

South Dakota Child and Family Services Review Program Improvement Plan

INTRODUCTION

Activity Leading Up to Program Improvement

The experience of the Child and Family Services Review (C&FSR) provided a mix of opportunities and challenges for the South Dakota Office of Child Protection Services (CPS) and the other players that serve children and families within the child welfare system. CPS approached the Statewide Assessment as a chance to take a critical look across the whole state at strengths that already contribute toward achievement of the C&FSR outcomes and those areas needing improvement that make achievement of the outcomes more difficult. This was done through stakeholder surveys, mock on-site reviews that were similar to the C&FSR, community focus groups in over 20 sites, Adoption and Foster Care Analysis and Reporting System, and internal systems data.

The South Dakota C&FSR On-Site Review was initially scheduled for the week of September 17-21, 2001. Because of what occurred on September 11, 2001, the On-Site Review was rescheduled to October 22-26, 2001. This required cancellation of more than 250 interviews in several sites and rescheduling those interviews within less than a month. The review of the 50 cases within the three CPS offices was completed. CPS received the Final Report from the Department of Health and Human Services May 2, 2002.

CPS began the PIP process in March 2002 even though the Final Report had not been received. CPS believed that the Statewide Assessment, the information gained from the On-Site Review, and the information presented at the on-site exit provided CPS with enough information to start the PIP. The Final Report was a reflection of many of the things that CPS found in the Statewide Assessment. However, some areas in the Final Report were presented with a different perspective than that gained from the Statewide Assessment.

There were some factors that made the development of the PIP more difficult. CPS staff absorbed the work effort required for the PIP into existing responsibilities. As other state's PIPs were approved, and as CPS submitted revisions, the standards related to the PIP changed.

Challenges and Supports Related to PIP Implementation

In approaching the PIP, it was not a question of whether staff was making efforts in many situations to achieve good outcomes, but a question of how to make the needed adjustments to increase efforts without being able to rely on additional resources. The issue of excessive caseloads was noted in the Final Report. The C&FSR elevated expectations beyond the more traditional approaches to safety and permanency outcomes. CPS must be more responsive to families to a greater level in the family centered approach which is evident in the well being outcomes. CPS is also expected to be a catalyst in the broader systemic aspect of child welfare.

CPS made changes prior to the C&FSR that were intended to make improvements in areas that are included in the C&FSR outcomes. The PIP workgroup recognized that it was a matter of building on these changes to make even further gains.

The focus of the PIP in the safety area is to make improvements in timeliness, safety assessment, and interventions when safety is determined to be a concern. CPS found prior to the On-Site Review that there were issues related to the timeliness policy for initial contact with children following abuse and neglect reports. CPS revised the initial contact policy. Also, prior to the On-Site Review, CPS started implementation of a new process to assess safety. CPS began working with the National Resource Center on Child Maltreatment in February of 1998 to develop a different approach to safety assessment and intervention. CPS created a pilot program in Rapid City that included the Initial Family Assessment (IFA) as the process to be tested as an alternative to the two-track investigation and assessment approaches CPS was using at the time. The IFA implementation began with the pilot office in March of 2000. CPS decided in the fall of 2001 to implement the IFA statewide. CPS developed collaborative projects through cooperative efforts with the community mental health centers, the core alcohol and drug agencies, and the domestic violence network to work toward improving use of services. The fact that all of these efforts were underway during the development of the PIP provided a good foundation to begin with in the safety area.

There were initiatives or processes already in place that would be useful in helping to improve in the areas of permanency and well-being. The state court system developed a Benchbook for judges and others involved in civil court actions. A chapter of the Benchbook that was dedicated to Abuse and Neglect cases was written as a project under the Court Improvement Grant and was distributed in December of 1999. The chapter on abuse and neglect describes the requirements and applications of ASFA, ICWA, and state law. The foster parent monthly reporting process; the FACIS Adult, Child, and Family Assessment tools; the Independent Living Community Resource Persons Program; the Outcome Management Reviews; and the Permanency Planning Review process are just a few of the other activities already in place that were used in the development of the PIP to strengthen efforts to improve on the permanency and well-being outcomes.

CPS is responsible for child protection services to many of the Native American children within the state both on and off the reservations. CPS included discussion in the Statewide Assessment and the Final Report presented perspectives on the relationships between the tribes and CPS. The goal of CPS is to work closely with the tribes in the provision of services. CPS entered into the first full tribal contract with the Sisseton Wahpeton Sioux Tribe in 1977. That agreement is still in place. CPS has licensing agreements with 3 tribes and IVE agreements with 2 tribes. CPS and representatives from the various tribes created the State & Tribal Workgroup to find ways to increase Native American foster home and kinship care resources. The PIP will add to these efforts to further the relationship with the tribes in child welfare services.

The PIP is based on the percentage of cases that were determined to have areas needing improvement. It is important to keep in mind for the purpose of focusing on what improvements are needed that the larger percentage of the cases reviewed met expected outcomes, and CPS received strength ratings in:

- Permanency goal for the child
- Permanency goal of other permanent planned living arrangement
- Proximity of foster care placement
- Visiting with parents and siblings in foster care
- Relative placements (for children in care)
- Relationship of child in care with parents

- Worker visits with parents

South Dakota met the National Standard in the maltreatment of children in foster care, reunification, and adoption. South Dakota achieved substantial conformity in 5 out of 7 of the Systemic Factors

The C&FSR provides a recognizable set of outcomes and a framework that can be used to set the direction and a common focus for the various parties involved in the child welfare system. The limitation in resources makes it more difficult to predict the level of improvement that will be achieved by the implementation of the PIP. However, CPS believes the goals and actions in the PIP can positively affect the safety, permanency, and well being outcomes for children.

SAFETY

Safety Outcome 1

Children are, first and foremost, protected from abuse and neglect.

Item 1 Timeliness of Initiating Investigations:

South Dakota will increase effectiveness in achieving timely responses to CPS intake reports by 1) revising intake policy that prioritizes assignments based on reported information; 2) enhancing specification of the intake process designed to move a report through screening to assignment more efficiently; and 3) creating a supervisory guided analysis of intake reports for screening and prompt and appropriate assignment that assures effective management and oversight.

South Dakota's current policy requires that children are seen within 14 days from the receipt of a referral of child abuse or neglect. The policy was instituted in March 2001. This policy is the maximum timeframe allowed. However the policy as it currently stands is limited in providing guidance concerning specific necessary responses within the 14 day period. The Department's expectation is, based on the intake information reported, that responses occur

- Immediately with respect to emergencies;
- Within a justifiable number of days related to information suggesting risk of maltreatment with no apparent threats to safety; and
- Prior to 14 days for all remaining risk of maltreatment referred families in so far as possible.

Currently, a significant percentage of contacts are made within 3 days of the report. When a case involves immediate danger or safety influences, staff are required to contact the child immediately. CPS determined that the contact time is affected by the quality of the intake process; the assignment and initiation of the initial family assessment; information entry problems related to FACIS; and issues around decision making that affects appropriate response time and compliance with policy.

CPS will clarify policy and timeframes from intake to assignment to assure that intakes are handled appropriately and promptly. Because of workload, workers need to have as much time as possible from the point that the referral is received to make a timely contact with the child. It is important that the amount of time from intake to assignment be prompt. The issues that CPS will focus on to improve the intake process are: (1) reduce the time it takes a worker to complete a quality intake; (2) reduce the time the intake worker takes to submit the intake to the supervisor based on the safety issues presented in the intake; and (3) reduce the time the supervisor takes to screen the intake and make the assignment.

CPS will direct that assignment and initiating the initial family assessment be completed in a timely manner in accordance with the safety issues that are presented by the information obtained in the intake. Emphasis will be given to improving: (1) the quality of the intake information; (2) the quality of the decision the supervisor makes at the point of the screening of the intake based on the safety issues presented in the intake; and (3) quality assurance through a) corrective action plans that address issues that affect compliance with timeliness and b) oversight to assure that staff are contacting children in a timely manner.

CPS will improve decision making concerned with appropriate response time and compliance within the 14 day time frame. Improvement in this area will be accomplished through (1) use of information from the recurrence study being done by the National Resource Center on Child Maltreatment; (2) a case review by the District Supervisors and state office related to intake and in particular timeliness; (3) development of action plans by each district to address the issues related to compliance with timeliness; and (4) instituting a system that assures ongoing quality assurance to meet the timeframes.

CPS will use the following strategies to strengthen the process factors that will contribute to improved timeliness of contact.

Strategy 1 Develop an effective and efficient intake system that employs a standardized criteria to improve evaluation, screening and assignment of intakes

- A. Implement policy and procedure to be employed by intake staff and supervisors that establishes criteria, process, and time limits for screening and assigning intakes.

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CPS will institute a supervisory governed intake policy and procedure related to screening and assignment. The purpose of the policy is to assure correct and timely assignment of referrals. The criteria which guide the policy and procedure will be based on immediate danger, foreseeable danger, and risk of maltreatment. Within the 14 day contact policy, timely assignment will occur based on the seriousness of reported data. Effecting prompt assignments will influence staff's ability and opportunity to establish contact within the 14 day timeframe consistent with the family conditions reported within the intake.

This action is expected to have a positive effect on improving intake generally and timely response specifically by establishing the perimeters of a quality intake; specifying standards for information collection; providing a basis for analyzing information that can be applied by intake workers and supervisors; differentiating for staff differences in case data, and the implications for prioritization in screening and assignment; increasing the effectiveness of case related communication among and between staff participating in intake; and bringing necessary emphasis and focus to the relationship between information collection, analysis and decision making using a safety framework.

B. Improve the quality and efficiency of the intake process through the implementation of a regional intake approach.

South Dakota currently has an intake approach that is office based. It is anticipated that a reorganization of the method for conducting intake will improve the management, quality, effectiveness, and efficiency of the intake function. CPS currently is piloting and will implement a regional approach to intake. The use of regional intake specialists will improve the timeliness of submission and screening of intakes and improve the quality of intakes, which will contribute to more effective screening decisions.

An inherent value in specialization of function is the improvement of the quality of staff performance. That is CPS's major expectation for deploying this approach. Regional intake will have an effect on timeliness of response by creating increased quality, more continuity of the service, and greater consistency in information collection, analysis, decision making and assignment across county lines. It is expected that institutionalizing intake criteria and the application of safety and risk concepts at intake, and subsequently initial assessment, can be achieved sooner through the management of cases into the agency through this regional approach.

C. Improve the accuracy, effectiveness, and efficiency of supervisory decision-making related to screening and timely assignment

CPS will institute a supervisory applied intake criteria to improve the decision making for screening and assigning reports. To enhance analysis of intake information, the criteria will 1) support acceptance of referrals for assignment and 2) discriminate urgency of response. The criteria will employ immediate and foreseeable danger for same day assignments and risk of maltreatment for assignments for contact within 14 days. In addition, the criteria as contained within these supervisory guidelines will provide direction concerned with assignment of risk of maltreatment reports. This will provide more direction for supervisors as to when a report needs to be screened in and assigned. The process will be developed through establishment of criteria for assignment of reports and response to those reports. NRCCM will provide information they have to South Dakota CPS on criteria used by other states related to decision making in screening of intakes.

CPS believes that moving past the traditional basis for intake screening (i.e. statutory definitions) to boldly designing intake analysis criteria grounded on risk of maltreatment and safety will more fully enhance the capacity and performance of intake workers who collect information and supervisors who serve as the key decision maker in screening. The most appealing aspect of this action is to move past a regimented priority response system primarily confined by its dependence on allegations. It is expected that the criteria that to be developed will empower the user to dynamically consider allegations, family context, history, specific threats and family functioning as the basis for timely response within a risk and safety context. Support for this effort comes from the positive effects it will have on intake and decision making and the discrimination given to the use of risk and safety.

Strategy 2 Establish quality assurance concerned with timeliness of assignment and contact.

A. Develop improvement plans for those offices where timeliness is most problematic.

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State Office and the District Supervisors will complete an initial review of all cases from July 1, 2002 through April 30, 2003 where timeliness was not met. The review will look at whether the date of the initial contact in the record matches the information system; whether information within the intake justifies the response time and contact; whether attempted contacts were made; and what the reason was that the contact did not meet the timeframe. The information from the review will be used by the District Supervisor and State Office to develop corrective action plans with the individual offices to increase compliance with the required timeframe.

On a semi-annual basis, State Office and the District Supervisors will review a representative sample from offices where timeliness continues to be a problem after the implementation of intake policy and procedure changes. The purpose of the review is to evaluate whether intakes are assigned and contacted 1) in a timely manner based on intake information reported and 2) within the 14 day timeframe.

B. Use maltreatment recurrence study findings to provide direction concerning the application of and decision making associated with safety issues and how timely the contact was initiated.

A comparative study of recurrent and non recurrent cases will be completed in order to identify factors associated with recurrent cases. The repeat maltreatment study has potentially broad implications for answering critical questions associated with the effectiveness of South Dakota's CPS delivery system. While there is reasonable, cautious optimism regarding the use of the study findings in terms of providing specific direction for considering current CPS policy, procedure, practice, and training, the extensive scope of the study lends itself to the supposition that resulting themes and conclusions will inform areas in need of attention with respect to improving program effectiveness.

The information gained from the evaluation related to timeliness along with the District Supervisor intake review will be used to address needed intake practice changes. While the study is designed to evaluate recurrence of maltreatment, it is expected that some findings will have implications for intake and timeliness of initiating investigations

The study will inform CPS of the overall percentage of cases that are responded to in accordance with the agency policy (immediate contact or within 14 days) and the range for initiating contact beyond the acceptable timeframe. The study will further provide a distribution in frequency of initiating contact among the four CPS districts to determine the variation (if any) that exists among the service districts, and isolate the factors that contribute to success or difficulty in achieving timely contact with families. The study will compare the timeliness of contact between recurrence and non-recurrence cases and consider implications regarding characteristics of the family, CPS history, type of maltreatment reported, length of time in completing the Initial Family Assessment and decision-making associated with child safety. In this context, the study will consider whether there is a correlation between the number of days for initiating contact and the subsequent identification of safety threats at the conclusion of the Initial Family Assessment. A rigorous design will result in higher confidence about findings as likely more accurate than other sources which will provide a stronger foundation for revisions in policy, program, practice, management and training concerned with intake.

C. Increase supervisors knowledge, awareness and attentiveness to effective achievement of timeliness.

Intake policy, procedure and criteria development and revisions will occur subsequent to and be informed by the recurrence study and the District Supervisor intake review. Upon completion of the changes in the intake policy, procedure and criteria, state office will meet with the supervisors to set specific expectations concerned with policy and issues related to timeliness.

Following ground work with supervisors, training for all staff regarding new expectations and specific changes in policy, procedure, and decision making will be provided statewide.

Item 2 Repeat Maltreatment

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South Dakota will reduce the recurrence of maltreatment through:

- The effective implementation of risk assessment, safety assessment and safety management;
- Development of policy, program, practice and community collaboration based on findings from the recurrence study concerned with family dynamics, case conditions and CPS intervention; and
- Definition, clarification and delineation of case conditions and initial assessment findings that meet the standard for *substantiated*.

CPS will complete implementation of a state of the art Initial Family Assessment (IFA) decision making approach that encompasses an effective safety assessment and intervention component. The initial family assessment will improve decision making and inform continued intervention by identifying a) families more likely to maltreat and b) safety threats to children.

CPS will complete an evaluation to see what other factors might effect repeat maltreatment. Emphasis will be given to determining how resource availability influences service delivery and recurrence of maltreatment.

CPS will provide support and collaborate with the University of South Dakota Social Work Program to research patterns and dynamics of neglectful families that maltreat their children.

CPS will bring greater specification to the definition and application of substantiated including assuring that data collection and reporting accurately reflects relevant family conditions and conclusions related to the occurrence of maltreatment.

Strategy Improve assessment of and response to child safety.

A. Complete implementation of the Initial Family Assessment

CPS previously used a risk assessment instrument to assess risk of abuse and neglect. CPS determined that the risk assessment instrument did not provide the level of safety assessment that CPS wanted. CPS implemented the ACTION Initial Family Assessment through consultation with the National Resource Center on Child Maltreatment. All offices are now using the Initial Family Assessment (IFA) across the state. Consultation and in-service training continues as a part of the completion of implementation.

The IFA replaces the previous investigation and family assessment process. South Dakota recognized the need to become more proactive in it's interventions with families and selected the IFA due to its ability to establish risk management levels and initial and ongoing safety evaluations, along with dispositions of maltreatment allegations.

The first stage of the IFA upon the initial contact with the family is an evaluation of the immediate safety of the child. The IFA provides social workers defined standards that would indicate immediate danger to the child. Additionally, the IFA has standardized the Immediate Protective Plan, which offers an alternative to court removal while providing for child safety. The Immediate Protective Plan establishes a protective caregiver's capacity to be responsible for child's safety on a short-term basis while the IFA is completed. This alternative to emergency custody cannot be used in every circumstance. It provides an alternative in appropriate situations while meeting the agency goals of managing safety and forming the basis of family collaboration with the agency in meeting the needs of their child.

The IFA provides the agency with a standard interview protocol in completing the process, which has assisted the agency in standardizing the IFA across the state. Interviews begin with the maltreated child. The social worker then interviews the siblings, the non-maltreating caretaker and finally the maltreating caretaker. The worker also talks with collaterals at any state of the IFA that contribute to the IFA. Throughout the process of the interviews, social workers continue to evaluate immediate danger influences.

Information from all of the family member interviews are "filtered" into 6 elements, which provide the basis of the risk management rating for the child in the home. Each of these elements are "anchored" with descriptions of specific conditions, which would indicate the severity of the specific element in relation to risk management. Each anchor is rated on a scale from 0 to 4 with the most concerning anchors being rated a 0. The initial elements are listed below.

1. Maltreatment – This is a straightforward element, which is strictly limited to the specific injury or incident that occurred. Included in this element is the disposition of the alleged maltreatment, which drives the state's

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- central registry process. Maltreatment is “anchored” through descriptions of specific injuries, which would rank from injuries to the head as severe/0 to no maltreatment occurring/0.
2. Nature – The nature element describes the surrounding circumstances of the abuse, what was occurring in conjunction to the event of maltreatment. For example, did the ongoing use of drugs or alcohol contribute to the maltreatment?
 3. Child Functioning – Child functioning describes the pervasive emotional, behavioral, and intellectual functioning of the child, which would include a determination of the child’s vulnerability. Child functioning is rated based on anchors related to the child’s age appropriate development.
 4. Parenting/Discipline – Discipline is an element that is distinctly separate from other issues of parenting. While discipline methods are described within this element, the social worker also explores the parent’s objectives in disciplining their children. The social worker assesses whether the parent is focused on creative discipline that teaches or punitive punishment strictly focused on parental frustration.
 5. Parenting/General – The parenting general element deals with the other aspects of parenting. A description of each parent’s overall functioning within the parenting role is described. This would include parental areas of frustration and satisfaction. The worker also assesses how reasonable the parents expectations are and how well the parent does at being appropriate and consistent at meeting the child’s needs.
 6. Adult Functioning – Adult functioning relates specifically to the day to day functioning of the parent outside of their parenting role. This element would include information about employment, communication, relationship history, domestic violence, criminal history, mental condition, substance abuse, etc.

The ratings for each of the elements are totaled to establish the overall risk management levels for the family. Risk management is rated on a continuum, low, moderate, significant and high. The risk management level guides Child Protection in determination about which families are in need of services from the agency and provides information for the assessment process in determining treatment issues.

Continual, consistent, competent performance among all staff during CPS’s initial intervention with a family exists as profound challenge. The challenge is increased when the worker’s job is loosely defined and regulated. It is believed that a highly structured, standardized approach to the initial CPS intervention is the most promising and reasonable approach to achieving competent practice that can have an affect on recurrence of maltreatment. In addition to providing greater clarity and direction to casework staff, such a model empowers supervisors with respect to case consultation and decision making. As the quality and sufficiency of Initial Family Assessment information collection improves and staff analysis and decision making improves, it is expected that CPS will be able to identify families with more precision and confidence earlier that are more likely to repeat maltreatment. Additionally, IFA (assessment) results are expected to provide a useful foundation for giving direction to remedial intervention with families likely to repeat maltreatment.

B. Identify contributing factors associated with repeat maltreatment and consider implications for CPS policy and procedural adjustment.

The comparative study of recurrent and non recurrent cases mentioned earlier with respect to timeliness will be completed in order to identify factors associated with recurrent cases. The repeat maltreatment study has potentially broad implications for answering critical questions associated with the effectiveness of South Dakota’s CPS delivery system.

Implications for Repeat Maltreatment

The study on repeat maltreatment is intended to provide a broad and yet discrete comparison between recurrence and non-recurrence cases along a number of variables. Generally, the study seeks to further understand the phenomenon of repeat maltreatment and it’s relationship to child safety by analyzing potential contributing factors and their association with one another. Categories of study include: typology, family characteristics, approach to investigation, level of effort associate with completion of investigation, provision of safety interventions, provision of treatment interventions and CPS history.

Implications for Initial Family Assessment

The repeat maltreatment study has significant implications for informing CPS about the continued efforts toward effectively implementing the Initial Family Assessment. The study will reveal how current practice associated with the Initial Family Assessment process compares with best practice standards necessary for successful implementation. Specifically related to the issue of child safety, the study will consider level of effort in Initial

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Family Assessment information gathering and child safety decision-making, the length of time in completing the Initial Family Assessment and implications for child safety, the accuracy in evaluating child safety based on the Initial Family Assessments standardized safety criteria, the effectiveness and appropriateness of safety services, and the provision of treatment services.

Implications for Quality Assurance

The repeat maltreatment study can be useful for informing Quality Assurance by establishing a baseline/benchmark for acceptable practice. The study can be of practical guidance by revealing how the CPS program (policy, procedure and practice) can influence recurrence. This understanding can contribute to the delineation of what is optimal and realistically achievable CPS intervention (timeliness, level of effort, decision-making, provision of services) to decrease the likelihood of recurrence and thereby promote child safety. With an acceptable benchmark for practice more clearly defined, Quality Assurance will have a defined basis for routinely evaluating the achievement of best practice standards. This in turn, will enable Quality Assurance to consider and note variation in achieving the benchmark for practice, the implications for variation in practice and the prompt development of a Quality Improvement Process (QIP) as indicated.

Related to the study, CPS will:

Conduct an analysis concerned with the implications for agency change and application using staff and potentially consultants from relevant national resource centers.

Design an analytical method that identifies critical study findings; describes the relevance of the findings to CFSR areas needing improvement; identifies needed change; and identifies change impact areas (e.g., policy practice, training, etc.). Specific emphasis will be given to implications for changes that will influence recurrence of maltreatment.

Develop plans for developing or revising change impact areas including setting objectives; describing expected changes; making assignments and developing work groups; designing a work process; setting time lines; implementing management oversight and developing a review for both implementation and results.

Develop plans for implementing change impact areas: policy, program, practice, decision making, supervision, management, training, data management and community collaboration

Conduct implementation oversight and review using a continual quality assurance approach.

C. Assure recurrence is based on IFA findings that accurately conclude the substantiation of child maltreatment

CPS currently provides for three IFA findings: *substantiated*, *indicated* and *unsubstantiated*. *Substantiated* refers to an IFA confirmation of child abuse or neglect that exists within the family. *Substantiation* is based on a preponderance of the evidence. *Unsubstantiated* refers to an IFA confirmation that no child abuse or neglect has occurred. *Indicated* refers to an IFA confirmation that while no maltreatment has occurred, the family is at risk of maltreatment. CPS developed the *Indicated* category to provide a way to serve families where abuse or neglect was not found but risk was a concern. Presently, substantiated IFA findings and indicated IFA findings are both reported from FACIS in a single population which is for substantiated. The result is the data concerned with the numbers of substantiated cases is not accurate. The substantiated data is inflated. Since substantiation data provides the basis for the incidence of recurrence, it is reasonable to conclude that the recurrence rates are effected by this definitional/data keeping problem.

To assure accuracy in population identification and rate of recurrence, CPS will create a new descriptive definition for the current *indicated* category. This will include a full explanation of the characteristics and nature of the population involved and clarification of this population category as separate from the substantiation population (families found to have maltreated their children.)

CPS will redesign FACIS data collection and reporting to assure that the IFA substantiated findings do not include another IFA finding population.

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These are viewed as substantive adjustments that will lead 1) to more accurately depicting the rate of recurrence; 2) to increasing the accuracy of data within FACIS and 3) to better describing a significant service population.

EVALUATION PROCESS

CPS will use three approaches to monitor and evaluate compliance with these safety items.

- A. CPS developed an online FACIS report that includes averages for each office regarding length of time from the receipt of reports to when they are screened and to initial contact. The report also breaks down the percentage of reports that do and do not meet the 14 day time frame. The report will be used to monitor the screening time frame and the timeliness of investigations on a quarterly basis.
- B. CPS instituted an IFA Practice Review where randomly selected IFAs will be reviewed by two state office Program Specialists trained in the use of the IFA. Emphasis will be on cases open for services. Each quarter a report that lists the completed IFAs from all the offices will be run off FACIS. The list will include cases that are substantiated and unsubstantiated. The Program Specialists will randomly select 20 IFAs to review in one district per quarter. Using a standardized form that follows the criteria used in the C&FSR, they will review the intake document that resulted in the IFA assignment and the IFA document. The Program Specialists will determine based on the documents the timeliness of assignment of the IFA in relation to the level of the safety concerns in the information reported; the timeliness of the contact with the child in relation to the safety concerns; whether there was repeat maltreatment; how well the worker captured the necessary information for the IFA; how well the safety influences were assessed; how well the safety evaluation was completed; and how the worker did in the safety analysis and case disposition. The review will also look at whether the worker implemented a protective plan when one was appropriate. CPS will use a data file to record the results related to each of the outcomes covered in the case reviews. CPS will compare the data quarterly to the measurement that is set in the matrix related to timeliness and repeat maltreatment.
- C. CPS instituted an Outcome Management Program Review in January 2002. CPS assigned a state office Program Specialist as the outcome management specialist. The specialist completes case reviews in offices with the Child and Family Services Review form. The reviews include written case reviews, worker interviews, service provider interviews, and foster parent interviews. A written report and written corrective action plan will result from the reviews. The outcome management review will involve an evaluation of at least 5 randomly selected IFAs per office that were reported within 6 to 12 months prior to the time of the review. One office will be reviewed per month, which will result in 15 IFAs reviewed through this process per quarter. These reviews will also involve evaluation of foster care and adoption cases, which is described in more detail in the Permanency and Well Being sections. CPS will use a data file to record the results related to each of the outcomes covered in the case reviews. CPS will compare the data quarterly to the measurement that is set in the matrix related to timeliness and repeat maltreatment.

The IFA Practice Review (item B above) and the Outcome Management Program Review (item C above) will result in the review of 35 IFAs per quarter. By randomly selecting cases for both studies it is expected that the samples will be representative of broader practice and, therefore, sufficient to inform direction for quality assurance purposes. Corrective action will be generated for statewide change as well as focus on improvement in individual offices.

SAFETY OUTCOME 2

Item 3: Services to family to protect child(ren) in home and prevent removal

Item 4: Risk of harm to children

CPS will use strategies to focus on three main areas related to this outcome.

- CPS will implement the Initial Family Assessment (IFA) which includes a comprehensive approach to safety intervention. Child safety will be assessed at key points in time throughout the life of the case. The approach to safety intervention will be for in home cases and out of home care cases. As mentioned previously, the IFA process provides a systematic approach to decision making focused on child maltreatment, risk of maltreatment, and safety.
- CPS will strengthen decision-making related to service provision to reduce the risk of harm. The IFA evaluates those areas where safety influences exist which help the worker recognize the issues that need to be addressed to improve child safety. The next step is to provide services appropriate to the needs of the family that affect child safety.

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- CPS will improve coordination and utilization of essential resources and services to more effectively marshal application for safety management and will encourage continued development of service initiatives in local jurisdictions.

CPS will use the following strategies to strengthen services to children and families and decrease the risk of harm to children.

Strategy 1 Effective Implementation of Safety Intervention

The Initial Family Assessment process includes a comprehensive model for safety decision-making that is consistent with the current state-of-the-art. The safety model defines the concept of safety and establishes standardized criteria for evaluating the presence of safety threats within families. It is anticipated that by formalizing safety intervention CPS can make more of a discerning judgment about those cases that must be opened with the agency versus being referred out to the community for follow up. This will enable CPS to direct ongoing safety and treatment services primarily on those cases that are of the utmost concern where children are identified as unsafe.

The information standard for the Initial Family Assessment informs the child safety evaluation and provides direction for how best to proceed on cases where children are identified as unsafe. As a result of safety analysis and planning, the action(s) taken to control and manage safety threats, in terms of level of intrusiveness (in-home safety plan or placement), is determined based on family response, resource availability and how safety threats are manifested in the home. The safety model implemented by South Dakota considers child safety throughout the CPS process. Safety evaluation including an assessment for the sufficiency of safety plans, will be completed routinely during family contacts and formally at a minimum of every 90 days. Safety evaluation and planning will further be used to inform PPRTs, changes associated with visitation, change in custody, changes in family composition, and decisions for case closure.

While the concept, decision-making criteria, and decision-making instrument (format) of the safety model are operational in all CPS districts, it is not yet institutionalized in practice. This strategy will build upon efforts that have already been made to standardize and structure safety intervention by continuing to effect changes that will help to enhance implementation. Effective safety intervention is believed to be the most essential action to achieving this outcome.

Strategy 2 Improve service provision to support safety of children while they are in their homes.

The actions that CPS will take to address those areas of need are described below. South Dakota, like most states, operates within an economic environment not likely to produce or increase in essential services in particular mental health and substance abuse resources. The rationale supporting this strategy is 1) to employ the most practical and reasonable actions that will influence effective and efficient utilization of currently existing resources and services; and 2) to encourage and support local service initiatives .

A. Improve and increase coordination and use of the mental health services for families and children.

CPS will collaborate with Community Mental Health Directors through an existing committee to identify unmet mental health need, potential for cooperation and resource generation. The committee is composed of local community mental health center directors, state Office of Mental Health staff, CPS District Supervisors, and CPS state office staff. The committee will implement changes in process and procedures between the agencies and work to decrease service gaps to increase services for the families where child safety is an issue. Important steps to providing services that meet the needs of the family are to know what need is to be met with the service, assure that the purpose of the service is clear, keeping ongoing communication to monitor concerns that affect safety, and address issues of non compliance.

The plan for those changes includes the following priorities and objectives:

Develop a uniform Intake/Referral Process for Mental Health Services.

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- Standardize Assessment/Screening Tools (as the "driver for referrals).
- Standard Referral Form Format (to assure clarity of purpose of service)
- Standard Exchange (Release) of Information Form (which would accompany all initial referrals)
- Listing/Understanding of Types of Referrals Requiring an Accompanying Court Order

Co-Management of Referrals

- Require Regular Interaction Among Parties
 - Case Progress Updates
 - Exchange of Information on Status Changes
 - Problem Resolution Process
- Minimize/Eliminate Waiting Lists
- Reduce Incidence of "No Shows"

B. Increase the effective use of alcohol and drug outpatient and inpatient services.

CPS will build on its efforts with the State Office of Alcohol and Drug to improve outpatient and inpatient alcohol and drug services. Supervisors from Child Protection Services and Chemical Dependency Counselors from Core Agencies have grouped together by service area and have listed barriers to providing services to clients. Based on the listing of barriers, groups have developed a corresponding action plan to eliminate these barriers. Staff from the state offices of CPS and Alcohol and Drug monitor the progress of the twelve localized groups established so that follow-up assures groups are continuing to communicate and implement their action plans. Teams continue to meet monthly, are conducting cross-trainings for agency staff, and are providing presentations to educate other agencies and/or groups about the relationship between alcohol and/or drug abuse and child abuse and/or neglect

CPS scheduled an on-site with the National Resource Center on Substance Abuse and Child Welfare to meet with CPS, the state Division of Alcohol and Drug and the State Court Administration in South Dakota to discuss the involvement of the courts in collaboration efforts to deal with substance abuse in child abuse and neglect cases. The Resource Center will work with the state group to further address local issues that affect collaboration and service provision to this target population.

A Methamphetamine Exposure Protocol is being drafted to assure the safety of social workers if exposed to clandestine labs, and to set guidelines for workers and medical professionals when dealing with children removed from homes where meth is being manufactured. The protocol has been submitted to the Midwestern Governor's Conference and Summit on Methamphetamine Core Workgroup for review. The Workgroup consists of representatives from: two core agency substance abuse providers, Keystone and Prairie View Prevention Center; the Division of Alcohol and Drug Abuse; the Office of the Attorney General; Department of Criminal Investigation; Brown County Sheriff's Office and Juvenile Detention Center; Northeast Council of Governments; and Child Protection Services.

C. Increase case management services to in home cases.

- A. CPS is contracting with an agency in Sioux Falls (the largest urban area within the state) that is part of a statewide early childhood enrichment program system. The agency will provide 5 parent aides to work with families referred by CPS when it is determined that there are safety issues. The plan is to request additional funding to expand the program through additional contracts in selected areas of the state, including tribal areas, that have a high volume of cases.
- B. CPS will continue to implement home based services as a safety management intervention. The state Division of Mental Health and CPS are involved jointly in a Home Based services pilot project funded by the Division of Mental Health. One site has been in operation for a year and another site will be funded in Sioux Falls, the largest urban area. The program will serve only families referred by Child Protection Services and will involve in home cases.
- C. The Casey Family Program offices in Rosebud and Pine Ridge are working on a project to establish Family Decision Making programs with the Rosebud and Pine Ridge tribes. CPS will work collaboratively with the two programs as service providers for defined target populations that involve child abuse and neglect. The project is in the development stages.

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- D. Increase effective service provision by improving decision-making related to services in in-home cases.

The IFA provides the upfront safety assessment and tools to address child safety until the treatment services can be put into place. CPS is in a position because of resource needs where it is necessary to prioritize cases for services. CPS will provide guidelines to assist supervisors in determining when cases are to be opened for service and the level of services to be considered.

Evaluation Process

CPS will use two main approaches to monitor and evaluate compliance. They are both described in the evaluation process under Safety Outcome 1.

- A. CPS will use the IFA Practice Review described under Safety Outcome 1 and will use the same group of 20 cases. The reviews will be completed with a standardized form that follows the criteria used in the C&FSR. The Program Specialists will determine how well the worker assessed threat of harm, whether services are justified, and whether the services planned meet the families needs regarding child safety. CPS will use a data file to record the results related to each of the outcomes covered in the case reviews. CPS will compare the data quarterly to the measurement that is set in the matrix.
- B. CPS will use the same Outcome Management Program Review described under Safety Outcome 1 to evaluate these strategies. The specialist completes case reviews in offices through the use of the Child and Family Services Review form. The reviews include written case reviews, worker interviews, service provider interviews, and foster parent interviews. A written review report and written corrective action report result from the reviews. The C&FSR form is used as the review document. The outcome management review will involve review of at least 5 randomly selected IFAs per office that were reported within 6 to 12 months of the month of the review (15 cases per quarter total). One office will be reviewed per month. CPS will use a data file to record the results related to each of the outcomes covered in the case reviews. CPS will compare the data quarterly to the measurement that is set in the matrix.

The IFA Practice Review and the Outcome Management Program Review will result in the evaluation of 35 IFAs per quarter.

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PERMANENCY AND WELL BEING

CPS determined based on the issues that affected both permanency and well being outcomes that there is a strong relationship among the factors that need to be addressed to improve these outcomes. The approaches to achieving the outcomes in both the areas of permanency and well-being were found to overlap as CPS developed the strategies. There are the issues of the quality of the assessments of the children and families, the steps CPS takes to put supports in place to meet the determined needs, and the steps CPS takes to monitor and respond to progress and changes that occur in the family. The strategies developed cover multiple items because of their interrelationships with each other. The following 7 strategies will be used to address the range of items within permanency and well-being. CPS has to weigh the affect of well-being on a broader scale regarding workload because it includes cases of children not in the states custody as well as those in state custody. Children in care and their parents take a large share of the available resources. This could also affect the overall level of improvement.

The CFSR identified areas needing improvement related to successful achievement of the permanency and well being outcomes.

- Meeting the needs of the children in placement; including meeting the needs of children who are placed and in their own homes related to education, comprehensive physical health and mental health.
- Establishing plans for children who were transitioning into independent living.
- Preserving family connections and cultural heritage.
- Meeting the needs of children in in home cases
- Meeting the service needs of the child's caregivers for children in foster care cases.
- Involving caregivers in case plan development
- Visit ing children placed in foster care and children receiving services in their own homes in accordance with state requirement.

An anlaysis of these areas needing improvement suggests an obvious single theme:

The paramount issue in advancing success related to the permanency and well being outcomes is to meet the needs of children and the children's caregivers whether in placement or the family's home.

The improvement challenge is for CPS to devise and effectively implement a remedial need meeting and problem solving process sufficient to effectively identify and assess the needs of children and caregivers and produce plans and services pertinent and relevant to the identified need.

CPS intends to strengthen its current approach to meeting the needs of children and families and add to it through PIP strategies identified below The strategies encompass the establishment of an assessment process, the quality of the case plan assessments, the steps CPS takes to put supports in place to meet the determined needs, and the steps CPS takes to monitor and respond to progress and changes that occur in the family. These strategies are considered with the obvious overarching concern about the reality of demand and capacity specifically expressed by staff limits (e.g, caseloads, other workload demands, static and insufficient number of staff positions.)

Strategy 1 Create a dynamic, standardized and continual assessment, planning and evaluation process that focuses on family and children needs related to threats to safety, risk of maltreatment, and child well being. Assure that the assessment process identifies and addresses needs within treatment plans and assesses progress in fulfilling needs throughout treatment service provision.

This "remedial process" will address the fulfillment of needs of children and families regardless of location (i.e. placement or in home) and will emphasize sufficient attention and focus on family connections, family

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relationships, and physical, mental health, and educational needs of children. The process will be formed by the creation or revision and enhancement of:

- Policy
- Case flow – case process
- Transition between work functions (i.e., initial family assessment to case plan assessment to case plan to service provision to case evaluation)
- Structure
- Decision events
- Practice and interaction expectations
- Rules of engagement
- Assessment concept and methods
- Case plan and evaluation
- Safety and case management

CPS identifies this as a foundation strategy because it is fundamental to the theme identified earlier associated with areas needing improvement. The belief is that ongoing CPS intervention must be clearly defined, delineated and expressed through assessment of and service provision or needs related to safety, permanency, and well-being throughout the life of the case. This strategy will result in clear procedural and practice expectations for staff and intervention methods.

The strategy includes these steps:

1. Convene a work process and participants to evaluate CPS' current concept and approach to ongoing CPS in view of satisfaction and effectiveness resulting in the generation of a "prospective" intervention concept and practice model from which the "remedial process" can be designed. Consultants from national resource centers may be selectively used in this step.
2. Assign a work group to create the intervention structure and process at a general level in terms of necessary ingredients as identified above and to scope out the specific expectations and work plan.
3. Assign members from the work group or specific staff members or consultants from national resource centers to "flesh" out the intervention approach including detailing procedures, methods, instruments, guides, etc.
4. Finalize the intervention process including review and comment by line staff and selectively from experts, and community professionals.
5. Design an implementation process that may include a regulated pilot experience to work out the "bugs."
6. Design an evaluation component.
7. Implement and evaluate the ongoing CPS intervention model.
8. Complete final revisions and design a statewide implementation plan.
9. Implement statewide.

The intention is to employ existing ideas, policy, procedure, tools and instruments, materials and resources to serve as the basis for development. The spirit is to build on what works, dismiss what apparently is ineffective, and fill in the gaps for the essential things missing.

It is recognized that this is no small undertaking. In addition to being highly complicated and detailed, it requires extensive labor, resources, support and time to effectively create an ongoing CPS intervention approach that will work effectively. The success of any intervention model depends on its fit with reality and context which includes most importantly sufficient personnel to implement it. This particular reality will be central to all that is done within this strategy. The intervention model designed to meet the needs of children and families will be based on real and anticipated limitations governed by economic and jurisdictional influences.

Strategy 2 Implement a process that assures birth and cultural connections are maintained for children.

CPS will use a process where workers and foster parents work on a cultural plan for Native American children and children of other cultures. The plan will be supported and monitored through the foster parent monthly reporting process. The process requires evaluation activities around birth family connections and cultural connections for the child.

Strategy 3 Enhance communication between staff and foster parents by 1) assuring consistent and routine interaction and 2) maintaining a child needs assessment focus.

CPS will improve the process between the social workers and foster parents to provide initial and ongoing assessment of children's needs and assure that there is an appropriate response to the needs. In addition to establishing and maintaining interaction and timeline expectations, CPS will employ monthly foster parent reporting to assure foster parents communicate children's needs to workers. The worker – foster parent communication and needs assessments will be overseen by supervisors. The following need domains will be routinely and constantly assessed jointly by the foster parent and the worker:

- A. Educational needs- including information related to issues around IEPs, grades, behavior
- B. Physical health needs- including information related to dental, doctor visits, and health issues that need further attention
- C. Mental health needs- including information related to issues being addressed in therapy and issues that are of concern or not being addressed
- D. Connections- including information related to parental visits, sibling visits, children's emotional reactions, activities in place to maintain cultural connections

This process will also encourage foster parent involvement in the PPRTs and hearings. It will increase regular foster parents input related to children's needs and the foster parents' own need. It will serve as a means for foster parents to request an increase in agency contact. The worker-foster parent communication process can be used by the worker and supervisor along with other information from the contacts and other reports to reassess the needs of the child and foster parent and to develop appropriate responses to the unmet needs.

Strategy 4 Improve routine and regulated oversight that emphasizes attention to the needs of children and families; service provision and participation; and progress toward successful fulfillment of the needs of children and families.

CPS holds Administrative Permanency Planning Reviews (PPRTs) every six months for each child in care to review the status of the child's move toward permanency. The review team is made up of at least the supervisor, a community person, and a foster parent. CPS invites the parent, foster parent (or other resource provider), child, and other appropriate parties to the reviews. CPS will employ this established oversight method for effectively identifying and assuring that children's needs are met.

CPS will improve the PPRT process so the team looks at ICWA, relative search efforts, the assessed needs of the child and services, case plan progress, progress toward the goal, Independent Living Services efforts, and the follow through on the case plan. CPS makes recommendations to the court that result from the PPRT.

Strategy 5 Increase and improve family involvement during assessment of need, treatment planning, and case progress.

This strategy flows from and is influenced by Strategy 1. CPS will improve family involvement in ongoing CPS through the application of an intervention approach that is based on family inclusion in assessing need, planning remediation and participating in services. Fundamental to the approach is engaging caregivers in the change process. CPS will seek to increase its effectiveness in engaging families through a practice strategy and worker performance.

A practice strategy for ongoing CPS practice will be set forth within guidelines that identify and explain ongoing CPS functions and responsibilities grounded on a family inclusion practice model. The role and responsibilities of CPS staff, family members and other providers will be addressed. Specifically the guidelines can provide a step by step process that includes specific expectations for caregiver engagement at the beginning of ongoing CPS and considers case management from the perspective of continued family involvement throughout ongoing CPS.

CPS will improve worker performance concerned with engagement of caregivers in the change process by:

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- Identifying and elaborating on worker performance based on knowledge, skill, qualities, and values associated with an engagement competency.
- Designing training curriculum to advance worker performance according to the articulation of the engagement competency.
- Establishing supervisory guidelines concerned with “clinical” consultation and in-service training based on the articulation of the engagement competency in order to maintain and perpetuate acceptable worker performance.

Finally CPS will seek “formal” parent feedback based on family reports completed by the parent to increase parents’ involvement in case plan progress assessment. This approach provides parents’ an alternative for providing and receiving information related to agency contact, services received and services needed. The worker will use the information to determine case progress and make appropriate adjustments with the family in the services and planning.

Strategy 6 Develop a process to assure appropriate planning occurs for children who require independent living services

CPS will implement the Community Resource Person (CRP) program to increase independent living services to children in foster care and provide support services to 18-21 year old youth who left foster care. CRPs works employs the Ansell-Casey Assessment with adolescents in foster care. The CRPs will conduct periodic reviews of ILS case plans, to coordinate services provision, and provide training for CPS staff on ILS. CRPs will use a monthly reporting form to keep track of data regarding completed assessments and case plans that include ILS.

Strategy 7 Provide refresher and advanced training to staff related to program and practice emphasizing concepts and intervention directed at assessment of need, family involvement, need meeting case planning, need meeting service provision, and evaluation of need fulfillment.

CPS will provide regional training to staff on specific program areas and practice related to the permanency and well being strategies. In addition to the emphasis on engagement and family involvement topics likely to be addressed include: assessment; the nature of child, individual and family need; creating need meeting strategies; family owned case plans; case management; and work organization and work planning.

This advanced training will be designed based on the development of policy, procedure, intervention methods and practice expectations emerging from the strategies listed here. Input from staff through surveys, personal interviews and focus groups will provide necessary input concerning subject matter and teaching methods. The training topics will also be determined based on training assessments completed by each district. Supervisory feedback related to worker performance can guide the prioritization and emphasis for training areas..

It is important to refer to Systemic Factor 5, Item 37, Strategy 1, which also addresses individualized needs from the standpoint of the placement resource. The licensing/adoption workgroup started quarterly meetings to work on efforts to strengthen recruitment and retention and to improve the individualization of services to children in care. The workgroup will develop strategies to improve on well being outcomes of children in foster care through the improved efforts of foster parents and workers. The focus is on cultural and family connections, kinship care, assessments and matching, and upper level care needs. The cultural plan is an example of a tool that was proposed to help the worker and foster parent maintain family and cultural connections. The cultural plan is being designed by the workgroup from samples used by various offices. There is also a state/tribal workgroup that is working on efforts to improve recruitment of Native American foster homes.

Evaluation Process

- A. CPS will extend the process that is used in the IFA Practice Reviews to include review of ongoing services cases regarding the implementation of the tools described in the strategies in this area. State office program specialists will review case plans, safety assessment, and ongoing assessments in 15 cases per quarter randomly selected from open service and foster care cases. The reviews will be done using a standardized form that looks at the items under permanency and well being. CPS will use a data file to record the results related to each of the outcomes covered in the case reviews. CPS will compare the data quarterly to the measurement that is set in the matrix.
- B. The outcomes management specialist will use the Child and Family Services Review form to review 15 cases per quarter related to permanency and child and family well being outcomes. The cases are open foster care cases randomly

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selected. CPS will use a data file to record the results related to each of the outcomes covered in the case reviews. CPS will compare the data quarterly to the measurement that is set in the matrix.

SYSTEMIC FACTORS

Systemic Factor 2: Case Review System

Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions

The C&FSR final report referred to the lack of formal policy requiring staff to involve parents in the case plan process. This was based on interviews with some staff and stakeholders. CPS does have a policy that was in effect at the time of the C&FSR. The lack of awareness of the expectation to involve families in the development of the case plan by some could be the result of a breakdown in any one of the areas that are used to support the policy and process in case planning. It is important to assure that parents and children are not just involved in case planning, but that they are active participants in the process. The two main areas that CPS will focus on to assure that staff is aware the importance of involving families in case planning are: 1) during initial training and as part of the supervisory process that goes on between the supervisor and the worker. The most immediate issues with this item relate to staff's skill in planning, their view of the process, and their effort to effectively and consistently follow through with the process. CPS intends to increase the involvement of families and foster parents in the case planning process by

- Increasing staff skills and emphasizing the purpose behind involving families in case planning.
- Improving the supervisors' ability to promote the process with staff
- Assuring ongoing compliance

Strategy 1 Increase staff skills and place greater emphasis on the purpose in involving parents and families in case planning.

The philosophy and purpose behind involving parents and children in the case planning process needs to be introduced early to staff. Orientation by the supervisor and Certification training provide the first opportunities to achieve this. The case planning process and the need to involve parents and children in the process is a core part of the Certification curriculum. CPS added to this part of the training to increase emphasis on the philosophy and purpose. CPS increased the level of skill-based training related to working with parents, children, and foster parents on case plan development

Strategy 2 Increase supervisors' skills and ability to coach staff and promote involvement of parents and families in case planning.

- A. The implementation of many of the strategies within the PIP depend on the management and leadership ability of the supervisors. CPS obtained technical assistance through the National Resource Center on Organizational Improvement related to training for supervisors around effective supervision techniques. CPS needs to work with the supervisor on their role as it relates to supervision of staff in case management and case planning. The Resource Center recommended Marsha Salus as a trainer. Plans were made with Marsha Salus to train supervisors. Marsha Salus presented to supervisors the week of June 9, 2003.
- B. CPS will develop a desk reference guide to provide supervisors with a process and a tool to increase supervisory support to staff on case planning and case management that will be outcome focused. The guide will include processes to provide oversight in key aspects of service provision. CPS recently worked with the Resource Center on Organizational Improvement for technical assistance on the project. Marsha Salus will represent the Resource Center to provide consultation on the development of the guide.
- C. The IFA process provides protective plans and safety plans for the immediate safety concerns. Case planning is a process that needs to result in change strategies that assure child safety over the long term. To facilitate staff working on treatment planning with parents and children, CPS increased the period for developing case plans from 30 to 60 days to give staff more time to work with parents and children on strategies that will more effectively create change.

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Strategy 3 Assess extent of follow through regarding involvement of parents and families in the development of case plans.

CPS will monitor compliance with the case planning requirements through the process that is described in the evaluation section .

Systemic Factor 2: Case Review System

Item 26: Provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review

South Dakota has a 6 month administrative review process (PPRTs) in place to review every child in custody at least every 6 months. The C&FSR Final Report states that the state court system only tracks cases up to TPR or Long Term Foster Care. CPS tracks hearings and six month administrative reviews through the FACIS system. The Unified Judicial System recently completed development of a computer based tracking system for court cases including abuse and neglect hearings. CPS met with individuals from the court system to discuss ways for each entity to benefit from the Unified Judicial System information system and FACIS. Each agency demonstrated how each system works and what information and events are entered into the systems. The Unified Judicial System is still working on enhancements. The next step will be to meet to discuss ways that key reports can be shared to help track case progress for abuse and neglect actions.

Strategy Improve effectiveness of 6 month reviews to facilitate timely permanency for children.

A. Use the FACIS system to monitor compliance with PPRTs.

CPS holds 6-month administrative reviews. A FACIS compliance report was developed to provide monthly reports for state office and the field on various caseload activity. One of the activities that it reports is the percentage of 6-month reviews due per worker. An excel report is also provided to the supervisors and state office monthly listing offices and status by percentage of compliance.

B. Establish a process with the courts to allow for increased oversight and improved response to timeliness of hearings and reviews.

C. Improve routine and regulated oversight that emphasizes attention to the needs of children and families; service provision and participation; and progress toward successful fulfillment of the needs of children and families.

CPS holds Administrative Permanency Planning Reviews (PPRTs) every six months for each child in care to review the status of the child's move toward permanency. The review team is made up of at least the supervisor, a community person and foster parent. CPS invites the parent, foster parent (or other resource provider), child, and other appropriate parties to the reviews. CPS will employ this established oversight method for effectively identifying and assuring that children's needs are met.

CPS will improve the PPRT process so the team looks at ICWA, relative search efforts, the assessed needs of the child and services, case plan progress, progress toward the goal, Independent Living Services efforts, and the follow through on the case plan. CPS makes the recommendations to the court that result from the PPRT.

Systemic Factor 2: Case Review System

Item 28: Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act

Item 29: Provides a process for foster parents, preadoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in any review or hearing held with respect to the child

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CPS deals with approximately 30 Circuit Court Judges and 9 tribal courts. Each of the tribal courts operates under a tribal code specific to that tribe. The issues regarding why TPR has not been pursued on cases of children in care 15 of the last 22 months vary to some degree from Circuit Court to Circuit Court and from Tribal Court to Tribal Court.

CPS has a written policy that foster parents, preadoptive parents, and relative caregivers are to be notified about hearings and should be provided the opportunity to be heard. The C&FSR Final Report stated that foster parents participating in focus groups indicated that they are always notified of hearings and permanency planning conferences and are invited to attend. They suggested that they regularly attend permanency planning conferences, but do not as consistently attend court hearings because they are rarely permitted to be heard. Foster parents noted that some tribal courts will not allow the foster parents to be in court during a permanency hearing.

Strategy 1 Develop a process to determine status of children in care 15 of the last 22 months without TPR.

A report is generated quarterly from FACIS that lists children in care 15 of the last 22 months. The list is provided to the district supervisors who then are required to report back on those children who do not have TPR on both parents and are not in a permanent placement. CPS must be prepared with facts specific to the individual jurisdiction if there are problems with that jurisdiction. Staff from CPS State Office is making field visits to offices that have high numbers of children with compliance problems regarding permanency. CPS will use the FACIS reports, the field survey, and information from the supervisors to determine what the noncompliance levels are in each court jurisdictions and the reasons for them.

Strategy 2 Establish a process with the state court system to increase compliance with the TPR requirements and requirements to allow foster parents, pre-adoptive parents, and relatives to be heard at review hearings.

CPS began tracking information on children in care 15 of 22 months. The federal South Dakota IVE review was recently completed. The initial report is that South Dakota passed the review. Once South Dakota receives the IVE final report. CPS will determine if there are issues from the report that CPS should work with the courts on along with the C&FSR Systemic Factors. The solution to dealing with situations where cases are not proceeding to permanency is to have a better understanding of where the issues exist and in what context. There are various players in the process that must respond appropriately to assure movement toward permanency in a timely manner. The areas of need might relate to training, lack of clear procedures, individual perspective, or any number of other variables. CPS cannot assume that relying fully on one of these areas in isolation will improve the problem. CPS and the Court Administrators office will establish a committee composed of CPS representatives and Unified Judicial System representatives. CPS and the Court Administrators office are meeting on July 22, 2003 to discuss the information that CPS gathered over the last several months. The committee will address issues to assure permanency is being achieved in a timely manner, that foster parents are notified and given the opportunity to be heard during any review hearing, that judicial determinations required under ASFA are made, including IVE related requirements, and that the information that can be obtained from the UJS information system and FACIS is maximized to assist in these areas.

Strategy 3 Establish a process with the tribal courts to increase compliance with the TPR requirements and requirements to allow foster parents, pre-adoptive parents, and relatives to be heard at review hearings.

Some of the tribal courts struggle with termination of parental rights. This is explained as being an issue with it going against beliefs and cultural. A large percentage of cases under tribal courts jurisdiction involve alcohol related neglect. An Adoption Roundtable was hosted by NICWA in South Dakota on June 6, 2003. During breakout discussions a number of tribal representatives presented the view that ASFA, particularly the termination and adoption provisions, is contrary to tribal culture. The tribal representatives spoke about the idea that in tribal practices adoption can occur without termination of parent's rights and adoption should not occur with families that are strangers to the child. These views complicate the issues for the State in complying with ASFA because of the separation of the state and tribal jurisdictions and the lack of legislative power that the state has with the tribes. The state needs to approach this by working with the tribes on ways to address ASFA requirements in relation to tribal standards and culture.

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South Dakota requested approval for technical assistance from NICWA. CPS wants assistance from NICWA related to a couple of areas in working with the tribes. One of those is working with the tribe and tribal courts on meeting the intent of ASFA. CPS will work with NICWA to discuss their possible role and possible strategies. CPS will start by holding a statewide meeting to bring the tribal court representatives together. We are interested in NICWA helping plan and facilitate the meeting. We will also consult with the National Child Welfare Resource Center on Legal and Judicial Issues to get ideas for presenters that can relate to the types of legal issues around child welfare presented by states implementing federally mandated services for tribes. CPS will contact the individual tribes courts and leaders to get input on who should attend such a meeting and ideas about the structure.

Systemic Factor 5: Services Array

Item 36: Services are accessible to families and children in all political jurisdictions covered in the state's CFSP

Strategy 1 Develop strategies to improve accessibility to services

CPS completed a statewide inventory of core service hubs to determine what communities have a minimum set of core services. The purpose was to see where the services are and what the proximity of the services are to those areas where the core services do not exist to determine where the problem is one of availability and where the problem is one of accessibility.

The actions that CPS will take to address those areas of need are described below. South Dakota, like most states, operates within an economic environment not likely to produce or increase in essential services in particular mental health and substance abuse resources. The rationale supporting this strategy is 1) to employ the most practical and reasonable actions that will influence effective and efficient utilization of currently existing resources and services; and 2) to encourage and support local service initiatives .

A. Improve and increase coordination and use of the mental health services for families and children.

CPS will collaborate with Community Mental Health Directors through an existing committee to identify unmet mental health need, potential for cooperation and resource generation. The committee is composed of local community mental health center directors, state Office of Mental Health staff, CPS District Supervisors, and CPS state office staff. The committee will implement changes in process and procedures between the agencies and work to decrease service gaps to increase services for the families where child safety is an issue. Important steps to providing services that meet the needs of the family are to know what need is to be met with the service, assure that the purpose of the service is clear, keeping ongoing communication to monitor concerns that affect safety, and address issues of non compliance.

The plan for those changes includes the following priorities and objectives:

Develop a uniform Intake/Referral Process for Mental Health Services.

- Standardize Assessment/Screening Tools (as the "driver for referrals).
- Standard Referral Form Format (to assure clarity of purpose of service)
- Standard Exchange (Release) of Information Form (which would accompany all initial referrals)
- Listing/Understanding of Types of Referrals Requiring an Accompanying Court Order

Co-Management of Referrals

- Require Regular Interaction Among Parties
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- Minimize/Eliminate Waiting Lists

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- Reduce Incidence of "No Shows"

B. Increase the effective use of alcohol and drug outpatient and inpatient services.

CPS will build on its efforts with the State Office of Alcohol and Drug to improve outpatient and inpatient alcohol and drug services. Supervisors from Child Protection Services and Chemical Dependency Counselors from Core Agencies have grouped together by service area and have listed barriers to providing services to clients. Based on the listing of barriers, groups have developed a corresponding action plan to eliminate these barriers. Staff from the state offices of CPS and Alcohol and Drug monitor the progress of the twelve localized groups established so that follow-up assures groups are continuing to communicate and implement their action plans. Teams continue to meet monthly, are conducting cross-trainings for agency staff, and providing presentations to educate other agencies and/or groups about the relationship between alcohol and/or drug abuse and child abuse and/or neglect

CPS scheduled an on-site with the National Resource Center on Substance Abuse and Child Welfare to meet with CPS, the state Division of Alcohol and Drug and the State Court Administration in South Dakota to discuss the involvement of the courts in collaboration efforts to deal with substance abuse in child abuse and neglect cases. The Resource Center will work with the state group to further address local issues that affect collaboration and service provision to this target population.

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C. Increase case management services to in home cases.

1. CPS is contracting with an agency in Sioux Falls (the largest urban area within the state) that is part of a statewide early childhood enrichment program system. The agency will provide 5 parent aides to work with families referred by CPS when it is determined that there are safety issues. The plan is to request additional funding to expand the program through additional contracts in selected areas of the state, including tribal areas, that have a high volume of cases.
2. CPS will continue to implement home based services as a safety management intervention. The state Division of Mental Health and CPS are involved jointly in a Home Based services pilot project funded by the Division of Mental Health. One site has been in operation for a year and another site will be funded in Sioux Falls, the largest urban area. The program will serve only families referred by Child Protection Services and will involve in home cases.
3. The Casey Family Program offices in Rosebud and Pine Ridge are working on a project to establish Family Decision Making programs with the Rosebud and Pine Ridge tribes. CPS will work collaboratively with the two programs as service providers for defined target populations that involve child abuse and neglect. The project is in the development stages.

E. Increase effective service provision by improving decision making related to services in in-home cases.

The IFA provides the upfront safety assessment and tools to address child safety until the treatment services can be put into place. CPS is in a position because of resource needs where it is necessary to prioritize cases for services. CPS will provide guidelines to assist supervisors in determining when cases are to be opened for service and the level of services to be considered.

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Strategy 2 Implement a process to inform staff about appropriate services that address client needs

CPS supervisors will use a protocol to work with staff for orientation regarding available services. The supervisor checklist will also include information on using a process to match clients with ongoing services.

Systemic Factor 5: Services Array

Item 37: Services can be individualized to meet the unique needs of children and families served by the agency

Strategy 1 Increase availability of placement resources that have the capacity to provide for individualized needs and connections for children

- A. The licensing/adoption workgroup started quarterly meetings to work on efforts to strengthen recruitment and retention and to improve the individualization of services to children in care. The workgroup will develop strategies to improve on well being outcomes of children in foster care through the improved efforts of foster parents and workers. The focus is on cultural and family connections, kinship care, assessments and matching, and upper level care needs.
- B. There is also a state/tribal workgroup that is working on efforts to improve recruitment of Native American foster homes. The cultural plan is an example of a process that was proposed to help the worker and foster parent maintain family and cultural connections. The cultural plan is being designed by the workgroup from samples used by various offices. CPS made a request to NICWA to meet with the state/tribal workgroup to see if there are ways that they might assist with some of the areas the state/tribal workgroup is addressing.
- C. The group care committee was created to address issues around needs of children who need upper level care. The committee is composed of group care providers, CPS representatives, and representatives from the Department of Corrections, Juvenile Corrections. The committee is interested in looking at ways to improve the services to this population of children and make services better at meeting the individual needs of the children.

Strategy 2 Increase input to group and residential facilities related to programming for children

- A. The Licensing Program Specialist sends a notice to CPS offices about his upcoming relicensing review of a group or residential facility prior to the review. The CPS staff can take the opportunity to comment on experiences that staff had with the facility regarding issues and concerns related to placements. The Licensing Program Specialist also provides a copy of the completed relicensing study to all supervisors for their review and comments.
- B. CPS held a meeting with representatives from all of the group and residential facilities, representatives from the juvenile corrections branch of the Department of Corrections, and representatives from the state office of Mental Health. CPS held the meeting to start a process for looking at the programming within the facilities, placement of children in out of state facilities, and ways to work together better to address this population of children. The large group created a subcommittee to review the issues the group discussed, prioritize the issues, and determine how to work on the issues.

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Outcome Not in Substantial Conformity and Items Contributing to Non Conformity	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Goals' Dates of Achievement	
			Projected	Actual
S1. Children are, first and foremost, protected from abuse and neglect.				
Item 1: Timeliness of initiating investigations of reports of child maltreatment	<p>The baseline used for this Item is 75% which is the percentage of cases that were found to have strengths in Item 1 of the Final Report.</p> <ul style="list-style-type: none"> • Increase the percentage of cases by 2 % to 77% of cases meeting the timeframe for contact • Increase the percentage of cases by 3 % to 80% of cases meeting the timeframe for contact 	<p>FACIS RFS Averages for A/N Reports IFA Quality Assurance Review (20 cases per quarter-Refer to Narrative) Outcomes Management Review (15 cases per quarter-Refer to Narrative)</p>	<ul style="list-style-type: none"> • September 2004 • September 2005 	
Item 2: Repeat Maltreatment	<p>South Dakota's 2002 State Data Profile indicated a repeat maltreatment rate of 15.3% which is used as the baseline for the PIP.</p> <ul style="list-style-type: none"> • Repeat maltreatment will be reduced by .5% to 14.8% . • Repeat maltreatment will be reduced by .8% to 14% <p>This will result in a total reduction of 1.3% over the two year period which is more than the sampling error.</p>	<p>FACIS Report that uses the same criteria used for the National Standard.</p>	<ul style="list-style-type: none"> • September 2004 • September 2005 	

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ITEM 1 TIMELINESS

<p><u>Strategy 1</u> Develop an effective and efficient intake system that employs a standardized criteria to improve evaluation, screening, and assignment of intakes.</p>		<p>Item 1</p>		
Action Steps	Person Responsible	Benchmarks Toward Achieving Goal	Benchmarks' Projected Dates of Achievements	Benchmarks' Actual Dates Achieved
<p>A. Implement policy and procedure to be employed by intake staff and supervisors that establishes criteria, process, and time limits for screening and assigning intakes.</p> <p>Develop policy and procedure</p> <p>Train supervisors and workers</p> <p>Implement policy and procedure</p>	<p>CPS State Office <u>Mary Livermont</u></p>	<p>Written policy developed</p> <p>Training completed</p> <p>Policy and procedure implemented</p>	<p>September 2003</p> <p>December 2003</p> <p>December 2003</p>	
<p>B. Improve the quality, timeliness, and efficiency of the intake process through the implementation of a regional intake approach.</p> <p>Survey of mandatory reporters and social workers</p> <p>Complete data comparison of pilot offices and non pilot offices (timeframes for assignment and initial contact, repeat maltreatment)</p> <p>Quarterly summaries provided by the pilot site supervisors to CPS state office regarding progress of pilots</p> <p>If decision to implement, intake specialist positions will be designated for offices without intake specialists either within a single office or as part of a regional system.</p>	<p>CPS State Office <u>Mary Livermont</u></p> <p><u>Virgena Wieseler, Administrator</u></p>	<p>Survey completed</p> <p>Data comparison completed using the FACIS RFS Averages Report</p> <p>Quarterly summary reports received</p> <p>Decision regarding intake pilot made</p> <p>All offices specialized</p>	<p>June 2003</p> <p>September 2003</p> <p>Quarterly beginning January 2003</p> <p>December 2003</p> <p>June 2004</p>	
<p>C. Improve the accuracy, effectiveness</p>	<p>CPS State</p>			

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<p>and efficiency of supervisory decision making related to screening and timely assignment.</p> <p>Research and determine criteria in consultation with NRCCM for assignment and response.</p> <p>Train supervisors on criteria and process</p> <p>Implement process</p> <p>Evaluate use of criteria by supervisors through user feedback questionnaire and random review of RFSs.</p>	<p>Office <u>Mary</u> <u>Livermont</u></p>	<p>Proposed criteria developed</p> <p>Supervisors trained</p> <p>Process implemented</p> <p>Questionnaire completed</p> <p>Reviews completed</p>	<p>September 2003</p> <p>October 2003</p> <p>November 2003</p> <p>June 2004</p> <p>June 2004</p>	
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<p><u>Strategy 2</u> Establish quality assurance concerned with timeliness of assignment and contact.</p>		<p>Item 1</p>		
Action Steps	Person Responsible	Benchmarks Toward Achieving Goal	Benchmarks' Projected Dates of Achievements	Benchmarks Actual Dates Achieved
<p>A. Develop improvement plans in those offices where timeliness is problematic</p> <p>State Office and District Supervisors review cases to document factors that impact timeliness.</p> <p>District Supervisors and supervisors develop and submit improvement plan to State Office with improvement level and target date for improvement.</p> <p>Results of improvement plan monitored through FACIS RFS Averages for A/N Report.</p> <p>State Office and District Supervisor review results of plan and address non compliance.</p> <p>Continue with semi annual review that focuses on the offices that have problems with timeliness</p>	<p>CPS State Office <u>Mary Livermont</u></p>	<p>Review completed</p> <p>Improvement plans submitted and approved by state office</p> <p>Reports reviewed</p> <p>Plan reviewed and corrections made to address non compliance</p> <p>Semi annual reviews completed</p>	<p>July 2003</p> <p>September 2003</p> <p>Quarterly</p> <p>April 2004</p> <p>June 2005</p>	

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<p>B. Use maltreatment recurrence study findings to provide direction concerning the application of and decision making associated with safety issues and how timely the contact was initiated.</p> <p>Review of 130 cases will be completed using a tool to obtain data on 176 different variables from non-recurrence and recurrence cases.</p> <p>NRCCM will complete a comparative analysis of the data and provide findings to CPS related to ways to improve timeliness and initial assessment.</p> <p>Determine strategies in consultation with NRCCM to be implemented from results of evaluation related to timeliness and initial assessment.</p>	<p>CPS State Office <u>Mary Livermont</u></p>	<p>Case reviews completed</p> <p>Analysis completed and results received</p> <p>Begin determining strategies</p>	<p>March 2003</p> <p>September 2003</p> <p>December 2003</p>	
<p>C. Increase supervisors knowledge, awareness, and attentiveness to effective achievement of timeliness.</p> <p>Address results of timeliness review and RFS and initial contact policies at supervisors meeting.</p>	<p>Mary Livermont <u>CPS State Office</u></p>	<p>Meeting held</p>	<p>October 2003</p>	

ITEM 2 REPEAT MALTREATMENT

<p><u>Strategy</u> Improve assessment of and response to child safety.</p>		<p>Item 2</p>		
<p>Action Steps</p>	<p>Person Responsible</p>	<p>Benchmarks Toward Achieving Goal</p>	<p>Benchmarks' Projected Dates of Achievements</p>	<p>Benchmark s Actual Dates Achieved</p>
<p>A. Complete implementation of the Initial Family Assessment</p> <p>All current staff will be trained on the Initial Family Assessment</p> <p>Follow up consultation will be provided to all trained staff within two months of training.</p> <p>Provide regular consultation and inservice training on safety</p>	<p>Pam Bennett <u>CPS State Office</u></p>	<p>Implementation and consultations completed</p> <p>Staff trained</p> <p>Consultations completed</p> <p>Consultation or training provided as pre determined in</p>	<p>November 2002</p> <p>January 2003</p> <p>Beginning September 2002</p>	

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<p>management and other areas related to safety interventions to supervisors and individual offices based on:</p> <ol style="list-style-type: none"> 1. requests from offices 2. IFA review process where development areas are determined. <p>Incorporate IFA curriculum into Certification to train new staff</p>		<p>A.1. and A.2.</p> <p>Curriculum added</p> <p>New staff trained</p>	<p>March 2003</p> <p>Quarterly beginning 2003</p>	
<p>B. Identify contributing factors associated with repeat maltreatment and consider implications for CPS policy and procedural adjustment through a comparative study of recurrent and non recurrent cases.</p> <p>Review of 130 cases will be completed using a tool to obtain data on 176 different variables from non-recurrence and recurrence cases.</p> <p>NRCCM will complete a comparative analysis of the data and provide findings to CPS related to ways to improve timeliness and initial assessment.</p> <p>Apply what is learned from the recurrence study to policy and program changes; practice activity; decision making approach, supervisory practice; management, training, data management and community collaboration. Determine strategies in consultation with NRCCM related to results of evaluation related repeat maltreatment</p>	<p>CPS State Office <u>Mary Livermont</u></p>	<p>Case reviews completed</p> <p>Analysis completed and results received</p> <p>Begin determining strategies</p>	<p>March 2003</p> <p>September 2003</p> <p>December 2003</p>	
<p>C. Assure recurrence is based on IFA findings that accurately conclude the substantiation of child maltreatment</p> <p>Develop definition for the third category based on the Initial Family Assessment to cover safety related factors and consult with NRCCM on definition.</p> <p>Implement revised definition</p>	<p>CPS State Office <u>Mary Livermont</u></p>	<p>Definition developed</p> <p>New definition implemented</p>	<p>October 2003</p> <p>February 2004</p>	

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Outcome Not in Substantial Conformity and Items Contributing to Non Conformity	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Goals' Dates of Achievement	
			Projected	Actual
S2. Children are safely maintained in their homes whenever possible and appropriate				
Item 3: Services to family to protect child(ren) in home and prevent removal	<p>The baseline used for this Item is 70% which is the percentage of cases that were found to have strengths in Outcome 2 of the Final Report.</p> <ul style="list-style-type: none"> • Increase the percentage of cases where appropriate safety services to families are provided to protect children in home by 2% to 72%. • Increase the percentage of cases where appropriate safety services to families are provided to protect children in home by 2% to 74% 	<p>IFA Quality Assurance Review (20 cases per quarter-Refer to Narrative) Outcomes Management Review (15 cases per quarter-Refer to Narrative)</p>	<p>September 2004</p> <p>September 2005</p>	
Item 4: Risk of harm to child	<p>The baseline used for this Item is 80% which is the percentage of cases that were found to have strengths for Item 4 of the Final Report.</p> <ul style="list-style-type: none"> • Increase the percentage of cases where it is evident that diligent efforts were made to reduce risk of harm to children by 1% to 81%. • Increase the percentage of cases where it is evident that diligent efforts were made to reduce risk of harm to children by 2% to 83%. 	<p>FACIS Report that uses the same criteria used for the National Standard.</p>	<p>September 2004</p> <p>September 2005</p>	

Strategy 1 Effective implementation of Safety Intervention		Items 2, 3, & 4		
Action Steps	Persons Responsible	Benchmarks Toward Achieving Goal	Benchmarks' Projected Dates of Achievements	Benchmarks' Actual Dates Achieved
<p>CPS state office will implement the Safety Evaluation. The Safety Re-Evaluation is a tool that will be used to assess safety throughout the life of the case.</p> <p>Selected field staff will test the Safety Re-evaluation</p> <p>Revise tool if changes recommended</p> <p>Train supervisors on the Safety Evaluation tool</p> <p>Implement the Safety Re-evaluation through written policy manual change</p> <p>Provide regular consultation on safety management and other areas related to safety interventions to supervisors and individual offices based on:</p> <ol style="list-style-type: none"> 1. requests from offices 2. IFA review process where development areas are determined. 	<p>CPS State Office <u>Mary Livermont & Pam Bennett</u></p>	<p>Test completed</p> <p>Tool revised</p> <p>Training completed</p> <p>Written policy implemented</p> <p>Consultation or training provided as pre determined in 1. and 2.</p>	<p>November 2002</p> <p>November 2002</p> <p>November 2002</p> <p>December 2002</p> <p>Beginning January 2003</p>	<p>October 2002</p> <p>October 2002</p> <p>October 2002</p> <p>November 2002</p> <p>June 2005</p>

Strategy 2 Improve service provision to support safety of children while they are in their homes		Items 1, 2, 3, & 4		
Action Steps	Persons Responsible	Benchmarks Toward Achieving Goal	Benchmarks' Projected Dates of Achievements	Benchmarks Actual Dates Achieved
<p>A. Improve and increase coordination and use of the mental health services for families and children.</p> <p>CPS & Mental Health workgroup will work on barriers to improve</p>	<p>CPS State Office <u>Virgena Wieseler</u></p>	<p>Priorities defined and workgroup working on solutions</p>	<p>April 2003</p>	

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<p>services and to increase referrals for families where safety is a concern.</p> <p>Develop uniform referral and screening process between the mental health centers and CPS.</p> <p>Develop process for management of referrals to improve risk management in families needing mental health services.</p> <p>Develop Memorandum of Understanding to formalize efforts of the workgroup</p> <p>Train staff on referral screening and co-management processes</p> <p>Implement referral screening and co-management processes</p>		<p>Referral and screening process developed with written procedures and implementation plan developed</p> <p>Procedures and process for co-management of referrals developed and written and implementation plan developed</p> <p>Memorandum of Understanding completed</p> <p>Training completed</p> <p>Processes implemented</p>	<p>March 2004</p> <p>March 2004</p> <p>June 2004</p> <p>July 2004</p> <p>July 2004</p>	
<p>B. Increase the effective use of alcohol and drug outpatient and inpatient services.</p> <p>Continue strategies developed at statewide meeting December 2001 for local collaboration that are in place through implementation of local action plans and summary progress reports.</p> <p>National Resource Center on Substance Abuse and Child Welfare provides consultation to the State Court Administrator and AOD workgroup to discuss plan for local collaboration efforts where efforts are still limited.</p> <p>State workgroup will meet with the Unified Judicial System Assistant Court Administrator to work on efforts to involve the judges, State Bar representatives, and States Attorneys Association representatives in the AOD project.</p> <p>Hold meeting with judges, State Bar representatives, and States Attorneys Association to incorporate additional stakeholders into workgroup.</p>	<p>CPS State Office <u>Chauntel Taggart</u></p>	<p>Summary reports to document efforts</p> <p>Conference call held</p> <p>Meeting held</p> <p>Meeting held</p>	<p>Quarterly beginning March 2002</p> <p>July 2003</p> <p>September 2003</p> <p>February 2004</p>	

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<p>Consult with National Resource Center on Substance Abuse in Child Welfare for technical assistance.</p>		<p>Consultations Completed</p>	<p>As needed beginning July 2003</p>	
<p>C. Increase case management services to in home cases</p> <p>1. Develop parent aide services through contracts to serve parents in cases where safety and risk management are issues.</p> <p>Start with parent aide services in Sioux Falls the largest urban area.</p> <p>Request additional funding as part of budget process to expand the program to other select parts of the state based on workload</p> <p>2. The State Division of Mental Health is providing funding for mental health home based services in Aberdeen and will expand the service to Sioux Falls to serve at risk families</p> <p>3. Work with the Casey Program on their efforts to develop a family group decision making project on the Pine Ridge and Rosebud Reservations to increase family involvement in safety management and decision making</p> <p>Initial training on Family Group Decision Making (FGD) provided by Casey to CPS staff and tribal staff on the Pine Ridge and Rosebud.</p> <p>Casey will work with the courts and other tribal representatives in the two communities to get agreement to implement the program.</p> <p>Develop Memorandum of Understanding to outline FGD process including; referral process, procedures, and implementation plan</p>	<p>CPS State Office <u>Virgena Wieseler</u></p> <p>CPS State Office <u>Virgena Wieseler</u></p> <p>CPS State Office <u>Virgena Wieseler</u></p>	<p>Contract started in Sioux Falls</p> <p>Budget process completed and decision received regarding request</p> <p>Sioux Falls Project Started</p> <p>Training completed</p> <p>Next steps determined regarding community work and plans about implementation</p> <p>MOU developed and program implemented</p>	<p>July 2003</p> <p>March 2004</p> <p>July 2003</p> <p>June 2003</p> <p>December 2003</p> <p>December 2003</p>	
<p>D. Increase effective service provision by improving decision making related to services in in-home cases.</p> <p>Use information from recurrence study with NRCCM to help develop criteria and process guidelines</p>	<p>CPS State Office <u>Mary Livermont</u></p>	<p>Proposed guidelines developed and submitted</p>	<p>January 2004</p>	

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<p>Complete review of proposed guidelines related to criteria and process and make needed revisions Train supervisors and workers on in-home guidelines</p> <p>Implement process and written guidelines</p> <p>Develop user feedback questionnaire</p> <p>Review effectiveness of process and guidelines through user feedback, IFA reviews and Outcome Management reviews.</p>		<p>Guidelines finalized</p> <p>Training completed</p> <p>Written guidelines implemented</p> <p>Questionnaire developed</p> <p>Review completed</p>	<p>February 2004</p> <p>March 2004</p> <p>April 2004</p> <p>June 2004</p> <p>July 2004</p>	
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PERMANENCY AND CHILD AND FAMILY WELL BEING

Outcome Not in Substantial Conformity and Items Contributing to Non Conformity	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Goals' Dates of Achievement	
			Actual	Projected
P1 Children have permanency and stability in their living situations.				
Item 5: Foster care re-entries	<p>South Dakota's 2002 State Data Profile indicated a reentry rate of 19.9% which is used as the baseline for the PIP.</p> <ul style="list-style-type: none"> • Decrease the percentage of children who reenter foster care by 0.5% to 19.4%. • Decrease the percentage of children who reenter foster care by 0.85% to 18.55%. <p>This will result in a total improvement of 1.35% over the two year period which is the sampling error rate for foster care reentries</p>	FACIS & AFCARS	September 2004 September 2005	
Item 6: Stability of foster care placement	<p>South Dakota's 2002 State Data Profile indicated a stability rate of 82.0%.</p> <ul style="list-style-type: none"> • Increase the percentage of children who have no more than two placement settings by .9% to 82.9% • Increase the percentage of children who have no more than two placement settings by 1% to 83.9% <p>This will result in a total improvement of 1.9% over</p>	FACIS & AFCARS	September 2004 September 2005	

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	the two year period which is the sampling error rate for stability of foster care.			
Item 8; Independent Living Services	<p>The baseline used for this Item is the rating of 50% which is the percentage of cases that were found to have strengths in Item 8 of the Final Report.</p> <ul style="list-style-type: none"> • Increase the percentage of children that are receiving Independent Living Services as part of their case plan by 5% to 55% • Increase the percentage of children that are receiving Independent Living Services as part of their case plan by 5% to 60% 	Outcomes Management and Case reviews	September 2004 September 2005	
Item 9: Adoption	<p>South Dakota met the national standard of achieving adoption for at least 32% of the children within 24 months of placement. The baseline used for this item is the rating of 64% which is the percentage of cases found to have strengths in Item 9 of the Final Report.</p> <ul style="list-style-type: none"> • Increase the percentage of children who receive appropriate and timely efforts to achieve a finalized adoption by 2% to 66% . • Increase the percentage of children who receive appropriate and timely efforts to achieve a finalized adoption by 3% to 69%. 	FACIS Report for Timeliness, Outcome Management Reviews, and Case Reviews	September 2004 September 2005	

Outcome Not in Substantial Conformity and Items Contributing to Non Conformity	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Goals' Dates of Achievement	
			Projected	Actual
P2: The continuity of				

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family relationships and connections is preserved for children				
Item 14: Preserving connections	<p>The baseline used for this item is the rating of 73% which is the percentage of cases that were found to have strengths in Item 14 of the Final Report</p> <ul style="list-style-type: none"> • Increase the percentage of placements where family and cultural connections are maintained by 2% to 75% . • Increase the percentage of placements where family and cultural connections are maintained by 2% to 77% . 	Outcome Management Reviews and case reviews	September 2004 September 2005	

Outcome Not in Substantial Conformity and Items Contributing to Non Conformity	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Goals' Dates of Achievement	
			Projected	Actual
WB1: Families have the enhanced capacity to provide for their children's				
Item 17: Needs and services of child, parents, and foster parents	<p>The baseline used for this item is 58% which is the percentage of cases that were found to have strengths in Item 17 of the Final Report.</p> <ul style="list-style-type: none"> • Increase percentage of cases where identified needs of the parents, children, and foster parents were addressed through appropriate services by 2% to 60% . • Increase percentage of cases where 	Outcome Management Reviews and case reviews	September 2004 September 2005	

Outcome Not in Substantial Conformity and Items Contributing to Non Conformity	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Goals' Dates of Achievement	
			Projected	Actual
WB2: Children receive appropriate services to meet their educational needs				
Item 21: Educational needs of child	<p>The baseline used for this item is 74 % which was the percentage of cases that were found to have strengths for Item 21 of the Final Report.</p> <ul style="list-style-type: none"> • Increase the percentage in foster care cases where the child's educational needs are included in the out of home services agreement and the recommended services are provided by 1% to 75% . • Increase the percentage in foster care cases where the child's educational needs are included in the out of home services agreement and the recommended services are provided by 2% to 77% . 	Outcome Management Reviews and case reviews	September 2004	September 2005

Outcome Not in Substantial Conformity and Items Contributing to Non Conformity	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Goals' Dates of Achievement	
			Projected	Actual
WB3: Children receive adequate services to meet their physical and mental health needs.				
Item 22:	The baseline used for this			

<p><u>Strategy 1</u> Create a standardized and continual assessment, planning and evaluation process that focuses on family and children needs related to threats to safety risk of maltreatment, and well being. Assure that the assessment process identifies and addresses needs within treatment plans and assesses progress in fulfilling needs throughout treatment service provision.</p>		Items 5, 6, 8, 9, 14, 17, 19, 21, 22, & 23		
Action Steps	Person Responsible	Benchmarks Toward Achieving Goal	Benchmarks' Projected Dates of Achievements	Benchmarks' Actual Dates Achieved
<p>Develop process and policy to implement ongoing assessment of children and families after the IFA and throughout the life of the case related to child and family connections and child educational, physical, and mental health needs. The process includes:</p> <ul style="list-style-type: none"> A. A family assessment B. An individual assessment C. An assessment document <p>Convene a workgroup to develop process and policy</p> <p>Consult with Resource Center on Family Centered Practice on the process</p> <p>Make FACIS and policy changes to assure system and form compatibility</p> <p>Train staff through district meetings on the assessment forms and policy</p> <p>Implement new process through written policy changes</p> <p>Incorporate curriculum on assessment process and forms in Certification</p> <p>Evaluate implementation of assessment and forms by reviewing a random sample of cases and provide technical assistance through district meetings held with all staff to review implementation of assessment process, policy, and forms</p>	CPS State Office <u>Duane Jenner & DiAnn Kleinsasser</u>	Forms and policy developed	October 2003	
		Process and policy developed	September 2003	
		Consultation with Resource Center completed	January 2004	
		FACIS Changes made	April 2004	
		Training completed	June 2004	
		Process implemented	July 2004	
		Curriculum revised	July 2004	
		Evaluation completed	March 2005	

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<p>Strategy 3 Enhance communication between staff and foster parents by 1) assuring consistent and routine interaction and 2) maintaining a child needs assessment focus.</p>		<p>Items 5, 6, 8, 9, 14, 17, 19, 21, 22, & 23</p>		
Action Steps	Person Responsible	Benchmarks Toward Achieving Goal	Benchmarks' Projected Dates of Achievements	Benchmarks Actual Dates Achieved
<p>Revise the Foster Parent Monthly reporting process and policy to assure that staff addresses issues that impact permanency and child well being during visits with foster parents and foster children.</p> <p>Train supervisors on revised process and policy through supervisor District wide meetings.</p> <p>Supervisors submit a plan to train workers and foster parents on new process</p> <p>Supervisors train workers and foster parents</p> <p>Implement revised monthly reporting process and policy through manual change</p> <p>Review implementation of the revised form and policy through case reviews and provide technical assistance through district meetings held with all staff to review implementation of policy and form and provide technical assistance</p>	<p>CPS State Office <u>Duane Jenner & DiAnn Kleinsasser</u></p>	<p>Process and policy revised</p> <p>Supervisors trained</p> <p>Plans submitted</p> <p>Workers and foster parents trained</p> <p>Process and policy implemented</p> <p>Review completed</p>	<p>March 2003</p> <p>May 2003</p> <p>June 2003</p> <p>July 2003</p> <p>July 2003</p> <p>March 2004</p>	<p>March 2003</p> <p>May 2003</p>

<p>Strategy 4 Improve routine and regulated oversight that emphasizes attention to the needs of children and families, service provision and participation, and progress toward successful fulfillment of the needs of children and families.</p>		<p>Items 5, 6, 8, 9, 14, 17, 19, 21, 22, & 23</p>		
Action Steps	Person Responsible	Benchmarks Toward Achieving Goal	Benchmarks' Projected Dates of Achievements	Benchmarks Actual Dates Achieved

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<p>Revise the Permanency Planning Review Team (PPRT) process and policy to reflect completion of assessments, case planning activity, facilitate permanency planning, and provide oversight related to client assessment.</p> <p>Introduce the PPRT changes to supervisors through District meetings</p> <p>Implement revised PPRT process and policy through manual changes</p> <p>Review implementation of the revised PPRT form and policy and provide technical assistance through district meetings held with all staff.</p>	<p>CPS State Office <u>Duane Jenner & DiAnn Kleinsasser</u></p>	<p>Meetings held</p> <p>Process implemented</p> <p>Review completed</p>	<p>April 2003</p> <p>June 2003</p> <p>March 2004</p>	
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<p><u>Strategy 5</u> Increase and improve family involvement during assessment of need, treatment planning, and case progress.</p>		<p>Items 14, 17, 18, 19, 21, 22, & 23</p>		
Action Steps	Person Responsible	Benchmarks Toward Achieving Goal	Benchmarks' Projected Dates of Achievements	Benchmarks Actual Dates Achieved
<p>Develop a family reporting process for staff to use with families to periodically assess and discuss case progress from the families view.</p> <p>Consult with the Resource Center on Family Centered Practice</p> <p>Train staff on the family reporting form and policy</p> <p>Implement the new family reporting process and policy through manual update</p> <p>Monitor implementation of the family reporting form by reviewing a random sample of cases</p> <p>Provide technical assistance through district meetings held with all staff</p>	<p>CPS State Office <u>Duane Jenner & DiAnn Kleinsasser</u></p>	<p>Form developed</p> <p>Consultation completed</p> <p>Training completed</p> <p>Process implemented</p> <p>Review completed</p>	<p>December 2003</p> <p>February 2004</p> <p>June 2004</p> <p>July 2004</p> <p>January 2005</p> <p>March 2005</p>	

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<p>Strategy 6 Develop a process to assure appropriate planning occurs for children who require independent living services</p>		Items 8, 17, 18, 21, 22, 23		
Action Steps	Person Responsible	Benchmarks Toward Achieving Goal	Benchmarks' Projected Dates of Achievements	Benchmarks' Actual Dates Achieved
<p>A. Develop and implement a process to improve delivery of Independent Living Services and Chafee by having the statewide Community Resource Persons (CRPs) review ILS assessments, case plans, and case activity.</p> <p>The CRPs review a combined total of 40 cases per quarter in the local offices to compare case plan and case activity with the Ansell-Casey assessment</p> <p>The CRPs provide monthly reports to the CPS State Office Independent Living Program Specialist which reports the number of cases reviewed and the number of cases where the case plan and case activity are and are not meeting the independent living needs of the child</p> <p>The ILS Program Specialist completes a quarterly report that indicates the number of cases reviewed, and of those cases, how many show that based on the case plan and case activity the child is independent living services that help the child toward independent living.</p> <p>The Community Resource Persons will attend Permanency Planning Reviews for children who should be receiving IL Services</p>	<p>CPS State Office <u>Joyce Panzer</u></p>	<p>Process developed and implemented</p> <p>Reviews completed</p> <p>Monthly reports completed</p> <p>Quarterly report completed</p> <p>Community Resource Persons attend PPRTs</p>	<p>January 2003</p> <p>Quarterly beginning January 2003</p> <p>February 2003</p> <p>Beginning December 2003</p> <p>Beginning May 2003</p>	
<p>B. Provide Independent Living Services program district training to increase staff knowledge and understanding about the program</p>		<p>Training completed</p>	<p>January 2002 through March 2002</p>	<p>March 2002</p>
<p>C. Make additions to Certification curriculum to increase emphasis on IL Services</p>		<p>Certification Curriculum changed</p>	<p>May 2002</p>	<p>May 2002</p>

<p><u>Strategy 7</u> Provide refresher and advanced training to staff related to program and practice emphasizing concepts and intervention directed at assessment of need, family involvement, need meeting case planning, need meeting service provision and evaluation of need fulfillment.</p>		<p>Items 5, 6, 8, 9, 14, 17, 19, 21, 22, & 23</p>		
Action Steps	Person Responsible	Benchmarks Toward Achieving Goal	Benchmarks' Projected Dates of Achievements	Benchmarks' Actual Dates Achieved
<p>Develop plan and schedule to continue district training that focuses on specific program areas or practice issues related to permanency and well being.</p>	<p>CPS State Office <u>Virgena Wieseler</u></p>	<p>Plan and schedule developed Training implemented</p>	<p>Annually beginning February 2002</p>	

SYSTEMIC FACTORS

Systemic Factors Not in Substantial Conformity and Items Contributing to Non Conformity	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Goals' Dates of Achievement	
			Projected	Actual
Systemic Factor 2: Case Review System				
Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions	<p>The baseline used for this item is 64% which is the percentage of cases that were found to have strengths for Item 18 of the Final Report.</p> <ul style="list-style-type: none"> • Increase the percentage of case plans that demonstrates child and parent involvement by 2% to 66%. • Increase the percentage of case plans that demonstrates child and parent involvement by 3% to 69%. 	Outcomes Management & Case reviews	<p>September 2004</p> <p>September 2005</p>	

Strategy 1

Increase new staff skills and place greater emphasis on the purpose in involving parents and families in case planning.

Action Steps	Person Responsible	Benchmarks Toward Achieving Goal	Benchmarks' Projected Dates of Achievements	Benchmarks Actual Dates Achieved
Improve current skill based training in Certification to help workers negotiate and develop case plans with parents, children, and foster parents.	Certification Faculty <u>Patty Reiss</u>	Certification modified	March 2002	March 1, 2002

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Strategy 2

Increase supervisors' skills and ability to coach staff and promote involvement of parents and families in case planning.

Action Steps	Person Responsible	Benchmarks Toward Achieving Goal	Benchmarks' Projected Dates of Achievements	Benchmarks Actual Dates Achieved
A. Provide training to supervisors on efficient and effective management techniques after consultation with National Child Welfare Resource Center for Organizational Improvement around quality assurance and supervision.	CPS State Office <u>Pam Bennett</u>	Training Completed	June 2003	June 12, 2003
B. Develop a supervisory process to be used during supervisory case conferences to increase supervisory monitoring of case plan development and case management and that will be incorporated into a supervisor desk guide. Gather current examples from supervisors In consultation with Marsha Salus (National Resources Center on Organizational Improvement) develop a draft of the guide Test draft Train supervisors on use of process and tool. Implement process through written policy change	CPS State Office <u>Pam Bennett</u>	Examples collected Draft developed Process and tool tested and revisions made Training completed Written policy implemented	September 2002 March 2004 May 2004 June 2004 July 2004	July 31, 2002
D. Revise current policy to increase the current 30 days required for case plans to be completed to	CPS State Office <u>Merlin Weyer</u>	Policy revised	January 2003	

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line for access by field staff through FACIS				
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Systemic Factors Not in Substantial Conformity and Items Contributing to Non Conformity	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Goals' Dates of Achievement	
			Projected	Actual
Systemic Factor 2: Case Review System				
Item 26: Provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review	Implement FACIS statewide so that all offices are using the Legal module to track 6 month court hearings and Permanency Planning Review Team <ul style="list-style-type: none"> FACIS is implemented and will be used along with the court system information system to track hearings. 	FACIS implemented statewide	September 2002	

Strategy
 Improve effectiveness of 6 month reviews to facilitate timely permanency for children.

Action Steps	Person Responsible	Benchmarks Toward Achieving Goal	Benchmarks' Projected Dates of Achievements	Benchmarks' Actual Dates Achieved
A. Implement FACIS statewide to provide a 6 month administrative review tracking mechanism system Evaluate compliance with PPRTs through use of FACIS compliance report	CPS State Office <u>Kim Thomas</u>	FACIS implemented statewide	September 2002 Quarterly beginning January 2003	
B. Work with the state court system through the joint committee to develop a process where system reports are shared regarding 6 month review hearings. Meet with the state Court Administrator's office to create a committee to: <ul style="list-style-type: none"> Work on policies and procedures to address delays Determine how to 	CPS State Office <u>Duane Jenner</u>	Meeting with UJS held Committee created and begins meeting	July 2003 February 2004	

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maximize coordination of information systems				
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Systemic Factors Not in Substantial Conformity and Items Contributing to Non Conformity	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Goals' Dates of Achievement	
			Projected	Actual
Systemic Factor 2: Case Review System				
Item 28: Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act	<p>Of the all the children that are in care for 15 of last 22 months, there is not a petition for termination filed on both parents or no allowable exception exists for 35% of those children.</p> <ul style="list-style-type: none"> Decrease the percentage of children that have been in care for 15 of the last 22 months without a petition for termination filed on both parents and where no allowable exception exists by 2% to 33% . Decrease the percentage of children that have been in care for 15 of the last 22 months without a petition for termination filed on both parents and where no allowable exception exists by 3% to 30%. 	Excel Report from FACIS Information & Case Reviews	<p>September 2004</p> <p>September 2005</p>	
Item 29: Provides a process for foster parents, preadoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in any review or hearing held with respect to the child.	<p>No baseline currently exists because the information is not obtained through the data system. CPS will establish a baseline by the end of Quarter 1 after approval of the PIP by:</p> <ul style="list-style-type: none"> determining the number of judges that currently allow foster parents, preadoptive parents, and relative caregivers to have an opportunity to be heard in any review or hearing held with 	Review of judges policy		

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	<p>respect to the child , and</p> <ul style="list-style-type: none"> • survey a random selection of foster parents to determine what percentage are given the opportunity to be heard. 	<p>Foster Parent Surveys and Case Reviews</p>		
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Strategy 1 Develop a process that measures results from subsequent Strategies 2 and 3 to decrease delays for children in care 15 of the last 22 months without TPR.

Action Steps	Person Responsible	Benchmarks Toward Achieving Goal	Benchmarks' Projected Dates of Achievements	Benchmarks' Actual Dates Achieved
<p>A. Implement a system to monitor the status of children who are in or approaching being in care 15 out of 22 months without a TPR petitioned being filed</p> <ol style="list-style-type: none"> 1. An updated analysis report of children in care 15 of the last 22 months will be provided on a quarterly basis to supervisors and district supervisors 2. The list of children that do not have TPR will be provided to each District Supervisor 3. District Supervisors will provide response to state office on plans to address cases that should have a petition for TPR 	<p>CPS State Office <u>Duane Jenner</u></p>	<p>Report Implemented</p> <p>List provided</p> <p>Plans provided</p>	<p>April 2003</p> <p>Quarterly beginning April 2003</p> <p>Quarterly beginning December 2003</p>	
<p>B. Put FACIS report of children in care 15 of the last 22 months on line to allow social workers and supervisors to monitor compliance with 15 of 22 months requirement</p>	<p>FACIS and BIT</p>	<p>Report placed on line</p>	<p>September 2002</p>	<p>September 30, 2002</p>

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Strategy 2 Establish a process with the state court system to increase systemic compliance with the TPR requirements and requirements to allow foster parents, pre-adoptive parents, and relatives to be heard at review hearings.				
Action Steps	Person Responsible	Benchmarks Toward Achieving Goal	Benchmarks' Projected Dates of Achievements	Benchmarks Actual Dates Achieved
<p>CPS cannot assume that all the courts or other parts of the system are not complying with requirements or that lack of compliance can be resolved through training or a fix of the problem that involves reminding those within in the system of the legal requirements. The more comprehensive and long lasting solutions to issues in this area are best found by understanding the contextual part of what is occurring and developing more in-depth processes related solutions. To achieve this objective CPS will work with the Unified Judicial System (UJS) to:</p> <ul style="list-style-type: none"> • Coordinate the data provided by the UJS and CPS information systems to improve efforts to track abuse and neglect hearings • Work on policies, procedures, and educational techniques to address delays around permanency goals, TPR provisions, and notification provisions. <p>Hold a joint demonstration of UJS and CPS information systems with information system and program staff from each agency</p> <p>Use the FACIS report to gather specific case information on factors that contribute to delays in filing a petition for TPR when required by ASFA</p> <p>Gather information on how each of the jurisdictions handle the requirement for foster parents, preadoptive parents, and relative caregivers to be notified and heard</p> <p>Meet with the state Court Administrator's office to plan for creation of a committee composed of representatives of the judiciary, states</p>	<p>CPS State Office <u>Duane Jenner</u></p>	<p>Systems demonstrated</p> <p>Information gathered</p> <p>Information gathered</p> <p>Meeting with UJS held</p>	<p>April 2003</p> <p>July 2003</p> <p>July 2003</p> <p>July 2003</p>	<p>April 2003</p>

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<p>attorneys, and Child Protection Services to address those practices or circumstance that affect compliance with the TPR provision and the opportunity for foster parents, preadoptive parents, and relative caregivers to be notified and heard.</p> <p>Hold a meeting of representatives from UJS, CPS, States Attorneys Association, and State Bar to establish the committee and begin efforts toward detailing the extend of the issues and defining solutions.</p>		<p>Committee created and begins meeting</p>	<p>December 2003</p>	
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Strategy 3

Establish a process with the tribal courts to increase systemic compliance with the TPR requirements and requirements to allow foster parents, pre-adoptive parents, and relatives to be heard at review hearings.

Action Steps	Person Responsible	Benchmarks Toward Achieving Goal	Benchmarks' Projected Dates of Achievements	Benchmarks Actual Dates Achieved
<p>A. Using the FACIS, report gather specific case information on factors that contribute to delays in filing a petition for TPR when required by ASFA</p> <p>Gather information on how each of the jurisdictions handle the requirement for foster parents, preadoptive parents, and relative caregivers to be notified and heard</p>	<p>CPS State Office <u>Duane Jenner</u></p>	<p>Information gathered</p> <p>Information gathered</p>	<p>August 2003</p> <p>September 2003</p>	
<p>B. Request Technical Assistance from NICWA to work with the tribes to address tribal beliefs and culture that influences tribal courts decisions that affect permanency</p>	<p>CPS State Office <u>Merlin Weyer</u></p>	<p>Request made</p>	<p>September 2003</p>	
<p>C. Hold a statewide tribal/state meeting that will include CPS, tribal court representatives, and</p>	<p>CPS State Office <u>Merlin Weyer</u></p>			

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<p>other key tribal representatives to brainstorm ways to address problems and solutions related to implementing ASFA</p> <p>Contact and obtain input from tribes on statewide meeting topics and objectives</p> <p>Consult with the National Child Welfare Resource Center on Legal and Judicial Issues regarding presenters on implementing ASFA within tribal jurisdictions and regarding other assistance the Resource Center can provide</p> <p>Obtain assistance from NICWA in planning and facilitating the meeting</p> <p>Hold meeting</p> <p>CPS will request assistance from NICWA to plan for establishment of a workgroup of tribal and state representatives to develop statewide strategies toward working with the tribes based on the statewide meeting</p>		<p>Tribes contacted</p> <p>Contact made with Resource Center</p> <p>Plans for meeting developed and NICWAs involvement determined</p> <p>Meeting held</p> <p>Strategies developed</p>	<p>December 2003</p> <p>December 2003</p> <p>December 2003</p> <p>March 2004</p> <p>May 2004</p>	
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SERVICE ARRAY

	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Goals' Dates of Achievement	
			Projected	Actual
Systemic Factor 5: Services Array				
Item 36: Services are accessible to families and children in all political jurisdictions covered in the state's CFSP	<p>The baseline used for this item is 58% which is the percentage of cases that were found to have strengths in Item 17 of the Final Report.</p> <ul style="list-style-type: none"> Increase percentage of cases where identified needs of the parents and children were addressed through appropriate services by 2% to 	Case reviews and Outcome Management reviews	September 2004	

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	<p>60%</p> <ul style="list-style-type: none"> Increase percentage of cases where identified needs of the parents and children were addressed through appropriate services by 2% to 62% 		September 2005	
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Strategy 1				
Develop strategies to improve accessibility to services regarding in home and out of home care cases.				
Action Steps	Person Responsible	Benchmarks Toward Achieving Goal	Benchmarks' Projected Dates of Achievements	Benchmarks Actual Dates Achieved
A. Determine areas where basic service hubs exist by surveying field offices and Complete map of service hubs.	CPS State Office <u>Kim Thomas</u>	Service hub map developed	December 2002	
B. Determine issues and barriers related to use of services and access of services in specific geographic areas through written inventory of issues and barriers developed from field staff survey and focus groups and through meetings with service providers.	CPS State Office <u>Merlin Weyer</u>	List of issues and barriers completed	June 2003	
C. Work with the Parenting Education Partners and TANF Program to develop strategies to increase coordination and accessibility to parenting services.	CPS State Office <u>Joyce Panzer</u>	Strategies developed and implemented	December 2003	
D. Improve and increase coordination and use of the mental health services for families and children. CPS & Mental Health workgroup will work on barriers to improve services and to increase referrals for families where safety is a concern. Develop uniform referral and screening process between the mental health centers and CPS. Develop process for management	CPS State Office <u>Merlin Weyer</u>	Priorities defined and workgroup working on solutions Referral and screening process developed with written procedures and implementation plan developed Procedures and process for co-	April 2003 March 2004 March 2004	

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<p>of referrals to improve risk management in families needing mental health services.</p> <p>Develop Memorandum of Understanding to formalize efforts of the workgroup</p> <p>Train staff on referral screening and co-management processes</p> <p>Implement referral screening and co-management processes</p>		<p>management of referrals developed and written and implementation plan developed</p> <p>Memorandum of Understanding completed</p> <p>Training completed</p> <p>Processes implemented</p>	<p>June 2004</p> <p>July 2004</p> <p>July 2004</p>	
<p>E. Increase the effective use of alcohol and drug outpatient and inpatient services.</p> <p>Continue strategies developed at statewide meeting December 2001 for local collaboration that are in place through implementation of local action plans and summary progress reports.</p> <p>National Resource Center on Substance Abuse and Child Welfare consult with State Court Administrator and AOD workgroup to discuss plan for local collaboration efforts where efforts are still limited.</p> <p>State workgroup will meet with the Unified Judicial System Assistant Court Administrator to work on efforts to involve the judges, State Bar representatives, and States Attorneys Association representatives in the AOD project.</p> <p>Meeting held with judges, State Bar representatives, and States Attorneys Association to incorporate additional stakeholders into workgroup.</p> <p>Consult with National Resource Center on Substance Abuse in Child Welfare for technical assistance.</p>	<p>CPS State Office <u>Virgena Wieseler & Merlin Weyer</u></p>	<p>Summary reports to document efforts</p> <p>Conference call held</p> <p>Meeting held</p> <p>Consultations Completed</p>	<p>Quarterly Beginning March 2002</p> <p>July 2003</p> <p>November 2003</p> <p>January 2004</p> <p>As needed beginning July 2003</p>	
<p>F. Increase case management services to in home cases</p> <p>1. Develop parent aide services</p>				

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<p>through contracts to serve parents in cases where safety and risk management are issues.</p> <p>Start with parent aide services in Sioux Falls the largest urban area.</p> <p>Request additional funding as part of budget process to expand the program to other select parts of the state based on workload</p> <p>2. The State Division of Mental Health is providing funding for mental health home based services in Aberdeen and will expand the service to Sioux Falls to serve at risk families</p> <p>3. Work with the Casey Program on their efforts to develop a family group decision making project on the Pine Ridge and Rosebud Reservations to increase family involvement in safety management and decision making</p> <p>Initial training on Family Group Decision Making provided by Casey to CPS staff and tribal staff on the Pine Ridge and Rosebud.</p> <p>Casey will work with the courts and other tribal representatives in the two communities to get agreement to implement the program.</p> <p>Develop Memorandum of Understanding to outline FGD process including; referral process, procedures, and implementation plan</p>		<p>Contract started in Sioux Falls</p> <p>Funding requested</p> <p>Legislative process completed and decision regarding request received</p> <p>Sioux Falls project started</p> <p>Training completed</p> <p>Next steps determined regarding community work and plans about implementation</p> <p>MOU developed and program implemented</p>	<p>July 2003</p> <p>August 2003</p> <p>March 2004</p> <p>July 2003</p> <p>June 2003</p> <p>December 2003</p> <p>December 2003</p>	
<p>E. Evaluate service provision by having a random selection of clients surveyed regarding accessibility to services and worker survey regarding service availability</p>	<p>CPS State Office <u>Merlin Weyer</u></p>	<p>Survey completed</p>	<p>September 2004</p>	
<p>D. Evaluate service provision by having a random selection of workers surveyed regarding accessibility to services and worker survey regarding service availability</p>	<p>CPS State Office <u>Merlin Weyer</u></p>	<p>Survey completed</p>	<p>September 2004</p>	
<p>F. Evaluate results of client and</p>	<p>CPS State</p>	<p>Survey evaluated</p>	<p>December</p>	

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worker survey related to service array	Office <u>Merlin Weyer</u>		2004	
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<u>Strategy 2</u> Implement a process to inform staff about appropriate services that address client needs				
Action Steps	Person Responsible	Benchmarks Toward Achieving Goal	Benchmarks' Projected Dates of Achievements	Benchmarks' Actual Dates Achieved
Develop process and written protocol for supervisors in consultation with Marsha Salus to prepare staff regarding available services and client service matching and incorporate it into the supervisors desk guide.	CPS State Office <u>Merlin Weyer</u>	Process and protocol developed	August 2003	
Train supervisors on process and protocol		Supervisors trained	June 2004	
Implement protocol		Protocol implemented	July 2004	

Systemic Factors Not in Substantial Conformity and Items Contributing to Non Conformity	Goal/Negotiated Measure/Percent of Improvement	Method of Measuring Improvement	Goals' Dates of Achievement	
			Projected	Actual
Systemic Factor 5: Services Array				
Item 37: Services can be individualized to meet the unique needs of children and families served by the agency	<p>The baseline for this is 62.5 % which is the number of cases that met substantial conformity in Well Being Outcome 3 in the on site review</p> <ul style="list-style-type: none"> • Increase percentage of cases where children receive adequate services to meet physical and mental health needs by 2% to 64.5% • Increase percentage of cases where children receive adequate services to meet physical and mental health needs by 2% to 66.5% 	Case reviews and Outcome Management reviews	September 2004	
			September 2005	

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<u>Strategy 1</u>				
Increase availability of placement resources that provide for individualized needs and connections for children				
Action Steps	Person Responsible	Benchmarks Toward Achieving Goal	Benchmarks' Projected Dates of Achievements	Benchmarks' Actual Dates Achieved
A. Hold quarterly meetings on Dakota Digital Network with licensing/adoption staff and supervisors to review and address placement issues including cultural connections, kinship care, matching, and upper level care needs.	CPS State Office <u>DiAnn Kleinsasser & Dave Hanson</u>	Meetings held	Quarterly July 29, 2002-June 30, 2003	
B. Coordinate with state/tribal workgroup to improve recruitment of Native American foster homes by having at least one representative on both the Recruitment & Retention Committee Request that NICWA meet with the workgroup to see if NICWA can provide assistance on recruitment efforts and developing or providing material to use with social workers and foster parents around culture and connections.	CPS State Office <u>DiAnn Kleinsasser & Dave Hanson</u>	Representative from state tribal workgroup selected for Committee	March 2003 September 2003	
C. Establish a committee through licensing and adoption workers and supervisors meeting to revise and improve the statewide recruitment and retention plan to: 1. Determine areas of need and establish recruitment objectives around those areas of need 2. Increase availability of placement resources 3. Increase skilled placement resources that will improve individualized services and provide children with cultural connections. Submit plan to CPS state office for review	CPS State Office <u>DiAnn Kleinsasser & Dave Hanson</u>	Committee established Plan is revised Plan is submitted	January 2003 March 2004 April 2004	

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<p>Implement recruitment and retention plan</p> <p>Assess through monthly licensing statistical report and district summary progress assessments progress related to areas of need and related objectives</p>		<p>Plan implemented</p> <p>Assessment completed</p> <p>Assessment completed</p>	<p>April 2004</p> <p>June 2004</p> <p>June 2005</p>	
<p>C. Use a committee of group care providers, Department of Social Services representatives, and Department of Corrections representatives to work on strategies to improve services to children needing upper level care</p> <p>Committee will define and work on priority areas</p>	<p>CPS State Office <u>Virgena Wieseler</u></p>	<p>Committee established</p> <p>Priority areas defined and subcommittees developed for each area</p> <p>Further strategies will be developed from the committee</p>	<p>January 2003</p> <p>April 2003</p> <p>June 2004</p>	
<p>D. Develop a tool which is completed annually with the licensing renewal study to document foster parent's experiences (positive and negative) related to foster care placements</p> <p>The District Supervisor will provide information in the District Supervisor's monthly report to CPS State Office regarding areas of strength and areas of development that recur from foster home to foster home</p>	<p>CPS State Office <u>DiAnn Kleinsasser & Dave Hanson</u></p>	<p>Tool developed</p>	<p>December 2003</p> <p>April 2004</p>	

<p><u>Strategy 2</u> Increase input to group and residential facilities related to programming for children</p>				
Action Steps	Person Responsible	Benchmarks Toward Achieving Goal	Benchmarks' Projected Dates of Achievements	Benchmarks Actual Dates Achieved
<p>Implement a process where the state office Licensing Program Specialist obtains input from social workers and supervisors at the time of facility licensing renewals regarding issues and</p>	<p>CPS State Office <u>Dave Hanson</u></p>	<p>Process implemented</p>		<p>June 2002</p>

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<p>concerns around services to kids in group/residential care</p> <p>Document corrective actions or recommendations in the record that are made to the facility in response to programming and licensing issues</p>		<p>Corrective actions or recommendations documented</p>	<p>At time of annual licensing renewal</p>	<p>Beginning July 2002 and annually for each facility</p>
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Names and Titles of Responsible People

The following list provides titles of the individuals that are listed as responsible for various actions within the PIP.

Virgena Wieseler	CPS Administrator
Mary Livermont	CPS Protective Services Program Specialist
Pam Bennett	CPS Training Program Specialist
Duane Jenner	CPS Foster Care Program Specialist
DiAnn Kleinsasser	CPS Adoption Program Specialist
Merlin Weyer	CPS Assistant Administrator
Kim Thomas	CPS FACIS Program Specialist
Chauntel Taggart	CPS Outcome Management Program Specialist
Joyce Panzer	CPS ILS and Parenting Program Specialist
Dave Hanson	CPS Licensing Program Specialist

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APPENDIX A

The following addresses those areas of the Final Report that Child Protection Services believes do not present all the information that was available at the time of the review. These were addressed in a letter to the Denver Regional Office on May 31, 2002.

1. Under the Item 28, Findings of the Child and Family Services Review, the Report states that, “The data indicate that there are 239 children who have in care 15 of the most recent 22 months and termination of parental rights (TPR) on both parents has not been completed”. This data is taken from the Statewide Assessment. The Statewide Assessment contains data that also shows that there are a number of those 239 children where TPR has not occurred for appropriate reasons as provided for under the Adoption and Safe Families Act.
2. Under the Executive Summary Item 18, page 6, the statement is made that, “Although workers were said to be encouraged to involve parents, CPS personnel and other stakeholders were not aware of any formal process or policy requirement for involving biological parents in case plan development”. There is a reference to no written or formal policy requiring parent input made again under Executive Summary, Item 25, page 9; Findings of the Child and Family Services Review, Item 18, page 25; and Findings of the Child and Family Services Review, Item 25, page 35. CPS does have written policy that requires staff to involve parents in case plan development. That policy is stated in several manual sections. This expectation is also emphasized during the three day Case Management section of Certification training for new staff.
3. Under the Executive Summary, Item 26, page 9, the Item is rated as an area needing improvement. The support for this is stated as being based on courts not holding six month reviews as required under South Dakota Codified Law 26-8A -24. This is also noted under the Findings of the Child and Family Services Review, Item 26, page 35. While the Report makes reference to the Permanency Planning Review Team (PPRT) procedure, it seems to disregard it as a process for meeting the requirement of the federal regulation. CPS requires that CPS staff maintain a PPRT in each office to review the case of every child in care every six months. This is done to assure that every child in care has an administrative or court review every six months. There was concern expressed as part of the review that the PPRT meetings are not given the time needed to be fully effective, but the Report stated that PPRTs were being held. We are not clear why credit is not given by the Report to the PPRT process and tracking of those reviews by the agency related to meeting the requirements.