SOUTH DAKOTA
CHILD AND FAMILY SERVICES REVIEW

STATEWIDE ASSESSMENT

MARCH 25, 2016

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Statewide Assessment Instrument

Section I – General Information

Name of State Agency
South Dakota Department of Social Services **Division of Child Protection Services**
Period Under Review
CFSR Sample Period: April 2015-September 30, 2015 Period of AFCARS Data: As of August 19, 2015 Period of NCANDS Data: As of September 25, 2015
State Agency Contact Person for the Statewide Assessment

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Statewide Assessment Participants

State Response:

The following are names and affiliations and groups of stakeholders who participated in the statewide assessment.

June 11-12, 201 State/Tribal Consultation Meeting • Marlow Medicine Crow, Jr. CCST • Ella Rae Stone – YST • Melissa Chrans – YST ICWA • Mickey Divine-SWO-CPP • Raquel Franklin-SRST ICWA • Thomasine Iron-SRST ICWA • Shirley Bad Wound-RST ICWA • Jessica Morson - FSST ICWA • Kathy Black Bear – RST-SCFS • Jera Brouse-Koster – LBST ICWA	**South Dakota Youth Care Providers Association November 5, 2015 Meeting and Independent Living Servcices Survey** • Sheila Weber-LSS • Jon St. Pierre-Sequel Transition Academy • Steve Wahl-McCrossan • Brian Roegiers-McCrossan • Jessica Olson-Welfully • Kirk Beyer-Sacred Heart • Bill Colson-SF Childrens Home • Muriel Nelson-SF Children's Home • Sue Williams-SF Children's Home • Tim Fitgerald-Black Hills Children's Home • TJ Stanfield-Aurora Plains • Erik Klooz-Abbott House • Blaise Tomczak-Our Home ASAP • Jenise Piskel-Our Home Parkston • Steve Riedel-Our Home • Stephanie Monroe-VOA Group Care	**Circuit Court Judges-7 Circuits February 9, February 26, March 7-11, 2016**
Seven Foster Parent Focus Groups Summer 2015	**Independent Living Services Workgroup** Service Stakeholders and Youth	**Parenting Education Partners Advisory Workgroup**
Youth Survey (133 Youth)	**Parent Survey (219 Parents)**	**Stakeholder Survey (146 Stakeholders)**

INTRODUCTION

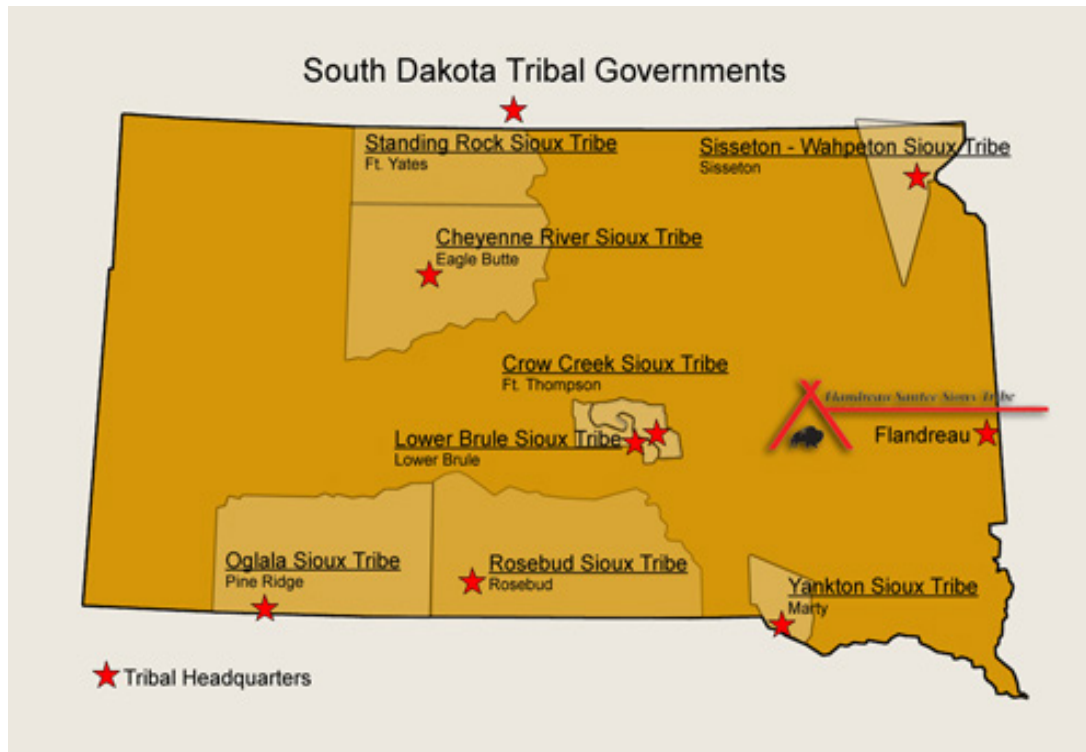**Organizational Structure/Systems Overview**

The Department of Social Services, Division of Child Protection Services (CPS) the agency designated to administer the Title IVB and IVE programs, Child Abuse Prevention and Treatment Act grant, Chafee Foster Care Independence Program, and the Community Based Child Abuse Prevention program. The Division of Child Protection Services (CPS) is a state administered and state supervised child welfare program. The Department of Social Services (DSS) is led by the Department Secretary. Under the Department Secretary is the Division Director of CPS. The CPS Division Director oversees the statewide provision of programs and services. The Assistant Division Director is under the direct supervision of the Division Director. State Office of Child Protection Services Program Specialists serve as advisors and consultants to the Division in specific program areas and are involved in the administration of funding, promotion, and evaluation of those services.

There are twenty CPS offices divided into seven geographical regions that provide the continuum of child welfare services statewide with the exception of the Tribes that provide their own child welfare services. Five Regions include multiple offices and two Regions are composed of a single office. Each Region is led by a Regional Manager who is directly involved with the management of supervisors in the Region and responsible for overseeing the region-wide provision of services in all CPS program areas. The Regional Managers are under the supervision of the Division Director. Each office within a Region has a supervisor or supervisors who provide clinical and direct supervision to Family Services Specialists and Social Service Aides that provide services in the program areas. A more detailed description of each of the Department's divisions and the programs each provides can be found on the Department's website at https://dss.sd.gov/childprotection/.

CPS provides direct child welfare services to five of the nine South Dakota tribes. The tribes CPS provides direct services to are the Rosebud Sioux Tribe, Cheyenne River Sioux Tribe, Crow Creek Sioux Tribe, Lower Brule Sioux Tribe and Yankton Sioux Tribe. The four tribes that provide their own full array of child welfare services are the Flandreau Sioux Tribe, Sisseton Wahpeton Oyate Tribe, Standing Rock Sioux Tribe, and the Oglala Sioux Tribe. CPS has IVE Agreements with Flandreau and Standing Rock. CPS has full Agreements with Sisseton Wahpeton Oyate and Oglala.

Each of the tribes has tribal courts and tribal law enforcement. There are a number of similarities with the protocol with the courts and law enforcement with the five tribes compared to non-tribal law enforcement and courts. The similarities include the option for joint investigations, provisions for law enforcement to take emergency custody, and A/N actions through the court with the court being able to give custody to CPS. The tribes each have their own legal codes that determine how tribal law enforcement and tribal courts are required to respond to child abuse and neglect. The FBI and US Attorneys Office also have jurisdiction to investigate and prosecute criminal child abuse on the reservations.

The following map shows the location of the nine tribal reservations within South Dakota.

South Dakota Tribal Governments

Standing Rock Sioux Tribe
Ft. Yates

Sisseton - Wahpeton Sioux Tribe
Sisseton

Cheyenne River Sioux Tribe
Eagle Butte

Crow Creek Sioux Tribe
Ft. Thompson

Flandreau Santee Sioux Tribe

Flandreau

Lower Brule Sioux Tribe
Lower Brule

Oglala Sioux Tribe
Pine Ridge

Rosebud Sioux Tribe
Rosebud

Yankton Sioux Tribe
Marty

★ Tribal Headquarters

Section II: Safety and Permanency Data
Data Profile deleted in its entirety.

Section III: Assessment of Child and Family Outcomes and Performance on National Standards

Instructions

A. Safety

Safety Outcomes 1 and 2

Safety outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

• For each of the two safety outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).

• Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the safety indicators.

State Response:

South Dakota met the national standards for maltreatment in foster care and recurrence of maltreatment in the latest CFSR data profile. CPS has in the last several years consistently met or exceeded the national standard in these two data indicators. South Dakota completed round two of the state Safety Permanency and Wellbeing (SPWB) case reviews in March 2015. At the end of Round 2, Item 1 was rated as a strength in 92% of the cases and Item 2 was rated as a strength in 96% of the cases.

Round three of the SPWB case reviews began in April 2015 and reviews have been completed with 7 offices since then. Item 2 has been rated a strength in 96% of the cases reviewed.

Item 1 has decreased slightly to 88% of cases being rated a strength. Since CPS has not completed a full round of office reviews, CPS believes the slight decrease in strengths is not a concern at this time. Based on information from the SACWIS system, CPS met timeliness of investigations in state fiscal year 2015 95.6% of the time when measured across the three levels of case assignment and against policy for initial contact.

CPS holds local stakeholder meetings following office reviews to share data from the review and obtain input from the stakeholders and has completed a survey of stakeholders related to services. Concerns through some of the input provided by stakeholders related more to their view that some reports are not being assigned when the stakeholders believe they should be. CPS has reviewed assignment in the past without finding any systemic issues related to assignment for investigation. Generally, stakeholders did not express any concerns around timeliness of investigations.

B. Permanency

Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

• For each of the two permanency outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.

• Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the permanency indicators.

State Response:

South Dakota did not meet the national standard for the state data indicator for placement stability. Placement stability was rated as a strength in Round 2 of the CPS's office reviews. The reason it is not in line with the measure from the state data indicator is because moves made that are in the child's best interest can be considered at the case level. It has since decreased during the reviews in Round 3. South Dakota's level of performance in Re-entry did not meet the national standard, but the national standard was within the interval. Re-entry has been a measure in which CPS results have varied from time to time. As a result, CPS will continue to monitor performance in this area.

CPS was found to have no difference with the interval related to the national standard for permanency in 12 months and permanency in 12-23 months. CPS did not meet the standard of permanency in 24 plus months. Issues with placement stability and timeliness of permanency are being assessed by CPS through Continuous Quality Improvement. CPS continues to work with placement agencies, foster parents and tribal partners to attempt to address the issues relate to this Item. This Item will be included in the state's Program Improvement Plan.

C. Well-Being

Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

• For each of the three well-being outcomes, include the most recent available data demonstrating the state's performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).

• Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

State Response:

CPS continues to struggle in Well-Being Outcome 1 with the latest set of reviews at just under 70%. CPS continues to do better with Well-Being Outcome 2 at 88%.Well-Being Outcome 3 decreased from 92% to 70%. CPS believes some of this is attributed to increased expectations related to Well-Being Outcome 3. Further assessment will be completed related to these three Outcomes as part of and following the Round Three CFSR.

Section IV: Assessment of Systemic Factors

A. Statewide Information System
Item 19: Statewide Information System
How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Please provide relevant quantitative/qualitative data or information that show the statewide information system requirements are being met statewide.

State Response:

The CPS SACWIS, which is called the Family and Children Information System (FACIS), operates statewide in all CPS Offices in South Dakota. FACIS has a number of strengths which will be discussed in this section related to the training program, versatility of the system, accessibility to state and tribal staff, availability of staff and management reports, availability of FACIS support staff, responsiveness to federal reporting, and flexibility for FACIS to be modified when practice and policy improvements are made and standards need to be met.
Tribal child welfare programs that have IVE agreements with South Dakota use the system to manage their Title IVE foster care cases. Private agencies have access to cases assigned to them in the system for case management functions. The Community Resource Persons contractors that assist in providing independent living services, have access to FACIS for cases assigned to them.
FACIS is used to input, collect and extract quality data for the state's child welfare system. The FACIS Team and the Bureau of Information and Technology staff regularly extract and submit data for AFCARS, NCANDS, NYTD and the CFSP. For each of the items that are submitted through an extraction process, the State maintains mapping documents that clearly document what FACIS data fields and information are used for each element on these reports. FACIS reports are provided to the State's NCANDS designee for input into the NCANDS portal. South Dakota uses the tools and utilities provided to ensure processes are being followed. The FACIS Project Manager ensures that changes to mapping for reports are documented in the appropriate mapping documents.

The FACIS Project Manager and the CPS Management Team review information provided regarding federal requirements or guidelines on a regular basis. The FACIS Project Manager, a member of the Management Team, has participated in federal workgroups related to data outcomes, collaborating with the Court Systems, technology and CQI/QA.

The first NYTD file was submitted in 2011. Subsequent NYTD files have been submitted for both the A and B periods for each reporting period. The files have been in compliance with Federal reporting requirements with no penalties assessed. Several areas of enhancement such as tracking the NYTD follow-up population and survey questions have been added to FACIS.

Staff that enter information in FACIS receive initial training related to use of the FACIS system which includes explanations of data fields pertinent to AFCARS submissions and the importance of timely and accurate data entry. During case reviews, data quality issues are addressed with the appropriate staff. The FACIS system has numerous system edit checks to help assure quality data entry including date edit checks that prompt a user if the date is more than 180 days in the past or future. The FACIS system has filters to help ensure quality data and to assist with selecting appropriate legal hearings. The FACIS system has alerts that are provided to staff when an event occurs such as a child being discharged from a residential treatment facility.

CPS continues to collaborate with the courts and this could possibly lead to a further exchange of data in the systems. This has already resulted in greater attention to reports that are currently being shared with the courts. Any collaboration initiatives will be under the direction of the Court Improvement Program Committee members. One data report that is sent to the Court Improvement Coordinator was updated based on feedback provided by that individual. Fields are incorporated in the FACIS legal screens to capture docket number. When the Court statewide data system is operational, CPS will be prepared to send information through a data exchange. The Division Director and Deputy Director met with Judges from each of the Seven Circuits in February and March of 2016 to discuss data related to children in care under the jurisdiction of the respective

courts, data related to placement resources, state data indicators, CFSR Items and state legislation related to the new APPLA requirements. As a result of suggestions made during one of the meetings, CPS will be making changes on the way children are listed in the reports provided to the Judges that list children in care and a report for children in care less than 6 months will be developed. The names of the three reports referred to:

Children in Alternative Care less than 6 months
Children in Alternative Care 6-12 months
Children in Alternative Care greater than 12 months

Combined FACIS and Intake training for newly hired staff is scheduled approximately six times per year. Training sessions are also scheduled for staff from the tribal child welfare programs with IVE agreements when there has been staff turnover in those programs, or if staff desire a refresher course on FACIS functions and screens. If there is a major enhancement, specialized training occurs in offices or via Skype. Ongoing training in specific areas is provided by request of the office or region. Training on FACIS data reports is provided to various levels of the Management Team on an as needed basis. A help desk is operated by CPS to assist staff with system questions, problems or errors. The system supports an on-line policy manual and system manual for use by staff.

Quantitative data reports are provided in a report viewer function for any staff to access. These quantitative reports are used for office, region, and statewide review. CPS has approximately 200 data reports that are utilized by all levels of CPS staff. Approximately 100 of these data reports are run on a monthly basis. The data is saved in a report viewer which all CPS staff have access to at any point to review information.

CPS's FACIS system includes compliance reports that provide real-time access to items that are missing information in the system. These compliance reports can be used with staff during their regular staffing with supervisors. FACIS is able to provide required reports for annual CPS budget development and often able to provide reports for information requested by the public and tribal partners.

Tribal staff provided input regarding caseload organization. As a result, their cases were all combined into one single caseload for their cases which has allowed for easier monitoring of data for them and for the CPS Indian Child Welfare Act Program Specialist.

The FACIS Team and Management Team members use the appropriate data quality utilities and tools provided to ensure data is accurate. These include using the AFCARS Data Quality, Compliance and Frequency Reports, NYTD, NDRU, and NCANDS EVAA programs to review data prior to submission. Any data errors found are addressed and corrected wherever possible. The data utilities provided are run each time a reporting period is due for each of the above Federal submissions. AFCARS & NYTD data are run every 6 months. The data for NCANDS, is run once yearly since NCANDS is submitted on a yearly basis.

Compliance reports are included in FACIS to help staff keep current on data entry. Compliance reports relate to a range of elements including such things as completion of IV-E applications, legal screens, case plans, assessment screens, tribal enrollment, diagnosed conditions, and many other data elements. Case compliance reports reflect real-time data within FACIS each time staff access the screen. Staff have consistently shared they use the Compliance Reports generated on FACIS to monitor their cases and required data entry. When FACIS Compliance reports were first developed, South Dakota was asked to present the screens at the annual National Child Welfare Data Conference in 2005 due to this innovative approach to presenting data to staff in real-time access. Since then, the screens have continually been upgraded and improved based on the needs of the Division and changing federal or state requirements. One example is the addition of the Visits Summary section which assists staff in monitoring data entry of their visits with children. This section was added in response to the new federal data reporting guidelines regarding visits with children.

Caseload Compliance Report

APA 4207   Merlin Weyer   Select Caseload   Print

	APA 4207
Children-In-Care	0
Children-Other	0
RFS Initial Contact Due	0%
RFS Safety Assessment/Investigation Pending	0%
RFS Safety Assessment/Investigation Overdue	0%
Case Plans Due	0%
PPRTs Due	0%
Biological Parent Due	0%
IVA Due	0%
IVE Due	0%
IVE Permanency Hearings Due	0%
Enrollment Due	0%
Legal Due	0%
Final Dispo Due	0%
Assessments Due	0%
Auxiliary Placements Due	0%
Trial Reunification > 6 mos.	0%
Diagnosed Conditions - AFCARS	0%
Diagnosed Conditions - AFCARS - Not Yet Determined	0%
SSN Due	0%
Relative Search Due	0%
Relative Contact Pending	0%
Relative Branch Missing	0%
Children – No Family	0%
Protective Capacity Due	0%
Protective Capacity Eval Due	0%
Sub Guard Due	0%
Sub Guard Request Pending	0%

Start Date Blank: Child has been in care 60 days or more and case plan start date needs to be entered.
Last Eval DueBlank: Child has a case plan entered and 70 days have passed and the first case plan evaluation is needed by the 90th day after the case plan start date. Child has a case plan entered with one evalution and 150 days or more have passed and a new case plan evaluation needs to be completed within 180 days of the previous evaluation.

Summary   Visits Summary   Close

In addition, staff who have worked in other states prior to coming to South Dakota have commented the FACIS system in South Dakota is more user friendly than SACWIS systems in the other states and provides a great deal more information than the systems they have experience in using. Quality data collection, both qualitative and quantitative, is a strength for South Dakota as evidenced by the ability of CPS to comply with each of the data requirements of AFCARS and NYTD and report specific data to NCANDs. The system is able to readily identify the status, demographic characteristics, location and goals for the placement of every child who is or within the immediately preceding 12 months has been in foster care.

CPS is able to use FACIS programming and report development capabilities to respond effectively to federal requirements CPS practice and policy needs and requirements. When the Caseworker Visits mandates were implemented CPS developed a screen for staff to log each visit and whether it occurred in or out of residence and a FACIS caseworker visits narrative report which reports the month visited from the narrative. Staff record specific information about the safety and status of the child in the FACIS narrative.

FACIS HelpDesk

The FACIS HelpDesk's main role is the support of FACIS child welfare users. Through emails and phone calls, users may send requests for data fixes, notifications of program, system, or server problems, and suggestions for "user friendly" changes. Staff from tribal contractual entities and private contractual agencies have the same access to contact the FACIS HelpDesk and receive assistance with the use of FACIS. The HelpDesk averages 364 such contacts per month. The average turn-around response time is 1-4 working days, depending on the problem or request. Changes that require programming or functionality usually take longer to process due to resources of technical staff assigned to FACIS.

QA of FACIS Data

CPS has a number of procedures in place that assist in assuring the consistency and accuracy of data entry in FACIS. These procedures also support the ability of CPS to meet federal reporting requirements. CPS AFCARS submissions have consistently been within federally allowed error

rates. During preparation for each AFCARS submission, CPS runs a report of missing or inaccurate data. Staff are informed of the errors so corrections can be made. Prior to submission of NCANDS data CPS reviews child death and cases of maltreatment in foster care to assure cases meet NCANDS requirements.

The CRP contract staff attempt to maintain contact with youth through email, phones, and face to face visits to provide support to youth and encourage youth to participate in NYTD. Demographic Information and narrative documentation of contact with youth in care and young adults who transitioned from foster care and their status are kept updated in FACIS so CPS staff and CRPs can continue to be in contact with the youth.

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As part of the Safety Permanency and Wellbeing case reviews, compliance with certain policy and procedures is assessed along with CFSR items. The staff and their supervisors are informed of any data related issues. CPS completes quarterly ICWA compliance desk reviews. When data items are found to be missing or inaccurate, such as tribal affiliation, the data is corrected.

The following screen shots from FACIS verify some of the information required for client screens including children who are placed in care, which provide the status, demographic characteristics, location and goals for placement of every child who is or has been in foster care within the preceding 12 months.

Child Assessment Case Plan [View]

Child Case Plan Start Date: 04/09/2015   Child's Initial Goal: Reunification ▼

Concurrent Plan
- ◉ Basic Concurrent Planning
- ○ Intensive Concurrent Planning

Evaluations List

Evaluation Date	Response	Concurrent Goal	Concurrent Type
05/09/2015	Reunification	Adoption	Basic

[View]

Entered By
Name:
Cody Westergren   Date: 02/10/2016

[Close]

Client Basic (<New>)

Name / Numbers | Demographics | Addresses / Phones | E-Mail

Name (s)

Priority	Courtesy	First	MI	Last

[Add]
[Edit]
[Delete]
[Promote]

Number(s)

Number Type	Number	Comments

[New]
[Update]
[Delete]

Has this Client been previously adopted? ○ Yes ○ No ○ Unknown
How old was the Client at previous adoption? [▼]
Adopted from? [▼]   ☐ Private Adoption

[OK]
[Cancel]

Client Basic (<New>)

Name / Numbers | **Demographics** | **Addresses / Phones** | **E-Mail**

Birth
Date __/__/____   City [_____]

Age (Yr [____]   State [<Unl ▼]

Sex
- ○ Male
- ○ Female
- ○ Not Determined

Ethnicity
- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Unable to Determine
- ☐ Unknown
- ☐ Declined

Race
- ☐ White
- ☐ American Indian or Alaska Native
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Is
- ☐ Asian
- ☐ Unable to Determine
- ☐ Unknown
- ☐ Declined

Primary Language [<Unknown> ▼]

Secondary Language [<Unknown> ▼]   [Add]   [Remove]

Date of Death __/__/____

Tribal Info
Affiliation [<Unknown> ▼]

Enrolled [<Unknown> ▼]

Date Enrollment Initiated __/__/____

Military
- ○ Yes
- ○ No
- ● Unknown

Marital Status [<Unknown> ▼]

Has this Client been previously adopted? ○ Yes ○ No ○ Unknown

How old was the Client at previous adoption? [_____ ▼]

Adopted from? [_____ ▼]   ☐ Private Adoption

[OK]   [Cancel]

Client Basic (<New>)

Name / Numbers | **Demographics** | **Addresses / Phones** | **E-Mail**

Address(s):

Priority	Address

[Add]
[Edit]
[Delete]
[Promote]

Telephone(s):

Priority	Type	Number	Extension	

[Add]
[Edit]
[Delete]
[Promote]

Has this Client been previously adopted? ○ Yes ○ No ○ Unknown

How old was the Client at previous adoption? [_____ ▼]

Adopted from? [_____ ▼]   ☐ Private Adoption

[OK]   [Cancel]

Demographic Data:

The client screens capture demographic information. CPS has an interface with the Economic Assistance mainframe system. We are able to verify information in FACIS matches with Economic Assistance records. If CPS believes the information is a match but information is not consistent, CPS staff work with Economic Assistance staff to verify if the information is accurate. In order to activate Medicaid coverage, the demographics information must match across both systems. Since a high percentage of the children served by CPS are also served by Economic Assistance, this information is timely and accurate.

Placements and Location Data:

FACIS auto-generates claims information at the beginning of each month for placements in the previous month. If placements and discharges are not entered timely before this process runs, then claim information does not match what providers are billing. This is an alert to staff that something has not been entered in the system.

CPS has an Office Claims Preview function which allows staff to preview their placement information before claims process runs. This lists children in care with information by office and includes information about where the child is placed, start/end dates and the service selected. This allows staff an opportunity to ensure their placement and discharge information is entered prior to the payroll process running.

Legal Status:

There are two rows in the FACIS Case Compliance reports that address legal status. The Legal row alerts the Family Services Specialist that the child is in placement and the legal hearing has not been entered yet. The Final Disposition Due row alerts the Family Services Specialist when a child has been in care more than 15 months and a dispositional/permanency hearing needs to be entered.

Case Goals:

CPS policy states a child must have a formal case plan completed within 60 days of placements. The Case Plans Due row on the case compliance report alerts the Family Services Specialist prior to the due date about case plans being due and about any that are currently overdue.

The following are the results of CPS's error rating for some of the key data elements from the AFCARS 2015B submission showing evidence of accuracy in those elements. Elements 22 & 57 relate to timeliness of data entry. For CPS error rates to be this low on these two elements, staff must consistently be meeting the 60 day timeframe allowed for most entries.
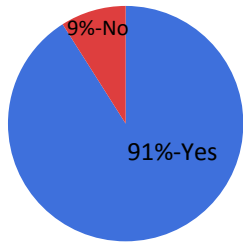
AFCARS Element	Error Rate- 1788 Records
Element 22: Date of placement to date of transaction	0.56%
Element 57: Date of discharge to date of transaction	3.78%

CPS completed a review of a random sample of 90 FACIS foster care records out of a total of 1205 children. The sample was from a report of children statewide in placement run as of December 31, 2015. The review was completed to assess the accuracy and currency of information in FACIS related to case goal, legal status, birth date, name, gender, race, tribal affiliation, and location. The following table and charts represent the results of the review. The sample size of 90 was selected, with a 10% margin of error and 95% confidence level being seen as most doable with available staff resources to complete the case reviews.

FACIS Case Review

-	Case Goal		Legal Status		Birth Date		Name		Gender		Race		Tribal Affiliation		Location	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Totals	81 90%	9	73 81%	17	89 99%	1	88 98%	2	90 100%	0	88 98%	2	51 93%	4 No 35 NA	85 95%	5

Case Goal

9%-No
91%-Yes

Legal Status

19%-No
81%-Yes

Birth Date

1%-No
99%-Yes

Name

2%-No
98%-Yes

Gender

100%-Yes

Race

2%-No

98%-Yes

Tribal Affilation

6%-No

94%-Yes

Location

5%-No

95%-Yes
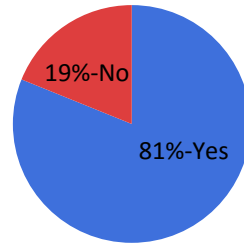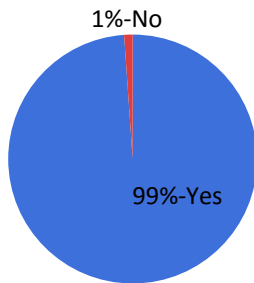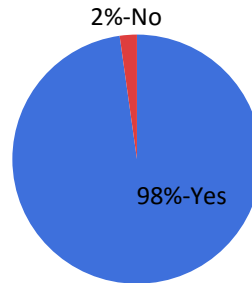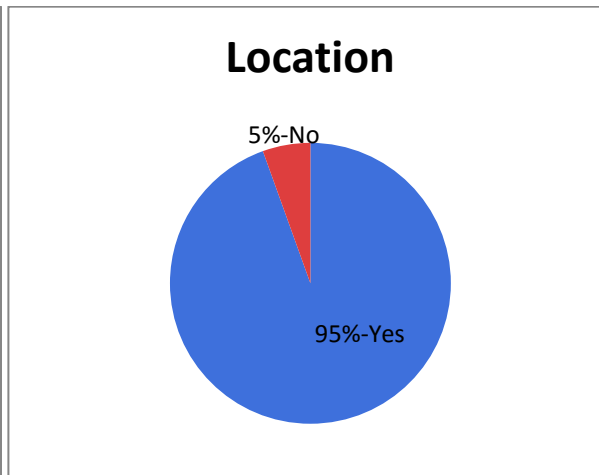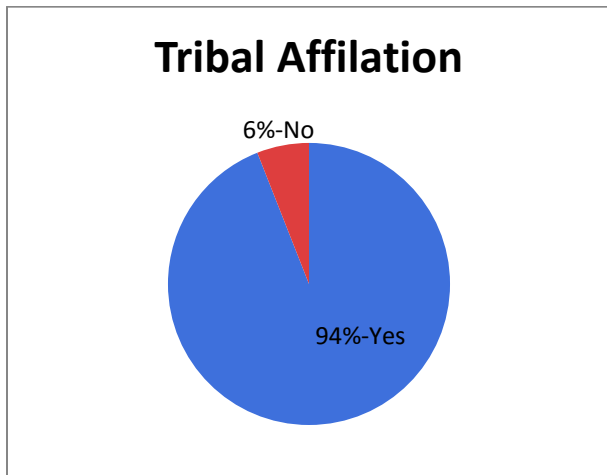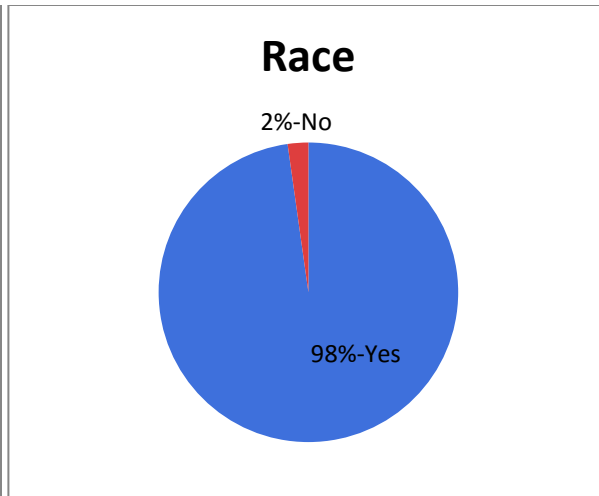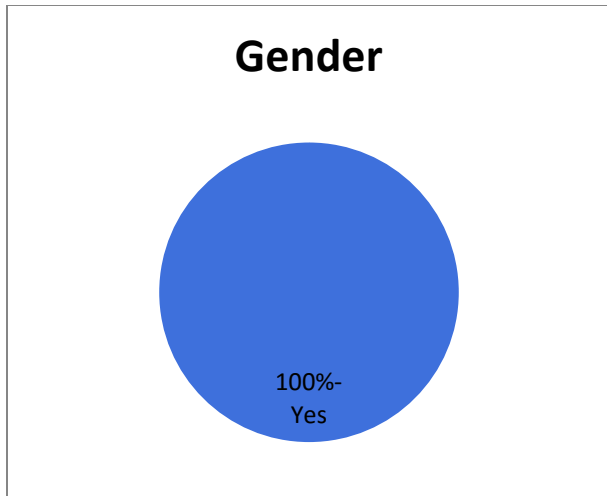
Existence and currency of data rated high in all but the Legal Status review item. The issues related to the Legal Status item included: some offices had the practice of not entering legal status until the order had been received even though a hearing had been held; and court orders had been received and scanned in file director, but the Legal screen was not updated.

Summary

FACIS does not have a way to report timeliness of data entry. The documentation provided in the narrative in this item shows there are a number of system checks in place with alerts and compliance reports that assist CPS in ensuring data is entered timely. The high percentage of cases found to be accurate in each of the elements that were reviewed is a representation of the normal level of accuracy of FACIS data. Based on the

case review and the system supports, CPS believes this Item 19 is a strength since CPS can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care.

B. Case Review System
Item 20: Written Case Plan
How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?
Please provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child's parent(s) that includes the required provisions.

State Response:

Policy states the child's case plan will be completed within 60 days of initial placement. The child's case plan is initially reviewed six months from the date the child, parents, placement resource, and the FSS sign the plan. After the initial assessment of the child's case plan, the case plan is assessed for progress every 90 days and adjusted according to the changing needs of the child.

CPS utilizes two processes for case planning; the Child Assessment Case Plan and Child Case Plan Evaluation. Policy dictates that a case plan be developed using all available information to assess what the needs of the child are according to the key areas of the Child's Assessment Case Plan. The information used to assess those needs comes from medical records, mental health records, school contacts/records, parent and foster parent assessment of the child's needs, the IFA, trauma assessments, the Protective Capacity Assessment, the child's own view of his/her needs, and the FSS assessment of the child.

The Child Assessment Case Plan includes information related to:

- Plan goal
- Concurrent Plan goal and development
- Identifying if relative searches have begun and the status of the searches
- Status of the child's placement stability and efforts to maintain current placement
- Case Plan contacts and planning process

The child's needs and strengths are documented in the Child Assessment Case Plan.   The key areas that are documented are:

- Physical Health
- Mental Health
- Educational/Developmental Health
- Maintaining Child's Relationships (Family, Cultural, Attachment, Community, Siblings, etc.)
- Other Behavior Affecting Placement
- Independent Living Services for Youth 16 or Older
- Other identified needs (As Applicable)

The FSS meets with all parties involved in the development of the child's case plan. A supervisor consult is required before the plan is signed by the parties involved.

At the six month evaluation, the FSS completes the Child Case Plan Evaluation. The FSS assesses the progress in each area of the case plan. Contacts are made with all parties involved, and the plan can be adjusted based on input from the contacts to meet the changing needs of a child. If the child changes placement or a service provider changes, then an evaluation has to be completed in order to note the changes in the case. Copies of the Child Assessment Case Plan and Child Case Plan Evaluation are given to the parties involved.

CPS FACIS includes compliance reports for both Supervisors and Family Service Specialists which provides a listing of cases due for certain case related activities. Two of those activities are the Child Case Plan and Case Plan Evaluation. The structure of the Child Case Plan along with related policy and procedure provide the framework that supports involvement of the parents, child, and other individuals with a significant relationship with the child.

CPS has continued to make improvements in the area of requirements for child case plan since the 2008 CFSR and Round 1 of the SPWB reviews. Strengths were found in 51% of cases in Round 1 of the SPWB reviews ending April 2012. Strengths were found in 72% of cases in Round 2 of the SPWB reviews completed ending April 2015. In the first two years of Round 2, strengths were found in 79% of the cases. This may be an indication of need for improvement with some but not all offices. CPS will use the period between the 2016 APSR and the submission of the Statewide Assessment to gain a better of understanding of what is needed to improve in this Item.

A review was completed of 90 cases sampled in December 2015 from a total 0f 1205 cases. Seventy-seven cases or 84% of cases were found in compliance with Item 20.

CPS is in the process of revising the Child Case Plan to improve the functionality of the form and process and to assure the process and form includes the new Case Review requirements mandated by the Preventing Sex Trafficking and Strengthening Families Act. Even with these improvements regarding child case planning, CPS will further assess this Systemic Factor through a more extensive review of current data during the completion of the Statewide Assessment to better understand why this continues to be an area needing improvement.

Item 21: Periodic Reviews
How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?
Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review.

State Response:

There is a provision in state law, SDCL 26-8A-24, that requires the court to hold review hearings of adjudicated abused and neglected children every six months. There is another provision in state law, SDCL 26-7A-19(3), that covers situations where an adjudication has not been completed but a child continues in care. If the child is in temporary custody of the Department of Social Services and has not been adjudicated as an abused or neglected child, the court shall review the child's temporary custody placement at least once every sixty days.

To assure that the case review requirements are met, those CPS offices where the court does not hold review hearings every six months must have a Permanency Planning Review Team for the purpose of review of all children in legal custody, including those cases where CPS has been awarded placement and care responsibilities by a tribal court. This includes children in kinship care and children who have been returned home for a trial home visit. Three of the offices have been granted exceptions to this requirement; Rapid City, Deadwood, and Sturgis since the court holds review hearings every six months. The courts in those three offices' jurisdictions hold review hearings more frequently than six months. The offices are not required to hold PPRTs unless a court hearing is not scheduled within the required six months.

The PPRT is required to review every child in care every six months until the child is no longer in custody. Cases where parental rights have been terminated and the child is placed in a pre-adoptive home waiting finalization must also be reviewed. The PPRT shall consist of a CPS supervisor, the FSS, a placement resource representative, and a person unrelated to the delivery of social services to the child in foster care and the child's parents. It is the requirement of the supervisor to serve as chairperson of the team.

The review is open to the participation of the parents, foster parents, pre-adoptive parents, or relative caretaker of the child. It is the duty of the supervisor to certify that all participants have been notified and that all reasonable efforts have been made to secure their participation.

CPS captures six month PPRT or court reviews in FACIS. CPS will complete a review of the most current data as part of the Statewide Assessment to determine the level of compliance with the six month review requirement.

CPS completed a review of periodic reviews in 172 cases out of a total of 1205. The review found 137 or 80% of the cases in compliance with 6 month reviews.

Item 22: Permanency Hearings
How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?
Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

State Response:

SDCL 26-8A-22 (Final decree of disposition-no termination of parental rights) and SDCL 26-8A-26 (Termination of parental rights) state that in no case may a child remain in foster care for a period in excess of twelve months from the time the child entered foster care without the court holding a permanency hearing and making a dispositional decree. The court is to review the child's permanency status and make a dispositional decree every twelve months as long as the child continues in the custody of DSS. As part of the permanency hearing, the court shall determine whether the state has made reasonable efforts to finalize the permanency plan that is in effect.

CPS policy regarding permanency hearings mandates that staff must request a permanency hearing for every child that has been in the Department of Social Services care for 12 months, and the child must have a Dispositional (Permanency) Hearing on or before the 12 month anniversary of the child's removal date. There must be a Permanency Hearing requested every 12 months as long as the agency has custody, or placement and care responsibility.

CPS tracks in FACIS IV-E determinations and redeterminations and reasons for ineligibility. Two of the reasons included are lack of a Permanency Hearing and the required language not being included in the Permanency Hearing order. The following is the data related to ineligibility reasons from last three state fiscal years related to Permanency Hearings.

State Fiscal Year	No Permanency Hearing	Percentage of All Reasons	Lack of Required Language in Order
2013	324	11.9%	9
2014	287	13.2%	5
2015	193	9.1%	2

The data shows a decrease in the number of where a Permanency Hearing was not held for children receiving IV-E funding. A federal IV-E Review was completed in May of 2015. CPS was found to have no errors in any of the cases reviewed, including compliance with Permaneny Hearings and required language. Since the data relates to only the population of children receiving IV-E funding, the impact of funding as an influence on whether a Permanency Hearing is held may be a factor. CPS will need to complete a more thorough review of data regarding children whose placement is funded by IV-E and cases where other funds are used to determine if the trend is generally consistent among all cases.

Item 23: Termination of Parental Rights

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

Please provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

State Response:

The FSS must request the State's Attorney or Tribal Prosecutor to file a petition to terminate parental rights when a child has been in foster care for 15 of the most recent 22 months. The States Attorney and Tribal Prosecutor are the entities that file the petition. The exceptions to the provisions are:

- The child is being cared for by a relative;

- The case plan documents a compelling reason for determining that filing such a petition would not be in the best interests of the child; or

- Not all of the services in the case plan that are necessary for the safe return of the child to the parent's home have been completed but progress toward the goal is being made and is documented.

The FSS must document any compelling reasons for not filing a petition to terminate parental rights in the court report. The court reporta must also include the date the child entered foster care. The date is the earlier of either:

- The date of the first judicial finding that the child has been adjudicated abused or neglected; or

- The date that is 60 days after the date when the child was removed from a parent or guardian.

SDCL 26-8A-21.1 allows the court to not reunify child with the parent for certain circumstances including those felonies specified in ASFA. SDCL 26-8A-21.2 requires the court to hold a Permanency Hearing if reasonable efforts are not provided and further requires the court to consider termination of parental rights and adoption, guardianship, placement with a permanent relative, or determine if there are compelling reasons to not enter a disposition that includes any of those options. SDCL 26-8A-26.1 allows the court to terminate parental rights for any child that has been abandoned for six months or longer. CPS policy requires that a petition for termination of parental rights be filed on an abandoned infant as defined by state law. State law requires that children be appointed attorneys in abuse and neglect court actions to represent the interests of children.

Two reports from FACIS provide staff with a listing of cases that can be used to determine children who are approaching or have been in care 15 of 22 months. One report lists children by office who have been in care greater than 12 months. The second report lists children in care who have been in care 15 of the last 22 months and includes the latest legal disposition and disposition date. Further assessment of this Systemic Factor will be completed during the Statewide Assessment using current information from these two reports.

CPS completed a review of compliance with termination of parental rights and found compliance in 172 cases out of a total of 1205. The review found 82 of 114 applicable cases to be in compliance with termination of parental rights.

Item 24: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?
Please provide relevant quantitative/qualitative data or information that show foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child.

State Response:

CPS policy regarding notice to foster parents, adoptive parents, relative providers about the right to be heard states it is the Family Services Specialists' responsibility to assure the foster parent, pre-adoptive parent, or relative caregiver, is informed of all hearings regarding the child placed in their home. The provider must also be given the opportunity to provide a verbal presentation or a written statement or report to the court. CPS policy requires the FSS inform the placement resource about the option to be heard orally in court, submit written comment, or have their comments included in the court report. Policy also requires foster parents, adoptive parents and relative providers be invited to six month Permanency Planning Review Team (Administrative Reviews) meetings. Placement Resource providers can be reimbursed for travel for attendance at Permanency Planning Review Team meetings when they are held out of their home town.

CPS completed a statewide survey of foster and adoptive parents in July 2015 related to a number of topics. Two hundred and fifty-one foster parents and adoptive parents out of a total of 681 responded to the survey. One of the topics was right to be heard at hearings and Permanency Planning Team Meetings. The two questions related to the right to be heard at court hearings and responses are the following:

When a child placed in your home had a permanency hearing, review hearing, or a Permanency Planning Review Team Meeting (PPRT), were you consistently notified of the date(s) of the hearings/meetings?

Answer Options	Response Percent	Response Count
Yes	83.8%	207
No	10.9%	27
I have not had a child placed in my home.	5.3%	13
answered question		**247**
skipped question		**6**

Of the 247 who responded, 5.3% had not had a child in their home. Of the 234 that answered yes or no, 88.5% responded they had consistently been notified. One office represented 44% of the no responses. When excluding by office those respondents who have not had a child placed in their home, the number of offices by percentages of yes responses are:

- In 10 of the 19 offices, 100% responded they had been consistently notified.
- In 14 of the 19 offices, 90% or higher responded they had been consistently notified.
- In 17 of 19 offices, 80% or higher responded they had been consistently notified.
- In 1 of the 2 offices under 80%, there were only 2 respondents and 1 responded yes to the question.

If you provided input for a permanency hearing, review hearing, or a PPRT on behalf of the child

placed in your home, please select the box or boxes to indicate the type of input you provided.

Answer Options	Response Percent	Response Count
Attended the hearing and provided input	32.5%	74
Attended and did not provide input	45.2%	103
Provided a written statement to the FSS to be shared at the hearing or the meeting	15.4%	35
Provided input which was included in the court report	31.6%	72
NA	28.9%	66

answered question	**228**
skipped question	**25**

<u>**Summary**</u>

The rate of positive responses from all the foster and adoptive parents respondents regarding being notified of the right to be heard indicates the procedure is being followed a large majority of the time. When looking at the individual office level, it appears several offices are complying at a high level and the percentage of negative responses is impacted mainly by three offices.

The CPS Regional Managers obtained information from each of the CPS Supervisors within their Region related to the policy and practice of the Judges who hear abuse and neglect cases in their areas. Based on the information provided: 15 Circuit Court Judges allow verbal and written input; 1 Judge allows written but not verbal input; 1 Judge occasionally allows the placement resource into the court to give input; otherwise he allows written input, 2 Judges allow kinship providers to give verbal input and all others to provide written input A Tribal Court from 1 of the 5 tribal jurisdictions CPS serves does not consistently allow placement resources to provide verbal input, 1 allows kinship providers to provide verbal input, and all 5 Tribal Courts allow for written input from the placement resources.

Based on the data provided, notice and right to be heard are occurring consistently statewide and are strengths.

C. Quality Assurance System
Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?
Please provide relevant quantitative/qualitative data or information showing that the specified quality assurance requirements are occurring statewide.

The State's quality assurance system is operating in the jurisdictions where the services included in the CFSP are provided.

Child Protection Services is a Division within the South Dakota Department of Social Services. The Department of Social Services is state administered and state operated. There are 19 CPS offices providing services to all counties in the state except those areas under the jurisdiction of an Indian tribe which has a tribal child welfare program and a current agreement with the State. South Dakota is divided into 66 counties. Oglala Lakota County, which is within the Pine Ridge Reservation, is the only county where CPS does not have at least partial service responsibility.

In April 2008, CPS implemented the current Quality Assurance program known as the Safety, Permanency and Wellbeing (SPWB) Reviews. Over the course of the 3 year review period all offices are reviewed once with the exception of the two largest offices which are reviewed annually. The second round of reviews began in April 2012 and Round 3 began in April 2015. All offices were reviewed in Round 2 and all offices are scheduled for a review in Round 3. When an office is being reviewed, the case list used to pull the review sample includes all eligible cases from the counties served by the office being reviewed.

The review teams are each comprised of two staff with Program Specialists, Regional Managers or Supervisors being the primary reviewers and Family Service Specialists assisting as co-reviewers. Staff are only assigned to office reviews outside of their home Region. Prospective reviewers are required to attend Safety, Permanency, and Wellbeing (SPWB) Reviewer training before participating in a review. Prior to the implementation of the new Onsite Review Instrument (OSRI) in 2015, the reviewers were trained on the review instrument used for the 2008 CFSR and any subsequent updated versions of the instrument. The training was modified for use of new instrument. In 2014, 68 reviewers were trained and in 2015, 60 reviewers were trained.

Number of Offices Reviewed By Region
SPWB Round 2-April 2012 Through March 2015

-	Region 1 (1 Office- 1 County)	Region 2 (3 Offices-8 Counties)	Region 3 (3 Offices-13 Counties)	Region 4 (3 Offices- 7 Counties)	Region 5 (4 Offices- 22 Counties)	Region 6 (1 Office-1.5 Counties)	Region 7 (4 Offices- 12.5 Counties)
2012	-	2	-	1	2	1	-
2013	1	1	1	-	2	1	2

-	Region 1 (1 Office- 1 County)	Region 2 (3 Offices-8 Counties)	Region 3 (3 Offices-13 Counties)	Region 4 (3 Offices- 7 Counties)	Region 5 (4 Offices- 22 Counties)	Region 6 (1 Office-1.5 Counties)	Region 7 (4 Offices- 12.5 Counties)
2014	1	-	2	2	-	1	1
2015	1	-	-	-	-	-	1
Unduplicated Count	1	3	3	3	4	1	4

In Rounds 1 and 2 of the SPWB Reviews, an in-person Exit Meeting was held following the completion of the review with the staff from the office being reviewed. During the Exit Meetings the data related to findings and comparisons to prior reviews were highlighted with the Regional Manager, Supervisors and Family Services Specialists. In Round 3 the Exit Meetings are held electronically using an online communication system.

The CPS CQI Core Team, which was established in August 2010, implemented the Division's CQI program. The CQI Core Team, which meets monthly, is composed of members from the Management Team and responsible for development and oversight of the CQI program. The levels of the CQI teams that make up the CQI program structure include the CQI Core Team, a CQI Regional Team, and Local CQI teams.

The Regional Team is the Supervisor Advisory Group (SAG). The SAG includes one Supervisor from each of the seven Regions. The SAG meets monthly to address concerns and issues brought before them by their peers and the Management Team. In order to remain a viable part of the program, the SAG instituted a process where the membership terms are staggered and members change on a rotating basis. This allows for other Supervisors to participate as members of the SAG while insuring continuity with experienced team members.

The third tier of the CQI program is composed of the Local CQI Teams. Local teams were developed in local offices following the SPWB Review.

CPS implemented training for CPS staff on the CPS CQI program in 2013. Following an SPWB Review in a local office, Core Team members present training on continuous quality improvement philosophy and practice. The purpose of the training is to assure the majority of staff are trained on the CPS CQI program to facilitate staff involvement in the CQI process as part of the SPWB Reviews. The training is approximately three hours in length and is followed by another session scheduled for a later time where the CQI practice is utilized to begin the development of corrective actions related to areas of need outlined in the SPWB Review.

The CQI training curriculum covers the following topics:
- Key Principles of CQI
- Advancing CQI in Child Welfare: Using Data to Solve Problems
- Steps in a Systematic CQI Cycle
    - Identify and understand the problem
    - Research the solution
    - Develop the Theory of Change
    - Adapt or develop the solution
    - Implement the solution
    - Monitor and assess the solution

- Developing SMART Goals
- Use of the Logic Model

The following table shows the number of staff who were trained on CQI, and the number who have not been trained. The training was provided in two sets in 2013, 2014 and 2015. The first set was completed with all offices. The two QA lead staff then enhanced the training after they attended the CQI Academy. There was a second round of training for all offices using the revised curriculum. There is no administrative mandate requiring staff to attend the CQI training if they have not been able to attend the scheduled training. The Regional Manager and Supervisor are able to educate staff on the process since they have heard the training on more than one occasion. The fact that 86% of staff based on data current at the time the data was collected have attended the training is indicative of the commitment by CPS staff to the program. Training continues to be provided in response to staff turnover, through requests from local offices and in follow up to SPWB reviews. A recent refresher training was held for the Hot Springs office to assist in their development of action plans following their SPWB review which was held in September 2015.

-	Number Trained	Number Not Trained	Reasons Not Trained
Region 1	36	6	Court, emergency response, and leave
Region 2	8	7	New staff
Region 3	21	2	Office coverage
Region 4	21	5	New staff
Region 5	27	3	Staff not available
Region 6	44	5	New staff
Region 7	17	1	Staff on intake
Total	174	29	-

The CQI Core Team continues to lead the Division in the institution of the CQI philosophy within the Division as well as the continued development of the CQI Program. Information regarding CQI and the development of CQI Teams has been shared during bi-annual Management Team and Supervisor Meetings. Additional information has been provided to local office staff during SPWB Review Exit Meetings and Regional Office Meetings.

The State's quality assurance system has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety),

CPS has replicated the CFSR process through the use of the CFSR Onsite Review Instrument. The review of the CFSR outcomes and items are used at the local level and statewide to assess the state's performance in achieving quality outcomes. In the first two rounds of CPS's SPWB Reviews, the 2008 CFSR instrument and instructions were used. Beginning with the April 2015 review, South Dakota began utilizing the new OSRI in the SPWB reviews. Also, beginning with the April 2015 review, South Dakota began using the Online Monitoring System (OMS) to enter case data into a web-based system. The OMS replaces the document previously written by reviewers that outlined the strengths and areas needing improvement for each case. South Dakota CPS's Quality Assurance case review process and policy was approved by the Children's Bureau to allow CPS to use the case review process for the Third Round CFSR . CPS also completes a policy review of cases during the SPWB Reviews as a way to help offices recognize where they need to improve with policy that relates to service delivery. The findings of the policy and practice review are provided to the Regional Manager and Supervisor and are separate from the CFSR portion of the review.

CPS uses the national indicators to assist in understanding how well CPS is doing in each indicator. As part of the CFSP development in 2014, the CPS Management Team used the SPWB Review results, NYTD reports, and national indicators to determine areas of focus for improvement in the CFSP. For specifics related to the use of the data, refer to the 2015-2019 CFSP and the 2016 APSR.

CPS also uses rules and policy and practice standards to measure how well CPS is implementing practice models and interventions. As examples, CPS completed a fidelity review of the CSI model in 2012, a review in 2014 of decision-making based on policy and practice requirements in screening of child abuse and neglect reports, and a review in 2015 of how well policy and practice are being followed in the implementation of Present Danger Plans.

The State's quality assurance system identifies strengths and needs of the service delivery system

CPS uses the results of the SPWB Reviews (local results and partial or full rounds of statewide results), CFSR findings, the CFSR Statewide Data Indicators, NYTD and FACIS reports to determine where the child welfare system is working well and where there is a local, statewide or systemic concern. When the Management Team determines based on one or more of the data or other information sources a substantive issue needs more in-depth study, CPS implements a CQI project. The project is assigned to one of the following: a workgroup composed of FSSs, Supervisors, Regional Managers and state office staff; the CQI Core Team; or the Supervisor Advisory Group. The following table provides information on CQI projects initiated in response to data indicators.

Staff Responsible	Project	Purpose	Process
Comprehensive Safety Intervention Workgroup (CSI)	Review implementation of the CSI model.	Initiated in response to results of SPWB Reviews. Assess fidelity of implementation of CSI and determine strengths and areas of need related to competency of each Supervisor in supervising CSI	Review sample of cases under each Supervisor, assess how well CSI was implemented and level of Supervisor competency in key areas and create development plans for Supervisors based on the assessments.

Staff Responsible	Project	Purpose	Process
Comprehensive Safety Intervention Workgroup	Review decision-making related to screening of child abuse and neglect reports.	Initiated in response to FACIS data showing the high percentage of screened out reports. Purpose was to determine if decisions were made consistent with the safety screening standards	Review of 164 Information and Referral Request for Services and 861 screened out A/N Request for Services . There were no significant concerns found regarding the decision-making. Enhancements made related more to the RFS document and screening disposition option.
Comprehensive Safety Intervention Workgroup	Review implementation of the Present Danger Plan	Determine if the plan is being implemented as designed.	Review of 230 cases with Present Danger Plans. Information from the review was shared with the Management Team and the training faculty will assure necessary emphasis is put on staff understanding PDPs. Solutions for issues are still being developed.
ICWA Program Specialist	ICWA Compliance Reviews	Assess ICWA compliance and address areas of need.	The ICWA Program Specialist reviews 32 cases each quarter using a standardized review tool. When an issue is found, the Program Specialist notifies the Regional Manager and Supervisor of the issue. Findings are shared with the Management Team and Supervisors.
Ongoing Services Program Specialist	Review implementation of Ongoing Services Maltreatment Safety Assessment	Monitor and Evaluate process for assessing maltreatment and safety when allegations of maltreatment are made during in-home and trial reunification cases.	Review each in-home and trial reunification case with new allegations of maltreatment to determine sufficiency of safety plan, timeliness of assessment, and whether child had to be placed in care.

The Management Team holds semi-annual in-person meetings and monthly telephone conferences. When areas in need of improvement are identified either through a review or by one of the workgroups, the identified needs are presented to the Management Team during one of these meetings for discussion and development of an improvement plan.

The State's quality assurance system provides relevant reports.

Quantitative data reports are provided in a report viewer function in the Division's SACWIS system (FACIS), and these reports are available for any staff to access. These quantitative reports are used for office/region/statewide review. Quantitative data reports are enhanced as needed based on changing requirements or areas of focus. The data reports are also provided to offices/regions as they develop and implement CQI plans in specific areas of focus. For example, CPS's targeted recruitment plan involves the development of individualized Region/office plans based on placement needs. A report is provided by FACIS that includes the demographics of children in care in their specific area.

The following are examples of a few of the reports by program area which can be used by CPS to assist in analysis of outcomes:

Program Area	Report	Report Purpose	QA Benefit
Request for Services	Dispositions of CPS Investigations per RFS	Lists number of substantiated and unsubstantiated investigations and disposition regarding service provision.	CPS uses the report to monitor case disposition including how many cases are opened for services.
Request for Services	Status of Assigned IFAs and Investigations	Lists number of days IFAs are pending for defined periods of time so CPS will know how many IFAs are overdue and how many days overdue.	CPS has been addressing the issue of overdue IFAs by local offices evaluating and monitoring status of timeliness through use of this report.
Request for Services	IFA Safety Outcomes	Reports number of IFAs & number meeting response time, number with diligent efforts to make initial contact, number with identified safety threats, and number by safety response when a safety response is required.	CPS uses this report to monitor initial contact time and for budget indicators.
Ongoing Services	Caseworker Visits for In Home Cases	Reports by each case visits expected, visits made, and visits not entered.by month.	CPS uses this report to monitor compliance with in-home visits with parents.
Ongoing Services	Family Protective Capacity Assessments	Reports by month the number of PCAs started by month and the number within the required timeframe and the number 30, 60, or more days overdue.	CPS uses this report to monitor timeliness of PCAs.

Program Area	Report	Report Purpose	QA Benefit
Placements	Children in Alternative Care	Reports by month the number of children in type of placement setting, average length of stay for children discharged and for children currently in care by placement setting, and discharge reason for children discharged.	CPS uses this report to monitor timeliness of permanency and types of permanent placement discharges. The report will be used by the Permanency Workgroup along with SPWB Reviews and state data indicators to monitor any efforts put in place to improve permanency efforts.
Placements	Demographics of Children in Alternative Care	Reports number of children by placement setting by age, race, sex, and tribal affiliation.	CPS uses this report to assist with keeping aware of trends in demographics including placements by race and assist in determining placement resource needs.
Placements	ICWA Directors Report	Lists children by tribal affiliation, time in care, permanent plan, last type of hearing, hearing date, office, and FSS.	CPS provides the report monthly to Tribal ICWA Directors. Used for the ICWA case review pull and to check on accuracy and currency of related FACIS data.
Placements	Children in Alternative Care less than 6 Months, 6-12 Months and Greater Than 12 Months.	Three separate reports. Lists children by court of jurisdiction, age race, time in care, level of care, permanent plan, last hearing type and Judge.	CPS uses the report to monitor legal status and length of time in care. The report is provided to the judges on a monthly basis with the expectation CPS staff will use the report to work with the local court on permanency progress.
Placements	Children on Psychotropic Medications	Lists number of children on psychotropic medications and number of children on multiple levels of medications.	CPS uses this report to monitor progress in decreasing use of psychotropic medication.

Program Area	Report	Report Purpose	
Adoption	Legal Status of Children with Termination of Parental Rights and Plan of Adoption	Lists children with at least one parent's rights terminated where adoption is the permanent plan, and when the TPR appeal expires. Also, includes total number of children, average age, number by race, number by tribal affiliation, number enrolled.	CPS uses this report to monitor timeliness of movement towards adoption.
Adoption	Children in Care Greater Than 12 Months with the Plan of Adoption	Lists children by placement date, months in care, placement setting, last hearing and court of jurisdiction.	CPS uses this report to monitor timeliness of movement toward adoption.
Adoption	Adoption Averages with Race and Primary Basis	Report lists number of initiated and finalized adoptions, average months between placement date and date of adoption, average months between TPR and finalization, number of adoptions by foster parent, relative, relative foster parent, non relative, number of Native American children adopted by white and Native American parents and number of white children adopted by white and Native American parents.	CPS uses this report to monitor timeliness of adoption and monitor number of adoptions by relatives and foster parents.
Resource/Licensing	Licensed Foster Homes by Race	Reports number of foster homes by race, number of new homes, number closed, and how the foster parent first learned about foster parenting.	CPS uses this information in foster parent and adoptive parent recruitment and retention planning
Resource/Licensing	Resource Inquiries	Lists the number of inquiries by month by type of license.	CPS uses this information in foster parent and adoptive parent recruitment planning

South Dakota's FACIS system includes compliance reports that provide real-time access to items that are missing information in the system. These compliance reports can be used with staff during their regular staffing with supervisors. Ongoing training in specific areas is provided by request of the office or region. Training on FACIS data reports is provided to various levels of the management team on an as

needed basis. In September 2014, the FACIS Project Manager provided training on specific reports, accessing reports and functionality to drill-down to specific case level data on many reports to Supervisors at a statewide meeting.

The FACIS Team and Management Team members use the appropriate data quality utilities and tools provided to ensure data is accurate. These include using the AFCARS Data Quality, Compliance & Frequency Reports, NYTD NDRU & NCANDS EVAA programs to review data prior to submission. Any data errors found are addressed and corrected wherever possible.

Staff have consistently commented they use the Compliance Reports generated in FACIS to monitor their case loads and required data entry. In addition, staff who have worked in other states prior to coming to South Dakota have shared the FACIS system in South Dakota is more user friendly than SACWIS systems in other states and provides a great deal more information than the systems they have experience in using.

Challenges within the area of data collection center around ensuring staff enter data in a timely manner in order for the various reports to capture the necessary data. This can be monitored through various reports on FACIS and efforts will be made to make improvements where needed. South Dakota does have some areas needing improvement in AFCARS reporting and has an ongoing AFCARS Improvement Plan. In April 2015, the FACIS Project Manager completed entry of test information into an AFCARS Test Deck database. Extractions for requested AFCARS submission periods were submitted along with the case scenario documentation the week of April 20, 2015.

During Rounds 1 and 2 of the SPWB Reviews, individual case review results were documented on a Microsoft Word template by the review teams. Upon finalization, the completed templates were provided to the Regional Manager (RM) and Supervisor(s) of the Office. During Round 3 with the use of the Online Management System (OMS), the RM and Supervisors are provided with the completed OMS template. The results are also compiled in an Excel Spreadsheet which indicates the percentages of the cases which rated as a strength and this is shared with the RM, Supervisor(s), Division Director and Deputy Division Director. This spreadsheet is also utilized in the electronic Exit Meeting.

The findings for individual Items of an office's review are also detailed in a table in a newsletter format which is provided to all staff within the office. Areas related to adherence to or deviance from policy and practice are evaluated during the review process and findings are detailed in a Microsoft Word Template which is also provided to the RM and Supervisor(s). Interviews with stakeholders are conducted and documented with copies provided to the RM and Supervisor(s).

Upon completion of an SPWB Review, the RM and Supervisor(s) host a meeting with area stakeholders to share the results of the review, highlight the strengths and areas in need of development, and obtain feedback from the stakeholders. The findings from the review are provided to the stakeholders in the same format provided to the CPS staff at the time of the Exit Meeting.

The State's quality assurance system evaluates implemented program improvement measures.

Upon completion of the training, the office is expected to use CQI. In an effort to ensure the sustainability of the Local CQI Teams and assure the CQI process is being implemented effectively, each Core Team member is assigned to offices to serve as the CQI liaison. This liaison acts as a point of contact between the Core Team and Local Team as well as a mentor to advise and assist the Local Teams in the application of CQI. These liaisons provide reports to the Core Team during the monthly meetings on the activities and initiatives addressed by the Local Teams. A guide for CQI liaisons was developed in order to ensure all CQI liaisons are proceeding in a uniform manner when working with their assigned offices. Information describing the activities of each Local Team is relayed to the Division's Management Team via the monthly reports submitted by the Regional Managers. Throughout Round Two, every office received at least one CQI training with the larger offices receiving additional training after each annual review. The CQI training curriculum was revised following participation by four CPS Core Team members in the CQI Training Academy sponsored by the Children's Bureau. Training with the new curriculum began in January 2015. All offices have been provided training on the revised curriculum.

The CQI project template was updated to reflect the process being trained in the new CQI curriculum, and a CQI tracking process was implemented to track CQI projects. These documents along with other information detailing the CQI projects and providing updates on each Team's progress and CQI results are kept electronically on a shared drive accessible to all CPS staff.

CPS has made an effort over the last several years to assess the effectiveness of changes in policy, practice and service delivery models. These efforts have been particularly strengthened through the implementation of the CQI program. CPS has completed two fidelity reviews of the CSI model since it was finalized and implemented in 2006. Enhancements to the CSI model were made following each review. CPS has on more than one occasion evaluated the practice related to kinship search and engagement of kinship resources. In response to the findings, CPS enhanced practice, created Kinship Specialists positons, developed a contract for kinship locators and developed a contract for completion of kinship home studies.

The following table of current Management Team and CQI Core Team projects provides examples which show how CPS continues to evaluate used to evaluate implemented program improvements:

Staff Responsible	Project	Purpose	Process
ICWA Program Specialist	ICWA Compliance Reviews	Assess ICWA compliance and address areas of need.	The ICWA Program Specialist reviews 32 cases each quarter using a standardized review tool. When an issue is found the Program Specialist notifies the Regional Manager and Supervisor of the issue. Findings are shared with the Management Team and Supervisors.
Management Team	Review of implementation of policy related to oversight of psychotropic medications.	Assess compliance with oversight and monitoring of psychotropic medications for children in care.	The CPS Group Care Program Specialist and Regional Managers are reviewing a sample of cases to assess compliance with key components of monitoring and oversight. Once the assessment of cases is completed a determination will be made by the Management Team if any corrective steps need to be taken.

Staff Responsible	Project	Purpose	Process
Permanency Workgroup	Review current CPS process that impact kinship searches	Improve placement stability and permanency for children through increase in kinship resources	Reviewed sample of cases and current processes to determine quality of efforts to identify, locate, and engage kinship resources. Data from the review is still being evaluated. Once the data is evaluated the workgroup will make recommendations for policy and practice changes to the Management Team. Policy and practice changes will be made related to those recommendations approved by the Management Team.
Permanency Workgroup	Review implementation of the concurrent planning process began statewide in 2012	Determine if the process is being implemented as designed	Reviewed a sample of cases. Data from the review is still being evaluated.
Comprehensive Safety Intervention Workgroup	Review implementation of the Present Danger Plan	Determine if the plan is being implemented as designed	Reviewed sample of cases. Data from the review is still being evaluated.
Comprehensive Safety Intervention Workgroup	Ongoing review of Conditions for Return pilot	Assess effectiveness of Conditions for Return as a decision-making process	Sixty three cases have been reviewed in two four month time periods, July 2015-March 2016. The cases were assess against four main goals
Ongoing Services Program Specialist	Review implementation of Ongoing Services Maltreatment Safety Assessment	Monitor and Evaluate process for assessing maltreatment and safety when allegations of maltreatment are made during in-home and trial reunification cases.	Cases are reviewed on an ongoing basis. Twenty-six cases have been reviewed so far and assessed and 6 questions are answered as part of the review of each case. A list of areas needing attention was developed from the review. The issues will be processed with the CSI workgroup by the Ongoing Services Program Specialist to determine what efforts need to be made to address the issues. Case reviews will continue.

CPS uses CQI as the process to evaluate how improvements can be made and whether implemented interventions are improving outcomes. In Round Two, as offices began utilizing the CQI process in conjunction with working on completion of any corrective actions they had in place, it became clear that CQI would provide a better avenue in which to promote lasting change in improving outcomes. The effort has been to move away from broader action plans and incorporate a more focused approach to addressing areas of need through CQI plans. As a result of offices

utilizing the CQI process, offices have implemented CQI projects to improve outcomes in several areas, including placement stability, timeliness of case plans, timeliness of Initial Family Assessments, relative searches, connections for children, and safety plans. The following two tables include examples of Local Team projects used to address program areas needing improvement at the local level. The examples show how the program is operating statewide and is used for issues that impact outcomes. The first table includes examples of current projects just in the development stages at the local level. The second table includes local projects which have implemented improvements and the results are being measured.

Office	Project	Purpose
Deadwood	Placement Resource Recruitment	Increase number of resources to meet needs of children in placement
Sturgis	Worker Visits with Parents	Increase frequency and quality of worker contacts
Hot Springs	Working with Parents	Improve Items 12B, 13 and 15
Rapid City	Timely Permanency	Reduce length of time to permanency.
Pierre	FSS Visits with Parents	Improve frequency and quality of FSS visits with parents
Eagle Butte	Parent/Child Visits	Improve quality and frequency of parent/child visits
Mobridge	Communication and Engagement with Non-Resident Parents	Improve involvement and communication with non-resident parents
Mission	Parent/Child Visitation	Increase the frequency of visits for children with parents
Chamberlain	Present Danger Plans	Improve clarity of pending danger statements
Region 4-Region-wide	Timeliness of Initial Family Assessments (IFA)	Reduce the number of overdue IFAs. Region-wide
Aberdeen	Relative placement	Improve efforts to identify and locate relative resources
Brookings	Relationship of parents with children	Increase activities other than visitations that promote, support, and maintain positive parent relationships with children
Watertown	Relative placement	Improve relative search
Sioux Falls	Child and parent involvement in case planning	Improve child and parent input in case planning

Project and Office	Tools Used	Staff Involved	Contributing Issues	Results
Improve Timeliness of IFAs (Rapid City Office)	FACIS Reports, Supervisor tracking, time study, random review of overdue IFAs, staff surveys	Regional Manager, Supervisors, and FSSs,	Staff turnover, staff promotions, staff being on FMLA, all which limited how many IFA specialists available; also the assignment rates increased as well as placements.	Multiple strategies were tried including specialization and more oversight by Supervisors. The Regional Manager reviews FACIS reports and tracks progress on Excel. An email is sent to the Supervisors each month updating them on status of overdue IFAs. Number of ongoing cases and placement cases has increased and ongoing turnover making specialization difficult. Effort is ongoing to make adjustments once turnover decreases.
Improve communication and engagement with non-resident parents (Mobridge)	SPWB Review results	Supervisor and FSSs	Not ensuring involvement of non-resident parent through visitation, involvement in child's activities, and case plan input	Action steps were put into place to assure more concerted efforts were made to engage non-resident parents. The Supervisor monitored contact with NRPs through case narratives and Case Plan contact notes. This office is under the PUR for the CFSR and will use the CFSR results to see how effective the efforts have been.

Project and Office	Tools Used	Staff Involved	Contributing Issues	Results
Improve initial contact with emphasis on 0-3 days standard (Chamberlain Office)	Case reviews and FACIS reports	Regional Manager and Supervisors	Staff were not completing contacts in 0-3 day cases until the next workday following weekends or holidays.	Assure on-call or assigned FSS makes contact during the holiday or weekend when 0-3 day timeframe involved a weekend or holiday. Regional Manager reviewed FACIS report which showed improvement from 76.5% to 87.5% over 6 month period.
Improve efforts to promote and maintain positive relationships with mother and father and other primary caregivers (Brookings Office)	SPWB Review, case review-court reports, FACIS narrative and case plans	Supervisor and FSSs	SPWB findings-documentation lacking,	Solutions developed to better engage non-resident parents and multiple caregivers. Due for review April 2016

Summary

As the data and information show in this Item, CPS is operating a statewide Quality Assurance System operating in the jurisdictions where the services included in the CFSP are provided. CPS evaluates all CPS offices based on the CFSR outcomes and measures and CPS policy and practice. The Quality Assurance system follows the CFSR case review process when completing office reviews and measuring outcomes to assure CPS is protecting the safety and health of children. CPS was approved by the Children's Bureau to use the CPS Quality Assurance program for the 2016 CFSR. CPS operates a Continuous Quality Improvement program that identifies strengths and needs of the service delivery system. The FACIS information provides a wide range reports to use for assessing and monitoring functioning of programs and services. In addition, reports are generated by the CPS Quality Assurance review team which are used locally and at the statewide level for Continuous Quality Improvement porjects. CPS has in past evaluated and is currently evaluating implemented program improvement measures.

D. Staff and Provider Training
Item 26: Initial Staff Training
How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?
Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.
Please provide relevant quantitative/qualitative data or information that show:
• staff receive training pursuant to the established curriculum and time frames for the provision of initial training; and
• how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

State Response:

This Systemic Factor was found to be a strength in the CFSR Round One and CFSR Round Two. CPS has enhanced the training since then. Staff training has not often been mentioned as a concern by staff and other stakeholders during Safety, Permanency and Wellbeing (SPWB) Quality Assurance Reviews. CPS staff have commented during reviews and meetings that the training helps them do their jobs, but concern is mentioned at times about not having enough time on the job before being trained.

CPS continues to provide mandatory initial (Certification) training for all newly hired Family Services Specialists, Supervisors, Regional Managers and Program Specialists. The new schedule for the training rotation allows more staff to enter the training cycle earlier after their hire date than they would have been able to previously. Certification training was revamped in 2013 and the changes resulted in revised curriculums and a new philosophy. The revisions were implemented to make the training even more practice focused related to the safety, permanency and well-being outcomes; more specialized related to the specific areas of practice; and more sequential for staff development. Each of the training sections except for Family Group and Trauma Informed Practice are held three times per year. Family Group is held two times per year and Trauma Informed Practice is held one time per year to allow staff time in the field before the training so they can better understand the practice when it is trained. The Certification Training program is sequential and begins with the Foundation section. Because the CPS processes are interconnected, staff normally do not enter training after the training cycle has begun. If staff misses a training section while in the training cycle, which has been a rare occurrence, the staff can make up the section the next time the section is held. Staff are required to take a pretest at the beginning of the training week and a post test at the end of the week for each section of training. If staff fails an exam, the Training Program Specialist notifies the Regional Manager and Supervisor and sends the test to the Supervisor to cover the material and work with the staff on those areas where the staff failed. The test document is not given to the staff. Then the Regional Manager retests the staff and sends the retest to the Training Program Specialist.

While it is a preference to allow staff to begin or even complete Certification training before being assigned cases, the scheduling of Certification and need to assure cases are being responded to does not often allow offices to wait to assign cases to new staff. There are a few factors contributing to this issue. The main issue is resources. Staffing levels do not allow Supervisors to wait very long to assign cases after a new Family Services Specialist begins employment without compromising service quality to families and safety of children. The number of hours within the training program make it necessary to spread the training out over several weeks. The circumstances that affect timing and level of case assignments include such things as turnover, increase in cases, previous experience of the new staff, readiness of the new staff, and when the next training cycle will begin. Since staff may be assigned cases before beginning or completing Certification Training, CPS has in place an orientation process and checklist Supervisors are expected to use for staff orientation after staff begin employment. A copy of the checklist is included later in this Item along with the information and data related to a Family Services Specialists' survey, which addresses the area of orientation training. The process is designed to take place during the first four weeks of employment. The checklist details what parts of CPS practice and policy staff should be educated about beginning with the upfront part of the program and what activities can be used to orient staff each week during the four week period. Shadowing and assisting experienced staff with case activities, peer to peer training by experienced staff,

mentoring by experienced staff and attending case staffing are examples of techniques used to provide hands on training prior to Certification for all new staff whether of not they have been assigned casework.

The degree to how common these techniques are and the fact they are statewide are evidenced in the survey results discussed later in this Item. Some offices have expanded the local training to go beyond the standardized orientation training as a precursor to Certification Training. Certification training was recently increased by 36 hours. This was the result of the addition of training sections on Family Group Conferencing and Trauma Informed Practice.
The sections of the training rotation are as follows:
- Foundation (36 hours)
- Initial Family Assessment/Safety Evaluation/Planning/Interviewing (36 hours),
- Protective Capacity Assessment Training (36 hours),
- Permanency/Well Being (34 hours),
- Intake/ FACIS (SACWIS) training (30 hours),
- Family Group/Trauma Informed Practice (36 hours)

Additionally, staff attends the prospective foster and adoptive parent training program (PRIDE) (30 hours) so staff can be aware of the information and knowledge being shared with foster parents and Common Sense Parenting classes (4 hours) to inform staff about the information and knowledge being shared with parents who attend Common Sense Parenting classes.

The Certification faculty was expanded to 59 trainers. The faculty continues to be composed of CPS staff with the exceptions of a physician who trains on the section on medical indicators of child abuse and neglect and Department of Social Services Legal staff who train on the legal components of CPS, including ICWA. The ICWA Program Specialist continues to provide cultural awareness training as part of the Foundation Training week.

CERTIFICATION (This section is new)

The following information outlines the objectives for each section of Certification Training.

FOUNDATION TRAINING (22 hours)
- Develop an understanding of Family Centered Practices
- Develop self-awareness and cultural consciousness in relation to the families and children CPS serves.
- Discuss the Division's core values and what is required to uphold ethical standards.
- Develop a basic understanding of the policies and procedures employed by Child Protection Services.
- Develop knowledge and skills to effectively interview and engage families through the CPS process.
- Provide introduction on how to conduct and complete meaningful interviews with children and adults related to incidents of child maltreatment.
- Provide introduction on how to obtain information necessary to determine child safety and maltreatment.
- Discuss expectations regarding professional writing skills.
- Discuss how to practice safe work habits and maintain resiliency.

Cultural Awareness (6 hours)
- Learn how to interact effectively with people of different cultures with an emphasis on Native American culture.
- Develop awareness of contemporary Native American issues that Native family's face and how it impacts Child Abuse and Neglect.

- Gain insight into historical trauma and the United States policies that created an atmosphere of mistrust that affects relationships between Indians and Non-Indians today.
- Gain understanding of a wide variety of Native American culture topics and also the child rearing practices of South Dakota tribes.
- Gain an understanding of challenges Native Americans face regarding dual citizenship and what that means.
- Understand how the issue of poverty impacts Native American families and what a Family Services Specialist/Supervisor should be aware of in addressing issues related to poverty.

Legal (8 hours)
- Learn about state and federal laws Family Services Specialist and Supervisors will work with when providing services to children and families.
- Learn about child abuse and neglect legal proceedings which take place at the onset of the case until final disposition.
- Learn the legal definition of child abuse and neglect.
- Learn about the meaning of reasonable efforts and meaning of active efforts.
- Learn about the provisions in the Adoption and Safe Families Act.
- Learn about the requirements of the Indian Child Welfare Act.
    - Background of the Act
    - When ICWA applies
    - Jurisdictional applications
    - Notice requirements
    - Requirements related to rights of intervention and transfer
    - What constitutes active efforts and how to document active efforts
    - Active efforts compared to reasonable efforts
    - What is a Qualified Expert Witness
    - What the placement preference requirement means
    - How ICWA applies to voluntary and involuntary TPR
    - All additional requirements

INITIAL FAMILY ASSESSMENT TRAINING (30 HOURS)

- Promote a family based orientation to safety assessment.
- Develop skills associated with gathering information regarding initial family assessment in a timely manner.
- Learn how to complete safety evaluations and safety planning
- Learn about information needs to be obtained during the process and how to transfer the information onto the Initial Family Assessment, safety evaluation and safety planning in a manner that identifies and manages safety threats to children.
- Develop interviewing skills to determine family functioning and child safety.
- Develop immediate protective plans or safety plans to safely maintain children in their homes, whenever possible and appropriate.
- Identify in a timely manner which families are appropriate for continued services based
  upon the safety threats identified within the family.

Identifying Non-accidental trauma in the Pediatric Patient (6 hours)
- Overview regarding the identification of child sexual abuse, child physical abuse and child neglect.
- This training provides staff with an understanding of the potential symptoms to be cognizant of in the area of non-accidental trauma vs. accidental trauma.

PROTECTIVE CAPACITY ASSESSMENT TRAINING (32 HOURS)

- Promote a system of intervention (integration of intake, initial family assessment, case planning progress, case plan development, measure progress) that is fundamentally based on the application of safety concepts and criteria.
- Develop skills to engage and build collaborative partnerships with the caregivers.
- Develop skills to have direct conversations with caregivers regarding the identified threat to safety.
- Develop skills to raise awareness and seek agreement with the caregivers regarding what must change in order to make a child safe.
- Understand the purpose of the protective capacity which is about the relationship between what must change and the enhancement of diminished protective capacities.
- Learn how to identify caregiver's strengths and identify caregiver's protective capacities.
- Learn how to identify and write realistic goals, outcomes and objectives for change.
- Learn how to Identify specific needs of child (ren) that must be addressed in the case plan.
- Learn negotiation skills to assist in seeking agreement in regards to the case plan and service options.
- Learn how specific services are intended to enhance the identified diminished protective capacity.
- Learn how to write a Protective Capacity Assessment Case plan.
- Learn how to identify progress and change in relation to the caregiver protective capacities identified in the Protective Capacity Case plan.
- Learn how to identify when treatment is successful and when caregiver protective capacities are sufficient to protect against the threats to the child safety.
- Learn how to complete the Protective Capacity case evaluation process and document.
- Learn how to testify through a mock trial. (4 hours)

PERMANENCY AND WELL BEING TRAINING

Support Services (12 hours)
- Provide an overview of child development, family dynamics, attachment, and parenting discipline.
- Provide helpful hints and tools for Family Service Specialist/Supervisors to utilize in their work with children in families to ensure that they are preserving connections with the child's family, extended family and siblings.
- Learn about the process of developing and documenting the child's case plan and case plan evaluation.
- Learn how completing a child's case plan assessment which provides a clear understanding of the child's strengths, child's needs and related services to consider necessary to address those needs, and the suitability and safety of the resource provider.
- Learn about the team approach with the parents, the child(ren), resource providers, and collateral contacts in the development and ongoing assessment of the child's case plan.
- Provide staff an understanding of the importance of life books and monthly visits.

Placement Services for Children in Foster Care (10 hours)
- Gain knowledge of placement philosophy.
- Learn about conditions related to child safety in the placement setting and the process to assess placements to assure that children are safe.
- Understand the value and necessity of the comprehensive assessment of children.
- Develop the skill to complete comprehensive assessments.

- Understand the necessity for formal case planning and evaluation for children and learn how to involve the entire team and to complete all of the steps necessary for successful case planning.
- Learn about the placement options for children in the legal custody of the Child Protection Services: kinship, levels of foster care, group care, psychiatric residential and intensive psychiatric residential.
- Learn about the state and federal laws pertaining to placement
- Gain an understanding of the importance of matching a child with a placement and placement considerations, placement preference.
- Learn the concepts related to placement stability.
- Provide Family Services Specialist/Supervisors an understanding of resources available to Resource Providers.
- Learn about requirements of the Interstate Compact on the Placement of Children,
- Learn about he concept of permanency planning and options for permanent plans..
- Learn what is required regarding diligent relative search.
- Learn about the concept and process of concurrent planning.
- Learn the steps and resources used in completing a diligent search for adoptive placement resources.
- Learn what role the Family Services Specialist has in the adoption finalization process.
- Learn about post adoption services, adoption disruptions and dissolved adoptions.

Independent Living Services (2 hours)

- Learn about the Chafee grant and Educational Training Voucher (ETV) grant program.
- Learn about the Independent Living 5 Year Plan and Independent Living goals.
- Learn about the role of the Community Resource People and referral process.
- Learn how the Ansel Casey Assessment is used.
- Learn about the process and purposes of the Age 16 and 17 Planning meetings, and Exit meeting and how critical they are in preparing youth for transition.
- Learn about the National Youth in Transition Database (NTYD)
- Learn the requirements of the Patient Protection & Affordable Care Act and Annual Credit Reports.
- Learn about the Independent Living Skills organizer, Independent Living Skills workshops, teen conference, Independent Living Services website.
- Learn about the financial and other supports provided to youth to help in the transition.
- Inform staff about Transitional Living Programs.
- Learn about the process for applying for housing for youth after leaving foster care.
- Learn about the Former Foster Care Medical Assistance program.

FAMILY GROUP (20 HOURS)

Training is provided to all new Division of Child Protection Services staff regarding Family Group Conferencing. This training covers this family driven decision making process that provides extended families an opportunity to come together to makes decisions concerning their children by creating permanent and concurrent plans for the children. This process is covered from the very beginning with a referral and all the steps that take place before an actual meeting takes place. Additional family meetings are also covered such as
- Learn about the history, philosophy, and values of the FGDM process.
- Learn about the various elements of the FGDM process, including preparation, the four phases of the FGDM, and follow-up activities.
- Learn about how the attitudes, values, and beliefs that influence the ability of practitioners to work with children and families whose cultural backgrounds may differ from the practitioner's

- Learn the coordinator's role in the preparation phase.
- Learn about the referral process.
- Learn how to develop collaborative relationships with parents, family/kin members, social workers, and others that are respectful of their expertise, cultures, and beliefs.
- Learn how to assess potential safety issues and develop plans to create a safe environment in which the FGDM can occur.
- Learn how to employ various strategies for including the voices of children, victims, offenders, and others who are unable to, or choose not to, attend a conference in person.
- Mobilize and widen families' circles of support.
- Learn how to serve as a convener at an FGDM, understanding the limited role that the FGDM coordinator plays in parts of the conference.
- Learn about the key components and protocols related to the FGDM process.
- Learn about other types of team meetings such as Team Decision-Making Meetings, Placement Team Meetings and Concurrent Planning Meetings.

TRAUMA INFORMED PRACTICE (20 HOURS)

- Learn the essential elements of a Trauma-Informed Child Welfare System.
- Gain an understanding of the term child traumatic stress and learn what types of experiences constitute childhood trauma.
- Learn about the relationship between a child's lifetime trauma and history and his/her behaviors and responses.
- Learn how to use strategies for enhancing psychological safety among children and families.
- Learn what role that Family Services Specialist play in responding to child traumatic stress.
- Learn how to use the trauma screening process to identify indicators of trauma-related needs of children and families and make appropriate referrals.
- Learn how to identify coping responses, strengths, and protective factors that promote resilience among children who have been impacted by trauma.
- Learn how to enhance family well-being and resilience by providing trauma education and support to birth and resource families.
- Learn how Family Services Specialists can be impacted by secondary traumatic stress and coping strategies to use.
- Gain an understanding about the importance of partnering with youth and families.
- Learn strategies for partnering with other agencies and systems that interact with children and families.

INTAKE/FAMILY AND CHILD INFORMATION SYSTEM (32 Hours)

Intake Training (8 hours)
- Learn how to gathering relevant and critical information from reporters and collateral sources.
- Learn about other information systems available to the Intake Specialists: Unified Judicial System, Mainframe System, Child Support and Economic Assistance
- Learn how to effectively document information on the Referral for Service form.
- Learn about how to use the Screening Guidelines are used.

FACIS (Family & Child Information System) Training (24 hours)
Training is provided to all new Division of Child Protection Services staff regarding data entry into the Division's computer system. This training is a combination of presentation format and data entry into our training database in a computer training lab or conference room. Policy and practice requirements are incorporated as it applies to the specific screens and fields within the system. Training is also provided to tribal staff from tribes

with an IV-E Agreement with the state. Training for tribal staff has been provided either in Pierre or by Program Specialists traveling to the tribal office to provide training.

PARENTING EDUCATION PROGRAM (4 Hours)
- Learn about the Community Based Child Abuse Prevention (CBCAP) grant.
- Learn about the state laws that require individuals to attend parenting education classes.
- Learn about the Parent Education Partners, Parent Education Advisory Board; Peer Reviews; Child Protection Service Training
- Learn about the Common Sense Parenting classes, Positive Indian classes, Parenting Aide program; and the process to refer clients to the program.
- Learn about Child Abuse Prevention Month for April and the Parenting Education website.

TRAINING FOR PROSPECTIVE FOSTER AND ADOPTION PARENTS

The Department of Social Services requires all families seeking to provide care to children in foster care become licensed and or approved for adoption. The Department rule requires 30 hours of training for prospective foster and adoptive parents.

CPS requires all new Family Services Specialist/Supervisors to attend the 30 hour training to enhance the team approach with resource families and children in foster care.

PRIDE Training

PRIDE preservice offers a competency-based, integrated approach to recruitment, family assessment, and preservice training. Through a series of at-home consultations and competency-based training sessions, prospective families have an opportunity to learn and practice the knowledge and skills they will need as new foster parents and adoptive parents. The readiness of families to foster or adopt is assessed in the context of their ability and willingness to meet the essential competencies.

RELATED DATA

The following table provides information on the number and percentage of new staff who completed and new staff who did not complete the total number of required Certification hours during the most recent three calendar years. This information is current as of October 30, 2015.

-	Number of New Staff Expected to Complete Training Within Required Timeframes	Number of Staff Who Completed Training	Number of Staff Still In Training Cycle	Number of Staff Who Did Not Complete Training	Reasons Staff Did Not Complete Training
2013	42	38 (90%)	0	4 (10%)	Staff terminated or resigned prior to end of training cycle

-	Number of New Staff Expected to Complete Training Within Required Timeframes	Number of Staff Who Completed Training	Number of Staff Still In Training Cycle	Number of Staff Who Did Not Complete Training	Reasons Staff Did Not Complete Training
2014	41	35 (85%)	0	6 (15%)	Staff terminated or resigned prior to end of training cycle
2015	44	8 (18%)	0	3 (7%)	Staff terminated or resigned prior to end of training cycle

Staff Surveys

CPS surveyed Family Services Specialists and surveyed Supervisors to obtain input on their view of the training program. The two surveys were completed in February 2016. The total FTE for the Family Services Specialists who would have been asked to complete the survey was 175. The total number of Family Services Specialists who responded was 154, or 88%. CPS did not have updated information at the time of the survey regarding vacant positions and staff on extended leave. CPS assumes there were less than 175 staff available to complete the survey due to extended leaves of absence and vacancies, and, subsequently, the completion response rate could have been higher if all staff were available when the survey was completed.

CPS also surveyed Family Services Specialists through a second brief survey to obtain information on whether Family Services Specialists receive orientation training as a supplement to Certification Training since it is difficult for staff to complete Certification Training prior to receiving a caseload.

The total number of Supervisors who would have been asked to complete the survey was 35. The total number of Supervisors who responded was 35 or 100%. The following information provides a summary of responses to key survey questions from each of the surveys that apply to this Item.

Family Services Specialists' Training Survey

The following question was asked to assure the staff responding to the first nine questions of the survey have been through Certification after the training curriculum and format were revised in 2013.

I have attended certification training in the last three years. If answer is no, skip to question 10 (Ongoing Training).

Answer Options	Response Percent	Response Count
Yes, within the last year	34.5%	51
Yes, within the last two years	16.9%	25
Yes, within the last three years	10.8%	16
No, skip to question 10	37.8%	56

answered question **148**
skipped question **6**

When considering only yes and no responses related to this question, yes was answered 94% of the time. A review of the comments related to the "Other" category revealed issues that were varied with one particular issue being repeated more than once. There were two staff who mentioned concern about waiting to attend training. One staff commented they like the spacing of the training weeks and another commented that it would be difficult to be gone without having the time in-between training weeks.

Are certification trainings scheduled frequently enough so that you can attend training at the time that you need it? If no, please explain.

Answer Options	Response Percent	Response Count
Yes	83.7%	77
No	5.4%	5
Other (please specify)	10.9%	10

answered question	92
skipped question	62

The responses to the following survey question are not surprising. The majority of comments in the "Other" category state both were barriers.

Please check which, if any, of the following factors pose barriers to your learning experience during Certification Training.

Answer Options	Response Percent	Response Count
Difficulty in being away from job responsibilities.	69.9%	58
Difficulty in being away from home responsibilities.	12.0%	10
Other (please specify)	18.1%	15

answered question	83
skipped question	71

The following set of questions rated positive with most agreeing or somewhat agreeing 90% or higher in the majority of the questions. Those questions where staff agreed or somewhat agreed less than 90% those who disagreed or somewhat disagreed were less than 10%. While it is still important for CPS to further evaluate the concerns, it shows overall, the training is providing the information staff need to do their jobs.

Please rate the extent to which you agree or disagree with each of the following statements:

Answer Options	Disagree	Disagree Somewhat	Neither Agree or Disagree	Agree Somewhat	Agree	-	Response Count
Certification training content reflects the practice in Child Protection Services.	0	4	3	28	56	4.49	91
Certification training teaches me about state and federal policies and practice standards.	0	1	3	26	61	4.62	91
Certification training reflects the culture and values of the Department of Social Services	0	1	5	29	56	4.54	91

50

Answer Options	Disagree	Disagree Somewhat	Neither Agree or Disagree	Agree Somewhat	Agree	-	Response Count
Certification training teaches the skills and provides the knowledge staff need to do their job	1	7	6	39	38	4.16	91
Certification training teaches staff how to work with families of diverse cultures.	0	5	14	37	35	4.12	91
Certification training is culturally responsive to diverse training participants.	0	4	16	34	37	4.14	91
Certification training meets the needs of Child Protection Services staff.	0	9	9	34	39	4.13	91
My Supervisor is supportive of staff attending Certification Training.	0	2	2	13	75	4.75	92
The Division is supportive of staff attending Certification Training.	2	1	2	18	69	4.64	92
Comment	-	-	-	-	-	-	7

answered question **92**
skipped question **62**

Again, the positive responses to the majority of these questions were 90% or higher with the negative responses being at 6% and 2% respectively in those questions with under 90% positive responses.

Please rate the following questions about Transfer of Learning in your office.

Answer Options	Disagree	Disagree Somewhat	Neither Agree or Disagree	Agree Somewhat	Agree	Rating Average	Response Count
I am able to use the knowledge learned and skills gained in Certification Training.	1	2	3	27	58	4.56	91
My supervisor provides the support needed for staff to implement skills learned in certification training.	0	2	5	14	70	4.69	91
The Division provides the support needed for staff to implement skills learned in certification training.	0	2	10	21	58	4.51	91
My Supervisor discusses my training needs prior to attending certification training.	1	4	12	25	49	4.34	91

Answer Options	Disagree	Disagree Somewhat	Neither Agree or Disagree	Agree Somewhat	Agree	Rating Average	Response Count
My Supervisor supports my transfer of learning on the job.	0	0	7	16	68	4.67	91
Comment(s)	-	-	-	-	-	-	3

answered question **91**
skipped question **63**

CPS training faculty is composed of Program Specialists and Supervisors. The responses to the questions about competency and effectiveness of trainers indicates this as a strength in the program.

Please rate the following questions about the Child Protection Services Certification Trainers.

Answer Options	Disagree	Disagree Somewhat	Neither Agree or Disagree	Agree Somewhat	Agree	Rating Average	Response Count
Certification Trainers are competent trainers.	1	0	2	26	61	4.62	90
Certification Trainers are organized and well-prepared.	0	1	7	32	49	4.45	89
Certification Trainers are effective and helpful.	0	2	5	32	50	4.46	89
Comment	-	-	-	-	-	-	8

answered question **90**
skipped question **64**

The ratings for the two main questions in this set of questions related to training material and training content rated positively.

Please indicate how frequently each of the following occurs.

Answer Options	Always	Most of the time	Some of the time	Rarely	Never	Rating Average	Response Count
Sufficient training materials (e.g handouts, power points ect.) are provided for certification trainings.	50	31	5	1	4	1.66	91
Audio/visual computer equipment is used effectively for certification trainings.	45	35	7	1	4	1.74	92
Training facilities provide a comfortable environment.	37	32	13	4	5	1.99	91
The training rooms are conducive to learning.	40	33	11	2	5	1.89	91

Answer Options	Always	Most of the time	Some of the time	Rarely	Never	Rating Average	Response Count
The training content is appropriate for intended audience.	51	31	3	1	5	1.66	91
Comment(s)	-	-	-	-	-	-	5

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answered question   **92**

skipped question   **62**

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Family Services Specialists' Survey-Orientation Prior to Certification

As discussed in the beginning of this Item, it is a challenge for CPS to have Family Services Specialists complete Certification Training prior to being assigned casework. The following are the questions and responses in the survey related to whether Family Services Specialists received orientation training prior to Certification Training related to practice. The orientation process described in the Orientation Checklist, which is included after the next four tables, relies heavily on involvement of other Family Services Specialists for on the job training with new Family Services Specialists. This on the job type of training can be a positive experience and allow more training opportunities to supplement the training by the Supervisor.

I have attended Child Protection Services certification training within the last three years. If answer is No, skip to question 5

Answer Options	Response Percent	Response Count
Yes	52.6%	70
No	47.4%	63

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answered question   **133**

skipped question   **6**

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The yes response to this question by 89% of the Family Services Specialists shows staff are receiving orientation training to help prepare them for handling casework duties prior to Certification.

I have received orientation training about Child Protection Services practice before attending certification.

Answer Options	Response Percent	Response Count
Yes	89.2%	66
No	9.5%	7
Other (please specify)	1.4%	1

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answered question   **74**

skipped question   **65**

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53

I was assigned the following type of work prior to attending certification training (please select all that apply)

Answer Options	Response Percent	Response Count
Initial Family Assessments	33.1%	41
Caseload of 2-3 cases	26.6%	33
Caseload of 4-6 cases	12.9%	16
Caseload of 6 or more cases	18.5%	23
Providing transportation for co-workers	50.0%	62
Other (please specify)	25.8%	32

answered question	**124**
skipped question	**15**

Orientation Training Checklist

Employee Name: _____ Date of Hire: _____

Supervisor Name: _____

Lead Specialist Name: _____

Specialty: _____

This initial week with intake will include orientation but you will also be trained in how to do intake.

Intake
Week One

_____ Meet with the intake specialists or FSS and set up a schedule with them to start your orientation/training.

_____ Observe an intake specialist or FSS completing intake duties.

_____ Complete at least 2 RFS's from police reports and submit them to the intake screener for review, feedback, and corrections.

_____ Complete an actual intake call with an intake specialist's or FSS, this is to include submitting the referral, completing the SSPA, complete collateral contacts as needed, complete the screening guideline.

_____ Read the following pages in the CPS Policy and Procedure Manual:
- Introduction (pg 1-26)
- Confidentiality (pg 1-12)
- Protective Services (pg 4-53)
- Safety Influences (pg 68-82)
- Special Instructions (pg 104-109)

_____ Review the FACIS Manual relative to intake duties:
- Chapter 4 - Request for Services.

_____ Staff with your supervisor at the end of the week

_____ Learn basic mainframe functions

_____Complete Certification Pretest

Initial Family Assessment (IFA)
Week Two

_____ Respond to an emergency with an emergency response specialist

_____ Attend a 48 Hour Hearing

_____ Participate in completion of an ICWA Affidavit

_____ Assist with a placement into foster care/kinship care

_____ Complete the day after visit/weekly placement check

_____ Observe an interview with a parent and with a child. Observe FSS entering the information into an IFA.

_____ Review an RFS and the resulting IFA

_____ Attend an interview at the Child Advocacy Center

_____ Review the IFA example book with a lead specialist

_____ Visit with your supervisor on the emergency response (on-call) protocol

_____ Read the following pages in the CPS Policy and Procedure Manual:

- Protective Services (pg 54-146)
- Indian Child Welfare Act (pg 1-11)

_____ Review Safety Threats & an example of foreseeable danger

_____ Review steps to Safety Planning

_____ Staff with your supervisor at the end of the week

Ongoing Services
Week Three

_____ Meet with an ongoing specialist for an overview of ongoing services.

_____ Meet with an ongoing specialist to discuss the Child Case Plan & Evaluation and review examples of these documents.

_____ Identify a case and review its documents on file director

_____ Attend a case transfer staffing

_____ Attend two foster home visits with two different specialists

_____ Attend a home visit where children are in trial reunification

_____ Review a Monthly Reporting Form with a FSS

_____ Observe/participate in the Preparation Stage of a PCA

_____ Observe/participate in the Introduction Stage of a PCA

_____ Observe/participate in the Discovery Stage of a PCA

_____ Observe/participate in the Case Planning Stage of a PCA

_____ Complete observation, supervision, and transportation for a parent/child visit and discuss with the FSS issues regarding attachment, and appropriate vs. inappropriate behavior during visits, with the specialist.

_____ Attend an Advisory, Review, Adjudicatory, and Final Dispositional Hearing and have a discussion with an experienced specialist about courtroom etiquette.

_____ Read the following pages in the CPS Policy and Procedure Manual:

- Ongoing Services (pg 1-74)
- Foster and Kinship Care (pg 1-130)

_____ Staff with your supervisor at the end of the week

Week Four

_____ Review with FSS the relative search screen & Diligent Relative Search checklist

_____ Review the PRTF process with an FSS or your supervisor

_____ Attend a therapeutic monthly foster home visit

_____ Attend a treatment team staffing at a local group/residential facility with a FSS

_____ Discuss the importance of placement stability

_____ Review Independent Living Skills (ILS) information and meet with the Community   Resource Persons and try to attend an Age 16 or Age17 meeting

_____ Review the adoption matching process with an adoption specialist, read an adoptive home study, and attend an adoption conference call

_____ Discuss adoption subsidies, the negotiation process, and adoption finalization process with an adoption specialist

_____ Attend a home visit with a child working on loss issues and adoption preparation

_____ Review a Good Cause Hearing court report and attend a hearing

_____ Review the ICPC process with a FSS for children
 being placed out of state

_____ Read the following pages in the CPS Policy and Procedure Manual:

- ICPC and Kinship Home Study (pg 1-34)
- Adoption (pg 1-37)
- Independent Living Services (pg 1-20)

_____ Staff with your supervisor at the end of the week

_____ Review the A/N Checklist

_____ Attend a case transfer staffing (APPLA or Adoption)

Additional Activities

_____ Familiarize yourself with the other Divisions within your area under the Department of Social Services the Division

_____ Familiarize yourself with and learn about the services provided by the   following agencies/treatment facilities in or near the community, with a   Specialist:
- List out specific agencies the new employee should become familiar with.

_____ Review the following packets/brochures:
- Central Registry Brochure
- Collaborative Circle
- Kinship Care Brochure
- Kinship Care Guidebook
- CASA Brochure
- What You Should Know About Your Children in Foster Care
- Systems of Care (SOC)
- Economic Assistance Programs Packet

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- Child Care Services Packet
- Strategic Plan
- RITA
- Review Customer Service

_____ View the A/N Attorney Training Videos (*Go to SD Home Page, State Agencies, Unified Judicial System, Legal Community Tab, A/N Attorney Training Video, Replay Videos, Replay Videos 1 – 5*)

_____ Schedule a time with your supervisor or designee to complete an overview of the Indian Child Welfare Act (ICWA)

_____ Schedule time with your secretary to get an overview of File Director

Supervisors' Survey

The following are the questions and responses within the Supervisor survey related to the frequency and quality of Certification training. The percentage of yes answers when excluding "Other" as an option is 96%. There was only one comment in the "Other" category related to a concern which was about not being able to send a staff because FACIS training was full.

Certification trainings scheduled frequently enough so that I can send a new staff member to training at the time that they need it? If no, please explain.

Answer Options	Response Percent	Response Count
Yes	83.9%	26
No	3.2%	1
Other (please specify)	12.9%	4

answered question **31**
skipped question **4**

All but one of the questions in this set of questions had positive answers of 90% or more.
Please Rate the extent of which you agree or disagree with each of the following statements.

Answer Options	Disagree	Disagree Somewhat	Neither Agree or Disagree	Agree Somewhat	Agree	Rating Average	Response Count
Certification training content reflects the practice in Child Protection Services.	0	0	0	8	23	4.74	31
Certification training teaches staff about state and federal policies and practice standards.	1	0	1	11	18	4.45	31

Answer Options	Disagree	Disagree Somewhat	Neither Agree or Disagree	Agree Somewhat	Agree	Rating Average	Response Count
Certification training reflects the culture and values of the Department of Social Services.	0	0	1	6	24	4.74	31
Certification training teaches the skills and provides the knowledge staff need to do their job.	0	1	1	18	11	4.26	31
Certification training teaches staff how to work with families of diverse cultures.	0	1	4	16	10	4.13	31
Certification training is culturally responsive to diverse training participants.	0	0	3	13	15	4.39	31
Certification training meets the needs of Child Protection Services staff.	0	1	2	15	13	4.29	31
The Division is supportive of staff attending Certification Training.	0	0	0	6	25	4.81	31
Comment	-	-	-	-	-	-	4

answered question **31**
skipped question **4**

Please select which, if any, of the following factors pose barriers to sending a new Family Services Specialist to Child Protection Services certification training. Check all that apply.

Answer Options	Response Percent	Response Count
Timing and Rotation of the Certification Trainings	37.0%	10
Workload for new staff	74.1%	20
Staffing concerns within the office	63.0%	17
Personal issues for new staff	18.5%	5
Other (please specify)	11.1%	3

answered question **27**
skipped question **8**

Summary

The first of the two main criteria to assess this item is whether staff receives training pursuant to the established curriculum and time frames for the provision of initial training. The data related to the rate of staff completion of Certification (initial training) for 2013, 2014 and 2015 affirms CPS is meeting this criteria. When staff did not complete training, it was due to termination of employment prior the full rotation of training occurring. The survey also provided support to training being timely when 93% of staff agreed the trainings were scheduled frequently enough so they could attend the trainings at the time they need the training.

The second criterion for this item is how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties. The survey provides support that this criteria is being met with 84% of respondents agreeing Certification teaches the skills and provides the knowledge staff need to do their job and only 5% disagreeing. Of the remaining 16%, 11% neither agreed or disagreed. As stated earlier, 14% of staff who responded indicated they have worked for less than one year, which may account for a large portion of those who neither agreed or disagreed since they might need more time on the job to know the impact of the training on their skills and knowledge.

Two other pieces of criteria CPS believes are important in assessing effectiveness of training relate to quality of the trainers and transfer of learning into practice. The percentages of respondents who agreed the trainers are competent and organized and prepared were 92% and 91% respectively with only 1% disagreeing. Staff view of transfer of learning indicates they see their supervisors, co-workers, and themselves as benefitting from the training and applying what they learned in practice. The large majority also feel they receive the support they need to incorporate what they learned from the trainings.

CPS believes based on the data provided the current initial training program provides the training needed by CPS staff to be able to effectively do their jobs. One area that is a challenge is timing of Family Services Specialists attending and completing Certification Training and when they are assigned casework. Another challenge is limited resources require CPS faculty to be composed of Supervisors, Lead Family Services Specialists, and Program Specialists who have full time duties separate from providing training. CPS expanded the number of training hours which required adding more trainers. The advantage to this is the trainers have skills and knowledge in CPS practice and are able to transfer that to staff through training. This is supported by Family Services Specialists positive responses to questions about the competency and effectiveness of the trainers. CPS does have an orientation process for Supervisors to use with new staff which is intended to supplement Certification and begin preparing staff soon after they begin employment. CPS made an additional enhancement beginning 2016 by holding one of the weekly sessions of Certification every other week over a 11 week period. This will allow staff to get through training sooner.   This will also help facilitate transfer of learning to occur during the weeks in between the training weeks.

Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?
Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.
Staff, for purposes of assessing this item, also include direct supervisors of all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.
Please provide relevant quantitative/qualitative data or information that show:

• that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and

• how well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP.

State Response:

The expectation is staff will complete a minimum of 4 hours of Ongoing Training per year. Topics of Ongoing Training include topics related to new areas of practice, enhancements in current practice, and areas of practice where it has been determined through CQI projects or Safety, Permanency and Well Being Reviews that there is a need to improve practice. Occasionally, the training is provided through Skype when it is short in duration and is intended for the majority of staff. The training by practice area is normally attended by staff whose job duties relate to the particular specialty and their supervisors, such as IFA, PCA, Intake, Licensing and Family Group Conferencing. It is expected that all staff attend the training related to broader topics such as Trauma Assessment, Psychotropic Medication Oversight, and Sibling Placement. All supervisors attend Supervisor Development Training. The Training Program Specialist logs staff attendance and number of training hours for each of the Ongoing Training sessions.

CPS continues to develop advanced training for Supervisors and Family Services Specialists based on areas of need in practice. CPS recognizes the importance of ongoing enhancement of supervision skills to support quality supervision and transfer of learning for Family Services Specialists. In response to achieving this objective, CPS provides specialized training for Supervisors related to clinical and consultation skills in implementing the Comprehensive Safety Intervention (CSI) model. CPS completed a fidelity review of cases to determine how the CSI model is being implemented. The review indicated safety assessment and safety decision-making were areas needing improvement in the process of safety planning. In August 2013, CPS began providing ongoing Supervision Development training for Supervisors. Along with having the knowledge about the CPS practice, Supervisors need the skills to help staff understand and become proficient in the practice.

Related Data

The following data supports that CPS is assuring the large majority of both CPS Family Services Specialists and Supervisors are receiving the amount of required ongoing training annually.

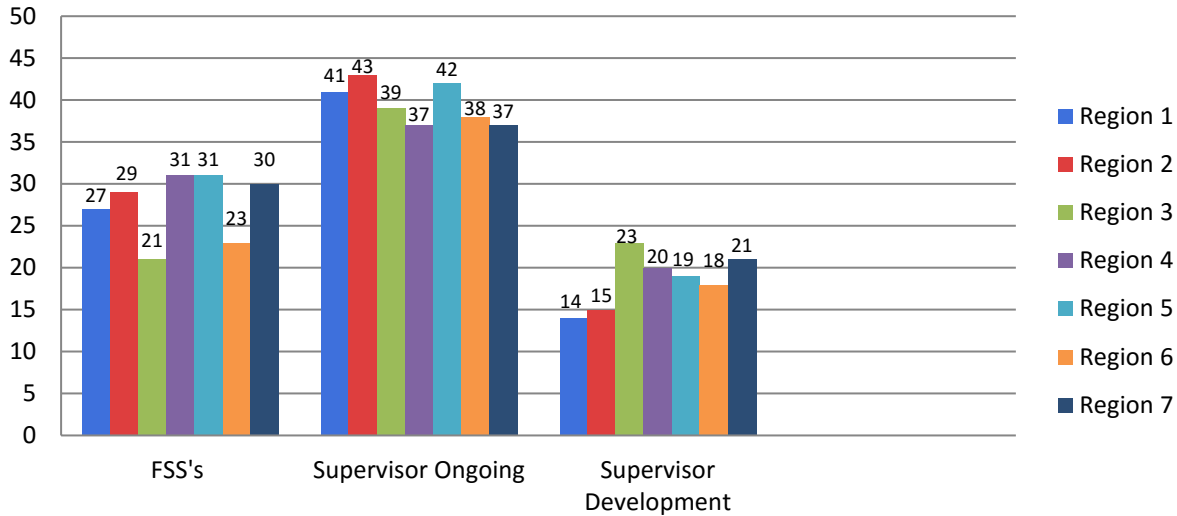| -	Number of Staff Expected to Complete 4 Hours Training	Number of Staff Who Completed Training	Number of Staff Who Did Not Complete the Full 4 Hours of Training	Reasons Staff Did Not Complete Training
2013	227	219 (96%)	8 (4%)	Staff did not complete a full 4 hours
2014	233	224 (96%)	9 (4%)	Emergency response and on travel status
2015	204	200 (98%)	4 (2%)	Emergency response and on travel status

The following is a list of the training topics and number of training hours related to each topic for the last three calendar years. The topics for ongoing training are determined based on current areas of need related to practice and implementation of program improvements.

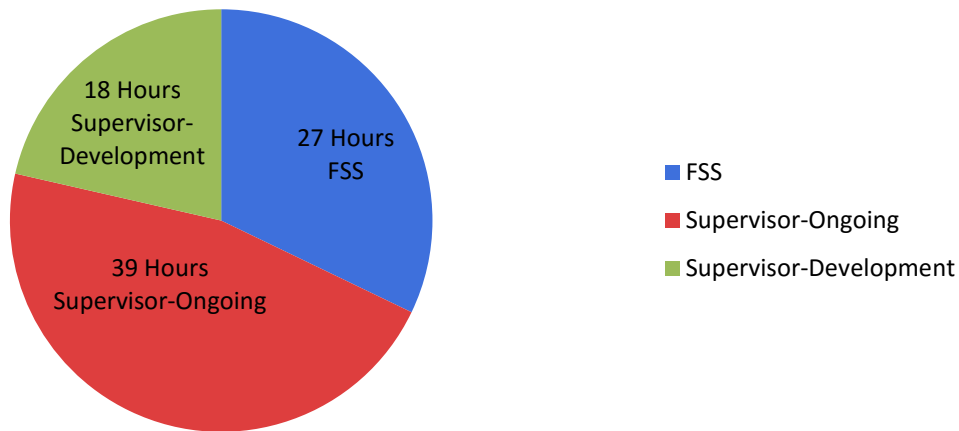| 2013		2014		2015	
Topics	Training Hours	Topics	Training Hours	Topics	Training Hours
Psychotropic Medications Oversight	1.5	Safety Permanency and Wellbeing Training	16	Safety Permanency and Wellbeing Training	16
Family Group	21	Conditions for Return	16	Assessment Screens	2

2013		2014		2015	
Topics	Training Hours	Topics	Training Hours	Topics	Training Hours
Trauma Informed Practice	16	Intake Training Session 1	8	Family Group Conferencing 1	2
IFA Specialty Training	12	Trauma Informed Practice	20	Family Group Conferencing 2	2
Supervisor IFA Consultation	10	Family Group	21	Sibling Placement Training	3
Supervisor Development 1	20	Intake Training Session 2	8	Safety Plan Determination/Conditions for Return	2
-	-	PCA Specialty Training Session 1	8	Intake Training	8
-	-	PCA Specialty Training Session 2	8	Trauma Assessment Training	1
-	-	PCA Specialty Training Session 3	8	Family Group Conferencing 3	2
-	-	Supervisor Development-Critical Thinking	6	Licensing Training	4
-	-	Supervisor Development-Safety Planning	8	Train the Trainers-Certification Faculty	24
-	-	Supervisor Development-Motivational and Organizational Skills	6	Supervisor Development- Cultural Competency	8
-	-	Supervisor Development 1	20	Supervisor Development 1	16
-	-	-	-	Supervisor Development 2	16

The following three sets of charts provide data on the average number of hours staff have completed ongoing training for 2013-2015 by Region and by State total.

Average Hours of Training by Region-2013

Legend:
- Region 1
- Region 2
- Region 3
- Region 4
- Region 5
- Region 6
- Region 7

Category	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7
FSS's	27	29	21	31	31	23	30
Supervisor Ongoing	41	43	39	37	42	38	37
Supervisor Development	14	15	23	20	19	18	21

Average Hours of Training Statewide-2013

- 27 Hours FSS
- 39 Hours Supervisor-Ongoing
- 18 Hours Supervisor-Development

Legend:
- FSS
- Supervisor-Ongoing
- Supervisor-Development

Average Hours of Training by Region-2014

	FSS's	Supervisor Ongoing	Supervisor Development
Region 1	19	38	21
Region 2	25	42	20
Region 3	21	32	15
Region 4	24	30	16
Region 5	24	45	28
Region 6	23	31	27
Region 7	26	58	25

Average Hours of Training Statewide-2014

27 Hours FSS
37 Hours Supervisor-Ongoing
22 Hours Supervisor-Development

- FSS
- Supervisor-Ongoing
- Supervisor-Development

Average Hours of Training by Region-2015

Family Services Specialists Training Survey-Ongoing Training

CPS has made efforts to enhance ongoing training over the last three years. Some of the challenges in providing ongoing training are similar to Certification related to resources and staff faculty. Seven or 11% of staff do not feel ongoing trainings are enough. The 5 comments provided regarding this question were all different concerns and did not indicate any common themes which would help to better understand if there are any systemic issues. CPS does not view 7 or 11% no responses as reflective of problems with frequency.

Are Ongoing Trainings scheduled frequently enough so that you can attend training at the time that you need it? If no, please explain.

Answer Options	Response Percent	Response Count
Yes	84.8%	67
No	8.9%	7
Other (please specify)	6.3%	5
	answered question	**79**
	skipped question	**75**

65

The following set of questions assesses Family Services Specialists opinion on how well Ongoing Training provides them with the knowledge and skills needed to do the work. Eight Family Services Specialists (10%) do not agree with the statement that Ongoing Training meets the needs of Child Protection Services staff. However, only 3 Family Services Specialists (4%) do not agree ongoing training has improved their ability to do the job. Ninety four percent of Supervisors responded in their survey that they have seen improvement in their Family Services Specialists job performance following ongoing training.

Nine Family Services Specialists (11%) do not agree with the statement there are enough trainings offered for different levels of skill. CPS has provided a lot of training on new policy and practice initiatives such as: psychotropic medication, placement with siblings, use of new health, educational and mental health assessment screens, and CFSR case review training. Staff may not see these topics as providing enough variety. Also, staff may have a different opinion on what training they would like to attend that may be of interest to them but may not be as relevant to their job.

Please rate the extent to which you agree or disagree with each of the following statements:

Answer Options	Disagree	Disagree Somewhat	Neither Agree or Disagree	Agree Somewhat	Agree	Rating Average	Response Count
Child Protection Services Training has improved my ability to do the job.	1	2	5	22	48	4.46	78
There are enough Child Protection Services trainings offered for different levels of skills.	2	7	11	27	32	4.01	79
Distance learning training (webinars, live meetings) is offered with a variety of training topics.	1	14	15	20	29	3.78	79
I am satisfied with the number and variety of trainings offered.	1	7	14	24	33	4.03	79
In general, ongoing trainings are culturally responsive to diverse training participants.	1	3	16	25	34	4.11	79
Ongoing training meets the needs of Child Protection Services staff.	1	7	8	28	34	4.12	78
My Supervisor is supportive of staff attending Child Protection Ongoing Training.	0	0	4	18	57	4.67	79
Comment	-	-	-	-	-	-	4

answered question   **79**
skipped question   **75**

Other than comments regarding concerns on the part of some of the Family Services Specialists about preparation and follow up by the Supervisors, the responses related to transfer of learning following ongoing training are mostly positive.

Please rate the following questions about Transfer of Learning in your office.

Answer Options	Disagree	Disagree Somewhat	Neither Agree or Disagree	Agree Somewhat	Agree	Rating Average	Response Count
I am able to use the knowledge learned and skills gained in Ongoing Child Protection Services Training.	0	2	5	25	48	4.51	80
My supervisor provides the support needed for staff to implement skills learned in Ongoing Child Protection Services training.	0	2	7	21	50	4.51	80
The Division provides the support needed for staff to implement skills learned in Ongoing Child Protection Services training.	1	1	9	24	45	4.41	80
My Supervisor meets with me before I attended Ongoing Child Protection Services training to discuss my training needs and expectations during the training.	6	7	9	29	29	4.01	80
My Supervisor meets with me after I attend Ongoing Child Protection Services training and supports my transfer of learning on the job.	3	4	10	28	33	4.17	78
Child Protection trainings have helped me do my job better.	0	3	6	23	47	4.48	79
Supervisors demonstrate increased knowledge and skills as a result of Child Protection Services ongoing training.	1	3	11	22	42	4.33	79

Answer Options	Disagree	Disagree Somewhat	Neither Agree or Disagree	Agree Somewhat	Agree	Rating Average	Response Count
I have noticed positive changes in Family Services Specialists job performance as a result of Child Protection Services on going training.	2	2	18	22	35	4.14	79
I have noticed positive changes in my supervisors knowledge and practice as a result of Child Protection Services ongoing training.	2	3	15	23	37	4.19	80
I use the skill I learned in Child Protection Services ongoing training on the job.	1	2	5	22	49	4.51	79
I feel my co-workers use the skills they learned at the Child Protection Services ongoing training on the job.	1	3	13	20	42	4.30	79
I feel my supervisor incorporates what they have learned at the Child Protection Services ongoing trainings to do their jobs better.	1	1	15	19	43	4.32	79
I think it is important for all supervisors and Family Services Specialist to attend Child Protection Ongoing trainings in order to do their jobs better.	0	1	9	15	54	4.56	79
Comment(s)	-	-	-	-	-	-	1

answered question **80**

skipped question **74**

As mentioned earlier, recently Ongoing Training topics have related to new CPS initiatives. There were no comments by Family Services Specialists to provide some insight into what the concerns might be about the lack of variety in training

Do training topics offered by Child Protection Services provide enough variety for your training needs?

Answer Options	Response Percent	Response Count
Yes	75.2%	91
No	24.8%	30

answered question	**121**
skipped question	**33**

Supervisor Training Survey-Ongoing Training

CPS Supervisors were surveyed related to how well ongoing training is meeting Supervisors needs and providing them with the skills and knowledge to do their jobs. CPS made a key improvement in Supervisor ongoing training by implementing training that is focused on specialized skills in leadership and supervision of CPS practice. Supervisors also normally attend Family Services Specialist ongoing training to assure they gain the same knowledge as their staff.

Ongoing trainings are scheduled frequently enough so that I can attend training at the time that I need it? If no, please explain.

Answer Options	Response Percent	Response Count
Yes	83.9%	26
No	9.7%	3
Other (please specify)	6.5%	2

answered question	**31**
skipped question	**4**

Only 6% of the Supervisors disagree that ongoing training meets the needs of Child Protection Services staff.

Please Rate the extent of which you agree or disagree with each of the following statements:

Answer Options	Disagree	Disagree Somewhat	Neither Agree or Disagree	Agree Somewhat	Agree	Rating Average	Response Count
Child Protection Services Training has improved my ability to do the job.	0	0	0	12	19	4.61	31
There are enough Child Protection Services trainings offered for different levels of skills.	0	4	2	13	12	4.06	31

69

Answer Options	Disagree	Disagree Somewhat	Neither Agree or Disagree	Agree Somewhat	Agree	Rating Average	Response Count
Distance learning training (webinars, live meetings) is offered with a variety of training topics.	1	5	5	11	9	3.71	31
I am satisfied with the number and variety of trainings offered.	0	5	2	15	9	3.90	31
In general, ongoing trainings are culturally responsive to diverse training participants.	0	0	3	12	16	4.42	31
Ongoing training meets the needs of Child Protection Services staff.	0	2	4	14	11	4.10	31
My Supervisor is supportive of staff attending Child Protection Services ongoing training.	0	0	1	5	25	4.77	31
The Division is supportive of staff attending Child Protection Services ongoing training.	0	0	2	7	22	4.65	31
Comment	-	-	-	-	-	-	2

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answered question   **31**
skipped question   **4**

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The questions in this table assess how Supervisors feel they are able to implement what they have learned in ongoing training. The Supervisors responses to each of the following questions are positive at a rate of 90% or higher.

Please rate the following questions about Transfer of Learning in your office.

Answer Options	Disagree	Disagree Somewhat	Neither Agree or Disagree	Agree Somewhat	Agree	Rating Average	Response Count
I am able to use the knowledge learned and skills gained in Ongoing Child Protection Services Training.	0	0	0	12	19	4.61	31

Answer Options	Disagree	Disagree Somewhat	Neither Agree or Disagree	Agree Somewhat	Agree	Rating Average	Response Count
My supervisor provides the support needed for me to implement skills learned in Ongoing Child Protection Services training.	0	0	1	8	22	4.68	31
The Division provides the support needed for me to implement skills learned in Ongoing Child Protection Services training.	0	0	3	9	19	4.52	31
Child Protection Services trainings have helped me do my job better.	0	0	0	11	20	4.65	31
I use the skill I learned in Child Protection Services on going training on the job.	0	0	0	9	22	4.71	31
I feel my co-workers use the skills they learned at the Child Protection Services on going training on the job.	0	1	0	15	15	4.45	31
I feel my supervisor incorporates what they have learned at the Child Protection Services ongoing trainings to do their jobs better.	0	0	2	9	20	4.58	31
I think it is important for all supervisors and Family Services Specialist to attend Child Protection ongoing trainings in order to do their jobs better.	0	0	0	5	26	4.84	31

Answer Options	Disagree	Disagree Somewhat	Neither Agree or Disagree	Agree Somewhat	Agree	Rating Average	Response Count
I have noticed positive changes in Family Services Specialist job performance as a result of Child Protection Services ongoing training.	0	0	2	15	14	4.39	31
Comment(s)	-	-	-	-	-	-	1

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answered question **31**
skipped question **4**

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Please check which, if any, of the following factors pose barriers to you when attending Child Protection Services sponsored training workshops. Check all that apply.

Answer Options	Response Percent	Response Count
Difficulty in being away from job responsibilities.	87.5%	28
Office coverage issues-cannot allow several staff from the office to attend trainings at the same time.	56.3%	18
Training is generally held too far from home to make attending feasible.	25.0%	8
Not enough prior notice of dates of training sessions.	0.0%	0
Late distribution within my office of the information about the training.	0.0%	0
Not enough training offered relevant to my job.	15.6%	5
Other (please specify)	3.1%	1

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answered question **32**
skipped question **3**

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Summary

Data indicates the percentage of both Family Services Specialists and Supervisors who completed the required number of Ongoing Training hours statewide annually over the last three calendar years was consistently very high. Reasons given for staff not completing the 4 hours of Ongoing Training relate to conflict with fulfilling job duties. The number of staff not completing the training for these reasons is minimal and does not indicate a systemic area of need. This component of the training is a strength.

CPS surveyed Family Services Specialists and Supervisors about initial and ongoing training in February 2016. The survey responses from Family Services Specialists indicates a high percentage of Family Services Specialists believe the ongoing training has improved their ability to do their job. While a smaller percentage responded CPS training does meets their needs only 10% did not agree with that statement. The issue may be partly caused by a difficulty in knowing what staff consider meeting their needs. This also may relate to the issue of some Family Services Specialists feeling a need for a different variety of training. The Supervisors responded very positively on Ongoing Training improving their ability to do their job and Supervisors responded similarly when it came to the question of whether it improved the ability of their staff to do the job.

CPS believes this Item is a strength considering the strength of compliance of staff receiving their required hours of annual training, responses by both Family Services Specialists and Supervisors about ongoing training improving their ability to do their job, and the high percentage of positive responses about being able to transfer their learning to practice.

Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?
Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:

• that they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.

• how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

State Response:

Foster and Adoptive Parent Training

South Dakota administrative rules require prospective foster and adoptive parents to participate in a minimum of thirty hours of orientation training before being licensed or approved. The training must include the impact of separation on child development, how attachments are formed, the importance of the birth family, techniques of managing behavior, permanency planning for children and child development. The department uses the Foster PRIDE/Adopt PRIDE competency based pre-service training curriculum developed by the Child Welfare League of America in consortium with the State of Illinois and a number of other states and agencies for the orientation of prospective foster and adoptive families. In some areas of the state that include Indian reservations, the Extending Our Families Through Unity curriculum is also occasionally used. Extending Our Families Through Unity was developed by the Native American Training Institute in North Dakota and is based on the PRIDE Pre-service curriculum. PRIDE

Pre-service training is provided statewide by CPS staff and through a contract with Children's Home Society. Foster and adoptive parents are recruited as co-trainers. Funding is available to provide a stipend and child care assistance to the foster or adoptive family for being a co-trainer. CPS also has a contract with the Rosebud Sioux Tribe to provide recruitment, training, and licensing of Native American foster parents and kinship providers on the Rosebud reservation. Prospective foster and adoptive parents are able to attend PRIDE in their area. In order to accommodate some prospective families, Saturday sessions, one-on-one PRIDE sessions in the family's home, and on-line PRIDE are made available. Completion of the training is documented in the family's FACIS resource record and approved by the Regional Managers prior to issuance of a license or approval for adoption. A certificate is issued to participants on completion of the pre-service training. An applicant may not be licensed to provide foster care or approved for adoption before completion of the pre-service training and study process, which includes background

checks, and final approval by the Regional Manager. In order to receive foster care payment for a relative, a kinship applicant must meet the licensing requirements. The following tables provide data related to initial training and status of licensing for the period of June 2014 through February 2016. The foster parent and adoptive parent training is completed by CPS staff in Region 3 and Region 4, along with the Rosebud Sioux Tribe in Rosebud. Children's Home Society provides training for the remaining five Regions.

The "non-class" for PRIDE represents families who had previous training from another state/agency or previously completed PRIDE. The licensing supervisor from the region will make the determination that is meets the 30 hour requirement as well as the topics outlined in 67:42:05:03. Although, these are typically people who have already been through PRIDE.

REGION 1

FY 2014-15

Class Date	Location	Number Attended	Number Licensed	Pending
07/08/2014	Rapid City	8	5	0
10/11/2014	Rapid City	14	5	0
01/13/2015	Rapid City	7	5	0
02/21/2015	Rapid City	4	1	1
05/12/2015	Rapid City	8	7	0
Non-Class	Rapid City	0	0	0
FY 2014-15 TOTALS	-	**41**	**23**	**1**

FY 2015-16

Class Date	Location	Number Attended	Number Licensed	Pending
06/18/2015	Rapid City	5	2	0
09/12/2015	Rapid City	7	1	3
01/14/2016	Rapid City	8	0	5
02/06/2016	Rapid City	10	0	10
Non-Class	Rapid City	5	0	2
FY 2015-16 TOTALS	-	**35**	**3**	**20**

REGION 2

FY2014-15

Class Date	Location	Number Attended	Number Licensed	Pending
07/08/2014	Rapid City	3	3	0
10/11/2014	Rapid City	3	1	0

Class Date	Location	Number Attended	Number Licensed	Pending
01/13/2015	Rapid City	3	3	0
02/21/2015	Rapid City	4	2	0
05/12/2015	Rapid City	0	0	0
Non-Class	-	1	1	0
FY 2014-15 TOTALS	-	**14**	**10**	**0**

FY 2015-16

Class Date	Location	Number Attended	Number Licensed	Pending
06/18/2015	Rapid City	3	1	0
09/12/2015	Rapid City	7	5	0
01/14/2016	Rapid City	4	0	3
02/06/2016	Rapid City	5	0	5
Non-Class	-	2	0	2
FY 2015-16 TOTALS	-	**21**	**6**	**10**

REGION 3

FY 2014-15

Class Date	Location	Number Attended	Number Licensed	Pending
02/26/2015	Eagle Butte	6	2	0
07/11/2015	Eagle Butte	7	1	0
12/08/2014	Pierre	4	4	0
06/06/2015	Pierre	2	2	0
06/16/2015	Pierre	1	1	0
08/27/2014	Mobridge	1	1	0
FY 2014-15 TOTALS	-	**22**	**11**	**0**

FY 2015-16

Class Date	Location	Number Attended	Number Licensed	Pending
11/02/2015	Chamberlain	9	0	8
06/18/2015	Eagle Butte	4	4	0

Class Date	Location	Number Attended	Number Licensed	Pending
09/12/2015	Eagle Butte	4	0	4
01/14/2016	Pierre	6	0	6
02/06/2016	Pierre	1	0	1
FY 2015-16 TOTALS	-	**18**	**4**	**14**

REGION 4

FY 2014-15

Class Date	Location	Number Attended	Number Licensed	Pending
08/04/2014	Chamberlain	4	2	0
11/25/2014	Chamberlain	6	5	0
FY 2014-15 TOTALS	-	**10**	**7**	**0**

FY 2015-16

Class Date	Location	Number Attended	Number Licensed	Pending
11/02/2015	Chamberlain	9	0	8
FY 2015-16 TOTALS	-	**9**	**0**	**8**

REGION 5

FY 2014-15

Class Date	Location	Number Attended	Number Licensed	Pending
09/20/2014	Aberdeen	4	3	0
09/25/2014	Brookings	4	2	0
12/11/2014	Huron	4	2	0
02/17/2015	Watertown	7	6	0
03/14/2015	Brookings	6	6	0
03/14/2015	Aberdeen	10	5	0
Non-Class	-	0	0	0
FY 2014-15 TOTALS	-	35	24	0

FY 2015-16

Class Date	Location	Number Attended	Number Licensed	Pending
09/19/2015	Woonsocket	4	2	2
10/17/2015	Aberdeen	5	0	2
FY 2015-16 TOTALS	-	9	2	11

REGION 6

FY 2014-15

Class Date	Location	Number Attended	Number Licensed	Pending
09/16/2014	Sioux Falls*	12	8	0
09/27/2014	Sioux Falls	12	8	0
01/15/2015	Sioux Falls*	11	4	0
01/24/2015	Sioux Falls	10	6	0
04/11/2015	Sioux Falls*	9	4	1
04/14/2015	Sioux Falls*	12	6	1
Non-Class	Sioux Falls	8	4	2
FY 2014-15 TOTALS	-	74	40	4

FY 2015-16

Class Date	Location	Number Attended	Number Licensed	Pending
09/08/2015	Sioux Falls	13	5	4
09/10/2015	Sioux Falls*	12	2	6
01/07/2016	Sioux Falls	12	0	10
01/09/2016	Sioux Falls*	13	0	12
Non-Class	Sioux Falls	4	2	2
FY 2015-16 TOTALS	-	**54**	**9**	**34**

REGION 7
FY 2014-15

Class Date	Location	Number Attended	Number Licensed	Pending
08/15/2014	Wagner	14	4	2
01/01/2015	Vermillion	19	8	1
03/01/2015	Mitchell	11	4	2
05/01/2015	Yankton	7	0	1
Non Class	-	0	0	0
FY 2014-15 TOTALS	**-**	**51**	**16**	**6**

FY 2015-16

Class Date	Location	Number Attended	Number Licensed	Pending
09/18/2015	Yankton	4	0	3
10/01/2015	Mitchell	7	0	6
01/01/2016	Vermillion	7	0	7
Non-Class	-	2	2	0
FY 2015-16 TOTALS	**-**	**20**	**2**	**16**

TOTALS BY REGION

-	Location	Number Attended	Number Licensed	Pending
FY 2014-15 TOTALS- ALL REGIONS	**-**	**247**	**131**	**11**
FY 2015-16 TOTALS- ALL REGIONS	**-**	**139**	**26**	**113**

CPS completed a survey of 681 foster parents on a range of topics, including pre-service and ongoing training. The number of foster parents who completed the survey was 258 or 37% of the total. The following are the questions asked about pre-service training. While both PRIDE and UNITY were asked about in the questions, UNITY is only provided on occasion in a couple of jurisdictions, and very few of the foster parents would have attended UNITY.

Did the pre-service training (PRIDE or UNITY) provide you with the basic skills and knowledge needed to carry out your duties with regard to children in foster care and, if you adopted, for your adopted children?

Answer Options	Response Percent	Response Count
Yes	93.2%	68
No	6.8%	5
If you answered no, please explain.	-	15
	answered question	73
	skipped question	180

Did you experience any challenges completing PRIDE or UNITY such as language, training format, training location, or training times?

Answer Options	Response Percent	Response Count
Yes	12.2%	9
No	87.8%	65
If you answered yes, what challenges did you experience?		9
	answered question	74
	skipped question	179

In addition to required pre-service training, foster parents must attend six hours of training annually before their license may be renewed. Also, a foster parent who cares for a child with a physical disability or behavioral or emotional disorder that requires special care must have twelve hours of training or provide evidence of education, experience, or professional background in the specific area to meet the needs of the identified child. Foster parents are required to document training in which they participate during the year and provide verificaiton of the training to licensing staff at the time of renewal. Agency policy requires completion of training to be documented on the training agency's form by the resource family and to be submitted to their CPS Licensing Family Services Specialist. The following are the questions from the survey asked about ongoing training.

Have you experienced any challenges obtaining or receiving the six hours of annual required training for license renewal?

Answer Options	Response Percent	Response Count
Yes	15.2%	37
No	84.8%	206
If you answered yes, please explain.	-	46
	answered question	243
	skipped question	10

Does the six hours of annual training provide you with additional skills and knowledge needed to carry out your duties with regard to children in foster care and, if you adopted, for your adopted children?

Answer Options	Response Percent	Response Count
Yes	87.3%	214
No	12.7%	31
If you answered no, please explain.	-	37
	answered question	245
	skipped question	8

The respondents were also asked to rank their top five training needs which were:
1. behavior management techniques,
2. understanding the impact of trauma on children,
3. anger and aggression management,
4. separation and loss, and
5. managing the impact of fostering on their family.

A case review was completed of a random sampling of 101 licensed foster parent and adoptive parent records sampled from a total of 707 licensed foster homes and approved adoptive homes. The cases were pulled November 2015, which was 15% of the total. The following table provides the number cases reviewed from each CPS Region and the findings. Those cases listed in the Training Not Applicable column are foster homes who would have not been licensed long enough (less than a year) to determine if they were in compliance with annual training since since they would have not necessarily had enough time to complete their six hours.

Region	Receivied Pre-Service Training	Received Annual Training	Annual Training Not Applicable
Region 1	16	14	2
Region 2	15	11	4
Region 3	15	9	6
Region 4	10	9	1
Region 5	15	11	4
Region 6	14	11	3
Region 7	16	14	2
-	101	79**	22

**Four files were reviewed regarding families who had children in placement with a disability or a medical, behavioral, or emotional disorder and who required 12 hours of training. All 4 families received the required 12 hours of training.

Families licensed or approved by a licensed, private child placement agency must meet the same pre-service training requirements as those licensed by the state. These agencies provide thirty hours of orientation training to their families that relate to the required areas of training. A sample of family foster home and adoptive home records are reviewed by the Licensing Foster Parent Program Specialist at the time of the agency's annual licensing review to verify families received the required training.

Number of Foster Homes	Foster Home Records Reviewed	Percentage Reviewed	Foster Homes in Compliance with Training	Percentage in Compliance with Training
74	36	49%	36	100%

Staff Employed	Personnel Records Reviewed	Percentage Reviewed	Staff in Compliance with Training	Percentage in Compliance with Training
76	51	67%	49	96%

Staff of state licensed group and residential facilities are required to attend an orientation to the agency within one month after they are hired which includes the facility's functions, services, community resources, and specific job functions. Facility staff are also required to attend training annually in the areas of first aid, CPR, administrative procedures and overall program goals, understanding children's emotional needs and problems that affect and inhibit their growth, family relationships and the impact of separation, substance abuse and it's recognition, prevention and treatment, identification and reporting of child abuse and neglect, principles and practices of child care, behavior management techniques, passive physical restraint and emergency, cultural sensitivity and safety procedures. Staff of Group Care Centers for Minors must attend 40 hours of training annually, Residential Treatment Center staff must attend 50 hours of training annually and staff of an Intensive Residential Treatment center must attend 60 hours of training annually that must also include training on cultural sensitivity. A sample of facility staff personnel records is reviewed by the Group/Residential Licensing Program Specialist at the time of the facility's annual licensing review to verify compliance with the required orientation and in-service training. CPS may invite staff of licensed facilities and agencies to attend training, however there is no formal training provided by the Division specifically for facilities. The following table provides the results of the most recent annual reviews of all group care, residential and emergency shelter care facilities.

Total Number of Employees	Personnel Records Reviewed	Average Percentage of Personnel Records Reviewed	Staff in Compliance with Training	Percentage in Compliance with Training
764	154	18.4%	139	90%

When CPS completes an annual review of facilities, facility staff are provided the opportunity to complete a survey. The next two tables show the results of the surveys during the last round of annual reviews. Of 764 total staff from all facilities, 463 staff responded to the survey.

The percentage of agree/strongly agree responses to the question in the table below about initial orientation preparing staff to do there job was 88%.

My initial orientation to the facility prepared me to do my job.

Answer Options	Worked less than one month and not completed orientation	Worked more than one month and not completed orientation	Strongly Agree	Agree	Disagree	Strongly Disagree	Response Count
Choose one	13	2	151	258	34	5	463

answered question	463
skipped question	0

Another set of questions asked in the survey related to in-service training. The high percentage of staff responded very positively to the majority of the questions. The percentage of positive responses were highest in training areas related to key areas of understanding children's emotional needs and behavior management techniques. Overall, staff reported receiving training related to the critical areas of their job duties.

In what areas have you received in-service training during the past year? Check all that apply.

Answer Options	Response Percent	Response Count
First aid	92.6%	312
CPR	94.7%	319
Administrative procedures and overall program goals (e.g. policies and procedures; form completion; changes in agency operation, etc.)	91.7%	309
Understanding children's emotional needs and problems that affect and inhibit their growth (e.g. child development; emotional disorders; suicide; RAD; ADHD; etc.)	93.2%	314
Family relationships and the impact of separation (e.g. family dynamics; family therapy; separation and attachment; death and dying; etc.)	84.3%	284
Substance abuse, its recognition, prevention, and treatment	89.3%	301
Identification and reporting of child abuse and neglect	95.0%	320
Principles and practices of child care (e.g. agency philosophy; treatment modalities; etc.)	88.1%	297
Behavior management techniques (e.g. agency method used such as CPI; SCM; JIREH; Handle with Care; etc.)	94.4%	318

Answer Options	Response Percent	Response Count
Use of seclusion and personal restraint (e.g. agency procedures; reporting requirements; etc.)	93.5%	315
Emergency and safety procedures (e.g. evacuation procedures; use of fire extinguishers and other safety equipment; poison/chemical control; etc.)	95.3%	321
Cultural sensitivity (e.g. understanding culture of children working with; working with those of other cultures; etc.)	85.2%	287
Provide any suggestions you have for in-service training that would help you better do your job:		36

	answered question	337
	skipped question	126

Summary

Foster parent responses to the survey CPS asked them to complete indicated that 93% of those who responded believe the initial training by CPS provides them with the basic skills and knowledge needed to carry out their duties and 87% believed the same regarding the annual training. When the case review was completed of 101 foster parent files, 100% of the cases met the training requirements for initial training and 100% of those who were licensed longer than one year completed the required annual training.

The annual review of Child Placement Agencies indicated 100% of the foster home records and 96% of the staff personnel records reviewed showed compliance with training requirements.

It was found in the latest round of annual reviews for group, residential and emergency shelter facilities 90% of the staff personnel records reviewed showed compliance with training requirements. A survey of facility staff indicated that staff felt the orientation training they received prepared them for doing their job. A very high percentage of staff surveyed reported they had received training during the year in the critical areas related to their job duties.

The results of the surveys of foster parent and of facility staff support they are receiving the initial and ongoing training needed to prepare them for their job duties, The case reviews completed of foster homes and licensed facilities found a high rate of compliance in the cases reviewed showing initial and ongoing training were being provide as required by rule. These factors support finding this Item as a strength.

E. Service Array and Resource Development

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?
• Services that assess the strengths and needs of children and families and determine other service needs;
• Services that address the needs of families in addition to individual children in order to create a safe home environment;
• Services that enable children to remain safely with their parents when reasonable; and
• Services that help children in foster and adoptive placements achieve permanency.

Please provide relevant quantitative/qualitative data or information that show:
• The state has all the above-referenced services in each political jurisdiction covered by the CFSP;
• Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.

State Response:

Overview of CPS Services

CPS continues to make efforts to ensure access to services for families and children. CPS identifies children and families needs beginning with the Intake and through the IFA process. At the conclusion of the IFA, the safety evaluation process determines which families are in need of intervention based on child safety. The IFA is a bridge to the PCA which is the ongoing intervention process. The PCA provides the Family Services Specialist with a structured approach for engaging and involving caregivers and children in the case planning process. Intervention services are no longer focused on compliance, but rather on behavior changes. Services to children and families are provided by CPS, as well as community partners through contractual agreements or referral.

CPS provides a full range of child welfare services statewide. Services are provided in the tribal jurisdictions either directly by CPS or under agreements in which the particular Tribe provides the full array of services. The services provided by CPS include parenting education, intake for child abuse and neglect reports, 24/7 emergency response, assessment of abuse and neglect and child safety, ongoing protective services, reunification services to families, independent living services, permanency planning services, and licensing of child welfare agencies. CPS uses the Comprehensive Safety Intervention (CSI) model to respond to reports of abuse and neglect. The CSI is a safety driven model integrated throughout the components of the services to families. CPS coordinates these services with community and tribal providers.

Intake

The first phase of the CSI is Intake. Since 2002, CPS Intake had been regionalized. Intake Specialists received intakes for offices within the region through toll free numbers assigned to each Region. CPS decided to review the Intake system to determine if the system was effective. Concerns about the regional approach were inequitable distribution of intakes among the Intake Specialists, occasional issues with quality of some intakes, and inconsistencies in the process since other staff in the office regularly provided backup when Intake Specialists were unavailable. The new system, which was implemented in January of 2015, discontinued the regional approach and moved to a more centralized approach with a single toll free number. The new process also includes an automated phone system which helps in distribution and management of calls. Existing Intake Specialists were allowed after the system change to continue to stay in their original home office. The Specialists operate as a unit even though they are located in different offices. The plan is to eventually have the Intake Specialists housed either in the Sioux Falls office or Rapid City office. Positions are relocated in either Sioux Falls or Rapid City as positions turnover in the other offices. The reasons for not centralizing in one location are due to limited office space and lack of staff resources to allow for the creation of specialized Intake Supervisors. Three positions have been

relocated thus far with a fourth position soon to be moved due to an anticipated vacancy. Three of the Intake Specialists are still located in other offices. While there are multiple Supervisors supervising the Intake Specialists, the Protective Services Program Specialist provides oversight of the program, monitors the automated system, assures coordination for efficient operation, including staff coverage, proactively responds to potential issues, and reviews relevant reports. Some of the main objectives of the new Intake system are to: 1) improve consistency in the process; 2.) increase expertise within the Intake Specialists; 3.) improve distribution of workload; and 4.) have a process providing high quality intakes that assures accuracy in decision-making related to child safety.

State law requires reports of abuse and neglect to be made either to the county states attorney, law enforcement or CPS. The county states attorney and law enforcement are then required to inform CPS about reports they receive. CPS provides intake during normal business hours between 8:00am-5:00pm. CPS coordinates the process for gathering and screening of information for Intake with various agencies. Between 5:00pm and 8:00am, CPS staff is on call for emergency response to reports of abuse and neglect, which is coordinated with local law enforcement. CPS has similar protocols with the Tribes CPS serves.

CPS is able to access information on criminal court convictions through the Unified Judicial System information system which assists CPS in determining potential issues with child safety during the Intake process. CPS also networks and consults with key community and tribal stakeholders who could have relevant information about family history. A number of jurisdictions across the state have community and tribally based Child Protection Teams and Multidisciplinary Teams for the purposes of assisting in the investigation and treatment of child abuse and neglect. CPS offices are also able to obtain collateral information from selected mandatory reporters to gain relevant background information related to reports of abuse and neglect.

CPS uses the Child Maltreatment Screening Guideline and Response Decision to assist in the "triage" of RFS assignments based on child safety and vulnerability. The Guideline provides a structured decision-making process for Supervisors and Family Services Specialists designated as Screeners to assist staff performing Intake duties in the initial recognition of child safety and vulnerability which then drives CPS's timeframes for initial contact. CPS has three response timeframes for initiation of contact for assigned intakes; immediate, 0-3 days and 0-7 days.   CPS also uses the Structured Team Response process, which involves multiple staff input, to assist in the screening decision-making process.

Initial Family Assessment

Local CPS offices and law enforcement have the authority to investigate reports. CPS and local law enforcement have protocols in place regarding coordination of investigations of abuse and neglect depending on issues with child safety and whether the report involves a potential criminal issue. The Initial Family Assessment (IFA) is the "investigation" process used by CPS when a Request for Services is assigned. The IFA places the emphasis for decision-making regarding intervention on impending and present danger threats to child safety rather than the substantiation of an incident. The IFA is supplemented with processes for safety evaluation, safety analysis, Present Danger Plans (PDP) and Safety Plans. The PDP allows CPS to consider an alternative response to children being placed in CPS custody during the completion of the IFA when it is indicated the child is unsafe. CPS uses the PDP to explore with the family possible ways of controlling for child safety. The parents can voluntarily allow the children to be cared for by other caretakers mutually agreed upon between the parent and CPS pending the completion of the IFA. Another option during the completion of the IFA is removal of the alleged perpetrator. Safety planning is used following the completion of the IFA when safety threats are present. The use of a Safety Plan gives the parent and CPS additional time to make better determinations during the ongoing services phase as to what services are needed to help the parent and CPS manage child safety. The most intrusive Safety Plan is when a child is removed from the home and placed in the custody of CPS because safety threats cannot be managed with the child in the home. An important component of the Safety Plan requires coordination with other stakeholders who can be part of the Safety Plan. The Safety Plan providers may be family members, treatment providers, school representatives, day care providers, etc. Background checks are completed on PDP providers and Safety Plan providers and assessment of the providers needs is completed to assure they are able to fulfill their responsibility as a safety provider.

Assessment of needs of children and parents is a key component of the IFA. The six elements assessed to determine child and family strengths and needs during the IFA are: whether maltreatment occurred; the nature of the circumstances surrounding the maltreatment if it did occur; child functioning of each child; general parenting practices of each parent/caregiver in the home; types and techniques of discipline used by each parent/caregiver in the home; and adult functioning of each parent/caregiver in the home. The two critical decisions made at the completion of the IFA are whether there are safety threats which need to be managed, and if there are safety threats, whether an in-home safety plan can be put into place that assures safety of the child while in the home.

While, as a general rule treatment services are not decided upon and initiated during the completion of the IFA, any impending or present danger is managed until the process for determining needed treatment services can be completed through the Protective Capacity Assessment (PCA). Treatment services are provided during the IFA if they are necessary for safety management for the child.

Ongoing Services

CPS believes case decisions need to be based on an ongoing analysis of safety. The Protective Capacity Assessment (PCA) is the ongoing case planning process within the CSI that occurs between CPS and the parents. The PCA emphasizes self-determination and facilitates case planning with the family based on safety concerns, the protective capacities of the parents, and needed behavior change. This focuses case planning on behavior change through the development and enhancement of caregiver protective capacities rather than on the incidents of abuse or neglect. The PCA is used with both in-home cases and cases where the child is placed in the custody of CPS.

CPS works with the parents during the PCA process to determine what the family's needs are and what services are necessary to address those needs. The PCA Case Plan is developed around the necessary services and includes roles, responsibilities, and time frames for those who are involved in the plan. South Dakota is an expansive, rural state with a small population base. The availability of services to families varies depending on the particular geographical area of the state. CPS facilitates parent's access to services through collaboration with service providers, assistance with working with service providers, assistance with transportation, paying for expenses for services not covered through other means, and assistance in addressing other issues that may create barriers for families to access services. The PCA Case Plan Evaluation is used by CPS through communication and contact with the family members and communication and coordination with service providers to evaluate the Case Plan progress and assess whether the diminished protective capacities are being enhanced and, subsequently, whether safety threats are being eliminated.

Placement Services

CPS provides placement services when a child is placed by either law enforcement or the courts in the custody of CPS. Placement options include kinship (relative) care, fictive kin (non-relative) care, foster homes and other child welfare agencies licensed by CPS, and in some instances, out-of-state placement resources. Licensed child welfare agencies include family foster care, emergency/shelter care, treatment foster care, child placement agencies, Alternative Placement Services, Group Care Centers for Minors, Residential Treatment Centers, and Intensive Residential Treatment Centers. Residential treatment programs are also available for children with needs related to substance abuse, mental health, and developmental disabilities.

CPS considers placement with relatives a priority and state law includes provisions requiring relative placement to be a first consideration when a child is placed. Kinship home studies are completed through a contract with a Lutheran Social Services. The kinship study process includes background checks and the assessment of the capacity of kin related to the needs of the child and determination of the prospective caregiver's ability to provide a safe home based on identification and evaluation of their existing protective capacities. CPS can consider an expedited placement with a relative kin or fictive kin soon after the child is placed in care before a home study is completed if the child has a substantial connection to the kin provider, and if the necessary safety determinations can be made. Kin providers can choose to be licensed which allows them to receive monthly foster care payments. If the Kinship provider chooses not to be licensed and meets the relationship criteria, the Kinship

provider can apply for TANF. If the Kinship provider is approved for TANF, they receive the foster care rate for one child and the standard TANF monthly rate for other children placed in the home. The higher rate for one child can help alleviate some of the financial strain. CPS also provides funding either through a monthly allowance or as needs arise to help with Kinship providers. Kinship providers can also receive child care assistance for day care services.

CPS provides supervision, case planning, permanency planning services, and independent living services to children in CPS custody. When a child is removed from the caretaker, CPS must have contact with the child within 24 hours of placement (kinship or foster care) and weekly for the first month after placement. After the first month, the FSS is to have at least monthly visits with that child. Visits are expected to be more regular if it is needed. CPS staff are to complete the Child Assessment Case Plan within 60 days of the child being placed in care. The case planning process emphasizes the involvement of parents, the child, foster parent, and others who have a significant role in the family. The Child Assessment Case Plan is used to assess and document the child's needs, determine the services and supports needed and document the efforts made in meeting the child's needs, assuring stability and facilitating permanency. CPS uses the Child Case Plan Evaluation to assess progress and make adjustments in the plan. CPS works in coordination with the tribal ICWA programs and other tribal resources when the child is affiliated with a Tribe. These efforts are described in the APSR within the section on ICWA and collaboration with the Tribes.

CPS implemented staff training on trauma informed intervention in 2014 and implemented a trauma assessment tool used by staff to determine whether there were indicators of children experiencing trauma and determine whether further assessment services were needed to help determine what treatment services were needed for children. CPS implemented the final components of the process of oversight and monitoring of psychotropic medications prescribed for children in foster care in 2015.

Permanency Planning Services

When reunification is not successful, CPS makes concerted efforts to place children in another permanent placement. CPS considers placement with relatives as a priority and makes ongoing efforts to locate relative placement resources. CPS provides subsidies for guardianship using state funds and through the Guardianship Assistance Program. CPS provides financial and medical subsidies and post-adoption services to children and their adoptive families. A majority of adoptions and guardianships are with the children's foster parents and relatives. CPS also places children and youth in Another Permanent Planned Living Arrangement (APPLA) as an alternative when adoption and guardianship are not the permanent plan and APPLA is the best option for the youth. APPLA meetings are used when APPLA is being recommended as the goal for a youth.

CPS provides support to placement resources and regular visitation to assure the stability, safety, and well-being of children in placement. These efforts are documented in the Child Case Plan and the Placement Resource Monthly Report. CPS makes efforts to assure the health, education, connections and physical needs of children are met while in foster care. Independent Living Services are provided for youth in care age 14 and older. Independent Living Services provided to youth by CPS are supplemented through a statewide contract with Lutheran Social Services to provide staff to support youth in care and young adults who transitioned from care.

Some of the additional tools CPS uses statewide to promote stability and permanency for children in care and enhance family involvement include placement team meetings, team decision-making meetings, family group conferencing, permanency planning team meetings, and concurrent planning. Each of these processes emphasizes the involvement of family members when available and others who can be supports to the child and family.

CPS provides funding for assessments and additional services to pre-adoptive resources to achieve permanency for children. CPS provides support to relatives and families selected for adoption through supervision contracts. As part of these contracts the supervising worker works with the prospective family in identifying needed services in the family's home community based on the child's needs. Some services provided include specialized counseling, specialized medical care, programs for children with developmental disabilities and extra support service offered directly from the contracted supervision worker. The Department has also helped family with tangible goods like medical equipment, home renovation to

meet the special needs of the child, vehicle modification and repair, beds, dressers and other goods. If a resource family has a barrier that is preventing them from adopting the child, the Department has worked on providing assistance to meet the individual needs of the provider, to make it possible for the child to be placed with this family.

The following table provides data for the last three state fiscal years on the adoptive resource for those children adopted during each of those fiscal years. The percentage of adoptions by foster parents and relatives has continued to increase each year. The services and supports provided to foster parents and relative providers is key in achieving the outcomes of adoption by their pre-adoptive placement resources.

-	SFY 2013	SFY 2014	SFY 2015
Foster Parent	82 (51%)	91 (58%)	85 (62%)
Relative Foster Parent	52 (32%)	57 (35%)	39 (28%)
Relative	15 (9%)	4 (2%)	12 (9%)
Non Relative	12 (8%)	8 (5%)	2 (1%)
Total	161	160	138

Licensing

State law requires Child Welfare Agencies, which provide foster care, residential placement services, and adoption, to be licensed. CPS is the entity that is responsible for licensing Child Welfare Agencies and monitoring Child Welfare Agencies' compliance with licensing standards. CPS has processes in place to assure placement resources meet safety requirements and to assure licensing standards are consistently applied to all placement resources. These requirements and standards are described in Items 33 and 34 of the Statewide Assessment.

Assessment of Availability of Providers of Service

As discussed in the introduction, South Dakota is a rural and sparsely populated state. The data in the following table represents an inventory provided by CPS Supervisors of core services by county. The services most lacking by county are the alcohol and drug assessment and treatment services and parenting education services. There are counties where CPS may serve one or two cases per year or less. The population of the counties impacts the ability for core service providers to support locating services within certain counties. Key to this is parents and children having access to services in another location. Additional data is provided later in this Item to show access to services is not generally seen as a problem by customers and other stakeholders.

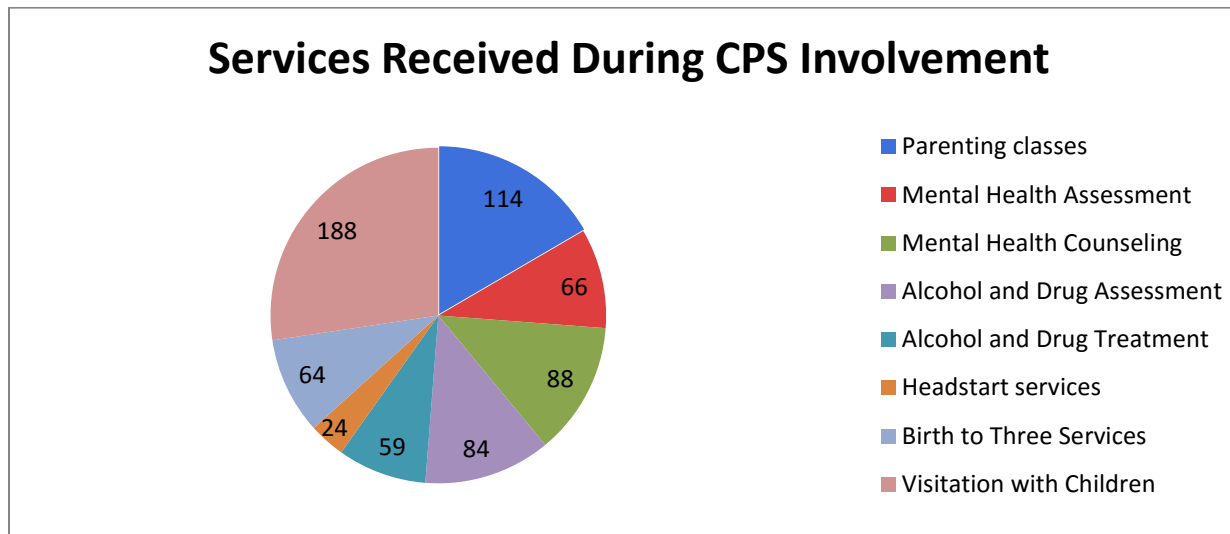| Core Services	Counties with Service	Counties without Service	Percent of Counties with Services
Mental Health Services Adults	49	17	74%
Mental Health Services Children	57	9	86%
Alcohol Assessment Services	32	34	49%
Alcohol Treatment Services	32	34	49%
Drug Assessment Services	33	33	50%
Drug Treatment Services	32	34	50%

Core Services	Counties with Service	Counties without Service	Percent of Counties with Services
Head Start	53	13	80%
Parenting Education	42	24	50%
Birth to 3	57	9	86%
Medical Services	64	2	97%
Dental Services	52	14	79%

Parent Survey

CPS completed a brief interview survey in all CPS jurisdictions related to service array during February and March of 2016 of 219 parents out of a total of 877 parents, or 25%, currently receiving services from CPS. The parents were provided a list of services to select from, and they were given the option of listing other services. The responses are represented in the following chart. The numbers could be duplicated with the same parents reporting multiple forms of assistance.

The first question asked was, "What services have you received as part of your involvement with CPS?"

Services Received During CPS Involvement

- Parenting classes: 114
- Mental Health Assessment: 66
- Mental Health Counseling: 88
- Alcohol and Drug Assessment: 84
- Alcohol and Drug Treatment: 59
- Headstart services: 24
- Birth to Three Services: 64
- Visitation with Children: 188

**31 families did not report visitation with children as a service. Further review of the survey responses found 13 were in home cases, 4 were trial reunification, 2 are parents out of state 7 are receiving visits, 3 are unavailable parents, and 2 had been unavailable for services.

Transportation and financial assistance provided by CPS were included in the list of services the parents could choose in the survey. The following graph represents the responses related to use of those services. Lack of transportation and limited finances can be significant barriers to access needed services. CPS uses flexible funding and state funding to assist parents financially for transportation and services. CPS also provides transportation directly for parents and children to access services.

Transportation, Financial Assistance and Other Services

Chart values:
- Transportation No…: 17
- Transportation provided by…: 100
- Transportation funded by CPS: 48
- Financial Assistance: 77
- Other services: 26

Legend: ■ Number of clients received Service
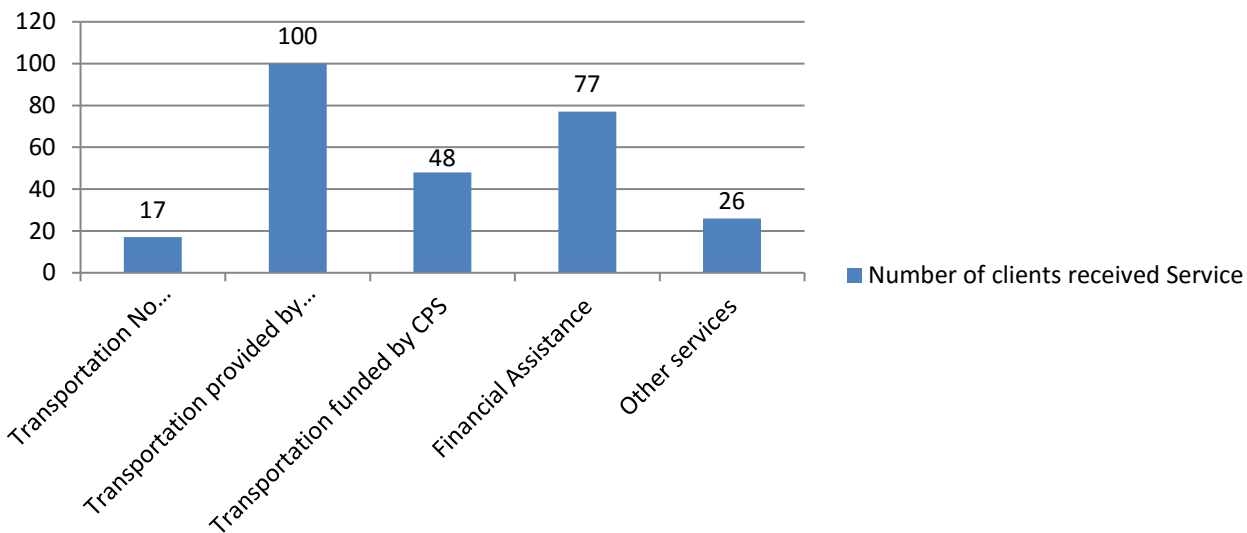
The following table is a listing of parents comments about the type of transportation and other financial assistance parents received from CPS.

Transportation Assistance Provided by CPS	Financial Assistance Provided by CPS for Other Services
• Gas • Taxi • Bus passes	• Mental Health Services • Phone card • Alcohol and Drug Evaluation • Counseling Services • Psychological Evaluation • Purchase of a crib and monitor • New Driver's license and test • Electric Bill • Medical Appointments • Deposit on first month's rent • Hotel for overnight visit with child • Child care assistance • Drive safely class and a on line class • Food assistance- referral for Feeding Brookings, Harvest Table • Helped with transportation to get apartment applications • Deposit and 1st month's rent, and part of 2nd month's rent • Christmas Gift Program

The following data represents a sampling of parents who received funding from CPS to assist with transportation and purchased services during calendar year 2015. This information provides additional detail to show the assistance CPS provides. The numbers do not represent all parents who received these types of assistance from CPS. The services reported below were funded with Promoting Safe and Stable Funds. CPS tracks these expenditures for federal reporting. The numbers do not include those services paid by CPS through FACIS since CPS does not have a way to report those expenditures by service type. The expenditures through FACIS are supported with other funding sources.

Transportation	Mental Health Treatment and Assessment Services	Alcohol and Drug
239	224	29

The second question was, "Have the services you received helped you with meeting your needs toward improving your ability to safely provide for your child(ren)?"

Responded Yes	Responded No	Did Not Respond	Total Responses
189 (86%)	21 (10%)	9 (4%)	219

The reasons the parents gave for feeling the services they received did not help toward improving their ability to safely provide for their child(ren) did not provide any common themes which would indicate any systemic concerns around service access.

The final question in the parent survey was, "Are there any services you felt you needed which were not available to you?"

Responded Yes	Responded No	Did Not Respond	Not Sure	Total
23 (11%)	188 (86%)	5 (2%)	3 (1%)	219

Again, except for a few comments related to more frequent or more consistent visitation, there were no apparent systemic concerns. The percentage of parents who responded positively to the two questions about receiving needed services and whether there were services they did not receive that they needed were high.

Youth Surveys

A survey regarding services was provided statewide to youth in care who are 16 or older. A survey was also provided to young adults 18 or older who have transitioned from foster care. The number of youth in care at the time of the survey was 133, and the number of youth in care who responded to the survey was 87, or 65%. The survey of the 38 young adults who were out of care was facilitated by the contracted Community Resource People who continue to have contact with some young adults who have transitioned from care.

Survey of Youth In Foster Care

The following tables include questions from the survey for youth in foster care related to availability of services. The majority of responses were positive related to service availability.

Do you feel all the services you have needed while in foster care were available to you?

Answer Options	Response Percent	Response Count
Yes	91.7%	77
No (If selected please explain in comments field)	8.3%	7
Comments	-	10
	answered question	**84**
	skipped question	**3**

Do you feel those services met your needs?

Answer Options	Response Percent	Response Count
Yes	91.7%	77
No (If selected please explain in comments field)	8.3%	7
Comments	-	9
	answered question	**84**
	skipped question	**3**

Do you have the opportunity to participate in ILS Workshops?

Answer Options	Response Percent	Response Count
Yes	85.9%	73
No (If selected please explain if you know why you did not have this opportunity in comment field)	14.1%	12
Comments	-	18
	answered question	**85**
	skipped question	**2**

Survey of Youth Who Transitioned from Foster Care

The following tables include questions from the survey for youth who had transitioned from foster care related to availability of services. The majority of responses were positive related to service availability.

Do you feel all the services you have needed while in foster care were available to you?

Answer Options	Response Percent	Response Count
Yes	90.6%	29
No (If selected please explain in comments field)	9.4%	3
Comments	-	6
answered question		**32**
skipped question		**6**

Has the Family Services Specialist or the Community Resource Person helped you to learn what services are available after you leave foster care?

Answer Options	Response Percent	Response Count
Yes	87.1%	27
No	12.9%	4
answered question		**31**
skipped question		**7**

Did you know if you are in foster care until age 18, the Former Foster Care Medical Assistance program can provide you medical services after you leave foster care up to the age of 26?

Answer Options	Response Percent	Response Count
Yes	87.1%	27
No	12.9%	4
answered question		**31**
skipped question		**7**

Are you aware the Community Resource Representatives can continue to assist you with services after you left foster care up to the age of 21?

Answer Options	Response Percent	Response Count
Yes	85.7%	24
No	14.3%	4
answered question		**28**
skipped question		**10**

General Stakeholder Survey

CPS provided a survey to 426 community stakeholders and 188 completed the survey, which is a 44% response rate. The following tables represent the results of the survey.

Occupation:

Answer Options	Response Percent	Response Count
Children's Attorney	2.7%	5
Education	20.4%	38
Mental Health Services	12.9%	24
CASA	3.8%	7
Domestic Violence Program	3.2%	6
Tribal Child Welfare	1.1%	2
Law Enforcement	7.0%	13
Alcohol/Drug Services	2.7%	5
Parenting Program	4.8%	9
Head Start/Even Start	4.3%	8
Birth to 3 Services	3.2%	6
Health Care Services	1.6%	3
School counselor	24.2%	45
Other (please specify)	21.0%	39

	answered question	**186**
	skipped question	**2**

Location of nearest Child Protection Services (CPS) office:

Answer Options	Response Percent	Response Count
Rapid City	4.8%	9
Deadwood	13.4%	25
Sturgis/Belle Fourche	7.0%	13
Hot Springs	2.2%	4
Pierre	3.8%	7
Mobridge	2.2%	4
Eagle Butte	2.7%	5
Chamberlain	4.8%	9
Winner	2.2%	4
Mission	3.2%	6
Brookings	3.8%	7

Answer Options	Response Percent	Response Count
Watertown	5.4%	10
Aberdeen	6.5%	12
Huron	2.2%	4
Mitchell	8.6%	16
Lake Andes	4.8%	9
Vermillion	3.2%	6
Yankton	9.7%	18
Sioux Falls	9.1%	17
Martin	0.5%	1

answered question	**186**
skipped question	**2**

Frequency of contact with CPS

Answer Options	Response Percent	Response Count
Weekly	26.3%	49
Approximately 2 times per month	25.3%	47
Monthly	24.2%	45
Infrequent	24.2%	45

answered question	**186**
skipped question	**2**

Total who strongly agreed or agreed of those who agreed or disagreed was 86%.
CPS's assessment process provides CPS as basis for intervention with families which is primarily focused on child safety rather than the finding of child abuse and neglect.

Answer Options	Response Percent	Response Count
Strongly Agree	10.1%	18
Agree	56.7%	101
Disagree	9.0%	16
Strongly Disagree	2.2%	4
Unknown	21.9%	39
Comment	-	28

answered question	**178**
skipped question	**10**

Total who strongly agreed or agreed of those who agreed or disagreed was 91%.
When children are placed in foster care with the Department of Social Services, Division of Child Protection Services, it is in the children's best interest to preserve connections that existed prior to the placement in foster care. CPS is successful in preserving children's cultural (family of origin, race, nationality, tribal) connections while they are in foster care.

Answer Options	Response Percent	Response Count
Strongly Agree	11.0%	19
Agree	49.1%	85
Disagree	5.2%	9
Strongly Disagree	0.6%	1
Unknown	34.1%	59
Please provide comments to further clarify your response	-	35
answered question		**173**
skipped question		**15**

Total who strongly agreed or agreed of those who agreed or disagreed 89%.
Mental health services (including assessment and counseling services) are made available to parents from my area involved with CPS.

Answer Options	Response Percent	Response Count
Strongly Agree	10.1%	17
Agree	42.9%	72
Disagree	6.0%	10
Strongly Disagree	0.6%	1
Unknown	36.3%	61
Not accessible to parents from my area	1.8%	3
Not available in my area but available in a nearby location	2.4%	4
Comment	-	40
answered question		**168**
skipped question		**20**

Total who strongly agreed or agreed of those who agreed or disagreed was 90%.
Mental health services (including assessment and counseling services) are made available to children from my area involved with CPS.

Answer Options	Response Percent	Response Count
Strongly Agree	16.3%	27
Agree	45.8%	76

Answer Options	Response Percent	Response Count
Disagree	6.6%	11
Strongly Disagree	0.6%	1
Not accessible to children from my area	2.4%	4
Not available in my area but available in a nearby location	1.2%	2
Unknown	27.1%	45
Comment	-	33

answered question **166**
skipped question **22**

Total who strongly agreed or agreed of those who agreed or disagreed 90%
Drug and alcohol services are made available to parents from my area involved with CPS.

Answer Options	Response Percent	Response Count
Strongly Agree	14.0%	23
Agree	40.9%	67
Disagree	5.5%	9
Strongly Disagree	0.6%	1
Unknown	35.4%	58
Not accessible to parents from my area	1.8%	3
Not available in my area but available in a nearby location	1.8%	3
Comment	-	20

answered question **164**
skipped question **24**

Total who strongly agreed or agreed of those who agreed or disagreed was 84%.
Parenting education services are made available to parents from my area involved in CPS.

Answer Options	Response Percent	Response Count
Strongly Agree	16.0%	26
Agree	43.2%	70
Disagree	8.0%	13
Strongly Disagree	3.1%	5
Unknown	27.8%	45
Not accessible to parents from my area	1.2%	2

Answer Options	Response Percent	Response Count
Not available in my area but available in a nearby location	0.6%	1
Comment	-	29

answered question **162**
skipped question **26**

Total who strongly agreed or agreed of those who agreed or disagreed was 96%.
Birth to 3 services are made available to children and families from my area involved with CPS.

Answer Options	Response Percent	Response Count
Strongly Agree	20.6%	33
Agree	51.9%	83
Disagree	1.9%	3
Strongly Disagree	0.6%	1
Unknown	24.4%	39
Not accessible to children and families from my area	0.6%	1
Not available in my area but available in a nearby location	0.0%	0
Comment	-	10

answered question **160**
skipped question **28**

Total who strongly agreed or agreed of those who agreed or disagreed was 90%.
When needed, transportation to services is made available for children and families from my area involved with CPS (transportation services include public transportation and transportation provided by CPS).

Answer Options	Response Percent	Response Count
Strongly Agree	15.3%	24
Agree	41.4%	65
Disagree	5.1%	8
Strongly Disagree	1.3%	2
Unknown	36.9%	58
Not accessible to children and families in my area	0.0%	0
Comment	-	16

answered question **157**
skipped question **31**

Summary

The demographics of South Dakota present challenges for service provision. The state is rural and sparsely populated with a number of communities and counties having very low populations Travel to any services or shopping can involve travelling for several miles. The population issue and economic base make the expectation unreasonable to have all core services in all counties. These challenges require CPS to make efforts to decrease the barriers to access of services for parents and children. The inventory of services by county shows that with the exception of a couple of sets of core services with apparent gaps in availability of services, alcohol and drug treatment and parenting education, the core services are available statewide. The customer and stakeholder surveys indicated service availability was not a major issue statewide and that transportation and financial assistance are made available to help with accessing services. CPS believes the direct services provided by CPS along with customer and stakeholder input about services makes this Item strength.

Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?
Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.
• Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

State Response:

CPS begins assessment of children's and families' individualized needs at Intake. The same six elements included in the Initial Family Assessment (IFA) are also within the Request for Services Intake form. Those six elements are: whether maltreatment occurred; the nature of the circumstances surrounding the maltreatment if it did occur; child functioning of each child; general parenting practices of each parent/caregiver in the home; types and techniques of discipline used by each parent/caregiver in the home; and adult functioning of each parent/caregiver in the home. Intake Specialists gather any information the referent can provide related to these six elements as well as demographic information and characteristics.

When referrals are assigned for an IFA, the Family Services Specialist completing the IFA must be aware when possible of any specialized needs that could affect the Family Services Specialists ability to complete the assessment related to such things as language, developmental delays, hearing or speech limitations, etc. CPS staff are able to purchase translator services, services of

CPS works with the parents during the PCA process to determine what the family's needs are and what services are necessary to address those needs. The PCA Case Plan is developed around the necessary services and includes roles, responsibilities, and time frames for those who are involved in the plan. South Dakota is an expansive, rural state with a small population base. The availability of services to families varies depending on the particular geographical area of the state. CPS facilitates parent's access to services through collaboration with service providers, assistance with working with service providers, assistance with transportation, paying for expenses for services not covered through other means, and assistance in addressing other issues that may create barriers for families to access services. The PCA Case Plan Evaluation is used by CPS through communication and contact with the family members and communication and coordination with service providers to evaluate the Case Plan progress and assess whether the diminished protective capacities are being enhanced and, subsequently, whether safety threats are being eliminated.

Percent who strongly agreed/agreed was 68% of those of those who agreed or disagreed.

Mental health services (including assessment and counseling services) meet the needs of parents involved with CPS which would allow for a safe home environment.

Answer Options	Response Percent	Response Count
Strongly Agree	6.6%	11
Agree	31.7%	53
Disagree	13.2%	22
Strongly Disagree	4.8%	8
Unknown	41.9%	70
Not accessible to parents from my area	1.8%	3
Comment	-	42
	answered question	167
	skipped question	21

Percent who strongly agreed/agreed was 78% of those who agreed or disagreed.

Mental health services (including assessment and counseling services) meet the needs of children involved with CPS which would allow for a safe home environment.

Answer Options	Response Percent	Response Count
Strongly Agree	7.3%	12
Agree	41.2%	68
Disagree	11.5%	19
Strongly Disagree	2.4%	4
Unknown	37.0%	61
Not accessible to children from my area	0.6%	1
Comment	-	34
	answered question	165
	skipped question	23

Percent who strongly agreed/agreed was 92% of those who of those who agreed or disagreed.

The mental health services are trauma informed.

Answer Options	Response Percent	Response Count
Strongly Agree	12.7%	21
Agree	42.8%	71

Answer Options	Response Percent	Response Count
Disagree	3.6%	6
Strongly Disagree	1.2%	2
Unknown	39.2%	65
Not accessible to children and families from my area	0.6%	1
Comment	-	22

answered question **166**
skipped question **22**

Percent who strongly agreed/agreed was 94% of those who of those who agreed or disagreed.

The mental health services are culturally relevant.

Answer Options	Response Percent	Response Count
Strongly Agree	9.0%	15
Agree	30.7%	51
Disagree	1.8%	3
Strongly Disagree	0.6%	1
Unknown	48.2%	80
Not accessible to children and families from my area	0.6%	1
Comment	9.0%	15

answered question **166**
skipped question **22**

Percent who strongly agreed/agreed was 73% of those who agreed or disagreed.

The drug and alcohol services meet the needs of parents involved with CPS which would allow for a safe home environment.

Answer Options	Response Percent	Response Count
Strongly Agree	6.8%	11
Agree	30.4%	49
Disagree	9.3%	15
Strongly Disagree	4.3%	7
Unknown	49.1%	79
Not accessible to parents from my area	0.0%	0

Answer Options	Response Percent	Response Count
Comment	-	21

answered question **161**
skipped question **27**

Percent who strongly agreed/agreed was 80% of those who agreed or disagreed.

The drug and alcohol services are trauma informed

Answer Options	Response Percent	Response Count
Strongly agree	5.5%	9
Agree	17.2%	28
Disagree	3.7%	6
Strongly Disagree	1.8%	3
Unknown	71.8%	117
Not accessible to parents from my area	0.0%	0
Comment	-	6

answered question **163**
skipped question **25**

Percent who strongly agreed/agreed was 83% of those who agreed or disagreed.

The drug and alcohol services are culturally relevant.

Answer Options	Response Percent	Response Count
Strongly agree	6.7%	11
Agree	22.7%	37
Disagree	5.5%	9
Strongly Disagree	0.6%	1
Unknown	64.4%	105
Not accessible to parents from my area	0.0%	0
Comment	-	6

answered question **163**
skipped question **25**

Percent who strongly agreed/agreed was 72% of those who agreed or disagreed.

Parenting education services meet the needs of parents involved with CPS which would allow for a safe home environment.

Answer Options	Response Percent	Response Count
Strongly Agree	9.4%	15
Agree	35.0%	56
Disagree	12.5%	20
Strongly Disagree	4.4%	7
Unknown	38.1%	61
Not accessible to parents from my area	0.6%	1
Comment	-	31
	answered question	160
	skipped question	28

Percent who strongly agreed/agreed was 80% of those who agreed or disagreed.

The parenting services are culturally relevant.

Answer Options	Response Percent	Response Count
Strongly Agree	6.9%	11
Agree	25.0%	40
Disagree	7.5%	12
Strongly Disagree	0.6%	1
Unknown	58.8%	94
Not accessible to parents from my area	1.3%	2
Comment	-	9
	answered question	160
	skipped question	28

Percent who strongly agreed/agreed was 86% of those who agreed or disagreed.

Birth to 3 services meet the needs of children and families involved with CPS which would allow for a safe home environment.

Answer Options	Response Percent	Response Count
Strongly Agree	14.4%	21

103

Answer Options	Response Percent	Response Count
Agree	66.4%	97
Disagree	13.0%	19
Strongly Disagree	0.7%	1
Not accessible to children and families from my area	5.5%	8
Comment	-	34

	answered question	146
	skipped question	42

Percent who strongly agreed/agreed was 89% of those who agreed or disagreed.

Head start services meet the needs of children and families involved with CPS which would allow for a safe home environment.

Answer Options	Response Percent	Response Count
Strongly Agree	14.1%	22
Agree	41.7%	65
Disagree	5.1%	8
Strongly Disagree	1.3%	2
Unknown	37.2%	58
Not accessible to children and families from my area	0.6%	1
Comment	-	6

	answered question	156
	skipped question	32

Common Sense Parenting books and DVD's are available in Spanish to the Parenting Education Partners. Portions of the CBCAP grant are set aside to pay for interpreters so the program can work with interpreters to communicate with parents in their own language to understand the Common Sense Parenting lessons. The Parenting Education Partners continued to adjust Common Sense Parenting classes to accommodate individual needs. For example, if a parent who has a disability would like to take the Common Sense Parenting Class, the trainer could provide the instruction in a one to one setting to ensure the individual was able to obtain the maximum benefit from the class materials and instruction. Accommodations are made for parents with hearing impairments or non-English speaking parents. The Common Sense Parenting instructors have been trained to support the variety of individuals who may attend the classes.

Common Sense Parenting classes are offered to incarcerated mothers and fathers in South Dakota at the federal correctional facilities in Yankton and in the Women's Prison in Pierre. he classes are very popular and the classes are at full capacity (15 participants) with a waiting list for the next class. The classes are well attended. The mothers at the Women's Prison in Pierre are allowed to have their children stay with them over night after completing the Common Sense Parenting classes.

CPS purchase translation services through local providers and Language Assistance Services, which is a phone translation service readily available based on the need. The following table shows the number of individuals and types of languages CPS has purchased for service provision.

Language	Number of Individuals Served
Spanish	149
Amharic	3
Anuak	2
Arabic	17
Kinyarwand	1
Kuhama	9
Nepali	14
Oromo	23
Russian	5
Somali	7
Swahili	11
Tigarya	2
Karen	3
Trigrinya	2
Total	248

CPS uses federal grant funding and state funds to help in funding specialized services for children in care and parents. Those purchases have included such things as:

- Chiropractor costs and probiotics (Medicaid doesn't cover this cost) – Region 6
- Phone card to calls parents in prison – Region 6
- Items for children Medicaid did not cover such as High Chairs for children with developmental disabilities, Adult Diapers for older children who are incontinent, a special car seat for an older child with a developmental disability - Regions 1, 4, and 6
- Adult trailer that attaches to a bicycle for a child with a developmental disability – Region
- for youth who play sports or have self-esteem issues – Regions 2, 4, 5, 6
- FASD, Psychological and Psycho Sexual Evaluations – All Regions but within the last year Regions 1,2,3,4,6 and 7
- Covey/autism evaluation – Region 4
- Mentoring program for youth with behavioral issues – Region 1
- Weighted blanket for child with autism
- Signing services for parents-Region 6
- Assessments related to special needs

Summary

CPS assists children and parents when they have specialized needs. This often involves assistance with funding because the services are normally not covered by another service. The survey responses relate to core services meeting the needs of children and parents are generally positive about services meeting the needs of children and parents.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the CFSP and related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

State Response:

Incorporation of Input in APSR

CPS takes advantages of both formal and less formal opportunities to obtain input from stakeholders for CFSP development and subsequent APSR updates. The Division Director and Deputy Director work with the Management Team when input or concerns related to the more systemic aspect of the child welfare service system come from workgroups, committees and meetings involving stakeholders. Often times, the issues are further assessed either through the Division's Management Team or through the CQI process if it is appropriate. Determinations are then made what level of action is required in response to the input or concern. .If the action involves a substantive system or practice change, then it will be determined whether it will be incorporated in the CFSP or APSR. The following information provides examples of how CPS used input by individuals and through more formal ways for the CFSP and APSR.

An example where CPS responded to stakeholder input regarding a concern was when a couple of foster parents voiced concerns about not knowing what rights they have as part of their service to children and in their relationship with CPS. After reviewing the situation and circumstances, CPS saw this as a key issue related to foster parent recruitment and retention and created a workgroup for the purpose of developing a Foster Parent Bill of Rights and a Foster Parent Handbook. This effort is discussed further in Item 35. This effort was included as a strategy in the CFSP Foster and Adoptive Parent Diligent Recruitment Plan.

CPS determined during interviews and discussion with stakeholders there were some instances where the key stakeholders did not have a good understanding of safety management. CPS incorporated an educational component in the implementation plan of the Conditions for Return component of the CSI model to educate the key stakeholders.as the new component is being rolled out.

Purposes for the establishment of the State/Tribal Consultation workgroup were to increase communication between CPS and the Tribal child welfare programs and enhance collaboration of efforts related to ICWA in response to concerns about events that may have at some level impacted the working relationship between CPS and tribal partners. The workgroup has held quarterly meetings since the establishment of the workgroup. A recommendation was made at the March 2014 workgroup meeting that CPS educate the tribal workgroup members on the Comprehensive Safety Intervention model so the Tribal members would be able explain the model to parents when parents talk to them about it to assist CPS by reducing barriers created by culture and attitudes about CPS. An overview of the model and information on Present Danger Plans, and Safety Plans were provided to the workgroup at the October 2014 meeting.

A goal in the CFSP relates to achieving permanency in a timely manner. A concern voiced by tribal members during the meetings has been the difficulty of recruiting Native American resource providers and the need to continue to emphasize kinship care. CPS continues to participate in the Native American Foster Care Recruitment workgroup which is described in more detail in Item 35 of the Statewide Assessment and in the Foster

And Adoptive Parent Diligent Recruitment Plan section on page 72 of the 2016 APSR. CPS and the tribal representatives began the development of a strategic plan at a meeting held on March 9-10. One of the goals of the plan is to increase the pool of Native American foster homes. .

Issues that have been voiced by youth on multiple occasions during meetings and Young Voices presentations are lack of opportunities to be able to work when in placement facilities and problems with achieving and transferring school credits. Goals, objectives and interventions were established in the CFSP and continue to be implemented and measured in the APSR around increasing job opportunities for youth in care and ways to assure they are able to obtain the credits needed to obtain a high school diploma. As mentioned earlier in this section, CPS completed a survey of the group and residential facility directors to gather information on how the facilities support youth in the areas of employment opportunities and ensuring youth are getting the school credits they need.

The following are examples of recent efforts to engage and consult with stakeholders. Many of these activities are ongoing which allows CPS the opportunity for frequent consultation with the stakeholders. CPS believes the activities along with the use of stakeholder input for the CFSP and related APSRs as described in this section and in the CFSP/APSRs are evidence of this Item being a strength.

Tribal Partners

The State/Tribal Child Welfare Consultation group was established to facilitate coordination and information sharing between CPS and the Tribes. CPS continues to meet with tribal child welfare directors and ICWA directors with support from Casey Family Programs. Normally, there are representatives from 7 of the 9 tribes in attendance. The State/Tribal Consultation Meetings held in 2015 were March 5-6, 2015, June 11-12, 2015, and September 17-18, 2015. CPS presented NYTD and other child welfare outcomes data to the group at the March 2015 meeting provided with time for input from the tribes on the APSR. CPS presented updates on the CFSP goals, updated data, and information on the new Case Review requirements included in the Preventing Sex Trafficking and Strengthening Families Act at the June meeting. The agenda for the September 2015 meeting included discussion on plans for the State/Tribal Consultation group to develop a strategic plan for the group and updates on the South Dakota Native American Foster Care Recruitment project. The group met March 9-11, 2016 to begin development of a strategic plan. Two goals have been developed so far with objectives and actions steps. The two goals are: 1) Ensure meetings are structured, productive and purposeful; and 2) Increase Native American placement resources.

CPS annually sends a copy of the APSR to the tribes inviting input at anytime. A copy of the CFSP was provided to the tribal representatives prior to the meeting held on June 11 & 12, 2015. CPS provided information on the goals and highlights related to safety, permanency, child well-being, services to youth, and Tribal/CPS collaborations at the meeting. During and following the presentation, the group was given the opportunity to provide suggestions and input for the APSR. The group was encouraged to provide input or suggestions regarding the APSR anytime throughout the year.

CPS representatives are also involved as participants of the South Dakota Native American Foster Care Recruitment project. The updates on the workgroup are included in the discussion on foster and adoptive parent recruitment in Item 35 of the Statewide Assessment. Both of these activities thus far have focused on recruitment of Native American placement resources and discussions about ICWA related topics, which are both key areas of collaboration in CPS's efforts related to the foster care recruitment and ICWA components within the CFSP.

The CPS ICWA Program Specialist completes annual reviews of the four IV-E state/tribal contracts by reviewing foster care and foster parent case records. The results are provided to the Tribal Child Protection Program Director. An exit meeting is held allowing for discussion about the review results and provision of technical assistance. The meetings also provide the opportunity for CPS to receive input from the Director about their issues and challenges related to implementing the program as well as any other topics related to child welfare.

A number of collaboration and coordination activities have developed as a result of consultation with tribes at the local level and statewide. These are described under the ICWA and Coordination and Collaboration with the Tribes section in pages 63-71 of the 2016 APSR.

<u>Foster Parents</u>

CPS completed a survey of 681 foster parents in July 2015 on a range of topics. The number of foster parents who completed the survey was 258 or 37% of the total number of licensed foster parents. The last survey of foster parents was completed by CPS in 2013. The surveys are used to assist CPS in making systemic and local modifications in services to families and foster parents.

In a further effort to help retain and increase support to foster parents, CPS established a workgroup. The workgroup was composed of 11 foster parents (2 Native American foster parents), 3 state legislators, 6 CPS staff, a private child welfare agency staff, and a young adult who transitioned from CPS custody. The purpose of the workgroup was to develop a foster parent handbook and a Foster Parent Bill of Rights for foster parents to provide foster and adoptive parents with the broad range of information on a number of topics relevant and important to foster parenting. The workgroup held focus groups around the state. The dates and location of the focus groups were:

- April 27, 2015   Region 3   Pierre
- May 4, 2015   Region 1   Rapid City
- May 21, 2015   Region 2   Sturgis
- May 28, 2015   Region 4   Winner
- June 2, 2015   Region 5   Brookings
- June 9, 2015   Region 6   Sioux Falls
- Jun 16, 2015   Region 7   Yankton

The focus groups were facilitated by the child placement agency representative and foster parents who were members of the workgroup. The results of the foster parent survey were shared and a set of questions was provided to facilitate discussion, including such topics as the licensing process, training, supports provided to foster parents, working with birth parents, the legal system, and challenges and rewards of foster parenting.

Some of the common themes heard from focus group participants were: having a better understanding of the role of the child's attorney and of both the state and tribal court processes; understanding ICWA better; how to work with birth parents; ensuring foster parents are provided with as much information as is known by CPS at the time of placement; preparing children to leave care; preparing foster parent's children when children leave care; understanding how child care assistance works; what decisions need CPS approval and what decisions can foster parents make; mentoring by experienced foster parents; understanding terminology and jargon; and knowing what resources are available in communities to assist foster parents.

The final draft of the handbook was sent to the members of the workgroup for their review and comment. The handbook was finalized and will be provided to every licensed foster parent once it is printed. Prospective foster parents, who are currently in the licensing process, will be given a handbook during training. The handbook will be provided to staff as an email attachment and be available in an electronic file.

<u>South Dakota Youth Care Providers Association (SDYCPA)</u>

The SDYCPA was established to improve the system of upper level care and decrease the number of children that are placed in out-of-state treatment facilities. CPS takes the opportunity to discuss and obtain input on APSR related goals with the group. The SDYCPA is composed of directors and other representatives of group and residential facilities and the group meets quarterly. CPS representatives also attend the meetings. The recent focus during the CPS portion of the meetings has involved discussion around moving from group and residential care to more community based programming. The SDYCPA will be working on a strategic plan around the concept of continuum of care. During the groups meeting on November 5, 2015, the CPS Division Director and Deputy Director presented information on the CFSP and the CFSR and discussed the federal changes related to APPLA.

CPS surveyed 12 of the directors of the agencies who provide group and residential care in December 2015 to obtain information on their provision of ILS services in the areas of youth employment opportunities and educational support to assist in gathering information related to the Chafee portion of the CFSP. Eleven of the directors responded to the survey. The areas of employment opportunities and issues with obtaining credits needed to receive a high school diploma are included in the CFSP. The information from the survey will help CPS further assess the objectives and interventions in the CFSP for youth in group and residential facilities related to those goals for youth in group and residential facilities.

Courts

The CPS Division Director and two CPS Regional Managers are members of the Court Improvement Program (CIP) Committee. The CIP Committee meets quarterly. Each year the CIP Committee plans a one-day conference which is held in the fall in Sioux Falls and Rapid City. Some of the topics presented recently during the conference have been on ICWA, childhood trauma, youth transitioning from care, and attorney's representation of children. Young Voices, which is composed of youth in foster care and young adults who transitioned from foster care have presented at the conference.

On February 9, 2016, February 26, 2016, March 1-4, 2016 and March 8, 2016 the CPS Division Director and Deputy Director met with Circuit Court Judges from each of the Seven Circuits. CPS Regional Managers who had offices within the Circuit also attended the meetings. At each meeting, CPS discussed statewide data and data related to the children in care under the jurisdiction of the courts represented at the meetings, how the APPLA numbers look in each court, how South Dakota rated in the seven state data indicators, plans for the upcoming CFSR, and the new federal requirements and state legislation related to APPLA and the Preventing Sex Trafficking and Strengthening Families Act. There was also discussion at the meetings regarding how particular Permanency Items and Systemic Factor Case Review Items relate to permanency and timeliness of permanency. Recommendations were made to CPS by various Judges during the meetings about ways to improve court reports, ways to improve reports provided to the courts on children in care, use of a written questionnaire for children with the goal of APPLA who are not able to attend court hearings, and how efforts can be made by the courts to assure attorneys assigned to represent children are actively fulfilling their responsibility. These recommendations will be included as items of discussion at the Court Improvement Committee and the final plans will be addressed within the APSR section on collaboration with the courts.

South Dakota Council of Mental Health Centers (SDCMC)

The SDCMC is composed of directors and other representatives of the 11 Community Mental Health Centers, which receive federal and state funding through the Department of Social Services, and as a network are required to provide services statewide. The CPS Division Director, Deputy Director, and 7 Regional Managers met with the SDCMC on November 12, 2016. CPS provided information on the CFSP and the CFSR. A roundtable discussion was held on coordination of services and the direction the Community Mental Health Centers are taking regarding services to families and children and how collaborative efforts can occur at the local level between CPS and the Community Mental Health Centers. The plan is to move forward with revising an MOU that was developed between the Centers and CPS.

Consumer Input

Exit Interviews are completed by youth that age out of care. The exit interviews are used to assist in assessing services to youth and to help CPS in looking at and enhancing service delivery. The results of the exit interviews are presented to the CPS Management Team and provided to CPS staff during Certification training.
The ILS Advisory Workgroup is composed of representatives from CPS, Department of Corrections, group and residential facilities, the tribes and youth, including Native American youth, who are in foster care or have exited foster care. The number of youth listed as members of the group

total 25 and attendance at meetings ranges from 15 to 20. The ILS Workgroup meets at least twice per year and advises CPS on the biannual teen conference, the Regional ILS training workshops, program development, and service delivery to youth. Data on NYTD and Youth Exit Surveys are provided at the meetings. The ideas and input provided during the meetings are used to update the APSR. The APSR is shared with the group annually. The ILS Program Specialist provided a presentation on the CFSP/APSR at the ILS Workgroup meeting on July 16, 2015.

Young Voices (Vision, Opportunities, Ideas, Creativity, Enthusiasm, Support) groups are currently located in four communities. Young Voices continues to provide youth another means to share their views and experiences in foster care and provide input into how the system can improve IL Services and transition support. Membership is open to any youth who have been in state, tribal and BIA foster care. Meetings are held monthly. The CRPs attend the meetings and provide updates to the CPS ILS Program Specialist on the Youth's work and recommendations. Recommendations from Young Voices continue to be used in the development of the APSR.

CPS continues to hold quarterly Regional workshops for youth. NYTD and Exit survey data are presented by the contracted Community Resource Persons staff and youth. APSR items are periodically discussed during the workshops. CPS is provided the meeting minutes for each of the meetings. Information regarding data continues to be shared at the workshops.

When the Group/Residential Licensing Program Specialist completes annual reviews of each facility, youth residents are surveyed using Survey Monkey prior to the on-site review. The survey includes a range of questions on topics such as: how the youth are treated; whether the youth feel safe; what contact do youth have with supervising staff and family; and how they feel about the services. The information is used to inform the Group and Residential Care Providers about those areas of interest, inform CPS staff and administration, and to address program and planning of services through the APSR and CFSP.

A survey was completed in February 2016 with youth who were still in foster care and age 16 and older and young adults who had transitioned out of care. Completed surveys were received from 38 young adults who had transitioned out of foster care and 87 youth out of 133 youth in the care of CPS responded to the survey. The main purpose was to obtain input regarding service array and for input for the 2017 APSR.

The Parenting Education Partners is a statewide network of parenting educators that provide parenting classes using the Common Sense Parenting curriculum. The Parenting Education Partners Advisory Board meets two times per year to assess the effectiveness of the Common Sense Parenting and Responsive Parenting classes and make recommendations regarding parenting program approaches, techniques, and accommodations for populations with special needs. The CPS Parenting Education Program Specialist shares information from the APSR prior to the completion of each annual update. The Parenting Education Partners work with tribal agencies to improve efforts toward serving tribal areas. Input from the Advisory Board is used to enhance parenting education training for parents. Parenting Education Partners hold peer reviews of local Parenting Education providers. Parents who have attended the training are asked to complete a survey prior to review. The information from the reviews is used in the APSR to improve parenting education and other prevention services.

CPS completed a brief survey of 219 parents currently receiving services from CPS. The questions asked were:
1. What services have you received as part of your involvement with CPS?
2. Have the services you received helped you with meeting your needs toward improving your ability to safely provide for your child(ren)?
3. Are there any services you felt you needed which were not available to you?

The results of the survey are being used to assist in describing the status of service array in the Statewide Assessment as well as the APSR.

Juvenile Justice

The Memorandum of Understanding between the Department of Social Services, Division of Child Protection Services and the Department of Corrections, Division of Juvenile Corrections, sets forth the understanding between the two Departments/ Divisions regarding the following: 1)

criteria for commitment to DOC; 2) joint planning procedures, 3) cost sharing protocols; 4) principles for assuring effective collaboration towards addressing the needs of joint custody youth/families, to include resolution of disagreements.

CPS is involved in the Juvenile Detention Alternatives Initiative (JDAI), which is a program intended to provide alternatives to detention for youth in the juvenile corrections system. Occasionally, children under CPS custody enter the juvenile corrections system, and it is important to provide less restrictive alternatives. This work is important for service planning within the child welfare system.

General Stakeholders

The Justice for Children's Committee (JCC) serves as both the Children's Justice Act task force and the Citizen Review Panel. The JCC is composed of a variety of stakeholders who are involved with children in the child welfare system. The JCC report is included in the CAPTA Plan, and the recommendations from the JCC were used to assist in providing direction in certain aspects of the CFSP and APSR.

Interviews are completed with community stakeholders, parents and children, and CPS staff when QA reviews are completed to obtain input on CPS service delivery. The results of the interviews are provided to the Regional Managers and Supervisors for each office reviewed to help in determining systemic strengths and needs and responding to the needs either locally or programmatically. CPS offices schedule stakeholder meetings after they have had the exit meeting related to the SPWB review. The purpose of the meeting is to provide review data to the stakeholders and obtain input about strengths and areas of need. Information from the meeting is used for the APSR.

The Department of Social Services Strategic Plan was reviewed in April 2015 at a meeting composed of leadership staff from each of the Divisions, including the CPS Division Director and Deputy Director. The purpose of the review was to allow input on ideas and suggestions regarding the goals and objectives of the Plan. The Plan includes broad Department goals, one of which relates to Continuous Quality Improvement, and specific goals related to each Division. The information from the Strategic Plan is used in the review of the CFSP for the APSR.

CPS provided a survey in March of 2016 to 426 community stakeholders and 188 completed the survey. The survey was focused on CPS's safety service efforts and accessibility and individualization of services to parents and children. The results are included in the Statewide Assessment and will be used to help assess the progress of goals and objectives for the 2017 APSR.

Summary

The level of engagement and consultation by CPS with stakeholders make this Item a strength.

Item 32: Coordination of CFSP Services With Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?
Please provide relevant quantitative/qualitative data or information that show the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

State Response:
The CPS Protective Services Program Specialist is a member of the Department of Education Interagency Coordinating Council which is connected with Birth to Three. Services to abused and neglected children are one of the areas of focus of the Committee. CPS makes referrals to Birth to 3 in any substantiated case involving a child under the age of 3. During State Fiscal Year 2015, CPS referred 517 children to Birth to 3.

The Department of Social Services, Division of Child Care Services provides funding to foster parents and kinship providers when child care is needed for children in CPS custody while the provider is working or attending school. In state fiscal year 2015 (July 1, 2014-June 30, 2015) the Division of Child Care Services served a monthly average of 534 children in the care of CPS.

The Department of Social Services, Division of Economic Assistance provides in cases of placement of children with relatives payment of the CPS foster care rate for the first child placed by a child placement agency including CPS. In state fiscal year 2014, TANF provided payment to 830 children who were placed with relative caretakers by a child placement agency. In state fiscal year 2015, TANF provided payment to 868 children who were placed with relative caretakers by a child placement agency. CPS works with kinship families to assure the families consider TANF as a source of funding for relative children who are placed in their care. Children in the custody of CPS and placed in foster care and kinship care receive Medicaid coverage.

Children in the custody of CPS eligible for IV-E and IV-D funding receive child support services through the Department of Social Services, Division of Child Support Services. In State Fiscal Year 2015, the Division of Child Support had 267 current support cases and 549 arrears only cases open involving children in the custody of CPS. CPS uses the parent locator program though Child Support Services and the TANF information system to try to locate parents..

The Health Home Program is available to any child in CPS custody in family foster homes and kinship homes. South Dakota's Health Home Program offers enhanced health care services to eligible Medicaid recipients who have qualifying chronic conditions or a severe mental illness or emotional disturbance.

When CPS learns a child who has entered CPS custody is on SSI, CPS works with Social Security to be designate CPS as the payee for the child. If a child is not on SSI, but it appears the child may SSI eligible then CPS will make application for SSI. If the application is denied, depending on the basis of the denial, CPS may appeal the denial. Seventy-six children in CPS custody are currently receiving SSI.

The Department of Social Services provides Medicaid to youth who have transitioned from state foster care and from foster care of tribal programs with agreements when IV-E was used to pay the board cost. The Department extended the eligibility age for those youth to the age of 26. Medicaid eligibility was provided to an average of 183 youth during state fiscal year 2015.

CPS refers children and parents for evaluation and treatment services to Community Mental Health Centers which receive state and federal funds through contracts with the Department of Social Services. CPS also refers parents and youth for evaluation and treatment services to addiction treatment service providers which receive state and federal funds through contracts with the Department of Social Services.

The Department of Social Services, Division of Adult Services and Aging administers the Title III-E National Family Caregiver Support Program. CPS is able to access funding through the program to assist kinship providers who are providing care to children in CPS custody with services. During State Fiscal Year 2015, CPS used funding through the program to assist eight grandparents to receive services for children placed in their care by CPS.

The CPS Independent Living Program Specialist is a member of the Department of Labor and Regulation Workforce Training Youth Committee. The Committee was established in response to the Workforce Innovation and Opportunity Act (WIOA) of 2014. The WIOA provides greater emphasis on serving out of school youth through training and services related to related to employment. CPS assists youth who transition from foster care and parents in need of housing by working with federally funded housing programs including HUD..

Eligible children in the custody of CPS are provided services through the South Dakota Department of Human Services, Division of Developmental Disabilities. The programs include residential and community based services for individuals with disabilities.

CPS works with the local schools to assure children in the custody of CPS receive special education services and other school based services like the school lunch program. CPS also assists parents receiving in-home services from CPS in their efforts to access special education services through the schools.

Summary

CPS's level of coordination with federal programs make this Item a strength.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?
Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

State Response:

CPS Foster Care and Adoption

SD State law mandates licensure of child care providers and gives the Department authority to establish minimum standards for licensure and adoption approval. All licensing and adoption actions are based on South Dakota laws (SDCL 25-5 and 26-6) and adoption and licensing standards (Chapters 67:4:01 – Provisions and Scope of Services; 67:14:32 - Services to Adoptive Families; 67:42:09 – Child Placement Agencies; 67:42:05 - Family Foster Homes; 67:42:07 – Group Care Centers for Minors; 67:42:08 – Residential Treatment Centers; 67:42:11 – Environmental/Health; 67:42:13 – Independent living Preparation; and 67:42:15 – Intensive Residential Treatment Centers.   As new national standards are passed into Federal law, the Department actively works with the Division of Legal Services and other stakeholders to draft legislation to bring South Dakota into compliance with Federal law.

Foster and adoptive parents are required to complete 30 hours of orientation training. Two versions of training are offered, PRIDE and Unity. PRIDE training is available in all areas of the state. Unity training is available to a limited degree in some tribal areas to offer a more culturally competent curriculum. Both programs have the same competencies. CPS has modified the process for the 30 hours of training to allow applicants to attend classes completed in ten, three hour meetings, participate in individual sessions or by completing it on-line. . Home consultations are conducted through out the training and as part of the home study process. Upon completion of the orientation training, families are given an application to sign for licensure of foster care and for adoption approval. The Department has 120 days from the date an application is signed to complete the home study process. The initial home study completed can be used for both adoption approval and foster care licensure. CPS policy does not allow for provisional licenses. Exceptions can be made to the maximum of six children under 18 in the home, including the foster parent's children in the case of sibling groups.

When licensing staff initially license a foster home and complete renewals of licenses the CPS Supervisor and Regional Manager reviews the documentation to assure standards are met. They are required to read the home study related to general standards, look for completed background checks, look for any changes in the home that may affect the license, and verify completion of training.

The rules and law cover a range of standards including health history, three reference checks, central registry screenings for all household members that are 10 year of age or older, criminal records checks for adult household members by the Division of Criminal Investigation that includes a finger print FBI check for foster care licensure and adoption approval, training, the applicants ability to provide care, number of children in the home, and home safety provisions.

Once a family is licensed for foster care, their license is valid for one year. After a foster parent is licensed, an application for foster care is completed by the foster parent on an annual basis. A renewal visit is completed to check continued compliance with administrative rules. In addition to required pre-service training, foster parents must attend six hours of training annually before their license may be renewed.

Adoption approval is valid for three years. The family's adoption approval is renewed through an adoption update. An addendum to the original home study is completed to update any new or changing information about the family.

CPS completed a review of random a sampling of 101 foster home records out of a total of 707 homes licensed as of November 2015. Licensing Supervisors and the Licensing Program Specialist completed the case reviews. The review included determining whether foster homes met all licensing standards.

Number of Foster Homes	Number of Foster Home Records Reviewed	Percent of Total Records Reviewed	Number of Records Meeting All Standards	Percent of Foster Homes Meeting Standards
707	101	14%	99*	98%

*The 2 records not in compliance involved central registry checks not being completed on children under 18, and was an oversight on the part of staff.

Child Placement Agencies (CPAs),
Child Protection Services is the agency responsible for licensing Child Placement Agencies, Group Care Centers, Emergency Shelters, and Residential Treatment Facilities. Each Child Placement Agency is relicensed annually by the Foster Care Program Specialist and each Group Care Center and Residential Treatment Facility is relicensed annually by the Group Care/Residential Program Specialist.

There are 13 Child Placement Agencies licensed to provide services. The majority of the children served by Child Placement Agencies providing adoption placement services are newborns whose parents are not involved with CPS and who voluntarily terminate parental rights for the purpose of adoption of the child. The agencies provide the temporary foster home, complete adoptive home studies and match children with adoptive parents. The service CPS contracts from Child Placement Agencies is treatment foster care. The Child Placement Agency recruits and licenses the foster families. CPS makes placement referrals to the Child Placement Agency. The Child Placement Agency provides supervision and case management services to the child and the foster home as a supplement to the supervision and case management services CPS provides.

The Child Placement Agency must follow the same standards and requirements CPS must follow, which are established through state law and rule. Each licensed agency is reviewed at least one time per year. The review consists of an audit of up to 4 personnel records and 4-6 foster care records, review of updates or changes to policy and procedure and interviews with staff.

The following tables provide the results of the reviews completed from March 1, 2015 to February 16, 2016 of all Child Placement Agencies (CPAs) who provide foster care services.
The data in the first table relates to the results of the review regarding compliance with foster home licensing standards and second table relates to results of the review regarding standards regarding employees.

Number of Foster Homes	Number of Foster Home Records Reviewed	Percent of Total Records Reviewed	Number of Foster Homes Meeting Standards	Percent of Foster Homes Meeting Standards
74	36	49%	31**	86%

**The noncompliance with the FBI record check involved 4 cases in one agency. The foster homes did not have children in the home at the time. The checks not completed were related to individuals in the homes who had been placed in the home as a child and turned 18 prior to the time of the review. The agency did not know a child living in the home needed to have an FBI background check once they turned 18.

Number of Staff Employees	Personnel Records Reviewed	Percent of Records Reviewed	Number of Personnel Records Meeting Standard	Percentage of Personnel Records Meeting Standard
76	51	67%	51	100%

Group Care Centers, Emergency Shelters, and Residential Treatment Facilities

There are 7 Group Care Centers for Minors, 7 Residential Treatment Centers and 2 Intensive Residential Treatment Centers licensed to provide care in South Dakota. Each licensed facility is reviewed at least one time per year. The review consists of an audit of 5-10 personnel records and 5-10 resident records, review of volunteer records if volunteers are used, review of updates or changes to policy and procedure and interviews with staff and residents of the facility.

A random sample of employee personnel records and youth records are reviewed, interviews are completed with a selected number of youth and staff, and surveys using survey monkey are completed with all youth and staff. CPS completed the annual reviews of all 22 facilities during the period of January 28, 2015 through December 22, 2015.

All 22 group, residential, and emergency shelters received an annual licensing review. The number of personnel records reviewed per facility ranged from 5-7 in 19 of the facilities with reviews of 4, 10 and 20 cases respectively in the 3 remaining facilities.

The data in the following table shows the results of the review related to all licensing standards for group, residential and emergency shelter care facilitates. Training was the area that caused the overall compliance standards to be at 90%. When the training standard is excluded the percentage of cases in compliance was 97%.

Total Number of Employees	Personnel Records Reviewed	Percent of Personnel Records Reviewed	Number of Personnel Records Meeting Standards	Percent of Personnel Records Meeting Standards
764	154	18.45%	139	90%

Client Census at Time of Review	Clients Records Reviewed	Percent of Client Records Reviewed	Number of Client Records Meeting Standards	Percent of Client Records Meeting Standards
466	108	23%	108	100%

Summary

The data provided through case reviews and annual licensing reviews indicate licensing standards are being applied consistently and equally statewide making this Item a strength.

Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?
Please provide relevant quantitative/qualitative data or information that show the state is complying with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

State Response:

PROVISIONS FOR CRIMINAL BACKGROUND CHECKS FOR PROSPECTIVE FOSTER AND ADOPTIVE PARENTS

South Dakota Codified Law 26-16-14.3 and 26-6-14.5 require criminal records checks of child welfare license applicants, staff, and other adults residing in the facility or home, including foster homes and group and residential programs, and 25-6-9.1 requires criminal records checks of adoptive parents and applicants.   These checks for foster homes and group and residential facilities are done through the state Division of Criminal Investigation.   CPS rules ARSD 67:42:01:05.01 and 67:14:32:05.05 defines what convictions disallow an applicant from being licensed for foster care or approved for adoption.

CPS rules ARSD 67:42:01:05.02 and 67:14:32:05.03 require screening of applicants, staff, family and other household members who are at least ten years of age for substantiated reports of child abuse or neglect, defines substantiated reports to include placement on the central registry, outlines the screening process and does not allow these individuals in a foster or adoptive home to have a substantiated report.

> **67:42:01:05.01. Criminal record check.** The department shall secure a criminal record check to obtain information concerning convictions for criminal offenses by a prospective foster parent as well as any other adult living in the prospective foster home. An individual is not eligible to receive a foster home license if the individual or any other adult living in the prospective foster home has a conviction for any of the following:
>
> (1) A crime that would indicate harmful behavior towards children;
>
> (2) A crime of violence as defined by SDCL 22-1-2 or a similar statute from another state;
>
> (3) A sex crime pursuant to SDCL chapters 22-22 or 22-24A or SDCL 22-22A-3 or similar statutes from another state; or
>
> (4) Within the preceding five years, a conviction for any other felony.
>
> If an individual is seeking licensure from another child-placement agency, the department shall obtain the criminal record check for the child-placement agency if the child-placement agency is unable to obtain the record check on its own. If the criminal record check reveals a conviction for any of the crimes listed in this section, the department shall notify the child-placement agency of the existence of the conviction.
>
> For all other child welfare agencies, the department shall review the provider's records to ensure that the criminal records are being secured to detect convictions for any of the crimes listed in this section.

67:14:32:05.05. Application denied if criminal record check detects certain crimes. The department shall deny an application and shall notify the applicant of the denial if the criminal record check required under § 67:14:32:11.01 detects a conviction for any of the following:

   (1) A crime that would indicate harmful behavior towards children;

   (2) A crime of violence as defined by SDCL 22-1-2 or a similar statute from another state;

   (3) A sex crime pursuant to SDCL chapters 22-22 or 22-24A or SDCL 22-22A-3 or similar statutes from another state; or

   (4) Within the preceding five years, a conviction for any other felony.

67:14:32:05.03. Screening for substantiated reports or convictions of abuse and neglect. The department shall screen an applicant and family members and other household members who are at least ten years old to determine if the individual has been involved in any substantiated incidents of child abuse or neglect. The individual may not have a substantiated report of child abuse or neglect. Substantiated reports of child abuse or neglect include reports placed into the department's central registry under § 67:14:39:03, reports placed on the central registry of another state, and reports that were investigated and substantiated by a tribal program.

If the screening locates an individual's name on the department's central registry and the individual has not already been given due process on the substantiation, the department shall notify the individual in writing that he or she may request a hearing to refute the accuracy of the information found. The hearing shall follow the provisions of SDCL 26-8A-11 and chapter 67:14:39.

If the screening locates an individual's name on the central registry of another state, it is the individual's responsibility to contact the other state to access the process for removal of his or her name from that state's central registry. If the other state has such a process and removes the individual's name from its central registry, the individual shall request the other state to submit documentation to the department verifying the removal of the individual's name from its central registry.

If the screening locates a report that was substantiated by a tribal program, it is the individual's responsibility to contact the tribal program to access the process for removal of his or her name from the record of the report. If the tribal program has such a process and removes the individual's name from the record of the report, the individual shall request the tribal program to submit documentation to the department verifying the removal of the individual's name from the record.

Criminal background Checks and Licensing Standards

CPS is the Division within the Department of Social Services responsible for licensing Child Welfare Agencies. The type of facilities for children which are defined as child welfare agencies are Foster Homes, Child Placement Agencies, Group Care Centers for Minors, Residential Treatment Centers, Intensive Residential Treatment Centers, and Emergency Shelters. Child Welfare Agencies are required to meet established standards which include standards related to criminal background checks for employees, other safety provisions, treatment, employee qualifications, training, the physical facility and general care. Once a Child Welfare Agency is licensed CPS completes annual licensing reviews.

CPS Foster Home Licenses

File material was reviewed in 463 placement resource licensing cases related to 100 children as part of the federal IV-E review in May 2015 to assess compliance of applying safety standards including criminal records checks in IV-E funded foster care cases. CPS was determined to have no errors related to criminal records checks in any of the cases.

CPS completed a review of random sampling of 101 foster home records out of a total of 707 homes licensed as of November 2015.. The sample included 79 homes licensed more than one year and 22 homes licensed for less than one year. The following table provides the results of the review related to criminal records checks and child abuse central registry screenings. The 2 screenings that were not in compliance regarding central registry checks involved children under 18.

Region	Verification of FBI Check	Verification of State Division of Criminal investigation (DCI) Checks	Central Registry Screenings	Sex Offender Registry
Region 1	16	16	14	16
Region 2	15	15	11	15
Region 3	15	15	8	15
Region 4	10	10	7	10
Region 5	15	15	15	15
Region 6	14	14	26	14
Region 7	16	16	17	16
-	101	101	99*	101

*The 2 screenings that were not in compliance regarding central registry checks involved children under 18, and was an oversight on the part of staff.

CPS licenses Child Placement Agencies (CPA) who apply and are eligible to be licensed for the purpose of licensing foster homes and approve adoptive homes and provide placement services for children. There are 13 Child Placement Agencies licensed to provide services. The Child Placement based on the same standards the CPS must follow. All 13 CPA agencies were reviewed during the period of March 1, 2015 to February 16, 2016. For foster care and adoption services, 100% of the cases were reviewed in 9 of the agencies the remaining 4 agencies 36%, 38%, 49%, cases were reviewed.

The majority of the children served by Child Placement Agencies providing adoption placement services are newborns whose parents are not involved with CPS and who voluntarily terminate parental rights for the purpose of adoption of the child. The agencies provide the temporary foster home, complete adoptive home studies and match children with adoptive parents. The service CPS contracts from Child Placement Agencies is treatment foster care. The Child Placement Agency recruits and licenses the foster families. The Child Placement Agency must use those same standards and requirements established through state law and rule CPS must use when licensing a foster home or approving an adoptive home. CPS makes placement referrals to the Child Placement Agency. The Child Placement Agency provides supervision and case management services to the child and the foster home as a supplement to the supervision and case management services CPS provides.

CPS reviews foster home records to determine whether the Child Placement Agencies are meeting foster home and employee licensing standards. The first table provides data showing the results of the review of the foster home records related to criminal background checks.

Number of Foster Homes	Number of Records Reviewed	Percent of Total Reviewed	Central Registry Checks Records in Compliance	DCI Checks Records in Compliance	FBI Checks Records in Compliance	Sex Offender Registry Checks Number in Compliance
74	36	49%	35 (97%)	36 (1001%)	32*(89%)	36(100%)

*The noncompliance with the FBI record check involved 4 cases in one agency. The foster homes did not have children in the home at the time. The checks not completed were related to individuals in the homes who had been placed in the home as a child and turned 18 prior to the time of the review. The agency did not know a child living in the home needed to have an FBI background check once they turned 18.

The data in the following table shows the results of the review regarding Child Placement Agency licensing standards related to employees.

Total Number of Employees	Personnel Records Reviewed	Percent of Total Reviewed	Central Registry Record Checks in Compliance	DCI Records Checks in Compliance	FBI Records Checks in Compliance
76	51	67%	51(100%)	51(100%)	51(100%)

A random sample of employee personnel records and youth records are reviewed, interviews are completed with a selected number of youth and staff, and surveys using survey monkey are completed with all youth and staff. CPS completed the annual reviews of all 22 facilities during the period of January 28, 2015 through December 22, 2015.

All 22 group, residential, and emergency shelters received an annual licensing review. The number of personnel records reviewed per facility ranged from 5-7 in 19 of the facilities with reviews of 4, 10 and 20 cases respectively in the 3 remaining facilities.

The data in the following table provides the results of the review regarding group, residential and emergency shelter facilities.

Total Number of Employees	Personnel Records Reviewed	Average Percentage of Personnel Records Reviewed	Central Registry Record Checks in Compliance	DCI Records Checks in Compliance	Sex Offender Registry Checks in Compliance
764	154	18.4%	154(100%)	151*(98%)	149*(97%)

*The compliance issues with the Division of Criminal Investigation records checks involved one facility. The facility received a provisional license until compliance was achieved. CPS does not place children in homes with provisional licenses.

<u>Provisions For Addressing The Safety Of Foster Care And Adoptive Placements For Children</u>.

When CPS receives a report alleging abuse or neglect of a child in foster care or a placement facility, the report is written as an Intake. The report is then screened by the Supervisor to determine what type of response is necessary. If the report in fact includes any allegations of abuse or neglect or concerns for child safety, steps are taken to assure the safety of the child, which may include removal of the child if necessary. In the case of placement facilities, involved staff may be put on administrative leave or terminated depending on the seriousness of the allegations. The report is assigned as an Out of Home Investigation. If the Intake is determined to not involve allegations of abuse or neglect or concerns for child safety, then the report is referred to CPS Licensing staff so a determination can be made what further action is needed to assess the situation for licensing compliance issues. CPS uses more liberal guidelines to assign reports involving children in care. This would also apply to situations where there are allegations regarding crimes on the part of the foster parent or any other member within the home. In most instances, the Out of Home Investigation is completed by a contract consultant. If it is determined after the investigation there was no abuse or neglect or no concerns for child safety, then the report is referred to CPS Licensing staff so a determination can be made what further action is needed to assess the

situation for licensing compliance issues. It is also possible for a concern regarding a foster home to come to the attention of CPS as a licensing complaint. If the concerns do not involve allegations of abuse or neglect and safety issues, the report is recorded in the FACIS resource case screens and handled by Licensing staff.

The following table provides data on the Resource Complaint reports to CPS regarding foster parents. Each report was determined to be solely a resource complaint since it did not involve abuse and neglect concerns or concerns for child safety. The reports were then further assessed for licensing concerns and those with licensing concerns were addressed by licensing. The concerns reported related to

State Fiscal Year	Number of Resource Complaint Intakes Regarding Foster Parents	Number with No Licensing Concerns	Number Responded to By CPS Licensing Staff	Number Involving Criminal Concerns
2015	41	3	38	1*
2016	35	0	33**	0

*This report did not involve a child in foster care, was investigated by law enforcement, and it was determined there was no criminal activity or concerns for child abuse and neglect.

**Two reports included licensing concerns that were not addressed by licensing staff. One report was addressed by the supervising Family Services Specialist. One report was not addressed by the Licensing Family Services Specialist who was subsequently disciplined.

Summary

The results of the federal IV-E review, foster home case reviews, and annual licensing reviews of Child Placement Agencies and group, residential and emergency shelter care facilities show the state is complying with federal criminal background requirements.. The case planning process for addressing the safety of children in foster care and in adoptive placements statewide is described along with data.. This information supports finding this Item as ff1strength.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?
Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

State Response:

CPS is involved in multiple approaches to recruiting foster and adoptive homes which meet the individualized needs of children in foster care and children in need of an adoptive placement resource.

CPS uses the PRIDE program for initial training to train foster and adoptive parents. When the consultation part of the process is completed with applicants, discussion is held with applicants about whether they are interested in foster parenting, adoption or both. CPS does not require adoptive applicants to be licensed but encourages adoptive applicants to be licensed and have some experience with foster parenting before they become an adoptive resource for children. As is evidenced in the following table, foster parents, relative foster parents, and relatives have been the major placement resources for adoptive placements. The purpose of this information is to establish an understanding that the discussion within this Systemic Item relates to recruitment of foster homes and adoptive homes as a joint endeavor and often results in recruitment of both foster and adoptive homes.

-	SFY 2013	SFY 2014	SFY 2015
Foster Parent	82 (51%)	91 (58%)	85 (62%)
Relative Foster Parent	52 (32%)	57 (35%)	39 (28%)
Relative	15 (9%)	4 (2%)	12 (9%)
Non Relative	12 (8%)	8 (5%)	2 (1%)
Total	161	160	138

CPS has had local recruitment plans as a component of the recruitment system for several years. CPS revisited the local recruitment and retention system in 2011 and 2012 with technical assistance from the National Resource Center for Recruitment and Retention of Foster and Adoptive Parents and by involving tribal and placement resource partners in a workgroup. The initial focus of the workgroup was to address the needs of four targeted offices. The offices were selected for the project based on the number of children in placement and the need for more placement resources that are able to meet the needs for children coming into care. CPS staff from each of the seven Regions participated in the workgroup along with the tribal and placement resource stakeholders. While the workgroup worked on plans during the meetings for the four targeted offices, the staff from all seven Regions was required to facilitate the development of local recruitment plans that would provide for each of the offices in their Region. Local recruitment plans were implemented with the expectation the plans are reviewed quarterly by the local office based on the demographic trends of children placed in care. The updated plans or updated sections of the plans are provided to the Foster Care Licensing Program Specialist who provides data to offices and monitors the implementation of the plans.

The Demographics of Children in Alternative Care Chart includes the child's name, date of birth, age, race, Ethnicity, gender, tribal affiliation and type of placement, by office. Each office is able to use the chart to compile the data by category. The compiled data is used when updating recruitment plans and doing local recruitment to express the need of that office. For example the Pierre office determined a need for families who can take teenage girls and added information about taking teenage girls to their recruitment booths. Below is an example of the type of information provided by the report available to staff related to demographic information. This information is available by office, Region and state total.
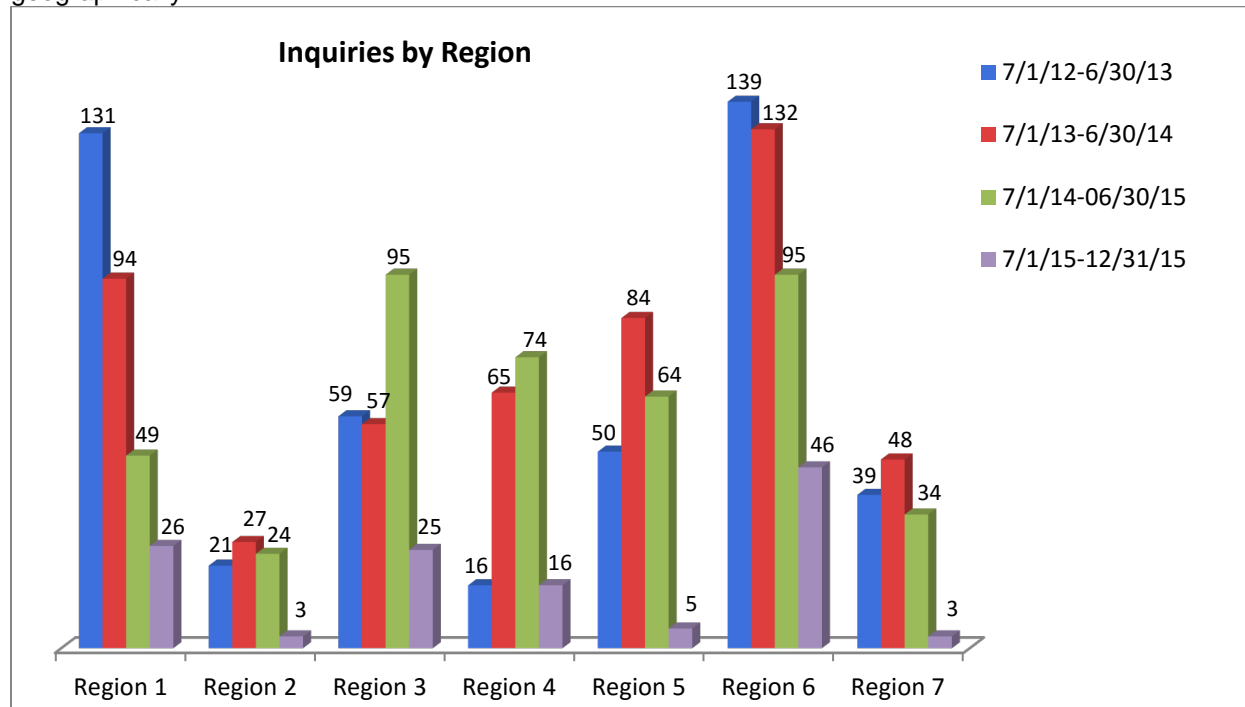
Children in Care by Gender As of 12/31/15

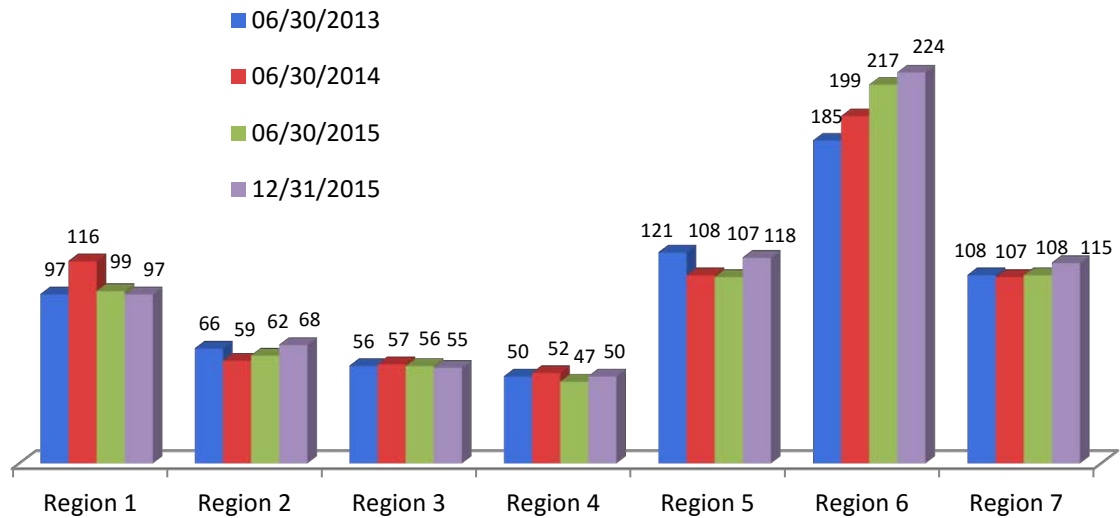| -	Male	Female
Region 1	137	148
Region 2	49	51
Region 3	68	76

-	Male	Female
Region 4	71	73
Region 5	64	58
Region 6	170	167
Region 7	41	66

As part of the review of the local recruitment and retention efforts, CPS decided it would be helpful to have data earlier in the licensing process on a regional and statewide basis. As a result CPS, tracks the number of inquiries to better understand how the inquiry process relates to successful recruitment. The first chart below shows the number of inquiries by Region for the last four state fiscal years. An inquiry is initiated in FACIS when an individual contacts CPS, indicates further interest, and either provides demographic information at the time of the contact or completes and returns documents with the demographic information included on documents from a packet the person is provided. Since more attention has been placed on the inquiry process, CPS made enhancements to the process for managing inquiries. CPS now expects staff to provide more follow up with open inquiries until the person indicates no further interest in continuing with the process of becoming a licensed foster parent. If the person is no longer interested, then the inquiry is closed in FACIS.

The second chart provides the number of foster homes in each Region with an open license at the end of the each of the last four state fiscal years. This same data is also available to staff by office. The data helps CPS have a better understanding of trends and areas of need geographically.

Inquiries by Region

Legend:
- 7/1/12-6/30/13
- 7/1/13-6/30/14
- 7/1/14-06/30/15
- 7/1/15-12/31/15

Region 1: 131, 94, 49, 26
Region 2: 21, 27, 24, 3
Region 3: 59, 57, 95, 25
Region 4: 16, 65, 74, 16
Region 5: 50, 84, 64, 5
Region 6: 139, 132, 95, 46
Region 7: 39, 48, 34, 3

Number of Foster Homes by Region

Legend:
- 06/30/2013
- 06/30/2014
- 06/30/2015
- 12/31/2015

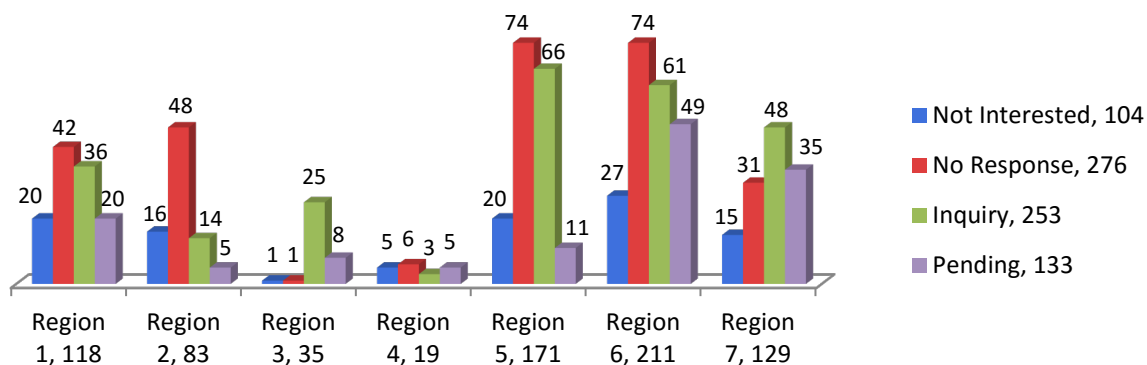| Region	06/30/2013	06/30/2014	06/30/2015	12/31/2015
Region 1	97	116	99	97
Region 2	66	59	62	68
Region 3	56	57	56	55
Region 4	50	52	47	50
Region 5	121	108	107	118
Region 6	185	199	217	224
Region 7	108	107	108	115

In 2013, First Lady Linda Daugaard lead a statewide initiative, FosterOne, to recruit foster and adoptive parents. The initiative is described in more detail in the CFSP and APSR. FosterOne continues as CPS's broader statewide approach to recruiting foster and adoptive parents. Those interested in knowing more about becoming a foster parent can complete and submit a "Commit to Know More" card to CPS. Once a "Commit to Know More" card is submitted, the family is contacted within five days to answer any questions they may have. They are sent a FosterOne folder with additional information. If they would like to do an inquiry the family is added to FACIS for follow up contacts. Since the beginning of FosterOne in June 2013, and as of October 1, 2015 766 individuals have submitted a "Commit to Know More" card to learn more about becoming a foster parent. As of August 31, 2015, 253 or 33% made the decision to take the next step and complete an inquiry, and 24 were licensed to provide foster care.
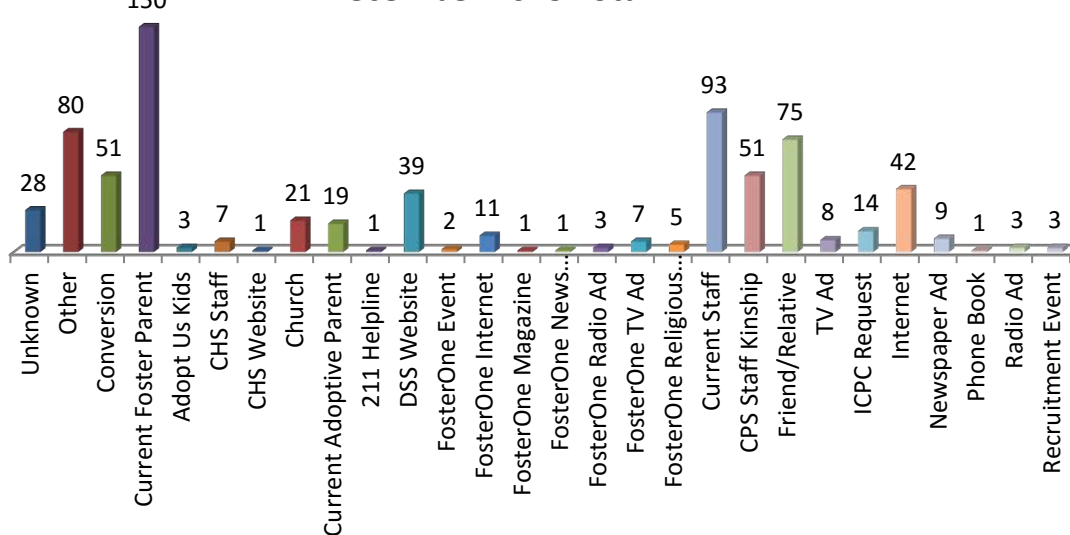
Commit Card Outcomes by Region
August 2015 Total=766

Legend:
- Not Interested, 104
- No Response, 276
- Inquiry, 253
- Pending, 133

Region	Not Interested	No Response	Inquiry	Pending
Region 1, 118	20	42	36	20
Region 2, 83	16	48	14	5
Region 3, 35	1	1	25	8
Region 4, 19	5	6	3	5
Region 5, 171	20	74	66	11
Region 6, 211	27	74	61	49
Region 7, 129	15	31	48	35

A key piece of data related to foster parent recruitment is what sources of information cause individuals to become interested in foster parenting. CPS captures the information for each foster parent who is licensed. This allows CPS to target those sources in recruitment efforts to further recruit foster parents. Below is a chart representing the numbers by referring source for all 727 foster parents licensed at the time the data was compiled. Some of the highest numbers by category are current foster parents, CPS staff, and friends and relatives. The fact that these are major resources for creating interest in foster parenting is not a surprise, and they will continue to be emphasized in recruitment efforts.

Current Foster Home Referral Sources
December 2015 Total=727

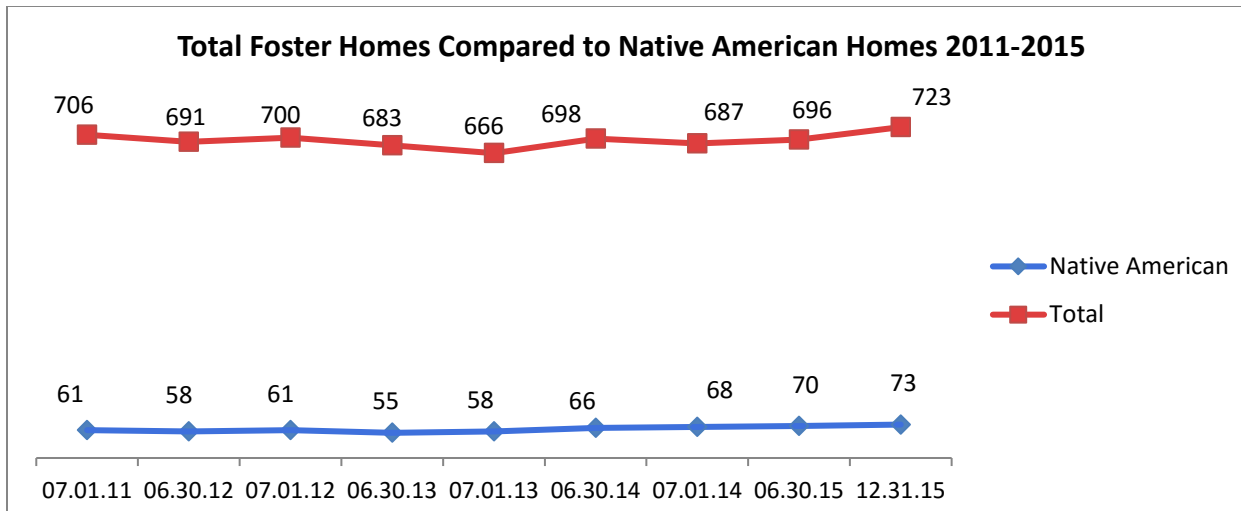| Source	Count
Unknown	28
Other	80
Conversion	51
Current Foster Parent	150
Adopt Us Kids	3
CHS Staff	7
CHS Website	1
Church	21
Current Adoptive Parent	19
211 Helpline	1
DSS Website	39
FosterOne Event	2
FosterOne Internet	11
FosterOne Magazine	1
FosterOne News...	1
FosterOne Radio Ad	3
FosterOne TV Ad	7
FosterOne Religious...	5
Current Staff	93
CPS Staff Kinship	51
Friend/Relative	75
TV Ad	8
ICPC Request	14
Internet	42
Newspaper Ad	9
Phone Book	1
Radio Ad	3
Recruitment Event	3

CPS staff attended the National Indian Child Welfare Act (ICWA) Recruitment Project meeting hosted by Casey Family Programs. The meeting was held in Albuquerque, New Mexico on May 6 - 7, 2014 and was attended by representatives from six of the nine tribes in South Dakota. The tribes represented at the meeting were Cheyenne River Sioux, Oglala Sioux, Rosebud Sioux, Sisseton-Wahpeton Oyate Sioux, Standing Rock Sioux, and Yankton Sioux. The tribes who did not attend were Crow Creek Sioux, Flandreau Santee Sioux and Lower Brule Sioux Tribes. The participants from South Dakota were joined by representatives from the state of Alaska, Minnesota, and New Mexico. .

Attendees received training from Denise Goodman and Kathy Deserly on utilizing data to develop recruitment plans, retention of current foster families, policies that impact recruitment efforts, and how to enhance state and tribal partnership. The theme of the training was to collect data regarding children currently in care and current foster parents with the idea of recruiting families based on the need in each area. The group collected data on when the family had been contacted last, how long they have been on the list, and what age child they expressed interest in caring for. Families on the list were contacted to make sure the information was accurate and up to date. Families on the list were contacted to make sure the information was accurate and up to date. Smaller groups were formed and given the task to develop a recruitment plan for their area.
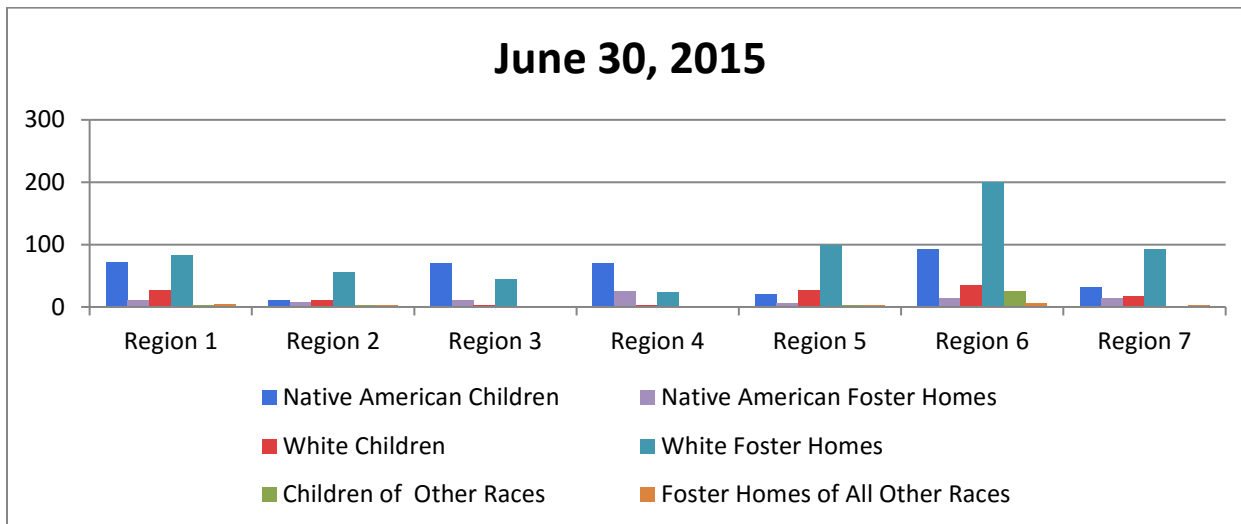
Following this meeting, these groups met with tribal and state representatives on multiple occasions before reconvening in Pierre on June 5, 2014. The groups reviewed the recruitment plans and discussed strategies for the implementation of plan activities. An example of a strategy developed by one of the regions is to "Ensure the inquiry list is up to date". This group focused on the families who have already called the Department and shown interest in becoming a foster parent. The group collected data on when each family had been contacted last, how long they have been on the list, and what age of child they expressed interest in caring for. Families on the list were contacted to make sure the information was accurate and up to date. The goal was to analyze the characteristics of this group and come up with strategies to ensure the families who were beginning the licensure process were meeting the need of their area. The plans were reviewed by Casey Family Programs at a meeting in Pierre on August 6th and 7th, 2014. Participants identified resources needed for successful implementation of the recruitment plans. Additional details about the project are included in the CFSP and APSR.

Two examples of action steps from South Dakota's plan include a survey conducted by the Sisseton-Wahpeton Oyate Child Protection Program to explore barriers preventing families from becoming foster parents. The names of over one hundred families interested in obtaining more information about the process to become a foster parent were gathered while administering the survey. The other recruitment effort by Child Protection Services staff and staff from the Yankton Sioux Tribe ICWA Program resulted in thirteen families attending training in Wagner, South Dakota. A meeting of the workgroup was last held on January 28-29, 2016.

As can be seen in the following table, the number of foster homes has remained relatively stable over the last several years with a noticeable increase in the last year. The number of Native American foster homes has been on a slight but continual trend upward over the last three years.

Total Foster Homes Compared to Native American Homes 2011-2015

Total: 706, 691, 700, 683, 666, 698, 687, 696, 723

Native American: 61, 58, 61, 55, 58, 66, 68, 70, 73

Legend: Native American, Total

X-axis: 07.01.11, 06.30.12, 07.01.12, 06.30.13, 07.01.13, 06.30.14, 07.01.14, 06.30.15, 12.31.15

The following table represents a key demographic CPS is focusing on from the standpoint of racial diversity. The table shows the number of foster homes by Region by race in comparison to the number of children in foster care by race. Native American children represent a significant portion of children in foster care. CPS recruitment efforts have continued to focus on recruiting more Native American foster homes. The ICWA Recruitment project is one of the efforts in place to recruit more Native American foster homes. CPS works with Tribal partners to take opportunities to recruit at Native American events through presentations and printed material such as the Black Hills Pow Wow, local Pow Wows, Tribal schools, and working on joint efforts with Oglala Child Protection Program, and Sicangu Family Services. Even with the number of projects and activities CPS uses to recruit, a major challenge is understanding how to increase the number of Native American foster homes at a more significant level. Recruiting foster homes in general is challenging in these times. This is a struggle for Tribal child welfare programs as well. Native Americans only represent 9% of the total state's population. The pool to recruit from is relatively small, and the cultural aspects regarding Native American families makes addressing the need even more complex.

June 30, 2015

Legend:
- Native American Children
- Native American Foster Homes
- White Children
- White Foster Homes
- Children of Other Races
- Foster Homes of All Other Races

Regions: Region 1, Region 2, Region 3, Region 4, Region 5, Region 6, Region 7

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CPS also uses new foster home licenses compared to closed foster home licenses as key indicators to how the recruitment and retention efforts are progressing. The following table shows a significant and important change in the last four years in the comparison of new licenses to closed licenses. The rate of closed licenses per fiscal year was higher than new licenses for the first two years reported in the table. Beginning in state fiscal year 2014, the rate of new homes outnumbered the rate of closed licenses. That has since continued which is also reflected in the increase of total number of homes.
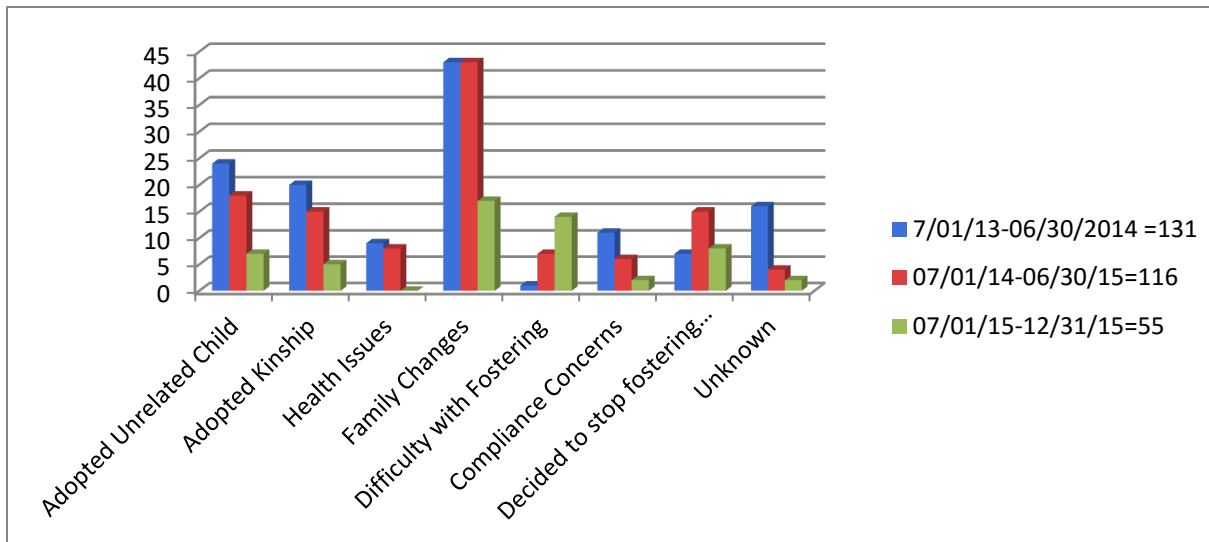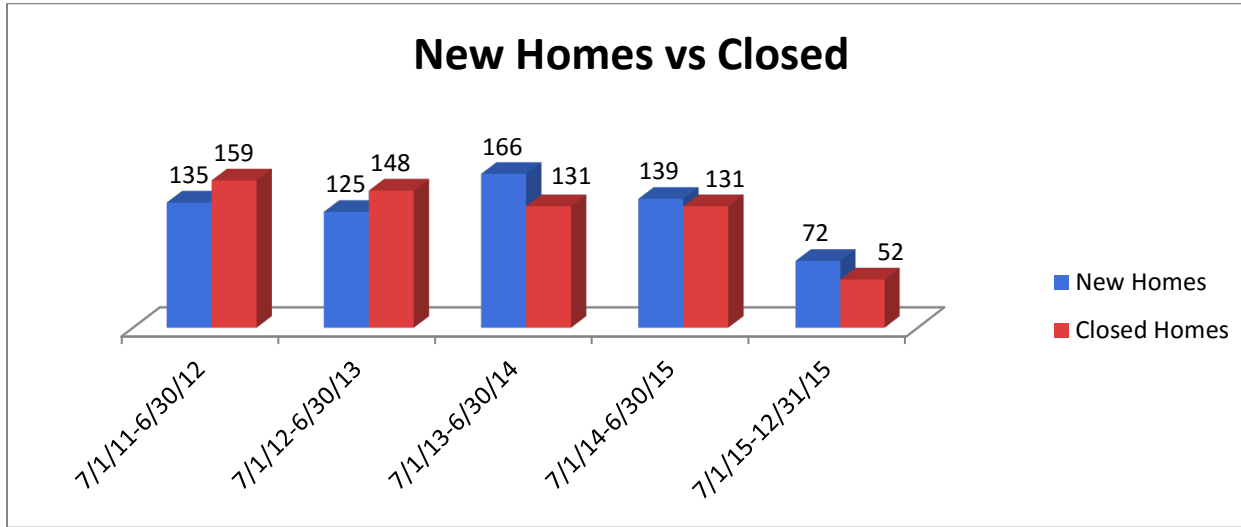
CPS has instituted efforts, along with support by local CPS staff to help with retention of foster parents. CPS Supervisors make calls on a statewide basis to a sample of foster parents each month to assess services provided by staff to foster parents and children placed in the home. The questions are asked to assure foster parents and children are receiving the expected support from the Family Services Specialist. Any issues brought forth by the foster parent are addressed by the Supervisor and Regional Manager. This also seen as an effort to help in retention of foster parents by providing the additional support and addressing issues proactively. The following are two questions related to how well CPS is providing support to the foster parents.

-	YES	NO	Total Responses
Was the FSS responsive to their concerns/questions	162	17	179

-	Great/Excellent	Very Good/ Good	Ok	Poor	NA
Overall quality of home visits	62	78	18	6	15

The following table provides the main reasons foster parents close their license. The majority are a result of family changes and adoption.
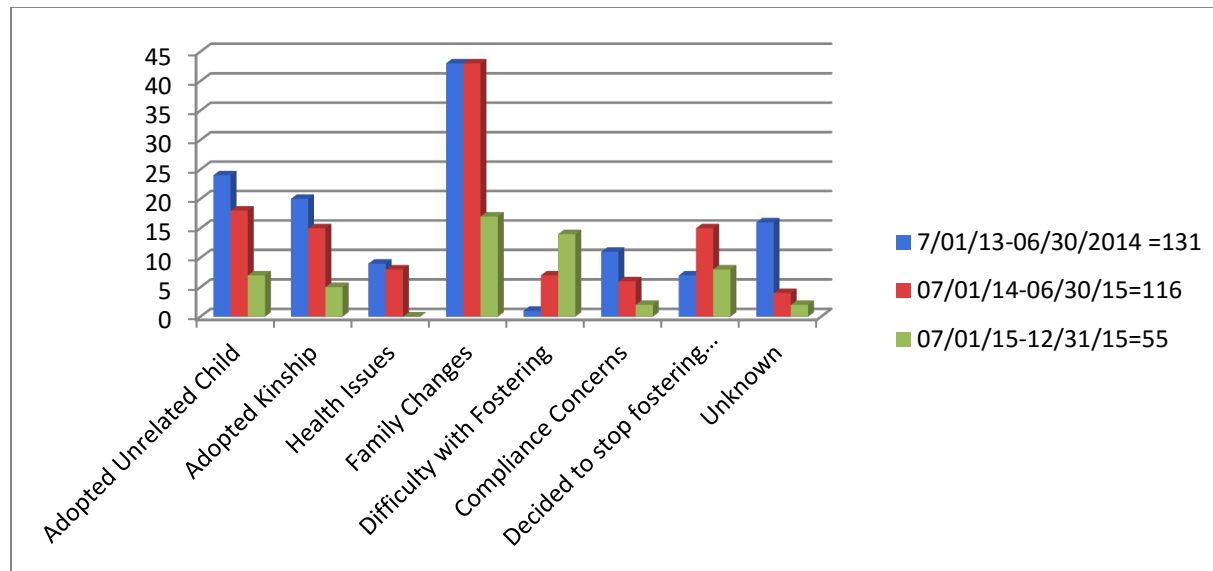
In a further effort to increase support to foster parents, CPS established a workgroup for the purpose of developing a foster parent bill of rights and foster parent handbook to help provide foster and adoptive parents with the broad range of information on a number of topics relevant and important to foster parenting. The workgroup was composed of foster parents, state legislators, CPS staff, private child welfare agency staff, and a youth. The workgroup held focus groups around the state. The dates and location of the focus groups were:

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- April 27, 2015   Region 3   Pierre
- May 4, 2015   Region 1   Rapid City
- May 21, 2015   Region 2   Sturgis
- May 28, 2015   Region 4   Winner
- June 2, 2015   Region 5   Brookings
- June 9, 2015   Region 6   Sioux Falls
- Jun 16, 2015   Region 7   Yankton

CPS does not have a way to report in FACIS the length of time foster parents have been licensed, which could help in better assessing retention. However, CPS included that question as part of the foster parent survey, which was completed in February of 2015. The following table lists the responses from those who responded to the survey regarding the number of years licensed. Seventy-two percent of the respondents have been licensed for 3 or more years and 42 percent were licensed for 6 or more years.

Number of Years Licensed	Responses
Less than 2 years	28% or 71
3 to 5 years	30% or 74
6 to 10 years	19% or 47
11 to 15 years	9 % or 22
16 to 19 years	8% or 20
20 or more years	6% or 15
Total	249

Summary

CPS has been able to increase the number of foster homes including Native American homes over the last couple of years. This is been helped through less foster homes leaving the system than foster homes being licensed. The difficulty is in maintaining the trend. A major population CPS needs to recruit for is Native American children. CPS has continued to try to partner with Native American child welfare programs and Native American events to recruit. The only other two racial groups that in a relative sense have a sizable population are Asians who represent less than 1% and African Americans who only represent a little over 1% of the state's population. CPS has maintained multiple approaches to recruitment over the last several years through a statewide plan, localized and targeted plans and by collaborating with tribal partners. CPS believes these ongoing efforts and approaches support this Item as a strength.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements
How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide? Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.
Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

State Response:

**ICPC REQUESTS TO PLACE A CHILD FROM ANOTHER STATE IN SOUTH
DAKOTA**

CPS policy requires home studies requested by another State for prospective foster and adoptive homes or kinship providers be completed and submitted to the other state within 60 days. The only exception to this time limit is if circumstances are beyond CPS's control (e.g., delays in receipt of Federal Agency background checks). CPS then has an additional 15 days to complete the study and report to the requesting State.

CPS contracts with Children's Home Society (CHS) to complete ICPC home studies for foster homes and adoptive homes in all Regions except for Regions 3 and 4. CPS contracts with Lutheran Social Services to complete ICPC home studies for prospective kinship placements and parents in all Regions..

The following procedures are to be followed by CHS and CPS staff in order that the 60 day time frame can be met for ICPC home studies related to foster and adoptive parents.

1. After receipt of the home study request from another state, CPS State Office overnights ICPC home study requests to the appropriate Children's Home Society office providing home study services to the area of the proposed placement resource. At the same time a courtesy copy of the request will also be sent to the appropriate CPS Regional Manager by overnight mail.
2. Children's Home Society makes their first contact with the family over the phone whenever possible.
3. Children's Home Society follow-ups with a letter re-affirming the time frames to complete the home study.
4. Children's Home Society assists families in obtaining fingerprints when necessary in order to do FBI criminal background checks if the home is to be licensed for foster care. State Division of Criminal Investigation checks are completed for kinship and adoptive home study requests.
5. Children's Home Society offers families assistance in completing necessary forms.
6. When obtains the signed documents from the family. Children's Home Society contacts the appropriate CPS supervisor to discuss any issues that arise during the home study process.
7. The completed home study includes a recommendation regarding the placement and identifies any issues requiring specific attention, services or supervision. The completed study is sent to the appropriate CPS supervisor with the cover letter copied to the appropriate Regional Manager.
8. If required efforts by Children's Home Society have been exhausted and the family does not provide sufficient information or cooperate with other requirements for completion of the home study, the home study will be denied.
9. The Deputy Contract Administrator reviews all ICPC home studies. If the Regional Manager is reluctant to approve the home for placement, the reasons will be discussed with the ICPC Deputy Compact Administrator who then makes the final decision whether to approve the home study.

The following procedures are to be followed LSS and CPS staff in order that the 60 day time frame can be met for ICPC home studies related to kinship and parents.

1. After a request is received to complete a relative or parent home study, CPS documents the request in FACIS and sends the request to the CPS Regional Manager or Supervisor and LSS.
2. LSS makes contact with the relative or parent to complete the required paperwork. LSS completes home visits with the relative or parent and makes collateral contacts to gather information for the home study.
3. Once CPS receives the study, a determination is made by CPS whether the placement will be approved or if there is need for more information. CPS may need to gather more information from LSS and/or the potential resource in order to make the placement decision.

4. The Deputy Contract Administrator reviews all ICPC home studies. If the Regional Manager is reluctant to approve the home for placement, the reasons will be discussed with the ICPC Deputy Compact Administrator who then makes the final decision whether to approve the home study.
5. CPS tracks all incoming and outgoing home study requests and the completion dates in order to report to the Federal Government on an annual basis the length of time it takes to complete and report on the home studies from the requesting states.

The following is data obtained from FACIS regarding completion of ICPC foster home and adoption home studies.

Incoming ICPC Requests Percentage Less Than 60 Days:

State Fiscal Year	Foster Care <60 Days	Adoption <60 Days	Total ICPC <60 Days
2013	56%	38%	53%
2014	27%	38%	28%
2015	20%	5%	17%

Incoming ICPC Requests By Type of Placement:

State Fiscal Year	Adoption	Foster Family	Group Residential	Parent	Relative	Private
2013	21	18	30	34	97	16
2014	27	41	36	35	63	16
2015	19	35	32	43	84	23

Outgoing ICPC Requests Percentage Less Than 60 Days:

The following table includes data which shows the percentage of home studies completed for CPS within 60 days by other states. It indicates how timeliness of completion of home studies is a general issue nationally.

State Fiscal Year	Foster Care <60 Days	Adoption <60 Days	Total ICPC <60 Days
2013	35%	40%	35%
2014	32%	40%	34%
2015	30%	17%	28%

Outgoing ICPC Requests By Type of Placement:

The following table includes data which shows the volume of ICPC requests by placement type CPS has made each of the last three state fiscal years. Of particular significance is the number of adoption and relative ICPC requests for the last 3 years.

State Fiscal Year	Adoption	Foster Family	Group Residential	Parent	Relative	Private
2013	41	115	108	67	95	23
2014	90	96	91	50	81	28
2015	68	145	94	56	93	17

When a foster home or adoptive resource cannot be found near the child's community, efforts are made by the CPS staff to do a search for a placement resource within the Region. If there is no placement resource available within the Region a statewide search is initiated. CPS is able to do a statewide search using an email distribution address entitled "DSS CPS Statewide Resource Search". This sends the child profile out to all the Adoption/Licensing supervisors and Licensing Family Services Specialist in the state requesting assistance in locating a match for the child with the families in their coverage area. Intrastate searches are completed through relative searches. Requests are made to tribes in cases involving Native American children for identification of relatives and other tribal members as possible placement resources. An instate placement resource search is made with private agencies and through an email to all DSS offices with a profile on the child to see if any foster homes or adoptive families are a match. CPS can also search for SD families on the AdoptUsKids website when there is a need for an adoptive home. .

If the plan is adoption and CPS does not have an adoptive resource that is either a relative who lives in or out of state, the foster parent of the child, or other in-state resource identified for a child as the adoptive placement, CPS begins doing out of state searches.

CPS uses a number of resources in the recruitment of adoptive families for children that do not have an identified adoptive resource. These resources allow CPS to complete nationwide searches for families interested in adopting children in the custody of CPS. AdoptUSKids and the Adoption Exchange in Aurora, Colorado are the organizations used most often by CPS in searching for out of state families. Both organizations have websites to photo list children, and for CPS to be able to review information about families that have registered on the sites. CPS is required to obtain approval the Native American child's tribe to photo list the child. South Dakota is a member of the Adoption Exchange and is able to take advantage of their other recruitment services.

CPS Adoption Specialists receive inquiries on the AdoptUsKids website and through emails from the Adoption Exchange. Once inquiries are received, the Adoption Specialist must initially screen the inquiries to assess whether the family meets the child's recommended criteria. If the family meets the initial recommended criteria specific to the child, the Adoption Specialist requests the completed signed adoption home study. If the search is for a Native American family, CPS must assure the home study includes verification from the federally recognized tribe of which the family is a member.

South Dakota also has access to the services of the Wendy's Wonderful Kids recruiter located with the Children's Home Society in Rapid City. The recruiter has networked with many other nationwide organizations, including A Family For Every Child and Adopt America Network, which have additional prospective adoptive families who might be possible matches for children in CPS custody. The following table provides data related to the number and percentage of cross jurisdictional adoptions.

Adoptions-Out of State:

State Fiscal Year	Total Adoptions	Total Out of State
2013	169	53 (31%)
2014	154	43 (28%)
2015	144	39 (27%)