

South Carolina Strategic Action Plan

STRATEGIC GOAL 1: Improve the quality of risk assessment and safety management of children in Child Protective Services, Family Preservation, and Foster Care cases.

Objective 1- Safety Outcome 1.

Using the baseline non-weighted, aggregate scores of 82.6% for all non-PIP counties for Safety Outcome 1 in the FFY 2013, the non-weighted, aggregate score for all counties will improve to 87.6% by end of FFY 2019, with bench marks of 1% per year improvement.

Strategy 1.1.1: Utilize Community Based Prevention Services (CBPS) for referrals not rising to the level of abuse or neglect where families are in need of services to decrease future risk of abuse and neglect.

Strategy 1.1.2: Improve law enforcement coordination

ACTION	TIMELINE	RESOURCE (S) REQUIRED	PRIMARY RESPONSIBILITY	EVALUATION MEASURE OR TOOL
1.1.1: SCDSS holds practice calls the 1 st and 3 rd weeks of each month with County Directors, CBPS organizations	Ongoing 2x per month	County Directors Child Welfare Director Data and Accountability CBPS providers Senior Consultant	County Directors Child Welfare Director Data and Accountability CBPS providers Senior Consultant	Improves clarification of what are appropriate referrals and needed services through data review 2x every month
1.1.1: Develop clear criteria for referrals and ensure this is communicated to SCDSS staff through written correspondence, policy and appropriate training.	January 2015	CBPS Policy and Procedure Updates, Directive Memos	Regional Quality Team Leaders CBPS Directors and Managers SCDSS Volunteer Case Liaison Policy Unit	CBPS Cases returned to SCDSS USC Quality Reviews Updated policy completed and approved
1.1.2: Improve Law Enforcement Coordination by developing and implementing process with SLED on obtaining NCIC on adults involved with child welfare investigations and request required Statute change.	May 2015	Regional Quality Team Leaders SLED Liaison Child Welfare Director Policy Unit	Regional Team Leaders SLED Liaison Child Welfare Director	A formalized process for obtaining NCIC from SLED on adults involved with child welfare investigations to be completed and communicated in Directive Memo and policy revision by May 2015 based upon Statute change.
1.1.2: Locate a member of the Office of Investigations Team from SCDSS to the SLED Fusion Center	January 2015	SCDSS Leadership SCDSS Office of	SCDSS Office of Investigations	Co-location of a member of the Office of Investigations Team from SCDSS to the SLED Fusion Center by January 2015

		Investigations		
1.1.2: Regional joint training provided by SCDSS, USC Children's Law Center and Law Enforcement for child abuse investigations practices to SCDSS investigations staff and Law Enforcement Officers.	Quarterly	USC Children's Law Center SLED Training Division SCDSS Office of Investigations		Training developed by October 1, 2014 and implemented regionally on a quarterly basis through FFY 2015 Participant Surveys. Reduction in rate of repeat maltreatment within 6 months of previous maltreatment.

STRATEGIC GOAL 1: Improve the quality of risk assessment and safety management of children in Child Protective Services, Family Preservation, and Foster Care cases.

Objective 2- Safety Outcome 2: Using the baseline aggregate, non-weighted score of 56.0% for all non-PIP counties for Safety Outcome 2 in the FFY 2013, the non-weighted, aggregate score for all counties will improve to 61.0% by end of FFY 2019, with bench marks of 1% per year improvement.

Strategy 1.2.1: Create structures within county offices for ensuring adult background checks are performed when indicated and at intervals needed.

Strategy 1.2.2: Build supervisory skills to continually improve support for critical thinking around child vulnerability and caregiver protective capacity.

Strategy 1.2.3: Utilize Guided Supervision to provide caseworker guidance, support and accountability to ensure appropriate screenings and referrals for assessments and treatment interventions that address needs identified in the assessment process. (Item 4)

Strategy 1.2.4: Utilize Family Engagement services [Family Finding (FF), Family Team Meeting (FTM), Child Conferencing (CC) and Re-Conferencing (RC)] to identify and engage family group while tapping into family resources, supports and appropriate treatment services in developing the Family Plan. (Item 3)

ACTION	TIMELINE	RESOURCE (S) REQUIRED	PRIMARY RESPONSIBILITY	EVALUATION MEASURE OR TOOL
1.2.1: Establish written protocol for county offices outlining process for obtaining and documenting background checks	12/31/2014	County Directors Team Leaders Child Welfare Director Policy Unit	County Directors Team Leaders	Written protocol and consistent implementation by December 2014
1.2.2: Utilize Performance Coaches and Catalyst Groups to enhance critical thinking skills for Supervisors and frontline practitioners, for assessing protective capacity and child vulnerability	Monthly Ongoing	County Directors Team Leaders Supervisors Caseworkers Performance Coaches	County Directors Team Leaders Supervisors Caseworkers	Utilize Performance Coaches and the established Catalysts groups to provide coaching support specifically to supervisors on an ongoing basis.
1.2.3: Create Supervisor, County Director, State Level management reports to track and determine frequency of	6/30/2015	Senior Consultant Program Coordinator	Senior Consultant Program Coordinator	Guided Supervision for all cases 1x every six months or more after June 30, 2015

Guided Supervision is being adhered to and also utilized more when triggered to do so by critical needs of child's case		CAPSS/ IT	CAPSS/ IT	
1.2.3: Conduct Fidelity Review of Guided Supervision	6/30/2015	Senior Consultant Program Coordinator CAPSS/ IT Contract Consultant	Senior Consultant Program Coordinator CAPSS/ IT Contract Consultant	Fidelity Review conducted by the National Resource Center for Child Protective Services (NRCCPS) by 6/30/2015
1.2.3: Guided Supervision tool integrated into CAPSS	1/31/2016	Senior Consultant Program Coordinator CAPSS/ IT	Senior Consultant Program Coordinator CAPSS/ I	Guided Supervision Tool fully integrated into CAPSS by 1/31/2016, and staff fully trained to complete tool within the CAPSS
1.2.4: Post the Family Engagement Solicitation and select Contractors to offer services statewide	11/30/2014	SCDSS Procurement Families First/Family Engagement Team Contract Monitors Master Contractors and coalition member agencies SCDSS Leadership SCDSS Contract Consultants	SCDSS Procurement Families First/Family Engagement Team Contract monitors Master Contractors and coalition member agencies SCDSS Leadership SCDSS Contract Consultants	Master Contractors(s) and their coalition member agencies selected to provide Family Engagement Services in all regions statewide by 11/30/2014.
1.2.4: Evaluate and Implement the Family Engagement Infrastructure to support this initiative – HS Coordinator positions with administrative support, develop teaming approach with contract monitoring	11/1/2015	Families First/Family Engagement Team SCDSS Leadership Human Resources SCDSS Leadership	Families First/Family Engagement Team Master Contractors and coalition member agencies Human Resources	Hiring for needed positions to be completed by 11/1/2015 and paired with contract monitors for Family Engagement contract
1.2.4: Develop electronic referral process for statewide practice implementation.	1/1/2015	Families First/Family Engagement Team Master contractors and coalition member agencies	Families First/Family Engagement Team Master Contractors and coalition member	Formal electronic referral process and practice standards completed for statewide implementation by 6/30/2015.

		Policy Unit CAPSS/IT Units	agencies SCDSS Procurement	
1.2.4: Development procurement processes	1/1/2015	Families First/Family Engagement Team Master contractors and coalition member agencies SCDSS Procurement	Families First/Family Engagement Team SCDSS Procurement	Procurement Process formalized and ready to be included in training for Family Engagement Coordinators, SCDSS staff and stakeholders by 1/1/2015
1.2.4: Train Family Engagement (FE) Coordinators in the family finding, family team meetings, conferencing and unlicensed relative home studies	2/1/2015	Families First/Family Engagement Team Master Contractors and coalition member agencies USC Center For Child and Family Studies (CCFS)	Families First/Family Engagement Team Master Contractors and coalition member agencies CCFS	Family Engagement Training Curriculum completed and provided to FE Coordinators by 2/1/2015
1.2.4: Train SCDSS staff and stakeholders in Family Engagement array of services	2/1/2015	Families First/Family Engagement Team Master Contractors and coalition member agencies CCFS	Families First/Family Engagement Team Master Contractors and coalition member agencies CCFS	SCDSS staff and stakeholders statewide receive Family Engagement training by 2015
1.2.4: Engage and involve family groups to include noncustodial fathers through full Implementation of the array of Family Engagement Services – <ul style="list-style-type: none"> • Family Finding • Family Team Meetings • Children Conferencing (FGC) • Re-conferencing and, • Unlicensed relative home studies 	3/1/2015	SCDSS Contract Consultants SCDSS Procurement Families First/Family Engagement Team Contract Monitors Master Contractors and coalition member agencies Policy Unit CCFS	SCDSS Procurement Families First/Family Engagement Team Contract Monitors Master Contractors and coalition member agencies Policy Unit CCFS	Contract monitoring tool Participant Surveys Family Engagement Outcome Reporting form Quality Assurance Reviews Family Engagement policy and procedures/directive memo disseminated

1.2.4: Ongoing quality assurance and improvement activities	Quarterly	Families First/Family Engagement Team Contract Monitors Master Contractors and coalition member agencies CCFS	Families First/Family Engagement Team Contract Monitors Master Contractors and coalition member agencies CCFS	Contract Monitoring tool Participant Surveys Family Engagement Outcome Reporting Form Quality Assurance Reviews
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STRATEGIC GOAL 1: Improve the quality of risk assessment and safety management of children in Child Protective Services, Family Preservation, and Foster Care cases.

Objective 3- Full, statewide implementation of the Signs of Safety (SOS) in Child Protective Services, Family Preservation, and Foster Care cases, by the end of the FFY 2019. Within the FFY 2015, the SOS Implementation Team will establish the criteria for full implementation of the SOS, and have benchmarks for the progress toward full implementation.

Strategy 1.3.1: Create statewide implementation team for the Signs of Safety to establish timelines for implementation steps and benchmarks for measuring progress of implementation.

Strategy 1.3.2: Create coaching cohort with expertise in the SOS to support case work staff in building competencies.

ACTION	TIMELINE	RESOURCE (S) REQUIRED	PRIMARY RESPONSIBILITY	EVALUATION MEASURE OR TOOL
1.3.1: Establish a SOS Implementation Steering Committee/ Regional Management Groups/ Catalyst Groups	Monthly Meetings	Deputy/Child Welfare Director, Team Leaders, Stakeholders, County Directors, Experts in Practice, IT, caseworkers	Team Leaders, County Directors	SOS Implementation Steering Committee established by 10/31/2014 and meeting monthly Regional Management Groups established by 10/1/ 2014 and meeting monthly Catalysts Groups established and meeting monthly by 10/1/
1.3.1: Develop a SOS child protection practice framework document for practice tool for SRT's, PRT's, DRT's and brochures, three page briefing for communication with staff, families, and partners, legislature, etc.	11/30/2014	SOS Practitioners, Policy Unit, Team Leaders	SOS Practitioners	Completed by 11/30/ 2014
1.3.1: Steering Group to elicit continuous feedback from families and staff on functioning of SOS practice	Quarterly	Caseworkers, supervisors, Program Directors	Supervisors and Program Directors	Quarterly feedback collection will begin on 3/31/2015

1.3.1: Align policy and procedures (intake, investigations, family team meetings, assessment, etc.) with the SOS framework within Chapter 7	Meet monthly beginning 7/31/2014	IT, Policy Unit, SOS Practitioners, caseworkers County Directors	IT, Policy Unit, SOS Practitioners, SCDSS OGC	Chapter 7 policy is streamlined into policy and procedures for the SOS by 4/30/2015.
1.3.1: Develop a fully revised set of streamlined and integrated policy documents with accompanying electronic links to procedures and practice	Meet monthly beginning 10/15/2014	IT, Policy Unit, Experts in Practice, Team Leaders, Child Welfare Director, Deputy Director	IT, Policy Unit, SOS Practitioners, SCDSS OGC	All policy with electronically linked procedures reflecting SOS framework completed by 9/30/2016
1.3.1: Build SOS training modules into existing Child Welfare basic training and update into other training modules in orientation	Monthly and annually	CCFS, SOS Practitioners	CCFS	Current SCDSS staff will receive additional SOS training and all new staff will receive revised Child Welfare Basic training beginning 11/1/2016
1.3.1: Implement Practice Leader advanced training	Training annually	Supervisors, SCDSS Senior Consultant, CCFS, SOS Practitioners		Practice Leaders will receive advanced SOS practice training annually by 11/30/2015
1.3.1: Implement Coaching for Supervisors and others around SOS implementation and practice skills	Training annually	Supervisors, Senior practitioners, CCFS, SOS Practitioners, Regional Catalyst Groups	Supervisors, SCDSS Senior Consultant, CCFS, SOS Practitioners, Regional Catalyst Groups	Supervisors and Catalyst Groups will receive at least Training annually beginning 1/31/2016
1.3.1: Implement Workplace Learning sessions through skill building workshops and group mappings sessions	Quarterly	Performance Coaches, Supervisors	Performance Coaches, Supervisors	Caseworkers will receive skill building in writing harm and danger statements and utilizing group mapping during workplace learning sessions beginning 10/31/2015
1.3.1: Implement Appreciative Inquiries (AI) through recorded interviews with staff and families when good practice is utilized to have available demonstrations of good practice	Every 6 months	Performance Coaches, Supervisors, caseworkers	Performance Coaches, Supervisors	Implement (AI) by 11/30/2015
1.3.2: Implement Group Supervision where teams work on live mappings for cases and align with SOS	Quarterly groups	Caseworkers, Performance Coaches, Supervisors	Caseworkers, Performance Coaches, Supervisors	Implement Group Supervision by 5/31/2017
1.3.2: Provide learning events for SOS through P-2 and P-3 meetings and Supervisory Summit	Monthly and quarterly	Deputy Director, Team Leaders, County Directors, Supervisors, Supervisors, SCDSS Senior Consultant, CCFS, SOS Practitioners,	Deputy Director, Team Leaders, County Directors, Supervisors, SCDSS Senior Consultant, CCFS, SOS	Implement by 10/31/2015

		Regional Catalyst Groups	Practitioners, Regional Catalyst Groups	
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STRATEGIC GOAL 1: Improve the quality of risk assessment and safety management of children in Child Protective Services, Family Preservation, and Foster Care cases.

Objective 4- Improve the quality of Intake decisions. A development team will be established and set baseline data of current Intake decisions, and establish a measurable objective with benchmarks within FFY 2015.

Strategy 1.4.1: Create Regional Intake Hubs to replace individual county intake units.

Strategy 1.4.2: Restructure supervision of intake staff through centralized oversight to enhance consistency of practice.

Strategy 1.4.3: Restructure Voluntary Case Liaison function to report through Intake Hubs rather than county offices to build consistency of decision-making.

Strategy 1.4.4: Create cohort of intake practice coaches to build and support competencies of intake staff.

ACTION	TIMELINE	RESOURCE (S) REQUIRED	PRIMARY RESPONSIBILITY	EVALUATION MEASURE OR TOOL
1.4.1: Determine Hub locations, procure equipment, post positions, hire staff, establish work processes	12/31/2014	IT, HR supports Deputy Director of Human Services Regional Team Leaders SCDSS Senior Consultant	IT, HR supports SCDSS Senior Consultant	Establish Hub locations, necessary staffing capacity, processes, etc. for Hub implementation by 12/31/2014
1.4.1: Launch Hubs in order as identified by master plan.	3/31/2015	Regional Team Leaders SCDSS Senior Consultant	Regional Team Leaders SCDSS Senior Consultant	Hubs established and work moved from county offices to Hubs by 3/31/2015.
1.4.2: Post and fill State Office Intake Team Leader position, realign reporting structures of intake staff to report through Intake Hub supervisors to State Office Intake Team Leader	10/1/2014	HR supports Regional Team Leaders SCDSS Senior Consultant State Office Intake Leader	HR supports SCDSS Senior Consultant State Office Intake Leader	Intake positions aligned to report to Intake Team Leader
1.4.3: Realign reporting structures of Voluntary Case Liaisons to report through Intake Hub supervisors to State Office Team Leader	10/1/14	HR supports SCDSS Senior Consultant State Office Intake Leader	HR supports SCDSS Senior Consultant State Office Intake Leader	Voluntary Case Liaison positions aligned to report to Intake Team Leader

1.4.4: Identify and recruit Intake Mentors to coach new staff who come on board through using QA Reviews and specific decision making to determine expertise of Intake Mentors	1/1/15	HR supports Regional Team Leaders SCDSS Senior Consultant State Office Intake Leader	Regional Team Leaders SCDSS Senior Consultant	Intake Mentors in place by 1/1/15 in every region.
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STRATEGIC GOAL 2: Children will thrive when involved with SCDSS.

Objective 1- Well-Being Outcome 1: Using the baseline non-weighted, aggregate score of 53.0% for all non-PIP counties for Well-Being Outcome 1 in the FFY 2013, the non-weighted, aggregate score for all counties will improve to 73.0% for all non-PIP counties by end of the FFY 2019, with bench marks of 4% per year improvement.

Strategy 2.1.1.: Build case work competencies in Signs of Safety to engage families in building protective capacities and to ensure that children's voices are heard when creating safety networks and service plans.

Strategy 2.1.2: Implement the Family Engagement services array (FF, FTM, CC and RC) to identify and engage family group while tapping into family resources, supports and appropriate treatment services in developing the Family Plan (Items 17 and 18) to include enhanced visitation with provider assistance in supervised family visitation to increase family and sibling connections (items 19).

Strategy 2.1.3: Engage noncustodial fathers in the assessment process utilizing resources and services to support healthy and safe connections (items 17, 18 & 19).

ACTION	TIMELINE	RESOURCE (S) REQUIRED	PRIMARY RESPONSIBILITY	EVALUATION MEASURE OR TOOL
2.1.1: See the action steps for Strategic Goal 1: Objective 3 – Signs of Safety	See the action steps for Strategic Goal 1: Objective 3 – Signs of Safety	See the action steps for Strategic Goal 1: Objective 3 – Signs of Safety	See the action steps for Strategic Goal 1: Objective 3 – Signs of Safety	See the action steps for Strategic Goal 1: Objective 3 – Signs of Safety
2.1.2: See Strategic Goal 1: Objective 2 – Family Engagement	See the action steps for Strategic Goal 1: Objective 2 – Family Engagement	See the action steps for Strategic Goal 1: Objective 2 – Family Engagement	See the action steps for Strategic Goal 1: Objective 2 – Family Engagement	See the action steps for Strategic Goal 1: Objective 2 – Family Engagement
2.1.3: Develop a strategic plan to implement “Engaging the Noncustodial Parent” training and Fatherhood Tool Kit	1/31/2015	Family Support and Connections unit, SCDSS Child Support Division Families First/Family Engagement Director CCFS	Family Support and Connections unit, SCDSS Child Support Division Families First/Family Engagement Director CCFS	Strategic Plan for “Engaging the Noncustodial Parent” will be completed by 2/28/2015, including an “Engaging the Noncustodial Parent Curriculum” and Fatherhood Toolkit.

		Local Fatherhood Coalitions	Local Fatherhood Coalitions	
2.1.3: Implement the "Engaging the Noncustodial Parent" training and establish procedures for referrals to local Fatherhood Coalition agencies in all counties to complete assessments and provide identified services	1/31/2016	Fatherhood Coalition Referrals Procedures	Regional and County Leadership SCDSS Child Support Family Support and Connections staff Families First/Family Engagement Director CCFS Local Fatherhood Coalitions	Establish and implement referral procedures and provide training statewide for " Engaging the Noncustodial Parent" to Fatherhood Coalition agencies by 1/31/2016 Training attendance records Guided Supervision reviews Documentation of engagement through case records Quality Assurance Reviews

STRATEGIC GOAL 2: Children will thrive when involved with SCDSS.

Objective 2- Well-Being Outcome 3: Using the baseline non-weighted, aggregate score of 59.5% for all non-PIP counties for Well-Being Outcome 3 in the FFY 2013, the non-weighted, aggregate score for all counties will improve to 79.5% by end of FFY 2019, with bench marks of 4% per year improvement.

Strategy 2.2.1: Provide Training and Implement Trauma-Informed Practice (T-IP) statewide. A development team will establish the criteria for implementation of T-IP, set a target date for implementation, and have benchmarks for the progress toward implementation within the FFY 2016. (Items 17 and 18)

Strategy 2.2.2: Build trauma screening skills and tools into case work practice beginning at investigation.

Strategy 2.2.3: All age-appropriate children with open CPS cases will have trauma screenings and referrals to access the impact of trauma and determine appropriate trauma focused evidence-based treatments for identified services incorporated into the treatment planning process (items 22 and 23).

Strategy 2.2.4: Increase casework practitioner access to medical consultation to ensure children are receiving appropriate and timely medical services to include monitoring of psychotropic medications (items 22 and 23).

Strategy 2.2.5: Increase casework practitioner access to clinical consultation, to ensure children are appropriately assessed and are served in the most appropriate, least restrictive environment.

Strategy 2.2.6: The SCDSS will promote ongoing community collaboration at the case level to achieve an evidence-based, trauma-informed service system in South Carolina communities.

ACTION	TIMELINE	RESOURCE (S) REQUIRED	PRIMARY RESPONSIBILITY	EVALUATION MEASURE OR TOOL
2.2.1 Provide training and implement for the SC Trauma-Practice Initiative	9/30/2016	Project Best faculty	SCDSS Regional and County Leadership with Family Engagement staff support	Project Best roster and training records, increased capacity for trauma screening assessment and treatment
2.2.2: All new hire caseworkers (economic and human services), Supervisors, Performance Coaches and other Regional staff, County Directors and Team Leaders will complete Child VictimWeb	Within 3 months of employment	National Crime Victim Research and Treatment Center, MUSC website	Supervisors, County Directors and Team Leaders	Certificate of Completion
2.2.2: Develop and incorporate evidence based trauma informed training modules into Basic Child Welfare Training	6/30/2015	Project Best Faculty, CCFS, Family Engagement Unit	Regional, County leadership and CCFS	Completion of basic child welfare training skills
2.2.2: Develop and deliver county based training courses and in-services on psychological trauma and evidence-based, trauma-informed services.	7/31/2015	Family Engagement staff	Family Engagement staff, regional and county leadership	Training attendance records Implemented by 7/31/2015
2.2.3: All children will be screened for a history of potentially traumatic events and trauma-related problems.	Within 7 days of initiation of investigation and acceptance for Family Preservation or Foster Care Services	Trauma-History Screening Tool	Caseworkers and Supervisors	Trauma-History tool in case file, reviewed during Guided Supervision and documented through the Quality Assurance Reviews
2.2.3: Trauma screening and assessment results with recommended evidence-based trauma and other treatment will be incorporated into the evidence-based treatment planning process and included in the service plan.	7/31/2015 Within 30 days of involvement of SCDSS	Project Best Faculty, CCFS, Family Engagement Unit County Directors	Project Best Faculty, CCFS, Family Engagement Unit County Directors	Implemented by 7/31/2015
2.2.3: Ensure that children and families receive appropriate evidence-based assessments to determine their strengths, needs and problems.	7/31/2015, within 30 days of involvement with SCDSS (Investigation and Family Preservation)	Evidence-Based Assessment tools selected	Family Engagement staff, SCDMH, County Directors, MCO Network of providers	Evidence-Based Assessment tools to be used by clinicians (MCO and DMH) by 7/31/2015
2.2.4: Establish collaborative relationships with both public and private service partners to share assessment information between medical/	7/31/2016, within 30 days of involvement with SCDSS	Training and implementation support in evidence based treatment planning	CCFS and Project Best for training and Caseworkers,	Family Plan/Service Plan/Placement Plan reviewed during Guided Supervision and documented through the Quality

clinical/social service professionals and community-based support services system.	and ongoing as part of service planning process		Supervisors and partnering agencies for implementation	Assurance Reviews, Implementation 7/31/2016.
2.2.4: Establish mechanisms for working with service partners to develop coordinated and integrated service plans.	10/31/2016, within 30 days of involvement with SCDSS and ongoing as part of service planning process	Training and implementation support in evidence based treatment planning	CCFS and Project Best for training and Caseworkers, Supervisors and partnering agencies for implementation	Family Plan/Service Plan/Placement Plan reviewed during Guided Supervision and documented through the Quality Assurance Reviews, Implementation 10/31/2016
2.2.5: Include in each individual service plan measureable treatment goals with specific metrics for assessing outcomes and thresholds for success.	10/31/2016, within 30 days of involvement with SCDSS and ongoing as part of service planning process	Training and implementation support in evidence based treatment planning	CCFS and Project Best for training and Caseworkers, Supervisors and partnering agencies for implementation	Child Specific outcomes, and documented evidence through Family Plan/Service Plan/Placement Plan, Guided Supervision review and Quality Assurance Reviews, Implemented by 10/31/2016
2.2.5: Each service plan to include a set of evidence-based treatment and other intervention services based upon the assessment-based treatment goals.	10/31/2016, within 30 days of involvement with SCDSS and ongoing as part of service planning process	Training and implementation support in evidence based treatment planning	CCFS and Project Best for training and Caseworkers, Supervisors and partnering agencies for implementation	Child Specific outcomes, and documented evidence through Family Plan/Service Plan/Placement Plan, Guided Supervision review and Quality Assurance Reviews, Implemented by 10/31/2016
2.2.5: Children and families should be referred to practitioners who are appropriately trained in the needed evidence-based services, deliver them with fidelity and work collaboratively with SCDSS.	10/31/2016, within 30 days of involvement with SCDSS and ongoing as part of service planning process	Training and implementation support in evidence based treatment planning	CCFS and Project Best for training and Caseworkers, Supervisors and partnering agencies for implementation	Family Plan/Service Plan/Placement Plan Implemented by July 2015
2.2.5: Services should be monitored regularly to assess client participation, client engagement, and service provider adherence to the evidence-based service protocol, client progress, and client outcomes.	10/31/2016, within 30 days of involvement with SCDSS and ongoing as part of service planning process	Training and implementation support in evidence based treatment planning	CCFS and Project Best for training and Caseworkers, Supervisors and partnering agencies for implementation	Child Specific outcomes, and documented evidence through Family Plan/Service Plan/Placement Plan, Guided Supervision Review and the Quality Assurance Reviews, Implemented by July 2015
2.2.6: SCDSS and SCDMH Child and Adolescent Family Directors will provide leadership at the community level to develop a coordinated and	1/31/2015	Project Best	County Directors SCDMH Child and Adolescent Family	Implementation of protocol by 1/31/2015

collaborative community response protocol			Directors	
2.2.6: Regional and community trauma-informed training for all child serving agencies sponsored by the Joint Council on Children and Adolescents	1/31/2015 – 1/31/2016	Training curriculum sponsored by Joint Council on Children and Adolescents	SCDSS Regional and County leadership, Joint Council on Children and Adolescents	Training records, Training ongoing 1/31/2015 – 1/31/2016

STRATEGIC GOAL 2: Children will thrive when involved with SCDSS.

Objective 3- Permanency Outcome (Item #6): Using the baseline non-weighted, aggregate score of 75.8% for all non-PIP counties for Item #6 in the FFY 2013, the non-weighted, aggregate score for all counties will improve to 80.8% by end of the FFY 2019, with bench marks of 1% per year improvement.

Strategy 2.3.1: Increase supports and linkages to services for alternative caregivers in Family Preservation cases.

Strategy 2.3.2: Increase access to and coordination of mental and behavioral health services for youth in Family Preservation cases.

Strategy 2.3.3: Develop targeted recruitment strategies to increase numbers of resource families who can serve sibling groups and older youth. Target foster home recruitment to include sensitivity and skills training related to caring for special populations – children who are severely emotionally disturbed, youth who are medically fragile and affirming lesbian, gay, transgendered and questioning.

Strategy 2.3.4: Build staff competencies to create ongoing, safety networks for children prior to case closure.

Strategy 2.3.5: Fully implement a trauma-informed service delivery system that includes trauma informed training and skills to meet the needs of children, families and caretakers:

- Foster parent training
- Provider and clinician training in delivery of trauma focused services while implementing trauma informed practices within their agency setting (residential and community based)

ACTION	TIMELINE	RESOURCE (S) REQUIRED	PRIMARY RESPONSIBILITY	EVALUATION MEASURE OR TOOL
2.3.1: Utilize Technical Assistance from Annie Casey Foundation in assessment of counties for available services/gaps in services and utilization rate of services	11/30/2015	Annie Casey TA Program Coordinator SCDSS Senior Consultant County Directors	Annie Casey TA Program Coordinator SCDSS Senior Consultant County Directors	Assessment to be completed with recommendations by 11/30/2015

2.3.2: Utilize Teaming process including Regional Clinical Specialist and behavioral health caseworkers to assess for and access appropriate behavioral health services	Ongoing in some counties and statewide by 6/30/2015	Child Welfare Director Regional Team Leaders County and Regional Office Leadership Budgets Regional Clinical Specialists HR	Child Welfare Director Regional Team Leaders County and Regional Office Leadership	Available by 6/30/2015, reduction of number of children entering Foster Care from Family Preservation Services.
2.3.3 Implement "Love with No Limits" in Region 4 and meet established goals	4/30/2014 – 4/30/2015	Foster Parent Assoc. Heart Felt Calling County Directors Regional Team Leaders Contracts Region IV Resource Family Team		By 4/30/2015, increase the number of homes licensed in Region IV by 15% or approximately 37 homes.
2.3.3: Develop and Implement "Love with No Limits" recruitment in conjunction with Foster Parent Assoc. and Heart Felt Calling throughout (3) more regions in the state	Region 3 – 12/31/2014 Region 2- 7/31/2015 Region 5 – 12/31/2015	Foster Parent Assoc. Heart Felt Calling County Directors Regional Team Leaders Contracts	Foster Parent Assoc. Heart Felt Calling County Directors	Implement by: Region 3 – 12/31/2014 Region 2- 7/31/2015 Region 5 – 12/31/2015
2.3.4: Implement Signs of safety mapping requirement for transitioning to case closure in all counties	Statewide Implementation 11/30/2017	Supervisors, SCDSS Senior Consultant, CCFS, SOS Practitioners, Regional Catalyst Groups	Supervisors, SCDSS Senior Consultant, CCFS, SOS Practitioners, Regional Catalyst Groups	Implementation of safety mapping for case closures by 11/30/2017
2.3.5: Develop additional trauma-informed training for staff, resource families and service providers	12/31/2015	Project Best and National Child Stress Network resources	Families First/Family Engagement SCDSS Regional and County Leadership with Family Engagement staff support	Training attendance records Project Best roster and training records

2.3.5: Regional and community Trauma-Informed Training for all child serving agencies sponsored by the Joint Council on Children and Adolescents	Monthly training 1/31/2015 – 1/31/2016	Joint Council Members	Joint Council Members SCDSS Regional and County leadership	Training records
2.3.5: Six Community-Based Learning Collaborative (CBLC) training will be held across the state starting in 2014 to provide Trauma-Focused-CBT training to DMH Clinicians and Broker training to the SCDSS and other stakeholders. Through participation in this collaborative, SCDSS workers and Supervisors will be trained in Trauma-Informed services, including evidence-based interventions, evidence-based treatment planning, and case management skills for treatment success.	5/31/2014 – 12/31/2015	Families First/Family Engagement SCDSS Regional and County Leadership with Family Engagement staff Project Best	Families First/Family Engagement SCDSS Regional and County Leadership with Family Engagement staff Project Best	Six CBCL's will be trained in six areas of the state to include Trauma Focused-CBT trained clinicians and SCDSS and other agency and stakeholders receiving Broker training by 12/31/2015

STRATEGIC GOAL 3: Children will have meaningful and lifelong connections with family and in community.

Objective 1- Permanency Outcome 1: Using the baseline non-weighted, aggregate score of 54.4% for all non-PIP counties for Permanency Outcome 1 in the FFY 2013, the non-weighted, aggregate score for all counties will improve to 59.4% by end of the FFY 2019, with bench marks of 1% per year improvement.

Strategy 3.1.1: Promote placement stability through enhancement of Foster Home Licensing with implementation of Regionalized Foster Home Licensing

Strategy 3.1.2: Create a Region-specific Adoption Recruitment Plan

Strategy 3.1.3: Facilitate supports for families taking legal custody/guardianship of children

3.1.1: Develop logistics plan of the Resource Family Team program: supervisors and staff needed, access current resources and identify additional resources needed and identify location for program.	7/31/2014	Foster care Licensing Unit Regional Licensing Director Child Welfare Director SCDSS Regional and County Leadership	Foster care Licensing Unit Regional Licensing Director Child Welfare Director	Necessary staffing identified along with location by 7/31/2014
3.1.1: Posting, interviewing, and hiring of any additional staff members/supervisors for the Resource Family Team	8/31/2014 – 10/31/2014	Regional Licensing Director Child Welfare Director HR Budgets	Regional Licensing Director Child Welfare Director	Completed hiring of staff for Regional Foster Home Licensing Unit by 10/31/2014

<p>3.1.1: Meet with Foster Parent Associations (FPA's), as well as County staff and leadership to discuss transition from county based to regionally based licensing through Forums with each Foster Parent Association in Region 3, provide written communication to foster parents and contact information, provide written protocol to county staff and leadership outlining practices and procedures of the licensing program</p>	<p>September 2014- November 2014</p>	<p>Regional Licensing Director Child Welfare Director</p>	<p>Regional Licensing Director Regional Foster Home Licensing Staff</p>	<p>Forums, publications, and written communication w/ Foster Parent Associations, SCDSS staff and leadership to inform of practice, protocols and contact info will be completed by 11/30/2014</p>
<p>3.1.1: Fully convert County-based foster home licensing to Region-based licensing for Region 3</p>	<p>11/30/2014 – 1/31/2015</p>	<p>Regional Licensing Director Regional Foster Home Licensing Staff County Directors</p>	<p>Regional Licensing Director Regional Foster Home Licensing Staff County Directors Foster Care Review Board (FCRB) Guardian ad Litem (GAL) Certified Provider Agencies (CPAs) as appropriate</p>	<p>Complete transition from County- based to Region-based foster home licensing in Region 3 by 1/31/2015</p>
<p>3.1.1 Utilize the action steps above (i.e. meeting w/ counties for logistics, meeting w/ FPA's and counties and holding Forums for involved stakeholders) to fully convert county-based foster home licensing to regional based licensing for Region 2</p>	<p>7/31/2015</p>	<p>Regional Licensing Director Regional Foster Home Licensing Staff County Directors</p>	<p>Regional Licensing Director Regional Foster Home Licensing Staff County Directors Foster Care Review Board (FCRB) Guardian ad Litem (GAL) Certified Provider Agencies (CPAs) as appropriate</p>	<p>Complete transition from County based to Regionally based foster home licensing in Region 2 by 7/31/2015</p>

<p>3.1.1: Utilize the action steps above (i.e. meeting w/ counties for logistics, meeting w/ FPA's and counties and holding Forums for involved stakeholders) to fully convert county-based foster home licensing to regional based licensing for Region 5</p>	<p>1/31/2016</p>	<p>Regional Licensing Director Regional Foster Home Licensing Staff County Director</p>	<p>Regional Licensing Director Regional Foster Home Licensing Staff County Directors Foster Care Review Board (FCRB) Guardian ad Litem (GAL) Certified Provider Agencies (CPAs) as appropriate</p>	<p>Complete transition from County based to Regionally based foster home licensing in Region 5 by 1/31/2016</p>
<p>3.1.2: Create Region-specific adoption recruitment plans for implementation</p>	<p>10/31/2014</p>	<p>Adoptions State Office Recruitment Coordinator and Regional Administrators Regional Adoption Recruiters</p>	<p>Adoptions State Office Recruitment Coordinator Regional Adoption Recruiters</p>	<p>Completed plan by 10/31/2014 and ready for implementation Increased adoptions for specific populations identified statewide and regionally targeted for recruitment in plan by 1/31/2015.</p>
<p>3.1.2: Plan annual regionally based recruitment events</p>	<p>Annually in each Region every FFY</p>	<p>Adoptions State Office Recruitment Coordinator and Regional Administrators Regional Adoption Recruiters</p>	<p>Adoptions State Office Recruitment Coordinator Regional Adoption Recruiters</p>	<p>Annually coordinated adoption recruitment events in each region the 2015 FFY-2019 FFY</p>
<p>3.1.3: Designate Alternative Caregiver Liaison in each region</p>	<p>10/31/14</p>	<p>SCDSS Regional and County Leadership Child Welfare Director</p>	<p>SCDSS Regional and County Leadership Child Welfare Director</p>	<p>An Alternative caregiver is identified for each region of the state by 10/31/14</p>
<p>3.1.3: Distribute brochures with contact information and support services being offered</p>	<p>12/31/2014</p>	<p>SCDSS Regional and County Leadership Child Welfare Director Alternative Caregiver Liaisons</p>	<p>SCDSS Regional and County Leadership Child Welfare Director Alternative Caregiver Liaisons</p>	<p>Brochures and support services disseminated throughout the regions by 12/31/2014</p>

3.1.3: Create guidelines for access to financial and/or community-based support systems for families and alternative caregivers	12/31/2015	SCDSS Regional and County Leadership Child Welfare Director Budgets	SCDSS Regional and County Leadership Child Welfare Director Budgets	A set of guidelines for access to financial and/or community-based support systems for families and alternative caregivers developed by Alternative Caregiver Liaisons and available to relative guardians by 12/31/2015.
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STRATEGIC GOAL 3: Children will have meaningful and lifelong connections with family and in community.

Objective 2- Permanency Outcome 2: Using the baseline non-weighted, aggregate score of 55.9% for all non-PIP counties for Permanency Outcome 2 in the FFY 2013, the non-weighted, aggregate score for all counties will improve to 65.9% by end of the FFY 2019, with bench marks of 2% per year improvement.

Strategy 3.2.1: Implement the Family Engagement services array (FF, FTM, CC and RC) to identify and engage family group while tapping into family resources, supports and appropriate treatment services in developing the Family Plan, to include enhanced visitation with provider assistance in supervised family visitation, in order to increase family and sibling connections. This includes engaging noncustodial parents.

ACTION	TIMELINE	RESOURCE (S) REQUIRED	PRIMARY RESPONSIBILITY	EVALUATION MEASURE OR TOOL
See action steps under Strategic Goal 1: Objective 2 – Family Engagement	See action steps under Strategic Goal 1: Objective 2 – Family Engagement	See action steps under Strategic Goal 1: Objective 2 – Family Engagement	See action steps under Strategic Goal 1: Objective 2 – Family Engagement	See action steps under Strategic Goal 1: Objective 2 – Family Engagement

STRATEGIC GOAL 4: Build administrative capacity to support safe and thriving children in lifelong families.

Objective 1: Establish caseload standards to promote the safety, permanency and well-being of children while involved with the SCDSS.

Strategy 4.1.1: Determine caseload standards including weighted caseloads that reflect best practices identified by national sources such as the Child Welfare League of America with specific emphasis on family preservation where families have multiple children in several living situations requiring worker visitation and oversight.

Strategy 4.1.2: Implement a statewide model for Teaming.

ACTION	TIMELINE	RESOURCE (S) REQUIRED	PRIMARY RESPONSIBILITY	EVALUATION MEASURE OR TOOL
4.1.1: Finalize Caseload Methodology	6/30/14	Deputy Director Human Services	Deputy Director Human Services	Reflected in CFSP 2010-2014 Final Report.

		Child Welfare Director Regional Team Leaders	Child Welfare Director Regional Team Leaders	
4.1.1: Implementation of new Caseload Methodology through notification for (202) Full Time Equivalent positions from S.C. Legislature	5/31/2014	State Director Deputy Director Human Services Budgets	State Director Deputy Director Human Services Budgets	Budget request made in 8/2014.
4.1.2: Assess Teaming across program areas through analysis of current status/functioning of teaming.	8/31/2014	Child Welfare Director Regional Team Leaders Budgets HR	Child Welfare Director Regional Team Leaders	Assessment of strengths, gaps, and outcomes of current models completed by 8/31/2014.
4.1.2: Determine consistent outcomes and model Teaming and required documentation and impact on infrastructure for sustainability	9/30/2014	Child Welfare Director Regional Team Leaders County and Regional Office Leadership Budgets HR	Child Welfare Director Regional Team Leaders	Teaming Outcomes and Model determined along with identified documentation and impact on infrastructure needed by, 9/30/2014
4.1.2: Implementation of Teaming statewide	6/30/2015	Child Welfare Director Regional Team Leaders County and Regional Office Leadership Budgets HR	Child Welfare Director Regional Team Leaders County and Regional Office Leadership	Teaming Infrastructure completed statewide to provide seamless service delivery of assessment, behavioral, medical, safety, permanency and well-being focused plan of services for children involved with SCDSS by 6/30/2015, with measurable outcomes: increase in child and family assessments, increase in documentation in CAPSS with signed copy in file.

STRATEGIC GOAL 4: Build administrative capacity to support safe and thriving children in lifelong families.

Objective2: Provide Leadership Development opportunities for middle managers and executive leadership across all disciplines to enhance the implementation of child welfare practices that support permanency, safety and well-being for children involved with the SCDSS

Strategy 4.2.1: Provide supervisors with a clear model for supervisory practice, cohesive training, improved self-awareness and enhanced tools for communication and consultation as key strategies for achieving better outcomes for children and families through the National Child Welfare Workforce Institute (NCWWI) based Leadership Academy for Supervisors (LAS) (Items 17, 21-23)

Strategy 4.2.2: Engage other functional support areas in the organization through Leadership Academy for Middle Managers (LAMM) to integrate their work in the support of achieving safety, permanency and well-being for children involved in the SCDSS

Strategy 4.2.3: Enhance supervisors' knowledge of multiple facets of child welfare to support effective leadership through Learning to Lead

Strategy 4.2.4: Strengthen County Directors and Team Leaders leadership and global knowledge of all facets of managing child welfare operations

Strategy 4.2.5: Build Supervisor's capacity to lead and support caseworkers in best practices

ACTION	TIMELINE	RESOURCE (S) REQUIRED	PRIMARY RESPONSIBILITY	EVALUATION MEASURE OR TOOL
4.2.1: Continue the LAS for new and seasoned Supervisors to build leadership skills around supporting/leading staff to improve assessments of education, health, and mental health needs and services during worker visitations with the children involved with SCDSS.	Multiple groups per year and multiple online and classroom sessions	CCFS, Team Leaders, County Directors, SCDSS Senior Consultants Regional and Program Directors	CCFS, Team Leaders, County Directors, SCDSS Senior Consultants	Improved and sustained progress with leadership retention and support for quality assessment of education, mental health, and support services identified in case worker visitation as evidenced in Quality Assurance Review results of Items 17, 21-23.
4.2.2: Implement Core management Functions training for building skills of finance, HR, and IT for managers at SCDSS	Workshops offered quarterly	IT, Policy, HR, Legal, Team leaders, Child Welfare Director	IT, Policy, HR, Legal, CCFS	Implemented by 6/30/2016
4.2.2: Implement a child welfare training academy that enhances leadership for middle managers in child welfare.	Training 2x per year	CCFS, Team Leaders, County Directors, SCDSS Senior Consultants, Project Planners	CCFS, Team Leaders, County Directors, SCDSS Senior Consultants, Project Planners	Implemented by 1/31/2016
4.2.3: Implement Leadership training through peer to peer support, online discussions, statewide meetings/conferences and workshops	Monthly training offerings	CCFS, Team Leaders, County Directors, SCDSS Senior Consultants, Project Planners	CCFS, Team Leaders, County Directors, SCDSS Senior Consultants, Project Planners	Implemented by 11/30/2014 – 11/30/2015
4.2.4: Develop advisory group to assess training	Monthly meetings	CCFS, Team Leaders,	CCFS	Training implemented by 12/31/2016

needs and develop content/training events to meet identified needs such as all facets of County operations in child welfare, child support, economics, child care, along with Executive Leadership Forum series.	beginning 10/31/2014	County Directors, SCDSS Senior Consultants, Project Planners	Team Leaders	
4.2.5: Develop certification program for Child Welfare Supervision	Quarterly meetings beginning 1/31/2016	CCFS, Team Leaders, County Directors, SCDSS Senior Consultants	CCFS Team Leaders County Directors	Child Welfare Supervision certification curriculum developed by 1/31/2016
4.2.5: Implement certification for Child Welfare Supervisors and certification process	4/30/2016-6/30/2017	CCFS, Team Leaders, County Directors, SCDSS Senior Consultants Policy Unit	CCFS, Team Leaders, County Directors, SCDSS Senior Consultants Policy Unit	Child Welfare Supervisors (CWS) will receive certification training beginning April 2016 and CWS staff will have been trained by 6/30/2017.
4.2.5 Supportive Mapping for Supervisors	12/31/2014 and ongoing	Team Leaders, County Directors, SCDSS Senior Consultants Performance Coaches	Team Leaders, County Directors, SCDSS Senior Consultants Performance Coaches	Implement Supportive mapping process with supervisors and practitioners beginning 12/31/2014 and will remain an ongoing process thereafter

STRATEGIC GOAL 4: Build administrative capacity to support safe and thriving children in lifelong families.

Objective 3: Strengthen Workforce Development through Hiring, Retention, Training and Support efforts to sustain consistency in provision of critical services that promote safety, permanency and well-being for children involved with the SCDSS

Strategy 4.3.1: Implement a career ladder for front line practitioners and leadership.

Strategy 4.3.2: Increase the capacity of the child welfare workforce to promote safety, permanency and wellbeing for children involved with SCDSS

Strategy 4.3.3: Address secondary trauma and resiliency training for staff

ACTION	TIMELINE	RESOURCE (S) REQUIRED	PRIMARY RESPONSIBILITY	EVALUATION MEASURE OR TOOL
4.3.1: Develop position descriptions for Human Service Specialists that allow for advancement within or above their pay bands.	11/1/14	County Directors/HR County Liaisons/Policy	County Directors/HR County Liaisons/Policy	Completed human service specialist position descriptions with progressive scope of responsibilities and criteria for advancement within the pay band system by 11/30/2014

4.3.1: Align the SCDSS operating policy regarding pay band compensation with the SC Office of Human Resources (SCOHR) policy and regulations to allow for within pay band increases for higher level scope of duties.	12/1/14	Child Welfare Director HR Budgets Team Leaders Policy	Child Welfare Director HR Budgets Team Leaders Policy	SCDSS HR policy revised to align with SCOHR and support advancement, and a career ladder for Human Service Specialists by 12/1/2014.
4.3.1: Implementation of SCDSS revised pay band system	12/1/2014	Human Resources/ County Directors/ Team Leaders/	Human Resources/ County Directors/ Team Leaders/	Human Service Specialist will have a clearly delineated career advancement opportunities within SCDSS by 12/1/2014
4.3.2: Reduce duplicative/excessive paper work by locating Medicaid eligibility workers in large counties that would be responsible for fulfilling federally mandated Medicaid eligibility and enrollment	12/1/14	Human Resources/Budgets/Team Leaders/Child Welfare Director	Human Resources/Budgets/ Child Welfare Director	Medicaid eligibility workers placed in the largest (7) counties by 12/1/2014
4.3.2: Implement a 2 nd shift staffing pilot in larger counties (Richland/Greenville) through recruitment on continuous postings targeted 2 nd shift work hours	11/1/14	Human Resources/ Team Leaders/County Directors/ Child Welfare Director	Human Resources/Team Leaders/ County Directors	Fully staffed 2 nd shift Assessment Workers to locate families after diligent efforts from 1 st shift workers to conduct assessments by 11/1/2014 in Richland/Greenville
4.3.2: Develop a database of child welfare staff to support county offices during critical need periods - a list of staff that would be available PRN from across the state.	10/2/14	Child Welfare Director HR Budgets CCFS	Child Welfare Director HR CCFS	By 10/2/14, a viable database accessible to counties that includes certified child welfare workers who have current certification and can provide immediate short term support to ensure quality and standards for caseworker visits with child and family are maintained consistently
4.3.2: Assign the maintenance of the list to someone that can validate that the employees keep up with the continual training and that training/certification is included in SCEIS	11/2/14 and ongoing	HR CCFS	HR CCFS	List of certified workers to be continually updated and available in SCEIS
4.3.2: Engage collegiate community in recruitment efforts and continuing education opportunities for child welfare staff	5/31/2015	Human Resources/ Team Leaders/County Directors/ Child Welfare Director	Human Resources/ Team Leaders/County Directors/ Child Welfare Director	Completed comprehensive plan with targeted colleges and universities by 5/31/2015
4.3.2: Implement coordinated recruitment efforts with colleges and universities in one region every 6 months	7/31/2015 – 7/31/2018	Human Resources/ Team Leaders/County Directors/ Child Welfare Director	Human Resources/ Team Leaders/County Directors/ Child Welfare	SCDSS consortium w/ colleges in region for recruitment of child welfare staff rolled out in each region over the span of 7/31/2015 – 7/31/2018.

			Director / colleges and universities	
4.3.2: SCDSS to post a Fixed Price Bid for recruitment services for Frontline Casework Practitioners and Supervisors for the County SCDSS Offices to develop a pool of available trained and certified to provide CWS.	11/30/2014	Human Resources Budgets Contracts Deputy Director Human Services	Human Resources Budgets Contracts Deputy Director Human Services	All approved and qualified providers will be placed on a Qualified Provider List (QPL) from which DSS will select recruitment firms to undertake recruitment assignments by 11/30/2014.
4.3.4: Implement staff support in addressing secondary trauma through support groups and resiliency training	1/31/2015 – 1/31/2016	Team Leaders Families First/Family Engagement Department of Vocational Rehabilitation	Families First/Family Engagement Department of Vocational Rehabilitation	Support groups and resiliency training set up and offered to staff by 1/31/2015.

STRATEGIC GOAL 4: Build administrative capacity to support safe and thriving children in lifelong families.

Objective 4: Establish and Maintain a Continuous Quality Improvement (CQI) System

Strategy 4.4.1: Create an administrative structure to oversee effective CQI system functioning

Strategy 4.4.2: Collect quality data

Strategy 4.4.3: Have an ongoing case review system

Strategy 4.4.4: Have a process for the analysis and dissemination of quality data on all performance measures

Strategy 4.4.5: Have process for providing feedback to stakeholders and decision makers and as needed, adjusting programs and process

ACTION	TIMELINE	RESOURCE (S) REQUIRED	PRIMARY RESPONSIBILITY	EVALUATION MEASURE OR TOOL
4.4.1: Create written and consistent CQI standards and requirements	1/31/2016	Team Leaders, Policy Division	Team Leaders, Policy Division, Child Welfare Director	Completed standards and requirements by 1/31/2016
4.4.1: Complete training process for CQI staff	10/31/2014	The CQI Training Academy Learning Lab	Team Leaders, Policy Division, Child Welfare Director	Post Test results for each staff

4.4.1: Create written policies, procedures, and practices for the CQI process	1/31/2016	Policy Division, Team Leaders	Team Leaders, Policy Division, Child Welfare Director	Policy Manual reflective of CQI practices and processes in directives by 1/31/2016
4.4.1: Hire designated CQI staff or CQI contractor staff	7/31/2016	State Director & Deputy Director of Human Services, HR Director	Team Leaders, Policy Division, Child Welfare Director	Fully Hired Staff for CQI Department
4.4.2: Formalize a process to identify and resolve data quality issues	1/31/2016	Research, Data & Accountability, MIS workgroup	CQI Planning Team IT/ CAPSS	Formalized process
4.4.2: Create a process to access data collection for children served in their own home (data required to monitor process and outcomes measurement for cases)	6/30/2016	Research, Data & Accountability, MIS workgroup	CQI Planning Team IT/CAPSS	Completed process by 6/30/2016
4.4.2: Build a process to assess our current methodology for collection of statewide data for the systemic factors of case review, training, diligent recruitment and retention, and service array to be sure that we have the correct information to assess our performance related to these systemic factors.	6/30/2016	Research, Data & Accountability, MIS workgroup, Knowledge Management Division	CQI Planning Team IT/CAPSS	Completed process by 6/30/2016
4.4.2: Build a process to analyze how case ratings are completed	6/30/2016	Research, Data & Accountability, Knowledge Management Division, USC School of Social Work	CQI Planning Team IT/CAPSS	Completed process by 6/30/2016
4.4.2: Conduct an assessment of QA training curriculum, written manuals protocols, instructions, procedures to ensure accurate case reviews, second level quality assurance, and inter-rater reliability.	6/30/2016	Research, Data & Accountability, Knowledge Management Division, CCFS	CQI Planning Team Knowledge Management Division CCFS	Completed assessment of QA training curriculum, written manuals protocols, instructions, procedures to ensure accurate case reviews, second level quality assurance, and inter-rater reliability by 6/30/2016
4.4.3: Conduct On-Site Facilitated Discussion (OSFD) in each county 1x per year	10/31/2015-9/30/2019, Annually ongoing	CCFS Data and Accountability Division Director County Directors Team Leaders Child Welfare director	CCFS County Directors	Annual OSFD completed in every county every FFY for 2015-2019

4.4.3: Utilize a rolling group of QA Reviewers to help with OSFD in counties	10/31/2015-9/30/2019, Annually ongoing	CCFS Data and Accountability County Directors	CCFS Data and Accountability County Directors	Annual OSFD completed in every county every FFY for 2015-2019
4.4.3: Build a formal process to aggregate Statewide and local data and make it available to stakeholders for analysis	6/30/2016	Team Leaders, Research, Data & Accountability, Knowledge Management Division, CCFS, community partners	CQI Planning Team	Completed process by 6/30/2016 for aggregating data statewide and locally for analysis by part partners/stakeholders
4.4.4: Build a formal process for analyzing and understanding the data and providing feedback on analysis and conclusions	6/30/2016	Team Leaders, Research, Data & Accountability, Knowledge Management Division, CCFS	CQI Planning Team	Completed process by 6/30/2016, community partners meeting structure, to be determined.
4.4.4: Develop a process to translate results (trends, comparisons and findings) for use by courts, tribes, and a broad range of stakeholders, and disseminate results through understandable or reader-friendly reports, websites.	6/30/2016	Communications; Team Leaders, Research, Data & Accountability, Knowledge Management Division, CCFS	CQI Planning Team	Completed process by 6/30/2016
4.4.4: Develop a process where results (i.e., trends, comparisons and findings) are used by agency leadership/top management, courts, tribes, entities with title IV-E agreements, and other stakeholders to help guide collaborative efforts, inform the goals and strategies of the CFSP and other State plans for federal funds such as the Court Improvement Program strategic plan, and to improve practice, services and monitor/track progress toward goals.	6/30/2016	Human Services Leadership Team, County Directors, Division Directors, Community Partners, Communications; Team Leaders, Research, Data & Accountability, Knowledge Management Division, CCFS	CQI Planning Team	Completed Process by 6/30/2016
4.4.4: Train Supervisors and field staff to understand how results link to daily casework practices; ensure results are used by supervisors and field staff to assess and improve practice.	6/30/2016	Research, Data & Accountability, Knowledge Management Division, CCFS	CQI Planning Team	Training evaluation
4.4.5: Results are used to inform training, policy, practice, community partnerships, service array (service gaps, quality, etc.), automated system development, and other supportive systems.	6/30/2016	Human Services Leadership Team, County Directors, Division Directors, Community Partners,	CQI Planning Team	Program Evaluation

		Communications; Team Leaders, Research, Data & Accountability, Knowledge Management Division, CCFS		
4.4.5: Create protocol to ensure that CQI process is adjusted as needed over time as results indicate a need for additional study, information and/or analysis.	6/30/2016	Human Services Leadership Team, County Directors, Division Directors, Community Partners, Communications; Team Leaders, Research, Data & Accountability, Knowledge Management Division, CCFS	CQI Planning Team	Process Protocol for continual assessment of CQI process by 6/30/2016

STRATEGIC GOAL4: Build administrative capacity to support safe and thriving children in lifelong families.

Objective 5: Build an integrated "System of Care" formally known as the Palmetto Coordinated System of Care into the statewide child welfare system infrastructure by the FFY 2017.

Strategy 5.5.1: Conduct cross-system analysis of service utilization, expenditures and financing related to population(s) of focus

Strategy 5.5.2: Analyze, determine final system design and financing strategies

Strategy 5.5.3: Submit needed state plan amendments, waivers, other applications

Strategy 5.5.4: Implement grant requirements and develop additional implementation strategies

ACTION	TIMELINE	RESOURCE (S) REQUIRED	PRIMARY RESPONSIBILITY	EVALUATION MEASURE OR TOOL
5.5.1: Determine number of target population served historically (i.e. last two fiscal years)	Bi-weekly Meetings	DHHS/Mercer Consultant/ Executive Steering Committee	DHHS/ Executive Steering Committee	Completed by 10/1/2014
5.5.1: Define demographics of population served (e.g., age, race/ethnicity, regions), including identification of disparities and disproportionality	As needed meetings	DHHS/Mercer Consultant	DHHS/Mercer Consultant	Completed by 10/1/2014
5.5.1: Identify services used, including any evidence-based, credentialed services	Bi-weekly Meetings	DHHS/Mercer Consultant/Executive Steering Committee	DHHS/Executive Steering Committee	Completed by 10/1/2014
5.5.1: Determine expenditures per child/youth and	As needed	DHHS/ Mercer	DHHS/ Mercer	Completed by 10/1/2014

total spending, including expenditures on “poor outcome and/or high cost” services				
5.5.2: Identify current funding streams and identify potential reallocation of other federal funding streams (child welfare, prevention, special education, SAMSHA block grants, etc)	Monthly Meetings	DHHS/Mercer Consultant/ State agencies' finance/budgets/program areas	DHHS/Mercer/State Agencies' finance/budgets/ program areas	Completed by 10/15/2014
5.5.2: Identify financing strategies for system such as Medicaid waiver(s), Medicaid state plan amendments, IV-E waiver, state general funds, blended and/or redirection of other federal funds	Bi-Weekly Meetings	DHHS/Mercer Consultant/State Agency Leadership Team	DHHS/Mercer Consultant/State Agency Leadership Team	Completed by 11/30/2014
5.5.3: Develop drafts of state plan amendments and funding sources	As needed	DHHS/Mercer	DHHS/Mercer	Completed by 2/15/2015
5.5.3: Conduct public input process	1 month	Leadership Team/ Project Director	Leadership Team/ Project Director	Completed by 3/15/2015
5.5.3: Submit applications	1 month	DHHS/ Child Serving State Agencies	DHHS/ Child Serving State Agencies	Completed by 4/15/2015
5.5.3: Develop policy and procedures and promulgate rules as required	Bi-Weekly Meetings	Executive Steering Committee, Project Director, Mercer	Executive Steering Committee	Completed by 5/31/2015
5.5.3: Develop RFP's and enroll providers	Bi-Weekly Meetings	Executive Steering Committee, Project Director, Mercer	Executive Steering Committee/Project Director	Completed by 5/31/2015
5.5.3: Develop reimbursement rates	Monthly Meetings	Executive Steering Committee, Project Director, Mercer	DHHS/Mercer	Completed by 6/30/2015
5.5.4: Develop training and capacity building plan	Monthly meetings	Executive Steering Committee	Executive Steering Committee	Training and capacity building plan completed by 8/1/2015
5.5.4: Develop statewide phase in approach	Bi-weekly Meeting	Executive Steering Committee/Project Director	Executive Steering Committee/Project Director	Approved statewide rollout plan by 9/30/2015
5.5.4: Implement statewide rollout plan	Every 3 months	Executive Steering Committee/Project Director	Executive Steering Committee/Project Director	Statewide rollout completed by 10/30/2016