



# DSS

**SOUTH CAROLINA**  
DEPARTMENT *of* SOCIAL SERVICES



## South Carolina Department of Social Services 2021 Annual Progress & Services Report (APSR)



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## I. General Information

South Carolina Department of Social Services (SCDSS) is responsible for the administration of funding through Titles IV-B (Subparts 1 and 2) and IV-E programs, the Child Abuse Prevention and Treatment Act (CAPTA) and the Chafee Foster Care Independence Program (CFCIP). The Department provides services in four (4) regions that encompass 46 counties across the state. Within SCDSS, the Division of Child Welfare Services (CWS) is the office responsible for state level administration and oversight of (1) adoption (2) child protective services (3) child abuse and neglect prevention (4) kinship and foster care (5) licensing foster homes and group homes and (6) family preservation services.



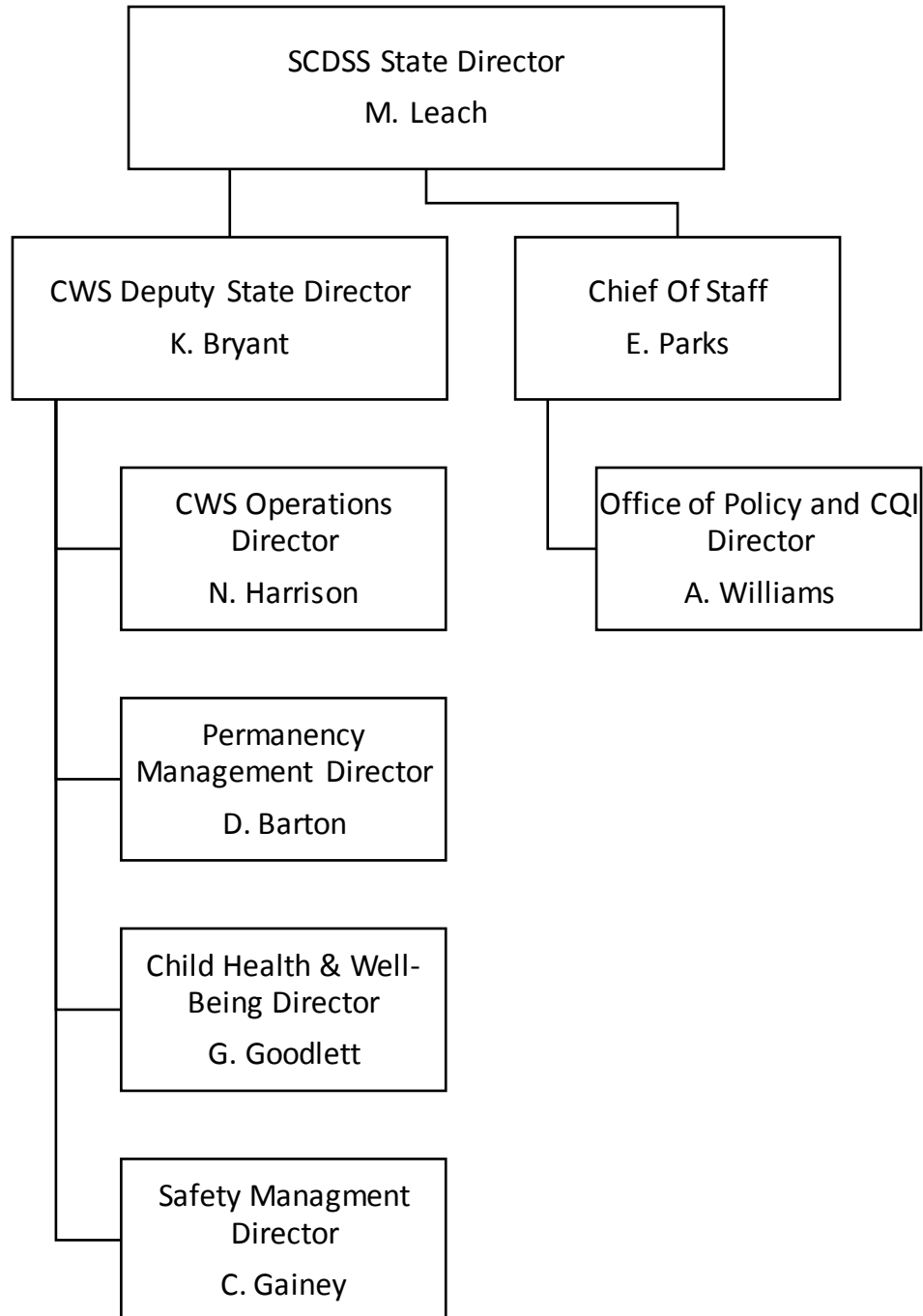
**Mission:** The Department's mission is to serve South Carolina by promoting safety, permanency, and well-being of children and vulnerable adults, helping individuals achieve stability and strengthening families. We do this through courage, compassion, and competence .

### Values:

- *Respect:* **We treat all individuals with dignity, educate them of their rights and responsibilities, and honor their values and culture.**
- *Excellence:* **Our service delivery system and practice is based on our desire to achieve high performance, meet outcomes, and ensure accountability.**
- *Community Investment:* **DSS relies on formal and informal supports throughout each community to promote prevention, protection, well-being and lifelong connections.**
- *Accountability:* **Our decisions and actions are transparent; child and family outcomes are achieved and data is utilized to improve our practice.**

The Annual Progress & Services Report (APSR) includes goals and activities for Federal Fiscal years 2019-2020 required to receive Federal allotments authorized under title IV-B, subparts 1

and 2, section 106 of Child Abuse and Prevent Treatment Act, Chafee Foster Care Independence Program and Education Training Voucher programs.



The organizational structure as illustrated is responsible for overseeing the Child and Family Services Plan.

- **COLLABORATION**

Since the submission of the 2020-2024 Child and Family Service Plan, the South Carolina Department of Social Services (SCDSS) has engaged in several collaborative efforts with stakeholders. Child Welfare Services (CWS) has collaborated with internal and external stakeholders on meeting the goals set out in the Child and Family Service Plan (CFSP), the Child and Family Service Review (CFSR) process, Family First Prevention Services Act (FFPSA), the *Michelle H. Final Settlement Agreement (Michelle H.)*, and the implementation of the CFSR Program Improvement Plan (PIP). Frontline staff, supervisors, managers, and administrators continue to coordinate with many stakeholders in the legal system, legislature, law enforcement, healthcare, education, social services, and private providers throughout the state, on an at least weekly basis. CWS meets frequently with stakeholders to discuss the goals and objectives of the CFSP and discuss performance to track, adjust, and plan collaboratively. Improvement efforts are being done with the collaboration of community stakeholders and all levels of CWS staff.

Examples include meetings with: South Carolina Foster Parent Association, South Carolina Children's Trust, Citizens Review Panel (CRP), Children's Justice Act Task Force, Congregate Care Facilities, Licensed Private Child Placing Agencies, Foster Care Review Board (FCRB) members, Foster Parents, Guardians ad Litem (GAL), Richland County Court Appointed Special Advocates (CASA), Quality Assurance and Training staff at the Center for Child and Family Studies at the University of South Carolina, and contracted providers. Many of these participants participated in the CFSP/APSR Joint Team Planning Meetings and SCDSS Information Sharing & Feedback Meetings that CWS holds annually. Engaging partners in the problem exploration and strategic planning processes have allowed CWS to strengthen conversations about improving practice and the development of SCDSS' five-year strategic plan, which includes the *Michelle H. Final Consent Agreement*, GPS Practice Model, South Carolina's CFSR Program Improvement Plan and Child and Family Service Plan (CFSP), and Family First Prevention Services Act.

**Stakeholder input in the development of the 2019-2020 APSR:** CWS conducted numerous meetings and events throughout the year to share information and solicit input from community stakeholders. Examples of informational meetings and events include Foster Parent Town Hall Meetings, Regional Community Forums, All Pro Dads "No More Orphans" events, CFSR PIP Workgroups, Court Improvement Project, Children's Trust, Community-Based Child Abuse Prevention (CBCAP) lead agency, CQI Regional Meetings, Foster Health Advisory Committee, Governor's Juvenile Justice Advisory Council (GJJAC) System Improvement Committee, Kinship Advisory Committee, Youth Advisory Council, Children's Justice Act Meetings, Bench Bar Meetings, FFPSA Provider Calls, FFPSA Implementation Committees, SCDSS County Director Meetings, SC Federation of Families (Parent Advisory Committee), South Carolina Foster Parent Association, GPS Steering Committee and GPS Implementation Workgroups, GPS Development Workgroups (External and Internal), DSS-DJJ Crossover Subcommittee, Docketing Committee for the Family Court System, Child Justice Task Force, and the Palmetto Association for Children and Families Conference. Due to COVID-19, the South Carolina Foster Parent Association Conference and National Association of Social Work Spring Symposium will be held later in the year. The agencies listed above are representatives that are invited to the Information Sharing and Feedback Meetings.

While there have been ongoing targeted and coordinated engagement across the state, SCDSS hosted two Information Sharing & Feedback Meetings for stakeholders to attend. These events (December 2, 2019 and April 22, 2020) were strategically planned to serve as a vehicle to convene and update partners, promote planning and improvement efforts, and determine the services and supports that will further the State's vision and lead to improvements in the outcomes of safety, permanency, and well-being.

**Collaboration with the legal and judicial community:** Currently, SCDSS collaborates and provides input on several committees that promotes ongoing collaboration with the legal and judicial community, including the Court Improvement Project (CIP). SCDSS engages the legal and judicial community through the DSS-DJJ Crossover Subcommittee, Family Court Bench Bar Committee, Children Justice Task Force, and the Docketing Committee for the Family Court System. These committees are dedicated to partnering with SCDSS on improving outcomes in safety, permanency, and well-being. Additionally, CIP has continued to partner and provide input in the development and implementation of the Program Improvement Plan and the Child and Family Services Plan. The legal and judicial community, including CIP, participated in the Information Sharing & Feedback Meetings held on December 5, 2019, and April 22, 2022. On October 25, 2019, SCDSS presented the approved PIP to the Family Court Bench Bar Committee, emphasizing the support needed from the courts around improving permanency outcomes. Furthermore, a statewide communication webinar was sent to the legal and judicial community, along with CIP on the Program Improvement Plan. Lastly, SCDSS met with SC family court judges to present data on "Foster Care and Family Court." The data presentation was instrumental in illuminating many of the challenges and strengths across the state with children and youth in the foster care system achieving timely permanency and adoption.

**Collaboration with the family and youth voice:** On August 1, 2019, the Administration for Children and Families (ACF) released informational memo ACYF-CB-IM-19-03 regarding the inclusion of family and youth voices. The memo stressed that the family and youth voice are "critical to a well-functioning child welfare system" and served as a call to action for state child welfare agencies, dependency courts, and court improvement programs to ensure that these voices are central to child welfare strategic planning and improvement efforts.

SCDSS recognizes the importance of family and youth engagement and is committed to their inclusion and feedback at all levels. Demonstrating this commitment, SCDSS has rolled out its new GPS Practice Model which takes a family centered stance and embraces the inclusion and engagement of youth and families.

SCDSS continues to work diligently to promote the inclusion of youth and families within all strategic initiatives. SCDSS continues to work hard to shift the mindset of agency to one that emphasizes including youth and family voices at all strategic planning, improvement, and decision-making stages which lessens the "us vs. them" culture. In doing so, will promotes improvement in safety, permanency, and well-being outcomes, as well as lead to a potential oversight in issues that are relevant to the youth and families touched by the child welfare system.

To mitigate these challenges SCDSS has chartered a Youth Advisory Council and a Kinship Advisory Committee. The Kinship Advisory Committee is active and instrumental in providing guidance on how to better support kinship families. The Youth Advisory Council is beginning to

gain momentum. Several members of the Youth Advisory Council recently provided input to stakeholders and partners at the Joint Planning meeting on April 22, 2020.

Additionally, SCDSS has contracted with SC Federation of Families to recruit birth parents to participate in agency-wide initiatives and to provide reimbursement for mileage and stipends for youth and families to attend meetings (workgroups). In the Winter 2019 Information Sharing and Feedback Meeting, we invited five birth parents and two attended. We invited five birth parents to the 2020 Joint Planning Meeting, and we had one birth parent that attended.

SCDSS believe the participation of youth and family will serve to assist in the transformation and improvement of South Carolina's current child welfare system. With that said, SCDSS wants to promote partnership and taking the voices of youth and families into consideration during decision-making.

Each year, SCDSS exchanges the Child & Family Services Plan and the Annual Progress and Services Report with the Catawba Indian Nation. Additionally, the Catawba Indian Nation shares their plan with SCDSS. SCDSS has a representative from the agency to serve as a liaison to the Catawba Indian Nation. The liaison participates in all meetings with SCDSS and the Catawba Indian Nation. Lastly, SCDSS consults with the Catawba Indian Nation through Bench Bar Meetings. Active participation and communication is made with the Catawba Indian Nation to promote ongoing collaboration with strategic initiatives.

As part of this contract, the vendor is required to complete training for workgroup members to increase capacity on how to effectively partner with youth and families in a systemic way. SCDSS will receive training from the SC Federation of Families in Quarter 3 of 2020 and has begun integrating parents and youth into several of its FFPSA, practice model, and various other workgroups and initiatives.

**Specify how families, children, youth; tribes, courts and other partners were involved in the assessment of agency strengths and areas needing improvement:** SCDSS is increasing its practice of, and capacity for, involving youth and family input by collecting data to assess the quality of its services and the outcomes achieved for children, youth and families. Gathering input from youth and families on their experience of agency practice, is an emerging part of the agency's CQI data collection framework and process.

SCDSS qualitative case reviews involve interviews with the children and families being served, and their input helps determine the effectiveness of child welfare services. The emphasis on listening to children and families as part of the review process reflects a practice of involving families in the process of planning and delivering services. SCDSS is reshaping the mindset to not merely see families served as clients to whom things are provided, but to consider youth and families as active consumers whose strengths and needs should help drive SCDSS's practice.

Consequently, in addition to qualitative case reviews, the agency uses a variety of opportunities to obtain input from the youth and families served by the child welfare system. These include:

- Parental and youth invitations to three strategic planning stakeholder meetings
- Kinship Advisory Panel which discuss strengths, challenges and opportunities to improve kinship care practice for the agency
- Kinship caregivers PIP Permanency Sub-work group for Kinship Care/Placement
- Parents and Family Voice workgroup meetings



- Joint Planning meetings
- Bench Bar Committee
- Grievance/complaint mechanisms
- Chafee/ETV Program Open Forums
- Chafee/ETV Program Youth Voice Transition Workshops
- Chafee/ETV Program Youth Leadership Conferences

## II. UPDATE ON ASSESSMENT OF PERFORMANCE

### A. Safety

#### Safety Outcomes 1 and 2

Safety outcomes include: (1) children are, first and foremost, protected from abuse and neglect; and (2) 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:

**Note: pg. 58 it provides a list of DSS training and technical assistance provided to the state.**

SCDSS assesses Safety Outcome 1 as an area needing improvement. The agency will be working on improving performance on the federal measures. **Note: Please refer to page 58 for more information regarding this activity.**

- Recurrence of Maltreatment (statistically worse than national performance)
- Maltreatment in Foster Care (statistically no different than national performance)

SCDSS assesses Safety Outcome 2 as an area needing improvement. The agency will be working on improving performance on the federal "Re-entry into Foster Care" measure (statistically no different than national performance). Improvements are also needed in the following areas: **Note: Please refer to page 58 for more information regarding this activity.**

- Assessment of service needs
- Provision of services to prevent removal and re-entry

Please refer to the SC CF SR Statewide Assessment submitted to ACF January 31, 2017 pages 19-21 for the complete state response

*State Outcome Performance on findings from the CF SR on-site review*

**South Carolina is not in substantial conformity with Safety Outcome 1.**

- The outcome was substantially achieved in 73% of the 48 applicable cases reviewed.

**South Carolina is not in substantial conformity with Safety Outcome 2.**

- The outcome was substantially achieved in 33% of the 100 cases reviewed.
- The outcome was substantially achieved in 48% of the 40 foster care cases, 24% of the 51 in-home services cases, and 22% of the 9 in home services alternative/differential response cases.

*SC PIP addressing Safety Outcome 1 and 2*

Goal 1: Children are protected from abuse and neglect and are safely maintained in their homes whenever possible and appropriate.

The agency is working to improve investigative case work practice with the following interventions:

- Clear and appropriate policy and practice guidelines for case initiation and documentation as it pertains to initial contacts and timeframes for making these contacts.
- Activities to strengthen practice regarding case initiation (documentation and supervisor coaching improvements).
- The adoption of the federal framework for “appropriate services” and the implementation of policies and practices of providing “appropriate services” for child safety.
- Activities to reduce the practice and culture of removing children from their homes and placing them with kinship caregivers as the sole solution to safety threats.
- Pre -initial case consultations and post-case consultation will be conducted with frontline investigation professionals and supervisors.
- Training to enhance interviewing skills, observation, reviewing and using records to inform safety decisions for case managers and supervisors.

**B. Permanency**

**Permanency Outcomes 1 and 2**

Permanency outcomes include: (1) children have permanency and stability in their living situations; and (2) 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:**

SCDSS assess Permanency Outcome 1 and 2 as an area needing improvement. Item 4 is still an area needing improvement while Item 5 met its goal of 66% in Measurement Period 2 at 67.5% and Item 6 met its goal of 52% in Measurement Period 1 at 57.5%.

**Note: see Appendix I for additional data.**

**South Carolina is not in substantial conformity with Permanency Outcome 2.**

- The outcome was substantially achieved in 41% of the 39 applicable cases reviewed. Items 7, 8, 9, 10, and 12 were all rated areas needing improvement.
  - Item 7 was a strength in 67% of the cases,
  - Item 8 was a strength in 50% of the case,
  - Item 9 was a strength in 38% of the cases,
  - Item 10 was a strength in 50% of the cases, and
  - Item 11 was a strength in 33% of the cases.

*SC PIP addressing Permanency Outcome 1 & 2:*

**Strategies for improvement include:**

Goal 2: Children will have permanency and stability in their living situations through timely reunification, guardianship/custody and/or adoption.

- Conducting pre-merit conference before merits hearings with all parties to court action for shared understanding about path to timely permanency
- Increasing practice of timely termination of parental rights (TPR) filing in adoption cases.
- Enhancing the participation of all parties at merits and permanency hearings.

Goal 3: Strengthen the current foster care system with the following permanency practices:

- Increasing foster home and kinship foster care placements by early identification and involving kin in the planning and placement and encouraging licensed kinship homes
- Enhance foster care stability by improving placement decisions, foster parent training, and foster parent involvement in the reunification process

**C. Well-Being**

**Well-Being Outcomes 1, 2, and 3**

Well-being outcomes include: (1) families have enhanced capacity to provide for their children's needs; (2) children receive appropriate services to meet their educational needs; and (3) 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:**

- SCDSS assesses Well-being Outcome 1 as an area needing improvement, as the data from the case record reviews conducted using the Onsite Review Instrument (OSRI) indicates that all of the four relevant case review items, the agency will need to work on improving performance.
- SCDSS assesses Well-being Outcome 2 as an area needing improvement. The data indicates the agency will need to work on improving performance.

- SCDSS assesses Well-Being Outcome 3 as an area needing improvement. The data indicates the agency will need to work on improving performance.
- Please refer to the SC CFSR Statewide Assessment submitted January 31, 2017, pages 28-34 for the complete State response

*State Outcome Performance on findings from the CFSR*

**South Carolina is not in substantial conformity with Well-Being Outcome 1.**

- The outcome was substantially achieved in 18% of the 100 cases reviewed.
- The outcome was substantially achieved in 30% of the 40 foster care cases, 10% of the 51 in-home services cases, and 11% of the 9 in home services alternative/differential response cases.

**South Carolina is not in substantial conformity with Well-Being Outcome 2.**

- The outcome was substantially achieved in 68% of the 41 applicable cases reviewed.

**South Carolina is not in substantial conformity with Well-Being Outcome 3.**

- The outcome was substantially achieved in 39% of the 88 applicable cases reviewed.
- The outcome was substantially achieved in 43% of the 40 applicable foster care cases, 37% of the 41 applicable in-home services cases, and 29% of the 7 applicable in-home services alternative/differential response cases.

*South Carolina PIP Addressing Well-Being Outcome 1, 2, and 3:*

- Develop, clarify, and implement practices, protocols, policies, tools and training for Child and Family Team Meetings
- Develop, clarify, and implement practices, protocols, and policies for child and family assessments, case planning, and matching service to needs and strengths
- Adapt and implement core components of the “Quality Matters: Improving Caseworker Contact with Children, Youth and Families. Target Population: Statewide
- Expand and realign service array to meet the individualized needs of children and families. NOTE: For details on this activity, please see page 21.
- Increase the knowledge and awareness of existing services, how to access them and how to match services to needs. NOTE: For details on this activity, please see page 31.

**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?*

**State Response:**

SCDSS assesses Item 19 as an area needing improvement.

- Even though the Agency believes the data in CAPSS is accurate to a degree of reliability and confidentiality, based on our qualitative and quantitative review, an Area Needing Improvement rating is recommended because accuracy was not routinely verified. However, CAPSS data submitted to ACF was verified through the ACFARS and NCANDS files each year to produce Federal reports.

Please refer to the SC CFSR Statewide Assessment submitted January 31, 2017, pages 39-48 for the complete State response.

Findings from the CFSR rated Item 19 as an area needing improvement.

*South Carolina PIP Addressing Systemic Factor – Statewide Information System*

- SCDSS needs improvement in developing CAPSS training to support supervisors in their work to train and coach case managers in accurate and timely data entry in the Statewide Information System (CAPSS). The only training received is a supervisory module entitled “training and skills development activities” given during the supervisor orientation, to teach how to use CAPSS and hold case managers accountable for accurate data entry.

Goal 5: Improve the capacity of supervisors to support the values, principles, and standards of quality practice, support implementation of new practice interventions with fidelity, conduct transfer of learning activities, and apply CQI to achieve ongoing practice improvements, so that children and families achieve improved safety, permanency and well-being outcomes.

- Develop and implement supervisory orientation, training and skills development activities focused on child welfare outcomes and practice standards that include technical assistance and training for CAPSS documentation.

**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?*

It is identified that Item 20: Written Case Plan with the parent(s) is an Area Needing Improvement based on the analysis of both the quantitative and qualitative data. Based on finding, it was determined there is a need for a consistent array of expanded Family Engagement Services statewide with documentation of involvement and participation in the case planning process, a need for stronger policy and procedures addressing the engagement of the parent(s) in the case planning process and a need for additional CAPSS codes. Additionally, there needs to be improvement in engaging the non-custodial parent and/or absent fathers and their families. Training, supervision and oversight of case management staff needs to be strengthened to improve engagement of parent(s) and to improve accountability for case work practice in this area.

## *South Carolina PIP Addressing Systemic Factor – Case Review System: Written Case Plan*

Goal 4, Strategy 1 outlines the activities that will improve current practice.

By expanding the purpose of FTMs and FGCs and renaming them Child and Family Team Meetings (CFTM), SCDSS will teach case managers to identify the family's strengths and underlying needs, no longer relying solely on contracted providers. Case managers will learn how to engage families, identify missing parents and kin, and develop a family-based, family-informed, co-created and focused case plan. The case plan will address safety needs the family must meet before the child can be returned, services to address the child's needs and improve caregiver protective capacities, best legal plans (especially for youth aged 16 and 17 years who have a goal of adoption and do not have an identified adoptive resource or desire to be adopted), and placement needs of the child, such as placement within the home community, with siblings, and/or with relatives. For foster care cases, CFTMs will be held within the first 72 hours of a child entering care to begin to plan for service needs and set the family up for more timely permanency at the outset of the case. Family preservation timelines and case manager competencies will be developed after an evaluation of foster care cases.

### **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 six months, either by a court or by administrative review?*

#### **State Response:**

SCDSS had policies in the Child Welfare Policy Manual, and in State Law, directing Periodic Case Reviews of all children in Foster Care at least every 6 months. In 2015, 91% of FCRB Hearings were held timely, and 94.6 % were held timely from January 1 to September 30, 2016. SCDSS did not have a system to track and verify that the six (6) month periodic review had occurred, but relied on a monthly report of missing Periodic Review data to indicate the need to inquire of SCDSS and the FCRB if a FCRB Hearing was either late or not yet documented in the system. The data presented above by the FCRB shows that nearly all FCRB hearings are conducted timely. SCDSS also has a functioning monthly process to identify hearings that are late and to notify each office so that action can be taken. The partnership between SCDSS and the FCRB is strong and functioning. Therefore, based on our qualitative and quantitative review, the state received a strengths rating.

### **Item 22: Permanency Hearing**

*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?*

#### **State Response:**

The Agency reviews children based upon the county of origin. Most counties have been diligent about ensuring that each child in Foster Care was receiving completed timely permanency

hearings. As such, based upon the available qualitative and quantitative data, this is a Strength of the system.

### **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?*

#### **State Response:**

Based on the review of the quantitative and qualitative data from CAPSS and the Quality Reviews, this item is rated as an Area Needing Improvement.

From the 2017 CFSR PIP:

In examining data from 2017, in cases where TPRs are filed, only 18% were filed within 60 days of a completed permanency planning hearing. State law requires the agency to file a termination action within 60 days of receipt of an Order approving a permanent plan, primary or concurrent, of adoption. State law further requires that once a termination action is filed, a merits hearing must be held within 120 days. If SCDSS is compliant with the mandates of the state law, South Carolina will be in compliance with the ASFA requirement that termination actions be filed on children who have been in foster care for 15 of the past 22 months.

Currently, there is a report in the Legal Case Management System (LCMS) which tracks the progress of the termination action. Currently, the triggering event which places the child on the report, is the filing of the action, not the completion of the permanency hearing that required the filing. This report is being modified so that when the outcome of a permanency planning hearing is entered into the system (by policy within 24 hours of the event), an indicator will appear which will ask whether either the primary or concurrent plan was adoption. If answered "yes" then that child will immediately appear on the report and will be color-coded either green, yellow, or red. Green indicates the attorneys must file the termination action within 30 days or more; yellow within 29 to 16 days; red means that the filing is due within 15 days or is overdue. Once the action is filed, the colors will reflect how close to the 120 days requirement individual cases are for a final hearing to be completed. It should be noted that South Carolina Code of Laws §63-7-1710 requires the Department to file a termination action when a child is in state custody for 15 of the most recent 22 months unless certain exemptions apply. These children are currently tracked by a report in the CAPSS system and accessible to all legal departments. Additionally, the job duties of each managing attorney are being modified to require that this report be download and distributed to all legal staff (county attorneys), child welfare supervisors, and program coordinators.

In addition to the report in LCMS being modified, the CAPSS report, Foster Care Permanency Plan and Legal Actions Report, has been modified to reflect whether a termination action has been filed. This report is distributed to child welfare staff managers and supervising attorneys.

### **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?*

**State Response:**

Based on the available qualitative and quantitative data and our analysis of the data, this item is recommended as an Area in Need of improvement.

From the 2017 Statewide Assessment:

South Carolina Code of Laws Section 63-7-1630 requires SCDSS to provide notice of hearings to foster parents, the pre-adoptive parents or a relative who is providing care for a child. This notice must be in writing and shall inform the recipient of the date/place/time of the hearing and their right to attend the hearing and address the court concerning the child. It should be noted that relative caregivers are usually made party defendants in all DSS actions and, as such, receive notices of hearings through pleadings as opposed to a notice pursuant to this code section.

Human Services Policy and Procedure Manual Section 848 (6) requires the county paralegal or designee to send out timely notice to foster parents and other caregivers using the form generated by LCMS.

LCMS does have a mechanism which alerted legal offices whether this notice had been sent to any party designated as a foster parent/caregiver if this notice had not been generated in the system within 15 days of the hearing date.

This requirement of notice has been emphasized to staff through a series of Information Memos reminding staff of the notice requirement.

Section 842 of the Human Services Policy and Procedure Manual requires DSS Foster Care workers to mail at least three weeks in advance to foster parents an invitation to attend any Foster Care Review Board meeting involving a child in their care using DSS form 3023.

**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?*

**State Response:**

SCDSS believes in continuous improvement and recognizes that data-driven strategies and appropriate analyses are necessary for improved outcomes for children and families. There is, however, a lack of consistency in CQI methodologies, and while expertise is maturing, it is not



yet available system wide. Some momentum is building, but learning may be localized, thus delaying integrated implementation across the Division.

Opportunities for improvement include a more in-depth and authentic search for root causes before solutions are adopted or imposed and more widespread and sustained efforts toward performance improvement. The Division will need to focus on skill development to strengthen CQI concepts, ways of thinking, and problem solving among staff at all levels.

The SCDSS continues to use performance data from case reviews and administrative data to explore problems and progress in performance on outcome achievement. As work on goals, objectives, and interventions progresses, leaders use CQI problem exploration processes in planning meetings to dig deeper into root causes about why the sequencing, timing, or execution of an intervention may or may not be as effective as planned or delivered. For example, as leaders work on executing activities on the goal to improve supervision (Goal 5), it became clear from data collection and analysis with supervisors and workgroups there is a lack of capacity on basic supervisory consultation. It was necessary to involve supervisors in the problem-solving process as supervisors have a pivotal role in implementing CQI processes along with coaching. The approved PIP started with supervision CQI activities in Goal 5 (case debriefs and QA reviewer training). A joint decision was made by SCDSS and CB to move the work of case consultation into the foundational strategy position for executing the goal to improve supervision and work is continuing to execute improvements to resources, infrastructure, knowledge and skills, and the culture and climate for delivering high quality supervisory case consultation, first in PIP counties and then statewide, along with the CQI and coaching capacity work.

SCDSS is making positive strides to move towards a result focused Quality Assurance System. Based on the available qualitative and quantitative data and our analysis of the data that is presented in this section, this item is an Area Needing Improvement.

#### *SC PIP Addressing Systemic Factors:*

To monitor performance and support quality, CWS has increased the involvement of a wide range of staff and stakeholders in regionally based quality assurance CQI meetings and county case debriefs. Leadership stresses the responsibility of all managers and staff in the quality improvement process and works to engage a broad range of staff in the process. CWS is also working to improve the engagement of external stakeholders, including other agencies and community members, in the work. CWS has formed a CQI workgroup that is developing a formal CQI Plan that will formalize the statewide CQI structures, including feedback loops for CWS.

CFSR PIP activities, include:

- Define, train and support the role of supervisors in the CQI process.
- Development of a formal CQI plan with CQI activities
  - Structuring a Culture of Continuous Quality Improvement
  - Gathering Quality Data
  - Plan for analyzing data and creating meaningful information
  - Action Plans and Feedback Loops to address Areas Needing Improvement
  - CQI Input from, and Feedback to, External Stakeholders
- Quality Assurance Review training for PIP counties

- Quality Assurance activities in Goals 1,2, 3, 4 of the CFSR PIP

*eLearning DSS CQI Training:*

Planting Seeds for Success Phase(s) 1 and 2: Continuous Quality Improvement (CQI) Training:

- This course provides an overview of the concepts and basic principles associated with continuous quality improvement (CQI). Participants increase their awareness and basic understanding of how individuals and groups can use CQI to make data-informed business decisions that are focused on continuous improvement
- The Planting Seeds for Success Continuous Quality Improvement (CQI) curriculum has been custom designed by Clemson University and DSS staff using time-tested concepts that have been successfully used by public and private sector organizations nationwide to improve business outcomes.
- In theory, CQI is defined as “the continuous process of identifying, describing, and analyzing strengths and opportunities for improvement within systems, processes, and programs.” In practice, CQI promotes a different way of thinking by providing a framework that connects, aligns, and prioritizes the work of an organization. CQI is focused on processes and outcomes, not people and individual scrutiny. CQI adds value to everyone’s work and improves the outcomes we are all striving to achieve.
- Building on the Phase 1 online course (via LMS), this course is an on-site interactive training on CQI methodologies, change management strategies, and the use of CQI project teams.
- Due to social distancing Phase 2 was converted to a online format through Microsoft Teams.

This training is the first step in our commitment to establish an integrated agency-wide CQI process to improve the work done in county offices, regional operations, and the state office. The outcomes from these efforts will support our core principle of competence and will help us to better fulfill our mission:

- Improve organizational health by promoting a culture that models shared values and encourages continuous learning and improvement.
- Reduce reactive behavior by using process analysis, feedback loops, data, and cross-functional collaboration to make informed business decisions.
- Support the creation of consistent work processes, best practices, and key performance indicators (KPI) that are aligned to strategic priorities.
- Enable employees to challenge the status quo and initiate change at any level.
- Leverage small successes as building blocks to inspire people to tackle bigger things.

**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, which includes the basic skills and knowledge required for the 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.

**State Response:**

Based on the available qualitative and quantitative data and our analysis of the data presented in this section, this item is recommended as an Area Needing Improvement. Although comprehensive training was provided by several contracted partners, the Agency lacked a verification system to ensure the initial training to caseworkers thoroughly provided the basic skills and knowledge needed to apply in their duties.

*SC PIP Addressing Systemic Factor – Staff and Provider Training*

- Supervisor system and training in case consultation, coaching, CQI, Quality Assurance, case manager pre-service support
- Practice Model training for all CWS staff (county, regional, state office)
- Redesigned pre-service training for new case managers
- Foster parent training, visitation training, new portal training
- Kinship care training for staff, attorneys; legal training; individualized assessment training (match services to needs)

**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 regarding 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

**State Response:**

On-going training activities were being provided to child welfare staff and contracted provider agencies serving Community-Based Prevention Services. However, due to an absence of formalized guidance in policy and contractual expectations, coupled with the limitation to track and verify trainings, this item is recommended as an Area Needing Improvement.

*SC PIP Addressing Systemic Factor – Ongoing Staff Training*

See training activities above Staff and Provider Training

**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?*

**State Response:**

SCDSS views its performance on item 28 as an Area Needing Improvement and is currently involved in strengthening the structure of foster parent training. Better collection and organization of quantitative and qualitative data relevant to the content of trainings offered to our foster parents will be key in meeting federal requirements. The state is using its practice model implementation process to improve training and to support the skill and knowledge acquisition of trainees who receive training delivered by internal and contracted providers.

Working with the Staff Developing and Training Division, CWS will gather information on the short-term effectiveness of foster parent training by evaluating changes in foster parent awareness, knowledge, and family centered support for families.

**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.

**State Response:**

SCDSS has made many improvements in developing a comprehensive array of services tailored to meet the needs of children and families in the child welfare system that included those being served by Community Based Prevention Services, Family Preservation, Foster Care, Intensive Foster Care and Clinical Services and Adoption. Those contracted by the Agency must comply with cultural competency training and service expectations. Although required, the state has not accessed the level of culturally and linguistically appropriate service delivery. Services available through other state agencies such as the Department of Mental Health and DAODAS were also required to provide culturally appropriate and competent services.

The Agency has identified the needs to address gaps in services through future contracting for specific services. These include family visitation centers, assessment centers, statewide forensic services and statewide family engagement services (CFTM with FF) to ensure that all services are consistently available statewide.

Quality Assurance Review data for FFY 2019 also confirms the need for the state's renewed focus on the recruitment of Foster and Adoptive Families statewide. This will be addressed in item 35: Diligent Recruitment of Foster and Adoptive Homes.

In comparing the core services and new services being added to the array, limitations around accessibility seems related to permanency and stability in living situations that continues to be below expectations. Although, as mentioned above, the core service array seems to be adequate with specialized services available statewide, ensuring that services are known by caseworkers and accessed continues to be problematic.

Based on the available qualitative and quantitative data and analysis of the data presented in this item, the Array of Services is recommended as an Area Needing Improvement.

#### *South Carolina PIP Addressing Systemic Factor – Service Array*

- Establish and implement case practices that enhance delivery of “appropriate safety services” to families to prevent removal of children and continuously assess safety throughout the life of a case to reunify children as soon as threats can be mitigated and conditions for return are met.
- Improve the quality and consistency of engagement, assessment of needs, case planning, case manager visits and provision of services, so that safety, permanency and well-being outcomes are achieved.
- Expand and realign service array to meet the individualized needs of children and families.
- Lastly, increase the knowledge and awareness of existing services, how to access them and how to match services to needs.

#### **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?*

#### **State Response:**

SCDSS had numerous individualized services in place based on the efforts of intensive, state-wide collaboration. However, due to inadequate referral and tracking systems in conjunction with identified service gaps, this item is rated as an Area Needing Improvement. While SC has an array of services, services cannot always be made available or tailored to meet the unique needs of the children and families served by the Division. The array of services is seen by some as a “boiler-plate set of services” that are often too broad and/ or vague.

Please refer to the SC CFSR Statewide Assessment submitted January 31, 2017, pages 135-147 for the complete State response for Items 30.

Findings from the CFSR rated Item 30 as an area needing improvement.  
See Goal 3.

#### **F. Agency Responsiveness to the Community**

### **Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR**

*How well is the agency's responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs? Does the state engage 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? Lastly, does the state include the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?*

#### **State Response:**

South Carolina is in substantial conformity with the systemic factor of Agency Responsiveness to the Community

### **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?*

#### **State Response:**

South Carolina received an overall rating of Area Needing Improvement for Item 32 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and collected during interviews with stakeholders showed challenges in coordinating with other federal programs.

Please refer to the SC CFSP Statewide Assessment submitted January 31, 2017, pages 160-166 for the complete state response for Item 32.

## **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 childcare institutions receiving Title IV-B or IV-E funds?*

#### **State Response:**

SCDSS views its performance on item 33 as an Area Needing Improvement and is currently involved in strengthening the structure of foster home license records to inform improved service delivery to families. Future stakeholder input would be valued, especially in learning how the Agency can support families in maintaining compliance with required standards of care.

PIP Addressing Systemic Factor - Foster and Adoptive Parent Licensing, Recruitment and Retention

- Increase kinship foster care placements by early identification and involving kin in the planning and placement and encouraging licensed kinship homes so that children will more likely be placed with and cared for by kin.

### **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?*

**State Response:**

The SCDSS views its performance on item 34 as a Strength because of the consistent, timely, and repetitive practice of reviewing the backgrounds of all foster and adoptive parents. There was a strong reporting and investigation system in place for keeping children safe from abuse or neglect while in Foster Care and actions were taken immediately to remove children from harmful situations or ensured that unfounded cases are discussed thoroughly with foster parents. However, there was little or no data to validate this item as a strength. With the implementation of the new CAPSS reporting capabilities and data capture, the availability of data will improve.

**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?*

**State Response:**

There is significant work to be accomplished by the SCDSS as it relates to gathering, summarizing, and using data to target recruitment efforts to the populations and geographic locale of the children in Foster Care. The Agency has a full-time recruitment manager who is working on streamlining the process by which potential foster and adoptive families are sought and educated about the needs of their communities. During the period under review, the SCDSS did not use data to maximize the efforts to recruit, therefore, this item is rated as an Area Needing Improvement at this time.

**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?*

**State Response:**

SCDSS made strides to address cross-jurisdictional efforts for permanent placement. While the Agency demonstrated strengths utilizing Family Engagement Services and enhancing adoption recruitment efforts, overall, the relevant quantitative and qualitative data reflected this item to be recommended as an Area Needing Improvement

*Use of Data*

In addition to the findings of the 2017 CFSR case review, CWS has utilized the 2020 Child and Family Services Review (CFSR 3) Data Profile in assessing our child welfare practice performance on the national standards.

Indicator	National standard	SC Performance
Permanency Indicator 1-Permanency in 12 months for children entering foster care 17A-19B	42.7%	57.5%
Permanency Indicator 2 – Permanency in 12 months for children in care 12 to 23 months 18B-19A	45.9%	32.2%
Permanency Indicator 3 – Permanency in 12 months for children in care 24 months or more 18B-19A	31.8%	32.1%
Permanency Indicator 4 – Re-entry to foster care in 12 months among P1 discharges 16A-18	8.1%	7.7%
Stability of Placement 18B-19A	4.4%	7.14%
Safety Indicator 1 – Indicated reports involving children in foster care per 100,000 days of foster care 17A-17B, FY17-18	9.8%	8.6%
Safety Indicator 2 – Children with at least one indicated report and with another indicated report within 12 months of the initial report FY17-18	9.5%	10.5%

### *Monitoring Outcome Performance*

CWS uses the CFSR 3 data profiles, PIP quality assurance case reviews, and CAPSS dashboards and reports to track the indicators of performance in the focus areas of practice, ensure compliance with procedural standards, and monitor system processes. State, regional and PIP County leadership come together monthly to review and analyze data summarizing both statewide and county-specific performance on the 10 areas of practice being measured in the PIP, shown in the table below. Regions and Counties use this data to monitor performance and formulate regional plans for targeted system improvement.

Item Description	
1	Timeliness of Initiating Investigations of Reports of Child Maltreatment
2	Services to Family to Protect Child(ren) in Home & Prevent Removal or Re-Entry into Foster Care
3	Risk and Safety Assessment and Management
4	Stability of Foster Care Placement
5	Permanency Goal for Child
6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement
12	Needs & Services for Child, Parents, & Foster Parents
13	Child & Family Involvement in Case Planning
14	Caseworker Visits with Child
15	Caseworker Visits with Parents

In addition to the CFSR metrics, CWS produces several other data products intended to assist counties in improving outcomes associated with placement stability, visitations, timely initiation of investigations, etc. Regions & Counties regularly receive data reports from the Office of Accountability, Data, & Research Division, including:



- CPS Referrals for Investigation
- CPS Investigation Data Clean-Up
- Child Protective Services Dashboard Cumulative Summary
- Permanency Plan Clean Up Reports
- Utilization of the Child and Family Assessment Services Plan in CAPSS for Foster Care Children.
- Placement of Sibling Groups ENTERING Foster Care
- Proximity of Sibling Groups in Care 30 Days or More
- Reasons Youth Entered Foster Care
- Child and Adult Welfare and Foster Home Licensing Caseloads

### *Development of the Current CFSR Program Improvement Plan*

In developing South Carolina's Program Improvement Plan (PIP), CWS used the Change and Implementation in Practice series as its Continuous Quality Improvement (CQI) model. CWS reviewed the Child and Family Services Data Profile which detailed South Carolina's performance on the seven national standards. The profile revealed South Carolina was not meeting six of the seven national standards, resulting in a recommitment to improving safety and permanency practice from CWS leadership. Along with the findings from the 2017 federal case review and CAPSS/ADR data, CWS used the CBC problem exploration process below:

The following six essential functions (tasks) are necessary for deeper problem exploration:

1. Identify a problem
2. Create a data plan to explore the problem
3. Collect and analyze data
4. Identify possible contributing factors and possible root causes
5. Explore and validate possible root causes
6. Isolate the root cause(s) to address

The CFSR PIP development process using the problem exploration and theory of change processes supported staff's understanding of data and its value in developing strategies to improve outcomes. The process helped CWS identify several overarching themes:

- Need for improved engagement and quality contacts with parents, especially fathers
- Need for framework for assessing and providing services to help keep children safely maintained in their homes
- Need to focus on an urgency to expedite permanency and utilizing relatives as placement resources
- Need for supervisor case consultation, transfer of learning, CQI, and coaching

In development of the Performance Improvement Plan following the CFSR, CWS engaged all child welfare stakeholders to provide information to assist in developing our Statewide Assessment and the Program Improvement Plan (PIP). This collaboration focused on the assessment of the review findings; identification of the factors contributing to our performance or report findings; identification of current initiatives upon which to build; and identification of data by which improved performance is measured. CWS and its child welfare stakeholder community have already commenced many initiatives that align with the state's overall improvement goals. The CFSR has an intentional focus on improving performance in key areas. Each SC county department of social services will be expected to improve its outcomes; with CWS providing CFSR data to each county and working with each region on the development of its action plan. Each plan will include strategies that align with the CFSR PIP activities.

### *Plan for Improvement*

In 2019, CWS began implementing the Guiding Principles and Standards Child Welfare Practice Model (GPS), which provides the framework for a consistent and recognizable approach to child welfare practice across SC, and addresses strategies to improve the child welfare outcomes. Vision and outcome driven, CWS is using this framework as the cornerstone of our child welfare work and to drive performance.

*Michelle H.* consent decree is supporting foster care infrastructure work in meeting benchmarks outlined in the settlement agreement. The work includes:

- Lower case manager and supervisor caseloads to monitor children's safety
- Increased visitations to maintain family relationships and support case manager engagement
- Better and more timely out of home abuse and neglect investigations
- Increasing number of quality foster homes to prevent children from being placed in congregate care facilities, reduce frequent moves between homes and facilities, reduce those unnecessarily housed in detention centers, and phasing out the use of SCDSS offices, hotels and motels as placements.
- providing children with basic medical, dental and mental health evaluations and treatment.

Another key driver of SC's child welfare agenda are the six safety and permanency indicators developed by the federal Children's Bureau as part of the CFSR process. Regional offices are using safety and permanency data to understand key factors that contribute to performance, develop and implement strategies to positively impact the outcomes, and monitor their effectiveness. Throughout this continuous quality improvement process, CWS regional offices have been using the problem exploration process to identify why a practice or system problem occurred in the first place and what to do so it does not recur.

### *CQI and Region Plans:*

CWS partners with Regional Offices to implement a data driven CQI process to improve performance on the federal outcome measures (CFSR). This CQI process was supported through a year-long process that included problem exploration meetings, county-specific data, and draft submissions of regional plans. The draft submissions of regional plans included the following:

- Target area of improvement
- A listing of strategies and activities that are intended to directly impact those factors
- Measures that may be used to make sure the strategies are making a positive difference

## **III. UPDATE TO THE PLAN FOR ENACTING THE STATE'S VISION AND PROGRESS MADE TO IMPROVE OUTCOMES**

### ***Child & Family Services Plan (CFSP)***

The state recognizes year one and year two of the CFSP will be heavily focused on the implementation of the GPS Practice Model, PIP, the *Michelle H.* Final Settlement Agreement (FSA) and the planning for Family First Prevention Services Act (FFPSA). The FFPSA workgroups which include service providers, legal/judicial representatives, experts in prevention, parents, youth, and SCDSS staff members (state and local level), meet at a minimum monthly. The combined efforts and work required to implement FFPSA overlaps with the implementation

of the GPS Practice Model, the PIP, doe primary prevention and developing a comprehensive service array for families and youth. While the state has requested a legislative two-year delay for FFPSA, within the two-year window of time, the foundational work for implementing the FFPSA is focusing on key practice standards and developing a comprehensive service array. Planning work consists of assessing the needs within the state for prevention and developing an action plan to implement services and resources to operationalize the key provisions of FFPSA related to family preservation and foster care. Below is an update of the work that has taken place in Year 1 of the CFSP.

### ***GPS Practice Model***

With the assistance of Chapin Hall, the state has created a GPS Practice Model for South Carolina. Before any system or practice change can be done, the state recognized the need to establish values, principles, core practice standards and expectations for how the SCDSS will operate and partner with families and other stakeholders in child welfare services. SCDSS held an Initial Implementation Kick-Off Meeting on February 25, 2020. The governance structure is comprised of an implementation team (steering committee) and key system pillar representatives from communications, continuous quality improvement, information technology, policy, fiscal, training, human resources, and workforce (including representatives from investigations, foster care, family preservation, adoptions, and external stakeholders) all established. Continued work and planning is underway to set clear values, principles, and core practice standards around engagement, teaming, functional assessment, planning, intervening, and tracking and adapting the GPS Practice Model. Implementation is estimated to take 18 months. Charters and workplans are created and the implementation teams are now working through steps in their respective plans with the support and technical assistance provided by Chapin Hall.

### ***Program Improvement Plan (PIP)***

The PIP is focused on safety provision, engagement, permanency/courts, and supervision as the key cross-cutting practice areas. As mentioned earlier, the move towards prevention requires the state to spend a considerable amount of time addressing key practice areas. The 2017 Child and Family Services Review Final Report identified significant practice issues that impact the state's ability to achieve substantial conformity within safety, permanency, and well-being. The PIP was approved on September 19, 2020 and the state resubmitted the PIP to renegotiate activities on March 30, 2020. The state was approved for additional time to complete activities as the novel coronavirus impacted the state's ability to achieve many of the target dates set forth. For more information on the updates in the PIP, please see the PIP Matrix dated April 30, 2020.

### ***Michelle H. Final Settlement Agreement (FSA)***

The state drafted implementation plans to address areas of improvement. Each implementation plan was approved by court monitors assigned to report the state's progress to the court. The state has been working diligently to complete the requirement of each plan. The state will focus on five (5) major areas for improvement of the child welfare system: caseload limits, visitation (case manager, siblings, parent-child), maltreatment in care, placement resources, and physical and behavioral health care coordination. Listed below is the progress made within each of the *Michelle H.* implementation plans.

- **Workload Plan:** SCDSS implemented a phased approach to bring children legally free for adoption under the full case management of Adoptions case managers. Additionally, SCDSS eliminated the Intensive Foster Care & Clinical Services (IFCCS) workload category and integrated IFCCS case managers and supervisors into the county office structure. IFCCS Leadership staff were integrated into the newly formed Well-Being Teams (one team in each region). During this transition, children managed by IFCCS continued to receive the services and supports provided through the ISCEDC process. “Stay” surveys and interviews were implemented to increase staff retention during the first year of employment. SCDSS Human Resources Division hired a Workforce Developer to lead the work to form a partnership with public universities South Carolina to increase recruitment of social work graduates. USC & their Upstate campus, Winthrop University, and SC State have all expressed interest in the partnership. SCDSS in partnership with USC began production of a realistic job preview video for new case manager applicants to the agency to view as part of the application/interview process.
- **Visitation Implementation Plan:** The Visitation Work Group in collaboration with the SCDSS Training Division developed a Visitation Awareness curriculum, and training was deployed to over 732 staff (case managers, supervisors, casework assistants, & legal) across the state. An adaptation of this curriculum was deployed to foster parents and providers with assistance from the Foster Parent Association. Supervisor-specific training was deployed to supervisors throughout the state. Additionally, the state is deploying training on the *Quality Matters* series, which is a model for quality case manager visits with children. Significant work was done around training on quality documentation. The training began this month, June 2020, for Supervisors initially and then will be rolled out to front-line staff. The first and second editions of *Visitation Matters*, a quarterly newsletter we developed that provides practice tips, were distributed to the field. Additionally, enhancements to CAPSS were made to better capture visitation plans, scheduling, and visit details.
- **Out of Home Abuse & Neglect Implementation Plan:** The Out of Home Abuse and Neglect Investigations (OHAN) unit is part of the Office of Safety Management and is responsible for investigating child abuse and neglect that occurs in foster care placements or at childcare facilities. With an update to CAPSS screens to capture core witness contacts, OHAN completed all the items on their Michelle H. implementation plan. OHAN also added additional positions and now has 16 investigators and three supervisors. OHAN is meeting several of the FSA measures and has shown improvement in other benchmark areas.
- **Placement Implementation Plan:** DSS developed a structure for Child and Family Teaming and will utilize technical assistance in 2020 to implement throughout the state. SCDSS began holding weekly permanency staffings for children in congregate care in an effort to help move these children toward permanency. SCDSS and South Carolina Department of Juvenile Justice (SCDJJ) developed the electronic capacity to identify children with case management in either agency. When a child comes into care of SCDSS, the agency can perform a search in the SCDJJ portal to determine if the child is involved with SCDJJ. If so, SCDSS can begin collaboration with DJJ as per the MOU Protocol. SCDSS also enhanced its focus on licensing kin caregivers and filed an

emergency regulation to provisionally license kin and fictive kin. Provisional licensure allows a foster child to be placed with kin once they meet the licensing standards in the regulation. The family would then have additional time to complete the full licensure process. Licensure allows kin to receive financial supports for the child's care. SCDSS added licensing staff in each region to focus solely on licensing kin and fictive kin. SCDSS formed a Kinship Advisory Panel to provide feedback on policies and initiatives related to kinship caregiving, licensure and kin supports. This group meets monthly and includes current and former kin caregivers. **Note: Information regarding kin supports are also referenced in Kinship Navigator Funding section on pg. 96.**

- **Healthcare Implementation Plan:** SCDSS onboarded four regionally-based nurses, one dental nurse and one nurse manager. The nurses, along with designated support staff are a part of the newly created Well-Being Teams. Select Health's Foster Care Unit is now fully staffed with 21 positions to include nurses for complex care management, non-clinical care connectors, social work care managers, supervisory and medical oversight positions. SCDSS significantly improved in timely referrals of children under 36 months to BabyNet. The percentage is 70% statewide for Babynet referrals within 45 days and this is up from 50% in September 2019. SCDSS reviewed over 5100 records of children in foster care to determine when their last well-child visit occurred and whether they were now due for a well-child visit based on the American Academy of Pediatrics and Fostering Health guidelines for children in foster care. Work is also underway to capture any follow-up needs that may have been identified at the well-child visit. SCDSS began discussions with Select Health regarding implementing a process similar to medical "rounds" which would allow SCDSS to staff cases of children with complex needs with Select Health in order to get guidance, support, and recommendations for available services. These weekly "rounds" were implemented in early 2020 and the rounds have focused on the individualized needs of 36 children and youth thus far.

### ***Family First Prevention Services Act (FFPSA)***

On July 12, 2019, SCDSS convened the first meeting of its Title IV-E prevention services workgroup with representation from the Department of Mental Health (DMH), First Steps, Child Advocacy Centers, Project Best, Department of Alcohol and Other Drug Abuse Services (DAODAS), South Carolina Primary Health Care Association (SCPHCA), Department of Health and Human Services (DHHS), Department of Education (DOE), National Youth Advocate Program (NYAP), South Carolina Youth Advocate Program (SCYAP), Justice Works Behavioral Health Services, Carolina Youth Development Center (CYDC), SAFY, South Carolina Infant Childhood Mental Health Association (SCIMHA), Behavioral Health Services Association (BHSA; County 301s), Citizens Review Panel (CRP), A Child's Haven, Epworth Children's Home, the Palmetto Association for Children and Families (PAFCAF), and the SC Children's Trust. In addition to the previously mentioned organizations, SCDSS has added kin caregivers and birthparents of children with lived experience in the SC child welfare system to serve in an advisory capacity to this group. The workgroup is responsible for assisting the agency in enhancing its service array through the identification and selection of IV-E eligible EBPs across the state. The group has reviewed relevant data (i.e. Medicaid, CCWIS, and provider data, along with case typology) to help narrow down the state's definition of candidacy and candidacy characteristics.

SCDSS partnered with the University of South Carolina's Institute of Families in Society and the South Carolina Department of Licensing, Labor, and Regulation (SCLLR) to develop and disseminate a survey to help SCDSS better understand the landscape of evidence-based practices, provider readiness, and provider self-efficacy with evidence-based practices across the state. On 2/22/2020, the SCLLR disseminated the survey via email, to all licensed professional counselors, marriage and family therapists, social workers, psychologist, psycho-educational specialists, addiction counselors, and physicians. Subsequently, SCDSS, PAFCAF, and the BHSA made their network providers aware of the survey. The survey closed on 3/15/2020 and received over 2400+ unique responses, around 1400+ served children and families, whereas, the remainder served all other populations (e.g. adults, elderly). The resulting data indicated the presence of a number of IV-E approved EBPs in present across the state (e.g. TF-CBT, FFT, MI, PCIT, PAT, etc.). Additional findings revealed common challenges associated with the implementation of EBPs within the provider community. These findings will help to inform a grant writing process and EBP sustainability plan.

SCDSS continues to work on the development of practice guidelines, policy, reimbursement methodology, budgets, service selection and mapping, provider qualifications, and defining eligible candidates for services.

### ***Service Array***

On March 3, 2020, SCDSS convened a workgroup of key stakeholders to assist in the development of a qualified provider list to expand the Department's array of services. The workgroup is working on the development of service definitions, standards, business mapping, and provider qualifications. SCDSS believes the development of this service array will integrate fully into FFPSA planning and implementation. This workgroup also helped to craft contract language that reinforces the Department's practice model and teaming expectations of provider.

Similarly, SCDSS also convened another workgroup of key stakeholders and prevention subject matter experts to inform the new iteration of its Community Based Prevention Services Contract. This subgroup was comprised of prevention SMEs that helped develop standard service definitions, integrate family centered practices/engagement, and use strengths-based language in contract development. Providers and the Department jointly determined interventions and services that could benefit children and families who are at risk of departmental involvement such as concrete services and parenting services. The population receiving these services are not FFPSA candidates for care as they have not been accepted for investigation of child maltreatment.

### ***CFSP Goals Years 3-5***

The following strategic planning goals for the CFSP will focus on FY 2021 -2022 (year 3), FY 2022-2023 (year 4), FY 2023-2024 (year 5). On or before October 1, 2021, the state will be implementing FFPSA. Herein, the goals outlined for years 3, 4, and 5 demonstrate casework practice that supports the continued operationalization of practice changes for preventing entry and re-entries into the foster care system and a comprehensive service array that supports families and children with the necessary supports to reduce and/or eliminate child maltreatment and strengthen families.

## **Revisions to Goals, Objectives, and Interventions**

***Goal 1: Enhance prevention and intervention resources to ultimately reduce the reoccurrence of child maltreatment and unnecessary out-of-home placements.***

**Rationale:** Results of the CFSR-PIP identified a salient need for the enhancement of prevention and intervention resources to prevent the occurrence and recurrence of childhood maltreatment, reduce out-of-home placement, and improve the overall well-being of the children and families of South Carolina. Data from focus groups conducted with front line staff provided information about the challenges of accessing available services. Frontline staff revealed limited knowledge of services available in their counties and even less knowledge of services available in other counties where children on their caseload might be placed, which leads to difficulty in identifying services for families and to uncertainty about the quality of services and impedes the ability to individualize services to meet needs. Staff also indicated the common challenges to parents accessing the available services for which they were referred were long waitlists, transportation, and cost. Front-line staff described the need for help with obtaining information about services and access to services, which is not consistently available across counties. Judges and court representatives reported that there is generally a lack of services to assist parents, a lack of quality services to assist parents, and they see the same services in every case plan. They believe some children could be kept safely at home if up-front services were provided to prevent removal into care. They also reported that the lack of access to services creates delays in achieving permanency.

To assist families with access to services, Medicaid funding streams will be examined so parents will not be responsible for paying for services. As the state improves its understanding of needs and services, it is necessary to determine how best to shift resources from existing services that lack quality and do not meet the needs of children and families to services that are evidence-based and better suited to the needs of children and families we serve. SCDSS will first evaluate existing SCDSS funded, Medicaid funded, and other funded services and then will review “legacy” contracts to determine what revisions need to be made in the existing service array. Using CFSR reviews as a guide for services that were needed but not provided, SCDSS will address service array gaps. Any expansion of services will be budget neutral and will be created by rebalancing existing services. Concurrently, SCDSS will use peer learning webinars for case managers to bring awareness to those high-quality services that already exist. To sustain individualized service planning, a statewide database will be developed so that case managers will have access to up-to-date information on access to services, how to make referrals, and availability of the services.

To address the need for more service provision, the state will take a two-pronged approach: 1) review and rebalance contracts to address gaps in the service array and 2) train case managers on what services are available through quarterly webinars in the 10 Implementation Counties. These statewide webinars will focus on accessing services that QA reviews identifies but are not often provided. For example, transportation is often a barrier for families seeking services. Staff in the Office of Child Health and Well-Being will research ways to access atypical sources of transportation such as private non-profit programs in rural areas, Medicaid medical appointment transportation services, Select Health resources such as Uber codes that can be used in rural areas, and others. The webinar will focus on services that local staff may not be aware of, who qualifies for those services, and how to make successful referrals. The goal of this intervention is to share the results to make case managers’ role in the process easier. A goal of the CFSP will be to expand this work to create similar webinars that can be shared with stakeholders such as attorneys who represent parents, judges, and court personnel.

Additionally, to improve overall safety, permanency, and well-being outcomes, SCDSS will enhance the inclusion of family and youth voices in practice and improve the way we partner with families. This will enable SCDSS to engage with families in a more holistic and comprehensive manner by modifying its engagement practices and approach to partnership.

By revamping and expanding the FTMs and FGCs and renaming them Child and Family Team Meetings (CFTM), SCDSS can use these meetings to help identify missing parents, kin, engage the families, develop a family-based, family-informed, co-created safety and service plan that addresses safety needs that must be met, reduced or controlled before the child(ren) could be returned. Additionally, treatment services to address any child's needs and the diminished caregiver protective capacities, best legal plans (especially for youth aged 16 and 17 years who have a goal of adoption and do not have an identified adoptive resource or desire to be adopted (South Carolina's age of consent is 14 years), or those who have been in foster care for longer than 24 months or those at risk for remaining in care longer than 24 months), and placement needs of the child(ren) (placement within the home community, with siblings, relatives, etc.). The CFTMs will be held within the first 72 hours of a child entering care, before the pre-merits hearing conference, and prior to all permanency planning hearings. By doing this, the CFTM will assist the agency in achieving timely permanency for the child(ren) who are involved in the foster care system.

SCDSS will develop and implement a training, coaching, and mentoring plan for the CFTM process for new and existing case managers and supervisors. The training will provide skill building on how to conduct a CFTM and empower case managers and supervisors to use their comprehensive assessment information, involve absent parents (especially fathers), involve incarcerated parents, to know how to have difficult conversations with families, and change their values, beliefs, and culture to one of involving all parents, kin, identified supports, youth. Part of the coaching portion will include mentoring of SCDSS staff by the Family Engagement Service Coordinator. With this training and coaching, case managers and their supervisors will be empowered to conduct CFTMs without the Family Engagement Service Coordinator, thus developing the agency's internal capacity. This approach will strengthen the child welfare system and promote the timely achievement of permanency by regularly and concertedly incorporating relatives, stakeholders, youth, and others involved in the case.

**OBJECTIVE 1:** Develop and implement a comprehensive service array aimed at the stabilization of the family unit.

**OUTCOME:** An observable reduction in unnecessary out-of-home placements and the duration of family preservation cases and increased timely reunification.

**MEASURE OF PROGRESS:**

- Reduction in the number of children in family preservation cases but who are placed in kinship/relative care
- Reduction in the amount of time that children are in out of home of care
- Reduction in the duration of family preservation cases through appropriate and safe case closure

**MONITORING PLAN:**



Ongoing monitoring of progress toward the identified measures will be done through the analysis of CAPSS system data through annual reviews by SCDSS staff and data analysis partners.

**INTERVENTION 1:** Expand statewide community-based, collaborative programs that support the inclusion and engagement of families.

**RATIONALE:** Planning is underway to operationalize FFPSA, but the State recognizes that ongoing work and planning will need to be done to promote a comprehensive service array. Once FFPSA is implemented in the state, the expansion of community-based and collaborative programs will most likely provide a robust service array within the state.

### **BENCHMARKS**

- End of Year 1
  - Engagement of community providers to identify and select evidence-based practices.
- End of Year 2
  - Develop service eligibility criteria and mapping of evidence-based services across the state.
- End of Year 3
  - Caseworkers will be trained on how to utilize available community-based programs and the identification of evidence-based services across the state that are individualized to meet the family's need.
- End of Year 4
  - Maintain collaborative partnerships in ways that best support families

**OBJECTIVE 2:** Address the physical, mental, and dental health needs of children in out-of-home care and family preservation cases

**OUTCOME:** Improved well-being outcomes of children through the improved accessibility and utilization of physical, behavioral, and dental services.

### **MEASURE OF PROGRESS:**

- Development and ongoing convening of FFPSA community-based services workgroup that includes provider, youth, and family representation and feedback
- Achieve a 2% reduction in out-of-home placements that are not a PRTF
- Family preservation cases demonstrate a 1% increase in services received in a timely manner

**Note: See FFPSA Section on pg. 30 for information related to FFPSA workgroup and implementation.**

### **MONITORING PLAN:**

Ongoing monitoring of progress toward the identified measures will be done through the analysis of CAPSS system data and through annual quality assurance reviews by SCDSS staff and data analysis partners.

**INTERVENTION 2:** Rebalance current contracts and identification of alternative funding mechanisms to enhance access to care.

**RATIONALE:** The rebalancing of current contracts as committed to by the state in the CSFR-PIP will enable children and families to receive service at little to no cost. This addresses access to care issues and reduces the progression of physical, mental, or dental related problems that may contribute to out of home placements.

**BENCHMARKS:**

- End of Year 1
  - Contracts will be evaluated and modified to allow for the rebalancing of funding to cover services that address the unique needs of children and families
- End of Year 2
  - Funding will be allocated to support the implementation and utilization of previously inaccessible services to children and families at little or no cost
- End of Year 3
  - Develop a plan to sustain services and continuously monitor based on family needs.
- End of Year 4 & 5
  - Benchmarks will be developed based on year 3 data

**INTERVENTION 3:** Establish a comprehensive service array matrix that meets the unique needs of children and families

**RATIONALE:** As identified in the CFSR-PIP, the current service array is limited and impacts the overall well-being of children and families. Improvement of the service array, a core component of the CFSR-PIP commitments, will be monitored and developed during the review period.

**BENCHMARKS:**

- End of Year 2
  - A list of preferred providers by region will be available for caseworker use to ensure timely access to care
- End of Year 3
  - Children and families will be able to access preventative and intervention services within an expedited timeframe

**INTERVENTION 4:** Use the revamped and renamed Child and Family Team Meetings (CFTM) to address those children who have been in foster care longer than 24 months and those who are at risk for remaining in foster care longer than 24 months.

**RATIONALE:**

Currently, SCDSS under-utilizes the family engagement service array (family finding, FTM, and FGC) at key decision-making points in the life of the case, which leads to the untimely achievement of permanency, poor legal plan decisions, placement instability, and lack of kin involvement. SCDSS believes that by developing and maintaining a child and family team we can meaningfully partner with children, youth, families, and their supports in a way that will improve outcomes of safety, permanency, and well-being.

## **BENCHMARKS:**

End of Year 3:

- Surveys regarding the CFTM meeting will be sent to 10% of parties involved in the CFTMs.
- 2.5% decrease in the total number of children who have been in care for longer than 24 months or at risk for being in care for longer than 24 months.
- 2% of all children ages 16 and 17 will have a CFTM by the end of year 3.

End of Year 4:

- Surveys regarding the CFTM meeting will be sent to 10% of parties involved in the CFTMs.
- 3.5% decrease in the total number of children who have been in care for longer than 24 months or at risk for being in care for longer than 24 months.
- 3% of all children ages 16 and 17 will have a CFTM by the end of year 4.

End of Year 5:

- Surveys regarding the CFTM meeting will be sent to 10% of parties involved in the CFTMs.
- 4% decrease in the total number of children who have been in care for longer than 24 months or at risk for being in care for longer than 24 months.
- 5% of all children ages 16 and 17 will have a CFTM by the end of year 5.

## **Goal 1 Progress: Year 1 Reporting**

- **Objective 1 for Goal 1** was modified to align with intent of the goal which is to expand services and engagement for children and families involved in the South Carolina Child Welfare System and align with FFPSA.
- **Intervention 1:** Continuous assessment and enhancement of safety and family preservation decision-making and practice framework aligned with the strategies for improving assessment, engagement, safety and case planning, and provision of services was modified and moved to Goal 3. The rationale for this move was based on the premise that Goal 3 focuses on the improvement of safety practice and culture which aligns better with the intervention and outcomes associated.
- **Intervention 2** has now become *Intervention 1* for this goal. This intervention focuses on the expansion of community-based, collaborative programs that support the inclusion and engagement of families. The focus of this intervention was to assist with operationalization of FFPSA and the expansion the Department's service array. SCDSS has made significant progress on its end of year benchmark. SCDSS convened its services workgroup with representation from the Department of Mental Health (DMH), First Steps, Child Advocacy Centers (CACs), Project Best, Department of Alcohol and Other Drug Abuse Services (DAODAS), South Carolina Primary Health Care Association (SCPHCA), Department of Health and Human Services (DHHS), Department of Education (DOE), National Youth Advocate Program (NYAP), South Carolina Youth

Advocate Program (SCYAP), Justice Works Behavioral Health Services, Carolina Youth Development Center (CYDC), SAFY, South Carolina Infant Childhood Mental Health Association (SCIMHA), Behavioral Health Services Association (BHSA; County 301s), Citizens Review Panel (CRP), A Child's Haven, Epworth Children's Home, the Palmetto Association for Children and Families (PAFCAF), Youth Advocate Program (YAP), A Child's Haven, private practitioners, and the SC Children's Trust. In addition to the previously mentioned organizations, the Department has added kin caregivers and is in the process of partnering with birthparents of children with lived experience in the SC child welfare system to serve in an advisory capacity to this group. The workgroup is responsible for assisting the Department in enhancing its service array through the identification and selection of IV-E eligible EBPs and services across the state. Additionally, SCDSS has partnered with the University of South Carolina's Institute of Families in Society and the South Carolina Department of Licensing, Labor, and Regulation (SCLLR) to develop and disseminate a survey to help the Department better understand the landscape of evidence-based practices, provider readiness, and provider self-efficacy with evidence-based practices across the state. On February 22, 2020, the SCLLR disseminated the survey via email, to all licensed professional counselors, marriage and family therapists, social workers, psychologist, psycho-educational specialists, addiction counselors, and physicians. Subsequently, SCDSS, PAFCAF, and the BHSA made their network providers aware of the survey. To date, over 2,000 individuals have responded. The resulting data will be used to help identify service gaps, the service landscape, and inform how the state can build capacity for evidence-based practices across the state. Lastly, on March 3, 2020, the Department convened a small subgroup of providers to assist in the development of a scope of work for a qualified provider listing to serve as a FFPSA pilot program and expand the Department's overall service array. Note: Measures of progress were updated to reflect modified intervention. NOTE: Please see page 30 for details on this activity.

- **Intervention 3** states that SCDSS will rebalance current contracts and identify alternate funding mechanisms to enhance access to care. SCDSS has met its year 1 benchmark to evaluate and rebalance contracts but notes that contract rebalancing should be an ongoing process. Evidence of completion of year 1 benchmark can be found in SCDSS current transition from a purchased engagement service to a casework best practice (intervention 4 progress for updates), development of a scope of work for comprehensive services available to all DSS involved cases, as well as the development of a new community-based services program for cases that do not rise to the level of departmental involvement but could benefit from intervention. SCDSS is also closely partnering with and supporting providers seeking to expand their services that are funded with philanthropic dollars.
- Child and Family Teaming has been added as **Intervention 4** for Goal 1. SCDSS strongly believes in the power of family and youth voice, meaningful partnership with stakeholders throughout the life of the case, and that through development of a child and family team that we can improve safety, well-being, and permanency outcomes. This intervention was previously placed in Goal 2 but has been moved to this goal given the

cross-cutting nature of teaming and engagement and its subsequent impact on safety, well-being, and permanency. As outlined in the SC Program Improvement Plan (PIP), SCDSS has been diligently working on the development of its child and family teaming program to include development of best practices, policy, staff recruitment, and implementation planning. SCDSS continues to work closely with its contracted partner to ensure continuity of family team meetings and family group conferences as it transitions to an internally governed process. This transition will take place over the course of a fifteen-month period with the PIP counties serving as programmatic pilot sites.

***Goal 2: Strengthen permanency services to promote timely reunification, guardianship, or adoption.***

**Rationale:** SCDSS used the CFSR-PIP to identify a need to improve our court involvement and develop a statewide system to identify and address those children who have been in foster care for over 24 months or at risk for remaining in foster care for longer than 24 months. These two objectives will assist in obtaining timely permanency for those children who are in the foster care system in the State of South Carolina. By focusing on these two areas SCDSS will see a change to the Permanency Outcome 1 in the CFSR reviews.

**OBJECTIVE 1:** To improve court involvement to result in timely permanency statewide

**RATIONALE:** To analyze data focused on establishing and achieving permanency goals, SCDSS analyzed CAPSS data, CFSR data, Legal Case Management System (LCMS) data, court data and data from focus groups of frontline staff, judges, Guardian Ad Litem (GAL), parents' attorneys, and attorneys representing the agency.

Data from the CFSR reviews highlighted the delays in the court process and court continuances and how that impacts adoptions. The Child Welfare System does well in establishing the permanency goals in a timely manner (79% of the goals were established timely and 69% of those goals were appropriate for the child per case reviews). The child welfare system in South Carolina is struggling to achieve those goals.

**OUTCOME:**

This objective will impact the Permanency Outcome 1 and aligns with all three areas: placement stability, establishing an appropriate goal timely, and achieving the goal timely.

**MEASURES OF PROGRESS:**

To measure the state's progress SCDSS will see an increase of timely hearings by 10% over the five-year span, an increase of children returning to their parents' custody or to relatives between 35 to 65 days. As of June 17, 2019, SCDSS sees an average of 12.8% of cases that either reunify with their parent(s) or leave custody to a relative within 35 days. Those leaving to reunification or custody to a relative within 35-60 days is 3.1%. SCDSS is in need of improving these percentages over the next five years. The agency will be able to track the validity of this strategy if the percentage of children leaving the foster care system to either their parents' care or into a kinship care arrangement increases by day 35 and between days 35 to 65 by 10% over the five year span, if participation by all involved parties spread to all 46 counties and if minimum of a 2% participation in the meetings on a yearly basis, and the development, implementation, and or count of tracking system for monitoring court hearings/TPR submissions.

## **MONITORING PLAN:**

A three-prong approach is being developed to improve the legal system's ability to positively impact a child's permanency: (1) decreasing the amount of time from entry into foster care to a completed merit/removal hearing for timelier reunification and/or guardianship to occur, (2) ensuring that those children whose primary or concurrent permanency goal is adoption, have termination actions filed timely and (3) legal and judicial system will promote quality hearings by encouraging the engagement of parties at the merits and permanency planning hearings.

During the latter part of 2018, the Court-Time subcommittee of the Bench-Bar Committee explored the idea of having mandatory pre-merits conferences with those individuals involved in the legal action. Ideally, this conference would be a face-to-face conference but maybe held virtually using the various technologies available today. The case managers and their supervisors (both assessment and foster care), agency attorneys, parents/caregivers and their attorneys, and the GALs or their representatives (Program Coordinator or Attorney) would be the required participants. The goal of the meeting would be to arrive at a consensus of the services that a family could benefit from receiving based on the identified safety threats and diminished caregiver protective capacities, how best to make those services available, and how to reduce the safety concerns so that the child(ren) may return home. This meeting would also consider what barriers there may be, such as incomplete investigations, are preventing the cases from going forward in court the next week and what can be done to remove those barriers.

With this strategy, it is the belief that the time of entry into foster care to a completed merit hearing will be reduced from 88 days to approximately 35 days. It is the belief that this multi-disciplinary conference, coupled with the agency conducting Child and Family Team Meetings prior to this meeting taking place (as described more fully in Goal 3), will result in a number of children being able to leave the foster care system at or before the merits hearing and either being placed back into the care of their parents with services in place or into kinship care. The agency will be able to track the validity of this strategy if the percentage of children leaving the foster care system to either their parents' care or into a kinship care arrangement increases by day 35 and between days 35 to 65.

There is currently a report in LCMS that tracks the progress of the termination action but the triggering event which places the child on the report is the filing of the action, not the completion of the permanency hearing that required the filing. This report is being modified so that when the outcome of a permanency planning hearing is entered into the system (which, by policy, is within 24 hours of the event), an indicator will appear will ask whether either the primary or concurrent plan was adoption. If answered "yes" then that child will immediately appear on the report and will be color-coded either green, yellow, or red. Green would mean that the attorneys must file the termination action within 30 days or more; yellow within 29 to 16 days; red means that the filing is due within 15 days or is overdue. Once the action is filed, the colors will reflect how close to the 120 days requirement individual cases are for a final hearing to be completed. The job duties of each managing attorney are being modified to require that this report be downloaded and distributed to all legal staff members and human service supervisors and program coordinators.

The CIP program, along with the SC Family Court Bench Bar Committee, chose a goal of Engaged Participation in Court (EPIC) to improve time to permanency for children by enhancing the quality of hearings. SC utilized not only the SC Children's Code, but the best practices

identified from the National Council of Juvenile Family Court's (NCJFC) Enhanced Resource Guidelines: Improving Court Practice in Child Abuse and Neglect Cases. An administrative order from the Chief Justice in SC ordered that all courts are to use **Best Legal Practices in Child Abuse and Neglect Cases** as a guide in family court. SC chose the following indicators for quality hearing measurements:

- Participation of all parties: parents, parent's attorneys, DSS attorney and case manager, GAL for the child and their attorney, judges, and youth, when possible
- Reasonable efforts should be made to discuss the specific efforts made to effectuate the permanency goal for each unique family and whether they were reasonable
- Judges will inquire of all parties as to their complete understanding of the placement/ treatment plan and services identified for timely reunification of the family
- Visitation will be addressed with increasing levels of unsupervised visitation occurring as the safety threats are remediated, diminished caregiver protective capacities are enhanced or services are put in place for enhanced caregiver protective capacity
- Youth are present at a minimum of when the plan is Other Planned Permanent Living Arrangement (OPPLA) and are afforded the opportunity to be heard by the court

The CIP court liaison database was enhanced to allow the court liaison to have a structured court observation tool for the removal and the merits and the permanency planning hearings. Court observation data was collected for three months prior to the training and implementation of seven pilot counties. One of the observation results, in not only the baseline data but also following the implementation, was counties struggle with identifying clear reasonable efforts both in the removal action as well as in the permanency planning hearings. Judges, and often defendant's attorneys, are not challenging the agency as to what specific reasonable efforts have been completed by the agency to prevent removal or to effectuate an alternate permanency plan. Additionally, visitation is not being transitioned to unsupervised as the family begins services.

To make the goal of enhanced participation in court sustainable, the Bench Bar Committee enhanced the SC Best Legal Practice for Child Abuse and Neglect (CA&N) Cases Guide which was approved and supported by the SC Chief Justice. This document is a guide to quality hearings for every aspect for CA&N cases that reach the courts. The document requires all participants involved in court cases to receive training on quality hearings and expectations of the court. The Bench Bar Committee, and subsequent workgroups, will analyze various data as collected by the court liaisons during appearances in court regarding quality hearings and develop collaborative strategies to enhance quality hearings.

The theory that quality hearings will support improved outcomes is also supported by the focus groups. These groups indicated a lack of communication of the parties prior to court hearing had an adverse impact on the hearing quality and readiness of all parties. Taking this one step further, the thought is if there is a lack of communication prior to the hearing, quality participation will be impacted by this lack of preparation of the parties. Data showed that hearings where DSS, parents, their attorneys, youth, their GAL and GAL attorney were present and prepared to engage actively with the judge, did improve the quality of the hearing. Unfortunately, the CIP data system does not correlate with DSS data and does not currently link to specific cases. Thus, a correlation of length of time to permanency for specific child/youth has not been found at this point. One of the five-year goals for the Child Law Center/ CIP is that the Child Law data system and the DSS CAPSS data would be able to link the two for concrete correlation studies.

The state plans to review CFSR data, CAPSS data, and the tracking system for monitoring court hearings/TPR submissions to monitor the progress of this objective.

**INTERVENTION 1:** Prior to all merits hearings, all parties (e.g., county attorneys, parents, OID, GAL, county staff) involved in the court action will attend a pre-merit conference to discuss the allegations of abuse/neglect, placement plan, and safety concerns so that children can safely leave the foster care system timely.

#### **RATIONALE:**

In reviewing data from CAPSS, the state-wide average from entry to completed hearing for children who were in the foster care system on February 1, 2019, who had merits hearing, and who were still in care, was 88 days. A “completed merit hearing” is defined as having the statutorily required findings regarding abuse and neglect and a court-approved placement plan. The placement plan includes what services the parent(s) need to complete, frequency of visitation between parent and child(ren), the child(ren)’s treatment needs, placement needs of the child(ren), and what safety issues need to be addressed for the child(ren) to safely return to their parents’ custody. It is imperative that either parent have an agreed placement plan (between the parents and the agency) or there is a court-ordered placement plan as this provides a “road map” to the parent as to how he or she may regain custody of his/her child. Ideally, such a placement plan would be put in place at the first merit hearing, which must, by state statute, be held within 35 days of a child coming into the foster care system.

In examining data from the Court Liaison Program and LCMS, the top reason that merit hearings are continued is the parties are not in agreement with a placement plan, which results in the merits hearing being continued for a trial. To help determine what prevents cases from moving forward, the various participants to the legal process (e.g., judges, parents’ attorneys, GAL attorneys, and agency attorneys) were surveyed in May 2018. By a 2:1 margin, the judges, attorneys for the parents, and the GALs did not believe there was adequate communication from the attorneys for SCDSS to the other participants. In addition, to assist in the preparation of this plan, two focus groups were held on January 25, 2019, with Family Court Judges and other state-level representatives of the child welfare system in one group and child welfare system attorneys and GAL County Program directors in the other group. These groups also noted the lack of communication between all child welfare participants prior to the day of court and how that negatively impacts the ability of families to make progress. Without discussions prior to the first call, it is extremely difficult for parties to agree on services that would benefit children and parents in achieving permanency in a timely manner as there is hesitancy of some parents to begin services without an agreed upon or court approved placement plan.

#### **BENCHMARKS:**

As of June 17, 2019, SCDSS sees an average of 12.8% of cases that either reunify with their parent(s) or leave custody to a relative within 35 days. Those leaving to reunification or custody to a relative within 35-60 days is 3.1%. SCDSS needs to improve on these percentages over the next five years. The agency will be able to track the validity of this strategy if the percentage of children leaving the foster care system to either their parents’ care or into a kinship care arrangement increases by day 35 and between days 35 to 65 by 10% over the five years.

End of Year 3:



- Pre-merits conferences will be implemented in 20 counties
- 3% of all scheduled merits hearings will have the pre-merits conference.
- 2.5% of all children who enter foster care will leave care by day 35 or between days 35 to 65 to a relative placement or reunification.

End of Year 4:

- Pre-merits conferences will be implemented in 35 counties
- 3% of all scheduled merits hearings will have the pre-merits conference.
- 3.5% of all children who enter foster care will leave care by day 35 or between days 35 to 65 to a relative placement or reunification.

End of Year 5:

- Pre-merits conferences will be implemented in 46 counties
- 4% of scheduled merits hearings will have the pre-merits conference.
- 4% of all children who enter foster care will leave care by day 35 or between days 35 to 65 to a relative placement or reunification.

**INTERVENTION 2:** If the child’s primary or concurrent permanency goal is adoption, ensure that the termination of parental rights action is filed in a timely manner as set out in South Carolina Children’s Code and AFSA.

**RATIONALE:**

In examining data from 2017, in cases where TPRs are filed, only 18% of those were filed within 60 days of a completed permanency planning hearing. This is important as state law requires the agency to file a termination action within 60 days of receipt of an Order approving a permanent plan, primary or concurrent, of adoption. State law further requires that once a termination action is filed, a merits hearing must be held within 120 days. If the mandates of state law are complied with, South Carolina will be in compliance with the ASFA requirement that termination actions be filed on children who have been in foster care for 15 of the past 22 months.

**BENCHMARKS:**

In addition to the report in LCMS being modified, the CAPSS report, Foster Care Permanency Plan and Legal Actions Report, has been modified to reflect whether a termination action has been filed. This report is distributed to human service staff managers and supervising attorneys.

End of Year 3:

- There will be a 2.5% increase in TPR complaints filed timely and TPR hearings held in the required amount of time.

End of Year 4:

- There will be a 3.5% increase in TPR complaints filed timely and TPR hearings held in the required amount of time.

End of Year 5:

- There will be a 4% increase in TPR complaints filed timely and TPR hearings held in the required amount of time.

**INTERVENTION 3:** Improve the quality of hearings by enhancing the participation of all parties at merits and permanency hearings to promote timely permanency.

**RATIONALE:**

The SC Court Improvement Project (CIP) has worked with the SC Family Courts and DSS to assess quality hearings and their impact on the permanency for children in foster care. National data has shown the engagement of all parties including: the parents and their attorney, the agency case manager and legal team, the GAL and their legal representative, the youth, and the judges have a positive impact on the quality and positive outcomes for the child/youth. Four studies have shown that the breadth of discussion (e.g., greater involvement of parents regarding more topics) have a positive impact on timely permanency, whether that was reunification or adoption (Bohannon, Nevers, & Summers, 2015; Summers & Gatowski, 2018; Summers et al., 2017; Summers, 2017). At the same time, national data shows timely hearings alone have not proven to be as significant a factor in timely permanency for children (Macgill & Summers, 2014).

This can be said for SCDSS as well. While the agency has struggled with reunification or timely permanency, especially for older youth, the state’s rate of completed permanency planning hearings being held timely (for SCDSS the practice is at 9 months in care) has consistently been 90% or better for a number of years. The federal Adoption and Safe Families Act (ASFA) standard require permanency planning hearings to be held within twelve months of the child entering care. SCDSS accomplished monitoring and planning for this by putting in place a monitoring report through LCMS that assists in the identification of any case where the permanency planning hearing is beyond the nine-months. The case is then called to the attention of the county attorney and foster care staff and steps are taken to ensure hearings are scheduled.

While the agency desires to continue to have a high rate of permanency planning hearings held timely, our new focus will not only be timely hearings but improved quality and depth of discussion as to reasonable efforts and other key issues to achieve the permanency goal for the child and family.

**BENCHMARKS:**

End of Year 3:

- Participation by all parties and required conferences will be implemented in 20 counties
- 3% of all scheduled hearings will have CFTMs prior to the permanency planning hearing with and pre-merits conferences will be held.

End of Year 4:

- Participation by all parties and required conferences will be implemented in 20 counties
- 3% of all scheduled hearings will have CFTMs prior to the permanency planning hearing with and pre-merits conferences will be held.

End of Year 5:

- Participation by all parties and required conferences will be implemented in 20 counties

- 4% of all scheduled hearings will have CFTMs prior to the permanency planning hearing with and pre-merits conferences will be held.

**OBJECTIVE 2:** Develop a statewide system to address the best legal plan, placement, and/or available resources for children who have been in foster care system for longer than 24 months and to prevent those at risk for remaining in foster care longer than 24 months.

**RATIONALE:**

To analyze data focused on children who have remained in the foster care system for longer than 24 months and/or at risk for remaining in foster care for longer than 24 months, SCDSS analyzed CAPSS data, most recent AFCARs data, and national research.

The most current AFCARs (2017) data completed shows that the number of children in foster care as of September 30, 2017, was 442,995 nationwide.

- Of this number 269,690 entered foster care in the 2017 fiscal year and 247,631 exited the foster care system. The total number served by foster care was 690,548.
- There were 123,437 children waiting to be adopted at the end of the fiscal year. The number waiting to be adopted whom parental rights had been terminated on was 69,525 and there was 59,430 adopted with public child welfare agency involvement.
  - Of the children in foster care nationwide at the end of the fiscal year, 48% had been in care 0-11 months, while 25% were in care 12-23 months, and 28% were in care for 24 months to over 5 years.
  - Of those 42% were 0-5 years old, 36% were 6-12 years old, and 24% were 13-20 years old. Of the children that exited foster care at the end of the fiscal year, 43% were in care 0-11 months, 30% were in care 12-23 months, and 28% were in care 24 months to over 5 years.
  - Of those 41% were 0-5 years old, 31% 6-12 years old, and 28% 13-20 years old. Over 50% were discharged to reunification or living with other relatives, 24% were adopted, 8% emancipated, 10% to guardianship, and 1% transferred to another agency.
  - The mean age at exit was 8.7 years old and the mean time in care was 19.2 months. The data also shows that 21% of the children are of African American race, 46% white, 7% two or more races, and 21% Hispanic (any race).
- Current SCDSS data shows that there are 4,620 children in the foster care system. Of this number 2,324 child have been in care 0-11 months, 1,105 children in care 12-23 months, and 1,191 children in care for 24 months or longer.
  - The percentage breakdown for the numbers given above are: 50.30% were in care for 0-11 months, 23.92% were in care for 12-23 months, and 25.78% were in care for 24 months or longer.
- SCDSS data for the past two federal fiscal years showed that 1, 298 children exited foster care after 24 months.
  - Of this total 146 children were 0-5 years old, 172 children were 6-12 years old, 67 children were 13-17 years old, and 103 children were 18 and older.

- Of the 1,298 children that exited foster care after 24 months, the three biggest reasons were adoption (327 cases), reached the age of majority (90 cases), and returned to the custody of parent/guardian (42 cases). Living with other relatives and guardianship compromised of only 23 cases.

Therefore, comparing South Carolina's numbers to those of the national average shows that South Carolina needs to develop a statewide system to determine the best legal plan, placement, and/or available resources for children who have been in foster care system for longer than 24 months and to prevent those at risk for remaining in foster care longer than 24 months.

### **OUTCOME:**

This objective will impact the Permanency Outcome 1 and aligns with all three areas of placement stability, establishing an appropriate goal timely, and achieving the goal timely.

### **MEASURES OF PROGRESS:**

Over the next five years, SCDSS will decrease the number of children remaining in foster care for longer than 24 months as well as those who are at risk for remaining in care for longer than 24 months by 10%.

### **MONITORING PLAN:**

By revamping and expanding the FTMs and FGCs and renaming them Child and Family Team Meetings (CFTM), SCDSS can use these meetings to help identify missing parents, kin, engage the families, develop a family-based, family-informed, co-created safety and service plan that addresses safety needs that must be met, reduced or controlled before the child(ren) could be returned. Additionally, treatment services to address any child's needs and the diminished caregiver protective capacities, best legal plans (especially for youth aged 16 and 17 years who have a goal of adoption and do not have an identified adoptive resource or desire to be adopted (South Carolina's age of consent is 14 years), or those who have been in foster care for longer than 24 months or those at risk for remaining in care longer than 24 months), and placement needs of the child(ren) (placement within the home community, with siblings, relatives, etc.). The CFTMs will be held within the first 72 hours of a child entering care, before the pre-merits hearing conference, and prior to all permanency planning hearings. The CFTM will assist the agency in achieving timely permanency for child (ren) involved in the foster care system.

SCDSS will develop and implement a training, coaching, and mentoring plan for the CFTM process for new and existing case managers and supervisors which will train them on how to conduct a CFTM and will include and empower case managers and supervisors to use their comprehensive assessment information, involve absent parents (especially fathers), involve incarcerated parents, to know how to have difficult conversations with families, and change their values, beliefs, and culture of involving all parents, kin, identified supports, youth, and best legal plan. Part of the coaching portion will include mentoring of SCDSS staff by the Family Engagement Service Coordinator. With this training and coaching, case managers and their supervisors will be empowered to conduct CFTMs without the Family Engagement Service Coordinator, thus developing the agency's internal capacity. This approach will strengthen the child welfare system and promote the timely achievement of permanency by regularly and concertedly incorporating relatives, stakeholders, youth, and others involved in the case.

SCDSS currently has Kinship Care Coordinators and a Kinship Care Navigator that are available to provide support and guidance to the case managers and their supervisors. Currently, the Kinship Care Coordinators assist the families that have obtained guardianship or unlicensed placement of a relative connect to services within the community. They are divided up among the regions. To ensure better outcomes of kinship licensed placements, the role of the Kinship Care Coordinators and Kinship Navigator will be expanded to support licensing of additional kin homes. Currently, SCDSS does not have any provisional licensure options and to allow this, changes will have to be made to the current state statute and regulations.

To measure the progress of this objective, SCDSS will review CFSR data, CAPSS data, and AFCAR data. The agency will also review any surveys received by families, youth, service providers, and fidelity studies.

**INTERVENTION 1:** Use the revamped and renamed Child and Family Team Meetings (CFTM) to address those children who have been in foster care longer than 24 months and those who are at risk for remaining in foster care longer than 24 months.

**RATIONALE:**

Currently, SCDSS under-utilizes the family engagement service array (family finding, FTM, and FGC) at key decision-making points in the life of the case, which leads to the untimely achievement of permanency, poor legal plan decisions, placement instability, and lack of kin involvement. As of April 2019, 92 FTM's, 87 front end FGC's, 97 back end FGC's, 10 follow up FGC, and 530 family finding activities have been conducted statewide. This weakens the foster care system instead of strengthening it.

**BENCHMARKS:**

End of Year 3:

- Surveys regarding the CFTM meeting will be sent to 10% of parties involved in the CFTMs.
- 2.5% decrease in the total number of children who have been in care for longer than 24 months or at risk for being in care for longer than 24 months.
- 2% of all children ages 16 and 17 will have a CFTM by the end of year 3.

End of Year 4:

- Surveys regarding the CFTM meeting will be sent to 10% of parties involved in the CFTMs.
- 3.5% decrease in the total number of children who have been in care for longer than 24 months or at risk for being in care for longer than 24 months.
- 3% of all children ages 16 and 17 will have a CFTM by the end of year 3.

End of Year 5:

- Surveys regarding the CFTM meeting will be sent to 10% of parties involved in the CFTMs.
- 4% decrease in the total number of children who have been in care for longer than 24 months or at risk for being in care for longer than 24 months.
- 5% of all children ages 16 and 17 will have a CFTM by the end of year 5.

**INTERVENTION 2:** Enhance foster care stability by improving placement decisions, licensed kinship foster homes, foster parent training, and foster parent involvement in the family reunification process to promote the timely achievement of permanency for children any in out-of-home placement.

**RATIONALE:**

Once children are removed from their homes, the children, siblings, parents, and caregivers are not adequately engaged when determining and updating appropriate permanency goals; therefore, creating a lack of parental involvement and children not achieving timely permanency. In addition, due to lack of placement resources (including assessment of relatives), children cannot always be placed in the most appropriate placement which results in separation of siblings, loss of family and community connections, and reduced frequency and quality of visits.

CAPSS data revealed that children are most likely to experience a placement move within six months of entering care. The likelihood of a placement move continues to drop until about 31 months in care and then begins to rise again. Of all children who experience placement moves, 55% of them occur within the first 30 days in care and 75% of first placement moves come within the first 90 days. Foster Home placements are the most unstable placements averaging around 55% of the children placed in a foster home experiencing a placement move compared to 50% of the children in congregate care and only 21% of the children in a kinship home experiencing a placement move.

SCDSS also reviewed the findings from the Placement Needs Assessment Baseline Study Final Report, which was conducted for Michelle H. This report had several key findings. The placement process is not being driven by meeting the needs of the child; rather, it is often on based on willingness to accept the child via a Universal Application form (a standardized form that provides some information regarding the child but not all the needed information to make a fully informed decision). Additionally, many of the children currently placed in congregate care (nearly 1,000 children which is about 22-23% of the foster care population) and in intensive foster care could have their needs met in a conventional family foster home should one be available.

The findings from the Placement Needs Assessment was largely supported by focus group data with frontline staff. Staff indicated that initial placements lack the assessments needed for placement stability. They also discussed the lack of a working relationship between foster care workers and licensing workers, which can impact placement decision-making. Frontline staff described a lack of understanding by foster parents about 'normal' childhood behaviors and behaviors that occur from the result of trauma and, likewise, how to manage those behaviors. Their lack of understanding related to child trauma and typical childhood behaviors often results in placement moves.

Placement decisions based on availability and not based on child needs leads to separation of siblings, placement outside of the community, county, school, and social peer group and increased placement disruption. Oftentimes these placements are not able to meet the child's or children's needs leading to the child or children having to be moved. The lack of training on trauma, permanency goals, and the foster parents' role as a support for parents in the reunification process has caused the lack of stability for foster children to rise, as well.

Currently, there is no formal way that SCDSS gathers feedback from their foster/adoptive parents regarding their involvement in timely permanency decisions, placement decisions,

and/or training opportunities. SCDSS will develop a survey that will be sent to foster and adoptive parents to obtain their feedback. This survey will be sent by our Statewide Foster/Adoptive Parent Recruiter/Ombudsman for Foster/Adoptive Parents on a quarterly basis. The Statewide Recruiter would then gather the data and feedback and share this information with the Director of Permanency, Director of County Operations, CQI, Director of CPS & Group Home Licensing, Office of Permanency Management, Regional Adoption Administrators, Regional Directors, and other stakeholders, as instructed. SCDSS would use this information to increase training opportunities, address concerns, and ensure that foster/adoptive parents are involved in permanency discussions.

Current data shows that there are 2,768 siblings in foster care. Of this number 1,012 are placed with all of their siblings also in foster care (36.6%), 602 are placed with some, but not all, of their siblings (21.7%), and 1,154 are not placed with any of their siblings in foster care (41.7%). The lack of tracking and monitoring of the agency's ongoing and concerted efforts to reunify siblings on a regular basis and poor communication between frontline staff and licensing workers has caused issues in trying to find placement for siblings together, as well.

The number of licensed kinship foster homes in South Carolina has decreased by 50% from 2011-2018. There are various reasons as to why this decrease has occurred: (1) due to regulatory and state statutes, the process to license kinship homes as foster homes is the same as for non-relatives, (2) the general length of time it takes for a home to become a licensed foster home in South Carolina is 120 days from the date the application is signed, (3) SCDSS is not able to issue a provisional license and (4) current state statutes state that a child in foster care must be placed in a licensed facility or must be court ordered to be placed in an unlicensed facility. If children are court ordered into an unlicensed home, then the agency is not able to provide monetary assistance. Furthermore, information obtained from the case manager focus groups revealed that many case managers do not understand the difference between licensed kinship care (paid) and kinship custody (unpaid). Also, many case managers have a bias against family members (beliefs that the family did nothing to prevent the neglect/abuse. It takes more work to locate, identify, and license a relative and the case manager find's it easier to place the child(ren) with non-relatives in licensed foster homes. Due to the factors stated above, many kin choose to take unpaid guardianship of the child or children.

#### **BENCHMARKS:**

End of Year 3:

- 2% increase in placement stability
- 2% of placements will be with Kinship providers.
- An increase of 2% in Kinship Foster Home Licenses.
- An increase of 2% of placements with siblings and within the child's home community.
- An increase of 2% of foster parents' involvement with safety, well-being, and permanency planning.
- Development and implementation of a Supervisor Waiver to place a child in a nonrelative foster home and change in policy regarding this.
- Surveys sent to no less than 5% of the current foster parents inquiring about their training needs and involvement in the permanency planning of their foster child.

End of Year 4: (All increases will be based off performance in Year 3)

- 2% increase in placement stability.
- 2% of placements will be with Kinship providers.

- An increase of 2% in Kinship Foster Home Licenses.
- An increase of 2% of placements with siblings and within the child's home community.
- An increase of 2% of foster parents' involvement with safety, well-being, and permanency planning.
- Surveys sent to no less than 5% of the current foster parents inquiring about their training needs and involvement in the permanency planning of their foster child.

End of Year 5: (All increases will be based off performance in Year 4)

- 2% increase in placement stability.
- 2% of placements will be with Kinship providers.
- An increase of 2% in Kinship Foster Home Licenses.
- An increase of 2% of placements with siblings and within the child's home community. An increase of 2% of foster parents' involvement with safety, well-being, and permanency planning.
- SCDSS will adopt and implement an evidence and trauma informed training
- SCDSS will be able to implement provisional licensures for kinship foster homes with a change made to statutory and regulatory changes
- Surveys sent to no less than 5% of the current foster parents inquiring about their training needs and involvement in the permanency planning of their foster child.

### **Goal Modification and Progress: Year 1 Reporting**

SCDSS' Division of Permanency Management is responsible for monitoring Goal 2 in the CFSP. In developing this goal, SCDSS aligned the PIP goals along with the CFSP in order to track progress on a regular basis. As FFPSA and strategic efforts got underway, Goal 2, Objective 2 Intervention 1 clearly needed to be moved to Goal 1 as the Office of Child Health & Well-Being providing oversight and monitoring of the Child and Family Team Meetings (CFTM). CFTM is the family engagement service SCDSS is utilizing for both foster care and family preservation. This is the only change to Goal 2.

### **Goal 2 Progress: Year 1 Reporting**

The Office of Permanency Management (OPM) is achieving progress towards PIP Goals 2 and 3. These goals are dedicated to enhancing performance with the permanency outcomes areas (Permanency Outcome 1: Children have permanency and stability in their living situations and Permanency Outcome 2: The continuity of family relationships and connections is preserved for children). To improve Permanency Outcome 1, OPM formed workgroups that identified barriers and solutions which resulted in reducing safety concerns while continuing to maintain the focus on achieving timely permanency and the optimal well-being of the children and family unit. The agency planned to deliver training on the Pre-Merits Hearing Conference will be provided to all SCDSS staff, SCDSS attorneys, Office of Indigent Defense (OID) attorneys, and guardians ad litem (GAL) and their attorneys. While the training was slated to begin in March/April, it was delayed as a result of COVID-19.

SCDSS has continued to collaborate with the Court Improvement Program (CIP) to embed the need for quality hearings within all court practices. The CIP and SCDSS have trained all DSS attorneys, judges, GAL attorneys, and OID attorneys on the Best Legal Practices in Child Abuse and Neglect Cases.



To promote timely permanency for children who have a primary or concurrent plan of Adoption, SCDSS is utilizing the legal case management system (LCMS) to track those children who have a filed TPR action or in need of a filed TPR action. This report is color coded and distributed to SCDSS attorneys, frontline supervisors in Foster Care/Adoption, and adoption administrators by the 5<sup>th</sup> of each month.

Goal 3 strategies and activities in the PIP are designed to strengthen SCDSS practice with kinship to improve placement stability. Goal 3 strategies and activities are aligned with FSA. The workgroup is assisting in developing training, surveys, and monitoring the activities in the PIP and the FSA.

Within the past year, SCDSS has developed a kinship care training and has trained SCDSS child welfare staff, attorneys, and foster home licensing personal. This training is conducted on a quarterly basis and has a pre and post-test incorporated within it, which allows for SCDSS to measure knowledge, skills, and abilities surrounding kinship care.

SCDSS plans to address staff bias around kinship caregivers through various methods. These methods include but are not limited to: GPS Practice Model, policy regarding placement with non-kin, development of additional training, kinship advisory group, development of a kinship policy and work aids, ongoing kinship care training, CFTM's, and coaching and modeling with supervisors and case managers. SCDSS has also shift all non-kin foster home licensing applications to out private providers so that we can focus on increasing our identification and licensing of kinship caregivers.

SCDSS has also established a Kinship Advisory Panel that is made up of SCDSS child welfare staff, kinship caregivers, and stakeholders. This group meets in person every other month and via telephone conference in the months between. Members are given the opportunity to review proposed policy, provide input, and advise the agency on enhancing practice surrounding kinship. A "tip sheet" for DSS child welfare staff has been developed and provided to staff. SCDSS has partnered with the University of South Carolina (USofC) to develop post cards, signs, and other items promoting kinship care. These materials were delivered to the county offices and mailed out to perspective kinship care providers. SCDSS has also completed a kinship caregiver survey that will be sent to kinship caregivers to obtain their feedback regarding on how well SCDSS is responding their needs and the needs of the children.

SCDSS enhanced the focus on licensing kin caregivers and promulgated emergency regulations to expedite the provisional licensing process for kin and fictive kin. Provisional licensure allows a foster child to be placed with kin once they meet the licensing standards in the regulation. The family would then have additional time to complete the full licensure process. Licensure allows kin to receive financial supports for the child's care. SCDSS added additional licensing staff in each region to focus solely on licensing kin and fictive kin. Since the submission of the CFSP the agency has seen an increase in applications for licensure for kinship foster homes. Currently, the agency is in the process of shifting our focus to identification and licensure of kinship caregivers. To accomplish this the agency is working with our certified private agencies (CPA) in licensing non-kinship foster homes. The agency will begin transferring non-kinship families who have applied to become foster homes to the select CPAs who will assist them in becoming licensed foster homes.

A training is currently in development to promote the importance of placement stability and how foster home licensing and frontline professionals should work together to make the appropriate

placement decision when a child enters foster care. Furthermore, the SCDSS has reviewed and updated our current diligent search efforts.

SCDSS has developed a survey for foster parents to complete. The data is currently being gathered and analyzed to help develop training opportunities and ensure the foster parents needs are being met.

SCDSS is holding weekly permanency briefings for children placed in congregate care to improve permanency outcomes. Since focusing on children placed in congregate care the agency has reduced the number of children in these types of placements from nearly 1,000 (22-23%) to 708 (16.66%). SCDSS developed the electronic capacity to identify children with case management in either SCDSS or the South Carolina Department of Juvenile Justice (SCDJJ). This electronic capacity allows both SCDSS and SCDJJ to identify a dually involved youth and promotes widespread collaboration among both agencies.

Current SCDSS data (6/1/2020) shows that there are 4,318 children in the foster care system. Of this number, 1,971 children have been in care 0-11 months, 1,079 children in care 12-23 months, and 1,268 children in care for 24 months or longer. The percentage breakdown for the numbers given above are: 46% in care for 0-11 months, 25% in care for 12-23 months, and 29% in care for 24 months or longer.

***Goal 3: Develop and enhance safety practices to build a safety culture that protects children and strengthens parental capacity.***

**RATIONALE:**

A culture of safety demands continuous learning throughout a system. SCDSS is committed to becoming better informed and better prepared to make quality decisions for and with children and families across South Carolina. To this end, SCDSS will implement a new assessment tool that will guide practitioners to collect quality information about children and families and assist them in making consistent and supported decisions throughout the life of a case. SCDSS will explore the need for the addition of a new avenue for Intake response to function alongside the existing Child Protective Services Investigation and Community Based Prevention Services pathways. With this approach, SCDSS could offer an array of responses, shifting the focus for many families from a traditional punitive approach to one that allows practitioners to connect families to services and prevent likely future harms. Lastly, SCDSS is committed to critically analyzing child fatality and near fatality data with the goal of identifying current practice issues sharing that data with those responsible for making practice and policy changes. Over the next five years, SCDSS will commit to collecting and analyzing the current system, identifying areas of concern, and implementing changes that will build a culture of learning, thus a culture of safety.

**OBJECTIVE 1:** Improve the initial and ongoing assessments of safety and risk to children, to protect children in the home and prevent unnecessary removals.

**RATIONALE:** SCDSS is committed to improving assessments, as they impact case planning and service provision, ultimately increasing the likelihood that families receive services that match correctly identified needs allowing children to remain safely in their homes. By updating

assessment tools, providing effective training around the use of the tools, encouraging the use of critical thinking and engagement skills, improving staff knowledge of risk and safety, and improving staff skills in assessments and case planning, staff will be better equipped and able to work effectively with families. A safety culture that is grounded in the belief that families can change and that children do best in their own homes will be needed to accomplish this objective.

**OUTCOME:**

An increased number of children will be able to remain in their own homes and removal rates and placement needs will be reduced.

**MEASURE OF PROGRESS:**

- The number of foster care entries will decrease from an average of 347 placements within a 12-month span of June 2018 to May 2019.
- The number of kinship care placements will decrease from an average of 65 placements within a 12-month span of June 2018 to May 2019.

**MONITORING PLAN:**

To monitor the plan, CFSR quality assurance reviews will assess the initial and ongoing safety and risk needs for children. The agency will also conduct annual Intake Hub reviews and strategic intake reviews, as needed. SCDSS will monitor foster care and kinship care entry data for the duration of the 5-year monitoring period.

**INTERVENTION 1:** Continue to assess for safety throughout the life of a case through the use of the structured decision-making tool at intake and the consistent practice around case planning using the identified case planning tool.

**RATIONALE:** The implementation of our statewide Intake Hub system resulted in an increase of referrals to our Intake Hotline. Our current intake screening tool is outdated and unable to give us the kind of information that is needed to accurately screen cases for services. It was created based on risk assessment tools from the 1990s. There is a need for an evidence-based Intake Screening tool to increase consistency and validity for our referral and case decisions so that the reduction of child maltreatment and improved permanency will occur.

SC DSS has implemented the Intake and Screening Structured Decision making (SDM) tool for the purpose of accurately identifying families at high risk for maltreatment and ultimately, effectively delivering services appropriate to the needs of children and families. In addition to SDM for intake, SC DSS is in the process of developing and adapting the Family Advocacy and Support Tool (FAST) planning and outcome management tool. By implementing FAST, we believe we will be able to assist case managers in screening and assessing cases so that decisions are made with families to better meet their needs, safely keep children in their own homes, reduce the need for placement, and reduce maltreatment.

**BENCHMARKS:**

- End of Year 3

- Statewide implementation of the SDM Intake Screening Tool
- End of Year 4
  - Readiness assessment for the implementation of FAST
- End of Year 5
  - Begin development of the FAST in conjunction with the Praed Foundation

**Intervention 2:** Continuous assessment and enhancement of safety decision-making and practice framework aligned with strategies for improving assessment, engagement, safety and case planning, and provision of services.

**Rationale:** During the PIP monitoring period the State is monitoring and refining practice in the family preservation. During this time, the State will understand lessons learned as they relate to the safety continuum, thus enabling the state to incorporate feedback for future program modification and improvement. What we've realized during the year and through PIP implementation, is that it is not a lack of emphasis on the family preservation program area, but rather an overall understanding of the safety continuum that has impacted decisions.

**Benchmarks:**

- End of Year 1
  - Train PIP county SCDSS staff and caseworkers on safety practice, policy, and procedure.
- End of Year 2
  - Improve ability to identify the duration and number of children who are placed with alternative caregivers.
- End of Year 3
  - Establish a baseline from Year 2 data
  - Refinement of assessment, engagement, service planning, and safety components of the family preservation and safety framework and practice guidelines.
  - Train all DSS staff and caseworkers on new family preservation and safety practice, policy, and procedure.
- End of Year 4 & 5
  - Measures for improvement will be established based on year 3 data.

**OBJECTIVE 2:** Improve child fatality data collection and analysis to better inform internal and external partners around child fatalities due to maltreatment in South Carolina such that practice changes and prevention efforts can be implemented

**RATIONALE:**

SCDSS currently has no set process for using data to learn about and implement better case practice to prevent child fatalities due to maltreatment. To better understand the causes of child fatalities in South Carolina and effective methods to prevent them, SCDSS must gather and analyze critical data from fatalities and near fatalities and provide that data to internal/external staff and stakeholders. In response, SCDSS will be better equipped to allocate prevention efforts, inform our internal and external partners, and implement best case practices around assessing and reviewing child fatalities.

**OUTCOME:**

SCDSS staff will be better informed regarding child fatalities as well as risk factors that surround child deaths due to maltreatment across the state and in their regions.

**MEASURES OF PROGRESS:**

- Level of engagement in the created feedback loop.
- Number of annual data townhalls will be held throughout the state

**MONITORING PLAN:**

The SCDSS Child Fatality Unit will develop a plan for holding data town halls throughout the state to ensure all regions and external partners are adequately informed.

**INTERVENTION 1:** Collect quality data around child fatalities occurring in South Carolina and share lessons learned from child fatality reviews with internal and external partners.

**RATIONALE:**

Collecting and tracking data will assist South Carolina in establishing an accurate baseline for fatalities due to maltreatment, risk factors surrounding fatalities due to maltreatment, and trends will help determine where to better allocate prevention resources and training opportunities. Once adequate data is collected regarding child fatalities in South Carolina, SCDSS can work to prevent fatalities due to maltreatment by informing those who can effect change. This information will be critical in the allocation of resources, training, and community conversations that will lead to targeted prevention efforts and a reduction in fatalities.

**BENCHMARKS:**

- End of Year 1
  - Creating a process by which data will be analyzed and themes will be identified
  - Five years of baseline data will be collected and analyzed
  - Adopting national standards for local CDR data collection
- End of Year 2
  - Creation of a data collection systems to include intake, quality assurance, and data output
- End of Year 3
  - We will look to develop appropriate benchmarks for Year 3 based on Year 1 and Year 2.
- End of Year 4
  - A data-sharing plan will be developed by the Child Fatality Unit to ensure county and regional staff are informed regarding child fatalities due to maltreatment.
  - We will look to develop appropriate benchmarks for Year 4 based on Year 1, Year 2, and Year 3.
- End of Year 5
  - The Child Fatality Unit will hold annual data town halls throughout the state to inform county and regional staff on child fatalities due to maltreatment.
  - We will look to develop appropriate benchmarks for Year 5 based prior years.

**Intervention 2:** Expand statewide community-based, collaborative programs that support the inclusion and engagement of families.

**Rationale:** Planning is underway to operationalize FFPSA, but the State recognizes that ongoing work and planning will need to be done to promote a comprehensive service array. Once FFPSA is implemented in the state, the expansion of community-based and collaborative programs will provide a robust service array within the state.

### **Benchmarks**

- End of Year 1
  - Engagement of community providers to identify and select evidence-based practices.
- End of Year 2
  - Develop service eligibility criteria and mapping of evidence-based services across the state.
- End of Year 3
  - Caseworkers will be trained on how to utilize available community-based programs and the identification of evidence-based services across the state.
- End of Year 4
  - Maintain collaborative partnerships in ways that best support families

**Objective 2:** Address the physical, mental, and dental health needs of children in out-of-home care and family preservation cases

**Outcome:** Improved well-being outcomes of children through the improved accessibility and utilization of physical, behavioral, and dental services.

### **Measure of Progress:**

- Achieve a 15% reduction in psychiatric residential treatment facility (PRTF) placements
- Achieve a 10% reduction in out-of-home placements that are not a PRTF
- Align out-of-home care with Michelle H healthcare implementation plan
- Family preservation cases demonstrate a 1% increase in services received in a timely manner

### **Monitoring Plan:**

Ongoing monitoring of progress toward the identified measures will be done through the analysis of CAPSS system data and through annual quality assurance reviews by SCDSS staff and data analysis partners.

### **Goal 3 Progress: Year 1 Reporting**

- **Objective 1, Intervention 1 Progress:** Since the submission of the CFSP, SCDSS has provided training and coaching around the Structured Decision-Making Intake Tool was implemented in our state-wide intake system in November 2019. Language has been updated to reflect the tools chosen by SCDSS to utilize moving forward that will allow case managers to assess for safety throughout the life of a case consistently across the state. The FAST will draw on the strengths and needs of the family and maximize communication between case managers and families by increasing transparency. Intake policy was completed as of March 2020 and now updated investigation policy is being

finalized. Once investigation polices are finalized, training, and coaching will begin and continue on the enhanced safety practice, policy, and procedures.

- **Goal 3, Objective 1, Intervention 2 Progress:** This intervention is being removed. The purpose of this intervention was to offer a broader service array to families without having to take such punitive measures as an indicated Child Protective Services Case. The description and scope of this work is outlined in Goal 1, Objective 1, Intervention 1. Intervention 1 from Goal 1 is now intervention 2 for Goal 3 because Goal 2 focuses on the improvement of safety practice and culture which aligns better with the intervention and outcomes associated.
- **Goal 3, Objective 2, Intervention 1 Progress:** SCDSS has created and maintained a database containing records of all non-attended child fatalities in the state, with reliable data dating to 2015. For each record, SCDSS staff collect critical information on a multitude of factors surrounding the child's death including demographics, placement, history with Child Protective Services, manner and cause of death, 35 contributing factors, and SCDSS's response. This data set allows SCDSS staff within the Child Fatality Unit to identify trends by demographic area, child demographic, contributing factor, or history with CPS.
- **Objective 2, Intervention 2 Progress:** Has moved from Goal 3 to Goal 1. The rationale for this move was based on the premise that Goal 1 focuses on the expansion of community-based collaborative programs that support the inclusion and engagement of families by enhancing prevention and intervention resources (See Goal 1 for an update).

***Goal 4: Increase CQI system functioning with improved program improvement feedback loops and Child Welfare Improvement teams***

**RATIONALE:** The 2017 CFSR Final Report findings on systemic factors stated that South Carolina is not in substantial conformity with the systemic factor of Quality Assurance System. Information from the statewide assessment and collected during interviews with stake holders showed that the state's quality assurance system is not functioning effectively statewide. Although the state has a statewide case record review process that evaluates the quality of services provided to children and families, the process does not have a feedback loop focused on program improvement. Additionally, the state does not have a process to share data with both internal and external stakeholders and to engage them effectively in continuous quality improvement activities. (CFSR Final Report, 2017).

DSS will need to improve the functioning of the following Quality Assurance (QA) feedback loops focused on program improvement, including:

- receipt by caseworkers,
- supervisors,
- regional directors,
- and program managers of timely data in reports aligned with program goals and objectives.

Additionally, meetings between quality assurance staff and County teams to debrief:

- QA review findings and discuss practice issues;

- QA staff practice of reporting the results of interviews or surveys to quality improvement teams;
- the practice of quality assurance staff meeting with regional management, community stakeholders,
- program managers to present and discuss the results of their reviews;
- and the development and monitoring of specific, written improvement plans that are monitored by QA staff.

Currently, SCDSS does not have a fully functional statewide teaming structure in place to support the active involvement of staff and stakeholders in the division's CQI processes. We do have 46 Child Welfare Improvement Teams (CWIT) functioning in the counties, however, we do not have functioning regional teams or a state office team. Also, the CQI teaming structure has not been described in a developed CQI plan and therefore does not specify the flow of information or communication between various levels of CQI teams.

Staff at all levels (i.e., caseworkers, supervisors, agency management/leadership, et al.) currently have limited opportunities to participate in established CQI activities, such as membership on CQI teams/committees, involvement in case record reviews, data analysis, and in contributing to action/improvement planning and monitoring activities. Stakeholders (i.e., private providers, youth, parents, foster/adoptive parents, community providers, et al.) currently have limited opportunities to participate in established CQI activities, such as membership on CQI teams/committees, involvement in case record reviews, data analysis, and in contributing to action/improvement planning and monitoring activities.

SCDSS will need to develop an effective teaming structure that lays the foundation for a shared sense of community among participants about key CQI tasks and responsibilities and helps ensure that CQI teams meet regularly, using an established agenda that includes data review and focuses on solving problems and improving outcomes.

**OBJECTIVE:** Formal quality improvement feedback loops are functioning, and well-established Child Welfare Improvement teams are operating in the County, regional, and State level.

**OUTCOME:** Staff and stakeholders are meeting in teams throughout the state to use timely outcomes data to guide practice and systems improvements.

**MEASURES OF PROGRESS:**

*Outputs*

- Staff and stakeholders trained in participating in CQI process and data usage
- Staff and stakeholders who participate in regional and County CQI meetings with formal agendas

**MONITORING PLAN:**

Ongoing monitoring of progress toward the identified measures will be done through a CQI logic model and an annual CQI self-assessment.

**INTERVENTION 1:** Develop a Formal CQI Plan with program improvement feedback loops

**Note: Please see pg. 70, third paragraph under QA Systems.**

**RATIONALE:** A critical first step to SCDSS CWS building a solid CQI foundation lies in the development of a CQI plan with feedback loops that all CWS staff, as well as key stakeholders,



are fully aware of, understand, and embrace. This CQI plan will be comprehensive and provide an overarching framework and set of principles that are aligned with GPS Practice Model values and provide the underpinning to the state's CQI model, as well as a defined systematic CQI learning and improvement cycle and feedback loops. The CQI plan will facilitate SCDSS CWS staff and stakeholders' understanding, from the counties to the state office, of the purpose and scope of SCDSS CWS's improved CQI system, and their roles in the various CQI activities. It is important that counties are given the opportunity early in the process to provide input into the development of the CQI plan. The CQI plan should emphasize the importance of using data to inform division decision-making and provide guidance detailing the types of data available and how such data is to be used toward making sustainable programmatic improvements.

**BENCHMARKS:**

- End of Year 1
  - Workgroup executes a written CQI Plan (Appendix D), that includes:
    - the purpose and scope of CQI activities, an overview of the division's approach to CQI
    - the division's CQI teaming structure with opportunities and roles for staff and stakeholders in the development of the CQI plan and in CQI activities
    - a description of how data is to be collected, used, shared, and monitored throughout the division
    - a description of the division's processes for case record review, including sampling requirements
    - a defined improvement cycle and divisional feedback loops for program improvement
    - protocols and timeframes for meetings of CQI teams and reporting of results

**INTERVENTION 2:** Create a state level child welfare improvement team (CWIT), 4 regional and improve the functioning of 46 county-level child teams that include a broad range of staff and stakeholders and represent all program areas.

**RATIONALE:** A well-designed and implemented teaming structure will facilitate a shared sense of community throughout the child welfare community by ensuring that staff and stakeholders can participate actively in the division's CQI processes. A teaming structure will help facilitate the standardized sharing of quality data and information throughout the division, which, will in turn, foster meaningful communication and dialogue that can then be acted upon to improve outcomes.

**BENCHMARKS:**

- End of Year 2
  - County CWIT Teams fully functional and operating in each of the 46 South Carolina counties
- End of Year 3
  - Fully functional Regional CWIT Teams
- End of Year 5

- Utilize survey data for CWIT Teams effectiveness

### **Goal 4 Progress: Year 1 Reporting**

SCDSS is working with a consultant from the CBC to develop a workable CQI Plan for Child Welfare Services (draft attached). The CQI plan when finalized will describe the following:

- outcomes CWS intends to achieve with/for its clients
- key service level standards necessary to guarantee that children and families receive quality services to meet their needs (GPS Practice Model) \*
- CWS structure within the organization to facilitate the achievement of these outcomes and standards
- CWS plan for gathering a variety of relevant data and information
- CWS plan for analyzing data and Information
- CWS plan for use analyses and information to create feedback loops and make improvements

The draft plan includes descriptions of the benchmark requirements for CFSP year one; a description of the CWS approach to identifying and analysis program service strengths and areas needing improvement and implementing and revising solutions; progress and outcome measures; procedures for data collection; review, analysis and reporting; performance improvement cycle and feedback loops.

### **Implementation and Program Supports**

Currently, SCDSS has several strategic initiatives that are actively in planning and implementation stages. SCDSS was deliberate in aligning all strategic initiatives (FFPSA, the GPS Practice Model, and the Michelle H. FSA) with the CFSR PIP and CFSP. Moreover, SCDSS is dually utilizing program supports across all strategic initiatives for effective collaboration.

SCDSS has numerous consultants supporting child welfare services and helping to address duplication and better coordination, SCDSS and New Allies hosted a consultant meeting on January 22, 2020 and on April 29, 2020 to streamline consultant work and look for opportunities for collaboration. SCDSS is currently receiving implementation and program supports from Casey Family Programs, Chapin Hall of Chicago, Annie E. Casey Foundation, New Allies, the Capacity Building Center for States, the University of Kentucky, Affinita` Consulting, and the National Council on Crime & Delinquency (NCCD).

Below is a list of the SCDSS' training and technical assistance provided to the state to promote the achievement of CFSP/CFSR goals and objectives since the submission of the 2020-2024 CFSP. For Year "1", the state has received the following technical assistance and training on the following:

- Casey Family Programs has guided the agency with working with state leadership in creating a healthy organizational culture. Two major areas Casey Family Programs has focused on is assisting state leadership with communication and creating clarity. Stakeholders commended SCDSS for presenting critical information on the major areas of work that are currently underway. The work with Chapin Hall and Casey Family Programs continues to strengthen the agency's efforts with engagement,

communication, and clarity for frontline staff, supervisors, courts, and state stakeholders.

- Chapin Hall has assisted SCDSS in the development of the GPS Practice Model and now are supporting the implementation teams with the implementation of the GPS Practice Model across the organization. Additionally, Chapin Hall is also providing TA around the implementation of the Child & Family Team Meetings.
- The Annie E. Casey Foundation is assisting SCDSS with enhancing the Kinship Care Program, Chafee Program, and maximizing Title IV-E penetration rate. This work is being done in partnership with New Allies.
- New Allies is supporting SCDSS in navigating long-term system transformation that is taking place within the agency and state. New Allies has completed an in-depth assessment with SCDSS that included both internal and external stakeholders. New Allies has been involved in planning efforts for FFPSA and CWS program areas of safety, policy development, child health & well-being, and permanency. Lastly, New Allies has provided support with managing SCDSS consultants more effectively.
- The Capacity Building Center (CBC) for States has continued to work with SCDSS through PIP approval, the 2018-2019 Final Report, and 2020-2024 CFSP approval. Additionally, the CBC is supporting SCDSS with implementation of the PIP and the development of the APSR. PIP implementation includes five projects: organization change management and implementation, service array, continuous quality improvement (CQI), in-home services, and strengthening supervision. In addition to the projects listed, the CBC has continued to facilitate peer learning calls with other states.
- The Praed Foundation is providing TA to SCDSS on the safety work in child welfare services. The assessment tools and practice that frontline professionals currently use to investigate and assess the overall safety/risk needs of families are being enhanced. The agency is in the process of implementing the Family Advocacy and Support Tool (FAST) and the Child and Adolescent Needs and Strengths (CANS) to replace the current Child Family Assessment and Service Plan (CFASP).
- Affinita` Consulting is providing TA to SCDSS (Staff Development & Training (SD&T)) and the University of South Carolina, Child & Family Studies with an upgrade to the current certification training delivered to frontline child welfare professionals. There is also work and support dedicated to frontline supervisors. Certification training for frontline supervisors is now being developed before the rollout of certification training for frontline professionals. In addition to child welfare training, Affinita` Consulting has provided TA support on mapping the current structure of CFSR QA reviews. Lastly, because training is intertwined with all strategic initiatives, Affinita` Consulting has assisted with mapping the sequencing of training deliverables to help ease the planning and implementation of all work efforts.

- The National Council on Crime & Delinquency (NCCD) supported the implementation of Intake Structured Decision-Making Tool. In the fall of 2019, the Office of Safety Management implemented a tool statewide after piloting. The purpose of the tool is to assist intake workers in determining if the current report requires child protective services (CPS) investigation response. SCDSS will continue to collaborate with NCCD on updates and enhancements with the intake structured decision-making (SDM) tool.

SCDSS will continue to utilize TA providers to help support planning and implementation work that is underway. SCDSS will continue to hold consultant meetings to identify duplication as there are many TA providers the state currently has in the child welfare services division. New Allies' work in hosting consultant meetings has allowed SCDSS and TA consultants the ability to determine where there are gaps where the opportunity exist to appropriately adjust work efforts to avoid duplication. Because of the consultant debriefing, duplication was identified with supervision among two consultant groups. Now, both agencies are working together to better meet the needs for the strengthening supervision initiative. Similarly, better collaboration is taking place with enhancing the safety framework within child welfare services. New Allies, the Praed Foundation, and the CBC are all assisting the agency in working to implement a safety framework within child welfare services.

TA providers will continue to be utilized for implementation supports across the CFSR PIP and CFSP. SCDSS was intentional in aligning work efforts across strategic initiatives and the agency is now leveraging TA in the same way. SCDSS has secured TA support for all strategic efforts in the CFSP and the first two years of work in the five-year plan belong to the PIP. The goals contained in the CFSP and the PIP have dedicated consultants assigned to provide TA.

SCDSS continues to leverage TA support from Casey Family Programs (CFP) with assisting State Office Leadership and County Leadership in creating a healthy organizational culture. CFP continues providing TA on how to better communicate across the organization structure to create consistent clarity. Continuing to strengthen the organizational culture externally and internally will support SCDSS in the achievement of CFSP/CFSR goals and objectives of the 2020-2024 CFSP.

Lastly, SCDSS continues to work with Accountability, Data, and Research (ADR), the Capacity Building Center for States (CBC), USofC-Center of Child & Family Studies to enhance the evaluation and management systems to support the goals and objectives in the CFSP. Currently, SCDSS had taken the initiative to schedule monthly meetings to address and troubleshoot any barriers in achieving the goals and objectives in both the CFSP and the PIP. Additionally, the CBC is providing a brief service entitled "Building Capacity for Change, Implementation Monitoring, Evaluation, and Applying Findings." This service is critical in helping SCDSS track and adapt performance as strategic initiatives are implemented. As strategic initiatives (Michelle H. FSA, GPS Practice Model, PIP, CFSP, and FFPSA) are implemented, SCDSS will enhance skills and the staff's capacity around monitoring, evaluation, and applying findings.

- ***Update on Progress Made to Improve Outcomes***

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Item 1: Were the agency's responses to all accepted child maltreatment reports initiated, and face-to-face contact with the child(ren) made, within time frames established by agency policies or state statutes?

<b>Goal</b>	South Carolina will increase the percentage of cases where children protected from abuse and neglect
<b>Objectives</b>	Develop, clarify, and implement policies, practices, protocols for documentation and training for timeliness of initiating investigations for reports of child maltreatment. Improve supervision and utilization of CAPSS to strengthen awareness of the critical nature and definition of timely initiation of child maltreatment reports. (SC CFSR PIP)
<b>Measures</b>	<ul style="list-style-type: none"> <li>• The percentage of cases where safety issues were present and safety-related services were offered to families to prevent removal of children will increase from 41% to 67% rated as a strength by October 2021.</li> <li>• The percentage of cases with risk and/or safety concerns present and the agency conducted initial and/or ongoing assessments of all children in the family during the period under review, unless the time frame and circumstances did not warrant ongoing assessments will increase from 25% to 39% rated as a strength by October 2021.</li> <li>• Statewide data indicators for safety (Reduce repeat maltreatment and decrease reentry) is statistically better than national performance</li> <li>• Monthly increase in ADR performance measure of all reports of child maltreatment that were accepted for investigation during the reporting period, what percentage had a dictation type of "Initial Face to Face With Child/Client", "Initial Face to Face With Family", "Diligent Efforts," "Initial Contact Via Third Party," or "Initial Contact Attempted" (through September 2013 only) where the action date and time is within 24 hours of accepting the report?</li> </ul>
<b>Benchmarks</b>	<ul style="list-style-type: none"> <li>• According to PIP Case Review Progress Report 1, the percentage of cases where timely face-to-face contact with children occurred on all investigations and/or assessments have increased from baseline of 54% to 60% in March 31, 2020.</li> <li>• According to CFSR statewide data indicators for Recurrence of Maltreatment (statistically worse than national performance)</li> </ul>
<b>Reason for Lack of progress</b>	<p>Item 1</p> <ul style="list-style-type: none"> <li>• Not seeing all of the children listed in the allegation in the report in the designated timeframe</li> <li>• Not going back to the home in the designated timeframe to see children who were not there at the first attempt/not seeing the children who were not home during the first attempt</li> <li>• Case managers have a lack of communication back with the county if an emergency prevented initial contact</li> <li>• Lack of documentation/case manager is no longer with the agency</li> </ul>
<b>CQI/QA system</b>	<ul style="list-style-type: none"> <li>• Regular examination of statewide aggregate data elements obtained from the Adoption and Foster Care Analysis and Reporting Systems</li> </ul>

<b>activity to measure progress</b>	<p>(AFCARS) and the National Child Abuse and Neglect Data System (NCANDS) in CAPSS and ADR reports</p> <ul style="list-style-type: none"> <li>Quantitative Data -HS Dashboard PM 1 – Initiating CPS Investigations used in State and Regional Performance meetings</li> <li>PIP QA case reviews conducted in the 10 PIP counties on 10 practice areas (Item 1, 2, 3, 4, 5, 6, 12, 13, 14, 15) including interviews with the children and families being served.</li> </ul>
<b>Feedback loops</b>	<ul style="list-style-type: none"> <li>County, regional, and State Office staff receive Human Services Data dashboard report from AD&amp;R for PM 1 – Initiating CPS Investigations for regional improvement planning.</li> <li>County, regional, and State Office staff receive onsite review report instrument (OSRI) reports following case reviews and meet in regional CQI meetings and case debriefs to plan and implement changes in practice.</li> </ul>

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Item 2: Did the agency make concerted efforts to provide services to the family to prevent children’s entry into foster care or re-entry after reunification?

Item 3: Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care?

<b>Goal</b>	South Carolina will increase the percentage of cases where children are safely maintained in their own homes whenever possible and appropriate
<b>Objectives</b>	<ul style="list-style-type: none"> <li>Establish and implement case practices that enhance delivery of “appropriate safety services” to families to prevent removal of children and continuously assess safety throughout the life of a case to reunify children as soon as threats can be mitigated and conditions for return are met by October 1, 2021.</li> <li>Re-establish fidelity to our safety intervention model to be implemented throughout the life of a case to include safety assessment, safety planning, safety management, comprehensive child and caregiver assessments, and case planning by October 1, 2021.</li> </ul>
<b>Measures</b>	<ul style="list-style-type: none"> <li>The percentage of cases where safety issues were present and safety-related services were offered to families to prevent removal of children will increase from 41% to 67% rating as a strength by October 2021.</li> <li>The percentage of cases with risk and/or safety concerns present and the agency conducted initial and/or ongoing assessments of all children in the family during the period under review, unless the time frame and circumstances did not warrant</li> </ul>

	<p>ongoing assessments will increase from 25% to 39% rated as a strength by October 2021.</p> <ul style="list-style-type: none"> <li>• Recurrence of maltreatment is 10.5 % which is not better than national performance of 9.5% (statewide data indicator)</li> <li>• Re-entry to foster care is 6.5% which is better than national performance of 8.1% (statewide data indicator)</li> </ul>
<p><b>Benchmarks</b></p>	<p>According to PIP Case Review Progress Report 1, the percentage of cases where safety issues were present and safety-related services were offered to families to prevent removal of children maintained from baseline 42% to 42% in March 31, 2020.</p> <p>According to PIP Case Review Progress Report 1, the percentage of cases with risk and/or safety concerns present and the agency conducted initial and/or ongoing assessments of all children in the family decreased from baseline 24% to 20% in March 31, 2020.</p>
<p><b>Reason for Lack of progress (QA TRENDS)</b></p>	<p>Item 2</p> <ul style="list-style-type: none"> <li>• Delays (waiting until the case is indicated) <ul style="list-style-type: none"> <li>○ Assessments</li> <li>○ Referrals</li> <li>○ Parent receiving services</li> </ul> </li> <li>• Services <ul style="list-style-type: none"> <li>○ Not individualized</li> <li>○ Lack of funds for services</li> <li>○ No services provided</li> <li>○ Services not available/offered in county</li> </ul> </li> <li>• Barriers <ul style="list-style-type: none"> <li>○ Parent's work schedule</li> <li>○ Transportation</li> <li>○ Parents are non-compliant</li> </ul> </li> <li>• Most common safety service needed: <ul style="list-style-type: none"> <li>○ AOD assessment and counseling</li> <li>○ Domestic violence services (counseling, treatment, etc.)</li> <li>○ Domestic violence batterer's counseling services</li> </ul> </li> </ul> <p>Item 3</p> <ul style="list-style-type: none"> <li>• Lack of formal and informal assessment initially and ongoing</li> <li>• Lack of assessing the home</li> <li>• Not meeting with the children alone</li> <li>• Services referred for were not services needed</li> <li>• Not monitoring the safety plan</li> <li>• Child remained with parents despite their non-compliance with services</li> <li>• Barriers <ul style="list-style-type: none"> <li>○ Uncooperative parents</li> <li>○ Lack of services in county</li> <li>○ Lack of funding for services</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Parent's work schedule</li> <li>○ Proximity to child</li> <li>○ Other duties that take up time</li> </ul>
<b>CQI/QA system activity to measure progress</b>	PIP QA case reviews conducted in the 10 PIP counties on 10 practice areas measured in the CFR PIP (Item 1, 2, 3, 4, 5, 6, 12, 13, 14, 15)
<b>Feedback loops</b>	County, regional, and State Office staff receive onsite review report instrument (OSRI) reports following case reviews and meet in regional CQI meetings and case debriefs to plan and implement changes in practice

Permanency Outcome 1: Children have permanency and stability in their living situations.

Item 4: Is the child in foster care in a stable placement and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goal(s)?

<b>Goal</b>	South Carolina will increase the percentage of cases where children have a stable placement at the time of the onsite review and that any changes in placement that occurred during the period under review were in the best interests of the child and consistent with achieving the child's permanency goal(s).
<b>Objectives</b>	Enhance foster care stability by improving placement decisions, (a joint agreement between the case manager and the regional licensing unit), foster parent training, and foster parent involvement in the reunification process to promote timely achievement of permanency for children in out-of-home placement by October 1, 2020.
<b>Measures</b>	<p>Increase in the percentage of cases where a child only experienced one placement setting during the period under review and that placement is stable or, the child's current placement is stable, and every placement made for the child during the period under review was based on the needs of the child and/or to promote the accomplishment of case goals from 70% to 79% by October 1, 2021.</p> <p>Human Services Dashboard PM 6 – Stability of Foster Care Placements-Of all children who had been in foster care at least 8 days but less than 12 months from the time of latest removal from home, what percentage had no more than two placement settings?</p> <ul style="list-style-type: none"> <li>● Placement stability (moves/1,000 days in care) better than 4.4% national performance on measure (national performance indicator)</li> </ul>
<b>Benchmarks</b>	<ul style="list-style-type: none"> <li>● According to PIP Case Review Progress Report 1, the percentage of cases where a child only experienced one placement setting during the period under review and that placement is stable or, the child's current placement is stable, and every placement made for the child during the period under review was based on the needs of the child and/or to promote the accomplishment of case goals has increased from a baseline of 60% to 68% by March 31, 2020.</li> <li>● Statewide Data Indicator performance for Permanency for</li> </ul>



	Placement stability (moves per 1,000 days in care) National Performance 4.44% and South Carolina Performance 7.45 (South Carolina's performance is statistically worse than national performance)
<b>Reason for Lack of progress</b>	Performance improved on this benchmark. (60% to 68%)
<b>CQI/QA system activity to measure progress</b>	PIP QA case reviews conducted in the 10 PIP counties on 10 practice areas (Item 1, 2, 3, 4, 5, 6, 12, 13, 14, 15)
<b>Feedback loops</b>	<p>County, regional, and State Office staff receive Human Services Data dashboard report from AD&amp;R for HS Dashboard PM06 – Stability of FC placements</p> <p>CAPSS Online Reports  HRC160-R01 – Placement History by Person ID  HRC170-R01 – Placement and Legal History  HRC190-R01 – Ongoing Placement Plan</p> <p>County, regional, and State Office staff receive onsite review report instrument (OSRI) reports following case reviews and meet in regional CQI meetings and case debriefs to plan and implement changes in practice.</p>

Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner?

<b>Goal</b>	The state will increase the percentage of cases where agency establish appropriate permanency goals for the child in a timely manner .
<b>Objectives</b>	<p>Prior to all merits hearings, all parties involved in the court action will attend a pre-merit conference to discuss the allegations of abuse/neglect, placement plan, and safety concerns to establish a shared understanding of the reasons for removal and conditions for return, leading to decreased length of stay and an increase in timely permanency so that children can safely leave the foster care system timely by October 1, 2021.</p> <p>If the child's primary or concurrent permanency goal is adoption, ensure the termination of parental rights action is filed in a timely manner, as set out in South Carolina Children's Code and federal Adoption and Safe Families Act (ASFA) regulations by October 1, 2021.</p>
<b>Measures</b>	South Carolina will increase the percentage of cases where the child's permanency goal(s) was/were documented in the case file; permanency goals were established timely; permanency goals were appropriate for the child's needs and considering the circumstances of the case; and requirements were met (as applicable) for termination of parental rights under the Adoption and Safe Families Act from 56.4% to 66.6%.
<b>Benchmarks</b>	The baseline in 2017 was 56.4% strengths (22 of 39 cases were rated a strength). This led to the goal of 66% strengths. This time, we had 27 of the 40 cases rated as a strength for a total of 67.5% strengths.

<b>Reason for Lack of progress</b>	The state achieved its improvement goal on this benchmark (56.4% to 67.5%).
<b>CQI/QA system activity to measure progress</b>	PIP QA case reviews conducted in the 10 PIP counties on 10 practice areas (Item 1, 2, 3, 4, 5, 6, 12, 13, 14, 15)  Case debriefs will continue to identify areas of concerns.
<b>Feedback loops</b>	County, regional, and State Office staff receive Human Services Data reports include: CF100-R01 – Open Foster Care Child and Family Assessment - Detail SF170-R01-Daily – Foster Care Case Management – Daily PP100-R01 – Permanency Plan Hearings – Coming Due / Overdue PP100-R02 – Permanency Plan Hearings – Coming Due / Overdue (Summary) SF170-R01 – Foster Care Case Management  County, regional, and State Office staff receive onsite review report instrument (OSRI) reports following case reviews and meet in regional CQI meetings and case debriefs to plan and implement changes in practice .

Item 6: Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?

<b>Goal</b>	The state will increase the percentage of cases where agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?
<b>Objectives</b>	Improve the quality of hearings by enhancing the participation of all parties at merits and permanency hearings to promote timely permanency by October 1, 2021.
<b>Measures</b>	South Carolina will increase the percentage of cases that make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child from 42.5% to 52.5%
<b>Benchmarks</b>	The baseline in 2017 was 42.5% strengths (17 of 40 cases were rated a strength). This led to the goal of 52% strengths. This time, we had 23 of the 40 cases rated as a strength for a total of 57.5% strengths
<b>Reason for Lack of progress</b>	The state achieved its improvement goal on this benchmark. (42.5% to 57.5%)
<b>CQI/QA system activity to measure progress</b>	PIP QA case reviews conducted in the 10 PIP counties on 10 practice areas (Item 1, 2, 3, 4, 5, 6, 12, 13, 14, 15)
<b>Feedback loops</b>	County, regional, and state office staff receive Human Services Data reports include: HRC360-R01 – Adoption Hearing to be Held HRC370-R01 - Adoption Complaints to be filed HRC380-R01 – Recruitment Registrations to Update HRC390-R01 – Seedlings Referrals to be Completed HRC410-R01 – Recruitment Registrations to be Completed

	<p>HRC420-R01 – Child Assessments to be Completed</p> <p>County, regional, and State Office staff receive onsite review report instrument (OSRI) reports following case reviews and meet in regional CQI meetings and case debriefs to plan and implement changes in practice.</p>
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Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs.

Item 12: Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency’s involvement with the family?

<b>Goal</b>	The state will increase the percentage of cases where the agency makes concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency’s involvement with the family?
<b>Objectives</b>	<p>Develop, clarify and implement practices, protocols, policies, tools and training for Child and Family Team Meetings by October 1, 2021.</p> <p>Develop, clarify and implement practices, protocols, and policies for child and family assessments, case planning, and matching service to needs and strengths by October, 2021</p>
<b>Measures</b>	South Carolina will increase the percentage of cases where the agency makes concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency’s involvement with the family from 18% to 23% strengths.
<b>Benchmarks</b>	According to PIP Case Review Progress Report 1, the percentage of cases where the agency makes concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency’s involvement with the family decreased from 18% to 10% by March 31, 2020.
<b>Reason for Lack of progress</b>	<ul style="list-style-type: none"> <li>• Lack of assessments, service referrals, and follow-up</li> <li>• Lowest scores are for parents (dads) followed by children and then foster parents</li> <li>• Lack of services/access to services</li> </ul>
<b>CQI/QA system activity to measure progress</b>	PIP QA case reviews conducted in the 10 PIP counties on 10 practice areas (Item 1, 2, 3, 4, 5, 6, 12, 13, 14, 15)
<b>Feedback loops</b>	County, regional, and State Office staff receive Human Services Data reports include:

	<p>CAPSS Online Reports  HRC570-R01 – Services Authorized and Rendered  CAPSS Batch Reports  CF100-R01 – Open Foster Care Child and Family Assessment – Detail  SC130-R01 – Treatment Service Activity</p> <p>County, regional, and State Office staff receive onsite review report instrument (OSRI) reports following case reviews and meet in regional CQI meetings and case debriefs to plan and implement changes in practice.</p>
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Item 13: Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?

<b>Goal</b>	The state will increase the percentage of cases where the agency makes concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?
<b>Objectives</b>	Develop, clarify and implement practices, protocols, and policies for child and family assessments, case planning, and matching service to needs and strengths by October, 2021
<b>Measures</b>	South Carolina will increase the percentage of cases where the agency makes concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family from 30% to 36% rated as a strength.
<b>Benchmarks</b>	According to PIP Case Review Progress Report 1, the percentage of cases where the agency makes concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis has decreased from 30% to 11% rated as a strength by March 31, 2020.
<b>Reason for Lack of progress</b>	Not involving parents and children (if appropriate) in case planning
<b>CQI/QA system activity to measure progress</b>	PIP QA case reviews conducted in the 10 PIP counties on 10 practice areas (Item 1, 2, 3, 4, 5, 6, 12, 13, 14, 15)
<b>Feedback loops</b>	County, regional, and State Office staff receive onsite review report instrument (OSRI) reports following case reviews and meet in regional CQI meetings and case debriefs to plan and implement changes in practice.

Item 14: Were the frequency and quality of visits between caseworkers and child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

<b>Goal</b>	The state will increase the percentage of cases with <b>frequent and quality visits between caseworkers and child(ren)</b> sufficient enough to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals
<b>Objectives</b>	Adapt and implement core components of the "Quality Matters: Improving Caseworker Contact with Children, Youth and Families by October, 2021

<b>Measures</b>	South Carolina will increase the percentage of cases with frequent and quality visits between caseworkers and child(ren) sufficient enough to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals from 54% to 64.5% rated as a strength.
<b>Benchmarks</b>	According to PIP Case Review Progress Report 1, the percentage of cases with frequent and quality visits between caseworkers and child(ren) sufficient enough to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals has decreased from baseline from 54% to 49% as rated as a strength by March 31, 2020.
<b>Reason for Lack of progress</b>	<ul style="list-style-type: none"> <li>• Frequency and quality visits with children are down overall</li> <li>• Really same trends with children about not having frequent visits. Not seeing them in the home. Not seeing them alone.</li> </ul>
<b>CQI/QA system activity to measure progress</b>	PIP QA case reviews conducted in the 10 PIP counties on 10 practice areas (Item 1, 2, 3, 4, 5, 6, 12, 13, 14, 15)
<b>Feedback loops</b>	County, regional, and State Office staff receive onsite review report instrument (OSRI) reports following case reviews and meet in regional CQI meetings and case debriefs to plan and implement changes in practice.

Item 15: Were the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

<b>Goal</b>	The state will increase the percentage of cases with frequent and quality visits between caseworkers and the mothers and fathers sufficient enough to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals
<b>Objectives</b>	Adapt and implement core components of the “Quality Matters: Improving Caseworker Contact with Children, Youth and Families by October, 2021
<b>Measures</b>	South Carolina will increase the percentage of cases with frequent and quality visits between caseworkers and the mothers and fathers sufficient enough to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals from 25.3 % to 31 % rated as a strength.
<b>Benchmarks</b>	According to PIP Case Review Progress Report 1, the percentage of cases with frequent and quality visits between caseworkers and mothers and fathers is sufficient enough to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals has decreased from baseline from 54% to 49% as rated as a strength by March 31, 2020.
<b>Reason for Lack of progress</b>	<p>Item 15</p> <ul style="list-style-type: none"> <li>• Lack of frequent and quality visits with mothers <ul style="list-style-type: none"> <li>○ Quality visits are always lower than frequent visits</li> <li>○ Frequency with mothers has declined</li> </ul> </li> <li>• Lack of frequent and quality visits with fathers <ul style="list-style-type: none"> <li>○ Quality visits are always lower than frequent visits</li> <li>○ Frequent and quality visits with fathers is lower than frequent and quality visits with mothers</li> </ul> </li> <li>• Not seeing the parent alone</li> </ul>

	<ul style="list-style-type: none"> <li>• Not seeing the parent in an environment that is conducive to a quality conversation</li> <li>• Barriers <ul style="list-style-type: none"> <li>○ Parent’s work schedule</li> <li>○ Defensive parents</li> <li>○ Parent lives out of state</li> <li>○ Lack of communication with parents</li> </ul> </li> </ul>
<b>CQI/QA system activity to measure progress</b>	PIP QA case reviews conducted in the 10 PIP counties on 10 practice areas (Item 1, 2, 3, 4, 5, 6, 12, 13, 14, 15)
<b>Feedback loops</b>	County, regional, and State Office staff receive onsite review report instrument (OSRI) reports following case reviews and meet in regional CQI meetings and case debriefs to plan and implement changes in practice.

## II. QUALITY ASSURANCE SYSTEM

The Quality Assurance (QA)/Continuous Quality Improvement (CQI) system is functioning to support practice improvement in SC.

In 2016, CWS completed a CQI Self-Assessment Instrument developed the Capacity Building Center for States, the Children’s Bureau’s Technical Assistance body. While many areas of strength were noted, several areas for improvement were also identified. CWS has worked over the last several years to enhance our CQI system to help us better assess our implementation of our 5-year plan and support the development of a new practice model

Areas needing improvement include CWS’s foundational administrative structure to oversee and implement CQI and agency feedback loop for communicating results. The assessment also revealed a need to strengthen communication linkages between different levels of the agency as well as work to execute a written CQI plan that is comprehensive and developed with staff and stakeholder involvement. Based on these discoveries, CWS closed out its work plan by developing a Theory of Change in conjunction with the Center and agency stakeholders and presented this theory to agency leadership. In 2019, CWS has brought on another Center liaison to help refine and operationalize the action items that came out of subsequent Theory of Change discussions and is working with the Center to develop CQI policies and processes.

The following summary details the ways in which South Carolina’s CQI system is currently functioning:

*The CQI system is operating in the jurisdictions where the services included in the CFSP are provided.*

### Foundational Requirement

The Department provides services in four (4) regions that encompass 46 counties across the state. Within SCDSS, the Division of Child Welfare Services (CWS) is the office that is responsible for state level administration and oversight of (1) adoption (2) child protective services (3) child abuse and neglect prevention (4) foster and kinship care (5) licensing foster homes and group homes (6) family preservation services

A culture of Continuous Quality Improvement is desired, expected and supported by our agency's leadership in order to establish and maintain a level of professional service that produces the best performance outcomes. The agency has developed and placed on its Learning Management system a basic CQI training course for all agency staff.

South Carolina requires SCDSS to do quality assurance case reviews of County child welfare system performance and practice every five years.

For regional & County practice, the feedback provided is used to determine underlying conditions for performance and to develop action plans, if warranted, which can include the implementation of new or enhanced strategies.

Monitoring of SCDSS CWS county practice is done through CWS's regional offices with support from the CWS State Office. CWS regional office and CWS State Office staff review performance data, complaints, and fatalities for the purpose of analyzing trends and identifying areas of strength and areas needing improvement. Additionally, quality case record reviews are performed to review compliance with performance standards and to promote quality case work practice.

Increasing the capacity for CWS staff to utilize data within a CQI context continues to be a priority for CWS. Technical assistance is provided to state, regional, and County staff related to the use of data for problem exploration using the Change and Implementation in Practice Series brief developed by the Capacity Building Center for States.

#### Quality Data Collection

SC is continuing to focus on gathering a variety of relevant data and information. For quantitative data to track both the status of clients and services and the program outcomes achieved, CAPSS is continually updated and improved to meet information needs of the Division. Information from the CAPSS system can be used to monitor compliance with federal and state statutes and regulations and CWS service responses. In addition, CWS collects data through quality case record reviews, fatality reviews, and complaints. This data is made available to SCDSS County Offices and regional staff. CWS continues to host and provide opportunities listen to and involve the agency's clients in assessing quality, as well as obtain input from external stakeholders in the community. (Director's Regional Town Halls/Listening Sessions).

To improve on data quality issues, CWS has worked with Chapin Hall and County Offices on improvements by sending various child specific lists to them when data reports indicated there is a high percent of information missing such as race/ethnicity, or improperly coded elements.

#### Case Review Process

The Center for Child and Family Studies (CCFS) assists the South Carolina Department of Social Services (DSS) in conducting its Quality Assurance (QA) Review Process. CCFS staff members are the primary reviewers; however, if directed by the DSS State Office leadership, DSS county or state office staff members may be included on the review teams. DSS leadership assist with prioritizing which reviews are conducted within the limits of the budget and staffing.

Five types of QA Reviews are conducted by CCFS.



1. *County QA Reviews* include a random sample of Child Welfare cases from Family Preservation, Community-based Prevention Services (CBPS), and Foster Care in counties scheduled for review.
2. *Program Improvement Plan (PIP) Reviews* conducted in accordance with the federally approved Program Improvement Plan. One hundred cases from the ten counties included in the PIP review process are reviewed.
3. *Strategic QA Reviews* are conducted for various continuous quality improvement projects as time permits.
4. *Intake Hubs Annual QA Reviews* are conducted on a random sample of Adult Protective Services (APS) reports received in each Intake Hub.
5. Reviews used to measure compliance for the Michelle H Lawsuit. These case reviews include but are not limited to: *Out of Home Abuse and Neglect (OHAN), Sibling Visitations, and Parent Visitations QA Reviews*. Appropriate data universes, statistically random samples and resulting analyses are jointly determined by DSS, University of SC, and the federal court monitors.

#### *Child Welfare QA Reviews Using the Federal Onsite State Review Instrument (OSRI)*

County QA Reviews, PIP QA Reviews, and Strategic QA Reviews are conducted using the federal *Onsite State Review Instrument (OSRI)*.

- County QA reviews are conducted as prioritized by the DSS leadership. Reviews are conducted off site in Columbia using CAPSS data, case files, and stakeholder interviews. Each county receives a full report of the findings. DSS posts the final report on the DSS website.
- PIP QA reviews are conducted twice a year (November through April and May through October) One hundred cases are reviewed from the 10 PIP counties according to the federally approved criteria. Reviews are conducted off site in Columbia using CAPSS data, case files, and stakeholder interviews. Reports are provided to the DSS QA Director, and to the DSS Director of Data, Accountability, and Research according to federally negotiated PIP requirements.

Strategic QA Reviews are conducted when prioritized by DSS for mutually agreed upon continuous quality improvement projects. A sampling strategy will be approved by DSS and CCFS will select the sample for inclusion in the strategic review. These reviews are conducted using the OSRI or a supplemental review instrument as appropriate to the project. These reviews are conducted using CAPSS data, case files, and stakeholder interviews. Summary results for the Strategic Reviews will be shared with appropriate DSS staff

#### Analysis and Dissemination of Quality Data

CWS distributes the following performance data:

1. *Quality Assurance Review Reports* (every county (46), bi-annually)
2. *Batch* – These reports are recurring reports generated by CAPSS, daily, weekly or monthly
3. *Push Reports* – Reports Generated by CAPSS and emailed out Sunday Evening to those who are signed up to receive these. Every report will be sent out with their corresponding CAPSS Batch report number (i.e. SC170-R01). Every Push Report can also be located in CAPSS. These are the reports designed to review at the beginning of each week to ensure



data is accurate and to monitor practice on a weekly basis. These are some of the most important reporting measures to ensure accuracy and quality of practice.

4. *Batch Analysis Reports* – These are similar to the Push Reports but emailed out at the beginning of the next month. These reports review the previous month and show which children were not documented to be seen, which cases had no service activity, Late Permanency Planning Hearings, etc. These should be reviewed at the beginning of each month and any errors corrected and action plans implemented for deficient practice.
5. *HS Dashboard Reports* provide reports and tables around 14 key measures that should predict positive or negative outcomes for children and families. These reports run a month behind to ensure that any information that can be corrected already has and is therefore an accurate representation of outcome measures.

This information is used to assess compliance with state and federal statutes, regulations, and case practice related to safety, permanency and well-being. It is also used to inform training and technical assistance needs, as well as to evaluate the effectiveness of implemented strategies.

For regional & county practice, the feedback provided is used to determine underlying conditions for performance and to develop action plans, if warranted, which can include the implementation of new or enhanced strategies.

#### Feedback to Stakeholders

SC has a variety of opportunities to develop feedback, including through the Regional Office CQI quarterly meetings with each of the four Regions starting in 2020. The first round of CQI meetings engaged staff in a CQI process to improve the quality of case manager visits with parents. CWS also solicits active stakeholder engagement by stakeholder meetings, town halls and listening sessions for Practice Model development and listening sessions hosted regionally to gather and share information about CWS performance, Citizens Review Panel, Children's Justice Act Committees, etc. who provide input into agency initiatives.

Furthermore, CWS intentionally rolls out key changes to policy and practice to stakeholders via various webinars, emails, and communications regularly hosted by State Office leadership.

As mentioned above, data and case review results are used by the SCDSS regional and county offices to inform planning, monitoring, and adjustment at the local level with the primary focus on practice.

- **STEPHANIE TUBBS JONES CHILD WELFARE SERVICES PROGRAM (TITLE IV-B, SUBPART 1)**

SCDSS will use Title IV-B Subpart I funds to promote and protect the welfare of all children with the provisions of child abuse and neglect prevention, intervention and treatment services; foster care; and services to promote permanency and independent living.

Most of case management services are provided by the staff of the SCDSS. Child Protective Services, Family Preservation Services, Foster Care and Adoption Services are provided statewide without regard to income.

Generally, most of the funds from Title IV-B, Subpart I are used to assist with funding contract providers, however, some of the funds from this pool has been used to provide adoption and foster care stabilization (respite care), pre and post adoption services (psychological evaluations), and for medical services and supplies to assist with adoption and foster care related cases. These services are important so that the children that are in foster care achieve and/or maintain permanency in a timely manner.

### ***Children's Trust of SC***

The Children's Trust of South Carolina has continued to provide training, technical assistance and prevention messaging at both the state and local community levels. The goal of their program has been to safely reduce the number of children entering care by strengthening families and the communities in which they live by educating professional and providers about proven, evidence-based approaches to prevent child maltreatment and ensure child well-being.

The Children's Trust of South Carolina will continue to provide relevant, timely and appropriate offerings in all areas across the state. While the Children's Trust of South Carolina has various functions, the SCDSS contracted with them primarily to provide the Strengthening Families Program, to families in South Carolina. Strengthening Families Program (SFP) is an evidence-based prevention program for parents and children ages 6-11 in high-risk families. SCDSS committed to ensuring this program is delivered with fidelity and has selected Children's Trust of South Carolina (CTSC) as the agency to monitor and address any issues related to implementation and fidelity.

During Child Abuse Prevention month, the Children's Trust of South Carolina provided Prevention Partners with materials for Pinwheel Gardens, including all county SCDSS offices and messaging tools to promote child abuse prevention awareness and the Protective Factors framework. The Children's Trust of South Carolina has continuously been working on a public relations campaign to ensure the prevention message is shared across the entire state along with publishing an online calendar and promoting prevention events throughout the state.

The Children's Trust of South Carolina will also maintain a website to reach child-serving professionals with the prevention message.

### ***SC Foster Parent Association***

The South Carolina Foster Parent Association (SCFPA) will support the DSS mission of safe and thriving children in lifelong families. SCFPA will partner with DSS to strengthen agency efforts to identify and support families who can provide safe and secure homes to children in foster care either temporarily or permanently. In supporting and partnering with DSS the SCFPA will provide the following services:

- Application Intake from Potential Foster and/or Adoptive Families
- Providing Orientation to Interested Families
- Scheduling Pre-service Training and Fingerprinting
- Pre-service Training of Foster Care and Adoptive Home Applicants
- Recruitment of Foster and Adoptive Families
- Continuing Education for Licensed Foster Parents
- Support of Licensed Foster Parents
- Transition Support for Children in Foster Care

The SCFPA will maintain a toll-free telephone number and a recruitment-oriented website for prospective foster/adoptive parents to utilize in applying for licensure and to inform prospective parents about the application and licensure process. The SCFPA will provide an orientation session for interested families. This orientation will be prior to pre-service training and include an overview of the child welfare system in South Carolina, the role of foster/adoptive parents in this system and the requirements to become a foster and adoptive parent. The SCFPA will provide pre-service training to persons who apply to be foster and adoptive parents. Applicants will receive 14 hours of pre-service training from the SCFPA as required by DSS regulations and policy. Pre-service training is designed to deepen prospective foster and adoptive parents' knowledge of the South Carolina Child Welfare system and the role of foster and adoptive parents in it and give prospective foster and adoptive parents an understanding of childhood trauma and the behavioral and medical health care needs of children who are in foster care. The SCFPA will host at least one event per month to attract and inform persons who are interested in becoming foster/adoptive parents.

In addition to other topics specified by DSS, the SCFPA will provide ongoing training to licensed foster parents, which will include training on the Reasonable and Prudent Parent standard as specified in the Preventing Sex Trafficking and Strengthening Families Act; this training will also be available to DSS staff. Along with training on the Reasonable and Prudent Parent standard, SCFPA will provide DSS staff training on Another Planned Permanent Living Arrangement (APPLA) and transition planning for older youth. The SCFPA will also provide training to foster parents on sex trafficking, visitation and shared parenting. SCFPA will offer at least once per year in each of DSS' five regions training on trauma reaction and how it may be manifested throughout a child's development. Trauma reaction training will be open to both pre- and post-adoptive parents.

The SCFPA and DSS will work together to encourage foster parents to attend and become members of their local Foster Parent Association. SCFPA will encourage their local chapters to welcome Kinship Caregivers and Adoptive Parents to their membership so Kinship Caregivers and Adoptive Parents can receive the same training and peer support as licensed providers.

SCFPA will provide college and adult education or 11th and 12th grade (if their high school does not provide one for them) students with chrome books or laptop computer bundles. The Adult Education and 11th and 12th grade High School (If they qualify) students will receive a chrome book and warranty. College students will receive a laptop computer bundle. This will include a laptop or desktop computer, printer, software, a laptop bag if needed, 1-year warranty, printer ink, and paper. Computers purchased under this program can be replaced every 3 years with the approval of the John H. Chafee Program staff. Along with the computers, the SCFPA will also provide youth with a College/Household shower. Under this program, Colleges can provide a list of items for review and eligible items can be purchased with the approval of the John H. Chafee Program staff. For Youth moving into their own housing the SCFPA will provide a household shower that will provide the youth the needed items that one would need to live independently, i.e. pots and pans, shower curtain, silver ware, brooms, etc. Youth with special needs or who have reunified with their family are only eligible for bedroom and bathroom items. Furthermore, the SCFPA also operates a program called On the Road Again. This program takes cars donated to them ensures that they are operating safely and will donate the car to a youth in foster care who is starting to transition out of care.

### ***National Electronic Interstate Compact Enterprise (NEICE)***

This contract allows the South Carolina Department of Social Services to participate in the NEICE, a national web-based system designed to allow for the real-time electronic exchange of case files between the 52 states and jurisdictions that are members of the Association of Administrators of the Interstate Compact for the Placement of Children (AAICPC). The purpose of the NEICE is to streamline the ICPC administrative process to achieve improved and less costly service delivery. The NEICE system is designed to collect, track and report uniform interstate data, exchange case files between states in real time and provide timely communications and placement decisions regarding interstate placements. The NEICE system also allows states to process ICPC cases from their state child welfare system and transmit the documents in conformance with National Information Exchange Model (NIEM) standards to other states. The NEICE system supports best practices and provides cost savings by reducing postal charges and other paper-based expenses when making an interstate placement of a child.

### ***S.C. Department of Children's Advocacy (Guardian Ad Litem Program)***

The Guardian Ad Litem program is to serve as the child's voice in court. DSS provides for the training for the volunteers and attorneys who serve to represent the child in all court proceedings. The volunteers and attorneys in all counties except Richland are governed by the Department of Child's Advocacy. Richland County is governed by CASA.

### ***Medical University Hospital***

The Medical University Hospital Authority continues to provide a primary care practice and care coordination with integrated behavioral health services for children in foster care. Services under this contract continue provide care coordination/support and education and training to foster parents, adoptive parents, and SCDSS staff to better serve children with medically complex needs, and their families. This contract also provides social work and counseling services to include interfacing with the foster family, community agencies, the medical community, and SCDSS. It also provides care coordination to support foster families and assist in the recruitment of foster families

### ***South Carolina Heart Gallery Foundation***

The Heart Gallery is a national program that uses the power of photography to help find permanent homes for children who are legally free for adoption and are currently in foster care. With community exhibits and internet photo and video displays the Heart Gallery is a recruitment tool which increases public awareness of the need for more adoptive families. Heart Gallery staff partner with DSS staff to schedule photo sessions, plan community exhibits, respond to inquiries from interested families and provides targeted child specific recruitment and family engagement.

The Heart Gallery will arrange a minimum of eight photo sessions per year with at least one session of each of DSS' five regions. Photo sessions will be open to any child in foster care who is legally free for adoption and for whom a potential adoptive family has not been identified. The Heart Gallery will also provide individual photo sessions for children who have special needs which prevent them from participating at the scheduled regional photo sessions. The Heart Gallery will arrange a minimum of 75 venues per year displaying Heart Gallery photographs, there will be at least one venue in each region each quarter. Each photograph will

be framed and include a biographical sketch of the child. The Heart Gallery will maintain a fully developed website for the posting of photographs and descriptions of the children along with management and tracking of inquiries from interested parties.

Heart Gallery will pre-screen received home studies against a child's background factors and placement needs and will forward appropriate studies to DSS for consideration. If a family does not appear appropriate for the specific child named in their inquiry, the Heart Gallery will suggest other children which may more appropriately fit the family. The Heart Gallery will also maintain family background information and home studies in a database which can be reviewed to find potential matches for other children.

The Heart Gallery will expedite the application and home study process for new families responding to Heart Gallery recruitment. Heart Gallery will complete the initial intake/application submit completed applications to DSS and complete Home Studies.

### ***Seneca Family of Agencies***

The SCDSS contracted with Seneca Family of Agencies, to support the requirements of the Family Finding Initiative. The vendor conducted manual searches of public records, to find and identify possible relatives and fictive relatives of children in care. Search requests were submitted through a secure link on the Seneca website. Upon receipt of requests for family finding searches, the vendor assigned an experienced search agent to conduct a manual search, and then provided a report back to the SCDSS that included: addresses and listed phone numbers for the subject, possible relatives and associates of the subject with their addresses and listed phone numbers, and any neighbors with listed phone numbers of the subject's most recent address.

SCDSS has moved away from conducting Seneca searches and is now contracting to conduct CLEAR searches. This was started in March 2020.

- ***SERVICES FOR CHILDREN ADOPTED FROM OTHER COUNTRIES***

SCDSS currently provides information for private services, i.e. trauma informed counselors, contact information for those qualified to assist with educational related issues, in home services, etc., to any family who has adopted a child, i.e. private domestic adoptions, inter-country adoptions, and foster care adoptions, who contacts the agency regarding possible services for adoption preservation.

Regarding adoption preservation placement and intensive in-home services, SCDSS generally only offers these services to families that adopted their child through the SCDSS Foster Care System. However, Adoption Preservation Services (Placement and Intensive In-home) through SCDSS for those who adopted from other countries is assessed on a case by case basis.

- ***SERVICES FOR CHILDREN UNDER THE AGE OF FIVE***

### ***Permanency Pathways***

South Carolina has been monitoring the number of children entering the foster care system, ages, and reason for entry. Using this data, the agency is able to hold discussions, track trends, focus on prevention services, service array, and permanency for all children that are in the foster care system.

The top 5 Reasons children ages 0-5 entered foster care for October 1, 2019 – March 31, 2020 are listed in the chart below. There were 750 children ages 5 and under who entered foster care during the designated period, with the following top 5 reasons.

(NOTE: some children may enter for more than one reason)

<b>Reason for Entering Foster Care</b>	<b># of Children</b>
Neglect	554
Physical Abuse	174
Drug Abuse (Parent)	145
Sexual Abuse	35
Family Instability	26

South Carolina continues to work on placing children ages 0-5 in the least restrictive, most family-like settings unless they meet certain exceptions set forth in the policy. South Carolina has been successful in this work and currently, there are no children ages 0-5 placed in non-family-like settings except those who meet one of the exceptions. One of the challenges South Carolina is experiencing is the lack of foster homes within the child's county of origin. This impacts frequent and quality visitation between parents, children, and siblings.

It is crucial to have an array of foster homes within the county in which the child was removed. Children that are matched well initially tend to fare well in foster care and in the event their permanency goal change to adoption, it is likely that foster placement will adopt. Through data analysis and working with outside consultants, the agency is identifying counties where there is an insufficient number of foster home providers. Through this work, diligent recruitment plans will be developed. Counties that identify a deficiency of foster homes for children ages 0-5 will develop strategies to address this need.

SCDSS has targeted the zero-five population with preventive services through collaboration with the Children's Trust of South Carolina (CTSC) and other state and non-profit partners with services such as BabyNet and Strengthening Families Program.

Additionally, SCDSS has initiated a proposal to establish a statewide community-based approach to coordinate the development, implementation, and monitoring of the plan of safe care for substance-affected infants, mothers and other caregivers who come to the attention of Child Protective Services. Under this proposal, SCDSS child welfare staff and community service providers will provide case management, referral and linkage, assessment and screening, concrete aid, education and services, and recovery supports to children and families during pregnancy and up to one year after birth.

South Carolina will continue to develop more specific strategies to move children ages 0-5 to permanency sooner. Priorities will be to develop diligent county specific recruitment plans, develop and implement training to staff on quality visitation for parents, children and siblings, train foster parents/staff on shared parenting, develop and implement Kinship Care training to staff and family group conferencing partners. South Carolina will continue to correspond with other jurisdictions on additional promising practice to improve timeliness to permanency for children ages 0-5 years.

Children age 5 and under have benefited from targeted improvement efforts in adoptions. Over 50% of all finalized adoptions are for children 0-5 years old.

The goal was clearly stated to all aspects of the agency, court system, GAL and Foster Care Review Board (FCRB) to assist in any aspect of increasing permanency that fell within their venue. The SCDSS's attorneys' supervision and appointing authority was changed; Judges assisted by providing additional court time; GALs were asked to support the agency's request not to allow for court cases to be continued by the family's attorney; assistance was provided in ensuring home studies and children's background summaries were completed timely; and judges provided the agency with Adoption Day Hearings to allow for as many children as possible to be addressed.

SCDSS does not anticipate many children under five to have a delay in their permanency. The agency has a specialized program for the medically fragile children to ensure they are followed closely for multiple medical, developmental or psychological issues by specialized social work staff who have lower caseloads and receive clinical support from the state's psychiatrist and from the child's medical team.

In looking forward, the agency will continue to monitor through the agency SACWIS system the number of children under five years of age who enter foster care. Monthly reports draw attention to children who do not have a permanent plan accomplished within nine months of entering care and indicate the age of children legally free for more than 90 days. The agency will require each adoption director to report quarterly to the division director all attempts to local an adoptive resource for these children. Recruitment strategies are included in the Foster and Adoptive Parent Recruitment section of this report. Adoption specialists are available to discuss children awaiting adoption with approved prospective adoptive families and to encourage families to consider children who are older or have developmental delays.

SCDSS recognizes that their foster parents adopt approximately 75% of all children adopted from foster care. Thus, an emphasis has been placed on the recruitment and retention of foster parents. Concurrent planning to identify a pre-adoptive family as early as possible into the child's placement into foster care was encouraged so the child could have earlier stability in their permanent placement when reunification was not likely.

The agency emphasized to foster parents the importance of developing a relationship with the birth family when possible to act as a resource family or a peer-to-peer role model to the birth family. The goal is to provide the child, who may be reunified with the birth family, with a relationship, which allows for ongoing contact and support to the family from their foster parents. Should the parent's rights be terminated, the goal would be for the relationship to allow the child to have first-hand knowledge of the birth parents and the medical and social information as the child grows into adulthood.

The plan is to monitor these children is through the CAPSS system and to have each adoption director report regularly to the division director all attempts at locating an adoptive resource for the child. Recruitment of an adoptive family for these children will be on Adopt-Us-Kids, State Seedlings, Heart Gallery, Foster Parent Association and all forms of state child-specific recruitment activities.

SCDSS is monitoring all children in the foster care system to ensure they receive permanency more expediently than in the past. Emphasis has always been on moving the younger children to permanency as quickly as possible, and traditionally, the children under the age of five years

have reached permanency quicker than the older children in the foster care system. SCDSS will continue efforts of ensuring the children in this population are measured and their plans are closely monitored to enhance the services needed to achieve permanency.

SCDSS and the state foster parent association provide training for workers and foster parents on medically fragile children. Additionally, the USC medical school and the Palmetto Hospital have a special interest in the medically fragile and offer specific training related to caring for these children for foster parents and workers.

County staff shall emphasize the importance of reunification to families immediately upon removal; implement a Family Group Conference; and request for court intervention when the parent is not complying with the treatment plan. The concurrent plan is to be changed to the primary plan and the case fast-tracked to monitor the outcome of the plan in a timely manner. These are monitored by monthly dash reports, conferences with county directors, meetings by the deputy director with the legal staff and contacts with all agency involved parties such as GAL, FCRB and court administration when needed to set priorities or resolve conflicts within the cases.

Services planned for children under the age of five with developmental delays include:

- a) Assessment of the children reflected in the numbers in the above charts to determine which special needs may be causing a delay in adoptive placements and thus the child's ability to reach permanency. Steps include:
  - a) Research all children by name and length of time in care for the population under age 5
  - b) Hold a Permanency Roundtable for these children
  - c) Determine how many are members of a larger sibling group to determine if that has had an impact on the length of time in care
  - d) Determine the number of children's whose legal status is on appeal
- b) Referrals for services to enhance developmental capacities. Steps include:
  - a) Determine through the Permanency Roundtables if the children are receiving the services needed to address their need
  - b) Identify any service needs that are not being met and identify a resource to assist with meeting the need
- c) Referrals for Family Strengthening and Support for either the biological parent, relative or adoptive parent to enhancement timely placements. Steps include:
  - a) Ensuring that all relatives have been sought and evaluated for potential placement
  - b) If Medicaid Waivers or other funding sources could assist in the family in meeting the child's special needs
- d) Referrals for adoption recruitment that are more specific to the needs of the child:
  - a) SCFPA has developed a contractual position with the agency to assist the foster parent with considering adoption for a child that perhaps in the past they were hesitant to adopt.



- b) Heart Gallery has also entered into a contractual agreement with the agency to assist in specialized recruitment activities for a number of hard-to-place children.
- c) They have also contracted to complete home studies on families who inquire about a specific child.
- d) GAL, Children Come First, and Foster Care Review Board will all work collaboratively in efforts to identify an adoptive family for these children.
- e) Ensuring that recruitment referrals to national exchanges such as AdoptUSKids are completed as early as possible for every child who does not have an available identified adoptive family.

**Data from October 1, 2019-March 30, 2020**

Age Group when adopted	#	%
<=5 years old	159	54%
6-17 years old	134	46%
<b>Total</b>	<b>293</b>	<b>100%</b>

Age on Adoption	#	%
Infants	3	2%
1-year-olds	34	21%
2-year-olds	50	31%
3-year-olds	33	21%
4-year-olds	23	14%
5-year-olds	16	10%
<b>TOTAL 0-5 YO</b>	<b>159</b>	<b>100%</b>

The agency has developed a protocol to staff every child’s case with a plan of reunification at six months and to address barriers to reunification that would prevent the completion of that plan by 12 months. Once the barriers are identified, if there are services that could enhance the family’s behavioral changes within an additional three months, they must be implemented. If at nine months the situation is not showing marked improvement, a Permanency Planning Hearing is to be held and the plan for the child changed to TPR and adoption when appropriate. Full disclosure at the Family Group Conference is necessary and key to helping parents and extended family members understand the importance of permanency for the children.

The South Carolina Foster Parent Association (SCFPA) provides training on developmental milestones for foster parents. USC Training Center provides a course for staff on Developmental Milestones and recognizing developmental delays in children.

- SCFPA has a contract with the agency to provide pre-licensure training as well as ongoing training to foster parents throughout the year.
  - Each year, statewide foster parent association training is held, and multiple topics are available for foster parents and DSS staff to attend.
- The SC Association of Children’s Homes and Family Services provides training for state public and private foster homes as well as group homes and institutions in SC.
  - Each certified placing agency provides additional training for therapeutic foster parents who provide care for medically or emotionally fragile children.

- Children’s Trust, USC Medical Center and Children’s Law Center each have yearly conferences that multi-disciplinary speakers attend to address a different dynamic for special needs children.
  - Topics such as brain injuries, Fetal Alcohol Spectrum Disorders, and Autism are examples of topics addressed in past conferences. Both professional staff and foster parents may attend these conferences.

SCDSS, SCFPA, SCHG, GAL, and SCFCRB will all work collaboratively in efforts to identify an adoptive family for these children. Children in this age group for whom the plan is reunification will also receive priority with the agency. Baby Net, SC Department of Education, Head Start, Department of Disability and Special Needs (DDSN) and DHEC are all providers of services that work closely with SCDSS to ensure the agency is meeting the developmental needs of the children in agency custody.

Training has been developed to encourage worker understanding of the importance of permanency and stability on the development of the child five years of age and younger. SCDSS training partners, USC, and the SC Foster Parent Association have existing training curriculum for both foster parents and workers on the developmental milestones of children as well as the lags in development that should receive the attention of a developmental specialist. SCDSS also has been including trauma-informed practice and the effects of trauma on children, including developmental delays, in training for staff and foster parents.

***Developmental needs of all vulnerable children under five years of age***

While some direct services are contracted, case management services are provided by SCDSS staff. Child Protective Services, Family Preservation Services, Foster Care and Adoption Services are provided statewide without regard to income.

***BabyNet***

BabyNet is the state’s early intervention agency for children from birth to three years of age that fall under Part C of the Individuals with Disabilities Education Act (IDEA) (Public Law. 108-446). As required by the CAPTA 2003 reauthorization, and in recognition of the special needs of child abuse and neglect victims, these children and any known child suspected of having developmental delays, are referred to BabyNet for developmental assessments. BabyNet provides services to children in foster care that meet the state eligibility criteria under Part C of IDEA. As a federal entitlement program, services listed on the Individualized Family Service Plan are based on the needs of the family to help address the child’s unique strengths and needs.

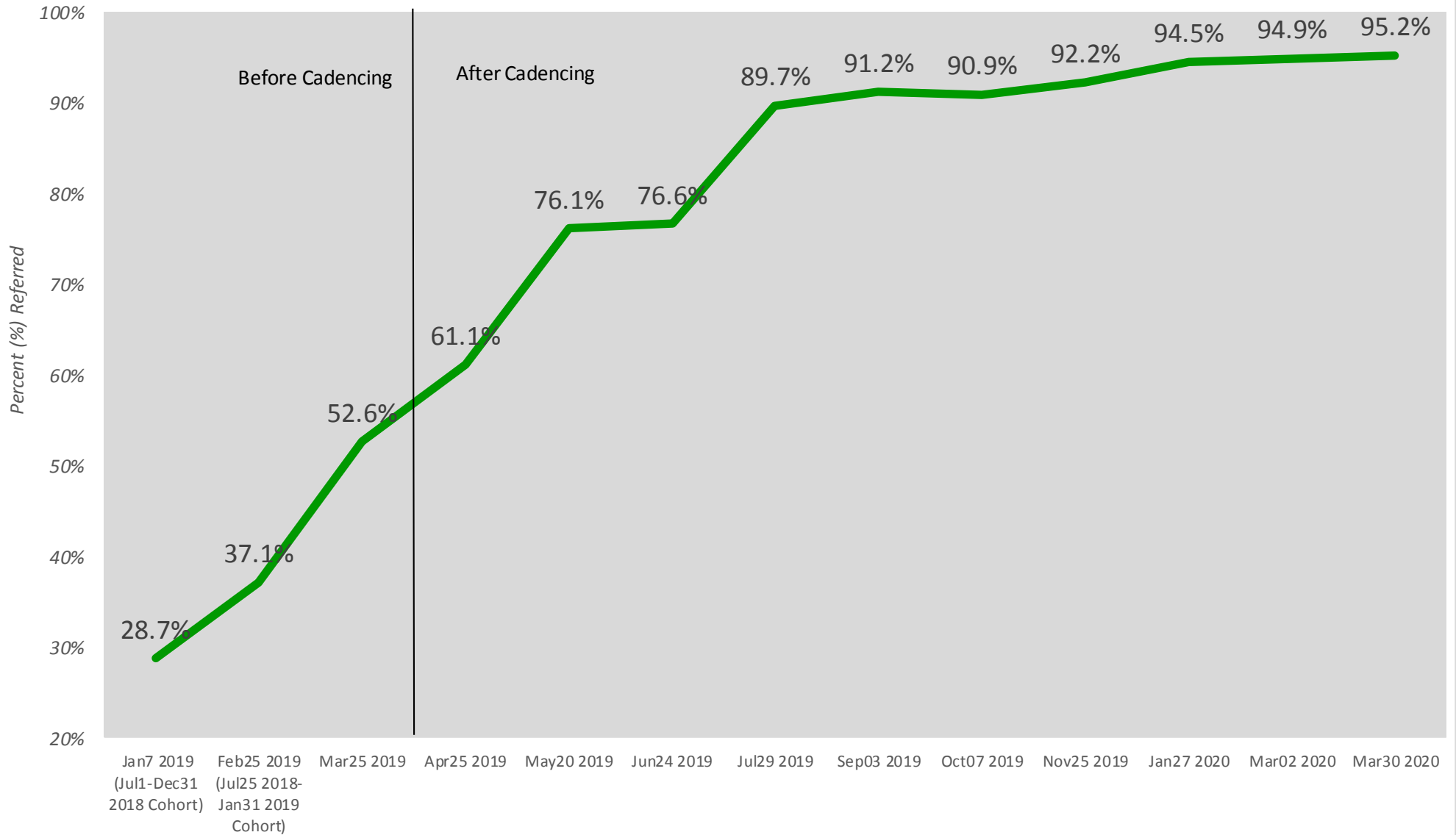
Services include but are not limited to: assistive technology devices and services, audiology services, family training, counseling, and home visits, health services, medical services, nursing services, nutrition services, occupational therapy, physical therapy, psychological services, service coordination services, sign language and cued language, social work services, special instruction, speech-language pathology services, transportation and related costs and vision services. Health, medical, nursing, and transportation services are only provided to the extent needed to allow parent and child to participate in the other services. As a program that is regulated by the Elementary and Secondary Education Act (now Every Student Succeeds Act),

all services provided by BabyNet must meet the definition of evidence-based. The Every Student Succeeds Act defines evidence-based as a program or service which demonstrates a statistically significant effect on improving student outcomes or other relevant outcomes based on evidence from at least one well-designed and well-implemented experimental study, or demonstrates a rationale based on high quality research findings or positive evaluation that such activity is likely to improve student outcomes or other relevant outcomes; and includes ongoing efforts to examine the effects of such activity.

BabyNet measures the effectiveness of these programs at entry and exit. The progress of all eligible children receiving at least six (6) months of early intervention services is rated on the Early Childhood Outcomes as required by the U.S. Department of Education, Office of Special Education Programs. These outcomes measure the extent to which children receiving Part C services demonstrated progress and the extent to which they achieve functioning similar to same-aged peers in developing and maintaining positive social-emotional relationships with adults and same-aged peers; acquire and use knowledge and skills and use appropriate behaviors to meet their needs. In addition, all children with an Individualized Family Service Plan must be periodically re-assessed using developmentally appropriate instruments to monitor progress on individualized functional goals.

The Office of Health and Well-Being are currently tracking BabyNet referrals. In the past, caseworkers were responsible for the referrals and the updates into SCDSS' data system CAPSS. Caseworkers still make referrals, however BabyNet staff send referral status updates to a central point of contact so that data can be entered into CAPSS. This process was recently changed to allow for more continuity and accountability in ensuring services are being received. The change in referral cadence included an effort to be more intentional about following up on referrals to Baby Net. The modified process has resulted in a marked increase in referrals to BabyNet services and the chart below displays the increase in BabyNet referrals over the past year:

## Percent BabyNet Referred, Cadencing Dates up to March 30, 2020



## ***South Carolina Voucher Program***

The South Carolina Voucher Program provides childcare assistance, if funding is available, for families that have an open child protective services case, family preservation case, or for a child in an open foster care case. Children with therapeutic needs have also been approved on a case-by-case basis. Pre-adoptive parents may receive childcare while in the process of adopting a child from SCDSS custody if all other eligibility criteria are met. However, once the adoption is finalized, the SC Voucher Program is not able to provide childcare through this category. A child in foster care, who otherwise meets the Program criteria, is eligible for childcare through age twelve years old. However, children thirteen years old through age eighteen, who should not be left unsupervised or who has developmental, emotional concerns or other special needs, may qualify for childcare after the age of twelve years old. For a foster parent to receive benefits from the SC Voucher Program, the Foster Parent must be employed, in school/training, or disabled.

A foster parent may receive childcare assistance for the baby of a child in custody when the SCDSS does not have custody of the baby. The baby is eligible if the mother (child in foster care) remained in foster care and the child resides in the mother's custody. In addition, the mother must be attending school or employed.

## ***Head Start***

Head Start is a free program for young children from low-income families to help them prepare for success in school—and in life. Children participate in activities that help develop educational and social skills. They also receive nutritious meals, health care, and play in a supervised setting. Head Start also provides resources and support for the child's first and most important teachers, their parents and others who care for and teach them.

There are three options: center-based, home-based, and family childcare options. The center-based option delivers a full range of services that are educational and developmental that are delivered in a classroom setting. The home-based setting consists of home visitors once a week working with parents and their children. Together, the home visitor and parents watch and think about the child. They plan ways to help the child learn using parent-child interactions, daily routines, and household materials. A small group of children, parents, and their home visitors also get together on a monthly basis for group socialization. The family childcare program option delivers the full range of educational and child development services. They are primarily delivered by a family child care provider in their home or other family-like settings.

Children from birth to age five in foster care are categorically eligible for Head Start and Early Head Start services, regardless of income. The State Head Start Collaboration Office reports that the updated Head Start performance standards require programs to set aside slots for children in foster care for a period of time.

## ***First Steps***

Since inception, First Steps has helped young children in all 46 counties by offering school readiness services to families designed to:

- Improve children's health and well-being (pre-natal to age 5);
- Support parents in their goal to serve as their children's first and best teachers;
- Provide parents with easy access to needed early interventions for children with unique development needs;

- Help parents access quality childcare for their young children;
- Promote early education programs and quality pre-kindergarten choices for families;
- Help parents transition their rising kindergarteners into school.

A First Steps Partnership serves each county in South Carolina responsible for meeting local needs and identifying collaborative opportunities to help SC's youngest learners.

### ***Parents as Teachers (PAT)***

PAT is a home-visiting parent education program that teaches new and expectant parents skills intended to promote positive child development and prevent child maltreatment. PAT aims to increase parent knowledge of early childhood development, improve parenting practices, promote early detection of developmental delays and health issues, prevent child abuse and neglect, and increase school readiness and success. The PAT model includes four core components: personal home visits, supportive group connection events, child health and developmental screenings, and community resource networks. PAT is designed so that it can be delivered to diverse families with diverse needs, although PAT sites typically target families with specific risk factors such as:

- Young Parents - Youth who are pregnant or parenting under the age of 21.
- Child with a disability or chronic health condition – The child has a significant delay, disability, or condition that impacts developmental domains and/or effects overall family well-being.
- Parent with a disability or chronic health condition – A parent has a physical or cognitive impairment (disability or chronic health condition) that substantially limits their ability to parent as determined by the parent or by the parent educator.
- Parent with mental health issue(s) – A parent has a thought, mood, or behavioral disorder (or some combination) associated with distress and/or impaired functioning, as determined by parent report, positive screening, or a diagnosis.
- High school diploma or equivalency not attained – Parent did not complete high school or pass an equivalency exam and is not currently enrolled.
- Low income – Family is eligible for free and reduced lunches, public housing, child care subsidy, WIC, food stamps/SNAP, TANF, Head Start/Early Head Start, and/or Medicaid.
- Recent immigrant or refugee family – One or both parents are foreign-born and entered the country within the past five years.) This does not include those from Puerto Rico, Guam, and the U.S. Virgin Islands.
- Substance use disorder – Parent persistently has used or is currently using substances despite negative social, interpersonal, legal, medical, or other consequence. Affiliates have discretion in determining how far back in time is relevant in terms of current impact on parenting, family well-being, or the parent-child relationship. PATNC recommends including this as a risk factor if substance abuse has occurred at any point during the enrolled child's lifetime (including prenatal).
- Foster care or other temporary caregiver – Child or young parent is in foster care or has court-appointed legal guardians or is living in some other temporary caregiver condition.

- Child abuse or neglect – Reported or substantiated abuse/neglect of child or sibling, including but not limited to a current or recent open case with the child welfare system for any reason.
- Parent incarcerated during the child’s lifetime – Parent(s) is or was incarcerated in federal or state prison or local jail, halfway house or is part of a boot camp or weekend program requiring overnight stays during the child’s lifetime.
- Housing instability – Individuals who are homeless lack fixed, regular, and adequate nighttime residences, including those who share others homes due to loss of housing or economic hardship; live in motels, hotels, or camping grounds due to lack of adequate alternative accommodations; reside in emergency or transitional shelters; or reside in public or private placed not designed for or used as regular sleeping accommodations.
- Very low birth weight and preterm birth – The child’s birthweight is under 1500 grams or 3.3 pounds and the child was born less than 37 weeks gestation for children under the age of 2.
- Death in the immediate family – The death of the child, parent/guardian, or sibling. Affiliates have discretion in determining how far back in time is relevant. PATNC recommends including this as a risk factor if a death in the immediate family has occurred at any point during the enrolled child’s lifetime (including prenatal).
- Intimate partner violence – Parent/guardian is a survivor of intimate partner violence per self-report, positive screening, or court proceedings. This includes physical, sexual, and psychological violence. Economic coercion against a current or former intimate partner is also included. PATNC recommends including this as a risk factor if intimate partner violence has occurred during the child’s lifetime (including prenatal)
- Military deployment – Parent/guardian is planning for deployment, currently deployed, or within two years of returning from a deployment as an active duty member of the armed forces.

Families can begin the program prenatally and continue through when their child enters kindergarten. Services are offered on a biweekly or monthly basis, depending on family needs. Sessions are typically held for one hour in the family’s home, but can also be delivered in schools, child care centers, or other community spaces. Each participant is assigned a parent educator who must have a high school degree or GED with two or more years’ experience working with children and parents. Parents educators must also attend five days of PAT training.

When Covid-19 hit the PAT was able to quickly pivot to a virtual model of service delivery. Virtual service delivery was outlined, and guidance provided from the PAT National Center (PATNC) “virtual service delivery” “virtual personal visits”) refers both to services delivered through interactive video conferencing technology and phone calls.

Regardless of which type of virtual personal visit is delivered, the purpose of the virtual personal visit is to continue to support families through the delivery of the PAT model with all three areas of emphasis: development-centered parenting, parent-child interaction, and family well-being. All virtual visits should continue to be planned and documented using PAT model guidance and records.

PATNC has released multiple Technical Briefs on service delivery during COVID-19 and has held several webinars with state affiliate offices and affiliates providing service. In addition, PATNC is part of the steering committee that developed and offers ongoing support to a wide range of home visiting models; Rapid Response to Home Visiting.

### ***Attachment Bio-Behavioral Catch-up (ABC)***

ABC is an evidence-based intervention that aims to help caregivers nurture and respond sensitively to their infants and toddlers to foster their development and form strong and healthy relationships. ABC coaches available in the Charleston, Columbia, Aiken, Rock Hill, and Greenwood areas.

### ***Parent-Child Interaction Therapy (PCIT)***

Parent-Child Interaction Therapy (PCIT) is an evidence-based, family-centered treatment program that provides parents with effective skills for managing and improving their child's behavior. This program also helps improve relationships between parents and their children. Children ages 2-7 with disruptive behavior disorders, affected by abuse/neglect, who are or have been in foster care, or recently adopted or in pre-adoptive placements are eligible for PCIT.

During the sessions, parent and child are together with a specially trained therapist. The therapist coach parents, helping them learn and practice skills from behind a one-way mirror. Sessions are weekly for 12-14 weeks.

### ***Help Me Grow***

Help Me Grow is a program that links families to existing, community-based resources and services for children at-risk for developmental, behavioral, or learning problems. This is a free resource that is available to parents of children birth to five years old who reside in Anderson, Greenville, Laurens, Oconee, Pickens, Spartanburg, Charleston, Berkeley, Dorchester, Beaufort, Jasper, and Colleton counties.

Help Me Grow supports parents by connecting them with the help they need. Developmental screenings are offered through an Ages and Stages Questionnaire (ASQ) free of charge for children ages one month to 5.5 years old. The program also offers information on general child development and parenting topics, referrals to community resources such as early intervention agencies, and developmental activities for parents to do at home to enhance their child's developmental progress. A child development expert who offers a free, confidential assessment of each child's needs delivers these services.

### ***The Incredible Years***

The Incredible Years Series is a set of interlocking, comprehensive, and developmentally based programs targeting parents, teachers, and children. The training programs are guided by developmental theory on the role of multiple interacting risks and protective factors in the development of conduct problems. The programs are designed to work jointly to promote emotional, social, and academic competence and to prevent, reduce, and treat behavioral and emotional problems in young children.



The Classroom Dinosaur Child Prevention Program covers three age levels, beginning in preschool through 2<sup>nd</sup> grade (3-8 years). Classroom lesson plans are delivered by the teacher to strengthen children’s social and emotional competencies, such as understanding and communicating feelings, using effective problem-solving strategies, managing anger, practicing friendship and conversational skills, and behaving appropriately in the classroom.

### ***Beginnings SC***

Beginnings SC’s goal is to ensure that every SC Child who is deaf or hard of hearing will reach their fullest potential. SCDSS refer foster children for hearing screenings to Beginnings SC through a collaborative with the University of South Carolina. Their early intervention screenings are essential to identifying hearing loss and are free of charge.

### ***Maternal Infant and Early Childhood Home Visiting***

Children's Trust administers the federal investment in home visiting for South Carolina – the Maternal Infant and Early Childhood Home Visiting (MIECHV) program. Children’s Trust help determine which models to use and where the need is the greatest, and work hand-in-hand with our partners guiding them through the technical aspects of delivering evidence-based programs, providing coaching and technical assistance.

The home visiting specialists assist mothers and their young children with a wide range of issues – including health concerns, developmental milestones, safety environment, school preparedness, and economic self-sufficiency – during home visits and pediatric visits. Home visitors generally have a background in nursing, social work, or child development.

Children’s Trust supports three evidence-based home visiting models – Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Many of the program models serve at-risk, low-income mothers.

- ***EFFORTS TO TRACK AND PREVENT CHILD MALTREATMENT DEATHS***

SCDSS understands that prevention of child fatalities in South Carolina cannot be accomplished by SCDSS alone. SCDSS continues to serve on and support local and state-level Child Death Review Teams, which can identify trends and help SCDSS and other community partners allocate prevention resources and shape policies and procedures geared toward preventing child fatalities. However, South Carolina’s local Child Death Review Teams currently function in isolation and with differing levels of success. SCDSS has worked to build infrastructure around the child death review teams in South Carolina, using the National Center for Fatality Review and Prevention (NCFRP)’s modeling as a guide. SCDSS continues to work toward securing the data use agreement with the Michigan Public Health Institute (MPHI) to enter child death review data in the NCFRP’s database upon its expiration with the former holder. South Carolina has created a position to support local and state child death review teams, which will provide the child death review teams with training and technical support, provide assistance with recording and tracking results into the National Center for Fatality Review and Prevention (NCFRP) database, and provide a channel from the local to the state child death review team, allowing the state team to focus on trend-level data rather than a second individual review. SCDSS has developed policy and practice standards from NCFRP which will further support SCDSS when hosting child death reviews. With the creation of the additional position in August, the publishing

and implementation of supporting policies in August and training designed to support the practice scheduled for September and October. SCDSS's work toward building this infrastructure and creating efficiency and uniformity with the child death review system will be realized by the end of October 2020.

SCDSS's current definition of "child death by maltreatment" limits the use of this category, thus NCANDS reporting, to deaths directly caused by child maltreatment. In 2020, South Carolina will launch new child fatality response policy expanding this definition to include cases in which maltreatment contributed to the death. This policy also expands practice guidance on child maltreatment death investigations, including working with child abuse pediatricians and learning from child death reviews.

Also, in 2020, SCDSS is adopting a state-level review process of maltreatment death investigations called Safe Systems Analysis (SSA). SCDSS will review maltreatment deaths regardless of indication through a system-focused lens. In reviewing unfounded maltreatment death investigations, SCDSS hopes to uncover internal and external processes that impede effective investigations of child maltreatment deaths which contribute to improper unfounded CPS cases. Overall the SSA process aims to uncover the systemic gaps that lead to child maltreatment deaths, both within the Child Welfare System and the community as a whole. After systemic gaps are published internally, SCDSS will convene virtual open discussions with Child Welfare Staff to further discuss how to best bridge gaps. This may come in the form of increased guidance through a workaid, by setting parameters on who can be assigned to investigate severe maltreatment cases, or by requesting alterations to our SACWIS system to support a practice area. Further, SCDSS is committed to making changes to policies and practice, in light of the SSA findings, to enhance the Child Welfare System and prevent child maltreatment deaths. SCDSS completed a pilot of SSA with technical assistance from our partners at University of Kentucky in March 2020, finalized policy which would guide the work of SSA in May 2020. Internally, SCDSS has begun completing desk reviews in anticipation of the publishing of policy, which will enact full SSA launch, which is expected to occur in September 2020.

### **Enhanced Tracking**

SCDSS has developed and maintains a child fatality database to track SCDSS's response to suspicious child fatalities including those investigated and indicated as maltreatment deaths. This database allows the Office of Safety Management to provide oversight to screening and investigatory decisions. This process has allowed for the correction of four improperly documented cases which would have resulted in these deaths being not included in the NCANDS Child File.

### **Expanding the Scope**

In addition, SCDSS's current definition of "child death by maltreatment" limits the use of this category, thus NCANDS reporting, to deaths directly caused by child maltreatment. In 2020, South Carolina will launch new child fatality response policy expanding this definition to include cases in which maltreatment contributed to the death. This policy also expands practice guidance on child maltreatment death investigations, including working with child abuse pediatricians and learning from child death reviews. The child fatality response policy was published on August 5, 2020, and SCDSS is now preparing to fully launch the policy."

## **Federal Reporting**

SCDSS's SACWIS system generates a list of all child deaths that resulted in a death by maltreatment finding. This list is vetted by both the Office of Safety Management and SCDSS's SACWIS support team prior to reporting.

## **Internal Review**

Also in 2020, SCDSS is adopting a state-level review process of maltreatment death investigations called Safe Systems Analysis (SSA). SCDSS will review maltreatment deaths regardless of indication through a system-focused lens. In reviewing unfounded maltreatment death investigations, SCDSS hopes to uncover internal and external processes that impede effective investigations of child maltreatment deaths which contribute to improper unfounded CPS cases. Overall the SSA process aims to uncover the systemic gaps that lead to child maltreatment deaths, both within the Child Welfare System and the community as a whole. Further, SCDSS is committed to making changes to policies and practice, in light of the SSA findings, to enhance the Child Welfare System and prevent child maltreatment deaths.

## **Local Child Death Review Support**

South Carolina is also seeking to create a position to support local and state child death review teams. This position will provide the child death review teams with training and technical support, provide assistance with recording and tracking results into the National Center for Fatality Review and Prevention (NCFRP) database, and provide a channel from the local to the state child death review team, allowing the state team to focus on trend-level data rather than a second individual review.

- **MARYLEE ALLEN PROMOTING SAFE AND STABLE FAMILIES PROGRAM (PSSF) (TITLE IV-B, SUBPART 2)**

## ***Service Decision-Making Process for Family Support Services***

During the 2020-2021 reporting period, SCDSS will seek to leverage approximately 20% of Title IV-B Subpart 2 funding to expand existing family preservation and support contracts. Community-based agencies and organizations that are selected to provide family preservation and/or support services will be required to utilize evidence-based programs that require compliance with model fidelity. Required compliance with model fidelity will ensure that children and families receiving services will experience the most efficacious outcomes. The organizations were required to be housed within communities that they serve as a way to build connections within the community and target specific populations that are in need of individualized services

## **Family Preservation / Family Support**

### ***Children's Trust***

For information on Children's Trust see the Children's Trust section found in Update on Service Description, The Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, Subpart I).

### ***Columbia Urban League***

DSS contracts with the Columbia Urban League to provide the LEVEL UP Program to a total of 200 eligible Foster Care and underserved youth who receive Temporary Aid for Needy Families (TANF) and/or Medicaid.

The Columbia Urban League will recruit, assess and train participating eligible youth who are between the ages of 14 and 21 for summer employment. The Columbia Urban League also develops an Individualized Case Plan for each participating youth.

Participating youth will first complete 20 hours of training (Pre-Employment Readiness Academy) and then 120 hours of employment. Through the LEVEL UP program participating youth will also receive year-round academic, employment, life skills and personal health training. LEVEL UP participants also receive housing and network building support services. The goal of the LEVEL UP program is to provide each participant with the necessary skills to make the transition from their current situation to independent living and permanency.

The year-round support services provided by the LEVEL UP program focus on seven areas of critical need to youth who are transitioning out of the Child Welfare System and/or TANF. These seven areas of need are as follows: Education, Employment Skills, Life Skills, Personal Health, Housing, Maintaining Supportive Relationships and Key Training. Services provided to individual participants, monthly workshops and all other activities will focus on one of the seven areas.

The LEVEL UP program will employ an Older Youth Transition Specialist who will work exclusively year-round with youth ages 17-21 who are preparing to transition out of Foster Care. The Older Youth Transition Specialist will work with these youth on securing housing, money management, establishing credit, career development, building supportive relationships, pursuing educational and vocational opportunities, finding and maintaining employment, maintaining health and transportation. The Transition Specialist will also work with the youth in the development of their transition plan.

The Pre-Employment Readiness Academy is designed to prepare participants to successfully complete the work experience component of the program. The Academy will include workshop sessions focusing on the goals and objectives of the LEVEL UP program, the program's Code of Conduct, dressing for work, office etiquette, office communication, conflict resolution, resume development, work ethics and 21<sup>st</sup> century job skills.

The Work Experience component of the LEVEL UP program consists of approximately 120 hours of closely supervised meaningful work experience in a professional environment. In developing worksites, the LEVEL UP program will give preference to public and non-profit sector employers such as state and local government agencies.

### ***South Carolina Heart Gallery Foundation***

For information on the South Carolina Hear Gallery Foundation see the South Carolina Heart Gallery Foundation section found in Update on Service Description, The Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, Subpart I).

### ***S.C. Department of Children's Advocacy***

For information on the Guardian Ad Litem Program see the Department of Child's Advocacy section found in Update on Service Description, The Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, Subpart I).

### ***National Youth Advocate Program (NYAP)***

The SCDSS has also partnered with the National Youth Advocate Program (NYAP) to provide family group conferencing and team meetings to facilitate communication and empower families to participate in the decision-making process regarding the child's well-being. To fund these efforts SCDDSS leverages Title IV-E funds for eligible children and state dollars for family preservation cases. Over the next 15 months, SCDSS will transition away from this service as it moves toward implementation of an internally governed child and family teaming structure.

### **Family Reunification**

SCDSS partners with multiple different agencies that provide services to promote family reunification efforts. These agencies are not paid for through contracts established with the agency.

### ***South Carolina Foster Care Review Board (FCRB)***

The South Carolina Foster Care Review Board is a Division of the South Carolina Department of Administration designated by South Carolina law [Section 63-11-700 et. Seq. Code of Laws of South Carolina (Supp. 1996)] to review Foster Care cases every 6 months. The review is the time where the principal parties to a Foster Care case and in a child's life can discuss the case plan, the progress being made toward the resolution of the conditions which necessitated the child's removal from the home and placement in Foster Care, the achievement of treatment goals and to formulate the Review Board's plan for achieving permanency for the child.

The FCRB meeting is open to the biological and legal parents of the child, the legal guardians of the child, the parties holding legal custody or having held legal custody at the time of placement, Guardians ad Litem, Foster Parents and Treatment Providers. A child who is in Foster Care and is 10 years of age or older shall be provided the opportunity to be part of the review. A review of the case of each child who is in Foster Care shall take place at least once every 6 months. There shall be at least one local Review Board in each of South Carolina's 16 judicial districts.

The membership of the local review board shall be citizens appointed by the Governor upon the recommendation of the county Legislative Delegation.

The review shall include the following determinations:

- The continuing need for and the appropriateness of the current foster care placement
- Compliance with the Case Plan and Court Ordered Treatment Services
- The extent of alleviating or mitigating the conditions which necessitated removal and placement in foster care
- An estimated date or when the child will be returned home or placed for adoption
- Any violations of law or policy which create barriers to achieving permanency for the child or that may lead to a less than desirable outcome for the child

Following the hearing, the FCRB will make their recommendation and share it with DSS, the Family Court which has jurisdiction of the case and the Guardian ad Litem program. FCRB staff will then enter the recommendation and areas of concern into the DSS FCRB CAPSS Portal.

**Adoption Promotion and Support Services**

***Certified Investigators***

Certified Investigators conduct home studies on potential Foster and Adoptive Families. This service includes interviewing applicants to assess parenting abilities, motivation to adopt, acceptance of child/family factors, as well as the suitability of the applicants as Foster or Adoptive Parents, from a safety and well-being perspective. This service also includes background checks, compiling family histories, and financial verifications. The services provided through the Certified Investigators Program support the Promoting Safe and Stable Families Adoption Promotion and Support goal of providing activities and services which encourage more adoptions from the Foster Care System when adoption promotes the best interest of the child, including Pre-Adoption activities. This support is essential in assessing parenting abilities and identifying a solid match of a forever family with a child in Foster Care. During SFY2016-17, there were 269 adoption Home Studies to support Adoptive Families and children. With the advent of our Kinship Care Program, along with the responsibility on the Agency to achieve Permanency for children, the overall impact of the Certified Investigator Program is to facilitate Permanency and achieve better outcome measures for children and families.

- **POPULATIONS AT GREATEST RISK OF MALTREATMENTS**

The SCDSS has identified children ages five and under (0-5) as being the population at greatest risk of maltreatment for FFY 2018. Children age five and under (0-5) have trended at an average of 38% of the total number of children in Foster Care in South Carolina during FFY 2018. Children ages 0-5 are the highest population in care. Children ages six through twelve (6-12) average an entry rate of 32% and children age thirteen through seventeen (13-17) now average 26%, a slight increase of 1% from the data reported in the 2018 APSR. The smallest percentages of children in care during FFY 2018 were youth ages eighteen through twenty (18-20) who averaged 5% of total foster care entries for the state.

The following graph presents data on children in foster care by age group and year:

Age Gr	FFY14	FFY15	FFY16	FFY17	FFY18
0-3 years old	26%	27%	26%	27%	27%
4-5 years old	11%	11%	10%	11%	11%

6-12 years old	32%	32%	32%	32%	32%
13-17 years old	25%	25%	25%	25%	26%
18-21 years old	7%	5%	6%	5%	5%
	100%	100%	100%	100%	100%

## 2021 APSR

Currently, SCDSS is still in FFY 2019 and thus do not have updated annual numbers regarding populations of greatest risk of maltreatment for FFY 2019. Historically, ages 0-5 are at highest risk due to their inherent level of vulnerability. Previously, SCDSS required a BabyNet referral for children under three who were the subject of a substantiated maltreatment report. However, SCDSS has updated this practice to now include BabyNet referrals for all children under the age of three within two business days for all children who are the subject of a child maltreatment report regardless of whether or not the report is substantiated. This allows in-home services to be implemented within the Investigation phase of a child welfare case rather than waiting until Family Preservation services begin.

Unsafe sleep continues to be a significant contributing factor for child fatalities for children who are under the age of one year. To this end, SCDSS Case Managers are required to provide the family with a safe sleep education and a brochure at the time of initial contact of the Investigation for families with children under one year and expectant families.

- **KINSHIP NAVIGATOR FUNDING**

SCDSS received funding to enhance the Kinship Navigator program in FY18 and FY19. SCDSS has utilized funds in following areas:

1. In collaboration with the Children’s Alliance, a contract was developed to implement the Caring for Our Own “Train the Trainer Program” to a cohort that will provide a strengths-based approach to help kinship caregivers look at the qualities and resources they have to take care of themselves and the children. Unfortunately, the training program was delayed as a result of COVID-19. Since, the contract ends on September 30, 2020 the training will tentatively be held prior to then.
2. Kinship caregiver support groups are still being held in the Tri-County area (Charleston, Berkeley, & Dorchester County) and Richland County. On May 1, 2020, a contract was implemented to begin the expansion of support groups in the Greenville and Florence County areas. Kinship caregivers from other counties participate in these support groups as well. Additionally, kinship caregivers are made aware of the various resources within their respective communities. Lastly, kinship caregivers are given the opportunity to share experiences with other kinship caregivers who need support and guidance while caring for their relatives.
3. On April 1, 2020, SCDSS contracted with HALOS to partner with providers on enhancing their capacity to develop a comprehensive kinship navigator program. With this contract, HALOS has provided statewide kinship support services to kinship caregivers who have

been experiencing a crisis situation and providing needed supports so children can remain in the home of kinship caregivers.

4. Attachment, Regulation, and Competency (ARC) training is being held in the Tri-County area (Charleston, Berkeley, & Dorchester County) and Richland County. This training will be completed by the end of July 2020. Trainings have provided kinship caregivers with information regarding caring for children who have experienced trauma. Additionally, resources that are available to support these children and help kinship caregivers navigate systems were shared.
5. Kinship Advisory Panel continue to meet monthly to promote kinship practice improvement efforts and implementation of kinship navigator services.

The Kinship Navigator Contract Coordinator will begin on June 17, 2020. The primary responsibility of this position is to monitor every aspect of the Kinship Navigator Grant and provide oversight to vendors that are providing services as outlined in their Scope of Work.

- **MONTHLY CASEWORKER VISIT FORMULA GRANTS AND STANDARDS FOR CASEWORKER VISITS**

SCDSS recognizes the importance of face-to-face contact with children who are being served within child welfare services. SCDSS continues to strive to improve practice issues to promote the quality face-to-face contacts with children and families. SCDSS has reviewed contact policies and is in the process of updating all policy related.

Furthermore, to increase performance with quality contacts reviewing case review data is essential. SCDSS has developed training around documentation and SCDSS is developing face-to-face standards to enhance frontline professionals' documentation, which sufficiently address each contact with families and children. Also, SCDSS recognizes the need to promote coaching for supervisors to improve practice. Therefore, training was developed to assist supervisors in coaching staff on how improve performance standards around documentation and face-to-face contact. SCDSS has explored various evidence-based coaching models.

Other best practice efforts that SCDSS continue are:

- Monthly leadership meetings in each Regions conducted by Regional Directors
- Monthly all staff meetings in each County office coordinated by County Directors and supervisory staff
- Weekly leadership meetings with supervisors held by County Directors
- Weekly huddle meetings in county offices with frontline staff held by supervisors to review data and practice
- Weekly data reports to all supervisory staff and leadership staff
- Quarterly supervisor meetings to review data and practice concerns
- Quarterly CQI meetings held in each region to review case review concerns

SCDSS is consistently working to improve practice around face-to-face contacts with children and families to monitor the child's safety, timely permanency, and well-being; assessing the ongoing service needs of children, families and foster parents; engaging biological and foster parents in developing case plans; assessing permanency options for the child; monitoring family progress toward established goals; and ensuring that children and parents are receiving necessary services.



Over the next five years, the Monthly Caseworker Visit Grant will be utilized to enhance and improve the quality of case manager visits. SCDSS is continuously exploring the best tools to adapt to improve practice and consistency in South Carolina.

- **Adoption and Legal Guardianship Incentive funds**

In the past, SCDSS used Adoption and Legal Guardianship Incentive Payments to help pay for contract services with other agencies. However, the contract services are now paid for out of other funding sources.

Currently, SCDSS has the following amounts available in the Adoption and Legal Guardianship Incentive Funds for FFY's 2018 and 2019: \$357,500. SCDSS has not received FFY 2020 award letter or money.

### **Changes to how the state plans to use Adoption and Legal Guardianship Incentive funds**

SCDSS is now using the Adoption and Legal Guardianship Incentive funds to help with covering the cost of Adoption Preservation Placements for children who were adopted from SC foster care, Retention of Adoptive Families, and Child/Adoptive Family Matching Recruitment Events.

SCDSS is also considering using some of the incentive funds to establish a contract with an agency to assist in providing intensive in-home evidence-based services to help preserve adoptive placements prior to finalization and post adoption preservation services.

### **Timely Use of Adoption Incentive Payments Funds**

South Carolina has not encountered any issues or challenges in expending Adoption Incentive Payments Funds in a timely manner. At this time, no challenges or issues are anticipated during FFY 2020.

- **ADOPTION SAVINGS**

#### **Adoption Savings Expenditures:**

- SCDSS uses the CB Method in determining adoption savings expenditure. This method has not changed and SCDSS does not plan to change the method in determining adoption savings expenditure. The process consists of reviewing a sample of cases and determining if children that are determined Title IV-E eligible would still be eligible without the applicable status.
- For FFY 2019, SCDSS reported no additional expenditures from the adoption savings (see CB Form-496 submitted in December 2019). Since the submission of 2020-2024 CFSP, SCDSS has not used any funds from the adoption savings. Currently, SCDSS has \$8.2 million in unused adoption savings money. SCDSS is planning to use the unused monies to implement the following: IV-E Extended Foster Care Program, IV-E Kinship Navigator Program and IV-E Prevention Services Program. SCDSS also plans to use some of the unspent adoption savings money to assist with Adoption Preservation Placement Services that will help to preserve the adoption.

It is important to note that budget constraints stemming from the adverse revenue effects created by the pandemic are going to hinder SCDSS's ability to make any meaningful progress in reducing the accumulated savings obligation for the next several cycles.

### **Adoption Savings Expenditures:**

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For FFY 2019, SCDSS reported no additional expenditures from the adoption savings (see CB Form-496 submitted in December 2019). Since the submission of 2020-2024 CFSP, SCDSS has not used any funds from the adoption savings. Currently, SCDSS has \$8.2 million in unused adoption savings money. SCDSS is not able to access this money because the State (South Carolina) has not allocated the required matching state funds that are needed to draw down the available funding. Due to this, there is no current plan on how SCDSS plans to use the money or a timetable of when this money will be used.

- **JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD (THE CHAFEE PROGRAM)**

### **Chafee and ETV Transitional Services**

The South Carolina Department of Social Services (SCDSS) is the designated state agency that administers, supervises, and oversees the John H Chafee Foster Care Program Successful Transition to Adulthood (Chafee Program), and the Education and Training Voucher (ETV) Program.

The goal of the Chafee Program is to provide the developmental skills necessary for youth and young adults in foster care to live healthy, productive, self-sufficient and responsible adult lives. The purposes of these services are to provide youth and young adults in foster care with opportunities to learn needed independent living skills and to increase the likelihood of a successful transition from the foster care system.

Through the child assessment in the Child and Adult Protective Services System (CAPSS), and through the administration of a life skills assessment, such as the Casey Life Skills Assessment (CLSA), youth transition goals are based on the specific life skill needs of the youth. Each youth is assessed on an annual basis. These Transition Goals and the goal-related services are offered concurrently with the youth's permanency goals, regardless of their permanency plan(s). Transition Planning begins when the youth turns age 14. This plan is tracked and adapted monthly for the youth's progression and needs. Also, youth are part of a youth led and youth driven planning and assessment meeting that utilizes the Transition Plan (DSS Form 30206). The Transition Plan Meeting is a joint planning and assessment meeting with the foster care staff, Regional Transition Specialist, and identified support system to address transition goals, such as but not limited, to educational, employment, housing, transportation, medical, financial literacy, healthy connections, obtaining and securing important documents, and safety concerns.

The Chafee Program helps support permanency to allow youth age 14 and older who have been involved with the foster care system. There are certain requirements for eligibility for those who leave foster care prior to the age of 18 to be eligible for the services. The Chafee Program is not currently tied to SCDSS' Program Improvement Plan (PIP) goals nor are any of our MOU's that are associated with the program.

- Youth ages 14-18 years old in the Department's custody with an open foster care service line are eligible for Chafee and ETV funds.
- Youth that left the foster care system after reaching age 18 and have not reached 21<sup>st</sup> birthday and youth who have signed a Voluntary Aftercare Placement Agreement, are eligible for Chafee and ETV funds.
- Youth that have left the foster care system after reaching age 18 and have not reached 21<sup>st</sup> birthday and who have not signed a Voluntary Aftercare Placement Agreement are eligible for Chafee and ETV funds.
- Youth who, at age 14 or older, and have not reached age 21 and have achieved reunification with the removal birth family, are eligible for Chafee and ETV funds.
- Youth who were adopted from Foster Care at age 16 or above, and those youth who were placed in Kinship Care/Guardianship placements on or after reaching the age of 16, are eligible for Chafee and ETV funds.
- Youth who have reached permanency before turning the age 18 are eligible to receive Chafee and ETV funds, with the exclusion of housing transition expenses.
- Former foster youth may be eligible for these services if they aged out of Foster Care in other states at age 18 and moved to South Carolina for residency or educational purposes.

#### **Specific accomplishments since the submission of the 2020-2024 CFSP:**

- Implemented program changes as mandated by the Family First Prevention Services Act by revising policy, creating publications to reflect the policy changes, training agency staff and stakeholders on the program benefits.
- Entered into an MOU agreement with Columbia Housing Authority to support the "Foster Youth to Independence" (FYI) Voucher Program.
  - Also, reached out to the housing authority offices in Horry and York counties to establish this program as well. The Horry County Housing Authority did not submit the application in time and will try again next year. The York County Housing Authority did not agree as they claimed they could not gather the support for this at this time.
- Continued collaboration with United Way Youth in Transition Committee, which consists of more than 40 agencies (see attachment), SC Inter-Agency Homelessness, Regional Continuum of Care Agencies, etc.
- Collaborated with Urban League for youth employment opportunities;
- Participated in the NYTD Constituency Group;
- Participated in the State and Regional Human Trafficking Task Force;
- Continued to create partnerships with local vendors which promoted successful transitional living skills, leadership skills, employment skills, education, and social skills;

- The Chafee and ETV Program staff conducted training throughout the year to Group Home Providers, the Foster Parent Association meetings, partners, Guardian ad Litem volunteers, and the SCDSS staff;
- Partnered with the FDIC to start statewide financial training to youth in foster care
- Working with SCDEW, WIOA/SCWorks to streamline the referral process, tracking services, and increase enrollment.
- Submitted policy for Credit Reporting and updated credit reporting forms.
- Began working with FDIC on providing a Financial Literacy Curriculum (Money Smart) using the web-based learning system through the FDIC and had a discussion with the FDIC about involving the banks within the state to offer this course for our youth throughout the state.
- Restructured the Chafee and ETV Program to improve supportive roles for the state agency, county case managers, foster youth and young adults, SC providers, and community providers.
  - The SCDSS Chafee and ETV Program staff includes Regional Transition Specialists, Chafee/ETV Financial Specialists, Program Development Specialist, Identify Theft Coordinator, Youth Engagement Coordinator, and ETV Specialist:
- All Chafee and ETV staff continue to offer technical assistance to SCDSS County staff through group training and one-on-one coaching;
- Assisted with Transition Planning Meetings;
- Monitored and reviewed the CAPSS reports for NYTD data, Transition Planning Meetings, and Successful Transitional Goals in Domain 8 of the Child Assessment;
- Provided updates and resources/tools for Case Managers;
- Outreach efforts directly to youth to help ensure access to and understanding of supportive transitional to adulthood services;
- Served on partnering agency and non-profit boards and committees to promote access to services benefitting transitioning youth;
- Accomplishments related to the 7 CFCIP Program Purposes, not in the Update to the Plan for Improvement, since submission of 2020-2024 CFSP.
- Collaborated with local agencies to decrease homelessness amongst youth transitioning from foster care – Purposes 1, 3,4,6,7
- Utilized employment support services (Workforce Innovation and Opportunity Act (WIOA) referral, Job Corps, and Vocational Rehabilitation) – Purposes 1,3,4,6,7
- Improved access for youth to Special Needs Services (AbleSC, Vocational Rehabilitation, Department of Disability and Special Needs, Department of Mental Health, Leaphart Place)- Purposes 1, 2, 3, 4, 5, 6, 7
- The Identity Theft Coordinator continues now to access, review, and resolve discrepancies on youth credit reports.
- Developed strong partnerships with agencies and organizations which enable us to serve our youth towards greater well-being outcomes in normalcy, academic success, employment readiness, and financial literacy & stability- educational consultants, financial literacy coaches, mentors, and workforce development.
- Assisted in composing the Youth Plan and Community Impact Plan with The United Way of The Midlands Youth in Transition Initiative
- Developed strong partnerships with Lutheran Services, a transitional living services and organization, to better serve transitioning youth aging out of care, and adding an additional case management support to ensure achieving transitional success.

## Planned activities for FFY 2021:

- Review current state policy and amend any barriers from providing transitional support in accordance with the federal program guidelines
- Submit legislation to implement Extension of Foster Care Program.
  - There is a state funded Extension of Foster Care through the Voluntary Placement Agreement. Approved legislation will allow for the expansion of the program, services, and funding for older youth age 18-21 who request to remain in DSS custody and care.
- Develop state policy, licensing and placement regulations for transitional youth age 17 until age 21 in various care settings.
- Update basic Child Welfare Basic training for Chafee and ETV transition skills through the University of South Carolina, Center for Child and Family Studies.
- Create statewide webinar training for Chafee and ETV Program through the SCDSS Staff and Development Training Department.
- The SCDSS Chafee and ETV Program will continue to provide training to the Foster Parents statewide.
- The SCDSS Chafee and ETV Program will continue to provide training to Agency staff on proper procedure for conducting and documenting the transition needs assessment through coaching and providing technical assistance, and information hand outs.
- The Chafee and ETV Program will continue to work with the SCDSS CAPSS Team to resolve all CAPSS issues related to the Chafee and ETV program and NYTD.
- The Chafee and ETV Program will collaborate with the SCDSS CAPSS Team to create a Chafee and ETV Service Line to capture all things related to transitioning into adulthood, such as but not limited to Chafee and ETV requests, transition planning, financial literacy, educational and employment status, and NYTD funded and non-funded services
- The Chafee and ETV Program will provide a Graduation Ceremony to commemorate the accomplishments of youth graduating high school and any post-secondary education.
- The Chafee and ETV Program will provide Quarterly Advisory Committee Meetings with stakeholders and community partners.
- The Chafee and ETV Program provide training for Agency staff and youth in Foster Care on Identity Theft and credit reporting.
- The Chafee and ETV Program will provide Financial Literacy Workshops for young adults receiving housing assistance.
- Create a centralized Chafee and ETV Business Office to ensure funds are being dispersed in a timely manner.
- Implement county aftercare case managers, who provide intensive transition planning and life skills development for older youth, support training of staff and providers, and document transition to adulthood services timely and accurately.
- Integrate technology into daily work to meet youth where they are, engage their awareness and ensure access to transition to adulthood services.
- Restructure county youth voice groups and host regional youth conferences to train youth in life skills and transition to adulthood services.
- Continue to provide funds for transitional services.

- Create a directive memo and policy for the referral process to SCDEW, WIOA/SCWorks to streamline the referral process, tracking services, and increase enrollment.
- Create a partnership with local HUD offices to enter MOU for submitting grant applications for housing vouchers for former foster youth in need of housing stability.
- Increase participation of youth in transition in policy and program improvement
- Full implementation of the credit reporting requirements for youth in foster care.
- Create a youth version Chafee and ETV guidebook.

**The state’s plan for FFY 2020 and 2021 to inform stakeholders and others of the NYTD Review for the state:**

The NYTD Review will be shared, as updated, with stakeholders in the Chafee and ETV Program Advisory Committee Meetings, at the SCDSS Information Sharing & Feedback Meetings, and through electronic copies, if requested. The NYTD Review will also be shared with Agency staff. Also, the CFCIP staff will share the NYTD Review in their Region and provide training for SCDSS staff, providers, and community partners/stakeholders.

The agency provided stakeholders/partners and others the same NYTD report that was shared with the Children’s Bureau in September 2019 and then the corrected version in December 2019.

**How the state informed and involved partners, tribes, courts and other stakeholders related to NYTD data:**

Same as above.

**How the state improved NYTD data collection, based on the plan outlined in the 2020-2024 CFSP or NYTD Review:**

During the period of July 1, 2019 through June 30, 2020, the UofSC NYTD Team completed surveys of 19-year-olds in Cohort 3 (from July 1 – September 30, 2019) and 17-year-olds in Cohort 4 (October 1, 2019 – June 30, 2020). The NYTD team will continue to survey youth in Cohort 4 until September 30, 2020.

The UofSC NYTD team met with the SCDSS Chafee and ETV Advisory Committee in March 2019 and November 2019 to share findings from the Cohort 3 17-year-old survey and Summary of Cohort 2 survey results from all three waves of data collection. The November 2019 meeting also included a review of reports from previous cohorts. Reports were sent to the SCDSS Chafee team prior to these meetings for their review. A preliminary report of the findings from Cohort 3 19-year-old survey will be available in by June 30, 2020. All reports link NYTD outcome data to SCDSS administrative data from CAPSS for a deeper understanding of how care-related factors are associated with early adulthood outcomes. A meeting to discuss findings from past waves of data collection along with any implications for service delivery and training will take place in the summer of 2020. Once reports have been approved by SCDSS, the findings will be shared with external partners and with NYTD youth.

The UofSC NYTD team has enhanced its outreach efforts including a new website, revamped Facebook page, e-birthday cards, and bi-monthly listservs. In addition to the bi-monthly listservs, NYTD youth are asked to update their contact information quarterly and engage with the NYTD website and resources for a chance to win a small incentive. Currently, these enhanced communication efforts are focused on youth in Cohort 3 who will take the survey again beginning October 2020. These same efforts will be used to keep youth in Cohort 4

engaged once the baseline survey period is complete (September 30, 2020). Additionally, with all our outreach and communication efforts, we encouraged the youth to stay connected with us and the SCDSS Chafee team. We also try to regularly connect youth to the Chafee program via their annual booklet of benefits, their new Facebook page, and the helpline e-mail address.

Other outreach activities provided by the UofSC NYTD Survey Team included:

- Provided NYTD youth and adult brochures and handout on the NYTD Survey Process;
- Reached out to the South Carolina Foster Parent Association (SCFPA) for posting on the SCFPA website of the launch announcement for the launch of the survey.
- Check of TANF, DMV/DL, Medicaid, and SNAP programs to find youth to complete the surveys.
- Fliers sent to all workers to send out to youth.
- Networked on social media, telephone, and email regarding surveys.

### **How the state has used these data and any other available data in consultation with youth and other stakeholders to improve service delivery in the last year :**

NYTD team trained staff, administration, community partners, and care providers in understanding and utilizing NYTD data to inform practice and assess the quality of services provided. This was accomplished through Human Service Leaders conference calls, Palmetto Association for Children and Families, SC Foster Parent Association, and the Chafee and ETV Advisory Committee.

Engaging youth from State Youth Advisory Board (formerly known as GOALL) in transition planning, SCDSS Chafee and ETV Program have revised the assessment tool (Transition Planning Meeting Form 30206) to include more comprehensive planning and collaboration with the youth and requested the form to be placed on SCDSS Server “Master Forms Index”. Additionally, the Chafee and ETV Program has reached out to provide training to community partners, care providers, GALs, and other adult support systems for youth on the importance of transition planning.

Currently, the Chafee and ETV program have chartered a Youth Advisory Council (formerly known as GOALL) and membership is being revised. The Youth Advisory Council will resume groups within the next year. The Chafee and ETV Program is in the process of conducting open forums across the state to create a platform for sharing input and concerns. Current and former foster youth/young adults will also be able to participate in surveys to share their input with programming, services and policy. In addition, any youth with SCDSS lived-experience will be able to participate in youth voice activities.

SCDSS Collaboration with Youth and Other Programs and desired outcomes:

- The Chafee and ETV Program will continue to develop programming that promotes youth-adult partnerships to support sustained youth engagement efforts and strengthen programs through training youth to advocate for themselves and others, identify adult supports in their lives, and make meaningful connections
- The Chafee and ETV Program will continue to provide and encourage multiple opportunities for youth to develop, master, and apply critical skills, including life and leadership skills through independent living leadership training

- All youth in foster care, ages 14 and up, will continue to participate in collaborative case planning and transition planning per agency policy in compliance with federal legislation
- All youth in foster care, ages 16 and up, who have completed financial literacy, have access to banking accounts will be able to receive own state issues clothing allowance quarterly.
- The Chafee and ETV Program will continue efforts to use technology and social media to engage youth in program planning and policy development

Activities in FY 2020 to actively involve youth and young adults in the CFCIP, CFSR, NYTD, and other related agency efforts.

The Chafee and ETV Program has partnered with:

- The Chafee and ETV Program have partnered with Annie E. Casey Foundation to improve youth engagement throughout the state.
- The Chafee and ETV Program has identified a youth engagement coordinator.

The Youth Engagement Coordinator's role is to ensure youth voice is represented throughout program development and policy amendments throughout the following responsibilities:

- i. Manages and expands youth engagement activities statewide.
  - a. Coordinate and manage the Leadership Academy's events to be held four (4) times per year with one event in each region.
  - b. Coordinate the annual graduation celebration.
  - c. Creates and manages monthly transition workshops in each region.
  - d. Partner with Jim Casey to enhance the quality of life skills workshops.
  - e. Develop strategies for engaging current foster youth in programmatic planning.
  - f. Develop strategies for engaging former foster youth who did not accept aftercare services.
  - g. Conducts annual regional meetings with teens to evaluate their teen experience while transitioning from foster care into adulthood.
- ii. Manages creation and support for maintaining the Youth Advisory Council. Activities include creation of new boards, recruiting youth/partner members, and developing strategies for maintaining existing boards.
  - a. Identify youth advocates; and partner with Jim Casey to provide training and support for engaging them in advocacy opportunities.
  - b. Youth Advisory Council will meet regularly to assess SCDSS' program readiness to serve youth in transition, make recommendations based on youth input, and identify policy change that will better serve youth in transition.
  - c. Lastly, the Youth Advisory Council will prepare the youth council to make presentations on a state level.
- iii. Work with contract and partner agencies to improve and expand transitional supportive programs. Participate and represent SCDSS the Chafee and ETV Programs at community-based and state-sponsored initiatives focusing on serving youth.
  - a. Develop and manage referral processes for services connecting youth to services, community resources, and opportunities.



- b. The Chafee Program staff, providers, case managers, and resource parents will continue to utilize current and evidence-based practices for the best development of young adults.
- iv. Serves as a communication coordinator for the youth and ensure program awareness through social media, website, power-point presentations, and print materials.
  - a. Additionally, the Youth Advisory Council will manage the monthly newsletter and all public Chafee inquiries from the electronic referral system and Chafee telephone hotline.

**The Chafee and ETV Program continue to meet with the youth and young adults through the youth council to seek input on policy and programming:**

- continue to extend invitations to youth to participate in the Chafee and ETV Advisory Committee Meetings;
- promote youth/young adult leadership conferences/regional training;
- strive to increase peer support amongst young adults formerly in foster care ; and
- extend invitations for youth to participate in groups within SCDSS and with stakeholders where they can voice their input into policy, practice, and statute changes to promote permanency for youth involved within the child welfare system.

**Activities in FFY 2020 to involve the public and private sectors in helping adolescents in Foster Care achieve independence:**

The SCDSS Chafee Program will continue to partner with:

- The UofSC Center for Child and Family Studies staff;
- Children’s Law Center, the SC Foster Parent Association;
- The Palmetto Association For Children and Families;
- Group Care Providers;
- SC Department of Motor Vehicles,
- The SC Department of Education,
- The SC Department of Mental Health,
- The SC Department of Health and Environmental Control (Adolescent Health),
- The SC Department of Health and Human Services (Medicaid),
- The SC Department of Children’s Advocacy (the Foster Care Review Board and the Guardian ad Litem programs);
- SC Equality; the Department of Juvenile Justice;
- Columbia Urban League;
- Job Corp;
- AbleSC;
- State Alliance for Adolescent Sexual Health (SAASH),
- SC Center for Fathers and Families,
- Sisters of Charity;
- Transitions Homeless Shelter,
- Sexual Trauma Services of the Midlands,

- South Carolina Citizen Review Panel;
- United Way of the Midlands,
- SC Human Trafficking Task Workforce Development,
- FDIC,
- and Federal NYTD Constituency Group.

The South Carolina Foster Parent Association (SCFPA) will continue a contractual agreement with the SCDSS to provide “Household Essential Bundle” for youth who will transition from Foster Care, or “Dorm Essential Bundle” for college-bound youth. The SCFPA will continue the “On the Road Again Program” to provide donated vehicles to youth in Foster Care. They will also continue to provide care packages to college students through the Pack-A-SACK program, and laptop computer bundles for 11th-12th-grade high school and college students.

USofC-Center for Child and Family Studies will continue a contractual agreement to provide the NYTD Survey for youth in transition. Lastly, the Urban League “Level Up Program” prepared youth in Foster Care with introductory employment skills and Independent Living skills throughout the year, to include six (6) weeks of paid summer employment. The Level Up Program is a project undertaken in conjunction with the Columbia Urban League, to address job readiness, and offer a youth curriculum encompassing employment and career, individualized counseling, transportation, and mentoring. This will continue to be provided in FFY 2020.

**Activities in FFY 2020 to coordinate services with “other federal and state programs for youth”: abstinence programs; local housing programs; programs for disabled youth (especially sheltered workshops); and school-to-work programs offered by high schools or local workforce agencies**

- Several Congregate Care facilities have “Independent Living” cottages designed to assist youth in the transition out of Foster Care. SC Providers and SCDSS Agency is collaborating to create a statewide standard transitional program.
- Community shelters and SCDJJ participated on the Chafee and ETV Advisory Committee, which meets quarterly to advise the Agency on youth access to transitional supportive services, education, and employment opportunities and community resources.
- Working with the FDIC to provide a financial literacy (Money Start) program for foster youth throughout the state by partnering with various banks to offer the classes.

**The Chafee Foster Care Independence Program:**

The Chafee State Office Unit has been discussing options for young adult transitional living programs in order to decrease occurrences of homelessness and becoming victims of human trafficking, including sex trafficking. We will continue to seek partnerships in the community for opportunities to create and build transitional living programs;

- The Chafee State Office Unit will continue to make referrals to transitional housing facilities, such as Leaphart Place and MIRCI home for youth/young adults in transition, for youth with disabilities or special needs
- The Chafee State Office Unit will continue its partnership with SC Vocational Rehabilitation to assist in placing youth with disabilities and developmental barriers to employment.

- The Chafee State Office Unit will continue its partnership with Job Corps to provide additional education and career choices for youth.
- The Chafee State Office Unit will continue its partnership with SCWorks to provide access to WIOA funds.
- The Chafee State Office Unit will continue to collaborate with the South Carolina Interagency Coalition for the Homeless Committee Meetings.
- The Chafee Transitional Specialist will continue to coordinate with the youth program at the Transitions Homeless Shelter.
- The Chafee State Office Unit will continue to coordinate with United Way Youth in Transition Committee.
- The Chafee Transitional Specialist and Chafee State Office Unit will continue to explore community options for homeless youth and opportunities to create partnerships.
- The Chafee Program Director will continue to work with local housing authorities to create MOU's to obtain the vouchers for youth transitioning out of foster care.
- The Chafee State Office Unit will continue its partnership with Able SC, a Center for Independent Living (CIL), an organization that offers services to empower youth with special needs and increase successful independence.
  - AbleSC offers a broad curriculum in activities and skills training for daily life, safety and wellbeing, customized to meet individual needs.

**Activities in FFY 2020 to collaborate with governmental or other community entities to promote a safe transition to independence by reducing the risk that youth and young adults in the child welfare system will be victims of human trafficking:**

The Chafee Foster Care Independence Program:

- will continue to participate in statewide and regional task force committee meetings on human trafficking;
- is planning to help coordinate training to SCDSS staff and youth;
- will continue to explore community options to build partnerships and develop strategies to reduce the risk of youth with Foster Care experience from becoming victims of human trafficking; and
- will continue to collaborate with the South Carolina Coalition Against Domestic Violence and Sexual Assault (SCCADVASA), Helping Hands Healing Hearts, Lighthouse for Life, and SWITCH to increase awareness and provide services to youth in need.

**Activities in FFY 2020 to provide specific training in support of the goals and objectives of the states' CFCIP and to help stakeholders understand and address the issues confronting adolescents:**

The Chafee and ETV Program training activities in FFY 2020:

- The Chafee and ETV Program will continue to provide training to SCDSS County Business Office staff on transitional supportive services and the funds disbursement process
- The SCDSS Regional Transition Specialists will continue to provide ongoing training to help foster parents, relative guardians, adoptive parents, workers in group homes, and

caseworkers understand and address the issues confronting adolescents preparing for successful transition to adulthood;

- The Chafee and ETV Program will continue to train Guardian ad Litem (GAL) volunteers statewide;
- The Chafee and ETV Program will continue to encourage and empower youth across South Carolina with information provided through youth groups, peer training, leadership retreats, and involvement in agency meetings;
- The Chafee and ETV Program will continue to provide ongoing training, daily technical assistance, and coaching regarding issues that youth face in general as well as case-by-case guidance to foster parents, relative guardians, adoptive parents, workers in group homes, case managers and youth
- The Chafee and ETV Program will continue to provide training for SCDJJ on services available to former foster youth transitioning from incarceration and possible issues they may face.
- The Chafee and ETV Program will continue the partnership with Midlands Technical College to implement a program to support youth in transition attending technical college with the hope of replicating statewide through the South Carolina Technical College Association.
- The Chafee and ETV Program will continue the partnership with the FDIC to provide financial literacy (Money Smart) training.

All the activities listed above will continue to the FFY 2021.

## **CHAFEE TRAINING**

Information regarding Chafee training is provided in the information above.

## **CONSULTATION WITH TRIBES**

See information provided in the Coordination between State and Tribe sections.

### **III. Consultation and Coordination between State and Tribe**

#### **State Plan for Ongoing Consultation and Coordination**

The Catawba Indian Nation (CIN) is the only federally recognized tribe in South Carolina. SCDSS is the entity that administers child welfare and protection services for tribal children as well as the Chafee Program. Since the submission of the CFSP, the state has met and continues to meet regularly with representatives of the CIN. Throughout the year, representatives of SCDSS and the CIN have met for consultation and collaboration. There have been three meetings since the submission of the CFSP.

The primary purpose of these meetings is to maintain communication between DSS and CIN, to discuss ways to improve compliance with the Indian Child Welfare Act (ICWA) and to share ways to improve cooperation between the state and tribe. The goal of these meetings is to identify areas of concern and barriers to ICWA compliance and ways to overcome these barriers.

Attending these meetings were the CIN General Counsel, CIN ICWA Representative, CIN Social Services Family Therapist, SCDSS Regional ICWA Experts, SCDSS Office of General Counsel, SCDSS Foster Home Licensing, SCDSS Adoptions, SCDSS Foster Family Recruitment, SCDSS John H. Chafee Representative, SCDSS Office of Performance Management & Accountability-Policy, SCDSS Assistant Director, Office of Child Health and Well-Being, and Director of Indian Affairs with the SC Commission on Minority Affairs Office.

Each region has an identified ICWA liaison, and they are referred to as SCDSS Regional ICWA Experts. A continuing aspect of the collaboration between SCDSS and CIN is the sharing of data. Each month DSS supplies CIN with a report generated from the DSS CAPSS (Child and Adult Protective Services System), South Carolina's SACWIS, listing all persons listed in CAPSS who had a service open for one day or more in the previous month and a tribal affiliation listed as Catawba Indian Nation. This report allows CIN to see a list of all children and families involved with SCDSS who enrolled members of are or eligible for membership in the CIN so they can inquire with the county office if the tribe has not been notified of DSS involvement with the child as required by SCDSS policy. SCDSS policy states that as soon as possible after the agency gathers information that the child is a member of or eligible for membership in a federally recognized tribe the worker contacts the tribal ICWA representative for coordinating the investigation and possible placement with tribal authorities should it become necessary to remove the child from the home.

Furthermore, SCDSS State ICWA Manager participates in the monthly federal ICWA calls. During these calls, the State ICWA Manager gains information on federal requirements and updates to help support the state's continued compliance with federal ICWA statutes. Also, on this call the State ICWA Manager can communicate with other child welfare agencies on ideas that could assist South Carolina with maintaining compliance with ICWA regulations and provide services that met an identified child's best interest.

### **Outcomes of Collaboration**

SCDSS and CIN Collaboration Workgroup met on July 16, 2019, October 15, 2019, and March 4, 2020. This workgroup engages in discussion strategies to improve collaboration and cooperation between SCDSS and the CIN. Persons invited to participate in these meetings included: CIN General Counsel, CIN ICWA Representative, CIN Social Services Family Therapist, SCDSS the Deputy State Director for Child Welfare Services, Director of the Child Welfare Services Division of Permanency Management, SCDSS Office of General Counsel, SCDSS Foster Home Licensing, SCDSS Adoptions, SCDSS Foster Family Recruitment, SCDSS John H. Chafee Representative, SCDSS Office of Performance Management & Accountability-Policy, SCDSS Assistant Director, Office of Child Health and Well-Being, and Director of Indian Affairs with the SC Commission on Minority Affairs Office, and SCDSS Child and Adult Protect Services System Staff (CAPSS). CIN Collaboration Workgroup has been instrumental in securing an ICWA Liaison in each region of the state. The ICWA Liaison serves as a point of contact for SCDSS case managers and supervisors to promote compliance with ICWA regulations and disseminates information to caseworkers of online trainings and resources.

### **Completed Activities**

This goal is to be achieved by the following steps:

- Continue holding quarterly meetings of SCDSS and CIN Collaboration Workgroup.
  - Included in this workgroup will be each region's ICWA Expert(s).
- The Regional Experts will provide the frontline staff and supervisors in the county a staff person closer to them to contact with their ICWA questions rather than going directly to the State Office.
- SCDSS in collaboration with the UofSC's Center for Child and Family Studies and the Catawba Indian Nation have developed an on-line ICWA training module for frontline caseworkers and supervisors.
  - The online training model has now been moved to be under SCDSS's internal training division for them to maintain updates and registration of workers to review it. The SCDSS ICWA Regional Experts have completed this training along with staff from all the regions. The goal of this training is to give casework staff a basic understanding of what is required by ICWA

The ICWA on-line training module addresses the following topics: Catawba Indian Nation and Native American culture and history, ICWA requirements including the ICWA Final Rule, 25 CFR Part 23 and SCDSS Policies and Procedures for ICWA compliance including requirements to involve the tribe before ICWA required tribal involvement. The ICWA on-line training is now available on the agency's internal training site and can be accessed by any employee at any time.

### **Monitoring ICWA Compliance**

SCDSS does not have quantitative data related to its ICWA compliance. South Carolina has included in the Bench Bar Book that Family Court Judges use as a resource a section on ICWA. This section reminds Family Court Judges that ICWA applies to child custody cases involving Indian Children and that ICWA is federal legislation designed to protect the best interests of Indian Children and promote the stability of Native American tribes. The ICWA notes in the Bench Bar Book also instruct judges that ICWA inquiries should begin at the beginning of a case and continue throughout the life of a case to avoid a case being reversed.

The South Carolina Court Improvement Program (CIP) Court Liaison Data System tracks the number of cases with ICWA involvement. The CIP Data System records if the child involved in the case is from a federally recognized tribe and if the ICWA Representatives were notified. In addition, the SCDSS LCMS (Legal Case Management System), has an ICWA Legal Notice template for use by SCDSS legal staff. The LCMS system also has a place to enter tribal enrollment information. The SCDSS' Child and Adult Protective Services System (CAPSS) also records demographic data on Native American Affiliation and Tribal Affiliation and each month two reports are generated from this data in CAPSS, one shows children who are affiliated with the Catawba Indian Nation and the other lists children who are affiliated with Federally-recognized tribes other than Catawba. This information is shared with Office of Performance Management & Accountability, SCDSS ICWA Liaisons, and the Office of General Counsel for the purposes of ensuring county staff is complying with ICWA policy. The report on children who are affiliated with the Catawba Indian Nation (CIN) is also shared with the CIN ICWA Representative.

### **Tribal Placement Preferences**

The Catawba Indian Nation representatives continue to state, that they have a very strong preference for children and youth to remain in their own homes or in the homes of family or friends in the Tribe, when they become involved with the SCDSS, if that is in the child or youth's

best interest. SCDSS staff have received training on these Tribal preferences. SCDSS' Statewide Foster Adoptive Home Recruitment Coordinator will work with CIN Social Services and the South Carolina Commission on Minority Affairs to recruit Native American Foster and Adoptive Homes both CIN and other state recognized tribes along with non-tribal families who are sensitive to Native American culture.

### **Active Efforts to Prevent Break up of Indian Families**

SCDSS seeks to provide Family Preservation Services to all families in SC, including families of the Catawba Indian Nation, to prevent the breakup of the family. The state actively seeks to locate a kinship caregiver as the priority for placement of the child. The state is using CLEAR search functions to locate possible kinship caregivers. When removal from the home becomes necessary and placement into foster care becomes necessary for the CIN child, the state has endeavored to find a kinship caregiver and license that family as a Foster Family for the child. These services are also provided to non-Indian children.

If the child is a member of another federally recognized Native American tribe, SCDSS strives to maintain that child with their family and/or kinship provider as we do with all families and CIN children. Furthermore, SCDSS notifies all federally recognized tribes of any type of involvement they encounter with an enrolled or eligible child that is a member of a federally recognized tribe.

### **Providing Child Welfare Services and Protections for Tribal Children**

Since the submission of the CFSR, there have been no changes in the arrangements for providing all required services and protection for tribal children and families. The only federal recognized tribe in South Carolina is the Catawba Indian Nation (CIN).

The CIN does not have a tribal court system so Catawba children who come into custody of SCDSS remain within the custody of SCDSS. When a child enters the custody of SCDSS that is a member or eligible for membership of CIN then SCDSS and CIN work together to identify the placement for the child. CIN can designate who the child is to be placed with, attends all court hearings, assist in ensuring that the treatment needs are being provided, and if the permanent plan is heading to termination of parental rights and adoption, they are able to identify who the adoptive resource is. CIN is actively involved in all the cases that involve their members or those eligible for membership.

If a child that is a member of or eligible for membership with another federally recognized tribe, SCDSS requires its staff to notify the tribe as soon as it is made known (even if the case is only in the investigation phase and there is no court action at the time). The child will remain in the custody of SCDSS until the tribe decides on whether they will be intervening in the case. If the tribe wishes to intervene then SCDSS works with the tribe to ensure that their rights are enforced. If the tribe does not wish to intervene, they will still be allowed to participate in all meetings and court hearings as they wish.

SCDSS does not discriminate in providing services for all those involved with the agency. If they are children and families of a federally recognized tribe or non-Indian children and families, the pre-placement preventive services are available statewide to try to avoid entry into foster care and remain safely with their families. Also, statewide services for those who are in foster care are available for all to facilitate reunification with their families, when safe and appropriate.

## **Planned Changes to Laws, Policies and Procedures**

SCDSS policy is being updated and will be reviewed by CIN prior to submitting to the policy committee for publication. The policy will also include a work aid for workers to be able to access that provides clear instructions to ensure they follow the ICWA statues and agency policies. SCDSS has also developed a standard notification form that will be used by all employees to notify federally recognized tribes that the agency is investigating or involved with a family that is either eligible for membership or are members of the tribe. This standardized form will be presented with the updated policy and upon approval will be placed into the states master form index.

Furthermore, the SCDSS State ICWA Manager will be meeting with the DSS CAPSS (Child and Adult Protective Services System) team to discuss ways to improve identification of children and/or adults who are eligible for or enrolled members of a federally recognized Native American tribe. Also, the discussion will involve plans to provide notifications to the case manager and their supervisor when a child and/or adult is identified as a possible member of a federally recognized tribe and has no determination entered into the SCDSS CAPSS system.

Currently there are no plans to change the state law regarding federally recognized tribes as they mirror federal law.

## **Discussions with CIN Regarding John H. Chafee Foster Care Program for Successful Transitions to Adulthood**

A member of the South Carolina Department of Social Services (SCDSS) John H. Chafee Foster Care Program for Successful Transitions to Adulthood staff attends all meetings of the SCDSS-CIN workgroup. The staff person is in attendance to address any issues which may arise regarding an Indian youth who is affiliated with CIN and to provide the tribe with updates on services provided to youth who are eligible for the Chafee program. The John H. Chafee Foster Care Program for Successful Transitions to Adulthood is available to any child/youth who is an eligible or enrolled member of a federally recognized Native American child.

Currently, Catawba Indian Nation has not requested to administer their own John H. Chafee Program for the children that are eligible for the services and are members or eligible for membership of the tribe. If they wish to start administering the John H. Chafee Program for the children who are under their supervision and meet the requirements, then SCDSS will assist CIN in learning the information needed to run the program and will stop providing the services for those children.

## **Exchange of APSRs**

Each year after the Annual Progress and Services Report (APSR) is finalized, the South Carolina Department of Social Services (SCDSS) Division of Performance Management and Accountability will coordinate with the State Office ICWA Manager to exchange the APSRs with the Catawba Indian Nation (CIN). This exchange will take place through email with the State Office ICWA State Manager or SCDSS Division of Performance Management and Accountability by emailing a copy of the finalized APSR to the CIN Social Services Director or designee and requesting that the CIN send a copy of their APSR to the appropriate SCDSS staff. In addition, the finalized APSR will be available to the public on the SCDSS website. The State and Tribe have committed to continuing this form of sharing these documents.



- **CAPTA STATE PLAN REQUIREMENTS AND UPDATES**

Agency policy for Plans of Safe Care has been completed, approved and published as of October 1, 2018. Statewide training for staff regarding Plans of Safe Care and the risks of alcohol and substance abuse to unborn babies was made available to child welfare staff as of November 1, 2018. On June 10, 2019, the CAPTA CARA AMENDED PIP was submitted to the Children's Bureau. Training was provided to front line staff responsible for monitoring Plans of Safe Care the policy was developed to guide case manager's through a process of assessing families affected by substance abuse, engaging community providers, and assisting the family in addressing any identified problems in a way that promotes change. Although training was provided on Plans of Safe Care, the agency recognizes the need for further training and a review of the policy for any needed revisions. SCDSS established a Safety Workgroup comprised of current case manager, supervisors, and partners to address gaps in practice to include Plans of Safe Care. In addition, SCDSS is in the process of developing a Family Permanency Plan that will be used in collaboration with families to determine strengths, needs, and appropriate services. Case managers will address substance affected infants in families as part of the Family Permanency Plan which will be developed as a result of a family team meeting. The child and family team will assess child and family strengths and supports and identifies needs and interventions related to SCDSS involvement, specifically the substance affected infant and mother. SCDSS recognizes a lack of community resources available to support this population. To that end, SCDSS is in the process of applying for In-Depth Technical Assistance from the National Center on Substance Abuse and Child Welfare. In April 2020, SCDSS joined with the South Carolina Department of Alcohol and Other Drug Abuse Services to employ a liaison to build competency among SCDSS staff in understanding substance abuse disorders. This includes helping to provide the families served by SCDSS affected by substance abuse, with the best available services to strengthen them.

In 2019, CAPTA funds were used for the SC Citizen's Review Panel, enhancing the Strengthening Families program through Children's Trust, funding of the Statewide Child Fatality facilitator and the annual report through DHEC, Domestic Violence training, and funding toward the development of the Intake Screening tool through the National Council on Crime and Delinquency (NCCD) Children's Resource Center and Structured Decision Making.

The Strengthening Families Program offers parenting skills for families involved with the Child Welfare system as well as those families who are involved in substance abuse treatment to prevent children from coming into the child welfare system. The funding of the statewide fatality committee team facilitator and completion of the Statewide Fatality Report represents a collaboration between several agencies in an effort to share lessons learned from all child fatalities in the state, not just fatalities in child welfare families. The Structured Decision-Making tool was implemented to assist the state in making more informed referral decisions and better assessing the need for ongoing investigations during the intake process.

### **ANNUAL CITIZEN REVIEW PANEL REPORT**

The South Carolina Department of Social Services (SCDSS) received the CRP 2018 Annual Report and a compilation of recommendations from the Low Country, Midlands and Upstate panels. SCDSS is excited to continue to work with the CRP to ensure the safety, permanency and well-being of children. SCDSS looks forward to continued collaboration with the CRP toward improvement of the child welfare system.

The following are the CRP's recommendations and the SCDSS responses to these recommendations:

### ***Citizen Review Panel Recommendations***

1. That SCDSS review the letters from Beaufort County DSS to their non-offending/victim parents to explain their services to clients with a domestic violence case to consider use statewide. (See Appendix 1)

#### **SCDSS Response:**

SCDSS will review their policies, procedures, and practice standards related to non-offending/victim parents and where necessary, revise to enhance clarity for the field. SCDSS policies will continue to be available online. SCDSS will continue to collaborate with the CRP regarding this effort.

2. In the 2018 Annual Report, the Lowcountry Panel made seven recommendations pertaining to domestic violence with a focus on keeping children safe and together with the nonoffending/victim parent. We request an update on any progress made.

#### **SCDSS Response:**

SCDSS is in the process of updating child welfare services' policies, procedures, and practice standards. Policy related to domestic violence must be written in collaboration and consideration with all policy. Child Protective Services (CPS) intake policies are published and now the agency is working to finalize policies for CPS investigations. SCDSS policies will continue to be available online. SCDSS will continue to collaborate with the CRP regarding this effort.

3. That SCDSS continues to develop a collaborative relationship with community stakeholders, which can aid in increasing and maintaining a positive image in the community. Continuously, it is recommended that a volunteer program is established to engage the public in efforts to assist youth involved in the child welfare system.

#### **SCDSS Response:**

SCDSS is steadfast in its commitment to developing collaborative relationships with community stakeholders. SCDSS has several advisory groups to aid the agency in strategic and programmatic planning. Currently, SCDSS has chartered the following groups:

- Child Welfare Advisory Group
- Youth Advisory Council
- Kinship Advisory Group, and
- a Private Provider Advisory Group (a subgroup of the Child Welfare Advisory Group)

SCDSS will continue to develop collaborative relationships with community stakeholders to better assist children and youth that are involved within the child welfare system.

4. That SCDSS continues its efforts in training its staff and promoting a culture that provides the highest level of service to kinship care families. It is also recommended that outreach is

done beyond the awareness of caregivers, but to the larger community to educate on best practices in servicing kinship caregivers and the children in their care.

**SCDSS Response:**

SCDSS will continue to be responsive in efforts for training staff to promote the highest level of service to kinship care families. Kinship care training has been developed and delivered statewide to current SCDSS case managers and supervisors, which explains the differences between kinship guardianship and kinship foster home licensing and applicable legislation. Additionally, the training's focus is to highlight the added benefits of kinship for children in out-of-home care and provide additional understanding around trauma and how placing with kin lessens many harmful effects for children in the foster care system.

5. That SCDSS establish a stand-alone, child-centered policy on domestic violence, to include measures that will keep children safe and together with the non-offending/victim parent. Additionally, it is recommended that SCDSS collaborate with domestic violence professionals who serve as liaisons to the agency and the South Carolina Coalition Against Domestic Violence and Sexual Assault to provide effective and efficient services to families who experience domestic violence.

**SCDSS Response:**

SCDSS is in the process of updating child welfare services' policies, procedures, and practice standards. Policy related to domestic violence must be written in collaboration and consideration with all policy. Child Protective Services (CPS) intake policies are published and now the agency is working to finalize policies for CPS investigations. SCDSS policies will continue to be available online. SCDSS will continue to collaborate with the CRP regarding this effort.

6. That SCDSS continue its efforts to improve the treatment planning process, with a particular focus on the involvement of families in developing the plan.

**SCDSS Response:**

Human Services Policy, Chapter 5, Foster Care & Permanency Planning, Section 510.4 mandates the case managers shall review the status of the case plan monthly and shall update the plan at any time if the need for a change is identified. The results of the progress review shall be documented in the child's case plan and CAPSS dictation. The case planning meeting shall include the family, the child (if appropriate or in all cases if the child is 14 or older), and, if the child is 14 or older, and support persons identified by the child and not rejected by the agency (see above for procedures related to the involvement of child/support persons). The meeting shall be a comprehensive review of the case plan and the monthly monitoring of case activities, and shall include the following topics, if applicable:

1. whether the child's placement in foster care remains necessary and appropriate;
2. the child's safety in the placement;
3. the child's permanency plan status (at least every 6 months);
4. sibling connections (see Section 510.5);
5. any reduced safety threats in the home (when reunification is the plan);
6. changes in behavior that have occurred in the family members over time that are needed to create a safe environment for the child and identification of the required changes that have not been demonstrated at the time of the evaluation (when reunification is the plan);

7. observable behaviors of the child in foster care when behaviors are resulting in disruptions in placement or educational stability;
8. any child involved with the juvenile justice system (see Section 550.2);
9. effectiveness of current services;
10. current actions to locate absent parents, relatives, or fictive kin (see Section 510.3);
11. the child's transition to adulthood, beginning no later than age 14

- **TARGET PLANS UPDATE**

**Foster and Adoptive Parent Diligent Recruitment Plan Update** (See Appendix A: Foster and Adoptive Parent Diligent Recruitment Plan)

Currently, DSS has a multi-tier approach to recruitment for foster and adoptive homes. Those efforts include: A statewide advertising and marketing campaign, regional events and media campaign, and county-level events and marketing to stakeholders. DSS employs a Statewide Foster/Adoptive Parent Recruiter who is managed by the Director of the Permanency Division.

Since July 1, 2019, a total of 79 recruitment events have been conducted by SCDSS. Of the 79 events, 22 were done by the Regional Foster Home Licensing Units, 19 by the Regional Adoptions Offices, and 36 events by our state office. The regional events focused on the counties they work within and are targeted for what they need. The State Office recruitment efforts were state wide and covered the overall needs of the agency. Currently our Statewide Foster/Adoptive Parent Recruiter is working with another South Carolina State Agency in recruiting foster and adoptive parents who are employed by the State of South Carolina. The contracted agencies, excluding South Carolina Foster Parent Association, conducted 85 recruitment events in order to recruit foster and adoptive homes for our more emotionally challenged youth, medically fragile youth, and those requiring more intensive needs.

DSS has contracted with the South Carolina Foster Parent Association (Heartfelt Calling) to help in recruitment efforts for foster and adoptive homes and to provide ongoing foster home licensing training. Heartfelt Calling has conducted over 25 recruitment events, held 39 town hall style meetings where foster and adoptive parents could ask questions of the agency and the new administration, and continues to participate in the local foster parent association meetings.

DSS has contracted with SC Heart Gallery for recruitment activities for the children within the foster care system who are legally free for adoption and need an adoptive resource. SC Heart Gallery offers multiple photo sessions for children so that their pictures can be displayed at local venues, media, and social websites.

**Successful Outcomes:**

**Total Statewide Inquiries 4/1/19-3/24/20**

Region	# of Foster Home Inquiries	# of Adoption Inquiries	# of Kinship Inquiries	Total # of Inquiries
Upstate	978	232	31	1,241
Midlands	966	260	22	1,248
Low Country	663	213	8	884
Pee Dee	640	206	9	855

**Total: 4,228**

**Statewide Program Area Total Inquiries and Completed Applications**

Program Area (Statewide)	Total # of Inquiries	Completed Applications
Foster Care	3,247	1,193
Adoption	911	569
Kinship	70	49

**Total: 4,228 Total: 1,811**

**2019 Licensed Homes - Referral Source Analysis**

Referral Source	Upstate Region	Midlands Region	Lowcountry Region	Pee Dee Region	Total
Friends/Family of FP	38	26	24	25	113
Social Media/Website	26	21	23	15	85
ICPC/Kinship	22	23	8	15	68
Online search	13	15	10	7	45
All Pro Dad	8	6	7	5	26
Event	5	11	7	3	26
Other Agency	7	3	6	4	20
Awareness of Need	1	5	2	3	11
Radio/TV	1	3	0	3	7
Church	3	1	2	0	6
Caseworker	1	3	0	0	4
DSS	0	2	0	2	4
Banner	0	0	0	1	1
Collateral	0	1	0	0	1
Yard Sign	1	0	0	0	1
					418

It is important to note that of the 418 homes that were licensed in 2019, 35 have closed.

SCDSS is currently in the process of enhancing our Foster and Adoptive Diligent Recruitment Plan. Currently information regarding the Foster and Adoptive Diligent Recruitment Plan can be found in the attachment with this APSR.

**Health Care Oversight and Coordination Plan Update** (See Appendix E: Health Care Oversight and Coordination Plan)

*Michelle H.* Health Care Implementation Plan makes several enhancements to the current practice of medical, mental, and dental health care initial screenings. Currently, comprehensive

medical assessments should occur within 30 days. A dental health assessment is scheduled within 14 days of a child entering care.

In the Health Care Implementation plan, all children entering foster care will have an initial health screening by a trained SCDSS case manager within 48 hours of entering care. This initial health screening includes a series of questions designed to identify urgent medical needs requiring immediate attention, those that can wait for a sick visit, and those that can wait for a scheduled well-child visit. Currently, foster parents or residential staff primarily handle follow up care, with reports back to the SCDSS case manager during monthly visits and with providers sending after-visit summaries to SCDSS nurses. SCDSS has implemented a new care coordination model with a staff of six nurses who will record follow up needs from after-visit summaries. These will be tracked with dates for completion until follow up is completed.

Medical information will be shared and updated through coordination with staff at the single managed care organization for children in foster care, Select Health. As part of the Health Care Implementation Plan and Care Coordination Addendum, Select Health created a dedicated foster care unit of 19 additional dedicated staff including nurse care managers and care connectors. Enhancements have also been implemented to the consent procedures for routine medical care and psychotropic medication. Foster parents and residential staff now have required training prior to being able to consent to routine care for children in foster care. To date, over 1,774 foster parents have been trained on psychotropic medication and routine medical consent policy and procedure.

Additionally, as part of the Health Care Implementation Plan, the Foster Care Health Advisory Committee, with representation from private and public medical professionals, behavioral health providers, foster parents and child placing agencies, has developed standards for primary care and behavioral health for children in foster care. The Medical University of South Carolina will support these providers through a learning collaborative and technical assistance. Children in foster care will be encouraged to see a provider who understands the needs of children in foster care to enhance the integration of care and follow up with SCDSS nurses and case managers.

The Foster Care Health Advisory Committee continues to have representation from private and public medical professionals, behavioral health providers, foster parents and child placing agencies. Currently, a nurse practitioner and two pediatricians serve on the FCHAC. All have been instrumental in assisting SCDSS in understanding best practices for children in foster care. For example, *Fostering Health: Health Care for Children and Adolescents in Foster Care*, 2<sup>nd</sup> Edition, recommends a more robust schedule for children in foster care due to the numerous risk factors they encounter. With the advice of medical professionals on the Foster Care Health Advisory Committee, SCDSS adopted monthly visits up to six months of age, visits every three months for children aged six months to two years of age and semiannual visits beyond two years of age. SCDSS has also developed a data tracking methodology to implement this practice statewide.

Psychotropic medications are monitored by SCDSS clinical staff through regular reporting from South Carolina's Medicaid agency, SCDHHS. SCDHHS provides a "red flag" report of children on four or more psychotropic medications, children under the age of six on any psychotropic medication, and any child on an antipsychotic. Children with "red flags" are then staffed with regional clinical specialists who recommend follow up care with medical professionals such as psychiatrists to determine how the "red flag" can be addressed.

With respect to procedures and protocols that ensure children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities and placed in settings that are not foster family homes, SCDSS reviewed and reported on existing South Carolina Department of Health and Human Services (SCDHHS) and SCDSS policies surrounding the prevention of inappropriate diagnosis and placement of children and youth. SCDSS has also been actively working to place all children in the least restrictive, most family-like settings, unless certain exceptions set forth in policy are met. SCDSS has been successful in this work and there are currently no children ages 0-5 placed in non-family-like settings, except those who meet qualifying exceptions. SCDSS has identified a statewide service array for children aged 0-5 and continues to partner with the South Carolina Infant Mental Health Association (SCIMHA) to advocate for the expansion of mental health services for infant and early childhood mental health. This partnership has also resulted in building capacity of evidence-based practices in various parts of the state.

To ensure that youth have health insurance information, youth who are aging out of foster care are given information about their eligibility for Medicaid coverage until age 26. As part of the National Youth in Transition survey, they are informed at age 17, 19, and 21. The survey contains a prompt and resource packet when they receive their incentive for completing the survey. If a young person would like to sign up for Medicaid, the young person is referred to the Palmetto Project, an organization that can help complete eligibility paperwork. (See Attachment Targeted Plans II: Health Care Oversight and Coordination Plan).

#### **Disaster Plan** (See Appendix F: Disaster Plan)

Changes integrated into the Mass Care plan based on lessons learned from yearly events occurring during 2019-2020.

- **Sheltering Numbers**

Hurricane Dorian (2019): At the peak, there were forty-one (41) shelters open in the state with some peak population of 2834 occupants served by over 588 SCDSS staff.

- **Training/Education:**

The South Carolina Department of Social Services (SCDSS) and the American Red Cross (ARC) continue to focus on training and education. In the last few years, over 2000 staff from the SCDSS, the South Carolina Department of Health and Human Services (SCDHHS), and other partners have been trained on Shelter Fundamentals to expand our manpower capabilities. SCDSS is also working to include this as a training requirement for all newly hired employees and as an annual refresher training for the entire agency. The Emergency Support Function (ESF) 6 will be conducting a Mass Care focused hurricane region tabletop exercise in 2020. The training will bring together over 150 county emergency managers, SCDSS county leaders and volunteer partners to improve disaster preparedness for hurricane evacuations utilizing new safety measures for a pandemic (COVID-19) environment. ESF6 & the Mass Care team also updated and combined the “Mass Care for Decision Makers” course with the South Carolina Emergency Management Division’s (SCEMD) emergency managers “conglomerate or hurricane regional” meetings to train county leadership how to improve shelter decisions along with enhance disaster partnerships. To date, we have trained over 500 county Mass Care Decision Makers (County Emergency Managers, DSS County Leaders, Red Cross & Salvation

Army Representatives & School leaders). This combine course will be updated yearly based on lessons learned locally and nationally to ensure South Carolina always sets the example.

- **New Structure for Operational Control:**

The SCDSS also reorganized its County Office leadership staff last year and four (4) Regional Directors who oversee County Office operations. During Hurricane Dorian, the Regional Directors communicated with ESF6 leadership throughout the day through various means, including conference calls and three daily updates of shelter occupancy. This ensured improved communication and coordination. The Disaster Plan needs to be updated with the information in the attached report of the SCDSS Division of Technology Services, the Contingency and Continuity of Operations Plan. The Agency is planning to update the Disaster Plan with this information during FFY 2021. This Update to the Disaster Plan will be forwarded to the Children’s Bureau as expeditiously as possible.

**Training Plan** (See Appendix G: Training Plan Update)

The 2020-2024 CFSP included a training plan that supports the goals and objectives found in the CFSP that addresses both Title IV-B programs covered by the plan. The training plan include all training activities and costs funded under Title IV-E programs as required by 45 CFR 1356.60(b)(2) and 1357.15(t). Training must be an ongoing activity and must include content from various disciplines and knowledge bases relevant to child and family services policies, programs, and practices. Training content must also support the cross-system coordination and consultation basic to the development of the CFSP. Due to the COVID-19 pandemic, training providers updated their previously submitted training checklist to allow virtual learning platforms.

SCDSS anticipates that from time to time over the coming plan year newly emergent programmatic needs might require the State to conduct training that was not expressly delineated in the training plan. The cost of any such training that is conducted will be allocated to IV-E consistent with our approved cost allocation plan.

- **STATISTICAL AND SUPPORTING INFORMATION**

**Information on Child Protective Service Workforce**

Qualifications and Training

The following are education qualifications and training requirements for entry and advancement:

**Department of Social Services Classification Plan**

Official Title	Band	State Minimum Requirements	Agency Minimum Requirements
Program Coordinator I - (AH35)	05	A Bachelor's Degree and relevant program experience	A Master's Degree and one (1) year of professional experience in social services programs, correctional, education, business administration, general administrative management, or relevant program experience; or a Bachelor's Degree and two (2) years of professional



			experience in social services programs, correctional, education, business administration, general administrative management, or relevant program experience.
Program Coordinator II - (AH40)	06	A Bachelor's Degree and relevant program experience.	A Master's Degree and two (2) years of professional experience in social services programs, correctional, education, business administration, general administrative management, or relevant program experience; or a Bachelor's Degree and three (3) years of professional experience in social services programs, correctional, education, business administration, general administrative management, or relevant program experience.
Human Services Coordinator I - (GA50)	05	A Bachelor's Degree and professional experience in human services or social services programs.	A Master's Degree in Social Work, Social Welfare or Behavioral Science; or a Master's Degree in any other field and one (1) year of professional experience in human services or social service programs; or a Bachelor's Degree in social work, social welfare or behavioral science and one (1) year of professional experience in human services or social service programs; or a Bachelor's Degree in any other field and two (2) years of professional experience in human services or social service programs. Selected positions may prefer supervisory experience.
Human Services Coordinator II - (GA60)	06	A Bachelor's Degree and professional experience in human services or social services programs.	A Master's Degree in social work, social welfare, or behavioral science and one (1) year of professional experience in human services or social service programs; or a Master's Degree in any other field and two (2) years of professional experience in human services or social service programs; or a Bachelor's Degree in social work, social welfare, or behavioral science and two (2) years of professional experience in human services or social service programs; or a Bachelor's Degree in any other field and three (3) years of professional experience in human services or social service programs. Selected

			positions may prefer supervisory experience.
Human Services Specialist II - (GA40)	04	A High School Diploma and relevant program experience. A Bachelor's Degree may be substituted for the required program experience.	A Bachelor's Degree in Social Work, Psychology or another behavioral science.

Staff Education Levels, FFY 2020

Position	Bachelor's or Higher	Some College/Business Technical	High School Graduate	N/A Missing	Total
Human Services Specialist II (GA 40)	886	15	5	0	906
Human Service Coordinator I (GA 50)	182	1	0	0	183
Human Service Coordinator II (GA 60)	40	1	0	0	41
Program Coordinator I (AH 35)	4	0	0	0	4
Program Coordinator II (AH 40)	9	0	0	0	9
<b>Total</b>	<b>1,121</b>	<b>17</b>	<b>5</b>	<b>0</b>	<b>1143</b>

Source: SCEIS database (1J90, 91,92, 93 PCA and 1E74 PCA for OHAN)

Staff Characteristic, FFY 2020

Characteristic		Total Number	Percent of Workforce
Gender	Female	996	87%
	Male	147	13%
Race/Ethnicity	Asian	0	.11%
	Black/African American	767	67.10%
	Hispanic/Latino	19	1.66%
	White	349	30.53%
	American Indian/Alaska	3	.26%
	Missing/unassigned	5	.43%
Age	22-29	452	39.54%

	30-39	322	28.17%
	40-49	202	17.67%
	50-59	132	11.54%
	60+	34	2.97%
	Missing	1	.08%
Highest Education	Associate	6	.52%
	Bachelor's	969	84.04%
	Completed 1 yr. College, Business, or Tech	0	0.0%
	Completed 2 yrs. College, Business or Tech	2	.17%
	Completed 3 yrs. College, Business or Tech	6	.52%
	Doctorate	0	0%
	High School Graduate	5	.44%
	Master's	152	13.29%
	Missing/unassigned	3	.26%
Position Class Title	Human Service Specialist II (GA 40)	906	79.27%
	Human Service Coordinator I (GA 50)	183	16.01%
	Human Service Coordinator II (GA 60)	41	3.58%
	Program Coordinator I (AH 35)	4	.34%
	Program Coordinator II (AH 40)	9	.79%

Source SCEIS database: (1J90, 91, 92, 93 PCA and 1E74 PCA for OHAN)

Information on caseload or workload requirements:

Pure caseloads:

- OHAN investigator: 1 caseworker: 8 investigations
- Foster Care caseworker: 1 caseworker: 15 children
- IFCCS caseworker: 1 caseworker: 9 children
- Adoption caseworker: 1 caseworker: 17 children
- New worker: ½ of the applicable standard for their first 6 months after completion of Child Welfare Basic

Supervisor workload:

- Foster Care Supervisor, 1 supervisor: 5 caseworkers
- Adoption Supervisor, 1 supervisor: 5 caseworkers
- Intensive Foster Care Supervisor, 1 supervisor: 5 caseworkers
- OHAN Supervisor, 1 supervisor: 5 caseworkers

Mixed Caseloads:

- Family Preservation, CPS, & Other Non-Foster Care Services: 1 to 12 families
- For Pure Foster Care: 1 to 15 class member children
- For Mixed Foster Care: 1:15 class member children & non-foster care families

Mixed caseloads are defined as having more than one type of case that includes both class-members (foster care children under 18 years of age) and non-class members.

- **Juvenile Justice Transfers**

During this review period, the South Carolina Department of Social Services and Department of Juvenile Justice (DJJ) completed the development of agreed upon portal in MOU. The portal includes the following scope of work:

- **Business Purpose:** Allow the South Carolina Department of Juvenile Justice the ability to view Foster Care records and information contained in an indicated case, subject to limitations imposed by any state or federal privacy laws.
- **Functional Purpose:** The Child and Adult Protective Service System (CAPSS) should create a portal to allow the Department of Juvenile Justice to view case information on a child.
- **Stakeholders:** The Department of Juvenile Justice will utilize the portal to view indicated case information concerning a child or a sibling of the child.

The DJJ Portal provides the following:

- Case history and related parties
- Foster Care placement type
- Last known address
- Status of parental rights
- Support Services
- Reported allegations
- Types of maltreatment and DSS actions

The number of children under the care of SCDSS and DJJ for FFY 2018-2019 and FFY 2019-March 31, 2020 is listed below:

<b>Federal Fiscal Year</b>	<b>Total DJJ placements as recorded in CAPSS</b>	<b>Total unduplicated children placed in DSS as recorded in CAPSS</b>
<b>FFY2018-2019</b>	141	102
<b>FFY2019-2020 (Oct 1, 2019 - March 31, 2020)</b>	69	53

In a review of the data most children were placed in DJJ upon SCDSS involvement and transferred to SCDSS from DJJ.

- **EDUCATION AND TRAINING VOUCHERS**

SCDSS is the only agency that authorizes ETV vouchers. These vouchers are used to assist current foster youth, former foster youth (those that aged out of foster care, reunified with family on or after their 14th birthday, and left care for kinship/guardianship or adoption on or after their 16th birthday) who are enrolled in a post-secondary school that will allow them to become independent and responsible adults. These funds are awarded based on need up to \$5,000 a year for 5 years or the age of 26 years old, whichever comes first. Specific accomplishments and progress to establish, expand, or strengthen the state's postsecondary educational assistance program:

During FFY 2020, the Chafee Foster Care Independence Program:

- Worked with the SC Commission on Higher Education to promote the use of the South Carolina Needs-based Grant for Foster Care Youth.
  - The ETV and SCNBG- Foster Care Youth applicants are cross-referenced to ensure youth apply for both opportunities;
- Collaborated with the SC Department of Education, SC Guidance Listserv (for high school guidance counselors), Carolinas Association of Collegiate Registrars and Admissions Officers (CACRAO), and with multiple SC colleges and universities;
- To recruit, retain, and support youth in post-secondary education, has partnered with educational consulting services, Woodburn Education Services, and Next Level Educational Services. These services provide guidance to students starting in high school and through the processes of college matriculation. Services include tutoring, SAT/ACT preparation, FAFSA assistance, college application, financial aid application/explanation, interest inventories for selection of major and more.
- Distributed a brochure specifically focused on the ETV.
  - The program is also distributed promotional material to create a knowledge base about ETV funding.
- Provided other financial aid information with youth, Caseworkers, care providers, Guardians ad Litem, and adults who work with youth in our eligible population;
- Provided training to guidance counselors and career counselors about ETV benefits;
- Continued to focus on identifying eligible youth for ETV funding through CAPSS reports and NYTD Listserv;
- Mailed letters to eligible youth informing them about ETV funding;
- Provided information to youth about the 4C Able Futures Camp which provided a week-long summer camp for high school juniors and seniors to receive an on-campus college experience.
- Created partnership with Midlands Technical College to implement a program to support youth in transition attending technical college with the hope of replicating state wide through the South Carolina Technical College Association.
- Developed a new calculation tool to award ETV to those who are eligible that would utilize the full \$5,000. A copy of the calculation tool is being provided (see below). This calculation tool is utilized to ensure that the awarded ETV funds does not exceed the cost of attendance but also maximizes the availability to award up to the \$5,000 limit. The total student debt is the amount that is awarded to the student by the ETV program. We ensure that the total institution balance is zero before releasing any remaining ETV award funds to help support their post-secondary education. It is important to note that if the ETV funds only cover the institution fees (tuition, books, fees, and room and board) then the Chafee funds are used to

provide post-secondary support (computer) and transportation cost for youth under the age of 21.

<u>Amount</u>	<u>Expenses</u>
\$	Institution
\$	Post-Secondary Support
\$	Transportation
\$	Personal Support
\$	Housing
\$	<b>Total Academic Expenses</b>

<u>Amount</u>	<u>Scholarships/Grants</u>
\$	LIFE
\$	HOPE
\$	Pell Grant
\$	Need-Based
\$	SC Foster Care Grant
\$	Lottery Tuition Assistance
\$	SEOG
\$	SC Tuition Grant
\$	Other
\$	<b>Total Financial Aid (Do not add loans and work study in this amount)</b>
\$	<b>Total Student Debt (Expenses minus Financial Aid Award)</b>

To date, the Chafee program staff has had the following ETV recipients:

School Year	Total # of Awards	# of New Awards
2018-2019	106	88
2019-2020	90	68

The ETV Program has been revised to maximize ETV award to provide funding to support youth achieving post-secondary education. Institution expenses supports tuition, books, fees, room, and board costs while attending post-secondary education. The approved, supportive expenses include off campus living expenses, transportation, nutritional support, specialty equipment, and personal expenses accumulated during the time of enrollment.

The ETV Program has approved the release of ETV funds for enrollment of established vocational programs that will lead to secured employment.

The ETV Program has created a more detailed application process that outlines participation commitment. The release of funds has been improved to release direct payments to schools that provide a vendor code.

The ETV Program will employ an ETV Specialist to assist the youth age 16 and older to support achieving post-secondary education through the following responsibilities:

- Research and identify post-secondary, vocational programs, scholarships, and grants. Examines the strengths of a student and then recommend schools and career options that utilize their talents and interests. Advise potential ETV recipients about college entrance process, assess student academic progress, and ensures that each student meets the academic and registration requirements for selected. Assist with admissions to help with the completion of required documents, such as college essays and financial aid paperwork. Develop programs to teach students and resource parents about the college admissions process.
- Complete all state ETV applications to process funding requests for post-secondary education. Ensures that ETV funds are transferred to proper institution and to the youth for academic support. Maintains contact with each ETV recipient on academic status. Ensures the release of ETV funds are within federal compliance. Maintains record in DSS database to track funding transfers and post-secondary success.
- Create and Manage state wide academic transition workshops that solely focuses on post-secondary and vocational options. These academic transition workshops will promote developing skills that will support educational transition process from secondary to post-secondary, to include but not be limited to academic and career assessment, identify best fitted programs, maximizing financial aid/scholarships and grants. Arrange college personnel to visit to talk about college entrance and the college experience. Arrange for students to visit local colleges.
- Connect with academic institutions and collaborate with efforts to establish and maintain academic support for transitioning youth. Serve on Post-Secondary Education focused committees throughout the state. Connect with Secondary Institutions to promote ETV opportunities for foster youth. Connect with educational institutions and schools, and in some cases parents and students, in solving problems that are education-related.

The same activities will be done during FFY 2021.

- **INTER-COUNTRY ADOPTIONS**

Currently, SCDSS does not have a system to track and gather this data. We are in the process of developing a method to track this information for future APSR reports.

A request was made for CAPSS to develop a tracking system to identify children who were adopted from other countries that become involved with SCDDSS. Additionally, the agency will expand the data to include children who were adopted through foster care and private domestic adoptions as well. CAPSS has developed the tracking system and the testing phase has been completed. The tracking system is set to roll out by the end of July 2020. The agency will provide the required data in the 2022 APSR.

- **MONTHLY CASEWORKER VISIT DATA**

(Submitted in December annually)

## Financial Information

The CFS 101, Parts I, II, & III are submitted as an appendix to this report. The additional historical information requested follows:

- The amount spent for child care, foster care and adoption assistance payments in 2005 was \$951,924.
- The amount of state expenditures of non-federal funds for foster care maintenance payments for 2005 was \$317,308.
- South Carolina 1992 base year amount for state and local share expenditures were \$713,000, while 2018's amount was \$8,834,714.

**CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services**  
 State or Indian Tribal Organization (ITO): South Carolina Department of Social Services For FY 2018: OCTOBER 1, 2017 TO SEPTEMBER 30, 2018

SERVICES/ACTIVITIES	(A) IV-B Subpart I- CWS	(B) IV-B Subpart II- PSSF	(C) IV-B Subpart II- MCV *	(D) CAPTA*	(E) CF CIP	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served	(L) Geog. Area To Be Served
1.) PROTECTIVE SERVICES	\$ 649,068			\$ 166,184			\$ -	\$ 216,356	N A	13842	Children & Families	Statewide
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	\$ 876,242	\$ 1,455,558		\$ 86,868			\$ -	\$ 777,267	35126	N A	Report of Abuse & Neglect	Statewide
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ 227,174	\$ 1,401,648		\$ 105,753			\$ -	\$ 542,941	24980	N A	Children & Families	Statewide
4.) TIME-LIMITED FAMILY REUNIFICATION SERVICES	\$ 1,070,962	\$ 808,643		\$ 18,884			\$ -	\$ 626,535	6764	N A	Children & Families	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ 97,360	\$ 1,347,739					\$ -	\$ 481,700	1367	N A	Adoptive Families/Children	Statewide
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	\$ 324,534	\$ -					\$ -	\$ 108,178	N A	N A	N A	N A
7.) FOSTER CARE MAINTENANCE:												
(a) FOSTER FAMILY & RELATIVE FOSTER CARE	\$ 951,024						\$ 4,157,500	\$ 1,967,995	3611	N A	All Eligible Children	Statewide
(b) GROUP/INST CARE	\$ -						\$ 3,825,270	\$ 1,518,779	2945	N A	Foster Children	Statewide
8.) ADOPTION SUBSIDY PYMTS.	\$ -						\$ 13,469,582	\$ 5,347,940	6340	N A	Adoptive Children	Statewide
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	\$ -						\$ -	\$ -	N A	N A	N A	N A
10.) INDEPENDENT LIVING SERVICES	\$ -	\$ -			\$ 1,094,694		\$ -	\$ 273,674	640	N A	Foster Children (16-21)	Statewide
11.) EDUCATION AND TRAINING VOUCHERS	\$ -				\$ -	\$ 355,231	\$ -	\$ 88,808	105	N A	Foster Children (16-21)	Statewide
12.) ADMINISTRATIVE COSTS	\$ 466,362	\$ 377,368	\$ 33,957				\$ 29,085,310	\$ 29,377,872				
13.) FOSTER PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ -	\$ -				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ -	\$ -				
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	\$ -						\$ -	\$ -	N A	N A	N A	N A