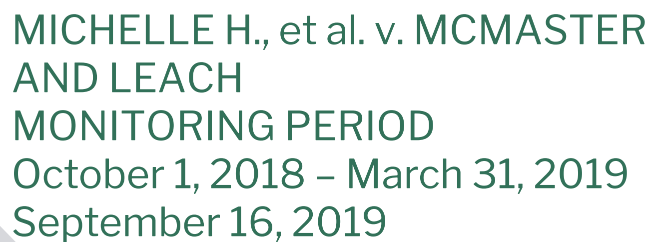
Progress of the South Carolina
Department of Social Services



MICHELLE H., et al. v. MCMASTER AND LEACH
MONITORING PERIOD
October 1, 2018 – March 31, 2019
September 16, 2019

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Michelle H., et al. v. McMaster and Leach
Progress Report for the Period October 1, 2018 - March 31, 2019

I. INTRODUCTION

This is the fifth six-month report[1] on the progress of the South Carolina Department of Social Services (DSS) in meeting the requirements of the Final Settlement Agreement (FSA) entered in *Michelle H., et al. v. McMaster and Leach*. Approved by the United States District Court on October 4, 2016, the FSA includes requirements governing the care and treatment of the more than 4,500 children in foster care in South Carolina[2] and incorporates provisions that had been ordered in September 2015 in a Consent Immediate Interim Relief Order (the Interim Order)[3]. The report covers DSS performance during the period October 1, 2018 through March 31, 2019. It has been prepared by court-appointed independent Co-Monitors Paul Vincent and Judith Meltzer, with assistance from monitoring staff Rachel Paletta, Elissa Gelber, Gayle Samuels, Ali Jawetz, and E Feinman, and is presented to The Honorable Richard Gergel, U.S. District Court Judge, Parties to the lawsuit (Governor McMaster, DSS, and Plaintiffs), and the public.

The FSA outlines the state of South Carolina's obligations to significantly improve experiences and outcomes for the abused and neglected children in its care. It was crafted by state leaders and Plaintiffs, who conceived it to include commitments that would guide a multi-year reform effort. The FSA reflects DSS's agreement to address long-standing problems experienced by children in foster care custody and in the operation of South Carolina's child welfare system. It includes a broad range of provisions governing: caseworker caseloads; visits between children in foster care and their caseworkers and family members; investigations of allegations of abuse and neglect of children in foster care; appropriate and timely foster care and therapeutic placements; and access to physical and mental health care for children in DSS custody.

While the FSA includes many specific agreements on policy and practice changes and outcomes to be met, some provisions were more open ended, with agreement by the Parties to add greater specificity regarding outcomes, benchmarks, and timelines in collaboration with the Co-Monitors following DSS diagnostic work (including specified assessments and review of baseline information). The FSA thus established a structure in which the Co-Monitors have worked closely with DSS leaders to identify and develop phased Implementation Plans to guide much of the work ahead. As discussed throughout this report, as of this monitoring period, all required plans have been finalized and implementation of some strategies has begun.

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[1] FSA Section III.D. requires the Co-Monitors to issue reports approximately 120 days after the close of each reporting period, or after the State and/or DSS produces the necessary data to the Co-Monitors.
[2] The class of children covered by the FSA includes "all children who are involuntarily placed in DSS foster care in the physical or legal custody of DSS now or in the future" (FSA II.A.).
[3] Consent Immediate Interim Relief Order (September 28, 2015).

Included in this report is a summary of the Co-Monitors' general findings, followed by a detailed discussion of DSS's performance this monitoring period with respect to each of the FSA requirements.[4] In order to make this report as useful as possible to the Court, Parties, and public, the Co-Monitors have also included information about any key developments and strategy implementation beyond March 31, 2019 (the end of the monitoring period).

II. SUMMARY OF PERFORMANCE

This six-month monitoring period ended with the hiring and confirmation by the legislature of a new DSS Director, Michael Leach, in April 2019. Director Leach was selected by Governor McMaster following a national search. He has experience working in the Tennessee child welfare system, most recently as its Deputy Commissioner for child programs. In the few months since his appointment, Director Leach has been assessing the Department's challenges and opportunities through interactions with state legislative and administrative leaders, private providers, advocates and, most importantly, DSS employees across the state. He has begun to fill out and align the responsibilities of DSS's leadership team, including hiring a new Deputy Director of Child Welfare who began in July 2019.

Director Leach has brought considerable energy to this work at a critical time, combining the need to listen and learn from those who have been doing this work on the ground in South Carolina with his own ideas, experiences, and directions for change. One of the key challenges ahead is to begin to demonstrate meaningful improvement in the outcomes and experiences of the more than 4,500 children in DSS's care and their families. Director Leach has publicly expressed his strong desire to take on this challenge, and the Co-Monitors are hopeful that his commitment and leadership will translate into positive change and a renewed sense of purpose for an agency that remains deeply in need of reform.

During this monitoring period, DSS continued to manage the work required by the FSA through statewide workgroups focused on specific areas of practice, with workgroup chairs and state leadership coming together on a regular basis. A small but dedicated Internal Monitoring Team continued to serve as the conduit for the work of the Co-Monitors and their staff, and has been responsive to Co-Monitor requests for information.

We think it is accurate to say that the Co-Monitors, as well as agency leaders, Plaintiffs, and many others within the state, thought that the reforms in South Carolina that are embodied in the *Michelle H.* agreement would have taken hold more quickly and would be producing real results for children and families by this time. Unfortunately, that has not been the case and, with the exception of the

[4] Pursuant to FSA III.K., "The Co-Monitors shall not express any conclusion as to whether Defendants have reached legal compliance on any provision(s)."

sustained work to keep children ages six and under in families and not in institutions, it is hard to point to many significant improvements for children and families. In nearly all areas covered by the FSA, DSS has continued to struggle, and performance has either declined or remained relatively flat. Persistently high caseloads, well above acceptable standards, continue to leave children in the care of caseworkers without the time, training, and resources to ensure their safety, well-being, and permanency. As exemplified in DSS's Out-of-Home Abuse and Neglect (OHAN) unit, such high caseloads make it exceedingly difficult, if not impossible, for DSS to follow through on improving the quality of practice. Additionally, children continue to be placed far from their home communities, without the supports and services needed to meet their needs. And for the vast majority of children, entry into foster care still means that they have little or no contact with their parents - even when the goal is for them to return home - and limited contact with their siblings and other supports.

As of February 2019, DSS developed and received Co-Monitor approval for robust and comprehensive Implementation Plans in key areas of practice (health care, placement, and workforce) that are intended to serve as roadmaps for change. The Plans reflect many months of work internally and with DSS partners, stakeholders, and consultants to define and operationalize DSS's values in ways that can meaningfully shift child welfare practice and outcomes. Over the past several months, DSS has moved forward with some, but not all, of its beginning Plan commitments, but has been hampered by the need for additional capacity to operationalize and carry out reform in virtually all areas.

Although there have been increases to DSS's annual budget each year, the agency has been underfunded for many years and the FY2019-2020 approved budget does not include all resources requested by DSS, nor the significant new resources that will be needed to move forward with DSS's Implementation Plans. While resources alone will not fix the system, the Department's lack of resources has, in the Co-Monitors' view, been crippling. The ambitious launch of the many approved Plans should have occurred this year, but will need to be recalibrated to best utilize available resources. Time must also be spent providing data and explaining DSS's plans to the Governor, General Assembly, and the public so that there is momentum and broad support for change to address the unmet needs of South Carolina's children and families. To be successful, DSS needs to be provided with additional resources, and to demonstrate how these resources will be effectively used.

DSS also needs to move forward quickly with strategies to maximize multiple streams of federal revenue, particularly through Title IV-E of the Social Security Act and Medicaid. With the assistance of external consultants, DSS began work last year to assess where opportunities may be available, but further work is needed to develop strategies and to rapidly begin implementation. Enhanced federal funding for operations and services will reduce the amount of funding that the state will need to contribute toward reform.

At the same time, there can and should be more substantial progress made this year; not having all of the requested funding will not be an acceptable justification for failure to move ahead with internal policy and practice changes that reinforce the vision for better futures for South Carolina's abused and neglected children. Director Leach and his leadership team have indicated their intention to move forward on changes that can be accomplished with current resources, many of which are outlined in the Joint Report (Appendix G) filed by Parties with the Court on July 22, 2019.[5] The purpose of the Joint Report was to identify strategies and activities that DSS would carry out in FY2019-2020 to move forward with agreed upon Implementation Plan obligations and in preparation of receiving new funding on July 1, 2020. The strategies and action steps prioritized by the Parties include modestly increasing caseworker salaries; hiring, training, and onboarding caseworkers and supervisors to fill currently allocated positions; hiring a Child Welfare Workforce Developer and implementing actions steps regarding university partnerships; increasing foster care maintenance payments; staffing and implementing kinship recruitment and retention activities; designing and implementing a congregate care and foster home placement oversight and quality assurance system; establishing the capacity to identify and track youth who are dually involved with DSS and the South Carolina Department of Juvenile Justice (DJJ); hiring, training, and onboarding six registered nurses; establishing the capacity to identify, track, and report all Class Members with immediate treatment needs for whom treatment is overdue; developing an interim mechanism for tracking data related to parent and sibling visits until an automated system is operational; developing an interim mechanism for tracking data related to OHAN investigation benchmarks; and implementing cross-cutting strategies related to federal revenue maximization, child and family team meetings, and DSS's new practice model.

In the Co-Monitors' view, there is urgent work ahead and forward movement cannot be delayed any longer. At the time of entry into the FSA three years ago, DSS was a system driven by crisis that failed to offer many children the stability and supports they needed to promote and sustain their well-being. Sadly, that characterization remains true today, despite the hard work and best intentions of the many dedicated people with whom the Co-Monitors have been working over the past three years. The deep-seeded structural, financing, and practice problems that led to the entry of the FSA remain, profoundly impacting the lives of children and families throughout South Carolina, all of whom deserve better. It is imperative that DSS stay focused on moving forward with its plans for reform, and in order to be successful, must elicit and receive the support it needs to make changes to infrastructure, policy, programming, regulations, contracts, and staffing.

[5] Joint Report implementation updates will be included in the next monitoring report and provided through supplemental updates. Wherever applicable, if action steps within the Joint Report change the due date of Implementation Plan strategies or include when performance data will be available, such dates are noted.

III. MONITORING ACTIVITIES

The Co-Monitors are responsible for independent validation of data and documentation to compile and issue public reports on performance with respect to the terms of the FSA. In carrying out this responsibility, the Co-Monitors and their staff have worked closely with DSS leadership and staff. The Co-Monitors used multiple methodologies to conduct their work, including verification and analysis of information available through CAPSS[6]; review of individual electronic and hardcopy case records; review and validation of data aggregated by DSS; interviews and conversations with DSS leaders and staff; and conversations with external stakeholders, including providers, advocates, and community organizations. The Co-Monitors have worked with DSS and University of South Carolina's Center for Child and Family Studies (USC CCFS) to establish review protocols to gather performance data and assess current practice for some measures. Specific data collection and/or validation activities conducted by the Co-Monitors for the current period include the following:

- Review of monthly caseload reports for county, IFCCS[7], adoption, and OHAN (Out-of-Home Abuse and Neglect) caseworkers and supervisors (FSA IV.A.2.(b)&(c));

- Monthly review of all referrals involving allegations of abuse and neglect of Class Members not accepted for investigation by DSS's OHAN (FSA IV.C.2.);

- Review of all OHAN investigations involving Class Members that were accepted in March 2019 to assess for timely initiation, contact with core witnesses, timely completion, and appropriateness of unfounded decisions (FSA IV.C.3.&4.);

- Review of case files of a statistically valid sample of visits between Class Members and their siblings in foster care in March 2019 to assess whether sibling visits had occurred (FSA IV.J.2.);

- Review of case files of a statistically valid sample of Class Members with a goal of reunification in March 2019 to assess whether visits between children and parents had occurred (FSA IV.J.3.);

- Review of case files of Class Members identified by stakeholders as involved with the South Carolina Department of Juvenile Justice (DJJ) to assess appropriateness of DJJ placement (FSA IV.H.1.);

[6] CAPSS, Child and Adult Protective Services System, is DSS's State Automated Child Welfare Information System (SACWIS).
[7] Intensive Foster Care and Clinical Services.

- Review of case files of children ages six and under who are placed in a congregate care setting (FSA IV.D.2.); and

- Review of all case files of children reported to have remained in a DSS office overnight (FSA IV.D.3.).

Although the Co-Monitors have engaged in activities to validate data produced by DSS for many measures, data have been included in some areas that have not been independently verified. The Co-Monitors have noted throughout where this is the case, with explanations, and where possible, plans for future validation.

IV. SUMMARY TABLE OF *MICHELLE H., et al. v. McMASTER and LEACH* FINAL SETTLEMENT AGREEMENT PERFORMANCE

Table 1: Summary Performance on Settlement Agreement Requirements

Final Settlement Agreement (FSA) Requirements	Final Target	April - September 2018 Performance	October 2018 - March 2019 Performance
Workload Limits for Foster Care: A foster care Workload Limit must apply to every Caseworker and to every Caseworker's supervisor. DSS may identify categories of Caseworker or Supervisor or both and set a different Workload Limit for each category. (FSA IV.A.2.(b)&(c))	1a. At least 90% of caseworkers shall have a workload within the applicable Workload Limit. 1b. No caseworker shall have more than 125% of the applicable Workload Limit. ***Interim benchmark requirement - By September 2019, 40%***	OHAN caseworkers: As of September 2018, 0% of OHAN caseworkers had a caseload within the required limit and 80% of caseworkers had caseloads more than 125% of the limit. Monthly range of performance for caseworkers within the required limit: 0 - 33%. Monthly range of performance for caseworkers with caseloads more than 125% of the limit: 50 - 100%.	OHAN caseworkers:[8] As of March 2019, 44% of OHAN caseworkers had a caseload within the required limit and 56% of caseworkers had caseloads more than 125% of the limit. Monthly range of performance for caseworkers within the required limit: 0 - 44%[9] Monthly range of performance for caseworkers with caseloads more than 125% of the limit: 56 - 86%[10]

[8] The Co-Monitors selected a random day in each month this period to measure caseload compliance for each type of caseworker. These random dates are as follows: October 28, 2018; November 15, 2018; December 27, 2018; January 10, 2019; February 3, 2019; and March 29, 2019.

[9] Monthly performance for OHAN caseworker caseloads within the required limit are as follows: October 2018, 14%; November 2018, 0%; December 2018, 29%; January 2019, 14%; February 2019, 0%; March 2019, 44%.

[10] Monthly performance for OHAN caseworker caseloads more than 125% over the limit are as follows: October 2018, 71%; November 2018, 71%; December 2018, 71%; January 2019, 86%; February 2019, 83%; March 2019, 56%.

Table 1: Summary Performance on Settlement Agreement Requirements

Final Settlement Agreement (FSA) Requirements	Final Target	April - September 2018 Performance	October 2018 - March 2019 Performance
Approved Caseworker Limits:[11,12] • OHAN investigator - one caseworker: eight investigations • Foster Care caseworker - one caseworker: 15 children • IFCCS caseworker[13] - one caseworker: nine children • Adoption caseworker - one caseworker: 17 children • New caseworker - ½ of the applicable standard for their first six months after completion of Child Welfare Basic		Foster Care caseworkers: As of September 2018, 15% of foster care caseworkers had a caseload within the required limit and 77% of caseworkers had caseloads more than 125% of the limit. Monthly range of performance for caseworkers within the required limit: 14 - 20% Monthly range of performance for caseworkers with caseloads more than 125% of the limit: 67 - 77%	Foster Care caseworkers: As of March 2019, 15% of foster care caseworkers had a caseload within the required limit and 76% of caseworkers had caseloads more than 125% of the limit. Monthly range of performance for caseworkers within the required limit: 14 - 20%[14] Monthly range of performance for caseworkers with caseloads more than 125% of the limit: 67 - 76%[15]

[11] These limits were approved by the Co-Monitors on December 6, 2016, after completion of the Workload Study.
[12] Caseload limits and methodologies to calculate performance for caseworkers with mixed caseloads, both Class and Non-Class Members, were approved in December 2017. Non-Class Members include children receiving family preservation services while remaining in the home with their parent or caregiver, Adult Protective Services cases, families involved in child protective service assessments, and children placed by ICPC. Performance for foster care caseworkers with mixed caseloads is calculated by adding the total number of foster care children (Class Members) the caseworker serves to the total number of families (cases) of Non-Class Members the caseworker also serves. The total number should not exceed 15 children and cases.
[13] Intensive Foster Care and Clinical Services.
[14] Monthly performance for foster care caseworker caseloads (which includes newly hired caseworkers) within the required limit are as follows: October 2018, 14%; November 2018, 18%; December 2018, 18%; January 2019, 20%; February 2019, 15%; March 2019, 15%.
[15] Monthly performance for foster care caseworker caseloads more than 125% over the limit are as follows: October 2018, 71%; November 2018, 69%; December 2018, 69%; January 2019, 67%; February 2019, 71%; March 2019, 76%.

Table 1: Summary Performance on Settlement Agreement Requirements			
Final Settlement Agreement (FSA) Requirements	**Final Target**	**April - September 2018 Performance**	**October 2018 - March 2019 Performance**
		IFCCS caseworkers: As of September 2018, 16% of IFCCS caseworkers had a caseload within the required limit and 60% of caseworkers had caseloads more than 125% of the limit. Monthly range of performance for caseworkers within the required limit: 16 - 32% Monthly range of performance for caseworkers with caseloads more than 125% of the limit: 41 - 60%	IFCCS caseworkers[16]: As of March 2019, 36% of IFCCS caseworkers had a caseload within the required limit and 44% of caseworkers had caseloads more than 125% of the limit. Monthly range of performance for caseworkers within the required limit: 15 - 36%[17] Monthly range of performance for caseworkers with caseloads more than 125% of the limit: 44 - 65%[18]

[16] As described further in Section V, *Caseloads*, of this report, the IFCCS casework position is being eliminated, with staff positions and cases transferred to county foster care worker positions and caseloads between October and December 2019.
[17] Monthly performance for IFCCS caseworker caseloads (which includes newly hired caseworkers) within the required limit are as follows: October 2018, 15%; November 2018, 18%; December 2018, 17%; January 2019, 21%; February 2019, 35%; March 2019, 36%.
[18] Monthly performance for IFCCS caseworker caseloads more than 125% over the limit are as follows: October 2018, 65%; November 2018, 62%; December 2018, 56%; January 2019, 57%; February 2019, 47%; March 2019, 44%.

Table 1: Summary Performance on Settlement Agreement Requirements			
Final Settlement Agreement (FSA) Requirements	**Final Target**	**April - September 2018 Performance**	**October 2018 - March 2019 Performance**
		Adoption caseworkers: As of September 2018, 11% of adoption caseworkers had a caseload within the required limit and 79% of caseworkers had caseloads more than 125% of the limit. Monthly range of performance for caseworkers within the required limit: 6 - 13% Monthly range of performance for caseworkers with caseloads more than 125% of the limit: 67 - 84%	Adoption caseworkers: As of March 2019, 13% of adoption caseworkers had a caseload within the required limit and 75% of caseworkers had caseloads more than 125% of the limit. Monthly range of performance for caseworkers within the required limit: 10 - 14%[19] Monthly range of performance for caseworkers with caseloads more than 125% of the limit: 75 - 83%[20]

[19] Monthly performance for adoption caseworker caseloads (which includes newly hired caseworkers) within the required limit are as follows: October 2018, 10%; November 2018, 11%; December 2018, 12%; January 2019, 14%; February 2019, 14%; March 2019, 13%.
[20] Monthly performance for adoption caseworker caseloads more than 125% over the limit are as follows: October 2018, 83%; November 2018, 80%; December 2018, 75%; January 2019, 78%; February 2019, 75%; March 2019, 75%.

Table 1: Summary Performance on Settlement Agreement Requirements			
Final Settlement Agreement (FSA) Requirements	**Final Target**	**April - September 2018 Performance**	**October 2018 - March 2019 Performance**
Approved Supervisor Limits: • OHAN supervisors - one supervisor: six investigators • For Foster Care, IFCCS, and Adoption supervisors - one supervisor: five caseworkers	2a. At least 90% of supervisors shall have a workload within the applicable Workload Limit. 2b. No supervisor shall have more than 125% of the applicable Workload Limit. ***Interim benchmark requirement - By September 2019, 40%***	OHAN Supervisors: As of September 2018, 50% of OHAN supervisors were within the required limit and none were more than 125% of the limit. Monthly range of performance for supervisors within the required limit: 50 - 100% No OHAN supervisor was responsible for more than 125% of the limit. Foster Care Supervisors: As of September 2018, 30% of foster care supervisors were within the required limit and 48% of supervisors were more than 125% of the limit. Monthly range of performance for foster care supervisors within the required limit: 30 - 45%	OHAN Supervisors: As of March 2019, 100% of OHAN supervisors were within the required limit and none were more than 125% of the limit. Performance for supervisors within the required limit was 100% each month. No OHAN supervisor was responsible for more than 125% of the limit. Foster Care Supervisors: As of March 2019, 27% of foster care supervisors were within the required limit and 63% of supervisors were more than 125% of the limit. Monthly range of performance for foster care supervisors within the required limit: 22 - 35%[21]

[21] Monthly performance for foster care supervisors within the required limit are as follows: October 2018, 35%; November 2018, 33%; December 2018, 23%; January 2019, 24%; February 2019, 22%; March 2019, 27%.

Table 1: Summary Performance on Settlement Agreement Requirements			
Final Settlement Agreement (FSA) Requirements	**Final Target**	**April - September 2018 Performance**	**October 2018 - March 2019 Performance**
		Monthly range of performance for foster care supervisors more than 125% of the limit: 34 - 48% IFCCS Supervisors: As of September 2018, 29% of IFCCS supervisors were within the required limit and 58% of supervisors were more than 125% of the limit. Monthly range of performance for IFCCS supervisors within the required limit: 26 - 29% Monthly range of performance for IFCCS supervisors more than 125% of the limit: 47 - 59%	Monthly range of performance for foster care supervisors more than 125% of the limit: 49 - 64%[22] IFCCS Supervisors: As of March 2019, 22% of IFCCS supervisors were within the required limit and 63% of supervisors were more than 125% of the limit. Monthly range of performance for IFCCS supervisors within the required limit: 22 - 30%[23] Monthly range of performance for IFCCS supervisors more than 125% of the limit: 59 - 63%[24]

[22] Monthly performance for foster care supervisors more than 125% over the limit are as follows: October 2018, 49%; November 2018, 56%; December 2018, 62%; January 2019, 64%; February 2019, 62%; March 2019, 63%.

[23] Monthly performance for IFCCS supervisors within the required limit are as follows: October 2018, 28%; November 2018, 24%; December 2018, 30%; January 2019, 30%; February 2019, 26%; March 2019, 22%.

[24] Monthly performance for IFCCS supervisors more than 125% over the limit are as follows: October 2018, 60%; November 2018, 60%; December 2018, 59%; January 2019, 59%; February 2019, 63%; March 2019, 63%.

Table 1: Summary Performance on Settlement Agreement Requirements			
Final Settlement Agreement (FSA) Requirements	**Final Target**	**April - September 2018 Performance**	**October 2018 - March 2019 Performance**
		Adoption Supervisors: As of September 2018, 35% of adoption supervisors were within the required limit and 29% of supervisors were more than 125% of the limit. Monthly range of performance for adoption supervisors within the required limit: 25 - 44% Monthly range of performance for adoption supervisors more than 125% of the limit: 22 - 29%	Adoption Supervisors: As of March 2019, 35% of adoption supervisors were within the required limit and 20% of supervisors were more than 125% of the limit. Monthly range of performance for adoption supervisors within the required limit: 21 - 35%[25] Monthly range of performance for adoption supervisors more than 125% of the limit: 14 - 41%[26]

[25] Monthly performance for adoption supervisors within the required limit are as follows: October 2018, 29%; November 2018, 29%; December 2018, 21%; January 2019, 33%; February 2019, 26%; March 2019, 35%.

[26] Monthly performance for adoption supervisors more than 125% over the limit are as follows: October 2018, 41%; November 2018, 35%; December 2018, 26%; January 2019, 14%; February 2019, 26%; March 2019, 20%.

Table 1: Summary Performance on Settlement Agreement Requirements			
Final Settlement Agreement (FSA) Requirements	**Final Target**	**April - September 2018 Performance**	**October 2018 - March 2019 Performance**
Caseworker-Child Visitation: (FSA IV.B.2.&3.)	3. At least 90% of the total minimum number of face-to-face visits with Class Members by caseworkers during a 12-month period shall have taken place.	Unable to determine current performance.	Unable to determine current performance.[27]
	4. At least 50% of the total minimum number of monthly face-to-face visits with Class Members by caseworkers during a 12-month period shall have taken place in the residence of the child. ***Dates to reach final target and interim benchmarks to be added once baseline data are collected.***	Unable to determine current performance.	Unable to determine current performance.[28]

[27] Parties recently agreed on a definition to use for measurement purposes. DSS generates a monthly report on completion of caseworker visits with children. To report on this measure, DSS, USC, and the Co-Monitors are working together to determine a methodology and data collection instrument and conduct a verification review of a statistically valid sample of case records for which there is indication in the monthly report that a caseworker had face-to-face contact with a Class Member who has been in care for 30 days or more. Reviewers will look for documentation of the elements which define a visit, as agreed upon by the Parties, in the CAPSS dictation of the face-to-face contact. The review will be designed to produce results at a 95% confidence level with a +/- 5% margin of error and is scheduled to occur in November 2019, with September 2019 as the month under review.
[28] Ibid.

Table 1: Summary Performance on Settlement Agreement Requirements			
Final Settlement Agreement (FSA) Requirements	**Final Target**	**April - September 2018 Performance**	**October 2018 - March 2019 Performance**
Investigations - Intake: (FSA IV.C.2.)	5. At least 95% of decisions not to investigate a Referral of Institutional Abuse or Neglect about a Class Member must be made in accordance with South Carolina law and DSS policy. ***Final Target –*** ***By March 2019, 95%***	Monthly performance for screening decisions not to investigate determined to be appropriate: April 2018: 81% May 2018: 100% June 2018: 100% July 2018: 88% August 2018: 89% September 2018: 86%	Monthly performance for screening decisions not to investigate determined to be appropriate: October 2018: 94% November 2018: 94% December 2018: 100% January 2019: 100% February 2019: 88% March 2019: 84%
Investigations - Case Decisions: (FSA IV.C.3.)	6. At least 95% of decisions to "unfound" investigations of a Referral of Institutional Abuse or Neglect must be based upon DSS ruling out abuse or neglect or DSS determining that an investigation did not produce a preponderance of evidence that a Class Member was abused or neglected. ***Interim benchmark requirement -*** ***By March 2019, 60%***	In September 2018, there were 39 applicable investigations with decisions to unfound; 41% (16) of these decisions were determined to be appropriate.	In March 2019, there were 31 applicable investigations with decisions to unfound; 10% (3) of these decisions were determined to be appropriate.

Table 1: Summary Performance on Settlement Agreement Requirements

Final Settlement Agreement (FSA) Requirements	Final Target	April - September 2018 Performance	October 2018 - March 2019 Performance
Investigations - Timely Initiation: (FSA IV.C.4.(a)) *Investigations - Contact with Alleged Child Victim:* (FSA IV.C.4.(b))	7. The investigation of a Referral of Institutional Abuse or Neglect must be initiated within twenty-four (24) hours in accordance with South Carolina law in at least 95% of the investigations. 8. The investigation of a Referral of Institutional Abuse or Neglect must include face-to-face contact with the alleged victim within twenty-four hours in at least 95% of investigations, with exceptions for good faith efforts approved by the Co-Monitors.[29] ***Interim benchmark requirement - By March 2019, 85%***	In September 2018, of the 39 applicable investigations, 62% (24) were timely initiated or had documentation supporting completion of all applicable good faith efforts.	In March 2019, of the 34 applicable investigations, 35% (12) were timely initiated.[30]

[29] The Co-Monitors' interpretation of the FSA requires that investigations be initiated within 24 hours of receipt of the referral by DSS, not within 24 hours of the decision to accept the referral, and that initiation is completed by making face-to-face contact with the alleged victim child(ren). As a result, the performance for both FSA measures IV.C.4.(a) and (b) are measured using the same methodology and timeframes - the time between receipt of referral and face-to-face contact with alleged child(ren) victim must be within 24 hours.
[30] For the remaining 22 investigations, documentation did not support that all applicable good faith efforts were made.

Table 1: Summary Performance on Settlement Agreement Requirements			
Final Settlement Agreement (FSA) Requirements	**Final Target**	**April - September 2018 Performance**	**October 2018 - March 2019 Performance**
Investigations - Contact with Core Witnesses: (FSA IV.C.4.(c))	9. Contact with core witnesses must be made in at least 90% of the investigations of a Referral of Institutional Abuse or Neglect, with exceptions approved by the Co-Monitors. Core witnesses will vary from case to case and may or may not include the victim(s), Class Members, alleged perpetrators, reporter (if identified), identified eyewitness(es), other children in the placement, facility staff, treating professionals, and foster parents or caregivers as deemed to be relevant to the investigation. ***Interim benchmark requirement - By March 2019, 55%***	In September 2018, 21% (eight) of the 39 applicable investigations included contact with all necessary core witnesses during the investigation.	In March 2019, 3% (1) of the 34 applicable investigations included contact with all necessary core witnesses during the investigation.

Table 1: Summary Performance on Settlement Agreement Requirements			
Final Settlement Agreement (FSA) Requirements	**Final Target**	**April - September 2018 Performance**	**October 2018 - March 2019 Performance**
Investigations - Timely Completion: (FSA IV.C.4.(d-f))	10.a. At least 60% of investigations of a Referral of Institutional Abuse or Neglect shall be completed within forty-five (45) days of initiation of an investigation, unless the DSS Director or DSS Director's designee authorizes an extension of no more than fifteen (15) days upon a showing of good cause.[31] ***Interim benchmark requirement - By March 2019, 80%***	64% of applicable investigations received in September 2018 were appropriately closed within 45 days.	88% of applicable investigations received in March 2019 were appropriately closed within 45 days.[32]

[31] For the purposes of this section, an investigation is not completed if DSS determines the report is unfounded because the deadline to complete the investigation has passed.
[32] Reviewers determined that one of the investigations that was closed within 45 days was closed prematurely in an effort to meet the 45 day requirement, which is not considered compliant under the FSA. This investigation was closed prior to OHAN staff interviewing the majority of required contacts, including at least two adults at the facility who had knowledge of the incident, the reporter, the foster care or adoption caseworker, the alleged victim child's therapist, the psychiatric social worker, and law enforcement. Although closed in DSS's system, this investigation is not included in the numerator as compliant for any of the timely closure measures.

Table 1: Summary Performance on Settlement Agreement Requirements

Final Settlement Agreement (FSA) Requirements	Final Target	April - September 2018 Performance	October 2018 - March 2019 Performance
	10.b. At least 80% of investigations of a Referral of Institutional Abuse or Neglect shall be completed within sixty (60) days of initiation of the investigation, and all investigations not completed within sixty (60) days shall have authorization of the DSS Director or DSS Director's designee of an extension of no more than thirty (30) days upon a showing of good cause.[33] ***Interim benchmark requirement - By March 2019, 80%***	100% of applicable investigations received in September 2018 were closed within 60 days.	97% of applicable investigations received in March 2019 were closed within 60 days.
	10.c. At least 95% of all investigations of a Referral of Institutional Abuse or Neglect not completed within sixty (60) days shall be completed within ninety (90) days.[34] ***Interim benchmark requirement - By March 2019, 95%***	100% of applicable investigations received in September 2018 were closed within 90 days.	97% of applicable investigations received in March 2019 were closed within 90 days.

[33] For the purposes of this section, an investigation is not completed if DSS determines the report is unfounded because the deadline to complete the investigation has passed.
[34] Ibid.

Table 1: Summary Performance on Settlement Agreement Requirements			
Final Settlement Agreement (FSA) Requirements	**Final Target**	**April - September 2018 Performance**	**October 2018 - March 2019 Performance**
Family Placements for Children Ages Six and Under: Within sixty (60) days, DSS shall create a plan, subject to the approval of the Co-Monitors, for preventing, with exceptions approved by the Co-Monitors, the placement of any Class Member age six (6) and under in any non-family group placement (including but not limited to group homes, shelters or residential treatment centers). The plan shall include full implementation within sixty (60) days following approval of the Co-Monitors. (FSA IV.D.2.)	11. No child age six and under shall be placed in a congregate care setting except with approved exceptions.	Between April and September 2018, a total of 19 Class Members ages six and under were placed in congregate care. The circumstances of all but one of these young children met an agreed upon exception.	Between October 2018 and March 2019, a total of 19 Class Members ages six and under were placed in congregate care. The circumstances of all but three of these young children met an agreed upon exception.[35,36]

[35] Applicable exceptions for the referenced children include: the child was residing in a treatment facility with their mother; or the child was part of a sibling group of four or more children for whom DSS reports a single, family-based placement could not be located.

[36] In validating data for this measure, the Co-Monitors identified three situations that did not meet an agreed upon exception. These instances all regard sibling groups being placed in congregate care for periods of time longer than 90 days without documentation of adequate efforts to place the sibling group in a foster home. The Co-Monitors support keeping siblings together, but urge DSS to make and document efforts to identify alternative placement for large sibling groups.

Table 1: Summary Performance on Settlement Agreement Requirements			
Final Settlement Agreement (FSA) Requirements	**Final Target**	**April - September 2018 Performance**	**October 2018 - March 2019 Performance**
Phasing-Out Use of DSS Offices and Hotels: Within sixty (60) days, DSS shall cease using DSS offices as an overnight placement for Class Members, and shall cease placing or housing any Class Members in hotels, motels and other commercial non-foster care establishments. For any Class Members moved out of such DSS Offices or Hotels, DSS shall provide for their appropriate placement. In the extraordinary event that a child stays overnight in a DSS office, Defendants shall immediately notify the Co-Monitors, who shall provide a report to Parties as appropriate, including whether or not, in their view, the incident should be reported to the Court as a violation which would preclude Defendants' ability to achieve compliance on this provision. (FSA IV.D.3.)	12. No child shall be placed or housed in a DSS office, hotel, motel, or other commercial non-foster care establishment.	Between April and September 2018, DSS reports that two children remained overnight in a DSS office.	Between October 2018 and March 2019, DSS reports that there were six overnight placements in a DSS office (four of which related to the same child).
Congregate Care Placements: (FSA IV.E.2.)	13. At least 86% of the Class Members shall be placed outside of Congregate Care Placements on the last day of the Reporting Period. ***Interim benchmark requirement - By September 2019, 80%***	As of September 30, 2018, 80% (3,540 of 4,437) of children in foster care were placed outside of a congregate care setting.	As of March 31, 2019, 80% (3,548 of 4,426) of children in foster care were placed outside of a congregate care setting.[37]

[37] Forty-five children who were hospitalized (18), in a correctional/juvenile justice facility (24), or residing at a DDSN Residential Facility or Community Training home (3) are not included in the universe for this measure. Data reported for the period ending on March 31, 2019 are for Class Members only.

Table 1: Summary Performance on Settlement Agreement Requirements			
Final Settlement Agreement (FSA) Requirements	**Final Target**	**April - September 2018 Performance**	**October 2018 - March 2019 Performance**
Congregate Care Placements - Children Ages 12 and Under: (FSA IV.E.3.)	14. At least 98% of the Class Members twelve (12) years old and under shall be placed outside of Congregate Care Placements on the last day of the Reporting period unless an exception pre-approved or approved afterwards by the Co-Monitors is documented in the Class Member's case file. ***Interim benchmark requirement - By September 2019, 94%***	As of September 30, 2018, 94% (2,981 of 3,186) of children ages 12 and under in foster care were placed outside of a congregate care setting.	As of March 31, 2019, 94% (2,949[38] of 3,148) of children ages 12 and under in foster care were placed outside of a congregate care setting.[39,40]

[38] This includes eight children ages 6 and under who resided in a congregate care placement pursuant to a valid exception.
[39] Exceptions have been approved, though not applied during this monitoring period for children ages 7 to 12; therefore, actual performance may be higher than reported. DSS will develop a process for exception review and approval in future monitoring periods.
[40] Eleven children who were hospitalized or residing at DDSN homes are not included in the universe for this measure.

Table 1: Summary Performance on Settlement Agreement Requirements			
Final Settlement Agreement (FSA) Requirements	**Final Target**	**April - September 2018 Performance**	**October 2018 - March 2019 Performance**
Emergency or Temporary Placements for More than 30 Days: (FSA IV.E.4.)	15. Class Members shall not remain in any Emergency or Temporary Placement for more than thirty (30) days. Under exceptions subject to the Co-Monitors' approval, if a child is initially placed in an Emergency or Temporary Placement that is not a Congregate Care Placement, and that placement is re-designated within thirty (30) days as a long-term foster home or therapeutic foster home, then the child's stay shall not be considered a violation of this provision and the re-designation shall not be considered a placement move under Section IV.F.1 below. ***DSS has not yet proposed Interim Benchmarks and timelines to meet final target.***	Data are not available for this period.	Data are not available for this period.[41]

[41] Pursuant to the Placement Implementation Plan, DSS was to propose a methodology for measuring the use of emergency and temporary placements to the Co-Monitors by June 2019, and by July 2019, begin reporting these data and propose interim enforceable targets for these measures. As of the writing of this report, the Co-Monitors have not received any related proposal or data and remain unable to report on this measure. DSS estimates that necessary changes to CAPSS to allow for tracking of these data will be completed by October 31, 2019.

Table 1: Summary Performance on Settlement Agreement Requirements			
Final Settlement Agreement (FSA) Requirements	**Final Target**	**April - September 2018 Performance**	**October 2018 - March 2019 Performance**
Emergency or Temporary Placements for More than Seven Days: (FSA IV.E.5.)	16. Class Members experiencing more than one Emergency or Temporary Placement within twelve (12) months shall not remain in the Emergency or Temporary Placement for more than seven (7) days. Under exceptions subject to the Co-Monitors' approval, if a child's subsequent placement within twelve (12) months in an Emergency or Temporary Placement is not a Congregate Care Placement, and that placement is re-designated within thirty (30) days as a long-term foster home or therapeutic foster home, then the child's stay shall not be considered a violation of this provision and the re-designation shall not be considered a placement move under Section IV.F.1 below. ***DSS has not yet proposed Interim Benchmarks and timelines to meet final target.***	Data are not available for this period.	Data are not available for this period.[42]

[42] Ibid.

Table 1: Summary Performance on Settlement Agreement Requirements			
Final Settlement Agreement (FSA) Requirements	**Final Target**	**April - September 2018 Performance**	**October 2018 - March 2019 Performance**
Placement Instability: (FSA IV.F.1.)	17. For all Class Members in foster care for eight (8) days or more during the 12-month period, Placement Instability shall be less than or equal to 3.37.	For the period October 1, 2017 to September 30, 2018, children in foster care for eight (8) days or more experienced instability at a rate of 3.92.[43,44]	Data for this measure are reported on an annual basis and will be included in the next monitoring report.[45]

[43] Specifically, there were a total of 6,003 moves and 1,532,961 total applicable days.
[44] It should be noted that performance based on the FSA placement instability measure is not comparable to performance with respect to the federal Round 3 Child and Family Services Review (CFSR) permanency outcome that measures stability of foster care placement. The CFSR outcome is based on the rate of placement per day of *all* children who enter foster care in a 12-month period, which is likely to be significantly higher than the rate of placement for *all* children in foster care during that period of time. See *Data Indicators for the Child and Family Services Review*, available at https://www.acf.hhs.gov/sites/default/files/cb/data_indicators.pdf
[45] Performance is reported by fiscal year. The next monitoring report will include performance data for the period October 1, 2018 through September 30, 2019.

Table 1: Summary Performance on Settlement Agreement Requirements			
Final Settlement Agreement (FSA) Requirements	**Final Target**	**April - September 2018 Performance**	**October 2018 - March 2019 Performance**
<u>*Sibling Placements:*</u> (FSA IV.G.2.&3.)	18. At least 85% of Class Members entering foster care during the Reporting Period with their siblings or within thirty (30) days of their siblings shall be placed with at least one of their siblings unless one or more of the following exceptions apply: (1) there is a court order prohibiting placing all siblings together; (2) placement is not in the best interest of one or more of the siblings and the facts supporting that determination are documented in the case file; or (3) additional exceptions as approved by the Co-Monitors. ***Interim benchmark requirement - By September 2019, 69%***	60% (594 of 996) of children entering foster care with their siblings or within 30 days of their siblings from April to September 2018 were placed with at least one of their siblings on September 30, 2018.	61% (596 of 983) of children entering foster care with their siblings or within 30 days of their siblings from October 2018 to March 2019 were placed with at least one of their siblings within 45 days of their entry. [46,47]

[46] Exceptions have been approved, though not applied during this monitoring period; therefore, actual performance may be higher than reported. DSS will develop a process for exception review and approval in future monitoring periods.

[47] The methodology utilized to calculate these data was evaluated by DSS, the Co-Monitors, and Chapin Hall at the University of Chicago, and adjustments were made in calculating performance for this monitoring period. As a result of this assessment, DSS shifted its methodology to one that evaluated placement on the 45th day after siblings entered care, to account for the fact that it often takes some time for DSS to locate a placement that can accommodate sibling groups. As a result, data are not comparable to those reported in the prior monitoring period which evaluated all applicable children on the last day of the monitoring period.

Table 1: Summary Performance on Settlement Agreement Requirements			
Final Settlement Agreement (FSA) Requirements	**Final Target**	**April - September 2018 Performance**	**October 2018 - March 2019 Performance**
	19. At least 80% of Class Members entering foster care during the Reporting Period with their siblings or within thirty (30) days of their siblings shall be placed with all their siblings, unless one or more of the following exceptions apply: (1) there is a court order prohibiting placing all siblings together; (2) placement is not in the best interest of one or more of the siblings and the facts supporting that determination are documented in the case file; or (3) additional exceptions as approved by the Co-Monitors. ***Interim benchmark requirement - By September 2019, 49%***	As of September 30, 2018, 36% (361 of 996) of children entering foster care with their siblings or within thirty (30) days of their siblings from April to September 2018 were placed with all of their siblings.	35% (343 of 983) of children entering foster care with their siblings or within 30 days of their siblings from October 2018 to March 2019 were placed with all of their siblings within 45 days of their entry.[48]

[48] Ibid.

Table 1: Summary Performance on Settlement Agreement Requirements			
Final Settlement Agreement (FSA) Requirements	**Final Target**	**April - September 2018 Performance**	**October 2018 - March 2019 Performance**
Youth Exiting the Juvenile Justice System: (FSA IV.H.1.)	20. When Class Members are placed in juvenile justice detention or another Juvenile Justice Placement, DSS shall not recommend to the family court or Department of Juvenile Justice that a youth remain in a Juvenile Justice Placement without a juvenile justice charge pending or beyond the term of their plea or adjudicated sentence for the reason that DSS does not have a foster care placement for the Class Member. DSS shall take immediate legal and physical custody of any Class Member upon the completion of their sentence or plea. DSS shall provide for their appropriate placement.	Unable to determine current performance.	Unable to determine current performance.[49]

[49] DSS still does not have a system in place for tracking youth involved with both the juvenile justice and child welfare systems. As discussed in Section VIII, *Placement,* below, the Co-Monitors received stakeholder reports of and reviewed a number of cases in which youth spent time in DJJ facilities due, in part, to DSS's failure to meet their needs.

Table 1: Summary Performance on Settlement Agreement Requirements			
Final Settlement Agreement (FSA) Requirements	**Final Target**	**April - September 2018 Performance**	**October 2018 - March 2019 Performance**
Therapeutic Foster Care Placements - Referral for Staffing and/or Assessment: (FSA IV.I.2.)	21. All Class Members that are identified by a Caseworker as in need of interagency staffing and/or in need of diagnostic assessments shall be referred for such staffing and/or assessment to determine eligibility for therapeutic foster care placement and/or services within thirty (30) days of the need being identified. This requirement shall not apply if the Caseworker withdraws the identified need in good faith and in the best interests of the Class Member within thirty (30) days. ***DSS has not yet proposed Interim Benchmarks and timelines to meet final target.*** [50]	Data are not available for this period.	Data are not available for this period.[51]

[50] Pursuant to the Placement Implementation Plan, DSS was required to propose to the Co-Monitors a methodology to measure compliance with this requirement by July 2019. After approval of the methodology, DSS is required to propose interim enforceable targets for these measures, subject to consent and approval by the Co-Monitors and Plaintiffs. As of the writing of this report, DSS has not yet shared a proposal with the Co-Monitors.

[51] Ibid.

Table 1: Summary Performance on Settlement Agreement Requirements			
Final Settlement Agreement (FSA) Requirements	**Final Target**	**April - September 2018 Performance**	**October 2018 - March 2019 Performance**
Therapeutic Foster Care Placements - Receipt of Recommendations for Services or Placement: (FSA IV.I.3.)	22. All Class Members that are referred for interagency staffing and/or needed diagnostic assessments shall receive recommendations for specific therapeutic foster care placement and/or services within forty-five (45) days of receipt of the completed referral. The recommendation(s) may include diagnostic assessment, community support services, rehabilitative behavioral health services, therapeutic foster care, group care, and psychiatric residential treatment facility. Level of Care Placement recommendations shall utilize the least restrictive care philosophy suitable to the child's needs and seek to place a Class Member in a family setting with a community support system. DSS shall update the assessment at least annually thereafter, upon a placement disruption or upon a material change in the Class Member's needs. In making that determination, DSS may consider the full array of appropriate placement alternatives to meet the needs of the Class Members.	Data are not available for this period.	Data are not available for this period.[53]

[53] Ibid.

Table 1: Summary Performance on Settlement Agreement Requirements			
Final Settlement Agreement (FSA) Requirements	**Final Target**	**April - September 2018 Performance**	**October 2018 - March 2019 Performance**
	DSS has not yet proposed Interim Benchmarks and timelines to meet final target.[52]		
<u>*Therapeutic Foster Care Placements - Level of Care Placement:*</u> (FSA IV.I.4.&5.)	23.a. Within 60 Days: At least 90% of children assessed as in need of therapeutic foster care placement shall be in the Therapeutic Level of Care and specific placement type that matches the Level of Care for which the child was assessed within sixty (60) days following the date of the first Level of Care Placement recommendation. ***DSS has not yet proposed Interim Benchmarks and timelines to meet final target.***[54]	Data are not available for this period.	Data are not available for this period.[55]

[52] Ibid.
[54] Ibid.
[55] Ibid.

Table 1: Summary Performance on Settlement Agreement Requirements			
Final Settlement Agreement (FSA) Requirements	**Final Target**	**April - September 2018 Performance**	**October 2018 - March 2019 Performance**
	23.b. At least 95% of children assessed as in need of therapeutic foster care placement shall be in the Therapeutic Level of Care and specific placement type that matches the Level of Care for which the child was assessed within ninety (90) days following the date of the first Level of Care Placement recommendation. ***DSS has not yet proposed Interim Benchmarks and timelines to meet final target.***[56]	Data are not available for this period.	Data are not available for this period.[57]

[56] Ibid.
[57] Ibid.

Table 1: Summary Performance on Settlement Agreement Requirements			
Final Settlement Agreement (FSA) Requirements	**Final Target**	**April - September 2018 Performance**	**October 2018 - March 2019 Performance**
Family Visitation - Siblings and Parents: (FSA IV.J.2.&3.)	24. At least 85% of the total minimum number of monthly sibling visits for all siblings not living together shall be completed, with exceptions when (1) there is a court order prohibiting visitation or limiting visitation to less frequently than once every month; (2) visits are not in the best interest of one or more of the siblings and the facts supporting that determination are documented in the case file; or (3) with exceptions approved by the Co-Monitors. ***Interim benchmark requirement - By September 2019, 66%***	In September 2018, 42% of all required visits between siblings occurred for siblings who were not placed together.	In March 2019, 48% of all required visits between siblings occurred for siblings who were not placed together.[58]

[58] Data were collected during a review conducted by USC CCFS and Co-Monitor staff of a statistically valid random sample designed to produce results at a 95% confidence level with a +/- 5% margin of error.

Table 1: Summary Performance on Settlement Agreement Requirements			
Final Settlement Agreement (FSA) Requirements	**Final Target**	**April - September 2018 Performance**	**October 2018 - March 2019 Performance**
	25. At least 85% of Class Members with the goal of reunification will have in-person visitation twice each month with the parent(s) with whom reunification is sought, unless (1) there is a court order prohibiting visitation or limiting visitation to less frequently than twice every month; or (2) based on exceptions approved by the Co-Monitors. ***Interim benchmark requirement - By September 2019, 35%***	In September 2018, 7% of children in foster care with a goal of reunification visited twice with the parent(s) with whom reunification was sought.	In March 2019, 12% of children in foster care with a goal of reunification visited twice with the parent(s) with whom reunification was sought.[59]

[59] Data were collected during a review conducted by USC CCFS and Co-Monitor staff of a statistically valid random sample designed to produce results at a 95% confidence level with a +/- 5% margin of error. Permanency goals were identified utilizing data in the CAPSS field in which caseworkers are expected to update case goals in accordance with the most current determination in legal proceedings.

Table 1: Summary Performance on Settlement Agreement Requirements			
Final Settlement Agreement (FSA) Requirements	**Final Target**	**April - September 2018 Performance**	**October 2018 - March 2019 Performance**
Health Care - Immediate Treatment Needs: By the end of ninety (90) days following final court approval of the Final Settlement Agreement (identification period), DSS shall identify Class Members with Immediate Treatment Needs (physical/medical, dental or mental health) for which treatment is overdue. (Immediate Treatment Needs means immediate non-elective physical/medical, dental or mental health treatment needs and documented assessment needs, excluding routine periodic assessments.) (FSA IV.K.4.(b))	26. Within forty-five (45) days of the identification period, DSS shall schedule the necessary treatment for at least 90% of the identified Class Members.	Data for this measure are not available.	Data for this measure are not available.[60]
Health Care - Initial Medical Screens	27. At least 90% of Class Members will receive an initial medical screen prior to initial placement or within 48 hours of entering care. ***Dates to reach final target and interim benchmarks to be added once approved.[61]***	Data for this measure are not available.	Data for this measure are not available.[62]

[60] DSS still does not have a mechanism for assessing performance with respect to the FSA requirement that it "*identify Class Members with Immediate Treatment Needs (physical/medical, dental, or mental health) for which treatment is overdue*," initially intended to apply to children in DSS custody at the time of entry into the agreement in October 2016 (FSA IV.K.4.(b)). Though DSS reported in its Health Care Improvement Plan that it expected to propose an alternative to this provision based on data available through Select Health, the MCO for the majority of children in DSS foster care, it has not yet done so. Pursuant to the Court's September 9, 2019 Order, DSS is to provide an update with respect to the status of health care data by October 30, 2019.

[61] Pursuant to the DSS Addendum to the Health Care Improvement Plan, approved February 25, 2019, DSS will present approvable interim benchmarks to the Co-Monitors by May 31, 2020.

[62] Pursuant to the DSS Addendum to the Health Care Improvement Plan, approved February 25, 2019, these data are to be reported for all children entering DSS custody beginning in monitoring period VII (October 2019 - March 2020).

Table 1: Summary Performance on Settlement Agreement Requirements			
Final Settlement Agreement (FSA) Requirements	**Final Target**	**April - September 2018 Performance**	**October 2018 - March 2019 Performance**
Health Care - Initial Comprehensive Assessments	28. At least 85% of Class Members will receive a comprehensive medical assessment within 30 days of entering care. ***Interim benchmark requirement - By September 2019, 57%***	Data for this measure are not available.	36% (483 of 1,341) children who entered care between October 2018 and March 2019 received a comprehensive medical assessment within 30 days.[63]
	29. At least 95% of Class Members will receive a comprehensive medical assessment within 60 days of entering care. ***Interim benchmark requirement - By September 2019, 71%***	Data for this measure are not available.	52% (455 of 884) children who entered care between October 2018 and March 2019 received a comprehensive medical assessment within 30 days.[64]

[63] These data were extracted by DSS and the South Carolina Department of Health and Human Services (DHHS) from Medicaid administrative claims data and have not been validated by the Co-Monitors.
[64] Ibid.

Table 1: Summary Performance on Settlement Agreement Requirements			
Final Settlement Agreement (FSA) Requirements	**Final Target**	**April - September 2018 Performance**	**October 2018 - March 2019 Performance**
	30. At least 85% of Class Members ages three and above for whom a mental health need is identified during the comprehensive medical assessment will receive a comprehensive mental health assessment within 30 days of the comprehensive medical assessment. ***Dates to reach final target and interim benchmarks to be added once approved.***[65]	Data for this measure are not available.	Data for this measure are not available.[66]

[65] Pursuant to the DSS Addendum to the Health Care Improvement Plan, approved February 25, 2019, DSS will present approvable interim benchmarks to the Co-Monitors by May 31, 2020.
[66] Pursuant to the DSS Addendum to the Health Care Improvement Plan, approved February 25, 2019, these data are to be reported for all children entering DSS custody beginning in monitoring period VII (October 2019 - March 2020).

Table 1: Summary Performance on Settlement Agreement Requirements			
Final Settlement Agreement (FSA) Requirements	**Final Target**	**April - September 2018 Performance**	**October 2018 - March 2019 Performance**
	31. At least 95% of Class Members ages three and above for whom a mental health need is identified during the comprehensive medical assessment will receive a comprehensive mental health assessment within 60 days of the comprehensive medical assessment. ***Dates to reach final target and interim benchmarks to be added once approved.***[67]	Data for this measure are not available.	Data for this measure are not available.[68]
	32. At least 90% of Class Members under 36 months of age will be referred to the state entity responsible for developmental assessments within 30 days of entering care. ***Interim benchmark requirement - By September 2019, 29%***	Data for this measure are not available.	40% (171 of 428) children under 36 months of age who entered care between October 2018 and March 2019 were referred to the state entity responsible for developmental assessments within 30 days.[69]

[67] Pursuant to the DSS Addendum to the Health Care Improvement Plan, approved February 25, 2019, DSS will present approvable interim benchmarks to the Co-Monitors by May 31, 2020.
[68] Pursuant to the DSS Addendum to the Health Care Improvement Plan, approved February 25, 2019, these data are to be reported for all children entering DSS custody beginning in monitoring period VII (October 2019 - March 2020).
[69] These data were extracted by DSS and the South Carolina Department of Health and Human Services (DHHS) from Medicaid administrative claims data and have not been validated by the Co-Monitors.

Table 1: Summary Performance on Settlement Agreement Requirements			
Final Settlement Agreement (FSA) Requirements	**Final Target**	**April - September 2018 Performance**	**October 2018 - March 2019 Performance**
	33. At least 95% of Class Members under 36 months of age will be referred to the state entity responsible for developmental assessments within 45 days of entering care. ***Interim benchmark requirement - By September 2019, 30%***	Data for this measure are not available.	49% (190 of 390) children under 36 months of age who entered care between October 2018 and March 2019 were referred to the state entity responsible for developmental assessments within 45 days.[70]
	34. At least 60% of Class Members ages two and above for whom there is no documented evidence of receiving a dental examination in the six months prior to entering care will receive a dental examination within 60 days of entering care. ***Interim benchmark requirement - By September 2019, 50%***	Data for this measure are not available.	56% (348 of 619) of applicable children ages two and above who entered care between October 2018 and March 2019 received a dental examination within 60 days.[71]

[70] Ibid.
[71] Ibid.

Table 1: Summary Performance on Settlement Agreement Requirements			
Final Settlement Agreement (FSA) Requirements	**Final Target**	**April - September 2018 Performance**	**October 2018 - March 2019 Performance**
	35. At least 90% of Class Members ages two and above for whom there is no documented evidence of receiving a dental examination in the six months prior to entering care will receive a dental examination within 90 days of entering care. ***Interim benchmark requirement - By September 2019, 68%***	Data for this measure are not available.	67% (280 of 415) of applicable children ages two and above who entered care between October 2018 and March 2019 received a dental examination within 90 days.[72]
Health Care - Periodic Preventative Care	36. At least 90% of Class Members under the age of six months in care for one month or more will receive a periodic preventative visit monthly. ***Interim benchmark requirement - By September 2019, 79%***	Data for this measure are not available.	Data for this measure are not available.[73]

[72] Ibid.

[73] Although DSS made efforts to comply with agreed-upon timeframes for production of these data, data produced from Medicaid administrative claims was found to contain inconsistencies. As a result, data for this measure have not been included in this monitoring report. Pursuant to the Court's September 9, 2019 Order, DSS is to provide an update with respect to the status of health care data by October 30, 2019.

Table 1: Summary Performance on Settlement Agreement Requirements			
Final Settlement Agreement (FSA) Requirements	**Final Target**	**April - September 2018 Performance**	**October 2018 - March 2019 Performance**
	37. At least 90% of Class Members between the ages of six months and 36 months in care for one month or more will receive a periodic preventative visit in accordance with current American Academy of Pediatrics periodicity guidelines. ***Interim benchmark requirement - By September 2019, 77%***	Data for this measure are not available.	Data for this measure are not available.[74]
	38. At least 98% of Class Members between the ages of six months and 36 months in care for one month or more will receive a periodic preventative visit semi-annually. ***Interim benchmark requirement - By September 2019, 84%***	Data for this measure are not available.	Data for this measure are not available.[75]

[74] Ibid.
[75] Ibid.

Table 1: Summary Performance on Settlement Agreement Requirements			
Final Settlement Agreement (FSA) Requirements	Final Target	April - September 2018 Performance	October 2018 - March 2019 Performance
	39. At least 90% of Class Members ages three and older in care for six months or more will receive a periodic preventative visit semi-annually. ***Interim benchmark requirement - By September 2019, 50%***	Data for this measure are not available.	Data for this measure are not available.[76]
	40. At least 98% of Class Members ages three and older in care for six months or more will receive a periodic preventative visit annually. ***Interim benchmark requirement - By September 2019, 83%***	Data for this measure are not available.	Data for this measure are not available.[77]
	41. At least 75% of Class Members ages two and older in care for six months or longer will receive a dental examination semi-annually. ***Interim benchmark requirement - By September 2019, 75%***	Data for this measure are not available.	Data for this measure are not available.[78]

[76] Ibid.
[77] Ibid.
[78] Ibid.

Table 1: Summary Performance on Settlement Agreement Requirements			
Final Settlement Agreement (FSA) Requirements	**Final Target**	**April - September 2018 Performance**	**October 2018 - March 2019 Performance**
	42. At least 90% of Class Members ages two and older in care for six months or longer will receive a dental examination annually. ***Interim benchmark requirement - By September 2019, 86%***	Data for this measure are not available.	Data for this measure are not available.[79]
Health Care - Follow-Up Care	43. At least 90% of Class Members will receive timely accessible and appropriate follow-up care and treatment to meet their health needs. ***Dates to reach final target and interim benchmarks to be added once approved.***[80]	Data for this measure are not available.	Data for this measure are not available.[81]

[79] Ibid.
[80] Pursuant to the DSS Addendum to the Health Care Improvement Plan, approved February 25, 2019, DSS will present approvable interim benchmarks to the Co-Monitors by November 30, 2019.
[81] Pursuant to the DSS Addendum to the Health Care Improvement Plan, approved February 25, 2019, these data are to be reported for all children entering DSS custody beginning in monitoring period VI (April through September 2019).

V. CASELOADS

A sufficient, qualified, and trained workforce with manageable caseloads is foundational to a well-functioning child welfare system. Caseworkers must have the resources and support to allow them to conduct meaningful visits with children and families, assess for safety and risk, and monitor progress towards individualized case goals, among many other important tasks. Child welfare agencies must ensure that the appropriate number and types of positions - including caseworkers, supervisors, and support staff - are allocated within each region and county office so that caseloads are manageable, and that when vacancies exist, they are quickly filled with as little disruption as possible to families and colleagues.

Current performance data show improvements in caseload compliance for IFCCS (Intensive Foster Care and Clinical Services)[82] and OHAN (Out-of-Home Abuse and Neglect) caseworkers, but there have been no improvements in caseloads of foster care and adoption caseworkers.

A. Performance Data[83]

The FSA requires *"[a]t least 90% of Workers and Worker supervisors shall have a workload within the applicable Workload Limit"* (FSA IV.A.2.(b)) and that *"[n]o Worker or Worker's supervisor shall have more than 125% of the applicable Workload Limit"* (FSA IV.A.2.(c)).

Tables 2 through 4 include the approved Workload Implementation Plan timelines and interim benchmarks for this measure:

[82] As described later in this section, the IFCCS casework position is being eliminated, with staff positions and cases transferred to county foster care worker positions and caseloads between October and December 2019.

[83] The Co-Monitors selected a random day in each month this period to measure caseload compliance for each type of caseworker. These random dates are as follows: October 28, 2018; November 15, 2018; December 27, 2018; January 10, 2019; February 3, 2019; and March 29, 2019.

Table 2: Baseline, Timeline, and Interim Benchmarks for Caseworker Caseloads Within the Required Limits

Baseline	
September 2017	23%
Timeline	**Interim Benchmark**
September 2019	40%
March 2020	65%
September 2020	80%
Final Target - March 2021	**90%**

Source: Workload Implementation Plan

Table 3: Baseline, Timeline, and Interim Benchmarks for Caseworker Caseloads More Than 125% of the Required Limit

Baseline	
September 2017	64%
Timeline	**Interim Benchmark**
September 2019	40%
March 2020	25%
September 2020	15%
Final Target – March 2021	**0%**

Source: Workload Implementation Plan

The interim targets also require that no caseworker has a caseload of more than 180 percent of the standard by September 2019, no caseworker has more than 170 percent of the standard by March 2020, and no caseworker has more than 160 percent of the standard by September 2020.

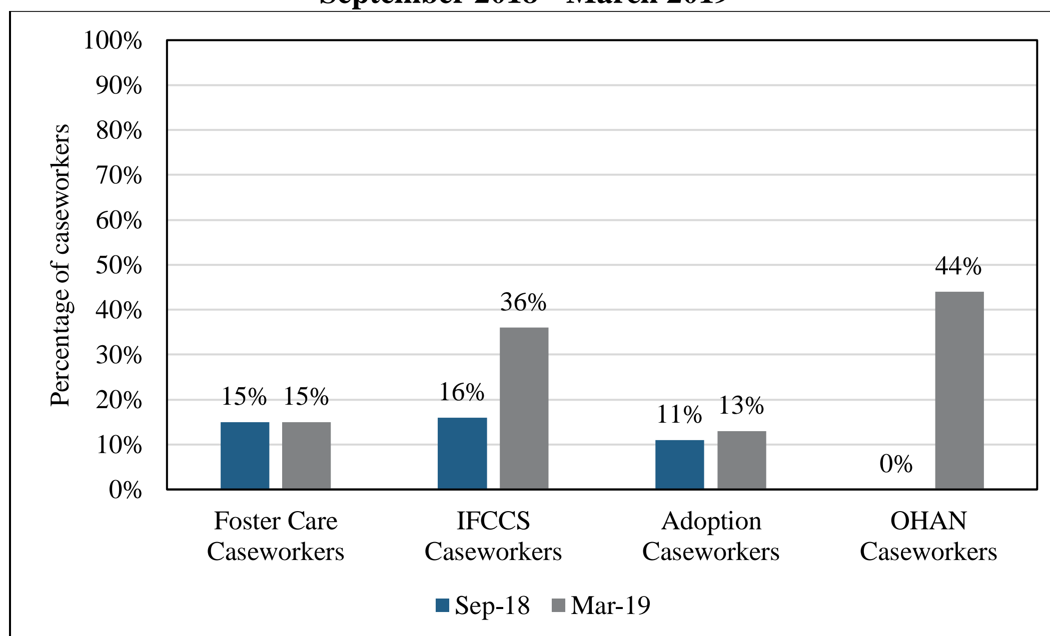
There are different caseload standards dependent upon the types of cases a caseworker manages - specifically foster care, IFCCS, adoption, and investigations of allegations of abuse and neglect of a child in foster care. There are also reduced workload standards specific to newly hired caseworkers within their first six months of completing Child Welfare Basic training.

Further, DSS has many staff with "mixed" caseloads that include different kinds of case types and both Class and Non-Class Members. On December 21, 2017, the Co-Monitors provisionally

approved DSS's proposal to calculate caseloads for foster care caseworkers with mixed caseloads by adding the total number of foster care children (Class Members) it serves to the total number of families (cases) of Non-Class Members it also serves.[84] The following types of cases are counted by family (case): Child Protective Services (CPS) assessment; family preservation; other child welfare services; and those involving a child subject to Interstate Compact on the Placement of Children (ICPC). This methodology is only applied to foster care caseworkers with mixed caseloads and is not applied to caseloads for IFCCS and adoption caseworkers.

To assist in assessing progress over time, Figures 1 and 2 provide performance data on caseloads by caseworker and supervisor type for prior and current monitoring periods.

Figure 1: Performance Trends for Percentage of Caseworkers Within the Required Caseload Limits, by Caseworker Type
September 2018 - March 2019[85]

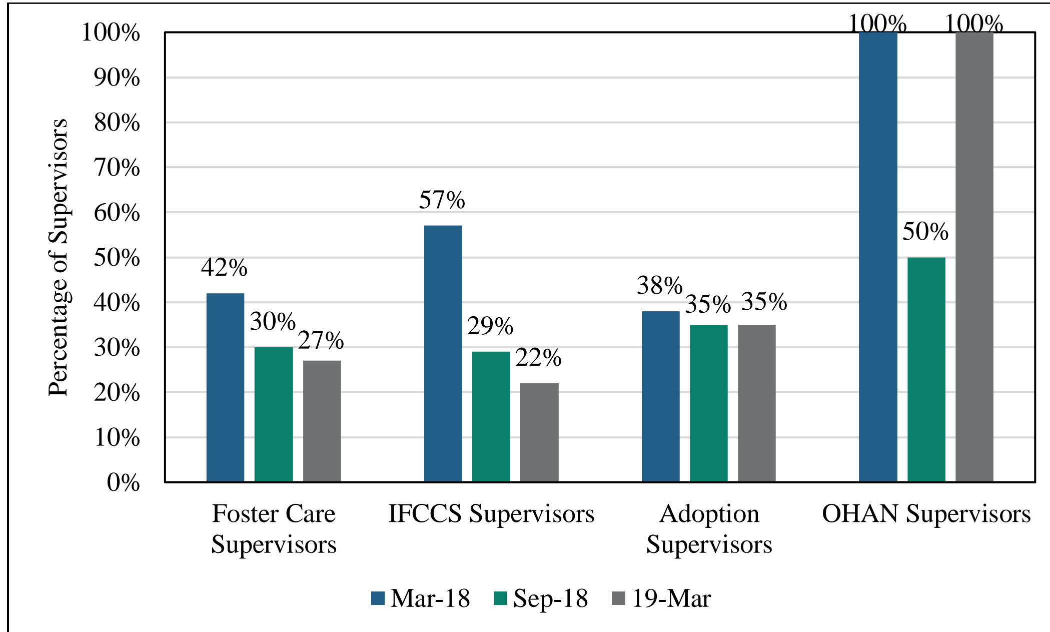


Source: CAPSS data provided by DSS

[84] In approving this mixed caseload methodology, the Co-Monitors relied upon DSS's commitments to: (1) move forward with plans to move caseworkers to single-type caseloads as feasible and appropriate; (2) change their internal metrics for family preservation cases to use a "family" as opposed to an individual child count; and (3) assess and find a way to address the Co-Monitors' concerns about the potential for unreasonable caseloads that could result from caseworker assignment to several family preservation cases involving families with multiple children. DSS has indicated that managers are continually assessing assignments to caseworkers with mixed caseloads to ensure balanced and manageable workloads. Because approval of this methodology is "provisional," DSS and the Co-Monitors will assess it in practice as it is implemented, reserving the right to modify the standard at any time if it is determined that the best interests of children are not being served.

[85] Caseload limits are as follows: foster care caseworker, 1:15; IFCCS caseworker, 1:9; adoption caseworker, 1:17; and OHAN investigator, 1:8. The final target for this measure is 90%.

Figure 2: Performance Trends for Percentage of Supervisors Within the Required Workload Limits, by Supervisor Type March 2018 - March 2019[86]



Source: CAPSS data provided by DSS

Detailed caseload data by caseworker and supervisor type is discussed below.

Foster Care Caseworkers

The caseload standard for caseworkers who are responsible for providing case management for foster care cases is one caseworker to 15 children (1:15). Newly hired foster care caseworkers are expected to have reduced caseloads as they build skills for this work in the field and should have no more than eight (1:8) cases on their caseload for six months after they complete Child Welfare Basic training.

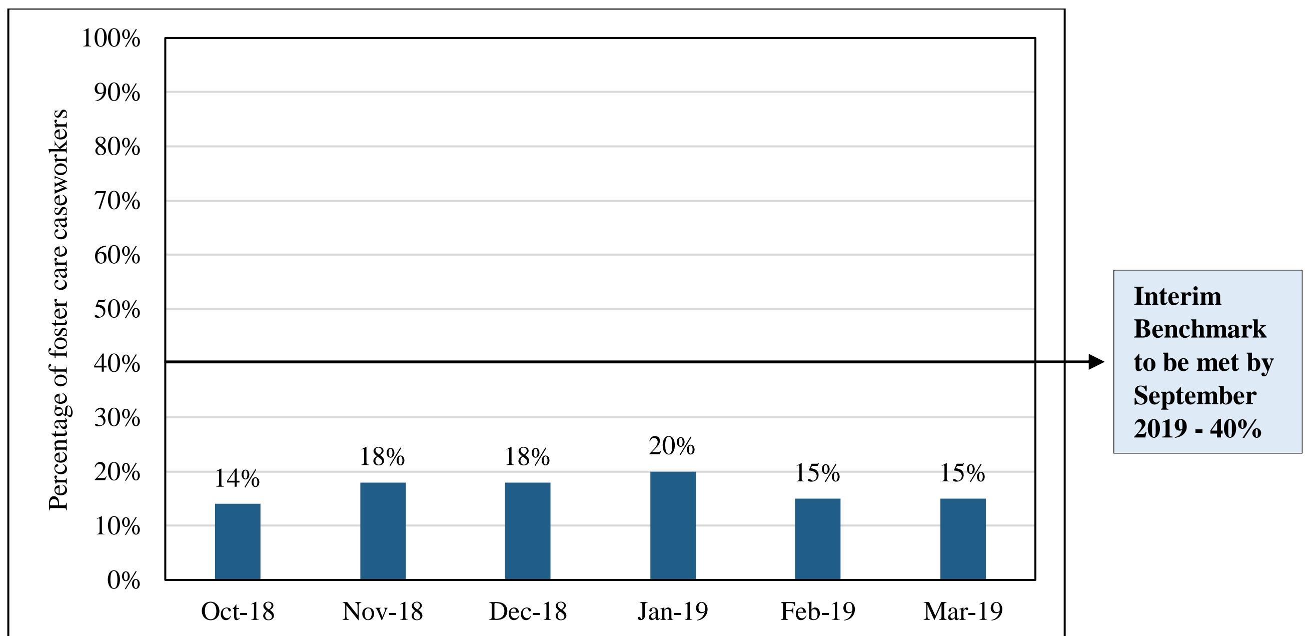
Between October 2018 and March 2019, a monthly range of 14 to 20 percent of foster care caseworkers had caseloads within the required limit (Figure 3) and 67 to 76 percent of foster care caseworkers had caseloads that were more than 125 percent of the caseload limit (Figure 4).[87] Specifically, on March 29, 2019, there were 203 foster care caseworkers[88] with at least one foster care child on their caseload. Of these 203 caseworkers, 31 (15%) foster care caseworkers had

[86] Workload limits for supervisors are as follows: foster care, IFCCS, and adoption supervisors, 1 supervisor to 5 caseworkers; OHAN supervisors, 1 supervisor to 6 investigators. The final target for this measure is 90%.
[87] In calculating performance, a standard of 8 foster care children or Non-Class families is applied to newly hired caseworkers (half of the applicable caseload standard) and 15 foster care children or Non-Class families is applied to foster care or Adult Protective Services (APS) caseworkers.
[88] This includes 11 caseworkers also managing adult protective services cases and 51 newly hired foster care caseworkers.

caseloads within the required limit and 154 (76%) caseworkers' caseloads were more than 125 percent of the caseload limit.

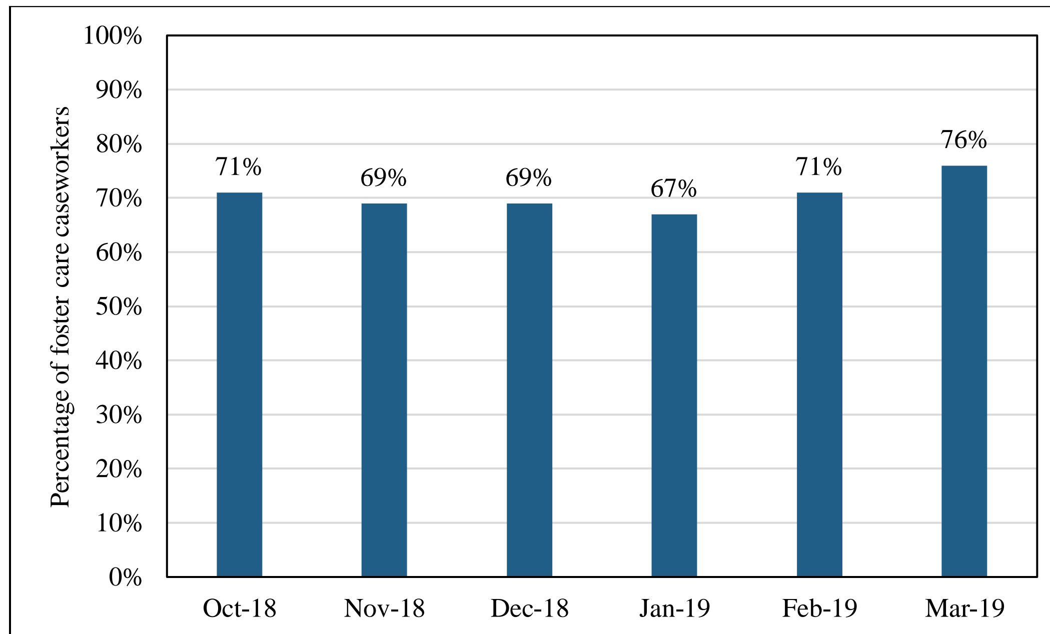
Current caseload data reflect an increase in the total number of foster care caseworkers since the prior period (in September 2018, there were 176 foster care caseworkers), however, the increase in the foster care population over the past several years has continued to strain the workforce and foster care caseworker caseloads have continued to be too high, with only 15 percent of caseworkers having caseloads at compliance levels in March 2019. The percentage of caseworkers with caseloads over 125 percent of the caseload standard has in fact increased over the past six months (Figure 4).

Figure 3: Foster Care Caseworkers Within the Required Caseload Limits October 2018 - March 2019



Source: CAPSS data provided by DSS

Figure 4: Foster Care Caseworkers over 125% of Required Caseload Limits October 2018 - March 2019[89]

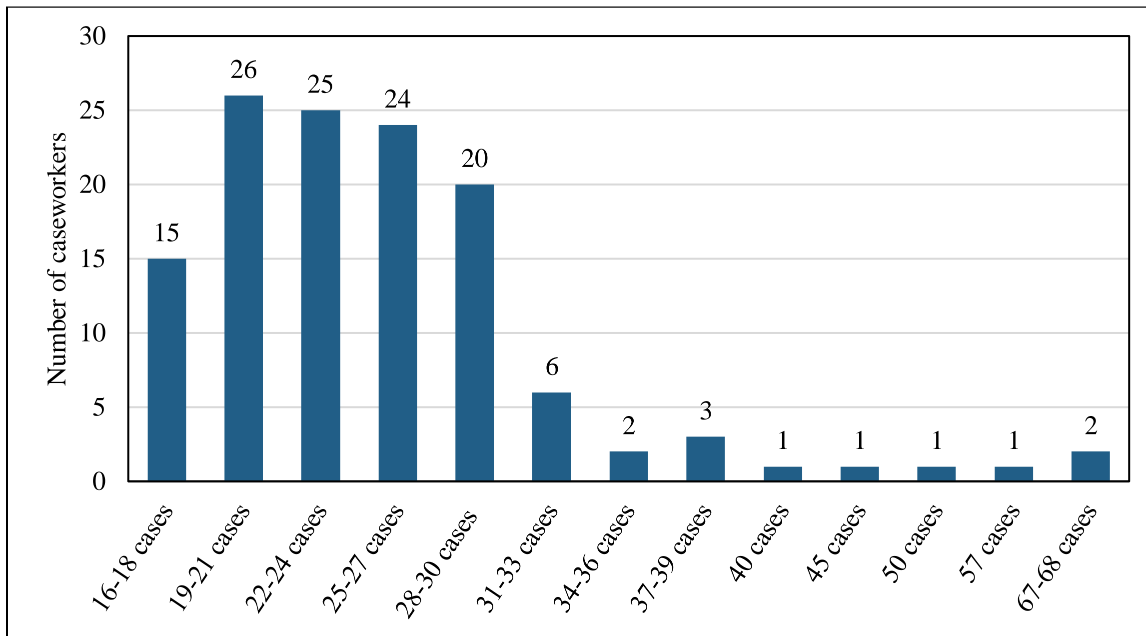


Source: CAPSS data provided by DSS

Figures 3 and 4 merge data for all foster care caseworkers - those newly hired as well as those hired more than six months prior. Figure 5 looks specifically at the number of cases carried by the 127 foster care caseworkers who were not new caseworkers (all had completed Child Welfare Basic more than six months prior) and had more than 15 cases on their caseload on March 29, 2019.

[89] The interim benchmark for this measure is 40% by September 2019. The final target is 0%.

Figure 5: Number of Foster Care Caseworkers Who Have Completed Basic Training More than Six Months Ago Over the Caseload Limit and Their Caseload Size
March 29, 2019
N=127

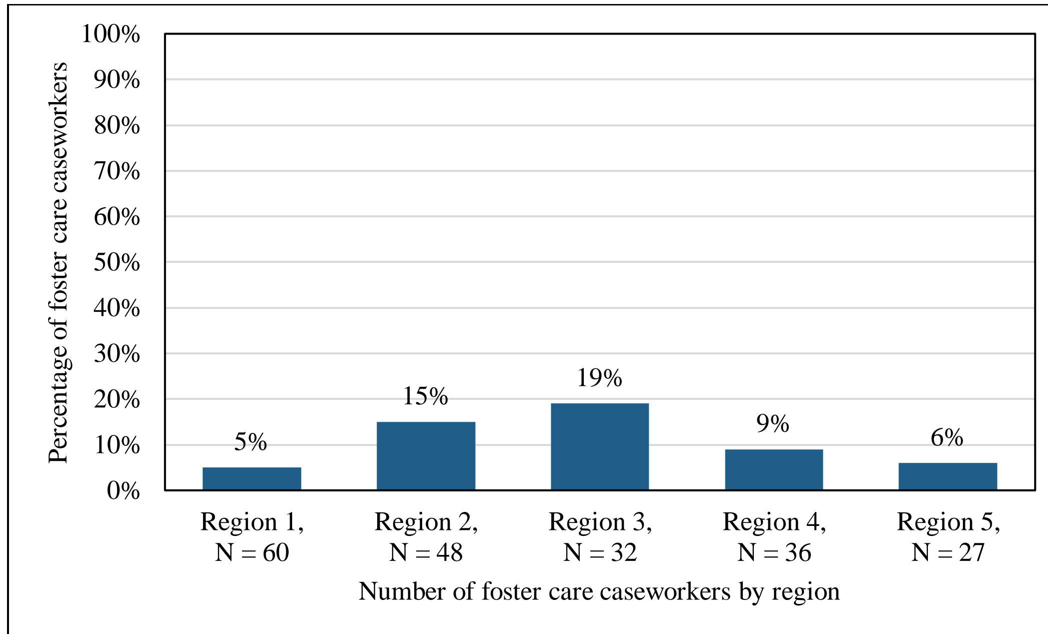


Source: CAPSS data provided by DSS

During this monitoring period, DSS offices were divided among five regions[90], and each varied in terms of geographical size, the number of children and families served, and the number of assigned and onboarded caseworkers. Data on foster care caseworker caseloads as of March 29, 2019, shown in Figure 6, reflect that all regions struggled with high caseloads, with fewer than 10 percent of caseworkers in Regions 1, 4, and 5 carrying caseloads at or below the required limits.

[90] After this monitoring period, DSS restructured the allocation of counties into regions, and moved from 5 to 4 regions within the state.

Figure 6: Foster Care Caseworkers by Region Within the Required Caseload Limits March 29, 2019



Source: CAPSS data provided by DSS

IFCCS Caseworkers[91,92]

The caseload standard for caseworkers who are responsible for providing case management to children designated as needing IFCCS services is one caseworker to nine children (1:9). Newly hired IFCCS caseworkers should have no more than five children on their caseload for six months after they complete Child Welfare Basic training.

Between October 2018 and March 2019, a monthly range of 15 to 36 percent of IFCCS caseworkers had caseloads within the required limits (Figure 7), and 44 to 65 percent had caseloads that exceeded 125 percent of the caseload limit (Figure 8). Specifically, on March 29, 2019, there were 116 IFCCS caseworkers[93] serving at least one Class Member, and 42 (36%) of these caseworkers were within the required caseload limit. Fifty-one (44%) caseworkers had caseloads more than 125 percent of the caseload limit. The percentages of IFCCS caseworkers within required caseload limits improved this period, and the percentage of caseworkers with caseloads

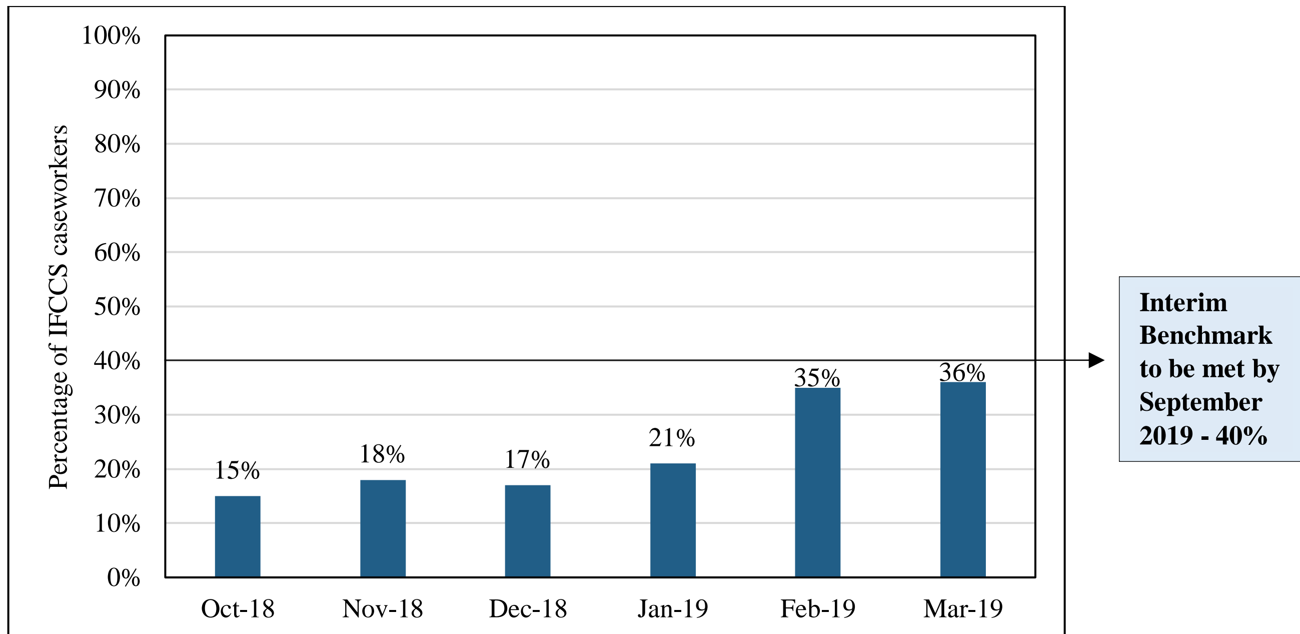
[91] Eligibility for IFCCS (Intensive Foster Care and Clinical Services) is determined following a review of a child's mental health assessment(s) and diagnosis; frequency, intensity, and duration of symptoms; multi-system involvement; and exhaustion of alternative services. IFCCS services utilize funding through SC's Interagency System for Caring for Emotionally Disturbed Children (ISCEDC) to pay for treatment costs. ISCEDC funding are pooled dollars from multiple state agencies, including DSS, the Department of Mental Health, the Department of Disabilities and Special Needs, the Department of Juvenile Justice, and the Department of Education.

[92] As described later in this section, the IFCCS casework position is being eliminated, with staff positions and cases transferred to county foster care worker positions and caseloads between October and December 2019.

[93] Total includes 25 newly hired IFCCS caseworkers with a caseload standard of 5 children.

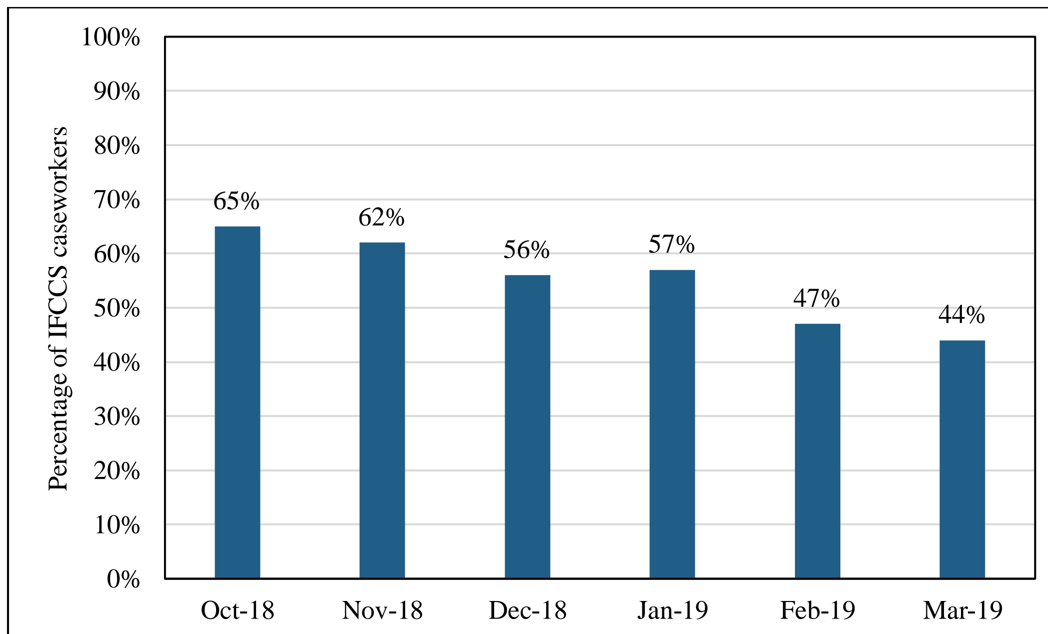
above 125 of the limit decreased, although the numbers of caseworkers with compliant caseload levels still remains very low.

Figure 7: IFCCS Caseworkers Within the Required Caseload Limits October 2018 - March 2019



Source: CAPSS data provided by DSS

Figure 8: IFCCS Caseworkers over 125% of Required Caseload Limits October 2018 - March 2019[94]

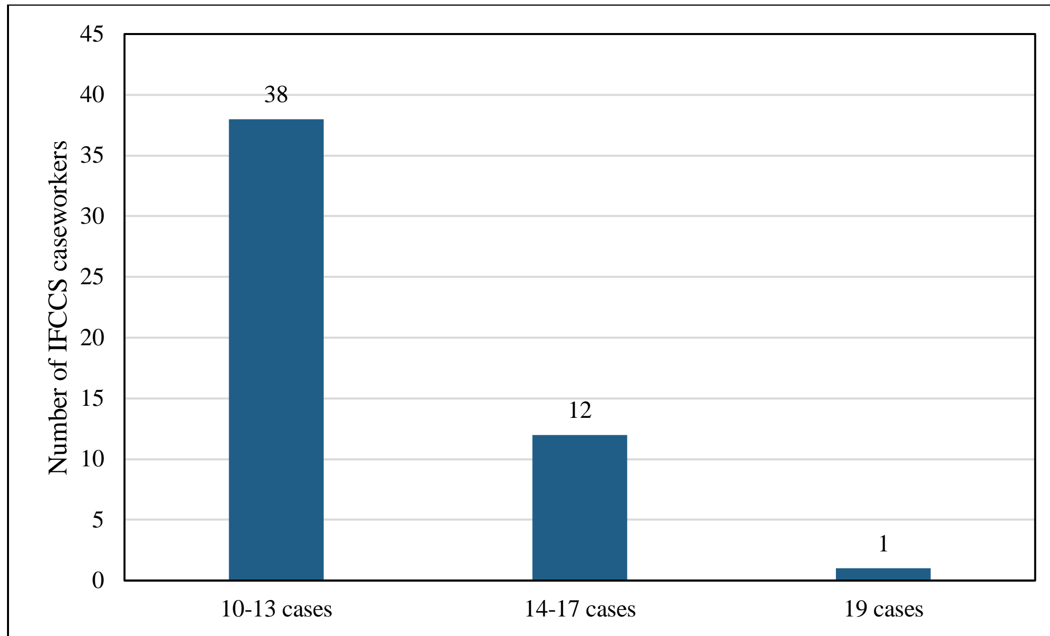


Source: CAPSS data provided by DSS

[94] The interim benchmark for this measure is 40% by September 2019. The final target is 0%.

As of March 29, 2019, there were 51 IFCCS caseworkers who were not new caseworkers (completed Child Welfare Basic more than six months prior) and had more than nine children on their caseload. Figure 9 reflects the caseload size of these 51 caseworkers.

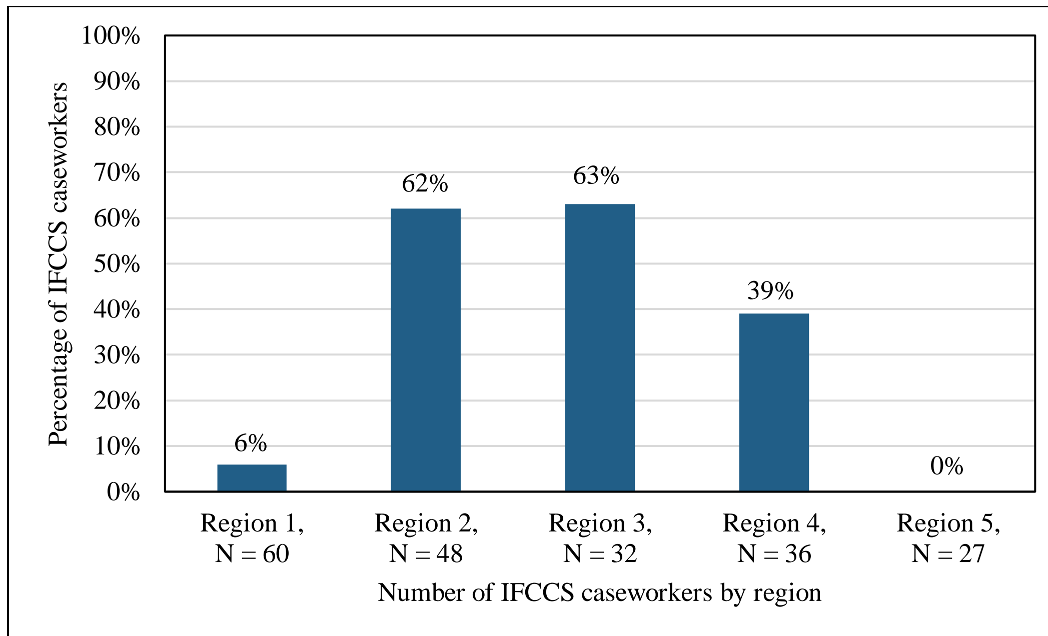
**Figure 9: Number of IFCCS Caseworkers Who Have Completed Basic Training More than Six Months Ago Over the Caseload Limit and Their Caseload Size
March 29, 2019
N=51**



Source: CAPSS data provided by DSS

Data on IFCCS caseworker caseloads as of March 29, 2019, shown in Figure 10, reflect that Regions 1 and 5 in particular struggle to ensure that caseworkers maintain caseloads within the required limits.

Figure 10: IFCCS Caseworkers by Region Within the Required Caseload Limits March 29, 2019



Source: CAPSS data provided by DSS

Adoption Caseworkers

The caseload standard for caseworkers providing adoption support to children with a goal of adoption is one caseworker to 17 children (1:17).[95] Newly hired adoption caseworkers should have no more than nine children on their caseload for six months after they complete Child Welfare Basic training.

Between October 2018 and March 2019, a monthly range of 10 to 14 percent of adoption caseworkers had caseloads within the required limit (Figure 11), and 75 to 83 percent had caseloads that exceeded 125 percent of the required limit (Figure 12). On March 29, 2019, there were 72 adoption caseworkers[96] serving at least one Class Member. Of these 72 caseworkers, nine (13%) caseworkers had caseloads within the caseload requirement and 54 (75%) caseworkers had caseloads that exceeded 125 percent of the limit.

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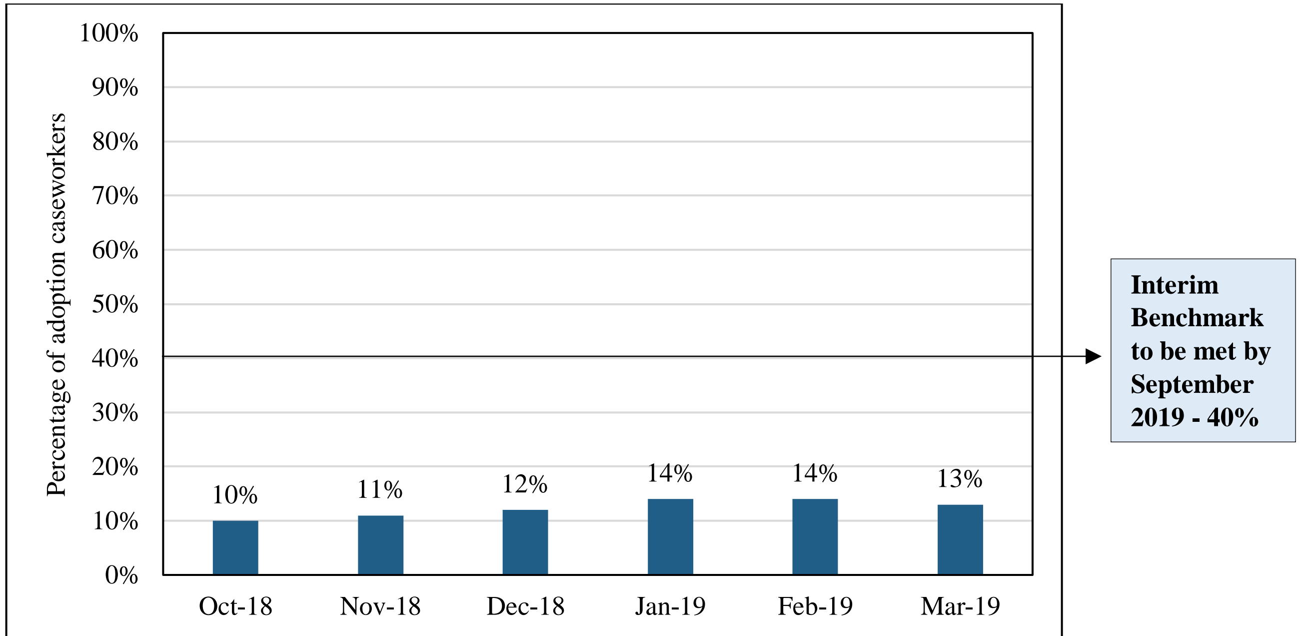
[95] In approving these caseload limits, the Co-Monitors noted that although a caseload of 17 children for adoption caseworkers is not within the standard proffered by the Council on Accreditation, as DSS is currently structured, case management responsibilities remain with the foster care caseworker, even when an adoption caseworker is assigned, until a placement agreement is signed. As mentioned later in this section, DSS is eliminating the practice of foster care and adoption caseworkers sharing case management responsibility on individual cases. This will result in a modification to the adoption caseload standard in future monitoring periods to 1:15, the same standard applied to foster care caseworkers.

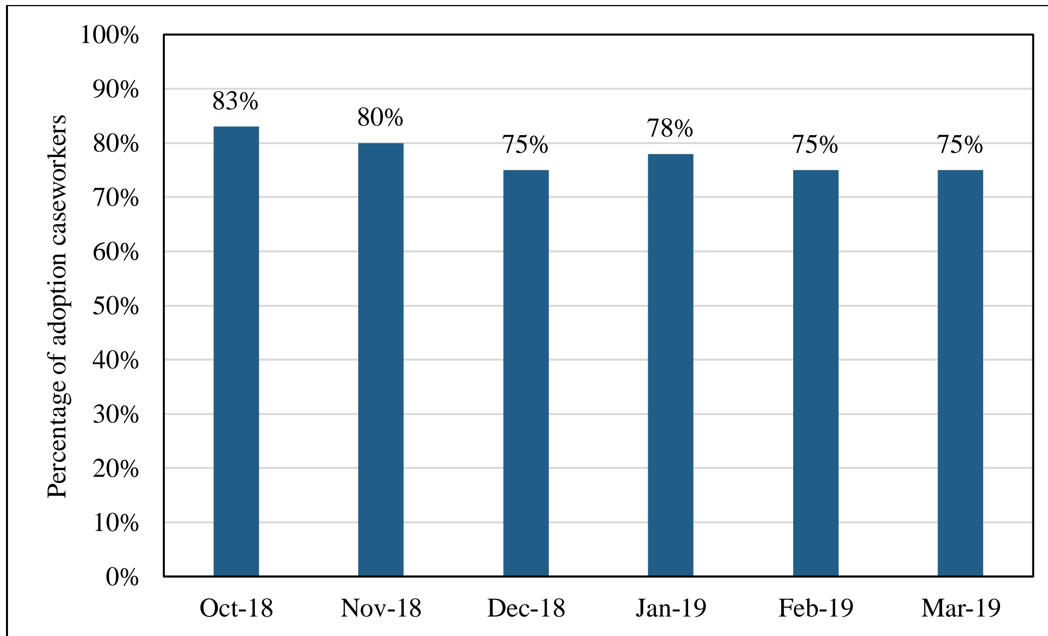
[96] Total includes 5 newly hired adoption caseworkers with a caseload standard of 9 children.

Figure 11: Adoption Caseworkers Within the Required Caseload Limits October 2018 - March 2019



Source: CAPSS data provided by DSS

Figure 12: Adoption Caseworkers over 125% of Required Caseload Limits October 2018 - March 2019[97]



Source: CAPSS data provided by DSS

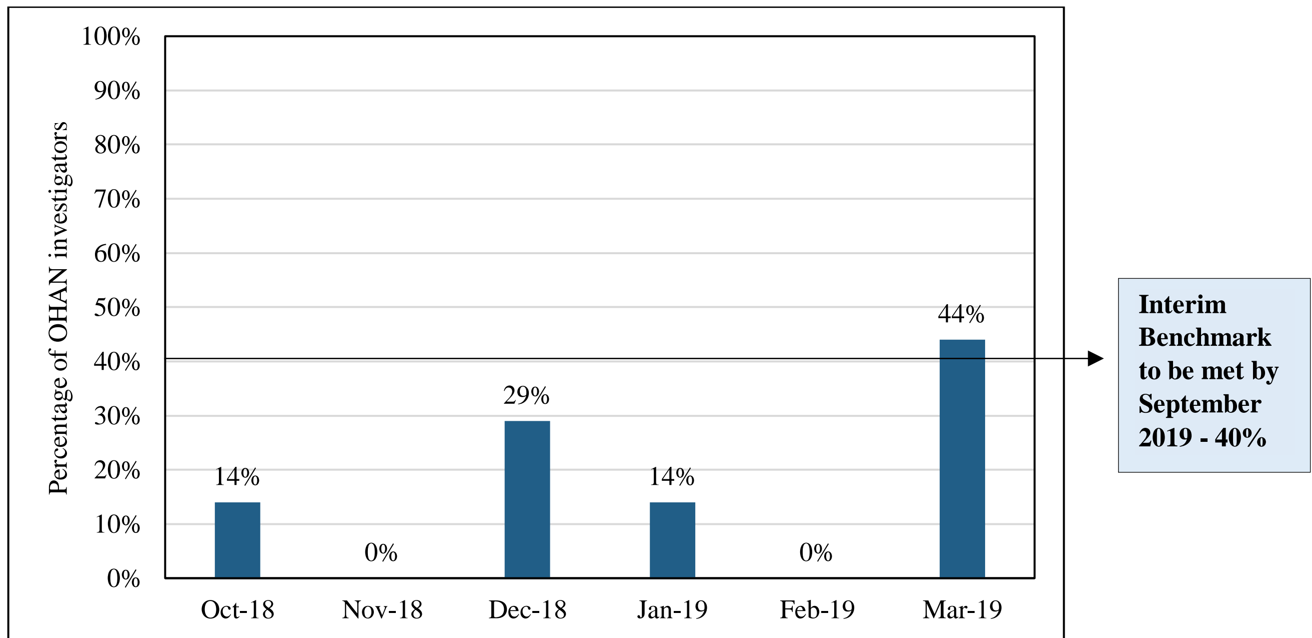
[97] The interim benchmark for this measure is 40% by September 2019. The final target is 0%.

Out-of-Home Abuse and Neglect (OHAN) Caseworkers

The caseload standard for caseworkers conducting investigations involving allegations of abuse and/or neglect of a child in foster care is one caseworker per eight investigations (1:8). Newly hired OHAN caseworkers should have no more than four children on their caseload for six months after they complete Child Welfare Basic training.

Between October 2018 and March 2019, a monthly range of zero to 44 percent of OHAN caseworkers had caseloads within the required limits (Figure 13), and 56 to 86 percent of caseworkers had caseloads that exceeded 125 percent of the required limit each month (Figure 14). Large fluctuations in performance between months is due to the small number of investigators assigned investigations each month.[98] Specifically, on March 29, 2019, of the nine OHAN investigators, four (44%) of the investigators had caseloads within the required standard and five (56%) caseworkers had caseloads over 125 percent of the required limit.

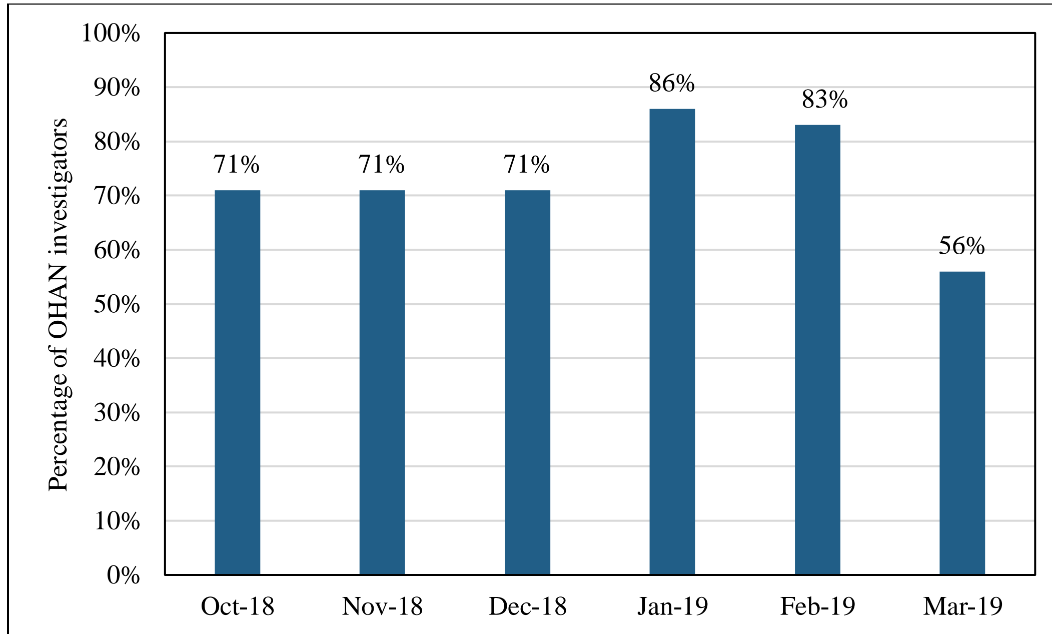
Figure 13: OHAN Investigators Within the Required Caseload Limits October 2018 - March 2019



Source: CAPSS data provided by DSS

[98] Number of OHAN investigators accepting investigations each month are as follows: October 2018, 7 workers; November 2018, 7 workers; December 2018, 7 workers; January 2019, 7 workers; February 2019, 6 workers; March 2019, 9 workers.

Figure 14: OHAN Investigators over 125% of Required Caseload Limits October 2018 - March 2019[99]



Source: CAPSS data provided by DSS

Table 4 includes the specific caseload size of each OHAN investigator on March 29, 2019.

Table 4: Caseload Size for OHAN Caseworkers March 29, 2019 N=9

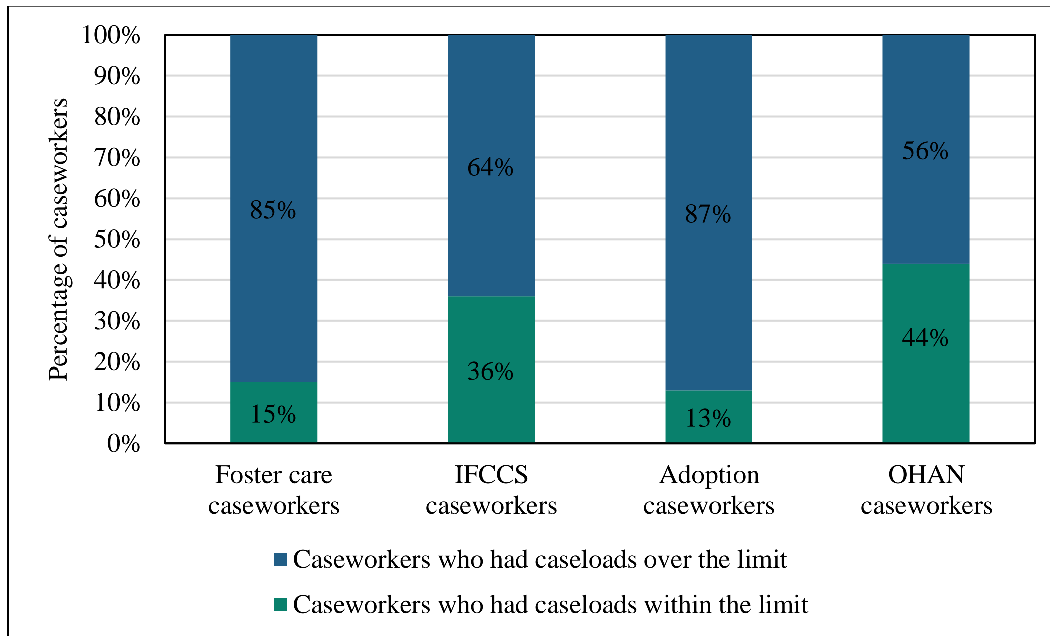
Caseworker	Number of Investigations
Caseworker 1	2
Caseworker 2	3
Caseworker 3	4
Caseworker 4	5
Caseworker 5	27
Caseworker 6	31
Caseworker 7	31
Caseworker 8	39
Caseworker 9	41
Total - 9 caseworkers	**Total - 183 investigations**

Source: CAPSS data provided by DSS

In summary, Figure 15 reflects the percentage of foster care, IFCCS, adoption, and OHAN caseworkers within and above the required caseload limits on March 29, 2019.

[99] The interim benchmark for this measure is 40% by September 2019. The final target is 0%.

Figure 15: Foster Care, IFCCS, Adoption, and OHAN Caseworkers that were Over and Within the Required Caseload Limits March 2019



Source: CAPSS data provided by DSS

The Workforce Implementation Plan includes interim targets that require that no caseworker has a caseload of more than 180 percent of the caseload standard by September 2019, no caseworker has more than 170 percent of the standard by March 2020, and no caseworker has more than 160 percent of the standard by September 2020. Table 6 reflects the percentage of caseworkers, by type, who had more than 180 percent, 170 percent, and 160 percent of the caseload standard as of March 29, 2019.

Table 5: Percentage of Workers with Caseloads More than 180%, 170%, and 160% of the Required Caseload Standard March 29, 2019

Worker Type	**More than 180%** (to be eliminated by September 2019)	**More than 170%** (to be eliminated by March 2020)	**More than 160%** (to be eliminated by September 2020)
OHAN Caseworkers	56%	56%	56%
Foster Care Caseworkers	34%	43%	49%
IFCCS Caseworkers	6%	16%	21%
Adoption Caseworkers	29%	38%	43%

Source: CAPSS data provided by DSS

Supervisor Workloads

The Workload Implementation Plan includes separate timelines and interim benchmarks for supervisors. The first interim benchmark begins September 2019, with a goal of reaching final target levels by September 2020 (Tables 6 and 7).

Table 6: Baseline, Timeline, and Interim Benchmarks for Supervisors Within the Required Workload Limits

Baseline	
March 2018	45%
Timeline	**Interim Benchmark**
September 2019	72%
March 2020	80%
Final Target – September 2020	**90%**

Source: Workload Implementation Plan

Table 7: Baseline, Timeline, and Interim Benchmarks for Supervisor Workload More than 125% of the Required Limit

Baseline	
March 2018	31%
Timeline	**Interim Benchmark**
September 2019	20%
March 2020	10%
Final Target - September 2020	**0%**

Source: Workload Implementation Plan

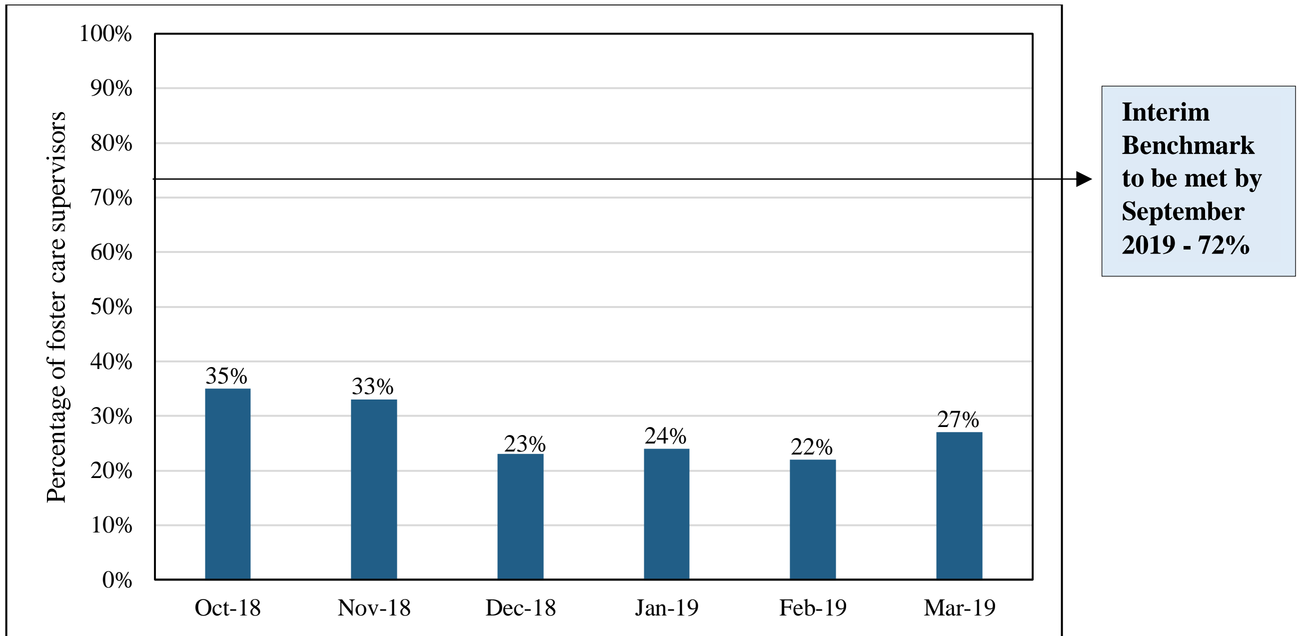
Foster Care Supervisors

The workload standard for supervisors providing supervision to foster care caseworkers is one supervisor to five caseworkers (1:5).

Between October 2018 and March 2019, a monthly range of 22 to 35 percent of foster care supervisors supervised five or fewer caseworkers (Figure 16), and 49 to 64 percent of supervisors had workloads more than 125 percent of the required limit (Figure 17). Specifically, on March 29, 2019, of the 79 supervisors supervising foster care caseworkers, 21 (27%) supervised five or fewer

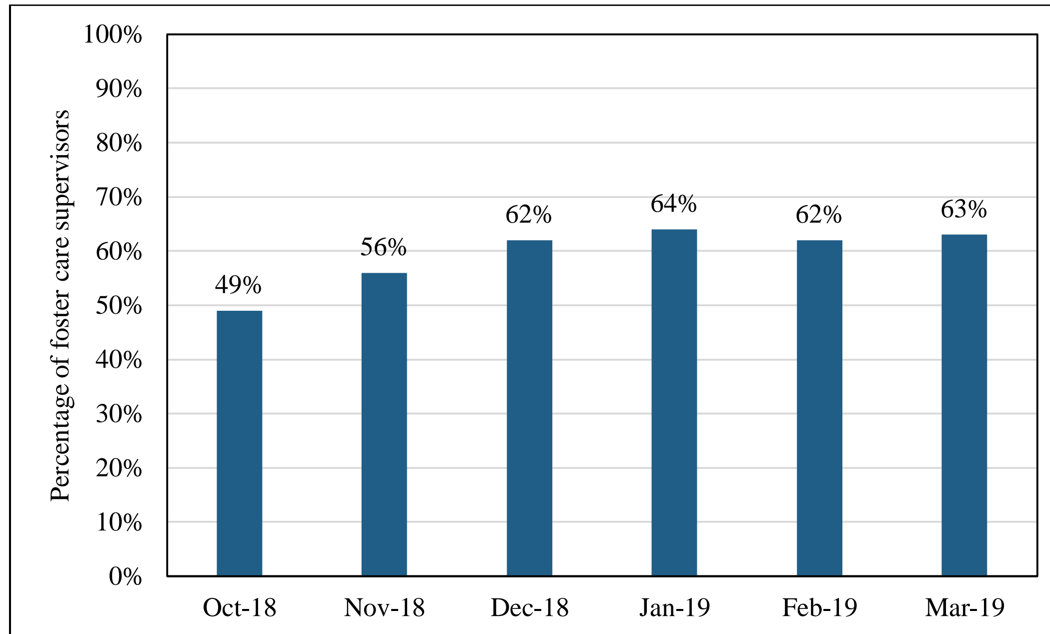
caseworkers, and 50 (63%) supervisors had workloads more than 125 percent of the required limit. Although the number of supervisors has increased since the last monitoring period (in September 2018, there were 69 foster care supervisors), the number of foster care caseworkers has also increased and progress has not been made in ensuring appropriate distribution of staff to meet the required supervisor to caseworker ratio.

Figure 16: Foster Care Supervisors Within the Required Workload Limits October 2018 - March 2019



Source: CAPSS data provided by DSS

Figure 17: Foster Care Supervisors with Workloads More Than 125% Of the Required Limit October 2018 - March 2019[100]



Source: CAPSS data provided by DSS

IFCCS Supervisors[101]

The workload standard for supervisors providing supervision to IFCCS caseworkers is one supervisor to five caseworkers (1:5).

Between October 2018 and March 2019, a monthly range of 22 to 30 percent of IFCCS supervisors supervised five or fewer caseworkers (Figure 18), and 59 to 63 percent of supervisors had workloads of more than 125 percent of the required limit (Figure 19). Specifically, on March 29, 2019, of the 27 supervisors supervising IFCCS caseworkers, six (22%) supervisors supervised five or fewer caseworkers, and 17 (63%) supervisors had workloads more than 125 percent over the required limit.

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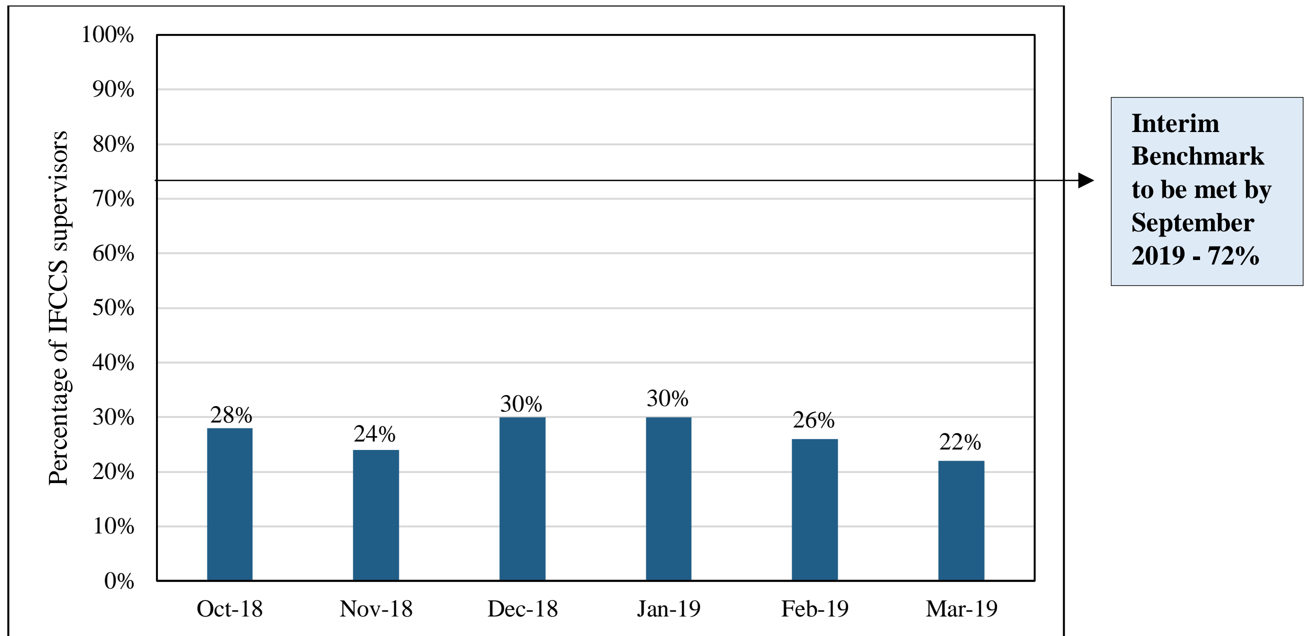
[100] The interim benchmark for this measure is 20% by September 2019. The final target is 0%.

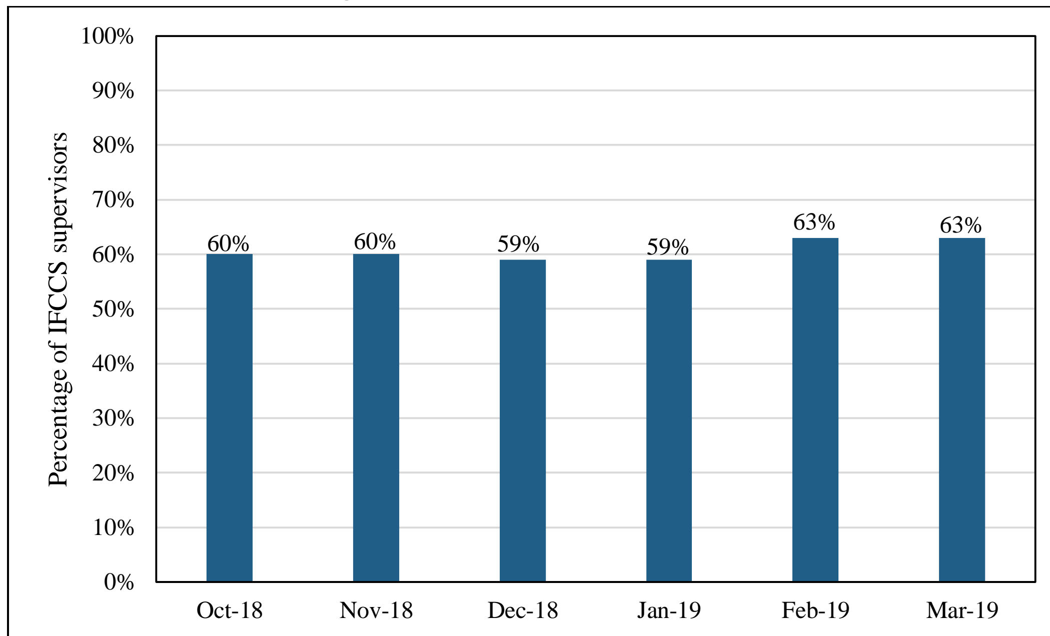
[101] As described further in this section, IFCCS casework and supervisor positions are being eliminated, with staff positions and cases transferred to county foster care staff and caseloads between October and December 2019.

Figure 18: IFCCS Supervisors Within the Required Workload Limits October 2018 - March 2019



Source: CAPSS data provided by DSS

Figure 19: IFCCS Supervisors with Workloads More Than 125% Over the Required Limit October 2018 - March 2019[102]



Source: CAPSS data provided by DSS

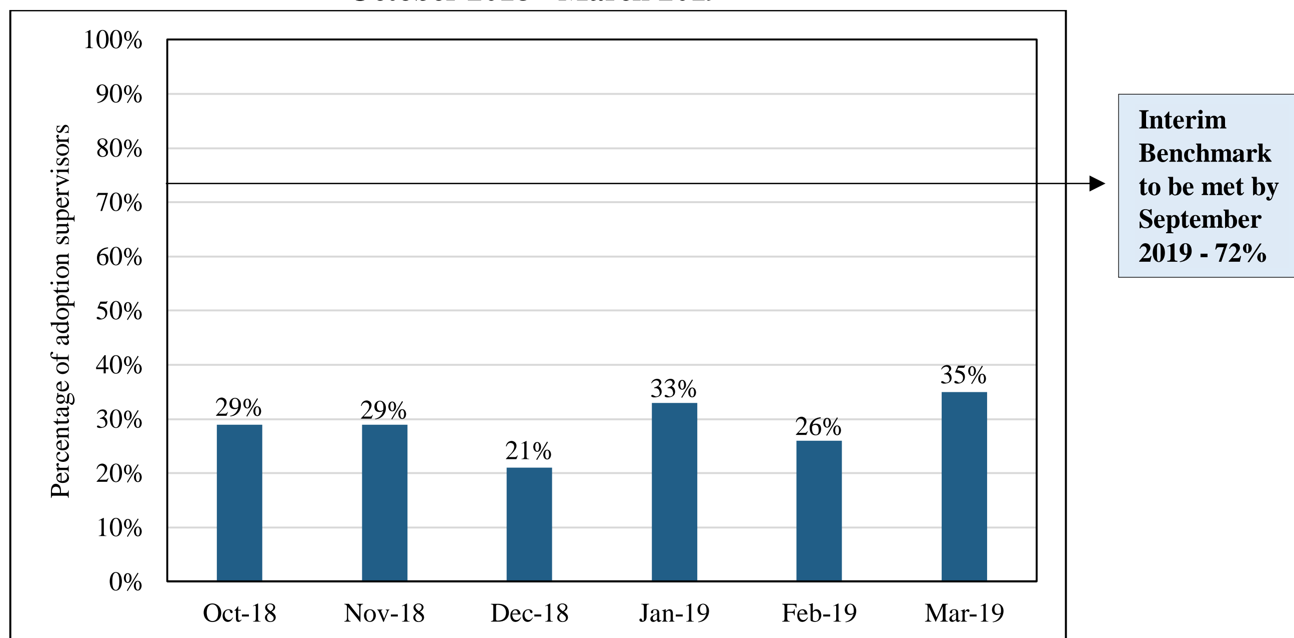
[102] The interim benchmark for this measure is 20% by September 2019. The final target is 0%.

Adoption Supervisors

The workload standard for supervisors providing supervision to adoption caseworkers is one supervisor to five caseworkers (1:5).

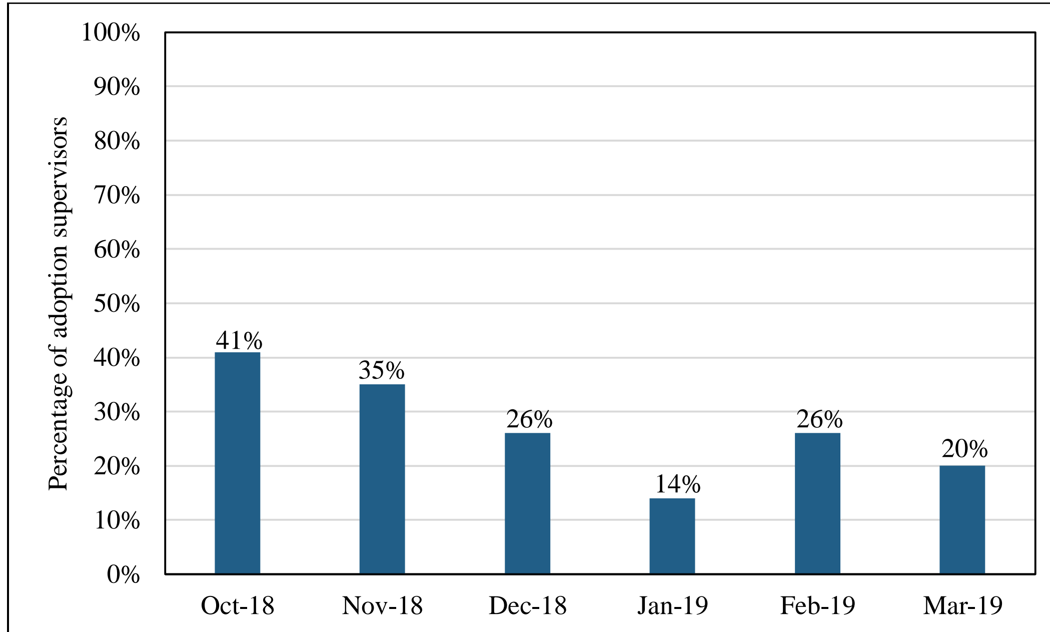
Between October 2018 and March 2019, a monthly range of 21 to 35 percent of adoption supervisors supervised five or fewer caseworkers (Figure 20), and 14 to 41 percent of supervisors had workloads of more than 125 percent of the required limit (Figure 21). Specifically, on March 29, 2019, of the 20 supervisors supervising adoption caseworkers, seven (35%) supervisors supervised five or fewer caseworkers, and four (20%) supervisors had workloads more than 125 percent over the required limit.

Figure 20: Adoption Supervisors within the Required Workload Limits October 2018 - March 2019



Source: CAPSS data provided by DSS

Figure 21: Adoption Supervisors with Workloads More Than 125% Over the Required Limit October 2018 - March 2019[103]



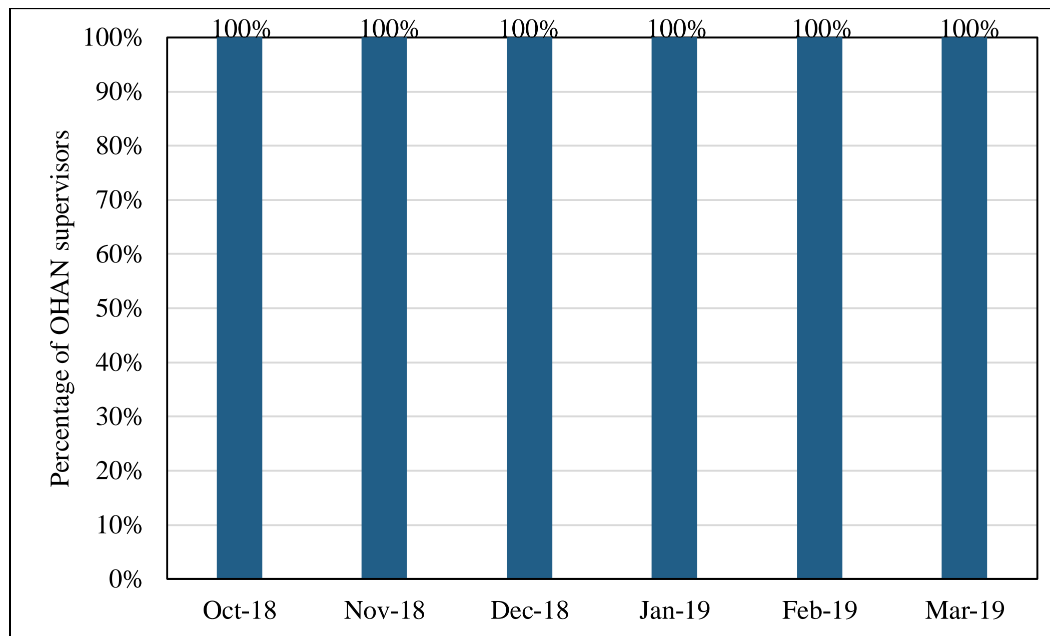
Source: CAPSS data provided by DSS

OHAN Supervisors

The workload standard for supervisors providing supervision to caseworkers conducting OHAN investigations is one supervisor to six investigators (1:6).[104] In March 2019, there were three OHAN supervisors and all three (100%) were responsible for six or fewer caseworkers. Performance every month this period was 100 percent (Figure 22).

[103] The interim benchmark for this measure is 20% by September 2019. The final target is 0%.
[104] The Co-Monitors approved the higher caseload standard for OHAN supervisors in recognition of the fact that the OHAN caseworkers they supervise will have lower caseloads than other direct service caseworkers.

Figure 22: OHAN Supervisors Within the Required Limits
October 2018 - March 2019



Source: CAPSS data provided by DSS

B. Workload Implementation Plan

The FSA required that by December 5, 2016, DSS develop an Implementation Plan to achieve the final FSA workload requirements. The Implementation Plan was to include "*enforceable interim benchmarks with specific timelines, subject to consent by Plaintiffs and approved (sic) by the Co-Monitors, to measure progress in achieving the final targets […]*" (FSA IV.A.2.(a)).

The Workload Implementation Plan was approved by the Co-Monitors on February 20, 2019, and approved by the Court on February 27, 2019.[105] The strategies within the Plan focus primarily on improvements to infrastructure and hiring, training, and retention of caseworkers and supervisors. The strategies are sequenced for short-term implementation (due January 2019 through January 2020), intermediate term implementation (due July 2019 through July 2020), and longer term implementation (due July 2020 through 2023). Although the implementation steps for most strategies were not yet required to be completed during this period, DSS has begun the foundational work for a number of the short-term strategies, as discussed below and reflected in Appendix B of this report.

Case Assignment and Worker Categories

As discussed earlier in this section, DSS has historically organized its case carrying workers for Class Members into several types: (1) foster care caseworkers who are located and supervised

[105] The Workload Implementation Plan is available at: https://dss.sc.gov/media/1948/dss-workload-implementation-plan.pdf

through county offices; (2) adoption caseworkers who are frequently secondary caseworkers for children in foster care with permanency goals of adoption but who are not yet legally free for adoption; and (3) IFCCS caseworkers who are assigned to children with significant mental or behavioral health needs, and are located and supervised through one of the state's regional DSS offices. In an effort to streamline case assignment and practice, the Workload Implementation Plan requires DSS to eliminate duplication in case assignment and more fully utilize adoption caseworkers by discontinuing the practice of assigning children's cases to both adoption and foster care caseworkers, and assuring that children and families have one point of contact for communication and planning. This transition is occurring in five phases. The first phase, which began in February 2019, involved the assignment of children's cases solely to an adoption caseworker if a child's permanency goal is adoption, they are legally free to be adopted, and they are placed with a family that has signed an adoption agreement or a pre-adoption agreement. The second phase, which was also underway in February 2019, ensured that the siblings of the children identified in the first phase were also assigned to an adoption worker.[106] As of May 2, 2019, DSS reports that 61 children's cases have transferred to adoption caseworkers for primary case management responsibility, and approximately 336 children's cases remain to be transferred through the other phases by the anticipated completion date of November 2019.[107]

In addition to changes to case assignment and responsibilities of adoption caseworkers for all children with permanency goals of adoption, the Workload Implementation Plan required DSS to assess the feasibility of eliminating IFCCS as a separate workload and staffing category. This change was recommended following the assessment of an expert workforce consultant who determined that, in most instances, IFCCS staff did not possess a higher level of training or skill than other foster care caseworkers, and that assigning case management solely on the needs of the child diminishes the focus on case and permanency planning with families. A DSS workgroup further evaluated this potential change, and a final decision was made on May 31, 2019 to move forward with eliminating IFCCS as a separate caseworker category. In making this decision, DSS determined there were no legal or Human Resource barriers to this change, and data related to permanency outcomes identified no compelling reason to maintain the separate category. DSS reports that the change has implications for federal revenue and claiming and work is underway, with assistance from financial consultants and the Co-Monitors, to develop a transition plan by August 30, 2019.[108]

In response to specific concerns about the caseloads of caseworkers responsible for investigating allegations of abuse or neglect against children in foster care - DSS's OHAN unit - the Workload Implementation Plan requires DSS to hire nine new OHAN investigators, and make offers of

[106] See Appendix B for a more detailed explanation of each phase and timeline for transfers.
[107] These data are from a point-in-time data pull, and the total number of cases will likely change as time goes on due to children leaving foster care, and children newly entering the transfer categories for different reasons, including becoming legally free for adoption.
[108] The Joint Report has modified this Implementation Plan strategy, and requires DSS to finalize the transition plan for phasing out IFCCS caseworkers and determine staffing and fiscal impact by September 30, 2019.

employment to identified candidates by March 17, 2019. These offers were made by the required date, and all candidates accepted. Most of the new hires had already completed Child Welfare Basic training, and completed the newly developed investigation training curriculum shortly after hire. The newly hired staff who had not completed Child Welfare Basic training were enrolled and completed the training in mid-June 2019. As of August 12, 2019, there were 15 OHAN staff accepting new case assignments. As of the writing of this report, DSS reports that a new supervisor position - which was created to ensure appropriate supervisory oversight at the FSA ratio - was posted for hire, and a program assistant position had also been posted. By September 30, 2019, DSS will assess OHAN caseloads and determine how many additional staff may be needed to bring staff to the required caseload standards, and begin the process for allocation of additional positions.

Implementation of Stay Interviews

DSS reports that an interview tool has been developed, and the new process for gathering retention information from DSS staff was presented to County Directors on August 27, 2019. Once implementation begins, interviews with new staff will be conducted at 30 days and six months after employment starts. In addition to in-person interviews, DSS has developed and plans to utilize a survey to collect feedback from new staff. The survey includes questions about job satisfaction and working conditions, and will be sent to staff at three months, nine months, and 12 months after their date of hire.

Engagement of South Carolina public university departments of social work in developing a partnership using provisions for federal funding available under Title IV-E of the Social Security Act (due June 30, 2019)

The goal of this strategy is to develop a partnership with SC university schools of social work to support the training and professional development of social workers who can then be hired by the Department to perform child welfare work. To assist in implementation of this strategy, in addition to other strategies within the Plan, DSS committed to hiring a Child Welfare Workforce Developer within 90 days of Plan finalization. DSS posted the position, and conducted some interviews, but as of June 30, 2019, determined that it did not have an appropriate candidate for this position. As of the writing of this report, DSS has reposted the position, and plans to conduct interviews, select a candidate, and onboard and train the new Workforce Developer by October 31, 2019.[109]

DSS reports it is still in the exploration phase regarding university partnerships. On June 17, 2019, DSS staff spoke with contacts in Georgia's Division of Family and Children's Services to learn more about their agency-university consortium and to better understand opportunities and challenges.[110] DSS also reports exploring opportunities for Title IV-E funding for activities

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[109] The Joint Report amended the date for hire of a Child Welfare Workforce Developer from June 30, 2019 to October 31, 2019.
[110] The Joint Report requires by November 30, 2019, DSS follow up on contacts made with state-funded universities regarding partnership interest.

associated with a training partnership, and is planning to reach out to SC educational institutions to gauge interest in this effort.

Increased Salaries for Staff with BSW and MSW Degrees

One of the foundational strategies in the Workload Implementation Plan is the adoption of a new salary schedule for caseworkers and supervisors that will raise entry salaries significantly and provide for increases based on education, training, and longevity.[111] The salary schedule in the approved Plan provides greater parity with caseworker salaries in states with similar demographic characteristics and ensures staff receive a living wage upon hiring or no later than within two to three years of employment. To implement this strategy, DSS needs additional resources and the agency has indicated that the necessary funds will be requested from the legislature for the FY2020-2021 budget, for implementation to begin in July 2020.

Review of current procedures for approving requests for authorizations of salary above the minimum and for salary increases within pay band and make any changes needed to ensure that they are based upon clear, objective, and consistently applied criteria (DSS communication of procedures and criteria in writing to all staff by June 30, 2019).

DSS reports a draft communique is under final review and revisions, and will be distributed to staff by August 30, 2019. DSS will develop a policy with procedures for approving salary requests in the coming months.

VI. CASEWORKER-CHILD VISITATION

The DSS caseworker serves a critical role in the life of a child in foster care and the expectation is that the caseworker have at least monthly face-to-face contact with the child in order to assess the child's safety and well-being, and the status of the family's case and progress toward permanency. Ideally, the monthly visit should take place where the child resides.

A. Performance Data

The FSA requires *at least 90 percent of total minimum number of monthly face-to-face visits with Class Members by caseworkers during a 12-month period shall have taken place* (FSA IV.B.2.). The FSA also requires that *at least 50 percent of the total minimum number of monthly face-to-face visits with Class Members by caseworkers during a 12-month period shall have taken place in the residence of the child* (FSA IV.B.3.).

[111] Under the current salary schedule, the average caseworker at DSS, who does not have a social work degree, earns $35,541. Under the new salary schedule, the baseline salary for Level 1 caseworkers who do not have a social work degree will be $46,000; the top range of this position - for caseworkers with 10 years of experience and within the Level 3 classification - will be $55,261.33.

The Parties have agreed that for purposes of measuring compliance with the FSA, a caseworker's visit with a child must include the following actions as set out in DSS's Child Welfare Policy and Procedures, Chapter 5, Foster Care Visitation (effective June 1, 2019), with subsequent supporting documentation in CAPSS:

a) An interview with the child alone, away from both the caregiver and other children in the home;

b) Substantive inquiry as to the child's safety, permanency, and well-being. "Substantive inquiry" means focused on issues pertinent to case planning and service delivery to ensure the safety, permanency, and well-being of the child; and

c) Appropriate documentation of the visit in CAPSS. CAPSS documentation must include the location and circumstances of the interview; a summary of the conversation and assessment of safety, permanency, and well-being; and a statement reflecting any changes in the case plan or service delivery, or acknowledging the continued path of the current case plan and service delivery.

The above expectations for caseworker visits with children were shared with staff via DSS's intranet on June 3, 2019.

No validated data on caseworker visits with Class Members are available for inclusion in this report. As of June 30, 2019, DSS had not yet proposed a methodology and process for assessing performance with respect to visits, as defined by Parties, between caseworkers and Class Members. Since April 2019, DSS, USC, and Co-Monitor staff have worked together on these tasks and plan to continue to do so over the next monitoring period. With agreement on a methodology and process for reviewing documentation for cases in which DSS data indicate that the caseworker visited the identified child, trained reviewers will verify cases from a monthly CAPSS quantitative report against the definition of a visit recently agreed upon by Parties. The first review is scheduled to occur in November 2019, and will focus on case activity in September 2019.

B. Visitation Implementation Plan

The FSA required that by December 5, 2016, DSS develop an Implementation Plan to achieve the final targets related to caseworker-child visitation. The Implementation Plan must have *"enforceable interim benchmarks with specific timelines, subject to consent by Plaintiffs and approval by the Co-Monitors, to measure progress in achieving the final targets [...]"* (FSA IV.B.1.).

DSS shared the first draft of the Visitation Implementation Plan with the Co-Monitors and Plaintiffs in November 2016. Plaintiffs and the Co-Monitors reviewed several drafts of the Plan, and the Co-Monitors approved DSS's Visitation Implementation Plan on March 28, 2019.[112]
On March 29, 2019, DSS issued a directive memo reminding staff of the responsibility to address a child's health, safety, and well-being during at least monthly visits. The memo includes examples of questions to ask and observations to make, including, for example, observing a facility's time-out room, and asking how long and how often children are staying in that room.

In addition to clarification of the role and function of caseworker-child contacts as discussed earlier, the Visitation Implementation Plan includes steps to improve the quality of children's visits with their caseworker, and the quality and frequency of children's visits with parents with whom they are to reunify and with their siblings. The Plan also includes commitments to streamline the data entry process so that caseworkers and supervisors can appropriately reflect their work in CAPSS. DSS plans to clarify expectations for documentation of visits in order to capture reliable qualitative data for validation and management oversight. Training on the new CAPSS data entry process is also to be provided via a webinar beginning in August 2019.

VII. INVESTIGATIONS OF ALLEGED ABUSE/NEGLECT IN OUT-OF-HOME CARE

The work of screening and investigating allegations of abuse and/or neglect of children in foster care - completed by DSS's Out-of-Home Abuse and Neglect (OHAN) unit - is another critical function of any child welfare system. This unit must be prepared 24 hours a day, seven days a week to receive reports, appropriately decide which reports should be screened in for investigation and, for those reports that require an investigation, make contact with the alleged victim child(ren) within 24 hours of the report to assess the child's safety and the allegations. Children are in foster care as a result of abuse or neglect by their caregivers, and ensuring their safety and well-being while in state custody is a primary obligation.

Data for the current monitoring period reflect declines in performance over the prior period in nearly all measures related to OHAN practice. DSS met the interim benchmarks as outlined in the OHAN Implementation Plan for the measures related to timely completion of investigations but none of the other outcome measures.[113] Of particular concern is the decline in performance related to the quality of investigations - only one (3%) of the 34 investigations initiated in March 2019 included contact with all necessary core witnesses, and of the 31 investigations with unfounded

[112] The Visitation Implementation Plan is available at: https://dss.sc.gov/media/1956/3-28-2019-final-dss-visitation-implementation-plan.pdf
[113] It is important to look at measures of timeliness of investigation performance in conjunction with related measures of quality and completeness of the investigation - including data on contact with core witnesses and appropriateness of decision-making.

decisions, reviewers determined these findings were appropriately made in only three (10%) investigations.

The concerning performance data discussed in this section is primarily due to the small number of OHAN investigators accepting cases during the period under review. Most of these caseworkers had extremely high caseloads – for example, one investigator was responsible for 41 investigations - making it difficult to complete all necessary tasks, with quality, in every case. DSS has allocated new positions to OHAN in accordance with the Workload Implementation Plan, and new caseworkers have now been hired and trained. Performance for the next monitoring period (April through September 2019) will be assessed based on the practice of caseworkers with more manageable caseloads.

A. Performance Data

OHAN Intake

Pursuant to South Carolina state statute and DSS protocol, all allegations of abuse or neglect of children in out-of-home settings - including licensed foster homes, residential facilities, and group homes - received by local county offices or regional Intake Hubs must be forwarded to OHAN for screening and, if accepted, for investigation.[114,115,116] OHAN staff make decisions to either accept a referral for investigation or take no further action on the referral ("screen out") based upon information collected from reporters to determine if the allegations meet the state's statutory definition of abuse or neglect.[117] Reports of licensing violations that do not include allegations of abuse or neglect are expected to be referred to DSS's licensing unit for follow up, although, DSS reports inconsistencies in practice around this requirement. DSS policy establishes three main screening criteria for investigations of abuse or neglect of children in out-of-home care: (1) the alleged victim child is younger than 18 years of age; (2) there is an allegation of actual harm that has occurred or is occurring to a child, or the caregiver's acts or omissions present a significant risk of harm; and (3) the alleged perpetrator is a person responsible for the child's welfare[118]. All screening decisions are reviewed and approved by a supervisor prior to being finalized.

[114] SC Code § 63-7-1210; Human Services Policy and Procedural Manual, Chapter 7-721. p.3 (effective date 11/29/2012); SC DSS Directive Memo, April 26, 2016.
[115] Allegations of abuse or neglect by a foster parent of their biological or adopted child are investigated by child protective service caseworkers in local county offices.
[116] In January 2015, DSS began implementation of a regionalized Intake Hub system which provides central locations for receipt of referrals of abuse and/or neglect against children in the state. There are a total of seven Intake Hubs within the current four state regions. For the current monitoring period, allegations of abuse and neglect against children in foster care or children in day care settings are directed and screened by centralized OHAN staff, however, DSS anticipates this responsibility transferring to the Intake Hubs on or around October 1, 2019 (after SDM intake tool training and implementation).
[117] SC Code § 63-7-20.
[118] This includes a foster parent; an employee or caregiver in a public or private residential home, institution, or agency; or an adult who has assumed the role and responsibility of a parent or guardian for the child, but who does not necessarily have legal custody of the child. Human Services Policy and Procedural Manual, Chapter 7-721. p.3 (effective date 11/29/2012).

The FSA requires *"[a]t least 95% of decisions not to investigate a Referral of Institutional Abuse or Neglect about a Class Member must be made in accordance with South Carolina law and DSS policy"* (FSA IV.C.2.). Table 8 includes the approved OHAN Implementation Plan timeline and interim benchmarks for this measure:

Table 8: Baseline, Timeline, and Interim Benchmarks for Appropriateness of Decision Not to Investigate Referral Alleging Institutional Abuse and/or Neglect

Baseline	
August 2016 - January 2017	44%
Timeline	**Interim Benchmark**
September 2017	75%
March 2018	90%
Final Target - September 2018	**95%**

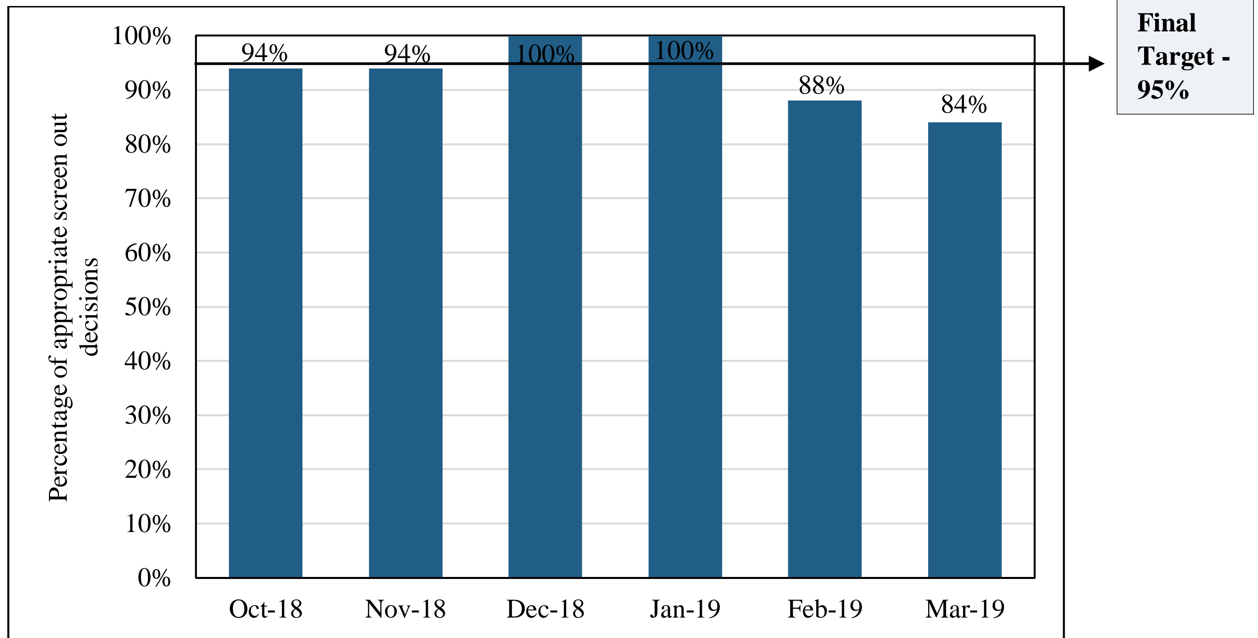
Source: OHAN Implementation Plan

All applicable referrals[119] of abuse and/or neglect received and not investigated by DSS's OHAN unit between October 2018 and March 2019 were reviewed by Co-Monitor staff to determine appropriateness of screening decision.[120] Performance data were collected and are reported separately for each month.

Between October 2018 and March 2019, the Co-Monitors determined a monthly range of 84 to 100 percent of decisions not to investigate a referral of abuse and/or neglect were appropriate (Figure 23). Specifically, in March 2019, 16 (84%) of the 19 applicable screening decisions were deemed appropriate. DSS met the final target of 95 percent in December 2018 and January 2019, however, performance declined in February and March 2019 and did not maintain at the final target level at the end of this period.

[119] Some referrals were found not to be applicable for review because the alleged victim child was not a Class Member (i.e. the child was voluntarily placed by the legal guardian or through ICPC from another state, or was the biological child of the caregiver). DSS has represented to the Co-Monitors that all referrals of abuse or neglect in licensed foster homes, residential facilities, and group homes across the state involving Class Members are received by or forwarded to OHAN for screening and investigation, as appropriate, and screening decisions are not made by local office or Intake Hub staff at this time.
[120] When assessing performance for this measure, reviewers considered three main criteria: (1) the allegation, if true, meets the legal definition of maltreatment; (2) the OHAN caseworker did not collect all information necessary to make an appropriate screening decision; and (3) safety or risk factors were identified within the information shared. If any of these questions were answered in the affirmative, the decision not to investigate the referral was determined to be inappropriate.

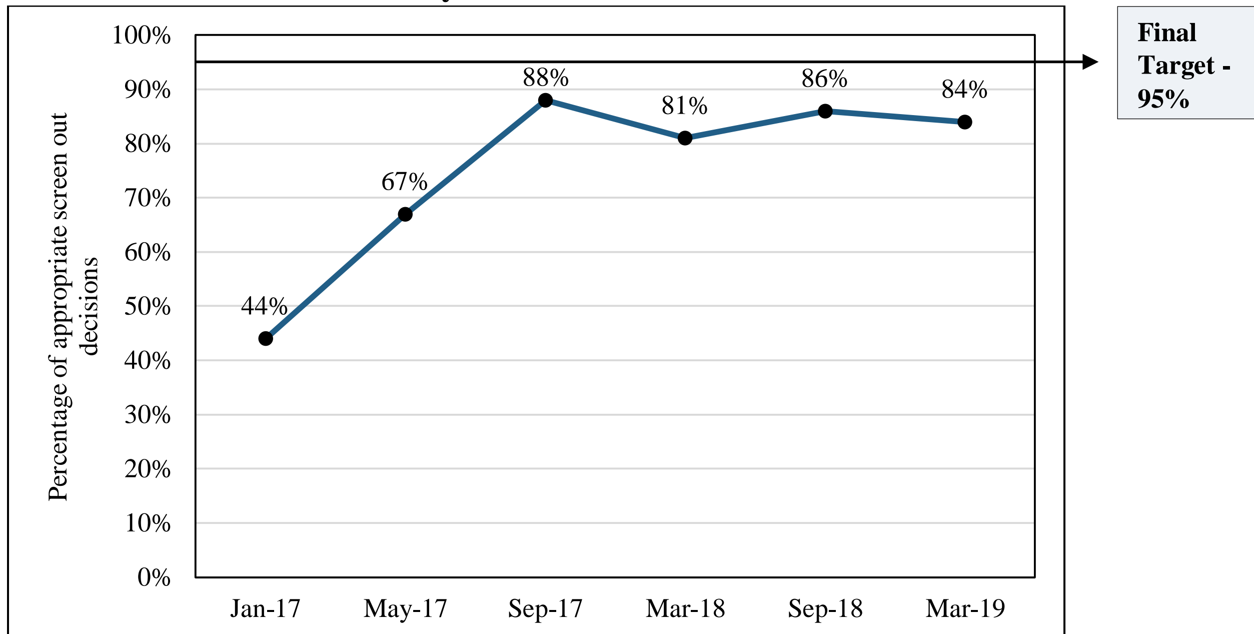
Figure 23: Appropriateness of Decision Not to Investigate Referral of Institutional Abuse and/or Neglect October 2018 - March 2019



Source: Monthly review data, Co-Monitor staff

Figure 24 includes performance trends for appropriateness of decisions not to investigate referrals between January 2017 and March 2019.

Figure 24: Performance Trends for Appropriateness of Decision Not to Investigate Referral Alleging Institutional Abuse and/or Neglect January 2017 - March 2019



Source: January 2017 performance collected during review of 128 referrals received by DSS between August 1, 2016 and January 31, 2017 and not accepted for investigation. Performance data for May 2017, September 2017, March 2018, September 2018, and March 2019 reflect findings from monthly reviews completed by Co-Monitor staff.

OHAN Investigations

If a referral is accepted for investigation, the FSA and OHAN policy require face-to-face contact with the alleged victim child(ren) within 24 hours to assess for safety and risk, and the investigation is to be completed within 45 days.[121] OHAN policy also requires that throughout the course of the investigation, the investigator must conduct a safety assessment of the alleged victim child, including a private interview with that child; work with the child's caseworker or law enforcement to make arrangements for medical treatment or examinations, as needed; interview core witnesses to inform the investigation; review documents and records related to the incident; and assess the risk of further maltreatment to all children within that setting.[122] All of these activities are critical components of a quality investigation that results in accurate assessments and findings.

There are seven FSA measures pertaining to the activities and quality of practice within investigations - timely initiation (two measures)[123], contact with core witnesses (one measure),

[121] Human Service Policy and Procedural Manual, Chapter 7-721. p. 6, 12 (effective date 11/29/2012).
[122] Human Services Policy and Procedural Manual, Chapter 7-721. p. 7 (effective date 11/29/2012).
[123] The Co-Monitors' interpretation of the FSA requires that investigations be initiated within 24 hours of receipt of the referral by DSS, not within 24 hours of the decision to accept the referral, and that initiation is completed by making face-to-face contact with the alleged victim child(ren). As a result, the performance for both FSA measures IV.C.4.(a) and (b) are measured using the same

investigation determination decisions (one measure), and timely completion (three measures). The most recent performance data detailed below were collected during a case record review conducted in June 2019 which examined all 34 applicable investigations[124] that were accepted in March 2019.

Timely Initiation of Investigations

The FSA requires *"[t]he investigation of a Referral of Institutional Abuse or Neglect must be initiated within twenty-four (24) hours in accordance with South Carolina law in at least 95% of the investigations"* (FSA IV.C.4.(a)). Additionally, FSA Section IV.C.4.(b) requires *"[t]he investigation of a Referral of Institutional Abuse or Neglect must include face-to-face contact with the alleged victim within twenty-four hours in at least 95% of investigations, with exceptions for good faith efforts approved by the Co-Monitors."* The Co-Monitors measure performance for both FSA IV.C.4.(a) and (b) using the same methodology and timeframes - the time between receipt of referral by OHAN and face-to-face contact with the alleged child victim must be within 24 hours.[125]

Table 9 includes the approved OHAN Implementation Plan timeline and interim benchmarks for this measure.

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methodology and timeframes - the time between receipt of referral and face-to-face contact with alleged child(ren) victim must be within 24 hours.

[124] A total of 52 reports were accepted for investigation in March 2019, however, 17 reports were determined not appropriate for review as the alleged victim child(ren) was not a Class Member (i.e. the child was voluntarily placed by the legal guardian or was placed through ICPC from another state) and one investigation was a duplicate report and merged with the appropriate investigation.

[125] The Co-Monitors approved the following efforts as "good faith efforts" for timely initiation which must be completed and documented, as applicable, to contact with an alleged victim child(ren) within 24 hours: investigator attempted to see child(ren) at school or child care facility; investigator attempted to see child(ren) at doctor's visit or hospital; for child(ren) moved to an out-of-state location in order to receive specialized treatment, investigator attempted to interview by Skype or other electronic means; investigator attempted to see child(ren) at the police department; investigator attempted to attend forensic/CAC interview; investigator attempted to see child(ren) at therapist's office; investigator contacted the assigned foster care caseworker(s) and/or supervisor(s); investigator attempted to contact the parent/guardian of the victim child(ren) if the child(ren) has returned home; and investigator attempted to contact the child at all foster care placements where the child may temporarily be placed in the first 24 hours. Additionally, the following extraordinary circumstance exceptions to timely initiation were approved by the Co-Monitors: child was returned to biological family prior to report and family refuses contact; child is deceased; law enforcement prohibited contact with child; facility restrictions due to child's medical requirements; natural disaster; and child missing despite efforts to locate (efforts should include all applicable good faith efforts).

Table 9: Baseline, Timeline, and Interim Benchmarks for Timely Initiation of Investigations

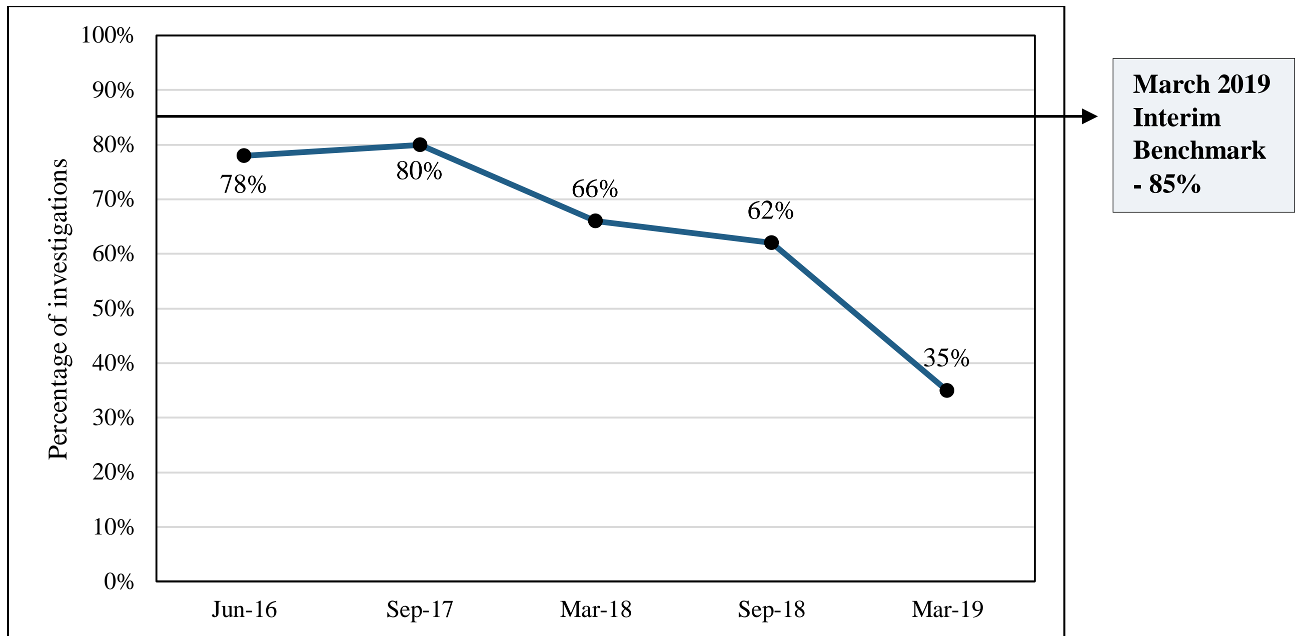
Baseline	
June - November 2016	78%
Implementation Plan Timeline	**Interim Benchmark**
September 2017	78%
March 2018	80%
September 2018	80%
March 2019	**85%**
September 2019	85%
March 2020	90%
September 2020	90%
Final Target - March 2021	**95%**

Source: OHAN Implementation Plan

Performance data for this period were collected during a case record review of investigations accepted in March 2019.[126] Of the 34 applicable investigations, contact was made with all alleged victim child(ren) within 24 hours in 12 (35%) investigations. Current performance has been in decline over the past several periods and is below the interim benchmark of 85 percent (Figure 25).

[126] The Co-Monitors have continued to assess that although data for this measure are collected in CAPSS and monthly reports are provided to the Co-Monitors by DSS, the aggregate CAPSS report cannot currently be used for reporting due to the following: the CAPSS report does not distinguish between investigations involving Class and Non-Class Members which is required for reporting performance and the Co-Monitors have found instances in which caseworkers have incorrectly documented the time a child is seen. DSS reports efforts are underway to remove from the aggregate data provided investigations that only pertain to Non-Class Members so data can be tracked and reported on a monthly basis.

Figure 25: Timely Initiation of Investigations
June 2016 - March 2019



Source: Case Record Reviews conducted by USC CCFS and Co-Monitor staff

Contact with Core Witnesses during Investigation

The FSA requires *"[c]ontact with core witnesses must be made in at least 90% of the investigations of a Referral of Institutional Abuse or Neglect, with exceptions approved by the Co-Monitors"* (FSA IV.C.4.(c)).

A core witness is defined as an individual who is pertinent to the investigation because they witnessed or have knowledge of the alleged actions and can shed light on the allegations and the actions of the alleged perpetrators. Core witnesses may differ investigation to investigation, but in all cases include: reporter(s), alleged perpetrator(s), alleged child victim(s), child's DSS caseworker, other child(ren) and/or adult(s) in the home, and, when involved, law enforcement. If the allegations involve an institutional setting, all other adults and children relevant to the investigation are also considered core witnesses.[127,128]

Table 10 includes the approved OHAN Implementation Plan timeline and interim benchmarks for this measure:

[127] This definition of core witnesses was proposed in DSS's OHAN Implementation Plan, which was approved by the Co-Monitors and consented to by Plaintiffs.

[128] The following are exceptions, approved by the Co-Monitors, to the requirement that the investigator make contact with a core witness during an investigation: witness refused to cooperate; witness advised by counsel or law enforcement that interview could not occur (e.g. pending charges, lawsuit); witness is deceased; unable to locate or identify witness; and medical conditions prevented witness from cooperating. In all instances, the exception must be supported by documentation of the exception reason and best efforts to engage the witness.

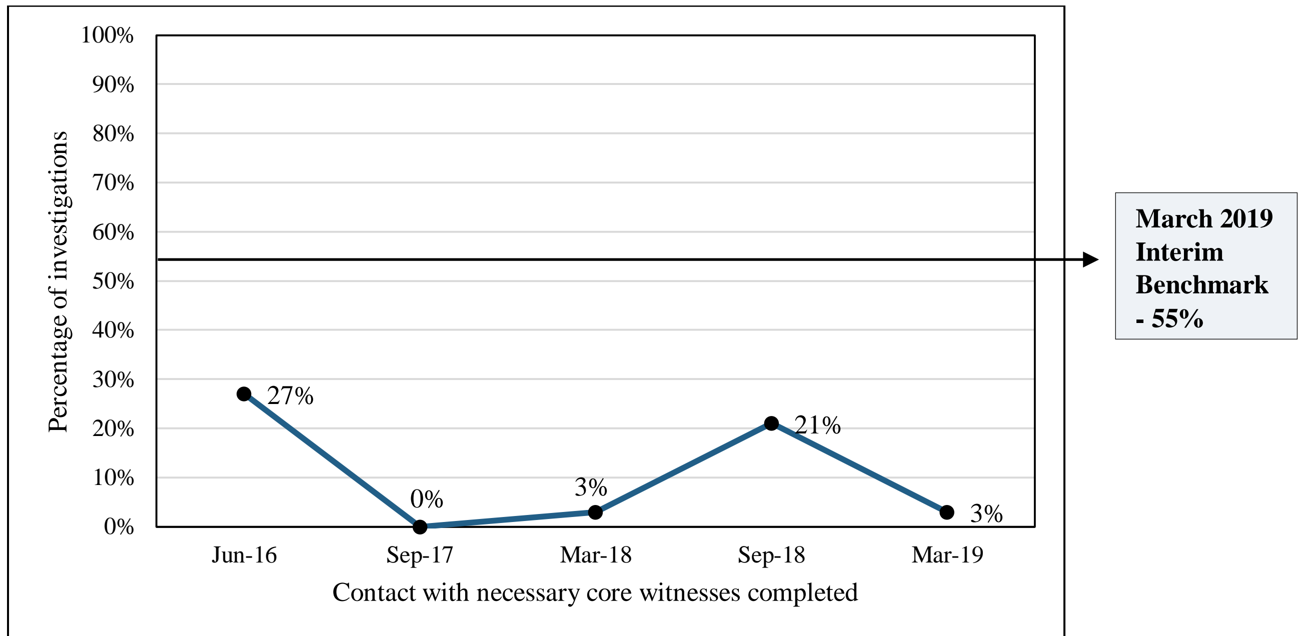
Table 10: Baseline, Timeline, and Interim Benchmarks for Contact with All Necessary Core Witnesses during the Investigation

Baseline	
June - November 2016	27%
Implementation Plan Timeline	**Interim Benchmark**
September 2017	35%
March 2018	40%
September 2018	45%
March 2019	**55%**
September 2019	60%
March 2020	70%
September 2020	80%
Final Target - March 2021	**90%**

Source: OHAN Implementation Plan

Performance data for this period were collected during a case record review of investigations accepted in March 2019. One (3%) of the 34 applicable investigations reflected contact with all necessary core contacts during the investigation. Current performance is substantially below the interim benchmark of 55 percent, and has declined since the prior period (Figure 26).

Figure 26: Contact with All Necessary Core Witnesses during Investigations June 2016 - March 2019



Source: Case Record Reviews conducted by USC CCFS and Co-Monitor staff

The following data, presented in Table 11, reflect the frequency of OHAN investigator contact with each category of core witness in the 34 investigations reviewed. Caseworkers struggle with consistently interviewing all necessary core witnesses, particularly reporters, law enforcement, and other adults in the home or facility.

Table 11: Contact with Necessary Core Witnesses during Investigations by Type of Core Witness March 2019 N=34

Core Witness	Number of Applicable Investigations	Contact with All	Contact with Some	Contact with None
Alleged Victim Child(ren)	34	29 (85%)	4 (12%)	1 (3%)
Reporter	30[129]	15 (50%)	-	15 (50%)
Alleged Perpetrator(s)	33[130]	26 (79%)	3 (9%)	4 (12%)
Law Enforcement	8	1 (13%)	-	7 (88%)
Alleged Victim Child(ren)'s Caseworker(s)	34	14 (41%)	7 (22%)	13 (38%)
Other Adults in Home or Facility[131]	20	4 (20%)	4 (20%)	12 (60%)
Other Children in Home or Facility[132]	24	6 (25%)	8 (33%)	10 (42%)
Additional Core Witnesses	25[133]	8 (32%)	7 (28%)	10 (40%)

Source: Case Record Review completed in June 2019 by USC CCFS and Co-Monitor staff
*Totals may not equal 100% due to rounding

Investigation Case Decisions

At the conclusion of an investigation, a decision to *indicate* or *unfound* is made based upon the totality of the information collected, with the preponderance of the evidence as standard of proof of the facts.[134]

[129] The reporter in four investigations was anonymous.
[130] Exceptions to contact with alleged perpetrator(s) was applicable in one investigations, as the investigator was unable to identify the alleged perpetrator despite efforts.
[131] For investigations involving foster homes, in addition to speaking with the alleged perpetrator(s), the investigator should speak with all other adults in the household. For investigations involving institutions, the investigator should speak with all other adults who were involved in or who have knowledge of the allegations.
[132] For children who are placed in foster homes, in addition to speaking with all alleged victim children, the investigator should speak with all non-victim children in the home to inform the investigation, including other foster children and biological or adopted children in the home. For investigations involving institutions, as most facilities have many children placed there, investigators should speak with all other children who were involved in or who have knowledge of the allegations.
[133] Additional core witnesses identified by reviewers in 25 investigations included family members, school or day care personnel, mental health or medical providers, neighbors or other adults who observed the incident, foster home licensing workers, case managers, fire inspector, previous placement personnel, and forensic interviewers.
[134] SC DSS Human Services Policy and Procedural Manual, Chapter 7-721. p. 3 (effective date 11/29/2012).

Section IV.C.3. of the FSA requires *"[a]t least 95% of decisions to 'unfound' investigations of a Referral of Institutional Abuse or Neglect must be based upon DSS ruling out abuse or neglect or DSS determining that an investigation did not produce a preponderance of evidence that a Class Member was abused or neglected."*

Table 12 includes the approved OHAN Implementation Plan timeline and interim benchmarks for this measure:

Table 12: Baseline, Timeline, and Interim Benchmarks for Appropriate Case Decisions during Investigations

Baseline	
June - November 2016	47%
Implementation Plan Timeline	**Interim Benchmark**
September 2017	48%
March 2018	50%
September 2018	55%
March 2019	**60%**
September 2019	65%
March 2020	75%
September 2020	85%
Final Target - March 2021	**95%**

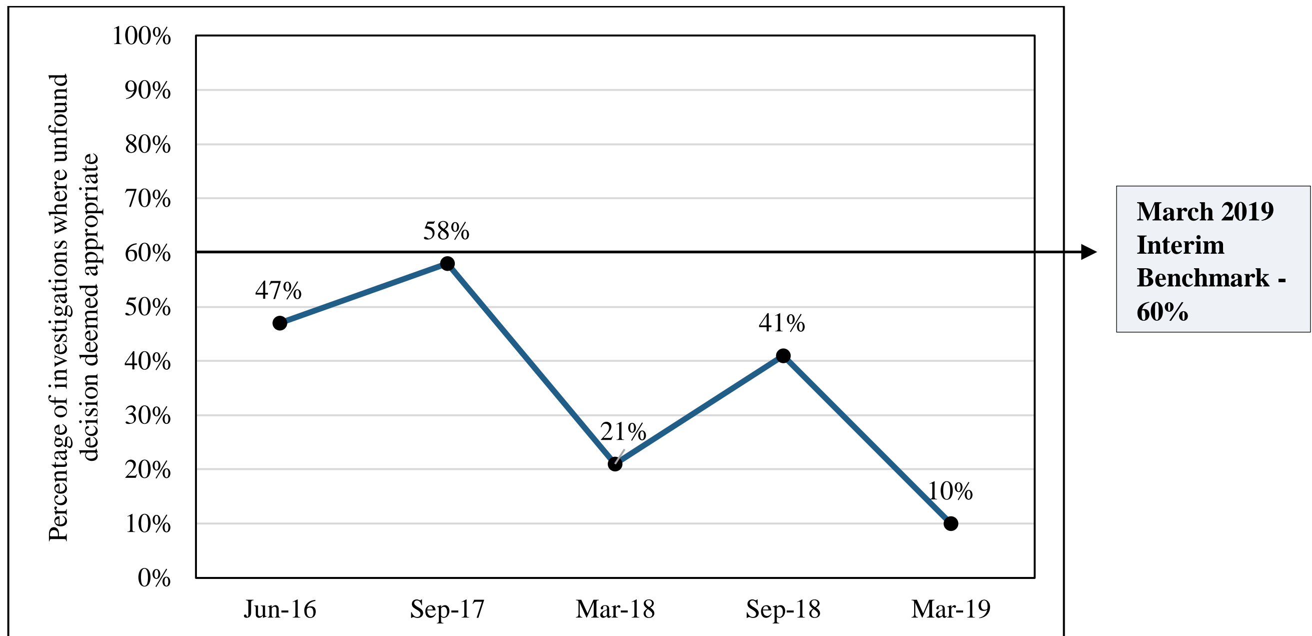
Source: OHAN Implementation Plan

Performance data for this period were collected during the previously referenced case record review of investigations accepted in March 2019. Of the 34 applicable investigations reviewed, the final case decision was to *unfound* the allegations in 31 investigations. Reviewers agreed that the case decision to *unfound* the investigation was appropriate in three (10%) of the 31 investigations (Figure 27). Current performance is well below the interim benchmark of 60 percent, and is at the lowest level since reporting began.

For those investigations in which reviewers disagreed with the unfounded decision, in all investigations, the reviewer assessed that the investigator failed to collect sufficient information necessary to make an accurate finding. This was primarily due to the lack of interviews with, and insufficient information collected from, collateral contacts.[135]

[135] As part of the Co-Monitors protocol for all case reviews that are conducted, if during the course of a case review a safety concern is identified that was not addressed, DSS is immediately notified for appropriate follow up.

Figure 27: Decision to Unfound Investigations Deemed Appropriate June 2016 - March 2019



Source: Case Record Reviews conducted by USC CCFS and Co-Monitor staff

Timely Investigation Completion

The FSA includes the following three measures for timely completion of investigations, recognizing that some investigations may take longer than 45 days as policy requires:

- *"At least 60% of investigations of a Referral of Institutional Abuse or Neglect shall be completed within forty-five (45) days of initiation of an investigation, unless the DSS Director or DSS Director's designee authorizes an extension of no more than fifteen (15) days upon a showing of good cause. For the purposes of this section, an investigation is not completed if DSS determines the Report is unfounded because the deadline to complete the investigation has passed"* (FSA IV.C.4.(d)).

- *"At least 80% of investigations of a Referral of Institutional Abuse or Neglect shall be completed within sixty (60) days of initiation of the investigation, and all investigations not completed within sixty (60) days shall have authorization of the DSS Director or DSS Director's designee of an extension of no more than thirty (30) days upon a showing of good cause. For the purposes of this section, an investigation is not completed if DSS determines the Report is unfounded because the deadline to complete the investigation has passed"* (FSA IV.C.4.(e)).

- *"At least 95% of all investigations of a Referral of Institutional Abuse or Neglect not completed within sixty (60) days shall be completed within ninety (90) days. For the*

> *purposes of this section, an investigation is not completed if DSS determines the Report is unfounded because the deadline to complete the investigation has passed"* (FSA IV.C.4.(f)).

The FSA and OHAN policy provide that the DSS Director or Director's Designee may authorize an extension of up to 15 days for "good cause" or compelling reasons.[136] Good cause means that, through no fault of the investigator, sufficient reason exists for delaying the case decision.[137]

Table 13 includes the approved OHAN Implementation Plan timeline and interim benchmarks for this measure.

[136] SC DSS Human Services Policy and Procedural Manual, Chapter 7-721. p. 12 (effective date 11/29/2012).
[137] Examples of good cause may be one of the following: awaiting critical collateral information (e.g. medical report, x-rays, toxicology, video); awaiting forensic interview/findings; awaiting critical information from another jurisdiction (e.g. central registry check); critical new information was received from witness that requires follow up; awaiting action by law enforcement; and child has been too ill or traumatized to speak with investigator.

Table 13: Baseline, Timeline, and Interim Benchmarks for Timely Completion of Investigations

Baseline	
June - November 2016	45 days - 95%
	60 days - 96%
	90 days - N/A
Implementation Plan Timeline	**Interim Benchmark**
September 2017	45 days - 75%
	60 days - 80%
	90 days - 95%
March 2018	45 days - 75%
	60 days - 80%
	90 days - 95%
September 2018	45 days - 75%
	60 days - 80%
	90 days - 95%
March 2019	**45 days - 80%**
	60 days - 80%
	90 days - 95%
September 2019	45 days - 80%
	60 days - 80%
	90 days - 95%
March 2020	45 days - 90%
	60 days - 90%
	90 days - 95%
September 2020	45 days - 90%
	60 days - 90%
	90 days - 95%
Final Target - March 2021	**45 days - 95%**
	60 days - 95%
	90 days - 95%

Source: OHAN Implementation Plan

Performance data for this section were collected during the case record review of investigations that were accepted in March 2019.[138]

[138] The Co-Monitors have continued to assess that although data for this measure are collected in CAPSS and monthly reports are provided to the Co-Monitors by DSS, these data cannot currently be used for reporting due to the following: the CAPSS report does not distinguish between investigations involving Class and Non-Class Members which is required for reporting performance and a case record review is required to determine if an investigation is closed prematurely to meet required timeframes. DSS reports efforts are underway to remove from the aggregate data provided investigations that only pertain to Non-Class Members so data can be tracked and reported on a monthly basis.

Completed within 45 Days

Of the 34 applicable investigations received in March 2019, 31 investigations were completed within 45 days, however, reviewers determined that one of these investigations was prematurely closed as unfounded in an effort to meet the 45 day requirement, which is not considered compliant under the FSA.[139] Therefore, the review determined that 30 (88%) investigations were timely completed within 45 days (Figure 28). Reviewers did not find documentation of any extension requests being made in the remaining three investigations. Current performance meets the interim benchmark of 80 percent.

Completed within 60 Days

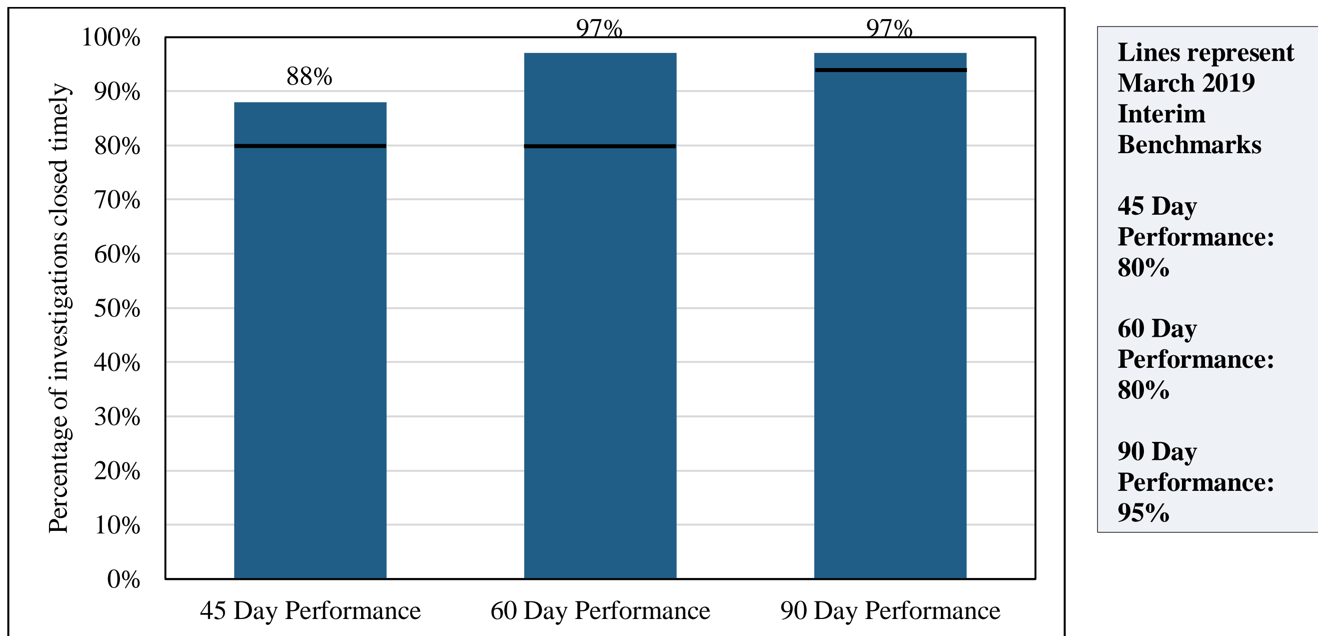
Thirty-three[140] (97%) of the 34 investigations were completed within 60 days of opening. Performance exceeds the interim benchmark of 80 percent for closure within 60 days.

Completed within 90 Days

All investigations were closed within 60 days; therefore, performance toward 90 day closure is also 97 percent.

Figure 28 reflects performance for timely closure in March 2019.

Figure 28: Timely Completion of Investigations
March 2019



Source: Case Record Review completed in June 2019 by USC CCFS and Co-Monitor staff

[139] This investigation was closed within 45 days and prior to OHAN staff interviewing the majority of required contacts, including at least two adults at the facility who had knowledge of the incident, the reporter, the foster care or adoption caseworker, the alleged victim child's therapist, the psychiatric social worker, and law enforcement.

[140] This does not include the one investigation that was assessed as closed prematurely to meet the required timeframe.

B. OHAN Implementation Plan

The FSA required that by December 5, 2016, DSS develop an Implementation Plan for the provisions related to OHAN intake and investigations. The Implementation Plan must have *"enforceable interim benchmarks with specific timelines, subject to consent by Plaintiffs and approval by the Co-Monitors, to measure progress in achieving the final targets […]"* (FSA IV.C.1.). On September 11, 2017, the Co-Monitors approved DSS's OHAN Implementation Plan and Plaintiffs provided their consent to the Plan on November 7, 2017.[141]

In addition to setting interim benchmarks and timelines, the OHAN Implementation Plan includes strategies developed to improve OHAN practice and achieve the targets required by the FSA. These strategies include improvement in caseworker time management; implementation of processes to track and monitor timely initiation of investigations and contact with core witnesses; development of checklists and other forms; development and completion of new OHAN training for investigators; coordination between OHAN and licensing staff; and improvements in supervision within OHAN.

Attached in Appendix D is implementation status updates on all strategies within the OHAN Implementation Plan as of June 30, 2019. During this monitoring period, DSS provided the newly developed two week investigation training curriculum to some current and newly hired staff. These trainings occurred in January, April, and June 2019.

VIII. PLACEMENT

Children who are removed from their homes and placed in foster care are expected to be placed in the most family-like settings appropriate to meet their needs, and with their siblings, whenever possible. This policy and practice expectation is based in considerable research on the importance of both family placement and sibling connections to children's well-being, and requires that child welfare systems identify and support family caregivers and provide flexible, accessible, individualized interventions to address children's safety, health, and well-being.

While DSS has maintained its early progress in reducing the number of very young children in congregate care, the availability of appropriate, stable placements for children throughout the state continues to be a challenge. The vast majority of children are still placed out of their home counties, often far from their families and home communities, and separated from their siblings, other family members, and important people in their lives. DSS's placement challenges have only

[141] The OHAN Implementation Plan is available at: https://dss.sc.gov/media/1967/michelle-h-2017-approved-ohan-section-of-august-9-implementation-plan-su.pdf

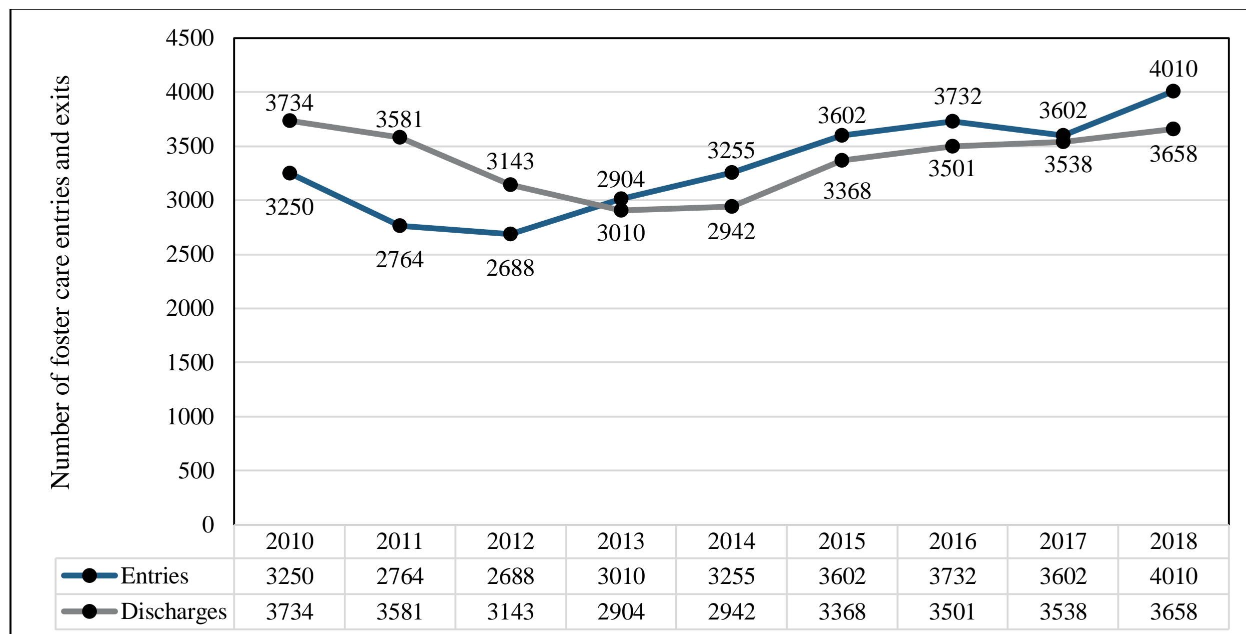
grown as the number of children entering DSS custody has increased over the past five years. DSS's Placement Implementation Plan, approved by the Co-Monitors in February 2019, is intended to guide policy and practice change in this area, but lack of funding and other barriers have prevented DSS from moving forward quickly with many of the strategies that are critical for establishing the foundation for reform.

A. Performance Data

Foster Care Entries and Exits

As depicted in Figure 29, the number of children entering foster care has risen significantly since 2012, while discharges from foster care have not risen at the same rate. Calendar year 2018 has seen the largest disparity between entries and discharges in the past five years, resulting in a continually increasing number of children in DSS's foster care custody. This trend has meant that DSS needs more placements for children and youth at a time when the Department is already struggling to place children in appropriate placements, within or near their communities, and that little, if any, progress has been made in keeping children close to home in the more than two years since DSS's Placement Needs Assessment determined that approximately two-thirds of children in care are placed out of their home counties.[142]

Figure 29: Foster Care Entries and Exits
CY2010 - 2018



	2010	2011	2012	2013	2014	2015	2016	2017	2018
Entries	3250	2764	2688	3010	3255	3602	3732	3602	4010
Discharges	3734	3581	3143	2904	2942	3368	3501	3538	3658

Source: DSS report utilizing data analyzed by Chapin Hall

[142] These data were included in Appendix A of the Placement Implementation Plan and are available at: https://dss.sc.gov/media/1950/dss-placement-implementation-plan.pdf

Placement of Children in Congregate Care

The FSA contains a number of provisions related to the placement of children in the most family-like, least restrictive environments and, where possible, with their siblings. Overall, the FSA requires that *at least 86 percent of Class Members be placed outside of congregate care on the last day of the reporting period* (FSA IV.E.2.). Table 14 includes the approved Placement Implementation Plan timeline and interim benchmarks for this measure:

Table 14: Baseline, Timeline, and Interim Benchmarks for Placing Class Members Outside of Congregate Care Placements

Baseline	
March 31, 2018	78%
Timeline	**Interim Benchmark**
September 2019	80%
March 2020	82%
September 2020	84%
Final Target - March 2021	**86%**

Source: Placement Implementation Plan

DSS data show that on March 31, 2019, 80 percent (3,548 of 4,426) of Class Members were placed outside of a congregate care placement (Table 15). Forty-five children resided in other institutional settings on the last day of the monitoring period.[143] This reflects the same percentage of children in congregate care as was reported in the last monitoring period, and meets the September 2019 interim benchmark of 80 percent.

[143] Specifically, DSS reports that 24 youth were incarcerated in correctional or juvenile justice detention facilities, 3 youth were in a Department of Disabilities and Special Needs (DDSN) residential facility or community training home, 1 youth was in an alcohol or drug treatment facility, 5 youth were in a psychiatric hospital, and 12 youth were hospitalized. The Co-Monitors have requested from DSS additional information regarding its categorization of these placement types, including the inclusion of these placements in congregate care reporting for Adoption and Foster Care Analysis and Reporting System (AFCARS) purposes. The Co-Monitors will perform additional data validation when this information is received, which may result in some changes in reported performance in this area.

Table 15: Types of Placements for Children on March 31, 2019

Children in Foster Care	
4,426 (100%)	
Types of Placement for Children in Foster Care	**Number (Percentage) of Children**
Family-Based Setting	3,548 (80%)[144]
Congregate Care	878 (20%)[145]
Breakdown by Type of Congregate Care	
Group Home	803 (18%)
Emergency Shelter	3 (<1%)
Residential Treatment Facility	72 (2%)

Source: CAPSS data provided by DSS

It is important to note that these data reflect the percentage of children in each type of placement at a single point in time - the last day of this monitoring period. They do not capture children's experiences over the entirety of their time in care. In an effort to capture more comprehensive data, DSS worked with Chapin Hall at the University of Chicago to develop data sets that reflect the percentage of children who experience congregate care placements at *any time* while in foster care. These data show a significantly greater incidence of congregate care placements, particularly amongst older youth. Data reflect that nearly one-quarter (1,481 of 6,345) of all Class Members who were in care during this monitoring period were placed in a congregate care setting at some point between October 1, 2018 and March 31, 2019.[146] Sixty-four percent (1,132 of 1,766) of youth ages 13 through 17 were placed in a congregate care setting at some point during this time period.

Children Ages 12 and Under

The FSA includes placement standards specific to certain age groups of children, and requires that *"[a]t least 98% of the Class Members twelve (12) years old and under shall be placed outside of Congregate Care Placements on the last day of the Reporting Period unless an exception pre-approved or approved afterwards by the Co-Monitors is documented in the Class Member's case*

[144] This includes 1 youth who was in college.
[145] As discussed above, *supra* note 142, this does not include 45 youth who resided in other institutional settings on the last day of the monitoring period.
[146] These data reported by DSS do not include children who were placed in other institutional settings at some point during the monitoring period, such as children and youth who were incarcerated in correctional or juvenile justice detention facilities, residing at DDSN homes, or hospitalized. The Co-Monitors have not independently validated these categorizations.

file" (FSA IV.E.3.). Table 16 includes the approved Placement Implementation Plan timeline and interim benchmarks for this measure:

Table 16: Baseline, Timeline, and Interim Benchmarks for Placing Class Members Ages 12 and Under Outside of Congregate Care Placements

Baseline	
March 31, 2018	92%
Timeline	**Interim Benchmark**
September 2019	94%
March 2020	95%
September 2020	97%
Final Target – March 2021	**98%**

Source: Placement Implementation Plan

As reflected in Table 17, as of March 31, 2019, 2,941 of 3,148 of Class Members ages 12 and under in foster care were placed outside of a congregate care placement, and eight children ages six and under resided in congregate care pursuant to a valid exception, resulting in performance of 94 percent. These data do not include 11 children who resided in other institutional settings on the last day of the monitoring period.[147] Performance in this area has not changed significantly from September 30, 2018, or from March 31, 2018, when 94 percent and 92 percent, respectively, of children ages 12 and under were placed outside of a congregate care.[148]

[147] Specifically, DSS reports that 1 child was in a DDSN Residential Facility, 1 child was in a psychiatric hospital, and 9 children were hospitalized. As discussed above, the Co-Monitors have requested from DSS additional information regarding its categorization of these placement types, including the inclusion of these placements in congregate care reporting for Adoption and Foster Care Analysis and Reporting System (AFCARS) purposes. The Co-Monitors will perform additional data validation when this information is received, which may result in some changes in reported performance in this area.

[148] The Co-Monitors have approved, but not applied, exceptions for placing children ages 7 to 12 in a congregate care facility, which mirror the exceptions for children ages 6 and under placed in a congregate care facility. DSS has not yet developed the capacity to track the use of these exceptions on a regular basis, so performance may be higher than reported. DSS will develop a process for review and approval of applicable exceptions in future monitoring periods.

Table 17: Types of Placements for Children Ages 12 and Under on March 31, 2019

All Children in Foster Care Ages 12 and Under	
3,148 (100%)	
Types of Placement	**Number (Percentage) of Children**
Family-Based Setting	2,949 (94%)[149]
Congregate Care	207 (7%)[150]
Breakdown of Type of Congregate Care	
Group Home	181 (6%)
Emergency Shelter	1 (<1%)
Residential Treatment Facility	25 (1%)

Source: CAPSS data provided by DSS
Percentages may total more than 100% due to rounding

Similar to the data discussed earlier, these data reflect the percentage of children in each type of placement at a single point in time - the last day of this monitoring period. Over the course of the monitoring period, data show that eight percent (349 of 4,579) of Class Members ages 12 and under who were in care during this monitoring period were placed in congregate care at some point between October 1, 2018 and March 31, 2019.[151]

When focused on the population of children ages seven to 12, the data show a slightly different picture. As of March 31, 2019, 85 percent (1,111 of 1,307) of Class Members ages seven to 12 in foster care were placed outside of a congregate care placement, as shown in Table 18. Over the course of the monitoring period, data reflect that 17 percent (328 of 1,898) of Class Members between the ages of seven and 12 were placed in a congregate care setting.[152]

[149] This includes eight children ages 6 and under who resided in congregate care placements pursuant to a valid exception, as described in Table 19.
[150] As discussed above, *supra* note 146, this does not include 11 children who resided in other institutional settings on the last day of the monitoring period.
[151] As described above, this percentage does not include children who were placed in other institutional settings at some point during the monitoring period, such as children who were hospitalized or residing at DDSN homes. The Co-Monitors have not independently validated these categorizations.
[152] Ibid.

Table 18: Types of Placements for Children Ages Seven to 12 on March 31, 2019

All Children in Foster Care Ages Seven to 12	
1,307 (100%)	
Types of Placement	**Number (Percentage) of Children**
Family-Based Setting	1,111 (85%)
Congregate Care	196 (15%)[153]
Breakdown of Type of Congregate Care	
Group Home	171 (13%)
Emergency Shelter	1 (<1%)
Residential Treatment Facility	24 (1%)

Source: CAPSS data provided by DSS

Children Ages Six and Under

The Interim Order, entered September 28, 2015, included provisions to immediately address the placement of children ages six and under in congregate care, and required that by November 28, 2015, DSS *"create a plan, subject to the approval of the Co-Monitors, for preventing, with exceptions approved by the Co-Monitors, the placement of any Class Member age six (6) and under in any non-family group placement (including but not limited to group homes, shelters or residential treatment centers)"* (IO II.3.(a) & FSA IV.D.2.). The plan was to include *"full implementation within sixty (60) days following approval of the Co-Monitors."*

On March 15, 2016, the Co-Monitors approved DSS's plan, including acceptable exceptions (listed in Table 19), and DSS issued a directive outlining the procedure to be used by local and regional office staff to ensure the appropriate placement of children ages six and under in family placements (IO II.3.(a) & FSA IV.D.2.). The procedure currently requires prior approval from the applicable Regional Director before DSS places any child ages six and under in a non-family-based setting.

[153] This does not include 5 children who resided in other institutional settings on the last day of the monitoring period ending March 31, 2019: 1 child was in a psychiatric hospital, 1 child was in a DDSN home, and 3 children were hospitalized for 30 days or more.

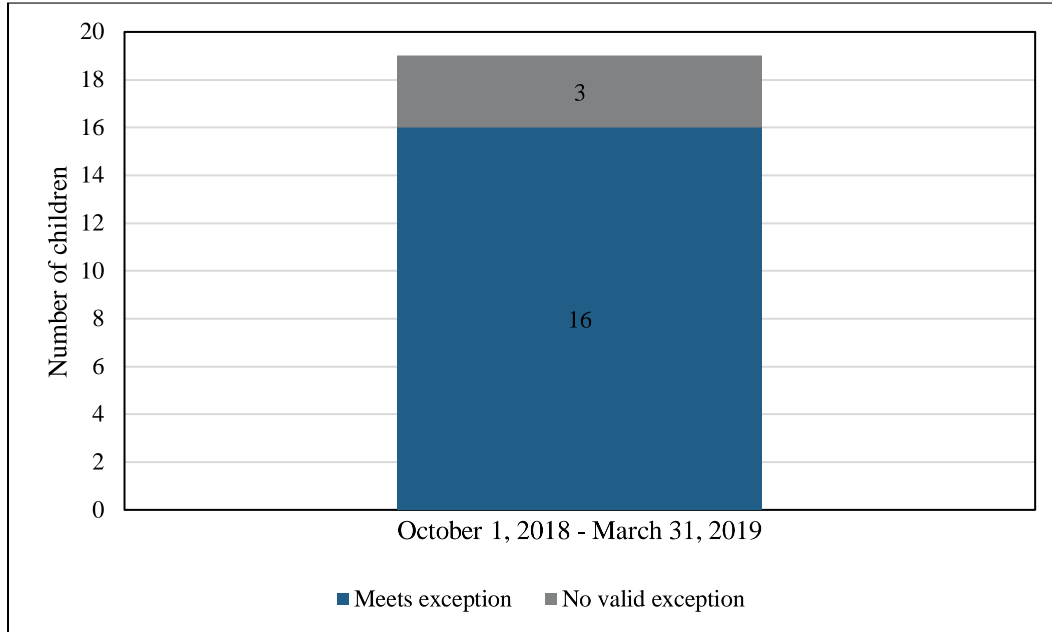
Table 19: Exceptions for Placement of Children Ages Six and Under in Non-Family-Based Placements

- The child requires a degree of clinical and/or medical support that can only be provided in a group care setting and cannot be provided in a family like setting, and the placement is a facility that has the capacity and specialized treatment to meet those needs.
- The child is the son or daughter of another child placed in a group care setting.
- The child coming into care is in a sibling group of four or larger and all efforts to secure foster home and Therapeutic Foster home placements have been completed and have not produced a home. In that instance, placement in a facility that can accommodate the sibling group together and maintain daily contact between siblings is an allowable exception. This exception is time-limited for up to 90 days and can be extended for time-limited increments after considering and documenting the best interests of the children and pursuing and documenting intensive efforts to identify and support an appropriate placement or placements.
- The child comes into care and is placed in congregate care with his or/her biological parent who is not in DSS care but who is receiving treatment at a facility.
- Children who are voluntarily placed by their parent or caregiver are not subject to this requirement.

As illustrated in Figure 30, DSS reports that there were 19 Class Members ages six and under who resided in congregate care placements during the monitoring period. Thirteen of the 19 children were residing in a treatment facility with their teenage mother; and six were part of a sibling group of four or more children for whom DSS reported a single, family-based placement could not be located. All but three of these children met an agreed upon exception for placement in congregate care.[154] The average length of stay in these placements, as of the last day of the monitoring period, was 143 days. Four of the 19 children remained in congregate care for the entirety, or close to the entirety, of the monitoring period.

[154] In validating data for this measure, the Co-Monitors identified three situations that did not meet an agreed-upon exception. These instances all involved sibling groups who were initially placed in congregate care in accordance with an agreed upon exception, but remained there for longer than 90 days without sufficient efforts by DSS to place the children in a foster home. The Co-Monitors support keeping siblings together, but urge DSS to make and document efforts to identify alternative placements for large sibling groups.

Figure 30: Children Ages Six and Under in Congregate Care
October 2018 - March 2019



Source: CAPSS data provided by DSS

Placement in DSS Offices and Hotels

The FSA required that by November 28, 2015, *"DSS shall cease using DSS offices as an overnight placement for Class Members, and shall cease placing or housing any Class Members in hotels, motels and other commercial non-foster care establishments. For any Class Members moved out of such DSS Offices or Hotels, DSS shall provide for their appropriate placement. In the extraordinary event that a child stays overnight in a DSS office, Defendants shall immediately notify the Co-Monitors, who shall provide a report to Parties as appropriate, including whether or not, in their view, the incident should be reported to the Court as a violation which would preclude Defendants' ability to achieve compliance on this provision"* (FSA IV.D.3.).

During this monitoring period, the Co-Monitors were notified of six instances of children staying overnight at a DSS office in violation of this provision, four of which relate to the same child. The situations regarding these overnight placements are described in the footnote below.[155]

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[155] DSS reports that in January 2019, a 17 year-old youth spent the night in a DSS office after being discharged from a group home. The youth remained in the office while the caseworker attempted to find alternate placement. Later that month, the same youth spent the night in a DSS office when his emergency placement requested that he be moved. The identified placement was at a group home where this youth had already spent time and refused to return. The same youth also slept in the DSS office twice in the following month, when a foster parent requested he be removed from the home. In the first of these instances, the youth declined to go to the alternative placement that DSS identified because he had been placed in the home before and had concerns about the foster parent. In the second instance, there was reportedly a communication issue about placement being secured between DSS supervisors and the on-call workers in the office with the child, so the potential foster parent had no knowledge of the intention to place the youth in his home. In February 2019, a 12 year-old child spent the night in a DSS office after a foster parent took the child to the hospital when she was unable to manage his behavior. DSS attempted to move the child to a temporary overnight placement upon discharge from the hospital, and called law enforcement when the child expressed that he did not want to stay at

Emergency or Temporary Placements

The FSA requires that *"Class Members shall not remain in any Emergency or Temporary Placement for more than thirty (30) days. Under exceptions approved by the Co-Monitors, if a child is initially placed in an Emergency or Temporary Placement that is not a Congregate Care Placement, and that placement is re-designated within thirty (30) days as a long-term foster home or therapeutic foster home, then the child's stay shall not be considered a violation of this provision and the re-designation shall not be considered a placement move [...]"* (FSA IV.E.4.).

The FSA also requires that *"Class Members experiencing more than one Emergency or Temporary Placement within twelve (12) months shall not remain in the Emergency or Temporary Placement for more than seven (7) days. Under exceptions subject to the Co-Monitors' approval, if a child's subsequent placement within twelve (12) months in an Emergency or Temporary Placement is not a Congregate Care Placement, and that placement is re-designated within thirty (30) days as a long-term foster home or therapeutic foster home, then the child's stay shall not be considered a violation of this provision and the re-designation shall not be considered a placement move [...]"* (FSA IV.E.5.).

DSS is not yet able to reliably measure the use of emergency or temporary placements. Beginning in February 2018, DSS and Chapin Hall conducted a data audit and identified several issues with data related to placement type, stability, and temporary placements, and DSS subsequently made a number of CAPSS updates to allow for documentation of "temporary events," such as an emergency placement. It also clarified who is to be alerted of such events and when. These events - including respite placement, hospitalization, or summer camp - occur for various reasons but are expected to be short-term, not exceeding 30 days. Pursuant to the Placement Implementation Plan, DSS was to propose a methodology for measuring the use of emergency and temporary placements to the Co-Monitors by June 2019, and by July 2019, to report these data and propose interim enforceable targets for these measures. The Co-Monitors have not yet received any related proposal or data. DSS reports that it anticipates that necessary changes to CAPSS to allow for the tracking of these data will be completed by October 31, 2019.

DSS has committed in its Placement Implementation Plan to utilizing child and family teams to make more informed individualized placement decisions for children and provide tailored services to meet children's needs. If effectively implemented, this approach is intended to reduce reliance on emergency and temporary placements for children. When an emergency placement does occur, DSS reports that it intends to limit the number of days a child remains in an emergency or

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the home. Law enforcement escorted the child back to the hospital at DSS's request, but the child was again discharged when the doctor again determined there were no medical needs that required a hospital stay. The child arrived back at the DSS office at midnight and remained there until the next morning when a placement became available. The last instance of an overnight stay reported in this monitoring period was a 14 year-old youth who was discharged from a group home placement after engaging in an altercation with another youth and law enforcement was called. The youth was brought to the DSS office at 10:00 PM and remained until 12:30 PM the following afternoon while the DSS caseworker searched for placement.

temporary placement to 30 days for the first occurrence and seven days for a subsequent occurrence within 12 months of the first, consistent with the FSA.[156]

Juvenile Justice Placements

The FSA, incorporating an Interim Order provision, requires *"[w]hen Class Members are placed in juvenile justice detention or another Juvenile Justice Placement, DSS shall not recommend to the family court or Department of Juvenile Justice that a youth remain in a Juvenile Justice Placement without a juvenile justice charge pending or beyond the term of their pleas or adjudicated sentence for the reason that DSS does not have a foster care placement for the Class Member [...]"* (FSA IV.H.1.).

Though DSS reports that it is in the process of developing a system for indicating current DJJ involvement in CAPSS at the time of intake into DSS, DSS still does not have a system in place for identifying youth involved with both the juvenile justice and child welfare systems. This is a significant barrier to understanding the extent to which DSS involvement may be serving as a pipeline into juvenile justice (or vice versa) so that underlying systems issues can be identified and addressed, and youth can be appropriately assessed and supported. Combined with a lack of suitable placements and services for youth, the absence of a systemic process to identify these youth has complicated the already difficult transition from juvenile justice to foster care placement for youth exiting DJJ without a home to which they can return.

No violations of the FSA were reported to the Co-Monitors by DSS again this monitoring period, although the Co-Monitors believe this continues to be due to the lack of a system for identifying DJJ involved youth. Stakeholders throughout the state continue to make credible reports to the Co-Monitors that youth are sometimes placed or held in detention or secure evaluation facilities because there are no appropriate DSS placements available, and describe attempts by DSS to transfer responsibility to DJJ for youth with significant behavioral needs or who require a higher level of care. The Co-Monitors reported four such cases to DSS during this monitoring period as potential violations of FSA IV.H.1. For example, in December 2018, the Co-Monitors received a report that DSS had recommended to the Court in a disposition hearing that a 13 year-old remain at Midlands Evaluation Center (MEC) for 30 days beyond the terms of the youth's sentence because a suitable placement had not yet been found.

The Co-Monitors also remain concerned about continued reports of instances in which inappropriate placements contribute to behavioral issues that ultimately result in youth's involvement, or re-involvement, with DJJ. For example, a 14 year-old was placed in multiple group homes between April and December 2018, and then was arrested in December for having a fight at school. Though the need for placement in a residential treatment facility was identified,

[156] FSA IV.E.4.&5.

this youth was instead placed at a group home that could not provide him with an appropriate level of support. The youth was re-arrested in February 2019 when the youth ran away from the facility, and then abruptly returned home, exiting foster care, when no other placement was identified. The youth was returned to foster care just two weeks later.

In response to repeated reports of concerns by the Co-Monitors and Plaintiffs, DSS continues to cite its implementation of the September 2017 Memorandum of Understanding (MOU) executed with DJJ. The MOU requires, among other things, the identification of DSS and DJJ liaisons in each county to serve as first points of contact to identify youth involved in each system, provide relevant caseworker contact information, and share limited records. The MOU also requires that Interagency Staffings - meetings between DSS and DJJ caseworkers involved with a youth's case - be held within 30 days of "identification," as well as anytime a youth is detained, on "runaway," "offends in placement," or is otherwise at "risk of reoffending." Evidence from stakeholders suggest that there is still inconsistent understanding and implementation around the state of these MOU provisions. DSS has acknowledged that it has not yet put in place the infrastructure that would enable it to systematically access and utilize information regarding youth's historical and current involvement with DJJ. It has recently committed in the Joint Report to obtaining an initial list of "matched" youth from DJJ and evaluating the results by August 31, 2019, and to finalizing a process for reciprocal access and data sharing by September 30, 2019. DSS believes this will enable it to begin producing a report of all youth subject to FSA IV.H.1. by December 15, 2019.

The Co-Monitors have reiterated their concerns that the troubling reports they have been receiving about dually involved youth are likely representative of many others, and that youth are continuing to spend time in DJJ facilities because DSS cannot provide the placements and supports needed to keep them safely in their communities. While DSS's plans to further implement the longstanding MOU provisions discussed above are important, the Co-Monitors are concerned that even when fully implemented, the MOU is unlikely to sufficiently address the significant practice issues apparent in the cases of youth involved with both DSS and DJJ. This is an urgent need that is in many ways tied to DSS's challenges at both the case and systems levels. It is critical that it be addressed in a concrete, meaningful way, and that DSS quickly demonstrate progress in solving these problems.

Placement Instability

The FSA requires that for *all Class Members in foster care for eight days or more during the 12-month period, the placement instability rate shall be less than or equal to 3.37* (FSA IV.F.1.). Placement instability is defined as the rate of placement moves per 1,000 days of foster care among Class Members (FSA II.O.) and placement moves are changes in foster care placements.

Data for this measure are reported annually and will be included in the next monitoring report.

Sibling Placement

The FSA recognizes the importance of the relationship between children and their siblings and *requires that at least 80 percent of children who enter care with or within 30 days of their siblings be placed with their siblings* (FSA IV.G.2. & 3.). The FSA allows for exceptions to this requirement, including when there is a court order prohibiting such placement or if the placement is determined not to be in the best interest of one or more siblings. The FSA sets two targets - one for placement with *at least one* of a child's siblings (85% target) and the other for placement with *all* siblings (80% target). Table 20 includes the approved Placement Implementation Plan timeline and interim benchmarks for placement with *at least one* of the child's siblings:

Table 20: Baseline, Timeline, and Interim Benchmarks for Placing Class Members With At Least One of Their Siblings

Baseline	
March 31, 2018	63%
Timeline	**Interim Benchmark**
September 2019	69%
March 2020	74%
September 2020	80%
Final Target – March 2021	**85%**

Source: Placement Implementation Plan

Table 21 includes the approved Placement Implementation Plan timeline and interim benchmarks for placement with *all* of the child's siblings:

Table 21: Baseline, Timeline, and Interim Benchmarks for Placing Class Members With All of Their Siblings

Baseline	
March 31, 2018	38%
Timeline	**Interim Benchmark**
September 2019	49%
March 2020	59%
September 2020	70%
Final Target – March 2021	**80%**

Source: Placement Implementation Plan

DSS provided data for 983 children who entered foster care between October 1, 2018 and March 31, 2019 with a sibling or within 30 days of their sibling's entry to placement, and were still in care 45 days later. For this cohort, 35 percent (343 of 983) of children were placed with *all* of their siblings 45 days after entry into care, and 61 percent (596 of 983) of children were placed with at least one of their siblings[157] (Table 22).[158]

Table 22: Sibling Placements for Children Entering Placement between October 2018 and March 2019
N=983

Sibling Placement Status	**Number (Percentage) of Children**	**FSA Final Target**
Total Number of Children Entering Placement from October 2018 to March 2019 Who Have a Sibling Entering Placement With or Within 30 Days	983	
Children placed with **all siblings**	343 (35%)	80%
Children placed with **at least one sibling**	596 (61%)	85%
Children **not placed with any sibling**	387 (39%)	

Source: CAPSS data provided by DSS

[157] Exceptions have been approved, though not applied during this monitoring period; therefore, actual performance may be higher than reported. DSS will develop a process for review and approval of exceptions in future monitoring periods.
[158] The methodology utilized to calculate these data was evaluated by DSS, the Co-Monitors, and Chapin Hall, and adjustments were made in calculating performance for this monitoring period. As a result of this assessment, DSS shifted its methodology to one that evaluated placement on the 45th day after siblings entered care, to account for the fact that it often takes some time for DSS to locate a placement that can accommodate sibling groups. As a result, data are not comparable to those reported in the prior monitoring period that evaluated all applicable children on the last day of the monitoring period.

B. Placement Implementation Plan

Within 60 days of completion of a Placement Needs Assessment, DSS was to develop an Implementation Plan to implement the recommendations of the Needs Assessment within 18 months. *"The Implementation Plan must have enforceable benchmarks with specific timelines, subject to approval by the Co-Monitors, to measure progress in executing the recommendations of the needs assessment"* (FSA IV.D.1.(a)).

On February 20, 2019, after many months of work on a draft plan and the engagement of expert consultants, DSS obtained approval of its Placement Implementation Plan.[159] As reported after the last monitoring period, the Plan is comprehensive and ambitious. It reflects a new reliance on children's kin or fictive kin, and a strong preference for keeping children, with appropriate supports, in family-based settings in their own communities. The Plan includes commitments to identify, engage, and support kin and fictive kin as placement and supportive resources for families, as well as to improve the recruitment and retention of foster parents. It also includes important commitments to restructured case planning and placement processes driven by well-constituted child and family teams engaged in collaborative assessment and decision-making; and to closer strategic partnerships with private providers to develop a placement and service array to meet the needs of children in custody. These are enormous and necessary undertakings, which require re-orientation of the workforce and extensive engagement with key partners, such as foster parents and service providers. As contemplated in the Plan, initial implementation requires the use of technical assistance.

DSS's implementation of the Placement Implementation Plan has been slow and, in many areas, key deadlines have passed without progress. DSS reports that the delays have been due to the lack of requested FY2019-2020 funding. The Co-Monitors are very concerned about these delays, particularly given that many of the strategies that were initially to be implemented by June 30, 2019 are developmental, and were meant to lay the foundation for rollout of Plan components. Included below are updates on Plan implementation in key areas. Status updates on all Plan commitments as of June 30, 2019 are included in Appendix E.

Child and Family Teaming

The Placement Implementation Plan required DSS to engage technical assistance beginning May 30, 2019, so that training for Family Engagement Liaisons in the implementation of the new Child and Family Teaming (CFT) process could begin, and protocols and guidance on all aspects of the new teaming model could be in place by June 30, 2019. DSS received a scope of work from a potential technical assistance provider in March 2019, but has been unable to move forward with

[159] The Placement Implementation Plan is available at: https://dss.sc.gov/media/1950/dss-placement-implementation-plan.pdf

engagement due to lack of funding. However, DSS has applied for a grant that, if awarded, would fund this technical assistance.[160]

Congregate Care and Safety Monitoring

The Placement Plan required DSS to engage technical assistance by June 30, 2019 to assist with a plan for oversight of congregate care facilities to ensure children are safe and programming is appropriate. DSS received a scope of work from a potential technical assistance provider in March 2019, but has been unable to move forward with engagement due to lack of funding.[161] DSS reports that it has moved forward on aspects of the Plan that do not require additional resources, including the development of guidelines for critical incidents, internal escalation, and permanency staffings.

Care Continuum

The Placement Plan required DSS to retain technical assistance with experience designing and implementing performance-based continuum contracting by April 2019. DSS reports that it has been unable to move forward with engagement of a technical assistance provider due to lack of funding.

Kin Placement

DSS reports that it has delivered training to all relevant DSS staff, community partners, and judges to build an understanding of DSS's new approach to kinship foster care. It has also reported that it has now convened a relative caregiver and kinship foster care policy and practice advisory group, and that its first meeting was held on June 13, 2019. DSS was to retain technical assistance to conduct policy and legislation review to reduce barriers and develop supports to implement the Department's policy preference for kinship placement, and has not yet done so. Both the Placement Implementation Plan and the Court also required DSS to propose an expedited licensure process for kin care providers that includes the option of provisional licensure while full licensure is pending. DSS reports that it is in the process of developing policy and protocols for expediting the licensure process for kin and fictive kin providers which will be applicable to new applicants in November 2019. In the interim, DSS has defined non-safety waivers and will be applying them to kin applicants currently in the process of licensure and beginning August 30, 2019, in accordance with the Joint Report. DSS also reports that it is moving forward on an emergency regulation that would allow for short-term provisional licensing.[162]

Supports for Foster Parents

The Placement Implementation Plan required DSS to provide an initial increase in foster care board rates, effective July 1, 2019.[163] In May 2019, the General Assembly approved a proviso

[160] The Joint Report requires by September 30, 2019, DSS request additional funds identified for Child and Family Teaming.

[161] DSS reports technical assistance for congregate care and safety monitoring is now being provided through New Allies.

[162] The Joint Report requires that DSS file an emergency regulation for provisional licensure of kin and fictive kin, and contact the Administrative Law Court to schedule a hearing thereon, by September 30, 2019.

[163] In accordance with the Court's May 15, 2019 Order, rates were increased from a range of $13.47 to $17.84 per day to a range of $16.70 to $19.63 per day.

allowing for this incremental increase, which will be paid to all foster parents licensed directly through DSS or through private Child Placing Agencies. DSS has also committed to another increase that will go into effect on July 1, 2020, to more fully account for the costs of caring for a child in foster care and bring the rate of payment closer in line with other states.[164,165]

If implemented with fidelity, the DSS Placement Implementation Plan has the potential to drive a transformation in placement practices that can vastly improve the experiences of South Carolina's children and families. It is the Co-Monitors' hope that DSS is successful in advocating for and securing the funding and other resources needed to proceed with implementation of its commitments and aspirations.

IX. FAMILY VISITATION

If children who enter foster care are to successfully reunify with their families, one important aspect is their ability to have meaningful contact with their parent(s), their siblings, and their relatives while they are placed apart. Regular, frequent, and dedicated time with family members should occur, ideally, in natural, comfortable settings. As needed and appropriate, family visits may be unsupervised, supervised, or monitored by a caseworker or other designated person, including a relative, foster parent, or clinician. Family visits keep connections vibrant, alleviate the trauma of separation, and provide opportunities for parents and children to learn and heal. As discussed below, data continue to reflect that the majority of children in DSS custody did not visit with the parent(s) with whom they are to (re)unify, and many do not visit regularly with their siblings.

A. Performance Data

Sibling Visits

Section IV.J.2. of the FSA requires *"[a]t least 85% of the total minimum number of monthly sibling visits for all sibling visits shall be completed."*[166] Table 23 includes the approved Visitation Implementation Plan timeline and interim benchmarks for this measure:

[164] In accordance with the Court's May 15, 2019 Order, rates will increase to a range of $20.03 to $24.72 per day.
[165] On May 15, 2019, the Court also ordered DSS to submit its proposed rate structure for foster parents who care for children with higher level needs that may be more difficult to meet, referred to by DSS as Difficulty of Care Board Rates (DCBRs). The Co-Monitors and Parties agreed that it was premature at that time to submit updated DCBRs given the open questions about the purpose and usage of these rates in the context of the broader Placement Implementation Plan. DSS committed to updating the Court and Parties on its plans for DCBRs by August 31, 2019.
[166] The FSA also allows for exceptions if there is a court order prohibiting or limiting visitation, if *"visits are not in the best interest of one or more of the siblings and the facts supporting the determination are documented in the case file,"* or with exceptions approved by the Co-Monitors (FSA IV.J.2.). The following are exceptions, approved by the Co-Monitors, to the sibling visitation requirement: court order prohibits or limits sibling visitation; child or sibling is on runaway during a calendar month with best efforts to locate; child or sibling is incarcerated or in a facility that does not allow visitation despite efforts; child or sibling refuses to participate in the visit, where age appropriate; sibling visit is infeasible due to geographic distance with efforts to provide

Table 23: Baseline, Timeline, and Interim Benchmarks for Sibling Visits

Baseline	
November 30, 2017	66%
Timeline	**Interim Benchmark**
September 2019	66%
March 2020	70%
September 2020	76%
March 2021	85%
Final Target	**85%**

Source: Visitation Implementation Plan

DSS's Foster Care Visitation policy[167] requires that when siblings in foster care are residing separately, face-to-face contact must be coordinated monthly, at a minimum, and more frequently when possible. The policy further states that the child's case manager must facilitate or arrange for other ongoing, frequent interaction between siblings, such as phone calls, photo exchanges, text messaging, letters, video chats, and participation in extracurricular activities, unless one of the approved exceptions is met and documented in CAPSS. Clarification within the policy that a family's visit and contact plan could designate multiple team members as coordinators of visits is in line with the state's practice model.

Valid management data on frequency of visits between separated siblings in care are not yet available through CAPSS.[168,169] To obtain performance data, in June 2019, USC and Co-Monitor staff conducted a case review using a structured instrument to collect data on visits between children in foster care and their siblings. Reviewers examined a sample of 312 required sibling visits in March 2019. Of the 312 visits reviewed, it was determined that 149 occurred, and there

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alternative forms of contact (geographic distance will only be allowed as an exception upon individual review of the applicable case by the Co-Monitors); County Director approval with legal consultation for determination that a visit poses immediate safety concerns for the child or sibling (if an immediate safety incident or concern occurs prior to or during a visit, the caseworker is to remove the child from the visit and notify the County Director afterward); and supervisory approval for determination that visitation would be psychologically harmful for the child. A DSS supervisor must confirm the determination that visitation would be psychologically harmful to the child based upon written documentation of a clinical decision issued by a Licensed Practitioner of the Healing Arts (LPHA) within the scope of their practice under SC State Law and who is not an employee of DSS. The LPHA's name, professional title, signature, and date must be listed on the document to confirm the clinical decision. In all instances listed above, the exception must be supported by documentation of the exception reason and best efforts to foster time with sibling(s).

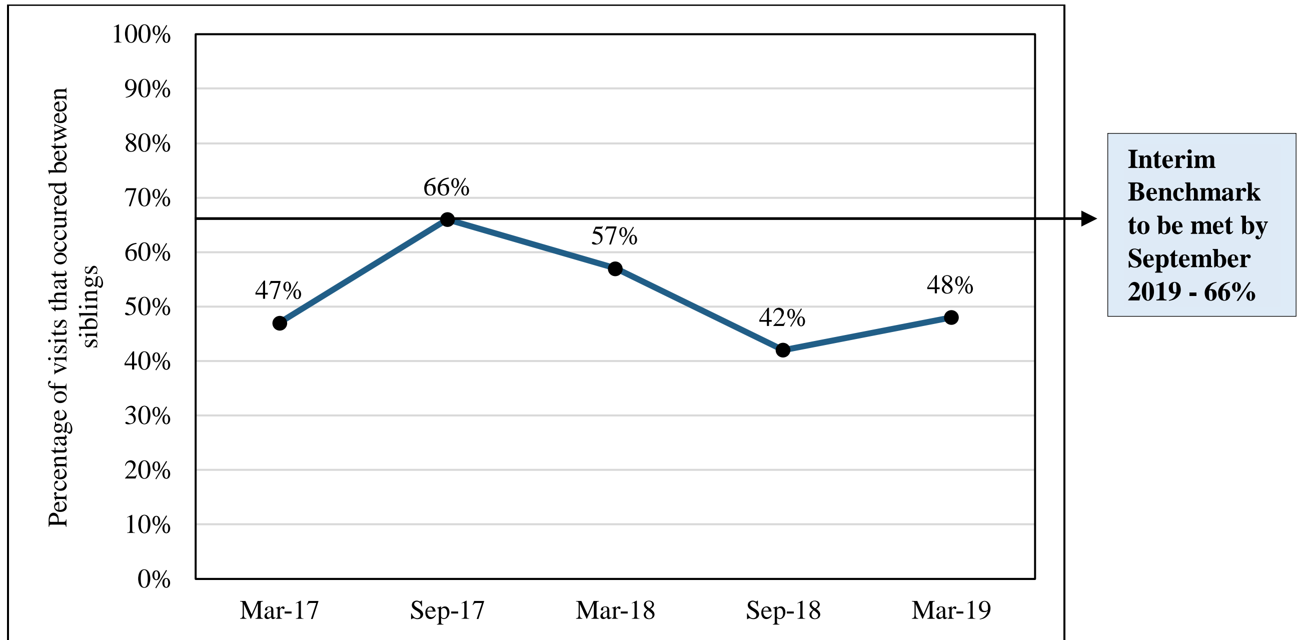
[167] Human Services Policy and Procedural Manual, Chapter 5, Section 510.7.300 can be accessed at https://dss.sc.gov/media/2070/additionalupdatedpolicy_2019-06-07.pdf

[168] The Joint Report requires by August 15, 2019 and ongoing, DSS launch new CAPSS visitation screens and begin generating reports from data entered and identify and implement a QA process to verify that entered data is complete and accurate.

[169] The Joint Report requires by July 26, 2019 and monthly until automated, DSS conduct case reviews and collect spreadsheets from the field on parent and sibling visitation.

were four visits to which an applicable exception applied, resulting in performance of 48 percent.[170,171] This performance represents a slight increase from September 2018, as shown in Figure 31.

Figure 31: Visits that Occurred between Siblings
March 2017 - March 2019



Source: Case Record Reviews completed in June 2017, January 2018, June 2018, February 2019, and June 2019 by USC and Co-Monitor staff.

Parent-Child Visits

The FSA requires *"[a]t least 85% of Class Members with the goal of reunification will have in-person visitation twice each month with the parent(s) with whom reunification is sought [...]"* (FSA IV.J.3.).[172] Table 24 includes the approved Visitation Implementation Plan timeline and interim benchmarks for this measure:

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170 During March 2019, there were 1,669 visits required between siblings who had been in foster care for at least 30 days. A statistically valid random sample of 312 cases was reviewed based on a 95% confidence level and +/- 5% margin of error. This includes four cases with valid exceptions.

171 Four cases were removed from the universe because they met a valid exception to the visits requirement - 2 cases were due to the child being on runaway status; 1 case was due to the child being placed in a facility in which visitation was not possible; and 1 case was due to geographic distance preventing the visit.

172 The following are exceptions, approved by the Co-Monitors, to the parent-child visitation requirement: court order prohibits or limits parent visitation; parent is missing or child is on runaway during a calendar month with best efforts to locate; parent or child is incarcerated or in a facility that does not allow visitation in the calendar month despite best efforts; parent refused to participate; parent did not show up to visit despite attempts to successfully arrange and conduct the visit; parental rights were terminated in that month; parent visit is infeasible due to geographic distance, with efforts to provide alternative forms of contact (geographic distance will only be allowed as an exception upon individual review of the applicable case by the Co-Monitors); County director approval with legal consultation for determination that a visit poses immediate safety concerns for the child. In addition, if an immediate safety incident or concern occurs prior to or during a visit, the caseworker is to remove the child from the visit and notify the county director afterward; and supervisory approval for determination that visitation would be psychologically harmful to the child. A DSS supervisor must confirm the determination that visitation would be psychologically harmful to the child based

Table 24: Baseline, Timeline, and Interim Benchmarks for Parent-Child Visits

Baseline	
November 30, 2017	12%
Timeline	**Interim Benchmark**
September 2019	35%
March 2020	60%
September 2020	75%
Final Target - March 2021	**85%**

Source: Visitation Implementation Plan

DSS's Foster Care Visitation policy[173] states that the child's case manager must arrange for parental visits to occur within one week of the child entering foster care, unless such visitation is prohibited by court order. It further states that within 30 days of a child entering foster care, the case manager must create a visitation plan with input from the child, the parents/guardians, other significant persons, foster parent or congregate care provider, the guardian ad litem, and, if applicable, the child's therapist or mental health provider. According to the policy, the agency must not recommend parental visitation of less than two times per month unless required by a court order. In addition to visits, other communication such as text messages, phone calls, emails, social media messages, and/or video calls must be allowed and encouraged unless contrary to the child's safety or well-being. This communication should be planned at family and child team meetings and incorporated into visitation plans. The policy also states that neither DSS staff nor placement providers can limit or prohibit family contact as a disciplinary measure.

Management data on frequency of parent-child visits are not currently available through CAPSS.[174,175] To obtain valid performance data, in June 2019, USC and Co-Monitor staff utilized a structured instrument to collect data on the occurrence of visits between children in foster care and the parent(s) with whom reunification is sought. Reviewers examined a sample of 330 records

upon written documentation of clinical decision issued by a Licensed Practitioner of the Healing Arts (LPHA) within the scope of their practice under SC State Law and who is not an employee of DSS. The LPHA's name, professional title, signature, and date must be listed on the document to confirm the clinical decision. In all instances, the exception must be supported by documentation of the exception reason and best efforts to foster time between the parent and child.

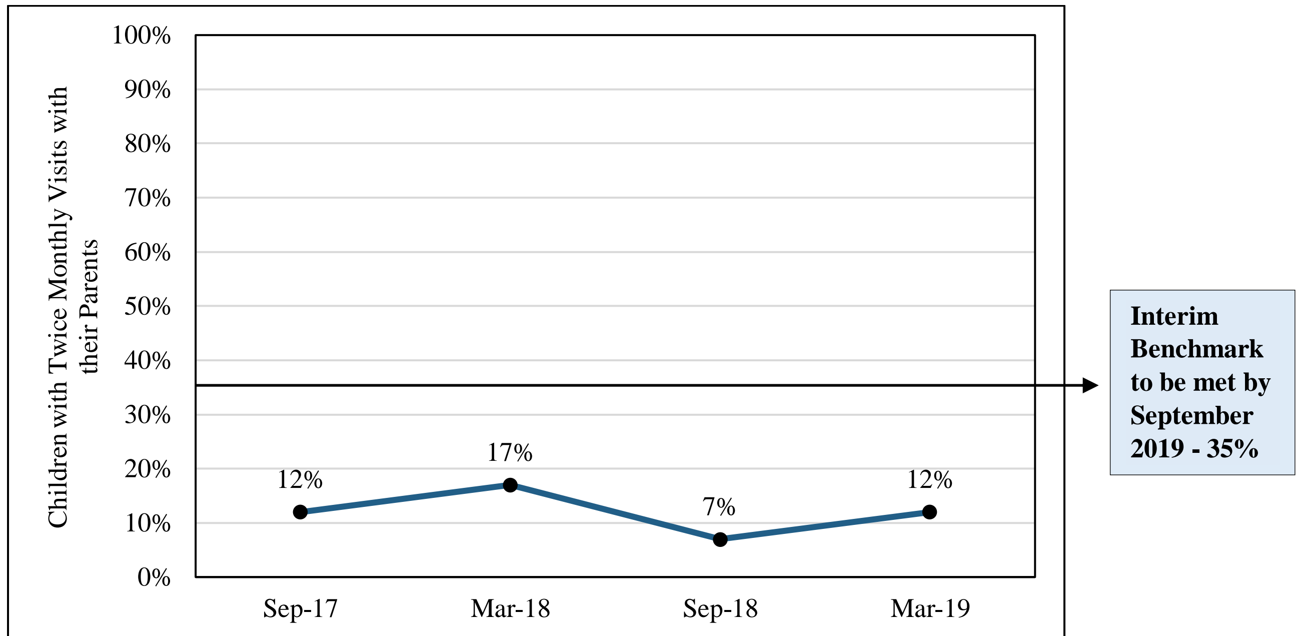
[173] Human Services Policy and Procedural Manual, Chapter 5, Section 510.7.300.

[174] The Joint Report requires by August 15, 2019 and ongoing, DSS launch new CAPSS visitation screens and begin generating reports from data entered and identify and implement a QA process to verify that entered data is complete and accurate.

[175] The Joint Report requires by July 26, 2019 and monthly until automated, DSS conduct case reviews and collect spreadsheets from the field on parent and sibling visitation.

for cases in which visits between a child and parent(s) were required in March 2019.[176,177] Reviewers determined that only 39 of the applicable 325 children[178] visited twice during March 2019 with all parent(s) with whom reunification was sought, resulting in performance of 12 percent as shown in Figure 32. Approximately half (159; 49%) of the children reviewed had no documented visit with the parent(s) with whom reunification was sought in the month of March 2019.

Figure 32: Children with Twice Monthly Visits with Their Parents September 2017 - March 2019



Source: Case Record Reviews completed in January 2018, June 2018, January 2019, and June 2019 by USC and Co-Monitor staff.

B. Visitation Implementation Plan

The FSA required *"[w]ithin 60 days of the entry of the Order approving the Settlement Agreement, Defendants shall develop an Implementation Plan to implement the achievement of the final targets in this subsection. The Implementation Plan shall have enforceable interim benchmarks with specific timelines, subject to consent by Plaintiffs and approval by the Co-Monitors, to measure progress in achieving the final targets in this subsection. Plaintiffs will not unreasonably withhold*

[176] As of March 31, 2019, there were 2,622 children who had been in foster care for at least 30 days with a goal of "return to home" or "not yet established." A statistically valid random sample of 330 cases was reviewed based on a 95% confidence level and +/- 5% margin of error. This includes five cases with valid exceptions.
[177] Permanency goals were identified utilizing data in the CAPSS field in which caseworkers are expected to update case goals in accordance with the most current determination in legal proceedings.
[178] Five cases were removed from the universe because they met a valid exception to the visits requirement - 2 cases were due to the child being on runaway status; 2 cases were due to there being a court order which prohibited contact between the parent and child; and 1 case was due to the rights of the parent being terminated prior to the month under review.

consent, and if the Co-Monitors approve and Plaintiffs do not consent, Plaintiffs will describe with sufficient detail, rationale, and recommendations that will lead to consent" (FSA IV.J.1.).

In October 2016, DSS convened a Visitation Workgroup to assess systemic barriers to family visits, and develop the required Visitation Implementation Plan. The Co-Monitors approved DSS's Visitation Implementation Plan on March 28, 2019.

The Visitation Implementation Plan includes strategies to update DSS policy and practice on visits and other communication between children in foster care and their family, and increase the quality and frequency of parent-child and sibling visits. The goal of these strategies is to create a shared understanding among DSS and provider staff, foster parents, and others of the importance and critical function of children in foster placement spending time with family members. As part of its strategies, DSS committed to developing and disseminating a model for family visits that aligns with its Guiding Principles and Standards (GPS) Practice Model.[179]

Included below are updates on Plan implementation in key areas. DSS continues to work on planned strategies, but as discussed below, planning and implementation are delayed in many areas. Status updates on all Plan commitments as of June 30, 2019 are included in Appendix C.

Clarifying the Role and Function of Caseworker-Child and Family Visits
At the end of August 2019, the Visitation Workgroup shared a quarterly newsletter aimed at child welfare staff entitled *Visitation Matters: Fostering connections, building a sense of hope, and achieving permanency.* The newsletter, which includes discussion items, is intended to be used as a resource for supervisors in ongoing work with caseworkers. DSS reports the newsletter will also be available on DSS's Intranet.

DSS developed Visitation Awareness training to build on information presented in the *Visitation Matters* newsletter. Goals of the training are to raise attentiveness to and emphasize the importance of frequent family visits, as well as to improve documentation of visits. DSS shared a framework for the training with the Co-Monitors, which defines and discusses the importance of family visits and other types and means of child-parent-sibling contact; addresses the importance of consistent relationships to children and the positive impact of visits on families; and emphasizes the opportunity of visits for ongoing assessment, planning, and facilitating behavior change and permanency. DSS has scheduled regional Visitation Awareness training sessions for caseworkers and supervisors in July and August 2019.[180] Each session is also to include case documentation expectations and introduce modifications to CAPSS to streamline data entry for family visits.

[179] The Joint Report requires by August 31, 2019, DSS finalize a written practice model.
[180] Co-Monitor staff observed multiple sessions in one region.

Increasing the Quality of Parent-Child Visits
DSS previously reported seeking technical assistance in March 2019 from the federally funded Capacity Building Center for States on developing a parent-child visitation model that aligns with DSS's case practice model.[181] DSS reports that this work with the Capacity Building Center was delayed to coincide with work on the state's federal program improvement plan, but meetings in August and September 2019 will focus on increasing the quality of visits between both caseworkers and children, and children and their families.

Supporting Visits with Family
DSS also reports that licensing staff developed a plan for education on and monitoring of family visits for children who reside in congregate facilities, including interviewing a random sample of children for monitoring purposes during their visits in August 2019. Licensing staff will focus on ensuring family visits are not being used as a reward, and that deprivation of visits are not to be used as punishment for children.

A related step - training for foster care providers on their role in visitation - was scheduled for June 30, 2019 but has not yet occurred. DSS reports that it has also begun exploring USC developing an electronic portal that would enable foster parents to input children's health, education, and visit information, a task that had been slated for implementation in May 2019 and is now scheduled for completion by February 2020.

To address the need to transport children to visits with siblings and parents, DSS had proposed developing and implementing a process for an ongoing budget request for a fleet of state vehicles for use by casework assistants by March 2019. The current plan is for counties to assess vehicle needs based on the number of staff and fleet utilization and make requests to the state for inclusion in the FY2020-2021 request. Casework assistants serve an important role for caseworkers, foster parents, and children as they provide transportation, companionship, and often needed support during the trip to visit locations.

X. HEALTH CARE

Child welfare systems must provide children in foster care with the supports and services they need to be healthy. This requires the ability to quickly identify children's physical and behavioral health needs, to provide high quality preventative and acute care, and to maintain a system for tracking care delivery and communicating key health care information. As of February 2019, DSS has in place an approved framework for health care case management and care coordination (the Health Care Addendum), as well as agreed upon final outcome measures and interim benchmarks

[181] The Capacity Building Center for States is a free service of the federal government's Administration for Children and Families that helps public child welfare organizations and professionals build the capacity necessary to strengthen, implement, and sustain effective child welfare practice and achieve better outcomes for children, youth, and families.

by which progress in this area will be measured.[182] Though DSS has moved forward in implementing some components of its Health Care Improvement Plan, progress has been slow, and, in some areas, DSS remains unable to identify whether children are receiving even the most basic care. As discussed in more detail below, it is the Co-Monitors' hope that DSS will accelerate the pace of implementation in the coming months so much needed reform in this fundamental area of practice can take hold.

A. Performance Data

DSS's capacity to readily access and analyze health care data for many of the children in its care remains limited. DSS has continued to work with the South Carolina Department of Health and Human Services (DHHS) and Select Health, the Managed Care Organization (MCO) for the vast majority children in foster care, to put systems in place that will serve as a foundation for ongoing data sharing, analysis, and dissemination. Despite much effort, however, DSS is still unable to produce data on even basic periodic health assessments for children. DSS also remains unable to track whether it provided appropriate care to meet children's identified needs.[183] Given the importance of data to ensuring that children's health care needs are met - and the extent to which DSS has relied upon the availability of robust, reliable data in building out its care coordination framework - the Co-Monitors will closely assess DSS's ability to produce and utilize reliable data in the next monitoring period.

Discussed below are three areas in which DSS was able to produce data to the Co-Monitors: comprehensive medical assessments, referrals for developmental assessments, and dental visits for children who entered DSS care during the reporting period. Unless otherwise indicated, data included were extracted by DSS and DHHS from Medicaid administrative claims data and have not been validated by the Co-Monitors.

Comprehensive Medical Assessments

In accordance with American Academy of Pediatrics guidelines for health care delivery for children in foster care, comprehensive medical assessments are to be performed for the purpose of "reviewing all available data and medical history about the child or adolescent," identifying medical, developmental, and mental health conditions requiring immediate attention; and developing an "individualized treatment plan."[184]

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[182] All components of the Health Care Improvement Plan are available at: https://dss.sc.gov/child-welfare-reform/

[183] As reported in prior monitoring periods, DSS does not have a mechanism for assessing performance with respect to the FSA requirement that it "*identify Class Members with Immediate Treatment Needs (physical/medical, dental, or mental health) for which treatment is overdue*," initially intended to apply to children in DSS custody at the time of entry into the agreement in October 2016 (FSA IV.K.4.(b)).

[184] *Fostering Health: Health Care for Children and Adolescents in Foster Care*, 2d. ed (16-17). American Academy of Pediatrics (2003)), p. 22.

In the DSS Health Care Outcomes, approved by the Co-Monitors on December 21, 2018, DSS committed that *"At least 85% of Class Members will receive a comprehensive medical assessment within 30 days of entering care; at least 95% will receive a comprehensive medical assessment within 60 days of entering care*."[185] On May 3, 2019, the Co-Monitors approved the following interim performance benchmarks:

Table 25: Baseline, Timeline, and Interim Benchmarks for Comprehensive Medical Assessments

Baseline[186]	**Within 30 Days**	**Within 60 Days**
July 1, 2017 - December 31, 2017	37%	51%
Timeline	**Interim Benchmark**	
	Within 30 Days	**Within 60 Days**
September 2019	57%	71%
March 2020	76%	90%
September 2020	80%	92%
Final Target - March 2021	**85%**	**95%**

Source: Health Plan Interim Benchmarks Commitments

DSS reports that 36 percent (483 of 1,341) of children who entered care between October 2018 and March 2019 received a comprehensive medical assessment within 30 days, and that 52 percent (455 of 884) of children received a comprehensive medical assessment within 60 days. These data are nearly the same as DSS's baseline performance, reported to be 37 percent and 51 percent, respectively.

Developmental Assessments

In the DSS Health Care Outcomes, approved by the Co-Monitors on December 21, 2018, DSS committed that "*At least 90% of Class Members under 36 months of age will be referred to the state entity responsible for developmental assessments within 30 days of entering care; at least 95% shall be referred within 45 days."* On May 3, 2019, the Co-Monitors approved the following interim performance benchmarks:

[185] The Health Care Outcomes are available at: https://dss.sc.gov/media/1958/appendix-b-final-health-care-targets.pdf
[186] Baseline performance data for this and all other health care targets discussed herein were determined by DSS, in coordination with DHHS, with input from external health care consultants. The data have not been independently validated by the Co-Monitors.

Table 26: Baseline, Timeline, and Interim Benchmarks for Developmental Assessments

Baseline	**Within 30 Days**	**Within 45 Days**
July 1, 2017 - December 31, 2017	19%	20%
Timeline	**Interim Benchmark**	
	Within 30 Days	**Within 45 Days**
September 2019	29%	30%
March 2020	39%	40%
September 2020	64%	67%
Final Target - March 2021	**90%**	**95%**

Source: Health Plan Interim Benchmarks Commitments

DSS reports that 40 percent (171 of 428) of children under 36 months of age who entered care between October 2018 and March 2019 were referred to BabyNet - the state entity responsible for developmental assessments - within 30 days, and that 49 percent (190 of 390) of children were referred within 45 days. These data significantly exceed DSS baseline performance of 19 percent and 20 percent, respectively.[187]

Initial Dental Examinations

In the DSS Health Care Outcomes, approved by the Co-Monitors on December 21, 2018, DSS committed that *"At least 60% of Class Members ages two and above for whom there is no documented evidence of receiving a dental examination in the six months prior to entering care will receive a dental examination within 60 days of entering care; at least 90% will receive a dental examination within 90 days of entering care*." On May 3, 2019, the Co-Monitors approved the following interim performance benchmarks:

[187] There is not yet an automated mechanism in place for tracking BabyNet referrals. In March 2019, DSS initiated a manual process whereby caseworkers are expected to indicate in CAPSS that a referral was made. DSS reports that the accuracy of these data are monitored by staff in the DSS Office of Child Health and Well-Being, who receive electronic mail notifications of all referrals received for children in DSS custody. The Co-Monitors have not independently validated these data.

Table 27: Baseline, Timeline, and Interim Benchmarks for Dental Examinations

Baseline	Within 60 Days	Within 90 Days
July 1, 2017 - December 31, 2017	47%	60%
Timeline	**Interim Benchmark**	
	Within 60 Days	**Within 90 Days**
September 2019	50%	68%
March 2020	54%	75%
September 2020	60%	83%
Final Target - March 2021	**60%**	**90%**

Source: Health Plan Interim Benchmarks Commitments

DSS reports that 56 percent (348 of 619) of children age two years and over who entered care between October 2018 and March 2019 had a dental exam within 60 days, and that 67 percent (280 of 415) had a dental exam within 90 days. This excludes children who had a visit within six months of entering care. This meets September 2019 interim benchmark for dental exams within 60 days and is just below the benchmark for dental exams within 90 days.

B. Health Care Improvement Plan

DSS Health Care Improvement Plan and Addendum Approval

The FSA required that by April 3, 2017, DSS "*with prior input and subject to approval by the Co-Monitors, shall develop a Health Care Improvement Plan with enforceable dates and targets for phased implementation concerning initial screening services, periodic screening services, documentation, and health care treatment services for Class Members in the areas of physical health, immunizations and laboratory tests, mental health, developmental and behavioral health, vision and hearing, and dental health. The Plan shall address:*

(a) *Developing the capacity to track screening and treatment services for individual children and aggregate tracking data, including but not limited to screens that are due and past due;*

(b) *Assessing the accessibility of health care screening and treatment services throughout the State, including the capacity of the existing health care providers to meet the screening and treatment needs of Class Members; and*

(c) *Identifying baselines and interim percentage targets for performance improvement in coordinating screens and treatment services"* (FSA IV.K.1.(a-c)).

On August 23, 2018, after many months of review and input from the Co-Monitors and Plaintiffs, and the support of health care consultants, DSS obtained Co-Monitor approval for its Health Care Improvement Plan. In granting Plan approval, the Co-Monitors indicated that DSS would need to update it to include two critical components it was not yet prepared to submit: (1) baselines and interim percentage targets (FSA IV.K.1.(c)); and (2) a proposed model of health care case management and care coordination, with updated associated budget projections.

Pursuant to the Health Care Improvement Plan and a January 15, 2019 Court Order, DSS was required to submit a detailed model for health care case management and care coordination for Co-Monitor approval by February 21, 2019. After significant work with the DSS Health Care Workgroup, the health care consultants, and DSS partners, the Health Care Addendum was approved by the Co-Monitors on February 25, 2019.[188]

DSS's Health Care Improvement Plan and Addendum are broad in scope and set out a framework for meeting the health care needs of children in foster care through collaboration with DHHS and Select Health.. DSS and its partners believe that when implemented, this model will enable DSS to identify children's physical and behavioral health needs, promptly link them with appropriate services, and track whether needs have been met and outcomes achieved. Given the newness of this model, DSS and the Co-Monitors have agreed to assess the efficacy and adequacy of the model in meeting the health care needs of children in foster care after each implementation year to see if it requires any additions or changes.

The FSA also required that within 120 days of the completion of the Health Care Improvement Plan, the Co-Monitors, with input from Parties, would *"identify the final health care outcome measures related to initial screening services, periodic screening services, documentation, treatment and other corrective services, which Parties agree will be final and binding"* (FSA IV.K.5). After consulting with Parties and the health care consultants, the Co-Monitors submitted final health care outcomes to the Court on December 21, 2018. These outcomes are intended to guide health care implementation, and to serve as measures of DSS's progress in meeting the physical health, mental health, and dental needs of the children in their care. In accordance with FSA K.1.(c), DSS updated its Health Care Improvement Plan to include baselines and interim percentage targets for meeting these final health care outcomes. In many areas, baseline data were not yet available, and DSS committed to dates by which methodologies for compiling and producing these data would be submitted, so that interim benchmarks could then be set and approved by the Co-Monitors.[189]

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[188] The Health Care Addendum is available at: https://dss.sc.gov/media/1962/2-25-2019-approved-health-plan-addendum.pdf
[189] The Health Care Outcomes are available at: https://dss.sc.gov/media/1958/appendix-b-final-health-care-targets.pdf

DSS Health Care Improvement Plan and Addendum Implementation

Under the leadership of Gwynne Goodlett, Director of the DSS Office of Child Health and Well-Being, DSS has continued its collaboration with DHHS and Select Health, and has moved forward on some elements of the Health Care Improvement Plan. DSS reports that there are regular joint meetings to discuss issues related to the implementation of the Health Care Improvement Plan, and that it is in the process of developing a work plan that will include protocols for data sharing, production of management reports, and coordination of health care case management. The Foster Care Health Advisory Committee - a cross-agency and provider workgroup, charged with addressing issues related to the provision of physical and mental health services to children in foster care statewide - has also continued to meet on a monthly basis to address issues of concern with respect to the health care needs of children in foster care throughout the state, and DSS has used this as a platform for seeking input with respect to the rollout of Plan strategies. Most recently, the workgroup has supported DSS in developing a tool to guide initial health screenings for children who enter foster care. DSS has also reported that it believes there is now a workable resolution to the time lag in enrolling children in Select Health that allows all children to be enrolled within 48 hours of coming into care, closing the month-long delay that was occurring for children who had not been previously enrolled. DSS began testing the approach in March 2019, and formally rolled it out in July 2019. This is an important development.

Progress has, however, been slow with respect to certain key elements of the Health Care Improvement Plan. DSS has struggled with developing the type of robust data infrastructure upon which the care coordination framework depends, and has been unable to make as much use of Select Health's analytics capacity ("gap-in-care" reports) it had hoped would provide key information with respect to children's outstanding health needs. Although it has begun to receive Medicaid claims data from DHHS, and has effectively used the data to begin to resolve discrepancies in CAPSS, these data are not yet being received and processed in a timeframe sufficient to provide feedback to the field on children's real-time health care needs. Attached as Appendix F are implementation status updates on strategies within the Health Care Improvement Plan as of June 30, 2019.

DSS is hopeful that the addition of staff to the DSS Office of Child Health and Well-Being, in addition to the rollout of the Select Health Foster Care Unit, will expedite the development and usage of key data. As such, it is critical that DSS proceed with hiring these staff immediately, and that the responsibilities of these additional staff be clearly delineated and executed in a way that is consistent with the overall care coordination framework to which DSS, DHHS, and Select Health committed.

Appendix A - Glossary of Acronyms

CAPSS: Child and Adult Protective Services System
CFSR: Child and Family Services Review
CY: Calendar Year
DHHS: Department of Health and Human Services
DJJ: Department of Juvenile Justice
DSS: Department of Social Services
FSA: Final Settlement Agreement
GPS: Guiding Principles and Standards
ICPC: Interstate Compact on the Placement of Children
IFCCS: Intensive Foster Care and Clinical Services
IO: Interim Order
MCO: Managed Care Organization
MOU: Memorandum of Understanding
OHAN: Out-of-Home Abuse and Neglect Unit
USC CCFS: University of South Carolina's Center for Child and Family Studies

Appendix B - Workload Implementation Plan Strategy Updates[190] as of June 30, 2019

Strategies towards Achieving Targets:
The Department identified a number of strategies to achieving the workload targets:

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[191]
Short-Term Strategies (January 2019 - January 2020)		
1. The Agency will make updated projection on the number of additional caseworkers needed to achieve caseload compliance.	June 30, 2019; date amended by the Joint Report to August 30, 2019	Not yet due.
2. More fully use caseworkers assigned to the custody programs by eliminating the current practice of assigning two caseworkers, one in the foster care program and one in adoptions, to children who are legally free for adoption.	End of January 2020	This work is underway and is being implemented in a series of 5 phases.
2.a. Phase 1: Cases of all children with a permanency plan of adoption who are free for adoption and are placed with a family that intends to adopt and has signed an adoption agreement or a pre-adoption agreement will be assigned solely to an adoption worker.	Implementing as of February 2019	DSS is currently implementing Phase 1. As of May 2, 2019, DSS reports 61 children's cases have transferred to adoption caseworkers for primary case management responsibility. As of that date, approximately 336 cases remain to be transferred through the other phases by the anticipated completion date of November 2019.[192]

[190] Not all strategies included and required in the Workload Implementation Plan are included in this Table. Strategies identified as intermediate or long-term were not yet due during this period, and will be included and discussed in future monitoring reports.
[191] In some instances, information in this Table reflects the status of actions after June 30, 2019.
[192] These data are from a point-in-time data pull, and the total number of cases will likely change as time goes on due to children leaving foster care, and children newly entering the transfer categories for different reasons, including becoming legally free for adoption.

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[191]
2.b. Phase 2: Cases of children with a permanency plan of adoption who are free for adoption, and who are siblings of children case managed by Adoptions pursuant to Phase 1 but are not placed with a family that intends to adopt will be assigned solely to an adoption worker.	Implementing as of February 2019	DSS is currently implementing Phase 2.
2.c. Phase 3: Cases of children case managed by county DSS foster care case managers who have a permanency plan of adoption and are free for adoption, but do not have an identified adoptive resource will be assigned solely to an adoption worker.	DSS will begin implementation by July 2019	Not yet due.
2.d. Phase 4: Cases of children case managed by IFCCS service coordinators who have a permanency plan of adoption and are free for adoption, and who are siblings of children case managed by Adoptions pursuant to Phase 3, but do not have an identified adoptive resource will be assigned solely to an adoption worker.	DSS will begin implementation by September 2019	Not yet due.
2.e. Phase 5: Cases of all other children who have a permanency plan of adoption, are free for adoption and case managed by IFCCS service coordinators, but do not have an identified adoptive resource will be assigned solely to an adoption worker.	DSS will begin implementation by November 2019	Not yet due.
3. Implement "Stay" interviews conducted by managers for staff at regular intervals (e.g., 60, 90, 180, 260 days) through their first year of work and develop and implement a process for follow up on needs expressed by interviewees. The process also includes county office Directors' documentation of individual follow-up with interviewed caseworkers to address more immediate non-systemic needs.	A formal process to record and aggregate results of "Stay" interviews is being developed and will be implemented by June 30, 2019.	Delayed. DSS reports that an interview tool has been developed and the new process was presented to County Directors on August 27, 2019. Once implementation begins, interviews with new staff will be conducted at 30 days and six months after employment starts. In addition to in-person interviews, DSS plans to develop and utilize a survey to collect feedback from new staff. The survey includes questions about job satisfaction and working conditions, and will be sent to staff at three months, nine months, and 12 months after their date of hire.

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[191]
4. Increase salaries for staff having BSW or MSW degrees and revise caseworker and supervisor job descriptions to indicate a clear preference for social work degrees as per the attached salary plan.	End of January 2020	Not yet due. Funding will be included in the FY2020-2021 budget request.
5. Engage South Carolina public university departments of social work in developing a partnership using provisions for federal funding available under Title IV-E of the Social Security Act. This partnership will be directed toward recruitment of BSW students who, in return for tuition support and DSS-based internship opportunities, will commit to at least two years of work for DSS upon graduation. Ideally, this partnership will also be developed to include at least two courses with specific child welfare content that will lead, along with the agency internship, to allowing these students to become qualified as caseworkers without having to go through the pre-service training currently required of all new hires. The focus of student education should be direct practice rather than administrative.	End of January 2020	Updates discussed below.
5.a. Within 90 days of plan finalization, hire a Child Welfare Workforce Developer. Once this person is in place, he/she will be responsible for implementing items b - d below by June 30, 2019.	June 30, 2019; date amended by Joint Report to October 31, 2019	DSS posted the position, and conducted some interviews, but as of June 30, 2019, did not determine it had the appropriate candidate for this position. As of the writing of this report, DSS has reposted the position, and plans to have conduct interviews, select a candidate, and onboard and train the new Workforce Developer by October 31, 2019.
5.b. Contact the Georgia Department of Family and Children's Services agency-university consortium, and possibly with those in other states (e.g., Louisiana, New Jersey, Pennsylvania, etc.) known to have long standing, successful agency-university partnerships, to obtain information about design and other key considerations in establishing and supporting agency-university agreements.	June 30, 2019	On June 17, 2019, DSS staff spoke with university consortium contacts in Georgia's Division of Family and Children's Services (DFCS) to learn more about the opportunities and challenges in implementing this strategy. The discussion included an overview of the program's development, design, and application, as well as implementation successes and challenges. DSS learned that DFCS hired a consultant for assistance with availability and use of Title IV-E funding.

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[191]
5.c. Conduct outreach to South Carolina universities to ascertain interest and establish a planning group.	June 30, 2019	Delayed. DSS reports planning to reach out to SC educational institutions to gauge interest in partnerships, and has indicated that Winthrop University has verbally expressed interest in the partnership.
5.d. Consult with Public Consulting Group, the Region 4 office of the federal Administration for Children, Youth, and Families, and/or other technical assistance resource(s) to explore opportunities for accessing IV-E funding to support a university partnership or multi-university consortium.	June 30, 2019	DSS reports an initial conversation was held with PCG to explore opportunities for IV-E funding in June 2019. DSS believes it would benefit from additional consultant assistance to develop a partnership or consortium.
6. Advance the proposal already initiated to provide repayment of student loans for staff employed for at least one year who have degrees in social work and, possibly, in very closely related fields. Work to assess the cost of this strategy will be completed during the current fiscal year to allow for this to be included in the agency's budget request for 2020-21 which will be made in September 2019. Once approved, payment can be made retroactively to staff who qualify.	September 2019	DSS reports funds for student loan repayment will be included in the FY2020-2021 budget request.
7. Create a realistic job preview video or a virtual reality demonstration or, alternatively, enter into an agreement with an existing jurisdiction to adapt an existing one, for posting on the state human resources website with required viewing by those wishing to submit an online application for a child welfare caseworker position.	August 2019	DSS reports that after reviewing job preview videos from several states, as well as videos DSS created several years ago, it was determined that DSS's videos require updating. DSS plans to develop an outline by September 2019, and utilize DSS's Communication Department and USC to assist in video production.
8. With the Office of Human Resources, review current procedures for approving requests for authorizations of salary above the minimum and for salary increases within pay band and make any changes needed to ensure that they are based upon clear, objective, and consistently applied criteria.	DSS communication of procedures and criteria in writing to all staff by June 30, 2019.	Delayed. DSS reports a draft communique is under final review and revisions, and will be distributed to staff by August 30, 2019. DSS will develop a policy with procedures for approving salary requests in the coming months.

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[191]
9. DSS will make offers of employment for the nine new OHAN investigative positions to begin by March 17, 2019. The staff that accept an offer of employment and who have completed child welfare basic will be trained utilizing the new OHAN Investigation Training curriculum and accepting cases no later than April 30, 2019. The staff that accept an offer of employment and who have not completed child welfare basic will complete child welfare basic, will be trained utilizing the new OHAN Investigation Training and will be accepting cases no later than July 15, 2019. By September 30, 2019, DSS will determine how many additional staff are needed to bring OHAN staff to the required caseload standards and begin the process for allocation of additional positions.	Make offers of employment by March 17, 2019. Ensure all staff are trained and accepting cases no later than July 15, 2019. By September 30, 2019, DSS will determine how many additional staff are needed; date amended by Joint Report to August 30, 2019 for DSS to identify (assess and evaluate) staffing needs and resources based on current workload and trend analysis, and identify future resources as indicated.	Offers of employment were made to nine new OHAN investigative candidates by March 27, 2019 and all candidates accepted. Most of the new hires had already completed Child Welfare Basic training, and completed the newly developed Investigation training curriculum shortly after hire. The newly hired staffed who had not completed Child Welfare Basic training were enrolled and completed the training in mid-June 2019. As of June 10, 2019, there were 11 OHAN staff accepting new case assignments. As of the writing of this report, DSS reports that a new supervisor position - which was created to ensure appropriate supervisory oversight at the FSA ratio - was posted for hire, and a program assistant position had also been posted.

Appendix C - Visitation Implementation Plan Strategy Updates[193] as of June 30, 2019

Strategies towards Achieving Targets:

The Department identified a number of strategies to achieving the visitation targets:

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[194]
Parent-Child & Sibling Visitation: Data Collection and Interim Benchmarks		
1. Baseline data for J.2 and J.3 will be determined using case reviews with a confidence level of 95% and a confidence interval of 5%. These case reviews will be contracted out to the University of SC who will build, test, and use two instruments to capture the data.		Baseline data were collected (see discussion in *Visitation* section of this report).
2. Interim benchmarks to be determined following analysis and aggregation of baseline data. Benchmarks will be monitored for compliance through case review samples until ongoing reports for compliance have been developed, validated and methodologies approved.		Interim benchmarks have been approved (see discussion in *Visitation* section of this report).
Parent-Child & Sibling Visitation: Increase the Quality of Parent-Child Visitation		
3. Seek technical assistance for defining quality parent-child visitation and develop a model that is in line with the agency's practice model.	March 2019	Delayed. DSS sought assistance from the federally-funded Capacity Building Center for States and delayed this work to coincide with work on the state federal program improvement plan. An initial meeting was held in August and another is scheduled for September 2019.

[193] Not all strategies included and required in the Visitation Implementation Plan are included in this Table. Strategies identified as not yet due during this period will be included and discussed in future monitoring reports.
[194] In some instances, information in this Table reflects the status of actions after June 30, 2019.

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[194]
Parent-Child & Sibling Visitation: Cultivate a Shared Understanding of the Importance and Critical Function of Parent-Child and Sibling Visitation and an Understanding of Related Policy, Procedures, and Responsibilities		
4. Develop and implement a consistent and comprehensive visitation policy that is aligned with the agency practice model and incorporates the core practice skills of engagement, teaming, assessment, planning, intervening, tracking and adapting. Additional policy enhancements will be made once the practice model is finalized and the quality visitation model is developed.	April 2019	Delayed. DSS released policy and procedures on children's visits and other contact with their siblings and parents, effective June 1, 2019.
5. Develop and deliver a visitation awareness training to casework assistants, caseworkers, supervisors, and Program Coordinators that is integrated with the practice model framework. Training will address the importance of visitation, how to engage the family in visitation planning and integrating visitation into the case plan; new policy to include roles and responsibilities; and CAPSS changes. This training will be an introductory step to build on as the quality visitation model is developed.	May 2019	Delayed. DSS delivered Visitation Awareness training sessions regionally between July 11 and August 9, 2019, provided make-up sessions, and plans to hold quarterly sessions.
6. Develop and disseminate practice tips to casework assistants, caseworkers, supervisors, and program coordinators.	June 2019	Delayed. Practice tips will be distributed to staff by the end of September 2019, with a plan to deliver quarterly.
7. Invite legal staff to visitation training to begin aligning legal practices with visitation best practices.	May 2019	Delayed. Legal staff will be invited to Visitation Awareness training sessions in September 2019.
8. Incorporate initial training and refreshers into staff training plans.	May 2019 & ongoing.	Delayed. Visitation Awareness training is available as an option for staff in DSS's Learning Management System.

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[194]
Parent-Child & Sibling Visitation: Increase the Frequency of Parent-Child and Sibling Visitation		
9. Engage the leadership of provider organizations (Foster Parent Association Palmetto Association for Children and Families and Child Placing Agencies) in defining their role and setting the expectations for foster care providers.	April 2019	DSS reports holding a breakout session regarding barriers to visitation and possible solutions during an April 2019 meeting with providers, and that additional conversation is needed. Future plans include adding the topic to the agenda for private provider advisory team meetings.
10. Develop and deliver Foster Care provider training on the importance and function of parent-child and sibling visitation and their role in visitation.	June 2019	Delayed. DSS reports that its Training Division is reviewing a training curriculum for delivery by the Foster Parent Association and Child Placing Agencies to foster parents in October 2019.
11. Reinforce expectations through contract monitoring. Specifically, monitor compliance with the regulation prohibiting the deprival of family visits as a form of punishment.	Ongoing	In late-June 2019, licensing staff met to develop a plan for education and monitoring regarding prohibiting the deprival of family visits to children as a punishment. These activities were reportedly implemented during August 2019 visits.
12. Develop and implement a process for ongoing budget request for state fleet vehicles that accounts for additional allocated casework assistant positions as proposed in the Caseload Implementation Plan.	Ongoing	Under development: DSS reports that counties will assess vehicle needs based on number of staff and current fleet utilization and will make requests accordingly. DSS reports funds for additional vehicles will be included in the FY2020-2021 budget request.
13. DSS will fill all (10) current vacancies for transportation aides, and make deliberate efforts to keep those positions filled.	June 30, 2019	Delayed. DSS utilizes casework assistants to help with transportation, and five caseworker assistant positions remain open with a plan to request funding for seven additional positions in the FY2020-2021 budget request.
14. Develop and implement a Foster Care Provider Portal for Foster Parents and Group home providers to directly input visitation information into CAPSS.	May 2019	Delayed. DSS reports that USC is developing a portal for foster parents to input children's health and education information in partnership with DSS. The capacity to document visitation information will be added to this portal, which is scheduled for completion in February 2020.

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[194]
15. Provide supervisor training on responsibilities and procedures for monitoring the frequency and quality of family visits	June 2019	Delayed. A curriculum is under development and tentatively scheduled for roll-out in September 2019.
16. Develop user-friendly, actionable management reports in CAPSS.	June 2019	Delayed. New data entry screens were created in CAPSS. In late-August 2019, DSS plans to begin identifying reports needed.
17. Provide training on management reports.	June 2019 & ongoing	Delayed. Once reports are selected and generated, training for management will begin.
Parent-Child & Sibling Visitation: Increase the Quality of Data and Documentation of Parent-Child and Sibling Visits		
18. Develop and implement CAPSS enhancements to increase the capacity for documenting parent-child and sibling visitation information.	March 2019; amended by Joint Report to August 15, 2019	Delayed. CAPSS enhancement are scheduled to take effect at the end of August 2019.
19. Provide training on CAPSS enhancements.	May 2019	Delayed. Webinars are scheduled to be held in September 2019.
20. Develop user-friendly, actionable management reports in CAPSS.	June 2019	Delayed. New data entry screens were created in CAPSS. In late-August 2019, DSS plans to begin identifying reports needed.
21. Provide training on management reports.	June 2019	Delayed. Once reports are selected and generated (see #20 above), training will be provided.
22. Develop and implement standards for quality documentation.	June 2019	Delayed. This work is scheduled to be done with support from the federally-funded Capacity Building Center for States.

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[194]
Caseworker-Child Visitation: Clarify the Role and Function of Caseworker-Child Contacts		
30. Practice Model Implementation: • Utilization of practice guidance related to caseworker-child contacts • Supervision, modeling and coaching related to caseworker-child contacts	May 2019	The Guiding Principles and Standards (GPS) Practice Model was completed in July 2019. A video of Director Leach and staff announcing the roll-out, along with a booklet, infographic, and practice profiles were sent to staff.
31. Visitation Awareness Training delivered to Casework Assistants, caseworkers, supervisors, and Program Coordinators.	April 2019	Delayed. Visitation Awareness Training is scheduled for late July through August 2019.
32. Draft and implement policy revisions that align caseworker-child contact policy and procedure with the agency practice model.	June 2019	Delayed.
33. Develop and disseminate practice tips to casework assistants, caseworkers, supervisors, and program coordinators that reinforce practice model values, guiding principles and practice skills related to caseworker-child visits.	June 2019	Delayed. One of the Practice Profiles distributed to staff as part of GPS in July 2019 contains practice tips on visits. DSS plans to distribute additional tips through quarterly newsletters.
Caseworker-Child Visitation: Increase the Quality of Caseworker-Child Contacts		
34. Adopt and adapt quality contact training developed by the Capacity Building Center for States.	May 2019	Delayed. DSS began work with the Capacity Building Center for States in August 2019.
35. Deliver training to casework assistants, caseworkers, supervisors, and program coordinators.	June 2019	Delayed. To be completed based on #34 above.

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[194]
Caseworker-Child Visitation: Improve the Quality of the Dictation Capturing the Caseworker-Child Visit		
36. Develop and implement standards for visitation and quality documentation.	June 2019	Delayed. DSS began work with the Capacity Building Center for States in August 2019.

Appendix D - OHAN Implementation Plan Strategy Updates as of June 30, 2019

Strategies towards Achieving Targets:

The Department identified a number of strategies to achieving the OHAN targets:

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[195]
Intake and Investigations		
a. Institute investigative caseworker office day for case management activities	Complete by September 2017	Delayed. DSS reports that implementation began in February 2019.
b. Develop a user-friendly report to track and monitor face-to-face contact and case initiation within 24 hours	To be determined after Data Workgroup prioritizes CAPSS and data work (see Core Foundational and Capacity Building Section Above - 3.b). Some development has already occurred.	Delayed. DSS reports requests have been made to CAPSS IT to develop two reports. The first report will track timely initiation, and the second will capture timely initiation only for Class Members. These reports are being developed and will be ready for use in September 2019.
c. Revise the intake referral sheet to gather updated placement and caseworker information	Complete by March 2017	Completed. DSS reports that staff are using the revised intake referral sheet and the Co-Monitors have observed instances of improvement in collecting and documenting information.

[195] In some instances, information in this Table reflects the status of actions after June 30, 2019.

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[195]
d. Revise existing checklist to expand core witness list	Complete by April 2017	Completed. DSS has revised the list of core witnesses checklist. Co-Monitor staff have observed inconsistencies in its use; sometimes the form is used appropriately, and at other times it is not. DSS attributes this to staff workload.
e. Develop tracking system for documenting core witness contacts and provide additional guidance and training to caseworkers on identifying core witnesses	Complete by December 2017	Delayed. DSS reports that updates to CAPSS to track core witnesses have been delayed due to a lack of resources and the volume of work within OHAN. DSS tentatively projects that CAPSS updates and data collection will be available in September 2019. The Joint Report requires by July 29, 2019, DSS to identify core witnesses for each case during supervision using the core witness checklist and when cases are completed, utilize the checklist to determine whether all identified core witnesses were contacted.
f. Research and adopt a screening and assessment tool to help guide decision-making for OHAN intake	Complete by May 2017	Delayed. DSS has begun the process for developing a Structured Decision-Making ® (SDM)[196] in the Intake Hubs. With the assistance of NCCD, this new tool will also be utilized to screen OHAN intakes. Inter-rater reliability testing was completed on April 3, 2019, and work is currently underway to finalize the tool, train staff, and complete the CAPSS interface. DSS anticipates full implementation of SDM will begin on or around October 1, 2019. At that time, screening of OHAN intakes will shift to the Intake Hubs.

[196] For more information on Structured Decision Making, see https://www.nccdglobal.org/assessment/sdm-structured-decision-making-systems/child-welfare

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[195]
g. Develop and conduct specialized OHAN training to include findings from OHAN baseline reviews (including clarifying practice standards around "collateral" contact prior to making a hotline decision), CAPSS documentation training, interview and investigative techniques, restraint training, assessing for safety and risk, and critical decision-making	OHAN basic intake training to occur for existing caseworkers and supervisors beginning September 2017. OHAN basic investigative training to occur for existing caseworkers and supervisors by December 2017. All new caseworkers and supervisors will be required to complete training going forward.	Completed. Trainings on a newly developed intake training curriculum were conducted in September and November 2017. As discussed in the update for the strategy above, intake screening decision responsibility is being transferred to the Intake Hubs in the next several months, and OHAN staff will no longer be responsible for this function. Delayed. The investigation training curriculum has been finalized, and the first of the two week training - which focuses on identifying physical abuse, sexual abuse, and neglect, as well as conducting interviews and assessing safety - was initially delivered to three OHAN caseworkers and one supervisor in early January 2019. The second week of the training - which includes legal considerations and regulations, policy and procedures, and critical thinking – was held in mid-April 2019. Newly hired staff completed investigation training in July 2019.
h. Develop a Provider History report in CAPSS to provide an easy to access and consistent history on providers for use by OHAN caseworkers, supervisors, and reviewers - Preliminary report is currently being tested - Once finalized, report will be automated in CAPSS. - OHAN intake caseworkers will be trained to access, read, and summarize the previous allegations for the past two years and consider the previous history as a factor in determining preponderance of evidence for case	Work has begun. Preliminary report has been created and is being pretested with staff, supervisors, and reviewers. Based on feedback, report will be finalized and automated in CAPSS. Until automation, adhoc reports will continue to be extracted. Work complete by September 2017.	Completed. DSS reports a provider history report has been developed in CAPSS and was incorporated into standard practice in September 2017. The report includes the past five years of OHAN intakes and investigations, allowing caseworkers to identify possible trends.

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[195]
i. Develop a coordinated process with Licensing that may include the following: - Create a new policy to establish clear guidelines for revocation of foster home and facility licenses for multiple allegations of policy violations that do not constitute abuse or neglect but that are detrimental to child well-being	Development of policies to be completed by July 2017. Implementation of policies and training of existing staff on new policies completed by November 2017 by Licensing and OHAN.	Delayed. DSS reports that OHAN policy has been updated, to include a provision that a foster parent's license may be revoked if a provider is found to have violated the signed discipline agreement, including the prohibition against corporal punishment. The policy was published on May 31, 2019.
Supervisor Review		
a. Determine ways to increase guided supervision staffing, critical thinking, monitoring-accountability system by supervisor		
- Revise the Guided Supervision Tool to be specific to OHAN performance measures and for case reviews and system for utilization in practice. After implementation, this tool will be used at every supervisory review to guide the critical thinking of staff in investigatory work.	Complete by May 2017	DSS reports the Guided Supervision Tool was finalized in May 2017 and is currently in use. As mentioned earlier, the workload of staff have resulted in inconsistent quality in these staffings. As of November 2018, OHAN had two supervisors, and a position for a third supervisor was posted for hire in June 2019. As of the writing of this report, DSS reports a candidate has been selected and paperwork has been submitted to HR for processing.
- Train OHAN Supervisors on use of the Guided Supervision tool (see above for additional training of supervisors on information from OHAN baseline reviews)	Complete by June 2017	
- Implement Guided Supervision in OHAN by training staff on the expectations and begin use of the Guided Supervision process	Complete by June 2017	

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[195]
b. Implement standardized supervisory case review prior to case decision	Complete by April 2017	DSS reports this strategy is being implemented, and during recent reviews of closed OHAN investigations, Co-Monitor staff have found that these reviews routinely occur.
c. Refine case closure supervisory review to include CAPSS and paper file (thorough review)	Complete by April 2017	DSS reports this strategy is being implemented, and during recent reviews of closed OHAN investigations, Co-Monitor staff have found evidence in the paper file of case closure supervisory review, however, these may occur after the investigation has already been closed.
d. Develop methodology for caseload distribution	Complete by September 2017	Delayed. Beginning in late-2018, new OHAN staff are allocated to and physically located in the DSS regions to assist in travel responsibilities and increase familiarity with foster parents, congregate care facilities, and local DSS staff. Cases are distributed based on geographic location as well as workload.

Appendix E - Placement Implementation Plan Strategy Updates as of June 30, 2019[197]

Strategies towards Achieving Targets:

The Department identified a number of strategies to achieving the placement targets:

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[198]
A. Case Planning and Placement Processes		
A.1. Communicate restructured CFT process to staff, providers, lawyers and judges.	March 1, 2019	In process. DSS distributed an information memo on March 29, 2019, which included information about the CFT process. Given the delay in implementation and possible changes in the months since, additional communication is needed.
A.1. (cont.) With TA assistance, DSS will develop a protocol, guidance and timeframes for the field about the new Child and Family Teaming model (including Administrative Issuances to pilot the approach), assessment tool(s), availability of case-specific information from DSS partners and administrative data, the frequency of child and family team meetings and family group conferences, documentation requirements in CAPSS and other documentation requirements.	June 30, 2019	Not yet completed. Was to be done in collaboration with TA provider who has not yet been engaged. DSS has applied for grant funding that, if awarded, will allow for TA engagement. If the funding is not awarded, DSS has committed to requesting funding in the FY2020-2021 budget.

[197] Not all strategies included and required in the Placement Implementation Plan are included in this Table. Strategies identified as not yet due during this period will be included and discussed in future monitoring reports.

[198] In some instances, information in this Table reflects the status of actions after June 30, 2019.

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[198]
A. 1. (cont.) DSS will determine whether contract modifications are necessary to the Family Engagement contract and, if necessary, make contract modifications to align with the Placement Plan.	Determine whether contract modifications are needed – June 30, 2019 Make contract modifications, if necessary, if no additional funds are needed – August 30, 2019 Make contract modifications, if necessary, if additional funds are needed – July 1, 2020	Not yet completed. DSS has held meetings with the contract provider to discuss agency needs related to Child and Family Teaming.
A.1. (cont.) In consultation with the Co-Monitors, the Department will identify and engage a technical assistance provider with expertise in training, coaching and implementing the family group conferencing approach envisioned in the DSS practice model, in order to assist the Department in implementing its CFT model. This will initially occur in the pilot counties and then deployed by region throughout the state.	Determine cost of TA assistance – March 1, 2019 TA to begin – May 30, 2019 (to account for contracting process)	Not yet completed. Scope of Work elicited and received, but not pursued further due to reported resource barriers. DSS has applied for grant funding that, if awarded, will allow for TA engagement in the coming months.
A.1. (cont.) DSS will, with TA assistance as necessary, develop and implement training and coaching plan for CFT process for new and existing caseworkers and will secure a TA provider, if necessary, to shadow FE Liaisons and DSS staff in implementing the new CFT process.	Develop training and coaching plan in consultation with the Co-Monitors – August 30, 2019 Implement training and coaching plan for caseworkers and supervisors in pilot counties by September 30, 2019.	Not yet due. This strategy was to be done in collaboration with TA provider who has not yet been engaged. DSS has applied for grant funding that, if awarded, will allow for TA engagement in the coming months.
A. 2. FE Coordinators and DSS, with TA assistance if necessary, will work to develop processes for including clinical input and distance participation in ways that preserve the primacy of the CFT.	To be done in conjunction with development of protocol and guidance of new CFT model – June 30, 2019	Not yet completed. This work was to be done in collaboration with TA provider who has not yet been engaged. DSS has applied for grant funding that, if awarded, will allow for TA engagement in the coming months.

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[198]
A.2. (cont.) Design YE program, propose draft budget and launch YE program within DSS.	Design YE program and propose draft budget – September 1, 2019	Not yet due. DSS reports that it is in the process of creating a Youth Engagement Coordinator position, and that it has engaged USC to provide some technical assistance in this area.
A.3. (cont.) DSS will present findings of case plan work group to key leaders at DSS.	April 30, 2019	Completed. The case plan workgroup presented its findings to DSS state and regional leadership on April 25, 2019.
A.4. DSS will use Family Engagement Liaisons to develop coaching and training plan for DSS case managers and supervisors within regions that will pilot the new approach.	Develop training and coaching plan – August 30, 2019.	Not yet due. In consultation with community partners, DSS has committed to implementation of the Child Assessment of Needs and Strengths (CANS) tool. DSS has requested grant funding that would allow for TA to begin in 2019. If the funding is not awarded, DSS has committed to requesting funding for this work in its FY2020-2021 budget request.
A.4. (cont.) Family Engagement Liaisons to provide training to supervisors and case managers in pilot counties.	Implement training and coaching plan in pilot counties by September 30, 2019	Not yet due.
A.5. Select evidence-informed assessment tool to capture assessment information for pre-placement and point in placement and service planning decisions and will train workers on their use. Make budget request and engage in procurement process for new assessment tool.	Deadline of August 30, 2019 for selecting the assessment tool Deadline of September 30, 2019 to make budget request or to conform with budget cycle	Not yet due. DSS reports that several tool options have been presented to leadership and are currently under review to ensure the tool chosen pairs well with existing Structured Decision Making tools.
A.5. (cont.) Develop roll-out plan for training, certification and use of the revised Universal Application (UA) as standardized assessment tool pending procurement of new evidence-informed assessment tool.	Deadline of August 30, 2019 to modify the UA	Not yet due.

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[198]
B. Restructured Partnership with Private Providers and Continuum Development		
B. 1 In consultation with the Co-Monitors, the Department will engage a TA provider with experience designing and implementing performance based continuum contracting in other jurisdictions and the private provider community in developing and implementing performance based continuum contracts.	April 2019	Not completed. DSS has requested scopes of work and has committed to including funding for TA support in its budget request for FY2020-2021.
B.1 (cont.) Work with internal and external stakeholders, including, private providers to gather information to support development of the care continuum model.	June 30, 2019	Partially completed. DSS reports that it has met with internal and external stakeholders to discuss the need to expand its placement and service array, but needs TA support to further develop its model.
B.1 (cont.) Offer incentives for care continuum transition resource development.	July 2019	Not yet due.
B.1 (cont.) Hold regular information exchange meetings.	August 30, 2019 and ongoing	Not yet due.
B. 2 Develop a "stop-gap" safety monitoring plan for congregate care placements, including but not limited to, developing policy and practice updates and reminders to caseworkers on what should occur during visits with children and refresher training to caseworkers on how to assess children's safety at every visit and explore issues which have already been identified at congregate care facilities (and other placements).	Work is underway; timelines to be established separately in "stop gap" safety monitoring plan	Not completed. DSS reports that it is awaiting technical assistance engagement, but has worked with OHAN and licensing staff to assess capacity to increase routine checks and follow-up on concerns about congregate placements. Practice guidance regarding quality safety and well-being visits was provided to the field, and re-emphasized during the Visitation Awareness trainings held in July and August 2019.

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[198]
B.2 (cont.) Identify and select technical assistance provider, in consultation with the Co-Monitors, possessing expertise in maltreatment, protection from harm issues (e.g. isolation/restraints, behavior management, psychotropics) and continuous quality improvement.	June 30, 2019; date amended by Joint Report to August 31, 2019.	Not yet due. DSS reports that a Scope of Work was elicited and received, but not pursued further due to reported resource barriers. DSS has requested TA assistance that would not require additional funding.
C. Utilization and Support of Kin and Fictive Kin as Kinship Foster Care Providers		
C.1 Inventory and review current regional diligent search processes.	May 2019	Completed.
C.1 (cont.) Develop new protocols for kinship care coordinators to support the field in engaging kin as a placement resource.	August 2019	Not yet due.
C.1 (cont.) Develop supervisory review waiver process and documentation protocol for a placement with a foster parent/provider unknown to the child.	July 2019	Not yet due.
C.1 (cont.) Publish an administrative issuance and begin implementation of supervisory waiver process for placements with a foster parent/provider unknown to the child.	August 2019	Not yet due.
C.2 (cont.) Establish and convene relative caregiver and kinship foster care policy and practice advisory group.	May 2019; convened in June 2019.	Completed. DSS reports that membership for the Kinship Advisory Panel have now been selected, and that the first meeting was held on June 13, 2019.
C.2 (cont.) Engage TA to help DSS conduct policy (and legislation) review.	July 2019	Not yet due.

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[198]
C.2 (cont.) DSS will explore possibility of promulgating an emergency regulation to allow for a provisional license. Also, Senate Bill S.191 currently pending before the Legislature would, if passed, make some of these changes.	August 2019. Pursuant to Joint Report development of permanent regulation as follows: July 31, 2019 for notice of drafting; September 30, 2019 for contact with the Administrative Law Court to schedule a public hearing; March 31, 2020 for submission of a proposed permanent regulation to the Legislature; and May 31, 2020 for publishing of a permanent regulation.	Not yet due. DSS plans to file an emergency regulation by September 2019, which would become effective upon filing and remain in effect for 90 days, with the possibility of one 90-day extension. In addition, DSS has committed to moving for a permanent regulation that would allow provisional licensure of kin who meet specified requirements. Public notice has been issued in this regard.
C.2 (cont.) Develop change order to current contract for expedited inspections for kinship care providers.	July 2019; date amended by Joint Report to August 31, 2019.	Ongoing. DSS reports that a change order was not necessary, and that inspection requests now have a flag for kin applicants to indicate the need for expedited inspection.
C.2 (cont.) Engage fiscal consultant to develop and implement process for providing financial and in-kind support to maximize the opportunity to receive backdated IV-E reimbursement in appropriate cases.	April 2019	Pending. DSS engaged a consultant who completed an assessment and provided recommendations, which are under consideration.
C.2 (cont.) Develop and implement administrative issuance/policies for presumptive case plan that relative caregiver will become a licensed foster home; four months relative caregiver retains right to seek to become licensed or unlicensed foster home; safety plan of prevention case for 6 months.	May 2019	Delayed. DSS reports that a memo to the field is being drafted and will be distributed in September 2019. Policies will then be updated accordingly.

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[198]
C.2 (cont.) Develop protocols and scripts and outreach materials for informing and discussing with families the relative caregiver options, and develop and make available written materials that clearly communicate those options in ways that families and those working with them can understand.	April 2019	Delayed. DSS engaged USC to develop relevant materials. The first draft was reviewed and feedback provided. DSS reports that the current plan is to have at least some of the materials available for use in September 2019, and to have all finalized by October 2019.
C.2 (cont.) Develop and deliver training to all relevant DSS staff and community partners and judges so that they understand the new approach to kinship foster care.	May 2019 and ongoing	Completed. DSS reports that trainings were held in all regions between April 22 and May 22, 2019. Ongoing trainings are scheduled to occur on a quarterly basis. Trainings were also held with the Bench Bar in January and July 2019, and included the participation of judges and other partners in the legal community.
C.3 Establish scope of work to ensure that relatives can effectively access the services of the Kinship Navigator Program	June 2019; date amended by Joint Report to January 31, 2019 for RFP development; May 31, 2020 for selection and contracting; and July 1, 2020 for contract commencement.	Not yet due.
C.3 (cont.) Convene meetings with relative caregiver and kinship foster care policy and practice advisory group to advise on programming and to later meet with kinship navigator contractor to establish ongoing advice and support role to program.	May 2019 and ongoing	Completed and ongoing. DSS reports that membership for the Kinship Advisory Panel have now been selected, and that the first meeting was held on June 13, 2019.
C.4 Develop new criteria for the screening and approval of kinship foster homes.	July 2019	Not yet due.
C.4. (cont.) Develop "tip sheet" and protocols for use and updating.	July 2019	Not yet due.

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[198]
C.4 (cont.) Develop and implement expedited placement process.	July 2019; date amended by Joint Report to August 31, 2019, for DSS to develop expedited licensure process to include non-safety waivers and apply to current kin families in process and new applicants.	Not yet due.
C.4 (cont.) Hire additional staff or contract with providers if necessary, to have capacity to complete expedited approval within timelines.	July 2019; date amended in Joint Report to November 30, 2019.	Ongoing. DSS has reported that it plans to repurpose existing positions to hire eight licensing workers (one licensing worker and one support worker for each region).
D. Recruitment, Retention, and Utilization of Non-Relative Foster Parents		
D.1 DSS will conduct review to establish child care costs in South Carolina.	May 30, 2019	Completed. At the direction of the Court, DSS completed this review, in consultation with the Public Consulting Group, in May 2019.
D.1 (cont.) DSS will request funds to support an adjusted foster home board rate applicable to licensed kinship, private provider and DSS approved foster homes, adjusted on an established periodic basis, that meets or exceeds USDA guidelines and develop a process for periodically reviewing these rates.	Request in Fall 2019 with anticipated funding in July 2020 and ongoing.	Not yet due.
D.1 (cont.) DSS will increase foster care board rates.	July 2019, provided proviso is updated.	Completed. DSS reports that increased foster care board rates, as submitted to and approved by the Court on May 15, 2019, are being paid to all foster care providers as of July 1, 2019.
D.2 DSS will utilize an emergency procurement to expeditiously contract to provide support to private providers who can recruit family foster homes and provide family foster care services.	March 31, 2019	Completed. DSS reports that it issued an emergency procurement in March 2019. There are currently nine licensed Child Placing Agencies.

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[198]
D.2 (cont.) Hold information and planning meetings with providers regarding private provider regular foster home RFP.	June 2019	In progress. DSS reports that it held informational meetings with providers in June and July 2019, and that this resulted in the formation of a workgroup to address contractual changes needed. The workgroup convened on August 30, 2019.
D.2 (cont.) DSS will develop regional recruitment plans for DSS homes and will incorporate the private agency recruitment plans from agencies in their region into an overarching regional recruitment plan that has both broad recruitment strategies and targeted recruitment strategies that consider the unique needs of the children and youth in need of foster and adoptive homes.	July 30, 2019	Not yet due.
D.3 DSS will develop and begin utilizing a foster parent exit survey.	July 2019	Not yet due.
D.3. (cont.) DSS will select an evidence and trauma informed training model for preservice foster parent training.	August 30, 2019	Not yet due.
D.3 (cont.) DSS will engage and contract with private providers to enhance the training offerings and access.	July 2019 and ongoing	Not yet due.
D.3 (cont.) DSS will build and launch online training calendar.	March 30, 2019	Completed. The training calendar is on the Foster Parent Association website, with a link to the DSS website.
D.4 Develop and obtain signed MOU or a change order to current contract.	July 2019	Not yet due.

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[198]
D.4. (cont.) Hire additional staff in licensing unit.	July 2019 for pilot region	Not yet due.
D.4 (cont.) Review some calendar year 2018 "screen out" decisions and make decision about whether to Implement new screening in/out protocols with licensing staff.	June 30, 2019	Completed. A sample of screen out decisions was reviewed in June 2019. DSS reports that, based on this review, all screen outs were determined to be appropriate and that no changes are needed at this time.
D.4. (cont.) DSS will communicate with training providers new data collection requirements.	March 30, 2019	Ongoing. DSS reports that it communicated new data collection requirements via email in March 2019. After receiving feedback from providers that they wished to collaborate on the development data collection requirements, a meeting was held on June 23, 2019. A workgroup was formed as a result of this meeting, and has been charged with finalizing how the requirements will be implemented. The next meeting was scheduled for August 30, 2019.
D.5 Develop foster parent handbook and distribution plan.	Start process in Spring 2019 with anticipated distribution by December 30, 2019	Not yet due.
D.5 (cont.) Conduct foster home utilization assessment and completion of study.	This process has begun and is ongoing. A memo was issued in July 2018 regarding this. Review for the pilot counties will be complete by July 2019 and statewide by September 2019.	Ongoing. DSS reports that a policy and process are in place for a monthly review of utilization by a dedicated staff person who follows up with foster parents based on the information in the monthly report.

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[198]
D.6. Create ombudsperson using internal capacity.	June 30, 2019	Completed. DSS reports that it identified a staff member for this role on July 1, 2019. Among other things, the Ombudsperson fields calls and emails daily from foster parents and has been working on recruitment and retention activities.
D.6. (cont.) Develop and publicize regional schedules for foster parent retention events.	June 30, 2019	Completed. These were posted on the Foster Parent Association website and there is a link to the DSS website.
D.6. (cont.) Develop and implement policy for regular foster parent survey input.	July 30, 2019	Not yet due.
D.6. (cont.) Develop trauma informed policy for supporting foster parents after a child is removed.	August 2019	Not yet due.
E. Conducting a Placement Pilot		
E.1 (cont.) DSS will quickly conduct a performance review of the transportation vendor to determine if they possess the necessary engagement skills to provide the necessary transportation assistance to families and other adults in a therapeutically sufficient manner.	July 2019	Not yet due.

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[198]
E.1 (cont.) DSS will compare the programming and performance of the current transportation vendor options against the current utilization of DSS caseworker assistants to provide transportation assistance and make a determination whether to hire additional casework assistants or significantly increase the current transportation contract for pilot counties. If after comparing the two transportation models DSS concludes that transportation assistance services using casework assistants is more aligned with the practice model and preferable, then funds will be provided to hire staff to perform this function.	July 2019	Not yet due.

Appendix F - Health Care Improvement Plan Strategy Updates as of June 30, 2019[199]

Strategies towards Achieving Targets:

The Department identified a number of strategies to achieving the health care targets:

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[200]
Child Health Goal 1: Each Child in Foster Care is Linked to a Care Coordinator Matched to the Child's Needs		
Weekly meetings with Select Health on care coordination practice, processes and protocol.	Weekly, beginning from October 2018 - Present	Ongoing. Meetings have been occurring on a weekly basis, and moved from an early focus on data to planning for implementation of the model of care coordination and health care case management outlined in the DSS Health Care Addendum.
Weekly meetings with DHHS on data-sharing and refining gaps in care prototype and other reports.	Weekly, October 2018 - Present	Ongoing. Meetings have been occurring on a weekly basis, and moved from an early focus on data to planning for implementation of the model of care coordination and health care case management outlined in the DSS Health Care Addendum.

[199] Not all strategies included and required in the Health Care Implementation Plan are included in this Table. Strategies identified as not yet due during this period will be included and discussed in future monitoring reports.

[200] In some instances, information in this Table reflects the status of actions after June 30, 2019.

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[200]
Choose validated assessment tool, train DSS staff, and roll out standardized assessment tool in accordance with the processes developed in the Placement Implementation Plan.	Tool selection by August 31, 2019; request for funding by September 2019.	Not yet due. In consultation with community partners, DSS has committed to implementation of the Child Assessment of Needs and Strengths (CANS) tool. DSS has requested grant funding that would allow for TA to begin in 2019. If the funding is not awarded, DSS has committed to requesting funding for this work in its FY2020-2021 budget request.
Adapt CSA to include health and behavioral clinical and functional assessment questions as recommended by child welfare leadership and the Foster Care Health Advisory Committee.	Tool selection by August 31, 2019; request for funding by September 2019.	Not yet due. DSS reports that a workgroup has been formed to review and recommend changes to the CSA currently in use.
Connect health/behavioral health initial assessments and comprehensive assessments to placement decision-making processes, informing the Placement Implementation Plan.	August 31, 2019	Not yet due. DSS reports that a workgroup has been formed to review and recommend changes to the CSA, and that it will also focus on connections between health and behavioral health assessments and placement decision-making processes.
Institute weekly cadence call to staff cases, review progress made and resolve immediate needs beginning August 2018.	Weekly, August 2018 - Present	Ongoing, in part. DSS began regularly holding "cadence calls" in September 2018, in which Office of Child Health and Well-Being staff discuss performance data with identified reginal liaisons. Though the structure of the discussions is aligned with this requirement, limitations on access to reliable, real-time data have limited the ability of participants to identify and track current, or recent, health care needs, and little progress has been made with respect to follow up on children's immediate treatment needs.

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[200]
Explore with DHHS, Select Health, QTIP providers and the AAP (American Academy of Pediatrics SC Branch), DSS's plan to use a standard, system-wide screening and assessment tool and ways to integrate the use of this tool and other best practice guidance on delivering health and behavioral health care to children in foster care.	February 2019	Ongoing. DSS has developed a draft initial health screening tool for DSS case managers to use to identify needs and for primary care providers to receive at the first appointment. The tool has not yet been finalized.
Produce a comprehensive care coordination and health care case management framework subject to approval of the Co-Monitors.	March 2019	Completed. The DSS Health Care Addendum was approved by the Co-Monitors on February 25, 2019.
Child Health Goal 2: Each Child in Foster Care has a Primary Care Provider and Receives Timely Screening, Assessment, and Follow-Up Care - Medical Home		
DSS will collaborate with DHHS, Select Health and the Foster Care Health Advisory Committee to establish a preferred provider designation based on HEDIS parameters and provider agreement to participate in cohort learning collaboratives that meet two times a year.	June 2019	Ongoing. The Foster Care Health Advisory Committee supported DSS in the development of recommendations for both primary care and behavioral health providers. DSS reports that it is currently exploring mechanisms for possible Medicaid reimbursement primary care providers for care coordination activities for children in foster care. DSS has also drafted and approved a contract for the establishment of learning collaboratives under the guidance of the Medical University of South Carolina (MUSC).

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[200]
DSS will collaborate and explore with DMH the designation of its CMHCs as preferred outpatient behavioral health providers, given child psychiatry staffing and regional locations around the state.	February 2019	Ongoing. DSS reports that this is being explored as part of the work described above.
DSS, DHHS and Select Health will collaborate to establish a protocol to assign children to a patient-centered medical home, QTIP-like or FQHC preferred provider and caregivers will have the opportunity to opt-out and exercise freedom of choice.	February 2019	Delayed. DSS reports that it is currently researching patient-centered medical homes that may be willing to accept children in foster care into their practices.
DSS will work with DHHS and the AAP to build out a learning cohort of pediatric practices who wish to work with the foster care population.	February 2019	Ongoing. DSS has drafted and approved a contract for the establishment of learning collaboratives under the guidance of the Medical University of South Carolina (MUSC).

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[200]
Child Health Goal 2: Each Child in Foster Care has a Primary Care Provider and Receives Timely Screening, Assessment, and Follow-Up Care - Eligibility and Enrollment		
Build out and pilot test the rostering, tracking and follow-up mechanism for initial assessments, comprehensive assessments and timely follow-up.	September 2018 - February 2019	Ongoing, in part. DSS began regularly holding "cadence calls" in September 2018, in which Office of Child Health and Well-Being staff discuss performance data with identified reginal liaisons. Work has been ongoing to identify and resolve gaps in care, including missed initial assessments, developmental screenings, and well-child visits. Though the structure of the discussions is aligned with this requirement, limitations on access to updated data have largely limited the ability of participants to identify and track current, or recent, health care needs.
Fix 30-day enrollment lag by January 2019, and in interim, develop and use an administrative work-around so that children in foster care receive necessary initial assessment, comprehensive assessment and follow up, and the data tracks them as such.	August 2018 - January 2019	Completed. DSS reports that there is now a manual process in place to ensure that all eligible children are enrolled in Select Health within 48 hours of entering foster care.
Develop aligned timeframes for initial assessments, comprehensive assessments and follow-up that track AAP standards for children in foster care. Those timeframes will be clarified and operationalized for data tracking purposes.	February 2019	Completed.

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[200]
Child Health Goal 2: Each Child in Foster Care has a Primary Care Provider and Receives Timely Screening, Assessment, and Follow-Up Care - Screening and Assessment		
DSS, DHHS and Select will collaborate on the development of a no-lag enrollment protocol by January 2019.	January 2019	Completed. DSS reports that there is now a manual process in place to ensure that all eligible children are enrolled in Select Health within 48 hours of entering foster care.
DSS and DHHS developed and signed a data-sharing agreement.	December 2018	Ongoing. DSS reports that it has developed a data-sharing plan and is receiving all requested data.
DSS, DHHS and Select Health will develop an implementation timeframe for producing regular monthly gap-in-care reports.	February 2019	Ongoing. DSS has received initial gap-in-care reports from Select Health and is in the process of finalizing a schedule for regular production.
DSS will field-test the use of gap-in-care reports, cadence calls, and monthly tracking and develop practice guidelines beginning in August 2018 and running through February 2019.	August 2018 - February 2019	Ongoing.
Caseworker training will include new expectations for documentation and follow-up and refresher training on DSS practice standards.	February 2019	Ongoing. Caseworker training will be updated further when health screening tool is finalized and implemented.

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[200]
Child Health Goal 2: Each Child in Foster Care has a Primary Care Provider and Receives Timely Screening, Assessment, and Follow-Up Care - Immediate Needs		
DSS will propose a revised definition of Immediate Needs to more closely match language and conditions that are customarily used in the health care industry by November 2018.	November 2018	Delayed. The issue of defining and measuring immediate treatment needs, as defined in the FSA, has not been resolved by the Parties.
Use gaps in care and other red flag reports, cadence calls and performance tracking and develop a protocol based on experience beginning in August 2018.	August 2018 - Present	Ongoing, in part. DSS began regularly holding "cadence calls" in September 2018, in which Office of Child Health and Well-Being staff discuss performance data with identified reginal liaisons. Though the structure of the discussions are aligned with this requirement, limitations on access to updated data have largely limited the ability of participants to identify and track current, or recent, health care needs. This includes barriers to the production and use of "gap-in-care" reports.
Child Health Goal 2: Each Child in Foster Care has a Primary Care Provider and Receives Timely Screening, Assessment, and Follow-Up Care - Follow-Up Services		
Develop and pilot practice and data solutions to ensure the regular flow of information to caseworkers and between DSS and DHHS beginning in August 2018.	August 2018 - Present	Ongoing.

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[200]
DSS will collaborate with DHHS to develop a protocol to identify dental providers and develop a roster of children needing dental care follow-up beginning in August 2018.	August 2018 - Present	Ongoing. DSS reports that it is working with the DHHS dental provider manager to develop a relevant protocol.
Child Health Goal 3: Each Child in Foster Care has Timely Access to Quality Health, Behavioral Health, and Dental Services - USC Study		
DSS to plan a behavioral health and dental services capacity study to be conducted every two years by USC using Medicaid administrative data, qualitative surveys from foster parents, birth families and youth in care and DSS regional office staff.	June 2019	Delayed. DSS reports that initial planning work has begun with USC to conduct a capacity study.
DSS will contract with USC to conduct targeted annual topical studies, with recommendations, as needed.	June 2019	Delayed. DSS reports that initial planning work has begun with USC to conduct a capacity study.
Child Health Goal 3: Each Child in Foster Care has Timely Access to Quality Health, Behavioral Health, and Dental Services - CFSR Case Record Review and PIP		
DSS will continue its focus on health and behavioral health services in CFSR case record reviews.	August 2018 - December 2018	Ongoing.

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[200]
Using the CFSR quality assurance process, which reviews each of the state's 46 counties every three years, DSS will analyze CFSR review data from the 23 counties in the 2017 cycle. Of the 450 cases for this time period, approximately half were foster care cases. The review included questions from the federal CFSR tool related to physical health including dental (item 17) and mental/behavioral health (item 18).		Completed. USC CCFS has prepared an analysis of these cases that is currently under review by DSS.
DSS will develop corrective action plans and PIPs to address issues that relate well-being outcomes 1, 2 and 3 which include CFSR Item 12 assessing needs of families and children and providing those services, CFSR Item 13 including parents and children in case planning, CFSR Item 14 frequency and quality of visits between caseworkers and child, CFSR Item 15 frequency and quality of visits between caseworkers and mothers and fathers, CFSR Item 16 educational needs, CFSR Item 17 physical health needs, and CFSR Item 18 behavioral health needs.		Ongoing. USC CCFS has prepared an analysis of these cases that is currently under review by DSS.
Child Health Goal 3: Each Child in Foster Care has Timely Access to Quality Health, Behavioral Health, and Dental Services - Select Health Network Adequacy Review		
DSS will review the annual External Quality Review Reports for Select Health to determine adequacy of the provider network and quality improvement plans to improve access.	June 2019	Completed, in part. DSS reports that it reviewed the most recent EQR report, but determined that additional information is needed to assess provider adequacy.

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[200]
DSS, DHHS and Select Health will meet once a year to review provider and network adequacy and capacity issues.	June 2019	Delayed.
DSS will collaborate with DHHS and Select Health to determine network sufficiency, and implement mitigation plans for areas where service or provider capacity is limited.	June 2019; date amended by Joint Report to August 31, 2019 and ongoing for DSS to collaborate with DHHS and Select Health to identify and determine network sufficiency for Class Members and implement mitigation plans for areas where service or provider capacity is limited.	Delayed.
Child Health Goal 3: Each Child in Foster Care has Timely Access to Quality Health, Behavioral Health, and Dental Services - Out-of-Network Services		
DSS will collaborate with DHHS to create a report and roster that tracks services delivered to children in foster care who are either ineligible for Medicaid or utilize services that are not covered by Select Health's per member/per month rate including dental services, Medicaid waiver services and specialty care for medically fragile children among other out-of-network services provided to children in foster care. DSS and DHHS will use the report to recommend changes or improvements needed.	December 2018	Ongoing. DSS reports that, as of December 2018, an improved process has been developed for payment of medical, mental health, and dental bills for children who are not eligible for Medicaid. Policy changes have been developed and are awaiting approval so that full implementation can begin when nurse care coordinators are hired.

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[200]
DSS will identify the appropriate role for DSS caseworker where out-of-network services are necessary and train caseworkers accordingly.	December 2018	Delayed. DSS reports that it has determined more work is needed, in collaboration with DHHS and Select Health, to define expectations with respect to service array adequacy and in- and out-of-network services.
Child Health Goal 4: Each Child in Foster Care Has Improved Health Outcomes		
Develop proposed set of child health outcome benchmarks and targets similar to those in the Center for Health Care Strategies' report "Improving Outcomes for Children in Child Welfare: A Medicaid Managed Care Toolkit" (Allen, 2012).	December 2018	Completed. FSA Health Care Outcomes were approved by the Co-Monitors and submitted to the Court on December 21, 2018.
Convene FCHAC in facilitated working sessions to review proposed benchmarks and targets.	Spring and Fall annually, beginning April 2019	Ongoing.
Finalize benchmarks and targets.	December 2018	Completed. FSA Health Care Outcomes were approved by the Co-Monitors and submitted to the Court on December 21, 2018. For those measures for which data weren't yet available, timeframes were included for the production of baseline data and the establishment of interim benchmarks.
Review/refine annually.	Spring and Fall annually, beginning April 2019	Next due in 2020.

DSS Commitments to Achieve Targets	Timeline	DSS Implementation Update as of June 30, 2019[200]
Interim benchmarks incorporated into plan.	March 1, 2019	Completed. Interim benchmarks were approved by the Co-Monitors for inclusion in the Health Care Improvement Plan on February 25, 2019. For those measures for which data weren't yet available, timeframes were included for the production of baseline data and the establishment of interim benchmarks.

Appendix G: Joint Report of Plaintiffs and Defendants to the Honorable Richard Gergel (filed July 22, 2019)

UNITED STATES DISTRICT COURT
DISTRICT OF SOUTH CAROLINA
CHARLESTON DIVISION

MICHELLE H., by her next friend, Tamara Coppinger, *et al.*, individually and on behalf of all other similarly situated children,	)	
Plaintiffs,	)	**C/A No.** 2:15-cv-00134-RMG
v.	)	
HENRY MCMASTER, in his official capacity as Governor of the State of South Carolina, *et al.*,	)	
Defendants.	)	

Joint Report of Plaintiffs and Defendants to the Honorable Richard Mark Gergel

Introduction and Purpose

On June 24, 2019, the parties appeared before the Court for a conference during which the department informed the Court of the status of work required to comply with the Final Settlement Agreement in Michelle H. v. Henry Dargan McMaster and Michael Leach. Following this status conference, on June 25, 2019, the Court ordered the Plaintiffs and Defendants, "... to meet and confer and submit a joint report on or before July 19, 2019 regarding the various programs, salary schedules, foster parent rates, and activities due for implementation on July 1, 2020. . . ."

The parties have conferred and have identified implementation plan strategies and work activities that should be prioritized during the next twelve months. The parties have thoroughly reviewed each implementation plan to identify strategies and action steps that are due for implementation by July 1, 2020 and first, prioritized strategies and action steps the department can implement with existing resources. For those strategies and action steps that require additional resources and support to implement, the parties have identified actions steps the department intends to undertake during state fiscal year 2019-2020 in order to build capacity and prepare for implementation beginning July 1, 2020.

This joint report is intended to be consistent with and is not intended to expand or limit in any way, all existing obligations of the Final Settlement Agreement and the approved implementation plans (Dkts. 32-1 and 116-120). The parties also recognize that strategies and timelines may need to be modified in appropriate circumstances as implementation proceeds. The purpose of the report is to jointly identify priority items which are due for implementation by July 1, 2020 according to the Court approved implementation plans.

PLAINTIFFS' ADDITIONAL LANGUAGE:

Consistent with the FSA and the role of the Co-Monitors throughout this case, performance under this report is subject to validation and monitoring by the Co-Monitors. The action steps identified are not intended to be exhaustive of all actions necessary to achieve the numbered Deliverables. The strategies and action steps below state the parties shared understanding of efforts required by the FSA and the approved implementation plans that will be given priority by the Department during the state fiscal year 2019-2020.

Following is an outline of the implementation plan strategies and action steps assigned priority by the parties:

Workload Implementation Plan

1. Increase caseworker salaries in accordance with the salary schedule in the Workload Implementation Plan *(Pages 2-3 & 5-7 of the salary plan; Dkt. 119-1).*

ACTION STEP	DEFENDANTS' TARGET DATE	PLAINTIFFS' TARGET DATE
A. Re-evaluate fiscal impact		
○ Identify where each current caseworker and supervisor fits within the plan.	August 31, 2019	Agreed
○ Determine the number of caseworkers and supervisors with BSW and MSW degrees.	August 31, 2019	Agreed
○ Forecast new hires to meet Interim caseload benchmarks (based on Class size).	September 18, 2019	August 31, 2019
○ Identify funds needed based on fiscal impact analysis.	September 18, 2019	August 31, 2019
○ Establish eligibility criteria (specific training requirements and practice competencies) for moving staff to levels II and III.	September 30, 2019	Agreed
B. Finalize the transition plan for phasing out IFCCS workers and determine staffing impact/fiscal impact.	September 30, 2019	Agreed
C. Request funds based on fiscal impact findings	September 30, 2019	Agreed

2. Hire, train, and onboard caseworkers and supervisors in accordance with the hiring schedule in the Workload Implementation Plan *(Page 16, 22 of Workload Plan; Dkt. 119).*

ACTION STEP	DEFENDANTS' TARGET DATE	PLAINTIFFS' TARGET DATE
A. With university partner (USC), develop and implement a plan to reduce the time between new hire and entry into the child welfare certification training.	June 30, 2019	Agreed
B. Utilize internal training division to provide onboarding training for new staff to be paired with the current university partner (USC) pre-service certification training.	July 31, 2019	Agreed
C. Evaluate State Human Resources' capacity to support the hiring of additional positions allocated and identify plan for and fiscal impact of additional staff capacity, if needed.	September 18, 2019	August 31, 2019
D. Hire Legislative Liaison to develop regular contact, meetings, and communication with legislators, and equip them with information on budget needs and implementation of reform.	August 31, 2019	Agreed
E. Add caseworker funding needs as an agenda item for meetings with legislators and have a handout of summary data to support identified needs.	September 2019 – December 2019	Agreed
F. Reevaluate staffing needs based on current variable factors to include current number of class members, trend analyses, county-specific caseloads, changes with IFCCS and Adoptions, funded FTEs, vacancies, enrollment in initial child welfare certification training, and original budget plan, and request additional positions for FY 2020-2021 accordingly.	September 18, 2019	Agreed
G. Request funding for 121 caseworkers and supervisors not funded for FY 2019.	September 30, 2019	Agreed
H. Make offers to candidates to fill remaining 29 of 182 caseworker positions funded in FY 2018-2019 and 6 of 37 supervisors funded in FY 2018-2019.	October 31, 2019	Agreed
I. Adopt a competency-based model for interviewing and hiring, and update position descriptions and performance documents to reflect this new model.	January 31, 2020	Agreed

J. Work with current university partner (USC) to develop an overview of preservice training content that all supervisors who entered the agency prior to 2019 must complete as part of their annual in-service training requirement.	July 31, 2020	Agreed

3. Hire Child Welfare Workforce Developer and implement action steps regarding university partnerships in accordance with the Workload Plan *(Pages 19-20 of Workload Plan; Dkt. 119).*

ACTION STEP	TARGET DATE
A. Interview, select, onboard and train Workforce Developer.	October 31, 2019
B. Follow up on the initial call with Georgia that occurred on 6/17/19 and contact other states such as Louisiana, New Jersey and Pennsylvania regarding their university partnerships programs.	November 30, 2019
C. Continue discussion with PCG (initial call completed 6/21) regarding IV-E funding for university partnerships.	November 30, 2019
D. Follow up on contacts made with state-funded universities regarding partnership interest.	November 30, 2019
E. Draft foundational MOU/agreement to be utilized for University Partnerships.	December 31, 2019
F. Prepare a workforce status report for stakeholders and the legislature.	December 31, 2019
G. Seek commitments from state-funded universities and form a planning group.	January 31, 2020
H. Request scopes of work and identify Technical Assistance for developing the university partnerships program.	February 28, 2020
I. Complete the contract preparation process for TA.	May 31, 2020
J. Work with planning group (including university partners) to develop program structure.	July 31, 2020

PLAINTIFFS' ADDITIONAL ACTION STEPS (PROPOSED AS ACTION STEPS A, B, C AND THE FINAL UNDER THIS SECTION):

ACTION STEP	TARGET DATE
A. Identify funding needed for university partnership	August 31, 2019
B. Seek funding/support for developing university partnership.	September 30, 2019
C. Identify parallel alternative strategies and alternative funding for role planned or university partnership.	September 30, 2019

D. Secure university partnership or alternative function for the work identified in the workload plan.	July 1, 2020

DEFENDANTS' COMMENTS:

DSS's action steps as set forth in section 3, letters A. – J. are consistent with the workload implementation plan. July 1, 2020 is not a deadline for implementation of a university partnership.

Placement Implementation Plan

4. Increase the foster care maintenance payments paid to all foster parents (including kinship parents) by July 1, 2020 in accordance with the Placement Implementation Plan (Dkt. 117, pp.38-40) and with the Court's May 15,2019 order (Dkt. 116, par.3).

ACTION STEP	DEFENDANTS' TARGET DATE	PLAINTIFFS' TARGET DATE
A. Commence interim adjusted foster home board rates.	July 1, 2019	Agreed
B. Update parties and Court on status of Difficulty of Care Board Rates consistent with June Court Order (Dkt. 141, Paragraph 3).	August 31, 2019	Agreed
C. Engage stakeholders including the leaders of budget subcommittees in General Assembly to support a proviso for increasing foster home board rates.	August 31, 2019	Agreed
D. Reevaluate and identify funding needs to increase foster care maintenance payments based on current number of class members. and trend analyses.	September 18, 2019	August 31, 2019
E. Request additional funding for FY 2020-2021 accordingly.	September 30, 2019	Agreed
F. Propose proviso for increasing foster home board rates to the July 2020 rates.	September 30, 2019	Agreed
G. Develop a process for periodically reviewing and adjusting foster home board rates.	September 30, 2019	Agreed

5. Fully staff and implement kinship recruitment and retention activities, including a kinship navigator program, expedited kinship licensure and provisional licensure. Provide payment pending full licensure for kinship parents who have met initial eligibility requirements for provisional licensure. Provide equal payments for both kinship, fictive kin, and non-kinship foster parents, in accordance with the Placement Implementation Plan *(Pages 31-32 & 35-37 of the Placement Plan; Dkt. 117*).

ACTION STEP	TARGET DATE
A. Track monthly data on kinship homes licensed and in process.	On-going monthly
B. Convene relative caregiver and kinship foster care policy and practice advisory group (Kinship Advisory Panel).	June 13, 2019 & on-going monthly
C. Implement kin supports to include quarterly kinship training by the Kinship Care Coordinators, and the Kinship Advisory Panel.	July 31, 2019
D. File and publish the notice of drafting to promulgate a permanent regulation which allows for the issuance of a provisional license for kinship caregivers who meet specified requirements.	July 31, 2019
E. Identify FTEs from existing resources to allocate to Foster Family Licensing and Support so that one initial licensing worker and one licensing support worker can be hired for each region (8 total) to focus on expedited kin licensure.	July 31, 2019
F. Develop expedited licensure process to include defining non-safety waivers and apply to current kin families in process and new applicants.	August 31, 2019
G. Complete additional research, in consultation with the Co-Monitors, on the circumstances, if any, that would allow for claiming IV-E reimbursement retroactively during provisional licensure and determine whether the circumstances, if any, apply to South Carolina.	August 31, 2019
H. Determine fiscal impact of provisional licensure and any additional fiscal needs to fully implement and staff kinship recruitment and retention activities.	September 18, 2019
I. Request funds to implement items in H above, if applicable.	September 30, 2019
J. File emergency regulation for provisional licensure of kin and fictive kin.	September 30, 2019
K. Contact the Administrative Law Court to schedule the public hearing on the proposed permanent regulation.	September 30, 2019
L. Hire, onboard and train 4 initial licensing workers and 4 licensing support workers. (These are the 8 workers referenced in 5E above).	November 30, 2019
M. Develop RFP for statewide kinship navigator program	January 31, 2020
N. Submit to the legislature the proposed permanent regulation; and if applicable, the Administrative Law Court report for review (can take up to 120 days)	March 31, 2020

O. Select experienced Kinship Navigator contractor and complete the contract preparation process.	May 31, 2020
P. Publish a permanent regulation to support provisional licensure of kin. (Steps in the process are in sections D, J, K, and N.)	July 1, 2020
Q. Commence the contract for the kinship navigator program.	July 1, 2020

6. Design and implement a congregate care and foster home placement oversight and quality assurance system in accordance with the Placement Implementation Plan *(Pages 21-23 of the Placement Plan; Dkt. 117).* Identify strategies to engage and adjust private support for building out placement array, consistent with the Placement Implementation Plan.

ACTION STEP	TARGET DATE
A. Identify and engage TA provider to assist with development of oversight and quality assurance system.	August 31, 2019
B. Develop and implement regional training on quality safety and well-being visits.	August 31, 2019
C. Meet with Providers regarding revisions to contract language and execute a change order for revisions.	August 31, 2019
D. Develop and implement processes related to incident reporting; joint staffing between Licensing, OHAN and Contracts; and state-level meetings with providers to address concerns.	August 31, 2019
E. Identify FTE and hire Safety Monitoring Coordinator.	October 31, 2019
F. Identify specific strategies to engage private provider support consistent with Placement Implementation Plan.	August 31, 2019 and ongoing

7. Establish the capacity to identify, track, and report, with validity and reliability and in automated form, all children in the class subject to Section IV.H. of the FSA, and to track and report on actual compliance with Section IV.H *(Page 25 of the Placement Plan).*

ACTION STEP	TARGET DATE
A. Implement activities for the recruitment and retention of both kin and non-kin foster parents described in sections C. and D. of the Placement Implementation Plan (pages 27-32, 35-37, & 40-50) to address the placement needs of all class members, including those under Section IV.H.	July 2019 – July 2020

B. Request data match from DJJ to determine dual involvement for an identified time period and evaluate results.	August 31, 2019
C. Update Information Sharing MOU to capture new means for electronic data sharing, as well as a process by which DJJ may report information relevant to Section IV.H. of the FSA directly to DSS.	August 31, 2019
D. Finalize data fields and implement reciprocal means for both DSS and DJJ to electronically access information to determine dual involvement.	September 30, 2019
E. In conjunction with provider agencies and in consultation with Co-Monitors, determine specific activities for the placement pilot that would help reduce the instances of children not having placement upon discharge from a DJJ facility.	September 30, 2019
F. Update CAPSS fields to capture dual involvement when a DSS service line is opened.	October 31, 2019
G. Begin producing a regular report on all children subject to Section IV.H.	December 15, 2019

Health Care Implementation Plan

8. Hire, train and onboard six registered nurses in accordance with the Health Care Implementation Plan (Page 7 of Care Coordination Model).

ACTION STEP	DEFENDANTS' TARGET DATE	PLAINTIFFS' TARGET DATE
A. Identify FTEs and draft position descriptions for both the Nurse Care Manager (1) and Nurse Care Coordinators (5). Nurse Manager duties include but are not limited to: • Develops and implements processes, policies and procedures to manage and oversee all efforts to meet the health care needs of children in foster care. • Acts as a liaison between Select Health, DHHS and DSS to identify new reporting needs, existing barriers to children receiving care, and continual quality improvement. • Provides direction to case managers on follow-up services recommended by providers when a child has a medical, behavioral, or dental health need.	Completed	Agreed

• Manages a staff of regionally located nurse care managers and support their job functions as described below. Nurse Care Coordinator duties include but are not limited to: • Supports the correct and timely documentation of health care needs and services provided to children in foster care. • Advises staff on follow-up services recommended by providers when a child has a medical, behavioral, or dental health need. • Documents the need for follow up care, reports on and manages missing follow-up health care needs and communicates gaps in care to DSS case managers. • Identifies new reporting needs, reports on barriers to children receiving care, and engages in continual quality improvement. Serves on interagency teams to address systemic and individual barriers to health care. • Provides prompt consent decisions for psychotropic medications and routine medical care for children in foster care when parents are not available, when requested by medical and behavioral health providers. Provides consultation and training to staff, contract providers, foster parents, birth parents and other entities regarding the health care needs of children in foster care. Works with community partners and advocates for children (both class members and non-class members) and their families.		
B. Communicate with Select Health during weekly conference calls and assess their progress in hiring 19 care coordination staff for their foster care unit and coordinate with DHHS to take corrective action steps, if needed.	July 2019 and ongoing weekly	Agreed
C. Identify funding needed for 5 Program Coordinators, 2 Quality Improvement and Contract Managers, and 3 Data Analytics and Reporting Staff.	September 18, 2019	August 31, 2019
D. Request funding for 5 Program Coordinators, 2 Quality Improvement and Contract Managers, and 3 Data Analytics and Reporting staff.	September 30, 2019	Agreed
E. Determine processes and requirements for funding the Medicaid portion of the positions.	September 30, 2019	Agreed
F. Post, interview, on-board and train selected candidates for the nurse care manager and one nurse care coordinator.	October 31, 2019	Agreed

G. Post, interview, on-board and train selected candidates for the remaining 4 nurse care coordinators.	January 31, 2020	Agreed
H. Draft position descriptions for positions identified in letter D above.	May 31, 2020	Agreed

9. Establish the capacity to identify, track, and report, with validity and reliability and in automated form, all children in the Class with Immediate Treatment Needs (physical/medical, dental, or mental health) for whom treatment is overdue. Schedule the necessary treatment for at least 90% of the identified Class Members within forty-five days of identification ***(Page 15 Item K.4.(b) FSA; Pages 24-29 of Michelle H. Healthcare Baseline Data, Interim Benchmarks, Methodology and Appendix).*** [1]

ACTION STEP	TARGET DATE
A. On an ongoing basis, collaborate with DHHS and Select Health to identify and determine network sufficiency for Class Members and implement mitigation plans for areas where service or provider capacity is limited.	August 31, 2019 and ongoing
B. Collect data using established methodologies for follow-up care to include (but is not limited to) a methodology using Medicaid administrative data to identify children whose comprehensive medical assessment or EPSDT visit noted an abnormality, and a methodology using a case review process through DSS's partnership with the University of South Carolina.	November 30, 2019

PLAINTIFFS' ADDITIONAL ACTION STEPS (PROPOSED AS B AND C ABOVE):
Plaintiffs' proposed action steps are taken from FSA Section K.4(b), which requires identification of immediate treatment needs and scheduling of all necessary treatment for all Class Members, rather than only those identified in the March 2019 cohort. Additionally, by the proposed target date below, there is a risk that some Class Members in the March 2019 cohort will have received an annual exam without ever having their immediate treatment needs addressed.

• In consultation with Co-Monitors and healthcare consultants, identify Class Members with overdue Immediate Treatment Needs.	September 30, 2019

[1] The methodology for identifying, tracking and reporting immediate treatment needs was approved in April 2019.

• In consultation with Co-Monitors and healthcare consultants, schedule necessary treatment for Class members with overdue Immediate Treatment needs per FSA.	November 15, 2019

DEFENDANTS' ADDITIONAL ACTION STEPS (PROPOSED AS B-D & F ABOVE)

• In consultation with Co-Monitors, utilize March 2019 cohort to identify class members with overdue Immediate Treatment Needs. ○ As outlined in the Health Care Methodology, Defendants' recommend utilizing the March cohort because the cohort has already been established for the MP5 report and electronic DHHS data for this cohort is more readily available.	October 31, 2019
• In consultation with Co-Monitors, schedule necessary treatment for Class members with overdue Immediate Treatment needs per FSA	December 15, 2019
• Nurse Care Coordinators will review monthly well-child visits, (comprehensive medical assessments) to identify those Class members with immediate treatment needs.	November 2, 2019 and ongoing
• Data entered in CAPSS will be evaluated and verified. DHHS data will be used to help validate CAPSS data as well as to identify any gaps.	December 31, 2019 and ongoing

Visitation Implementation Plan

10. Develop an interim mechanism for tracking data relating to parent and sibling visits until an automated system is operational *(Item #5 of 6/25/19 Court Order).*

ACTION STEP	TARGET DATE
A. Conduct case reviews and collect spreadsheets on parent and sibling visitation from the field.	July 26, 2019 and monthly until automated
B. Develop and implement a training webinar on the importance and use of the new visitation screens in CAPSS.	August 15, 2019
C. Launch new CAPSS visitation screens and begin generating reports from data entered and identify and implement a QA process to verify that entered data is complete and accurate.	August 15, 2019 and ongoing
D. Report monthly on both sibling visitation and parent/child visitation performance.	October 1, 2019

OHAN Implementation Plan

11. Develop an interim mechanism for tracking data relating to OHAN investigation benchmarks for core witness contacts, timely initiation and timely completion of investigations until an automated system is operational *(Item #7 of 6/25/19 Court Order)*.

ACTION STEP	DEFENDANTS' TARGET DATE	PLAINTIFFS' TARGET DATE
A. Identify core witnesses for each case during supervision using the core witness checklist.	July 29, 2019	Agreed
B. For completed cases, utilize the checklist to determine whether all identified core witnesses were contacted.	July 29, 2019	Agreed
C. Launch new core witness screens in CAPSS and begin generating reports once data is entered and identify and implement a QA process to verify that entered data is complete and accurate.	August 15, 2019	Agreed
D. Rebuild Timeliness reports using new queries to remove non-class members.	August 31, 2019	Agreed
E. Develop retention strategies to maintain current OHAN staff (16 investigators and 3 supervisors) and prioritize filling of vacancies when they occur.	August 31, 2019	Agreed
F. Identify (assess and evaluate) staffing needs and resources based on current workload and trend analysis, and identify future resources as indicated.	September 18, 2019 and ongoing	August 31, 2018 and ongoing
G. Request additional staffing and funding needed per Item F.	September 30, 2019	Agreed

Cross Cutting Action Steps

ACTION STEP	TARGET DATE
A. Revenue Maximization	
• Conduct regular reviews of IV-E denials, no less than monthly, to ensure that eligible children receive the benefits they are entitled to and are included in the IV-E penetration rate and are also deemed eligible for other federal financial assistance.	June 2019 and ongoing

• Provide parties and Court with PCG Report received on or about June 30, 2019	July 23, 2019
• DSS will review current Random Moment Sampling with the current contract provider and will develop strategies to improve the completeness and accuracy of RMS results, to ensure proper allocation of costs to all sources, including uncapped sources such as Title IV-E and Medicaid.	August 31, 2019
• Schedule and deploy RMS Vendor Training for Child Welfare staff.	September 30, 2019
• Update Child Welfare front-line staff rosters and provide to vendor.	September 30, 2019
• In collaboration with Co-Monitors and state revenue maximization consultant(s), identify and explore additional strategies to maximize federal reimbursement and funding.	October 31, 2019
• Develop and implement a process to guide the review and appeal of Medicaid denials for children in foster care placed in Psychiatric Residential Treatment Facilities (PRTF), when deemed appropriate, to ensure Medicaid funding is utilized over state-funding, whenever possible in these situations.	November 30, 2019 and ongoing
• Provide an update to the parties and the Court on strategies that will be implemented to aid in the increase of federal funds by January 2, 2020.	January 2, 2020
B. Child and Family Team Meetings	
• Identify any additional staff and resources needed to fully rollout and implement child and family team meetings in accordance with Placement Plan.	September 18, 2019
• Request additional funds identified.	September 30, 2019
• Provide an update to the parties and the Court on specific actions taken to implement CFTM Program.	October 31, 2019 and ongoing
C. Practice Model	
• Finalize written practice model.	August 31, 2019
• Identify any additional staff and resources needed to fully rollout and implement Case Practice Model.	September 18, 2019
• Request additional funds.	September 30, 2019
• Provide an update to the parties and the Court on specific actions taken to implement case practice model.	October 31, 2019 and ongoing

(Signature Page to Follow)

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Respectfully Submitted,

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