

**South Carolina
2015-2019 Child and Family Services Plan
Update to the Plan For Improvement / Strategic Action Plan
2017 Annual Progress and Services Report**

KEY.

* New Objective or Progress Benchmark/Strategy added to Strategic Action Plan since submission of 2015-2019 CFSP on 6/30/14.

HOCP Objectives from 2015-2019 CFSP Targeted Healthcare Oversight and Coordination Plan, added to Strategic Action Plan since submission of 2015-2019 CFSP on 6/30/14.

IC Objectives from 2015-2019 CFSP Consultation and Coordination With Tribes, added to Strategic Action Plan since submission of 2015-2019 CFSP on 6/30/14.

IL Objectives from 2015-2019 CFSP Independent Living / CHAFEE, added to Strategic Action Plan since submission of 2015-2019 CFSP on 6/30/14.

N-QIP Strategies and Action Steps from the NYTD Quality Improvement Plan, added to Strategic Action Plan since submission of 2015-2019 CFSP on 6/30/14, NYTD Review in July 2014.

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 / Progress Measure 1 - Safety Outcome 1.

Improve the timeliness of initiating investigations and reduce repeat maltreatment.

1a) Timeliness of initiating investigations. Using the baseline Quality Assurance Review score of 80.2% Strength for all counties for Safety Outcome 1, Item 1 (CFSR 2 Instrument) October 1, 2014-January 31, 2015, the Quality Assurance Review score for all counties for Safety Outcome 1, Item 1 (CFSR 3 Instrument) will improve to 84.2% by end of FFY 2019. Benchmarks of 1% per year improvement.

1b) Repeat maltreatment within 12 months. (Safety Objective) - Improve child safety by increasing the number of children who do not experience a maltreatment within 12 months of a previous intake to at least 97% (94.5 % Jan. 1, 2014-April 1, 2015) by the end of the FFY 2019. Benchmarks of improvement of at least 1% per year.

Progress Benchmark / 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.

1.1.2: Improve law enforcement coordination **COMPLETED**

1.1.3: CAPTA Public Disclosure.

| Action Steps / Task Name | Start / Finish Dates | Lead | Implementation Supports Required: Names / Items / Funding | Comments: Progress / Challenges / New Action Step Required (add below) | Completed |
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| 1.1.1a: Develop clear criteria for referrals and ensure this is communicated to SCDSS staff through written correspondence, policy and appropriate training. | | Julie Tice | Team Leaders Policy Unit | <p>CBPS Cases returned to SCDSS</p> <p>Changes to process: The major change in how cases are referred to CBPS from intake is that the intake hubs will choose whether to accept a report for investigation, take no action, or refer to CBPS services. There will no longer be a determination of whether the case should be referred for VCM level of services or FSS level of services. The provider, in conjunction with the VCL, will assess the referral from intake and determine what level of services the family should receive.</p> <p>Otherwise, the VCL role remains much the same, except that those staff now report directly to the State Intake Manager, Julie Tice.</p> <p>Steve and Julia working on making the risk matrix working less vague. Meeting about the Casey recommendations was cancelled. Contact with New Jersey through Casey to analyze similar problems (NJ/ SC).</p> | <p>Updated policy completed and approved.</p> <p>IP</p> |

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| | | | | Item 1.1.1a –University of South Carolina, Center for Child and Family Studies (CCFS), developing a curriculum to train current intake staff in addition to new hires. Research a web-based training due to Intake staff shortage. Interim- Intake staff provided on-the-job training as requested at the County Office level and Regional Intake Hub level. | |
| 1.1.1b: Schedule Workshops for each region. | TBD | Julie Tice | | USC is working out a training schedule with Safe Families. Workshops are being scheduled for each region. | |
| *1.1.1c: Casey Family Programs evaluate differential/alternative response, Community-Based Prevention Services. | 10/1/15 | Julie Tice | Casey Family Programs | No results from the Casey review of differential / appropriate response. | |
| *1.1.1d: Revise Program Services as needed from evaluation. | 12/31/15 | Susan Alford/ Taron Davis | Taron Davis | | |
| *1.1.1e: Develop a mechanism for a feedback loop for the management of providers and their subcontractors to assure services are delivered effectively and according to contract requirements. | TBD | Steve Strom | Providers | | |
| 1.1.2a: Locate a member of the Office of Investigations Team from SCDSS to the SLED Fusion Center. Two employees onsite 2 days per week, space dedicated at Fusion Center approximately 1 to 2 days per week. | January 2015 | Jackie Swindler | SCDSS Leadership SCDSS Office of Investigations Debbie Jordan | Station employees in the Fusion Center full-time. MOU with SLED established SCDSS Office of Investigations has 3 staff present 1 to 2 days per week. | Completed. Completed. |
| 1.1.3: CAPTA Public Disclosure | TBD | Taron Davis | | Publish report on the SCDSS external website. | |

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| *1.1.4: Clarify policy regarding investigations, clarify "initiating" investigation. | 9/29/16 | Taron Davis | Taron Davis / USC Children's Law Center | This will be complete with the publishing of the entire body of the SCDSS Child Welfare Policy Manual Rewrite Project by 9/29/2016 | |
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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 / Progress Measure 2 - Safety Outcome 2

Improve the initial and ongoing assessments of safety and risk to children, to protect children in the home and prevent removal; provide services to the family to prevent children's entry into foster care or re-entry after reunification.

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

Progress Benchmark / Strategy

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

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

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.

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.

*1.2.5: Perform a business process redesign assessment and make recommendations for a revised CPS assessment tool and CPS process.

| Action Steps / Task Name | Start / Finish Dates | Lead | Implementation Supports Required: Names / Items / Funding | Comments: Progress / Challenges / New Action Step Required (add below) | Completed |
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| 1.2.1: Establish written protocol for county offices outlining process for obtaining and documenting background checks. | 12/31/14 | | | | Completed. |
| 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. | TBD | Steve Strom | County Directors Team Leaders Supervisors Caseworkers Performance Coaches | Continue to implement in all counties Performance Coaches and Catalyst Groups to enhance critical thinking skills for Supervisors and frontline practitioners. R3, two performance coach positions were vacated over the summer Remaining- one for Berkeley and Dorchester One for the other 8 offices. | IP |

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| | | | | By October, the two vacancies were filled by IFCCS case managers- being trained on SOS - deployed around the region to assist on a variety of practices including SOS work, kinship care, risk and safety assessment and intake. Region 5: Uses Program Coordinators to assist supervisors to enhance critical thinking of caseworkers during Guided Supervision and monthly supervision. (Role modeling, coaching Mapping, Signs of Safety / listening with E.A.R.S) | |
| 1.2.3a: Create Supervisor, County Director, State Level management reports to track and determine frequency of Guided Supervision is being adhered to and also utilized more when triggered to do so by critical needs of child's case Guided Supervision for all cases 1x every six months or more after June 30, 2015 | 6/30/15 TBD | Steve Strom | Paulette Salley CAPSS/ IT | On 12/14/2012, a new dictation code, "Guided Supervision Staffing" was added to CAPSS. This code allows the supervisors to indicate the date and time a Guided Supervision Staffing was conducted. SC210-R01 is also available in CAPSS for the workers and supervisors to monitor the guided supervision staffing meetings. The SC210-R01 weekly report indicates that the guided supervision report has been widely used throughout all 46 counties. 11/19/15 - some counties were not coding the GS staffings correctly in CAPSS, conducted CAPSS training in this area. This measure has been a lead measure for all of the R3 counties in 2015 and it is steadily improving according to the weekly cadence reports. See 1.2.3a, <u>Uncertain</u> of timely and frequency of use, <u>Guided Supervision tool in Policy not being used</u> , Mapping being used for Guided Supervision. <u>Uncertain</u> of timely and frequency of use, <u>Guided Supervision tool in Policy not being used</u> , Mapping being used for Guided Supervision. Need to determine frequency and quality of utilizing Guided Supervision statewide. | Complete IP |
| 1.2.3b: Guided Supervision tool integrated into CAPSS, and staff fully trained to complete tool within the CAPSS. | 1/31/16 TBD | Paulette Salley Steve Strom | CAPSS/ IT | Requirements for adding the Guided Supervision tab will need to be reviewed and updated to support current practice. The CAPSS system change to add the Guided Supervision Tab will be addressed in 1st quarter FFY 2016. TBD- review use of Guided Supervision Tool in Policy. Reported that Mapping tool being used in Guided Supervision. R3 moving forward toward a more comprehensive implementation of SOS practice. -Two region-wide training events focusing on assessment, family preservation and foster care workers. Region 5: Monitors and tracks county's use of Guided Supervision. Regional Director highlights Guided Supervision policy and procedures related to Guided Supervision at | IP |

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| | | | | monthly meetings. Regional Director and Performance Coach monitor data on Family Group Conferences to identify practice strengths and needs. | |
| 1.2.4a: Post and award the statewide Family Engagement Solicitation and select single contractor to offer services statewide. | | Pat Patrick | SCDSS Procurement Families First/Family Engagement Team Contract Monitors Master Contractors and coalition member agencies SCDSS Leadership SCDSS Contract Consultants Human Resources Policy Unit CAPSS/IT Units Laurie Hobbs | - Parent Advocate Hired 1/2015-Wanda Duckley. - National Youth Advocate Program awarded contract in Regions 1, 3, 4. - Re-post Family Engagement Services contract for Regions 2, 5. Re-post Family Engagement Services contract for Regions 2, 5 in June 2016. - Develop electronic referral process and practice standards completed for statewide implementation by 6/30/2015. | Completed. Completed 4/2015. Completed 5/2015. IP |
| 1.2.4b: Train Family Engagement (FE) Coordinators and stakeholders in the family finding, family team meetings, conferencing and unlicensed relative home studies. | | Pat Patrick | Families First/Family Engagement Team Master Contractors and coalition member agencies | Develop and maintain training records and a determination is needed on where training records will be housed for documentation and verification for attendees. 11/9/15 Training records and documentation needed to award 25 social work degreed CEUs are housed in training files in the Families First office located within the Charleston DSS office. Develop a schedule and deliver training statewide using Family First staff and SCDSS Contract Monitors to deliver training. 11/9/15 To date, the following training sessions have been held since NYAP contract was implemented and trainees completing: Greenville site: May 26-29, 2015 12 completed Walterboro site: June 1-4, 2015 26 completed Florence site: June 9-12, 2015 46 completed Columbia site: July 23, 24, 27, 28 2015 37 completed Florence site: September 22-25, 2015 25 completed Newberry site: November 3-6, 2015 13 completed 159 total 1/13/16- CAPSS has added new codes for recording use of Family Finding. | Complete Complete |

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| | TBD | | | 1/13/16- CAPSS has added new codes for use of Family Group decision-making. Need to develop a plan for training staff and stakeholders in Family Engagement Services. | Completed |
| 1.2.4c: Engage and involve family groups to include noncustodial fathers through full Implementation of the array of Family Engagement Services | 3/1/2015 | Pat Patrick | SCDSS Procurement Families First/Family Engagement Team Contract Monitors Master Contractors and coalition member agencies Policy Unit CCFS | <p>Contract monitoring tool</p> <p>11/9/15 Contract monitoring tools have been created that include coordinator competence tools, case documents (Coordinator Documentation Log, Family Plan and Service Verification Form), evaluations, surveys, outcome reports, etc. This process is taught by Contract Monitors during the FES Coordinator/Recorder training and related forms are reviewed and included in the Family Engagement Services curriculum (appendix) and on the FES website. The first audit was completed by the contract monitors utilizing these forms and processes. Exit interviews with NYAP, Families First, Procurement and Budget staff but final report not yet received.</p> <p>Participant Surveys</p> <p>11/9/15 Both the FGC and FTM surveys are completed, reviewed during FES training and available through the website. Collection process implemented ensuring confidentiality with caseworkers collecting at the conclusion of the meetings and placed in intra-agency to contract monitors for imputing and analysis.</p> <p>Participant surveys are summarized during the quarterly audits and provided to NYAP in Region 1, 3 and 4.</p> <p>Regions 2 and 5 only provide Family Group Conferencing with no involvement from contract monitors, no participant surveys or monthly outcome reports.</p> <p>The full array of Engagement Services is only available in Regions 1,3 and 4. There were no qualified responders for Regions 2 and 5 in the original solicitation nor the most recent version posted in January 2016. Reposted June 2016 for Regions 2 and 5.</p> <p>Family Engagement Outcome Reporting form</p> <p>11/9/15 These forms are completed monthly and submitted to Families First by the 15th of the following month.</p> <p>NYAP, master contractor continues to submit these reports monthly.</p> <p>Family Engagement policy and procedures/directive memo to be disseminated</p> <p>11/9/15 The policy and procedures draft was completed but agency has not included these nor has</p> | Completed. To be continued. |

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| | | | | <p>directive memo been disseminated. Request to do so under previous state director were not acted on. Will revisit under current administration. In the interim an information packet has been completed for county offices outlining processes and practice from referral to placement plan completion for court. These have been distributed through the county contact/residential expert serving on regional advisory committees.</p> <p>The following forms were forwarded in response: Family Engagement Services- Service Verification Form- FES SVF 2015.09 Removal Hearing Placement Plan- DSS Form 30252 Family Engagement Service Reference Guide- FES Ref Guide 2015-09-29 Unlicensed Relative Assessment Referral Form Family Team Meeting Family Plan FES Informational Packet Instructions- FES Info Packet Instructions 2015-10-09 Family Engagement Services Coordinator Documentation Log (CDL)- FES CDL 2015.09.02 Family Group Conference Family Plan Referral Form for Family Engagement Services</p> <p>Families First staff working closely with Regional Advisory Committee members in Regions 1, 3 and 4 to ensure implementation processes and practices are followed through the items referenced above in their informational packets. FF staff also working with Region 2 and 5 staff for referrals and consistent implementation of FGC practice.</p> | |
| 1.2.5a: Perform a business process re-design assessment of Intake environment. | | Julie Tice | CPS Investigators and Supervisors Change and Innovation Agency | Initial assessment of the current environment and definition of a successful project. | Completed 4/2015 |
| 1.2.5b: Perform an assessment of CPS assessment decision-making process and tool and make recommendations for a revised process and tool. | TBD | Steve Strom/ Julie Tice | BPR Staff Investigators Supervisors Policy Staff Family Preservation Supervisor Data Staff | | Completed |

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 / Progress Measure 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.

Progress Benchmark / Strategy

1.3.1: Create statewide implementation team for the Signs of Safety.

1.3.2: Within the FFY 2015, the SOS Implementation Team will establish the criteria for full implementation of the SOS, and benchmarks for the progress toward full implementation.

***1.3.3: Develop Workgroups for Implementation of SOS.**

***1.3.4: Implementation Workgroups Operating and complete implementation tasks.**

1.3.5: Establish a SOS Catalyst Groups and meeting monthly.

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

1.3.7: Implement Workplace Learning sessions through skill building workshops and group mappings sessions.

1.3.8: Implement Appreciative Inquiries (AI) through recorded interviews with staff and families when good practice is utilized to have available demonstrations of good practice.

| Action Steps / Task Name | Start / Finish Dates | Lead | Implementation Supports Required: Names / Items / Funding | Comments: Progress / Challenges / New Action Step Required (add below) | Completed |
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| 1.3.1: Create statewide implementation team for the Signs of Safety. | | Steve Strom | | | Completed. January 2015. |
| 1.3.2a: Develop criteria for full implementation. | 9/30/15 | Steve Strom Elaine Bailey Steve Strom | | Signs of Safety will be used in all cases, and we do not refer to what we are doing as Signs of Safety, it is just standard operating procedures. Use SC State Learning Map . Using the learning map the SCDSS can track from a State level to each worker in each County the progress on implementation of Signs of Safety. Performance Coaches are working on the definition what concepts each case worker must use for full implementation of the Signs Of Safety. 11/9/15 The Learning Map is being tested in Region 1 to see if it captures the right information. The Map is being improved so it hasn't rolled out yet. Regional leadership requested Learning Map modifications from SafeGenerations 11/23/15. SafeGenerations will make modifications requested to better reflect learning status of Region | IP |

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| | 2/2016 TBD | Steve Strom / Paulette Salley Team Leaders | | 1 staff. Tool distributed to all regional CW practitioners and leadership in February 2016, introduced with regional memo and how it will be used. Tool will be electronic survey form and have a 5 day response window. Will require support from IT to distribute toll to eligible staff. Results and support efforts to be coordinated by Regional Team Leader and County/Regional Leadership Team. Support plan will be created and implemented no later than the end of April 2016. Second round Learning Map survey will be distributed to staff in August 2016 to assess progress and to determine if tool kit delivers useful results. Learning Map Survey determined to not be an accurate tool for measuring implementation of Signs of Safety. Need to develop a measure for full implementation of Signs of safety. | |
| 1.3.2b: Develop a baseline for each Region, including data criteria. | 7/1/15 | Steve Strom | Team Leaders | | |
| 1.3.2c: Develop Progress Benchmarks toward full implementation, including data criteria. | TBD 1/2016 | Steve Strom | Team Leaders Steve Strom | | |
| 1.3.3: Develop Workgroups for full implementation of Signs of Safety statewide. | | Steve Strom | | | Completed. February 2015. |
| *1.3.4a: SOS Communication Committee to develop child protection practice framework document for practice tool for SRT's, PRT's, DRT's and brochures, three page briefing for | | Melanie Cannon/ Terri | SOS Practitioners, Policy Unit, Team Leaders Steve Strom | 2/24/15- SOS Practice Committee first meeting. Discussion: issues incorporating SOS into all areas of child protective services. 3/25/15 Communication Committee met, developed staff survey to evaluate use of Signs of | |

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| communication with staff, families, and partners, legislature, etc. | | Thompson | | <p>Safety in County Offices, and planning to develop 5 regional newsletters for Signs of Safety implementation and challenges.</p> <p>Region 1 has newsletter implemented. Region 2 Region 3 Region 4 Region 5 Next meeting 5/6/15?</p> <p>9/30/15- Communication Committee Meetings resumed. They have coordinated with the Practice Committee to form staff/client survey. E-mails about training are being sent out more frequently, SOS Newsletters still in development.</p> <p>11/6/15 Email to Melanie requesting next meeting date.</p> <p>1/16/15 Email to Melanie and Terri for update.</p> <p>Looking at dates to meet in late February. Stephanie Gentry has also joined the committee and participation from county and IFCCS staff will be invited.</p> <ul style="list-style-type: none"> - Communication tools have been developed and shared for Kinship Caregivers, Professionals, and Families explaining the SOS practice framework. - Quarterly Meetings will continue with the communication committee members. <p>Region 5: Performance Coach sends monthly e-mails to Regional Director and County Directors providing updates on Signs of Safety work, skill building opportunities, internal and external, and workshop opportunities.</p> | Completed |
| <p>1.3.4b: Practice Committee to elicit continuous feedback from families and staff on functioning of SOS practice, quarterly feedback.</p> | <p>3/31/15</p> <p>TBD</p> <p>TBD</p> | Tara Hall | Caseworkers, supervisors, Program Directors Steve Strom/ | <p>Met 3/31/15. Client and Staff surveys on the effectiveness of SOS have been completed and are ready to be approved by executive leadership. The survey results will be compiled through Survey Monkey.</p> <p>Approval of client and staff surveys to be reviewed and approved by DSS Executive Staff. Next Meeting. TBD</p> <p>Committee to decide how to utilize surveys.</p> <p>9/29/15- Practice Committee meeting scheduled but cancelled. Next meeting tentatively scheduled for 10/30/15 combined with SOS Catalyst Meeting.</p> | Completed |

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| | 10/30/15 | | Tara Hall | <p>Practice Comm. And SOS Catalyst Meeting.</p> <p>11/2/15- Tara Hall sent a written update of the committee activities. 11/6/15- The next meeting is scheduled for 11/16/15 at State Office.</p> <p>1/15/16- Emailed Tara for update.</p> <p>A future practice committee meeting has not been scheduled by Tara due to new Team Leader being assigned to Region 1. At 1-19-16 Performance Coach Meeting it was agreed that each coach would conduct two ALs with parents/families per quarter in their region. They would scan/share mappings with each other from these Als.</p> <p>10 coaches (currently) x client Appreciative Inquiries each= 20 ALs per quarter x 4 = feedback from 80 families per year regarding the use of SOS and how it impacted the work.</p> | |
| *1.3.4c1: Policy Committee. Align policy and procedures (intake, investigations, family team meetings, assessment, etc.) with the SOS framework within Chapter 7. | 7/1/15 | Sally Branch/ | <p>Steve Strom/ Julie Tice IT, Policy Unit, SOS Practitioners, caseworkers County Directors, OGC</p> | <p>November 1, 2015- Chapter 7 policy is being reviewed by USC Children's Law Center and streamlined into policy and procedures for the SOS.</p> | |
| | TBD | | <p>Carolyn Morris Care Solutions- Cindy Davis</p> <p>Carolyn Morris Care Solutions- Cindy Davis</p> | <p>Develop new Task order with USC Children's Law Center</p> <p>9/11/15 SOS Policy Committee joined the Policy Re-Write Workgroup during the Intake/Investigation session. Discussion that SOS will be added in Practice and Tools Sections- additional links in the new policy manual.</p> <p>Add SOS in Practice and Tools Sections of new Policy Manual 11/6/15- Email to Sally to request updates since 9/11/15.</p> | |
| *1.3.4c2: Develop accompanying electronic links to procedures and practice to the fully revised set of streamlined and integrated policy documents. | 9/30/16 | Sally Branch | <p>IT, Policy Unit, SOS Practitioners, caseworkers County Directors, OGC Carolyn Morris, Chris Church, Care Solutions-Cindy Davis</p> <p>Carolyn Morris Care Solutions- Cindy Davis</p> | <p>First meeting to be scheduled.</p> <p>9/11/15 SOS Policy Committee joined the Policy Re-Write Workgroup during the Intake/Investigation session. Discussion that SOS will be added in Practice and Tools Sections- additional links in the new policy manual.</p> <p>Add SOS in Practice and Tools Sections of new Policy Manual with links</p> | |

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| <p>*1.3.4d1: SOS Training Committee complete current SCDSS staff will receive additional SOS training and all new staff will receive revised Child Welfare Basic training</p> <p>*1.3.4d2: Implement Practice Leader advanced training. Practice Leaders will receive advanced SOS practice training annually</p> <p>*1.3.4d3: Implement Coaching for Supervisors and others around SOS implementation and practice skills. Supervisors and Catalyst Groups will receive at least Training annually.</p> <p>*1.3.4d4: USC CCFS researching how to get licensed to teach SOS, SOS now requires license to teach.</p> | <p>11/1/16</p> <p>11/30/15 & annually</p> <p>1/31/16 Training annually</p> <p>TBD</p> | <p>Marilyn Corley-Williams/ Donna Stackhouse</p> <p>Cynthia Flynn</p> | <p>Supervisors, CCFS, SOS Practitioners</p> <p>Supervisors, Senior practitioners, CCFS, SOS Practitioners, Regional Catalyst Groups</p> <p>Connected Families</p> | <p>Build SOS training modules into existing Child Welfare basic training and update into other training modules in orientation.</p> <p>Working with Safe Generations to coordinate ongoing training dates, types, and locations for all regions.</p> | <p>Completed 8/30/2014.</p> |
| <p>1.3.5a: Develop a plan to establish SOS Catalyst Groups in each Region and meeting monthly.</p> | <p>TBD</p> | <p>Steve Strom</p> | <p>Deputy/Child Welfare Director, Team Leaders, Stakeholders, County Directors, Experts in Practice, USC CCFS</p> | <p>10/6/14 SOS Leadership workshop participants agreed on the next immediate step needed is "Get the Steering Committee going-agree on participants, and set first meeting".</p> <p>10/2014- Region 4 forming Catalyst Groups</p> <p>Region IV has had a Catalyst Team in place for over one year; the SOS Coordinator for Region IV is Lee County DSS Director Andrea Favor. She facilitates meetings with SOS Catalysts on a monthly basis.</p> <p>2/22/16- Steve- In 2016-2017 contract to rebuild and support catalyst. Use catalyst and coaches as trainers</p> <p>Region 5: has 2 Signs of Safety catalysts for each County Office that will attend training and assist their offices and the Region to model signs of Safety work.</p> | |
| <p>1.3.6a: Develop a plan to create coaching cohort with expertise in the SOS to support case work staff in building competencies.</p> | <p>TBD</p> | <p>Steve Strom</p> | <p>Team Leaders</p> <p>Performance Coaches</p> | | |
| <p>1.3.7a: Develop a plan for Regions 2-5 to implement Workplace Learning sessions through skill building workshops and group mapping sessions.</p> | <p>TBD</p> | <p>Steve Strom</p> | <p>Performance Coaches, Supervisors</p> | <p>Caseworkers will receive skill building in writing harm and danger statements and utilizing group mapping during workplace learning sessions beginning 10/31/2015</p> <p>Leadership staff trained in group mapping for group supervision.</p> | <p>Completed.</p> <p>Completed.</p> |

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| | | | | Region 1 staff uses group SOS mapping structure to clarify case specific goals, to analyze and solve administrative issues. Regions 2-5 to be initiated. | Completed. |
| 1.3.8a: Develop a plan to implement Appreciative Inquiries (AI) through recorded interviews with staff and families when good practice is utilized to have available demonstrations of good practice. | 11/30/15 | Steve Strom | Performance Coaches, Supervisors, caseworkers | Regional SOS training 12/2014-video-Appreciative Inquiry conducted by Safe Generations trainers with family in Family Preservation case with SOS practice. Regions 1, 2, 5 have had some training around AI. Performance Coaches met with Steve Strom in January. Perf Coach would meet with two clients (one in an open case and one in a closed case) each quarter to conduct an Appreciative Inquiry (AI) and gather feedback. Coaches will share this information with each other and discuss it at bi-monthly Performance Coach meetings to identify practice trends. | |

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 / Progress Measure 4 - Improve the quality of Abuse and Neglect Report Intake decisions through the implementation of Regional Abuse and Neglect Report Intake Hubs.

Progress Benchmark / Strategy

1.4.1: Determine locations of Regional Abuse and Neglect Report Intake Hubs. Completed.

***1.4.2: Develop a Progress Measure for improved quality of Abuse and Neglect Report Intake decisions, have a proposal approved by the SCDSS leadership, and set a baseline data of current Intake decisions, establish Progress Benchmarks, within FFY 2015.**

1.4.3: Statewide implementation of Regional Intake Hubs to replace county-based Abuse and Neglect Report Intake Units, by TBD.

1.4.4: Realign reporting structures of DSS Prevention Liaisons to report through Intake Hub supervisors to State Office Team Leader

1.4.5: 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

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

***1.4.7: Implement regular communications with C-BPS providers regarding status of needs for services, and regarding repeat referrals.**

***1.4.8: Respond to results of initial Regional Intake roll-out (volume and quality).**

| Action Steps / Task Name | Start / Finish Dates | Lead | Implementation Supports Required: Names / Items / Funding | Comments: Progress / Challenges / New Action Step Required (add below) | Completed |
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| 1.4.1: Determine Regionalized Intake Hub locations. | | Steve Strom / | Julia Tice | Region 1-Anderson, Spartanburg, Region 2-Columbia, Rock Hill, Region 3-Charleston, Region 4-Conway, Region 5-Columbia. Region 5 moving out of Columbia after 6/30/16 | Completed. IP |
| *1.4.2a: Develop a workgroup to propose a Progress Measure for improved quality of Abuse and Neglect Report Intake decisions, have a proposal approved by the SCDSS leadership, and set a baseline data of current Intake decisions, establish Progress Benchmarks, within FFY 2016. | Oct-Dec. 2015 TBD | Greg Moore Steve Strom | Steve Rivers, Steve Strom | <p>Data workgroup created and proposed: Progress Measures for “improving the quality of Intake decisions”.</p> <p>a. Refer backs to DSS, <u>number or percentage</u> of refer backs to DSS within 30 days of referral, due to assessing as a “High Risk”.</p> <ul style="list-style-type: none"> - follow-up with a review by Intake Supervisor using a <u>short checklist of perhaps 5 questions</u> to see if the Intake had information available to have a “High Risk” decision, or was additional information learned and only available after referral. <p>b. For screened out cases,</p> <ul style="list-style-type: none"> 1) The <u>number or percentage of repeat reports</u> of the same type of abuse and neglect within 12 months? 2) Of those 2nd reports in a), the number or percentage of those indicated. <p>A baseline will need to be developed using a sampling of Intake decisions by the Regional Hub. After the baseline is developed, the Objective’s improvement measures to be decided.</p> <p>Management Performance Measures</p> <ul style="list-style-type: none"> 1) Does Intake Documentation support the Intake decision? 2) Is the information in the case file represented in the Intake tool? 3) Time to initial entry into CAPSS during Intake? Median time measurement baseline? <p>Decision establishing Progress Measure and Benchmarks of Improved quality of Abuse and Neglect Report Intake decisions.</p> <p>OR</p> <p>Need: Develop a workgroup to review proposed measures. Review proposed measures and make recommendation for acceptance or develop and recommend alternative proposal for measures for improved decision making in Regional</p> | Proposal Completed |

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| | | | | Intake Hubs over County-based Intake operations. Develop a plan to obtain a County-based baseline and to measure decision-making in Regional Intake Hubs. | |
| *1.4.2b: Develop a workgroup to review proposed measures. | 8/31/16 | Steve Strom | Julie Tice / CAPSS Director / Other resources? | | |
| *1.4.2c: Review proposed measures and make recommendation for acceptance or develop and recommend alternative proposal for measures for improved decision making in Regional Intake Hubs over County-based Intake operations. | 12/31/16 | Steve Strom | Julie Tice / CAPSS Director / Other resources? | | |
| *1.4.2d: Develop a plan to obtain a County-based baseline and to measure decision-making in Regional Intake Hubs. | 1/31/17 | Steve Strom | Julie Tice / CAPSS Director / Intake Hub Measure | | |
| *1.4.3a: Develop a list of current Regional Intake Hubs fully automated operational. | | Steve Strom | Joan Chapman-SCDSS Chief of Staff / | | IP |
| *1.4.3b: Develop a list of telephone systems status, needs, and barriers for each Regional Intake Hub. | | Charly Reese | Lindsey Taylor | | IP |
| *1.4.3c: Develop a list of current staff situations, needs, and barriers for each Regional Intake Hub. | | Steve Strom | Joan Chapman-SCDSS Chief of Staff / | 23% increase in volume of calls as of 8/28/15. CY2014 total- 36,714 CY2015 total- 48,516 | IP |
| *1.4.3d: Develop a list of other material needs and barriers to obtaining materials for implementation of each Regional Hub. | | Steve Strom | Joan Chapman-SCDSS Chief of Staff / | | IP |
| *1.4.3e: Develop a plan for the training of Intake Hub workers and supervisors: decide what assessment instruments will be used, policies and procedures, develop a training schedule of dates, sites/modes of training, trainers, funding. | | Steve Strom | Joan Chapman-SCDSS Chief of Staff / | | IP |
| *1.4.3f: Develop a list of all decisions and other aspects assisted/facilitated the full implementation of current operational Regional Intake Hubs. | | Steve Strom | Joan Chapman-SCDSS Chief of Staff / | | IP |

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| *1.4.3g: Develop a list of any other items that are needed, will assist in or be a barrier to the statewide implementation of Regional Intake Hubs. | | Steve Strom | Joan Chapman-SCDSS Chief of Staff / | | IP |
| *1.4.3h: Develop a plan for the implementation of Regional Intake Hubs statewide utilizing information from 1.4.3a-1.4.3g. | | Steve Strom | Joan Chapman-SCDSS Chief of Staff / | | IP |
| 1.4.4: Realign reporting structures of DSS Prevention Liaisons to report through Intake Hub supervisors to State Office Team Leader | 10/1/14 | Steve Strom | Julia Tice | DSS Prevention Liaison positions aligned to report to State Intake Director, Julia Tice | Completed |
| 1.4.6: Develop a plan to 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. (This item relates to the new Career Ladder at SCDSS and increase in pay for added expertise and duties of Intake Mentors) | TBD | Steve Strom / Julia Tice | SCDSS HR Intake Program Coordinators Lindsey Taylor | Research | On hold. |
| *1.4.7a: Develop a plan for regular communications with C-BPS providers regarding status of needs for services, and regarding repeat referrals. | 12/31/15 | Steve Strom / Julia Tice | Contracted providers | Monthly meetings -Regional Directors with Intake Prog. Coordinators, Supervisors, CPS Supervisors, Prevention Liaisons. | Complete. Ongoing. |
| *1.4.8a: Obtain results of initial regional intake roll-out (volume and quality). | 6//3015 | Brad Leake | CAPSS data. | 23% increase in volume of calls as of 8/28/15. CY2014 total- 36,714 CY2015 total- 48,516 *See PowerPoint presentation 11/2015 | On hold. |

GOAL 2: Children will thrive when involved with SCDSS.

Objective 1 / Progress Measure 1 - Well-Being Outcome 1

Enhance the capacity of families to provide for their children’s needs; ensure the needs and services for the child, parents, and foster parents are identified, recommended and put into place.

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

Progress Benchmark / Strategy

(See also Goal 1, Objective 2, Strategy 4 Family Engagement Services and Goal 1, Objective 3 Implementation of Signs of Safety, for other strategies that address Well-Being Outcome 1)

2.1.1: Engage noncustodial fathers in the assessment process utilizing resources and services to support healthy and safe connections.

| Action Steps / Task Names | Start / Finish Dates | Lead | Implementation Supports Required: Names / Items / Funding | Comments: Progress / Challenges / New Action Step Required (add below) | Completed |
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| <p>2.1.1a: Develop action steps to implement “Engaging the Noncustodial Parent” training and Fatherhood Tool Kit.</p> | | <p>Pat Patrick</p> | <p>Family Support and Connections unit, SCDSS Child Support Division Families First/Family Engagement Director CCFS Local Fatherhood Coalitions Steve Yarborough Pam Freeman</p> | <p>11/26/14- Coordination with Child Support Department underway to transition these action steps to that division. Phalarma (Pam) Freeman was identified by Katie Morgan to implement these action steps with Steve Yarborough. A job description was written for Pam to include these activities under her current job duties in implementing current grant. Pam and Pat met with input from Steve to revise the Engaging the Noncustodial Parent training to include Diligent Search, Putative Fatherhood Registry and specific services available through child support. Initial training on new format held October 23, 2014 with Beaufort County DSS. Trainers included Pat Patrick, Pam Freeman and Ricky Barr (SC Center for Fathers and Families). Pat modeled SCDSS items taught as a teaching aid in transitioning this training to Pam. Action Steps: -Ongoing cadence calls to support progress, celebrate successes and address barriers -Syllabus developed</p> | <p>Action Steps Development Completed</p> <p>PowerPoint completed.</p> |

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| | | | | <p>-Trainings calendar established for delivering training that addresses both the training and the referral process with local fatherhood coalitions</p> <p>-Fatherhood Presentation at the CASA conference March 13, 2015</p> <p>-Fatherhood Summit with father panel and Spartanburg fatherhood initiative highlighted – April 28, 2015</p> | |
| <p>2.1.1b: Implement “Engaging the Noncustodial Parent” training in all 5 SC DSS Regions.</p> | 1/31/16 | Pat Patrick | <p>Pam Freeman</p> <p>Regional and County Leadership</p> <p>SCDSS Child Support Family Support and Connections staff</p> <p>CCFS</p> <p>Local Fatherhood Coalitions</p> | <p>Plan for initial training in “Engaging the non-custodial parent.”</p> <p>Target group:</p> <ol style="list-style-type: none"> 1) Regional Team Leaders 2) County Directors 3) Human and Economic Services Supervisors 4) Child Support Staff 5) Performance Coaches 6) Alternative Care Giver Liaisons 7) Intensive Foster Care & Clinical Services Directors & their staff 8) Adoption Supervisors and their staff 9) Community-Based Service Providers (Fatherhood Coalitions) <p>Training began 5/7/15 and initial round of training scheduled to be completed 9/30/15.</p> <p>Next Step: Assessment of training, decision on need for second round of at the time or later?</p> <p>Sharing of information with the courts.</p> | <p>Complete</p> <p>IP</p> |
| <p>2.1.1c: Identify procedures for Referrals to Local Fatherhood Coalitions/Service Providers to Complete Assessments and Provide Identified Services.</p> | 1/31/16 | Pat Patrick | <p>SCDSS IT</p> <p>Regional and County Leadership</p> <p>SCDSS Child Support Family Support and Connections staff</p> <p>CCFS</p> <p>Local Fatherhood Coalitions</p> | <p>Identify procedures for Referrals to Local Fatherhood Coalitions/Service Providers.</p> <p>Referrals should come from all areas of the Department of Social Services and should certainly include Family Preservation, Child Support, Foster Care, and Community Based Service Providers.</p> <p>Follow up on referral. Develop an electronic or manual feedback mechanism, bi-weekly staffing, spreadsheet, to verify that referrals were received, acted on, and outcomes reported.</p> <p>Next step: complete development of referral procedures.</p> <p>Establish procedures.</p> | IP |

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| <p>2.1.1d: Establish a formal electronic referral process and practice standards for statewide implementation.</p> | <p>6/30/15. TBD</p> | <p>Pat Patrick</p> | <p>SCDSS IT</p> | <p>Meetings with CAPSS/IT team lead by Bridget Hingleton and includes her staff - Judi Cruce, Judy Seals and Jonnieka Farr and SCFF staff – Jason, Jill and Pat underway to review processes and establish documentation systems in the CAPSS. Next step: review proposed IT/CAPSS plan with the design committee.</p> | <p>IP</p> |
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GOAL 2: Children will thrive when involved with the SCDSS.

Objective 2 / Progress Measure 2- Well-Being Outcome 3: Ensure the physical and mental health needs of children (including dental health), are addressed.

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

Progress Benchmark / Strategy

2.2.1: A development team will establish the criteria for full 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)

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

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 17 and 18).

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

2.2.5: 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)

HOCP 2.2.6: Children in foster care will receive coordinated healthcare through medical, mental health and EPSDT scheduled appointments per regulatory guidelines including follow up services and/or treatment as indicated.

HOCP 2.2.7: Expand to community-based prescription oversight of psychotropic medication for children in foster care through collaboration with the Department of Mental Health (DMH), Group Care providers, and Therapeutic Foster care providers and Foster Care Advisory Council (FCAC)

HOCP 2.2.8: Expand to community-based prescription oversight of non-psychotropic medication for children in foster care through collaboration with the Managed Care Organization (MCO), Children Health Insurance Program Reauthorization Act (CHIPRA), SC American Academy of Pediatrics, Group Care providers, and Therapeutic Foster Care providers and Foster Care Advisory Council (FCAC)

HOCP 2.2.9: Partner with Department of Mental Health, MCO and private provider system to expand the capacity for utilization of psychiatric medication management for the State

HOCP 2.2.10: Collaborate with DMH, Department of Alcohol and Other Drug Abuse (DAODAS), Department of Health and Human Services (DHHS), private providers, MCO to increase access to clinical, medical and addiction services.

PCSC 2.2.11: Conduct cross-system analysis of service utilization, expenditures and financing related to population(s) of focus.

PCSC 2.2.12: Analyze, determine final system design and financing strategies.

PCSC 2.2.13: Submit needed state plan amendments, waivers, other applications.

PCSC 2.2.14: Implement grant requirements and develop additional implementation strategies

PCSC 2.2.15: Design PCSC organizational infrastructure for service delivery.

IC 2.2.16: A credit report will be obtained for all tribal youth, age 14 and older.

IC 2.2.17: A formal process to identify Native American children who will turn 17 years old within 90 days will be developed in order to begin formal transition planning and education about emancipation after the youth turns 18 years old.

| Action Steps / Task Name | Start / Finish Dates | Lead | Implementation Supports Required: Names / Items / Funding | Comments: Progress / Challenges / New Action Step Required (add below) | Completed |
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| <p>2.2.1a: A statewide Trauma Informed Development Team (TIDT) will oversee implementation of all action items related to Trauma- Informed Practice (T-IP) Progress Measures/ Strategies. Including recommending revisions, enhancements to ensure interagency systemic implementation.</p> | Ongoing | Pat Patrick | <p>Becky Sharp/ Project Best faculty/ SCDSS Regional and County Leadership/ SCDSS Family Engagement Staff/ Select Health MCO/ PAFCAF/ DMH/ GAL/ FCRB/ COC/ DHHS/ DAODAS/ USC CCFS/ Court Improvement Project/ PCSC/ Children's Trust/ DJJ/ Child Advocacy Centers (CAC)</p> | <p>Final monthly meeting in December 2015- Participating agencies will prepare a brief summary of trauma activities that their agencies have participated in during 2015.</p> <p>TIDT has an interagency subcommittee on Evidence based treatment planning.</p> <p>Steve Strom meeting with the group in December regarding the SOS treatment planning form his group is piloting.</p> <p>January 2016- Start an interagency subcommittee on developing supportive "trauma sensitive" workplace recommendations.</p> <p>Small group of county supervisors within Region 2 that are starting meetings with Terri Thompson on this topic and will link with the interagency committee.</p> <p>Interagency TIDT meets monthly. A sub-committee focused on developing guidelines for Evidenced Based Treatment planning (EBTP) is also meeting monthly. The full committee is currently working on recommendations for policy and protocols for dealing with secondary trauma & vicarious stress in the workplace. SCDSS Director Susan Alford spoke with the group in February on this topic.</p> <p>EBTP Team met on 2/8/16 Guiding Principles for Children and Families in the Child Welfare System document revised at February EBTP Meeting.</p> <p>A development team will continue to monitor the steps for full implementation of T-IP, set and review target dates and timelines for implementation, and have benchmarks for the progress toward implementation within the FFY 2016. (Items 17 and 18)</p> | <p>Completed</p> <p>IP</p> |
| <p>2.2.1b: Implement the new protocol between SCDMH and SCDSS that supports the process of trauma screening and trauma assessment.</p> | 1/2016-5/2019 | Pat Patrick | <p>Becky Sharp/Louise Johnson/ Libby Ralston SCDMH/ SCDSS/ Project Best Faculty/ 1st Demonstration SCDSS County Directors SCDMH CAF Directors/ SCDSS/ SCDSS Family Engagement Staff/ SCDSS Knowledge</p> | <p>Protocol and screening tool approved by SCDSS and SCDMMH- January 2016 provided jointly delivered training for Richland County DSS by DMH and DSS.</p> <p>Barriers to implementation:</p> <ul style="list-style-type: none"> - Protocol not in SCDSS Child Welfare Policy Manual - SCDMH currently not have capacity to schedule comprehensive assessment within 72 hrs. / Protocol requires SCDMH comprehensive mental health assessment within 24 hrs. enter foster care.- current policy indicates screening by CPS workers within 14 days - Screening tool needed for CPS workers | IP |

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| | | | Management and Practice Standards (KMPS) | 5-9-16 EBTP subcommittee recommended that trauma history questions and items will be incorporated in the COMPASS and that this information be available to download and provide to mental health provider. | |
| 2.2.1b1: Recommend and obtain SCDSS approval to develop one Pilot SCDSS County and Project Best to implement new Trauma screening protocol. | 6/30/16 | Pat Patrick | Becky Sharp / SCDSS Deputy Director Child Welfare / SCDSS Director of Operations / Libby Ralston / Project Best Senior Leaders / SCDMH / Child Advocacy Centers / SCDSS County Staff and Regional Director / SC Trauma Practice Initiative Staff / Families First Staff / Director of Policy, Program, and Procedures | April 2016 – presented PB proposal to implement the :Protocol” to leadership. More refined proposal needed with cost to seek federal funding for implementation. | IP |
| 2.2.1b2: Review Protocol model with Pilot SCDSS County | TBD / 2 months | Pat Patrick | Becky Sharp / SCDSS Director of Operations / Regional Director / SCDSS County Director / Project Best Senior Leaders | - Training in Protocol model for SCDSS County staff Refine and finalize the Protocol curriculum, model community child trauma practices protocol, training and implementation approach, and the evaluation plan. Select the pilot county (Phase 1 – 2 months) | |
| 2.2.1b3: Implement Pilot and evaluate Pilot and determine if moving into statewide implementation. | TBD / 9 months | Pat Patrick | Becky Sharp / SCDSS Deputy Director Child Welfare / SCDSS Director of Operations / Regional Director / SCDSS County Director / Project Best Senior Leaders / Evaluation Team (TBD) | | |
| 2.2.1b4: If determine statewide implementation, update curriculum and Protocol, add Protocol into SCDSS Policy and Procedures Manual | TBD / 11 mos. | Policy Unit Supervisor | Pat Patrick / Becky Sharp / Training Funding Manager / Allocation Director / Contracts Manager / Procurement / Tim Nix (Lead Clinical Specialist) | (Pat Patrick) Develop training curricula for SCDSS Clinical Consultants and DMH in the use of trauma assessment, in EBTP and in advanced supervision techniques in support of clinical input to the development of individual service plans with measureable treatment goals with metrics for assessing outcomes and thresholds for success | |

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| 2.2.1b5: Develop and implement Training Plan for new Protocol, Policies and procedures | TBD | Pat Patrick | Becky Sharp / Training Funding Manager / Allocation Director / Contracts Manager / Procurement / SCDSS Director of Operations / Regional Directors / County Directors / TBD | <ul style="list-style-type: none"> - Training provider - Targeted trainees - Sites, dates, logistical support - Targeted completion of Training | |
| 2.2.1b6: Develop a plan to implement Protocol, Policies and Procedures statewide. | TBD | Pat Patrick | Becky Sharp / Director of Operations / Regional Directors / County Directors / TBD | - Statewide implementation plan to include evaluation and report after 1 st 2 months of implementation, plan for revisions as needed. | |
| 2.2.1b7: Implement Protocol statewide. | TBD | Pat Patrick | Becky Sharp / Director of Operations / Regional Directors / County Directors / TBD | | |
| 2.2.1c: Enhance and Implement the collaborative activities identified in the Memorandum of Agreement between SCDSS and the Children Advocacy Centers (CAC) | / 1/2017 | Becky Sharp | Director SCDSS / Pat Patrick/ Libby Ralston Children's Advocacy Center / SCDSS General Counsel OGC and SCDSS Director of Procurement / ???? | - 2016- 2 meetings Director Alford (SCDSS) and Kim Hamm (CAC) | IP |
| 2.2.1c1: Determine status of MOA discussions between SCDSS and CAC | TBD | Becky Sharp | Director Alford / Kim Hamm | | |
| 2.2.1c2: Determine status of MOAs for each SCDSS County Office and CAC to see if active and appropriate. | TBD | Becky Sharp | MOAs from each SCDSS County / SCDSS OGC / CAC SCDSS Director of Operations / SCDSS Regional Directors / SCDSS County Directors | Collect all MOAs SCDSS OGC review and recommend revisions if needed | |
| 2.2.1c3: Develop uniform MOA for all SCDSS Counties and CACs | TBD | Becky Sharp | OGC / CAC / Kim Hamm | | |
| 2.2.1c4: Distribute uniform MOA to SCDSS Counties and CACs and implement | TBD | Becky Sharp | MOAs OGC-approved / SCDSS Director of Operations / CACs / Kim Hamm SCDSS Regional Directors / SCDSS County Directors | | |

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| <p>2.2.2a: All new hire case workers, Supervisors, Performance Coaches and other Regional staff, County Directors and Team Leaders will complete Child VictimWeb (within three months of employment)- add to post-Child Welfare Basic certification coursework.</p> | <p>9/30/2015</p> | <p>Becky Sharp/ Pat Patrick</p> | <p>National Crime Victim Research and Treatment Center, MUSC website Supervisors, County Directors and Team Leaders UofSC CCFS</p> | <p>Beginning in February 2015, new Hires complete this requirement during Basic CW training and is tracked by USC-CCFS. Additionally, the MUSC Child VictimWeb can generate reports of those who complete the web based training for which they receive continuing education certificates.</p> | <p>Completed</p> |
| <p>2.2.2b: Develop and incorporate evidence-based, trauma-informed training modules into Basic Child Welfare Training</p> | <p>9/1/16</p> | <p>Becky Sharp/</p> | <p>Pat Patrick/ Jennifer Webb and Julie Mong CCFS / Project Best Faculty, CCFS, UofSC CCFS Contract Manager (Brad Leake) / Training Funding Manager</p> | <p>Determine if added to Child Welfare Basic curriculum / E-mailed 4/25/16 for T-I in Child Welfare Basic Evaluate Trauma-Informed inclusion in Child Welfare Basic</p> | <p>IP</p> |
| <p>2.2.2c1: Recommend type and frequency of ongoing Trauma-Informed Training to SCDSS County staff</p> | <p>9/1/16</p> | <p>Becky Sharp/</p> | <p>Pat Patrick / Julie Mong CCFS / Project Best Faculty, CCFS, UofSC CCFS Contract Manager (Brad Leake) / Training Funding Manager</p> | <p>Region 5- make-up trainings- 12/2/15 and 12/8/15 completes all Region 5. Region 4- Final make-up trainings in December. Remaining in-county trainings are now scheduled and on the calendar through 1/20/16, including Richland, Charleston, Anderson and Spartanburg. During 2015 all 46 counties received a 3 hr. training “The Impact of Trauma of the Power of Resiliency”. Due to October flooding and subsequent disaster relief efforts, the target date of completion by Dec 2015 was carried into January 2016. Four centralized “make-up” sessions will be offered during March 2016 to any employees who missed the trainings in their county office.</p> | |
| <p>2.2.2c2: Develop a plan to provide ongoing Trauma-Informed Training, on psychological trauma and evidence-based, trauma-informed services, to SCDSS County Staff</p> | <p>10/1/16</p> | <p>Becky Sharp</p> | <p>Training Funding Manager / Allocation Director / Contracts Manager / Procurement / SCDSS Director of Operations / Regional Directors / County Directors / TBD</p> | | |
| <p>2.2.2d: Enhance CAPSS capability to capture trauma screening, assessment and treatment services in case planning and monitoring functions.</p> | <p>7/20/16</p> | <p>Becky Sharp</p> | <p>Pat Patrick/ Paulette Salley/ Regional and County Leadership/ KMPS/ SCDSS Information Systems</p> | <p>CAPSS Response: As part of the CAPSS Health Care Oversight project, CAPSS is developing a way to automate the Education and Health Passport and the Initial Comprehensive Medical Assessment. The case managers will have the ability to enter all information currently captured on the passport and ICMA forms in various areas of CAPSS and press a button to generate the pre-filled forms. CAPSS is also developing a secured portal to allow the foster care providers to document educational and medical information on foster children in their care.</p> | <p>IP</p> |

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| | | | | DSS will have this capability once the person screens are revised to be how we need them. | |
| 2.2.2e: Revise CPS and Foster Care policy and procedures to reflect processes for trauma screening, assessment, treatment, collaboration with community-based services providers, tracking and follow up as it relates to evidence-based treatment planning developed in Community Change Team demonstration sites. | 11/30/2016 | Becky Sharp | Pat Patrick/ Policy Unit Supervisor / SCDSS Director of Operations / Regional and County Leadership/ KMPS/ | | IP |
| 2.2.2f: Support the implementation of the trauma screening tools into case work practice beginning at investigation and throughout and the agency's involvement (economic and human services) while focusing on skills training for staff to implement tools and incorporate in the treatment planning process. | TBD | Becky Sharp | | | |
| 2.2.2g: Develop an up-to-date and ongoing roster of practitioners who are appropriately trained in the needed evidence-based service, who deliver them with fidelity and who work collaboratively with SCDSS. | | Becky Sharp | KMPS/ IFCCS Contracts Division/ Clinical Lead IFCCS Contracts Division/ Joint Council On Children and Adolescents / Project Best | | Complete |
| 2.2.3a: All age-appropriate children with open CPS cases will be screened for a history of potentially traumatic events and trauma-related problems. | TBD | Becky Sharp | KMPS/ IFCCS Contracts Division/ Clinical Lead IFCCS Contracts Division/ Joint Council On Children and Adolescents / Project Best | | |
| 2.2.4a: Regional and community trauma-informed training for all child serving agencies sponsored by the Joint Council on Children and Adolescents | Ongoing | Becky Sharp/ Pat Patrick | JCCA / DAODAS Joint Council on Children and Adolescents Workforce Initiative SCDSS Regional and County leadership, | In process- conducting self-assessment requested by the Joint Council after the county based awareness trainings; possibly electronically (Survey Monkey or spreadsheet data collection form). Becky to attend the Joint Council Workforce Development Sub-Committee meetings. | Completed and Ongoing |

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| | | | Joint Council on Children and Adolescents USC CLC USC CCFS | Development of office trauma-sensitive supportive work environments next step to follow after the surveys are completed. Completed and ongoing, including a web-based learning management system for core competencies. | |
| 2.2.5a: Provider and clinician training in delivery of trauma-focused services while implementing trauma-informed practices within their agency setting (residential and community-based) | 12/31/2015 | Becky Sharp | / Pat Patrick / SCDSS Regional Clinical Specialists/ SCDSS Lead Clinical Specialist / Project Best Project Best and National Child Stress Network Resources | | Completed and ongoing |
| 2.2.5b: Develop additional trauma-informed training for staff, resource families and service providers. | 12/31/2015 1/2016 2/2016 4/2016 TBD | Becky Sharp / Pat Patrick | Project Best and National Child Stress Network resources | Becky has done statewide training for GALs across the state in conjunction with CLC training events. Part 2 trauma resiliency trainings with GALs in January 2016. January 2016- TIC Trainings for Richland County which will include DMH partners to present on the new assessment and referral protocol Presentations will be held at Providers Association Conference in February and SC Association Conference in April. Becky will conduct individual trainings in each regional office of the Child Support Services Division. Ongoing – Now that the basic orientation to trauma & resiliency has been delivered to each of the 46 counties, more targeted and specific agency trainings are under development. DSS in conjunction with the Children’s Law office offered a series of regional trainings to the GAL volunteer staff during 2015 and continue with follow-up topics for a 2016 series. DSS also is presenting at the Palmetto Association of Families and Children’s service providers conference in February and at the SC FPA conference in April. The partners involved in the TIDT have increased trauma informed training offerings and the committee members serve as a clearinghouse for sharing and distributing throughout the public and private agencies. | Completed and ongoing |

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| <p>2.2.5c: 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</p> | <p>Monthly training 1/31/2015 – 2/31/2016</p> | <p>Becky Sharp / Pat Patrick</p> | <p>Joint Council Members</p> | <p>6 CBLCs will be completed by February 2016 with the final CBLC h having completed the face-to-face sessions.</p> <p>Now in monthly phone consultation and metrics gathering stage.</p> <p>Completed January 2016. Outcome summaries from Project Best/MUSC under development.</p> | <p>Completed</p> |
| <p>2.2.5d: Coordinate with the SC Foster Parents Assn. to provide both the 4 session training as well as the more advanced training to all DSS utilized foster parents within the demonstration counties.</p> | <p>5/31/2014 – 12/31/2015</p> | <p>Becky Sharp / Pat Patrick</p> | <p>Families First/Family Engagement SCDSS Regional and County Leadership with Family Engagement staff Project Best</p> | | <p>Completed and Ongoing</p> |
| <p>2.2.6a: Develop a standardized protocol for medical screenings, assessments, and follow-up for all children entering Foster Care will be in place with support of ongoing medical data collection/ reporting and analysis. This protocol will adhere to EPSDT requirements and DSS policy timelines to support effective and consistent use of Education and Health Passport.</p> <p>Education and Health Passport will go live in CAPSS.</p> | <p>7/1/16</p> <p>7/11/16</p> | <p>Tim Nix</p> | <p>DSS Clinical Lead/ DHHS /Revenue Fiscal Affairs (RFA) DSS Clinical Lead/ Foster Care Advisory Committee (FCAC)/ DHHS /Revenue Fiscal Affairs (RFA) KMPS Director</p> | <p>A response for medical and behavioral health screenings has been established and needs approval from leadership. Data collection continues to be a challenge in that not all providers use billable codes for assessments. HEDIS data has been a reliable source to track EPSDT information.</p> <p>All paper copies of Education and Health Passport updated in counties by 7/1/16.</p> | |
| <p>2.2.6b1: Place the Initial Comprehensive Medical Assessment in a centralized location in CAPSS (Person Screen)</p> | <p>7/11/16</p> | <p>Tim Nix</p> | <p>CAPSS Health Care Oversight/ Education and Health Passport Workgroup</p> | <p>The Initial Comprehensive Medical Assessment will be located in the H&E Passport in CAPSS. Expected to be completed by first quarter of 2016</p> | |

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| 2.2.6b2: Research adding Education and Health Passport to Guided Supervision tool | TBD | Tim Nix | | | |
| 2.2.6c: All medical data from the Initial Comprehensive Medical Assessment entered into the Person Screen will automatically populate the related fields within the Education and Health Passport | 3/31/16 | Tim Nix / | CAPSS Health Care Oversight/ Education and Health Passport Workgroup | Expected to be completed by the end of the first quarter 2016. | IP |
| 2.2.6d: Create a portal for caregivers/foster parents/providers so they have the ability to review, update and print all information housed within the Education and Health Passport. | 12/30/2015 | Paulette Salley | CAPSS Health Care Oversight/ Education and Health Passport Workgroup | | IP |
| 2.2.6e: Create a portal for physicians so they can attach the Electronic Medical Record into CAPSS directly | 12/30/2015 | Paulette Salley | CAPSS Health Care Oversight/ Education and Health Passport Workgroup | <p>CAPSS Response: As part of the CAPSS Health Care Oversight project, CAPSS is developing a way to automate the Education and Health Passport and the Initial Comprehensive Medical Assessment. The case managers will have the ability to enter all information currently captured on the passport and ICMA forms in various areas of CAPSS and press a button to generate the pre-filled forms. CAPSS is also developing a secured portal to allow the foster care providers to document educational and medical information on foster children in their care.</p> <p>In progress.</p> | IP |
| 2.2.6f: Develop video training on overview of psychotropic drugs, process for consent, standards of care, Education and Health and Passport process for caseworkers, physicians, caregivers and congregate care providers. | 9/30/2016 | Tim Nix | DSS Clinical Lead/ USC CCFS- Beck Sullivan / FCAC/ Dr. Khetpal / | <p>CAPSS Response: As part of the CAPSS Health Care Oversight project, upon the completion of Education and Health Passport, CAPSS will complete a user manual to assist the case managers and foster care providers. CAPSS IT is not responsible for training; however, we will provide all necessary materials to USC to assist them in preparing the training module for DSS case managers and on-going CAPSS training.</p> <p>SCDSS, through the University of South Carolina Curriculum Development Team at the Center for Child and Family Studies, has developed training videos for case workers regarding general care coordination practices around behavioral health issues and psychopharmacology overview of some of the more prevalent psychotropic medications. The next step is to develop a training curriculum for staff so that there will be consistency statewide with the implementation of these training videos.</p> | IP |

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| | | | | <p>Training of Trainers will begin on February with training of staff beginning in March in two regions.</p> <p>A process for physicians, caregivers and congregate care providers has not yet been developed</p> | |
| 2.2.6g: Explore the South Carolina Health Information Exchange (SCHIE) system to determine compatibility with CAPSS and possible method for transfer of information from SCHIE to the CAPSS | 12/30/2015 | Paulette Salley/ | Jonnieka Farr/ DSS Clinical Lead | <p>CAPSS Response: The CAPSS Health Care Oversight project will be implemented in phases. Phase I is to modify the Person entity to allow case managers to document health, medical and education information for individuals. Phase I will also include a secured portal to allow foster care and medical providers to document health, medical and educational information for the children in their care. General Counsel will need to be involved to ensure that the proper acceptable use policies are created and issued to the foster care and medical providers. Phase II will include planning of the interface with SCHIE. Phase II is scheduled to begin 3/2016.</p> | IP |
| 2.2.6h: Add functionality in CAPSS database to identify children coming into care who have been drug exposed in order to track medical screening, assessment, treatment and follow up at intervals outlined in policy | 6/30/2016 | Paulette Salley/ | Portia Hawkins | <p>CAPSS Response: A new tab could be added to the CPS Intake to include the type of drug and the medical facility, doctor's office or other affiliation of the reporter that reported the incident.</p> <p>The new tab would contain the following fields:</p> <ol style="list-style-type: none"> 1. Alleged Victim Child – Drop down selection of all alleged victims in the Intake 2. Type of Drug – Drop down selection of Drugs – List of drugs 3. Text box for explanation of drug exposure 4. Name of Reporter Facility – Drop Down list of Hospitals, Clinics, Doctor's Offices, Law Enforcement Agencies, and others to be determined <p>These fields would need to be completed for each child/drug combination of data.</p> <p>This will be discussed in the CAPTA PIP meetings.</p> | IP |
| 2.2.7a1: Evaluate prospective prescription oversight process with PRTFs. | 5/30/2016 | Dr. Spencer | DSS Clinical Lead/ DSS Psychiatrist/ DMH Medical Director/ Director of Palmetto Association of Children and Families (PAFCAF) Stan Coleman Bob Bank Tim and Dr. Spencer | <p>2.2.9a1: Dr. Khetpal developed a draft process and meeting with providers for responses</p> <p>Dr. Khetpal and Tim Nix met with Ann Marie Dwyer at DHHS and enquired as to prescription monitoring by Medicaid as well as identifiers for foster care children.</p> <p>Dr. Khetpal to meet Greg Barabell/select Health pharmacist to discuss prescription monitoring for Select Health foster children.</p> | IP |
| 2.2.7a2a: Explore a hybrid model of medication reconciliation of prospective | | | | <p>2.2.9a2: Review kaleidacare software for medication monitoring and reconciliation http://www.kaleidacare.com</p> | IP |

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| approvals, for community-based prescription oversight of psychotropic medication for children in foster care through collaboration with the Department of Mental Health (DMH), Group Care providers, and Therapeutic Foster care providers and Foster Care Advisory Council (FCAC) | | | | 1/2/15- Meeting with DHHS- 1) what obligation do the PRTF providers have in cooperating with DSS on medication monitoring, 2) has HHS developed a way to track medications prescribed/administered by PRTFs 3) is there is a way to track the medications prescribed by Select Health providers, 4) have there been identifiers given to kids in foster care to track medication being prescribed by providers not in the Select Health system? | |
| 2.2.7a2b: Explore developing a Pilot system. | TBD / | Dr. Spencer | Tim Nix | | |
| 2.2.7a2c: Implement Pilot | / 5/30/16 | Dr. Spencer | Tim Nix | | |
| 2.2.7b: Develop a process to review provider records for prescription monitoring oversight relating to psychiatric/mental healthcare for children in foster care | 8/15/2016 | DSS Psych.- Dr. Khetpal/ Dr. Spencer | Regional Clinical Specialists | | |
| 2.2.8a: Develop a research and advisory committee to explore national models for prescription oversight of non-psychotropic medication standards and procedures to develop preliminary recommendations to FCAC | 3/30/2017 | Tim Nix | DSS Clinical Lead/ FCAC/ DHHS CHIPRA Project Leader/ Director of PAFCAF | Development of this committee was presented at the Foster Care Advisory Committee meeting in February and an interested people were added to the list to meet. | IP |
| 2.2.9a: Develop MOU with Department of Mental Health, MCO and private provider system for a process/ criteria to allow access for psychiatric medication management for those children in foster care receiving clinical support outside of the state mental health system | 3/15/2017 | DSS Psych- Dr. Khetpal/ Dr. Spencer | DSS Clinical Lead/ KMPS Director/ DHHS/ Select Health MCO/ PAFCAF DMH Medical Director/ | DMH Director Dr. Robert Bank met in January with Dr. Spencer, Dr. Khetpal and Tim Nix to discuss the ability of DMH information being shared with DSS. Select Health and the NOA is being revised with regards to sharing data. | IP |
| 2.2.10a: Explore options such as co-location, MOU/contracts, etc. with DMH, DAODAS, MCO and private providers to offer screening, assessment and treatment services beyond the traditional office hours of 9-5pm | 9/30/2016 | SCDSS Deputy Director/ | DHHS Behavioral Health Director/ DMH Deputy Director/ KMPS Director/ DSS Clinical Lead/ Select Health/ PAFCAF DAODAS Director/ | 7/6/15- Paula Richardson reported-all counties with co-located DAODAS in process hiring. | IP |

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| 2.2.10b: FCAC to collaborate with DHHS, DMH, private providers and MCO to determine methods for expanding primary care, clinical, medical, and addiction services to rural areas | 2/1/17 | Tim Nix | KMPS Director/ DSS Clinical Lead/ Select Health Director/ DHHS Behavioral Health Director/ DMH Deputy Director/ | | |
| PCSC 2.2.11a: Determine number of target population served historically (i.e. last two fiscal years) | 10/1/2014 | Tim Nix | DHHS/ Executive Steering Committee | | Completed |
| 2.2.11b: Define demographics of population served (e.g., age, race/ethnicity, regions), including identification of disparities and disproportionality | 10/1/2014 | Tim Nix | DHHS/Mercer Consultant | | Completed |
| 2.2.11c: Identify services used, including any evidence-based, credentialed services | 10/1/2014 | Tim Nix | DHHS/Executive Steering Committee | | Completed |
| 2.2.11d: Determine expenditures per child/youth and total spending, including expenditures on “poor outcome and/or high cost” services | 8/15/2015 | Tim Nix | DHHS/ Mercer | | |
| 2.2.12a: Identify current funding streams and identify potential reallocation of other federal funding streams (child welfare, prevention, special education, SAMSHA block grants, etc) | TBD | Tim Nix | DHHS/Mercer State agencies' finance /budgets/ program areas/ | Revised due to delays in financial analysis | |

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| 2.2.12b: 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 | TBD | Tim Nix. | DHHS/Mercer State Agency Leader Team/ | Revised due to delays in financial analysis | |
| 2.2.13a: Develop drafts of state plan amendments and funding sources | TBD | Tim Nix | DHHS/ Mercer | Revised due to delays in financial analysis | |
| 2.2.12b: Conduct public input process | 5/15/2015 | Tim Nix | Leader Team/ PCSC | | Completed |
| 2.2.13c: Submit applications | TBD | Tim Nix | Child Serving State Agencies DHHS/ | Revised due to delays in financial analysis | |
| 2.2.13d: Develop policy and procedures and promulgate rules as required | TBD | Tim Nix | PCSC Project Director, Mercer Executive Steering Comm, | Revised due to delays in financial analysis | |
| 2.2.13e: Develop RFP's and enroll providers | TBD | Tim Nix | Executive Steering Comm, PCSC Project Director, Mercer | Revised due to delays in financial analysis | |
| 2.2.13f: Develop reimbursement rates | TBD | Tim Nix | Mercer Executive Steering Comm, PCSC Project Director, Mercer | Revised due to delays in financial analysis | |
| 2.2.14a: Develop training and capacity building plan | 9/30/2016 | / Tim Nix | Executive Steering Comm | Training and capacity building plan completion date of 9/30/2015 to 9/30/2016 | |
| 2.2.14b: Develop statewide phase in approach | 9/30/2016 | Tim Nix | Committee PCSC Project Director Executive Steering Comm/ | Approved statewide rollout plan 9/30/2015 completion date revised to 9/30/2016 | |

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| 2.2.14c: Implement statewide rollout plan | 9/30/2017 | Tim Nix | Executive Steering Committee | Statewide rollout completion date revised from 10/30/2016 to 9/30/2017 | |
| 2.2.15a: Establish workgroups to develop and implement a communication plan for PCSC, eligibility tool for PCSC, outcome measures, cultural linguistic competencies, and capacity and training | ongoing | Tim Nix | PCSC Leader Team/ PCSC Project Director | | |
| 2.2.15b: Determine PCSC infrastructure service delivery design and access points | 12/30/2015 | Tim Nix | PCSC Planning Group | | |
| 2.2.15c: Partner with state agencies and congregate care providers through an advisory board to explore national Building Bridges Initiative (BBI) and assess the application of best practices in residential care | 12/30/116 | Tim Nix | Building Bridges Advisory Board PCSC Planning Group | | |
| 2.2.15d: SCDSS to explore options of becoming a certified case management entity (CME) | 3/1/2016 | Tim Nix | SCDSS Deputy Director KMPS Director PCSC Project Director | | |
| 2.2.15e: Complete a Fixed Price Bid for a Center for Excellence | TBD | Tim Nix | DHHS/ PCSC Leadership Team | FC Advisory Committee Meeting, Gwynne Goodlett reported that a university- based Center of Excellence will be in place after the first of the year to train and coach on evidence-based practices. Gwynne reported there is also a committee working with better connections for youth as they transition out of residential care facilities. Work is being done on an app that would give families linkages to community supports. | |

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| 2.2.16a: Assess the barriers to obtaining credit reports. | | LaToya Reed | CIN Director of Social Services- Linda Love Office of the CFCIP | 10/2/14- LaToya met with SC Department of Consumer Affairs, Identity Theft Unit and GAL. Who will do the checks? What do with any issues that are identified? Who and how to educate the youth on the credit report information? | Completed. Identified issues. |
| 2.2.16b: Make a recommendation for obtaining credit reports and sharing them. | | | | | |

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| <p>2.2.16c: Hire Position.</p> | | <p>LaToya Reed</p> | <p>Linda Mitchell</p> | <p>Met with John Shackelford to discuss information about barriers, and information about IV-E/IV-B requirement for credit check reporting. Next step: met with John Shackelford and Mark Barcus to decide if IV-E or Independent Living Program will do credit checks and reporting. IL will do Credit checks.</p> <p>Developing Position Description for Credit Report staff.</p> <p>Posted Position Description for applications.</p> | <p>Completed. Complete</p> <p>Completed</p> <p>IP</p> |
| <p>2.2.17a: An assessment of the challenges of identifying Native American children/youth.</p> | <p>12/31/14</p> | <p>Thomas Robertson</p> | <p>CIN Director of Social Services- Linda Love SCDSS OGC SCDSS Intake Director</p> | <p>Identifying non-CIN Native American and Catawba Indian Nation children/youth is not occurring frequently enough. Currently self-identifying is primary method to identify, some children not self-identify.</p> <p>- See Native Like Me ICWA Regional Training Event PowerPoint Section 2 P.6, Section 3 P2. For “Ask The Question” guidelines and suggestions throughout the case</p> <ul style="list-style-type: none"> • Are the parents and/or the child Native American? • Are the parents or the child affiliated with any Native American tribal groups? • Are any of the family’s relatives or the child’s relatives affiliated with any Native American tribal groups? • Has anyone ever mentioned to you that someone in the family or the child may have Native American/Indian ancestry or family? • Has anyone in the family ever received services or benefits for connection with a Native American tribe? • Does the family have any connections to the Catawba tribe here in South Carolina? • Is there a family member who knows the family history who might know about any Native American heritage? • Does anyone one on either side of the child’s family claim Native American ancestry? • (For asking youth) When you think about your family, did anyone in your family or extended family talk about being Native American or Catawba? <p>-Important to identify at Intake assessment if possible. Need to encourage Intake Specialist to contact Linda Love immediately if child self-identifies as CIN, or appropriate Tribe if self-</p> | <p>Completed</p> <p>IP</p> |

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| | | | | <p>identifies or is identified as a non-CIN Native American.</p> <p>- Intake Specialists and Caseworkers do not have enough questions and tools to use in the process of trying to identify Native American children. At this point the only "tool" available and used is used at Intake of Abuse and Neglect Reports, to ask if the child is Native American.</p> <p>Contact Julia Tice/Steve Strom with information to add to Intake Hub focus.</p> <p>Also recommended that Family Preservation, Foster Care, and Adoption caseworkers make efforts to identify if child is CIN or non-CIN Native American at family meetings.</p> | IP |
| 2.2.17b: Develop other ideas to identify if child is CIN or non-CIN Native American. | 9/30/15 | Thomas Robertson | Linda Love Dione Carrol Dennis Gmerek | <p>Review Alaskan booklet on ICWA-related resources and identifying for Native American Tribe membership or eligibility.</p> <p>Assess what tools are currently being used to identify Native American children and youth. Only tool being used is to "ask" if Native American or might be, at Intake.</p> <p>6/3/15- meeting identified possible Catawba Indian Nation names: Sanders, Harris, George, Blue, Whiteside.</p> <p>Develop of list of questions/tools to use to help identify possible Native American children, and present at next meeting. 9/9/15, @ SCDSS North Tower, Columbia.</p> <p>Assess current and any needed training and implementation of these tools.</p> <p>Have tools and processes in place to identify Native American children and youth.</p> | Completed. |
| | TBD | Clare Houle (USC, CCFS) | | | IP |
| 2.2.17c: A recommendation to SCDSS for procedures to add and current procedures to reinforce for identifying Native American children/youth. | TBD | Thomas Robertson | Linda Love Dione Carrol Dennis Gmerek | See SCDSS/CIN MOU | IP |
| 2.2.17d: Identify Native American-specific items for transition planning. | TBD | LaToya Reed | Linda Love Dione Carrol | <ol style="list-style-type: none"> 1) Need to include CIN or other Native American culture in transition planning and other planning for the children, importance of having the child's support system at planning meeting. 2) Questions are being developed for staying on the Reservation or living off of the Reservation. Important to get on the CIN roll of members. <p>PATTY Form to be revised by 2/26/16 to include a question asking whether or not the youth identifies him/herself as Native American.</p> | IP |
| | TBD | | | | |

GOAL 2: Children will thrive when involved with SCDSS.

Objective 3 / Progress Measure 3 - Permanency Outcome 1 – CFSR 3- Item #4

Improve the placement stability of children in foster care, ensure that any changes in placement that occur are in the best interest of the child, and consistent with achieving the child’s permanency goals.

Using the baseline score of 75.8% for counties for Item #4 in the FFY 2013, the score for all counties will improve to 80.8% by end of the FFY 2019, with bench marks of 1% per year improvement.

Progress Benchmark / Strategy

2.3.1: Increase supports and linkages to services for Kinship Caregivers in Family Preservation cases. (See Benchmark / Strategy 3.1.1 for Action Steps that further addresses this Objective and Strategy)

2.3.2: Increase access to and coordination of mental and behavioral health services for youth in Family Preservation cases. (See Goal 4, Objective 1, Strategy 2 (4.1.2) for information that addresses this Strategy)

2.3.3: Develop targeted recruitment strategies to increase numbers of foster 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. See Goal 3, Objective 1, (3.1.2) for the details of the newly developed “Foster Family Recruitment and Retention Plan”, to address the shortage of Foster Families in South Carolina.

2.3.4: Build staff competencies to create ongoing, safety networks for children prior to case closure. (See Goal 1, Objective 3, 1.3) for Strategies and Action Steps that addresses this Objective and Strategy)

| Action Steps / Task Name | Start / Finish Dates | Lead | Implementation Supports Required: Names / Items / Funding / Training | Comments: Progress / Challenges / New Action Step Required (add below) | Completed |
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| <p>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.</p> <p>(See Benchmark / Strategy 3.1.1 for Action Steps that further addresses this Objective and Strategy)</p> | 11/30/15 | Kathryn Kendrick | <p>Annie Casey TA</p> <p>Program Coordinator</p> <p>SCDSS Senior Consultant</p> <p>County Directors</p> | Assessment to be completed with recommendations by 11/30/2015 | Completed. |
| <p>2.3.2: Increase access to and coordination of mental and behavioral health services for youth in Family Preservation cases. (See Goal 4, Objective 1, Strategy 2 (4.1.2) for information that addresses this Strategy)</p> | | | | | |

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| <p>2.3.3: Develop targeted recruitment strategies to increase numbers of Foster 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. See Goal 3, Objective 1, (3.1.2) for the details of the newly developed “Resource Family Recruitment and Retention Plan”, to address the shortage of Resource Foster Families in South Carolina.</p> | | Beth Mullin | | <p>During the 2nd quarter of FFY16, SC DSS entered into contractual agreements with 5 public universities to provide logistical and marketing support for foster home recruitment efforts. The contract specifically states, “The collaboration between DSS and Contractor shall increase the net number of homes each year to provide care and support for teens, sibling groups, children/youth with medically complex needs and, in some cases, infants and toddlers.” The contracts are monitored for compliance to this and other obligations.</p> <p>Potential foster parents attend at least 14 hours of pre-service training, which includes skill-building and understanding of the needs found in special foster populations. Children requiring therapeutic placements, such as those who are medically fragile or severely emotionally disturbed, are placed in homes for which additional (at least 18 more hours) of specialized, pre-service training is required.</p> <p>The SC Foster Parent Association sponsored training relevant to LGBTQI youth at the most recent statewide foster parent conference (May 2016). SC DSS is exploring a partnership with the conference presenters to build training curriculum so that all foster parents will have the knowledge and skills to work with this population.</p> | Completed |
| <p>2.3.4: Build staff competencies to create ongoing, safety networks for children prior to case closure. . (See Goal 1, Objective 3, 1.3) for Strategies and Action Steps that addresses this Objective and Strategy)</p> | | Steve Strom | | <p>The 3 pilot counties are using safety network meetings.</p> <p>The three pilot counties are using the safety questions and risk matrix as well as Signs of Safety Assessment Map. These tools are being used in Investigation and in Family Preservation cases. Purpose of Pilot to determine if improvement in decision-making.</p> | IP |

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

Objective 1 / Progress Measure 1 - Permanency Outcome 1

Improve the permanency and stability of children in their living situation.

- a) Using the statewide baseline percentage of 92.7 % as of 5/1/15, of those reunified and did not have a Foster Care re-entry within 12 months of a prior episode, the statewide percentage of those reunified and did not have a Foster Care re-entry within 12 months of a prior episode will improve to 96.7 % by the end of the 2019 FFY, with Progress Benchmarks of 1% per year improvement.
- b) Using the baseline score of CFSR 2 Items 6, 7, 8, 9, 10, from the Quality Assurance Reviews 10/1/14-1/31/15 (9 counties), of 35.74%, the Permanency Outcome 1 score will improve by the end of the 2019 FFY to 43%, with Progress Benchmarks of 2% improvement per year.
- c) Recruitment - Permanency Outcome 1: Achieve a growth in each SCDSS County Office, Region, and statewide of a net increase of 20% in Foster Families by the end of the 2015 CY, compared to the number of Foster Families on 1/1/2015.

Progress Benchmark / Strategy

3.1.1: Facilitate supports for families taking legal custody/guardianship of children, Kinship Care.

***3.1.2: Develop and implement the Foster Family Recruitment and Retention Plan to include a Native American-Specific Adoption Recruitment Plan, a Faith-Based Adoption Recruitment Plan.**

***3.1.3: Enhance the availability and quality of post-adoption support services.**

| Action Step/Task Name | Start / Finish Dates | Lead | Implementation Supports Required: Names / Items / Funding / Training | Comments: Progress / Challenges / New Action Step Required (add below) | Completed |
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| 3.1.1a: Designate Kinship Care Liaison in each region | | Kathryn Kendrick | | | Completed. |
| 3.1.1b: Distribute Kinship Care brochures with contact information and support services being offered, and other items in Kinship Care Roll-out Plan. | 9/30/15 | Kathryn Kendrick | | Being printed 6/2015, and to be distributed with other items in the roll-out in July 2015. * Kinship Care Roll-Out Plan Memo from Director Alford or designee introducing kinship practice enhancements and timeline. Alternative Care Liaisons changed to Kinship Care Coordinators Develop draft "vision" of Kinship Care. Vision for the launch: The Kinship Care Initiative within SCDSS is an effort to improve practice and promote the importance of kinship caregivers by establishing a partnership in growing safe and thriving children by explaining the role of the caregiver(s) and the agency. | All completed by 7/22/15 Complete 7/15/15 Completed Completed |

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| | | | | <p>Mission: To enhance the level of support and service delivery to kinship caregivers, recognizing their importance and value to children we serve.</p> <p>Add Kinship Care Rollout Update to agenda of meetings such as P2, Practice Improvement Calls.</p> <p>New tabs created in CAPSS Kinship, Person Relationship Tab , CAPSS Training Guide and Screen Shots.</p> <p>Roll out of KC Agreement & Child Profile forms.</p> <p>CAPSS Webinar.</p> <p>Practice Tips Video(s) on value of Kinship Care and link to forms.</p> <p>In-Person Dissemination by Kinship Care Coordinator.</p> <p>Website operational. https://dss.sc.gov/content/customers/kinship/kinshipcares.aspx</p> <p>Kinship Care Name Change.</p> <p>Kinship Brochure & Guide.</p> <p>5000 Kinship Care Brochures distributed July-Sept. 2015</p> <p>Policy Manual Update.</p> | <p>Completed 7/22/15</p> <p>Completed Completed</p> <p>Completed Completed Completed</p> <p>Completed 7/1/15 Completed- Sept. 2015 Ch 7- 719, section 20.</p> |
| *3.1.1c: Evaluate systems of support for Kinship Caregivers. | 10/1/15 | Sharleta | Annie E. Casey Foundation | <p>Waiting for report and recommendations.</p> <p>Casey Family Programs will provide technical assistance with the researching other states Kinship Care programs and subsidize guardianship programs. They also plan to schedule a compression planning meeting for Kinship Care.</p> | <p>Completed</p> <p>IP</p> |
| *3.1.1d: Establish a tracking system for Kinship Caregivers | 7/15/15 | Ric Lawson | Brad Leake | Launch CAPSS screen | Completed 7/22/2015 |
| *3.1.1e: Establish a plan to input Kinship Care data. | 9/1/15 | Beth Mullins | Ric Lawson Steven Rivers Tina Syrax | Directive Memo sent 7/15/15 | Completed |
| 3.1.2a: Engage NRC to develop a recruitment work plan- draft plan delivered to SCDSS / draft finalized, submitted to ACF for approval | 7/1/15 / 8/1/15 | Beth Mullins | NRC | <p>Draft received.</p> <p>Beth has a copy of the action plan.</p> | <p>Completed</p> <p>Completed</p> |
| 3.1.2b1: Implement Business Process Redesign for initial Licensing procedures- develop new approved application done at Intake, train, and communicate to families. | 7/1/15 | Kendra | | "Intake/Application Form has been revised and is posted in the Master Forms Index". DSS Form 1572." | Completed Sept 2015 |

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| <p>3.1.2b2: Implement Business Process Redesign for initial Licensing procedures- Create a centralized Licensing Team and standardize home visits</p> | <p>10/30/15</p> | <p>Lindsey</p> | <p>Training curriculum USC</p> | <p>Training Implement Redesign</p> <p>There are 13 positions identified for the Initial Licensing Team. Three are currently working in the RFCLSU --- 2 in Region 2; 1 in Region 5. Additional 10 positions are currently posted on website. Posting announcement closes Nov 4.</p> <p>New format, as outlined in the BPR being used in home visits.</p> <p>Interviews completed. Six of the ten positions have been filled ---- two staff will begin 01/19/2016; one to begin 02/01/2016; and, three are scheduled to begin 02/16/2016. Re-post of vacancy announcement for additional candidates. Some candidates and current SCDSS employees did not want a TG position. Need to hire at least two supervisors for this unit.</p> <p>There are now 18 staff for initial licensing and they are placed regionally. As of May 17, two supervisors were hired for the unit.</p> | <p>Completed In process</p> |
| <p>3.1.2b3: Implement Business Process Redesign for initial Licensing procedures- Revise medical and financial forms and standardize "Bootleg Forms".</p> | <p>TBD</p> | <p>Jackie Lowe</p> | | <p>Revise medical and financial forms. Implement standardizing forms <i>Form 1511 – Autobiography (Revised - Pending Final Edits & Posting)</i> Form 1517 – Firearm Acknowledgement Form (New) Form 1529 – Babysitter Information Form (New) Form 1572 – Intake/Application (Revised/Combined) Form 1573 – Financial Information Form (Revised) Form 1574 – Medical Report for Applicant (revised to add date for physician) Form 30102 – Medical for Household Member (Revised)</p> | <p>Completed</p> |
| <p>3.1.2b4: Implement Business Process Redesign for initial Licensing procedures- License to cover all age, gender, and capacity restrictions, integrate to CAPSS.</p> | | <p>Jackie Lowe</p> | <p>CAPSS- Paulette Salley /</p> | <p>The license screen in CAPSS has been updated to allow for family's preference to be noted and for a wider age range. For example, family's preference may be ages 2-5, while license is approved for birth to age 18.</p> | <p>Completed.</p> |
| <p>3.1.2b5: Implement Business Process Redesign for initial Licensing procedures-Employ Fire/DHEC Inspectors</p> | | <p>Jackie Lowe</p> | | <p>Leigh Bolick and her staff met with me on 02/26/2016. It was later decided that DSS would meet with LLR (State Fire Marshal) and DHEC regarding transfer of health and sanitation inspections of foster homes to LLR (State Fire Marshal). This change would allow for one visit by State Fire Marshal Deputies to conduct fire safety, and health & sanitation inspections, leading to a more streamlined and efficient inspection for families. LLR is required to submit a scope of work and cost analysis so that DSS may develop a contract. Contract is pending receipt of the requested information.</p> | <p>IP</p> |

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| 3.1.2b6: Implement Business Process Redesign for initial Licensing procedures- Revise the Foster Parenting website. | | Marilyn Matheus | Carla, Jackie, Licensing worker. | | Completed. |
| 3.1.2c1: Home Studies- redraft contract at end of contract period. | 2/30/16 | Jackie Lowe | Laura Claspill Contract Management / SCDSS Procurement Office | Input has been provided by Cheryl Herring and Tracy Rogers of Adoptions Division, and by J.Lowe of Licensing Division. Collaborated with Mark Barcus and Tina McDaniel. | IP |
| 3.1.2c2: Home Studies- develop training related to contract contents, including licensing procedures, licensing procedures and requirements, and support piece. | 6/30/15 | Jackie Lowe | Cheryl Herring / USC CCFS | U of SC CCFS to format 2 day training. Training to be finalized following final edits for the contract. Collaborate with USC.-J.Lowe | IP |
| 3.1.2c3: Home Studies- implement training related to contract contents, including licensing procedures, licensing procedures and requirements, and support piece. | 7/31/15 | Jackie Lowe | | | |
| 3.1.2d1: Address the Fire Inspection requirements for windows and smoke alarms-communicate change to staff | 8/1/15 | Jackie Lowe | | | Completed |
| 3.1.2e1: Rollout Regional Foster Family and Licensing Support Unit- Hire State Director for Regional Foster Family and Licensing Support Unit | 7/31/15 | John Shackelford | | Hired Beth Mullins- Effective 8/2/15 | Completed |
| 3.1.2e2: Rollout RFFLSU - Collect detail data for recruitment within school districts. | 7/30/15 | Brad Leake | | | Cancelled. |
| 3.1.2e3: Rollout RFFLSU - Identify current dedicated staff to transfer. | 7/30/15 | Beth Mullins | SCDSS Regional Directors | Region 3 Potential staff for the RFFLSU have been identified around the region. Given the difficulty of acquiring vacant FTEs, some of those identified have chosen to remain in their current positions creating additional vacancies to fill. | Completed |
| 3.1.2e4: Rollout RFFLSU - Hire new staff in existing positions. | 7/30/15 | Beth Mullins | SCDSS Regional Directors | Region 3 has transferred 4 RRFU staff into the regional team at this time – 3 workers from the Charleston office and 1 transfer from the Adoption office. | Completed |

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| 3.1.2e5a: Rollout RFFLSU - Hire new staff in newly established positions (dependent on budget request) | 11/1/15 | Beth Mullins | SCDSS Regional Directors | Region 3- has hired two of the established positions for the RRFU – the Program Coordinator and one of the HSCI positions. Ms. Shalena Moyd was hired in October 2015 as the Program Coordinator and is currently assuming those duties. Ms. Elaine Maple has been hired as one of two supervisors for the hub and has assumed her duties in November 2015. Currently, licensing cases in Charleston, Dorchester, Allendale, Colleton, Hampton and Jasper have been moved to the regional team. Two additional staff will be moved to the team in December 2015 allowing cases in Beaufort to be transferred as well. | Completed |
| 3.1.2e5b: Rollout RFFLSU -develop curriculum for initial training of existing SCDSS staff Implement training of existing staff Develop curriculum and Supervisor Manual for OJT. | 9/1/15 | USC / Lindsey Taylor | Jennifer Webb | There were 4 training sessions during the month of August and 1 in October which ensured that all current foster family support and foster home licensing staff were trained in the new protocol and practice models. Training curriculum has been developed and is in use which provides the principles of the original training to staff hired since October 2015. The new curriculum is presented by the staff supervisor in conjunction with on-the-job training. | Completed |
| 3.1.2e5c: Rollout RFFLSU -implement training for all staff hired since 10/1/15 | 2/30/16 | Beth Mullins | Jennifer Webb / Team Leaders | Training curriculum has been developed and is in use which provides the principles of the original training to staff hired since October 2015. The new curriculum is presented by the staff supervisor in conjunction with on-the-job training. | Completed. |
| 3.1.2f: Rollout RFFLSU - Track outcomes | 1/30/16 | Brad / | Beth Mullins | Beginning 4/1/16 the Foster Family and Licensing Support Units began tracking activities relevant to recruitment, retention, and relicensing. Specifically, these lead measures are tracked/reported weekly: Recruitment – make at least 1-2 weekly contacts with potential community recruitment partners AND participate in at least 15 outreach events per quarter Retention – each worker make at least 50 personal contacts with foster parents each month AND increase documentation so contacts and quarterly visits can be formally tracked Relicensing – packets sent to state office for review at least 30 days prior to license expiration AND foster parent training hours are monitored and tracked | Completed. |
| 3.1.2g1: Recruitment Goal: Communicate goal of 20% Net increase in Foster Families in each County, Each Region, and statewide. | 6/10/15 | Beth Mullins | Regional Team Leaders | Goal of 20% net increase was not met during calendar year 2015. New goals are being set by county/region as well as through contracts with public universities. | IP |
| 3.1.2g2: Recruitment Goal: Track progress. | Ongoing | Jackie Lowe | Brad Leake. | Jackie will report packets into state licensing office, and packets sent from office. + licensed | Completed. Ongoing |
| 3.1.2h: Hold ongoing joint recruitment events with GAL | Ongoing 12/31/15 | Beth Mullins | GAL staff Elaine Bailey / Dawn Barton / Bob Brimmer / Paula Richardson / Nicole Foulks | Beth will be meeting with Blondean Funderburk, State GAL Director, in the month of December to discuss the full implementation of shared recruitment events. GAL and/or CASA representatives will be provided with a schedule of events for 2016 as they are developed. Representatives will be invited to participate in all events. | Completed. |

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| 3.1.2i2a1: Contact Linda Love to schedule an orientation session in October 2015, with Contact Heartfelt Calling to schedule participation. | | Amanda Koon | | | Completed |
| 3.1.2i2a2: Contact Region 2 Resource Licensing Staff for scheduling Contact Region 2 Foster Family and Licensing Support Staff for Scheduling. | | Amanda Koon | | | Completed |
| 3.1.2i2a3: Publicize Session | | Amanda Koon | | Flyer, CIN Website, CIN newsletter, CINFacebook, Tribal Meetings, Pow-Wows | Completed |
| 3.1.2i2a4: Preparations for session | | Amanda Koon | | | Completed |
| 3.1.2i2a5: Present Orientation / Information Session. Offer 14 Hr Foster Family Training, provide application forms | | Amanda Koon | | One new application for Licensed Foster/Adoptive Family. | Completed |
| 3.1.2i2a6: Review and evaluate Session | | | Greg/Brittany | | Completed |
| 3.1.2i2a7: Schedule next quarterly Session | | | Greg/Brittany | Do next session as part of an event already scheduled on Reservation. | Completed |
| 3.1.2i2a8: Develop steps for next Orientation Session for recruitment of Native American Foster/Adoptive Family Homes on the CIN Reservation. | | Beth Mullins | Linda Love | Coordinate with CIN staff. | In process |
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| *3.1.2i2b1: Develop list of DHEC barriers to licensing on the CIN Reservation | | Thomas Robertson | Jackie Lowe | Thomas contact SCDSS Licensing for information. | IP |
| 3.1.2i2b2: Develop plan to address DHEC barriers identified. | TBD | Thomas Robertson | Jackie Lowe | | |
| 3.1.2i2b3: Develop list of Background Checks barriers to licensing of Native American Foster /Adoptive Family Homes | TBD | Thomas Robertson | Jackie Lowe | | |
| 3.1.2i2b4: Develop plan to address Background Checks barriers to licensing Native American | TBD | Thomas Robertson | Jackie Lowe | | |

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| Foster/Adoptive Family Homes. | | | | | |
| 3.1.2i2b5: Coordinate with Marilyn Matheus communication plan developed for SCDSS Foster Family Licensing and Support Plan to include Native American-specific recruitment. | TBD | Thomas Robertson | Beth Mullins | | |
| 3.1.2i2b6: Review "Recruiting-families-for-native-american-children.pdf" and add steps to recruitment plan. | TBD | Thomas Robertson | | | |
| 3.1.2i2b7: Contact state-recognized tribes for recruitment. | TBD | Thomas Robertson | Beth Mullins | <p>Q) Ask Linda Love how to cover other tribes below.</p> <p>State-recognized Tribes Beaver Creek Indians Edisto Natchez Kusso Tribe SC Pee Dee Nation Upper SC Pee Dee Indian Tribe SC Santee Indian Organization Sumter Tribe of Cheraw Wassamasaw Tribe Varnertown Indians Wacamaw Indian People</p> <p>State-recognized Tribal Groups Chaloklowa Chiclasaw Indian People Eastern Cherokee, Southern Iroquois and United Tribes of SC Cherokee Indian Tribe of SC Natchez Indian Tribe Pee Dee Indian Nation of Beaver Creek Piedmont American Indian Association of SC Lower Eastern Cherokee Nation of SC</p> <p>Contact Marcie Hayden, SC Minority Affairs Office, 803-333-9621 ext 6. Contacted. Invited to next workgroup meeting 7/17/16.</p> | |
| 3.1.2j1: Develop a Faith-Based Adoptions Recruitment Plan. | 12/31/15 | Beth Mullins | Adoptions State Office Recruitment Coordinator and Regional Administrators Foster Family Recruitment and Support Development Team | <p>Em 11/2/15- Amanda and Beth re meeting for roles re foster and adoptive resources.</p> <p>A Faith-Based Adoption Recruitment Plan is currently being drafted with a due date of 11/30/15.</p> <p>1. Develop a contact list of Faith Based Organizations for each region.</p> | Completed. |

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| | | | | <ol style="list-style-type: none"> 2. Create a Faith Based Recruitment Tool Kit. 3. Make a contact with identified faith based organizations in each region. 4. Recruitment Tool Kit Presentation. 5. Schedule and Execute Recruitment Events. | |
| 3.1.2j2: Implement a Faith- Based Adoptions Recruitment Plan. | TBD | Beth Mullins | Adoptions State Office Recruitment Coordinator and Regional Administrators Regional Adoption Recruiters | | |
| 3.1.2k1: Recruitment Campaign- Rollout public awareness campaign. | 10/1/15 | Marilyn M | Beth Mullins | Governor Haley officially launched her “Champions for Children” campaign on 3/16/16, which is recognized as the launch of our public awareness efforts. | Completed. |
| 3.1.2k2: Recruitment Campaign- Develop strategic plan for recruitment campaign. | 7/31/15 | Marilyn | Beth Mullins / Linda Love / | Communication and marketing strategy was developed in June 2015. | Completed |
| 3.1.2k3: Recruitment Campaign- develop draft recruitment contract with universities and submit to SCDSS Procurement Office for review and posting. | 7/1/15 | Beth | Amanda/ Lindsey/ Tina | During the 2 nd quarter of FFY16, SC DSS entered into contractual agreements with 5 public universities to provide logistical and marketing support for foster home recruitment efforts. Currently Francis Marion University, South Carolina State University, University of South Carolina Beaufort, and University of South Carolina Upstate are participating. | Completed |
| 3.1.2l: Develop campaign materials to be used statewide. | | Marilyn M | USC CCFS Amanda | | Completed. |
| 3.1.2m: Track outcomes and analyze. | 8/1/15 | Amanda | USC/ colleges | | Completed and ongoing. |
| 3.1.2n1: Development of a contract to provide peer-to-peer mentoring for Foster Families. | 7/1/15 | Lindsey | | Placed on hold. | |
| 3.1.2n2: Peer-to-peer mentoring for Foster Families-Rollout revised format. | 10/1/15 | Lindsey | Salley Branch | Identify dates. Placed on hold. Still on hold as of 1/19/16. | |

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| 3.1.2o: Ongoing participation in SCFPA meetings by SCDSS County Directors. | Ongoing | | | Region 3- Some of the SCFPA in R3 meet monthly and others meet quarterly. One county (Dorchester) has been inactive and has only recently reconstituted itself. Attending FPA meetings is one of the R3 lead measures for 2015 for county directors and all are actively attending the scheduled meetings along with other licensing staff. Em Region 1,2,4,5 12/28/15 Region 1- All Region 1 directors attended at least one FPA meeting during 2015. Region 5- County Directors are involved. A few counties who have not had a FPA are developing on with Nicole. | Completed and ongoing. |
| 3.1.2p1: Training- redraft SCFPA contract to include quality assurance, behavior intervention, trauma-informed care. | 6/30/15 | Laura Claspill | Beth Mullins | Current contract expires June 30, 2016. Beth Mullins, Laura Claspill, and Taron Davis will meet on 5/20/16 to discuss agency needs | IP |
| 3.1.2p2: Training- explore evidence-based training for Foster Families. | TBD | Beth | SCFPA | Beth meets regularly with Anna Skipper to ensure training materials are up-to-date and training opportunities meet the needs of foster parents. When available, evidence based research and curricula are used to present training topics. Beth has reviewed nationally available evidence-based curriculum for training. | Completed and ongoing. |
| 3.1.2q1: Develop feedback loop in the communication plan with Foster Families. | 2/30/15 | Beth Mullins | | Communication plan is to be updated with information relevant to the new structure of Foster Family and Licensing Support, to include university partners and website. Target to complete new plan is 6/30/16. | IP |
| 3.1.2q2: Develop letter to be sent to Foster Families at initial Licensing. | 6/12/15 | Malik | Greg Moore | "Form 1582 – Welcome Letter". | Completed |
| 3.1.2q3: Implement letter to be sent to Foster Families at initial Licensing. | 6/19/15 | Jackie | | "Form 1582 – Welcome Letter". | Completed August 2015 |
| 3.1.2r: Develop PowerPoint for communicating changes for SCFPA (BPR, RFFLSU). | 7/1/15 | Malik / Marilyn | Greg Moore | | Completed |
| 3.1.2s: Develop website for Foster Family Recruitment. | 8/1/15 | Malik / Marilyn | Greg Moore | Website (www.scfamilies.org) went live on 2/1/16. | Completed. |

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| 3.1.2t: Implement SCDSS Foster and Adoptive Recruitment Communication Matrix. | 6/30/16 | Marilyn | Adopt Us Kids Adoption Campaign Material and Plan. Greg Moore | Communication plan is to be updated with information relevant to the new structure of Foster Family and Licensing Support, to include university partners and website. Target to complete new plan is 6/30/16. | IP |
| 3.1.3a: Post-adoption services- Assess the availability and quality of post-adoption support services. | 6/30/16 | State Adoption Unit Manager | 2016 APSR- Addendum for information and ACF questions Greg Moore | SC Child Welfare Policy Manual. Section 616. Adoption Preservation Services Agency will assist birth families, adoptees, and adoptive families after finalization to preserve adoptive families and assist families in maintaining appropriate contact. | IP |
| 3.1.3b: Post-adoption services- develop a plan to enhance the availability and quality of post-adoption support services. | 8/31/16 | Nicole Foulks | National Quality Improvement Center- Qic-ag PowerPoint- Adoption and guardianship support and preservation | See emf QIC-AG re resource catalogue available | IP |

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

Objective 2 / Progress Measure 2- Permanency Outcome 2

Improve the continuity of family relationships and connections with the neighborhood community, faith, extended family, Tribe, school, and friends for children.

- a) Using a baseline of 51.4% (period May 1, 2014 – April 30, 2015) of the percentage of children placed in their county-of-origin, improve the proximity of children placed in Foster Care to their family, schools, neighborhoods, churches, to at least 70% (SCDSS established objective) by the end of the FFY 2019. Benchmarks of improvement of at least 5% per year.
- b) Using the baseline score of 54.4% for counties for Items 12-16 in the CFSR 2, Permanency Outcome 2, 10/1/14-1/31/15, the score from the CFSR 3 Permanency Outcome 2, Items seven through eleven (7-11) for all counties will improve to 62.4% by end of the 2019 FFY, with bench marks of 2% per year improvement.

Progress Benchmark / Strategy

(see also Goal 1, Objective 2, Strategy 4, Family Engagement Services that also addresses Goal 2, Objective 2)

IC 3.2.1: Develop jointly with the Catawba Indian Nation, recommend, and finalize a Memorandum Of Understanding between the CIN and the SCDSS, that will clarify and be agreed upon that: when the SCDSS becomes involved with children and youth of non-CIN tribes, that the tribe of origin of the child or youth will be contacted first according to current law, and the other tribe must contact the CIN to request the CIN to intervene on their behalf, and then the SC DSS will share information about the case with the CIN.

***3.2.2: Get clarification from the SCDSS Office of General Counsel when ICWA applies and disseminate information to the SCDSS staff and all stakeholders.**

IC 3.2.3: Develop and implement a process so that the CIN will have an opportunity to intervene before the SCDSS becomes involved in a case with a child or youth member of the CIN or of another tribe.

| Action Steps / Task Name | Start / Finish Dates | Lead | Implementation Supports Required: Names / Items / Funding / Training | Comments: Progress / Challenges / New Action Step Required (add below) | Completed |
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| <p>IC 3.2.1: Develop jointly with the Catawba Indian Nation, recommend, and finalize a Memorandum Of Agreement (Understanding) between the CIN and the SCDSS, that will clarify and be agreed upon that: when the SCDSS becomes involved with children and youth of non-CIN tribes, that the tribe of origin of the child or youth will be contacted first according to current law, and the other tribe must contact the CIN to request the CIN to</p> | <p>9/30/15 6/15/15: 6/30/15: 7/15/15: 8/1/15:</p> | <p>Dennis Gmerek / Amanda Whittle</p> | <p>CIN Director of Social Services- Linda Love SCDSS York Co. Office Attorney- Dennis Simpson & Co. Office Director CFCIP Supervisor SCDSS OGC Dione Carroll (CIN Legal Counsel)</p> | <p>Dione Carroll will send draft MOU to Dennis Gmerek to review. Dennis Gmerek will return revised draft to Dione to review and present to CIN Council meeting for review. CIN Council will have reviewed draft MOU Draft MOU sent to Dennis, being reviewed and exchanging drafts.</p> | <p>10/28/14- meeting completed at CIN Longhouse. 12/12/14-completed.</p> |

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| intervene on their behalf, and then the SC DSS will share information about the case with the CIN. | 11/30/15 | | Taron Davis CIN Council CIN Chief | 1-11-16- Draft MOA from Dennis sent to Greg, Dione, Amanda with revisions—reviewed GM Draft MOU send to Taron Davis, SCDSS Deputy Director, and to Catawba Indian Nation Chief. | |
| Research placing MOU, or MOU information into Policy Manual. Develop plan if needed | 1/30/16 | | Greg Moore | MOU written, signed by SCDSS Director. CIN Executive Committee approved MOU Catawba Indian Nation June 2016. | IP. |
| *3.2.2a: Get clarification from the SCDSS Office of General Counsel when ICWA applies. | 9/30/15 | Thomas Robertson | Dennis Gmerek | Clarification will be addressed in the Memorandum of Understanding in 3.2.1, which will be developed according to current SCDSS policy as to when the Tribe is notified. | 11/15/15 Completed: See IC 3.2.1 |
| *3.2.2b: Develop and implement a process to get this ICWA information to all SCDSS staff, Foster Families, and stakeholders as soon as possible. | 9/30/15 | Thomas Robertson | Linda Love Dennis Gmerek Dione Carroll Policy Unit | Intake, Investigation, Family Preservation, Foster Care, IFCCS, Foster Home Licensing, Court Liaisons, Guardian ad Litem volunteers, Office of Indigent Defense, Foster Care Review Board, Foster Parent Association, Judges, Best Legal Practices Group, stakeholders, and Adoption staff, other mandatory SCDSS staff. | Complete |
| | 8/1/15 | | | Others to contact : Law enforcement. Children’s Justice Bench Bar. Therapeutic Providers, Congregate Care Providers, SCDJJ, School Districts. | |
| | 8/5/15 | | Greg | Create a fact sheet on ICWA compliance guidelines to include an ICWA compliance flow chart (this will be part of the MOU). | In Process |
| | 9/15/15 | | Brittany | Send information re ICWA application to Policy re-write focus groups for inclusion. | Completed |
| | | | | Develop method(s) for disseminating information to the identified groups. -Dennis and Dione take to Bench Bar - Formal training activities Regional training events in all 5 Regions at least once beginning 11/20/15 Disseminate information to all groups. | In process Completed. |

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| *3.2.2c: Develop and implement a process obtain any relevant data that may be needed to assess compliance. (See section 422(b)(9) of the Act.) | | Greg Moore | Thomas Robertson / Linda Love / Dione Carroll / Paulette Salley (CAPSS) | | |
| IC 3.2.3: Develop a process so that the CIN will have an opportunity to intervene before the SCDSS becomes involved in a case with a child or youth member of the CIN or of another tribe. | 9/30/15 | Thomas Robertson | CIN Director of Social Services- Linda Love SCDSS OGC (Dennis Gmerek) SCDSS York Co. Office Attorney- Dennis Simpson & Co. Office Director CFCIP Supervisor | See MOU in 3.2.1. | Completed. |

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

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

Progress Benchmark / 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, and increase caseworker and caseworker supervisory positions to meet caseload standards.

4.1.2: Implement a statewide model for Teaming.

***4.1.3: SCDSS Policy Rewrite.**

***4.1.4: Develop predictive analytics capability and process.**

| Action Step / Task Name | Start / Finish Dates | Lead | Implementation Supports Required: Names / Items / Funding | Comments: Progress / Challenges / New Action Step Required (add below) | Completed |
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| 4.1.1a: Finalize Caseload Methodology | 6/30/14 | | Child Welfare Director Regional Team Leaders | | Completed |
| 4.1.1b1: Implementation of new Caseload Methodology through notification for (177) Full Time Equivalent positions from S.C. Legislature, and additional caseworker and supervisor positions added Statewide | 6/30/14- 2/8/2016 | SCDSS State Director/ Taron Davis | Data Division Casey Family Programs/ CCFS | <p>Awaiting budget approval for requested funding for caseworkers. Also developing a formal methodology for caseload distribution and allocation of staff with technical support from Casey Family Programs</p> <p>SC Legislature approved 177 new FTE positions 6/30/15</p> <p>Number of TG positions to fill? Not begun to backfill TG positions vacated by staff hired to fill FTE positions. (see 2016 Monthly Caseworker Visit Formula Grant Report 12/15/15)</p> | In Process |

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| <p>4.1.1b2: Develop a Caseload Study and make recommendations for caseload reduction methods.</p> <p>4.1.1b3: Make decision on caseload reduction recommendations to implement.</p> <p>4.1.1b4: Develop plan to implement accepted recommendations.</p> | | | <p>Casey Foundation SCDSS Staff Steve Strom Lindsey Taylor</p> | <p>10/14/15- Study and recommendations submitted, recommendations being reviewed by SCDSS leadership. approved</p> | <p>Completed.</p> <p>In process.</p> <p>In process</p> |
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| <p>4.1.1c: Hire additional caseworkers in Richland Co.</p> | <p>Ongoing</p> | <p>Dawn Barton</p> | <p>County Director/ Budgets/ HR</p> | <p>Ongoing: Continuous job postings exist to fill positions for caseworkers</p> | <p>Ongoing.</p> |
| <p>4.1.1d: Maximize staff time in the field through the use of mobile computing and communications technology.</p> | <p>8/1/2015</p> | <p>Ric Lawson/</p> | <p>SCDSS Information Systems</p> | | <p>Completed.</p> |
| <p>4.1.1e: SCDSS to research cost/ benefit of enhancing CAPSS to provide an effective case management system that will support caseworkers in meeting needs of children in foster care.</p> | <p>9/30/16</p> | <p>Paulette Salley</p> | <p>Taron Davis / Kathryn Kendrick</p> | <p>Paulette and IT Team are continuing to research various IT solutions for our case managers. We have scheduled a demo on February 8 with an IT vendor who has completed work with the DC SACWIS. This is an IT only meeting to ensure that their solution is secure and interoperable with our current IT infrastructure.</p> | <p>Completed.</p> |
| <p>4.1.1f: Deploy Alcohol and Drug Abuse treatment providers and Licensed Independent Practitioners to provide trauma screenings, vulnerability assessments, and ongoing services to children and families in the child welfare system. To include: a dedicated case manager to work in the DSS office, integrated residential treatment for entire families, substance abuse cross-training for SCDSS staff, and <u>enhanced</u> drug screening for DSS families.</p> | <p>April 1, 2015</p> | | <p>DAODAS</p> | | <p>Completed</p> |

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| <p>4.1.1g: Dispatch a 20-person intensive casework team to immediately relieve higher than average Richland County caseloads. The team will be a combination of caseworkers coming into the Richland County office and caseworkers in surrounding counties taking on Richland County's cases.</p> | 5/30/15 | | Regional Team Leaders/ County Directors | | Completed |
| <p>4.1.2a: Restructure IFCCS regional operations/support services to align behavioral health services and case management with the county</p> | 9/30/2014 | | Regional Team Leaders/ County and Regional Office Leadership/ Regional Clinical Specialist/ IFCCS Contracts/ IFCCS State Office/ Budgets/ HR/ KMPS | | Completed |
| <p>* 4.1.3: SCDSS Policy Rewrite.</p> | 9/30/16 | Salley Branch | KMPS/ USC Children's Law Center/ Care Solutions Carolyn Morris | Scheduled to be completed for all Child Welfare Policy Manual and published by 9/30/16. | In process. |
| <p>* Strategy 4.1.4: Develop predictive analytics capability and process.</p> | Ongoing | Malik Whitaker | KMPS | | In process |

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

Objective 2 / Progress Measure 2: 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.

Project Benchmark / 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).

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

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

4.2.4: Build Supervisor's capacity to lead and support caseworkers in best practices.

| Action Steps / Task Name | Start / Finish Dates | Lead | Implementation Supports Required: Names / Items / Funding / Training | Comments: Progress / Challenges / New Action Step Required (add below) | Completed |
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| <p>4.2.1a: 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, through multiple groups per year and multiple online and classroom sessions.</p> | <p>In process, ongoing.</p> | <p>CCFS- Cynthia Flynn</p> | <p>CCFS, Team Leaders, County Directors, SCDSS Senior Consultants Regional and Program Directors</p> | <p>LAS conducted through the year and will continue in the coming year. 35 graduates this year. Included more focus on data driven decision-making.</p> | <p>In process.</p> |
| <p>4.2.2a: Implement Core Management Functions training for building skills of finance, HR, and IT, for managers at SCDSS.</p> | <p>6/30/16</p> | <p>CCFS- Cynthia Flynn</p> | <p>IT, Policy, HR, Legal, Team leaders, Child Welfare Director</p> | <p>These areas were discussed at the County Directors Forums in 2015, as well as the Supervisors Summits.</p> | |
| <p>4.2.2b: Implement a child welfare training academy that enhances leadership for middle managers in child welfare.</p> | <p>1/31/16</p> | <p>CCFS- Cynthia Flynn</p> | <p>CCFS, Team Leaders, County Directors, SCDSS Senior Consultants, Project Planners</p> | <p>USC has developed this curriculum and has submitted for funding approval.</p> | <p>In process.</p> |

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| <p>4.2.3a: Implement Leadership training through peer to peer support, online discussions, statewide meetings/conferences and workshops, County Director Forum.</p> | <p>11/30/14 / Ongoing monthly.</p> | <p>CCFS- Cynthia Flynn / Lenora Reese (County Director Forums)</p> | <p>CCFS, Team Leaders, County Directors, SCDSS Senior Consultants, Project Planners</p> | <p>Included in the Leadership Academy for Supervisors. On hold until Spring 2016 when Statewide meetings may resume. USC waiting on further direction from State Office leadership.</p> | <p>In process.</p> |
| <p>4.2.3b: Implement Leadership training through peer to peer support, online discussions, statewide meetings/conferences and workshops, Supervisor Summit.</p> | <p>Ongoing.</p> | <p>CCFS- Cynthia Flynn / Lenora Reese (County Director Forums)</p> | <p>CCFS, Team Leaders, County Directors, SCDSS Senior Consultants, Project Planners</p> | <p>Included in the Leadership Academy for Supervisors. On hold until Spring 2016 when Statewide meetings may resume. USC waiting on further direction from State Office leadership.</p> | <p>In process. On Hold</p> |
| <p>4.2.3c: Develop advisory group to assess training 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.</p> | <p>ongoing</p> | <p>SCDSS Deputy Director</p> | <p>CCFS, Team Leaders, County Directors, SCDSS Senior Consultants, Project Planners</p> | | <p>In process.</p> |
| <p>4.2.4a: Develop certification program for Child Welfare Supervision.</p> | <p>TBD</p> | <p>CCFS- Cynthia Flynn</p> | <p>CCFS, Team Leaders, County Directors, SCDSS Senior Consultants</p> | | |
| <p>4.2.4b: Implement certification for Child Welfare Supervisors and certification process.</p> | <p>4/30/2016 / 6/30/2017</p> | <p>CCFS- Cynthia Flynn</p> | <p>CCFS, Team Leaders, County Directors, SCDSS Senior Consultants Policy Unit</p> | | |

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| 4.2.4c: Supportive Mapping for Supervisors. (see 1.3.7a) | TBD | Steve Strom | Team Leaders County Directors, SCDSS Senior Consultants Performance Coaches | | Completed. |
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GOAL 4: Build system capacity to support safe and thriving children in lifelong families.

Objective 3 / Progress Measure 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

Progress Benchmark / Strategy

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

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

4.3.3: Address secondary trauma and resiliency training for staff

IC 4.3.4: Make recommendations for further training and conferences on ICWA.

IC 4.3.5: Develop a training component for ICWA based on the level and type of cultural competency / diversity that is needed.

IC 4.3.6: Involve the Catawba Indian Nation in the Foster Care Advisory Committee, and in Palmetto Power (P2), aside from the Foster Care Review Board. Complete.

| Action Steps / Task Name | Start / Finish Dates | Lead | Implementation Supports Required: Names / Items / Funding / Training | Comments: Progress / Challenges / New Action Step Required (add below) | Completed |
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| 4.3.1a: Implementation of SCDSS revised pay band system and Career Ladder for front-line workers. | June 2014-9/30/16 | Katie Morgan | Sharleta Woodall/ Malik Whitaker/ Robert Norris/ Neise Jacobs/ Brian Franklin/ Robin Verenes/ Barbara Derrick/ Becky Sharp/ Tammy James/ Paula Richardson/ Connie Graham | Research and discussions ongoing. | In process. |
| 4.3.1b: Career Ladder Leadership Workgroup will determine organizational Career Ladder strategies and definitive implementation recommendations will be | TBD | Katie Morgan / Amber Gillum | Sharleta Woodall/ Malik Whitaker/ Robert Norris/ Neise Jacobs/ Brian Franklin/ Robin Verenes/ | Research and discussions ongoing. | On hold. |

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| submitted to leadership. | | | Barbara Derrick/ Becky Sharp/ Tammy James/ Paula Richardson/ Connie Graham | | |
| 4.3.2a: Increase Capacity for delivering Child Welfare Basic | Ongoing | Malik/ KMPS/ | CQI / KMPS/ IT/ Budgets/ SCDSS Procurement/ USC CCFS and CLC | | |
| 4.3.2b: 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 | 12/15/2016 | TBD | Human Resources/Budgets/ Team Leaders/ KMPS | | |
| 4.3.2c: Implement a 2nd shift staffing pilot in larger counties (Richland/Greenville) through recruitment on continuous postings targeted 2nd shift work hour | 8/2015 | Taron Davis | / Regional Team Leaders/ County Directors/ Human Resources/Budgets | | IP |
| 4.3.2d: 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. | 12/15/2015 | Paulette Salley / Ric Lawson | County and Regional Directors / Budgets/ HR | 11/19/15- Bob Brimmer- No current progress. | On hold. |
| 4.3.2e: Increase and refine recruitment and hiring efforts by the SCDSS, to include engaging collegiate community in recruitment efforts and continuing education opportunities for child welfare staff. | 3/1/2015 – 7/31/2018. | Malik Whitaker / Sharleta Woodall | County Directors/ Constituent Services/ State Office Administration Taron Davis Human Resources Regional Directors | Region1- Team leader requested assistance from DSS State Office Public Relations Department in reaching out to Clemson University, Anderson University and South Wesleyan University to enhance recruitment efforts for Anderson, Oconee and Pickens Counties where staff recruitment has been more difficult. SCDSS Deputy Director tasked the Director of CQI to schedule a meeting with the Regional Directors beginning June 2016 to address and track staff morale, retention and recruitment efforts. I believe these meetings will be held during the Regional Director meetings with their | In process |

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| | | | | <p>staff out in the regions. He will utilize the surveys and feedback from staff out in the regions to determine ways to improve staff retention etc.</p> <p>We're in the process of developing a training plan so that we can ensure that workers receive training related to their program areas.</p> <p>In communication with colleges to explore interns from colleges for field placement and future possible employment with the SCDSS.</p> <p>Last year a recruitment/interviews were held for staff at Richland and Lexington with assistance from HR staff (You can check with HR to determine if they have done any recent recruitment efforts, but I'm now aware of any).</p> | |
| 4.3.2f: Implement SharePoint site for Adoption Subsidy replacing paper files. | 7/1/15 | State Office Adoptions/ | SharePoint IT/ Regional Adoptions Office | | Completed |
| 4.3.3a: Implement staff support in addressing secondary trauma through support groups and resiliency training | 1/31/2015 – 1/31/2017 | Pat Patrick/ Becky Sharp/ | Project Best Team Leaders Families First/Family Engagement/ Project Best/ County Directors/ Chaplain Services | | |
| 4.3.4a: Review results of statewide 6/27/14 ICWA-related education event at CIN Reservation. | 12/31/2014 | Thomas Robertson | CIN Director of Social Services- Linda Love USC Children's Law Center SCDSS OGC Staff SCDSS York County Office Director | Review the results of the 6/27/2014 ICWA conference and make recommendations for training by 12/31/14. Contact USC CLC for their information and recommendations as they organized the | Completed |
| 4.3.4b: Make recommendations for further training and conferences on the ICWA. | | Thomas Robertson | CIN Director of Social Services- Linda Love USC, CLC | The group of SCDSS and ICWA staff agreed to accept USC CLC proposal to develop Regional Training events for SCDSS staff and stakeholders. | Completed |
| 4.3.4c: Develop and implement Regional Training activities. | 9/9/15 | Thomas Robertson | USC CLC Dennis Gmerek Linda Love Dione Carroll | Obtain Plan details Region 5: 11/20/15 York County # attended and other information- <u>Greenville</u> Thursday, December 10, 2015 USC Upstate <u>Columbia</u> | Completed |

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| | | | | <p>Friday, January 15, 2016 Bill Rogers Community Connections Center (DJJ)</p> <p><u>Charleston</u> Friday, January 29, 2016 North Charleston Municipal Building</p> <p><u>Florence</u> Thursday, February 11, 2016 Florence Darlington Technical College</p> <p><u>Aiken: 3/11/16</u></p> | |
| 4.3.4d: Make recommendations for further training and conferences on ICWA in Child Welfare Basic for caseworkers. | | Thomas Robertson | CIN Director of Social Services- Linda Love USC Children’s Law Center SCDSS OGC Staff Dione Carroll- CIN Legal Counsel | Linda Love indicated that what is in the CWB “sounds good and accurate.” Confirmed by the SCDSS/CIN workgroup not to recommend additional ICWA-related content for CWB at this time. | Completed |
| 4.3.5a: Do an assessment with the CIN on what information the Tribe wants to be included in the component, for the SCDSS staff and providers, and make recommendation to the SCDSS leadership. | 1/31/15 – TBD | Thomas Robertson | CIN Director of Social Services- Linda Love USC CCFS SCDSS OGC Staff SCDSS York County Office Director | <p>Recommendations from the CIN Chief and other members of the Tribe.</p> <p>Cross-training SCDSS and CIN on content.</p> <p>Training on Tribal affiliation differences.</p> <p>CIN and non-CIN Native Americans hesitant to self-identify as Native Americans, why ICWA? (including Trail of Tears, etc.).</p> <p>The ICWA compliance requirements.</p> <p>Native American and non-Native American cultural differences.</p> <p>Caseworkers to know about Catawba, for Catawba children also.</p> <p>Catawba Indian Nation “Brief History” booklet as a resource</p> | Completed. |
| 4.3.5b1: Develop annual required desktop training and other online ICWA and CIN-related information resources for the SCDSS staff and stakeholders. | TBD | Thomas Robertson | Beck Sullivan (USC, CCFS) Linda Love (CIN) SCDSS OGC Staff SCDSS York County Office Director Dione Carroll (CIN Legal Counsel) | <p>Initial plans are to develop:</p> <ul style="list-style-type: none"> - Video ICWA overview - Video CIN history IP and culture and contemporary life IP - Video “Ask The Question!” IP <p>+++++</p> <p>To be done:</p> <ul style="list-style-type: none"> -identify people for videos -schedule to shoot videos and implement and prepare finished version. - schedule a SAVVY Start - day-long meeting of all stakeholders for all perspectives. <ul style="list-style-type: none"> - identify barriers, challenges, and performance objectives and begin rough prototypes for the training. | <p>IP</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> |

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| | | | | Invite participants- <ul style="list-style-type: none"> - Adoption worker - Investigations worker - Intake worker - SCDSS legal representative - Linda Love (and any other from CIN she requests, possibly her legal representative) Shoot the video segments Edit and complete video Develop a plan to deliver video. | Completed Completed Completed Completed Completed IP To be initiated. |
| 4.3.5b2: Develop a plan to develop Qualified Expert Witnesses for CIN and Native American cultural priorities and needs (QEW), for participation in Court Hearing | TBD | Thomas Robertson | Linda Love, Dione Carroll | | |
| 4.3.5c1: Develop plan to require and deliver online training, if approved, as an annual requirement. | TBD | Thomas Robertson | SCDSS Deputy Director / Child Welfare Program Manager / UofSC CCFS | | |
| 4.3.5c1a: Develop Certification and completion. | TBD | Thomas Robertson | UofSC CCFS | | |
| 4.3.6: Involve the Catawba Indian Nation in the Foster Care Advisory Committee, and in Palmetto Power (P2), aside from the Foster Care Review Board. | 12/31/15 | Greg Moore | | Linda Love placed on all e-mail invitation lists for these organizations. | Completed. |

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

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

Progress Benchmark / Strategy

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

4.4.2: Collect quality data.

4.4.3: Have an ongoing case review system.

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

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

| Action Steps / Task Name | Start / Finish Dates | Lead | Implementation Supports Required: Names / Items / Funding / Training | Comments: Progress / Challenges / New Action Step Required (add below) | Completed |
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| 4.4.1a: Create written and consistent CQI standards and requirements. | 1/31/16 | Malik Whitaker | Team Leaders, Policy Division | 1/27/16- conference call with Capacity Building Center for States re technical assistance Malik, Greg, CQI consultant Christeen Borsheim, Simon Pipkin, Region 4 Director and SC Rep. 3/23/16 and 3/24/16 on-site visit to start. | IP IP |
| 4.4.1b1: Schedule first Statewide Child Welfare Improvement Team 4.4.1b2: Establish CWIT Charter and Stakeholders in CWIT 4.4.1b3: Establish Local CWITs | 3/31/15 | Malik Whitaker | CWS Statewide Stakeholders. | 3/10/16- At statewide CWIT Malik introduced revision of action plan and steps, involve United Way of Midlands in a Pilot of Team Building for Richland Co. SCDSS and stakeholders to develop local CWIT. After develop Pilot, develop local CWITs | Completed. Completed |
| 4.4.1c: Complete training process for CQI staff and post test results for each staff. | 10/31/14 | Malik Whitaker | CQI Training Academy Learning Lab / Team Leaders, / Policy Division / Child Welfare Director | | |

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| 4.4.1d: Create written policies, procedures, and practices for the CQI process, in Policy Manual and sent in directives. | 1/31/16 | Malik Whitaker | Policy Unit / Team Leaders | Submitted to SCDSS Director 6/1/15 for review. 1/6/16- Malik developing draft. Will submit to Policy Unit and Care Solutions to add as a separate chapter to Policy Manual. | IP |
| 4.4.1e: Hire full designated CQI staff or CQI contractor staff. | 7/31/16 | Malik Whitaker | State Director & Deputy Director of Human Services, HR Director Team Leaders, Policy Unit, Child Welfare Director | Identify number of positions/classifications. - CQI Director and 5 staff (1 / Region) and 5 Performance Coaches. Hired CQI Director 3/1/15. Hire CQI staff or appoint | Completed Completed |
| 4.4.1e: Develop SCDSS CQI Team | 3/23/16 - TBD | Malik Whitaker | See cqj training event participants sign in | 3/23/16 and 3/24/16- CBC for States training event- | IP |
| 4.4.1f: Develop a communication system/process to focus on supporting the CQI system | 3/23/16 - TBD | Malik Whitaker | See cqj training event participants sign in | 3/23/16 and 3/24/16- CBC for States training event- | IP |
| 4.4.1g: Develop a QA Review System (case review system) with feedback and follow up process for improvement planning | 3/23/16 - TBD | Malik Whitaker | See cqj training event participants sign in | 3/23/16 and 3/24/16- CBC for States training event- | IP |
| 4.4.2a: Formalize a process to identify and resolve data quality issues | 1/31/16 | Malik Whitaker | CQI Planning Team IT/ CAPSS | Begin to meet to develop formalized process. Formalize process | |
| 4.4.2b: Create a process to access data collection for children served in their own home (data required to monitor process and outcomes measurement for cases) | 6/30/16 | Research, Data & Accountab. MIS workgroup | CQI Planning Team IT/CAPSS / Malik Whitaker | | |

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| <p>4.4.2c: 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.</p> | <p>6/30/16</p> | <p>Research, Data & Accountab. MIS workgroup</p> | <p>Knowledge Management Division CQI Planning Team IT/CAPSS Malik Whitaker</p> | | |
| <p>4.4.2d: Build a process to analyze how case ratings are completed</p> | <p>6/30/16</p> | <p>Research, Data & Accountab. MIS workgroup</p> | <p>Knowledge Management Division CQI Planning Team IT/CAPSS Malik Whitaker</p> | | |
| <p>4.4.2e: Adopt new CFSR 3 “Onsite Review Instrument” and revise State-specific policy and procedures questions in QA Review.</p> | <p>12/2014 - 1/2015</p> <p>3/1/2015</p> <p>2/2015</p> <p>3/2015</p> <p>4/2015</p> <p>7/1/2015</p> | <p>Tammy Bagwell / Brad Leake</p> | | <p>Remove SC State Policy and Practice-related items from the CFSR 2 “Onsite Review Instrument” Instrument”, and develop a separate SC State Policy and Practice-related section of the QA Review (CQI Instrument).</p> <p>Develop a separate SC State Policy and Practice-related section of the new CQI QA Review “Onsite Review Instrument” Instrument for non-CFSR-related items to be reviewed.</p> <p>Train all QA Reviewers on new CFSR Instrument</p> <p>Children’s Bureau and CFSR staff members provided training to DSS and USC QA Reviewers after review of completed instruments on two occasions in September 2015 and two in October 2015. Second level QA Reviewer training was provided to chosen USC/DSS QA staff members by two CFSR Reviewers who consult through JBS in July 2015. Training also provided to all DSS/QA Reviewers with overview of OSRI items and application/issues seen with application by two CFSR Reviewers who consult through JBS in July 2015. Trained one group of county/state DSS on the CFSR 3 OSRI in September/October 2015.</p> <p>Train QA Reviewers on new CQI Instrument with the SC State Policy and Practice-related section. On Hold as administrative decision was made only to utilize the CFSR OSRI.</p> | <p>Completed.</p> <p>7/2015 On Hold</p> <p>Completed for current regular QA Reviewers SCDSS and USC CCFS. In February 2015.</p> <p>7/2015 – Training held on CFSR 3 OSRI only, only for new CCFS reviewers.</p> <p>Completed</p> <p>Completed March-June 2015</p> |

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| | | | | <p>Test launch of new CQI QA Review "Onsite Review Instrument".</p> <p>Full launch of new CQI QA Review "Onsite Review Instrument".</p> | Completed July 2015. |
| 4.4.2f: Conduct an assessment of QA training curriculum, written manuals protocols, instructions, and 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 Malik Whitaker | | IP |
| 4.4.3a: Conduct On-Site Debriefing Meetings (Facilitated Discussion (OSFD)) in each county that has a full Quality Assurance Review, each county will have at least one QAR each year. | 1/31/16 – 12/31/16 | Malik Whitaker | CCFS Data and Accountability Division Director County Directors Team Leaders Child Welfare Director | <p>The following are the facilitated discussions completed by USC:</p> <p>Dillon: 10-15-15 Jasper: 8-3-15 Lee: 5-27-15 Marion 10-15-15 Marlboro 10-16-15 Saluda: 5-19-15</p> <p>Post QA Review Discussion without mapping or writing PIP by Tammy Bagwell, SCDSS QA Review Director Edgefield: 9-4-15 Lexington: 9-11-15 Lancaster: 9-11-15 Orangeburg: 9-16-15 Berkeley: 9-16-15 Dorchester: 9-17-15 Beaufort: 9-17-15 Richland: 9-24-15 Horry: 9-25-15 Florence: 9-25-15</p> | 11/1/15- suspended development |

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| <p>Develop Program Improvement Plan following each County's Debriefing Meeting.</p> | | | | <p>Greenville: 10-2-15 Spartanburg: 10-2-15</p> <p>On-site Debriefing Meetings and development of Program Improvement Plans suspended by SCDSS leadership.</p> <p>1/11/16- Malik Whitaker- Child Welfare Services in the process of a leadership structure change and developing new Child Welfare policy to define and guide our Quality Assurance/CQI activities. SCDSS not presently have structure in Child Welfare policy for meetings after QA reviews or corrective action plans following QA reviews, policy includes QA reviews every five years for all counties. Meetings with staff about review results and improvement projects will be included in the procedure section of the Child Welfare Services Policy that addresses Child Welfare Services administrative policy as a part of foundational administrative structure for our CQI system.</p> | |
| <p>4.4.3b: Build a formal process to aggregate Statewide and local data and make it available to stakeholders for analysis.</p> | <p>6/30/2016</p> | <p>CQI Planning Team Malik Whitaker</p> | <p>Team Leaders, Research, Data & Accountability, Knowledge Management Division, CCFS, community partners</p> | | |
| <p>4.4.4a: Build a formal process for analyzing and understanding the data and providing feedback on analysis and conclusions</p> | <p>6/30/2016</p> | <p>Malik Whitaker CQI Planning Team</p> | <p>Team Leaders, Research, Data & Accountability, Knowledge Management Division, CCFS</p> | | |
| <p>4.4.4b: 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.</p> | <p>6/30/2016</p> | <p>Malik Whitaker CQI Planning Team</p> | <p>Communications; Team Leaders, Research, Data & Accountability, Knowledge Management Division, CCFS</p> | | |

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| <p>4.4.4c: 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.</p> | <p>6/30/2016</p> | <p>Malik Whitaker CQI Planning Team</p> | <p>Human Services Leadership Team, County Directors, Division Directors, Community Partners, Communications; Team Leaders, Research, Data & Accountability, Knowledge Management Division, CCFS</p> | | |
| <p>4.4.4d: 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.</p> | <p>6/30/2016</p> | <p>Malik Whitaker CQI Planning Team</p> | <p>Research, Data & Accountability, Knowledge Management Division, CCFS</p> | <p>Use training evaluation to measure completion.</p> | |
| <p>4.4.5a: Results are used to inform training, policy, practice, community partnerships, service array (service gaps, quality, etc.), automated system development, and other supportive systems. Program Evaluation.</p> | <p>6/30/2016</p> | <p>Malik Whitaker CQI Planning Team</p> | <p>Human Services Leadership Team, County Directors, Division Directors, Community Partners, Communications; Team Leaders, Research, Data & Accountability, Knowledge Management Division, CCFS</p> | <p>Program evaluation used to measure completion.</p> | |
| <p>4.4.5b: 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.</p> | <p>6/30/2016</p> | <p>Malik Whitaker CQI Planning Team</p> | <p>Human Services Leadership Team, County Directors, Division Directors, Community Partners, Communications; Team Leaders, Research, Data & Accountability, Knowledge Management Division, CCFS</p> | | |

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

Objective 5 / Progress Measure 5: Improve the collection of information and data of Independent Living services, and improve the consistency and thoroughness by caseworkers of the content of the entries into CAPSS of paid and unpaid Independent Living services received by the youth.

Progress Benchmark / Strategy

4.5.1: Report information on all youth receiving independent living services.

4.5.2: Provide training to providers on Form 30254 and the process.

| Action Steps / Task Names | Start / Finish Dates | Lead | Implementation Supports Required: Names / Items / Funding / Training | Comments: Progress / Challenges / New Action Step Required (add below) | Completed |
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| <p>4.5.1a: N-QIP General Requirement #1 Establish a business practice to report information on all youth receiving independent living services.</p> <p>The state must establish a business practice to consistently and accurately capture information on all services</p> | <p>12/15/14</p> | <p>LaToya Reed</p> | <p>CFCIP staff / 1 Caseworker, 1 Supervisor, 1 Provider</p> <p>Planning Group Darlene Van Deusen / Mari Squire</p> | <p>Planning Group meets for the first time on 11/20/14 Training Plan to include: -Pre-work- learn if Form 30254 and Booklet 30255 need revision and revise if necessary. -Develop a small group of providers to meet with Planning Group before the training events are planned, meet with the Providers for ideas about Form 30254 design and utilization challenges and successes.</p> <p>Booklet 30255 was printed in December 2014</p> <p>-Train caseworkers and supervisors on the Form 30254 and its utilization, and on the NYTD Services Booklet- Form 30255, in County Offices and Regional Offices. Supervisors' direct caseworkers to utilize, face-to-face, Form 30254 with Group Home and Foster Parent providers, and ensure that caseworkers are keeping Form 30254 in file.</p> <p>Planning Group meets to develop the training plan. a) Explore the reason(s) a child assessment for Independent Living services is frequently not documented in CAPSS nor available in the case file b) Include the response(s) to that reason(s) in the training events on Independent Living Services for current Caseworkers and Supervisors for all counties. Reasons explored by Regional IL Advocates are high case load, lack of supportive staff in county, inadequate training of the child assessment, and high turnover rate amongst case managers</p> | <p>Completed and Ongoing</p> <p>Completed</p> |

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| | 2/2017 | | | <p>Schedule training for supervisors.(Ongoing and available as needed)</p> <p>Explore the most efficient and expeditious method to train caseworkers, supervisors, and providers in the required transition planning, and establish a strategy</p> <ul style="list-style-type: none"> a) Regional IL Advocates offers group training, one on one hands on coaching, offers technical assistance, assist with transition planning meetings, monitor and review CAPSS reports for NYTD, transition planning meetings, domain 8 of the child assessment and provide updates resources/tools for case managers b) Future goals: create a webinar training, professional development training, update basic child welfare training for IL through USC including like skills assessment (LaToya will ask to see what they are training now) <p>Ongoing meetings with CAPSS Support. Meetings were held on 11/20/14, 12/03/14, 12/09/14,12/17/14. Mari and Terri will provide dates of meetings</p> <p>Ongoing trainings Assessing methods to include regional trainings and county trainings currently in progress. Discussing partnering with USC- Center for Child and Family Studies to develop online training modules LaToya will contact Rita Martin at USC to follow up and see when to start</p> | <p>Completed and Ongoing</p> <p>Completion date 2/2017</p> |
| <p>4.5.1b: N-QIP Data Element #1 Services approved via a funding request for IL services (DSS Form 30198). Specifically, the state must ensure that only services delivered to a youth are reported to NYTD and not simply services that are “approved”.</p> | 3/1/15 – ongoing | LaToya Reed | | <p>South Carolina Department of Social Services Independent Living (SCDSS IL) staff will add a notation in the approval e-mail directing the approval letter for case managers to only document when service is received by youth. In addition, Independent Living will make this part of the check voucher procedure when funding is dispersed for services received. Information will also be shared in staff trainings.</p> <p>IL staff will add notation regarding NYTD services recording to the approval letter</p> <p>Group Home Providers-3/15 Foster Parents-6/15 Agency Staff-Continuous</p> | <p>Completed and Ongoing</p> <p>Effective 4/2016</p> <p>Completed and Ongoing</p> |

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| | 2/2017 | | | Part of this item is completed, the adding of notation in email approval letter. To be made part of check voucher process when there is a uniform business process created for all counties or if IL is able to build a business office within the IL program area. (Process still in development phase for IL business office. Require additional positions for business office staff) | In process. |
| 4.5.1c: N-QIP General Requirement #1 Services provided by foster parents. Case managers are not consistently documenting services delivered by foster parents. | 3/1/15 - ongoing | LaToya Reed | | SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences & staff training activities. Group Home Providers-3/15 Foster Parents-6/15 Agency Staff-Continuous IL Advocates have also been doing training with the foster parents throughout the state and introducing the new 30254 form (Monthly NYTD Services Tracking Form). (Form needs to be uploaded in Master Forms Index) Ongoing process. | Completed and Ongoing IP |
| 4.5.1d: N-QIP Data Element #20 Independent living needs assessment The state should revise its business process for collecting information on independent living services to ensure that service information is consistently captured regarding activities and supports paid for by DSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1). The state is encouraged to clarify with workers what constitutes a systematic "needs assessment" for the purposes of reporting element 20. | 10/1/15 2/2017 2/2017 | LaToya Reed | | SCDSS IL staff is working with CAPSS to include in the comprehensive IL revision in CAPSS for supervisors and case managers to be alerted when a needs assessment is due.(Waiting on CAPSS team for implementation of alerts) The SCDSS IL team will continuously train agency staff on proper procedure for conducting and documenting IL needs assessments through coaching and providing technical assistance, and information handouts. Creating and implementing online training modules IL staff will continue to consult and meet with Regional Directors in order to ensure supervisors are holding case managers accountable for inserting accurate data. Mari Squire and Terri Pope are currently working with Lynn Horne (CAPSS Team to resolve all CAPSS issues (Ongoing). | Completion date 9/2016 IP IP |

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| <p>4.5.1e: N-QIP Data Element #21 Academic support The state should revise its business process for collecting information on independent living services to ensure that service information is consistently captured regarding activities and supports paid for by DSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).</p> <p>The state's IL services booklet (DSS Booklet 30255) should be revised to clarify the following about element 21: - Funding for "pre-college" expenses including applications and SAT/ACT, transportation to SAC/ACT, "College Goal Sunday" are "post-secondary supports" (element 22), not "academic supports" (element 21).</p> <p>- A youth's "attendance at IEP meetings" should not be considered "academic support" provided by the agency.</p> | <p>9/30/15</p> <p>10/31/15</p> | <p>LaToya Reed</p> | | <p>SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences & staff training events.</p> <p>SCDSS IL staff team has revised the 30255 NYTD booklet to clarify this issue, currently in the printing process. To be distributed at all training events with stakeholders and SCDSS staff.</p> <p>SCDSS did not previously include a youth's attendance at IEP meetings as academic support. SCDSS IL staff will ensure clarification of this for front line practitioners and leadership in training activities. NYTD Services Booklet updated to reflect "accompanying a youth to an IEP meeting" is a NYTD service.</p> | <p>Completed and ongoing</p> <p>Completed and Ongoing</p> <p>Completed</p> |
| <p>4.5.1f: N-QIP Data Element #22 Post-secondary educational support The state should revise its business process for collecting information on independent living services to ensure that service information is consistently captured regarding activities and supports paid for by DSS or provided by caseworkers and foster parents for all</p> | <p>9/15</p> | <p>LaToya Reed</p> | | <p>SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences & staff training activities.</p> <p>IL Advocates will continue training and TA assistance with county staff. Policy has been updated to add instructions to document all services including post-secondary services.</p> <p>IL program requires updated education screen located in CAPSS to identify current education level status</p> | <p>Completed and Ongoing</p> <p>Completed</p> <p>Completed</p> |

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| <p>served youth regardless of age or foster care status (see General Requirement #1).</p> | <p>2/2017</p> | | | <p>Mari Squire and Terri Pope are currently working with Lynn Horne CAPSS Team to resolve all CAPSS issues. New method of entering NYTD services being developed.</p> | <p>IP</p> |
| <p>4.5.1g: N-QIP Data Element #23 Career preparation The state should revise its business process for collecting information on independent living services to ensure that service information is consistently captured regarding activities and supports paid for by DSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).</p> | <p>9/15 2/2017</p> | <p>LaToya Reed</p> | | <p>SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences & staff training activities.</p> <p>Mari Squire and Terri Pope are currently working with Lynn Horne CAPSS Team to resolve all CAPSS issues. New method of entering NYTD services being developed.</p> | <p>Completed and Ongoing IP</p> |
| <p>4.5.1h: N-QIP Data Element #24 Employment programs or vocational training The state should revise its business process for collecting information on independent living services to ensure that service information is consistently captured regarding activities and supports paid for by DSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).</p> | <p>9/15 2/2017</p> | <p>LaToya Reed</p> | | <p>SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences & staff training activities.</p> <p>Mari Squire and Terri Pope are currently working with Lynn Horne CAPSS Team to resolve all CAPSS issues. New method of entering NYTD services being developed</p> | <p>Completed and Ongoing IP</p> |

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| <p>4.5.1i: N-QIP Data Element #25 Budget and financial management The state should revise its business process for collecting information on independent living services to ensure that service information is consistently captured regarding activities and supports paid for by DSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).</p> | <p>9/15 2/2017</p> | <p>LaToya Reed</p> | | <p>SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences & staff training activities.</p> <p>Mari Squire and Terri Pope are currently working with Lynn Horne CAPSS Team to resolve all CAPSS issues. New method of entering NYTD services being developed</p> | <p>Completed and Ongoing IP</p> |
| <p>4.5.1j: N-QIP Data Element #26 Housing education and home management training The state should revise its business process for collecting information on independent living services to ensure that service information is consistently captured regarding activities and supports paid for by DSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).</p> | <p>9/15 2/2017</p> | <p>LaToya Reed</p> | | <p>SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences & staff training activities.</p> <p>Mari Squire and Terri Pope are currently working with Lynn Horne CAPSS Team to resolve all CAPSS issues. New method of entering NYTD services being developed</p> | <p>Completed and Ongoing IP</p> |
| <p>4.5.1k: N-QIP Data Element #27 Health education and risk prevention The state should revise its business process for collecting information on independent living services to ensure that service information is consistently</p> | <p>9/15 2/2017</p> | <p>LaToya Reed</p> | | <p>SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences & staff training activities.</p> <p>Mari Squire and Terri Pope are currently working with Lynn Horne CAPSS Team to resolve all CAPSS issues. New method of entering NYTD services being developed</p> | <p>Completed and Ongoing IP</p> |

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| <p>captured regarding activities and supports paid for by DSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).</p> | | | | | |
| <p>4.5.1l: N-QIP Data Element #28 Family support and healthy marriage education</p> <p>The state should revise its business process for collecting information on independent living services to ensure that service information is consistently captured regarding activities and supports paid for by DSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).</p> | <p>9/15</p> <p>2/2017</p> | <p>LaToya Reed</p> | | <p>SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences & staff training activities.</p> <p>Mari Squire and Terri Pope are currently working with Lynn Horne CAPSS Team to resolve all CAPSS issues. New method of entering NYTD services being developed</p> | <p>Completed and Ongoing</p> <p>IP</p> |
| <p>4.5.1m: N-QIP Data Element #29 Mentoring</p> <p>The state should revise its business process for collecting information on independent living services to ensure that service information is consistently captured regarding activities and supports paid for by DSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).</p> <p>The state's IL services booklet (DSS Booklet 30255) should be revised to clarify that independent living needs</p> | <p>10/15</p> <p>2/2017</p> | <p>LaToya Reed</p> | | <p>SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences & staff training activities.</p> <p>SCDSS IL staff team has revised the 30255 NYTD booklet to clarify this issue and has been printed. To be distributed at all training events with stakeholders and SCDSS staff.</p> <p>Mari Squire and Terri Pope are currently working with Lynn Horne CAPSS Team to resolve all CAPSS issues. New method of entering NYTD services being developed</p> | <p>Completed and Ongoing</p> <p>IP</p> |

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| assessment activities do not count as “mentoring” for element 29. | | | | | |
| 4.5.1n: N-QIP Data Element #30 Supervised independent living The state should revise its business process for collecting information on independent living services to ensure that service information is consistently captured regarding activities and supports paid for by DSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1). | 9/15 2/2017 | LaToya Reed | | SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences & staff training activities. Mari Squire and Terri Pope are currently working with Lynn Horne CAPSS Team to resolve all CAPSS issues. New method of entering NYTD services being developed | Completed and Ongoing IP |
| 4.5.1o: N-QIP Data Element #31 Room and board financial assistance The state should revise its business process for collecting information on independent living services to ensure that service information is consistently captured regarding activities and supports paid for by DSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1). | 9/15 2/2017 | LaToya Reed | | SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences & staff training activities. Mari Squire and Terri Pope are currently working with Lynn Horne CAPSS Team to resolve all CAPSS issues. New method of entering NYTD services being developed | Completed and Ongoing IP |
| 4.5.1p: N-QIP Data Element #32 Education financial assistance The state should revise its business process for collecting information on independent living services to ensure that service information is consistently | 9/15 2/2017 | LaToya Reed | | SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences & staff training activities. Mari Squire and Terri Pope are currently working with Lynn Horne CAPSS Team to resolve all CAPSS issues. New method of entering NYTD services being developed | Completed and Ongoing IP |

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| <p>captured regarding activities and supports paid for by DSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).</p> | | | | | |
| <p>4.5.1q: N-QIP Data Element #33 Other financial assistance The state should revise its business process for collecting information on independent living services to ensure that service information is consistently captured regarding activities and supports paid for by DSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).</p> | <p>9/15 2/2017</p> | <p>LaToya Reed</p> | | <p>SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences & staff training activities.</p> <p>Mari Squire and Terri Pope are currently working with Lynn Horne CAPSS Team to resolve all CAPSS issues. New method of entering NYTD services being developed</p> | <p>Completed and Ongoing</p> <p>IP</p> |
| <p>4.5.2: Provide training to providers on Form 30254 and the process. N-QIP General Requirement #1 Services provided by contractors. Case-level information on services delivered by contractors must be collected and reported. We learned during interviews that sometimes this service data is reported in aggregate only.</p> | <p>4/2015 2/2017</p> | <p>LaToya Reed</p> | <p>CFCIP staff</p> | <p>Training events begin, Palmetto Association for Children and Families and South Carolina Foster Parent Association annual conferences.</p> <p>SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences & staff training activities.</p> <p>SCFPA conference is held on April 9-11, 2015 and April 14-15, 2016.</p> <p>IL staff has conducted training throughout the year to group home providers, foster parent association meetings, partners, guardian ad litem and agency staff</p> <p>Completed PAFCAF Conference on 2014, 2015, and 2016</p> <p>Future goals: train foster youth to self-identify the NYTD services</p> | <p>Completed</p> <p>Completed and Ongoing</p> <p>Completed and Ongoing</p> <p>IP</p> |

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| <p>4.5.2: Provide training to providers on Form 30254 and the process. N-QIP General Requirement #1 Services provided by contractors. Case-level information on services delivered by contractors must be collected and reported. We learned during interviews that sometimes this service data is reported in aggregate only.</p> | 4/2015 | LaToya Reed | CFCIP staff | <p>Training events begin, Palmetto Association for Children and Families and South Carolina Foster Parent Association annual conferences.</p> <p>SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences & staff training activities.</p> <p>SCFPA conference is held on April 9-11.</p> <p>Group Home Providers-3/15 Foster Parents-6/15 Agency Staff-Continuous</p> | <p>Completed PAFCAF Conference on 2/12/14.</p> <p>Completed</p> |
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GOAL 4: Build system capacity to support safe and thriving children in lifelong families.

Objective 6 / Progress Measure 6: Improve the collection of information and data of Independent Living services, by modifying the CAPSS to be able to identify demographics and special populations, and their needs.

Progress Benchmark / Strategy

4.6.1 Address and correct CAPSS-related data element errors.

| Action Steps / Task Names | Start / Finish Dates | Lead | Implementation Supports Required: Names / Items / Funding / Training | Comments: Progress / Challenges / New Action Step Required (add below) | Completed |
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| <p>4.6.1a: N-QIP General Requirement #1 Services provided to youth over age 21. The state currently does not report on older youth who may be receiving services such as ETV.</p> | 7/15 Completion Date (per IT) | LaToya Reed | | <p>SCDSS IL staff will send a request 2/15 for CAPSS to correct issue, and schedule a meeting with CAPSS team to plan change</p> <p>Ensure that services received by youth ages 21-23 are captured and reported through the NYTD portal. These reports are received on a monthly basis.</p> | <p>2/15 Requested</p> <p>Completed</p> |
| <p>4.6.1b: N-QIP General Requirement #1 Demographic elements that help</p> | | LaToya Reed | | <p>SCDSS IL staff will send request 2/15 for CAPSS to correct issue, and schedule meeting with CAPSS team to plan change.</p> <p>SCDSS IL to verify correct definition of adjudicated delinquent.</p> | |

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| <p>identify special populations of youth and their needs (e.g., federally-recognized tribal membership, adjudicated delinquent, educational level, special education) were not able to be collected in CAPSS as required by the NYTD regulation.</p> | 9/2016 | | | <p>Mari Squire and Terri Pope are currently working with Lynn Horne (CAPSS Team) to resolve all CAPSS issues. Expected date 9/2016. Request sent February 2015.</p> <p>The federally recognized tribal membership and adjudicated delinquent demographic elements have been corrected.</p> <p>The corrections for educational level and special education services are ongoing until completed 9/2016</p> | <p>Ongoing</p> <p>Completed</p> |
| <p>4.6.1c: N-QIP Data Element #4 Date of birth The state should develop a procedure to monitor this element to ensure that dates of birth are reported correctly and consistently in NYTD reports.</p> | TBD | LaToya Reed | | <p>IL staff will continue to consult and meet with Regional Directors in order to ensure supervisors are holding case managers accountable for inserting accurate data.</p> <p>Mari is going to ask Rose about portal to verify birth date</p> | IP |
| <p>4.6.1d: N-QIP Data Element #11 Race: Unknown The state's system must allow this element to be selected in combination with other race data for a multiracial youth.</p> | 7/15 | LaToya Reed | | <p>SCDSS IL staff will send request 2/2015 for CAPSS to correct issue, and schedule meeting with CAPSS team to plan change, on being able to select more than one race for a multiracial youth.</p> <p>This data element has been corrected and in use in CAPSS.</p> | Completed |
| <p>4.6.1e: N-QIP Data Element #14 Foster care status – services The state must revise CAPSS so that the placement type “Court Ordered Unlicensed Parent” is not considered “foster care” for the purposes of determining a value for element 14.</p> | 9/2016 | LaToya Reed | | <p>SCDSS IL staff will send request 2/15 for CAPSS to correct issue, and schedule meeting with CAPSS team to plan change, so that a youth placed with an unlicensed parent is not considered to be in foster care in CAPSS</p> <p>This data element has not been corrected as of date. Mari Squire and Terri Pope are currently working with Lynn Horne (CAPSS Team) to resolve all CAPSS issues.</p> | IP |

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| <p>4.6.1f: N-QIP Data Element #15 Local agency For youth placed and served in South Carolina from another state via the Interstate Compact for the Placement of Children (ICPC), the state must report the sending state's local agency code for element 15.</p> | 9/2016 | LaToya Reed | | <p>SCDSS IL staff will send request 2/2015 for CAPSS to correct issue, and schedule meeting with CAPSS team to plan change, so that a youth placed with an unlicensed parent is not considered to be in foster care in CAPSS.</p> <p>Mari Squire and Terri Pope are currently working with Lynn Horne (CAPSS Team) to resolve all CAPSS issues. Expected date 9/2016.</p> | IP |
| <p>4.6.1g: N-QIP Data Element #16 Federally recognized tribe The state is to report "blank" for this element when the federally recognized tribal membership or eligibility for membership is not known or is pending verification.</p> | 7/15 Completion Date (per IT) | LaToya Reed | | <p>SCDSS IL staff will send request 2/205 for CAPSS to correct issue, and schedule meeting with CAPSS team to plan change. CAPSS team needs clarification on rules for "blank" from NYTD before correcting this issue. Element is reported as "unknown"</p> | Completed |
| <p>4.6.1h1: N-QIP Data Element #16 Federally-recognized tribe. The state should revise the CAPSS value "M" ("Member but not enrolled") as it is ambiguous and could be interpreted to mean that a youth is a member of a federally-recognized tribe.</p> | 7/15 Completion Date (per IT) 10/15 | LaToya Reed | | <p>Mari Squire and Terri Pope are currently working with Lynn Horne (CAPSS Team) to resolve all CAPSS issues. Expected date 9/2016. Request sent February 2015.</p> | Completed |
| <p>4.6.1h2: N-QIP Data Element #16 Federally-recognized tribe. The state must establish supervisory controls to monitor the updating of this demographic information.</p> | 10/15 | LaToya Reed | | <p>IL staff will continue to consult and meet with Regional Directors in order to ensure supervisors are holding case managers accountable for inserting accurate data.</p> | Complete and Ongoing |
| <p>4.6.1i: N-QIP Data Element #17 Adjudicated delinquent The state is to revise CAPSS to enable the collection of information on whether a</p> | | LaToya Reed | | <p>SCDSS IL staff, as part of the comprehensive revision of the IL data in the system, will send request 2/2015 for CAPSS to correct issue, and schedule meeting with CAPSS team to plan change, to ensure inclusion of this question with a yes or no answer in CAPSS, and to be updateable. SCDSS IL staff to verify correct definition of adjudicated delinquent.</p> | IP |

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| youth receiving services was ever adjudicated delinquent by a court regardless of the corresponding placement or timing of the adjudication. | 9/2016) | | | This data element has not been corrected as of date. Mari Squire and Terri Pope are currently working with Lynn Horne (CAPSS Team) to resolve all CAPSS issues. | |
| 4.6.1j: N-QIP Data Element #17 Supervisory controls. The state must establish supervisory controls to monitor the updating of this demographic information. | 9/15 10/15 9/2016 | LaToya Reed | | SCDSS IL staff is working with CAPSS task force exploring the possibilities of automatic alerts being sent to supervisors. IL staff will continue to consult and meet with Regional Directors in order to ensure supervisors are holding case managers accountable for inserting accurate data. Mari Squire and Terri Pope are currently working with Lynn Horne (CAPSS Team) to resolve all CAPSS issues. Expected date 9/2016. | 9/2016 Completed and Ongoing IP |
| 4.6.1k: N-QIP Data Element #18 Educational level. The state must add a CAPSS code for “post-secondary education or training” for element 18. | 9/2016 | LaToya Reed | | CAPSS team is researching to make possible change. This data element has not been corrected as of date. Mari Squire and Terri Pope are currently working with Lynn Horne (CAPSS Team) to resolve all CAPSS issues. | IP |
| 4.6.1l: N-QIP Data Element #18 College. The state must ensure that the value “college” is reported for served population youth who have “at least one semester” of college for element 18. | 9/2016 | LaToya Reed | | SCDSS IL staff will send request 2/2015 for CAPSS to correct issue, and schedule meeting with CAPSS team to plan change in the comprehensive IL revision project for CAPSS. This data element has not been corrected as of date. Mari Squire and Terri Pope are currently working with Lynn Horne (CAPSS Team) to resolve all CAPSS issues. Expected date 9/2016. | IP |
| 4.6.1m: N-QIP Data Element #18 Grade Levels. The state is encouraged to reconsider its approach to collecting both grade levels (e.g., 5 th grade, 6 th grade, etc.) and certification levels (e.g., “high school diploma”, “GED”, etc.), in the CAPSS “education level attained” menu. Combining grade levels and certifications may confuse the worker regarding what needs to be reported for NYTD (an education level). | 9/2016 | LaToya Reed | | SCDSS IL staff will send request 2/2015 for CAPSS to correct issue to separate certification and grade levels, and schedule meeting with CAPSS team to plan change in the comprehensive IL revision project for CAPSS. This data element has not been corrected as of date Mari Squire and Terri Pope are currently working with Lynn Horne (CAPSS Team) to resolve all CAPSS issues. | IP |

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| <p>4.6.1n: N-QIP Data Element #18 Demographic data supervision. The state must establish supervisory controls to monitor the updating of this demographic information.</p> | 10/15 | LaToya Reed | | IL staff will continue to consult and meet with Regional Directors in order to ensure supervisors are holding case managers accountable for inserting accurate data. | Completed and Ongoing |
| <p>4.6.1o: N-QIP Data Element #19 Special education. The state must be able to capture information on the receipt of special education instruction during a six-month report period for youth in the served population).</p> | 9/2016 | LaToya Reed | | SCDSS IL staff to ask for clarification on reporting monthly versus per reporting period. IL will work with the CAPSS task group to ensure ability to capture this information. This data element has not been corrected as of date Mari Squire and Terri Pope are currently working with Lynn Horne (CAPSS Team) to resolve all CAPSS issues. | IP |
| <p>4.6.1p: N-QIP Data Element #19 Element 19 values. The state is encouraged to reconsider the CAPSS values that map to element 19 as they are diagnoses and not indicative of whether a youth received special education instruction.</p> | 9/2016 | LaToya Reed | | SCDSS IL staff will send request 2/2015 for CAPSS to correct issue, and schedule meeting with CAPSS team to plan change, to request for CAPSS to ensure the ability to capture this information. This data element has not been corrected as of date Mari Squire and Terri Pope are currently working with Lynn Horne (CAPSS Team) to resolve all CAPSS issues. | 2/15 Requested IP |
| <p>4.6.1q: N-QIP Data Element #19 Demographic data supervision. The state must establish supervisory controls to monitor the updating of this demographic information.</p> | 9/2016 | LaToya Reed | | IL staff will continue to consult and meet with Regional Directors in order to ensure supervisors are holding case managers accountable for inserting accurate data. | Completed and ongoing. |

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| <p>4.6.1r: N-QIP Data Element #36 Foster care status – outcomes. The state must report the youth's foster care status (element 36) on the date the state determines the reason for the youth's non-participation in the NYTD survey.</p> | | LaToya Reed | | IT has resolved this issue | Completed |
| <p>4.6.1s: N-QIP Data Element #53 Marriage at child's birth The state must establish a quality assurance process to resolve internally consistent data errors in this element by consulting with the youth rather than using its extraction routine to automatically convert erroneous survey responses for this element into valid values.</p> | | LaToya Reed | | SCDSS CAPSS is now reporting inconsistencies to NYTD partners at the University of South Carolina (USC), rather than correcting them. USC is to contact youth and submit file fix to SCDSS Information Technology (IT) Team. | Completed |
| <p>4.6.1t: N-QIP Data Element #56 Health insurance type: Medical The state must establish a quality assurance process to resolve internally consistent data errors in this element by consulting with the youth rather than using its extraction routine to automatically convert erroneous survey responses for this element into valid values.</p> | | LaToya Reed | | SCDSS CAPSS is now reporting inconsistencies to NYTD partners at the University of South Carolina (USC), rather than correcting them. USC is to contact youth and submit file fix to SCDSS Information Technology (IT) Team. | Completed |
| <p>4.6.1u: N-QIP Data Element #57 Health insurance type: Mental health. The state must establish a quality assurance process to resolve internally consistent data errors in this element by consulting with the youth rather than using</p> | | LaToya Reed | | SCDSS CAPSS is now reporting inconsistencies to NYTD partners at the University of South Carolina (USC), rather than correcting them. USC is to contact youth and submit file fix to SCDSS Information Technology (IT) Team. | Completed |

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| its extraction routine to automatically convert erroneous survey responses for this element into valid values. | | | | | |
| 4.6.1v: N-QIP Data Element #58 Health insurance type: Prescription drugs. The state must establish a quality assurance process to resolve internally consistent data errors in this element by consulting with the youth rather than using its extraction routine to automatically convert erroneous survey responses for this element into valid values. | | LaToya Reed | | SCDSS CAPSS is now reporting inconsistencies to NYTD partners at the University of South Carolina (USC), rather than correcting them. USC is to contact youth and submit file fix to SCDSS Information Technology (IT) Team. | Completed |

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

Objective 7 / Progress Measure 7: Improve the knowledge of Foster Parents, other providers, and youth of the Independent Living services available for youth.

Progress Benchmark / Strategy

4.7.1: Train providers and youth on State’s need-based Grant Waiver.

4.7.2: Add the question on the ETV application- “Has the youth applied for the Grant Waiver?”

4.7.3: Improve the information provided to caseworkers regarding College Goal Sundays.

4.7.4: Explore the use of media and technology to communicate with youth directly including the NYTD USC List Serve.

| Action Steps / Task Name | Start / Finish Dates | Lead | Implementation Supports Required: Names / Items / Funding / Training | Comments: Progress / Challenges / New Action Step Required (add below) | Completed |
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| 4.7.1: Train providers and youth on the availability, completion, and submission of the State’s need-based grant waiver on the SC Commission On Higher Education website, and on the Guide Book. Include May 1 annual deadline target for submission, however can also submit post May 1. | 2/2015 – 4/2015 | LaToya Reed | SC Commission On Higher Education / Independent Living Youth Association Facilitators | Training events provided for all providers at group homes, other trainings, and applicable youth at Youth Groups and at group homes. Electronic notification is sent to case managers requesting IL requests. As well as youth who contact IL staff requesting further information about post-secondary education and financial aid. | Completed and ongoing |

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| <p>4.7.2: Add the question on the ETV application- "Has the youth applied for the Grant Waiver?"</p> | <p>1/7/15</p> | <p>LaToya Reed</p> | <p>ETV application source / Chris Cushing (USC CLC)</p> | <p>Question added to ETV application. Distributed</p> | <p>Completed.</p> |
| <p>4.7.3: Improve the information provided to caseworkers regarding the locations and dates of College Goal Sundays provided by the Commission On Higher Education.</p> | <p>1/2015</p> | <p>Mari Squire</p> | <p>SC Commission On Higher Education / Independent Living Youth Association Facilitators / Independent Living Caseworkers / Foster Care Caseworkers and Supervisors / Team Leaders / County Office Directors / SCFPA, PAFCAP, NYTD List Serves</p> | <p>A schedule for providing information to caseworkers on College Goal Sundays is developed, and implemented. IL will distribute an email flyer to County and Regional Staff, to get to youth.</p> | <p>Completed and Ongoing</p> |
| <p>4.7.4: Explore the use of media and technology to communicate with youth directly including the NYTD USC List Serve. (IL Team)</p> | <p>5/13/2015</p> | <p>LaToya Reed</p> | <p>Monique Mitchell USC CCFS NYTD</p> | <p>The use of media and technology to communicate with youth directly have been explored and still requires SCDSS Executive Management approval.</p> | <p>IP</p> |

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

Objective 8 / Progress Measure 8: Caseworkers will be enabled to do effective transition planning, in order to involve all youth and their adult support system in effective transition planning, within the 90 day period prior to their 17th birthday, and monthly, face-to-face following the youth's 18th birthday as long as the youth receives Independent Living funding, per Foster Care Manual, Section 832.01.01, Transition Planning Prior to Emancipation, effective February 3, 2013.

Progress Benchmark / Strategy

4.8.1: Train providers and youth on State's need-based Grant Waiver.

| Action Steps / Task Name | Start / Finish Dates | Lead | Implementation Supports Required: Names / Items / Funding / Training | Comments: Progress / Challenges / New Action Step Required (add below) | Completed |
|---|--|-------------|---|--|---|
| Strategy 4.8.1: Train providers and youth on State's need-based Grant Waiver and in transition planning. | 1/2015 9/2016 | LaToya Reed | CFCIP | <p>Training for County and Regional staff completed, 9/2016 Regional IL advocates assist with transition planning meetings, sharing information about the SC need-based Grant Waiver on a regular basis in the county offices.</p> <p>IL staff have and will continue to present information in training workshops during youth group meetings throughout the state.</p> <p>IL staff will share the information with partners that provide services and programs to applicable youth.</p> <p>The transition planning form is currently in final review still pending input from providers and case managers.</p> | <p>Completed</p> <p>IP</p> <p>IP</p> <p>IP</p> |

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

Objective 9 / Progress Measure 9: Be able to determine the foster care status for baseline youth who did not participate in the survey, and be able to technically validate to ensure that all eligible baseline youth with a survey request are reported on by USC prior to NYTD file submission, and be able to technically validate that all follow-up population cohort youth with a survey request are reported on by USC prior to NYTD file submission, in order to improve the NYTD Survey of youth and the follow up to the Survey by the SCDSS.

Progress Benchmark / Strategy

4.9.1: Explore with SCDSS Information Technology Unit the reason the foster care status cannot be determined for baseline youth who did not participate in the survey, and the reason the Department cannot technically validate that all eligible baseline youth with a survey request are reported on by USC prior to NYTD file submission.

4.9.2: Report information on all youth in the baseline population.

4.9.3: The state is reporting information on all youth in the follow-up population.

4.9.4: The state reports NYTD data files following ACF's specifications.

4.9.5: The state conducts quality assurance to ensure NYTD information can be analyzed and used.

| Action Steps / Task Name | Start / Finish Dates | Lead | Implementation Supports Required: Names / Items / Funding / Training | Comments: Progress / Challenges / New Action Step Required (add below) | Completed |
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| 4.9.1: Explore with the SCDSS Information Technology Unit the reason that the foster care status cannot be determined for baseline youth who did not participate in the survey. | 11/15/2014 | LaToya Reed | SCDSS IT Paulette Salley / Monique Mitchell | Report submitted the reason that the foster care status cannot be determined for baseline youth who did not participate in the survey. | Completed. |
| 4.9.2: N-QIP General Requirement #2 Eligible for survey. The state is to develop a validation routine to ensure that all youth in the baseline or follow-up population eligible for the survey are reported on by CCFS and included in the appropriate NYTD file. | 11/15/2014 TBD | LaToya Reed | SCDSS IT Paulette Salley / Monique Mitchell | Report submitted for the reason that the Department cannot technically validate that all eligible baseline youth with a survey request are reported on by USC prior to NYTD file submission. A plan was developed to validate that all eligible baseline youth with a survey request are reported on by USC prior to NYTD file submission. | Completed. |
| 4.9.3: N-QIP General Requirement #4 Eligible for survey. The state is to develop a validation routine to ensure that all youth in the follow-up population eligible for the survey are reported on by CCFS and included in the appropriate NYTD file. | 11/15/2014 | LaToya Reed | SCDSS IT Paulette Salley / Monique Mitchell | Report submitted for the reason that the Department cannot technically validate that all follow-up population cohort youth with a survey request are reported on by USC prior to NYTD file submission. A plan was developed to validate that all eligible baseline youth with a survey request are reported on by USC prior to NYTD file submission. | Completed |

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| <p>4.9.4: N-QIP General Requirement #7 Eligible for survey. As noted in General Requirements 2 and 4, the state is to develop a validation routine to ensure that all youth in the baseline or follow-up population are reported on in the appropriate file.</p> | 11/15/2014 | LaToya Reed | <p>SCDSS IT Paulette Salley / Monique Mitchell</p> | <p>Report submitted for the reason that the Department cannot technically validate that all follow-up population cohort youth with a survey request are reported on by USC prior to NYTD file submission. A plan was developed to validate that all eligible baseline youth with a survey request are reported on by USC prior to NYTD file submission.</p> | Completed |
| <p>4.9.5a: N-QIP General Requirement #8 QA changes. The state is to make changes to its QA procedure to address logically inconsistent data errors in elements 34-58 by determining the cause of the error and resolving the inconsistency by consulting the youth instead of automatically correcting the error.</p> | 4/15 | LaToya Reed | | <p>SCDSS CAPSS is now reporting inconsistencies to NYTD partners at the University of South Carolina (USC), rather than correcting them. USC is to contact youth and submit file fix to SCDSS Information Technology (IT) Team.</p> | Completed |
| <p>4.9.5b: N-QIP General Requirement #8 Analyze data of youth services. The state is strongly encouraged to develop and implement a systematic effort to analyze NYTD data to assess youths' access to services, the quality of services, or youth involvement in their own transition planning. The state should engage young people in developing and implementing these plans.</p> | <p>4/15</p> <p>9/2016</p> <p>6/2016</p> | LaToya Reed | | <p>NYTD team to train staff, administration, community partners and care providers in understanding and utilizing NYTD data to inform practice and assess quality of services provided. This was accomplished through weekly Human Service Leaders conference calls, P2 & P3 meetings, Palmetto Association For Children and Families, SC Foster Parent Association, & the Independent Living Advisory Committee.</p> <p>In reference to engaging youth in transition planning, SCDSS IL is revising the assessment tool (PATTY Form 30206) to include more comprehensive planning and collaboration with the youth, and sent to IT to place on SCDSS Server "Forms Index", in process. In addition, the IL team is reaching out to provide training to community partners, care providers, guardians at litem, and other adult support systems for youth.</p> <p>IL team is seeking input from State Youth Advisory Board (GOALL), providers, case managers, and other stakeholders on the transition planning form (formerly known as PATTY form 30206)</p> | <p>Completed and Ongoing</p> <p>IP</p> <p>IP</p> |

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

Objective 10 / Progress Measure 10: Revise the SC NYTD Survey so that it reflects all required NYTD questions, and specific skip logic errors are corrected, in order to improve the survey of youth and the follow up to the NYTD Survey by the SCDSS.

Progress Benchmark / Strategy

4.10.1: Request the USC Center for Child and Family Studies, NYTD Team, to make the following corrections to questions on the Survey by including: Question #7 (element 41), Question #9 (element 46), Question #11 (element 48) and Questions #19-21 (elements 56-58).

4.10.2: Request the SCDSS Information Technology Unit and/or the USC Center for Child and Family Studies Information Technology unit, to make the corrections related to the skip logic shown in the instrument suggests that elements 57 and 58 (questions #20 and 21) are only applicable if youth indicated having health insurance other than Medicaid. However, these elements are also dependent on a “yes” response to element 56 (medical health insurance) in question #19.

| Action Steps / Task Name | Start / Finish Dates | Lead | Implementation Supports Required: Names / Items / Funding / Training | Comments: Progress / Challenges / New Action Step Required (add below) | Completed |
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| 4.10.1 Discuss with the USC Center for Child and Family Studies, NYTD Team, making the following corrections to questions on the Survey by including: Question #7 (element 41), Question #9 (element 46), Question #11 (element 48) and Questions #19-21 (elements 56-58). | 11/30/2014 | LaToya Reed | USC CCFS NYTD / Monique Mitchell | Meeting held and decision made regarding possible corrections. Applicable corrections made. | Completed. |

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| <p>4.10.2: Request the SCDSS Information Technology Unit and/or the USC Center for Child and Family Studies Information Technology unit, to make the corrections related to the skip logic shown in the instrument suggests that elements 57 and 58 (questions #20 and 21) are only applicable if youth indicated having health insurance other than Medicaid. However, these elements are also dependent on a “yes” response to element 56 (medical health insurance) in question #19.</p> | 11/30/2014 | LaToya Reed | SCDSS IT Paulette Salley USC CCFS NYTD | Request made. Revisions. | <p>Completed</p> <p>Completed.</p> |
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GOAL 4: Build administrative capacity to support safe and thriving children in lifelong families.

Objective 11 / Progress Measure 11: Have no internal inconsistencies in survey data prior to submitting the NYTD, in order to improve the survey of youth and the follow up to the NYTD Survey by the SCDSS.

Progress Benchmark / Strategy

4.11.1: Determine the reason(s) that the automated correction and deletion of the software makes errors and creates inconsistencies.

4.11.2: Develop a manual or electronic process to check for internal inconsistencies in survey data before submitting to NYTD.

| Action Steps / Task Name | Start / Finish Dates | Lead | Implementation Supports Required: Names / Items / Funding | Comments: Progress / Challenges / New Action Step Required (add below) | Completed |
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| <p>4.11.1: Determine the reason(s) that the automated correction and deletion of the software makes errors and creates inconsistencies.</p> | 11/30/2014 | LaToya Reed | SCDSS IT Paulette Salley USC CCFS NYTD | Meeting held and determination made. Plan to correct developed. Implement plan. | <p>Completed</p> <p>Completed</p> |

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| 4.11.2: Develop a manual or electronic process to check for internal inconsistencies in survey data before submitting to NYTD. | 11/30/2014 | LaToya Reed | SCDSS IT Paulette Salley USC CCFS NYTD | Manual or electronic process developed and proposed. Implement proposal. | Completed. |
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GOAL 4: Build system capacity to support safe and thriving children in lifelong families.

Objective 12 / Progress Measure 12: The SCDSS will use the outcomes of the SC NYTD Survey data to give direction to actions, and ensure that the SC NYTD Survey data is being used in a meaningful way to understand youths' access to services, the quality of services, or youth involvement in their own transition planning.

Progress Benchmark / Strategy
4.12.1: The USC Center for Child and Family Studies will present the results and interpretation of the results of the Survey to the SCDSS Chafee Foster Care and Independent Living Program (CFCIP) staff, the SCDSS Team Leaders, Executive management, and at least during one Palmetto Power meeting.
4.12.2: The SCDSS Chafee Foster Care and Independent Living Program (CFCIP) staff will develop a proposal(s) for actions as a result of the presentation of the Survey results and the interpretation of the data by the USC Center for Child and Family Studies.

| Action Steps / Task Name | Start / Finish Dates | Lead | Implementation Supports Required: Names / Items / Funding | Comments: Progress / Challenges / New Action Step Required (add below) | Completed |
|--|----------------------|-------------|--|---|-------------------|
| 4.12.1: The USC Center for Child and Family Studies will present the results and interpretation of the results of the Survey to: 1) the SCDSS Chafee Foster Care and Independent Living Program (CFCIP) staff, 2) the SCDSS Team Leaders, Executive management, and 3) at least during one Palmetto Power meeting. | 11/30/2014 | LaToya Reed | Monique Mitchell USC CCFS NYTD Team Leaders | Presentations to 1), 2), and 3) | Completed |
| 4.12.2: The SCDSS Chafee Foster Care and Independent Living Program (CFCIP) staff will develop a proposal(s) for actions as a result of the presentation of the Survey results | 11/30/2014 | LaToya Reed | CFCIP staff | Proposal presented by NYTD Research Director, Monique Mitchell, to IL Staff and SCDSS Executive Management. | Completed. |

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| and the interpretation of the data by the USC Center for Child and Family Studies. | | | | | |
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GOAL 4: Build administrative capacity to support safe and thriving children in lifelong families.

Objective 13 / Progress Measure 13: Improve the understanding by Caseworkers and Supervisors of the SC NYTD Survey results, and how to use the data, in order to ensure that the SC NYTD Survey data is being used in a meaningful way to understand youths' access to services, the quality of services, or youth involvement in their own transition planning.

Progress Benchmark / Strategy
4.13.1: Provide training in the Survey results and how to use the data at Palmetto Power (P2) meetings.

| Action Steps / Task Name | Start / Finish Dates | Lead | Implementation Supports Required: Names / Items / Funding | Comments: Progress / Challenges / New Action Step Required (add below) | Completed |
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| 4.13.1: Provide training in the Survey results and how to use the data at Palmetto Power (P2) SCDSS Staff and external stakeholders meetings. | 11/30/2014 | LaToya Reed | CFCIP staff USC CCFS NYTD Malik Whitaker | Training provided at P2. List of Supervisors absent used to follow-up with additional training to them. | Completed. |

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

Objective 14 / Progress Measure 14: Bring the SCDSS CAPSS into compliance with requirements of the NYTD requirements, Ensure that the issues involving the CAPSS, as outlined in the NYTD Summary, are addressed by the CAPSS Work Team.

Progress Benchmark / Strategy
4.14.1: Place a member of the staff of the SCDSS Chafee Foster Care and Independent Living Program (CFCIP) on the CAPSS Work Team.
4.14.2: Identify the items in the Summary that can be most readily items brought into compliance with the NYTD requirements in the CAPSS, and make those changes.
4.14.3: Identify the items in the Summary that can be least readily items brought into compliance with the NYTD requirements in the CAPSS, and develop a plan for those changes.

| Action Steps / Task Name | Start / Finish Dates | Lead | Implementation Supports Required: Names / Items / Funding | Comments: Progress / Challenges / New Action Step Required (add below) | Completed |
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| 4.14.1: Place a member of the staff of the SCDSS Chafee Foster Care and Independent Living Program (CFCIP) on the CAPSS Work Team. | 11/30/14 | LaToya Reed | CFCIP | IL Staff Mari Squire and Terri Pope designated as members of CAPSS Work Team. | Completed. |
| 4.14.2: Identify what is most easily and expeditiously brought into compliance with the NYTD requirements in the CAPSS, and make those changes. | 1/2015 | LaToya Reed | CFCIP SCDSS IT Paulette Salley USC CCFS NYTD Monique Mitchell | Items identified from both NYTD and CAPSS team. Plan for items to be changed. Items changed. 10/31/2014- Mari Squire email to Paulette. | Completed. |
| 4.14.3 Identify the items in the Summary that can be least expeditiously brought into compliance with the NYTD requirements in the CAPSS, and develop a plan for those changes. | 11/30/14 | LaToya Reed | CFCIP SCDSS IT Paulette Salley USC CCFS NYTD Monique Mitchell | Items identified from both NYTD and CAPSS team. Plan for items to be changed. | Completed. |

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

Objective 15 / Progress Measure 15: Increase the involvement of youth in meetings and discussions related to youth, by increasing the quantity and the quality of the information that the youth are enabled to share with the SCDSS.

Progress Benchmark / Strategy

4.15.1: Train youth in the protocols of being involved in meetings and having an active voice.

4.15.2: Prepare youth for meetings by developing prepared questions with them for them to ask, and developing with them answers to anticipated/planned questions of the meeting.

4.15.3: Enable youth to have contacts with senior management at the SCDSS.

4.15.4: When youth are participating in meetings, adults at meetings will use youth-appropriate communication, including not using acronyms or other shortened names of titles, subjects, etc, and use youth-encouraging language.

4.15.5: Include a youth, participation item on the agenda of meetings involving youth input.

4.15.6: For meetings that youth cannot attend, present the youth with the agenda and information for the meeting, and ask the youth for their response(s).

| Action Steps / Task Name | Start / Finish Dates | Lead | Implementation Supports Required: Names / Items / Funding | Comments: Progress / Challenges / New Action Step Required (add below) | Completed |
|--|----------------------|-------------|--|---|---|
| 4.15.1: Train youth in the protocols of being involved in meetings and having an active voice. | Ongoing | LaToya Reed | CFCIP GOALL and Youth Facilitators NYTD Voice Panels Monique Mitchell Toni Jones | A formal plan is being developed to train youth. IL Staff and NYTD team prepares youth for involvement in meetings as needed, accompanies the youth to the meeting, and debriefs after each meeting. | In process Completed and ongoing. |
| 4.15.2: Prepare youth for meetings by developing prepared questions with them for them to ask, and developing with them answers to anticipated and planned questions of the meeting. | Ongoing | LaToya Reed | CFCIP | IL Staff and NYTD team prepares youth for involvement in meetings as needed, accompanies the youth to the meeting, and debriefs after each meeting. | In process Completed and ongoing. |
| 4.15.3: Enable youth to have contacts with senior management at the SCDSS, by inviting them to SCDSS Independent Living-related planning meetings. | ongoing | LaToya Reed | CFCIP | The State Youth Advisory Board (GOALL) invites the agency director and top management across the state to annual events that allow the opportunity to share information from the voices of youth in South Carolina. Senior management are also invited to other programs and events presented by the IL Program, such as IL graduation, girls and boys empowerment conference, etc. Youth invited by senior management to attend community events such as stakeholder meetings, governor’s press conference, foster care advisory board meeting, etc. | In process Complete and ongoing. |

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| <p>4.15.4: When youth are participating in meetings, adults at meetings will use youth-appropriate communication, including not using acronyms or other shortened names of titles, subjects, etc, and use youth-encouraging language.</p> | ongoing | LaToya Reed | CFCIP | <p>The State Youth Advisory Board (GOALL) created a resource document to assist adults who are working with youth participating in meetings.</p> | Completed and ongoing. |
| <p>4.15.5: Include a youth-participation item on the agenda of meetings involving youth input.</p> | ongoing | LaToya Reed | CFCIP | <p>Agenda indicates youth-participation item.</p> | Completed and ongoing. |
| <p>4.15.6: For meetings that youth cannot attend, present the youth with the agenda and information for the meeting, and ask the youth for their response(s).</p> | 7/31/15 | LaToya Reed | CFCIP | <p>Develop a plan for learning what meetings youth are needed and unable to attend.</p> <p>Implement plan to present youth with agenda and request their responses prior to meeting.</p> <p>The State Advisory Board (GOALL) Facilitator is currently recruiting a pool of youth participants specifically to be available for agency meetings.</p> | Completed and ongoing. |