREFACE

This report is intended to describe the status of youth at-risk in South Dakota, and strategies for

providing services to those youths. It represents the latest task in a very active state and local initiative

to identify and aid at-risk youth.

Under strong executive leadership, effective actions have been taken to increase public

awareness of South Dakota's youth at-risk. Coalitions have been formed at the state and local level to

promote collaborative planning, coordination, and service delivery. A major focus of state leadership

has been to enhance local leadership and encourage local ownership of youth problems and solutions.

Listed below is a chronology of activities which comprise the recent youth at-risk effort in South Dakota.

12/87	Governor sends staff (including one cabinet member) to the National Forum on Youth At-Risk in Washington, D.C.
1/88	Governor establishes the Youth At-Risk Interagency Work Group. The mission of this work group is: *To increase community awareness in South Dakota of its youth at-risk, and to facilitate development of local strategies which guarantee youth the opportunity to achieve personal, social, and economic self-sufficiency.*
9/88	Governor hosts the first Youth At-Risk Conference to increase public awareness of youth at-risk and encourage local coordination and collaboration in developing and implementing solutions to youth problems.
2/89	Governor names members to newly formed Interagency Coordinating Council.
1989	In Fall of 1989, Governor holds eight Family in Education forums across the state "to gather input from South Dakota citizens about our children and their future."
1989	At Centennial Summit held in the Fall of 1989, youth at-risk are identified as South Dakota's top education priority.
1990	South Dakota Legislature establishes within the state treasury the Youth At-Risk Education Trust Fund ($7,854,446).
1990	Legislature approves a special appropriation to fund the centennial school improvement project; six pilot drop-out prevention projects; and, in partnership with the Private Industry Council, eleven alternative learning centers.

4/90   Governor's Conference on Youth At-Risk showcases model programs and innovative community planning strategies for youth at-risk. The conference focuses on three areas: youth employment, substance abuse, and drop outs.

7/90   On July 9-10, 1990, participants at the Education '90 Conference in Sioux Falls discuss the six national goals for education adopted by President Bush and the National Governor's Association and make recommendations on strategies for achieving these goals in South Dakota.

7/90   Interagency Agreement is established among the South Dakota Departments of Education and Cultural Affairs, Health, Human Services, and Social Services, as well as the Unified Judicial System, to create the Interagency Coordination Network. The Interagency Coordination Network provides a statewide system of coordinated, multi-disciplinary, interagency services for children with special needs or for children at-risk. An additional goal of this agreement is "to provide systems of services which fully coordinate the efforts and resources of all federal, state, and local, and private entities toward full capability of the state to provide quality early intervention services."

12/90   Youth at-Risk Interagency Work Group and Interagency Coordinating Network Council (ICNC) merge to form Youth and Family Alliance.

1991   Legislature establishes that the annual interest from the Youth At-Risk Trust Education Trust Fund (approximately $510,000) would be transferred to the Department of Education and Cultural Affairs (DECA), and gave DECA spending authority.

1991   Legislature approves special appropriation to continue funding of eleven alternative learning programs for one more year (matching funds provided by the Private Industry Council under the Job Training Partnership Act).

3/91   With technical assistance from six regional interagency facilitators, local Interagency Coordination Networks are established in 29 South Dakota communities. The local networks provide a mechanism for planning and delivery of a comprehensive system of services including: (1) identification of children with special needs; (2) referral and transition services; (3) collaborative case management; (4) personnel development; (5) family support services; and (6) community programs and activities that promote the healthy development of children and youth.

4/91   Statewide needs assessment completed.

7/91   Grants awarded from the Youth At-Risk Trust fund to community-based projects that have demonstrated a commitment to collaboration in addressing the needs of at-risk youth.

SOUTH DAKOTA YOUTH AND FAMILY ALLIANCE

Vision Statement

South Dakota youth and their families will have access to community-based opportunities to achieve personal, social, educational and economic potential.

Mission Statement

The mission of the Alliance is to provide leadership and management to empower state agencies, local agencies, communities, families and individuals to meet their unique needs.

Purposes

- ▶ Technical Assistance
- ▶ Planning and Coordination
- ▶ Information and Resource Sharing
- ▶ Advocacy

Members and Participating Agencies

Mary DeVany	Commerce and Regulation
Sandra Durick	Department of Health
Craig Eichstadt	Attorney General's Office
Di Knox	Division of Alcohol and Drug Abuse
Kevin McLain	Department of Corrections
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Kelly Wheeler	Division of Mental Health
Steve Withorne	Indian Affairs
Christie Johnson	Coordinator, Department of Education
Bernice Hackett	Secretary, Department of Education

YOUTH AT-RISK TRUST FUND

Legislative Intent

To insure that all of South Dakota's young people are trained and ready to achieve economic self-sufficiency.

Legislative Strategy

To provide an ongoing measure of assistance and alternative methods for projects which will benefit present and future generations of youths most apt to fail in completing the essentials of learning.

Eligible Projects:

Allocations from the youth-at-risk education trust are to be made available as grants for local projects benefitting at-risk youth in the following areas:

- Early identification
- Early childhood projects
- Parental involvement projects
- Prevention awareness initiatives
- Substance abuse prevention
- Drop-out prevention (classroom environment emerged as most important determinant of competence
- Career exploration and vocational education projects
- The centennial school improvement program*
- Alternative high school programs
- School-to-work transition projects
- Health and medical services programs (screening to detect hearing problems - N.A. children more prone to ear infections; correlates with instrumental competence)
- Mental health services
- Family-based services
- Institutional care
- Juvenile aftercare

*The centennial school improvement program was funded during Fiscal Year 1989-90 with a special appropriation, and is now completed.

ACKNOWLEDGEMENTS

Because of the size and comprehensive nature of this study, the final report could not have been completed without the generous assistance of many people. The authors of this report would like to extend a note of sincere appreciation to all who were involved in the research and preparation of this report.

Specifically, we would like to thank the members of the Youth and Family Alliance. Their recommendations, help in locating data, review of draft reports, and more were keys to completing the effort.

There were also many persons within state agencies who immediately and enthusiastically responded to our requests for information. Although they are too numerous to name in this space, we would like to extend our sincere thanks for their willingness to immediately turn their attention to our inquiries.

A specific thanks to Donna Fjelsted for her guidance to the consultant team in the early stages of the study; to Bernice Hackett for her help with organization and coordination; and to Mary Fortune and Shannon Hayes for their long hours spent in production.

Finally, we would like to express a special note of thanks to the Youth At-Risk Coordinator, Christie Johnson, for her help and inspiration during the entire course of the project.

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In the fall of 1990, the State of South Dakota initiated a research project to identify the numbers and types of state youths who are at-risk of failing to become economically and socially self sufficient citizens.

During the course of the study, the South Dakota Youth and Family Alliance formed to provide leadership and management to empower state agencies, local agencies, communities, families, and individuals to meet their unique needs. The Alliance is now prepared to fund locally developed programs targeted at reducing the likelihood of economic and social failure can be funded by July 1. This report will be used as a resource to assist in funding and program development.

To determine the prevalence of risk producing factors in South Dakota, a consultant team was contracted to collect social indicator data and review reports and studies with the ultimate goal of identifying those conditions in greatest need of attention in the months and years ahead.

The investigation revealed that three inter-related factors combine to present the most serious obstacles to the self-sufficiency and well-being of current and future generations of South Dakota youth. Those factors are summarized here.

- *Economically Disadvantaged Youth and Children.* South Dakota children living in poverty, especially very young children who live in poverty households, are at the greatest risk of failure.

- *Family Stress.* Changes in family systems and economic stresses appear to have reduced the ability of many families to provide the foundation and support children need to achieve their personal, social, and economic potential. Sharp increases in child abuse, divorce, births to teen and/or unmarried mothers, and foster care placements indicate that increasing numbers of South Dakota children are at-risk.

- *Hardships Associated with Minority Status.* Jurisdictions with the highest percent of Native Americans are disproportionately represented on virtually every indicator of risk. One of the most critical needs in South Dakota is to increase the academic achievement and graduation rates of Native American youth. This need cannot be met without addressing other risk factors, including the effects of economic disadvantage and dependency, alcoholism, as well as the negative impact of dysfunctional families and communities.

The data and research also indicate that up to six other factors can combine to limit a youths potential for success. The more the factors are present, the greater the likelihood that the youth will face serious economic or social perils in the future. Those factors include:

- Educational disadvantages, handicaps, and/or failure;
- Alcohol and drug abuse;
- Health care deficiencies and associated problems;
- Juvenile delinquency;
- Mental health problems; and
- Teen pregnancy.

To reduce the likelihood that today's youths will become tomorrow's failures, efforts must be made to eradicate the problems presented above.

Some of the more significant recommendations are summarized here by type.

STATE PRIORITIES

- Because of the diverse range of needs, it is recommended that planners and policy makers prioritize resource allocation amon' the groups most in need. Those groups include:

    - Communities and schools with a high "index of need;"
    - Low income children and their families;
    - Educationally disadvantaged children;
    - Children with special needs and their families;
    - At-risk Native American youth;
    - Non-college bound youth, especially drop-outs, and potential drop-outs; and
    - Teen parents, and children of teen parents.

- To attain goals, an approach which relies on the state for resource development, financial aid, and technical assistance and communities for planning, problem prioritization, and implementation is advocated. That approach would include: addressing the needs of the whole child through interagency coordination and planning; strengthening the capacity of the local community be reaching out to families, schools, and children; integrating social and economic perspectives on youth development and using a variety of age appropriate interventions to support critical needs.

- The following service areas should be considered for prioritization:

    - Prevention and early intervention;
    - Culturally sensitive and responsive services, curriculum, and teaching strategies;
    - Alcohol and substance abuse prevention and treatment;
    - Intensive home based services;
    - Transitional services which support and maintain gains achieved during treatment and which reconnect youth with their families; and
    - Community based alternatives to detention and incarceration.

BENCHMARKS

- Use baseline data as benchmarks to measure adequate state progress in changing the conditions that hinder the development of children.

PLANNING AND COORDINATION

- The state should promote interagency cooperation and collaboration to assist local networking initiatives.

- Continue support of the interagency case management model developed by Child and Adolescent Service System Program, a system which now encompasses all children whose service needs cross agency boundaries.

- Reward broad-based local planning and coordination efforts through funding criteria that places a high priority on collaboration and community/parent involvement.

INFORMATION ON CHILDREN AND FAMILIES

- Improve the availability, accuracy, and use of state and local information on children and families.

- Encourage local school districts and communities to maintain accurate information on indicators for youths.

- Provide technical assistance to schools and communities in developing and interpreting data on youth at-risk.

PROGRAM EVALUATION

- Develop an evaluation system for monitoring and evaluating projects funded by the youth at-risk trust fund that involves local planners, decision-makers, and service providing as partners in all evaluation efforts undertaken.

KEY PREDICTOR AND RISK FACTORS STRATEGIES

- Utilize social indicators for prioritizing services and selecting projects for funding.

- Measure progress toward state goals by evaluating changes in social indicators associated with risk.

MINORITY STATUS STRATEGIES

- Increase the availability of culturally sensitive and appropriate services that help communities and youth develop respect for cultural diversity.

- Eliminate the gap in high school graduation rates between South Dakota students from Native American backgrounds and their non-minority counterparts.

PREVENTION AND EARLY INTERVENTION

- To the extent possible, focus program dollars on prevention and early intervention programs.

FUNDING STRATEGIES

- Adopt a funding strategy which focuses on overall need--i.e., utilizes a need index--to prioritize communities with greatest need.

- Select priority areas which have direct impact on goals identified in the plan.

- Examine ways to increase the leverage of youth at-risk Trust Funds by using strategies aimed at statewide or systemwide improvements.

OTHER PROMISING PRACTICES

- South Dakota should aggressively pursue federal community service funds.

- Strong consideration should be given to funding peer resource programs.

INTRODUCTION AND REPORT OVERVIEW

DEFINING "YOUTH AT-RISK"

What does being "at-risk" mean? It depends on who is defining the term and what he or she feels a youth is at-risk of becoming. Ask researchers, parents, teachers, or others and they would all describe "at-risk" differently. It becomes apparent, therefore, that some type of common definition of the term is necessary, at least as it applies to South Dakota's Youth At-Risk Initiative.

To begin, "at-risk" is an indefinite term that has been used by various disciplines to describe: all children under 21; potential high school drop-outs; economically disadvantaged children; and young people in danger of becoming associated with a number of different youth problems; including substance abuse, teen pregnancy, delinquency, child abuse, and dependency on the welfare system.

The legislation establishing the South Dakota Youth At-Risk Education Trust Fund suggests that "at-risk" could include children in all of these groups, with the exception of the first all-inclusive category. The legislative intent is to ensure that all of South Dakota's *young people are trained and ready to achieve economic and social self-sufficiency.* It further states that the purpose of the youth-at-risk trust fund is to benefit *present and future generations of youths* most apt to fail (emphasis added) *in completing the essentials of learning* (SL 1990, ch 190, Section 13-14-7).

For the purposes of this study, therefore, the term "youth at-risk" is used to characterize those children and youth who, for whatever reason or combination of reasons, are unlikely to become economically and socially self-sufficient citizens. This definition includes not only children and youth who are unlikely to graduate from high school, but also young people who are likely to leave school without adequate life skills to achieve economic and social self-sufficiency.

In order to identify the needs of youth at-risk in South Dakota, this study examined those problems and conditions which research has shown to be most likely to support or hinder the development and potential of children from birth to age 21.

FACTORS THAT CONTRIBUTE TO RISK

Before a South Dakota specific review of risk behavior and factors can occur, it is important to understand general risk theory. The following is presented to provide the reader with a very brief overview of the factors which have been identified as contributing to risk.

Youth problems are the result of complex cultural, individual, social, economic, and environmental factors. Researchers and practitioners in the fields of juvenile delinquency, substance abuse, mental health, and education have identified a multitude of indicators or predictors of problem behaviors. Although there is some variation in the indicators for each of these areas, the similarities are more notable than the differences. These factors are frequently interwoven, and the exact cause and effect relationship is often unclear. However, Davis and McCaul of the Institute for the Study of At-Risk Students (1989, p. 34) believe there is general consensus among researchers and policy-makers that three broad societal forces place youth at-risk. These are:

- ▶ Poverty
- ▶ The changing make-up of the American family, such as the increase of single parent and dual working parent families
- ▶ Hardships related to minority status

Concern regarding these social forces have been in the forefront of recent reports on the status of children in the United States. Minority youth, in far too many cases, are negatively affected by all three of these forces. For example, non-white children are more apt to be living in a single parent household, with an unmarried teenage mother who is on welfare.

In addition to the societal forces, Davis and McCaul divide the numerous risk factors that are associated with youth problems into two additional categories: school environment factors and

individual characteristics. Conditions related to all three of these areas can be operating simultaneously and inter-actively.

Risk factors which researchers (e.g., Hawkins and Weiss, Jenson, Catalana, Lishner, 1988) have found to be significantly associated with delinquency and drug abuse are listed in Appendix I. The factors below are common to all areas of youth problems and therefore are most likely to increase the probability that a child will face an uncertain future as a family member, citizen, and productive employee:

- Living in a poverty household
- Minority/racial group identity
- Living in a single parent family (especially an unmarried teen mother)
- Poor family management practices/lack of parenting skills
- Educational deficiencies
- Handicapping condition
- Family alcohol or drug use and/or family history of criminality
- Early antisocial behavior
- Early experimentation with drugs
- High mobility (frequent changes in residence and school)
- Community disorganization and/or high level of transiency

Children who are at-risk based on several of these factors are at the greatest risk of not making a successful transition to adulthood. These young people are least likely to acquire the necessary social and employment skills to become productive citizens. They are likely to require continued social and/or correctional services during their entire lifetime. Their children, in turn, will be the future generation of youth at-risk.

Davis and McCaul (1990) have done extensive research on at-risk youth and suggest that a convenient framework for viewing the multitude of factors that contribute to a young person being at-risk of school failure can be lumped into three broad categories.

First of all there are societal factors. Examples found by the authors to correlate with being at-risk include the following.

- Minority racial/ethnic group identity
- Non-English or limited-English language background
- Poverty
- Negative family/home conditions (child abuse/neglect; alcoholism, educational level of parents, single parent family, dysfunctional family, homeless)

There are also school environmental factors, examples of which are included here.

- Inappropriate or ineffective curriculum, teaching strategies, and/or educational standards
- Lack of basic support services (e.g., counseling, health services, referral, special instruction)
- Low teacher expectations for student performance
- School climate not conducive to positive development
- Lack of sensitivity to diversity

And finally, there are individual youth characteristics. These correlates may be directly or

indirectly related to family, school, and community. Examples include the following.

- Low self-esteem, motivation, aspirations, self-discipline, self-control, aggressiveness, depression
- Chemical abuse
- Dangerous sexual practices
- Peer pressure/rejection
- Handicapped (cognitive, learning, emotional, physical, sensory deficits)
- Incompatible value system
- Excessive work

To determine which youths or type of youths are most at-risk of certain failed behaviors (e.g.,

school failure), researchers identify characteristics or indicators which serve to measure the extent to

which risk factors are present in a community. The indicators are databased proxy representations of

the risk factors.

For example, it is known that poverty places youth at increased risk of school failure. Although

it is not possible to "measure" poverty, it is possible to define it using an indicator such as "percent of

children living below the poverty level" or "percent eligible for the free lunch program." These indicators

can then be used to determine the extent to which poverty exists within a community and to compare

between communities.

Despite the plethora of work on risk factors and indicators which have been conducted

nationally, it is still not known to what extent these factors exist within South Dakota, especially at the

community level. For that reason, this report is being issued. It examines the scope and extent of risk

factors in South Dakota and other issues involving youth at-risk. The implications of risk factors for the

development of a broad youth at-risk strategy is discussed and actions for implementing that strategy

are recommended.

APPROACHES TO NEEDS ASSESSMENT

There are several methods that can be used to identify needs, but most approaches fall into two broad categories: (1) those which involve the use of primary data collection, such as opinion surveys, surveys of key informants, organized public meetings, surveys of service recipients, and brainstorming; and (2) those which use secondary data, including social indicators, service statistics, resource inventories, and needs data identified by other planning systems. Each method has its strengths and weaknesses, and most needs assessments use a combination of approaches. The approach or combination of approaches that is selected must be based on the particular situation, and take into consideration the nature of the total effort.

STRATEGY SELECTED AND RATIONALE

The approach selected for this study includes the use of "social indicators," combined with information from other secondary data sources. Several factors influenced the strategy selected.

First, the array of youth needs, and the factors that place youth at-risk are numerous, and had not been clearly defined. South Dakota, like most other states, does not have a clear picture of who are its "youth at-risk." A first step, then, was to identify the range of conditions and problems that hinder the positive development of children and youth, and to get a general overview of their occurrence in South Dakota before examining a single needs area in more detail.

Second, numerous studies and surveys related to youth at-risk in South Dakota have been completed or are in progress. An objective of the current project was to inventory and utilize, rather than duplicate, these studies.

Third, a strategy for identifying needs that provides information on youth needs geographically, and which can be updated relatively easily and at low cost were important considerations. A major intent was to provide an initial data base which could be expanded and built upon, both at the state and local level, depending upon the specific needs of a particular planning or service delivery effort, without duplicating other data collection efforts.

SOCIAL INDICATORS

Social indicators are aggregate statistics on social conditions, (e.g., the number of low birth weight babies, children living in poverty, school drop-outs; victims of child abuse, etc.) that "indicate" the magnitude of a problem or of conditions associated with a particular problem or need.

Chief advantages of using social indicators are the relatively easy access to and availability of data, the relatively low cost of obtaining the data, and its built-in design flexibility. For example, social indicator data can be used to examine the needs of an individual community, to compare a community's needs with those of other communities in the state, or to compare the needs of South Dakota with those of other states in the same region or nationally. Social indicator data can also be used to establish benchmarks, or baselines, so that changes can be assessed over time. Benchmarks can also be used to establish goals for future time periods. Finally, data from several different sources can be used to develop an "index of need." An index of need has been identified as the preferred method of allocating funds for at-risk youth (see Arizona State University, "Project Fair," 1990).

The use of social indicators in needs assessment can range from the use of a few indicators to more complex designs that employ "constructs" created by combining a number of indicators of the same need, and designs that use complex statistical techniques such as factor and multiple regression analysis. The social indicators developed for this study will need to be refined over time.

OTHER SOURCES OF INFORMATION ON YOUTH AT-RISK

A major disadvantage of the social indicator approach is that it does not provide detailed information regarding specific needs. A second disadvantage is that data sets for many important indicators of youth needs are aggregated by different types of geographical units, and therefore cannot be combined in a single index. A third problem is that data for important indicators may not be current, readily available, reliable, or in the public domain. These problems were partially addressed by utilizing data and information from other needs studies, and in some cases by examining a particular youth need from a statewide perspective only.

Several major surveys, evaluations, and other studies have been undertaken during the past year that provide information on youth at-risk in South Dakota. These studies provide in-depth information regarding one or more youth problems, related risk factors, resources, and/or unmet needs. For example, results of the "1989-90 Youth Risk Behavior Survey," provide excellent information on youth behaviors that are critical to the present and future health and safety of young people in South Dakota. This survey, which was developed by the Center for Disease Control, is being conducted annually in South Dakota and other states, and will be used to measure progress in achieving nationally established health goals.

A survey of drug and alcohol use among South Dakota high school seniors (RMBSI, Inc., 1990) sponsored by the Division of Alcohol and Drug Abuse and the Department of Education and Cultural Affairs provides detailed information on South Dakota youth at-risk from substance abuse. Examples of other studies which provide needs data include: a survey of child care needs (Branum, South Dakota State University, 1990); a study of the prevalence of emotional disturbance among young school children (Beiser, 1990); a survey of citizen and law enforcement attitudes toward drug use and crime (Attorney General's Task Force on Drugs and Crime, 1990); a juvenile justice system study conducted for the Department of Corrections (Community Research Associates, 1990); as well as others. Additional studies are in progress, including several resource inventories.

Also, hundreds of reports on youth at-risk have been published by other state and national

organizations. Finally, annual state statistical reports provide a wealth of information regarding the

characteristics of children receiving state services, and the services provided. Some also contain

information regarding the cost of providing those services, as well as federal, state, and local levels of

funding.

Studies and other data sets identified during the course of the project are listed in the "Topical

Bibliography of Youth At-Risk" located in the appendix to this report. Reports and other publications are

listed in the topical bibliography under the primary problem area addressed. Local planners are

encouraged to consult these reports for more detailed information related to specific youth needs.

Data from these secondary sources are incorporated in the findings.

COLLECTION AND ANALYSIS OF SOCIAL INDICATORS

The collection and analysis of social indicators involved the following steps:

(1)   Identification of problem and needs areas to be included in the study.

(2)   Identification of potential social indicators and their sources.

(3)   Assessment of the extent to which reliable, broadly representative social indicator data
        currently exists for potential indicators, and whether data is available for local
        geographical units (or on a statewide basis only), as well as the likelihood that reliable
        data will be available on a regular basis in the future. This involved:

        (a)   Interviews with State Human Service agency representatives regarding the
                availability and reliability of data.

        (b)   Collection and examination of available aggregate data.

(4)   Identification of a relatively small set of variables which are either direct measures of
        aggregate levels of youth at-risk, or which reflect social conditions that are linked to youth
        problems.

(5)   Construction of example individual and composite indexes of need for selected
        geographical areas (county, or school district, depending on availability).

After reviewing a large number of potential measures, variables were selected which were

determined to be the most relevant to studying youth needs, and for which data were readily available.

The outcome of this process was a set of variables that provide a diverse, yet comprehensive set of indicators which, when combined with population data, yield an aggregate indication of the relative need for a particular geographic area.

For complete information on the social indicators used in this study, including definitions, sources, county rankings, and analysis, see the section, "Risk Indicators."

LIMITATIONS OF CURRENT NEEDS STUDY

A statewide needs assessment, even one that includes comparative data for local communities, is only the first step in the process of identifying and addressing youth needs. All data is subject to interpretation. Those most familiar with a particular problem (often people in the community) are in the best position to interpret what the data really mean. For example, a high incarceration rate may be a true indicator of a high crime rate, or it may simply reflect a lack of local resources, judicial policy, or some other phenomena. There are also many conditions and factors that contribute to a particular problem or need, and these vary from one community to another. These conditions, as well as a comprehensive assessment of the availability, adequacy, and quality of local resources, must be determined and prioritized at the local level.

FINDINGS: YOUTH AT-RISK IN SOUTH DAKOTA

"If the health and the educational and social development of America's children are not nurtured, they will not be able to assume a productive role in the future work force. Ultimately, it will affect the nation's ability to be economically competitive in the global marketplace. Society cannot continue to ignore the ravages brought upon children, especially minority children, by infant mortality and morbidity, inadequate child care and preschool education, teenage pregnancy, school failure, substance abuse, youth unemployment, welfare dependency, and poverty" --National Governor's Association, *America in Transition*, 1990, p. 18.

This section highlights key findings from the South Dakota Youth Needs Study. Critical statewide and regional factors contributing to youth at-risk, as well as some of the more pressing problems and unmet needs are reported. An understanding of these conditions and problems is considered particularly relevant to developing state strategies with real potential for brightening the future of South Dakota's at-risk children and their families.

An examination of social indicators, data from other sources, and existing research combine to indicate that the most significant indicators of youth at-risk in South Dakota are:

- Economic disadvantages,
- Problems related to family instability and stress, and
- Hardships associated with minority status.

These factors, which are frequently inter-related, also appear to present the most serious obstacles to the self-sufficiency and well-being of current and future generations of South Dakota's youth. Youth who experience more than one of these conditions are at greatest risk, and are especially likely to encounter a number of related conditions and problems that reduce their opportunities for success. These include:

- Educational disadvantages, handicaps, and/or failure;
- Alcohol and drug abuse;
- Health care deficiencies and associated problems;
- Juvenile delinquency;
- Mental health problems; and
- Teen pregnancy.

These findings are consistent with national trends, but the specific form they take in South Dakota is unique to the state's population, geography, and socio-economic climate.

Standardized "needs indicators" for each of the problems listed above were calculated for each South Dakota county, with the exception of (2) hardships associated with minority status and (9) teen pregnancy. The identification of "hardships associated with minority status" as a critical risk factor was derived from the association between the percent of a county's population that is Native American and other risk variables.   Data on the number of teen pregnancies which occur in each county is not released; therefore a county level needs indicator could not be calculated.

Sample composite indicators using selected variables also were computed. County rankings on each social indicator, as well as a more detailed discussion of findings, limitations, and gaps in social indicator data for each problem area can be found in the section, "Risk Indicators."

The following is a summary and discussion of findings related to each of the problem areas listed above based on the analysis of social indicators and other data sources.

(1)   ECONOMICALLY DISADVANTAGED CHILDREN AND YOUTH

▶   **South Dakota children living in poverty, especially very young children who live in poverty households, are at the greatest risk.**

"Poverty" is the inability to meet basic necessities in terms of food, shelter, and clothing (U.S. Department of Health, Education, and Welfare). Some children growing up in poverty excel academically and personally and later become socially and economically self-sufficient adults. Nevertheless, there is overwhelming evidence that children living in poverty households are more likely to drop out of school, to be abused, to have preventable health, physical, and emotional problems, to become dependent on alcohol and other drugs, and to engage in delinquent behavior.[1]

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[1]For further information on children and poverty, see Schorr (1988), Davis and McCaul (1989 and 1990), and National Governor's Association (1989) in the topical bibliography.

The effects of a deficient diet in the early years on physical growth and brain development, lack of adequate supervision to insure physical safety, increased likelihood of physical abuse, inadequate health care, lack of adequate intellectual stimulation, and exposure to the family turmoil that often accompanies or causes poverty, all place children, especially very young children, living in poverty households at greater risk of conditions that can impede or permanently impair their development (Davis and McCaul, 1991:36; Zill, et. al, 1989:7).

Social Indicators

Counties were ranked on four indicators of economic disadvantage and the correlations of these indicators with other indicators of need were examined. County-level economic variables included in this study are: (1) per capita income; (2) number of children living in families receiving food stamps; (3) number of families receiving Aid to Dependent Children (ADC); and (4) unemployment rates.

South Dakota counties which rank highest on indicators of poverty also have the highest rates of infant mortality, low birth weight babies, adjudicated delinquents, and adult alcohol and drug related arrests (See Table A1--Appendix A, "Correlation of Selected Variables"). There are also significant associations between poverty indicators and ethnicity and population size.[2] The percent of the population that is Native American is negatively associated with per capita income, and positively correlated with the percentages of children living in families receiving foodstamps, the number of ADC families; and unemployment rates. Per capita income is negatively correlated with population. In other words, less populated counties tend to have lower average per capita incomes than more densely populated counties. This correlation, while statistically significant, was weaker than many others (r = 0.29). In addition, at the school district level, the number of children living in low income households as a percentage of total

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[2]A more in-depth presentation of correlations can be found in the section entitled "Risk Indicators" and in Appendix A.

enrollment was also examined. School districts which reported higher percentages of low income children, also tended to report higher percentages of educationally disadvantaged students (see Table B9, "South Dakota Chapter I Selected Data: FY 1991").

Census data is an extremely important source for indicators known to be associated with children in poverty, including number of children living in a single parent household; number of children living in overcrowded housing; level of educational attainment, and so on. At the time of this study, 1990 Census results for these factors were not yet available, and the 1980 Census data by county was considered too unreliable for inclusion.

Other Data

Many significant indicators of poverty and associated risk factors are not currently aggregated at the county level. However, statewide data, as well as other studies and research reports provide information that help define how many children in South Dakota are at-risk due to conditions associated with poverty.

- 1985-89 Census estimates indicate that approximately 40,000 South Dakota children, or 20 percent, are poor. An estimated thirty percent (19,200) of South Dakota children under the age of 5 are poor (numbers and percentage based on 1985-89 Census data).

- Thirty-two percent of South Dakota's school children live in families which meet the low income criteria to receive Federal funds (known as Chapter 1) to support education for educationally disadvantaged children.[3]

- One in every five South Dakota adolescents lives in a family whose income is below the U.S. poverty threshold. Nationally 16 percent of all teenagers are poor. In "Adolescent Life Chances" (South Dakota State University Census Data Center, June 1990), VanDenBerg and Arwood note that poverty is a critical factor in determining whether adolescents will have fulfilling and successful futures: "The lack of money rules out a college 'life chance.' It also lowers both parental and teen-age attitudes and aspirations toward education and work." According to this article, which used 1980 Census data, 48.3 percent of Native American teens live in poverty, compared to 13.5 percent of white youth; children in families headed by a female (regardless of ethnicity), are more likely to be living in poverty (36.4 percent)

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[3]Data on Chapter 1 funding is from statistics provided by the Department of Education and Cultural Affairs.

than children from two-parent families; and three times more rural adolescents live in poverty (23.8 percent) than do urban youths (6.9 percent).

- The 1990 estimated median income for a four person family in South Dakota was $29,142--the fourth lowest median income in the nation. Per capita income data by county, however, indicates that there are extreme variations in income among counties, from a high of $15,285 in Minnehaha County to a low of $4,625 in Shannon County (see Table B2, "Per Capita Personal Income).

- Zill, Krysan, Stief, and Peterson in Young Children in Poverty in the United States (1989) found that certain demographic groups of children are over-represented among the nation's young children in poverty. For example, they found that nearly half are children of high school drop-outs, compared to 20 percent of all children under six; almost half are children of teenaged mothers (only 25 percent of all children were born to teen mothers); and the majority are children of ethnic minorities. They also documented that poor school-age children are nearly twice as likely to have chronic health limitations than are non-poor children.

Unmet Needs

▶ **The lack of adequate economic, health, education and human service support for children living in poverty households is a major barrier to breaking the cycle of poverty and its long-term effects on present and future generations of South Dakota children.**

Economic and educational disadvantage are highly inter-related. More young adults and their children are growing up in poverty or near poverty level conditions. Unless fundamental socio-economic conditions are addressed, there will continue to be increasing numbers of children who enter kindergarten and first grade developmentally unprepared to learn the basic skills that are the building blocks for later academic success.

Federal aid to the state in virtually every area that affects the welfare of children has been significantly reduced since 1982. Millions of federal dollars for the educationally deprived, health

services, Medicaid, social services, mental health, AFDC and child support, Food Stamps, job training, and housing have been cut.[4]

State and local resources are also limited. For example, only 20.6 percent of those who were unemployed received unemployment insurance in 1988, the 11th lowest percentage in the nation. Children living in families headed by a person who has been unemployed for months, and perhaps years, are likely to experience a combination of deprivation and despair that allows little hope for a brighter future.

The socio-economic and cultural forces which contribute to the increasing numbers of children living in poverty are complex and influenced by factors at the national, state, and local level. Economic development and federal and state policies that reduce the number of families living below the poverty level are probably the most important strategies. However, both state and local resources are limited, and despite broad public recognition and bipartisan support for increased financial aid for early childhood health and education programs, the national budget deficit and the cost of the Persian Gulf War make it unlikely that there will be significant increases in Federal spending for social programs.

The recommendations section of this report, therefore, focuses as much on the most effective use of existing resources (including both people and financial resources), as on increases in spending. Research suggests, for example, that viable strategies that focus on strengthening the capacity of communities, families, and children to break the cycle of disadvantage are effective, and provide the best hope for the future.

South Dakota has already taken a number of significant steps in this direction, both in terms of improving the efficiency of the service delivery system, and in terms of maximizing the use of federal/state funds. Community-based coordination and case management are examples

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[4]See "The South Dakota Priority," published by the Children's Defense Fund, Fall 1990. This document reports data on significant indicators of child well-being as well as cumulative changes in Federal funding between 1982 and 1988.

of recent changes in the service delivery system which promise to improve the quality and cost-effectiveness of services. Joint funding of projects is another strategy that can help fill gaps in services, such as the Federal and state funding of alternative schools.

Two new federal programs will provide services to children and/or their families which promote economic independence and skill development. The recently passed Child Care Bill will provide support for improving the quality and availability of child care. The Community Services Act will award grants to states, and in some cases, to private agencies, on a competitive basis. The Act will fund community service, work experience, and youth corps projects.

(2) **FAMILY STRESS**

▶ **Changes in family systems and economic stresses appear to have reduced the ability of many families to provide the foundation and support children need to achieve their personal, social, and economic potential. Sharp increases in child abuse, divorce, births to teen and/or unmarried mothers, and foster care placements indicate that increasing numbers of South Dakota children are at-risk.**

The family has primary responsibility for the nurturance, health, and well-being of children. Changing economic and social forces, however, are making it difficult for increasing numbers of families to meet this responsibility. The changing configuration of the American family, the increased number of families where both parents are working, and growing numbers of the working poor and homeless are some of the key trends that are of most concern to national, state, and local policy-makers. These changes directly impact the ability of families to provide the care, support, and direction essential for healthy child development.

The result can be seen in higher divorce, child abuse, teen pregnancy, juvenile incarceration, substance abuse, school drop-out, and youth unemployment rates. But perhaps the most disturbing indicator is the dramatic increase in all forms of correctional supervision, including prison, probation, and parole (Austin, 1990).

Social Indicators

Data on three social indicators of family problems were examined: (1) Substantiated

cases of child abuse and neglect (2) average number of children in an out-of-home placement

each month; and (3) divorce rates. Currently only data on marital terminations are aggregated

by county. Child abuse/neglect data are available by social service area, and out-of-home

placements are available by social service area, circuit and tribal area. It is anticipated, however,

that Fiscal Year 1990 data will be available by county for all three indicators. At that time a

composite indicator of family instability using these three measures could be constructed. In the

meantime, this data is still useful for local planning efforts.

South Dakota communities with high divorce rates also showed lower average per capita

incomes, higher rates of drug related arrests, more delinquency petitions filed, more families on

welfare, and larger Native American populations.

Other Data

The Child Protective Services annual statistical reports provide data on child abuse and

out-of-home care by ethnicity, age, type of abuse, and type of out-of-home placement. It is

anticipated that all of these data can be aggregated by county in the future.

- The rate of substantiated cases of child abuse and neglect in South Dakota has increased from 2,609 in 1980 to 4,317 in 1989, an increase of 65.5 percent. The number of substantiated reports, however, actually reached its peak in 1986, and has declined slightly during each of the past three years.

- An examination of child abuse and neglect data by type of abuse and by ethnic group reveals that more than half of the substantiated cases of abuse and neglect are Native American children, and that there are nearly two neglected Native American children for every one neglected white child. More white children, on the other hand, are victims of physical and sexual abuse. Substance abuse and the prevalence of unemployed, single-parent families have been noted as major contributing factors to neglect among Native American children.

- Native American children are also vastly over-represented in the foster care caseload. Approximately 65 percent of an average month's foster care caseload is Native American. Persons interviewed during the course of the juvenile justice

system study indicated that there is lack of foster care beds for Native American Children and few viable alternatives.

- Although 1990 census data related to family risk variables will probably not be available until 1991 at the earliest, changes in family structure are reflected in divorce and birth statistics. For example, the divorce rate doubled between 1960 and 1972, and reached its peak in 1980. In 1988, 21.1 percent of all births were to unwed mothers; 13.4 percent of births to white mothers were out of wedlock, and 64.4 percent of births to Native American women were to unmarried mothers. By comparison, in 1960 only 1.6 percent of all white and 22.9 percent of all Native American births were non-marital. There was a small increase (1 to 2 percent) in the percentage of non-marital births for both races between 1987 and 1988 (South Dakota Vital Statistics and Health Status, 1988).

The impact of single-parent status on family resources needed to support healthy growth and development is discussed under problem areas (1) Poverty and (9) Teen Pregnancy.

(3)   **HARDSHIPS ASSOCIATED WITH MINORITY STATUS**

► **Jurisdictions with the highest percent of Native Americans are disproportionately represented on virtually every indicator of risk. One of the most critical needs in South Dakota is to increase the academic achievement and graduation rates of Native American youth. This need cannot be met without addressing other risk factors, including the effects of economic disadvantage and dependency, alcoholism, as well as the negative impact of dysfunctional families and communities.**

Incomes in South Dakota counties with large Native American populations are among the lowest in the nation. The Aberdeen Area Tribal report on the health status of Native Americans in a four state region reports that high unemployment is a major cause for dysfunctional communities. "Unemployment and poverty contribute to the high rate of substance abuse." Substance abuse, in turn, contributes to high rates of accidents, violence, fetal alcohol syndrome, child neglect, and low aspirations (Aberdeen Tribal Area Health Plan, 1990).

Native American children and youth are more likely than non-minority young people to:

- be living in poverty
- drop out of school
- be educationally deprived
- have an educational handicap
- have a low self-concept
- be a teen parent or the child of a teen parent
- live in a single parent household
- be neglected
- be adjudicated delinquent
- be in a state correctional facility or foster care
- have alcohol and drug related problems (dependency, family alcohol use, fetal alcohol syndrome, etc.)
- have preventable health problems
- be an accident victim
- live in substandard housing
- change residence and schools frequently

Social Indicators

The association between minority status and other risk variables was examined using 1990 total population and Native American population figures for each county. Table 1, "Correlation of Selected Variables" shows that there are fairly strong relationship between the percent of population that is Native American and the indicators of economic disadvantage. This means that counties with higher percentages of Native American's are also likely to have higher unemployment rates, a greater proportion of the population receiving Aid to Families with Dependent Children, and lower per capita incomes. They also are likely to have higher infant mortality rates, and alcohol and drug treatment rates. Juvenile and criminal justice variables are not significantly related. This is possibly because many of the counties with large Native American populations handle law violations in tribal courts, and tribal court actions are not included in the current measures of juvenile and adult crime. Statewide data demonstrate that Native American children are significantly over-represented on a number of other critical, but unavailable risk factors. These include school drop-out, child abuse and neglect, and teen pregnancy rates.

Other Data

- Only 55 percent of Native American mothers began prenatal care in the first trimester, compared to 80 percent of White mothers. Five percent of Native American mothers received no prenatal care at all. Inadequate prenatal care is associated with infant mortality, which is higher in counties with larger proportions of Native Americans.

- The graduation rate for Native American youth is estimated to be 40 percent, compared to 79.6 percent for all South Dakota youth. The annual school drop out rate for Native Americans is 20.1 percent for students enrolled in grades 7-12 (for white students the drop rate is 3.97 for students enrolled in grades 7-12). Some of these students obviously have transferred to another school, but it has not be tracked. BIA schools are not required to report data on transfers or dropouts to the Department of Education, and some do not. Some of these students do earn G.E.D. certificates. However, they still have missed out on the skill building experiences available in a high school setting. Youth who drop out of school, of course, are at higher risk not only of unemployment, but also of being in the juvenile justice and adult correctional systems.

- Data from the 1990 juvenile justice system study indicate that serious financial needs, lack of employment skills, lack of involvement in meaningful activities, school-related problems, poor parenting, alcohol and drug abuse, and domestic violence are among the risk factors that contribute disproportionately to the law-violating behavior of Native American youth. Not surprisingly, adjudicated Native American youth are less likely than white youth to come from a two-parent home (24.2 percent of Native American youth, compared to 50.7 percent of white youth were living with both parents at the time of disposition.)

- Two 1990 surveys of alcohol and drug abuse among South Dakota high school students indicate that Native American youth are at greater risk from substance abuse, but the difference is not as great as might be anticipated, especially for younger youth. The need for culturally appropriate alcohol and drug prevention and treatment programs was identified as a critical need by key informants interviewed as part of the juvenile justice study, as well as by the Aberdeen Area Tribal Health Plan.

(4) EDUCATIONALLY DISADVANTAGED

▶ **Education is a key to the success of children. Yet many children in South Dakota are deprived of opportunities to succeed in school.**

South Dakota's school completion and school achievement rates compare favorably with other states. For example, South Dakota students' composite scores on the 1989 ACT test for college-bound seniors were the 5th highest among the 28 states that administered the test. The

state ranks 12th out of 51 states in terms of the percentage of students who complete high school. Not all children in the state, however, appear to have the same chances of achieving success in school. These children are generally referred to as educationally or academically "disadvantaged."

The term "disadvantage" generally refers to individuals (other than individuals with handicaps) who have economic or academic disadvantages and who require special services and assistance in order to enable them to succeed in an educational or vocational program.

Social Indicators

The needs indicators used to measure educational disadvantage were: (1) percent of eligible school enrollment classified as low income and (2) percent of school enrollment identified as educationally deprived. These variables are available for each school district. School districts collect and report this data to the Department of Education and Cultural Affairs in order to establish eligibility for federal funds provided to states to meet the special education needs of educationally deprived students.

"Low income" generally means those students who are eligible to receive free or reduced lunches or have other indicators of economic status which identify them as in need of economic assistance. School districts identify students as "educationally deprived" on the basis of standard achievement test scores. Those who are more than two grade levels behind in reading, writing, or math skills; who score below the 25th percentile on a standardized achievement or aptitude test; or who have limited English proficiency are generally considered "educationally deprived."

The percentage of low income, and percentage of educationally deprived were combined to create a composite indicator of educational disadvantage because neither measure by itself was considered to be a reliable indicator. Rankings are listed in Appendix B.

Most other needs indicators used in the study were based on aggregate statistics from counties, rather than from school districts. For this reason the relationship between educational disadvantage and other needs indicators could not be examined. Local school districts and other groups, however, can still use the data in Table B9 (Chapter 1 Selected Data) for local planning.

Vocational Education, Special Education

Indicators for a number of additional areas of educational need could be developed, including: (1) vocational education, (2) special education, and (3) student retention (i.e., drop-out prevention).

The first two can be developed with existing data. For example, the formula used to allocate vocational education funds to school districts under the Perkins Act could be used to rank school district's relative need for vocational education funds. In fact, this is already done through the allocation process. The same is true regarding the allocation of special education funds to school districts.

It should be noted that handicapped students or special needs students, including both the talented and gifted, and those with cognitive, learning, emotional, physical, or sensory deficit handicaps traditionally have not been included in the term at-risk. These students have traditionally been regarded as a completely separate population under state "Special Education" programs. This orientation has been changing in recent years for a couple of reasons. First, special education professionals are promoting the mainstreaming of "special education" students. Second, many handicapped or special needs students share risk factors with other youth at-risk. Consequently, they need the same kinds of support services as other children and youth with multiple problems.

School Drop-Out Statistics

A third, and extremely important education needs indicator, of course, is the high school graduation rate. The graduation rate has replaced its opposite, the school drop-out rate, as the standard measure of school completion because the graduation rate is being used for national education goals. School districts report annual drop-out statistics to the Department of Education and Cultural Affairs, but this information is kept confidential. Like many other states, data on the actual number of students who drop out of school is unreliable. South Dakota recently has taken steps to improve the reliability and uniformity of school drop-out statistics by developing a standard definition of "drop-out" and by implementing an new reporting system.

Local communities must have accurate data regarding the numbers of students who drop out of school, as well as the reasons they drop out. Without such information, neither needs in this area, nor the results of efforts to improve the graduation rate for all students can be measured. The state policy of keeping this information confidential is highly unusual and does not appear to serve the needs of children.

Other Data

- The importance of early identification of youth at-risk is frequently noted. However, only 40 percent of children **identified** as educationally disadvantaged are receiving Chapter 1 services. Chapter 1 is a federally funded program intended to meet the special needs of educationally deprived children. Current levels of funding clearly do not meet the identified need in many South Dakota school districts.

- Approximately 79.6 percent of South Dakota's ninth graders graduate from high school. The National goal is to increase the high school graduation rate to at least 90 percent by the Year 2000.

- An estimated 40 percent of Native American students graduate from high school on schedule; as few as 25 percent of the students on some Indian reservations graduate. The annual drop-out rate for Native American youth in grades 7-12 is 20.4 percent (without adjustments for transfers).

- The 1989 ACT composite scores for South Dakota college-bound seniors ranked 5th highest out of 28 participating states and South Dakota's white students consistently achieve above the national average on the Standard Achievement Tests administered to 4th, 8th, and 11th graders.

- Native American student's scores on both the 1989 SAT and the 1989 ACT, however, were significantly lower than those of white students. They were also lower than the scores of Native American youth in other states. A recent study found that family income and course selection affect test scores more than any other factors, including ethnicity and race (ACT Activity, 1989). Research also suggests that course selection is influenced by the level of parental and teacher support for school achievement.

(5)   ALCOHOL AND DRUG ABUSE

▶   **Available data indicate that significant numbers of South Dakota youth are at high risk from alcohol and substance abuse. The data lend additional support to the prevailing belief that alcohol and substance abuse problems must be addressed within the broader context of the family and community, and that prevention through education is a critical first step. The Attorney General's Task Force Report and the 1990 Juvenile Justice Study both identified the need to expand the range and availability of alcohol and drug abuse prevention and treatment services.**

Social Indicators

Two social indicators of alcohol and drug abuse are included in this study: (1) drug-related arrests leading to prosecution and (2) persons obtaining alcohol and drug treatment. Both of these indicators include data on juveniles and adults, and both are significantly correlated with marital termination. The association between substance abuse and family instability has been established in other studies.

County rates of drug-related arrests leading to prosecution varied widely from zero such arrests in 19 counties, to more than 10 per 1,000 persons in Aurora, Lyman, and Union counties. This indicator correlates with few other county-level indicators. The only statistically valid correlation is with marital termination. The weak correlation with indicators included in this study suggests that other factors help explain the distribution of drug-related arrests.

There are more statistically valid correlations with the number of alcohol and drug

treatment clients per 1,000 persons in the general population than with any other indicator, but

none of the correlations is very strong. The strongest correlation is with the divorce rate (r =

0.45). The reader should note that this is an indicator of service utilization rather than a precise

measure of people needing service. However, it is the best proxy measure available at this time.

Other Data

Several other studies and reports provide information on the range, scope, and magnitude

of alcohol and substance abuse problems and services statewide. The Youth Risk Behavior

Survey (1990) and the survey of "Drug and Alcohol Use Among South Dakota High School

Seniors (RMBSI, Inc., 1990) both contain self-reported measures of drug and alcohol use. South

Dakota's Fiscal Year 1991 Application for Drug Control and System Improvement Formula Grant

Funds contains comprehensive crime statistics as well as the perceptions of citizens and law

enforcement regarding drug problems in South Dakota. Each year the Division of Alcohol and

Drug Abuse publishes a summary of clients and services. The Department of Correction

Chemical Dependency Program has assessed the dependency and substance abuse status and

needs of youth committed to its care. Finally, the Juvenile Justice System Study (1990)

explored the extent to which youth in the juvenile justice system are engaged in the use of

alcohol and drugs and the adequacy of resources to treat young offenders who have a

dependency problem.

These reports provide considerable information on the magnitude and range of chemical

dependency problems and needs. The following are some critical findings from these reports:

- Of the 10,299 clients receiving services at accredited treatment facilities during FY 1990, 2,882 admissions, or 29.2 percent, were under age 20.   Nineteen percent of clients with DUI convictions were under the age of 21. Prevention activities and programs were provided to approximately 14,500 youth (elementary through high school). Nine percent of all clients reported that they first used a drug by age 11. 81 percent reported their first use occurred by age 21 (Division of Alcohol and Drug Abuse).

- In 1990, 78 percent of the State Training School population; 63 percent of the Youth Forestry Camp population; and 88 percent of the young women committed to the Work Therapy Program were diagnosed as having a alcohol and/or drug abuse problem. Only about one-third of those diagnosed as drug dependent at the State Training School reported that they had ever received treatment for their addiction (1990, Department of Corrections).

- Respondents to a survey conducted by the Attorney General's Task Force on Drugs reported the most serious impact of illicit drug usage were the impact on crime, problems in school, other family problems, and marital problems. The Attorney General's Task Force on Drugs also held 29 public meetings in 21 communities across the state starting in the Summer of 1988 and continuing through December, 1990. Local concerns relevant to youth included: (1) lack of public awareness that there is problem; (2) the need to educate youth, parents, and teachers to recognize and avoid the dangers of drug use; (3) the need for adults to set good examples; (4) the need for harsher and more consistent sentencing; (5) the importance of involving the whole family in the treatment process; and (6) the need to establish additional half-way houses to treat juveniles.

- The South Dakota Juvenile Justice System Study (1990) found that drug use was one of the strongest predictors of prior and current juvenile justice system involvement. Non-white adjudicated youth in the study sample were more likely than their white counterparts to be described as having serious or severe problems with alcohol abuse (49.2 percent v. 21.6 percent for whites). They also were more likely to be identified as having problems with other drugs (29.5 percent v. 11.9 percent for whites).

- Respondents to the Juvenile Justice System Decision-Maker Survey ranked drug and alcohol abuse in the top three youth problems more often than any other except family/ home problems (Community Research Associates, 1990). In exploratory interviews with juvenile justice professionals, the need for alcohol treatment and prevention services was mentioned more frequently than any other type of service. Specific service needs mentioned included: an accessible range of community-based prevention, residential treatment, transitional placements, and support services.

- Sixty-one percent of ninth through twelfth grade students participating in the "1989-1990 Youth Risk Behavior Survey" indicated that they drank alcohol on one or more occasions during the past 30 days. Forty-one percent reported that they had five or more drinks on one occasion in the past 30 days, and 22 percent had 5 or more drinks on at least three occasions in a 30 day period. Twenty-seven percent admitted driving a motor vehicle while or after drinking alcohol and drugs.

- A statewide survey of drug and alcohol abuse among South Dakota high school seniors found that 23.2 percent of South Dakota High School seniors are at moderate to high-risk from alcohol and drug abuse. The percentage of at-risk high school seniors on Indian Reservations was significantly greater than for other groups surveyed (see Tables F1). Self-reported use of alcohol is above the national average, while reported use of other substances is below the national average.

(6)   **HEALTH CARE DEFICIENCIES**

▶   **The health and safety of many South Dakota children and youth are at-risk.**

        Preventive health education and services for children and adolescents should be

        promoted to reduce this risk.

        Although South Dakota compares favorably with other states on many indicators of

health, risks associated with lack of early pre-natal care, especially among young, and non-white

mothers; inadequate early health care for children living in low income families; dangerous

and/or excessive alcohol use, and adolescent risk behavior place significant numbers of children

unnecessarily at-risk.

        As noted earlier, deficiencies in diet and health care in the pre-natal and post-natal

periods of a child's life can be especially damaging to a child's future development. The

Governor's Task Force Report (1989) points out that there are several strategic points in the life

of a child when prevention is especially critical. The first is the provision of comprehensive and

timely prenatal care. The second is well-child care, including screening and immunizations.

Later, during adolescence, appropriate primary health care and preventive education help youth

maintain healthy bodies, as well as positive health and safety practices.

Social Indicators

        Two widely used indicators of health conditions were used: (1) the infant mortality rate;

and (2) the number of low birth weight babies. Other important health indicators that could be

used if county data is made available include the percentage of women obtaining late or no

prenatal care and the percent of medicaid eligible mothers.

        Table B13 (Infant Deaths Per 1000 Births) shows that the infant death rate per 1,000 live

births from 1980 through 1989 was 10 times higher in the county with the largest rate than in the

county with the smallest (2.6 versus 28.0). As might be anticipated, infant death rates were

negatively correlated with income, meaning that as income decreases, infant death rates

increase. The infant death rate was even more strongly associated with utilization of food

stamps; the rate of families receiving Aid to Families with Dependent Children; and the size of

the Native American population.

The percent of low birth weight babies was only mildly associated with the infant death

rate, and was not significantly associated with any of the other needs indicators. The lack of an

the usual association with other needs indicators may be related to the fact that South Dakota

has the lowest rate of low birth weight babies in the nation.

Other Data

South Dakota's Center for Health Policy and Statistics publishes comprehensive vital and

health statistics annually. These reports include both data for the current year, as well data

trends on births, deaths, infant deaths, marriages and divorces as far back as the 1930's, and in

some cases, since the beginning of the century. None of the adolescent health and vital

statistics, however, are reported by county in regularly published reports.

Another new and valuable source of data on teen health and safety issues is the "Youth

Risk Behavior Survey." This survey of ninth through twelfth grade students was first developed

by the Center for Disease Control (CDC) to determine the AIDS education needs. It was

expanded in 1989-90 to include a comprehensive range of youth health and safety issues

including: drinking and driving; use of seat belts; tobacco, alcohol and other drug use; suicide;

nutrition and eating disorders; exercise; sexuality issues, including sexual experience, use of

birth control, and knowledge and use of measures for preventing sexually transmitted diseases.

This survey will be repeated annually, and the results will be used to measure progress in

achieving national health goals. The results have been disseminated to school districts,

community health nurses, and other state and local youth service planners and providers. The

results of the Youth Risk Behavior survey provide direct, self-reported measures of risk

behaviors, and therefore represent the most accurate data available statewide on a broad range

of critical risk factors. Since the survey is based on a stratified random sample, data for individual counties is not available. This information, however, is an important supplement to the county needs indicators.

The following are a sampling of results from the 1989-90 Youth Risk Behavior Survey (this data is also available by age, grade, sex, and ethnicity). Table G1 shows how South Dakota compares with other states on a number of health and safety indicators published in the 1991 Kids Count Data Book (The Center for the Study of Social Policy, 1991).

- South Dakota's low birth weight rate is the lowest in the nation.

- The infant mortality rate has decreased only slightly over the past 10 years; South Dakota ranks 30th out of 51 states on this indicator.

- The child death rate has decreased by 35 percent over the past 10 years, and South Dakota's national rank is 20.

- The teen violent death rate has increased by 15 percent during the past 10 years, and in 1988; South Dakota national ranking is 46, meaning that only five states have high teen violent death rates.

- Slightly more than twenty (20.3) percent of children in South Dakota are not covered by health insurance.

Low birth weight does not appear to be a problem in South Dakota. However, Health Division statistics presented by age and ethnicity show that significant percentages of expectant teen mothers and expectant Native American mothers are not obtaining prenatal care in the critical first trimester of pregnancy (South Dakota Department of Health, 1988 and 1989). These mothers appear to have the same access to pre-natal care as older mothers, but they are not as likely to utilize available services for reasons most likely associated with age, education, and possibly social or cultural factors.

Of the students surveyed during 1989-90:

- Fifty percent reported that during the past 30 days they had been in a car or truck or on a motorcycle driven by someone who was or had been drinking alcohol or using drugs.

- Only 13 percent said they use a seat belt all or most of the time; 22 percent do sometimes; and 64 percent rarely or never use a seat belt;

- Thirty-two percent reported they had thought about suicide in the past 12 months; 17 percent said they had made a specific plan; 10 percent said they actually attempted suicide.

- Seventy-two percent had not participated in a physical education class in the past 14 days;

- Fifty percent reported they have had sexual intercourse; 16 percent said they have had four or more sexual partners; nearly half had not used an effective form of birth control during their most recent sexual encounter.

- Nine percent reported vomiting on purpose on one or more occasions during the past seven days to lose weight or to keep from gaining weight; 15 percent had taken a diet pill; 34 percent had not eaten any green or yellow vegetables and 27 percent had not eaten any fruit in the previous day.

- Eighty-six percent said they had been taught about AIDS/HIV infection in school, compared to 52 percent of those surveyed in 1988-89.

- Compared to other students in their class, 20 percent said they were one of the best; only 8 percent said they were below the middle.

(7)   JUVENILE DELINQUENCY

▶   **Delinquency and later criminal involvement are highly correlated with dropping out of school, substance abuse, and other youth problems.**

Social Indicators

Social indicators of juvenile delinquency included (1) the number of juvenile delinquency petitions filed, and (2) the number of commitments to the Department of Corrections. Delinquency petitions rates varied considerably across counties. Counties with larger populations and higher rates of divorce tended to have higher petition rates than smaller counties. There was also a slight association between the delinquency petition rate and alcohol and drug arrest leading to conviction. This later indicator included both juveniles and adults, and included only drug (i.e., no alcohol-related) arrests. Since data from the juvenile justice study and two statewide surveys indicate that alcohol is the substance mostly frequently abused

by juveniles, an indicator of juvenile alcohol use, aggregated by county, may have resulted in a stronger correlation.

Juvenile arrest data is frequently used as an indicator of juvenile delinquency, but reliable statewide statistics on juvenile arrests are not available in South Dakota. Other important indicators that should be added include the total number of juveniles detained, the number of status offenders detained, and the number of status offender petitions filed.

Other Data

The Unified Judicial System collects information on juvenile and adults referred to court services. Data on admissions to juvenile detention and adult jails and lockups are currently collected by the South Dakota Youth Advocacy Project (SDYAP) as a condition of receiving federal Juvenile Justice funds. The Department of Corrections maintains a data base on youth committed to its care and custody. In addition, a broadly representative juvenile justice study committee initiated a review and evaluation of the juvenile justice system, which was conducted during summer, 1990 (see Report of the Juvenile Justice Study Committee, 1991).

- In Fiscal Year 1989, 2,504 juvenile delinquency petitions were filed, or 16.2 petitions per 1,000 juveniles age 10-17. Two hundred and forty-four juveniles were committed to the Department Corrections.

- According to the most recent national statistics (based on 1987 data), South Dakota has a juvenile incarceration rate of 166 per 100,000 juveniles age zero to 17. This represents an increase of 96 percent over the 1979 rate. South Dakota ranks 40th in its rate of juvenile incarceration. In other words, only 11 states incarcerate juveniles at a higher rate.

- In Federal Fiscal Year (FY) 1990, South Dakota admitted 2,409 youth to its two detention facilities, for a rate of 115 per 100,000 youth ages 10 to 17. Admissions to adult jails and lockups in 1990 numbered 288 or 14 per 100,000 youth ages 10-17. In FY 1989, there were 628 admissions.to adult jails. Recent changes in the state legislative code are expected to further reduce the number of juvenile jailings. South Dakota is the only state which does not participate in the Juvenile Justice and Delinquency Prevention (JJDP) Act. The Act prohibits participating states from detaining juveniles in adult jails and lockups, and from holding status and nonoffenders (youth who have not committed a violation that would be a crime if they were an adult) in any secure facility. In FY 1990, 710 status offenders were held in juvenile detention facilities, and 44 more were held in adult jails. Under the

JJDP Act, only six could be held for more than 24 hours before the state would be in violation of the Act's mandates.

- There is evidence from the 1990 juvenile justice study that lack of resources contribute significantly to both pre- and post-adjudicatory detention rates in South Dakota. This study also provides considerable data on adjudicated juveniles, including those on probation, and those sentenced to a Department of Corrections facility. Needs data on a sample of adjudicated youth, for example, suggest that young people who commit law violations have serious family and personal problems and needs which contribute to their offense behavior. Negative peer influence, poor parental supervision and parenting skills, and lack of pro-social or other constructive activities were the conditions most frequently identified as contributing to offense behavior. The study found significant correlations between juvenile justice involvement and the following risk factors: lack of parental control, drug abuse, age of first offense, and race; and with the following needs factors: poor school attendance, the need or desire for employment, poor parental supervision, poor self-esteem/image, physical abuse, sexual abuse, medical and financial problems, and poor social communication skills.

- Juvenile justice system resource needs identified through interviews and surveys included: pre- and post-adjudicatory alternative placements and treatment resources, including substance abuse treatment and treatment for sexual offenders; a statewide diagnostic and evaluation capability, intensive home-based services; transitional and aftercare services, and updating of data systems for planning, case management, and evaluation.

(8)   MENTAL HEALTH PROBLEMS

▶   **Recent research suggests that emotional disorders among children are increasing, that disorders such as depression and conduct disorder continue into adulthood, and that children with unmet mental health problems are at high risk of becoming disturbed adults. Drinking during pregnancy, inadequate health care, social turmoil, and unwelcoming classroom environments are some of the critical factors affecting children's mental health.**

Children with emotional disorders are at especially high risk. Not only is their emotional health impaired, but their mental health problems also result in lower academic performance and behavior problems.

Social Indicators

A reliable indicator of mental health needs could not be identified. As a proxy measure, the number of children age 0-17 receiving mental health services through the Division of Mental Health during Fiscal Year 1989, standardized per 1,000 juveniles, was used. It is emphasized that this measure does not include all children and youth who need or receive mental health services. For example, it does not include children served in mental health institutions, seriously emotionally disturbed children receiving case management and intensive in-home services through the Mental Health Division's Child and Adolescent Service System Program; or children served by private practitioners.

Based on this indicator, mental health treatment rates varied widely among counties. Mental health treatment rates do not correlate significantly with other indicators that one might expect to be associated with mental health problems, such as alcohol and drug use and divorce rates. This may be due to the unreliability of the data as an indicator of mental health problems and needs. The relationship between this indicator and child abuse and neglect could not be examined because the data are aggregated by different geographical units; these data will be comparable beginning next year.

Other Data

The South Dakota Division of Mental Health collects and reports information on the characteristics of children receiving community mental health services and the types, cost, and funding sources of the services provided. Also, data bases for case management and intensive home services are being developed. This information will be available for FY 1991. In addition, three studies dealing with children's mental health and its treatment have been sponsored by the Mental Health Division in the past year, including an evaluation of mental health continuums for abused and neglected children; an evaluation of the implementation of an in-home therapy program; and a study of "Persistent and Pervasive Mental Disorder Among Young School

Children in Rural Areas." This last study examined rates and the importance of selected risk

factors among Sioux children living on the Pine Ridge Reservation and among native and non-

native children in the towns of Kadoka and Martin.[5] The Youth Risk Behavior Survey also elicits

information regarding suicidal thoughts and behavior among South Dakota teens.

- Between July 1, 1989 and June 30, 1990, 5046 children ages zero through 21 were served in community mental health programs (Division of Mental Health, 1990). Seventy-five percent were white, 23.4 percent were Native American, and approximately one and one-half percent were from other ethnic groups. Slightly more boys (52.3 percent) than girls (47.6 percent) received services. Only 1,897 of the total 5,046, or 37.6 percent lived with both parents. Many lived with a single parent (29.4 percent), or in foster care or other out-of-home settings. Of those served, nine percent were between ages birth to five; 38.5 percent were between the ages of six and 12; 37.2 percent were ages 13 through 17; and 15.2 percent were 18 to 21.

- Thirty-two percent of the ninth to twelfth grade students participating in the 1989-90 Youth Risk Behavior Survey said they had thought about suicide in the past 12 months; 17 percent reported they had a specific plan for how they would attempt suicide; 10 percent said they had actually attempted suicide; and two percent reported receiving medical attention from a doctor or nurse as the result of a suicide attempt.

- According to the study entitled, "Persistent and Pervasive Mental Disorders Among Young School Children in a Rural Area of South Dakota," (Beiser, M., 1990), rates of mental disorder range from a low of 6.6 percent to a high of 37 percent, with a estimated rate somewhere in the range of 16 to 18 percent being most common. Approximately half of these are estimated to have pervasive problems (i.e., problems that affect other areas of a child's life. The findings of this study of Native and non-Native youth in rural South Dakota communities did not vary significantly from rates reported in other studies.

- The study of pervasive mental disorder found that children with persistent and pervasive mental disorders were far more likely to be truant from school, to fight with other children, and to experience academic failure. A history of maternal drinking during pregnancy, illness, and social turmoil are all recognized risk factors related to mental health. This study also found, however, that classroom environment was the most important determinant of self-perceptions' and teachers' perceptions of competence. In other words, "children who perceive their classroom environment as friendly and supportive have fewer emotional problems and experience higher self-esteem than children whose environments are not welcoming" (Beiser, 1990:47). The importance of school environment on mental health has been demonstrated in other studies. In addition to the importance of pre-pregnancy counseling, pre-natal care, and early health care, the report

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[5]Beiser, M.D., "Persistent and Pervasive Mental Disorders Among Young School Children in a Rural Area of South Dakota." University of British Columbia, 1990.

recommends that the significant role of the school not be overlooked. With respect to the observed effect of classroom environment on competence, the report concludes:

> "This observation is cause for optimism. In comparison with home, the school probably offers easier entree for intervention which can help prevent disorder as well as promote a positive self-concept. The observation also suggests an obligation. If the school is such a powerful determinant of the emotional life of children, it is imperative to begin to unravel the structural and functional characteristics of this environment which contribute to health, well-being and productivity."

(9)   **TEEN PREGNANCY**

Having a teen mother, especially a single teen mother, places a child at high risk. Teen mothers are more likely to have low birth weight babies. Low birth weight, in turn, is associated with learning disabilities, educational failure, alcohol and drug problems, and a future which presents few opportunities for success.

Children born to a teen mother or who live in a one-parent, female headed household are far more likely to experience the deprivations inflicted by poverty. Teen mothers are less likely to complete their education, thereby decreasing their opportunities and those of their children. 1980 U.S. census data showed that regardless of race or ethnicity, children living in a female headed household have only 30 to 40 percent of the income available to children living with two parent families. This ratio may have improved during the past decade, but it is unlikely that the gap has been closed. It is estimated that welfare assistance is needed by 73 percent of teen mothers within four years.

Social Indicators

No social indicators for teen pregnancy were included in the current study. The numbers of births to teen mothers are not currently published for individual counties. Because teen and single-parent status are so strongly associated with other child and youth risk factors, it is critical that local communities have access to information about the numbers of teen and single parents

in their communities as they develop plans to support and strengthen families. Dangers in

violating confidentiality due to low numbers of teen mothers in some communities can be

addressed through training, by developing trend data, and/or by combining data from several

counties involved in regional planning and service delivery of course a minimum number of teen

births might be established for a level under which a county's figures would not be reported. A

logical regional grouping of counties would be counties participating in the same inter-agency

network. Regional boundaries for inter-agency networks had not been finalized at the time of

this report; therefore, regional data was not requested.

Other Data

- While South Dakota's teen pregnancy rate is slightly below the national average, births to unmarried teens have increased in South Dakota by 26 percent since 1980. Only nine other states (most of them in the West) had greater increases during this time period.

- In 1988, over 20 percent of all pregnancies were to mothers 19 years of age and younger in four counties (Buffalo, Mellette, Shannon, and Todd).

- Although 76 percent of all mothers in South Dakota received prenatal care in the first trimester (approximately the national average) in 1988, only 52.1 percent of teenage mothers received early prenatal care. South Dakota's Center for Health Policy and Statistics found that both education and age appear to be a factor in commencing prenatal care" (1988, p. 10). This may indicate the need to increase efforts to educate young women about the importance of prenatal care, as well as how to recognize early pregnancy symptoms, and access to confidential health care. School health clinics, for example, have demonstrated significant reductions in teen pregnancy rates.

- Nationally it is estimated that only 56 percent of all teen mothers graduate from high school. Nonetheless, important gains have been made in the percentage of young mothers who had their first child at age 17 or younger who later graduate from high school: from 19 percent in 1958 to 29 percent in 1975, and to 56 percent in 1986. A number of programs designed to encourage pregnant and parenting teens to remain in school are currently receiving funds under the Carl Perkins Act. Native American communities are especially in need of educational services and support in this area.

INTRODUCTION

In order to assess the level of risk and need in local communities, several social indicators were collected from existing state agency data bases. This section presents those indicators, describes some of the problems and strengths, and identifies other potential indicators which would also be useful for identifying need. This section also concludes with a recommendation on how to create and use a composite needs index, once all data are available.

The indicators reviewed here are organized according to the social problems/needs identified in the previous section of this report. Those problems, the indicators found for analysis in this report which best describe the extent of the problems, and the level of aggregation (in parentheses) include:

Problem 1: Economically Disadvantaged Children

* Food stamp recipients (county)
* Per capita personal income (county)
* Average unemployment rate (county)
* Distribution of ADC (county)

Problem 2: Family Stress

* Foster care and group/residential care (CPS field office)
* Divorces
* Abuse/neglect rates (CPS field office)

Problem 3: Hardships Associated with Minority Status

* Percent Native American residents (county)

Problem 4: Educationally Disadvantaged

* Educationally deprived (school district)

Problem 5: Alcohol and Drug Abuse

> · Drug arrests leading to prosecution (county)
> · Person obtaining alcohol and drug treatment (county)

Problem 6: Health Care Deficiencies

> · Low birth weight babies (county)
> · Infant death rate (county)

Problem 7: Juvenile Delinquency

> · Commitment to DOC (county)
> · Delinquency petitions (county)

Problem 8: Mental Health

> · Mental health service clients (county)

Problem 9: Teen Pregnancy

> · Local data unavailable

The indicators are described in greater detail in the following pages.

Before turning to the data however, the reader should be aware that the data do have some inherent problems. First, many need indicators represent only one year of data. Data collected over such a short duration are subject to biases characteristic of fluctuating patterns over time. As programs change or are added to a community, as population characteristics change, and as the economy fluctuates, community profiles change. When local planning begins, planners are urged to seek and use data which are collected over time to insure that built in anomalies are accounted for and a more accurate picture of need is developed.

CORRELATIONS BETWEEN SOCIAL INDICATORS[6]

The analysis presented in this section is largely dependent upon correlations computed between the social indicators. Correlations are used to test for relationships between the indicators. In other words, as one social indicator changes, what happens to another social indicator? Does the second

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[6]Correlations are found in Appendix A.

change in the same manner (increasing or decreasing), in the opposite direction (as one increases, the other decreases), or not at all? Answers to such questions provide valuable insights into how risk factors are related to each other.

Pearson's correlations--or "simple-r"--have been calculated and the significant relationships are presented in the commentary on social indicators. For two variables to be directly related--that is, a change in one yields a corresponding change in another--they would have a Pearson's value of 1.0. If they are positively related, the value is +1.0; if negatively related, the value is -1.0. A negative relationship means that as one value increases, another decreases.

As an example, the social indicators Food Stamp Distribution Rates and Per Capita Personal Income can be compared using Pearson's. The calculations yield a correlation of -0.7742. This means that income is negatively associated with the food stamp use rate in a community (because of the minus sign in front of the number). Further, it is a fairly strong relationship (i.e., quite a bit closer to -1.0 than 0.0). In plain English, this value means that, in general, we can expect jurisdictions with higher per capita incomes to have lower rates of food stamp usage. Had the Pearson's r been positive rather than negative, the assumption would have been that jurisdictions with higher per capita incomes also have higher rates of food stamp usage.

Note that correlations imply no cause--only association. In other words, if there is a strong positive relationship between two variables, i.e., infant death rates and ADC maintenance, one cannot assume that the elimination or reduction of ADC distributions in a jurisdiction will reduce the infant death rates. Nevertheless, they are useful when comparing variables and many interesting correlations are found among the South Dakota social indicators.

The entire list of correlations is found in Appendix A. In the Appendix each indicator was compared to all the others. Across the top and down the left hand column are abbreviated names of the indicators and a few additional variables. The abbreviations can be translated as:

POPUL	Population
NATAMER	Number of Native Americans
UNEMPLOY	Unemployment rate
FOODSTMP	Food stamp use rate
PETITION	Delinquency petition rates
INCOME	Per capita personal income
ADC	ADC rate
ALDDRUG	Alcohol and drug treatment rate
INFDEATH	Infant death rate
LOWBIRTH	Low birth weight rate
DIVORCES	Marital termination rate
MH	Mental health services client rate
DRUGARST	Drug related arrests leading to prosecution
DOC	DOC commitment rates

PRESENTATION OF RISK INDICATORS

The presentation of risk indicators is organized according to the problem areas presented above. Each indicator is presented with a definition (i.e., indicator description), the level at which data are presented, a source, and a brief discussion of the data.

In addition, supporting materials are presented in the Appendix. A correlation table which looks for associations between variables can be found in Appendix A. The presentation of the actual data is located in Appendix B. Finally, maps which show the distribution of risk phenomenon are presented in Appendix C.

It is these data which are used to draw the conclusions found in the section entitled "Findings: Youth At-Risk in South Dakota." The correlations between risk factors, and their additive impact on problem areas, all help describe the extent to which problems occur statewide. The county breakdowns presented in Appendix B will be helpful to local jurisdictions which conduct their own planning for at-risk youths.

(1) ECONOMICALLY DISADVANTAGED CHILDREN

For this study, four indicators were found which can be used to measure and locate the distribution of economically disadvantaged children. They include food stamp recipient rates,

per capita personal income, average unemployment rate, and distribution of Aid to Dependent Children rates. All four indicators are described here.

Average Annual Unemployment Rate, 1989

DESCRIPTION

Percent of labor force unemployed, on average, during 1989. The state average during 1989 was 4.2 percent.

GEOGRAPHIC AREA

These data are aggregated at the county level.

SOURCE

South Dakota Department of Labor
Labor Market Information Center, 2/7/91

DISCUSSION

Average unemployment in South Dakota varied significantly from the mean of 4.2 percent. No county was exempt, however six had rates below two percent. Conversely, three counties had average unemployment greater than 10 percent during FY 1989 (see indicators in Appendix B).

Not surprisingly, unemployment was negatively associated with other average annual per capita income ($r = -0.58$)--see correlation in Appendix A. Generally, that is, the higher the unemployment rate, the lower the county's per capita income. Other economic-type indicators with which this variable is associated include food stamp distribution rate ($r = 0.73$) and aid to dependent children ($r = 0.74$). Neither the direction of these relationships nor the strength are surprising.

What is of greater interest, however, is the relationship between unemployment and two other variables--the indicator "infant death rate" ($r = 0.70$) and the size of the Native American population ($r = 0.54$). Both are positively and moderately to strongly associated with unemployment--that is, as unemployment increases, so does the proportion of county residents who are Native American and the rate of infant deaths. Of course the infant death correlation could be further linked to availability of prenatal health care.

A map demonstrating the distribution of unemployment rates by counties is found in Appendix C. Most of the lowest unemployment rated counties run on a line from north to south through the east central section of the state. It is somewhat similar to the distribution found for the distribution of the Native American population.

Per Capita Personal Income, 1988

DESCRIPTION

The average per capita income, expressed in dollars. The state average during 1988 was $12,754.

GEOGRAPHIC AREA

These data are aggregated at the county level.

SOURCE

Bureau of Economic Analysis
US Department of Commerce

DISCUSSION

Income data can be used, in the absence of other data, to help identify areas of economically disadvantaged children or families.

The wealthier counties, at least according to these data, ran roughly on an east west line through the center of the state (see map in Appendix C) although there is significant deviation from this generalization. The poorer counties are clustered in the south western part of the state. The data also reveal that there is tremendous deviation from the norm, and between the wealthiest and poorest counties.

The Minnehaha county per capita income level of $15,285 is 230 percent higher than that found in Shannon county--$4,625.

As the discussions above have revealed, income is related to number of additional economic factors such as ADC levels ($r = -0.75$) and food stamp distribution ($r = -0.77$), but also social and health indicators. Infant death rates ($r = -0.69$) and divorce rates ($r = 0.56$) are both moderately to strongly related, although death rates have a negative association while divorce rates are positively related.

It is no surprise to see that in general, South Dakota is similar to all other states--poorer counties tend to have greater economic and social problems.

Rate of Aid to Dependent Children, 1989

DESCRIPTION

The average number of children per 1,000 in the general population receiving ADC during fiscal year 1989. The statewide rate during that period was 63.2 per 1,000.

SOURCE

South Dakota Department of Social Service Annual Statistical Report: Fiscal Year 1989
Table 34

GEOGRAPHIC AREA

These data are presented by county, but are also aggregated by MSA and district.

DISCUSSION

The ADC rate varies considerably from county to county. Shannon county, for example, has a rate 150 times higher than that found for McPherson. Fourteen different jurisdictions have rates per 1,000 in excess of 100 (see Appendix B).

Not surprisingly, this indicator correlates strongly with other economic-type indicators. There is a near perfect correlation with food stamp activity (r = 0.99), and a moderate association is also seen with unemployment (r = 0.58). The Native American population variable is also associated with this indicator at r = 0.74--that is, the greater the percentage of Native Americans, the higher the ADC distribution rate.

Infant death rates also correlate with ADC rates (r = 0.75). That is, counties with higher ADC rates also tend to be those with higher infant death rates. That is not to imply that one causes another, but they may both derive from the same phenomenon (i.e., poverty).

Even the prevalence of alcohol and drug usage (measured here as treatment) is correlated with ADC, albeit at a slight level (r = 0.27)--see Appendix A.

A map of ADC distribution is also included in Appendix C.

Food Stamp Distribution Rates, 1990

DESCRIPTION

The average number of children living in families which received food stamps during 1990, standardized per 1,000 children in the jurisdiction. The average statewide was 140 per 1,000.

GEOGRAPHIC AREA

The data are aggregated at the county level.

SOURCE

South Dakota Department of Social Services
Ad hoc report, February 1991

DISCUSSION

These data presented above have already demonstrated that economically disadvantaged jurisdictions correlate with many of the risk indicators. The food stamp indicator is further evidence of this phenomenon.

Food stamp distributions, as pointed out earlier, correlate almost directly with ADC maintenance (r = 0.99). Food stamps are yet another correlate with infant deaths (r = 0.75). This indicator and/or ADC would be sound variables to use in assessing the state

of a community's economic health, especially when one of the goals of that assessment is to compare it with other communities.

(2)   FAMILY STRESS

Recall from the presentation of the findings that the family cannot fulfill its responsibilities, nurture and care for its children when certain descriptive economic and social forces interfere. Therefore, in an attempt to assess family stress, three social indicators were found: foster care and group/residential care, divorce rates, and child abuse and neglect rates. The indicators are summarized here.

Divorce Rate, 1989

DESCRIPTION

Divorces per 1,000 population. State rate in 1989 was 3.7.

GEOGRAPHIC AREA

These data are aggregated at the county level.

SOURCE

South Dakota Vital Statistics, 1989
Center for Health Policy and Statistics
South Dakota Department of Health

DISCUSSION

Divorce rates varied across that state and significantly from the mean. The two largest counties, Minnehaha and Pennington, not only have the largest populations and numbers of divorces, but also two of the four highest divorce rates (see Appendix B).

Divorce, or marital termination, rates are used as a means of assessing community problems with aggregate family stress. As such, it would not be surprising to see divorce rates correlated significantly with other risk indicators. And if fact, a check of the Pearson-r figures demonstrates a number of associations.

To begin, there is a moderately strong association between divorce rates and per capita income ($r = 0.56$)--the higher the income, the higher the tendency for divorces in a community. There is also a strong positive association with rates of alcohol and drug treatment ($r = 0.45$)--see Appendix A.

Research suggests that there should be a moderate to strong positive relationship between divorce rates (as a proxy measure for family stability) and drug activity. While the relationship exists for South Dakota during the survey period, the relationship is slight ($r = 0.24$). There is a stronger relationship between divorces and delinquency rates

(petitions r = 0.44). The reader is cautioned that these indices are based on single year data collection efforts, and are subject to short term anomalies. Use of the indices for calculating high risk communities is more safely accomplished when using several years worth of data.

It would not be surprising to see all of these correlations increasing with the addition of a few more years worth of information.

Child Abuse and Neglect Data, FY 1988 and 1989

DESCRIPTION

The number of substantiated child abuse and neglect cases during 1988 and 1989, standardized as a percentage of the state totals.

GEOGRAPHIC AREA

These data are aggregated by Child Protective Services field offices. They are currently unavailable by county.

SOURCE

Department of Social Services, Child Protective Services to Families and Children, FY 1989 Statistical Report.

DISCUSSION

The child abuse/neglect data presented here would be a valuable contributor to a risk index, but they are not comparable to other indicators because of the geographic aggregation (i.e., field office rather than county).

While the information is useful as it is for local planning efforts, it does not lend itself to risk index construction in its current format. Therefore, local evaluators and planners will want to determine how best to use the data in their local initiatives, and a system for presenting the information on a county level will be helpful in the future.

Yet some curious findings are still seen. The data are presented by Child Protective Services field office. Both the number of substantiated cases, and the percent substantiated vary widely. The number of cases seems to correlate roughly with population size--Rapid City and Sioux Falls have the largest number of cases, Lake Andes and Sisseton the smallest.

However, the percent of substantiated cases seems to correlate with no immediate visible factors. The two largest offices have low rates of substantiated abuse (both less than 43 percent), but so too does the smallest office (21 percent for Sisseton). The percent fluctuates widely.

CPS reports that a new variable is being added to the survey forms used to collect these data, and it is anticipated that the variable will allow for aggregation on a county-to-county basis by FY 1991. Planners are urged to look for these data when initiating local studies.

Foster Care and Group/Residential Care Caseloads, FY 1989

DESCRIPTION

The number of out of home placements made during 1989, standardized as a percentage of the state totals.

GEOGRAPHIC AREA

These data are aggregated by Child Protective Services office and district. They are currently unavailable by county, although the data are also available by judicial circuit and by tribal court.

SOURCE

Department of Social Services, Annual Statistical Report, 1989.

DISCUSSION

Out of home placement rates are valuable tools for assessing the level of family stress across jurisdictions. Unfortunately, these data are aggregated in such a way in South Dakota that makes them impossible to compare to the indicators noted above (i.e., field office rather than county level).

While the information is useful as it is for local planning efforts, it does not lend itself to risk index construction in its current format. Therefore, local evaluators and planners will want to determine how best to use the data in their local initiatives, and a system for presenting the information on a county level will be helpful in the future.

The data are presented in Appendix B for informational purposes.

ADDITIONAL SOCIAL INDICATORS

Additional indicators of family stress include the number of children removed from their home or placed in foster care, the number of abuse/neglect cases, the number of runaways, and the number of CHINS petitions.[7] Most of these data are available in South Dakota, with the exception of foster care, which is not conveniently aggregated at the county level.

(3)   **HARDSHIP ASSOCIATED WITH MINORITY STATUS**

Research has shown correlations between poverty and many traditional risk factors.

Research has also shown similar relationships between minority status and poverty. It follows,

therefore, that correlations may exist between minority status and social indicators.

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[7]The South Dakota Unified Judicial System has recently released an unpublished report on CHINS petitions by county and judicial circuit. The report is available through the Department of Education and Cultural Affairs for local planners.

The most prevalent minority group in South Dakota being Native Americans, population data was gathered by county which shows the distribution of those residents. The discussion of the data follows.

Native American Population, 1990 Estimates

DESCRIPTION

Estimated number of Native Americans. This variable is compiled from Population projections and U.S. Bureau of the Census data.

DISCUSSION

Native American population distributions is not a traditional risk indicator, but in South Dakota is found to correlate strongly with many of the examined factors. Areas of higher percentages of Native Americans are characterized by generally greater levels of need according to the social, mental health, economic, and other factors examined in this study.

Correlations are seen, for example, between Native American population size and unemployment ($r = 0.54$), food stamp distribution ($r = 0.72$), ADC distribution ($r = 0.74$), and infant death rates ($r = 0.70$). Additionally, this indication is negatively related to per capita income ($r = 0.73$). Because of the number and strengths of the associations between this variable and several social indicators, any statewide strategy should look closely at focusing on areas characterized by large numbers of Native Americans.

(4)   EDUCATIONALLY DISADVANTAGED CHILDREN AND YOUTH

To construct a risk indicator to measure the amount and distribution of educationally disadvantaged youths, DECA officials recommend constructing an index which combines percent of residents identified as low income youth and percent educationally deprived. DECA interprets the resulting index rate as percent educationally disadvantaged.

Such an index is presented in the Chapter 1 data summarized in Appendix B and in the text below.

Percent educationally deprived, FY 1991

DESCRIPTION

The percent of children who are educationally deprived.

GEOGRAPHIC AREA

These data are aggregated by school districts. They are currently unavailable by county.

SOURCE

Department of Education
Chapter 1 data

DISCUSSION

Education indicators are very important for assessing community and state needs
regarding risk factors. School readiness, completion, achievement, and support are
measured to give a picture of education needs via a number of very specific indicators.

The Chapter I data presented here would be valuable contributor to a risk index, but it is
not comparable to other indicators because of the geographic aggregation (i.e., school
district rather than county). As such, it is currently only comparable to variables within its
data file.

What is learned when examining the data is that the relationship between the percentage
of low income students and the number educationally deprived is low ($r = 0.32$, $p =
0.001$). Further, the relation between the percent considered educationally deprived and
the percent receiving services is not only small ($r = -0.23$, $p = 0.05$), but it is also
negative. The data indicate that as the percent of educationally deprived students
increase, the percent receiving services actually decreases. There is, however, a slight
positive correlation between percent low income and percent receiving services ($r = 0.30$,
$p = 0.01$).

While the information is useful as it is for local planning efforts, it does not lend itself to
risk index construction in its current format because it is not directly comparable to other
county-level indicators. Therefore, local evaluators and planners will want to determine
how best to use the data in their local initiatives, and a system for presenting the
information on a county level will be helpful in the future.

Additional examples of education indicators include the following: percent of Headstart
eligible children in programs; high school drop out rates; graduation rates; test scores
(percentage below median); educational expenditures; suspensions; and more.

(5)   **ALCOHOL AND DRUG ABUSE**

The association between substance abuse and other risk factors, such as family instability

or stress is well documented in the literature.

For this study, two indicators have been utilized to assess rates of alcohol and drug

abuse: drug arrests related to prosecution and persons obtaining alcohol and drug treatment.

Alcohol and Drug Treatment Cases, 1989

DESCRIPTION

The number of alcohol and drug treatment clients, standardized per 1,000 persons in the
general population. This is not a juvenile/child specific indicator.

GEOGRAPHIC AREA

Tabulated at the county level.

SOURCE

State of South Dakota Fiscal Year 1990 Client Service Summary
Department of Human Services
Division of Alcohol and Drug Abuse, September 1990

DISCUSSION

The data provided for this indicator are not specific to the child population--it contains data on all clients. Just as with mental health treatment/cases, this indicator is subject to just those individuals who obtain the service. It is not necessarily a precise estimate of the numbers of people who actually require the service. However, it is the best proxy measure available, and is therefore worthy of investigation.

Many of the indicators correlate with the alcohol/drug treatment variable, but most of the associations are slight. The correlation matrix reveals that there are more statistically valid correlations for this indicator than any other, although none of the relationships are particularly strong. The highest r is found for the divorce rate (r = .45). The remainder have correlated at less substantial, although statistically valid, levels. This might be a reflection of the nature of the data base, since it focuses on all clients, rather than just youths. If a jurisdiction were to use this index to assess the extent of its alcohol and drug problem, then it is advised to locate juvenile-specific data before proceeding.

The map in Appendix C seems to show the alcohol/drug treatment activity concentrated generally in the western half of the state. All but three of the 26 counties with treatment rates of less than 10 per 1,000 are located east of the river. This is probably as much an indication of access to services as it is actual need.

Drug Related Arrests Leading to Prosecution, 1989

DESCRIPTION

The number of drug related arrests which lead to prosecution, standardized per 1,000 persons in the resident population.

GEOGRAPHIC AREA

Aggregated at the county level, data available statewide.

DISCUSSION

The tables describe the distribution of arrests for drug related offenses which led to eventual prosecution. Just as with other indicators, this also varies widely. Several counties had no such arrests during 1989, while three (Aurora, Lyman, and Union) all had more than 10 per 1,000. It is interesting to note that these three counties are not highly populated. Recall the moderate correlation between population and delinquency petitions; such a correlation does not exist between this indicator and population size.

The drug related arrest data correlates with few other county-level indicators, and only slightly when it does. The only statistically valid correlation is with marital termination (r = 0.24). Although Hawkins and others have noted the correlation with drug use/abuse and family instability, there are apparently other factors which help to explain the distribution of drug arrests in South Dakota ($r^2 = .06$).

Please note that these data are not juvenile-exclusive. Instead they represent all arrests, regardless of the person's age.

Other indicators useful for measuring alcohol and drug abuse which could not be obtained for this investigation, but may be available in the future include the following: number of petitions filed for alcohol and/or drug offenses; dispositions for alcohol and drug offenses; and volume of liquor sales.

(6) HEALTH CARE DEFICIENCIES

Deficient health care among pregnant mothers is known to lead to a multitude of

problems, including low birth weights and even infant deaths. Both indicators are reviewed here.

Low Birth Weight Babies, 1989

DESCRIPTION

The number of babies born during 1989 who were of low birth weight, normalized per 1,000 live births.

GEOGRAPHIC AREA

These data are aggregated at the county level.

SOURCE

South Dakota Vital Statistics, 1989
Center for Health Policy and Statistics
South Dakota Department of Health

DISCUSSION

Many counties had no low birth weight babies born during the reporting period. However, Minnehaha had as many as 93 and several had more than five per 1,000 live births.

Perhaps the most surprising finding regarding this indicator is not what it correlates with, but rather what it is not associated with. It would be hypothesized that low birth weight rates would correlate moderately or strongly with infant death rates, under the assumption that both sets of mothers had similar types of prenatal care (limited or none). However, the two indicators are only slightly correlated (r = 0.25). Further, low birth weight is not significantly associated with per capita personal income. In fact, this indicator is correlated only slightly or not at all with the remaining indicator. Perhaps these findings reflect an anomaly with the reporting year or a problem with the data. Whatever the

cause, the reader is urged caution when beginning to evaluate at-risk levels based on this tradition indicator.

OTHER SOCIAL INDICATORS

A number of additional factors can be used to describe or identify health care deficiencies, including the percentage of births to women who obtain late or no prenatal care, percentage of low birth weight babies, medicaid eligible mothers, and more. The low birth weight indicator is described elsewhere in this report.

Infant Death Rate, 1980-1989

DESCRIPTION

The number of infant deaths per 1,000 live births, from 1980 through 1989. Over the 10 year period, the statewide rate was 10.6 per 1,000.

GEOGRAPHIC AREA

These data are aggregated at the county level.

SOURCE

South Dakota Vital Statistics, 1989
Center for Health Policy and Statistics
South Dakota Department of Health

DISCUSSION

The infant death rate per 1,000 live births was greater than 10 times higher in the county with the largest rate than that with the smallest (2.6 versus 28.0). There was a fairly even distribution between these two rates--see Appendix B.

One might hypothesize that the rate would correlate with economic factors in such a manner that poorer counties would have higher infant death rates. In fact, the correlation matrix lends credence to this hypothesis.

Infant death rates are negatively correlated with income--in other words, as income decreases, infant death rates increase ($r = -.69$). The association is even higher for both ADC rates ($r = .75$) and utilization of food stamps ($r = .75$). Notable within the correlation matrix is the strong, positive relationship between Native American population size and infant death rates ($r = .70$)--see Appendix A.

(7)　　JUVENILE DELINQUENCY

For this study, two indicators are used to trace delinquency patterns: Commitments to

DOC and Delinquency Petitions.

Delinquency Petitions Filed, FY 1989[8]

DESCRIPTION

The number of juvenile delinquency petitions filed, standardized per 1,000 juveniles in the resident population.

GEOGRAPHIC AREA

Aggregated at the county level, data available statewide.

SOURCE

South Dakota Unified Judicial System (database; not published in routine report format).

DISCUSSION

The attached table provides the number of delinquency petition filed per county across the state in FY 1989. The rates varied widely, with as few as zero filed for juveniles in five counties and as many as 47.9 on youths in Pennington. The reader should be warned when interpreting these data that the petitions actually measure numbers filed, not numbers of juveniles for whom the petitions were filed. Therefore, the data used for the indicator are subject to replication--that is, if more than one petition is filed on a juvenile, each petition appears in the data base.

Within the county level indicators, it is found that petitions per 1,000 juveniles were correlated significantly and meaningfully with only two others. First, there is an apparent relationship between population size and standardized petitions filed (r = 0.51). In other words the greater the population, the higher percentage of the population had a petition filed during FY 1989.

Secondly, there is a moderate relationship between a county's marital termination rate and petitions filed (r = 0.48). This finding is substantiated in other delinquency research and has some implications for delinquency prevention projects in South Dakota. Other family stability indicators which might be found in South Dakota may also yield similar positive correlations with delinquency.

Keep in mind that this data is a one year sample, and is subject to changes over time or may differ from previous years. Local jurisdictions which use this indicator to measure juvenile delinquency behavior are advised to expand the data base to examine trends over time.

The distribution of petitions is presented in the accompanying map. The filing rate pattern duplicates what is found in the correlations, that is, there is generally a higher rate of activity in the areas of greater population. The center of the state, in general, has fewer

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[8]The South Dakota Unified Judicial System has recently prepared an ad hoc report on 1990 delinquency petitions by county and judicial circuit. The data will be available for local planning through the Department of Education and Cultural Affairs.

juveniles than the eastern and western sections. The standardized petition filings fall
roughly within the same area.

Commitments to the Department of Corrections, FY 1989

DESCRIPTION

The number of commitments to DOC during FY 1989 standardized by the number of
juvenile aged 10-19.

GEOGRAPHIC AREA

Aggregated by county.

SOURCE

Unified Judicial System petition/commitment data base.
Ad hoc report.

DISCUSSION

Commitment rates can be useful only when carefully examined and interpreted. In fact,
problems of misinterpretation can result if the analyst does not take the data at face value.
Local philosophies regarding corrections candidates yield different criteria from jurisdiction
to jurisdiction. Also, single year samples can be flawed by anomalies in the population.
Commitment rates should usually be examined only when other indicators are assessed
as well.

For South Dakota, the commitment rates vary as widely as any other of the indicators
examined. Twenty-nine counties produced no committed juveniles during 1989. Six
others had more than 10 or more commitments during the same time period. In fact,
Tripp county had 12.6 commitments to the State for every 1,000 at-risk youths.

Interestingly, the correlation matrix reveals no significant associations with any indicator
but delinquency petition rate ($r = 0.59$). This may indicate that commitment rates are
more an indicator of local philosophies, resource availability, or other phenomenon, rather
than actual need.

OTHER SOCIAL INDICATORS

Other more reliable indicators of juvenile delinquency activity include referrals to court,
number of petitions, non-adjudicatory actions taken, juvenile pre-dispositional detentions,
and percentage of youths with identified needs. Such data should be available to local
planners with only limited research required.

(8)   MENTAL HEALTH

Recall from the findings section that recent research suggest that emotional disorders

among children are increasing, disorders such as depression and conduct disorder continue into

adulthood, and that children with unmet mental health problems are at high risk of becoming

disturbed adults. As such, it is important to analyze social indicators which reveal areas of risk.

For this study, the rate of children served by the State Division of Mental Health is used.

Rate of Children Served by the Division of Mental Health, FY 1989

DESCRIPTION

> Children aged 0-17 who received mental health services via the South Dakota DMH during fiscal year 1989, standardized per 1,000 juveniles in the general population. The state rate for the survey period was 20.4 per 1,000 juveniles.

GEOGRAPHIC AREA

> These data are aggregated at the county level.

SOURCE

> South Dakota Division of Mental Health
> Computer report, August, 1990

DISCUSSION

> Mental health treatment rates is one of the most widely varying county level indicators examined in this study. One county had but a single child resident receive treatment during the fiscal year (for a rate of 0.9/1,000) while several others had hundreds. The reader should be cautioned while examining this indicator, however, because the variation could be caused not only by the mere numbers of persons receive treatment, but its availability. Many communities may have low numbers in the accompanying table merely because the service could not be delivered, even if there was a viable candidate. A better indicator would be "persons requiring mental health services" rather than "persons receiving mental health service." However, such an indicator is impossible to accurately compile. Hence, this is used as a reasonable proxy.

> Perhaps because of that problem with the data, mental health treatment rates does not correlate with any variables which might be hypothesized. It relates slightly to food stamp use rates ($r = .23$, $P = .034$) and with infant death rates ($r = .23$, $P = .03$). There is no relationship with other indices such as alcohol and drug use or divorce rates, both indices which might be hypothesized as relating to mental health services.

> Other variables used to diagnose mental health problems include the number of open cases of seriously emotionally disturbed children, the child and adolescent suicide rate, and the number of children with developmental and learning disabilities.

> The map further demonstrates the random nature of the distribution of this variable. An examination reveals no additional clues as to other factors which may correlate with the mental health indicator.

COMPOSITE INDEX

When sufficient, comparable data exist from appropriate risk indicators, it is possible to construct a composite index to assist the planning and/or funding process.

Perhaps the simplest method for compiling an index is to (1) identify the indicators which are of greatest interest to planners and policy-makers and (2) rank order them. The indicators chosen for inclusion in the scale would be based on policy priorities, recognition of need, types of funds available, etc.

The ranking would then be converted to a score. For example, suppose the risk variable "infant death rate" was included in the composite score as a means of assessing community health care deficiencies. The jurisdiction with the lowest infant death rate would be ranked (and scored) "1", second lowest "2", and so on until all jurisdictions are scored. This would be repeated across all appropriate indicators until each jurisdiction is scored.

An average score is then calculated for all indicators for each jurisdiction. This average score becomes the index rating. Simply put, the lower the rating, the lower the community need. Separate index ratings can be compiled for each of a state's/community's problem areas (i.e., juvenile justice, mental health, health, education, family stress, etc.) or combined into a larger composite matrix.

Further, certain problem areas can be weighted through the inclusion of more than one indicator (e.g., using both infant death rates and infant mortality rates together to assess health care quality) or by assigning a weighted value to an indicator.

The composite scores can then be divided, for example, into quartiles or thirds to identify counties or jurisdictions of low to high need.

As an example, a composite index rating was developed based on two indicators, the low birth weight and the infant death rates. They represent a hypothetical situation based on a scenario where South Dakota officials might be interested in attacking health care problems by using these two indicators to identify counties of greatest need. The results of the raking system are presented in Appendix D.

Here it is seen that Jerauld County has the lowest "health care index" (1), and that Todd has the highest (62). Officials might simply divide the data into thirds (22 counties each level) and declare them jurisdictions of low, medium, and high need. The resources available to address the problems as defined by the planners and policy makers could then be concentrated into the highest need counties.

Eleven county-level indicators are presented in the next table of Appendix D to show how they might all be combined under a hypothetical scenario to assist in planning.

An alternative method for assessing overall need would be to determine the mean for the composite score and establish quartile deviations above and below the mean. Those jurisdictions which fall in the first quartile would receive 3 points (highest need index), those in the second would receive 2 points, those in the third would receive 1 point, and the those in the fourth quartile would be considered lowest need and receive no points.

These data could then be used as project evaluation criteria. By evaluating proposals based on need according to the quartile rankings, the impact of the system being scrutinized (e.g., juvenile justice, education, etc.), the budget request justification, and the project narrative (which would probably be given the most points in the evaluation and include a requirement for regional collaboration) then an equitable points assignment system could be available to evaluate project proposals. Such systems are already operational in other states.

SUMMARY

Depending on the extent of the data, its accuracy, and its ability to accurately represent a problem or need, there are essentially four possible uses for index scores.

(1)   They can be used to establish goals and benchmarks for planning purposes. No planning initiative occurs without first identifying long and short term goals. The data provide benchmarks so that there are reference points for pursuing the goals.

(2)   They are valuable for evaluating progress toward stated goals. As data are collected on an annual or other routine basis, the information is useful for establishing the progress which the initiative is making. It helps identify problem areas and allows officials to make adjustments in procedures.

(3)   At the point where sufficient dollars are available, it can be used as a formula for fund allocation. Simply put, the greater the need, as identified by the index, the greater share of funds a jurisdiction would be eligible for.

(4)   Finally, as in the example presented above, it can be used as part of the rating criteria for awarding projects, in conjunction with other criteria.

In essence, the process of developing need indices is just beginning in South Dakota. It will probably be two years before all the indicators are identified to match the problem areas and the data are collected in a manner which makes index creation complete. Until then, the data can still be used to provide insights into need and can also be used by local officials to establish plans, draft proposals, and create interim risk indices.

Just as the issues surrounding at-risk youth are complex and diverse, so too are the recommendations for the initiative. Because of their number and diversity, the recommendations are classified into separate categories. Those categories include:

(1) State Priorities;
(2) Benchmarks;
(3) Planning and Coordination;
(4) Information on Children and Families;
(5) Key Predictions and Risk Factor Strategies
(6) Minority Status Strategies
(7) Prevention and Early Intervention
(8) Other Promising Practices; and
(9) Funding

They are presented in detail on the following pages.

Recommended state priorities for youth at-risk are guided by the State's goal "to insure that all of South Dakota's young people are trained and ready to achieve economic self-sufficiency."

The overall strategy calls for policies that directly impact individual, family, school, and community conditions contributing to youth at-risk. It is based on research which suggests that strategies which focus on strengthening the capacity of communities, families, schools, and children provide the best hope for the future. It further suggests a framework which views communities, parents, and youth as resources and partners.

I. STATE PRIORITIES

The predominant characteristics of those South Dakota youth most apt to leave school without critical life skills suggest a number of state priorities. These priorities are listed under three major categories below: target population, approach, and service priorities. It is recommended that the Youth

and Family Alliance concentrates on the priorities as a means of focusing initiatives. Further,

prioritization within each category is a matter for the alliance to resolve, based on available dollars,

status of current indicators, etc.

Recommended Target Population Priorities

The data and literature indicate a need to focus on special population types. This review

suggests the following are the most critical groups to focus on:

(1)   Communities and schools with a high "index of need;"
(2)   Low income children and their families;
(3)   Educationally disadvantaged children;
(4)   Children with special needs and their families;
(5)   At-risk Native American youth;
(6)   Non-college bound youth, especially drop-outs, and potential drop-outs; and
(7)   Teen parents, and children of teen parents.

Of course, the priorities which an individual jurisdiction should focus on is dependent upon the

extent to which these population groups exist within a community.

Recommended Approach

The approach to service delivery should be based on the knowledge that a youth at-risk is faced

with a multitude of potential problems and external influences. As such, altering at-risk behavior, or

eliminating risk factors, requires a sophisticated approach. One such approach is presented here as a

series of recommendations.

(1)   *ADDRESS THE NEEDS OF THE WHOLE CHILD THROUGH:*

·   Interagency and multi-agency collaboration and coordination;

·   Comprehensive community-based planning and coordination of educational, health, and
         social services;

·   A balanced continuum of prevention, intervention, and treatment services; and

·   Policies, curriculum, and services which recognize and are responsive to the unique
         qualities and needs of ethnic and cultural minority youth.

(2)   *STRENGTHEN THE CAPACITY OF COMMUNITIES, FAMILIES, SCHOOLS, AND CHILDREN*

- State-local and public-private partnerships involving schools, businesses, public and private organizations, parents and youth;

- Creating opportunities for youth to develop skills and contribute to their community; and

- Supporting the development, effectiveness, and maintenance of community-based coalitions

(3)   *INTEGRATE SOCIAL AND ECONOMIC PERSPECTIVES ON YOUTH DEVELOPMENT*

This approach/recommendation should emphasize intervention strategies that:

- Create positive opportunities for youth in their major life arenas (i.e., family, school, peer group, community, work, and culture) ;

- Promote maximum participation in decision-making, and opportunities for youth to gain personal fulfillment (a sense of belonging, usefulness, competence) from their involvement; and

- Enhance educational attainment, and therefore positively affect future career and life opportunities.

(4)   *USE A VARIETY OF AGE APPROPRIATE INTERVENTIONS TO SUPPORT CRITICAL NEEDS AT EACH STAGE OF DEVELOPMENT*

Service Priorities

All of the service categories eligible for funding under the legislation establishing the Youth At-Risk Trust fund are priorities. The list below suggests specific priorities within those categories. Many do not require a major investment of financial resources. They demand instead increased utilization of citizens, local businesses, traditional youth service organizations, churches, parents, and youth as resources. Some, however, will require an significantly greater additional investment of state, local, and federal dollars than is currently committed through the Youth At-Risk Trust Fund.

The range and scope of needed services is evidence that no one single focus will be effective in preventing and responding to the problems of youth at-risk. All projects address key predictors and factors associated with at-risk behavior. These include poor parenting skills and family management practices, parental attitudes and behavior that model crime and substance abuse; association with

delinquent or substance using peers, early school adjustment difficulties, poor academic performance and school failures, and a low degree of attachment to family, school, pro-social peers, and community.

- *IT IS THEREFORE RECOMMENDED THAT THE FOLLOWING SERVICE AREAS BE CONSIDERED FOR PRIORITIZATION:*

(1) *Prevention and early intervention, including*

- maternal and child health,
- quality childcare,
- pre-schools/Headstart,
- elementary basic skills,
- parent training and support,
- early identification,
- middle school improvement projects,
- peer resource programs (all ages),
- adolescent in-school health clinics,
- school and community based community service,
- work experience/career exploration,
- alternative educational opportunities, and
- vocational education;

(2) *Culturally sensitive and responsive services, curriculum, and teaching strategies;*

(3) *Alcohol and substance abuse prevention and treatment. Programs are especially needed which*

- serve rural areas of the state,
- are developed by Native American communities to be culturally sensitive,
- serve youth who are in transition from residential programs to their home communities, and
- utilize peer resource approaches as the primary prevention strategy;

(4) Intensive home-based services for children with handicapping conditions (emotional, physical,cognitive), as well as for seriously dysfunctional families, and youth with chronic or acute problems;

(5) Transitional services which support and maintain gains achieved during treatment and which reconnect youth with their families and communities; and

(6) Community-based alternatives to detention and incarceration.

II. BENCHMARKS

(1) *USE BASELINE DATA AS BENCHMARKS TO MEASURE ADEQUATE STATE PROGRESS IN IMPROVING THE PERSONAL, SOCIAL, EDUCATIONAL, AND ECONOMIC CONDITIONS OF CHILDREN.*

Benchmarks are a means of creating a shared agenda and providing a tangible measure of adequate state progress. They show where you are now, and where you want to be 10 years from now. National goals have been established in a number of areas, including child and maternal health, school readiness, academic achievement, and school completion. These goals do not address all of the indicators of youth needs and problems, but *"the existing goals give us something to aim for, as well as guideposts for assessing current performance and progress. At the best, they represent a common vision and commitment to improve children's lives."* (The Center for the Study of Social Policy, 1991, p. 64).

National education performance goals for the year 2,000 were approved in 1990 by President Bush and the nation's governors. Health goals were established by the U.S. Department of Health and Human Services. Broad citizen participation in setting benchmarks, as well as executive and legislative endorsement, is key to an adequate level of commitment.

Planners should be careful when establishing benchmarks to ensure that all (and the most) appropriate measures are being used to gauge progress. For example, using the "1989 teen pregnancy rate" as a benchmark to monitor progress toward reducing teen pregnancy is helpful, but when taken out of context will not provide the whole picture. Examining per capita dollars spent on primary prevention or education programs is also an important aspect when gauging progress.

In the context, then, it should be made clear that the data presented in this report are primarily used to identify problem areas for planning purposes. They may or may not be useful benchmarks for measuring progress towards goals, and care should be taken when interpreting what the data really mean.

(2) *CONTINUE TO IMPLEMENT THE RECOMMENDATIONS AND STRATEGIES DEVELOPED AT THE "EDUCATION 90: FRAMEWORK FOR THE FUTURE" CONFERENCE.*

Changes in family structure and the number of single and two-parent families in the workforce have increased the role that schools play in the development of personal, social, and educational skills. Educators, who are faced with this new responsibility on a daily basis, have been in the forefront of identifying interventions critical to supporting children and families in a changing world. The National Education Goals reflect the wide consensus of researchers and policymakers in the field of health, education, human services and corrections that the problems of at-risk youth can be addressed only by comprehensive strategies that recognize the need to promote the health and well-being of the whole child and that of his or her family.

The result of the *Education 90: Framework for the Future* Conference was a comprehensive plan to address the National Education Goals. Implementation of this plan calls for: (1) coordination and collaboration within and across education, health, and social service agencies; (2) comprehensive services for at-risk youth, especially pre-schoolers; and (3) effective partnerships involving parents, businesses and the community; (4) creating opportunities for young people to be in service to their communities; and (5) the adoption of cultural education goals and objectives.

The plan details specific state and local strategies to improve children's chances of succeeding in school.

III. PLANNING AND COORDINATION

The Governor, the Legislature, the Unified Judicial System and State Executives have provided

leadership in the development of state policies for youth at-risk. They have already demonstrated a high

level of commitment to identifying the needs of youth at-risk and laying the foundations for future

success.

State and local health, education, social service, and correctional agencies, as well as local

leaders, educators, parents, businesses, and community groups, are implementing strategies to achieve

a shared goal: families, schools and communities that support the personal, educational, and social

needs of children.

The majority of the recommendations in this section support and build on what the state of South

Dakota is already aggressively pursuing.

The Role of the State

(1) *CONTINUE TO PROMOTE INTERAGENCY COLLABORATION THROUGH THE CREATION OF INTERAGENCY TASK FORCES, COMMISSIONS, AND INITIATIVES RELATED TO CHILDREN AND FAMILIES.*

(2) *CONTINUE TO ENCOURAGE AND ASSIST COMMUNITIES IN CREATING AND MAINTAINING EFFECTIVE COORDINATION NETWORKS.*

(3) *PROMOTE COOPERATIVE PLANNING AND USE OF RESOURCES THROUGH JOINT FUNDING.*

(4) *CONTINUE SUPPORT OF THE INTERAGENCY CASE MANAGEMENT MODEL THAT WAS DEVELOPED BY THE CASSP PROGRAM AND WHICH HAS BEEN EXPANDED TO INCLUDE ALL CHILDREN WHOSE SERVICE NEEDS CROSS AGENCY BOUNDARIES.*

South Dakota is in the forefront in its support and implementation of a statewide case management approach to service delivery. The following quote emphasizes the efficacy of this approach:

"At the heart of the best prevention program is a well-trained case manager who not only can help families assess their strengths and deficits, but also can broker services to help families anticipate their needs before a crisis occurs." (National Governor's Association, Report of the Task Force on Children, 1989, p. 20.)

(5)   *MAKE COORDINATION AMONG RELEVANT STATE AND/OR LOCAL AGENCIES, COORDINATION WITH SCHOOLS, A REQUIREMENT FOR ANY NEW PROGRAMS FUNDED.*

(6)   *REWARD BROAD-BASED LOCAL PLANNING AND COORDINATION EFFORTS THROUGH FUNDING CRITERIA THAT PLACES A HIGH PRIORITY ON COLLABORATIVE EFFORTS.*

(7)   *GIVE PRIORITY TO PROJECTS THAT STIMULATE COLLABORATION AND WHICH ENCOURAGE A HIGH DEGREE OF COMMUNITY, PARENT, AND/OR YOUTH INVOLVEMENT (NOT JUST INVOLVEMENT OF PROFESSIONALS).*

The Role of the Community

(1)   *LOCAL AND REGIONAL PLANNING AND COORDINATION EFFORTS SHOULD ENCOURAGE CITIZEN, PARENT, AND YOUTH PARTICIPATION IN IDENTIFYING, EVALUATING, AND SOLVING YOUTH AND FAMILY PROBLEMS IN THEIR COMMUNITIES.*

Comprehensive community actions plans for youth at-risk should:

(a)   Involve a broad representative cross-section of community leaders, public and private service providers, educators, parents, and youth in their development and implementation;

(b)   Be based on an assessment of local conditions that support and hinder the children and youth in achieving personal, social, educational, and economic potential;

(c)   Evaluate the availability, adequacy, and accessibility of services to meet the unique needs of at-risk children and their families;

(d)   Include a balanced and coordinated continuum of prevention, early intervention, and remediation/treatment services;

(e)   Promote coordination, collaboration, and inter-agency case-management among relevant youth-serving agencies;

(f)   Utilize age-appropriate strategies;

(g)   Target those populations of children most at-risk;

(h)   Acknowledge and develop the potential of young people to contribute to their community. Provide opportunities for youth to develop skills and contribute to the welfare of others (e.g., through active participation in planning, operating, and evaluating community services; peer resource programs, and other community service initiatives).

IV. INFORMATION ON CHILDREN AND FAMILIES

(1) *IMPROVE THE AVAILABILITY, ACCURACY, AND UTILIZATION OF STATE AND LOCAL INFORMATION ON CHILDREN AND FAMILIES.*

The development of a data base for planning and evaluating youth at-risk needs and services should be viewed as a developmental process, and should involve communities. Toward this goal, the following additional recommendations are made.

(2) *ENCOURAGE LOCAL SCHOOL DISTRICTS AND COMMUNITIES TO ACCURATELY COLLECT AND COMPILE INFORMATION ON INDICATORS OF CHILD AND ADOLESCENT HEALTH, EDUCATION, SOCIAL AND ECONOMIC WELL-BEING, AND TO USE THIS INFORMATION TO INCREASE PUBLIC AWARENESS, STIMULATE AND GUIDE LOCAL RESPONSES, AND EVALUATE THE IMPACT OF YOUTH AT-RISK POLICIES AND PROGRAMS. (FY 1991)*

(3) *PROVIDE TECHNICAL ASSISTANCE TO SCHOOLS AND COMMUNITIES IN DEVELOPING AND INTERPRETING DATA ON YOUTH AT-RISK. (FY 1991)*

Information is a powerful tool, often more because of the questions it raises, than those it helps answer. All data requires interpretation, and local communities are in the best position to interpret the implications of data trends, survey information, research findings, and other information related to youth at-risk in their community. Collecting information that is valid, reliable, and useful is critical to informed decision-making.

(4) *DEVELOP AND ENCOURAGE THE USE OF STANDARD DEFINITIONS, CATEGORIES, AND PROCESSES FOR IDENTIFYING LOCAL NEEDS AND RESOURCES. (FY 1991)*

As a starting point, the planning guide being developed as a part of this study will include guidelines and tools for examining local youth issues, needs, and resources. (FY 1991)

(5) *DEVELOP CONSENSUS AT THE STATE AND LOCAL LEVEL REGARDING THE MINIMUM INFORMATION NEEDED FOR* **ACCOUNTABLE** *PLANNING, IMPLEMENTATION, MONITORING AND EVALUATION OF STATE AND LOCAL YOUTH-AT-RISK INITIATIVES, AND THEN MAKE THE COLLECTION AND REPORTING OF THIS INFORMATION A REQUIREMENT OF FUNDING. (FY 1992)*

During the first, and probably the second year, data collection and reporting methods and requirements will need to be refined and improved, utilizing the suggestions and comments from state and local policy-makers, service providers, and educators. They will also be influenced by improvements and/or changes in other state information systems. The potential adoption of a "central directory" system for all children and youth services, for example, would replace the need for local planning and coordinating councils to conduct annual resource inventories. However, they will still need to evaluate the adequacy and appropriateness of these resources. (FY 1991)

(6) *A PROCESS FOR COLLECTING AND DISSEMINATING DATA USED FOR PLANNING (AS BENCHMARKS AND/OR SOCIAL INDICATORS) SHOULD BE ESTABLISHED.*

The baseline data used for this report came from dozens of sources and agencies. Those data also change from year to year. Therefore, a mechanism will have to be established to collect, collate, and disseminate the information to local planners and policymakers.

It is recommended that a Youth At-Risk Information Clearinghouse be established by the Alliance to maintain not only data, but also annual reports, agency plans, research findings, and risk theory materials. The Alliance would be responsible for contacting agencies to request relevant materials on an annual basis and following up to insure the materials are available for community-based planning. Automating the material so that it can be searched by key word or social indicator will increase the efficiency of a clearinghouse.

V.   PROGRAM EVALUATION

(1) *ENHANCE STATE AND LOCAL CAPACITY TO CONDUCT MEANINGFUL AND APPROPRIATE EVALUATIONS OF YOUTH AT-RISK PROGRAMS.*

"What works?" " What types of services are most cost effective?" "Does Program X make a difference?" "Is the service worth continuing or expanding?" "Are families and children getting what they need?" These are some of the questions that people ask when they are trying to get the most out of limited resources. Those responsible for the expenditure of public funds should also ask: "Is the program providing the services to the population it said it would?" "Is it carrying out the activities and meeting the objectives committed to in the contract?"

Program evaluation seeks to answer these questions by collecting and analyzing information about the type, quantity and quality of services offered and the effectiveness of those services in achieving desired changes or outcomes with specific client populations.

Effective evaluations can serve a variety of purposes including:

- Establishing policy and planning directions,
- Determining types of programs/services to be offered,
- Identifying areas for improvement in a program,
- Determining whether a program is meeting service goals and objectives, and
- Determining types of services which are most effective in achieving desired outcomes with specific client populations. .

Meaningful and appropriate evaluations require planning--the projects to be evaluated must be designed up front to make the process feasible. Enhancing state and local capacity to conduct meaningful and appropriate evaluations of youth at-risk programs involves:

- Developing and prioritizing evaluation questions;
- Identifying approaches to provide the information needed to answer those questions;
- Evaluating the feasibility and cost-effectiveness of each approach; and
- Developing an agreed.upon evaluation plan, and data collection systems and procedures to support that plan.

Failure to develop a planned,. agreed-upon approach to evaluation will lead to wasted money and effort (i.e., data collected which are of no use to anyone); frustration (everyone involved in the evaluation will feel they have wasted their time); and discord (the program, the sponsor, and the public will feel they did not get what they asked for or expected).
A number of factors can determine the nature and quality of the evaluation process, including:

- The quality of goals and objectives;
- The rationale linking program services and activities to program goals;
- The quality and availability of relevant data;

- The quality and availability of resources available for evaluation; and
- The congruence of expectations among those interested in evaluation results.

It is therefore recommended that the Youth and Family Alliance:

(2) *DEVELOP AN EVALUATION SYSTEM FOR MONITORING AND EVALUATING PROJECTS FUNDED BY THE YOUTH AT-RISK TRUST FUND THAT INVOLVES LOCAL PLANNERS, DECISION MAKERS AND SERVICE PROVIDERS AS PARTNERS IN ALL EVALUATION EFFORTS UNDERTAKEN.*

It is also recommended that as part of its technical assistance role, the state:

(3) *PROVIDE TRAINING TO ALL INTERESTED PARTIES IN EVALUATION METHODS AND THE FACTORS THAT INFLUENCE THE QUALITY AND USEFULNESS OF EVALUATION INFORMATION.*

The following are some suggested guidelines for developing a meaningful and appropriate approach to evaluation:

1. Involve local planners, decision-makers, and service providers in all evaluation efforts to insure that the evaluation system is based upon a data collection system which yields consistently reliable data, as well as providing information which is useful at an agency/programmatic level and at system-wide and statewide levels.

2. Determine the purpose of the evaluation by answering the following questions:

   a. Who will be involved in the evaluation, and who will be interested in the results?

   b. What information is needed or desired by this audience? What do they want to learn?

   c. How will information from the evaluation will be used?

3. Prioritize the purposes of the evaluation system (what information is most important?).

   For example, is the purpose:

   • To provide documentation and administrative accountability for the projects that are funded (program monitoring)?

   • To assess the implementation and ongoing operation of a program in order to identify ways in which the program can be modified or improved (process or formative evaluation)?

   • To determine whether projects are meeting short-term performance objectives (process or formative evaluation)?

   • To assess the nature and extent of change on program clients and the extent to which these changes result from the interventions provided through a service or program (outcome or impact evaluation)?

   • To compare the cost-effectiveness of different approaches to the same problem (cost-benefit analysis)?

4.   Identify evaluation approaches which address priority needs; evaluate the feasibility and cost-effective of each approach; and identify the limitations of each approach.

5.   Design the evaluation plan, guided by decisions made during steps 1-4.

    a.   Develop evaluation questions for program goals.

    b.   Develop evaluation methods taking into consideration what data can realistically be collected and the appropriate methods and procedures for collecting the data. Include:

        - Measures of program activities and outcomes,
        - Data collection methods or instruments,
        - Data collection procedures, and
        - Methods to be used in analyzing and interpreting data.

    c.   Develop an evaluation implementation plan that specifies what data will be collected, when it will be collected, how it will be collected and by whom.

    d.   Decide what methods of analysis will be used to interpret data that is collected.

    e.   Develop a plan for disseminating evaluation results.

VI.   KEY PREDICTORS AND RISK FACTOR STRATEGIES

Effective prevention and intervention strategies must directly address the key factors contributing to delinquency, emotional disorder, substance abuse, school failure, teenage pregnancy, and other problems that cast a dark shadow on the lives of many young people. Major risk factors common to all of these problem areas, predictors and risk factors associated with each specific problem area, social indicators included in the "index of need" are all found elsewhere in this report.

(1)   *UTILIZE SOCIAL INDICATORS PRESENTED IN THIS REPORT FOR PRIORITIZING SERVICES AND SELECTING PROJECTS FOR FUNDING.*

(2)   *MEASURE PROGRESS IN ACHIEVING STATE GOALS BY EVALUATING CHANGE IN SOCIAL INDICATORS OF CHILD, YOUTH, AND FAMILY ISSUES ASSOCIATED WITH RISK.*

(3)   *KEEPING LOCAL CONDITIONS AND FACTORS IN MIND, LOCAL SCHOOLS AND SOCIAL SERVICE AGENCIES SHOULD IDENTIFY THOSE YOUNG PEOPLE WHO HAVE ALREADY DEMONSTRATED BEHAVIORS OR CHARACTERISTICS WHICH HAVE BEEN SHOWN TO HAVE A HIGH CORRELATION WITH AT-RISK BEHAVIORS SUCH AS DROPPING OUT OF SCHOOL, ALCOHOL ABUSE, TEEN PREGNANCY, OR TROUBLE WITH THE LAW; MONITOR THEIR PROGRESS, AND PROVIDE APPROPRIATE PREVENTION, CRISIS INTERVENTION, AND REMEDIATION INTERVENTIONS.*

VII. MINORITY STATUS STRATEGIES

Knowing that Native American children are more likely to be poor, to be living in single parent

families, to be living in a home where the parent is poorly educated and has a drinking problem,

strategies should focus on this population.

(1) *INCREASE AVAILABILITY OF CULTURALLY SENSITIVE AND APPROPRIATE SERVICES AND
PROJECTS THAT HELP COMMUNITIES AND YOUTH DEVELOP RESPECT FOR CULTURAL
DIVERSITY.*

(2) *ELIMINATE THE GAP IN HIGH SCHOOL GRADUATION RATES BETWEEN SOUTH DAKOTA
STUDENTS FROM NATIVE AMERICAN BACKGROUNDS AND THEIR NON-MINORITY
COUNTERPARTS.*

This recommendation is based on Goal 2, Objective 2, of the National Educational Goals adopted
in 1990: "The gap in high school graduation rates between American students from minority
background and their non-minority counterparts will be eliminated."

South Dakota educators have recommended that the state legislature mandate Native American
education by requiring that Native American curricula be integrated into all schools. This is an
excellent start. It is clear, however, that an extraordinarily high percentage of Native American
students are at-risk on the basis of multiple risk factors. Only a strategy which addresses the
multiple factors that work against the educational success of Native American students, and which
address the needs of the whole child, will succeed. One such strategy might involve:

* Integration of culturally sensitive and effective curriculum and teaching strategies.

* Curricula, activities, and training that promote sensitivity to and appreciation of cultural
diversity, not only in schools, but in health, social, and correctional agencies.

* Financial incentives to communities who join together in coalitions to reduce their dropout
rate.

* Encouragement and support of tribal-based identification of needs and solutions to youth
problems on Indian Reservations.

A solution proposed in the Aberdeen Tribal Area Health Plan would involve the following:

* Address the needs of the whole person.

* Funding and resources are needed for creative/innovative methods to rebuild and
empower families.

* Families need assistance in learning how to be less dependent on the system and more
self-reliant.

* Tribal people need to relearn cooperation behavior to solve family and community
problems.

- Funding to teach children/youth survival skills in dysfunctional families.

- Funding to create culturally sensitive alcohol programs.

- Development of a community/family strengthening curriculum which will make families functional.

VIII.   PREVENTION AND EARLY INTERVENTION

Constrained by limited resources, South Dakota's service system, like that in other states, spends most of its resources treating the symptoms instead of the causes of youth problems. Although state and local comprehensive plans should attempt to achieve a balance of prevention, early intervention and treatment resources and strategies, the Youth At-Risk Trust fund should make prevention and early intervention services a high priority.

Key decision-makers interviewed in the course of the South Dakota Juvenile Justice System Study agreed that there is a critical need for early identification and intervention before youth problems become chronic or acute. Data collected on youth in South Dakota's juvenile justice system confirmed that family, personal, and school problems had significantly contributed to these youths' offense behavior. If these problems had been addressed before they reached crisis proportions, the use of state resources for expensive treatment and correctional services may have been avoided.

Discretionary dollars, such as those in the Youth At-Risk Trust fund, are one of the few sources of funding for prevention activities. As stated in the 1989 National Governor's Association's task force report on children, ". . . the growing need to spend limited resources on high-cost treatment and remedial efforts increases the burden on our economy and reduces our ability to compete effectively with countries that invest early in more cost-effective programs of prevention and early intervention" (1989, p. 2).

(1)   *THEREFORE, IT IS RECOMMENDED THAT, TO THE EXTENT POSSIBLE, TRUST FUND DOLLARS BE FOCUSED ON PREVENTION AND EARLY INTERVENTION PROGRAMS.*

Research in the health, education, and social science fields have provided substantial evidence that prevention services are cost-effective and result in significant long-term savings (e.g., Austin and Meister, 1990, pp. 7-28; National Governor's Association, 1989, p. 4; Schorr, 1988, p. xii;

Schweinhart and Weikart, 1980).[9] *America in Transition* (1989) suggests several points in every child's life at which primary prevention strategies are especially critical:

PRENATAL: Comprehensive and timely prenatal care.

BIRTH TO FIVE: Well-child care, including screening and immunization.

                     Accessible and affordable child care coupled with quality preschool education.

                     Early identification of handicapping conditions.

PRIMARY SCHOOL[10]: Early identification and intervention for educationally disadvantaged.

                     Focus on reading skills.

                     Headstart follow-up.

MIDDLE SCHOOL: A vital and engaging middle school education, structured to help students make the transition between childhood and adolescence.

ADOLESCENCE: Health care and preventive health education.

                     Constructive engagement in volunteer and community service, organized recreation, and community theater and music programs.

IX.   FUNDING STRATEGIES

A major task which the Alliance must address is how to allocate and award Youth At-Risk Trust funds. It is recommended that funding be viewed as one of several strategies for addressing the problems and needs of youth and families. Dollars, rather than goals, tend to drive the planning process when grant programs are not included as part of a broader comprehensive plan that includes non-grant solutions such as coordination, technical assistance, and advocacy.

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[9]Schorr, Lisbeth with Daniel Schorr, Within Our Reach: Breaking the Cycle of Disadvantage, New York: Anchor Press, Doubleday, 1988; L.J. Schweinhart and D.P. Weikart, Young Children Grow Up: The Effects of the Perry Preschool Program on Youths Through Age 15. Ypsilanti, Michigan: High Scope Press, 1990.

[10]Primary prevention strategies for the primary school years were not included in America in Transition; however, numerous other studies, including those summarized by Austin and Meister in Responding to Children At Risk, as well as research conducted by Hawkins and Weiss, Patterson, and others, suggest key strategies for children in the early grades that should not be overlooked.

Funding Allocation Strategy and Awards Process

(1)   *ADOPT A FUNDING STRATEGY WHICH FOCUSES ON OVERALL NEED--I.E., UTILIZES A NEED INDEX--TO PRIORITIZE COMMUNITIES WITH THE GREATEST NEED.*

Project Fair has identified the pros of various funding allocation strategies for state programs targeted at youth at-risk of dropping out of school. This study concluded:

"If the public policy goal is to target resources on those districts with the greatest need and to encourage local creativity in addressing the problem, **the index of need appears to be the preferred funding alternative** based on the findings of the simulation study" (emphasis added).

The extent to which data that closely mirrors the distribution and magnitude of the at-risk population is easily available by desired geographic units must also be considered.

(2)   *LINK MONEY TO GOALS AND MANDATES.*

(3)   *SELECT PRIORITY AREAS FOR FUNDING THAT HAVE DIRECT IMPACT ON GOALS IDENTIFIED IN PLAN. SOME OTHER FACTORS TO CONSIDER IN SELECTING PRIORITIES AND DETERMINING HOW MUCH TO ALLOCATE TO EACH PRIORITY AREA INCLUDE:*

(a)   [If community planning and ownership is a goal] a broad enough range of areas so that communities have room to determine their own priorities and strategies;

(b)   Information on nature, scope, severity, magnitude, and location of the problem, including any recent significant changes;

(c)   Other resources available to address the problem;

(d)   Recent or current policies, legislation, coordination/planning efforts or other factors that have been "effective" or promising in relation to the priority area; and

(e)   Obstacles or barriers.

(4)   *USE A FUNDING ALLOCATION PROCESS THAT IS CONSISTENT WITH ALLIANCE'S MISSION AND GOALS.*

(5)   *USE AN AWARDS PROCESS THAT DIRECTLY SUPPORTS THE PRIORITIES AND ALLOCATIONS MADE IN THE PLAN (INCLUDES SENSITIVITY TO COMMUNITY NEEDS IN DEVELOPING APPLICATION, REVIEW, AND SELECTION PROCESS).*

(6)   *DEVELOP SPECIFIC MEASURABLE GOALS AND OBJECTIVES FOR EACH PRIORITY AREA AND ALWAYS ANNOUNCE THE GOALS AND RATIONALE FOR THE PROGRAM WHEN ANNOUNCING THE AVAILABILITY OF FUNDS.*

(7)   *DETERMINE WHAT ENTITIES ARE ELIGIBLE TO APPLY FOR FUNDS.*

(8)   *INCREASE THE LEVERAGE OF YOUTH AT-RISK TRUST FUNDS BY LEVERAGING OTHER FUNDS*
      AND RESOURCES.

      For example, the Alliance could provide start-up funds for a project that will be funded by local or
      other sources within a pre-determined time period. This time period could vary for different
      categories of projects (e.g., a research or training project might be funded for one year only,
      whereas a direct service program that requires considerable investment of time and resources
      during the development and implementation phases might be funded fully or partially for several
      years). Regardless of the period, it should be announced in advance and strictly adhered to.

(9)   *EXAMINE WAYS TO INCREASE THE LEVERAGE OF YOUTH AT-RISK TRUST FUNDS BY UTILIZING*
      STRATEGIES AIMED AT STATEWIDE OR SYSTEMWIDE IMPROVEMENT.

      Ask:

      •   What is potential for statewide replication?

      •   What is potential statewide, regional, or systemwide impact on quality and/or delivery of
          services?

      •   What is potential statewide, regional, or systemwide impact on conditions causing youth
          problems?

      •   Is this the most cost-effective use of limited resources?

(10) *USE A GRANTS PROCESS WHICH CLEARLY FOCUSES ON GOALS AND PRIORITIES, YET IS*
      FLEXIBLE ENOUGH TO RESPOND TO BOTH STATE AND LOCAL CONCERNS.

      Funding programs is one strategy that may be used to address identified problems or to enhance
      community-based opportunities for children and their families to achieve personal, social,
      educational, and economic potential. The following are the basic steps involved in developing and
      implementing a grants process:

      (1)   Establish goals and priorities;
      (2)   Select allocation strategy;
      (3)   Develop funding protocol;
      (4)   Announce grant program and submission requirements;
      (5)   Review applications;
      (6)   Make funding recommendations and decisions; and
      (7)   Award funds.

The specific tasks for the grants process are:

      (1)   Determine goals and priorities to address through the use of grant funds.
      (2)   Review and assess potential allocation strategies.
      (3)   Select strategy(s) for allocating funds.
      (4)   Develop Request for Proposals (funding protocol) which includes:

            (a) Goals and objectives of grant program;
            (b) Target population(s);

(c) Specific approaches, activities and/or services eligible for funding;

(d) Application/submission requirements:

1. Who can apply,
2. Amount of funds available and cash or in-kind match, if any,
3. Funding period and plans for continuation funding, if any,
4. Standard application format (or application kit), and
5. Grants process timelines;

(e) Any special conditions of funding. For example:

1. Planning and coordination,
2. Funding restrictions,
3. Reporting requirements,
4. Evaluation requirements,
5. Performance requirements, and
6. Inter-agency agreements;

(5) The application process-common components:

(a) Public notification of availability of funds,
(b) Preapplications or "Letters of Intent to Apply for Funds,"
(c) Grant application training workshops,
(d) Contents of application, and
(e) Date application is due.

(6) The review and selection process.

(a) Who will review and making funding recommendations/decisions?
(b) Criteria for selection.
(c) Dates of review and oral presentation if any.
(d) Date of funding decision.

(7) Notice of grant award mailed to successful applicants (also, notify those who did not receive award; an appeals process is sometimes required/desirable).

(8) Acceptance of grant award and signed contractual document(s) returned to funding agency.

(9) Grant funding cycle begins.

X. OTHER PROMISING PRACTICES

(1) *SOUTH DAKOTA SHOULD AGGRESSIVELY PURSUE APPLICATION FOR FEDERAL COMMUNITY SERVICE FUNDS.*

(2) *STRONG CONSIDERATION SHOULD BE GIVEN TO FUNDING PEER RESOURCE PROGRAMS, INCLUDING PEER HELPERS, PEER-TUTORING, COOPERATIVE LEARNING, AND CROSS-AGE PEER TUTORING.*

Research (as reported by Bernard, 1990) consistently shows that peer resource programs:

(a) Provide children and youth of all ages the opportunity to develop collaboration/conflict resolution skills

(b) Promote acceptance and respect for diversity (between physically and/or mentally handicapped or socially withdrawn peers and non-handicapped peers and between white and non-white peers;

(c) Promote academic achievement;

(d) Reduce alcohol and drug use among youth;

(e) Provide the positive social support that all youth need; and,

(f) Give youth the opportunity to help, to experience being needed, valued, and respected by another person; and

(g) Help satisfy the basic need to belong, to make decisions and solve problems, and to have some control over one's life--all of which are essential to the development of identify.

Child development research has identified social support as critical to social, physical, and cognitive development, and as protective of health and mental health during the stressful life events that many at-risk children experience (divorce, illness, unemployment, family alcoholism, depression, school transition, etc.). (Bernard, 1990; Wasserman, 1988, Dubow and Tisak, 11989; Fenzel and Blyth, 1986, Sandler, et. al, 1985 and others.)

(3) *THE ALLIANCE SHOULD ESTABLISH INTERMEDIATE OBJECTIVES FOR ITS GOALS AS A MEANS OF ESTABLISHING A STRATEGY AND PROVIDING AN ACCURATE PICTURE OF ACCOMPLISHMENTS.*

The ability to reach many of the initiative goals will be complicated by extenuating factors. For example, problem areas overlap, making it difficult to attain one goal without addressing multiple needs. Therefore, it is important to establish intermediate objectives as a means of better gauging progress toward overall goals.

As an example, suppose a priority goal is established to "reduce delinquent behavior among South Dakota's youths." To only measure the differences in delinquency petition rates between an existing and a baseline year would not provide a full picture of how much has been accomplished to reach the goal. Objectives such as, "develop prevention programs in 20 rural communities," "initiative a statewide sixth grade Law-Related Education program," and "introduce a police diversion/early intervention program for first offenders in two pilot sites" may all be part of the overall strategy for the goal. Examining progress toward each goal provides a more thorough understanding of the impact that is being made to resolve a problem.

(4)   *USE REGIONAL WORKSHOPS TO ENHANCE AWARENESS AND COMPETENCY ON STATE YOUTH AT-RISK ISSUES.*

Regional workshops should be useful for: explaining mandates of Federal programs to local officials and planners; identifying and sharing components of good planning networks; and providing technical assistance on issues such as grantsmanship, model programs, and evaluations.

The overall goal of the workshops would be to enhance the capacity of the local community to plan and coordinate. Federally funded programs continue to demand greater levels of local participation--as such, these workshops could be used to benefit both the Alliance and individual state agencies by enhancing local planning skills.

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This bibliography lists references on youth at-risk, beginning with a list of "general" studies and publications, each of which contains information on a broad range of concerns regarding children and youth at-risk. The general reference section is followed by additional studies and publications that address more specific youth at-risk issues. These additional references are organized alphabetically by topical areas. References within each section are listed alphabetically by author.

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APPENDIX A: RISK INDICATOR CORRELATION MATRIX

TABLE A1: CORRELATION OF SELECTED VARIABLES

Pearson product movement correlations are presented on the following table. Each pair of variables (defined in "Risk Indicators" in the report) contains three numbers: at the top is the r-value (or correlation) where 0.0 indicates no correlation and 1.0 indicates perfect correlation; the number of cases entered into the calculation (this is always 66--on for each county); and the statistical significance (expressed as $p = \#$).

For assistance in interpreting the table, turn to "Correlations Between Social Indicators" in the report.

Correlations:

	POPUL	NATAMER	UNEMPLOY	FOODSTMP	PETITION	INCOME	ADC	ALCDRUG	INFDEATH	LOWBIRTH	DIVORCES	MH	DRUGARST	DOC
POPUL	1.0000 (66) P= .	.2589 (66) P= .018	.0484 (66) P= .350	-.0767 (66) P= .270	.5092 (66) P= .000	.2885 (66) P= .009	-.0462 (66) P= .356	.3758 (66) P= .001	.0050 (66) P= .484	.2449 (66) P= .024	.4760 (66) P= .000	-.1201 (66) P= .168	.0928 (66) P= .229	.1833 (66) P= .070
NATAMER	.2589 (66) P= .018	1.0000 (66) P= .	.5377 (66) P= .000	.7236 (66) P= .000	.0237 (66) P= .425	-.5831 (66) P= .000	.7432 (66) P= .000	.3917 (66) P= .001	.6987 (66) P= .000	.2554 (66) P= .019	-.1303 (66) P= .149	.1053 (66) P= .200	-.0888 (66) P= .239	-.0053 (66) P= .483
UNEMPLOY	.0484 (66) P= .350	.5377 (66) P= .000	1.0000 (66) P= .	.5760 (66) P= .000	-.1049 (66) P= .201	-.5802 (66) P= .000	.5821 (66) P= .000	.2454 (66) P= .023	.5400 (66) P= .000	.2518 (66) P= .021	-.2057 (66) P= .049	.1717 (66) P= .084	-.1047 (66) P= .201	-.0959 (66) P= .222
FOODSTMP	-.0767 (66) P= .270	.7236 (66) P= .000	.5760 (66) P= .000	1.0000 (66) P= .	-.0849 (66) P= .249	-.7742 (66) P= .000	.9863 (66) P= .000	.2558 (66) P= .019	.7466 (66) P= .000	.3099 (66) P= .006	-.3352 (66) P= .003	.2262 (66) P= .034	-.0614 (66) P= .312	.0119 (66) P= .462
PETITION	.5092 (66) P= .000	.0237 (66) P= .425	-.1049 (66) P= .201	-.0849 (66) P= .249	1.0000 (66) P= .	.2582 (66) P= .018	-.0733 (66) P= .279	.3705 (66) P= .001	-.1461 (66) P= .121	.3116 (66) P= .005	.4361 (66) P= .000	-.0005 (66) P= .498	-.0060 (66) P= .481	.5926 (66) P= .000
INCOME	.2885 (66) P= .009	-.5831 (66) P= .000	-.5802 (66) P= .000	-.7742 (66) P= .000	.2582 (66) P= .018	1.0000 (66) P= .	-.7493 (66) P= .000	-.0585 (66) P= .320	-.6887 (66) P= .000	-.0840 (66) P= .251	.5649 (66) P= .000	-.0572 (66) P= .324	.1216 (66) P= .165	.0626 (66) P= .309
ADC	-.0462 (66) P= .356	.7432 (66) P= .000	.5821 (66) P= .000	.9863 (66) P= .000	-.0733 (66) P= .279	-.7493 (66) P= .000	1.0000 (66) P= .	.2664 (66) P= .015	.7509 (66) P= .000	.3384 (66) P= .003	-.3047 (66) P= .006	.1911 (66) P= .062	-.0364 (66) P= .386	-.0012 (66) P= .496
ALCDRUG	.3758 (66) P= .001	.3917 (66) P= .001	.2454 (66) P= .023	.2558 (66) P= .019	.3705 (66) P= .001	-.0585 (66) P= .320	.2664 (66) P= .015	1.0000 (66) P= .	.2848 (66) P= .010	.2377 (66) P= .027	.4542 (66) P= .000	.3223 (66) P= .004	.1023 (66) P= .207	.0506 (66) P= .343
INFDEATH	.0050 (66) P= .484	.6987 (66) P= .000	.5400 (66) P= .000	.7466 (66) P= .000	-.1461 (66) P= .121	-.6887 (66) P= .000	.7509 (66) P= .000	.2848 (66) P= .010	1.0000 (66) P= .	.2511 (66) P= .021	-.2782 (66) P= .012	.2321 (66) P= .030	-.0234 (66) P= .426	-.1059 (66) P= .199
LOWBIRTH	.2449 (66) P= .024	.2554 (66) P= .019	.2518 (66) P= .021	.3099 (66) P= .006	.3116 (66) P= .005	-.0840 (66) P= .251	.3384 (66) P= .003	.2377 (66) P= .027	.2511 (66) P= .021	1.0000 (66) P= .	.2543 (66) P= .020	-.1305 (66) P= .148	-.0305 (66) P= .404	.2322 (66) P= .030
DIVORCES	.4760 (66) P= .000	-.1303 (66) P= .149	-.2057 (66) P= .049	-.3352 (66) P= .003	.4361 (66) P= .000	.5649 (66) P= .000	-.3047 (66) P= .006	.4542 (66) P= .000	-.2782 (66) P= .012	.2543 (66) P= .020	1.0000 (66) P= .	.1199 (66) P= .169	.2368 (66) P= .028	.1827 (66) P= .071
MH	-.1201 (66) P= .168	.1053 (66) P= .200	.1717 (66) P= .084	.2262 (66) P= .034	-.0005 (66) P= .498	-.0572 (66) P= .324	.1911 (66) P= .062	.3223 (66) P= .004	.2321 (66) P= .030	-.1305 (66) P= .148	.1199 (66) P= .169	1.0000 (66) P= .	.0099 (66) P= .469	-.0224 (66) P= .429
DRUGARST	.0928 (66) P= .229	-.0888 (66) P= .239	-.1047 (66) P= .201	-.0614 (66) P= .312	-.0060 (66) P= .481	.1216 (66) P= .165	-.0364 (66) P= .386	.1023 (66) P= .207	-.0234 (66) P= .426	-.0305 (66) P= .404	.2368 (66) P= .028	.0099 (66) P= .469	1.0000 (66) P= .	-.0161 (66) P= .449
DOC	.1833 (66) P= .070	-.0053 (66) P= .483	-.0959 (66) P= .222	.0119 (66) P= .462	.5926 (66) P= .000	.0626 (66) P= .309	-.0012 (66) P= .496	.0506 (66) P= .343	-.1059 (66) P= .199	.2322 (66) P= .030	.1827 (66) P= .071	-.0224 (66) P= .429	-.0161 (66) P= .449	1.0000 (66) P= .

(Coefficient / (Cases) / 1-tailed Significance)

APPENDIX B: PRESENTATION OF RISK INDICATORS

LIST OF TABLES IN APPENDIX B

TABLE B1
FOOD STAMP USAGE BY CHILDREN PER 1000
1990

COUNTY	CHILDREN RECEIVING ASSISTANCE	NUMBER PER 1000 CHILDREN	RANK	COUNTY	CHILDREN RECEIVING ASSISTANCE	NUMBER PER 1000 CHILDREN	RANK
Aurora	59	75.9	26	Hyde	34	72.6	23
Beadle	418	93.5	37	Jackson	290	268.0	57
Bennett	500	424.1	63	Jerauld	54	78.6	28
Bon Homme	128	73.9	24	Jones	18	47.5	7
Brookings	529	70.8	21	Kingsbury	96	64.3	14
Brown	968	92.3	36	Lake	260	88.6	34
Brule	113	81.1	30	Lawrence	509	86.5	33
Buffalo	316	422.5	62	Lincoln	264	52.7	10
Butte	298	125.5	47	Lyman	286	228.6	55
Campbell	23	48.2	8	Marshall	126	91.1	35
Charles Mix	715	281.9	58	McCook	106	67.5	17
Clark	75	56.5	11	McPhearson	35	36.8	5
Clay	423	129.0	48	Meade	490	64.6	15
Codington	702	105.3	42	Mellette	303	431.6	64
Corson	593	317.3	59	Miner	96	115.5	45
Custer	145	66.6	16	Minnehaha	2874	74.5	25
Davison	630	133.0	49	Moody	146	69.0	18
Day	353	186.9	53	Pennington	3874	163.3	51
Deuel	125	95.6	39	Perkins	60	49.1	9
Dewey	779	325.8	60	Potter	72	85.1	32
Douglas	64	62.0	12	Roberts	668	239.0	56
Edmunds	56	47.3	12	Sanborn	77	104.6	40
Fall River	285	139.6	50	Shannon	2697	464.8	65
Faulk	25	34.5	3	Spink	145	70.2	20
Grant	181	71.8	22	Stanley	81	95.5	38
Gregory	236	112.3	44	Sully	11	19.9	1
Haakon	33	34.4	2	Todd	1871	612.2	66
Hamlin	101	77.6	27	Tripp	378	195.8	54
Hand	75	62.9	13	Turner	159	78.7	29
Hanson	96	104.9	41	Union	300	109.0	43
Harding	20	36.6	4	Wallworth	286	179.0	52
Hughes	520	116.3	46	Yankton	459	84.2	31
Hutchinson	157	69.2	19	Ziebach	392	350.0	61

Note: Table describes the number of children receiving food stamp assistance during FY 1989, standardizes that number per 1,000 children 0-17, and provides the rank among counties which the number per 1,000 represents (1 = lowest, 66 = highest).

Source: South Dakota Department of Social Services, Food Stamp Assistance, Ad Hoc Report, February 1991.

TABLE B2
PER CAPITA PERSONAL INCOME
1989

COUNTY	PER CAPITA PERSONAL INCOME	RANK	COUNTY	PER CAPITA PERSONAL INCOME	RANK
Aurora	10,399	54	Hyde	13,270	15
Beadle	13,584	10	Jackson	7,472	63
Bennett	10,377	55	Jerauld	10,438	53
Bon Homme	13,239	17	Jones	13,557	11
Brookings	12,293	34	Kingsbury	13,496	12
Brown	13,821	6	Lake	13,303	14
Brule	12,268	37	Lawrence	12,703	24
Buffalo	6,461	65	Lincoln	13,087	21
Butte	11,270	46	Lyman	10,834	49
Campbell	13,875	5	Marshall	12,002	41
Charles Mix	10,994	48	McCook	12,280	35
Clark	13,877	4	McPhearson	10,624	52
Clay	12,116	40	Meade	10,752	50
Codington	12,343	33	Mellette	8,870	59
Corson	7,765	62	Miner	12,612	25
Custer	12,361	32	Minnehaha	15,285	1
Davison	13,418	13	Moody	12,162	38
Day	11,984	42	Pennington	13,176	19
Deuel	10,996	47	Perkins	12,478	29
Dewey	8,132	61	Potter	12,504	28
Douglas	10,283	56	Roberts	9,284	58
Edmunds	11,537	44	Sanborn	12,393	31
Fall River	12,915	22	Shannon	4,625	66
Faulk	12,269	36	Spink	14,909	3
Grant	11,601	43	Stanley	12,513	27
Gregory	11,356	45	Sully	15,201	2
Haakon	13,688	9	Todd	6,685	64
Hamlin	10,663	51	Tripp	12,131	39
Hand	12,857	23	Turner	13,135	20
Hanson	9,691	57	Union	13,739	8
Harding	12,555	26	Wallworth	12,404	30
Hughes	13,813	7	Yankton	13,249	16
Hutchinson	13,190	18	Ziebach	8,574	60

Note: Per capita personal income is presented in dollars. The "Rank" is used to compare income levels per county with 1 representing the highest level and 66 representing the lowest.

Source: U.S. Department of Commerce, Bureau of Economic Analysis, Per Capita Personal Income, FY 1989.

TABLE B3
AVERAGE UNEMPLOYMENT RATE
1989

COUNTY	AVERAGE UNEMPLOYMENT RATE	RANK	COUNTY	AVERAGE UNEMPLOYMENT RATE	RANK
Aurora	1.6	4	Hyde	3.9	31
Beadle	3.9	31	Jackson	4.0	34
Bennett	2.7	16	Jerauld	2.7	16
Bon Homme	1.5	3	Jones	5.4	53
Brookings	5.5	55	Kingsbury	3.2	25
Brown	6.8	62	Lake	5.7	57
Brule	2.3	9	Lawrence	4.8	48
Buffalo	10.5	64	Lincoln	3.4	27
Butte	4.4	41	Lyman	4.8	48
Campbell	2.5	11	Marshall	4.6	46
Charles Mix	4.7	47	McCook	3.4	27
Clark	6.7	61	McPhearson	4.0	34
Clay	4.0	34	Meade	4.5	44
Codington	4.9	50	Mellette	4.4	41
Corson	13.6	66	Miner	3.6	29
Custer	2.9	19	Minnehaha	3.6	29
Davison	2.1	8	Moody	5.1	52
Day	5.4	53	Pennington	4.2	39
Deuel	3.9	31	Perkins	1.7	5
Dewey	8.4	63	Potter	2.7	16
Douglas	2.3	9	Roberts	5.7	57
Edmunds	5.0	51	Sanborn	2.6	14
Fall River	4.3	40	Shannon	11.1	65
Faulk	1.2	1	Spink	2.6	14
Grant	4.0	34	Stanley	4.5	44
Gregory	3.2	25	Sully	1.9	6
Haakon	3.1	24	Todd	6.5	60
Hamlin	4.4	41	Tripp	2.5	11
Hand	2.0	7	Turner	3.0	22
Hanson	2.9	19	Union	5.5	55
Harding	1.4	2	Wallworth	4.0	34
Hughes	3.0	22	Yankton	2.5	11
Hutchinson	2.9	19	Ziebach	6.2	59

Note: The Labor Information Center publicizes the average unemployment rate as a percentage. "Rank" is used to determine which counties have the highest (rank = 66) and lowest (rank = 1) unemployment rates.

Source: South Dakota Department of Labor, Labor Market Information Center, Average Annual Unemployment Rate, 1989, February 1991.

TABLE B4
AID TO DEPENDENT CHILDREN DISTRIBUTIONS
FY 1989

COUNTY	AVERAGE NUMBER OF CHILDREN PER MONTH	NUMBER PER 1000 CHILDREN	RANK	COUNTY	AVERAGE NUMBER OF CHILDREN PER MONTH	NUMBER PER 1000 CHILDREN	RANK
Aurora	2	2.3	2	Hyde	8	15.3	18
Beadle	177	35.5	41	Jackson	175	142.5	58
Bennett	277	215.9	63	Jerauld	8	10.6	10
Bon Homme	33	16.8	21	Jones	6	13.9	16
Brookings	277	33.4	34	Kingsbury	35	21.7	27
Brown	435	37.7	43	Lake	97	29.9	33
Brule	35	23.0	29	Lawrence	229	35.2	38
Buffalo	161	199.3	62	Lincoln	66	12.0	13
Butte	155	59.5	50	Lyman	160	115.5	56
Campbell	6	11.5	12	Marshall	54	34.5	37
Charles Mix	341	121.6	57	McCook	42	23.7	30
Clark	16	10.9	11	McPhearson	2	1.9	1
Clay	199	54.0	48	Meade	175	20.7	23
Codington	251	34.1	36	Mellette	190	246.8	64
Corson	321	158.4	59	Miner	12	13.1	14
Custer	54	22.1	28	Minnehaha	1415	33.6	35
Davison	275	51.9	46	Moody	66	28.6	32
Day	151	73.1	51	Pennington	2082	79.5	53
Deuel	24	16.7	20	Perkins	29	21.4	26
Dewey	430	169.6	60	Potter	34	36.8	42
Douglas	12	10.5	9	Roberts	318	101.0	54
Edmunds	8	5.9	4	Sanborn	12	14.6	17
Fall River	128	57.4	49	Shannon	1722	268.2	65
Faulk	7	8.9	8	Spink	49	21.3	25
Grant	44	15.4	19	Stanley	33	35.4	40
Gregory	115	51.2	45	Sully	2	3.2	3
Haakon	20	19.1	22	Todd	1071	325.0	66
Hamlin	30	20.9	24	Tripp	167	78.5	52
Hand	9	6.8	6	Turner	52	24.0	31
Hanson	14	13.5	15	Union	158	52.0	47
Harding	4	6.6	5	Wallworth	182	105.0	55
Hughes	193	39.3	44	Yankton	211	35.3	39
Hutchinson	17	6.8	6	Ziebach	227	189.6	61

Note: ADC data are presented above as the number of children (recipients) per month who received ADC during FY 1989, and the standardized number per 1,000 children. Use rank to determine which counties have the highest (rank = 66) and lowest (rank = 1) ADC distribution rates.

TABLE B5
CHILD ABUSE AND NEGLECT STATISTICS
FY 88 & 89

Office	Investigations	Number Substantiated	Percent Substantiated	Percent of State Total
Aberdeen	947	361	38.1	4.1
Belle Fourche	676	301	44.5	3.4
Brookings	631	201	31.9	2.3
Chamberlain	592	241	40.7	2.7
Deadwood	627	314	50.1	3.6
Eagle Butte	752	389	51.7	4.4
Hot Springs/Custer	460	244	53.0	2.8
Huron	580	190	32.8	1.7
Lake Andes	164	80	48.8	.9
Martin	527	387	73.4	4.4
Mission	1558	600	38.5	6.8
Mitchell	406	135	33.3	1.5
Mobridge	532	217	40.8	2.5
Pierre	947	297	31.4	3.4
Pine Ridge	1877	622	33.1	7.1
Rapid City	3681	1556	42.3	17.7
Sioux Falls	3597	1222	34.0	13.9
Sisseton	205	43	21.0	.5
Sisseton Tribe	647	404	62.4	4.6
Vermillion	629	268	42.6	3.0
Watertown	738	185	25.1	2.1
Winner	575	234	40.7	2.7
Yankton	642	210	32.7	2.4
Yankton Sioux Tr.	186	96	51.6	1.1

Note: "Percent Substantial" represents the number per 100 investigations which were substantial and "percent of state total" represents the percent of substantial investigations which an office totals is of the State's state total.

Source: Department of Social Services, Child Protection Services, Child Protective Services to Families and Children, FY 89 Statistical Report, 1989.

TABLE B6
FOSTER CARE AND GROUP/RESIDENTIAL CARE
AVERAGE MONTHLY CASELOADS BY DISTRICT
FY1989

Location	Caseload	Percent of Total
Hot Springs	11.5	2.1
Pine Ridge	58.3	10.7
Martin	17.2	3.1
Pine Ridge District Total	87	16.0
Rapid City	82.6	15.1
Deadwood	18.9	3.4
Belle Fourche	11.83	2.7
Western District Total	123.4	22.6
Eagle Butte	35.1	6.6
Pierre	7.8	1.4
Mobridge	6.6	1.2
Chamberlain	27.7	5.1
Mission	49.5	9.1
Winner	15.1	2.8
Central District Total	142.6	26.1
Aberdeen	10.1	1.9
Sisseton	0	0.0
Watertown	12.5	2.3
Huron	5.3	1.0
Northeast District Total	17.8	3.3
Lake Andes	5.3	1.0
Yankton	12.3	2.3
Vermillion	13.7	2.5
Total	31.1	5.7
Brookings	13.9	2.5
Mitchell	6.9	1.3
Sioux Falls	67.2	12.3
Total	88	16.1
SUBTOTAL	480	87.8
Cath. Family Services	3.6	.66
Lutheran Soc. Services	28.6	5.2
Catholic Soc. Services	1	.2
Sisseton/Wahpeton	21.4	4.0
Yankton Sioux Tribe	10.5	2.0
SUBTOTAL	66.8	12.2
STATE TOTAL	546.8	

Note: "Caseload" is the average number of youth in foster care and group/residential care per moth. "Percentage of Total" is the percentage that the location's caseload is of the state total.

Source: Department of Social Services, Child Protection Services, Child Protective Services to Families and Children, FY 89 Statistical Report, 1989.

Source: Child Protection Services Annual Report

TABLE B7
DIVORCES
1989

COUNTY	NUMBER OF DIVORCES	DIVORCES PER 1000 POPULATION	RANK	COUNTY	NUMBER OF DIVORCES	DIVORCES PER 1000 POPULATION	RANK
Aurora	6	1.9	18	Hyde	2	1.2	8
Beadle	89	4.9	61	Jackson	5	1.8	17
Bennett	10	3.1	44	Jerauld	5	2.1	23
Bon Homme	14	2.0	20	Jones	5	3.8	55
Brookings	77	3.1	44	Kingsbury	13	2.2	26
Brown	136	3.8	55	Lake	43	4.1	57
Brule	13	2.4	30	Lawrence	100	4.8	60
Buffalo	0	0.0	1	Lincoln	46	3.0	42
Butte	29	3.7	54	Lyman	5	1.4	10
Campbell	3	1.5	14	Marshall	7	1.4	10
Charles Mix	22	2.4	30	McCook	16	2.8	39
Clark	13	3.0	42	McPhearson	4	1.2	8
Clay	33	2.5	35	Meade	76	3.5	52
Codington	76	3.3	47	Mellette	5	2.3	28
Corson	6	1.4	10	Miner	11	3.4	49
Custer	34	5.5	64	Minnehaha	628	5.1	63
Davison	63	3.6	53	Moody	19	2.9	40
Day	23	3.3	47	Pennington	517	6.4	66
Deuel	11	2.4	30	Perkins	16	4.1	57
Dewey	6	1.1	6	Potter	7	2.2	26
Douglas	6	1.6	16	Roberts	20	2.0	20
Edmunds	11	2.5	35	Sanborn	6	2.1	23
Fall River	34	4.6	59	Shannon	1	0.1	2
Faulk	4	1.5	14	Spink	20	2.5	35
Grant	24	2.9	40	Stanley	15	6.1	65
Gregory	6	1.1	6	Sully	5	3.1	44
Haakon	7	2.7	38	Todd	12	1.4	10
Hamlin	12	2.4	30	Tripp	16	2.3	28
Hand	8	1.9	18	Turner	18	2.1	23
Hanson	1	0.3	3	Union	35	3.4	49
Harding	4	2.4	30	Wallworth	12	2.0	20
Hughes	73	4.9	61	Yankton	65	3.4	49
Hutchinson	8	1.0	5	Ziebach	1	0.5	4

Note: Divorces are presented as the number per county in FY 1989, and standardized per 1,000 persons in the general population. "Rank" is used to determine which counties have the height (rank = 66) and lowest (rank = 1) divorce rate in the state.

Source: Center for Health Policy and Statistics, South Dakota Department of Health, South Dakota Resident Vital Statistics, 1989.

TABLE B8
DISTRIBUTION OF NATIVE AMERICAN POPULATION
1990

COUNTY	NUMBER OF RESIDENTS	NUMBER OF NATIVE AMERICANS	PERCENT NATIVE AMERICAN	RANK	COUNTY	NUMBER OF RESIDENTS	NUMBER OF NATIVE AMERICANS	PERCENT NATIVE AMERICAN	RANK
Aurora	3135	42	1.3	30	Hyde	1696	57	3.4	43
Beadle	18253	161	0.9	26	Jackson	2811	1193	42.4	58
Bennett	3206	1481	46.2	59	Jerauld	2425	5	0.2	5
Bon Homme	7089	155	2.2	38	Jones	1324	7	0.5	20
Brookings	25207	156	0.6	22	Kingsbury	5925	11	0.2	5
Brown	35580	982	2.8	41	Lake	10550	33	0.3	12
Brule	5485	383	7.0	50	Lawrence	20665	535	2.6	40
Buffalo	1759	1365	77.6	64	Lincoln	15427	58	0.4	17
Butte	7914	117	1.5	35	Lyman	3638	1051	28.9	57
Campbell	1965	3	0.2	5	Marshall	4844	271	5.6	45
Charles Mix	9131	1995	21.8	55	McCook	5688	28	0.5	20
Clark	4403	12	0.3	12	McPherson	3228	2	0.1	2
Clay	13186	395	3.0	42	Meade	21878	395	1.8	36
Codington	22698	260	1.1	29	Mellette	2137	999	46.7	60
Corson	4195	2034	48.5	61	Miner	3272	4	0.1	2
Custer	6179	155	2.5	39	Minnehaha	123809	1680	1.4	31
Davison	17503	243	1.4	31	Moody	6507	527	8.1	53
Day	6978	468	6.7	48	Pennington	81343	5835	7.2	51
Deuel	4522	10	0.2	5	Perkins	3932	56	1.4	31
Dewey	5523	3680	66.6	63	Potter	3190	26	0.8	24
Douglas	3746	22	0.6	22	Roberts	9914	2280	23.0	56
Edmunds	4356	19	0.4	17	Sanborn	2833	0	0.0	1
Fall River	7353	450	6.1	46	Shannon	9902	9374	94.7	66
Faulk	2744	6	0.2	5	Spink	7981	65	0.8	24
Grant	8372	33	0.4	17	Stanley	2453	155	6.3	47
Gregory	5359	284	5.3	44	Sully	1589	15	0.9	26
Haakon	2624	36	1.4	31	Todd	8352	6883	82.4	65
Hamlin	4974	10	0.2	5	Tripp	6924	670	9.7	54
Hand	4272	5	0.1	2	Turner	8576	26	0.3	12
Hanson	2994	7	0.2	5	Union	10189	34	0.3	12
Harding	1669	16	1.0	28	Wallworth	6087	467	7.7	52
Hughes	14817	994	6.7	48	Yankton	19252	412	2.1	37
Hutchinson	8262	22	0.3	12	Ziebach	2220	1420	64.0	62

Note: "Percent Native American" is the percent which Native Americans are of the entire county population. "Rank" is used to determine which county has the largest number of Native Americans (rank = 66) and the lowest number (rank = 1).

Source: U.S. Department of Commerce, Bureau of Census, 1990 South Dakota Population Figures, unpublished report.

TABLE B9
EDUCATIONALLY DISADVANTAGED YOUTH
CHAPTER 1 DATA, 1990

DISTRICT	NUMBER ENROLLED	NUMBER LOW INCOME STUDENTS	NUMBER EDUCATIONAL DEPRIVED	NUMBER CHAPTER 1 PARTICIPANTS	% LOW INCOME	% EDUCATION-DEPRIVED	DEPRIVED % RECEIVING SERVICES	EDUCATIONALLY DISADVANTAGED INDEX RATE
Alpena	130	54	46	17	41.5	35.4	37.0	38.5
Alcester	490	188	132	67	38.4	26.9	50.8	32.7
Agar	68	15	16	13	22.1	23.5	81.3	22.8
Aberdeen	5252	692	795	131	13.2	15.1	16.5	14.2
Andes Central	411	242	168	133	58.9	40.9	79.2	49.9
Arlington	396	117	127	64	29.6	32.1	50.4	30.9
Armour	250	76	66	37	30.4	26.4	56.1	28.4
Artesian	166	77	59	37	46.4	35.5	62.7	41.0
Astoria	33		10	10	0.0	30.3	100.0	15.2
Avon	254	86	56	36	33.9	22.1	64.3	28.0
Baltic	346	59	109	43	17.1	31.5	39.5	24.3
Belle Fourche	1204	446	414	146	37.0	34.4	35.3	35.7
Bennett Co.	590	315	307	168	53.4	52.0	54.7	52.7
Beresford	721	240	406	98	33.3	56.3	24.1	44.8
Big Stone Cty	170	24	18	18	14.1	10.6	100.0	12.4
Bison	232	81	36	17	34.9	15.5	47.2	25.2
Bonnesteel Fairfax	270	76	39	35	28.2	14.4	89.7	21.3
Bon Homme	769	320	198	142	41.6	25.8	71.7	33.7
Bowdle	174	62	66	33	35.6	37.9	50.0	36.8
Brandon Vlly	2115	301	339	123	14.2	16.0	36.3	15.1
Bridgewater	221	56	47	21	25.3	21.3	44.7	23.3
Bristol	170	66	21	11	38.8	12.4	52.4	25.6
Britton	490	146	90	66	29.8	18.4	73.3	24.1
Brookings	2794	551	530	84	19.7	19.0	15.9	19.4
Browns Valley	111	62	21	25	55.9	18.9	119.1	37.4
Burke	351	165	112	77	47.0	31.9	68.8	39.5
Canistota	196	68	48	32	34.7	24.5	66.7	29.6
Canton	905	214	202	56	23.7	22.3	27.7	23.0
Castlewood	323	123	101	33	38.1	31.3	32.7	34.7
Centerville	319	49	41	29	15.4	12.9	70.7	14.2
Chamberlain	1044	289	438	226	27.7	42.0	51.6	34.9
Chester	299	102	53	41	34.1	17.7	77.4	25.9
Clark	632	218	156	73	34.5	24.7	46.8	29.6
Coleman	197	52	66	42	26.4	33.5	63.6	30.0

DISTRICT	NUMBER ENROLLED	NUMBER LOW INCOME STUDENTS	NUMBER EDUCATIONAL DEPRIVED	NUMBER CHAPTER 1 PARTICIPANTS	% LOW INCOME	% EDUCATION- DEPRIVED	DEPRIVED % RECEIVING SERVICES	EDUCATIONALLY DISADVANTAGED INDEX RATE
Colome	238	103	71	53	43.3	29.8	74.7	36.6
Conde	83	29	22	14	34.9	26.5	63.6	30.7
Corsica	318	114	62	42	35.9	19.5	67.7	27.7
Cresbard	240	152	30	22	63.3	12.5	73.3	37.9
Custer	1164	361	188	161	31.0	16.2	85.6	23.6
Dell Rapids	643	159	117	60	24.7	18.2	51.3	21.5
Delmont	107	54	52	45	50.5	48.6	86.5	49.6
DeSmet	403	102	82	37	25.3	20.4	45.1	22.9
Deubrook	250	109	114	43	43.6	45.6	37.7	44.6
Deuel	631	197	217	105	31.2	34.4	48.4	32.8
Doland	257	146	38	24	56.8	14.8	63.2	35.8
Douglas	2887	919	811	206	31.8	28.1	25.4	30.0
Dupree	301	231	181	99	76.7	60.1	54.7	68.4
Eagle Butte	1114	706	142	105	63.4	12.8	73.9	38.1
Edgemont	259	42	32	15	16.2	12.4	46.9	14.3
Egan	129	45	33	16	34.9	25.6	48.5	30.3
Elk Point	490	160	152	63	32.7	31.0	41.5	31.9
Elkton	341	169	40		49.6	11.7	0.0	30.7
Elm Valley	194	73	54	25	37.6	27.8	46.3	32.7
Emery	192	100	102	52	52.1	53.1	51.0	52.6
Esteline	275	119	36	36	43.3	13.1	100.0	28.2
Ethan	215	132	50	37	61.4	23.3	74.0	42.4
Eureka	269	111	65	53	41.3	24.2	81.5	32.8
Faith	195	111	68	28	56.9	34.9	41.2	45.9
Faulkton	303	98	69	44	32.3	22.8	63.8	27.6
Flandreau	855	366	214	147	42.8	25.0	68.7	33.9
Florence	145	63	68	20	43.5	46.9	29.4	45.2
Freeman	506	170	125	88	33.6	24.7	70.4	29.2
Garretson	409	103	96	31	25.2	23.5	32.3	24.4
Gayville-Volin	204	66	51	34	32.4	25.0	66.7	28.7
Geddes	148	77	41	25	52.0	27.7	61.0	39.9
Gettysburg	417	125	101	26	30.0	24.2	25.7	27.1
Grant Deuel	246	153	48	42	62.2	19.5	87.5	40.9

DISTRICT	NUMBER ENROLLED	NUMBER LOW INCOME STUDENTS	NUMBER EDUCATIONAL DEPRIVED	NUMBER CHAPTER 1 PARTICIPANTS	% LOW INCOME	% EDUCATION-DEPRIVED	DEPRIVED % RECEIVING SERVICES	EDUCATIONALLY DISADVANTAGED INDEX RATE
Gregory	554	216	228	126	39.0	41.2	55.3	40.1
Groton	537	169	189	82	31.5	35.2	43.4	33.4
Haakon	455	100	75	56	22.0	16.5	74.7	19.3
Hamlin Co	628	331	187	123	52.7	29.8	65.8	41.3
Hanson	397	157	140	91	39.6	35.3	65.0	37.5
Harding Co	342	52	84	34	15.2	24.6	40.5	19.9
Harrisburg	615	126	69	20	20.5	11.2	29.0	15.9
Harrold	124	64	56	35	51.6	45.2	62.5	48.4
Hecla-Houghto	182	31	25	18	17.0	13.7	72.0	15.4
Henry	122	50	26	13	41.0	21.3	50.0	31.2
Herried	151	56	58	21	37.1	38.4	36.2	37.8
Hill City	505	162	94	65	32.1	18.6	69.2	25.4
Hitchcock	147	147	43	20	100.0	29.3	46.5	64.7
Hosmer	91	23	37	11	25.3	40.7	29.7	33.0
Hot Spring	1094	340	273	111	31.1	25.0	40.7	28.1
Hoven	316	145	45	9	45.9	14.2	20.0	30.1
Howard	600	188	123	84	31.3	20.5	68.3	25.9
Hurley	173	63	60	25	36.4	34.7	41.7	35.6
Huron	2705	700	800	306	25.9	29.6	38.3	27.8
Hyde	310	112	81	37	36.1	26.1	45.7	31.1
Ipswich	397	175	70	48	44.1	17.6	68.6	30.9
Irene	276	114	92	32	41.3	33.3	34.8	37.3
Iroquois	285	87	109	34	30.5	38.3	31.2	34.4
Isabel	120	74	41	15	61.7	34.2	36.6	48.0
Jefferson	708	302	292	76	42.7	41.2	26.0	42.0
Jones Co	281	158	50	32	56.2	17.8	64.0	37.0
Kadoka	402	151	159	99	37.6	39.6	62.3	38.6
Kimball	375	155	74	55	41.3	19.7	74.3	30.5
Lake Preston	268	119	55	33	44.4	20.5	60.0	32.5
Langford	264	118	64	40	44.7	24.2	62.5	34.5
Lead-Deadwood	1449	243	446	117	16.8	30.8	26.2	23.8
Lemmon	490	199	148	97	40.6	30.2	65.5	35.4

DISTRICT	NUMBER ENROLLED	NUMBER LOW INCOME STUDENTS	NUMBER EDUCATIONAL DEPRIVED	NUMBER CHAPTER 1 PARTICIPANTS	% LOW INCOME	% EDUCATION-DEPRIVED	DEPRIVED % RECEIVING SERVICES	EDUCATIONALLY DISADVANTAGED INDEX RATE
Lake Central	1538	350	446	153	22.8	29.0	34.3	25.9
Lennox	1362	264	351	126	19.4	25.8	35.9	22.6
Leola	272	112	90	35	41.2	33.1	38.9	37.2
Letcher	165	71	44	26	43.0	26.7	59.1	34.9
Lyman	379	106	191	82	28.0	50.4	42.9	39.2
McCook	508	198	99	77	39.0	19.5	77.8	29.3
McIntosh	220	187	108	80	85.0	49.1	74.1	67.1
McLaughli	456	342	256	128	75.0	56.1	50.0	65.6
Marion	325	189	90	42	58.2	27.7	46.7	43.0
Meade	3256	1080	636	324	33.2	19.5	50.9	26.4
Menno	334	121	99	60	36.2	29.6	60.6	32.9
Midland	122	50	45	28	41.0	36.9	62.2	39.0
Milbank	1357	309	264	81	22.8	19.5	30.7	21.2
Miller	631	199	242	129	31.5	38.4	53.3	35.0
Mitchell	3146	918	921	265	29.2	29.3	28.8	29.3
Mobridge	341	65	233	70	19.1	68.3	30.0	43.7
Montrose	230	87	53	42	37.8	23.0	79.3	30.4
Mt. Vernon	212	90	66	50	42.5	31.1	75.8	36.8
Newell	471	201	167	62	42.7	35.5	37.1	39.1
New Underwo	187	53	73	22	28.3	39.0	30.1	33.7
Northwest	54	24	11	11	44.4	20.4	100.0	32.4
Northwestern	295	82	78	38	27.8	26.4	48.7	27.1
Oelrichs	87	42	6	6	48.3	6.9	100.0	27.6
Oldham-Ramona	207	92	62	34	44.4	30.0	54.8	37.2
Parker	455	130	74	55	28.6	16.3	74.3	22.5
Parkston	648	267	176	111	41.2	27.2	63.1	34.2
Pierre	3049	619	331	100	20.3	10.9	30.2	15.6
Plankinto	262	109	71	47	41.6	27.1	66.2	34.4
Platte	702	240	134	62	34.2	19.1	46.3	26.7
Pollock	127	42	57	41	33.1	44.9	71.9	39.0
Polo	47	44	15	15	93.6	31.9	100.0	62.8
Rapid City	13035	3657	1238	396	28.1	9.5	32.0	18.8
Redfield	792	240	222	82	30.3	28.0	36.9	29.2

DISTRICT	NUMBER ENROLLED	NUMBER LOW INCOME STUDENTS	NUMBER EDUCATIONAL DEPRIVED	NUMBER CHAPTER 1 PARTICIPANTS	% LOW INCOME	% EDUCATION-DEPRIVED	DEPRIVED % RECEIVING SERVICES	EDUCATIONALLY DISADVANTAGED INDEX RATE
Roscoe	149	70	19	14	47.0	12.8	73.7	29.9
Rosholt	224	80	75	47	35.7	33.5	62.7	34.6
Roslyn	180	73	49	30	40.6	27.2	61.2	33.9
Rutland	153	52	32	19	34.0	20.9	59.4	27.5
Scotland	450	184	164	74	40.9	36.4	45.1	38.7
Selby Area	323	119	52	48	36.8	16.1	92.3	26.5
Shannon County	1094	931	743	477	85.1	67.9	64.2	76.5
Sioux Falls	7010	903	4495	563	12.9	64.1	12.5	38.5
Sioux Valley	658	134	134	65	20.4	20.4	48.5	20.4
Sisseton	1229	738	804	314	60.1	65.4	39.1	62.8
Smee	124	121	71	51	97.6	57.3	71.8	77.5
South Shore	155	83	85	25	53.6	54.8	29.4	54.2
Spearfish	2196	502	842	136	22.9	38.3	16.2	30.6
Stanley County	572	208	127	60	36.4	22.2	47.2	29.3
Stickney	176	85	48	38	48.3	27.3	79.2	37.8
Sully Buttes	342	111	107	48	32.5	31.3	44.9	31.9
Summit	121	63	36	20	52.1	29.8	55.6	41.0
Timber Lake	323	186	83	64	57.6	25.7	77.1	41.7
Todd Co	2048	1762	770	539	86.0	37.6	70.0	61.8
Tripp	200	25	54	23	12.5	27.0	42.6	19.8
Tri Valley	745	210	209	95	28.2	28.1	45.5	28.2
Tulare	189	70	50	28	37.0	26.5	56.0	31.8
Veblen	173	128	41	41	74.0	23.7	100.0	48.9
Vermillio	1533	484	416	146	31.6	27.1	35.1	29.4
Viborg	287	107	67	34	37.3	23.3	50.8	30.3
Wagner	738	521	354	220	70.6	48.0	62.2	59.3
Wakonda	197	47	47	17	23.9	23.9	36.2	23.9
Wall	343	79	73	28	23.0	21.3	38.4	22.2
Warner	273	70	59	34	25.6	21.6	57.6	23.6
Watertown	4254	1043	536	268	24.5	12.6	50.0	18.6
Wauby	338	101	171	79	29.9	50.6	46.2	40.3
Waverly	114	68	38	22	59.7	33.3	57.9	46.5

TABLE B9 (Continued)
EDUCATIONALLY DISADVANTAGED YOUTH
CHAPTER 1 DATA, 1990

DISTRICT	NUMBER ENROLLED	NUMBER LOW INCOME STUDENTS	NUMBER EDUCATIONAL DEPRIVED	NUMBER CHAPTER 1 PARTICIPANTS	% LOW INCOME	% EDUCATION- DEPRIVED	DEPRIVED % RECEIVING SERVICES	EDUCATIONALLY DISADVANTAGED INDEX RATE
Webster	692	177	231	86	25.6	33.4	37.2	29.5
Wessingto	130	85	50	29	65.4	38.5	58.0	52.0
Wess Springs	168	83	190	56	49.4	113.1	29.5	81.3
West Central	908	251	293	79	27.6	32.3	27.0	30.0
White Lake	162	90	34	29	55.6	21.0	85.3	38.3
White River	444	345	181	137	77.7	40.8	75.7	59.3
Willow Lake	238	117	76	38	49.2	31.9	50.0	40.6
Wilmot	344	144	118	43	41.9	34.3	36.4	38.1
Winner	1213	400	514	186	33.0	42.4	36.2	37.7
Wolsey	253	107	71	45	42.3	28.1	63.4	35.2
Wood	72	48	27	12	66.7	37.5	44.4	52.1
Woonsocke	309	124	98	74	40.1	31.7	75.5	35.9
Yankton	2968	734	372	219	24.7	12.5	58.9	18.6
TOTAL	121968	39067	33675	13781	32.0	27.6	40.9	29.8

Note: These data available only by school district. Percentages are based upon Number Enrolled, where Number Enrolled is the number of students in a school district. The last column is an index rate which averages "% low income" and "% education deprived to yield an "educationally disadvantaged rate."

TABLE B10
DRUG RELATED ARRESTS LEADING TO PROSECUTION
FY 1989

COUNTY	NUMBER ARRESTED	NUMBER ARRESTED PER 1000	RANK
Aurora	36	11.5	64
Beadle	80	4.4	55
Bennett	15	4.7	56
Bon Homme	11	1.6	40
Brookings	36	1.4	38
Brown	55	1.5	39
Brule	12	2.2	45
Buffalo	0	0.0	1
Butte	15	1.9	41
Campbell	1	0.5	26
Charles Mix	6	0.7	31
Clark	0	0.0	1
Clay	30	2.3	47
Codington	30	1.3	37
Corson	0	0.0	1
Custer	43	7.0	62
Davison	33	1.9	41
Day	3	0.4	23
Deuel	0	0.0	1
Dewey	0	0.0	1
Douglas	0	0.0	1
Edmunds	2	0.5	26
Fall River	57	7.8	63
Faulk	0	0.0	1
Grant	5	0.6	29
Gregory	4	0.7	31
Haakon	5	1.9	41
Hamlin	0	0.0	1
Hand	0	0.0	1
Hanson	1	0.3	21
Harding	0	0.0	1
Hughes	49	3.3	50
Hutchinson	2	0.2	20
Hyde	1	0.6	29
Jackson	17	6.0	60
Jerauld	5	2.1	44
Jones	5	3.8	51
Kingsbury	0	0.0	1
Lake	4	0.4	22
Lawrence	88	4.3	53
Lincoln	79	5.1	58
Lyman	71	19.5	66
Marshall	0	0.0	1
McCook	30	5.3	59
McPhearson	0	0.0	1
Meade	142	6.5	61
Mellette	0	0.0	1
Miner	0	0.0	1
Minnehaha	592	4.8	57
Moody	28	4.3	53
Pennington	181	2.2	45
Perkins	2	0.5	26
Potter	3	0.9	34
Roberts	0	0.0	1
Sanborn	1	0.4	23
Shannon	0	0.0	1
Spink	3	0.4	23
Stanley	2	0.8	33
Sully	6	3.8	51
Todd	0	0.0	1
Tripp	8	1.2	35
Turner	10	1.2	35
Union	136	13.3	65
Wallworth	15	2.5	48
Yankton	59	3.1	49
Ziebach	0	0.0	1

Note: "Number Arrested per 1,000" is based on the total number of county residents. Use rank to determine the county with the highest (rank = 66) and lowest (rank = 1) number of drug arrests per 1,000.

TABLE B11
ALCOHOL AND DRUG TREATMENT CLIENTS PER 1000 RESIDENTS
1989

COUNTY	NUMBER OF CLIENTS SERVED	NUMBER PER 1000 RESIDENTS	RANK	COUNTY	NUMBER OF CLIENTS SERVED	NUMBER PER 1000 RESIDENTS	RANK
Aurora	37	11.8	30	Hyde	11	6.5	13
Beadle	447	24.5	55	Jackson	57	20.3	47
Bennett	55	17.2	42	Jerauld	21	8.7	23
Bon Homme	45	6.3	12	Jones	5	3.8	6
Brookings	686	27.2	57	Kingsbury	44	7.4	18
Brown	750	21.1	49	Lake	381	36.1	62
Brule	33	6.0	10	Lawrence	684	33.1	61
Buffalo	27	15.3	38	Lincoln	68	4.4	7
Butte	168	21.2	50	Lyman	44	12.1	32
Campbell	5	2.5	1	Marshall	37	7.6	19
Charles Mix	119	13.0	34	McCook	33	5.8	9
Clark	27	6.1	11	McPhearson	15	4.6	8
Clay	384	29.1	58	Meade	331	15.1	37
Codington	333	14.7	35	Mellette	26	12.2	33
Corson	79	18.8	45	Miner	72	22.0	52
Custer	65	10.5	28	Minnehaha	2678	21.6	51
Davison	691	39.5	63	Moody	174	26.7	56
Day	70	10.0	27	Pennington	3648	44.8	66
Deuel	31	6.9	15	Perkins	63	16.0	40
Dewey	97	17.6	43	Potter	28	8.8	24
Douglas	13	3.5	3	Roberts	165	16.6	41
Edmunds	34	7.8	21	Sanborn	44	15.5	39
Fall River	300	40.8	64	Shannon	311	31.4	60
Faulk	8	2.9	2	Spink	56	7.0	16
Grant	59	7.0	16	Stanley	57	23.2	54
Gregory	53	9.9	26	Sully	12	7.6	19
Haakon	48	18.3	44	Todd	171	20.5	48
Hamlin	47	9.4	25	Tripp	102	14.7	35
Hand	28	6.6	14	Turner	31	3.6	4
Hanson	59	19.7	46	Union	120	11.8	30
Harding	6	3.6	4	Walworth	67	11.0	29
Hughes	629	42.5	65	Yankton	573	29.8	59
Hutchinson	67	8.1	22	Ziebach	50	22.5	53

Note: Use rank to determine the county with the highest (n = 66) and lowest (n = 1) number of alcohol and drug treatment cases per 1,000 residents.

Source: South Dakota Department of Human Services, Division of Alcohol and Drug Abuse, South Dakota Fiscal Year 1990 Client Service Summary, September 1990.

TABLE B12
LOW BIRTH WEIGHT BABIES
1989

COUNTY	LOW BIRTH WEIGHT BABIES	NUMBER PER 1000 BIRTHS	RANK	COUNTY	LOW BIRTH WEIGHT BABIES	NUMBER PER 1000 BIRTHS	RANK
Aurora	0	0.0	1	Hyde	0	0.0	1
Beadle	11	4.0	38	Jackson	0	0.0	1
Bennett	4	5.6	55	Jerauld	0	0.0	1
Bon Homme	3	3.0	31	Jones	0	0.0	1
Brookings	16	4.5	43	Kingsbury	4	4.3	40
Brown	25	4.4	42	Lake	0	0.0	1
Brule	5	5.5	54	Lawrence	21	7.0	63
Buffalo	0	0.0	1	Lincoln	6	2.6	28
Butte	6	4.6	45	Lyman	0	0.0	1
Campbell	0	0.0	1	Marshall	4	5.6	55
Charles Mix	5	2.7	29	McCook	0	0.0	1
Clark	3	4.0	38	McPhearson	0	0.0	1
Clay	4	2.3	27	Meade	19	5.0	48
Codington	16	4.3	40	Mellette	4	8.0	65
Corson	7	6.0	58	Miner	0	0.0	1
Custer	7	7.7	64	Minnehaha	93	4.7	46
Davison	11	3.6	34	Moody	0	0.0	1
Day	6	5.2	51	Pennington	90	5.4	53
Deuel	6	8.7	66	Perkins	0	0.0	1
Dewey	11	6.8	61	Potter	0	0.0	1
Douglas	0	0.0	1	Roberts	7	3.7	36
Edmunds	0	0.0	1	Sanborn	0	0.0	1
Fall River	6	5.3	52	Shannon	11	2.9	30
Faulk	0	0.0	1	Spink	4	3.1	32
Grant	10	6.9	62	Stanley	0	0.0	1
Gregory	0	0.0	1	Sully	0	0.0	1
Haakon	3	5.7	57	Todd	16	6.2	60
Hamlin	3	3.6	34	Tripp	4	3.2	33
Hand	0	0.0	1	Turner	6	5.0	48
Hanson	0	0.0	1	Union	6	3.8	37
Harding	0	0.0	1	Wallworth	5	5.1	50
Hughes	12	4.8	47	Yankton	14	4.5	43
Hutchinson	0	0.0	1	Ziebach	4	6.1	59

Note: Use "Rank" to determine counties with highest (rank = 66) and lowest (rank = 1) number of low birth weight babies per 1,000 births.

Source: Center for Health Policy and Statistics, South Dakota Department of Health, South Dakota Resident Vital Statistics, 1989.

TABLE B13
INFANT DEATHS PER 1000 BIRTHS
1989

MOTHER'S COUNTY	NUMBER OF BIRTHS	NUMBER OF INFANT DEATHS	INFANT DEATHS PER 1000 BIRTHS	RANK	MOTHER'S COUNTY	NUMBER OF BIRTHS	NUMBER OF INFANT DEATHS	INFANT DEATHS PER 1000 BIRTHS	RANK
Aurora	453	4	8.3	33	Hyde	249	2	8.0	26
Beadle	2776	18	6.5	17	Jackson	674	13	19.3	63
Bennett	715	13	18.2	62	Jerauld	384	1	2.6	1
Bon Homme	1011	13	12.9	56	Jones	255	1	3.9	4
Brookings	3589	26	7.2	21	Kingsbury	937	11	11.7	48
Brown	5721	49	8.6	29	Lake	1602	14	8.7	31
Brule	915	11	12.0	50	Lawrence	3016	37	12.3	54
Buffalo	562	15	26.7	65	Lincoln	2314	9	3.9	4
Butte	1296	14	10.8	46	Lymon	774	11	14.2	58
Campbell	311	1	3.2	2	Marshall	708	7	9.9	44
Charles Mix	1884	21	11.1	47	McCook	905	6	6.6	18
Clark	758	7	9.2	38	McPherson	446	4	9.0	36
Clay	1735	9	5.2	11	Meade	3808	30	7.9	25
Codington	3703	31	8.4	27	Mellette	503	3	6.0	14
Corson	1164	18	15.5	60	Miner	499	2	4.0	6
Custer	910	8	8.8	33	Minnehaha	19812	182	9.2	38
Davison	3039	27	8.9	35	Moody	1124	5	4.4	8
Day	1153	5	4.3	7	Pennington	16552	199	12.0	50
Deuel	686	5	7.3	22	Perkins	584	5	8.6	29
Dewey	1610	27	16.8	61	Potter	543	5	9.2	38
Douglas	665	6	9.0	36	Roberts	1908	23	12.1	53
Edmunds	687	4	5.8	12	Sanborn	512	3	5.9	13
Fall River	1140	12	10.5	45	Shannon	3855	108	28.0	66
Faulk	512	4	7.8	24	Spink	1299	9	6.9	20
Grant	1459	18	12.3	54	Stanley	474	4	8.4	27
Gregory	939	9	9.6	43	Sully	288	1	3.5	3
Haakon	529	4	7.6	23	Todd	2569	64	24.9	64
Hamlin	830	10	12.0	50	Tripp	1267	11	8.7	31
Hand	651	6	9.2	38	Turner	1200	8	6.7	19
Hanson	448	2	4.5	9	Union	1584	10	6.3	16
Harding	323	2	6.2	15	Wallworth	977	9	9.2	38
Hughes	2516	34	13.5	57	Yankton	3099	37	11.9	49
Hutchinson	1226	6	4.9	10	Ziebach	654	10	15.3	59

Note: Number of infant deaths are calculated per 1,000 live births. Use "rank" to determine counties with highest infant death rate (rank = 66) and lowest rate (rank = 1).

Source: Center for Health Policy and Statistics, South Dakota Department of Health, South Dakota Resident Vital Statistics, 1989.

TABLE B14
COMMITMENTS TO DEPARTMENT OF CORRECTIONS
FY 1989

JUVENILE'S COUNTY	NUMBER OF COMMITMENTS	COMMITMENTS PER 1000 YOUTH AT RISK	RANK	JUVENILE'S COUNTY	NUMBER OF COMMITMENTS	COMMITMENTS PER 1000 YOUTH AT RISK	RANK
Aurora	1	2.6	50	Hyde	0	0.0	1
Beadle	6	2.8	54	Jackson	0	0.0	1
Bennett	0	0.0	1	Jerauld	0	0.0	1
Bon Homme	0	0.0	1	Jones	0	0.0	1
Brookings	4	1.3	33	Kingsbury	0	0.0	1
Brown	8	1.9	42	Lake	1	0.8	28
Brule	0	0.0	1	Lawrence	4	1.5	36
Buffalo	0	0.0	1	Lincoln	12	4.6	61
Butte	1	0.9	29	Lyman	0	0.0	1
Campbell	0	0.0	1	Marshall	1	1.3	33
Charles Mix	12	9.0	64	McCook	0	0.0	1
Clark	1	1.4	35	McPhearson	2	4.3	57
Clay	5	3.8	56	Meade	7	1.9	42
Codington	29	9.2	65	Mellette	2	5.7	63
Corson	0	0.0	1	Miner	0	0.0	1
Custer	5	4.4	58	Minnehaha	36	2.4	48
Davison	5	2.3	47	Moody	0	0.0	1
Day	0	0.0	1	Pennington	45	4.5	59
Deuel	1	1.6	37	Perkins	1	1.6	37
Dewey	0	0.0	1	Potter	1	2.6	50
Douglas	1	1.8	40	Roberts	8	5.4	62
Edmunds	1	1.6	37	Sanborn	0	0.0	1
Fall River	2	2.0	44	Shannon	0	0.0	1
Faulk	0	0.0	1	Spink	1	1.0	31
Grant	5	3.7	55	Stanley	0	0.0	1
Gregory	2	2.7	53	Sully	0	0.0	1
Haakon	1	1.8	40	Todd	0	0.0	1
Hamlin	3	4.5	59	Tripp	13	12.6	66
Hand	0	0.0	1	Turner	1	1.0	31
Hanson	0	0.0	1	Union	3	2.2	46
Harding	0	0.0	1	Wallworth	2	2.6	50
Hughes	4	2.0	44	Yankton	6	2.5	49
Hutchinson	1	0.9	29	Ziebach	0	0.0	1

Note: Youth at risk are those age 10-17. "Rank" is used to determine the counties with the highest commitment rate (rank = 66) and the lowest (rank = 1).

Source: Unified Judicial System petition/commitment data base: ad hoc reports.

TABLE B15
DELINQUENCY PETITIONS FILED PER 1000 YOUTH AT RISK
FY 1989

COUNTY	NUMBER OF PETITIONS	PETITIONS PER 1000 YOUTH AT RISK	RANK	COUNTY	NUMBER OF PETITIONS	PETITIONS PER 1000 YOUTH AT RISK	RANK
Aurora	2	5.1	15	Hyde	0	0.0	1
Beadle	36	17.1	40	Jackson	0	0.0	1
Bennett	4	8.8	23	Jerauld	6	16.5	39
Bon Homme	4	4.2	12	Jones	0	0.0	1
Brookings	61	19.6	46	Kingsbury	14	20.3	47
Brown	97	23.6	51	Lake	33	25.3	52
Brule	23	36.3	58	Lawrence	96	36.1	57
Buffalo	1	3.4	11	Lincoln	75	29.0	53
Butte	43	40.6	63	Lyman	5	6.8	18
Campbell	1	4.7	13	Marshall	7	9.3	24
Charles Mix	51	38.2	61	McCook	10	11.6	30
Clark	4	5.6	16	McPhearson	4	8.7	22
Clay	39	29.5	54	Meade	65	17.6	42
Codington	126	40.1	62	Mellette	8	22.7	49
Corson	8	10.6	28	Miner	8	17.4	41
Custer	14	12.3	34	Minnehaha	670	43.9	64
Davison	74	34.0	56	Moody	35	31.5	55
Day	9	9.5	25	Pennington	479	47.9	66
Deuel	8	12.5	35	Perkins	9	14.3	37
Dewey	1	1.3	7	Potter	3	7.8	21
Douglas	10	17.7	43	Roberts	55	37.0	59
Edmunds	4	6.2	17	Sanborn	0	0.0	1
Fall River	11	10.9	29	Shannon	0	0.0	1
Faulk	0	0.0	1	Spink	18	18.8	44
Grant	16	12.0	32	Stanley	3	7.0	19
Gregory	14	19.0	45	Sully	1	3.2	10
Haakon	8	14.6	38	Todd	5	4.7	13
Hamlin	9	13.5	36	Tripp	46	44.5	65
Hand	1	1.7	8	Turner	12	12.2	33
Hanson	5	9.5	25	Union	14	10.3	27
Harding	3	11.8	31	Wallworth	29	38.0	60
Hughes	46	22.9	50	Yankton	52	21.7	48
Hutchinson	8	7.0	19	Ziebach	1	2.7	9

Note: Youth at risk are those age 10-17. "Rank" is used to determine the counties with the highest petitions rate (rank = 66) and the lowest (rank = 1).

Source: Unified Judicial System petition/commitment data base: ad hoc reports.

TABLE B16
CHILDREN RECEIVING MENTAL HEALTH SERVICES
FY 1989

COUNTY	CHILDREN SERVED	CHILDREN SERVED PER 1000	RANK	COUNTY	CHILDREN SERVED	CHILDREN SERVED PER 1000	RANK
Aurora	25	32.2	43	Hyde	17	36.3	49
Beadle	336	75.2	64	Jackson	1	0.9	1
Bennett	44	37.3	50	Jerauld	12	17.5	24
Bon Homme	22	12.7	15	Jones	20	52.8	60
Brookings	194	26.0	38	Kingsbury	29	19.4	28
Brown	290	27.7	40	Lake	159	54.2	61
Brule	65	46.6	55	Lawrence	158	26.8	39
Buffalo	73	97.6	66	Lincoln	32	6.4	4
Butte	39	16.4	22	Lyman	42	33.6	46
Campbell	14	29.3	42	Marshall	31	22.4	32
Charles Mix	47	18.5	26	McCook	20	12.7	15
Clark	10	7.5	6	McPhearson	31	32.6	45
Clay	44	13.4	18	Meade	96	12.7	15
Codington	161	24.1	36	Mellette	18	25.7	37
Corson	33	17.7	25	Miner	54	65.0	62
Custer	78	35.8	48	Minnehaha	277	7.2	5
Davison	221	46.6	55	Moody	68	32.2	43
Day	64	33.9	47	Pennington	391	16.5	23
Deuel	11	8.4	8	Perkins	29	23.8	34
Dewey	35	14.6	21	Potter	56	66.1	63
Douglas	12	11.6	13	Roberts	61	29.0	41
Edmunds	28	23.6	33	Sanborn	33	44.8	54
Fall River	99	48.5	57	Shannon	282	48.6	54
Faulk	15	20.7	31	Spink	42	20.3	29
Grant	25	9.9	11	Stanley	35	41.3	52
Gregory	43	20.5	30	Sully	8	14.5	20
Haakon	13	13.5	19	Todd	126	41.2	51
Hamlin	11	8.4	8	Tripp	84	43.5	53
Hand	15	12.6	14	Turner	16	7.9	7
Hanson	9	9.8	10	Union	29	10.5	12
Harding	3	5.5	3	Wallworth	82	51.3	59
Hughes	352	78.7	65	Yankton	131	24.0	35
Hutchinson	43	19.0	27	Ziebach	5	4.5	2

Note: Table describes the number of children receiving mental health services during FY 1989, standardizes that number per 1,000 children 0-17, and provides the rank among counties which the number per 1,000 represents (1 = lowest, 66 = highest).

Source: South Dakota Division of Mental Health, unpublished report, 1990.

APPENDIX C: MAPS DISPLAYING DISTRIBUTION OF RISK DATA

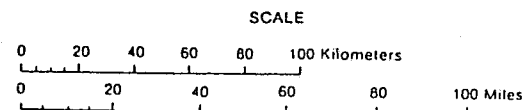# LIST OF MAPS CONTAINED IN APPENDIX C

South Dakota County Names
Petitions to Juvenile Court, FY 1989
Unemployment Rate, 1989 Annual Average
Children Receiving Mental Health Services
Infant Death Rates, 1980-89
Average Monthly Juvenile ADC Cases, FY 1989
Persons Receiving Drug/Alcohol Treatment, 1990
Per Capita Income, 1988
Juvenile Population, 1990
Native American Population, 1990
Commitments to DOC

SOUTH DAKOTA COUNTY NAMES

HARDING

PERKINS

CORSON

CAMPBELL

McPHERSON

MARSHALL

ROBERTS

BROWN

Aberdeen

WALWORTH

EDMUNDS

DAY

BUTTE

DEWEY

GRANT

ZIEBACH

POTTER

FAULK

SPINK

CLARK

CODINGTON

MEADE

DEUEL

HAMLIN

SULLY

LAWRENCE

STANLEY

HYDE

HAND

BEADLE

HAAKON

HUGHES

KINGSBURY

BROOKINGS

Rapid City

PENNINGTON

BUFFALO

JERAULD

SANBORN

MINER

LAKE

MOODY

JONES

LYMAN

CUSTER

JACKSON

BRULE

AURORA

DAVISON

HANSON

McCOOK

MINNEHAHA
Sioux
Falls

MELLETTE

DOUGLAS

HUTCHINSON

TURNER

FALL RIVER

SHANNON

TRIPP

GREGORY

BENNETT

TODD

CHARLES MIX

LINCOLN

BON
HOMME

YANKTON

CLAY

UNION

⊙ Place of 50,000 to 100,000 inhabitants

● Place of 25,000 to 50,000 inhabitants

SCALE

0   20   40   60   80   100 Kilometers

0   20   40   60   80   100 Miles

N

All political boundaries are as of January 1, 1980

PETITIONS TO JUVENILE COURT
PER 1000 JUVENILE RESIDENTS
(fy 1989)

Number per 1000

☐ < 10
▤ 11 to 20
▨ 21 to 30
■ > 30
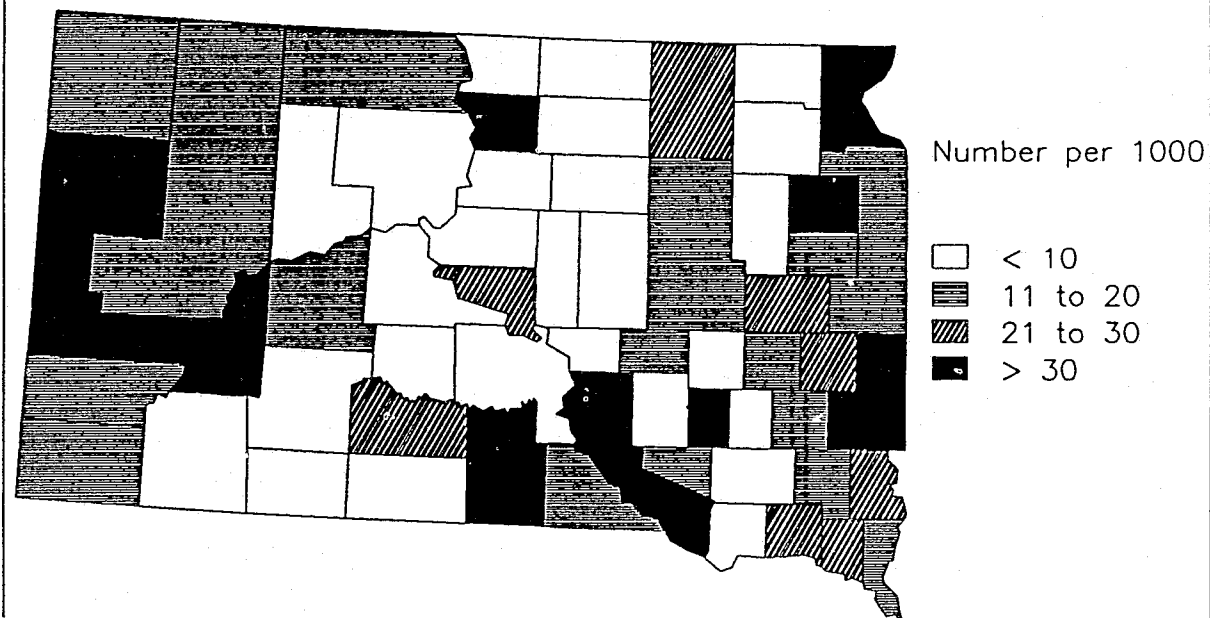
UNEMPLOYMENT RATE
1989 ANNUAL AVERAGE
(STATE RATE = 4.2 %)

Percent

☐ < 3
▤ 3 to 4.2
▨ 4.2 to 6
■ 6 to 15
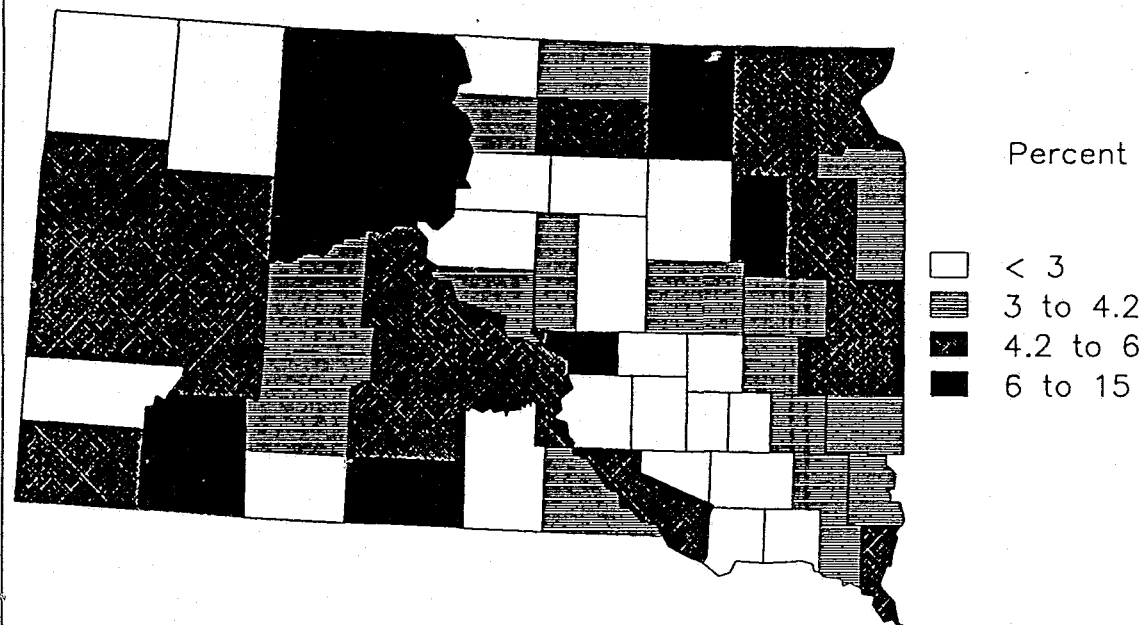
CHILDREN RECEIVING MENTAL HEALTH SERVICES
PER 1000 JUVENILES
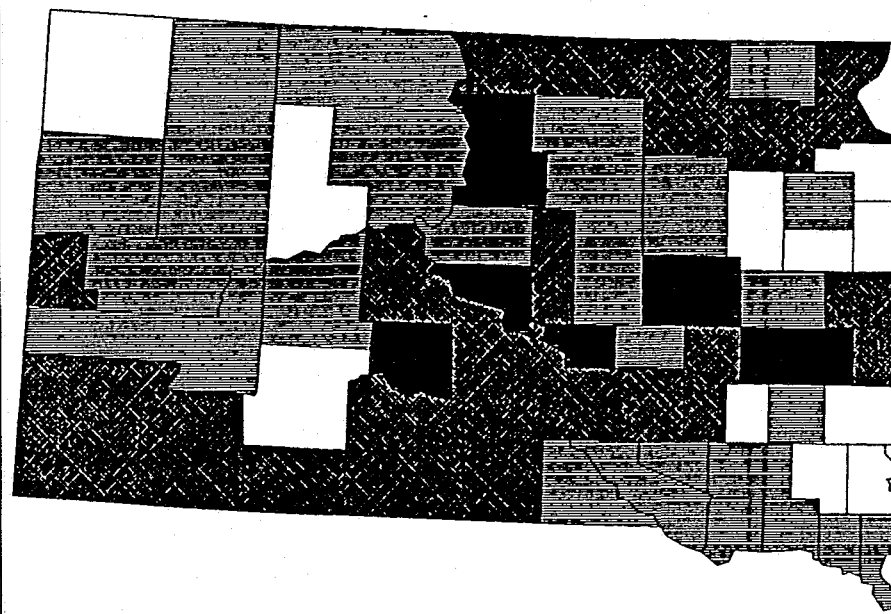
Number per 1000

< 10
10 to 25
26 to 50
> 50

INFANT DEATH RATES
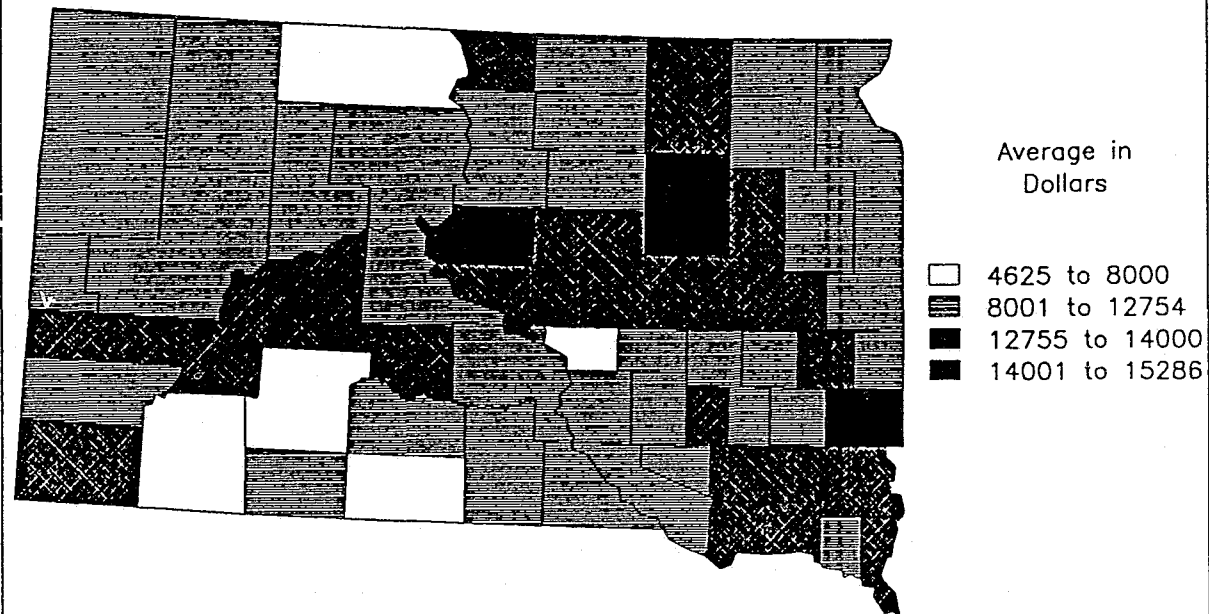## 1980-1989 RATES PER 1000 LIVE BIRTH
(STATE AVERAGE = 10.6%)

Per 1000 live
births

☐ < 5
5 to 10.6
10.7 to 15
> 15
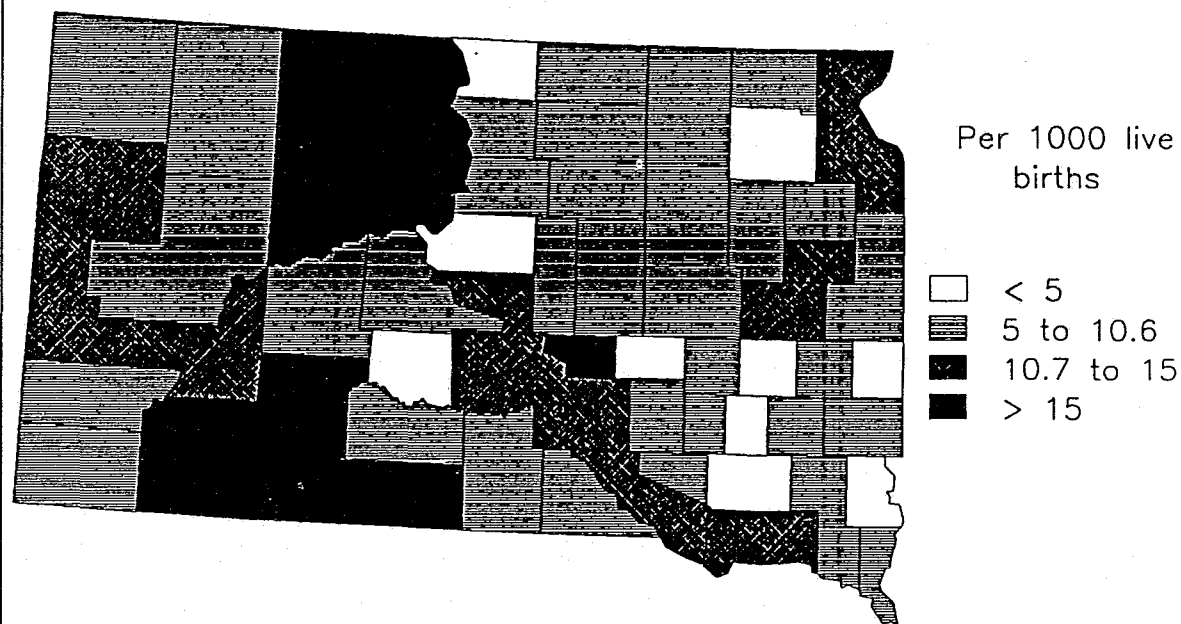
AVERAGE MONTHLY JUVENILE ADC CASES
PER 1000 JUVENILE RESIDENTS
(fv 1989)

Number per 1000

☐ < 15
▤ 16 to 30
▨ 31 to 60
■ > 60
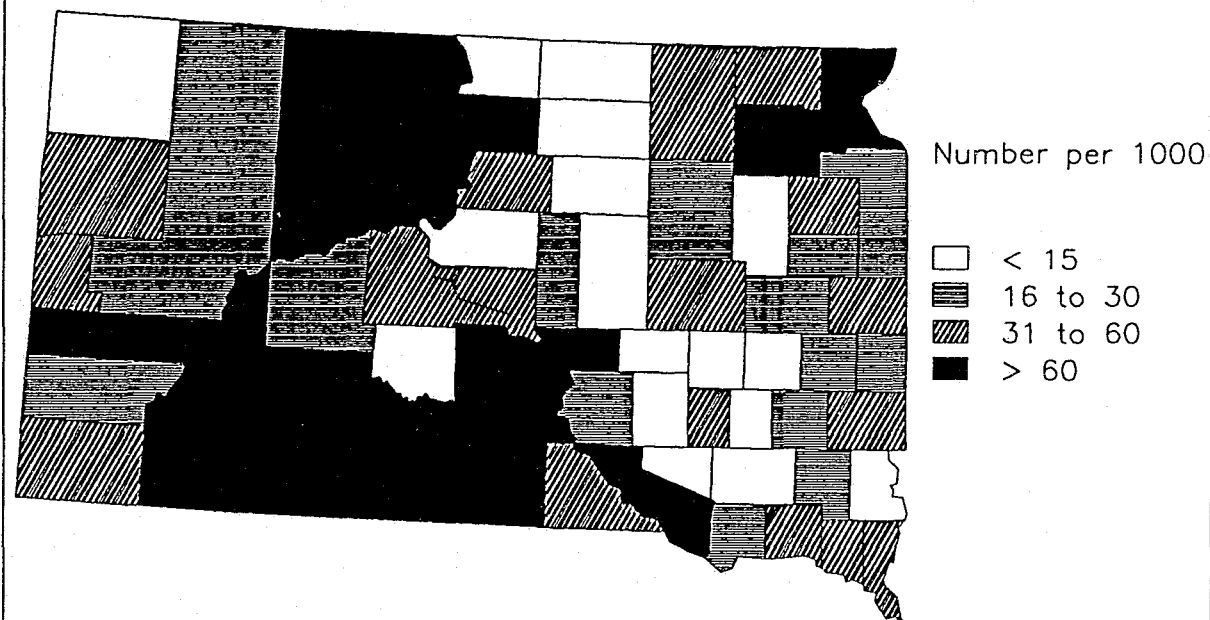
PERSONS RECEIVING DRUG/ALCOHOL TREATMENT
PER 1000 COUNTY RESIDENTS
1990

Per 1000

> 10
10 to 20
21 to 30
> 30
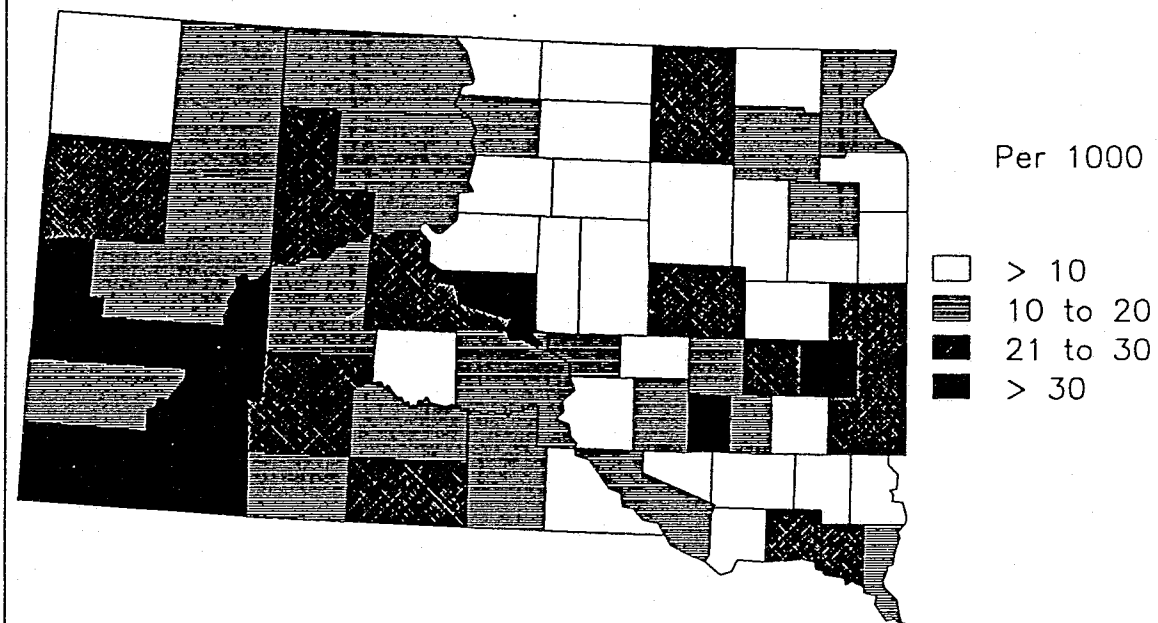
PER CAPITA INCOME
1988 FIGURES
(STATE AVERAGE = $12,754)

Average in
Dollars

☐ 4625 to 8000
▤ 8001 to 12754
■ 12755 to 14000
■ 14001 to 15286

JUVENILE POPULATION
PERSONS 0 TO 17
1990 US CENSUS DATA

Number

< 1000
1000 to 2500
2501 to 7500
> 7500
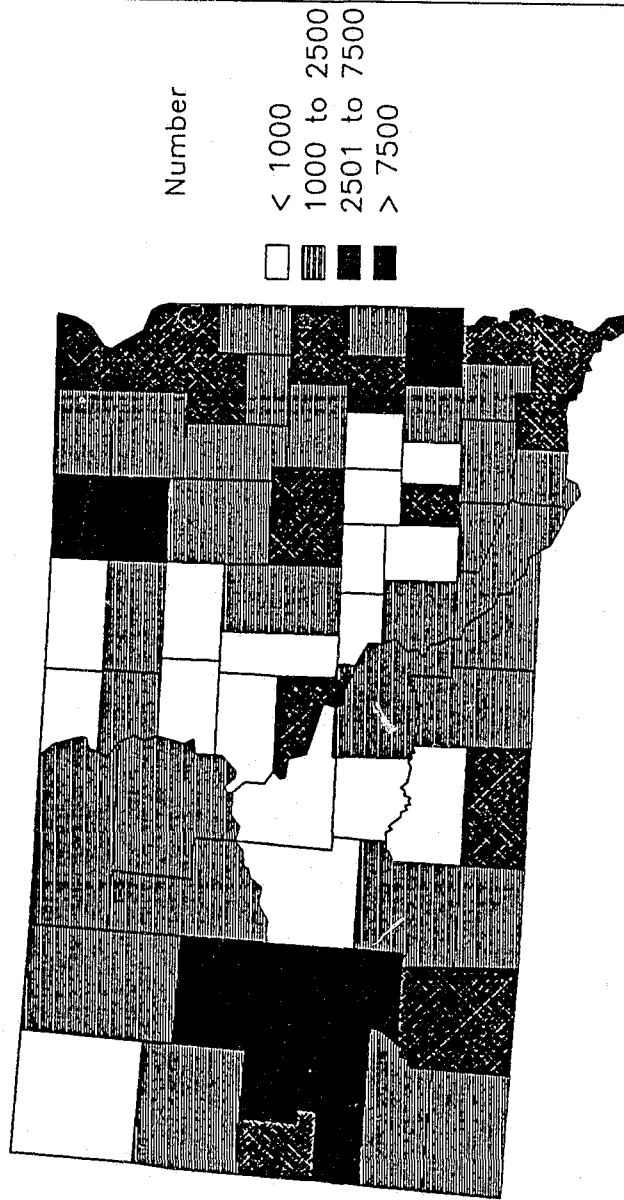
NATIVE AMERICAN POPULATION
PERCENT OF ALL RESIDENTS IN COUNTY
1990 CENSUS DATA

Percent

< 5
5 to 10
11 to 50
> 50
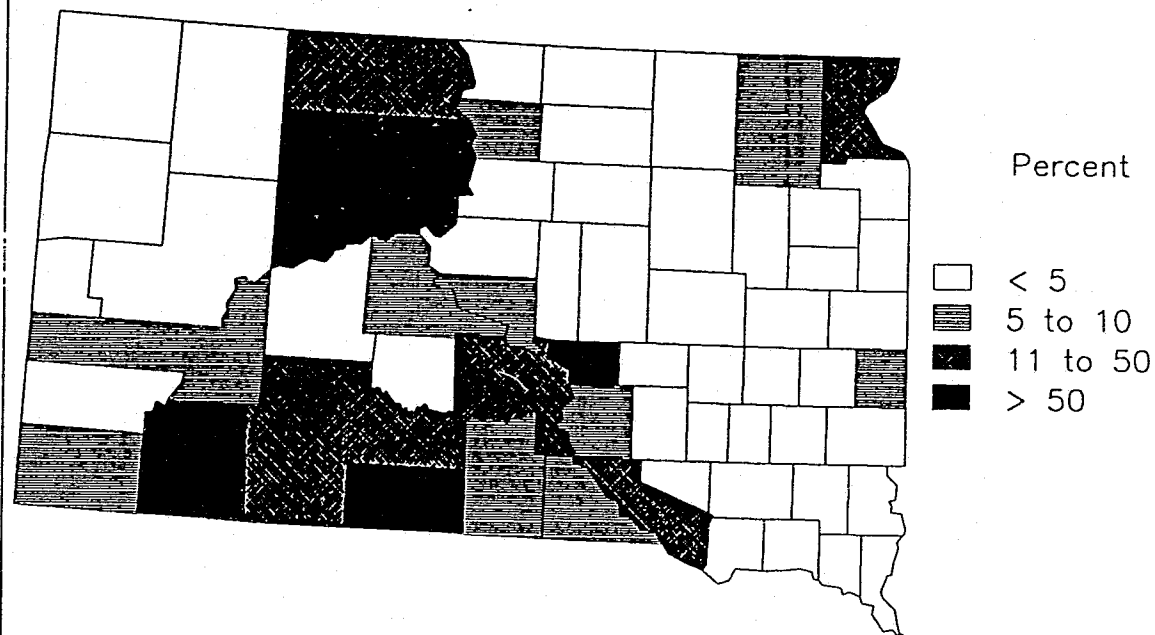
COMMITMENTS TO DOC
Per 1000 Youth at Risk

Commitments

None
< 2
2 to 5
> 5
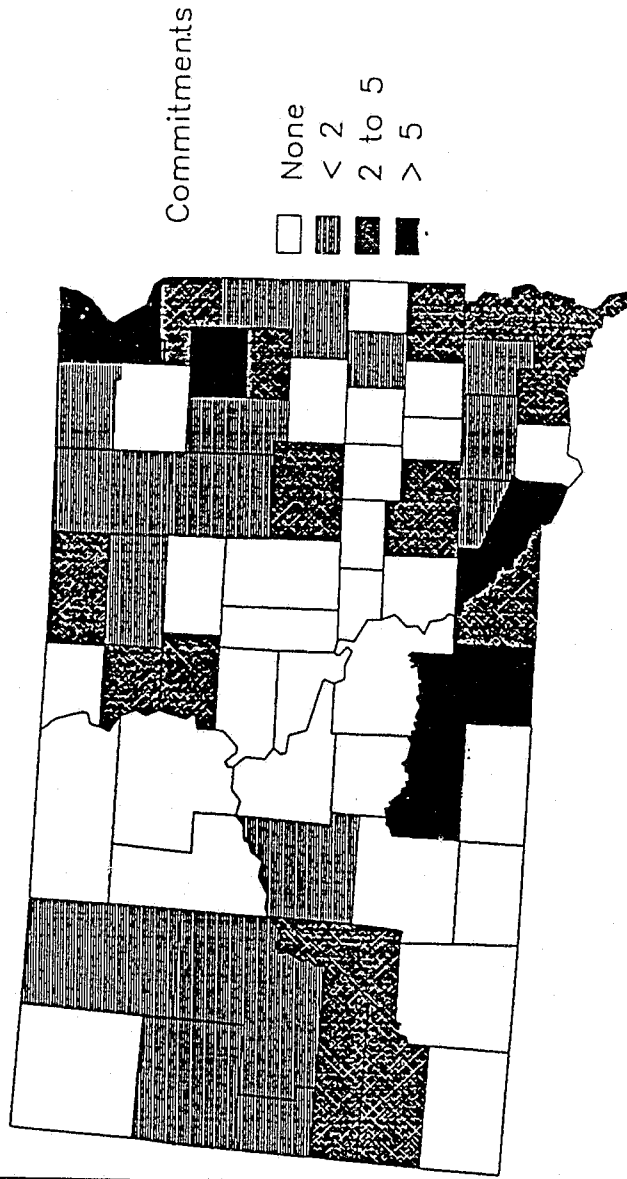
APPENDIX D: COMPOSITE RISK INDEX EXAMPLES

TABLE D1
COMPOSITE HEALTH CARE INDEX EXAMPLE

COUNTY	LOW BIRTH WEIGHT RATE	LOW BIRTH WEIGHT RANK	INFANT DEATH RATE	INFANT DEATH RANK	HEALTH CARE INDEX	COUNTY	LOW BIRTH WEIGHT RATE	LOW BIRTH WEIGHT RANK	INFANT DEATH RATE	INFANT DEATH RANK	HEALTH CARE INDEX
Aurora	0.0	01	8.8	33	17	Hyde	0.0	01	8.0	26	14
Beadle	4.0	38	6.5	17	28	Jackson	0.0	01	19.3	63	32
Bennett	5.6	55	18.2	62	59	Jerauld	0.0	01	2.6	01	1
Bon Homme	3.0	31	12.9	56	44	Jones	0.0	01	3.9	04	3
Brookings	4.5	43	7.2	21	32	Kingsbury	4.3	40	11.7	48	44
Brown	4.4	42	8.6	29	36	Lake	0.0	01	8.7	31	16
Brule	5.5	54	12.0	50	52	Lawrence	7.0	63	12.3	54	59
Buffalo	0.0	01	26.7	65	33	Lincoln	2.6	28	3.9	04	16
Butte	4.6	45	10.8	46	46	Lyman	0.0	01	14.2	58	30
Campbell	0.0	01	3.2	02	2	Marshall	5.6	55	9.9	44	50
Charles Mix	2.7	29	11.1	47	38	McCook	0.0	01	6.6	18	10
Clark	4.0	38	9.2	38	38	McPherson	0.0	01	9.0	36	19
Clay	2.3	27	5.2	11	19	Meade	5.0	48	7.9	25	37
Codington	4.3	40	8.4	27	34	Mellette	8.0	65	6.0	14	40
Corson	6.0	58	15.5	60	59	Miner	0.0	01	4.0	06	4
Custer	7.7	64	8.8	33	49	Minnehaha	4.7	46	9.2	38	42
Davison	3.6	34	8.9	35	35	Moody	0.0	01	4.4	08	5
Day	5.2	51	4.3	07	29	Pennington	5.4	53	12.0	50	52
Deuel	8.7	66	7.3	22	44	Perkins	0.0	01	8.6	29	15
Dewey	6.8	61	16.8	61	61	Potter	0.0	01	9.2	38	20
Douglas	0.0	01	9.0	36	19	Roberts	3.7	36	12.1	53	45
Edmunds	0.0	01	5.8	12	7	Sanborn	0.0	01	5.9	13	7
Fall River	5.3	52	10.5	45	49	Shannon	2.9	30	28.0	66	48
Faulk	0.0	01	7.8	24	13	Spink	3.1	32	6.9	20	26
Grant	6.9	62	12.3	54	58	Stanley	0.0	01	8.4	27	14
Gregory	0.0	01	9.6	43	22	Sully	0.0	01	3.5	03	2
Haakon	5.7	57	7.6	23	40	Todd	6.2	60	24.9	64	62
Hamlin	3.6	34	12.0	50	42	Tripp	3.2	33	8.7	31	32
Hand	0.0	01	9.2	38	20	Turner	5.0	48	6.7	19	34
Hanson	0.0	01	4.5	09	5	Union	3.8	37	6.3	16	27
Harding	0.0	01	6.2	15	8	Wallworth	5.1	50	9.2	38	44
Hughes	4.8	47	13.5	57	52	Yankton	4.5	43	11.9	49	46
Hutchinson	0.0	01	4.9	10	6	Ziebach	6.1	59	15.3	59	59

Note: Low Birth Weight rate is per 1,000 population. These data are extracted from Table B12. Infant Death rate is number per 1,000 live births. These data are extracted from Table B13. The health care index is the average rank of low birth weight and infant death. See "Risk Indicators" in the report.

TABLE D2
COMPOSITE AT-RISK INDEX RATING

COUNTY	UNEMPLOYMENT	ALCOHOL AND DRUG	MENTAL HEALTH	ADC	FOOD STAMPS	DRUG ARREST	PETITION	DIVORCE	LOW BIRTH WEIGHT	INFANT DEATH	INCOME	INDEX RATING
Aurora	4	30	43	2	26	64	15	18	01	33	54	26
Beadle	33	55	64	41	37	55	40	61	38	17	10	41
Bennett	15	42	50	63	63	56	23	44	55	62	55	48
Bon Homme	3	12	15	21	24	40	12	20	31	56	17	23
Brookings	55	57	38	34	21	38	46	44	43	21	34	39
Brown	62	49	40	43	36	39	51	55	42	29	06	41
Brule	10	10	56	29	30	45	58	30	54	50	37	37
Buffalo	64	38	66	62	62	1	11	01	01	65	65	40
Butte	40	50	22	50	47	41	63	54	45	46	46	46
Campbell	13	1	42	12	8	26	13	14	01	02	05	12
Charles Mix	47	34	26	57	58	31	61	30	29	47	48	43
Clark	61	11	06	11	11	1	16	42	38	38	04	22
Clay	33	58	18	48	48	47	54	35	27	11	40	38
Codington	50	35	36	36	42	37	62	47	40	27	33	40
Corson	66	45	25	59	59	1	28	10	58	60	62	43
Custer	18	28	48	28	16	62	34	64	64	33	32	39
Davison	8	63	55	46	49	41	56	53	34	35	13	41
Day	54	27	47	51	53	22	25	47	51	07	42	39
Deuel	30	15	08	20	39	1	35	30	66	22	47	28
Dewey	63	43	21	60	60	1	07	06	61	61	61	40
Douglas	8	3	13	9	12	1	43	16	01	36	56	18
Edmunds	51	21	33	4	60	26	17	35	01	12	44	28
Fall River	40	64	57	49	50	63	29	59	52	45	22	48
Faulk	1	2	31	8	3	1	01	14	01	24	36	11
Grant	33	16	11	19	22	29	32	40	62	54	43	33
Gregory	24	26	30	45	44	31	45	06	01	43	45	31
Haakon	24	44	195	22	2	41	38	38	57	23	09	45
Hamlin	43	25	08	24	27	1	36	30	34	50	51	30
Hand	7	14	14	6	13	1	08	18	01	38	23	13
Hanson	21	46	10	15	41	21	25	03	01	09	57	23
Harding	2	4	03	5	4	1	31	30	01	15	26	11
Hughes	23	65	65	44	46	50	50	61	47	57	07	47
Hutchinson	18	22	27	6	19	20	19	05	01	10	18	15

TABLE D2 (Continued)
COMPOSITE AT-RISK INDEX RATING

COUNTY	UNEMPLOYMENT	ALCOHOL AND DRUG	MENTAL HEALTH	ADC	FOOD STAMPS	DRUG ARREST	PETITION	DIVORCE	LOW BIRTH WEIGHT	INFANT DEATH	INCOME	INDEX RATING
Hyde	30	13	49	18	23	29	01	08	01	26	15	19
Jackson	33	47	01	58	57	60	01	17	01	63	63	36
Jerauld	18	23	24	10	28	44	39	23	01	01	53	24
Jones	53	6	60	16	7	51	01	55	01	04	11	24
Kingsbury	26	18	28	27	14	1	47	26	40	48	12	26
Lake	58	62	61	33	34	22	52	57	01	31	14	39
Lawrence	47	61	39	38	33	54	57	60	63	54	24	48
Lincoln	26	7	04	13	10	58	53	42	28	04	21	24
Lyman	49	32	46	56	55	66	18	10	01	58	49	40
Marshall	46	19	32	37	35	1	24	10	55	44	41	31
McCook	28	9	15	30	17	59	30	39	01	18	35	26
McPherson	33	8	45	1	5	1	22	08	01	36	52	19
Meade	43	37	15	23	15	61	42	52	48	25	50	37
Mellette	40	33	37	64	64	1	49	28	65	14	59	41
Miner	30	52	62	14	45	1	41	49	01	06	25	30
Minnehaha	28	51	05	35	25	57	64	63	46	38	01	38
Moody	52	56	44	32	18	53	55	40	01	08	38	36
Pennington	39	66	23	53	51	45	66	66	53	50	19	48
Perkins	5	40	34	26	92	26	37	57	01	29	29	34
Potter	15	24	63	42	32	34	21	26	01	38	28	29
Roberts	57	41	41	54	56	1	59	20	36	53	58	43
Sanborn	15	39	54	17	40	22	01	23	01	13	31	23
Shannon	65	60	58	65	65	1	01	02	30	66	66	44
Spink	13	16	29	25	20	22	44	35	32	20	03	24
Stanley	45	54	52	40	38	33	19	65	01	27	27	36
Sully	6	19	20	3	01	51	10	44	01	03	02	15
Todd	60	48	51	66	66	1	13	10	60	64	64	46
Tripp	10	35	53	52	54	35	65	28	33	31	39	40
Turner	21	4	07	31	29	35	33	23	48	19	20	25
Union	56	30	12	47	43	65	27	49	37	16	08	35
Wallworth	38	29	59	55	52	48	60	20	50	38	30	44
Yankton	10	59	35	39	31	49	48	49	43	49	16	39
Ziebach	59	53	02	61	61	1	09	04	59	59	60	39

Note: The numbers under each column represent the county's rank it's rate on the individual social indicator. The last column, "Index Rating," is a composite rating which averages the rankings for all eleven indicators presented. Under this scenario, a higher index rating means that the county has, on average, higher ratings for the social indicators. See "Risk Indicators" in the report and tables B1-B15 else where in Appendix B.

APPENDIX E: SOUTH DAKOTA POPULATION DISTRIBUTION

TABLE E1
DISTRIBUTION OF JUVENILE POPULATION
FY 1989

COUNTY	NUMBER OF RESIDENTS	NUMBER OF JUVENILE FEMALES	NUMBER OF JUVENILE MALES	TOTAL JUVENILES 0-17	RANK	COUNTY	NUMBER OF RESIDENTS	NUMBER OF JUVENILE FEMALES	NUMBER OF JUVENILE MALES	TOTAL JUVENILES 0-17	RANK
Aurora	3135	396	381	777	11	Hyde	1696	249	219	468	2
Beadle	18253	2201	2268	4469	54	Jackson	2811	566	516	1082	19
Bennett	3206	611	568	1179	21	Jerauld	2425	323	364	687	6
Bon Homme	7089	878	853	1732	34	Jones	1324	174	205	379	1
Brookings	25207	3701	3771	7473	62	Kingsbury	5925	701	792	1493	31
Brown	35580	5240	5245	10485	64	Lake	10550	1415	1519	2933	51
Brule	5485	703	691	1393	30	Lawrence	20665	2882	3003	5884	60
Buffalo	1759	329	419	748	10	Lincoln	15427	2401	2610	5010	57
Butte	7914	1118	1256	2374	45	Lyman	3638	621	630	1251	25
Campbell	1965	196	282	477	3	Marshall	4844	722	661	1383	29
Charles Mix	9131	1232	1304	2536	48	McCook	5688	768	802	1570	32
Clark	4403	601	726	1327	28	McPherson	3228	482	470	952	16
Clay	13186	1640	1638	3279	53	Meade	21878	3637	3947	7584	63
Codington	22698	3256	3412	6667	61	Mellette	2137	353	348	702	7
Corson	4195	897	972	1869	35	Miner	3272	423	408	831	12
Custer	6179	1019	1157	2176	43	Minnehaha	123809	18974	19621	38595	66
Davison	17503	2314	2425	4738	56	Moody	6507	1038	1077	2115	42
Day	6978	944	946	1889	36	Pennington	81343	11769	11952	23721	65
Deuel	4522	590	717	1307	27	Perkins	3932	603	617	1221	24
Dewey	5523	1221	1170	2391	46	Potter	3190	452	395	846	13
Douglas	3746	469	565	1033	18	Roberts	9914	1337	1457	2795	50
Edmunds	4356	575	609	1184	22	Sanborn	2833	365	371	736	9
Fall River	7353	1028	1014	2042	39	Shannon	9902	2865	2938	5803	59
Faulk	2744	347	378	725	8	Spink	7981	1023	1043	2066	40
Grant	8372	1152	1368	2521	47	Stanley	2453	476	372	848	14
Gregory	5359	773	1328	2102	41	Sully	1589	292	260	552	5
Haakon	2624	460	500	959	17	Todd	8352	1540	1517	3056	52
Hamlin	4974	631	671	1302	26	Tripp	6924	982	949	1931	37
Hand	4272	596	595	1192	23	Turner	8576	935	1087	2021	38
Hanson	2994	417	498	915	15	Union	10189	1367	1386	2753	49
Harding	1669	271	275	546	4	Wallworth	6087	772	826	1598	33
Hughes	14817	2177	2293	4470	55	Yankton	19252	2633	2816	5450	58
Hutchinson	8262	1067	1201	2269	44	Ziebach	2220	569	551	1120	20

Note: "Total Juveniles" 0-17 was extrapolated from PL94 data. Table describes the distribution of juvenile population during FY 1989, standardizes that number per 1,000 children 0-17, and provides the rank among counties which the number per 1,000 represents (1 = lowest, 66 = highest).

Source: U.S. Department of Commerce, Bureau of Census, 1990 South Dakota Population Figures, unpublished report.

TABLE E2

COMPARATIVE POPULATION PROFILE:
U.S. AND SOUTH DAKOTA[1]

Population Profiles	Year	National Data	South Dakota Data
Total Population	1990	245,807,000	713,000
Percent population under 18	1990	26.0%	27.6%
Percent population minority	1985 (estimate)	22.5%	8.7%
Percent population metropolitan	1990	77.1%	29.1%

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[1]Source: U.S. Bureau of the Census, Statistical Abstract of the United States, 1990, 110th Edition, Tables No. 28, 35; U.S. and Current Population Reports, "Population Estimates by Race and Hispanic Origin for States, 1985, P-25, No. 1040-RD-1, Tables 1-A and 11-A (as reported in Kids Count Data Book, 1991).

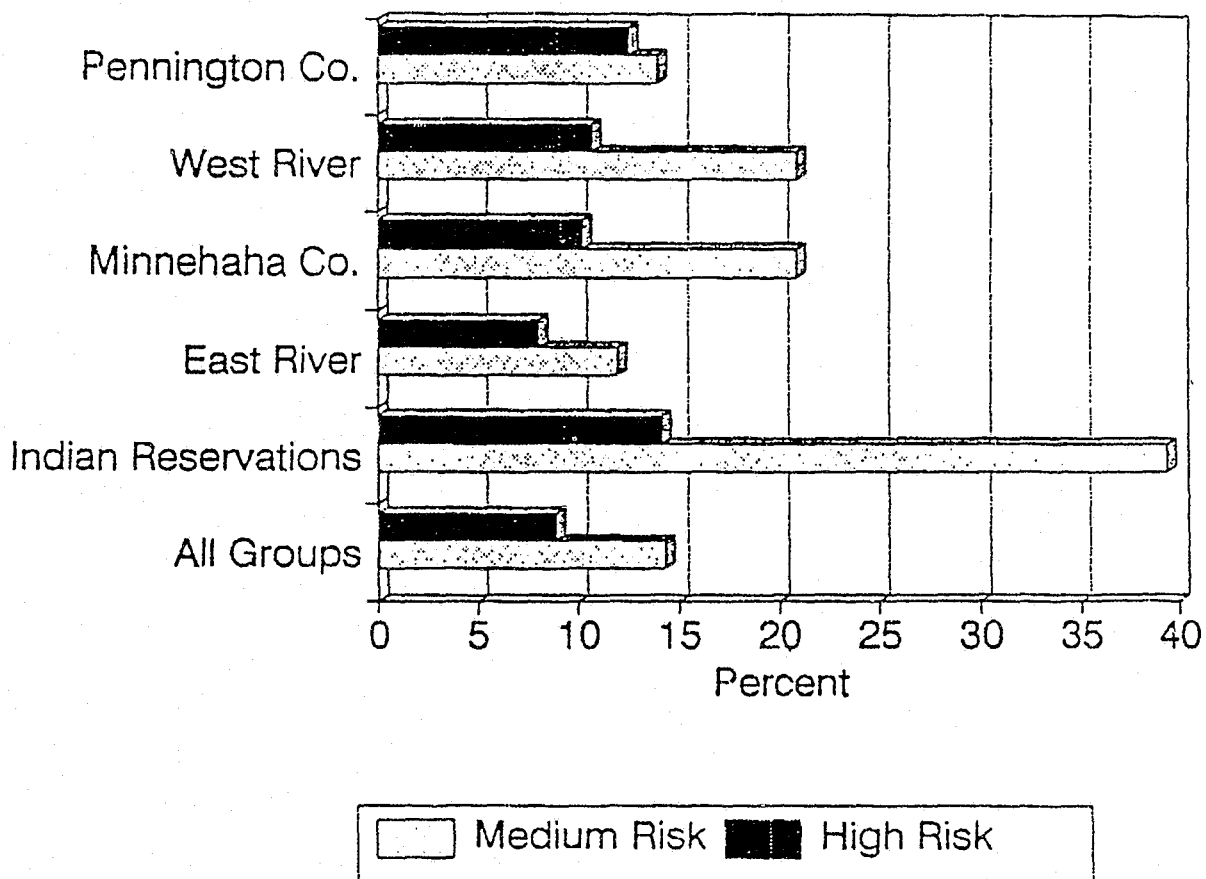# APPENDIX F: DRUG USE AMONG HIGH SCHOOL STUDENTS

TABLE F1

PERCENTAGE OF SOUTH DAKOTA HIGH SCHOOL SENIORS
AT RISK OF DRUG AND ALCOHOL USE, 1989-90
BY LEVEL OF RISK AND REGION[1]

LEVEL OF RISK	All Groups	Indian Reserva-tions	East River except Minne-haha	Minnehaha County	West River excluding Pennington	Pennington County
Level 1 (High Risk) 1. Multi-Drug Users 2. Stimulant Users 3. Heavy Marijuana Users 4. Heavy Alcohol Users	8.9%	14.1%	8.0%	10.2%	10.7%	12.5%
Level II (Moderate Risk) 5. Occasional Drug Users 6. Light Marijuana Users	14.3%	39.4%	11.9%	20.9%	16.0%	13.9%
Level III (Low Risk) 7. Tried a Drug (no current use) 8. Light Alcohol Users 9. Negligible or No Use	76.7%	46.4%	80.1%	68.9%	73.2%	73.6%

% of South Dakota High School Seniors
At Risk from Substance Abuse by Region

Legend: Medium Risk □   High Risk ■

Percentage of South Dakota High School Seniors At Risk from Substance Abuse

High Risk (8.9%)

Medium Risk (14.3%)

Low Risk (76.8%)

Source: The American Drug and Alcohol Survey, Drug and Alcohol Use Among South Dakota High School Seniors, 1989-90, RMBSI, Inc.

APPENDIX G: NATIONALLY COMPARABLE MEASURES OF ADOLESCENT AND CHILD WELL-BEING

National and State Trends

The statistics in the *Kids Count Data Book* are compiled "to give children a voice, a voice that speaks through numbers and statistics, through trends and through the conclusions that can be drawn when we are more aware of how children are faring" (1991, p. 2).

By providing nationally comparable data on indicators of child and adolescent health, education, social, and economic well-being, each state can see how well, and how poorly, it is doing. The eight indicators of "child well-being" and four indicators of resources for children which *Kids Count* will be reporting each year are "widely regarded as significant and reliable indicators" (1991, p. 2).

Each state is given a rank from best to worst. Then a composite ranking is computed for each state. The *Kids Count* data for South Dakota, as well as the United States as a whole, are shown in Table 2. A ✓ is used indicate the eight indicators of child well-being that are used to develop the composite ranking for each state.

TABLE G1
NATIONALLY COMPARABLE MEASURES OF
ADOLESCENT AND CHILD WELL-BEING[1]

	National Data		South Dakota Data			
Maternal and Child Health	**Year**	**Data**	**Year**	**Rank**	**Data**	**Percent Change**
✓Percent low birth weight babies (under 2,500 grams/5.5 pounds)	1980 1988	6.8% 6.9%	1980 1988	1	5.1% 4.7%	- 8
Percent births with early prenatal care (first trimester)	1988	79.9%	1980 1988	46 30	69.1% 76.6%	- 11
✓Infant mortality rate (per 1000 live births)	1980 1988	12.6 10.0	1980 1988	30	10.9 10.1	- 7
✓Child death rate, ages 1-14 (per 100,000 children)	1980 1988	39.5 33.2	1980 1988 ·	20	47.9 31.0	- 35
Percent of children under 18 not covered by any health insurance	1986-1990	19.5%	1986-1990	33	20.3%	
Family Income/Supports	**Year**	**Data**	**Year**	**Rank**	**Data**	**Percent Change**
Per capita income	1989	$17,596	1989	42	13,685	
✓Percent of Children in poverty	1979 85-89	16.0 20.1	1989 85-89	32	20.6% 20.1%	-0-
Benefits as percent of poverty (AFDC and Food Stamps)	1982 1990	68.2%	1982 1990	29 27	70.4% 68.0%	- 3
Education Support and Achievement	**Year**	**Data**	**Year**	**Rank**	**Data**	**Percent Change**
Educational expenditures per pupil	1989	$4,423	1982 1989	39 42	$2,846 $3,249	
✓Percent graduating from high school	1982 1988	69.7 71.2	1982 1988	10	82.7% 79.6%	- 4
Youth Risk Behaviors	**Year**	**Data**	**Year**	**Rank**	**Data**	**Percent Change**
✓Teen violent death rate/Ages 15-19 (per 100,000 teens)	1984 1988	62.4 69.7	1984 1988	46	83.9 96.5	+ 15
✓Percent teen out-of-wedlock births	1980 1988	7.5 8.2	1980 1988	20	5.7 7.2	+ 26

Percent of high school seniors who have used drugs last 12 months:
    Alcohol
    Marijuana
	1989	83
		30
			1989		89
					19	

✓Juvenile incarceration rate (per 100,000 juveniles)	1979 1987	118 166	1979 1987	40	99 194	+ 96
National Composite Ranking (✓'ed indicators)			1990 1991	26 24		

APPENDIX H: SCHOOL COMPLETION DATA

TABLE H1

SCHOOL COMPLETION	
Percent graduating from high school (1988)[1] (Percent of students entering ninth grade who graduate on schedule-National Ranking 12)	79.6%
Estimated percent of Native American students graduating from high school	estimates range from a high of 60%, to a low of 25% for some Indian reservations
School retention (public): Percent of students entering 9th grade in 1985-86 who graduated from high school in 1988-89[2]	86.2%
Annual drop-out rate, 1987-88[3] Public Grades 9 - 12 Grades 7 - 12 Native American 7 - 12 Non-Public Grades 9 - 12 Grades 7 - 12 Native American 7 - 12 Total Public & Private Grades 9 - 12 Grades 7 - 12 Native American 7 - 12	 4.34% 2.99% 13.00% 18.37% 13.06% 30.86% 5.62% 3.97% 20.40%

Note:

Annual drop-out rates are not considered reliable (rates not adjusted for migration; schools do not always know whether a student enrolling in another school; BIA schools are not required to report, and some do not). To improve the uniformity of drop-out data, the Department of Education has implemented a new system for reporting drop-outs, using a standard definition of "drop-out" and a standard reporting form. The first school year for which data will be available is 1989-90. Since drop-out data is based on enrollments in the previous school year, this more comparable and consistent data will not be available until 1991-92.

The Department of Education does not release drop-out data by school district. The graduation rate is the target measure of every drop-out prevention. Schools and communities will have to have this information to evaluate the effectiveness of their drop-out prevention efforts. Also, the drop-out rate should be a major indicator used in computing the index of need for youth at-risk. Without it, the indicator is incomplete.

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[1]*Source*: Kids Count Data Book, January, 1991. Graduation rate based on percentage of public ninth grade enrollments four years earlier, and corrected for interstate migration. The percent **not** graduating (i.e., 100% - 79.7% = 20.4%) is what is commonly referred to as the "drop-out rate." This indicator is now being stated in terms of percent graduating instead of percent **not** graduating to conform with national goals in education.

[2]*Source*: Department of Education. Does not include students attending Job Corps Center who graduate or students who earn G.E.D.

[3]*Source*: South Dakota Department of Education.

TABLE H2
ENROLLMENT IN EDUCATION PROGRAM BY ETHNICITY: 1989

RACE/ETHNICITY	STATE POPULATION UNDER 18[1]	PUBLIC AND PRIVATE SCHOOL ENROLLMENT[2]	CHAPTER 1 ENROLLMENT[3]	SPECIAL EDUCATION ENROLLMENT[4]
Native American	50,575	11.6%	19.5%	12.2%
Other	7,914	1.6%	1.4%	1.4%
White	637,515	86.9%	78.9%	86.3%
Total Number	696,004	127,329	13,398	14,431
Total Percent	100.0%	100.0%	100.0%	100.0%

[1]Source: U.S. Bureau of the Census, 1990,

[2]Source: Department of Education and Cultural Affairs, *1988-89 Statistical Digest.* Not all BIA schools reported; therefore this is a slight underestimate of the Native American student population.

[3]Department of Education and Cultural Affairs, *FY 1989 Chapter I Evaluation Highlights.*

[4]Source: Department of Education and Cultural Affairs, *Special Education in South Dakota for School Year 1989.* Does not include BIA school data for handicapped Native American youth.

APPENDIX I: RISK FACTORS FOR DELINQUENCY AND DRUG ABUSE

RISK FACTORS FOR DELINQUENCY AND DRUG ABUSE[1]

(1)   Early frequency and variety of antisocial behaviors in the primary grades of elementary schools.

(2)   Parent and sibling drug use and criminal behavior.

(3)   Poor and inconsistent family-management practices.

(4)   Family conflict.

(5)   Family social and economic deprivation.

(6)   School failure.

(7)   Low degree of commitment to education and attachment.[2]

(8)   Peer factors (associated with delinquent friends).

(9)   Attitudes and beliefs (acceptance of deviance, approval of drug use v. acceptance of conventional norms).

(10)   Neighborhood attachment and community disorganization.

(11)   Mobility (frequent change of residence and school).

(12)   Physiological factors (attention-deficit disorder, hyperactivity).

(13)   Personality factors (sensation seeking, willingness to risk injury or illness).

RISK FACTORS ASSOCIATED WITH ADOLESCENT ANTI-SOCIAL BEHAVIOR[3]

Contextual or Community Factors

(1)   Economic and social deprivation.

(2)   Community disorganization and low levels of attachment among neighborhood groups.

(3)   High levels of transiency and mobility associated with areas in rapid transition.

(4)   Community norms and laws (legal norms) favorable to the tolerance of deviant (and illegal) behavior.

(5)   Availability of drugs.

RISK FACTORS ASSOCIATED WITH ADOLESCENT ANTI-SOCIAL BEHAVIOR[3]

INDIVIDUAL RISK FACTORS

Birth to Elementary School Age

(1)   Family history of alcoholism and crime.

(2)   Family management problems.

First few years of Elementary Schools

(3)   Early antisocial behavior and hyperactivity.

(4)   Parental drug use and positive attitudes toward use of drugs.

Mid to Late Elementary School

(5)   Academic failure.

(6)   Little commitment to school.

(7)   Alienation, rebelliousness, lack of social bonding.

(8)   Antisocial behavior in early adolescence.

(9)   Association with friends who use drugs or are delinquent.

(10)   Favorable attitudes toward drug use.

(11)   Early initiation of drug use and delinquency behavior.

Examples of indicators used for at-risk students are presented here.[1]

- Member of minority racial/ethnic group
- Family in lower economic level (e.g., eligible for free or reduced lunch)
- Living in single-parent family
- Low educational status of family, especially mother
- Two or more years older than other students in same grade
- Poor school attendance (e.g., absent once a week or three or more times a month without a valid reason or acceptable excuse)
- Frequent transfers between schools
- Below grade level performance (e.g., one or more years behind their age level group in math or reading skill levels)
- Consistent low scores on standardized achievement tests (e.g., students who score at or below 25th percentile on standardized achievement tests)
- Lack of motivation/interest in school--low aspirations
- Disruptive or inappropriate behaviors in school or community (e.g., frequent suspensions;, trouble with the law)
- Unstable home; dysfunctional family situation
- Poor attitudes of parents toward school (lack of parental support or encouragement)
- Limited-English proficiency
- Employment in a job that interferes with schooling (e.g., 10 hours a week--potential interference; 15 or more hours a week--serious interference)
- Low self-esteem
- Alcohol/substance abuse
- Incompatible values with school (diverse value system)
- Medical health problems
- Teenage pregnancy or teenage parent (premature assumption of adult roles)
- Retention in one or more grades
- Limited involvement in extracurricular activities
- Severe depression--suicide attempts
- Above average or below average intelligence
- Inappropriate/poor peer relationships
- Victim of physical, emotional, or sexual abuse
- Eligibility for or participation in special education, compensatory, or remedial programs

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[1]From Davis, William E. and Edward J. McCaul, *At-Risk Children and Youth: A Crisis in Our Schools and Society,* Institute for the Study of At-risk Students, University of Main, 1990, pp. 50-51.

ENDNOTES

1. Extracted from "Delinquency and Drug Abuse: Implications for Social Services," J. David Haskins, J.M. Jenson, R.F. Catalano, D.M. Lishner, Social Service Review (June 1988).

2. The terms commitment and attachment are drawn from Social Control Theory (Hirschi, T. 1969) and represent elements of the social bond which integrate youth in conventional society and sustain law abiding behavior.

3. This list of factors was summarized from the keynote session of the Juvenile Delinquency Prevention Track, 1989 National Conference of State Juvenile Justice Advisory Groups, Reno, Nevada, May 7-10, "A Risk Factor Based Approach to Delinquency Prevention," presented by Richard Catalano, Ph.D., School of Social Work, University of Washington, Seattle.

APPENDIX J: SPECIAL EDUCATION STUDENT PROFILE (HANDICAPPING CONDITION)

APPENDIX J

TOTAL ENROLLMENT AND SPECIAL EDUCATION ENROLLMENT

The following table summarizes the number of students enrolled in special education by school district.

Source: South Dakota Department of Education and Cultural Affairs, Center for Special

Education, Status Report: Special Education in South Dakota, For School Year 1989-90.

TABLE J1

1989-90 Total Enrollment and
1989-90 Special Education Enrollment

District	Special Ed Enrollment	Total Enrollment	Percent of Total Enrollment Served in Special Education
Sioux Falls	2251	15,422	14.60
Rapid City	1143	13361	8.55
Aberdeen	602	4541	13.26
Watertown	359	3932	9.13
Meade	243	3127	7.77
Mitchell	315	2829	11.13
Yankton	205	2818	7.27
Brookings	261	2783	9.38
Pierre	352	2782	12.65
Douglas	278	2774	10.02
Huron	303	2525	12.00
Brandon Valley	161	2057	7.83
Todd County	276	2047	13.48
Spearfish	198	2025	9.78
Vermillion	175	1435	12.20
Lead-Deadwood	160	1433	11.17
Lake Central	130	1378	9.43
Lennox	196	1367	14.34
Milbank	90	1258	7.15
Winner	79	1196	6.61
Belle Fourche	106	1178	9.00
Custer	125	1135	11.01
Hot Springs	106	1135	9.34
Sisseton	113	1116	10.13
Eagle Butte	179	1113	16.08
Chamberlain	51	1003	5.08
Canton	120	920	13.04
West Central	117	900	13.00
Flandreau	84	835	10.06
Redfield	100	812	12.32
Mobridge	57	756	7.54
Bon Homme	124	753	16.47
Beresford	76	750	10.13
Wagner	89	738	12.06
Tri-Valley	152	731	20.79
Webster	70	690	10.14
Shannon County	176	657	26.79
Jefferson	121	648	18.67
Dell Rapids	92	641	14.35
Parkston	104	636	16.35
Deuel	84	633	13.27
Harrisburg	80	625	12.80
Hamlin	38	616	6.17
Miller	44	611	7.20
Howard	52	605	8.60

District	Special Ed	Total	Percent of Total
Sioux Valley	63	603	10.45
Bennett County	16	601	2.66
Haakon	56	584	9.59
Stanley County	72	572	12.59
Lemmon	54	564	9.57
Clark	49	562	8.72
Gregory	47	540	8.70
Groton	61	537	11.36
Hill City	41	514	7.98
Platte	35	504	6.94
Alcester-Hudson	71	492	14.43
Elk Point	72	491	14.66
Wessington Springs	67	479	13.99
Newell	46	471	9.77
Britton	55	471	11.68
McLaughlin	98	456	21.49
Scotland	65	448	14.51
Freeman	56	448	12.50
White River	91	442	20.59
Parker	66	435	15.17
Gettysburg	35	417	8.39
Garretson	42	416	10.10
DeSmet	36	398	9.05
Arlington	27	393	6.87
Andes Central	70	389	17.99
Hanson	51	389	13.11
Kadoka	48	380	12.63
Kimball	27	374	7.22
Lyman	57	374	15.24
Baltic	37	352	10.51
Sully Buttes	34	352	9.66
Burke	24	350	6.86
Harding County	29	349	8.31
Menno	24	344	6.98
Wall	28	340	8.24
Wilmot	35	336	10.42
Waubay	52	325	16.00
Ipswich	35	325	10.77
Salem	58	319	18.18
Marion	47	318	14.78
Timber Lake	28	312	8.97
Woonsocket	43	312	13.78
Centerville	39	311	12.54
Hyde	28	303	9.24
Faulkton	37	299	12.37
Castlewood	34	298	11.41
Chester	34	298	11.41
Northwestern	23	295	7.80
Viborg	40	288	13.89
Elkton	36	286	12.59

District	Special Ed	Total	Percent of Total
Dupree	41	286	14.34
Bonesteel-Fairfax	38	285	13.33
Irene	42	279	15.05
Jones County	37	276	13.41
Leola	25	276	9.06
Iroquois	21	275	7.64
Eureka	49	274	17.88
Warner	30	270	11.11
Lake Preston	26	270	9.63
Plankinton	17	268	6.34
Edgemont	32	267	11.99
Armour	30	264	11.36
Corsica	22	259	8.49
Selby	21	254	8.27
Wolsey	21	253	8.30
Avon	19	253	7.51
Grant-Deuel	36	252	14.29
Rosholt	19	251	7.57
Deubrook	33	249	13.25
Langford	22	242	9.09
Estelline	20	239	8.37
Faith	29	239	12.13
Bison	20	239	8.37
Colome	19	239	7.95
McIntosh	33	233	14.16
Montrose	46	230	20.00
Bridgewater	37	218	16.97
New Underwood	7	217	3.23
Ethan	23	216	10.65
Willow Lake	16	214	7.48
Mount Vernon	20	212	9.43
Tripp	17	202	8.42
Gayville-Volin	33	200	16.50
Wakonda	35	199	17.59
Colman	21	197	10.66
Elm Valley	19	196	9.69
Hoven	34	195	17.44
Canistota	30	194	15.46
Emery	27	193	13.99
Doland	32	191	16.75
Tulare	20	189	10.58
Hurley	28	185	15.14
Hecla-Houghton	13	182	7.14
Bowdle	24	180	13.33
Roslyn	25	179	13.97
Stickney	16	171	9.36
Veblen	24	171	14.04
Bristol	17	170	10.00
White Lake	11	162	6.79
Artesian	18	159	11.32

District	Special Ed	Total	Percent of Total
Wessington	10	155	6.45
South Shore	14	155	9.03
Letcher	22	154	14.29
Rutland	13	152	8.55
Roscoe	12	149	8.05
Herreid	19	148	12.84
Florence	19	148	12.84
Geddes	10	147	6.80
Hitchcock	16	143	11.19
Cresbard	13	141	9.22
Midland	17	136	12.50
Ramona	12	134	8.96
Alpena	16	132	12.12
Isabel	9	129	6.98
Egan	5	126	3.97
Harrold	22	125	17.60
Summit	15	125	12.00
Pollock	25	124	20.16
Smee	33	120	27.50
Henry	10	115	8.70
Big Stone City	25	112	22.32
Delmont	15	107	14.02
Waverly	9	103	8.74
New Effington	15	98	15.31
Oelrichs	•	97	•
Hosmer	12	92	13.04
Conde	9	88	10.23
Wood	6	80	7.50
Spencer	17	75	22.67
Agar	13	70	18.57
Polo	6	66	9.09
Northwest	6	56	10.71
Oldham	7	47	14.89
Glenham	11	42	26.19
Java	12	38	31.58
Astoria	5	34	14.71
Carthage	10	33	30.30
Elk Mountain	•	22	•
Lake Hendricks	4	•	•
Big Stone	•	•	•
Hermanson	1	•	•
Browns Valley	5	•	•
Greater Hoyt	6	•	•
Greater Scott	•	•	•
Foster Children	71	•	•
BIA Placements	3	•	•
Total	14,431	127,115	