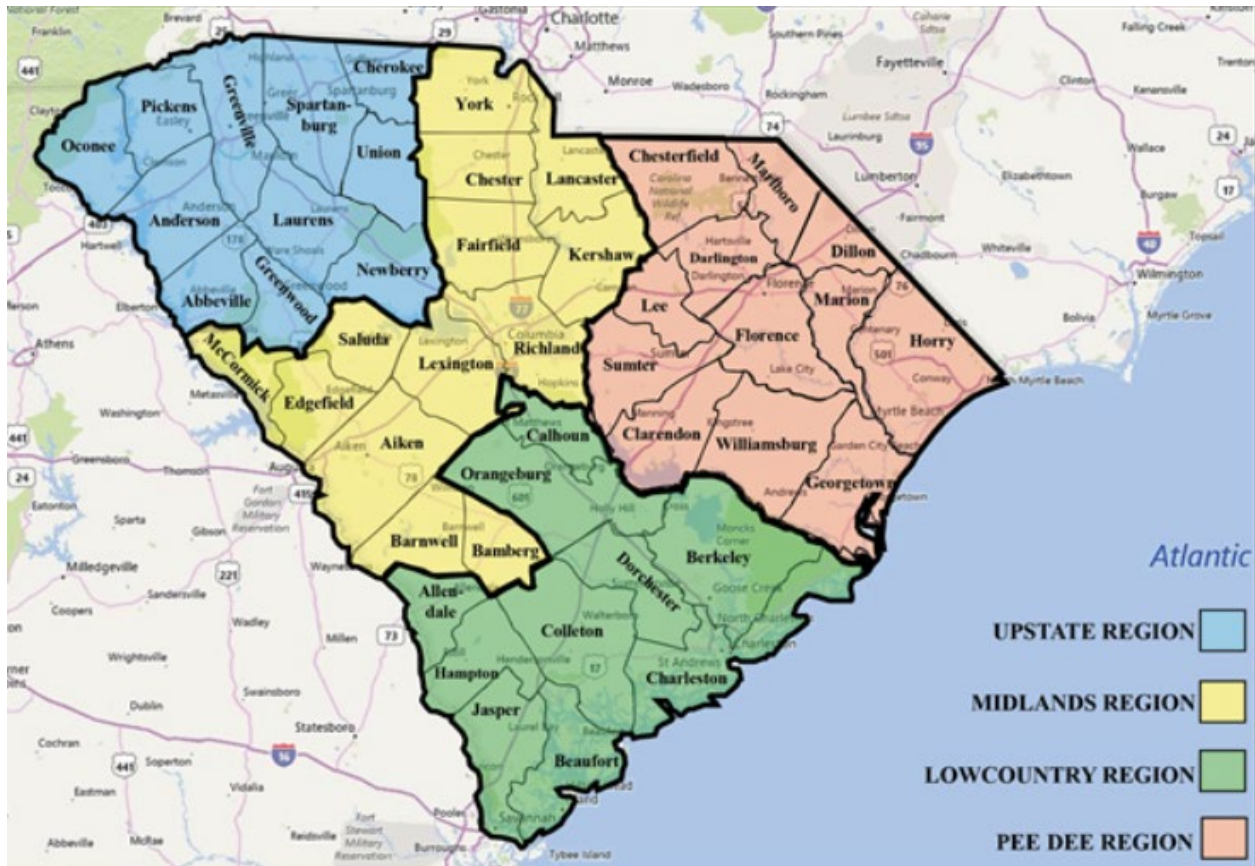


South Carolina Department of Social Services Annual Progress Services Report (APSR)

Table of Contents

- 1. Collaboration..... 3
- 2. Update to the Assessment of Current Performance in Improving Outcomes 11
- 3. Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes 147
- 4. Quality Assurance System 174
- 5. Update on the Services Descriptions 178
- 6. Consultation and Coordination Between States and Tribes 233
- Section D. CAPTA State Plan Requirements Updates 237
- Section E. Updates to Targeted Plans within the 2020-2024 CFSP 241
- Section F. Statistical and Supporting Information..... 246
- Section G. Financial Information 253

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



Mission

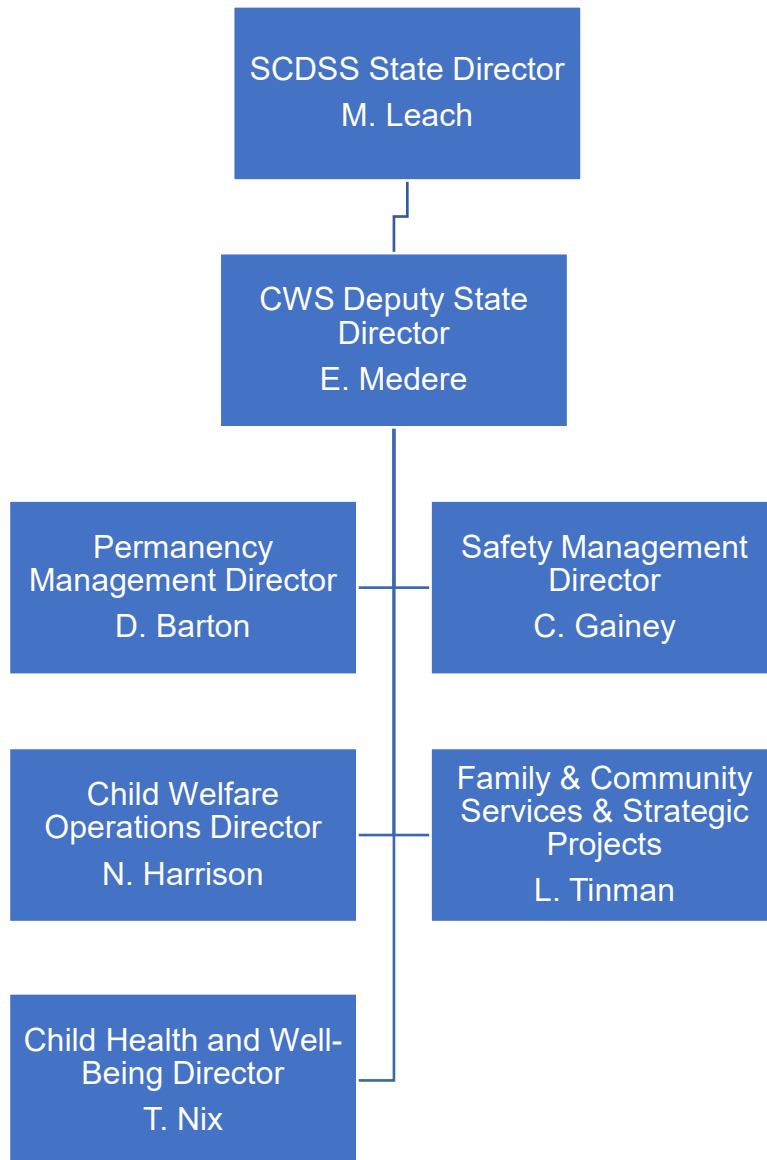
The Department’s mission is to serve South Carolina by promoting safety, permanency and wellbeing of children and vulnerable adults, helping individuals achieve stability and strengthening families. We do this through the core principles of courage, compassion, and competence.

Values

- **Respect:** We treat all individuals with dignity, educate them of their rights and responsibilities, and honor their values and culture.
- **Excellence:** Our service delivery system and practice is based on our desire to achieve high performance, meet outcomes, and ensure accountability.

- Community Investment: DSS relies on formal and informal supports throughout each community to promote prevention, protection, well-being and lifelong connections.
- Accountability: Our decisions and actions are transparent; child and family outcomes are achieved, and data is utilized to improve our practice.

The Annual Progress & Services Report (APSR) includes goals and activities for Federal Fiscal years 2023-2024 required to receive Federal allotments authorized under title IV-B, subparts 1 and 2, section 106 of Child Abuse and Prevent Treatment Act, Chafee Foster Care Independence Program and Education Training Voucher programs.



1. Collaboration

Stakeholder Input in the Development of the 2023-2024 APSR

South Carolina Department of Social Services (SCDSS) has focused on integrating organic joint planning efforts into program development. There are numerous meetings, events, and workgroups throughout the year that including sharing information and soliciting inputs from internal and external stakeholders. Examples of these are highlighted in the sections below and throughout this APSR.

Strategic Plan Development

SCDSS hosted a joint strategic planning event in February 2022, consisting of six sessions for SCDSS staff, SCDSS county leadership, SCDSS state office leadership, youth, kinship caregivers, and parents. This event was a part of the strategic planning meeting sequence designed to serve as a vehicle to convene and engage stakeholders in conversations around current practice, promote planning and improvement efforts, and determine the services and supports that will further the State's vision and lead to improvements in the outcomes of safety, permanency, and well-being. SCDSS utilized this event to develop a set of strategies for 2022-2023 to further the State's vision and goals.

DSS finalized the 2023-2028 Strategic Plan in late 2022 and released it to staff and partners in early 2023. The final Strategic Plan was a product of focus groups and listening sessions to engage DSS staff at all levels, including frontline staff, county leadership, state office leadership, and multiple specific sessions with youth, birth parents, and kinship caregivers. The Strategic Plan is influenced by the Department's Better Together philosophy and informed by the GPS Practice Model. Using the Strategic Plan DSS selected three areas of focus for 2023 to include Assessment, Teaming and Service Array (further defined below). Over the first quarter of 2023, SCDSS Child Welfare is using these three areas of focus to construct goals, action steps, and data metrics to improve Child Welfare practices in each of these three areas in each program area and statewide.

Assessment - A focus on assessments means that we as a system make the shift to viewing assessing as a process, not a tool that is completed as part of a task. It means gathering the necessary information from the family, and all the necessary stakeholders to inform a thorough and quality assessment of child/youth and family strengths and needs and using the findings from that assessment to influence decisions made in the context of teaming around next steps and needed supports and interventions.

Teaming - A focus on teaming means a focus on bringing all those impacted together to make a decision in the context of the group. Teaming also means having a family-centered approach to casework and decision-making. It means all decisions about a specific child, a specific family and a specific case are made in the context of a meeting with the young person and family and their supports at the table. It also means wrapping the system supports around the family in this group decision-making context (services, well-being, etc.).

Service Array - A focus on service array means identifying and building a continuum of services that can meet the needs of each child, young person, and parent/caregiver that comes in contact with the system. This is inclusive of everything from concrete services and supports, to placements (foster homes, group homes, QRTP, and PRTFs), to therapeutic and evidence-based services.

Staff Engagement

In July of 2021 SCDSS worked in collaboration with the University of Kentucky to conduct the SC Safety Culture Survey. A total of 2,734 SCDSS staff participated in the survey, representing a 65% response rate. The Safety Culture Survey serves as an organization assessment examining aspects of agency culture and operations. Results are being used as a benchmark of staff wellness, safety, and workplace connectedness. To further safety culture work across the agency, in early 2023 the Office of Strategic Planning and Innovation began the hiring process for a program coordinator who will focus solely on promoting safety culture.

Further SCDSS has updated the policy development process to engage those impacted from the very first stages and throughout the vetting stages. This critical step allows SCDSS to create policies and practices responsive to the children and families we serve. Moving forward, as policies are revised or created, SCDSS will contemplate who is impacted and representatives from those groups in the policy development and feedback process. The policy team is working to build internal staffing capacity to work towards increased stakeholder engagement. Additionally, the Deputy State Director of Child Welfare, beginning in early 2023, began doing visits with staff in each county throughout the staff. These county visits consist of conversations with all staff within the office in each program area, team leaders, and program area and county leadership. Content discussed includes office culture, barriers to quality practice, needed resources, and opportunities for improvement at the local and state office level.

Provider Engagement

SCDSS continues to collaborate and find ways to improve partnerships with providers through a variety of means. There are several ongoing workgroups that engage stakeholders, including agency partners and providers. Beginning in January 2023, SCDSS has been meeting monthly with providers offering services to families during family preservation cases. The purpose of this group is to collaborate in identifying service array gaps, understanding family services needs based on data, and developing solutions. There have been 7-10 providers consistently attending these meetings. The group reviews family preservation case data, including FAST assessments, to identify the greatest service needs. As the group collaborates, they are identifying barriers faced by SCDSS staff in getting services and support to families, as well as looking at how families can be better engaged to inform their service needs. Discussions around solutions are held, including reviewing draft version of family preservation policy and looking at training needs for SCDSS staff. This process has resulted in the incorporation of provider voice in SCDSS policy and training processes, leading to more collaborative and holistic efforts. This initiative has allowed SCDSS and providers to capitalize on

services being offered by providers, to expand on these services and see how they can be adapted to fit the needs of families served by SCDSS. SCDSS has also engaged providers in a series of several different workgroups to build out improved placement scopes for various levels of foster home and group care. Additionally, SCDSS has engaged providers in developing a new Day Treatment Program set to launch in July 2023. SCDSS Child Welfare leadership also meets with the Provider Association Board on a monthly basis, and provides annual presentations on service array updates and program improvement updates at the Provider Conference and Provider Executive Retreat. Additionally, Child Welfare has restarted hosting quarterly meetings for all child placing agency and group care providers to discuss program updates and opportunities for improvement.

In addition to service array workgroups, SCDSS has worked heavily in collaboration with foster care providers to address challenges in a more collaborative manner. SCDSS began an exceptional needs therapeutic foster care implementation in February, 2023. The development of this initiative began with the agency's therapeutic CPA partners. Therapeutic CPAs who contract for this program will designate therapeutic foster homes that are committed and trained to work with foster youth with exceptional needs and who are experiencing placement instability.

Tribes

Each year, SCDSS exchanges the Child & Family Services Plan and the Annual Progress and Services Report with the Catawba Indian Nation. Additionally, the Catawba Indian Nation shares their plan with SCDSS. SCDSS has a representative from the agency to serve as a liaison to the Catawba Indian Nation. The liaison participates in all meetings with SCDSS and the Catawba Indian Nation. SCDSS also recently began engaging in group case level reviews, including the Catawba Indian Nation, to get tribal leader feedback on next steps in cases lacking permanency. Lastly, SCDSS consults with the Catawba Indian Nation through Bench Bar Meetings as well as quarterly meetings with DSS leadership and tribal leaders and stakeholders. This quarterly meeting serves as a time to share updates, upcoming efforts, and needs. Information shared during these meetings are used in the development of policy and agency efforts. Active participation and communication are made with the Catawba Indian Nation to promote ongoing collaboration with strategic initiatives.

Collaboration with the Legal and Judicial Community

Currently, SCDSS collaborates and provides input on several committees which promote ongoing collaboration with the legal and judicial community, including the Court Improvement Project (CIP). SCDSS engages the legal and judicial community through the SCDSS-DJJ Crossover Subcommittee, Family Court Bench Bar Committee, Children Justice Task Force, and the Docketing Committee for the Family Court System. These committees are dedicated to partnering with SCDSS on improving outcomes in safety, permanency, and well-being. Additionally, CIP has continued to partner and provide input in the development and implementation of the Program Improvement Plan and the Child and Family Services Plan. SCDSS and CIP collaborate regularly through CIP's monthly data sharing. Monthly data reports are provided from

the CIP to include data on hearings held, continuance rates and trends, and reasons for continuances. This data is broken down by the county and regional level, providing insight into the particular challenges for each geographical area. Additionally, the CIP produces an annual report that includes an annual compilation of metrics at the county, regional, and state levels. In 2023, SCDSS also participated in regional presentations to all Guardian Ad Litem and Foster Care Review Board staff to provide training on the agency's Guiding Principles and Standards (GPS) Practice Model, the agency's strategic plan, developing service array, and philosophy around family-centered practice and preventing family separation whenever possible.

DSS collaborates with the Court Liaison Program, a companion program at the Children's Law Center with the CIP. Court liaisons are positioned throughout the state to collect meaningful data that inform the monthly court reports. In addition, court liaisons assist the court by provide child protection case summaries for family court judges for every child abuse and neglect hearing in the state. These summaries provide the judge with a brief snapshot of the posture of the case; lists the parties named in the case; informs whether the parties have been served or provided notice of the hearing; details the youth subject to the allegations of abuse and neglect; and summaries the court's orders at every hearing. The court liaisons also provide case file review information to the county legal staffs to alert them of items that may cause hearing delays. This data sharing set up has been beneficial to both the courts and the agency in identifying issues that impede permanency and recommending steps to address those impediments.

Collaboration with the Family and Youth Voice

SCDSS recognizes the importance of family and youth engagement and is committed to their inclusion and feedback at all levels. Demonstrating this commitment, SCDSS rolled out its new GPS Practice Model which takes a family-centered stance and embraces the inclusion and engagement of youth and families. SCDSS continues to work diligently to promote the inclusion of youth and families within all strategic initiatives. SCDSS continues to shift the mindset of the agency to one that emphasizes including youth and family voices at all strategic planning, improvement, and decision-making stages. This shift promotes improvement in safety, permanency, and well-being outcomes. SCDSS believes the participation of youth and family will serve to assist in the transformation and improvement of South Carolina's current child welfare system. With that said, SCDSS wants to promote partnership and taking the voices of youth and families into consideration during decision-making.

The agency uses a variety of opportunities to obtain input from the youth and families served by the child welfare system. Some of these include:

- Kinship Advisory Panel
- Youth Advisory Council
- Family Voice Alliance
- Bench Bar Committee
- Peer Parents
- Grievance/complaint mechanisms
- Chafee and ETV program Open Forums

- Chafee and ETV program Youth Voice Transition Workshops
- Chafee and ETV program Youth Leadership Conferences
- Child Welfare Strategic Planning Meetings
- Racial Equity committee/workgroup
- Kinship support groups
- Thriving Families Steering Committee

Kinship Advisory Panel and Youth Advisory Council

SCDSS continues to work diligently to promote the inclusion of youth and families within all strategic initiatives. SCDSS continues to shift the mindset of the agency to one that emphasizes including youth and family voices at all strategic planning, improvement, and decision-making stages. This shift promotes improvement in safety, permanency, and well-being outcomes. To mitigate these challenges SCDSS has chartered a Youth Advisory Council and a Kinship Advisory Committee. The Kinship Advisory Panel focuses on promoting kinship practice improvement efforts and the implementation of kinship navigator services. This group continues to meet regularly and is instrumental in providing guidance on how to better support kinship families. See page 193 for additional initiatives related to kinship navigator and kinship support groups.

The Chafee and ETV Program's vision is YEA! Members lead the youth voice initiative in South Carolina and develop meaningful initiatives to educate, support and improve the system. The Chafee and ETV Program continues to support the State Youth Engagement Coordinator whose role is to ensure youth voice is represented throughout program and policy development. The State Youth Engagement Coordinator recruits and maintains engagement with youth and young adults for the State Advisory Youth council, Youth Engagement Advocates, affectionally known as YEA!. YEA! Members lead the youth voice initiative in South Carolina, developing meaningful initiatives to educate, support, and improve the system. Through YEA!, youth are invited to participate in agency initiatives and young adult leadership conferences and trainings. The Chafee and ETV program are continuing to strive to increase peer support amongst young adults formerly in foster care, extending invitations for youth to participate in groups within SCDSS and with stakeholders where they can voice their input into policy, practice, and statute changes to promote permanency for youth involved within the child welfare system.

Family Voice Alliance (Birth Parent Workgroup)

South Carolina has contracted with the SC Federation of Families to recruit birth parents to participate in agency-wide initiatives and to provide reimbursement for mileage and stipends for youth and families to attend workgroup meetings. As part of this contract, SC Federation of Families completes training for workgroup members to increase capacity on how to effectively partner with youth and families systemically. SCDSS has integrated Federation of Families workgroup members in several of its FFPSA, practice model, and various other workgroups and initiatives.

The Capacity Building Center for States has been working with SCSDS and the Family Voice Alliance in creating a mission statement and defining the roles and responsibilities of the group. As the group more clearly defines their role, they will be focusing on

creating a structure for implementing youth and family workgroup members across agency initiatives. This includes increasing participation and recruitment, identifying ways to provide stipends and reimbursements, and structuring the integration of workgroup member voices into additional areas across the agency.

Peer Parents

In early 2023, SCDSS was awarded an approximately \$1 million grant to implement the Iowa Parent Partner approach. This approach pairs peer parents with parents whose children have been removed from the home. Those serving as peers are parents who have former involvement with the child welfare system, who have achieved reunification with their children. The selection process focuses on interpersonal skills, successes, and the proven ability to overcome obstacles. The peer parents provide mentorship through social support, offering guidance on how to navigate the process of reunification, as well as working with the agency to ensure the family is getting needed services and resources. The overall goal of this program is to support reunification and reduce repeat incidences of child maltreatment.

In May 2023, SCDSS released a technical assistance grant with the Children and Families of Iowa to support readiness work as the agency prepares for the implementation of the Peer Parents program. In addition to planning for a readiness assessment through this TA grant, SCDSS is in the process of hiring a program manager who will lead this effort.

Racial Justice Taskforce

In 2022, SCDSS formed the Racial Justice Action Team (RJAT). The goal of RJAT is to combat disproportionality and disparity within the child welfare system. This is a collaborative effort where the community is a stakeholder in this work. Through the RJAT, ideas are collectively developed and recommendations on how the child welfare system can justly interact with communities of color. These recommendations will be presented to DSS leadership to determine which approaches we can integrate in current practices. In return, this allows SCDSS to better serve all populations. Currently, much of RJAT's work has focused on increasing the members' understanding of racism and the importance of utilizing shared language. In addition, the RJAT has requested SCDSS's Accountability, Data, and Research (ADR) team to disaggregate data. These efforts align RJAT's work with the Child Welfare Strategic Plan. Moving forward, RJAT will focus on producing actionable steps to promote racial justice within SCDSS' control.

Community Engagement

SCDSS participates in community engagement through various events and stakeholder engagement strategies. As an intentional effort to strengthen this process, in December of 2022 SCDSS hired for a new position, the Chief Transformation Officer. The intent of this position is to collaboratively facilitate initiatives to strengthen families and their communities. This is accomplished through intentional, cross-sector partnerships and community engagement strategies.

This role will include guiding the work done by the SCDSS Community Trust Liaison, which includes building stronger relationships between SCDSS and the community in all program areas. Client, staff, and lived experience engagement efforts carried out by this position are used to identify and address needs in South Carolina communities. Engagement efforts carried out by this team include engaging stakeholders through work with Thriving Families, Safer Children, Citizen's Review Panel, and ongoing community events and opportunities.

Upcoming efforts for this team include hiring a Thriving Families, Safer Children coordinator who will serve as a liaison between SCDSS and the South Carolina Children's Trust. The primary focus of this role will be building partnerships with communities by working in tandem with the Community Trust Liaison and the Parent Engagement Coordinator at the SC Children's Trust.

Thriving Families, Safer Children

In 2020, with support from the United States Children's Bureau (CB), Casey Family Programs (CFP), Annie E. Casey Foundation (AECF), and Prevent Child Abuse America (PCA), the South Carolina Department of Social Services and the South Carolina Children's Trust joined the Thriving Families, Safer Children (TFSC) cross-sector partnership to move toward transforming the child and family serving system from its traditional reactive child protection approach to a cross-sector system designed to support holistic and equitable child and family well-being.

Thriving Families, Safer Children is not about surface-level change, rather, it is a commitment to transforming individual mindsets and embracing systems change at all levels, across all sectors (government, private, philanthropic, non-profit), to create a system that holistically serves children and families at their point of need.

Since becoming a participating jurisdiction, SCDSS has worked to partner with individuals and communities at the local and state level to better understand the needs of its citizens and put the voice of lived experience at the forefront of co-creating systemic changes and improvements. On the community level, SCDSS in partnership with its TFSC steering committee, which is comprised of lived experts and professional partners, identified four counties to convene community stakeholders and began learning, connecting, and exploring the needs of the community.

In 2022, these convenings took the form of more than 20 listening sessions with over 160 individuals between September and December across communities representing four counties and were facilitated by lived experts, consultants, and community members.

The counties were diverse in their composition and geographically separated, five major themes emerged: 1) mental health; 2) housing; 3) safety, 4) food insecurity, and 5) transportation. In response, the TFSC team is working with each community to identify resources, align efforts, and employ strategies to address identified needs in a manner that is specific to the community and their readiness for this work. This process also

helped to identify existing community advisory councils/committees and work that TFSC could align with.

In response to the aforementioned needs, SCDSS and the South Carolina Department of Social Services have partnered with the SC Office of Rural Health through their local community program to explore the feasibility of implementing a family resource center in Orangeburg county. This family resource center would serve as a place where families can access support services and information, such as parenting classes, job training, mental health and family counseling, child care, job training and more. Programs and activities are generally provided at no or low cost to participating families, are responsive to specific needs, cultures, and interests of the local populations they serve. An additional family resource center is being planned in Newberry county.

Additional efforts through Thriving Families includes training opportunities for the public. Children's Trust will work to promote the health and well-being of children and families and reduce abuse, neglect, and other adverse childhood experiences by using funds to support the introduction and implementation of the Empower Action Model (EAM) framework in identified community organizations. Children's Trust will use funds to provide prevention education trainings to TFSC communities. Training opportunities will be provided in each TFSC county as determined by the community. Topics may include Adverse Child Experiences (ACEs) and the Protective Factors Framework. Training will be open to members of the local communities and/or community organizations including but not limited to: SCDSS employees and partners, FRC staff, lived experts, human services students from local colleges or universities, local law enforcement, judges, and others identified by the local community.

Stakeholder Involvement in Assessment of Agency Strengths and Areas Needing Improvement

SCDSS believes the participation of youth and family will serve to assist in the transformation and improvement of South Carolina's current child welfare system. SCDSS is actively promoting partnership and taking the voices of youth and families into consideration during decision-making. Through the efforts discussed above, SCDSS is increasing its practice of, and capacity for, involving youth and family input by collecting data to assess the quality of its services and the outcomes achieved for children, youth, and families. As a part of the agency's CQI efforts, SCDSS' qualitative case reviews involve interviews with the children and families being served. These inputs helps determine the effectiveness of child welfare services. Using these qualitative and quantitative methods, SCDSS identifies strengths and areas needing improvement. The emphasis on listening to children and families as part of the review process reflects a practice of involving families in the process of planning and delivering services. SCDSS is reshaping the mindset to not merely see families served as clients to whom things are provided, but to consider youth and families as active consumers whose strengths and needs should help drive SCDSS's practice.

2. Update to the Assessment of Current Performance in Improving Outcomes

During the 2017 CFSR, SCDSS participated in a traditional on-site review of 100 cases from 10 of the state's 46 counties. Below are the results of the 2017 CFSR and the most recently available CFSR data.

Key areas needing improvement are the focus of SCDSS' CFSR Program Improvement Plan (PIP) and incorporated into the 2020-2024 Child and Family Services Plan (CFSP). PIP strategies and activities were implemented from September 2018 through September 2021, at which point SCDSS submitted the final PIP implementation progress report. During this timeframe, SCDSS met the goal on key areas needing improvement with the exception of:

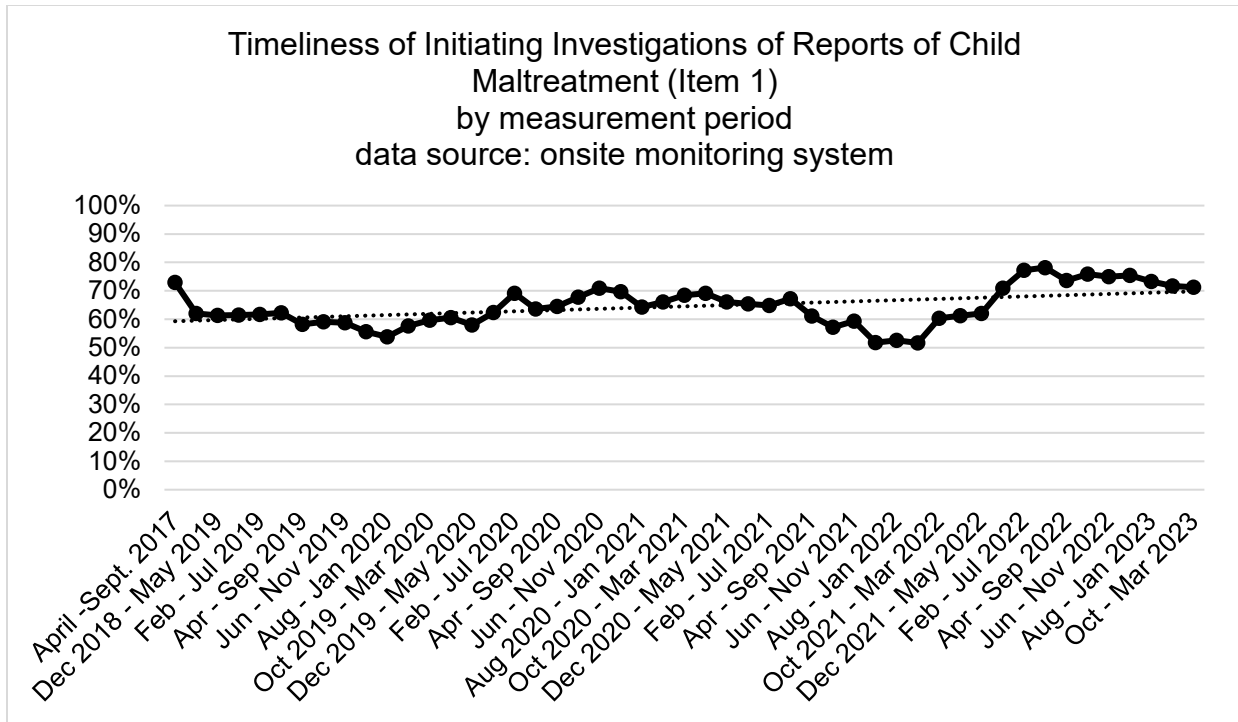
- Item 1 – Timeliness of initiating investigations of reports on child maltreatment
- Item 2 – Services to protect children in the home and prevent removal or re-entry into foster care
- Item 4 – Placement stability

Following the completion of PIP implementation, SCDSS entered a non-overlapping period that concluded in March of 2023. During this time, efforts were focused on the remaining 3 items needing improvement. During the non-overlapping period, SCDSS met the goal on item 1, leaving items 2 and 4 as the remaining areas needing improvement.

Safety Outcome 1

Children are, first and foremost, protected from abuse and neglect.

SCDSS has prioritized efforts surrounding timely investigation initiation. A review of item 1 performance shows a gradual upward trendline, with a recent improvement spike. SCDSS has worked diligently to promote and improve practice in this area.

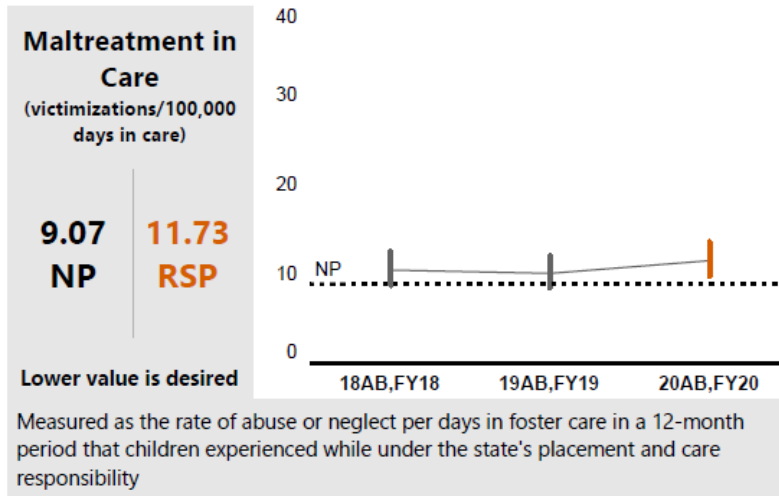


South Carolina met the Item 1 goal during the measurement period between March 2021 – August of 2022 with an 82% strength rating.

Statewide Data Indicators

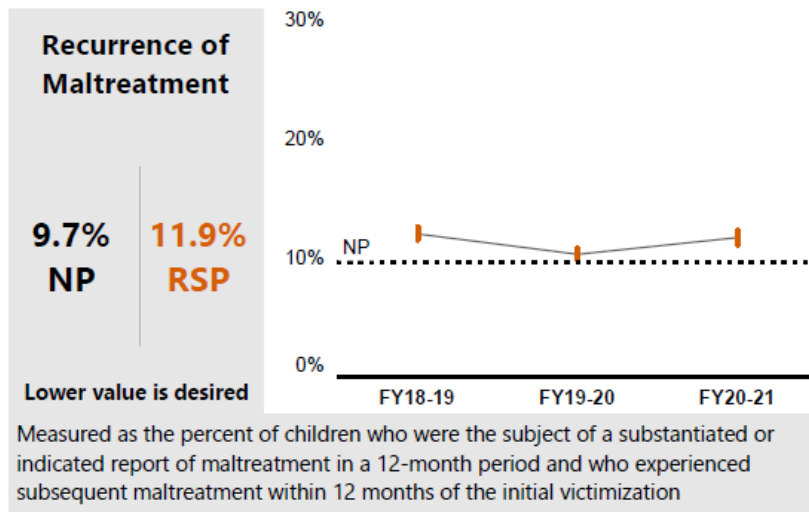
Maltreatment in care: Of all children in foster care during a 12-month period, the rate of victimization, per 100,000 days of care. A lower risk standardized performance (RSP) value is desired.

South Carolina’s maltreatment in care RSP value for FY20 is 11.73, indicating worse performance on this measure than the national average of 9.07. South Carolina’s supplemental context data shows black and multi-racial children have a higher victimization rate while in care, compared to white children in care. Black and multi-racial children have a victimization rate of 10.43 and 12.81, whereas white children have a victimization rate of 8.12. Interestingly, white children account for the highest percent of total days in care yet have a lower victimization rate in comparison to persons of color.



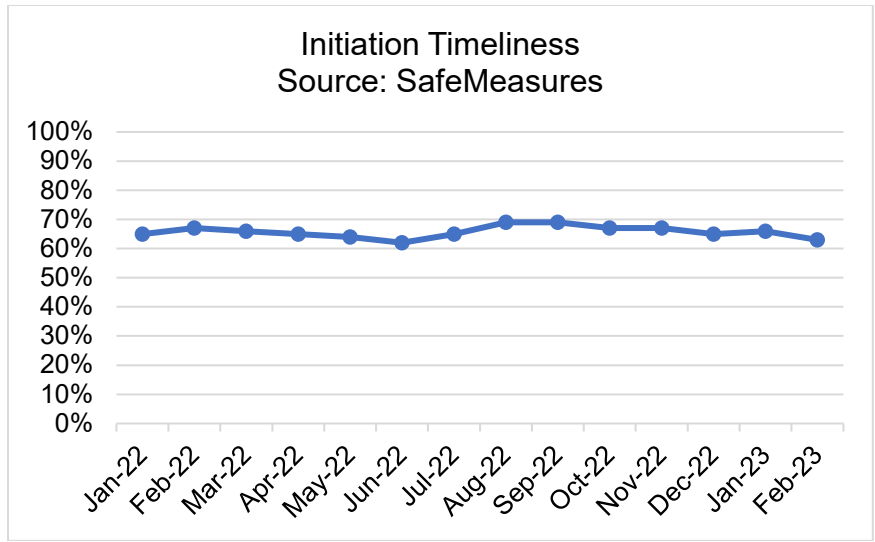
Recurrence of maltreatment: Of all children who were victims of an indicated maltreatment report during a 12-month period, the percent that were victims of another indicated maltreatment report within 12 months of the initial victimization. A lower RSP value is desired.

South Carolina's recurrence of maltreatment RSP value for FY20-21 is 11.9%, indicating worse performance on this measure than the national average of 9.7%.

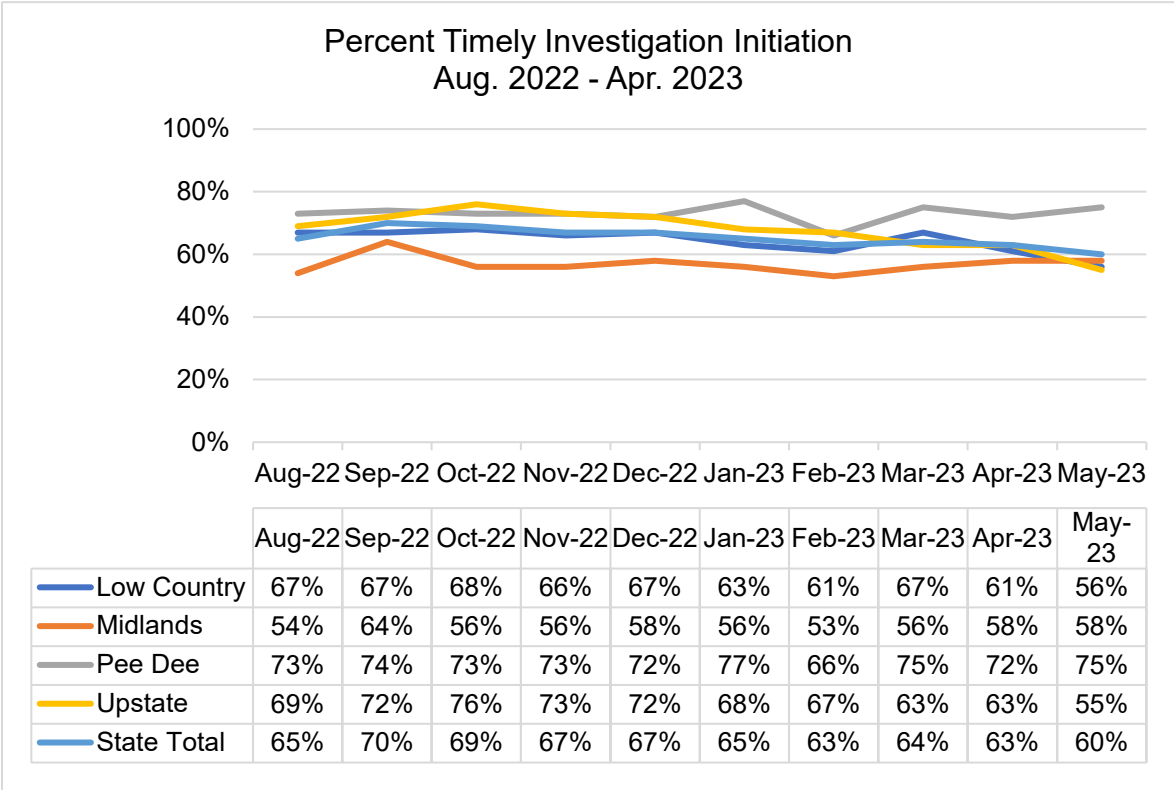


Internal Data Measures

Internal data available through SafeMeasures reveals an average initiation timeliness of 66% for calendar year 2022. The gap between CFSR and SCDSS internal data is partially attributed to internal data not accounting for concerted efforts made by staff to make timely initiation, whereas CFSR data considers concerted efforts made.



In addition to SafeMeasures, the Office of Accountability, Data, and Research produces an internal dashboard of child welfare metrics, including a dashboard of timely investigation initiation data. Data from this dashboard is retrieved from CAPSS and compiled to a more user-friendly format. This dashboard allows the user to view data by county, regional, and state levels and shows performance over time for each region. This data is shared with state office, regional, and county level child welfare leadership. The graph below is a snapshot of dashboard data to show timely investigation initiations by region. Trends are relatively consistent across regions with downward and upward spikes. Pee Dee region is consistently performing slightly higher during this time period.



Updates and Initiatives

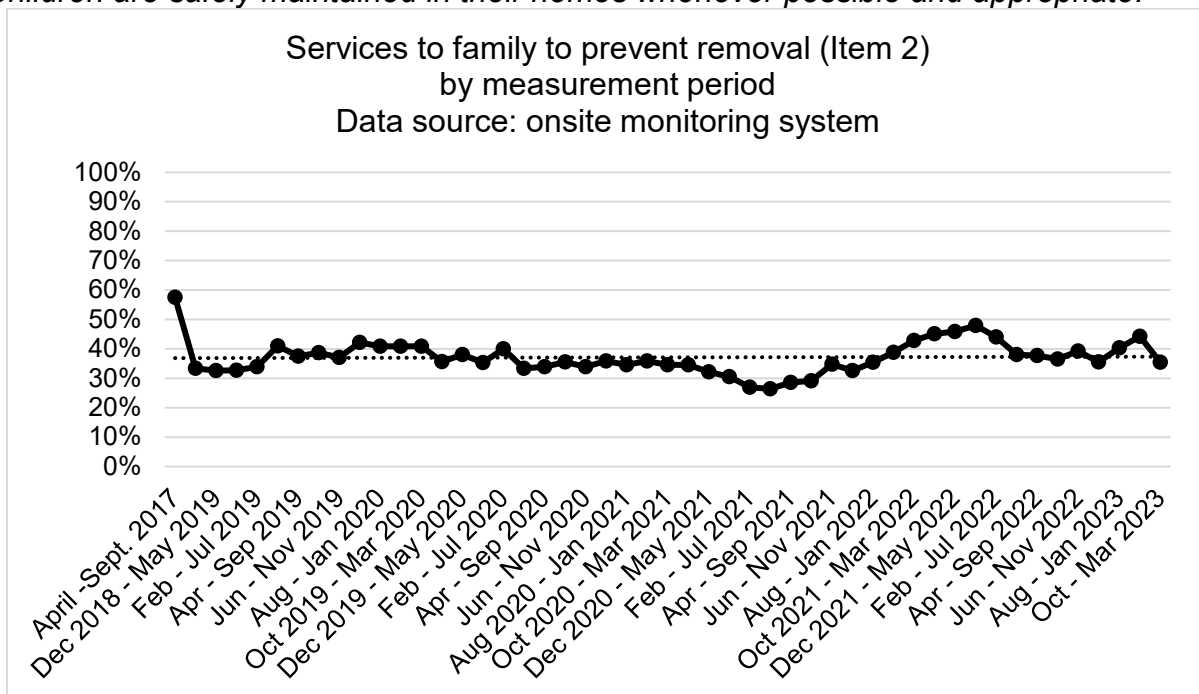
During February of 2022, SCDSS launched a learning model to test current knowledge and transfer new knowledge around safety practice. This learning module, titled Spaced Education: Safety Assessment and Response revealed knowledge gaps and training opportunities in the areas of safety assessment and response, including the timeliness of initial contact. In response, the Office of Safety Management in partnership with the office of Strategic Planning and Innovation, Operations, and CQI/QA held a pilot in Chesterfield and Darlington counties to reinforce policy and practice guidance. This pilot, titled Reimagining Front End Practice was held in November of 2022 and focused on strengthening safety practice. Training around policies, practice guidance, and tools for case managers to utilize were shared with the two pilot counties. As this effort continues, the offices involved in the pilot are identifying performance measures and ways to assess effectiveness and to track and adapt from what is learned as this initiative is rolled out to other counties across the state.

As a part of the pilot assessment, a second round of Spaced Education will be conducted across the state. Results from the first iteration of Spaced Education will be used as a baseline, with the second round providing a measure of progress and opportunities for additional supports.

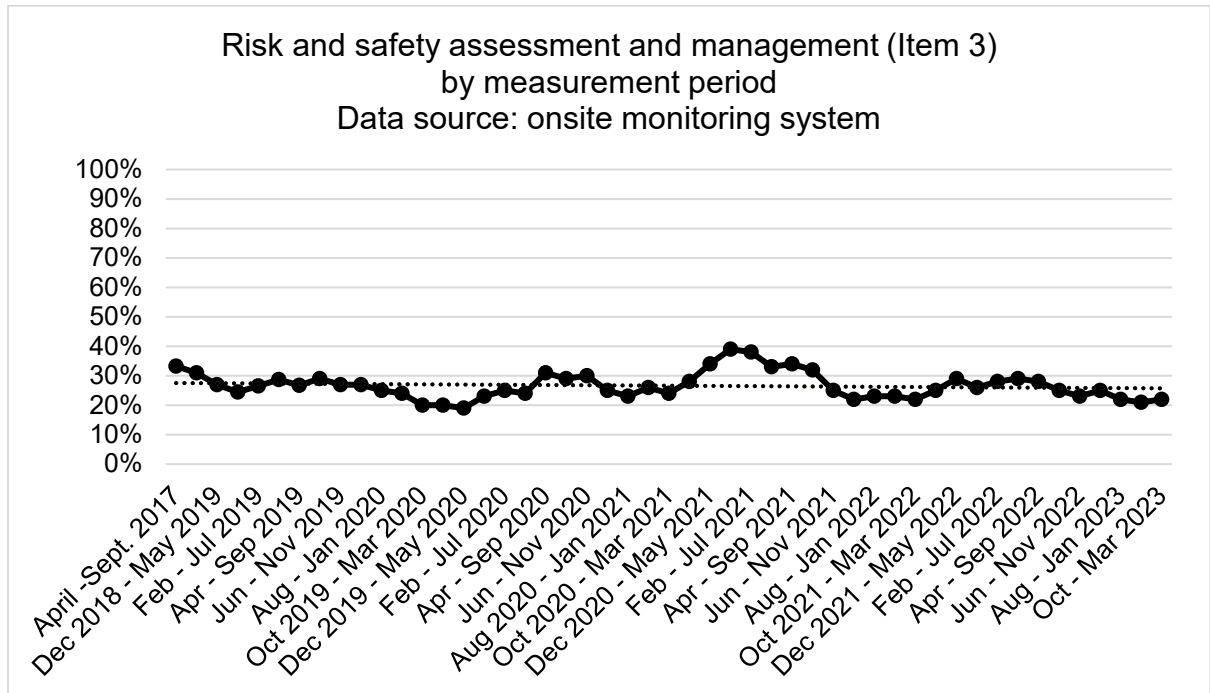
In addition, the offices of Safety Management and Child Welfare Operations continue to host biweekly skills lab trainings that cover a variety of topics, to include safety assessment and response.

Safety Outcome 2

Children are safely maintained in their homes whenever possible and appropriate.



Efforts around item 2 were prioritized throughout the PIP and non-overlapping period. A review of the CFSR data above for item 2 shows improvement throughout 2022 case reviews.

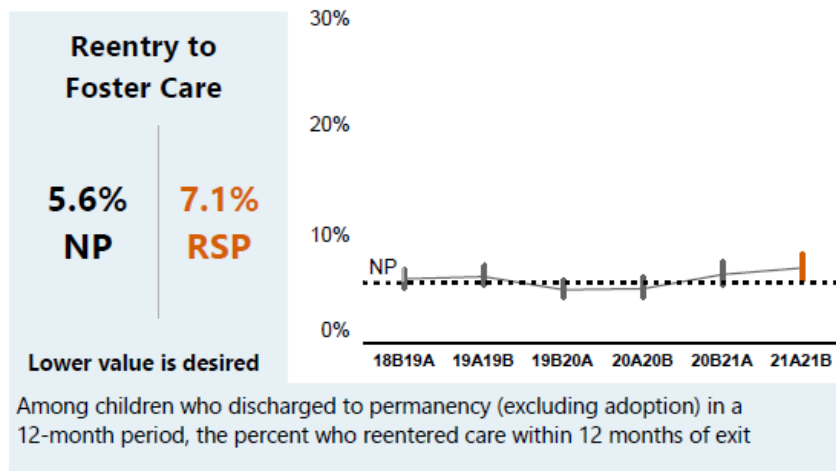


South Carolina met the Item 3 goal during the measurement period between January – June of 2021 with a 39% strength rating.

Statewide Data Indicators

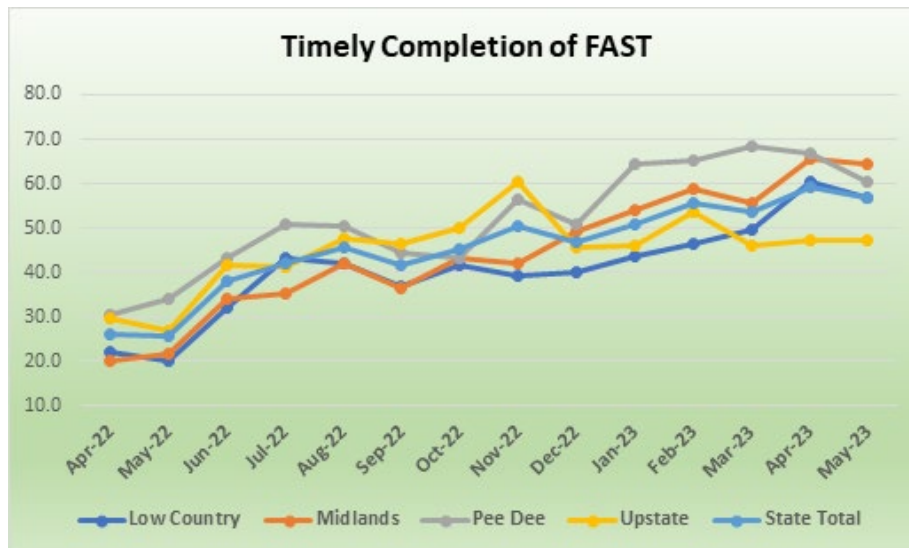
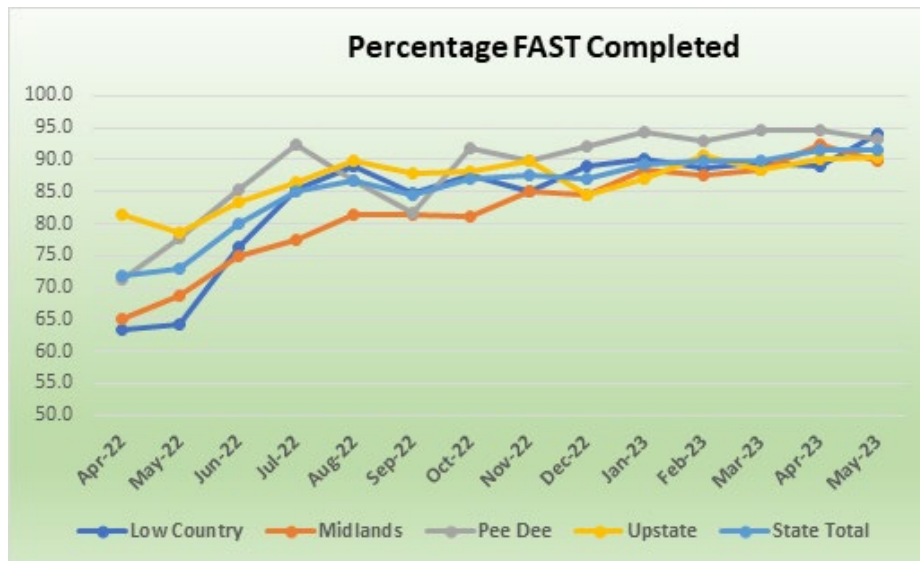
Re-entry to foster care in 12 months: Of all children who exit foster care in a 12-month period to reunification, live with relative, or guardianship, the percent who re-entered care within 12 months of their discharge. A lower RSP value is desired.

South Carolina’s most recent reentry to foster care in 12 months RSP value is 6.5%, indicating worse performance on this measure than the national average of 5.6%.



Internal Data Measures

SCDSS has seen significant improvements in FAST utilization and timeliness over the past year. Efforts made by the Office of Safety Management to promote the usage and application of the FAST as the formal safety assessment are reflected in the data, with FAST submission improving 35% and FAST timeliness improving 148% since January of 2022. This is significant improvement, particularly given the statewide rollout of the FAST is still relatively new. The FAST rollout was completed statewide in October of 2021.



While internal data is readily available for FAST submission and timeliness compliance, SCDSS lacks a formal mechanism to monitor FAST quality, outside of supervisor review of FAST completion. The Office of Safety Management is exploring how other jurisdictions monitor the quality of FAST submissions so that performance can be better monitored in this area.

Updates and Initiatives

SCDSS has implemented the Family Advocacy and Support Tool (FAST) to serve as the formal safety assessment tool. The FAST includes 16 safety items to be completed during initial contact with the family and is used to guide safety response. The initial FAST is used to identify what services and supports are needed for the family to maintain safety. The FAST is relatively new to SCDSS, with implementation completed in October of 2021. Since implementation the agency has focused on strengthening usage and application of the tool.

With the implementation of the FAST tool complete, SCDSS has begun to focus on strengthening services matching from family needs identified through the FAST assessment. The Office of Safety Management has been working in conjunction with the Praed foundation to develop an algorithm of service level intensity based on FAST results. This algorithm is currently in development and is intended to facilitate case managers in service identification and intensity based on family needs. Additional supports available for case managers to facilitate in service matching include the development of the service array database, which provides a listing of service providers by type and geographical area served.

During February of 2022, SCDSS launched a learning model to test current knowledge and transfer new knowledge around safety practice. This learning module, titled Spaced Education: Safety Assessment and Response revealed knowledge gaps and training opportunities in the areas of safety assessment and response, including FAST usage and the identification and implementation of safety services. In response, the Office of Safety Management in partnership with the office of Strategic Planning and Innovation, Operations, and CQI/QA held a pilot in Chesterfield and Darlington counties to reinforce policy and practice guidance. This pilot, titled Reimagining Front End Practice was held in November of 2022 and focused on strengthening safety practice. Training around policies, practice guidance, and tools for case managers to utilize were shared with the two pilot counties. As this effort continues, the offices involved in the pilot are identifying performance measures and ways to assess effectiveness and to track and adapt from what is learned as this initiative is rolled out to other counties.

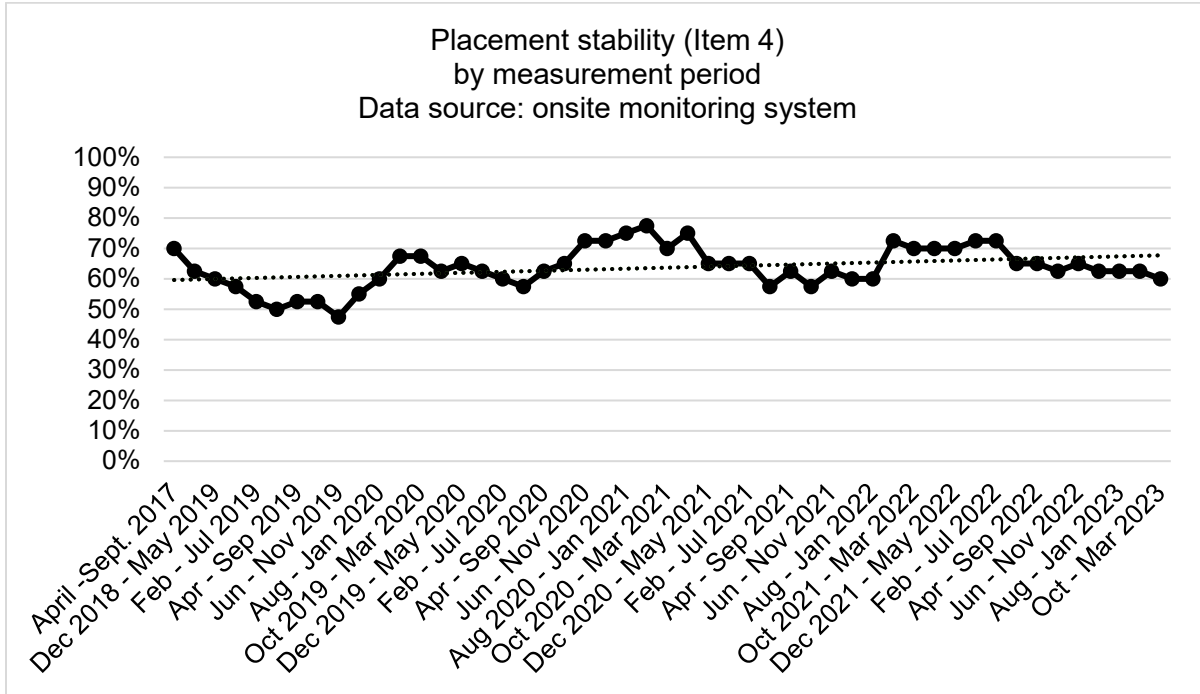
As a part of the pilot assessment, a second round of Spaced Education will be conducted across the state. Results from the first iteration of Spaced Education will be used as a baseline, with the second round providing a measure of progress and opportunities for additional supports.

In addition to the above, the offices of Safety Management and Child Welfare Operations continue to host meetings for child welfare services teams across the state, targeted at skill-building, including bi-weekly trainings related to safety assessment and planning processes. As processes are refined, the Office of Safety Management continues to work with the CAPSS and SafeMeasures teams to align data reports with policy, including the development of a CAPSS build that will facilitate safety service

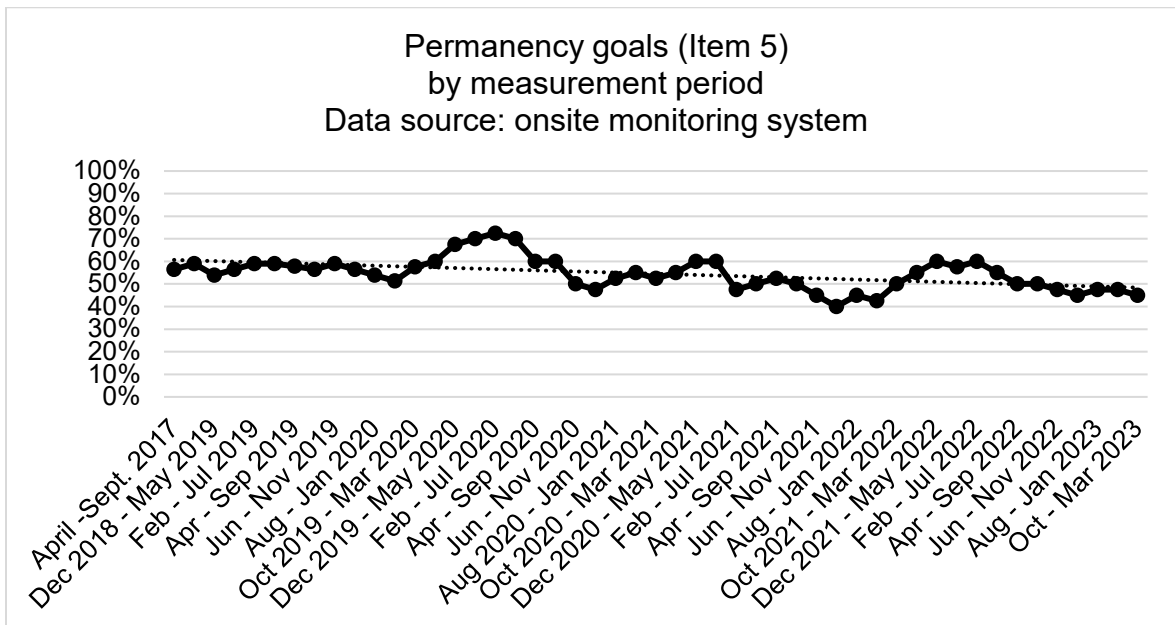
development and the documentation of effective safety responses in a least restrictive manner. This build is currently in development.

Permanency Outcome 1

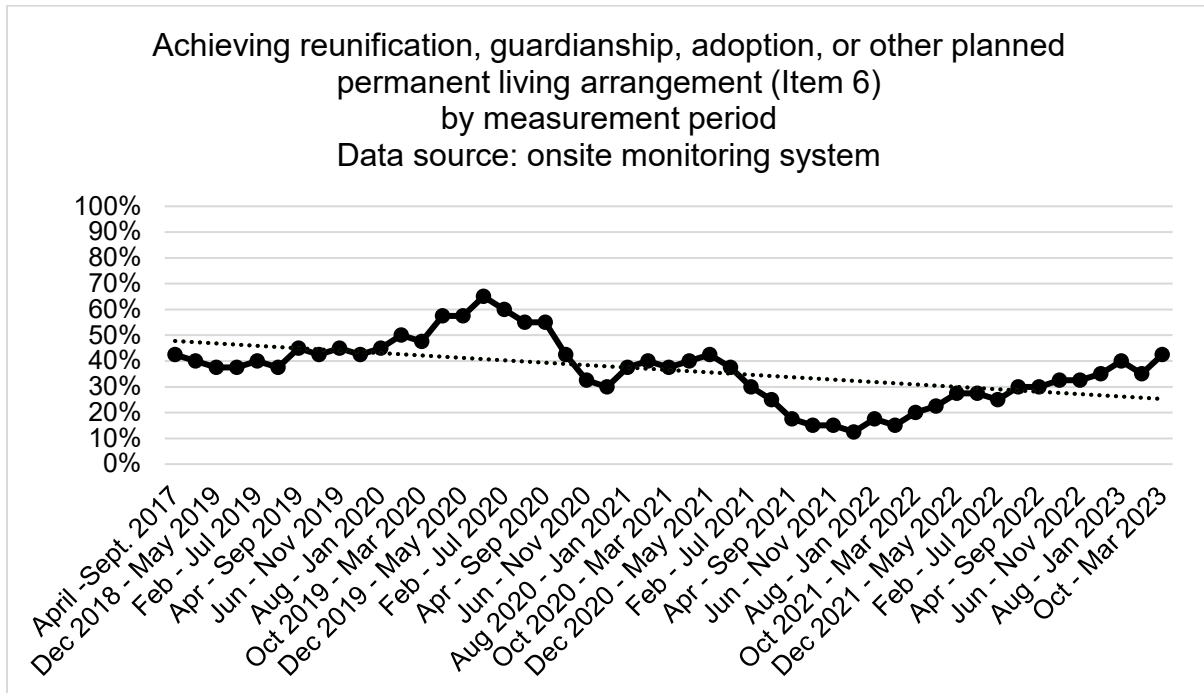
Children have permanency and stability in their living situations.



Efforts around item 4 were prioritized throughout the PIP and non-overlapping period. Performance in trending upwards overall as SCDSS continues to improve placement stability across the state.



The item 5 goal was met during the reporting period of December 1, 2019 – May 31, 2020.

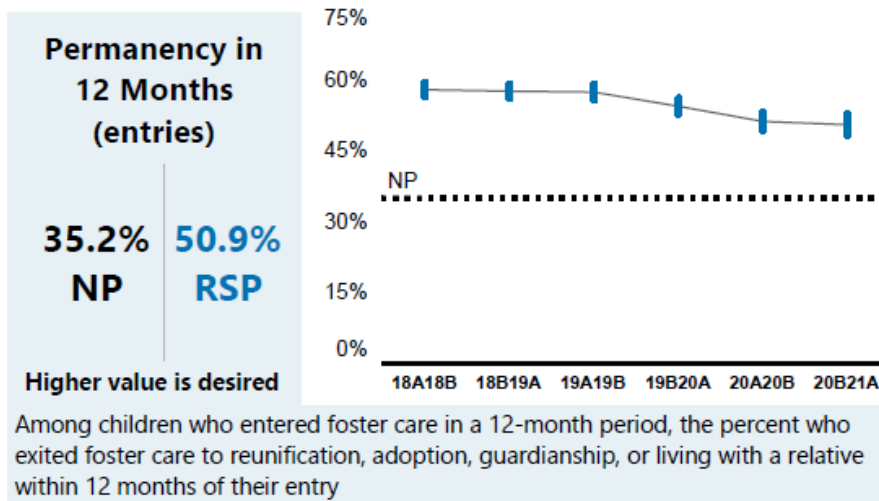


This goal was met during the November 1, 2019 – April 30, 2020 reporting period.

Statewide Data Indicators

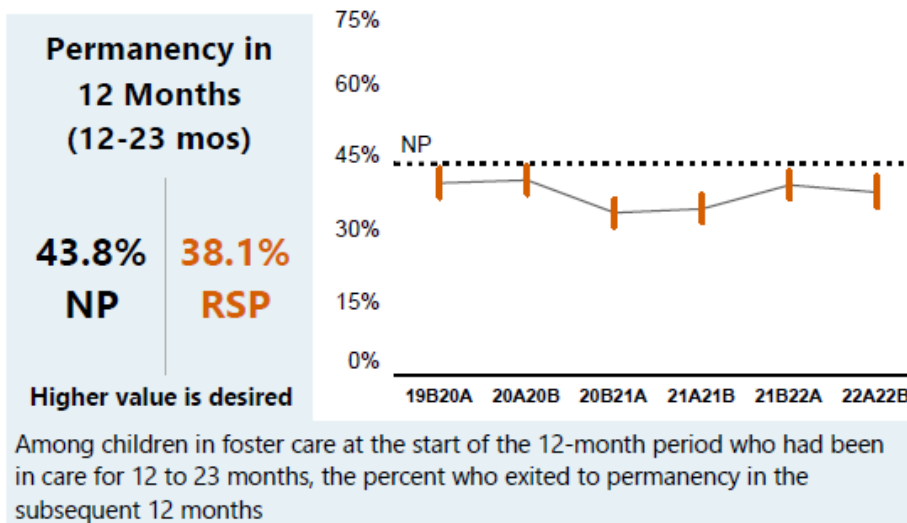
Permanency in 12 months for children entering care: Among children who entered foster care in a 12-month period, the percent who exited foster care to reunification, adoption, guardianship, or living with a relative within 12 months of their entry. A higher RSP value is desired.

South Carolina’s most recent RSP value for this data indicator is 50.9%, indicating better performance on this measure than the national average of 35.2%. While South Carolina has seen some decline in prior measurement periods, performance has historically been well above the national average on this measure.



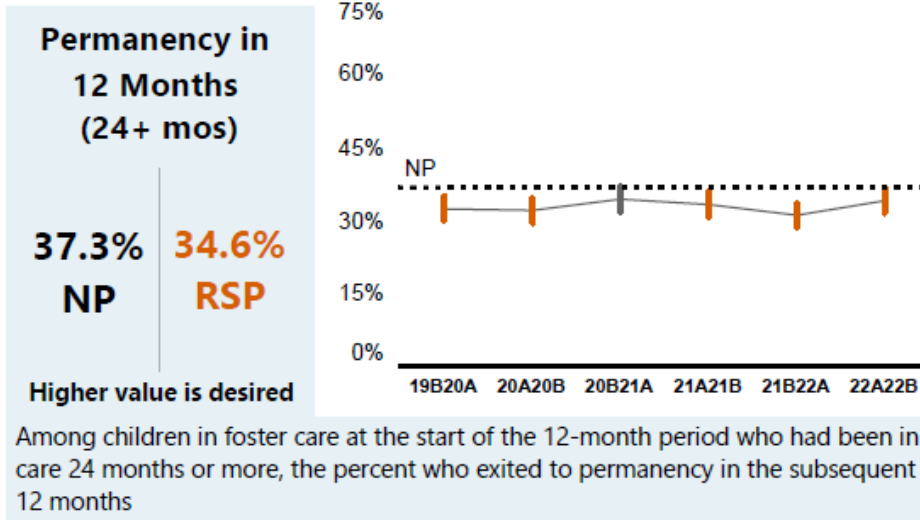
Permanency in 12 months for children in care 12 to 23 months: Among children in foster care at the start of the 12-month period who had been in care for 12 to 23 months, the percent who exited to permanency in the subsequent 12 months. A higher RSP value is desired.

South Carolina’s most recent RSP value for this measure is 38.1%, indicating worse performance on this measure than the national average of 43.8%.



Permanency in 12 months for children in care 24 months or more: Among children in foster care at the start of the 12-month period who had been in care 24 months or more, the percent who exited to permanency in the subsequent 12 months. A higher RSP value is desired.

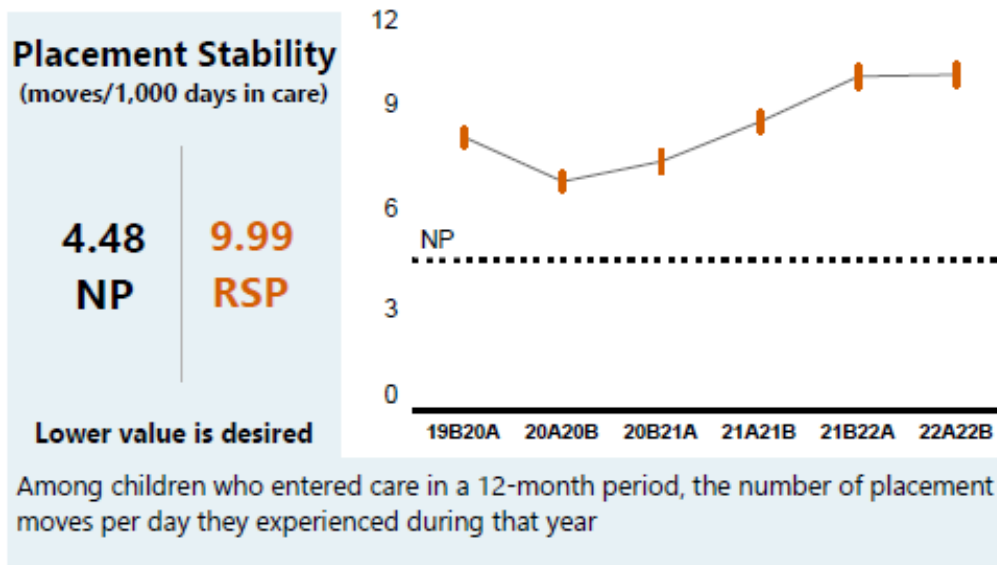
South Carolina’s most recent RSP value for this measure is 34.6%, indicating worse performance on this measure than the national average of 37.3%.



Placement stability: Among children who entered care in a 12-month period, the number of placement moves per day they experience during that year. A lower RSP value is desired.

South Carolina's most recent placement stability RSP value is 9.99, indicating worse performance on this measure than the national average of 4.48.

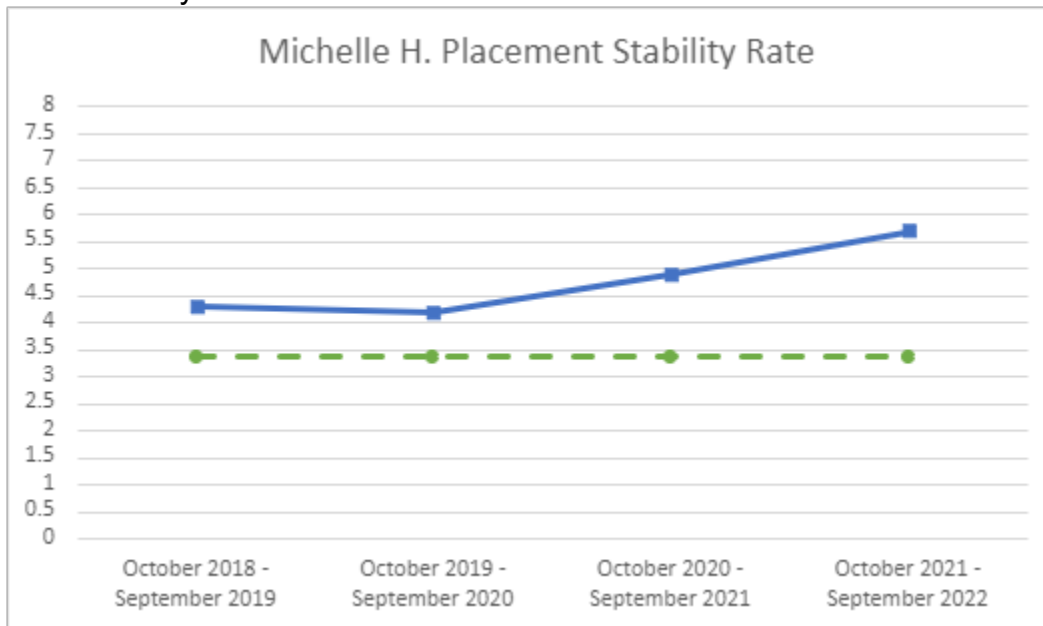
South Carolina has seen worsening placement stability performance during each 12-month measurement periods, beginning in the 20A20B period. The most recent 12-month period (22A22B) shows some stabilizing of performance, and while still not performing at or better than the national performance, South Carolina has worked diligently to improve practice around placement stability. Efforts over the past years show in the data as performance is leveling out.



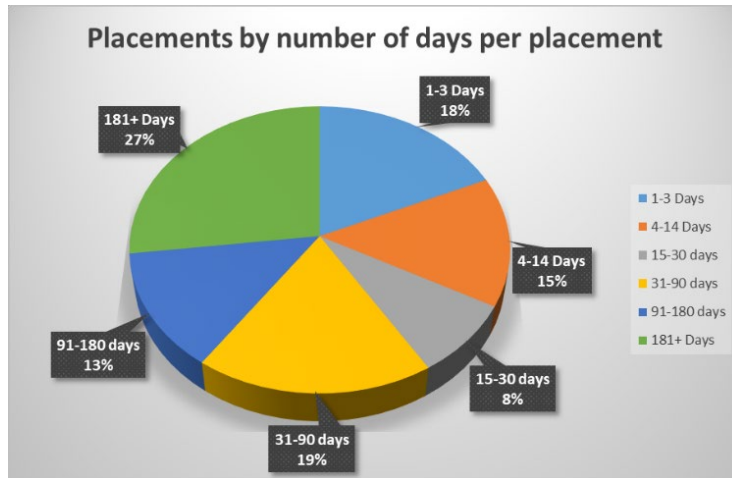
Internal Data Measures

There are numerous factors that contribute to if a placement is and will remain stable. SCDSS has several internal measures that track placement stability, or factors related to placement stability.

SCDSS has a secondary placement stability measure as determined and monitored through the Michelle H. settlement agreement. The settlement agreement requires the placement instability rate to be less than or equal to 3.37 moves per 1,000 days for all children and youth under 18 years in foster care for eight days or more during the twelve-month period. SCDSS had seen a modest decline from 4.3 during October 2018 through September 2019 to 4.2 during October 2019 through September 2020. During the period from October 2020 through September 2021, DSS witnessed an increase to 4.86. The most recent period from October 2021 through September 2022 indicates a placement instability rate of 5.70.

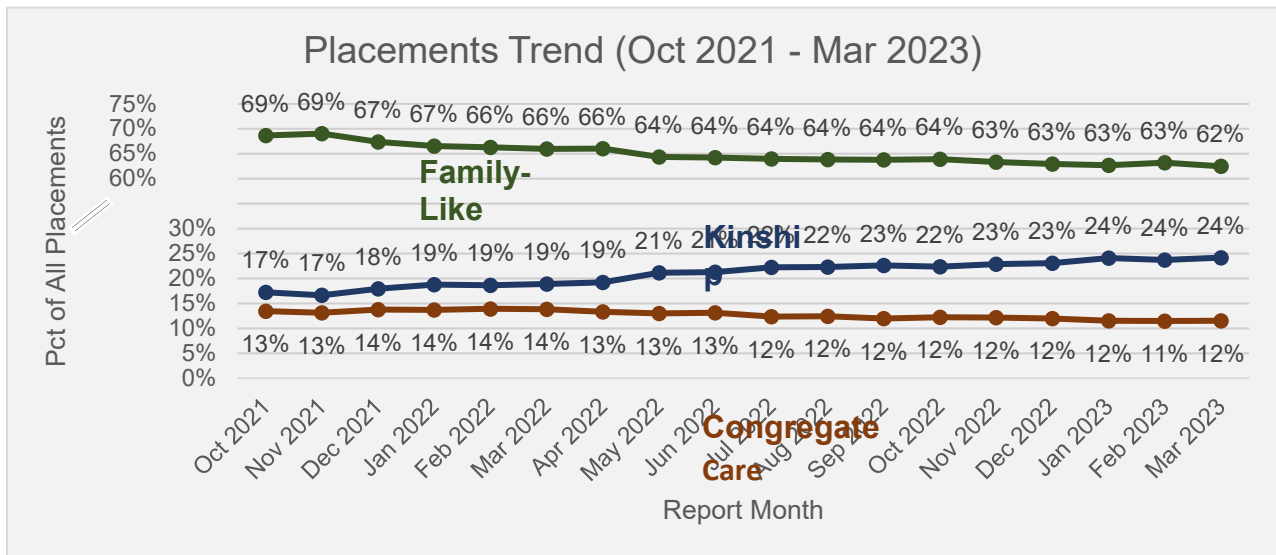


SCDSS has focused on improving the data tracking of placement stability metrics, beginning in 2021. In September of 2022 data tracking was enhanced, allowing for better internal measures to monitor placement stability metrics. Reviewing the period from October of 2021 through September of 2022, 33% of placements were 14 days or less, 18% were 3 days or less, and 9% were 1 day.



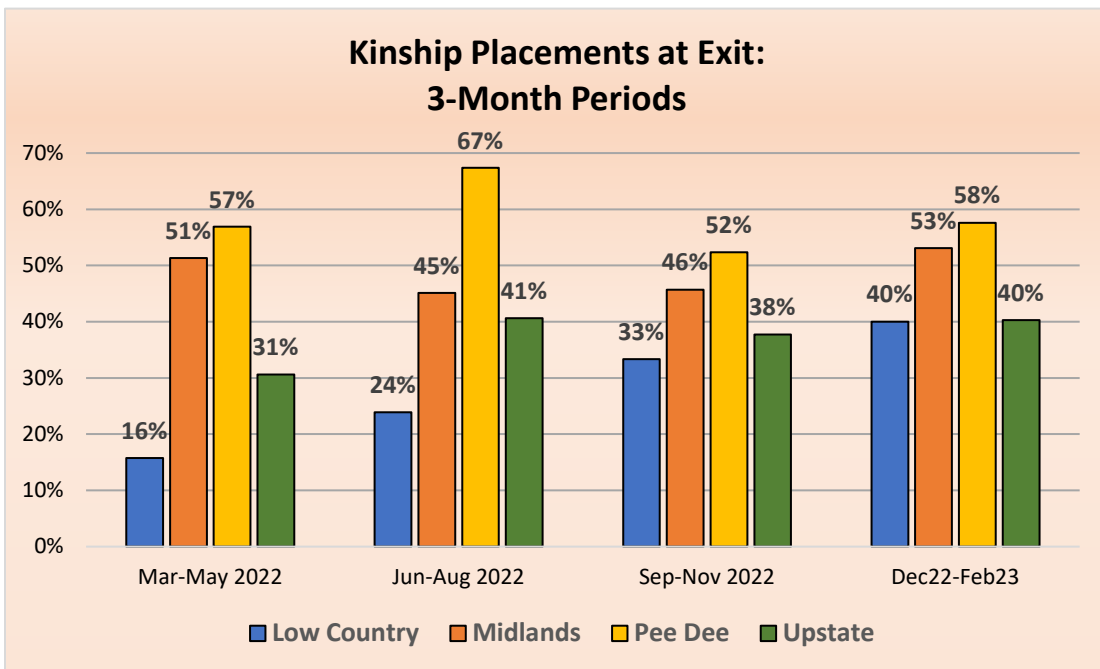
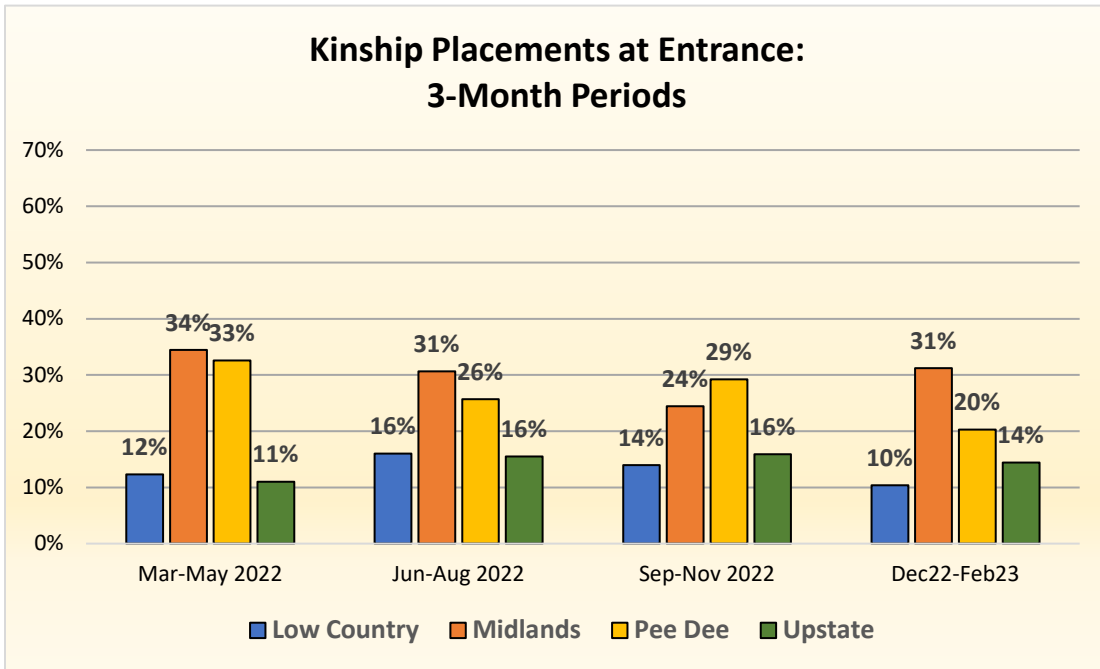
Of all placements between October of 2021 through September of 2022, 43% were in non-relative foster homes. While this may be positive, 31% of all non-relative foster home placements end within 3 days. The next largest category of placements is placement in kinship care, with 21% of placements in kinship type homes. Only 7% of kinship placements end within 3 days.

Recognizing that kinship placement settings are statistically more stable, and help preserve connections, SCDSS has focused on increasing kin placements. Kinship placement trends have steadily risen over the past year, while family-like foster settings are declining. Congregate is remaining relatively consistent.



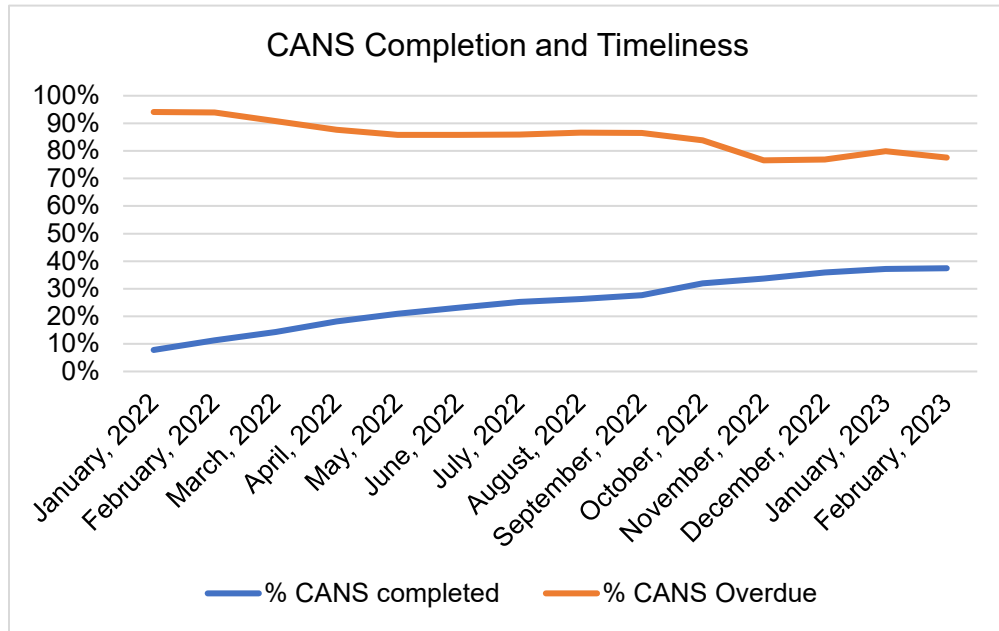
While there are several reasons why a child may move placement and that move be in their best interest, one measurement of this is comparing placement types at entry and at exit. SCDSS is seeing an increase in kinship placements at exit when compared to at entry. This indicates children are either being moved from non-kinship settings to a kinship setting, or that kinship providers are becoming licensed during the time in which

the child is placed. Both of these scenarios promote increased placement stability, as the agency is able to offer more financial supports for licensed kin providers.

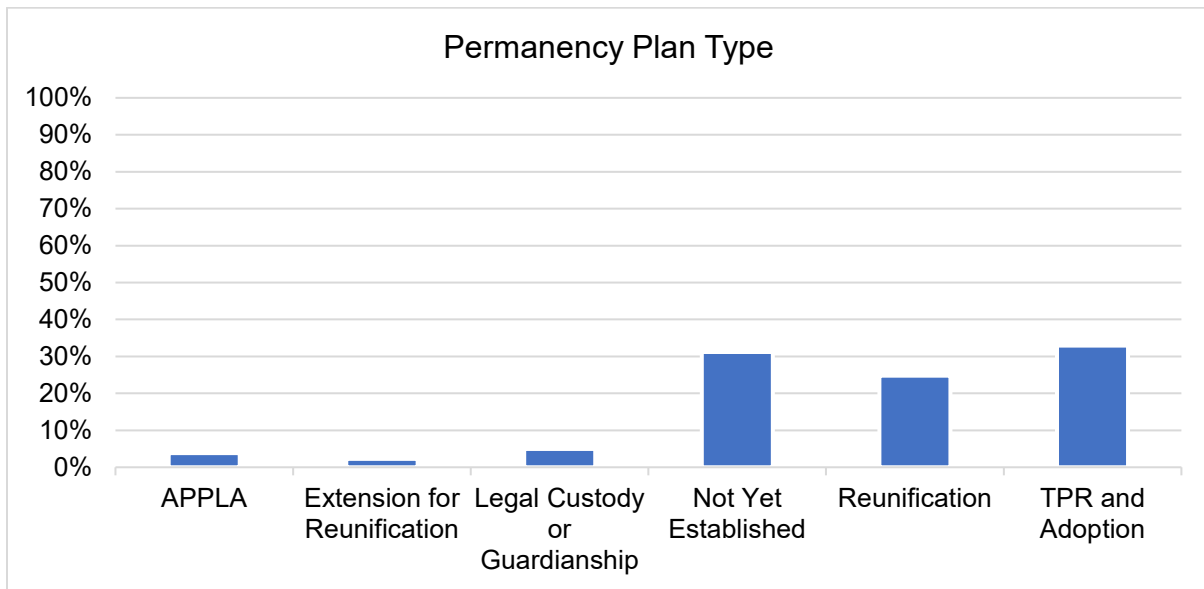


Recognizing that assessing for service needs and connecting foster children and families to providers to meet individualized service needs is critical to maintaining a child in their placement, SCDSS has focused on improving CANS assessment rates. During early 2022, SCDSS improved CAPSS reports to track CANS completion rates. SCDSS has seen steady growth in both CAPSS completion and timeliness rates. From January of 2022 to February of 2023, there has been a 363% increase in CANS

completion rates. In the same timeframe, there has been a 267% improvement in CANS timeliness.

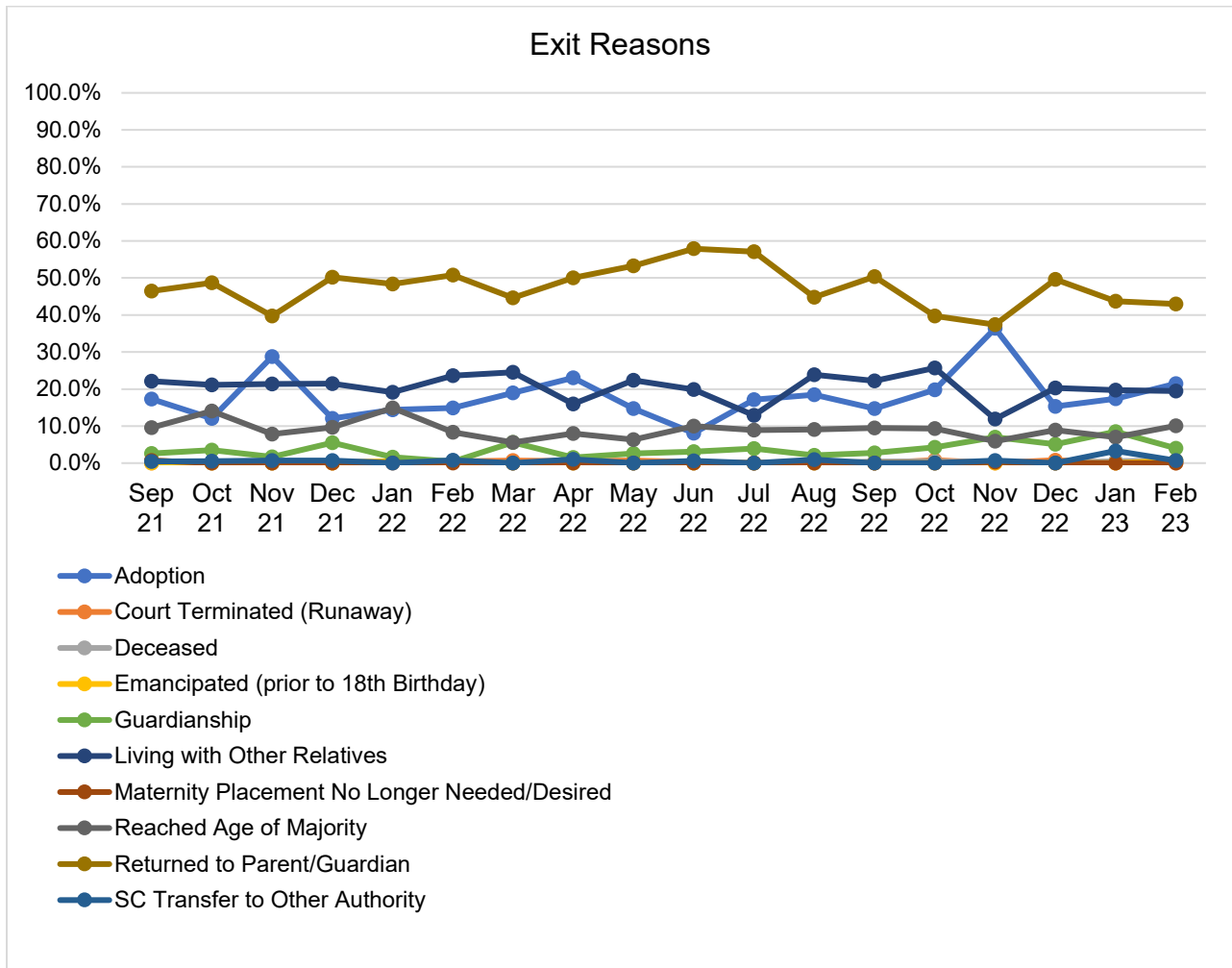


SafeMeasures provides data on the SCDSS recommended permanency plan type, the concurrent plan type, and the most recent court ordered plan type. For all children in care as of the extract date of 3/12/2023, 33% have a court ordered permanency plan of termination of parental rights and adoption. This is followed by 31% of cases not yet having a court ordered plan, and 25% with a court ordered plan of reunification. Of all open foster care cases as of 3/12/2023, 74% are up to date, with 26% being overdue.

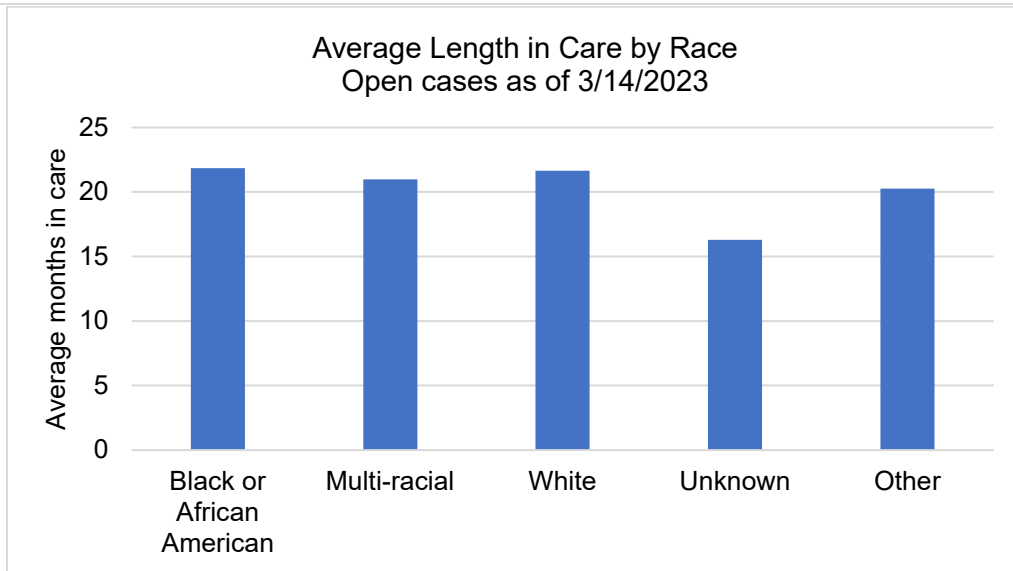
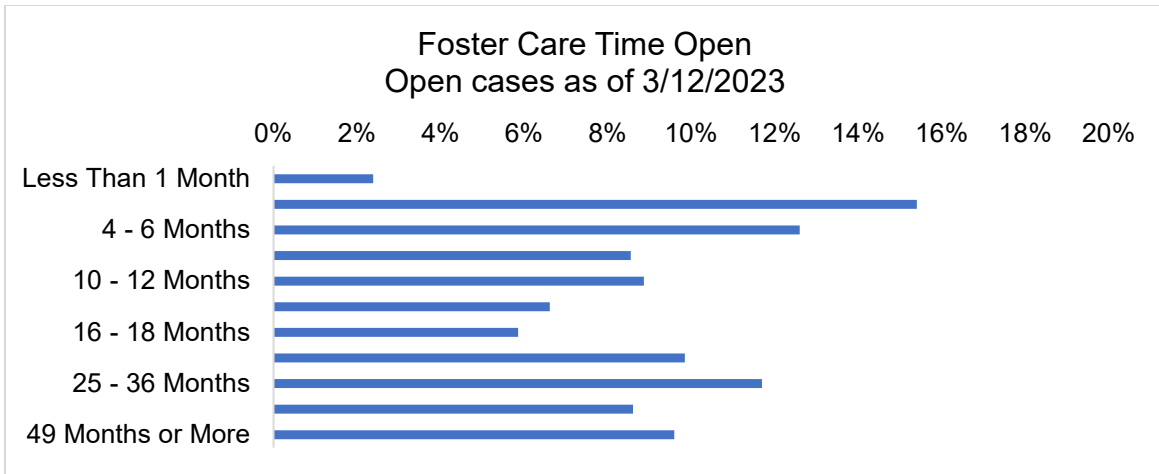


Analysis of exit reasons from September 2021 to February of 2023 reveals the majority of children and youth exit foster care via reunification with their parent/guardian. This

has consistently been the most frequent exit reason, accounting for 43% of exits in the most recent February 2023 data. Living with relatives and adoption have trended as the next highest exit reasons, at 20% and 22% in the February 2023 data.

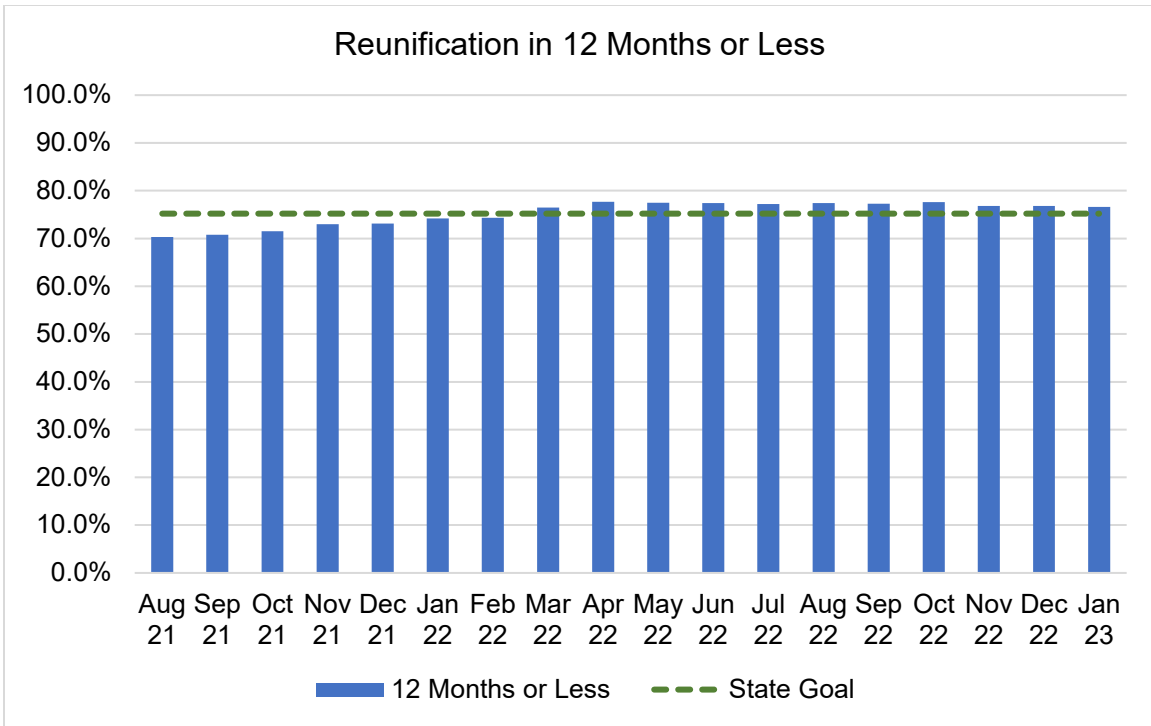


An analysis of foster care cases open as of 3/12/2023 shows the distribution of time cases are open is an inverse bell curve, indicating cases are often open either for a short duration of time, or a long duration, with fewer cases open in the middle. The average months in care is 21 months.

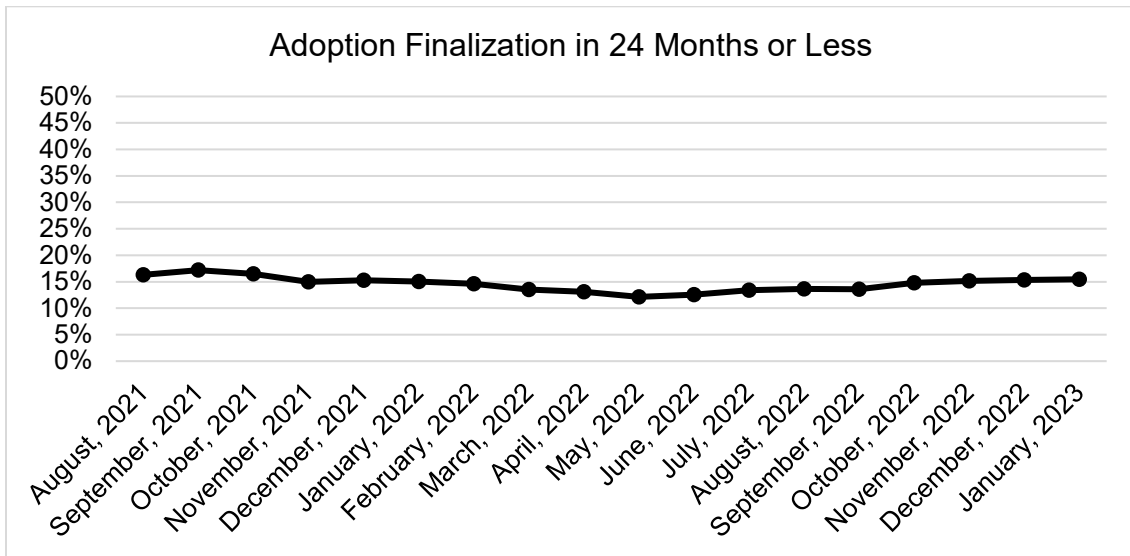


An analysis by race reveals similar average lengths of time in care for white, black, and multi-racial children and youth.

SCDSS measures time to achieve reunification by tracking all children under the age of 18 who were reunified with their parent(s) or caregiver(s) at the time of discharge from foster care and had been in care 8 days or more. It then calculates the percentage of children who were reunified within 12 months from the date of their latest removal. The state goal for this metric is 75.2%. Since early 2022, SCDSS has been at or above this state goal. The most recent data available from January of 2023 indicates 76.6% reunification within 12 months.



Additionally, SCDSS tracks all children who left foster care due to a finalized adoption. Those who left foster care within 24 months from the date of their latest removal are considered timely. At the end of calendar year 2019 timely adoptions were at 22.5%. During calendar year 2020 and 2021, many courts were closed due to the COVID-19 pandemic and many hearings were not held timely. This resulted in adoption timeliness dropping to 15.8% and 12.5% for 2020 and 2021. Data from calendar year 2022 shows slight improvement from 2021 at 13.9%.



Updates and Initiatives

SCDSS continues to review, discuss, and refine the processes in which placement for children in foster care is secured. SCDSS continues to conduct yearly surveys of foster parents and closure surveys on a quarterly basis. Information learned from these surveys is used to guide provider needs.

In response to placement instability rising, SCDSS incorporated twice daily calls and bi-weekly family stabilization meetings that include all SCDSS team members involved to address children who need a placement and children and youth at risk for placement disruption. Additionally, SCDSS meets with child placing agencies (CPAs) and placement providers to review youth with high placement instability to determine what creative solutions can be put in place for providers to accommodate placement for these youth. To strengthen the placement CFTM process, SCDSS amended the CPA contractual agreement to require CPAs to request a placement CFTM within 24 hours of them noting any concerns that could lead to possible placement disruption. Within 48 hours of the CFTM a crisis intervention plan is developed with the goal of stabilizing the placement when possible. Through the CFTM process, the family search and engagement team is in the process of developing a specific protocol for family search and engagement for children facing placement instability. This effort is intended to increase kinship placement opportunities through the identification of family placement resources. Furthermore, SCDSS is requiring the CPA to show their diligent efforts to identify placement for referrals they have received.

SCDSS is in the process of acquiring a new system which will be used for foster home licensing and will allow all documents to be completed within the system. This will allow SCDSS and the CPA to see a family's progress on completion of required documents. Additionally, this system will allow SCDSS to view available foster homes at a statewide and county level.

Recognizing that placement instability is highest amongst youth with higher levels of behavioral and/or mental health needs, SCDSS began an exceptional needs therapeutic foster care implementation in February, 2023. The development of this initiative began with the agency's therapeutic CPA partners. This new placement service type will provide intensive wraparound placement and services for teens experiencing higher placement instability who also have behavioral challenges and/or emotional dysregulation, those with difficulty adjusting to a traumatic experience, those with developmental challenges, those with multi-system involvement, those with a history of multiple placement disruptions, or those requiring more support than can be provided through less intensive models of foster care. Therapeutic CPAs who contract for this program will designate therapeutic foster homes that are committed and trained to work with foster youth with exceptional needs and who are experiencing placement instability. Exceptional needs foster care service is intended to be short term for 90 days, with an additional 30 day extension with the goal that this new placement service will decrease the number of teens in emergency placements, providing them with the

treatment they need to be able to stabilize and stepdown to a long-term placement setting.

Additionally, SCDSS is in the early stages of changing levels of care as it relates to group care. In conjunction with group care providers, SCDSS is rewriting contract scopes based on the needs of youth. CANS assessment data will be used to consider youth needs in comparison to the services available by the group care providers. Additionally, this will include a step-down process that will incorporate discharge planning and will consider what services or resources may be needed to stabilize the child or youth in a stepdown level of care.

Building capacity with the service array, to include assessing for and identifying individualized service needs, is a crucial component to maintaining stable placements. SCDSS has been working towards strengthening CANS assessment skills and the use of the CANS to identify service needs. Results of assessments (FAST and CANS) are included in the development of the family permanency plan (FPP). Combining the results of assessments with CFTMs that incorporate youth and family voice results in a stronger FPP that is based on individualized goals and needs. The Offices of Safety Management and Child Welfare Operations have continued to host bi-weekly skills labs that focus on target areas, including assessments and FPP development. As staff grow their skills in these areas, it is expected that service needs will be better matched and thus reduce placement disruption.

As a part of the Child Welfare Strategic Plan, a small test of change is being conducted in Anderson, Spartanburg, and Greenville counties. This effort is focused around preventing teen and older youth entries to foster care where abuse or neglect is not present, which will in turn lessen the placement stress on the system. The team reviewed data and policy to understand and prioritize issues and conducted stakeholder engagement through interviews and focus groups with both internal and external partners, including children and families. The team found that many teen entries are related to parent-child conflict and/or behavioral issues, with older youth entering care through multiple pathways lacking a unified approach to prevention. The primary recommendations from this group include developing a plan to shift the narrative of teens and older youth, creating a unified teen entry-prevention approach, and strengthening the current placement and services continuum to ensure teens and older youth have necessary supports and relationships. These efforts will be a multi-system approach, working with stakeholders and the service array to keep youth with their families, reduce unnecessary system involvement, and provide the best opportunity for long term success. This small test of change began in early 2023 with a kickoff meeting. Implementation planning and design meetings will be conducted through the summer and fall, with an early implementation planned for September – December 2023.

Additional placement stability efforts include the Teen Placement Stabilization Program, which aims to support teens in DSS custody or involved with Family Preservation who have a history of placement instability. The program employs two teams of

professionals in the Upstate and Midlands regions, whose purpose is to engage with youth and their caregivers. A Crisis Stabilization Team is also employed for crisis intervention in DSS offices.

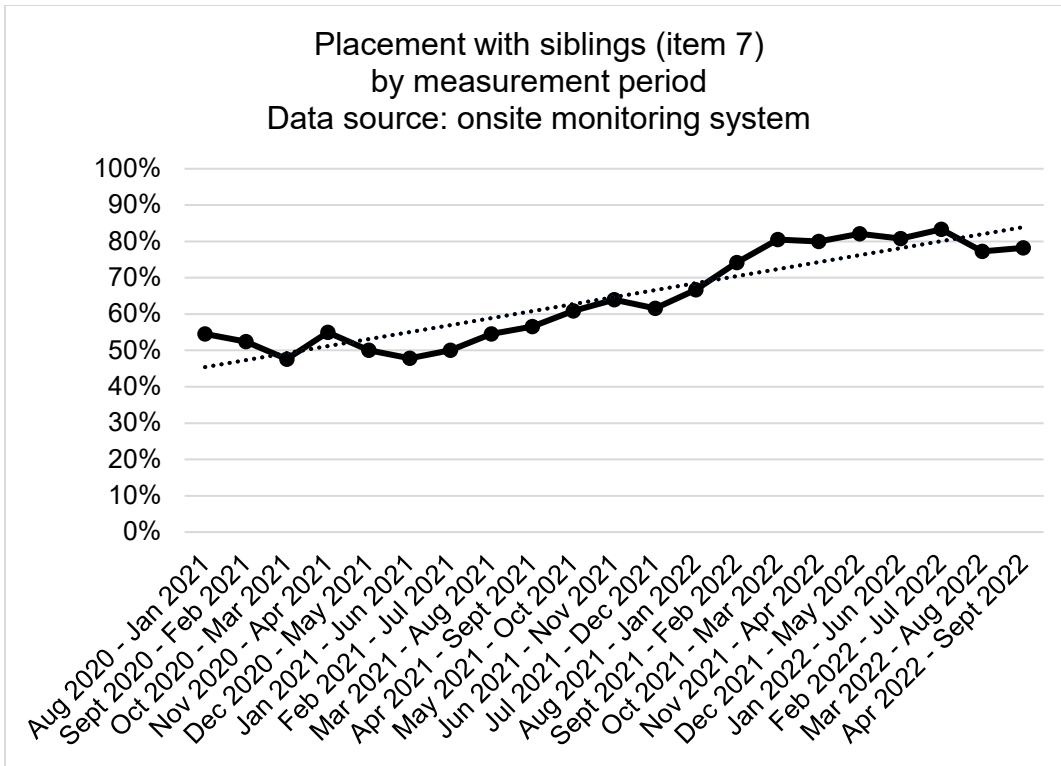
The program's goals include reducing the number of teens in unstable placements, reducing placement disruptions, preventing teens from sleeping in DSS offices, and increasing placement stability. It also aims to improve the retention of Case Managers and DSS Foster Parents, support reunifications, and reduce violent outbursts. The program staff includes Program Supervisors, Youth Partners, and Youth Care Specialists. Each Youth Partner has a caseload of up to 10 youth, and Youth Care Specialists provide 1:1 or 1:2 support for youth in the office. Youth Care Specialists are trained in Trauma-Informed Care and various Behavior Modification techniques. Their primary responsibility is to provide crisis intervention, de-escalation, and behavior modification techniques with youth during their time in the DSS office. They provide direct behavior support to individual youth, offer alternative coping strategies, and provide crisis support and intervention.

Youth Partners are trained in Motivational Interviewing and System of Care/Wraparound principles, as well as Trauma-Informed Care. They serve as the primary mentor for the youth, engaging the youth in the home and/or in the community, serving as a role model, a support, and an informal counselor.

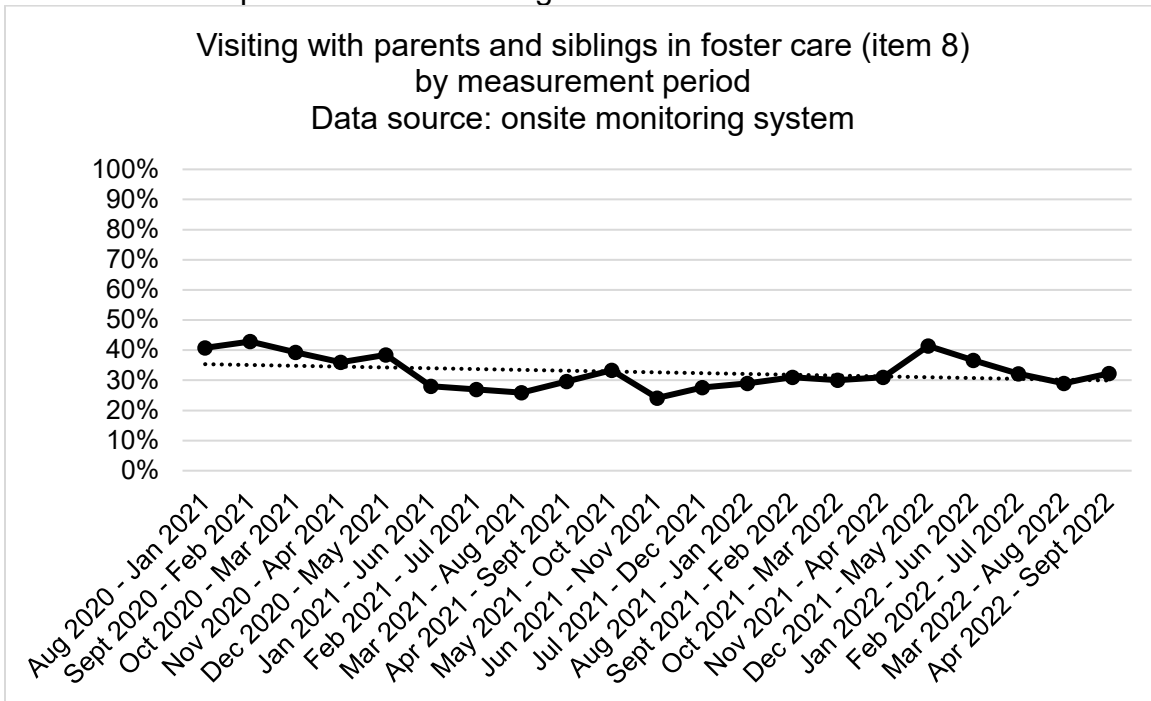
The service delivery model of the program is comprehensive and person-centered, working collaboratively with families, caregivers, and other stakeholders to provide intensive support that addresses their needs and promotes stability, permanency, and well-being. The program does not have a predetermined length of stay; the program, in conjunction with DSS, determines criteria for what constitutes "stable" and when a youth can be successfully discharged from the program.

Permanency Outcome 2

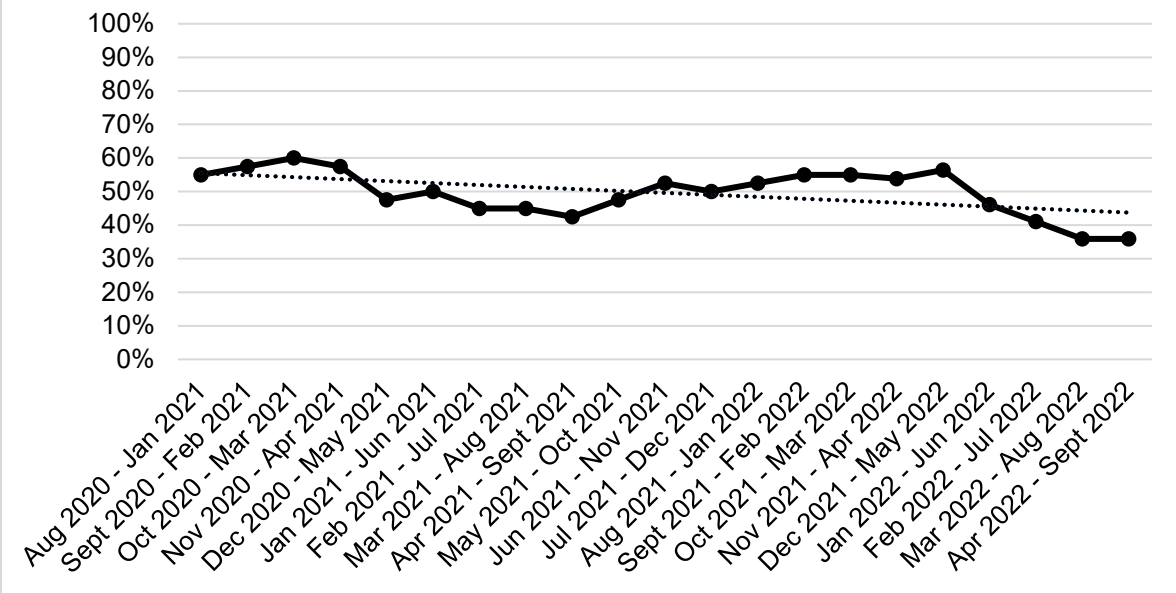
The continuity of family relationships and connections is preserved for children.



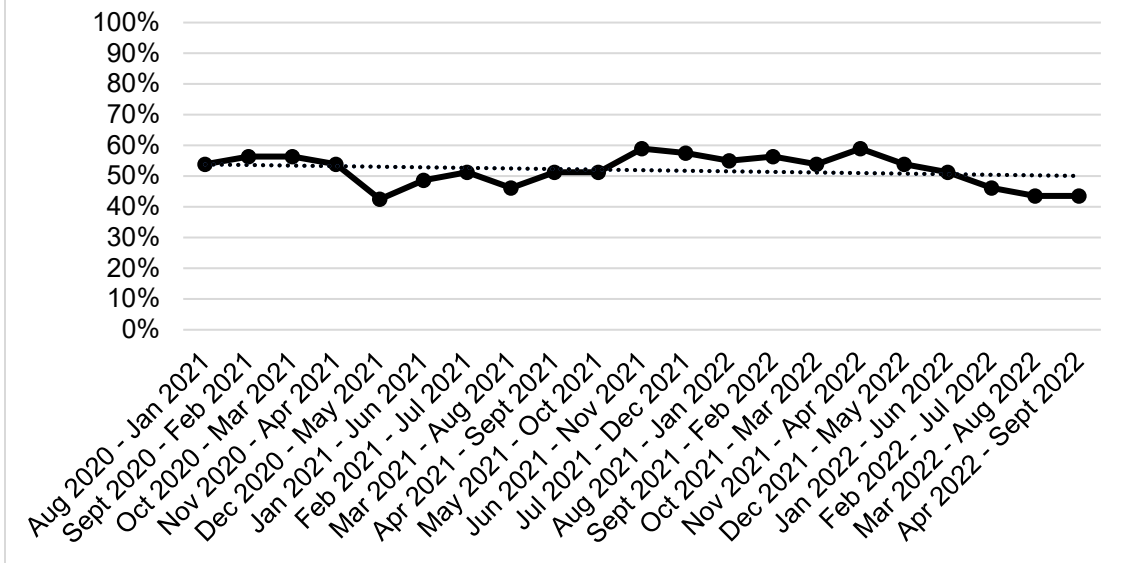
Although item 7 was not selected as a CFSR focus item, SCDSS has seen steady improvement in the placement with siblings case reviews.

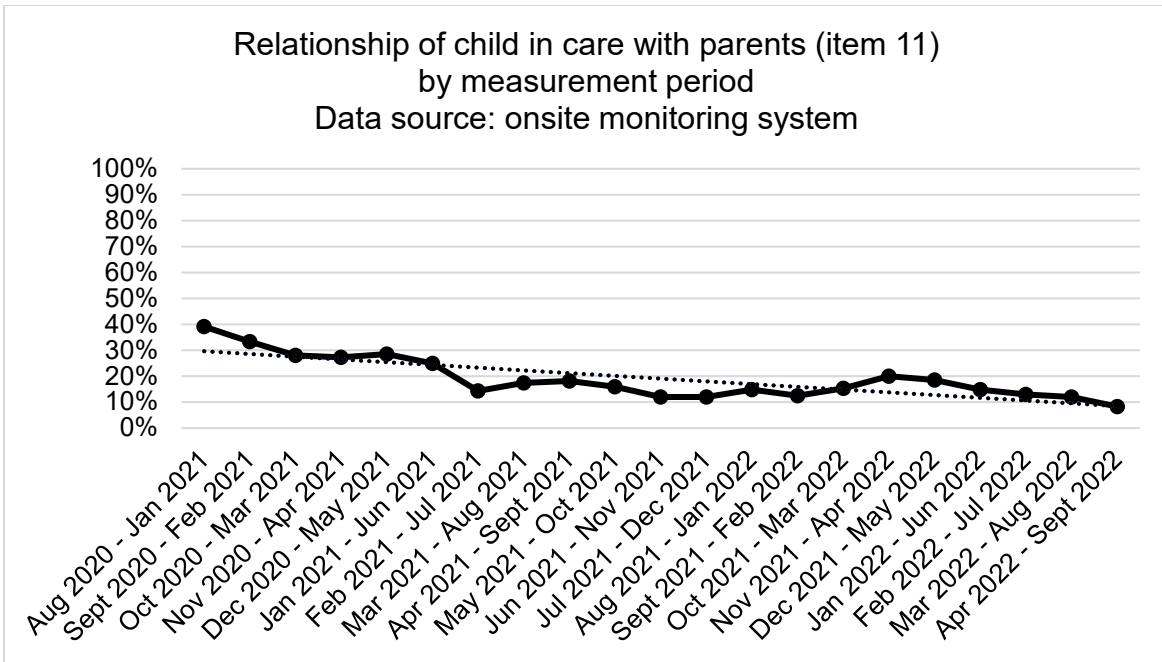


Preserving connections (item 9)
by measurement period
Data source: onsite monitoring system



Relative placement (item 10)
by measurement period
Data source: onsite monitoring system

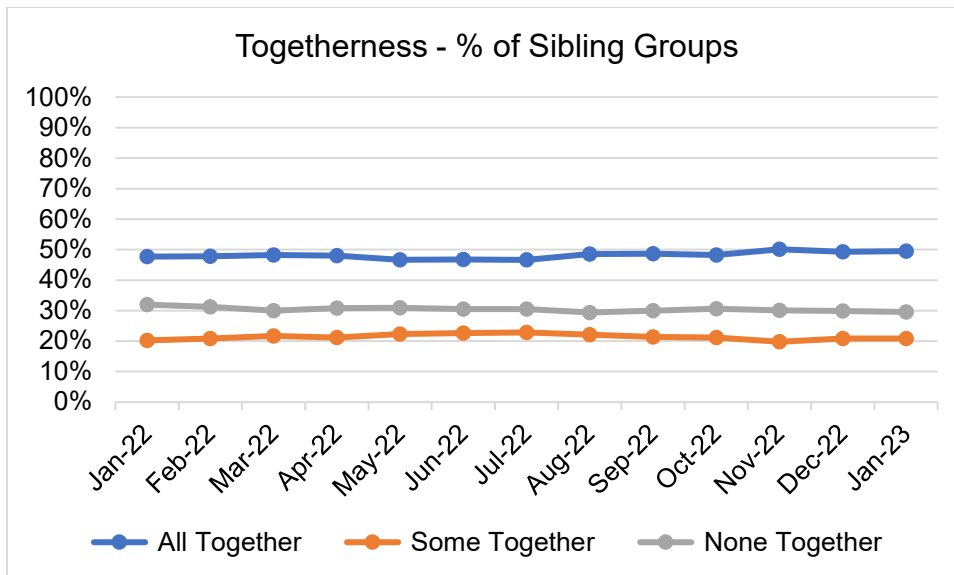
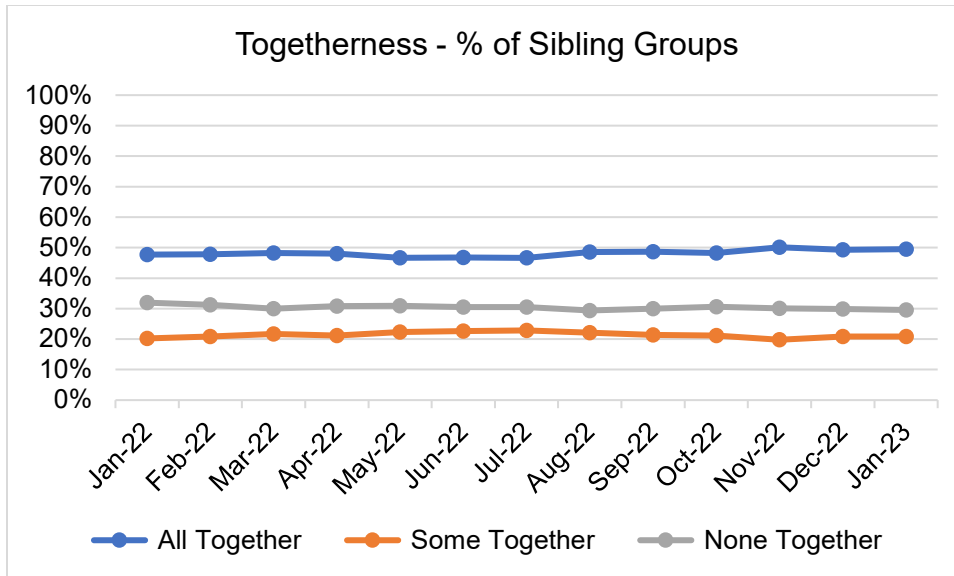




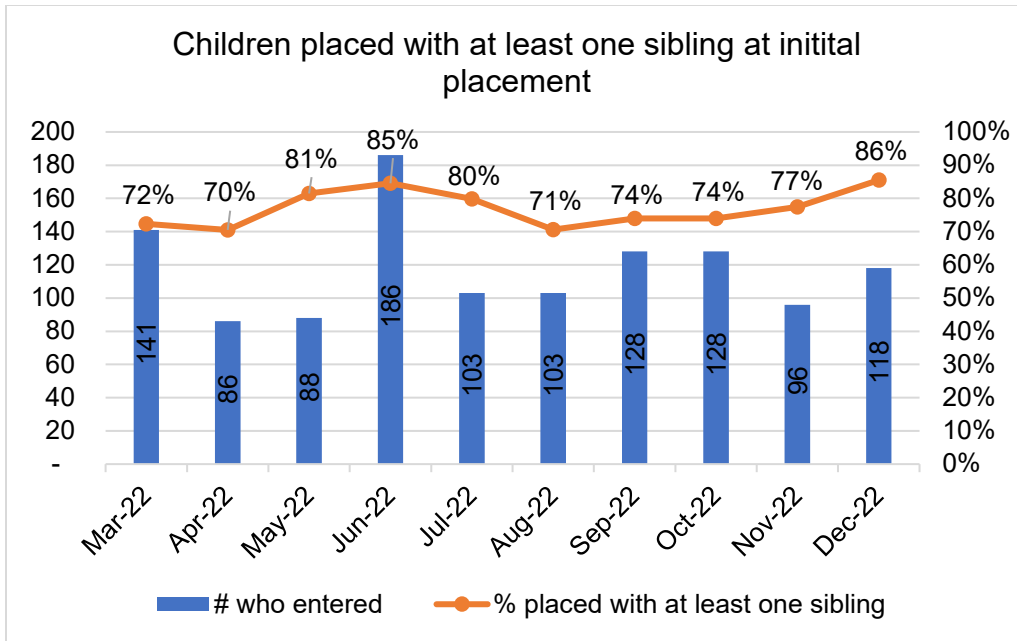
CFSR items 8, 9, 10, and 11 include visitation with parents and siblings while in foster care, preserving connections, relative placement, and relationship of child in care with parents. CFSR data from all of these items show relatively stable performance over time, although show a recent drop in performance over the last several measurement periods.

Internal Data Measures

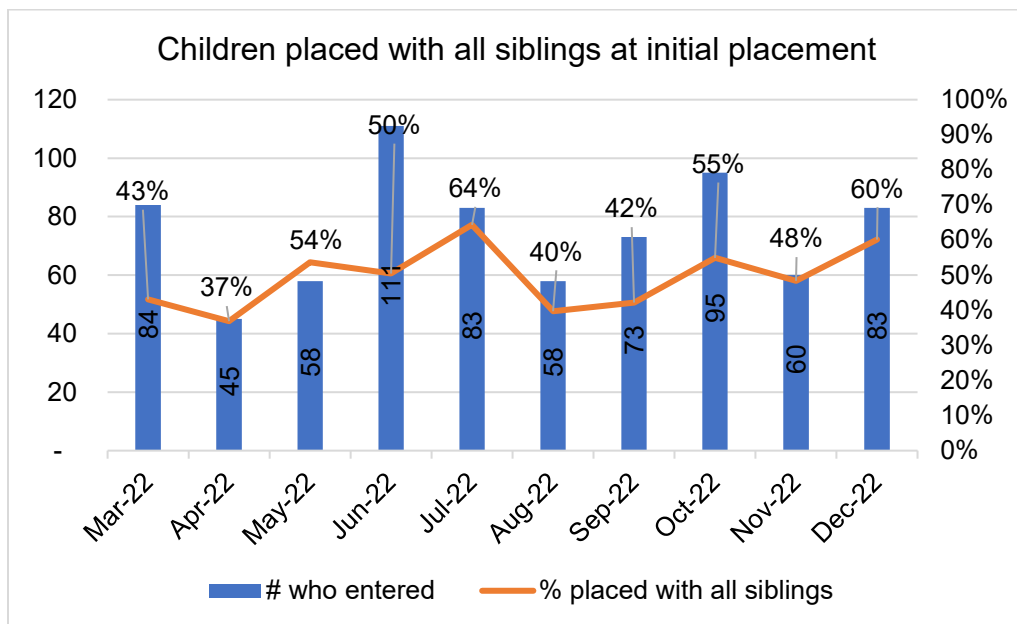
The Accountability, Data, and Research (ADR) team at SCDSS tracks numerous metrics for child welfare, including those for sibling placement. The two graphs below analyze all children in foster care and provides the percent of sibling groups and percent of children based on sibling togetherness. Calendar year 2022 shows stable performance in this area.



The next set of graphs focuses on sibling placements at initial placement, examining the number and percentage of children and youth in care who are placed with at least one sibling. SCDSS has seen recent improving performance in this measure, ending calendar year 2022 with 86% of children initially placed with at least one sibling.

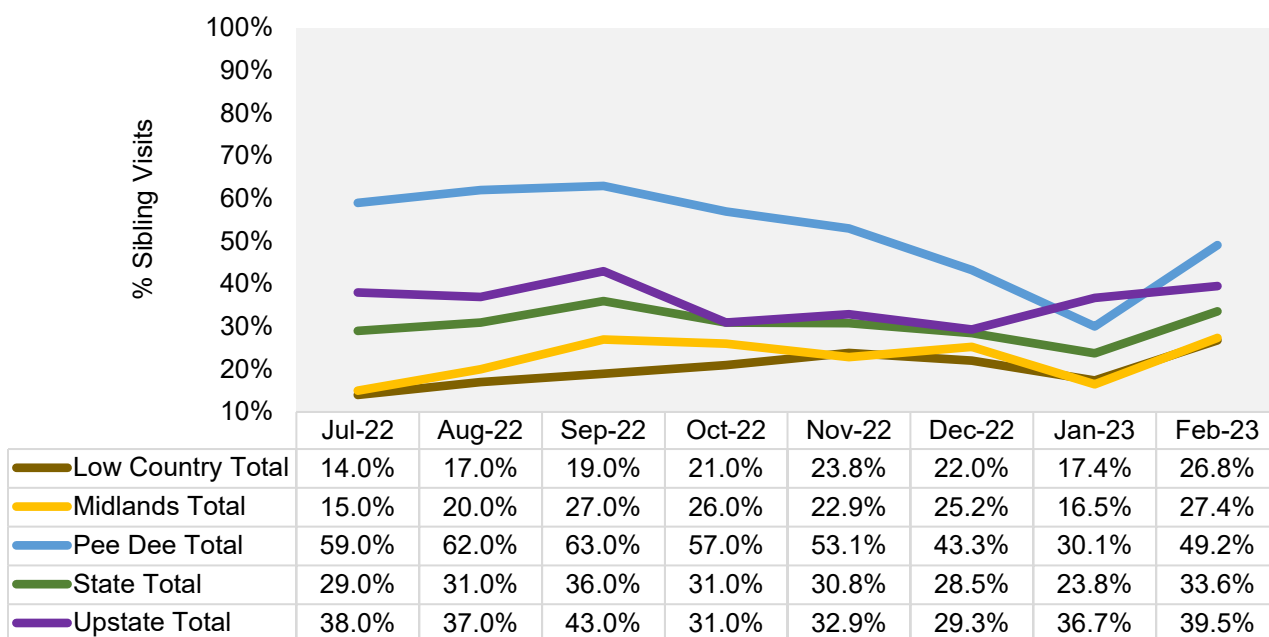


The percentage of children placed with all of their siblings at initial placement is lower, however also shows recent performance improvement.



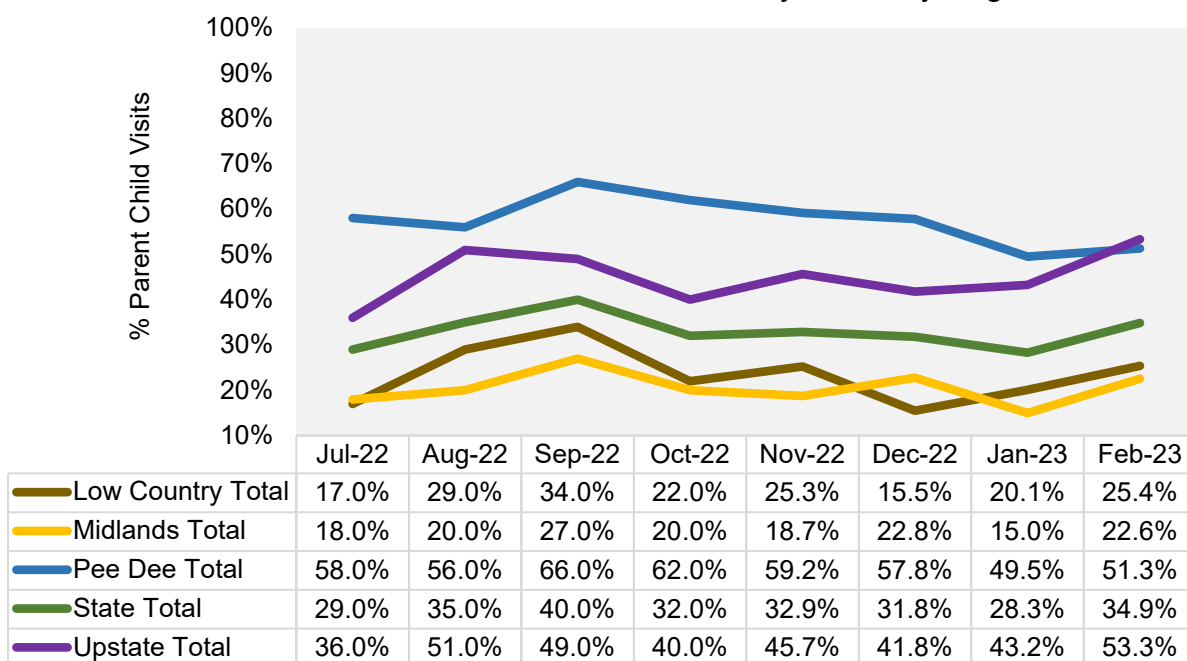
The ADR team tracks via the child welfare services dashboard sibling visitations. The dashboard provides regional and county data reporting the percentage of expected sibling visitation. Monthly sibling visits for all siblings not living together should be completed unless there is an exception as the visit is not in the best interest of one or more of the siblings. The data below shows some declining performance over recent months, although the most recent data shows improvement across the state.

Percent Expected Sibling Visits by Month by Region



SCDSS offers visitation twice each month with the parent(s) with whom reunification is sought, unless there is an exception, including but not limited to a court order prohibiting visitation or limiting visitation to less frequently than twice every month. Similar to the trend in the sibling visitation data above, visitation with parents had a slight decline in performance

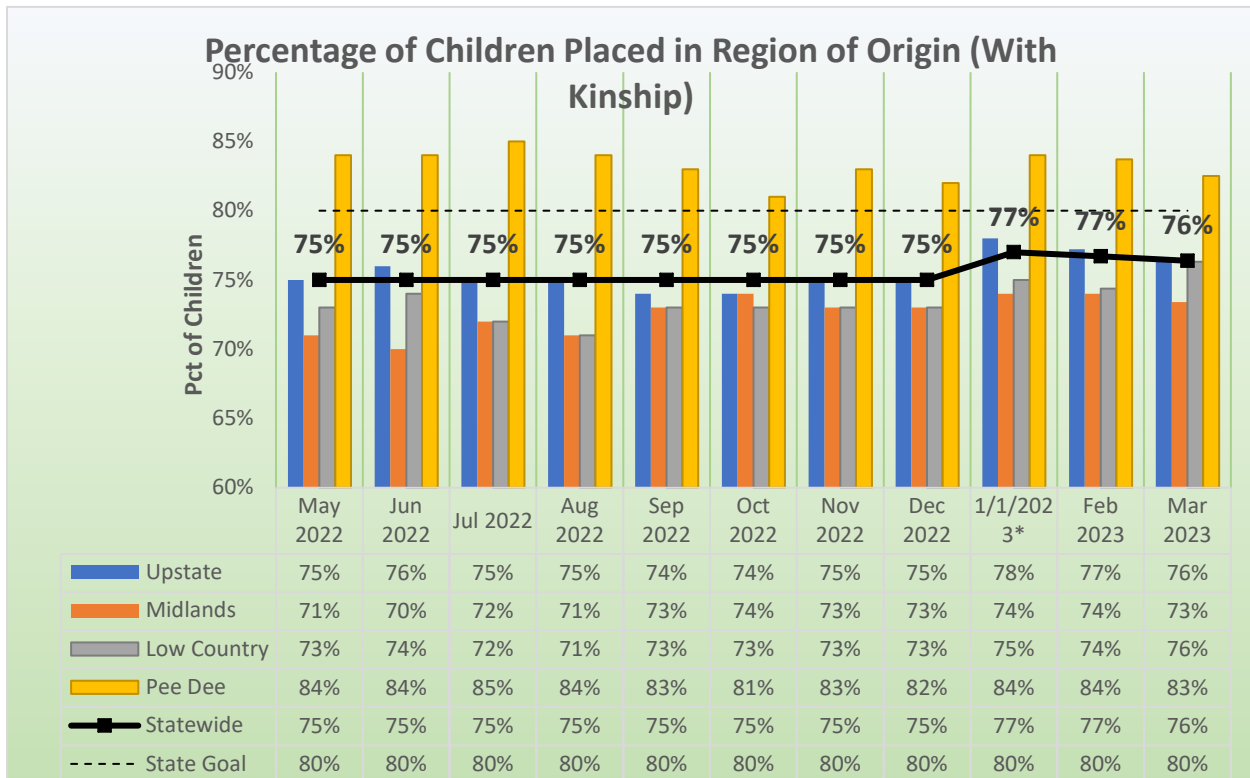
Percent Parent Child Visits by Month by Region



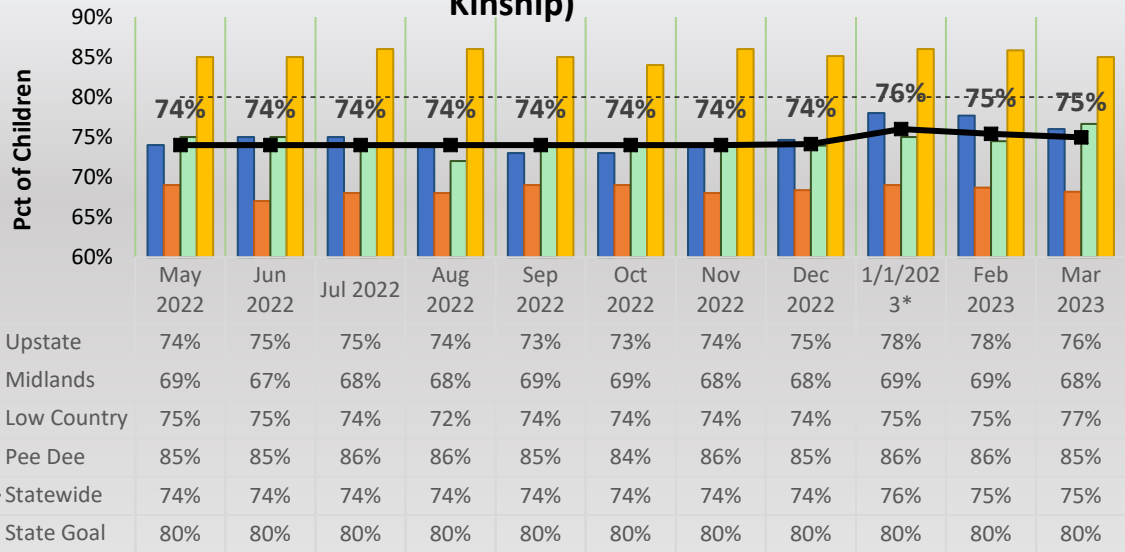
While there is a large focus on moving children in foster care to kinship placements, SCDSS seeks kinship placements for all children in its child welfare system. The below tables from April 2022 and March 2023 shows the percentage of children placed with kinship is higher than it was one year ago. Additionally, kinship placements continue to exceed the percentage share compared to placements in congregate care.

Placement Type	April, 2022	June, 2023
Kinship Total	20%	25%
Family-like Total	66%	61%
Congregate Care Total	13%	12%
Other	1%	2%

SCDSS recognizes placement in a child’s home county/region is important to preserving connections the child has established through their community. Additionally, gives closer proximity to facilitate visitation schedules. SCDSS is seeing relatively high rates of placement within the child’s region of origin. This is true for both kinship and non-kinship placement settings, with approximately 75% of all children in foster care (kin and non-kin placed) being placed in their region of origin. The Pee Dee region in particular is performing well in this metric.



Percentage of Children Placed in Region of Origin (Without Kinship)



SCDSS monitored its increased kinship licenses for children in care and has seen the number more than double. Between calendar years 2021 and 2022 there was a 25% increase in the total numbers of licensed kin foster homes.

Data from CAPSS as of	Total Licensed Kin Foster Homes	Total Licensed Kin Temporary (provisional) Foster Homes
1/31/2021	156	65
2/28/2021	159	74
3/31/2021	165	83
4/30/2021	169	92
5/31/2021	171	81
6/30/2021	183	56
7/31/2021	194	51
8/31/2021	199	45
9/30/2021	208	60
10/31/2021	204	91
11/30/2021	209	94
12/31/2021	220	92
1/31/2022	223	84
2/28/2022	227	78
3/31/2022	233	86

4/30/2022	236	111
5/31/2022	237	119
6/30/2022	256	117
7/31/2022	253	118
8/31/2022	253	119
9/30/2022	257	104
10/31/2022	261	88
11/30/2022	272	92
12/31/2022	269	79
1/31/2023	264	80
2/28/2023	250	88

Updates and Initiatives

DSS completed the development of quality visitation training to equip frontline staff in facilitating quality visits between children in foster care and their parents and siblings. The training was deployed to foster care and adoptions leadership and case managers on February 27, 2023.

In 2023 SCDSS published a quality visitation guide to serve as a resource for staff, focused on strengthening families through visitation. Recognizing the critical role that visitation plays in achieving successful, timely permanency, SCDSS conducted a focused analysis of the performance on parent-child visitation. Through that analysis a need was identified to improve the quality and frequency of these visits. To make consistent and effective practice change, SCDSS created this guide to outline best practices in visitation. The guide lays out best practices that empower parents to be engaged in the lives of their children and learn new skills to increase protective capacity. It is to be used in conjunction with the parent-child visitation training.

To further support practice, DSS has engaged in focused efforts to provide increased access to data related to parent-child visitation so child welfare staff at all levels are aware of and can address situations in which visitation is not occurring as per policy or is not documented timely. Concurrently, DSS has provided opportunities for frontline staff to provide feedback regarding strengths, barriers and challenges related to visitation facilitation and documentation. In response to this feedback, DSS has provided additional training, coaching, and skills labs to increase staff proficiency in understanding and using management reports and properly documenting visits in CAPSS.

SCDSS believes living with kin helps preserve connections. SCDSS has focused on increasing kin placements with good results as evidenced by the data on kinship placements. SCDSS has also increased its efforts to ensure all staff are trained in conducting Child and Family Team meetings, to increase youth and families input into case planning and identifying permanency options while youth are in care. Through the CFTM process, the family search and engagement team is in the process of developing

a specific protocol for family search and engagement for children facing placement instability. This effort is intended to increase kinship placement opportunities through the identification of family placement resources.

In 2020, SCDSS focused their efforts to increase kin/fictive kin placements by providing ongoing training regarding the importance of kinship placements, instituted provisional foster home licenses and waivers for non-safety requirements for kinship providers, developed a kinship care policy and tip sheet available to all staff, funding to kinship providers through the kinship navigator grant, and shifted the responsibility of licensing all non-kin foster homes to Child Placing Agencies contracted by SCDSS. To date, SCDSS continues to focus on placing children in kinship homes by the continuation of the above mention practices. Since these practices have been put in place our children in kinship placements has continued to increase.

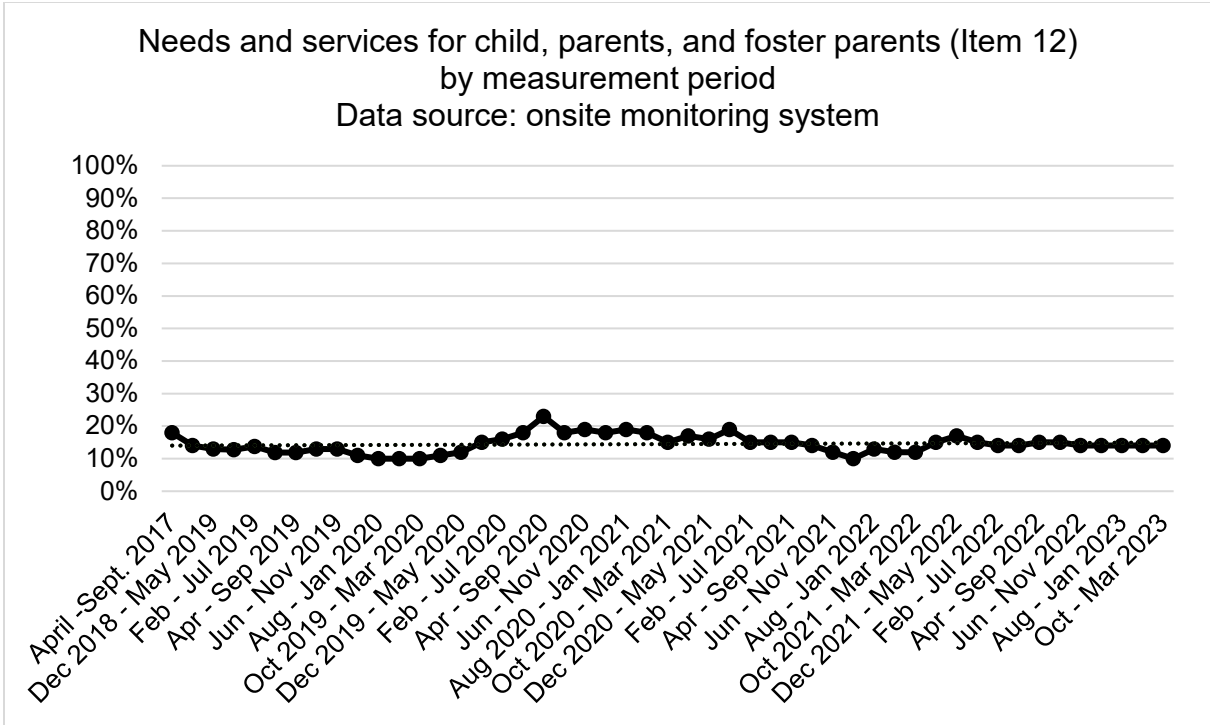
SCDSS tracks progress through several measures, including monthly analysis of the number and percent of children and youth who are placed with kin. Overall, it defines kinship care to include:

- Foster Home (Relative)
- Adoptive Home (Relative)
- Court Ordered Unlicensed Relative
- Court Ordered Unlicensed Non-Relative (Fictive Kin)
- Court Ordered Parent

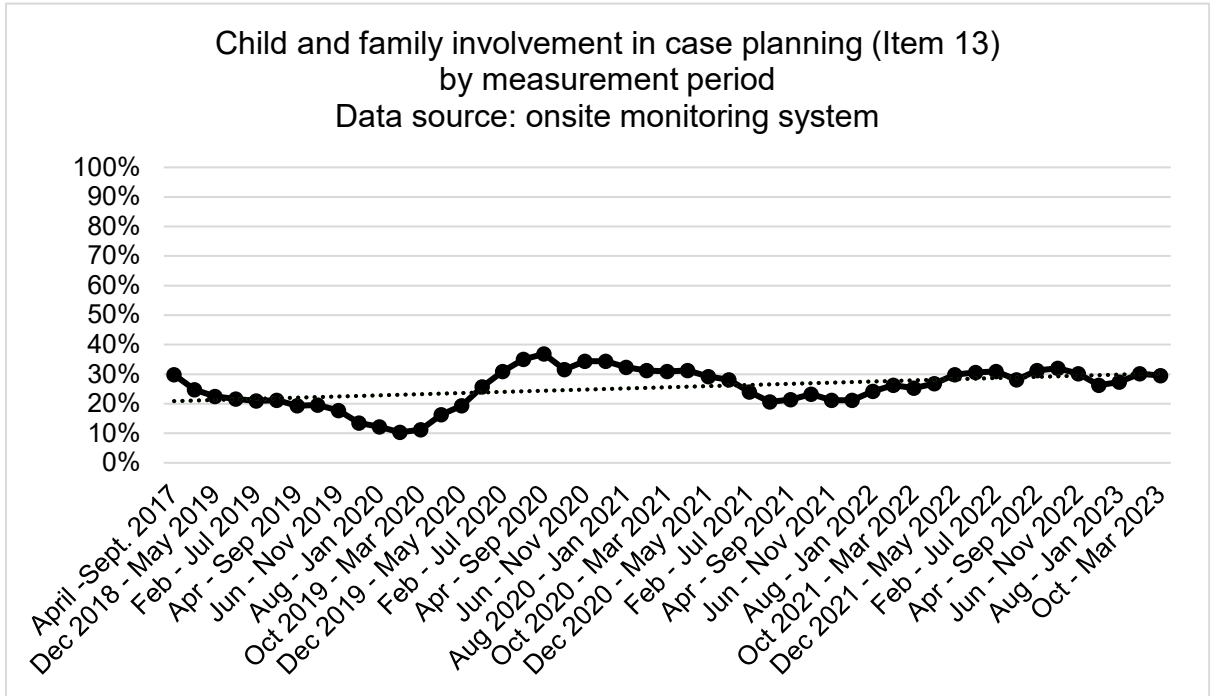
In May of 2022, the state legislature signed into law S.C. Code section 63-7-2320, which established the State Kinship Foster Care Program. The effect of this legislation expands the definition of the term, “relative” for the purpose of licensure to include non-relative fictive kin. The agency is in the process of defining practice and policy related to this statute.

Well-Being Outcome 1

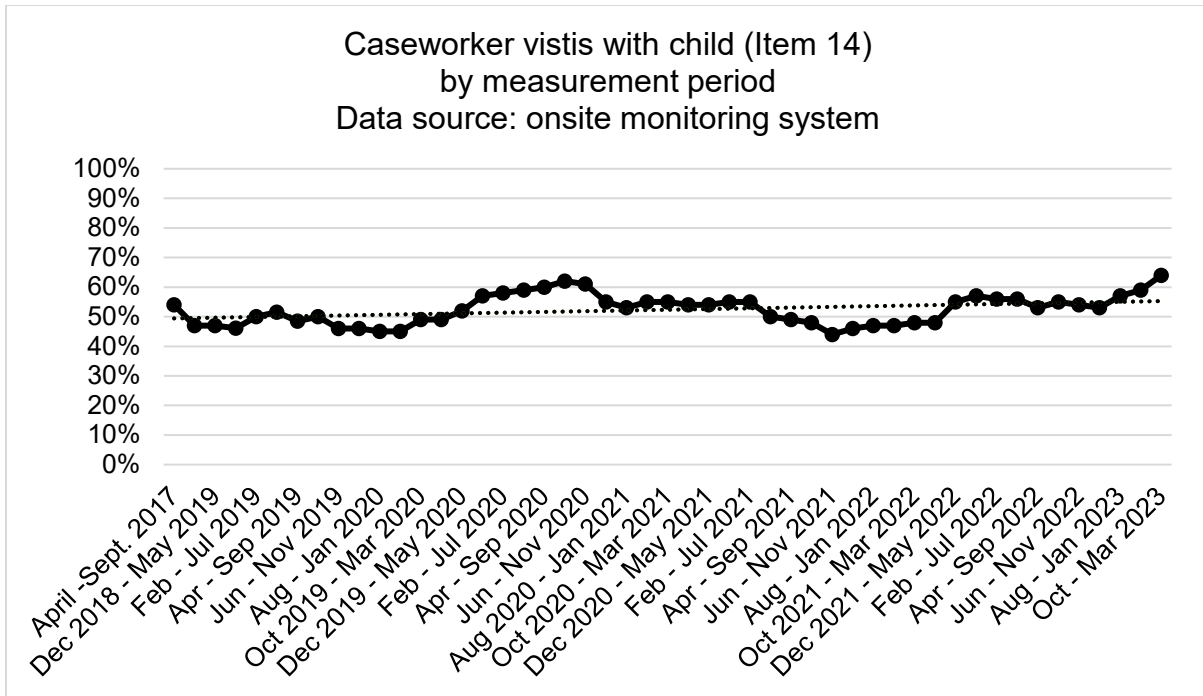
Families have enhanced capacity to provide for their children’s needs.



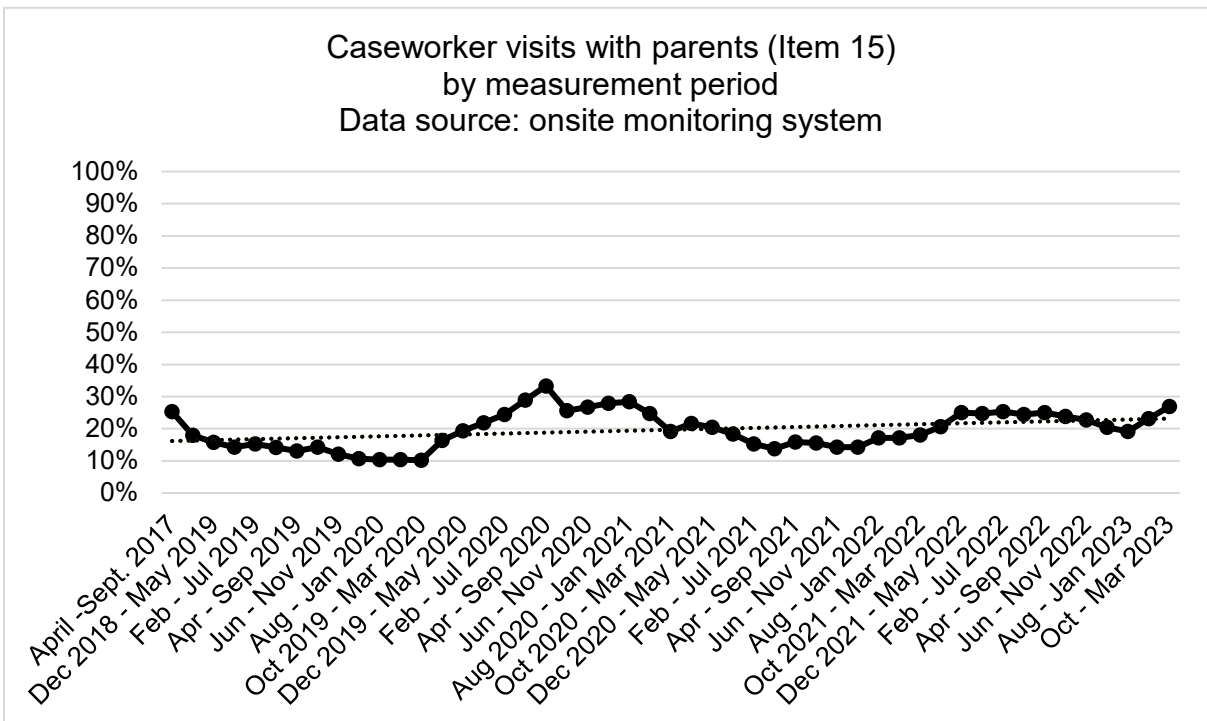
This goal was met during the April 1, 2020 – September 30, 2020 period.



This goal was met during the March 1, 2020 – August 31, 2020 period.



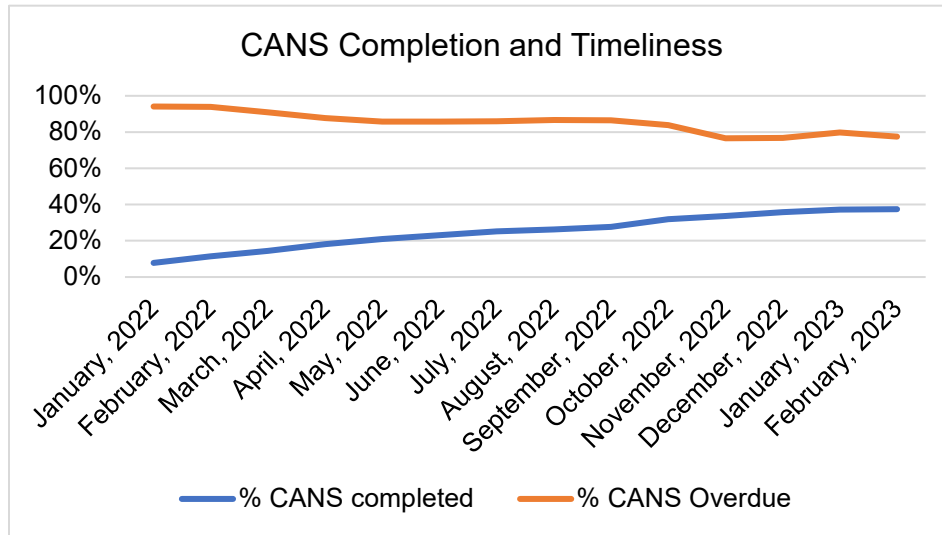
This goal was met during the April 1, 2020 – September 30, 2020 period.



This goal was met during the April 1, 2020 – September 30, 2020 period.

Internal Data Measures

Through statewide implementation of the CANS/FAST assessment, SCDSS staff are now trained to identify needs through the assessment and match those needs to appropriate services in consultation with the family. In early 2022, SCDSS improved CAPSS reports to track CANS completion rates. SCDSS has seen steady growth in both CAPSS completion and timeliness rates. From January of 2022 to February of 2023, there has been a 363% increase in CANS completion rates. In the same timeframe, there has been a 267% improvement in CANS timeliness.



Using the FAST/CANS assessments and CFTMs, caseworkers continuously monitor strengths and needs to determine which services would be appropriate for each family. In collaboration with Chapin Hall, SCDSS has been strengthening the monitoring of data and outcomes of Evidenced Based Practices (EBPs) and those related to Family First. This measurement framework focuses on measuring the extent to which preventative services are reaching children and families, being implemented with fidelity, and achieving desired outcomes.

EBP Referral Counts						
Provider	Brief Strategic Family Therapy (BSFT)			Homebuilders		
	Nancy K. Perry (Oct. 2021 - Jul. 2022)	National Youth Advocate Program (Jan. 2021 - Jan. 2022)	Total	Bethany Christian Services of SC (Apr. 2021 - Aug. 2022)	Epworth Children's Home (Jun. 2021 - Mar. 2022)	Total
# referrals	38	279	317	24	222	246
# accepted	23	246	269	20	70	90
# ineligible	3	28	3	4	100	104

# declined	2	68	70	0	52	52
# no response from family	11	49	60	0	0	0
# waitlisted (no opening)	None reported	None reported		Not applicable	Not applicable	

EBP Referral Sources						
	Brief Strategic Family Therapy			Homebuilders		
Provider	Nancy K. Perry (Oct. 2021 - Jul. 2022)	National Youth Advocate Program (Jan. 2021 - Jan. 2022)	Combined Total	Bethany Christian Services of SC (Apr. 2021 - Aug. 2022)	Epworth Children's Home (Jun. 2021 - Mar. 2022)	Combined Total
# referrals	38	279	317	24	222	246
Investigations	4	None reported	4	0	20	0
Family Preservation	29	None reported	29	15	121	136
Pregnant and parenting youth	0	None reported	0	0	0	0
Reunification (Family Preservation)	1	None reported	1	9	81	9

Reasons for Dropping Out						
	Brief Strategic Family Therapy			Homebuilders		
Provider	Nancy K. Perry (Oct. 2021 - Jul. 2022)	National Youth Advocate Program (Jan. 2021 - Jan. 2022)	Combined Total	Bethany Christian Services of SC (Apr. 2021 - Aug. 2022)	Epworth Children's Home (Jun. 2021 - Mar. 2022)	Combined Total
# dropped out	6	51	57	10	23	33
Family withdrew	4	45	45	10	17	27
Child entered care	0	6	6	0	4	4
Family case closed	2	0	2	0	2	2

While family engagement occurs throughout the life of the case, the CFTM and FPP development processes are intended to engage families in the case planning process. Once a CFTM is completed, data is entered in CAPSS via the family permanency plan. Information captured includes the type of CFTM, date, facilitator type, and attendees. Attendee options include fictive kin, foster family, GAL, maternal, other, paternal, professional, and youth. Internal data is being tracked to monitor family involvement in CFTMs and identify areas of improvement. One barrier to this data is consistency in data entry. Data from the report below is dependent on the person conducting the CFTM to enter the attendees within the family permanency plan, which is an overall new process to the agency. Due to this data limitation, the data below is an underrepresentation of actual performance. The Office of Child Welfare Operations is offering skills lab trainings for entering family permanency plans to strengthen data entry around CFTM documentation.

The data below is comparing two points in time at the start of calendar years 2022 and 2023, showing CFTM attendance by region and by participants. Reviewing the data from one year apart shows significant improvement. Between January – March 2022 and January – March 2023 significant increases notable across the board. Youth participation had the highest percent change, improving by 2,767%.

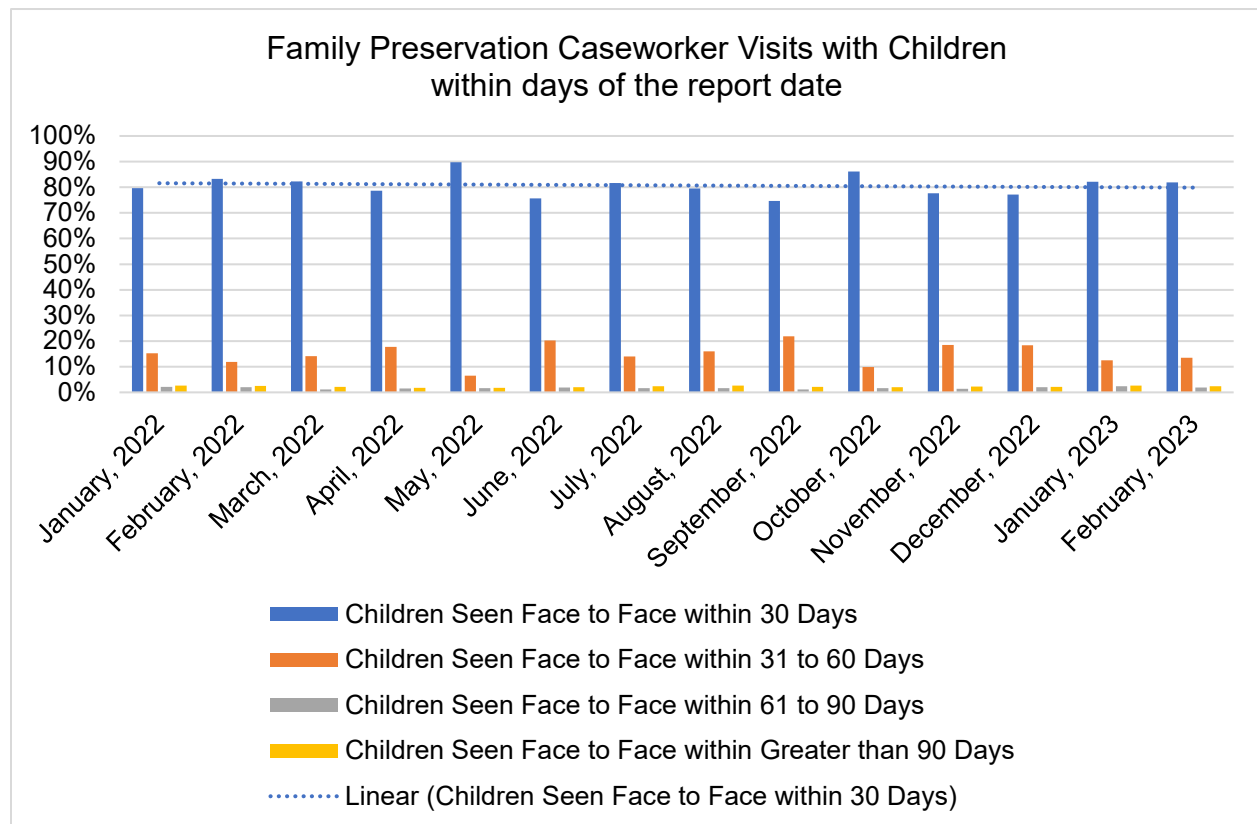
	Jan – Mar 2022	Jan – Mar 2023	% Change
Fictive Kin	0	99	100%
Foster Family	12	119	892%
GAL	26	161	519%
Maternal Relatives	467	935	100%
Other	101	57	-77%
Paternal Relatives	245	476	94%
Professional	759	1663	119%
Youth	3	86	2767%

SCDSS consistently makes required face to face contacts between case managers and children in care, typically ranging between 94% to 96% of all children with most of those contacts made in the home. The total number of visits made by caseworkers on a monthly basis to children in foster care during a fiscal year must not be less than 95 percent of the total number of such visits that would occur if each child were visited once every month while in care.

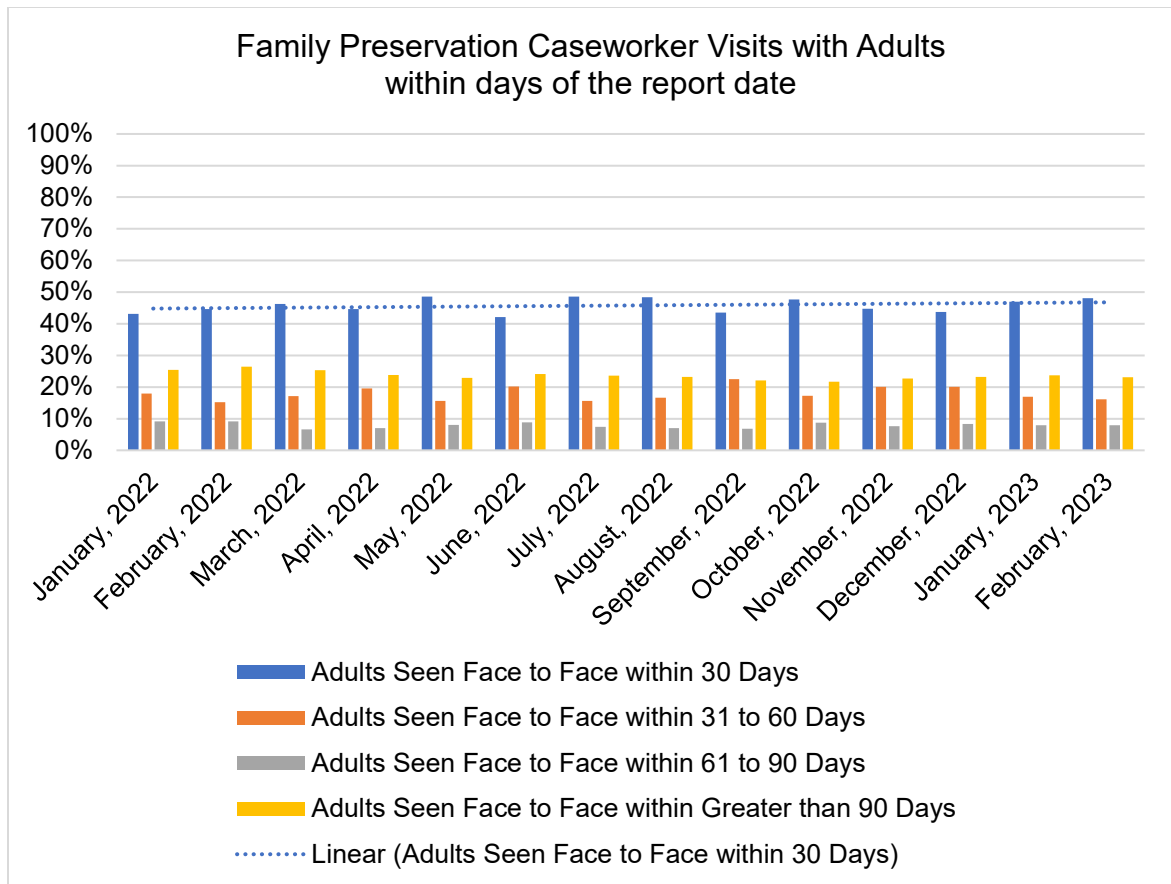
The below data is from FFY 2021 – 2022.

# children	Monthly Caseworker Visits	# Complete Calendar Visits	# Visits Months in the Residence	% of Visits on a Monthly Basis	% of Visits in the Residence
5,793	42,660	44,580	29,079	95.69%	68.16%

SCDSS has weekly case management reports through CAPSS which analyze case manager visits with children in open family preservation cases. Reviewing the first weekly report of each month during calendar year 2022 shows stable performance for the percentage of children seen within 30 days. The average percentage of children in open family preservation cases seen within 30 days for the time period January 2022 through February 2023 is 81%. This data does not account for concerted efforts or cases in which an exception is documented for monthly contact requirements.



SCDSS has weekly case management reports through CAPSS which analyze case manager visits with adults 18 years and over in open family preservation cases. While these reports do not specifically focus on the guardians in the case; these reports do provide insights through points in time to help measure change. Reviewing the first weekly report of each month during calendar year 2022 shows a gradual upward trend in the percentage of adults seen within 30 days.



**Updates and Initiatives
Services Planning**

With implementation of the FAST and CANS assessment tools complete, SCDSS has been focusing on strengthening skills around the usage and application of these tools. These are used as decision support in the field, but also support the identification of appropriate services. The Office of Safety Management has been working in conjunction with the Praed foundation to develop an algorithm of service level intensity based on FAST results. This algorithm is intended to facilitate case managers in service identification and intensity based on family needs. In April of 2023, a CAPSS build was implemented that incorporated the FAST assessment results and algorithm into a safety decision making framework that requires the case manager to consider service needs at the time they are inputting the assessment results. This framework is intended to identify immediate service needs related to safety concerns, but also consideration for service needs even if an immediate safety concern is not evident.

Additional supports available for case managers to facilitate in service matching include the development of the service array database, which provides a listing of service providers by type and geographical area served. SCDSS is also improving access to services through its new Service Resource Database housed on its intranet and accessible by case managers and leadership. The Service Resource Database is a user-friendly database designed to help find services for children, youth, and families across the state. This tool is designed to meet two goals:

- Help DSS staff locate services that should be used to strengthen families.
- Document services that are missing so that we can gather data to take to our partners to bridge gaps in the service array.

Recognizing that tools such as the service array database are only as good as their inputs and their ability to be user-friendly, SCDSS is proactively identifying ways to improve these tools. SCDSS continues looking for ways to ensure consistent and up to date service offerings are entered. In addition, a map of services has been developed, which includes services SCDSS refers families to. SCDSS is in the planning stages of how to expand on this mapping program to be an interactive tool for staff in the identification of services. In addition, this will be used to identify service deserts and areas lacking specific service needs.

SCDSS is continuing to work on developing a provider portal to capture services in CAPSS. Efforts for this portal are ongoing and have faced some challenges. Staffing issues initially delayed the launch, however the CAPSS team continues working on this portal.

SCDSS has continued its commitment to enhancing services for families and children in South Carolina, successfully integrating several key initiatives within the agency's framework over the past year. These improvements include the launch of Family Centered Treatment (FCT) in Greenville and Richland counties, beginning in October 2022 and fully operational by May 2023. Further expansion of services is reflected in the planned integration of the Intercept model, with the groundwork already being laid out for this transition. This endeavor is slated to start by the end of 2023 and aims to be operational across all four regions within the state by 2029. Alongside these enhancements, SCDSS is also preparing for the statewide implementation of Motivational Interviewing (MI), targeting to have this crucial training rolled out for providers by 2024. All of these initiatives exemplify SCDSS's unwavering commitment to strengthening service offerings, thereby providing comprehensive and effective support to the children and families of South Carolina.

Child and Family Involvement in Case Planning

SCDSS began implementing Child and Family Team Meetings in June of 2020. As of January 2021, Child and Family Team Meetings are being held statewide in both foster care and family preservation cases. The goal of Child and Family Team Meetings is to involve family, youth and other supports in case planning and decision making. Each Child and Family Team Meeting is designed to actively involve families in making decisions about the care and protection of their children. Agenda items include placement, visitation, strengths, needs, services, and agency concerns. The family's voice is paramount in the Child and Family Teaming process. At the beginning of each meeting, the family is asked to tell their story. The family story is designed to give family team members the floor and set the precedent that each meeting is the family's meeting, rather than being agency led.

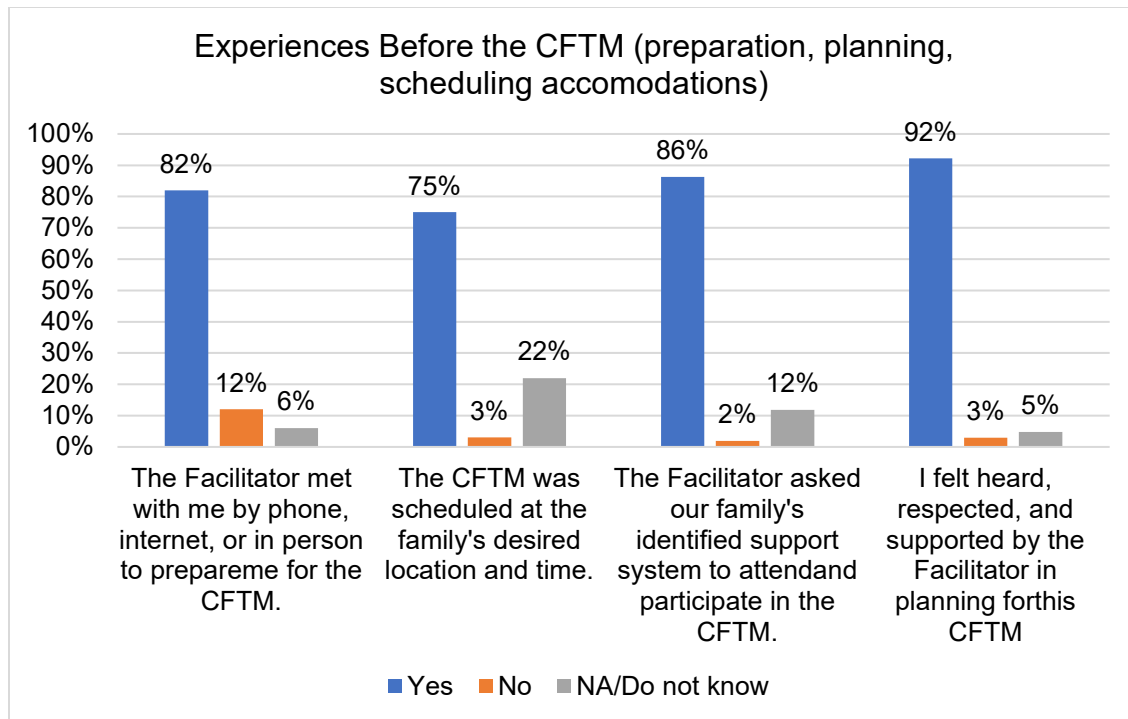
In August of 2021 a workgroup was established that focused on efforts to improve child family team meetings (CFTM) and family permanency plan (FPP) development. The

CFTM/FPP workgroup identified several family story elements that were not being captured in the documentation of the FPP that included the family story, concerns and impacts, and desires and possibilities. In October of 2021 the workgroup coordinated with the SCDSS CAPSS team and these missing family elements were built into the FPP within CAPSS. The inclusions of these elements supports improved family collaboration in the development and documentation of case planning. As this is still a relatively new process, the CFTM leadership team has been focusing efforts on strengthening CFTM facilitation skills, improving documentation of FPP and family elements, and improving data tracking and reporting. The CFTM continues to collaborate with the Accountability, Data, and Research (ADR) and CAPSS support teams to identify gaps in data monitoring and reporting. The CFTM team continues to conduct regular case reviews in addition to CAPSS reports to monitor performance. During these case reviews, approximately five cases per region are reviewed for CFTM/FPP timeliness, quality, and documentation. These case reviews provide an opportunity to identify gaps in performance and clarify the roles and responsibilities of CFTM facilitator efforts.

To expand training efforts, the CFTM leadership team collaborated with the Staff Development and Training (SD&T) team in May of 2022 to incorporate CFTM and FPP modules in the Supervisory Academy training. To increase understanding of the CFTM process with external staff, the leadership team has worked closely with the SC provider network, Foster Care association, attorneys, courts, and other stakeholders to ensure they are trained in the CFTM process to recognize the benefits and understand their role in the meeting. In the coming year the agency intends to finalize a virtual presentation that can be provided upon request to providers across the state.

Additional improvement efforts include continuing to improve strategies for engaging noncustodial parents. The CFTM leadership team is working to refine best practices around engaging noncustodial parents, including exploring ecomapping software that the agency can use to virtually develop genograms with families. The agency is also working to develop a practice guide for CFTM facilitators to clearly outline the procedures, and roles and responsibilities of facilitators during the CFTM and FPP documentation processes.

According to the calendar year 2022 CFTM survey results, 86% of respondents felt that prior to the family team meeting, the facilitator asked the family to identify their support system for participation in the CFTM. Overall, 92% of respondents felt they were heard, respected, and supported in planning and preparing for the CFTM.



76% of family team members feel that participants “completely” contributed to the team’s decisions and plans. Another 20% felt that all participants had “some” contribution to the team’s decisions and plans. Overall, survey respondents agree that the CFTM addresses the concerns for the child and family. 79% felt that the CFTM “completely” addressed the concerns for the child(ren) and 75% felt that the CFTM “completely” addressed the concerns for the family. Full responses to the survey results are shown in the table below.

Statement	Not at all	Some	Completely
Overall, how well did this CFTM address the concerns for this child(ren)?	3%	18%	79%
Overall, how much do you think the CFTM helped to address the concerns of this family?	4%	22%	75%
Do you understand the concerns that DSS has even if you disagree with them?	3%	11%	87%
Did the Facilitator inquire about the family's culture and use this information to brainstorm and develop the plan?	10%	23%	66%

Were the family's strengths and needs discussed and used in the brainstorming and planning?	3%	13%	84%
Were you encouraged to ask questions and participate in this CFTM?	1%	10%	89%
Did the Facilitator help manage all participants' emotions/reactions if they became overwhelming during the CFTM?	2%	9%	88%
As a participant, did you feel heard, respected, and supported during the CFTM by the Facilitator?	2%	9%	89%
Did the Facilitator keep everyone on task, and stop all blaming and shaming?	2%	5%	92%
Do you believe all participants contributed to the team's decisions and plans?	5%	20%	76%
Does the Family Permanency Plan focus on the family's needs and strengths?	5%	18%	77%
If out of home care is needed, did the Child and Family Team discuss family or alternative placement options?	11%	20%	70%
Did the Child and Family Team discuss a visitation plan?	10%	19%	71%
Did the Facilitator review the plan with the team and allow everyone to ask questions?	3%	11%	86%
Do you know what to expect following the CFTM?	6%	20%	74%
Would you recommend a CFTM to other families involved with DSS?	4%	14%	83%

One Child and Family Team Meeting that has proven to be particularly effective in diverting children from entering care is the Pre-Removal CFTM. This meeting is held anytime a Case Manager plans to file an ex-parte order. The facilitator leads the team in problem solving, identifying supports, needs, and exploring placement options. From April 1, 2022 to March 31, 2023 there were 248 Pre-Removal CFTMs facilitated by full-time facilitators. Of those, 76.7% culminated in a plan to prevent the child’s entry into foster care.

CFTM Foster Care Referral Data 4/1/2022 – 3/31/2023			
Region	Meetings Held	Child/Youth Attendance	Percentage of Child/Youth Attendance
Upstate	875	98	11.2%
Midlands	373	21	5.6
Pee Dee	417	50	11.9%
Low Country	662	84	12.6%
Total	2327	253	10.8%

Pre-Removal CFTM Data 4/1/2022 - 3/31/2023			
Region	Number of Meetings Held	Number of Prevented Removals/Disruptions	Percent
Upstate	38	33	87%
Midlands	104	67	64.5%
Pee Dee	52	38	73%
Low Country	54	52	93.6%
Total	248	190	76.6%

Well-Being Outcome 2

Children receive appropriate services to meet their educational needs.

Internal Data Measures

Educational needs are formally assessed through the CANS. The Accountability, Data, and Research team provides analysis of completed CANS, identifying the frequency in which items are rated as a risk factor (a 2 or 3 rating). Data as of March 1, 2023 shows school achievement is rated as a 2 or a 3 for 29% of completed CANS assessments, school attendance 8%, and school behavior 16%. Results of the CANS are used to identify needed services and supports.

CANS Risk Ratings (ratings >1) As of 3/1/2023			
CANS Item	# >1	# total CANS ratings	Percent
School achievement	477	1651	29%
School attendance	133	1652	8%
School behavior	270	1651	16%

Results of the most recent foster parent closure survey inform why providers decided to no longer foster. Responses are used to gauge any concerns and needs that were not addressed. Some of the questions relate to the information and needs for addressing educational needs. Results of these questions from the most recent survey are included below.

I received educational information about the child(ren) placed in my care that helped me meet their educational needs.		
Strongly agree	4	11%
Agree	14	37%
Disagree	15	39%
Strongly disagree	5	13%
Total	38	100%

Updates and Initiatives

SCDSS tracks information on the educational status of children and youth in care through the CAPSS system. Collected information includes the school, class placement, and educational attainment. Dictation and linked files include additional information which can be obtained only by qualitative case reviews such as through the CFSR.

Educational needs are assessed formally through the CANS. Recognizing that assessing for service needs and connecting foster children and families to providers to meet individualized service needs is crucial, SCDSS has focused on improving CANS assessment rates. During early 2022, SCDSS improved CAPSS reports to track CANS

completion rates. SCDSS has seen steady growth in both CAPSS completion and timeliness rates. From January of 2022 to February of 2023, there has been a 363% increase in CANS completion rates. In the same timeframe, there has been a 267% improvement in CANS timeliness. The Offices of Safety Management and Child Welfare Operations continue hosting regular skills lab trainings to strengthen assessment skills related to FAST and CANS.

Rolled out in 2021, the CAIP portal allows foster parents and other providers to enter information as it related to a child's progress in school, health encounters, visits, and other events and special interests. As of April 9, 2023, the CAIP provided 18,801 entries. This is significantly higher than the data provided in the 2023 APSR, in which 2,606 CAIP entries were reported. Of the 18,801 entries, the majority are related to health appointments. There were 564 educational entries, representing 3% of total CAIP entries.

Additional educational information is entered in CAPSS on the individual child's "person" record. Data reports are available within CAPSS to pull this information in aggregate, however due to a significant percentage of children missing data are an underrepresentation of actual education related metrics. SCDSS recognizes it must encourage case manager to enter information.

Well-Being Outcome 3

Children receive appropriate services to meet their physical health needs.

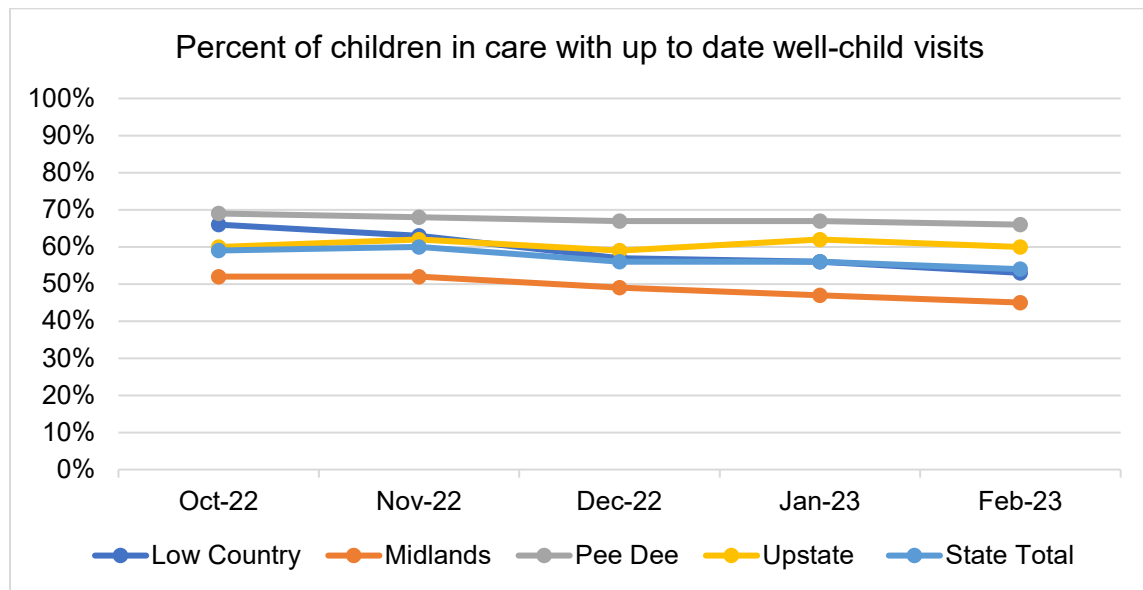
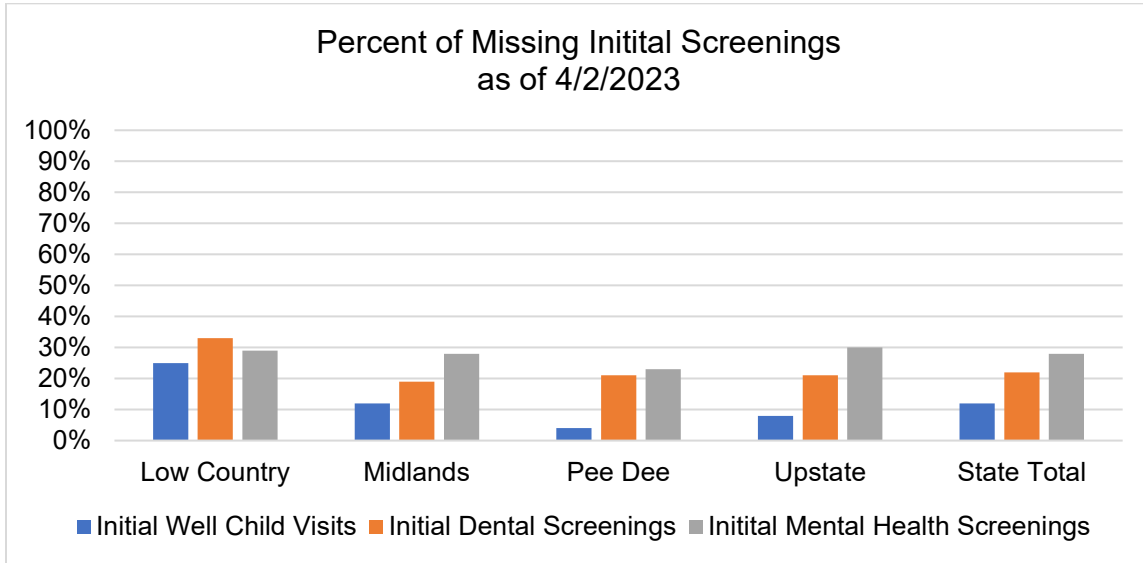
Internal Data Measures

The SCDSS Health and Well Being team continues to work with the CAPSS team for data and reporting needs. CAPSS has developed a report that tracks the latest well-child visit entered for each child in foster care and, based on the periodicity scheduled and the child's age, estimates the date for the next required well-child visit. This report is an action step agreed upon in the Joint Agreement on Immediate Treatment Needs.

In addition to CAPSS data reports, SCDSS continues to receive monthly data from the South Carolina Department of Health and Human Services (SCDHHS) on children in care with the latest child-child data that is in the claims datasets. There are lags in the claims data through SCDHHS, and not every child in SCDSS custody is on Medicaid, and thus would not be captured in these monthly extracts. However, these monthly extracts still aid SCDSS in its evaluation of the completeness of its CAPSS data entry and supplements the CAPSS data entry. These monthly extracts further aid SCDSS in estimating both the number of visits that are past due and how long the well-child visit is past due. This information is incorporated into monthly actionable data used by the field.

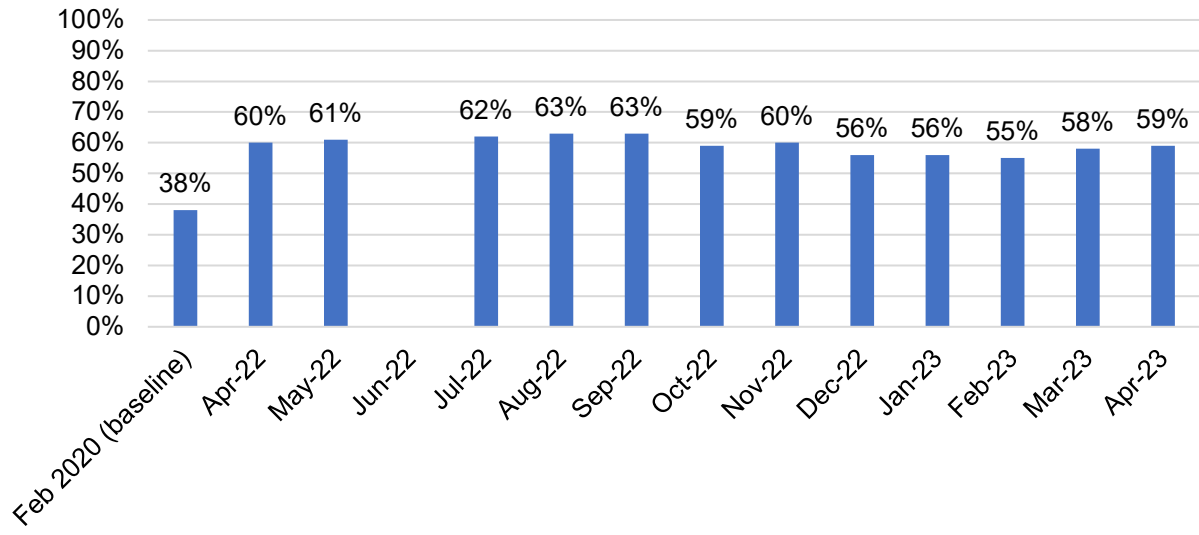
The SCDSS Accountability, Data, and Research team continues to review the CAPSS and SCDHHS claims data to identify discrepancies and for verification purposes. If CAPSS data is missing, then data from SC DHHS or Select Health is pulled for children on Medicaid. By combining the information, SCDSS has a more accurate picture showing the status of well child visits. SCDSS completed a significant "cleanup" operation on missing Medicaid numbers in CAPSS during March 2020 and now has a

monthly process to review any new CAPSS records where the Medicaid number is missing. However, there may be some records that, despite the inclusion of other identifiers, SCDHHS or Select Health was unable to match the children and youth to their claims system. When this occurs, SCDSS completes further analysis to determine the reason there is not a match.



While performance has remained relatively stable throughout calendar year 2022, in comparison to the February 2020 baseline of 38%, significant improvement has been made. From the baseline to the most recently available data for April 2023, performance has had a 55% increase.

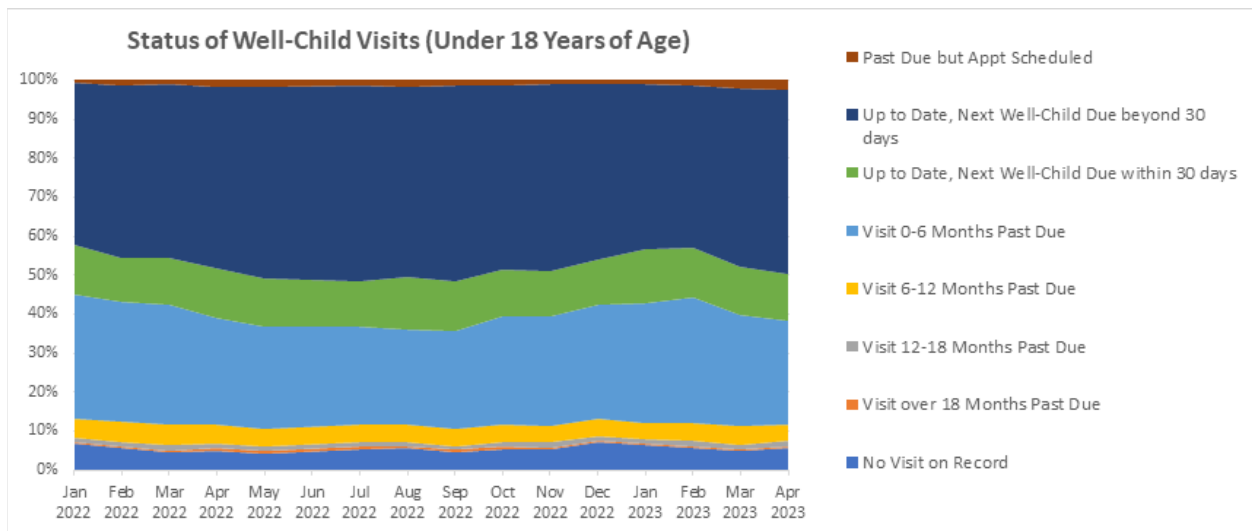
Percentage of Children in Foster Care (under 18) Up to Date on Well Child Visit



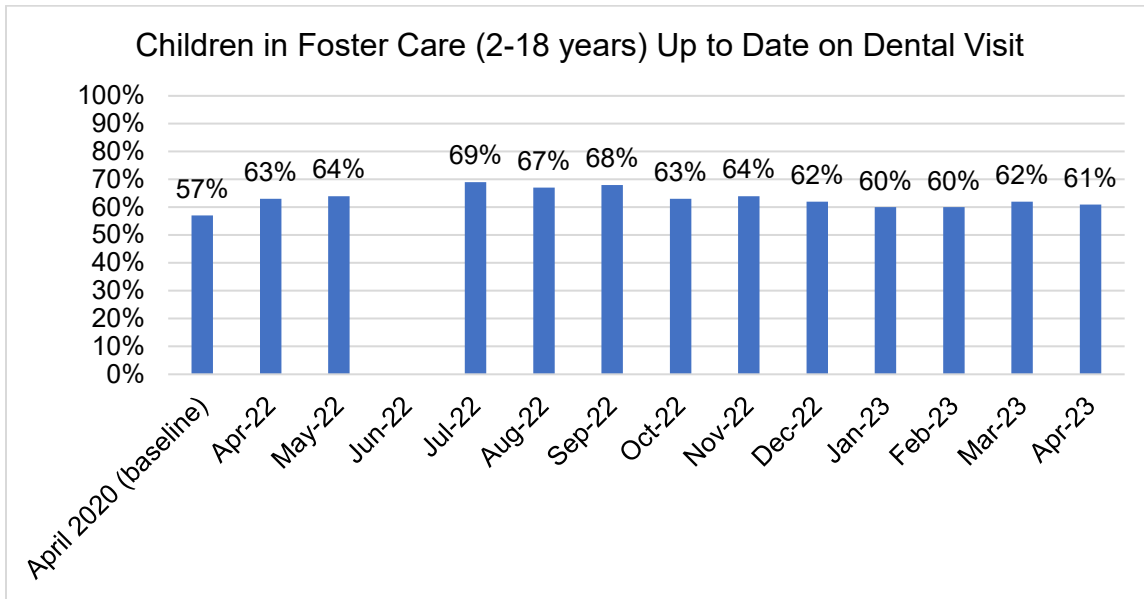
	22- Ja n	22- Fe b	22- Ma r	22- Ap r	22- Ma y	22- Ju n	22- Jul	22- Au g	22- Se p	22- Oc t	22- No v	22- De c	23- Ja n	23- Fe b	23- Ma r	23- Ap r
No Visit on Reco rd	25 8	20 6	16 6	18 3	159		20 3	201	16 6	19 4	189	24 7	21 9	19 8	16 9	19 8
	7%	5%	5%	5%	4%		5%	5%	5%	5%	5%	7%	6%	6%	5%	6%
Visit over 18 Mont hs Past Due	15	16	14	23	22		27	17	19	18	16	14	14	15	15	18
	0%	0%	0%	1%	1%		1%	0%	1%	0%	0%	0%	0%	0%	0%	1%
Visit 12- 18 Mont hs Past Due	44	49	56	47	50		38	39	37	41	42	42	40	41	41	41
	1%	1%	2%	1%	1%		1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Visit 6-12 Mont hs Past Due	18 1	19 2	18 7	17 3	162		17 6	172	14 8	16 4	146	16 5	15 1	15 6	16 6	15 4
	5%	5%	5%	5%	4%		5%	5%	4%	5%	4%	5%	4%	5%	5%	4%
Visit 0-6 Mont hs	12 01	11 63	11 36	10 17	977		94 2	885	89 7	99 9	100 5	10 35	10 70	11 14	97 5	93 4
	32 %	31 %	31 %	27 %	26 %		25 %	24 %	25 %	28 %	28 %	29 %	31 %	32 %	28 %	27 %

Report Not Run due to delayed data source updates

Past Due															
Up to Date, Next Well-Child Due within 30 days	471	414	441	475	464	434	496	456	434	413	403	490	443	420	411
	13%	11%	12%	13%	12%	12%	14%	13%	12%	12%	11%	14%	13%	12%	12%
Up to Date, Next Well-Child Due beyond 30 days	1566	1668	1642	1724	1836	1889	1788	1795	1709	1698	1587	1484	1430	1568	1649
	42%	44%	45%	47%	49%	50%	49%	50%	47%	48%	45%	42%	42%	46%	47%
Past Due but Appt Scheduled	27	49	42	63	59	47	58	52	48	32	37	36	48	71	91
	1%	1%	1%	2%	2%	1%	2%	1%	1%	1%	1%	1%	1%	2%	3%
Total	3763	3757	3684	3705	3729	3756	3656	3570	3607	3541	3530	3504	3445	3425	3496



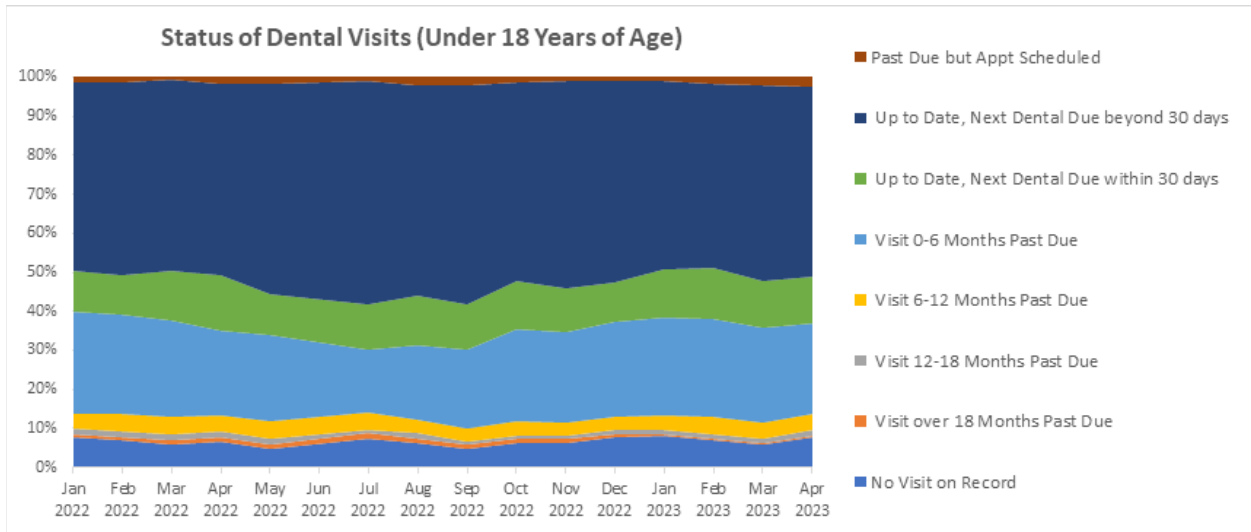
Analysis of the percent of children up to date on dental visits show stable performance over calendar year 2022, with slight improvement from the April 2020 baseline. SCDSS continues to identify ways to improve performance in this area.



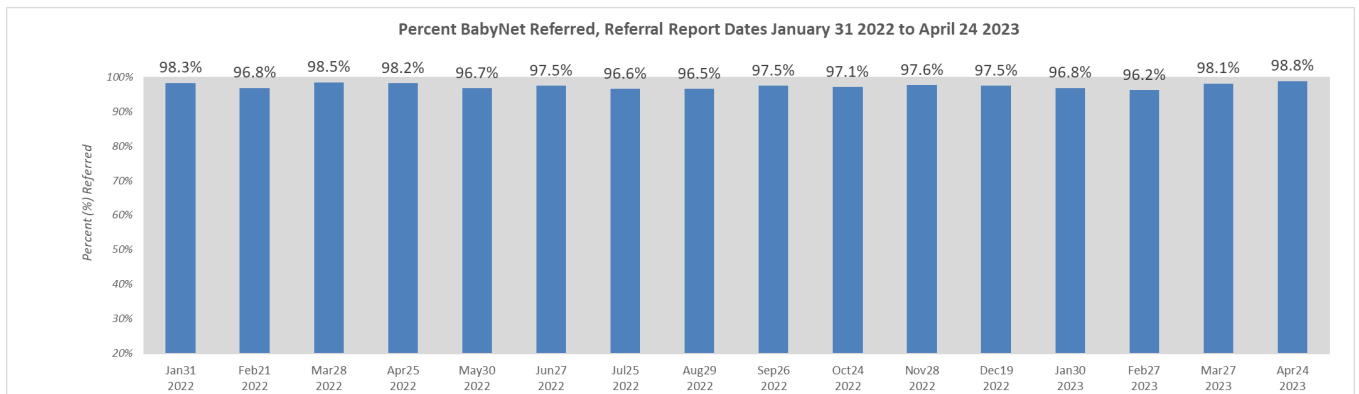
	22- Ja n	22- Fe b	22- Ma r	22- Ap r	22- Ma y	22- Ju n	22- Jul	22- Au g	22- Se p	22- Oc t	22- No v	22- De c	23- Ja n	23- Fe b	23- Ma r	23- Ap r
No Visit on Reco rd	25 4	23 4	19 4	21 8	161		24 9	207	15 3	20 0	197	24 5	24 5	20 7	17 4	23 5
	8%	7%	6%	7%	5%		7%	6%	5%	6%	6%	8%	8%	7%	6%	8%
Visit over 18 Mont hs Past Due	31	29	29	30	29		39	32	28	28	27	22	20	20	13	13
	1%	1%	1%	1%	1%		1%	1%	1%	1%	1%	1%	1%	1%	0%	0%
Visit 12- 18 Mont hs Past Due	45	49	51	56	55		32	43	29	31	31	32	30	32	38	50
	1%	1%	2%	2%	2%		1%	1%	1%	1%	1%	1%	1%	1%	1%	2%
Visit 6-12	13 0	14 7	14 8	13 0	142		14 5	114	10 1	12 0	107	10 9	11 2	13 8	11 9	12 1

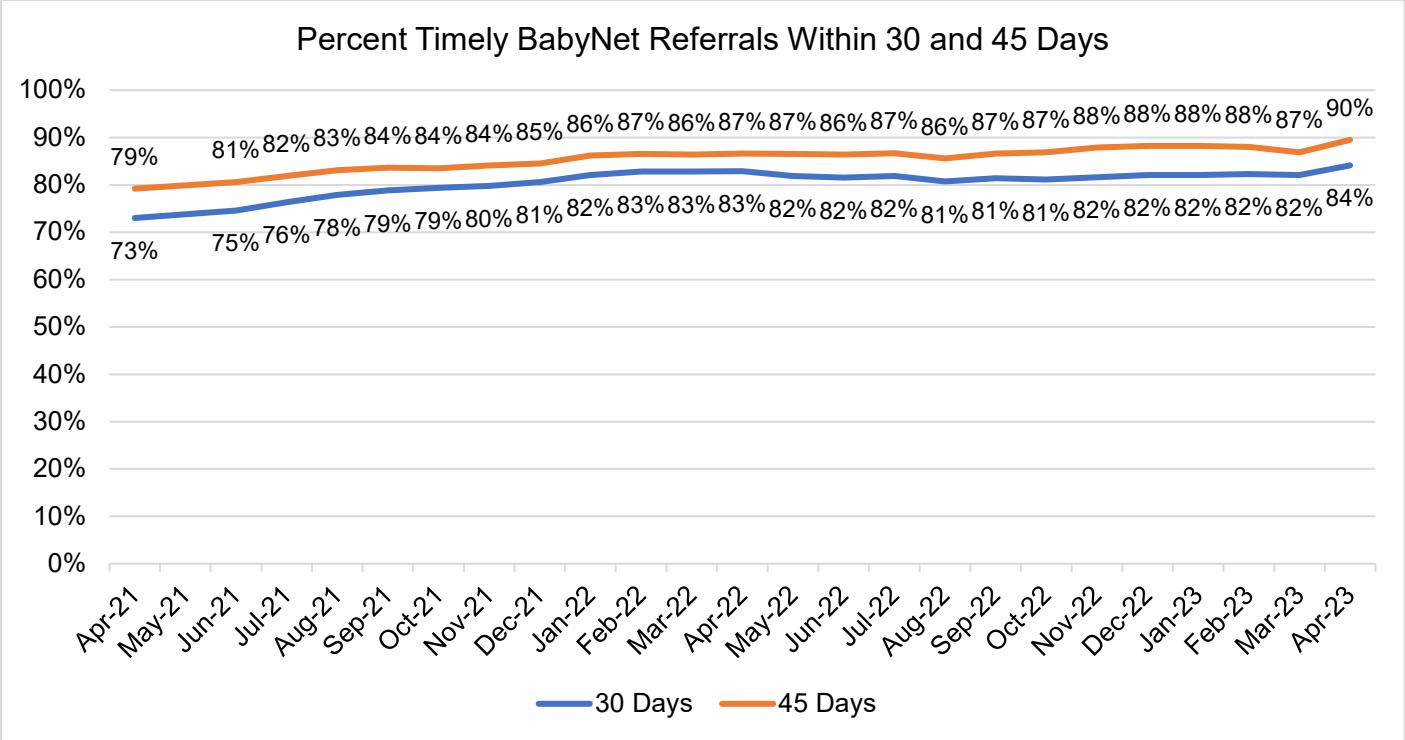
Report Not Run due to delayed data source updates

Months Past Due	4%	4%	5%	4%	4%	4%	4%	3%	4%	3%	4%	4%	5%	4%	4%
Visit 0-6 Months Past Due	869	850	809	716	736	539	621	646	750	717	756	780	756	730	712
Months Past Due	26%	25%	25%	22%	22%	16%	19%	20%	24%	23%	24%	25%	25%	24%	23%
Up to Date, Next Dental Due within 30 days	358	341	416	466	342	394	415	364	397	349	312	385	400	354	366
Up to Date, Next Dental Due beyond 30 days	1613	1658	1606	1619	1778	1902	1745	1775	1613	1663	1604	1480	1437	1509	1489
Past Due but Appt Scheduled	41	39	24	54	60	33	66	61	48	31	34	35	49	65	77
	1%	1%	1%	2%	2%	1%	2%	2%	2%	1%	1%	1%	2%	2%	3%
Total	3341	3347	3277	3289	3303	3333	3243	3157	3187	3122	3114	3087	3039	3002	3063



Most children 36 months and under who enter care are referred to SC DHHS for developmental assessments through BabyNet. SCDSS continues to monitor BabyNet referral rates and timeliness rates. Overall, both the rate of referrals and timeliness of referrals are high. In particular, timeliness rates have consistently been improving.





Results of the most recent foster parent closure survey inform why providers decided to no longer foster. Responses are used to gauge any concerns and needs that were not addressed. Some of the questions relate to the information and needs for addressing health and behavioral needs. Results of these questions from the most recent survey are included below.

I received behavioral information about the child(ren) placed in my care that helped me meet their behavioral needs.		
Strongly agree	7	18%
Agree	15	39%
Disagree	8	21%
Strongly disagree	8	21%
Total	38	100%

I received medical information about the child(ren) placed in my care that helped me meet their medical needs.		
Strongly agree	6	16%
Agree	15	39%
Disagree	9	24%
Strongly disagree	8	21%
Total	38	100%

I received developmental information about the child(ren) placed in my care that helped me meet their developmental needs.		
Strongly agree	3	8%
Agree	19	50%
Disagree	8	21%
Strongly disagree	8	21%
Total	38	100%

Additional closure survey questions are around the level of training and support foster parents received that they felt were needed to meet the needs of children in their care.

I was offered training that helped me meet the needs of the child(ren) placed in my care.		
Strongly agree	14	37%
Agree	19	50%
Disagree	3	8%
Strongly disagree	2	5%
Total	38	100%

I was offered support services to help me meet the needs of the child(ren) placed in my care		
Strongly agree	6	16%
Agree	17	45%
Disagree	8	21%
Strongly disagree	7	18%
Total	38	100%

Updates and Initiatives

In 2022 SCDSS hired for five new positions, titled healthcare quality improvement coordinators (HQIC). This team was developed to streamline and improve the process around connecting children who enter foster care with providers for well-child visits. A nightly report on children who entered foster care the day prior is utilized to identify children who need initial well-child exams. The HQIC team contacts each foster parent from this report to schedule these initial visits. Because this team is working immediately and closely with the foster parent and their preferred provider means collaboration between SCDSS, foster parents, and providers has improved, and children are being seen for these initial visits more quickly and consistently. This allows for more focus on what assistance the foster parent needs to get children in their care to the appointments.

South Carolina is one of 11 states receiving technical assistance from Mathematica through participation in Affinity group. SCDSS, SCDHHS, and Select Health are participating in this initiative, which uses plan, do, study, act (PDSA) cycles to improve outcomes. Working towards increased collaboration across state Medicaid and child welfare teams, this effort improves communication, streamlining processes, and identifying effective approaches to care coordination. As a part of this effort, South Carolina presented at a Centers for Medicare and Medicaid Services conference on the work done through the Affinity group. Additional collaboration efforts include Select Health rounds, which are held weekly with SCDSS, SCDHHS, and healthcare providers. This meeting includes a staffing of 4 cases each week where medical, behavioral, dental, and any additional health and well-being needs are discussed. This effort leads to a more collaborative and robust response to healthcare needs.

SCDSS tracks the timeliness and completion of comprehensive assessments for all children in foster care. Through those comprehensive assessments, SCDSS identifies any immediate treatment needs from the after-visit summaries. If the after-visit summary indicates an immediate treatment need, SCDSS flags the encounter with an “immediate treatment need” indicator in CAPSS.

SCDSS recognizes this process may not be capturing all necessary follow-ups. While SCDSS has established robust processes for well-child visits and dental visits that provides detailed information to the well-being teams and to the field on late or missed well-child and dental visits, it recognizes that other processes need to be established for other types of follow-up care.

Additionally, healthcare is complex, particularly when it comes to interpreting medical information from providers. Part of the challenge has been not only improving the timeliness and accuracy of medical encounters in CAPSS but also working towards the proper interpretation of the medical information and its proper coding. Having nurses and trained clinicians on board has aided in those efforts but SCDSS recognizes it still has work in this area. A separate challenge has been attempting to segregate the information into categories which may require different processes.

SCDSS continues to utilize CAPSS to capture medical encounter details for children in foster care. Updated in 2020, CAPSS tracks medical encounters at a detailed level. This includes encounter categories (dental, hearing, medical, occupational and physical therapy, speech, and vision) and encounter types (i.e., follow-up, evaluation, initial screening, surgery, specialist).

Developmental Assessment Initiatives

SCDSS continues to monitor developmental assessment referral and timeliness rates, both of which remain high. To sustain and improve efforts, Select Health has been working with primary care providers on an incentivized rate for initial BabyNet assessments. This work has improved provider engagement around conducting development assessments. Provider engagement in this area is ongoing, however was most recently shared at a February 2023 primary care provider conference.

Additionally, and similar to the process being done by the HQICs for well-child visits, SCDSS has worked to improve developmental assessments by analyzing foster care entry rates for children under the age of 3 and making immediate BabyNet referrals.

Dental Examinations

Engagement with dental providers has been a recent focus, reiterating that providers can see a child for dental visits, billing for the visit outside of the Medicaid 6-month timeframe. This has been identified as a common barrier to timely dental visits, however through continuous provider engagement and work with SCDHHS, timely dental assessments are expected to improve. As this work continues, providers conducting well-child visits are conducting an oral exam during to identify any immediate dental health needs.

CANS/FAST

With the implementation of the FAST and CANS assessment tools complete, SCDSS has been focusing on strengthening skills around the usage and application of these tools. These assessments are used as decision support in the field, but also support the identification of appropriate services. Through the FAST/CANS assessments, mental and behavioral health needs are identified. Any rating on the emotional/behavioral items of a 2 or 3 triggers the case manager to refer for a full mental health assessment. The FAST/CANS evaluate trauma history, as well as strengths and needs of the child and family. Results of these assessments are used to guide the family permanency plan, including the identification of service referral needs. SCDSS has worked closely with the Praed Foundation to develop an automated medical alert to the SCDSS nursing team for any CANS ratings of 2s or 3s on well-being related items. This process of quick notification to the well-being team allows for a more robust response for service needs.

Psychotropic Medication Oversight

SCDSS continuously evaluates and oversees efforts for the safe and effective use of psychotropic medications that includes expanding on training, changes in policy and procedure, review of psychotropic data as well as informed consent process. In 2018 SCDSS began receiving data from Medicaid for Child/youth in care having one of above red flags for psychotropics. This data when received is shared with SCDSS Leadership, County Directors and Regional Clinical Specialists for oversight. In addition, weekly Red Flag Staffing started in 2019 that included Child/youth Case Manager, Supervisor, Regional Clinical Specialist and Psychiatric consultation to further assist in psychotropic oversight.

Children under the age of 6 with 3 or more red flags and/or who are on an antipsychotic medication are monitored by the SCDSS well-being team, who hold regional staffings to review the reasons the child is on these medications. The staffing team looks at the reasons for the red flag(s) and considers if other interventions could be used. Additionally, SCDSS regional clinical specialists participate in CFTMs to discuss red flags and identify related needs and interventions.

SCDSS overhauled psychotropic medication policy in 2017 and 2019 and continues to evaluate the need for additional policy changes. Currently, the well-being team is working on an updated well-being guide. This will provide guidance, clarify roles and

responsibilities, and reflect recent structural and organizational changes such as the inclusion of the HQIC positions within the SCDSS well-being team.

SCDSS works with the South Carolina Foster Parent Association (SCFPA) to coordinate trainings for foster and adoptive parents. From January 1, 2022 to April 24, 2023 a total of 20 foster/adoptive parent recertifications were held for the Health Care Oversight and Psychotropic Medication course. A total of 119 recertifications were held for Mental Health and Trauma Certification, 87 for Common Diagnoses Certification, and 99 for Health Care in Foster Care Certification. There are numerous other training opportunities available for providers in health and wellbeing topics.

Statewide Information System Item Performance

Item Nineteen: Statewide Information System

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

A strength rating is recommended on this item.

The SCDSS CAPSS system has processes and screens for capturing data elements and allows users to readily identify the status, demographics, location, goals, and location of every child in foster care. These elements, and other CAPSS data, is be verified through the agency's AFCARS and NCANDS submissions. Additionally, SCDSS policies and procedures specify case documentation timeframes and requirements. There are several regularly produced and disseminated ADR and CAPSS reports that support the review of data quality and timeliness, including the ability to pull individual or aggregate level data to identify data elements for children in care to include location, placement, goals, and demographics. Additional data validation can be conducted on an ad-hoc basis.

CAPSS Overview

SCDSS's information system, CAPSS serves as the state's SACWIS system. CAPSS is a 24//7, Windows-based application that provides case management throughout the 46 counties within South Carolina. CAPSS holds the official case record, including a unified case management history on all children and families served by Title IV-B/IV-E. CAPSS is a comprehensive, automated case management tool that supports Human Services workers' foster care, adoptions, adult services, child protective, and family preservation services case management practice.

CAPSS supports the reporting of data to the Federal Adoption and Foster Care Analysis (AFCARS), the Federal National Child Abuse and Neglect Data System (NCANDS) and the Federal National Youth in Transition Database (NYTD).

The CAPSS interface includes a menu access to search for a person and provider, to create a new intake, case, provider, license, and adoptive home, to print, and to access

reports. The left pane of the screen contains a tree view that is separated by entity. The bottom portion of the screen is reserved for alerts.

CAPSS Features

There are many features within CAPSS to assist the user with day-to-day tasks and help ensure data quality and completeness. The action log provides a snapshot of each data transaction that occurs within CAPSS. Data that has been added, deleted, or modified is captured within action log tables. This includes whenever data was entered regarding the status, demographic characteristics, location, and goals of children in foster care.

CAPSS alerts provide employees with notifications that an action must be performed as described within the alert description. When a worker logs into CAPSS, alerts are displayed in the Alert Viewer location at the bottom portion of the screen.

CAPSS includes online and batch reports, containing detailed case and financial information used by Human Services staff. These reports are created from data collected and stored in CAPSS and include data integrity reports. These reports contain information about each child in foster care, including demographic characteristics, placement type and location, permanency plan (goals), and other important case information. Reports are used by state and county offices to track cases as they progress.

Data Entry Timeframes

SCDSS policy requires workers to promptly update CAPSS with case developments. Intake policy was updated in August of 2020 to include specifics for what information should be collected and documented at intake, to include name, age/DOB, race, address, and any special needs. Family Preservation Policy (section 701) requires client case records must be kept current in the automated case record (CAPSS). All case activity should be documented in CAPSS as soon as it occurs but no later than 30 calendar days after the action; documentation of critical events (such as removals, court action, and others as determined by the supervisor) must be completed within 10 calendar days. Additional policy requirements include the documentation of initiating a CPS investigation and the CPS case decision, which must be entered within 5 days of the activity. Monthly visits for in home treatment cases must be documented by the end of the month for data reporting purposes. Investigations policy additionally requires documentation of all contacts be entered in CAPSS within 20 days.

There are several CAPSS reports to assist in monitoring the fidelity of these documentation requirements. One example is the recently developed FAST completion details report, which includes a case-by-case breakdown of initial contact times and FAST submission times, denoting whether the FAST was documenting timely. This allows leadership to review completion and fidelity to FAST documentation requirements. As discussed in the section above, the ADR team is continuously developing and enhancing reports to better track and monitor case documentation.

Accountability, Data, and Research (ADR)

SCDSS's Accountability, Data, and Research (ADR) and CAPSS Division of Technology Services team develop reports which highlight inconsistencies in data and/or missing information. Reports produced in CAPSS and by ADR are used to monitor the fidelity of policy requirements, which specify data entry requirements and timeframes. During 2020, ADR focused on assessing current reports and where needed, streamlining these reports. During 2021, this work continued in the following areas: 1) assessing the use and the audience for current reports to determine the need for the report and, if so, how could it be enhanced, 2) increasing or improving current analyses, and 3) streamlining to or with other products. Through these efforts, reporting gaps have been identified and ADR continues to develop and enhance reports to address.

While ADR's primary responsibility is the analysis of information, the team also provides support to program areas as needed in data standardization and analysis for data that is collected by tools such as excel. To improve the quality of this type of information, ADR provides support services such as rebuilding excel sheets and noting discrepancies in the data or pointing out missing data.

Foster Care Status

Foster care status is captured through the program service line in CAPSS (Service Type: Foster Care Services). The Foster Care Service data in CAPSS records the date and time that a child is removed and the date and time a child leaves foster care.

View - Program Service (Service ID: 0002057119)

Service Type	Foster Care Services	Open Date	09/21/2022	Removal Time	01:00 PM
Intake(s)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Closed Date		Removal End Time	
Recipients (View Only)		Reason Closed		Text	
		Office	SPARTANBURG COUNTY DSS		

Because Case Managers must open the foster care service line to deliver services, this field is monitored heavily. There are numerous reports that focus on all service lines such as the ADR and CAPSS produced weekly caseload reports. CAPSS also produces a weekly report that lists cases and services for a worker in an office, allowing staff to look at the cases and service lines assigned to each case manager in a given county office. Additionally, there is a report that provides a list of open service lines assigned to inactive workers that is used to ensure each case is assigned to an active case manager. SCDSS, partnering with Evident Change, has created an external website (Safe Measures) that is updated daily using extracts from DSS's system of record. In Safe Measures, DSS also has several available reports: "all case service

types”, “count of newly opened services”, and “count of closed services”. ADR Caseload and the Safe Measure summary reports also allow case managers and supervisors to drill down to their service lines.

Demographic Characteristics

When a person is added to the CAPSS demographic information including date of birth, sex, race, ethnicity, disability, and medically diagnosed conditions requiring special care are captured via the Person ID.

The Health section of the Person ID in CAPSS documents disability information, a health summary, diagnoses, medical devices, allergies, injuries, and healthcare encounters.

Accountability, Data, and Research (ADR) analyzed a November 1, 2022 foster care cohort for the completeness of these characteristics. That cohort included 4071 children and youth. The cohort did include 174 youth who were 18 years and over. Below is a summary of this analysis.

- All foster care children and youth had a DOB
- All foster care children and youth had an entry in the field for “sex”. However, 4 (0%) were unknown
- All foster care children and youth had an entry in the field for “race”. However, 207 (5%) were unknown. The unknown categories consisted of Unknown – Abandoned (20), Unknown – Incapacitated (31), Unknown – Multi-racial – other race unknown (152), and Unknown/Unable to Determine (4).
- All foster care children and youth had an entry in the field for “PRSN_HISP_ETHN”. However, 148 (4%) were unknown. The unknown categories consisted of Unknown (9), Unknown – Abandoned (72), and Unknown – Incapacitated (67).

In Safe Measures, DSS has an available report on completion status for demographic information for active service recipients, asking the following “is there a valid DOB, SSN, full name, race, Hispanic indicator, gender, and language entered?” The analysis uses the following parameters:

- Gender, race, language, and Hispanic indicator data that are missing or entered as unknown will result in a client being in the 'incomplete' category.
- Dates of birth are flagged if they are more than 100 years in the past or occur in the future. There may be false positives if actual 100+ active clients are on cases.
- Names are flagged if they are common words indicative of relationships or roles, such as (but not limited to): mother, father, sister, brother, person, man, woman, unknown, none, uncle, aunt, cousin, grandparent, teacher, etc.
- Single-letter last names are flagged, as are any clients with the last name 'Doe'.

- SSN values are flagged as invalid if they contain common numeric strings - 9 repeated digits or 9 consecutive digits and also if they contain less than 9 numbers.

It should be noted that the Safe Measures' report is broader than the analysis performed by ADR on the above foster care cohort. First, the Safe Measures' report also reviews name and searches for valid SSNs. Secondly, the Safe Measures' report is designed to begin looking at the demographics on all services including at the start of the child or youth's path through intake and investigations where demographic information begins to be collected thereby aiding that data continues to be collected, updated, and complete when or if a child or youth comes into care.

Since not all children and youth have disabilities and /or medically diagnosed conditions requiring special care, it is difficult to ascertain the completeness of the data. However, CAPSS and ADR have multiple reports that are used by the field and the Well-Being Teams (and especially for the DSS nurses and clinicians). For example, ADR produces weekly reports on medically fragile children. ADR also produces monthly reports on the use of psychotropic drugs. There is a weekly report from CAPSS IT that shows all health care diagnoses that are entered in CAPSS. CAPSS IT also produces weekly reports that are focused on scheduled and overdue foster care appointments. There are additional reports for future appointments. Finally, there are reports for immediate treatment needs as well as BabyNet Referrals.

DSS also securely exchanges information with SCDHHS (our Medicaid agency) and Select Health (our primary managed care organization) to gather information on well child, dental visits, mental health visits, the use of psychotropic drugs and other health information from which several monthly reports are produced. Select Health also provides information on HEDIS and other measures such as some immunizations and eye exams to be used by the nursing staff. Nursing staff at SCDSS also have access to a Select Health system known as Navinet that allows the nursing staff to see if children or youth have visited a health provider.

Location

Each placement record includes the name and the CAPSS ID of the provider, the type of placement, the start and end dates of the placement and the reason a placement ends. This is captured in CAPSS via the Placement tab for each child in care.

View - Placement Information - []

Start Date: 09/21/2022 [] End Date: [] []

End Reason: []

Type: Therapeutic Foster Home

Placement Criteria:

- Placement Meets Child's Best Interest
- Caretaker Has Specialized Training
- Child/Caretaker Special Relationship
- Placement is Court Ordered
- Placement Recommended By Psy/Ther
- Child Prefers Non-Family Setting
- Placement is Parent's Preference
- Other (Explain in Text)

Provider:

- Provider name: [] Search []
- Primary Provider: []
- Provider Type:
 - Private Agency-Therapeutic Foster Home
 - Family
 - Organization
- Provider Payee: []

Payment Authorizations:

- Payment Type: []
- Level Of Care: []
- Start Date: [] [] Add

Row	Payment Type	Level Of Care	Start Date	End Date	Status
1	Board Pay	Therapeutic Foster Care (Lev...	9/27/2022		Active
2	Board Pay	Non Therapeutic FC to TCPA -...	9/21/2022	9/27/2022	Inactive

Temporary Placements []
 Special Payments []
 Void []

Is this a High Management, Moderate Management, Supervised Independent Living or Therapeutic Foster Care Level I, II or III placement? Yes No Close []

The placement address and address history is captured in the provider record.

Provider Id: 00000000

Intake Id: []

Organization Name: []

Status: Active

Reason For Inactive: []

Placement: Currently Accepting Placements

Provider Type:

- Family
- Organization

Placement Type:

- Foster Home (DSS)
- Foster Home (Out of State)
- Private Agency-Therapeutic Foster Home
- Adoptive Home (Private Agency)
- Adoptive Foster Home
- Foster Home-Foster Home (DSS)
- Pre-Adoptive Home-Pre-Adoptive/Adoptive Home
- Adoptive Home (Relative)-Pre-Adoptive/Adoptive Home
- Adoptive Home (Foster Parent)-Pre-Adoptive/Adoptive Home
- Other Adoptive Home-Pre-Adoptive/Adoptive Home

Primary Provider:

- Name: []
- Start Date: [] []
- End Date: [] []

Provider A:

- Last: []
- First: []
- MI: []

Provider B:

- Last: []
- First: []
- MI: []

Provider Person Information:

- Central Registry
- Criminal Registry
- Criminal Investigation (Yes or No Value in Conviction)
- Background Results (Except No Record Found and/or No Record Found(See Dictation))

Placement Status History | Provider Email | Provider Account

General | Relationship | Related Provider | Payment | Placement History | Contracts | Invoices | Primary Provider | Provider Payee | Allegations | Home Study | Associated Cottage Providers | Background Information | Placement Site/Visit History | Dictation | ActionLog | Linked Files

Address

Row	Search V...	Type	Address L...	Address ...	City	State	Zip	County	Country	Directions	Start Date	End Date
1	Yes	Household	444 Palm ...			SC			United Sta...		4/20/2022	
2	No	Household	138 Deer ...			SC			United Sta...		6/13/2012	4/20/2022

There are several CAPSS reports related to foster care status and location. CAPSS report HRC160-R01 – Placement History by Person ID provides the case ID, case status, service type, removal end reason, person ID, placement type, placement start and end dates, provider ID, provider name, provider address, case manager, and county office. This report allows for placement history to be reviewed to know where a child is currently placed, when they were placed, and the name and address of their location.

HRC160-R01 South Carolina Department of Social Services
Placement History by Person ID

Case ID	Case Status	Case Name	Service ID	Service Type	Open Date	Close Date	Removal	End Reason	SSN	Medicaid ID	Person Name	Date of Birth	Placement ID	Placement Type	Placement End Reason	Placement Start Date	Placement End Date	Provider ID	Provider Name	Provider Address	Worker Office
0000	Open	Example Child Name 1	000	Foster Care Services	10/11/2022				000	XXXX-XX-0000	Example Child Name 1	8/12/2013	000	Foster Home		10/11/2022		000	Example placement provider name	111 Road Name Columbia, SC 292042826	Case manager name 040 - Example COUNTY DSS
0000	Open	Example Child Name 2	000	Foster Care Services	10/07/2022				000	XXXX-XX-0000	Example Child Name 2	3/3/2022	000	Court Ordered Unlicensed Relative		10/07/2022		000	Example placement provider name	111 Road Name Columbia, SC 292042826	Case manager name 040 - Example COUNTY DSS
0000	Open	Example Child Name 3	000	Foster Care Services	10/09/2022				0002767685		Example Child Name 3	9/28/2022	000	Foster Home		10/09/2022		000	Example placement provider name	111 Road Name Columbia, SC 292042826	Case manager name 040 - Example COUNTY DSS

Accountability, Data, and Research (ADR) analyzed a November 1, 2022 cohort of foster care providers who had at least one placement (4046) for the completeness of the location information for each foster care child or youth. In that analysis it learned:

- There were no missing provider names
- DSS maintains two address fields. There were no missing addresses. However, there was one observation with a “0” in the address field1. When ADR reviewed that observation, the youth was placed at the University of South Carolina in a dormitory. Other colleges (7 youth in total) had issues where they just cited the name of the college in address field1. However, address field2 helped to fill in the additional information needed except for three youth. It should also be further noted - except for two youth who were 17 years of age - all the youth who had a placement type of school or college were 18 years or older.
- There were no missing provider cities.
- There were no missing provider states.
- While there were no missing provider zips, there were three providers where the provider zip was coded as “0”. All other information on the address, city, and state appeared to be part of the records thereby ensuring that the child can be located.

Periodically ADR produces reports for the field by office of case management on the addresses of Providers. ADR is designing an ongoing monthly report that will go to the field showing all providers with their locations for open foster care cases. That report should be in production by early 2023.

Goals

Goals are captured through the Legal Tab Permanency Plan in CAPSS. CAPSS captures three plans: Court-ordered, Recommended, and Concurrent. Typically, case managers enter the recommended plan into CAPSS and present the recommended plan to the courts. After the case court meeting, case managers then enter the court ordered plan into CAPSS. The agency, on an ongoing basis, also evaluates whether a concurrent plan of adoption or guardianship is in the child’s best interests. If so, the case manager creates and enters the concurrent plan into CAPSS.

Accountability, Data, and Research (ADR) analyzed a November 1, 2022 foster care cohort for the completeness of this information for each foster care child or youth. In that analysis it learned:

- All but 7 children and youth (0%) had a recommended plan in CAPSS.
- All children and youth had a court ordered plan in CAPSS. However, of the children & youth under 18 years and after removal of newly opened cases, 25% had a court ordered plan “Not Yet Established”.
- Of the children and youth under 18 years who had a “Not Yet Established” as their court ordered cases, all but 4 children or youth had a recommended plan. Of the children and youth under 18 years who had a “Not Yet Established” as their court ordered cases, all children or youth had a concurrent plan.

Virtually all listings of children that ADR produces for various reports contain all three of the permanency plans. Periodically, ADR sends reports to the field that highlight cases where the court ordered plan is “Not Yet Established” after removing newly opened cases.

Because of the critical importance of this field, SCDSS, partnering with Evident Change through Safe Measures, has two available reports that focus on the permanency plan. These reports include “Permanency Plan Status” and “Time Since Last Court Ordered Permanency Plan”. The “Time Since Last Court Ordered Permanency Plan” examines the number of months since the last court ordered permanency plan. The analysis looks for the permanency plan after the service line began; it does not consider plans from previous service lines. Please note a plan type of not yet established is not considered an active permanency plan. Both the ADR Caseload reports and the Safe Measure reports allow case managers and supervisors to drill down to their cases.

Disaster Planning

SCDSS requires all foster homes have a written disaster plan in place prior to licensure and these plans to be updated as needed, at minimum annually. SCDSS developed a Disaster Plan template for foster homes, which has been provided to county staff and child placing agency staff. Foster homes are required to document through this template the address and contact information for where they would relocate to in the event of an evacuation, including a first and second choice of where they would be relocating. Additional emergency contact information is included in this template, along with the requirement that they check in with SCDSS within 24 hours via a provided 1-800 number.

Case Review System Item Performance

Item Twenty: Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child’s parent(s) and includes the required provisions?

It is recommended this item be rated as an area needing improvement.

While SCDSS continues to improve in this area, there is a need for consistent participation of caregivers in the case planning process, which the agency believes will be facilitated through the continued efforts of CFTMs and the development of the Family Permanency Plan (FPP). Additionally, data reporting improvements are needed so the agency can adequately track family engagement in the case planning process.

SCDSS strongly believes in the power of family and youth voice, meaningful partnership with stakeholders throughout the life of the case, and that through development of a child and family team that we can improve safety, well-being, and permanency outcomes. SCDSS has put a focus on the development and improvement of the CFTM and FPP processes to collaboratively develop case plans with families the agency is involved with. The FPP is a collaboratively developed plan through the CFTM process

that is family-centered, individualized, and strengths-based. The CFTM informs the development and monitoring of the FPP.

Improvement Efforts

The CFTM leadership team is well-established at SCDSS with high retention rates and a strong knowledge base of understanding the needs, strengths, and improvement areas of collaboratively developing case plans with families. The leadership team is regularly monitoring internal data, including analyzing the quality and timeliness of CFTM efforts and is actively addressing gaps in performance.

In August of 2021 a workgroup was established that focused on efforts to improve child family team meetings (CFTM) and family permanency plan (FPP) development. The CFTM/FPP workgroup identified several family story elements that were not being captured in the documentation of the FPP that included the family story, concerns and impacts, and desires and possibilities. In October of 2021 the workgroup coordinated with the SCDSS CAPSS team and these missing family elements were built into the FPP within CAPSS. The inclusions of these elements supports improved family collaboration in the development and documentation of case planning. As this is still a relatively new process, the CFTM leadership team has been focusing efforts on strengthening CFTM facilitation skills, improving documentation of FPP and family elements, and improving data tracking and reporting. The CFTM continues to collaborate with the Accountability, Data, and Research (ADR) and CAPSS support teams to identify gaps in data monitoring and reporting. The CFTM team continues to conduct regular case reviews in addition to CAPSS reports to monitor performance. During these case reviews, approximately five cases per region are reviewed for CFTM/FPP timeliness, quality, and documentation. These case reviews provide an opportunity to identify gaps in performance and clarify the roles and responsibilities of CFTM facilitator efforts.

As the FPP is still a relatively new effort, data entry is a known barrier to performance monitoring. The Office of Child Welfare Operations has been hosting skills lab trainings to focus on the documentation of the FPP and training staff how the agency's functional assessments (FAST, CANS, FPP) connect and are inputted into the CAPSS system. In addition, performance coaches have been working with county directors to strengthen specific skills based on the training needs of that county staff. These efforts have particularly focused on preparing and improving case manager led CFTMs for family preservation cases. To expand training efforts, the CFTM leadership team collaborated with the Staff Development and Training (SD&T) team in May of 2022 to incorporate CFTM and FPP modules in the Supervisory Academy training. To increase understanding of the CFTM process with external staff, the leadership team has worked closely with the SC provider network, Foster Care association, attorneys, courts, and other stakeholders to ensure they are trained in the CFTM process to recognize the benefits and understand their role in the meeting. In the coming year the agency intends to finalize a virtual presentation that can be provided upon request to providers across the state.

Additional improvement efforts include continuing to improve strategies for engaging noncustodial parents. The CFTM leadership team is working to refine best practices around engaging noncustodial parents, including exploring ecomapping software that the agency can use to virtually develop genograms with families. The agency is also working to develop a practice guide for CFTM facilitators to clearly outline the procedures, and roles and responsibilities of facilitators during the CFTM and FPP documentation processes.

Internal Data

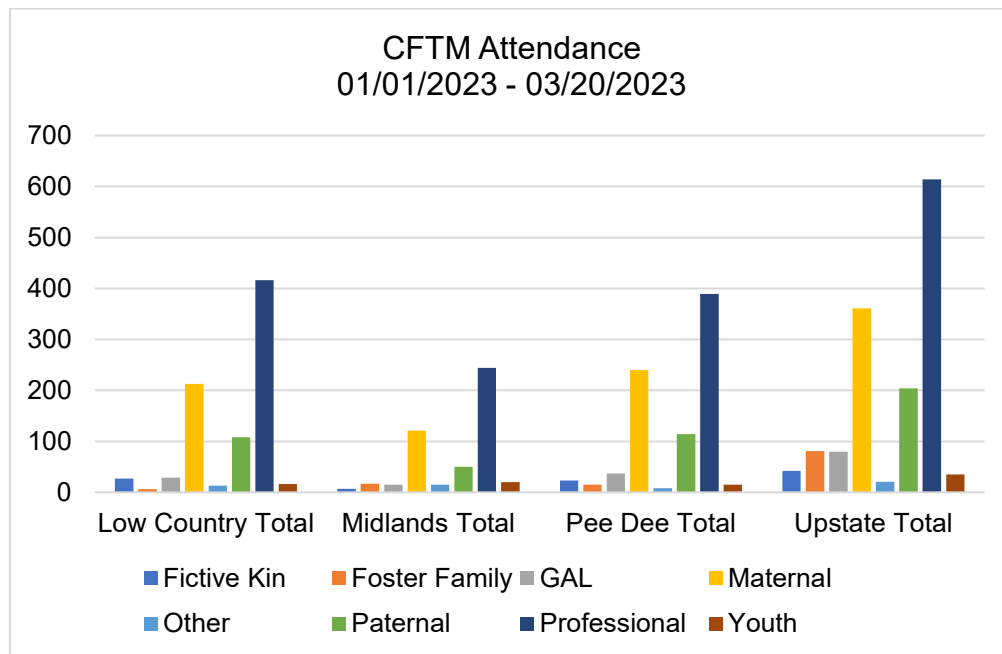
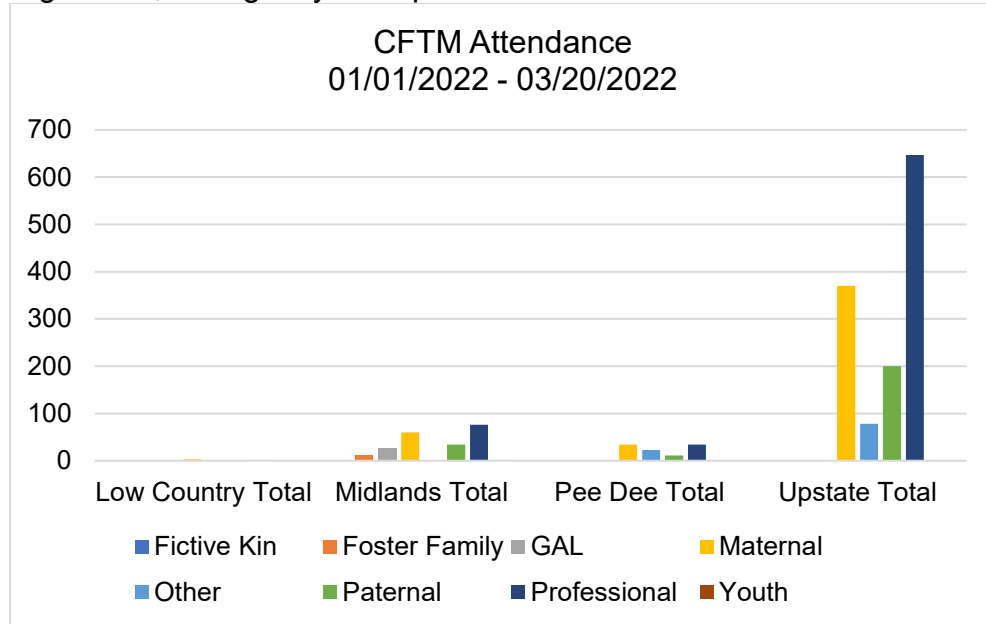
Once a CFTM is completed, data is entered in CAPSS via the family permanency plan. Information captured includes the type of CFTM, date, facilitator type (case manager or facilitator), and attendees. Attendee options include fictive kin, foster family, GAL, maternal, other, paternal, professional, and youth. Internal data is being tracked to monitor family involvement in CFTMs and identify areas of improvement. One barrier to this data is consistency in data entry. Data from the report below is dependent on the person conducting the CFTM to enter the attendees within the family permanency plan, which is an overall new process to the agency. Due to this data limitation, the data below is an underrepresentation of actual performance. The Office of Child Welfare Operations is offering skills lab trainings for entering family permanency plans to strengthen data entry around CFTM documentation.

The data below is comparing two points in time at the start of calendar years 2022 and 2023, showing CFTM attendance by region and by participants. Reviewing the data from one year apart shows significant improvement. Between January – March 2022 and January – March 2023 significant increases notable across the board. Youth participation had the highest percent change, improving by 2,767%.

	Jan – Mar 2022	Jan – Mar 2023	% Change
Fictive Kin	0	99	100%
Foster Family	12	119	892%
GAL	26	161	519%
Maternal Relatives	467	935	100%
Other	101	57	-77%
Paternal Relatives	245	476	94%
Professional	759	1663	119%
Youth	3	86	2767%

By region, Upstate has significantly higher attendance documented within the FPPs in CAPSS. This is largely in part to the roll out of the CFTM/FPP process, which was rolled out to PIP counties and the Upstate region first. Overall, professionals participate at the

highest rate, followed by maternal and then paternal relatives. This data is an underrepresentation of actual performance as this data is from CAPSS and relies on the data entry of individual participant types within the FPP, which remains an overall new process to the agency. As FPP development skills are strengthened through trainings and ongoing efforts, the agency anticipates this data to increase.



Foster Care Review Division

For any child who has been in foster care for at least 4 consecutive months, an administrative case review before the local foster care review board (FCRB) to review the child’s case, the FPP, and the agency’s efforts to achieve child safety, stability, permanency, and well-being are conducted. This process includes caregiver(s), the

child when appropriate, and any other parties related to the removal action in the review process.

To improve upon the FCRB process, policy was updated in October of 2021 to outline procedures for the periodic review of children in foster care by the local foster care review board. This policy includes specific steps for inviting participants to reviews, preparing for the case review process, including compiling the information packet and providing it to the local FCRB office at least two weeks before the scheduled review. Policy updates also included the notification of the review to the child's parents or guardians, kinship and prospective kinship caregivers, the child (when developmentally appropriate), the GAL, foster parents, congregated care representatives, and/or other parties related to the removal action.

Specific to the child's involvement in the review, the case manager meets with the child to determine the child's view regarding their permanency plan, assists them in how their view will be presenting during the review, and determines if their attendance is age or developmentally appropriate, including if the child does not wish to attend the review. The case manager also informs foster parents, adoptive parents, and congregated care staff of the purpose of the review and encourages attendance from those who know the child and their needs. If these caregivers are unable to attend, the case manager requests they complete a progress report on the child prior to the review.

Item Twenty-One: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

It is recommended this item be rated as a strength.

SCDSS and the Foster Care Review Division (FCRD) work closely to ensure a periodic review for all applicable children. SCDSS and FCRD work collaboratively to share data for eligible children for review, data gathered from reviews, and areas of concern.

SC Department of Children's Advocacy Foster Care Review Division (FCRD) is contracted to complete periodic reviews of SCDSS's foster care cases. These reviews are completed on children in foster care for 4 months or longer. Every child who enters foster care and remains in care for a minimum of 4 consecutive months is initially reviewed by the FCRD between 4 and 6 months. Following the initial review, each child is reviewed again every 6 months until they exit care or reach the age of 18. A monthly extract from CAPSS is provided to FCRD of children applicable for review.

SCDSS meets with the FCRD regularly to discuss barriers and areas of concern identified by the FCRD. Additionally, the FCRD shares regular data reports, including the number of children reviewed and areas of concern. The data is broken down by county, allowing for a drill-down analysis to be conducted to identify particular areas of concern. The below table represents the number of review completed in quarters 1 and 2 of FFY2022. During Q1 the most common area of concern was legal barriers,

accounting for 39% of all identified areas of concern. During Q2 case plan barriers were the most frequent area of concern, accounting for 42% of all areas of concern.

	1st Qtr FFY 2022 (Oct - Dec)		2nd Qtr FFY 2022 (Jan - Mar)	
# Children Reviewed	1432		1441	
# Reviews Held	807		727	
Areas of Concern	2368		2850	
Adoption Delays	65	3%	46	2%
Policy Barriers	535	23%	597	21%
Case Plan Barriers	695	29%	1183	42%
Legal Barriers	921	39%	857	30%
Hearings Not Held	77	3%	40	1%
Hearings Not Held Timely	75	3%	127	4%

The FCRD provides a breakdown of specific factors for each area of concern. Focusing on the primary areas of concern from FFY Q1 and Q2, the below tables include details for legal and case plan barriers.

Area of Concern: Legal Barriers		
Total Legal Barriers	921	
No court order and/or complaint at review	831	90%
No timely foster care review	63	7%
Non-compliance with Court Order	7	1%
GAL Not Appointed	0	0%
Did not seek to forego reasonable efforts	0	0%
TPR Complaint Not Timely (60 days)	15	2%
Inappropriate reasons for missing child	0	0%
Non-compliance with Normalcy	4	0%
Inappropriate Plan of APPLA	1	0%

Area of Concern: Case Plan Barriers
Total Legal Barriers
Incomplete Case Plan
Lack of Progress Towards Permanency Plan
No Concurrent Plan
No Current Case Plan

To improve upon issues in conducting timely reviews, policy was published in October of 2021 to outline procedures for the periodic review of children in foster care by the local foster care review board. This policy includes specific steps for preparing for the

case review process, including compiling the information packet and providing it to the local FCRB office at least two weeks before the scheduled review. Policy updates also included the notification of the review to the child’s parents or guardians, kinship and prospective kinship caregivers, the child (when developmentally appropriate), the GAL, foster parents, congregate care representatives, and/or other parties related to the removal action.

Specific to the child’s involvement in the review, the case manager meets with the child to determine the child’s view regarding their permanency plan, assists them in how their view will be presenting during the review, and determines if their attendance is age or developmentally appropriate, including if the child does not wish to attend the review. The case manager also informs foster parents, adoptive parents, and congregate care staff of the purpose of the review and encourages attendance from those who now the child and their needs. If these caregivers are unable to attend, the case manager requests they complete a progress report on the child prior to the review.

Item Twenty-Two: Permanency Hearings

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

It is recommended this item be rated as a strength.

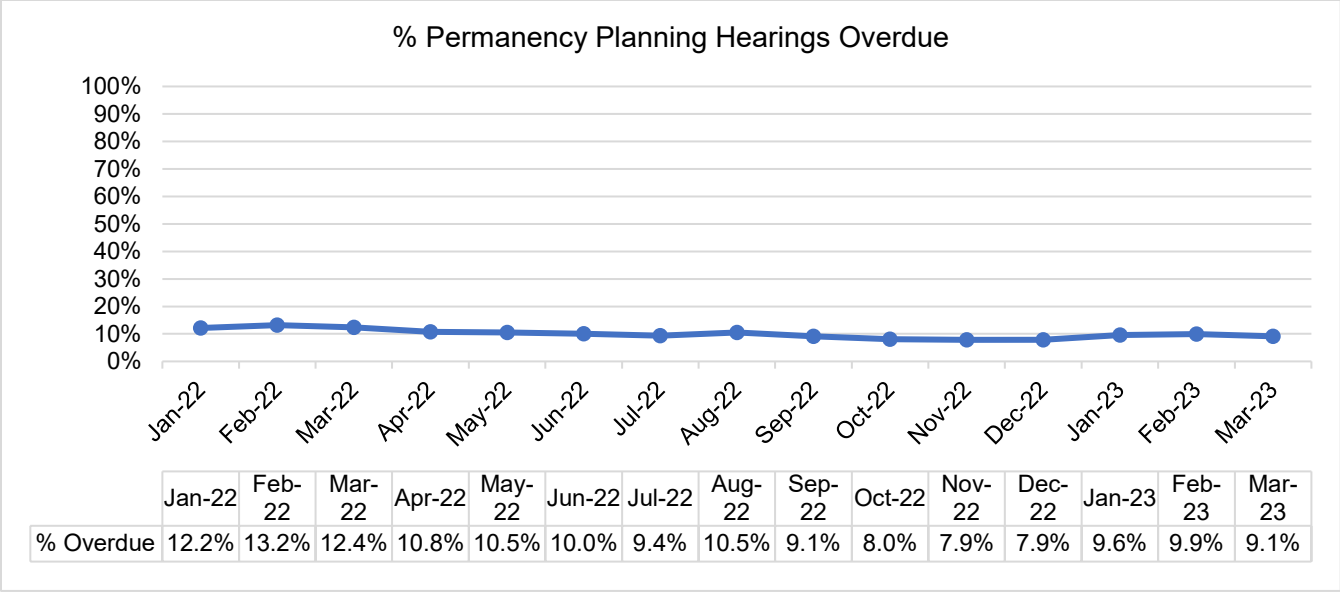
SCDSS currently conducts permanency planning hearings at the nine-month mark. This schedule allows the hearing to occur timely even when continued or delayed. 3,755 permanency hearings have been conducted from January 1, 2022 through December 31, 2022. The Court Liaison Program with Children’s Law Center tracks this as well as other court hearings.

The below table represents all hearings by judicial circuit with CY 2022 data provided by the Court Improvement and Court Liaison Programs:

Circuit	# of Hearings	# of New Cases Open	# of Cases Closed	# of Children within Closed Cases	# of EP C	# of Merits	# of JR	# of PP	# of Motion	# of Cont'	# of Untimely	% of Untimely
1	721	172	155	301	69	358	159	128	6	226	138	19.1%
2	724	128	109	209	49	314	175	176	10	235	97	13.4%

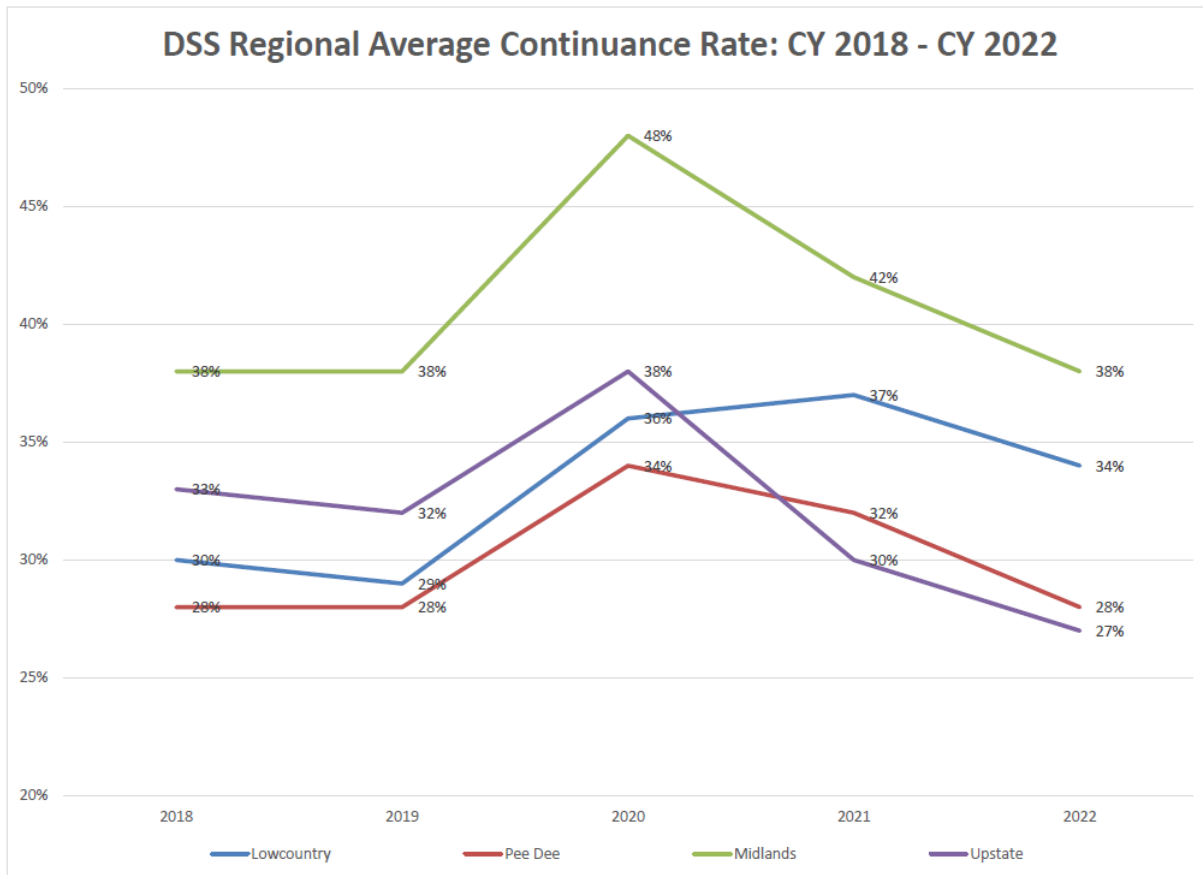
3	507	86	183	367	26	237	65	170	9	164	92	18.1%
4	785	260	272	588	70	421	146	143	5	179	129	16.4%
5	2386	433	403	670	313	114 2	329	495	107	101 9	565	23.7%
6	477	81	92	204	33	209	118	116	1	139	112	23.5%
7	1650	322	414	854	126	849	229	380	65	494	367	22.2%
8	1073	198	237	481	83	530	194	216	49	364	209	19.5%
9	1903	378	335	658	264	834	325	445	35	653	370	19.4%
10	1025	246	324	565	84	538	94	265	44	188	347	33.9%
11	995	196	175	339	106	485	176	186	41	429	210	21.1%
12	598	153	151	277	70	299	115	108	6	194	100	16.7%
13	1824	444	509	909	143	833	392	389	66	448	411	22.5%
14	492	86	55	119	56	221	106	93	16	195	82	16.7%
15	1008	273	319	570	139	452	123	274	20	265	140	13.9%
16	814	185	172	300	93	428	109	171	13	289	226	27.8%
Totals	16982	364 1	3905	7411	172 4	815 0	285 5	375 5	493	548 1	3595	

A number of internal reports are available to SCDSS staff to identify children who are either getting close to or who are overdue for permanency plan hearings. This includes 2 CAPSS reports, which provide either a summary by county of the number of cases due, or overdue, as well as a detailed report for individual children that denotes the most recent and upcoming permanency plan hearing dates. These reports are generated weekly. Reviewing the last week's report for each month from January 2022 through March 2023 shows a relatively low percentage of cases with overdue permanency plan hearings. The data shows an overall declining trend throughout 2022, indicating fewer cases have overdue permanency plan hearings. There was a spike in January of 2023 that has held relatively steady through March, where the numbers appear to be improving slightly. Overall performance remains better when comparing to a year ago.



SCDSS continues to collaborate with the Court Improvement Program (CIP) to obtain data and improve court quality and timeliness. Monthly data reports are provided from the Court Improvement Program to include data on hearings held, continuance rates and trends, and reasons for continuances. This data is broken down by the county and regional level, providing insight into the particular challenges for each geographical area. Additionally, the CIP produces an annual report that includes an annual compilation of metrics at the county, regional, and state levels.

The 2022 annual report identifies a 20% increase in the number of merits hearings being held. This increase in hearings places additional pressures on already stretched court resources in some areas of the state. The 2022 annual report finds the top reasons for continuances to be related to limited court time and lack of service/notice. There are some counties with only one or two courtrooms and judges, resulting in cases being delayed, particularly when there are complex cases on the docket that further delay other cases being heard. Despite these challenges, and an increase in hearings, timeliness of hearings has stayed relatively stable. Overall, continuance rates have declined in 2022 when compared to the five-year average in Pee Dee, Midlands, and Upstate regions. Current continuance rates are lower than pre-pandemic averages.



While the system has some barriers and challenges with court proceedings, the agency has a strong relationship with the CIP with consistent feedback loops and data sharing. Specific to permanency planning hearings, overdue rates are relatively low and processes are in place to monitor performance.

Item Twenty-Three: Termination of Parental Rights

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

It is recommended this item is rated as an area needing improvement.

A TPR complaint is required to be filed within 60 days of the signed court order designating TPR/Adoption as the child’s legal plan. The TPR hearing must be held within 120 days of the complaint being filed. To promote timely permanency for children who have a primary or concurrent plan of adoption, SCDSS and the Court Liaison program are tracking if TPR complaints are filed within 60 days of the judge ordering the plan to be TPR/Adoption and if the TPR is held within 120 days of the filed TPR complaint. Court Liaison data on timely filed TPR complaints is stricter than what is required under our state statute as the benchmark is when the court orders TPR as the permanent plan rather than when the judge signs the order. The agency and courts continue to struggle to complete TPR hearings within 120 days due to many factors.

Typically, TPR hearings are completed via trials rather than agreements or relinquishments. Trial time is not as plentiful due to lack of resources in some counties and due to a wide variety of docketing strategies employed by the agency.

SCDSS and the Court Liaison program tracks the filing of the TPR complaint from the date the court orders the plan to be TPR/Adoption. This way of tracking is a more comprehensive tracking as it is higher than what the statute requires. In 2019, 18% of TPR's were filed within the 60-day time frame. Calendar year 2022 data shows 41% are filed within 60 days. This represents a 122% increase since 2018. The percentage of hearings held with the 120-time frame averages 22% of all filings

Please see the below chart on CY 2022 data on termination of parental rights hearings, continuances, and outcomes.

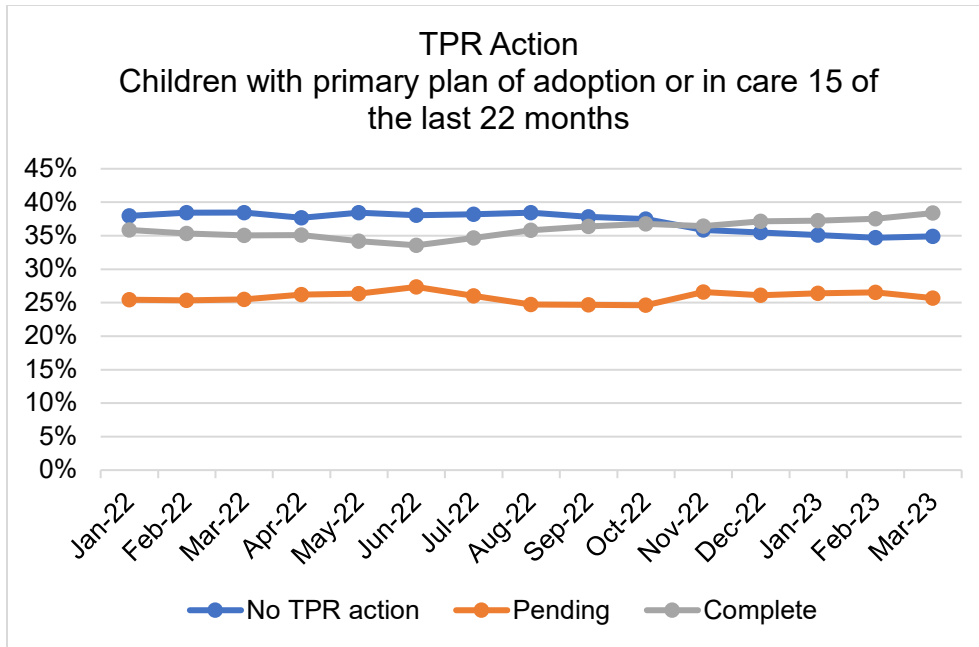
Circuit	# TPR Complaints Filed	# TPR Hearings	# TPR Hearings (continued)	# of TPRs Granted	# of TPRs Dismissed	# of TPRs Denied	# TPR Under Advisement	# TPR Hearings (pre-trial)	# TPR Hearings (pre-trial - continued)	# filed within 60 days	# Hearings within 120 days	# Motion Hearings	# Motion Hearings (continued)
1	20	25	11	12	8			16	2	3 (15.0%)	6 (24.0%)		
2	17	29	7	19	3			21	8	2 (11.8%)	2 (6.9%)	1	
3	15	18	7	10	8			19	3	7 (46.7%)	1 (5.6%)		
4	21	30	14	16	1	1		16		1 (4.8%)	4 (13.3%)		
5	26	92	37	47	10			26	7	17 (65.4%)	6 (6.5%)	4	1
6	20	26	12	10	2			27	2	8 (40.0%)	2 (7.7%)		
7	52	93	46	42	9		1	47	8	30 (57.7%)	3 (3.2%)	2	
8	25	36	18	16	3			23	1	10 (40.0%)	5 (13.9%)	1	
9	48	144	77	50	9			5		22 (45.8%)	16 (11.1%)	4	1
10	37	42	14	27	8			26	3	21 (56.8%)	3 (7.1%)		

11	23	45	19	21	3	2		17	4	9 (39.1 %)	2 (4.4%)	3	
12	10	12	7	5	1			16	1	3 (30.0 %)			
13	58	146	80	58	5	1	1	57	1	30 (51.7 %)	16 (11.0 %)	3	
14	8	18	8	5	2			12	6	1 (12.5 %)	1 (5.6%)	2	1
15	35	75	39	26	4	2		1		9 (25.7 %)	23 (30.7 %)		
16	23	26	10	12	5			4		6 (26.1 %)	6 (23.1 %)	1	
Tot als	438	857	406	376	81	6	2	333	46	179	96	21	3

High case volume is a common reason for delays. Additionally, not all courts have a full-time judge, further limiting the time available for hearings. Other reasons for TPR hearing delays include limited time on the non-DSS docket to schedule contested hearings. SCDSS continues to work closely with the CIP and the courts to address barriers and improve timeliness.

The CAPSS system includes a report to track weekly TPR actions. An extract of data from the first weekly report of each month from January 2022 to March 2023 reveals during this time period 53% of all children in care either had a primary plan of adoption or had been in care for 15 of the last 22 months. Overall metrics have slightly improved over this time frame, with the most recent data for 2023 showing an increase in completed TPR actions and a decrease in applicable cases with no TPR action.

The CAPSS system includes a report to track weekly TPR actions. An extract of data from the first weekly report of each month from January 2022 to March 2023 reveals during this time period 53% of all children in care either had a primary plan of adoption or had been in care for 15 of the last 22 months. Overall metrics have slightly improved over this time frame, with the most recent data for 2023 showing an increase in completed TPR actions and a decrease in applicable cases with no TPR action.



Children with a primary plan of adoption or who have been in care 15 of the last 22 months			
	No TPR action	Pending	Complete
Jan-22	38%	25%	36%
Feb-22	38%	25%	35%
Mar-22	38%	25%	35%
Apr-22	38%	26%	35%
May-22	38%	26%	34%
Jun-22	38%	27%	34%
Jul-22	38%	26%	35%
Aug-22	38%	25%	36%
Sep-22	38%	25%	36%
Oct-22	38%	25%	37%
Nov-22	36%	27%	36%
Dec-22	35%	26%	37%
Jan-23	35%	26%	37%
Feb-23	35%	27%	38%
Mar-23	35%	26%	38%

Item Twenty-Four: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

It is recommended this item be rated a strength.

Overall, South Carolina has a strong process for ensuring parents receive notice of their right to be heard. This item is supported by South Carolina Statute, SCDSS policy and procedures, and available data shows a majority of parties received notice.

South Carolina Code of Laws Section 63-7-1630 requires SCDSS to provide notice of hearings to foster parents, the pre-adoptive parents, or a relative who is providing care for a child. The notice must be in writing and may be delivered in person or by regular mail. The notice shall inform the foster parent, preadoptive parent, or relative of the date, place, and time of the hearing and of the right to attend the hearing and to address the court concerning the child. Notice provided pursuant to this section does not confer on the foster parent, preadoptive parent, or relative the status of a party to the action.

SCDSS policy requires the DSS paralegal to send out timely notices of hearings to all parties, opposing counsel, the GAL, and any other person or entity entitled to notice under state law. A standardized form is generated from the legal case management system (LCMS) to provide this notice.

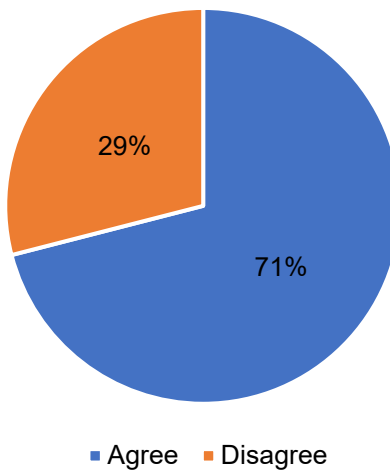
The form generated from LCMS states as follows:

A hearing concerning the minor child(ren) will be held on [DATE INSERTED HERE] at [TIME INSERTED HERE] at the [COUNTY/ADDRESS INSERTED HERE], in [CITY INSERTED HERE], South Carolina. You have the right to appear in order to address the court at this hearing. If you are the non-custodial parent, you have the right to ask the court to add you as a party defendant to this action At this hearing SCDSS will be recommending the permanent plan of [CHOOSE ONE]. [OR] At this hearing, SCDSS will be asking for the following relief:

To identify cases in which a notice has not been sent, the legal case management system (LCMS) includes a report which identifies notices that have not been generated in the system within 15 days of the hearing date.

Through the annual foster parent survey, respondents are asked questions regarding the notification of hearings. SCDSS tracks this information in our annual Foster Parent Survey that all licensed foster homes are asked to complete. Survey data from the most recent survey show 71% of respondents agree that they are being informed of court hearings timely. This is an improvement over the prior year's survey, which indicated 67% felt they were informed of court hearings timely.

I am informed about upcoming court hearings for the child(ren) placed in my care in a timely manner.



Quality Assurance Item Performance

Item Twenty-Five: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

It is recommended this item be rated a strength.

SCDSS has built an established, well-functioning quality assurance system that became fully internal to SCDSS in July 2022. Since then, SCDSS has continued to work towards making needed improvements. In doing so, the SCDSS QA team considered the reasons this item was rated as an area needing improvement in the 2017 statewide assessment to determine the contributing factors for the ANI. Two main factors were closing feedback loops to services and stakeholder involvement. To address those issues, SCDSS implemented strategies to discuss services and service needs at the county, regional, and state office levels. SCDSS has worked diligently to increase stakeholder involvement. The SCDSS QA team has significantly increased stakeholder involvement throughout the case review process. Additionally, SCDSS has worked to develop an agency CQI policy and supplemental work-aids for the case review system, county debriefs, and regional action planning. The SCDSS QA team has introduced internal and external website presence to promote this work. These changes, in addition to the established review process and data analysis and feedback processes justify this strength rating.

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

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

South Carolina law requires SCDSS to do quality assurance case reviews of county child welfare system performance and practice at least once every five years. In the current regional QA review model, each county is reviewed every other year. This model started in January 2022 with the Upstate region of the state. We are currently in the process of reviewing our third region.

For regional & county practice, the feedback provided is used to determine underlying conditions for performance and to develop action plans, if warranted, which can include the implementation of new or enhanced strategies. This is done through county debriefs at the conclusion of each CQI review and a regional debrief and action planning process at the conclusion of each regional CQI review.

Monitoring of SCDSS CWS county practice is done through CWS's regional offices with support from the CWS State Office. CWS regional office and CWS State Office staff review performance data, complaints, and fatalities for the purpose of analyzing trends and identifying areas of strength and areas needing improvement. Additionally, quality case record reviews are performed to promote quality case work practice. Each region has been assigned a Regional QA Manager to assist in the identification of needed areas of improvement and the subsequent development of a regional improvement plan.

In year 4, SCDSS has significantly progressed toward increasing CWS staff capacity to visualize, understand, and utilize data for CQI and performance management. At the conclusion of the CQI review, each county participates in a debriefing lead by the Regional QA Manager. The presentations focus on data trends and themes, understanding of the item ratings as they relate to practice, and understanding how the CFSR process is supported by the practice model.

Quality Data Collection

SC CWS continues our focus on gathering analyzing data and transforming it into better, more meaningful information.

- Quantitative Data:
 - CAPSS continues to be updated and improved to meet information needs of the Division

- Information from CAPSS system is used to monitor compliance with federal and state statutes and regulations and CWS service responses
- Numerous data reports are available to Region/County staff for the purpose of updating and correcting child specific information in CAPSS
- Qualitative Data:
 - CWS collects data through quality case record reviews which are made available to SCDSS County Offices and regional staff
 - CWS continues to host and provide opportunities listen to and involve the agency's clients in assessing quality, as well as obtain input from external stakeholders in the community.

The Office of Child Welfare Operations holds regular meetings with the counties to share data, practice gaps, and updates. These meetings include state office leadership, regional directors and county directors for all counties. For PIP monitored counties, supervisors are also in attendance. During these meetings, data from the quality assurance reviews are shared to highlights trends in performance. To connect the data to the practice, subject matter experts are often invited to clarify expectations and provide any updates on related practice concerns.

During case reviews, the SCDSS QA team engages stakeholders in discussing service needs and service quality. Information gathered regarding the service array is shared through the regular meetings at county, regional, and state office levels. During the reviews, service needs identified but not provided are categorized by type so that needs around safety services, educational services, healthcare services, and mental/behavioral health services are tracked and discussed. This provides a targeted discussion of service evaluation and needs at both county and state levels. Additionally, this information is shared with the child welfare leadership team for service array development.

Case Review Process

Since the summer of 2022, SCDSS has had a fully internal child welfare quality assurance review system. The structure has one State QA Manager, four regional quality assurance managers, three review leads, three contracted external reviewers, one internal external reviewer and 18 dedicated reviewers.

QA Review Types Conducted by SCDSS

1. County QA Reviews include a random sample of Child Welfare cases from Family Preservation and Foster Care in counties scheduled for review.
2. Program Improvement Plan (PIP) Reviews conducted in accordance with the federally approved Program Improvement Plan. One hundred cases from the ten counties included in the PIP review process are reviewed. These reviews concluded in March 2023.
3. Reviews used to measure compliance for the Michelle H Lawsuit. These case reviews include but are not limited to: Out of Home Abuse and Neglect (OHAN), Sibling Visitations, and Parent Visitations QA Reviews. Appropriate data universes, statistically random samples and resulting analyses are jointly determined by SCDSS, University of SC, and the federal court monitors.

4. Strategic QA Reviews are conducted for various continuous quality improvement projects.

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

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

- County QA reviews are conducted regionally with every regional scheduled for review every other year. Each county receives a full report of the findings, the reviewed cases, standard reports from the OMS and a data and trends presentation. SCDSS posts the final report on the DSS website.
- PIP QA reviews are conducted twice a year (November through April and May through October) One hundred cases are reviewed from the 10 PIP counties according to the federally approved criteria. Reviews are conducted off site in Columbia using CAPSS data, case files, and stakeholder interviews. These reviews concluded in March 2023.

Strategic QA Reviews are conducted when prioritized by DSS for mutually agreed upon continuous quality improvement projects. These reviews are conducted using the OSRI or a supplemental review instrument as appropriate to the project. These reviews are conducted using CAPSS data, case files, and stakeholder interviews. Summary results for the Strategic Reviews are shared with appropriate DSS staff. In April 2023, for example, we conducted a strategic review of case managers who completed the certification training one year ago. This is part of a Level 5 training evaluation.

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

Systemic Issue Tracking and Monitoring

SCDSS is working towards the strengthening of the statewide quality assurance and CQI system. Recognizing that the identification of root causes to performance barriers is crucial to developing effective solutions, the Office of Strategic Planning and Innovation has developed a process for engaging staff to identify systemic gaps and barriers and are tracking these gaps in a way that will provide meaningful data to program developers and will be used to guide solutions. SCDSS began using Safe Systems Analysis (SSA) to inform this process. The SSA process uses critical incident case reviews and staff debriefings to identify gaps in the system. Staff at all levels who were involved with the case are debriefed in a non-punitive, anonymous manner where they are not asked specifically the details of the critical incident, but rather the systemic challenges they faced during the time period they had the case. The intent of the Safe Systems Analysis process is to review SCDSS's current practices and processes to determine what changes are needed to improve practice. During CY2021, 7 SSA debriefings were held. This process is growing and as of October of 2022, 10 SSA debriefings have been held in CY2022. Beginning in Fall of 2022, the SSA process was expanded to include case reviews and debriefings of critical incidents within the

placement setting. This process identifies performance gaps related to provider and placement issues.

The Office of Strategic Planning and Innovation is in the process of developing an internal dashboard to track, analyze, and share findings as a result of SSA and other root cause analysis initiatives. This platform will be used to facilitate solution development and systemic improvement.

Policy Updates

Recognizing that staff engagement is crucial to developing policy guidance, SCDSS has updated the policy development process to engage those impacted from the very first stages and throughout the vetting stages. This critical step allows SCDSS to create policies and practices responsive to the children and families we serve. Moving forward, as policies are revised or created, SCDSS will contemplate who is impacted and representatives from those groups will be engaged in the policy development and feedback process. While this process is still in development, the policy team is considering the use of surveys and listening sessions to engage stakeholders impacted by proposed or revised policies.

The SCDSS policy team is in the process of collaborating with the Office of Quality Assurance and CQI to finalize a CQI/QA policy for the agency. The newly drafted policy addresses many of the identified areas needing improvement such as: (1) a foundational administrative structure to oversee and implement CQI, (2) agency feedback loops for ongoing communications and accountability, and (3) the inclusion of stakeholder involvement to include those with lived experience (youth, kinship caregivers, foster parents, and birth parents). The policy was written as the formal CQI process for the agency with the child welfare case review process and subsequent CQI activities embedded as work aids.

Staff and Provider Training Item Performance

South Carolina was found to not be in substantial conformity on this factor during the 2017 CFSP as all of the items in this systemic factor were rated as an Area Needing Improvement.

Item Twenty-Six: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the Child and Family Services Plan (CFSP) that includes the basic skills and knowledge required for their positions?

This item is recommended to be rated as a strength.

Currently, the agency has two (2) Certification Trainings: 1) CWA – Pre-service certification training for case managers and supervisors which include: Adoptions, Investigations, Family Preservation, and Foster Care; and 2) CWA Intake Certification Training for Intake case manager and supervisors. For the Office of Permanency

Management (Placement, Licensing, & Family Support) and Child and Family Team (CFTM), a robust training process has been developed for program areas that do not have certification process currently.

SCDSS Staff Development and Training (SD&T) launched the Child Welfare Academy (CWA) pre-services certification training for new case managers and supervisors in August 2021 with two pilots, and now provides this training statewide. This was a two-year collaborative project with training partners at the University of South Carolina's Center for Child and Family Studies and Affinita Consulting, focused on reimagining child welfare certification for child welfare services case managers. The CWA academy curriculum was chosen because it is known to provide new case managers with the information and support needed to increase retention for new hires. To goals of this training are to:

1. Improve the transfer of learning and casework readiness for new case managers
2. Increase supervisory and peer support from day one
 - a. The support team is vital, providing county-level support for new staff is proven to help with new hire retention and improve the transmission of knowledge from the classroom to the field
3. Reduce turnover and improve staff retention
 - a. Research tells us that workplace climate is improved when staff can rely on each other for support. Offering mentoring programs, informal discussion and support groups, social gatherings, and unit/team meetings provide more opportunities for peer support.
 - b. Social-emotional support includes having concerns listened to, allowing opportunities to share, and offering encouragement. It is also important for new case managers to receive operational support focused on task-related behaviors like ensuring casework activities are covered, offering tangible resources, and consulting on cases.

Child welfare academy takes place over 9 weeks and is based on experiential learning with a focus on the Child Welfare Services Practice Model: Guiding Principles and Standards (GPS). The key objective of the Child Welfare Academy (CWA) is to actualize the South Carolina Child Welfare Services Practice Model: Guiding Principles and Standards (GPS) into all training and employee development activities. The Academy consists of courses designed for newly hired case managers, and existing staff who are seeking to increase their knowledge and skills. New case managers learn by doing, reflecting on what they have learned, and then learning the next level of casework practice skills. The training consists of 18 days of instructor-led training in a virtual classroom setting, and a 25-day on the job training (OJT) component that requires support from the learning support team which consists of the supervisor, a co-worker designated as a peer support person, the performance coach, and as needed, support from the trainer.

The OJT component of training incorporates the use of the learning support team to have learners observe critical job tasks in the field, reinforcing and advancing the

learning accomplished during the instructor led training. This strengthens practice skills and allows the learner to get to know the day-to-day operations of the county office. OJT comprises shadowing activities into clients' homes along with the learning support team while gradually taking on more casework responsibilities. This training also includes many opportunities for learners to work with their peers where they learn from each other and building a network of support.

After completion of all instructor led and OJT requirements, there is a final assessment of the core practice skills and documentation of the contact with a score of 85% demonstrating the learner is "ready" or "not ready" to move on to phase II post-service training and to receive half of their caseload. This final assessment is a skill demonstration for the new case manager in their prospective program area of contact with a family, including at least one child and caregiver. This contact is observed and scored by the supervisor and peer support person, utilizing debriefing and feedback tools with a completed rubric.

At the end of 2022, SCDSS completed sessions 22-15 through 22-19 of pre-service certification training. From those sessions, a total of 102 case managers and 5 supervisors were deemed "ready" to move on to phase II post-service training and receive half of their caseload. During CY2022, 364 new case managers and 15 supervisors completed certification training, for a total of 379.

In addition to the CWA training, SCDSS implemented an abbreviated certification process for new and re-hired employees who meet a specific set of criteria:

1. Rehires returning to SCDSS with less than a 12-month departure
2. Rehires who have departed from SCDSS more than 12 months, up to 24 months
3. New hires with out-of-state specific case management experience with no more than a 3-month period of separation from their previous public child welfare agency

If a newly hired or re-hired employee meets the above criteria they may complete an abbreviated form of the child welfare certification training and assessment. The abbreviated process takes 4-7 weeks to complete as opposed to the traditional CWA, which is 9 weeks.

After each session of CWA, respondents are able to provide their inputs regarding their satisfaction with the training through a survey. The survey collects information regarding the county, program area, education level, degree obtained, prior employment with the agency, confidence level after completion of the training, and asks participants to rate the level of support they received throughout the training. Participants are asked to rate their confidence level on 32 competencies covered throughout the course. Results of the survey show a very large majority of participants feel at least somewhat confident in their abilities, with most feeling fully confident. Below are the results of this question

from CWA session 2212 through 2221 for 11 of the competencies assessed through the survey.

	I am not confident in my ability. I need more training on this topic.	I am somewhat confident in my ability.	I am fully confident in my ability.
Explain how the DSS mission and GPS practice model guide case practice.	1%	36%	63%
Perform skill-level child welfare case management tasks practiced in training, promoting the safety, permanency, and well-being of children and families	2%	22%	77%
Provide respectful, professional, and quality case management to culturally diverse families to ensure that you limit bias.	3%	8%	89%
Describe the general process for referring a client to services.	3%	35%	62%
Articulate when and why a referral for services is required.	3%	20%	77%
Describe best practices in collaborating with families to work toward safety, permanency, and well-being.	3%	15%	82%
Describe how a case manager can ensure their engagement with families will be family-centered, trauma-informed, culturally responsive, individualized, and strengths-based.	4%	13%	83%
Explain the skills necessary to facilitate a successful family team, including planning, coordinating, collaborating, motivating, and moderating.	3%	25%	72%
Describe how a case manager can ensure an intervention action will be family-centered, trauma-informed, culturally responsive, individualized, and strengths-based.	3%	18%	79%

Differentiate effective from ineffective services.	3%	17%	80%
Describe the process and conditions for case closure, including transferring or ending services and phasing out DSS facilitation of family teams.	4%	26%	70%

SCDSS is working towards strengthening the assessment of training knowledge transfer and content. During calendar year 2022, SCDSS developed field observation tools that allow the agency to measure the transfer of learning from training to practice and to assess competencies. SCDSS began utilizing the field observation tools in June 2022. Additionally, SCDSS will deploy assessments measuring fidelity to quality practice as defined in our Guiding Principles and Standards (GPS) Practice Model. These efforts will allow SCDSS to comprehensively measure the effectiveness of the ongoing training program.

Child welfare certification is currently part of a Level 5 evaluation processes that began in early 2022. The post-training evaluation is a competency-based, Level 3 evaluation designed to capture transfer of learning. Participants then complete another competency-based evaluation at the six-month post-training mark. The competency section of the evaluation is designed to assess perceived confidence on a sub-set of key course competencies. The transfer of learning section captures support from the participants' supervisor and co-workers regarding concepts learned in training. In partnership with Human Resources and Finance, we are also collaborating on a Level 5 evaluation to determine return on investment with the core training course. This focuses on retention and cost per training considering those who left the agency six-months post-training. The Level 5 evaluation captures the cost of the training, those who left and why, and the results of the evaluation. Since January 2022, eight training sessions with evaluations were held. Of the 118 participants, 43 completed the evaluations for a 36.4% completion rate. Analysis of the evaluations revealed the below themes:

- Overall, trainees reported moderately high confidence in their ability to perform work requirements. Two cohorts claimed extremely high confidence in their competencies.
- Trainees reported a moderately strong sense of support from mentors/hosts.
- Overall, trainees tended to report a moderately strong sense of support from performance coaches. A few individuals claimed having had only minimal contact with performance coaches, low-quality support, or weak/nonexistent relationships.
- Trainees claimed a high sense of support from supervisors.
- Preparation for training before attendance was mediocre. Many respondents claimed that, prior to attendance, they had not heard that the training was valuable or worthwhile. However, they tended to report that their support team had prepared them moderately well.

- Overall, trainees claimed that the training had moderately high applicability to work and that it improved their competence.
- Trainers were rated as having created good learning environments, appeared knowledgeable, and were helpful in understanding the applicability of training.
- Trainees reported moderately high satisfaction with the use of Microsoft Teams, break out rooms, the On-the-Job Training Manual, various handouts, and instructions about using SCEIS, the LMS, and SharePoint.
- Trainees requested further instruction in the use of CAPSS, CANS/FAST, how to do tasks for specific child welfare areas (e.g., Adoptions, Investigations), and identifying stressors.

Item Twenty-Seven: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

This item is recommended as a strength rating.

In general, a variety of training opportunities are presented to staff on a regular basis to enhance their skills and knowledge. Individual training needs are largely determined at the case manager and supervisor level. Large scale training efforts are provided based on programmatic needs. For a full listing of courses available to staff, refer to the training plan in appendix E.

To promote ongoing learning opportunities for frontline staff and supervisors, the CWA has implemented robust on-going in-service training opportunities. All child welfare staff are required to participate in 20 hours per year of training. There are 3 levels of training offered:

- Level 1 Series: Foundation courses refining the understanding of job requirements and gaining insights to enhance social work performance and practice with children, families, colleagues, and external stakeholders.
- Level 2 Series: More in-depth, specialized training in areas of child welfare practice where learners refine their understanding of job specific information and gain detailed insight into the work performed in their assigned program area.
- Level 3 Series: Advanced and specialized knowledge and skills practice to refine the quality of social work practice gained from previous levels and on the job training. This may also include cross-training in other divisions and/or partnering agencies.

Many of the courses included in the above training opportunities are focused on specific elements of leadership and supervisory practice. These courses are available through eLearning, in-house virtual and in-person instructor led, and through external partners.

Specific to child welfare supervisors, the below training opportunities are completed by supervisors upon successful completion of certification:

- Level 1 child and family team meeting training: Participants learn about CFTMs at SCDSS, explaining the process and preparing the workforce to participate in

CFTMs. Through CFTMs, SCDSS hopes to build the skills of the workforce to bolster the youth and family's involvement in their planning and decision-making, and improve the child and family's outcomes related to safety, permanency, and well-being.

- Level 2 child and family team meeting training: Participants learn the core practice profile of teaming in the agency's GPS practice model. Through facilitation, the CFTM facilitator will model and enhance the case manager's engagement and facilitation skills with families so that they can conduct ongoing CFTMs.
- CQI Phase II for Supervisors: This course supports the implementation of the CQI process at the unit level, enabling supervisors to effectively monitor progress toward achieving agency outcomes.
- National Child Traumatic Stress Network Trauma Training Toolkit: Includes the Trauma 101 curriculum and Trauma-Informed Child Welfare 101 curriculum, intended for a wide audience with the goal of understanding the types of trauma and their impact on those who experience it, how trauma intersects with safety, permanency, and well-being, and the critical role of resilience in helping children, youth, and families heal.

SCDSS SD&T has undertaken a collaborative and coordinated effort aimed at understanding and addressing staff attrition. In 2020, SD&T conducted a full needs analysis to understand the impact of supervision and leadership on staff attrition rates. The findings showed that in many instances the quality of supervision and leadership has a direct impact on staff attrition. SCDSS has chosen to invest in the development of the coaching mindset and skill set for supervisors to provide coaching as a core competency. This approach leverages the established relationship and interactions between the supervisor and case manager. Coaching supports the supervisor's educational role in helping workers learn new tasks, apply needed skills, and tackle challenges in case practice. To develop the coaching competency in supervisors, SCDSS chose the Coach Approach to Adaptive Leadership (CAAP) coaching model. This model has been implemented in many states and is evidence-based with multiple levels of fidelity measures, as well as being fully compatible to SCDSS' mission, vision, and values.

By the end of CY2022, SCDSS completed cohort 18 of Coach Approach to Adaptive Leadership, which included the leadership of 8 counties, regional intake supervisors, 2 regional performance coaches, and SD&T staff. SCDSS also completed 3 cohorts of Adaptive Leadership for Systems Change. Out of 105 total enrollees, 95 (90%) successfully completed the training. In addition, 8 of 10 training of trainers candidates completed their certifications and 5 coach mentor candidates completed their certifications.

Thus far in 2023, SCDSS has completed 3 cohorts of Coach Approach to Adaptive Leadership with 7 more scheduled for the year. Of the remaining 10 counties to be trained, 7 have completed the work shop. Additionally, SCDSS has conducted 30

learning circles over the last 2 years where supervisors practice the coaching skillset and receive deeper instruction on specific topics covered in the workshop.

In addition to the supervisory and leadership trainings available through Coach Approach to Adaptive Leadership, SCDSS offers a supervisor certification training for child welfare supervisory staff. The Supervisor Certification training program was launched in May 2022 and is an intensive, 6-week program designed to provide the training and support for intensive supervisory professional development of quality practice standards. It focuses on improving the capacity of supervisors to lead through an understanding of quality practice standards and requirements and an understanding of their role in carrying out the agency's mission, goals, and values. The components of the Supervisor Certification training program are as follows:

Prerequisite work

- Indian Child Welfare Act (ICWA)
- Multi-Ethnic Placement Act (MEPA)
- Family First Prevention Services Act (FFPSA) Introduction
- South Carolina Child Welfare Services GPS Practice Model Guiding Principles and Standards for Supervisors – Better Together: Enhancing Practice, Transforming Lives

Human Resources Training for Frontline Leadership

Core Supervision Module 1 Topics

- Transition to Leadership
- Leading with Vision
- SCDSS Child Welfare Competencies
- Leadership Purpose and Roles
- Three Roles of Supervision
- Parallel Practice and Developing Working Relationships
- Effective Feedback Principles

Core Supervision Module 2 Topics

- Floor/Balcony
- Federal and State Mandates and how they impact supervision
- Defining Vision, Mission, Values Guiding Principles
- SCDSS GPS Practice Model for Child Welfare
- Supervising Core Activities and Practices
- Elements of GPS Practice Profiles

Core Supervision Module 3 Topics

- Child Welfare as an Open System
- Introduction to Continuous Quality Improvement Framework
- Continuous Quality Improvement Planning Elements
- Defining Desired Future State for Team/Unit
- Benchmarks and Indicators

- Crosswalk from CFSR to GPS
- Outputs and Outcomes
- Supervisory Impact on Performance
- Identifying performance action and capacity deficiencies within the team/unit

Core Supervision Module 4 Topics

- Planning for Change Individual and Unit Improvement
- Assessing Organizational Capacity for Change
- Identify Root Causes of Performance Deficiencies
- Five Steps of Planning

Core Supervision Module 5 Topics

- Managing change, communication, and capacity during implementation
- Essential elements and importance of monitoring change implementation
- Managing time based on priorities
- Skill/Will matrix
- Supervision Strategies (reflection, collaboration, clarity)
- Coach Approach Method to Adaptive Leadership Overview
- Strength Based, Solution Focused Approach
- Supervisory Skills (empathy and feeling)

SafeMeasures Introductory Training

The Supervisor Certification is in the early implementation phases, with SCDSS SD&T hiring two additional trainers to support the program. SCDSS will completed 5 cohorts of 30 participants in CY2023, training a total of 150 frontline leaders. Starting in 2024, SCDSS plans to complete 7 cohorts of 30 participants each, for a total of 210 participants per year.

Item Twenty-Eight: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

It is recommended this item be rated as a strength.

Foster and Adoptive Parent Training

SCDSS requires foster and adoptive home applicants to receive 14 hours of a trauma informed pre-licensure training that includes the following topics: an overview of the child welfare system, legal rights, roles, responsibilities and expectations of foster and adoptive parents, agency purpose, policies, and services, the courts and applicable laws and

regulations (this includes Prudent Parenting), health care oversight and psychotropic medication. We also require the following information to be trained and discussed: Information, including, but not limited to, trauma concepts and behavioral management, to provide for the needs of the child who is or may be placed in the home; early learning; child and adolescent brain development; healthy eating; protective factors; child abuse and neglect prevention; grief, loss, trauma, and separation issues; independent living skills; internet and social media safety for kids; sex trafficking prevention and warning signs; and first aid (including cardiopulmonary resuscitation (CPR) for the ages of children in placement, and bloodborne pathogen.

Adoptive Home applicants are also required to complete an additional adoption specific training which includes topics of the general adoption information, selection process, adoption subsidy, and lifelong grief/loss issues adoptive children may have.

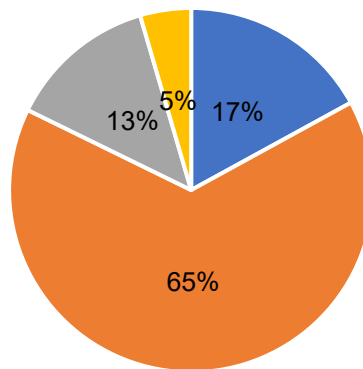
At the end of the pre-licensure training the instructor completes an evaluation regarding each person in attendance. This evaluation denotes the family's understanding of the material taught.

Foster and adoptive parents will subsequently be required to complete at least fifteen (15) hours training each year, or thirty (30) hours prior to each subsequent license renewal. This ongoing training the foster parent can choose the topic they wish to learn more about. These trainings can be instructor led, web-based, or self-paced must pertain to child and adolescent topics. It is important to note that viewing standard television programs or reading popular news or magazine articles will not be accepted for training hours. The training shall be provided by SCDSS, or another source approved by SCDSS. SCDSS is provided with the training certificates of the completed course.

CAPSS report SL150-R01 – Licensed Foster Home Training Completion tracks for each foster home the trainings they have completed, date of completion, hours completed, and details around how the training was conducted (in-person, webinar, online, etc.).

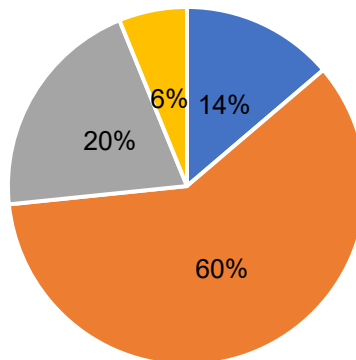
SCDSS uses surveys collected by South Carolina Foster Parent Association regarding their trainings as well as conducts yearly surveys with foster parents to assess their needs. Furthermore, SCDSS conducts quarterly surveys with foster families who close to identify and address any gaps in services. Results from training related questions from the most recent annual foster parent survey are below. Approximately 560 foster providers participated in this survey. Overall, results show the majority of providers feel the training support their roles, are offered at convenient times, and feel equipped to handle the needs of children in their care.

The follow-up trainings are provided on topics that support my roles and responsibilities as a foster parent.



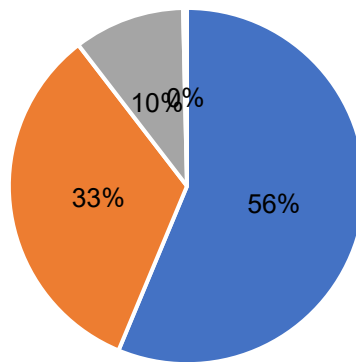
■ Strongly agree ■ Agree ■ Disagree ■ Strongly disagree

The follow-up trainings are offered at convenient times and locations.



■ Strongly agree ■ Agree ■ Disagree ■ Strongly disagree

How confident are you in your capabilities to meet the needs of the child(ren) placed in your care?

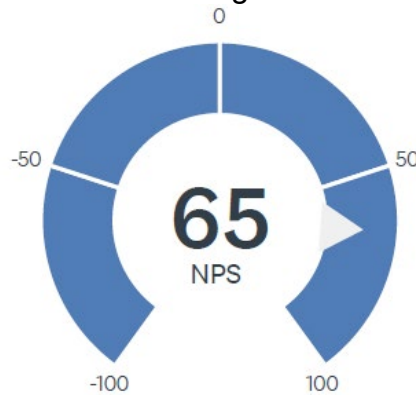


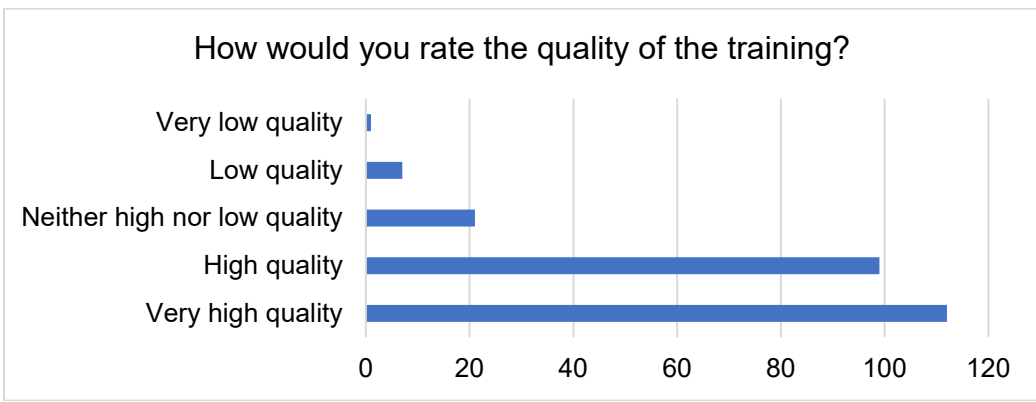
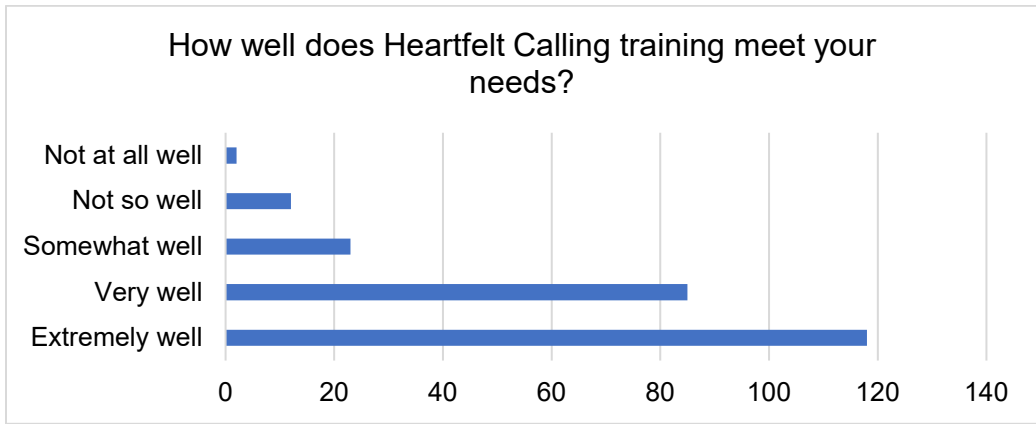
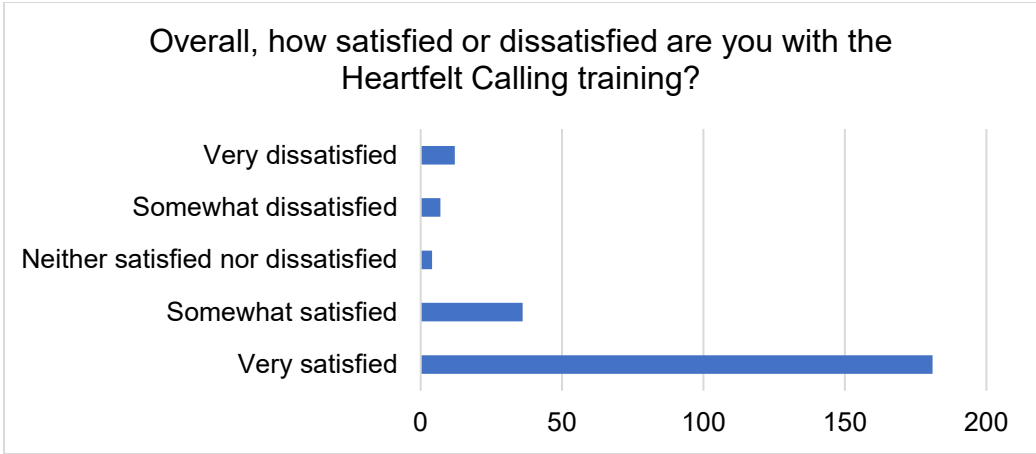
■ Very confident ■ Confident ■ Somewhat confident ■ Not at all confident

Heartfelt Calling

Heartfelt Calling, operated by the SC Foster Parent Association is a program that is often the first point of contact for those wanting to start the process of becoming a licensed foster or adoptive resource. This program includes trainings for both prospective foster and adoptive homes. Surveys are conducted to evaluate these trainings.

How likely is it that you would recommend Heartfelt Calling training to a friend or colleague?



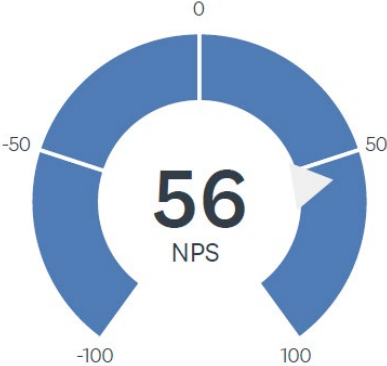


Adoption Training Evaluation

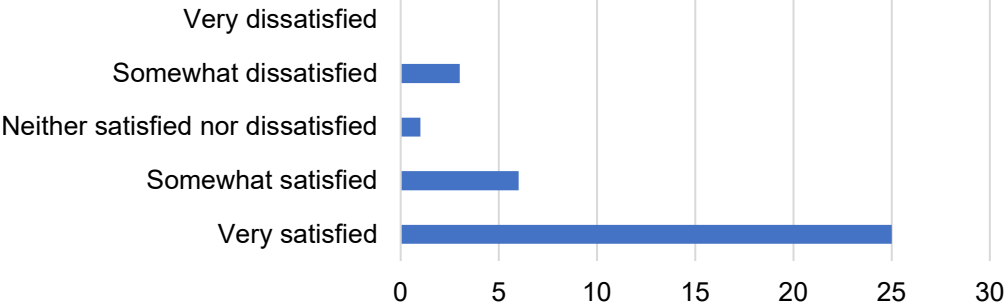
From the time period of January 1, 2022 – April 24, 2023 the SC Foster Parent Association offered 29 adoptions trainings. An evaluation of these trainings using a net promotor score (NPS) reveals all questions scored in the “excellent” range¹.

¹ NPS: what is a ‘good’ score for me? Creators of NPS, Bain & Company, suggest a score: Above 0 is good, Above 20 is favorable, Above 50 is excellent, and; Above 80 is world class.

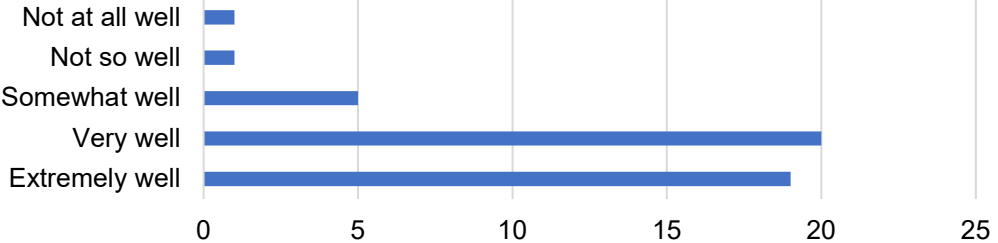
How likely is it that you would recommend the adoptions pre-service training to a friend or colleague?

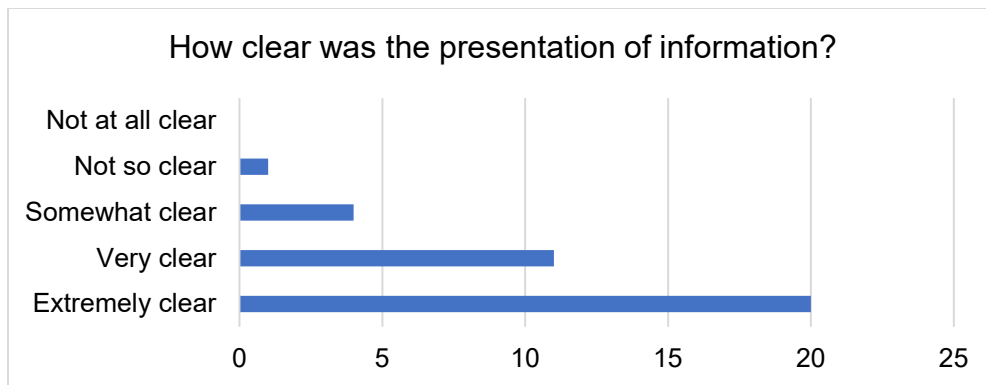
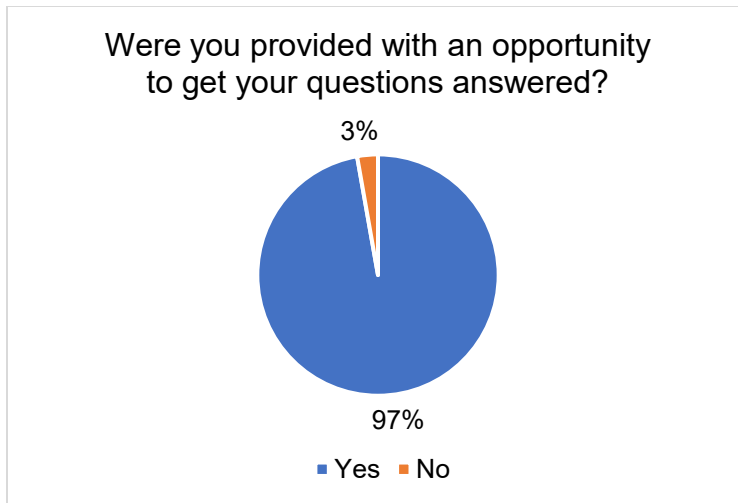
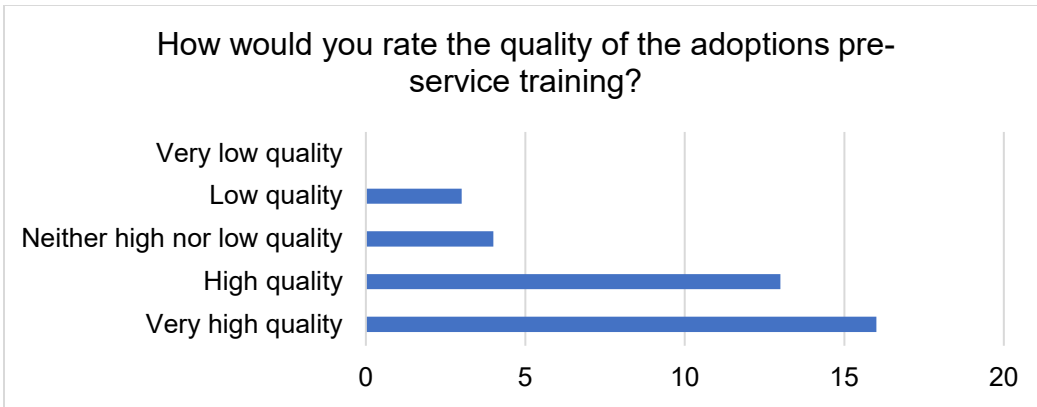


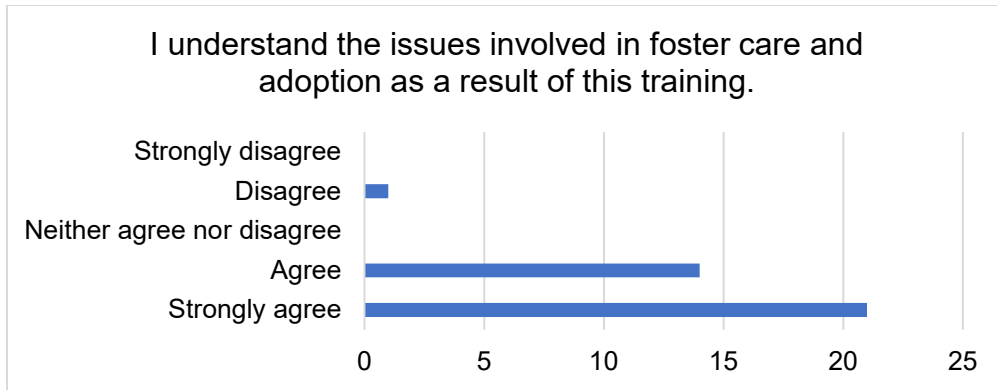
Overall, how satisfied or dissatisfied are you with the adoptions pre-service training?



How well did the information presented in the adoption pre-service training meet your needs?



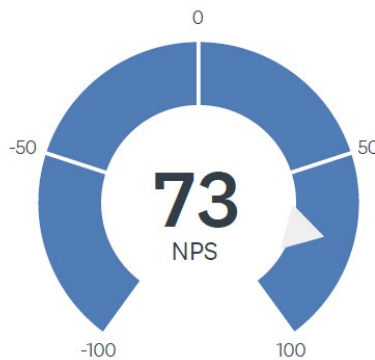


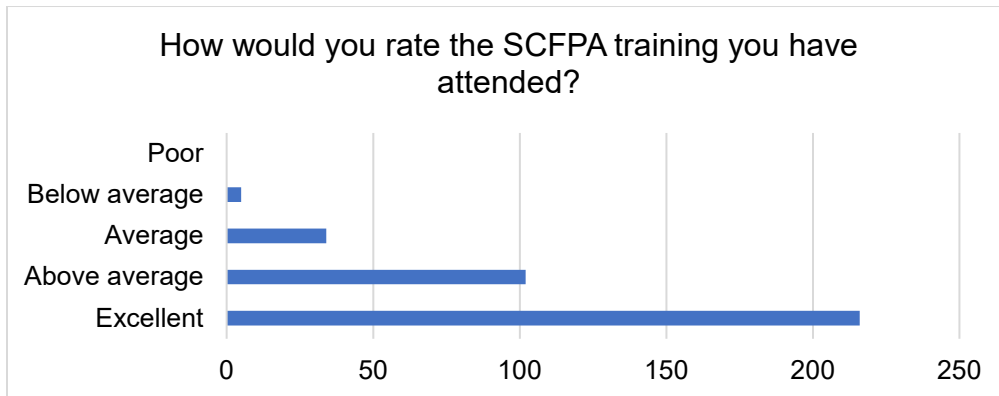
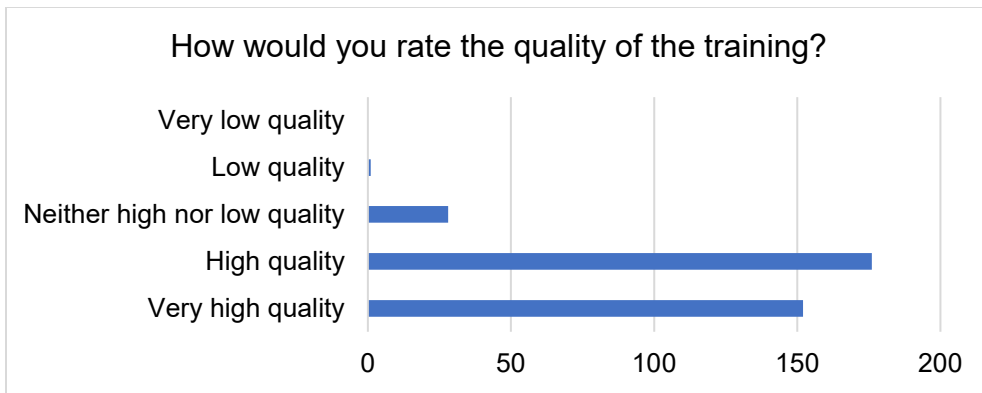
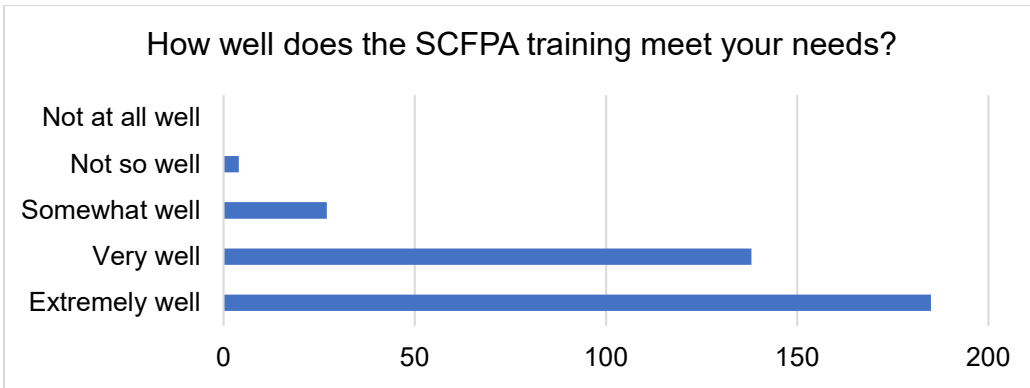


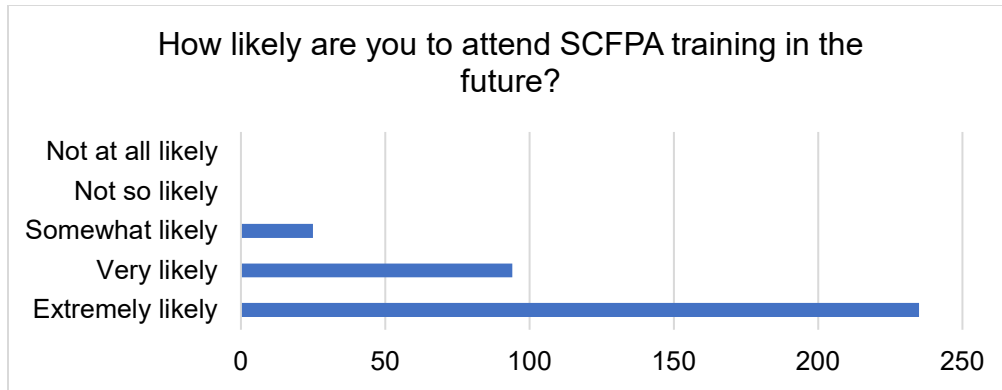
Foster Parent Training Evaluation

From the time period January 1, 2022 – April 24, 2023 the SC Foster Parent Association awarded 9,849 training certificates through live webinar and local meeting events. In addition to these live webinar events 28,772 certificates were issued through the SC Foster Parent Association learning management system, which provides access to over 65 learning topics. Surveys are collected at the end of the pre-service and re-certification trainings. Overall, data gathered from both surveys show a majority of the participants were satisfied with the pre-service and recertification trainings.

How likely is it that you would recommend SCFPA training to a friend or colleague?







In addition to the SCFAP training surveys, results of the most recent foster parent closure survey inform why providers decided to no longer foster. Responses are used to gauge any concerns and needs that were not addressed. While several questions are included, training needs are included through the question below. Results of these questions from the most recent survey are included below.

I was offered training that helped me meet the needs of the child(ren) placed in my care.		
Strongly agree	14	37%
Agree	19	50%
Disagree	3	8%
Strongly disagree	2	5%
Total	38	100%

The SC Foster Parent Association monitors skill development for foster parents through survey results, as well as with the use of the Foster Parent Learning Plan. This learning plan is used by the licensing worker to evaluation and check in on the caregiver’s knowledge and skill at each licensing visit. This learning plan documents information for the following questions:

- What knowledge and skills do I have that work well with the children currently living in my home?
- What issues or behaviors do the children have that I have trouble dealing with or feel my skills could be increased in that area?
- What skills and knowledge areas do I need to strengthen in myself to be a better foster parent to the children living in my home? And/or what skills I would like to e-learn or gain for future placement of children, e.g., children with medical care needs, G-tube feedings, eating disorders, diabetes management in children/youth, etc.?

Once these responses are obtained, the learning plan includes a section for the staff member to document the recommended training topics for the foster parent to attend. This establishes a continuous feedback loop between the agency and the foster parents to ensure needs are being met.

When asked what additional topics would be helpful as a foster parent, the top three requested include: understanding the SCDSS foster care process (how/why decisions are made), legal aspects of foster care, and dealing with various child behaviors.

Facilities Staff Training

SCDSS requires staff of facilities to receive training prior to them be left alone with children placed there. All facilities staff must receive 32 hours of pre-service training before working alone with a child or youth. Training must include:

- Specific programmatic policies and procedures
- Trauma informed care/cognitive behavioral therapy
- Grief and loss issues for children/youth in care
- Behavior management and crisis prevention techniques
- Cultural competency, culturally responsive services and non-discrimination based on sexual orientation (LGBTQ)
- Specific needs of children/youth who may have emotional, behavioral, or physical problems; developmental delays, and who have been abused and/or neglected
- Overview of the use of medications commonly used for children/youth (if applicable, with a focus on psychiatric medications) and side effects (that when displayed by the child/youth) that would require staff to notify the referring SCDSS case manager
- Gang related activities
- Drug and alcohol education
- Sex education, pregnancy and STD prevention
- Sex trafficking and exploitation and actions to take to include reporting
- Reasonable and prudent parent standards
- Understanding of government assistance programs (i.e. Medicaid, SNAP, WIC, Voc. Rehab, HUD, etc.)
- Other education and/or training required by State and/or Federal Mandates

Additionally, all facilities staff must receive 16 hours of training annually in the following topics:

- Grief and loss issues for children/youth in care
- Specific program policies and procedures
- Other education and/or training required by State and/or Federal Mandates
- Gang related activities
- Drug and alcohol education
- Sex education, pregnancy and STD prevention
- Understanding of government assistance programs
- Working with children/youth who may have emotional, behavioral, or physical problems; developmental delays, and who have been abused and/or neglected
- Specific needs of the population served by the program
- Cultural competency and culturally responsive services

Training requirements and compliance are monitored through SCDSS contract monitoring. Certificates of training completions are provided to staff that complete trainings, which are reviewed by SCDSS contract monitoring to ensure compliance.

Service Array and Resource Development Item Performance

Item Twenty-Nine: Array of Services

How well is the services array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions

- *Services that assess strengths and needs of children and families to determine other service needs (case managers)*
- *Services that address the needs of families in addition to individual children in order to create a safe home environment*
- *Services that enable children to remain safely with their parents when reasonable*
- *Services that help children in foster and adoptive placements achieve permanency*

It is recommended this item be rated as an area needing improvement.

SCDSS is committed to providing services tailored to the needs of children and families in South Carolina. SCDSS has made many improvements in developing a comprehensive service array, prioritizing evidence-based services to ensure children and families benefit from the latest research on the services offered. Although significant improvements have been made, there is room for growth to expand the scope and availability of existing services within the service array.

SCDSS has implemented the FAST and CANS assessment tools, which are evidence-based structured decision-making tools that facilitate the identification of family needs, strengths, and risk factors. These tools are family-centered, balancing risk and needs with resources and strengths. With the implementation of these tools complete, SCDSS has heavily focused on the assessment and identification of family needs and strengths, utilizing the FAST/CANS assessments to assist in identifying service needs at an individualized level. Strengthening skills in this area continues, as collaboration with the Praed foundation continues in the development of a service intensity matrix connected to FAST assessment results. Additionally, the strengthening of the CFTM and FPP development processes have focused on individualizing and assessing for service needs. Results of assessments (FAST and CANS) are included in the development of the family permanency plan (FPP). Combining the results of assessments with CFTMs that incorporate youth and family voice results in a stronger FPP that is based on individualized goals and needs. The Offices of Safety Management and Child Welfare Operations have continued to host bi-weekly skills labs that focus on target areas, including assessments and FPP development. As staff grow their skills in these areas, it is expected that service needs will be better matched based on a family's unique strengths and needs.

Additional supports available for case managers to facilitate in service matching include the development of the service array database, which provides a listing of service

providers by type and geographical area served. SCDSS is also improving access to services through its new Service Resource Database housed on its intranet and accessible by case managers and leadership. The Service Resource Database is a user-friendly database designed to help find services for children, youth, and families across the state. This tool is designed to meet two goals:

- Help DSS staff locate services that should be used to strengthen families.
- Document services that are missing so that we can gather data to take to our partners to bridge gaps in the service array.

Recognizing that tools such as the service array database are only as good as their inputs and their ability to be user-friendly, SCDSS is proactively identifying ways to improve these tools. SCDSS continues looking for ways to ensure consistent and up to date service offerings are entered. In addition, a map of services has been developed, which includes services SCDSS refers families to. SCDSS is in the planning stages of how to expand on this mapping program to be an interactive tool for staff in the identification of services. In addition, this will be used to identify service deserts and areas lacking specific service needs.

SCDSS is continuing to work on developing a provider portal to capture services in CAPSS. Efforts for this portal are ongoing and have faced some challenges. Staffing issues initially delayed the launch, however the CAPSS team continues working on this portal.

SCDSS has continued its commitment to enhancing services for families and children in South Carolina, successfully integrating several key initiatives within the agency's framework over the past year. These improvements include the launch of Family Centered Treatment (FCT) in Greenville and Richland counties, beginning in October 2022 and fully operational by May 2023. Further expansion of services is reflected in the planned integration of the Intercept model, with the groundwork already being laid out for this transition. This endeavor is slated to start by the end of 2023 and aims to be operational across all four regions within the state by 2029. Alongside these enhancements, SCDSS is also preparing for the statewide implementation of Motivational Interviewing (MI), targeting to have this crucial training rolled out for providers by 2024. All of these initiatives exemplify SCDSS's unwavering commitment to strengthening service offerings, thereby providing comprehensive and effective support to the children and families of South Carolina.

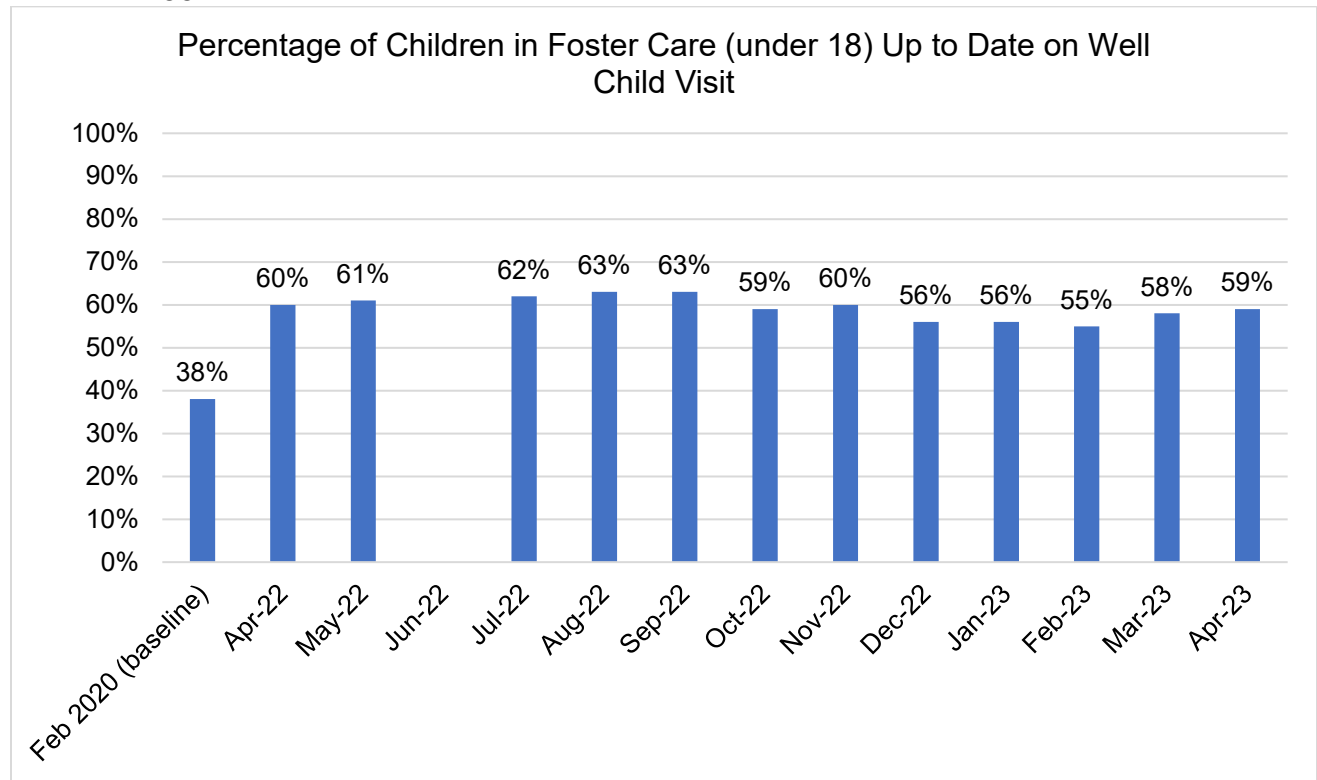
Medical Services

SCDSS partners primarily with Select Health, SCDHHS, BabyNet, and Child Advocacy Centers to address the physical healthcare needs of children in foster care. The SCDSS Child Health and Well-being team have focused in the past year on strengthening provider relations and communications, as well as refining processes to quickly identify and connect children entering care with providers for initial well-child assessments. In 2022 SCDSS hired for five new positions, titled healthcare quality improvement coordinators (HQIC). This team was developed to streamline and improve the process around connecting children who enter foster care with providers for well-child visits. A nightly report on children who entered foster care the day prior is utilized to identify

children who need initial well-child exams. The HQIC team contacts each foster parent from this report to schedule these initial visits. Because this team is working immediately and closely with the foster parent and their preferred provider means collaboration between SCDSS, foster parents, and providers has improved, and children are being seen for these initial visits more quickly and consistently. This allows for more focus on what assistance the foster parent needs to get children in their care to the appointments.

Through the FAST/CANS assessments, physical health needs are identified. The FAST/CANS evaluate trauma history, as well as strengths and needs of the child and family. Results of these assessments are used to guide the family permanency plan, including the identification of service referral needs. SCDSS has worked closely with the Praed Foundation to develop an automated medical alert to the SCDSS nursing team for any CANS ratings of 2s or 3s on well-being related items. This process of quick notification to the well-being team allows for a more robust response for service needs.

While performance has remained relatively stable throughout calendar year 2022, in comparison to the February 2020 baseline of 38%, significant improvement has been made. From the baseline to the most recently available data for April 2023, performance has had a 55% increase.



SCDSS utilizes foster parent closure survey results to gauge for concerns or needs that were not addressed, including health needs. Results of these questions from the most recent survey are included below.

I received medical information about the child(ren) placed in my care that helped me meet their medical needs.		
Strongly agree	6	16%
Agree	15	39%
Disagree	9	24%
Strongly disagree	8	21%
Total	38	100%

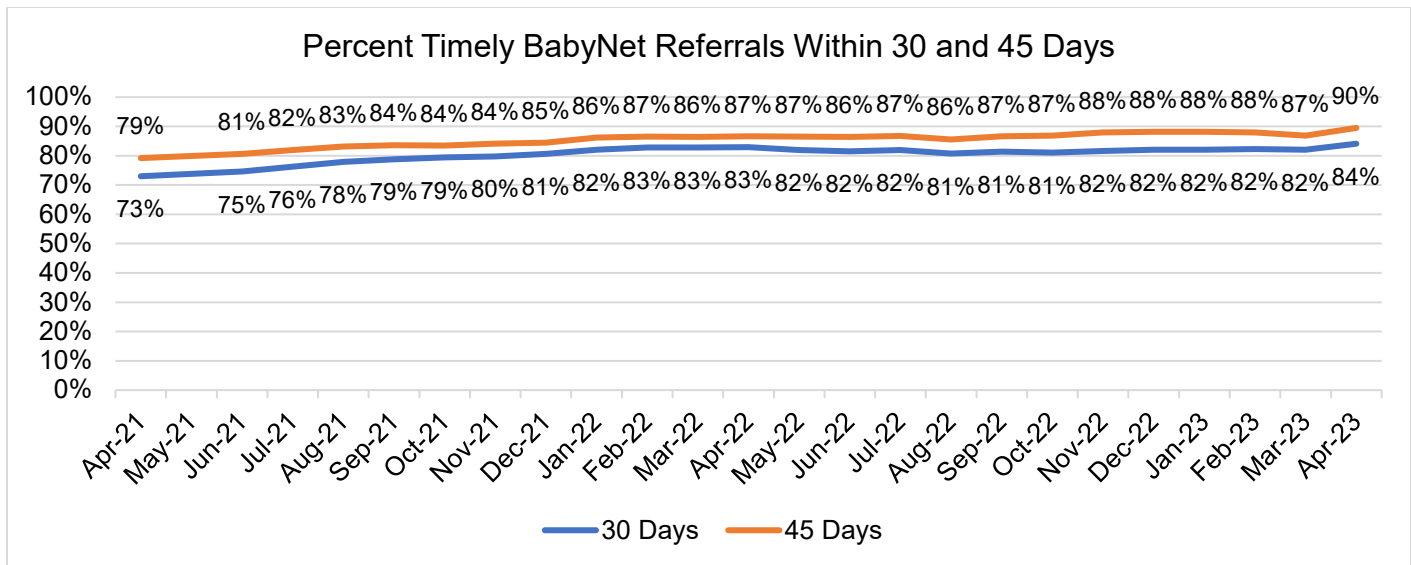
I was offered training that helped me meet the needs of the child(ren) placed in my care.		
Strongly agree	14	37%
Agree	19	50%
Disagree	3	8%
Strongly disagree	2	5%
Total	38	100%

I was offered support services to help me meet the needs of the child(ren) placed in my care		
Strongly agree	6	16%
Agree	17	45%
Disagree	8	21%
Strongly disagree	7	18%
Total	38	100%

SCDSS continues to monitor developmental assessment referral and timeliness rates, both of which remain high. To sustain and improve efforts, Select Health has been working with primary care providers on an incentivized rate for initial BabyNet assessments. This work has improved provider engagement around conducting development assessments. Provider engagement in this area is ongoing, however was most recently shared at a February 2023 primary care provider conference.

Additionally, and similar to the process being done by the HQICs for well-child visits, SCDSS has worked to improve developmental assessments by analyzing foster care entry rates for children under the age of 3 and making immediate BabyNet referrals.

Most children 36 months and under who enter care are referred to SC DHHS for developmental assessments through BabyNet. SCDSS continues to monitor BabyNet referral rates and timeliness rates. Overall, both the rate of referrals and timeliness of referrals are high. In particular, timeliness rates have consistently been improving.



Children’s Advocacy Centers are child-friendly facilities offering safety, security, and a wide range of victim services for children and families. These community-based centers and their staff serve as first responders in allegations of child abuse, providing direct services to children in need and in crisis. The CAC response works to reduce the impact of child abuse by bringing together law enforcement, criminal justice, child protection, forensic interviewers, mental health, medical, and victim advocacy professionals in a child-friendly setting to investigate abuse and help children heal from trauma. South Carolina has network of CACs throughout the state providing access statewide.

Behavioral and Mental Health Services

The S.C. Department of Mental Health (SCDMH) offers a statewide network of community mental health centers, clinics, hospitals, and nursing homes with clinical staff, providing an array of medical and support services for children, adults, and families across South Carolina. SCDMH services are available statewide, located in all 46 South Carolina counties. In addition to the services available through SCDMH, the S.C. Department of Alcohol and Other Drug Abuse Services (SCDAODAS) is charged with ensuring the provision of quality services to prevent or reduce the negative impacts of substance use and addiction. DAODAS contracts with county alcohol and drug abuse authorities to provide the majority of direct prevention, treatment, and recovery services statewide. In addition, DAODAS contracts with a variety of public and private service providers, including opioid treatment programs, recovery organizations, hospitals, and community distributors of the overdose antidote Narcan. DAODAS has been designated by the Substance Abuse and Mental Health Services Administration (SAMHSA) as the single state agency responsible for overseeing substance use disorder programs in South Carolina. SCDSS partners with these agencies, as well as other programs to offer services to children and families.

Among other programs include partnership with the Incredible Years, which is a series is a set of interlocking, comprehensive, and developmentally based programs targeting parents, teachers, and children. The training programs are guided by developmental theory on the role of multiple interacting risks and protective factors in the development

of conduct problems. The programs are designed to work jointly to promote emotional, social, and academic competence and to prevent, reduce, and treat behavioral and emotional problems in young children. The program is designed for children under the age of 12, promoting emotional and social competence to prevent, reduce, and treat behavioral and emotional problems. Included are classroom lesson plans delivered by the teacher to strengthen children's social and emotional competencies, such as understanding and communicating feelings, using effective problem-solving strategies, managing anger, practicing friendship and conversational skills, and behaving appropriately in the classroom.

Through the FAST/CANS assessments, mental and behavioral health needs are identified. Any rating on the emotional/behavioral items of a 2 or 3 triggers the case manager to refer for a full mental health assessment. The FAST/CANS evaluate trauma history, as well as strengths and needs of the child and family. Results of these assessments are used to guide the family permanency plan, including the identification of service referral needs.

In February 2023, SCDSS began an exceptional needs therapeutic foster care implementation. The development of this initiative began with the agency's therapeutic CPA partners. This new placement service type will provide intensive wraparound placement and services for teens experiencing higher placement instability who also have behavioral challenges and/or emotional dysregulation, those with difficulty adjusting to a traumatic experience, those with developmental challenges, those with multi-system involvement, those with a history of multiple placement disruptions, or those requiring more support than can be provided through less intensive models of foster care. Therapeutic CPAs who contract for this program will designate therapeutic foster homes that are committed and trained to work with foster youth with exceptional needs and who are experiencing placement instability. Exceptional needs foster care service is intended to be short term for 90 days, with an additional 30 day extension with the goal that this new placement service will decrease the number of teens in emergency placements, providing them with the treatment they need to be able to stabilize and stepdown to a long-term placement setting.

Additionally, SCDSS is in the early stages of changing levels of care as it relates to group care. In conjunction with group care providers, SCDSS is rewriting contract scopes based on the needs of youth. CANS assessment data will be used to consider youth needs in comparison to the services available by the group care providers. Additionally, this will include a step-down process that will incorporate discharge planning and will consider what services or resources may be needed to stabilize the child or youth in a stepdown level of care.

Results of the most recent foster parent closure survey inform why providers decided to no longer foster. Responses are used to gauge any concerns and needs that were not addressed. Some of the questions relate to the information and needs for addressing health and behavioral needs. Results of these questions from the most recent survey are included below.

I received behavioral information about the child(ren) placed in my care that helped me meet their behavioral needs.		
Strongly agree	7	18%
Agree	15	39%
Disagree	8	21%
Strongly disagree	8	21%
Total	38	100%

SCDSS continuously evaluates and oversees efforts for the safe and effective use of psychotropic medications that includes expanding on training, changes in policy and procedure, review of psychotropic data as well as informed consent process. In 2018 SCDSS began receiving data from Medicaid for Child/youth in care having one of above red flags for psychotropics. This data when received is shared with SCDSS Leadership, County Directors and Regional Clinical Specialists for oversight. In addition, weekly Red Flag Staffing started in 2019 that included Child/youth Case Manager, Supervisor, Regional Clinical Specialist and Psychiatric consultation to further assist in psychotropic oversight.

Children under the age of 6 with 3 or more red flags and/or who are on an antipsychotic medication are monitored by the SCDSS well-being team, who hold regional staffings to review the reasons the child is on these medications. The staffing team looks at the reasons for the red flag(s) and considers if other interventions could be used. Additionally, SCDSS regional clinical specialists participate in CFTMs to discuss red flags and identify related needs and interventions.

SCDSS overhauled psychotropic medication policy in 2017 and 2019 and continues to evaluate the need for additional policy changes. Currently, the well-being team is working on an updated well-being guide. This will provide guidance, clarify roles and responsibilities, and reflect recent structural and organizational changes such as the inclusion of the HQIC positions within the SCDSS well-being team.

SCDSS works with the South Carolina Foster Parent Association (SCFPA) to coordinate trainings for foster and adoptive parents. From January 1, 2022 to April 24, 2023 a total of 20 foster/adoptive parent recertifications were held for the Health Care Oversight and Psychotropic Medication course. A total of 119 recertifications were held for Mental Health and Trauma Certification, 87 for Common Diagnoses Certification, and 99 for Health Care in Foster Care Certification. There are numerous other training opportunities available for providers in health and well-being topics.

Support Services

In 2020, SCDSS submitted its application for the FFTA funds which resulted in the Department acquiring its allotted funds under the act. Using these funds, the Department has provided funds for transitional initiatives including:

- Grants for transition to QRTP
- Grants for capacity building of EBPs included in our prevention plan

- Contract with a vendor to assist in FFPSA rigorous evaluation strategy and overall CQI process
- Contract with a vendor to assist in programmatic evaluation post-implementation, development, and implementation of a transitional pilot program to expand Departmental service array and improve access to evidence-based practices.

The Department remains committed to connecting children and families with the most evidence-based and effective interventions. To fulfill this commitment, the Department will assist its service provider partners in developing their capacity to deliver evidence-based practices. After careful evaluation of relevant data (i.e. case typologies, behavioral diagnoses, and other characteristics of children entering care) the Department believes the following IVE clearinghouse “well-supported” interventions will assist in strengthening family’s protective factors, parenting capabilities, and ultimately reducing the number of children in care. We have selected two well supported interventions to aid in our capacity building efforts:

- Brief Strategic Family Therapy
- Homebuilders – Intensive Family Preservation and Reunification Services

These interventions selected for capacity building are being strategically established across the state to ensure adequate network capacity and equal access for children and families in rural areas. Additionally, the selected interventions operate from a framework that recognizes the importance of service provision in the most naturalistic settings (in the home). SCDSS has currently award 9 capacity building grants throughout the state to begin ramping up our ability to implement evidence-based practices to all children and families in South Carolina. Provider Partners have begun training efforts with the purveyors of the EBPs and the onboarding of staff to ensure adherence to implementation timeline and efficacy of services.

SCDSS has continued its commitment to enhancing services for families and children in South Carolina, successfully integrating several key initiatives within the agency’s framework over the past year. These improvements include the launch of Family Centered Treatment (FCT) in Greenville and Richland counties, beginning in October 2022 and fully operational by May 2023. Further expansion of services is reflected in the planned integration of the Intercept model, with the groundwork already being laid out for this transition. This endeavor is slated to start by the end of 2023 and aims to be operational across all four regions within the state by 2029. Alongside these enhancements, SCDSS is also preparing for the statewide implementation of Motivational Interviewing (MI), targeting to have this crucial training rolled out for providers by 2024. In preparation for the implementation of MI, SCDSS is coordinating efforts with provider partners in an ongoing workgroup to plan the implementation throughout South Carolina. MI will enable SCDSS to enhance service offerings and equip providers with holistic and responsive support tools to better serve children and families across the state. All of these initiatives exemplify SCDSS’s unwavering commitment to strengthening service offerings, thereby providing comprehensive and effective support to the children and families of South Carolina.

Currently, the Department is implementing Homebuilders in 18 counties throughout the state with two providers. Brief Strategic Family Therapy is being implemented 5 counties with two providers. The Department is partnering with the Office of First Steps to provide Parents as Teachers in 7 counties throughout the state.

EBP Referral Counts						
	Brief Strategic Family Therapy (BSFT)			Homebuilders		
Provider	Nancy K. Perry (Oct. 2021 - Jul. 2022)	National Youth Advocate Program (Jan. 2021 - Jan. 2022)	Combined Total	Bethany Christian Services of SC (Apr. 2021 - Aug. 2022)	Epworth Children's Home (Jun. 2021 - Mar. 2022)	Combined Total
# referrals	38	279	317	24	222	246
# accepted	23	246	269	20	70	90
# ineligible	3	28	3	4	100	104
# declined	2	68	70	0	52	52
# no response from family	11	49	60	0	0	0
# waitlisted (no opening)	None reported	None reported		Not applicable	Not applicable	

EBP Referral Sources		
	Brief Strategic Family Therapy	Homebuilders

Provider	Nancy K. Perry (Oct. 2021 - Jul. 2022)	National Youth Advocate Program (Jan. 2021 - Jan. 2022)	Combined Total	Bethany Christian Services of SC (Apr. 2021 - Aug. 2022)	Epworth Children's Home (Jun. 2021 - Mar. 2022)	Combined Total
# referrals	38	279	317	24	222	246
Investigations	4	None reported	4	0	20	0
Family Preservation	29	None reported	29	15	121	136
Pregnant and parenting youth	0	None reported	0	0	0	0
Reunification (Family Preservation)	1	None reported	1	9	81	9

Reasons for Dropping Out						
	Brief Strategic Family Therapy			Homebuilders		
Provider	Nancy K. Perry (Oct. 2021 - Jul. 2022)	National Youth Advocate Program (Jan. 2021 - Jan. 2022)	Combined Total	Bethany Christian Services of SC (Apr. 2021 - Aug. 2022)	Epworth Children's Home (Jun. 2021 - Mar. 2022)	Combined Total
# dropped out	6	51	57	10	23	33
Family withdrawn	4	45	45	10	17	27

Child entered care	0	6	6	0	4	4
Family case closed	2	0	2	0	2	2

The Children’s Trust of South Carolina continues to provide training, technical assistance, and prevention messaging at both state and community levels. The goal is to safely reduce the number of children entering care by strengthening families and communities using evidence-based approaches designed to prevent child maltreatment and ensure child well-being. Children’s Trust of S.C. continues to provide relevant, timely, and appropriate offerings statewide. SCDSS has contracted with Children’s Trust to provide the Strengthening Families Program, an evidence-based prevention program for parents and children ages 6-11 in high risk families. Children’s Trust monitors and addresses any issues related to the implementation and fidelity of this program.

Independent Living Services

The South Carolina Department of Social Services (SCDSS) is the designated state agency that administers, supervises, and oversees the John H Chafee Foster Care Program Successful Transition to Adulthood (Chafee Program), and the Education and Training Voucher (ETV) Program. The goal of the Chafee Program is to provide the developmental skills necessary for youth and young adults in foster care to live healthy, productive, self-sufficient, and responsible adult lives. The purposes of these services are to provide youth and young adults in foster care with opportunities to learn needed independent living skills and to increase the likelihood of a successful transition from the foster care system. The Chafee/ETV Program also helps support permanency to allow youth age 14 and older who have been involved with the foster care system.

An extensive array of independent living services are available in the areas of daily living skills, adult education, education support, senior expenses, pre-college, special recognition, and transportation. In addition, if a youth identifies a service not already offered, more than likely SCDSS has the ability to pay for those additional services.

Through the FAST and CANS assessments, and through the administration of a life skills assessment, such as the Casey Life Skills Assessment (CLSA), youth transition goals are based on the specific life skill needs of the youth. Each youth is assessed on an annual basis. These transition goals and the goal-related services are offered concurrently with the youth’s permanency goals, regardless of their permanency plan(s). Transition planning begins when the youth turns age 14. This plan is tracked and adapted monthly for the youth’s progression and needs.

Transition planning is used to identify areas in which services and skills are needed in order to make a successful transition to independence. Assisting the youth to identify and engage individuals in his or her support system is essential. Service providers, foster parents, family members, and any other individuals with whom the youth has a

positive connection should be invited to participate in the transition planning meeting. Transition planning is youth led, youth driven, and strengths based.

The SC ETV program has awarded and disbursed ETV funding for 198 students to attend post-secondary educational institutions. These students enrolled at 73 different schools to include professional schools, technical colleges, and 4-year universities. In that time, 8 students have graduated from their programs of study earning certifications, Associates Degrees, and Bachelor's Degrees. Six students have utilized all five years of ETV funding eligibility, some of which completed undergraduate degrees and continued into graduate and doctoral programs.

In the 2021-2022 academic year, 140 youth received ETV awards from the SC ETV program. Of those 140 recipients, 71 were new voucher recipients and 69 were returning students who had previously received ETV funding. In the 2021-2022 academic year, 4 students completed their programs and graduated. Due to a variety of reasons, 60 of the new and returning students who did not graduate in this academic year did not return to school or pursue ETV funding in the 2022-2023 academic year.

Thus far, in the 2022-2023 academic year, 136 youth have received ETV awards from the SC ETV program. Of this year's recipients, 62 are first year ETV recipients and 74 are returning students who have previously received ETV funding. Of the recipients for the 2022-2023 academic year, 3 graduated from their programs at the end of the first semester, and 1 is on track to graduate by the end of the academic year.

Students who did not continue from one academic year to the next experienced specific challenges and barriers that influenced their decisions about continuing with school. Those challenges fell into several basic categories or combinations of categories which included academic struggles, family issues, health issues, mental health issues, financial obligations, lack of preparation for independence, and relocation.

The impacts of the COVID 19 pandemic continues to deeply impact the students' success in learning. Online platforms for instruction and classroom connections proved to be difficult and isolating for many of the youth in the program. As a result, many opted to sit out of school for a year or more with the intent of returning when classes resumed to in-person settings. Additionally, loss of work during the pandemic and an increase in cost of living expenses left many students unable to adequately cover living expenses and successfully maintain enrollment in school. The SC ETV Program will continue to provide outreach to those individuals to support assessment of enrollment capability and support post-secondary academic goals. As a part of their efforts, the State Advisory Youth council, Youth Engagement Advocates, affectionally known as YEA!, have been participating in the campaign for the passage of the extension of foster care (EFC). YEA! Members and service array providers wrote letters in support for EFC, providing testimony in support of EFC legislation. In April 2022, Extension of Foster Care H.3509 was signed. SCDSS is planning and analyzing the current structure to assess needed resources to extend support through the EFC program. The agency is utilizing national data, fiscal analysis, Annie E. Casey consulting resources, and YEA!

Expertise to coordinate program design, policy, standards of practice, and community collaboration. EFC planning is currently underway as the agency designs, prepares, and files all requirements with the Children's Bureau for review and approval to begin anticipated implementation in the near future. For more information on the extension of foster care, refer to page 221.

Item Thirty: Individualizing Services

What statewide information and data are currently used by the state to show whether the service array is developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding, as examples of how the unique needs of children and families are met by the agency?

It is recommended this item is rated as an area needing improvement.

SCDSS has made significant efforts through the implementation of the FAST and CANS assessment tools and strengthening of the CFTM and FPP development processes to identify individualized service needs. These processes are still relatively new and data is limited to track and monitor the progress of these initiatives.

In August of 2021 a workgroup was established that focused on efforts to improve child family team meetings (CFTM) and family permanency plan (FPP) development. The CFTM/FPP workgroup identified several family story elements that were not being captured in the documentation of the FPP that included the family story, concerns and impacts, and desires and possibilities. In October of 2021 the workgroup coordinated with the SCDSS CAPSS team and these missing family elements were built into the FPP within CAPSS. The inclusions of these elements supports improved family collaboration in the development and documentation of case planning. The CFTM leadership team continues to identify gaps in monitoring performance data and working collaboratively with the ADR and CAPSS team to improve data metrics. As this is a relatively new process, data is currently limited.

During the quality assurance case reviews, a qualitative analysis is conducted to identify services needed but not provided to families. This information, along with information concerning a lack of assessments, is discussed in QA Summary Notes and in county-specific debriefings. When county reviews are complete, the tables from Items 16, 17, and 18 are placed in the county review folder so County Directors' and their staff can discuss the needed services in the specific cases and have more targeted discussion about county and regional service array options. This information is also sent to the Well-Being team at the conclusion of each-county level review.

Through statewide implementation of the CANS/FAST assessment, SCDSS staff are now trained to identify needs through the assessment and match those needs to appropriate services in consultation with the family during the Child and Family Team Meeting. Regional Assessment and Planning Coordinators review the assessments and

support county staff in completing the assessment appropriately. The Assessment and Planning Coordinators also provide ongoing training on the CANS/FAST assessment. Performance coaches are also involved in the debriefing and planning process to ensure case managers are conducting appropriate assessment to individual services to families. These activities are further supported by a statewide service array database established by the Office of Child Health and Well-Being. This database is updated as new services are identified. In addition, a survey has been developed to capture information regarding the need for additional services. This survey is available to those accessing the service array database to identify any needs for additional services. This survey will be ongoing as to continue to identify service needs. County level lunch-and-learn events continue to increase awareness of available services and gain additional local feedback.

Agency Responsiveness to the Community Item Performance

Item Thirty-One: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

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

It is recommended this item be rated a strength.

Consumers

Over the last year, South Carolina Department of Social Services has integrated organic joint planning efforts into program development including strategic planning sessions, policy development, and root cause analysis. SCDSS hosted a joint strategic planning event in February 2022, consisting of six sessions for SCDSS staff, SCDSS county leadership, SCDSS state office leadership, youth, kinship caregivers, and parents. This event was a part of the strategic planning meeting sequence designed to serve as a vehicle to convene and engage stakeholders in conversations around current practice, promote planning and improvement efforts, and determine the services and supports that will further the State's vision and lead to improvements in the outcomes of safety, permanency, and well-being. This event shared overarching information on vision and values and how they inform the work of the agency. Information and data regarding the entry rates, kinship placement, and permanency outcomes of teenagers in comparison to other age groups was shared with stakeholders. Specific information included data around teenagers entering care for short periods of time as compared to younger age groups, often for lack of resources in the community that would keep them in their home, upon entering care teenagers are placed with kinship providers at a lower rate than younger groups, and are placed in group care at a higher rate. This information was shared to support partnership and advocacy with stakeholders to improve

placement and resources. SCDSS utilized this event to develop a set of strategies for 2022-2023 to further the State's vision and goals.

DSS finalized the 2023-2028 Strategic Plan in late 2022 and released it to staff and partners in early 2023. The final Strategic Plan was a product of focus groups and listening sessions to engage DSS staff at all levels, including frontline staff, county leadership, state office leadership, and multiple specific sessions with youth, birth parents, and kinship caregivers.

SCDSS recognizes the importance of family and youth engagement and is committed to their inclusion and feedback at all levels. Demonstrating this commitment, SCDSS rolled out its new GPS Practice Model which takes a family-centered stance and embraces the inclusion and engagement of youth and families. SCDSS continues to work diligently to promote the inclusion of youth and families within all strategic initiatives. SCDSS continues to shift the mindset of the agency to one that emphasizes including youth and family voices at all strategic planning, improvement, and decision-making stages. This shift promotes improvement in safety, permanency, and well-being outcomes. To mitigate these challenges SCDSS has chartered a Youth Advisory Council and a Kinship Advisory Committee. The Kinship Advisory Committee is active and instrumental in providing guidance on how to better support kinship families. Additionally, SCDSS has contracted with the SC Federation of Families to recruit birth parents to participate in agency-wide initiatives and to provide reimbursement for mileage and stipends for youth and families to attend meetings (workgroups). As part of this contract, SC Federation of Families completes training for workgroup members to increase capacity on how to effectively partner with youth and families systemically. SCDSS received training from the SC Federation of Families in 2020 and has begun integrating parents and youth voice into several of its FFPSA, practice model, and various other workgroups and initiatives. Through the cohort, families are assigned to workgroups where lived expertise is needed. This program is growing as SCDSS recognizes the need for more lived experience voices across our state and with our partnering agencies. As a result, the program is being restructured to offer a more structured framework along with training for our families and staff. SCDSS believes the participation of youth and family will serve to assist in the transformation and improvement of South Carolina's current child welfare system. With that said, SCDSS wants to promote partnership and taking the voices of youth and families into consideration during decision-making.

Further SCDSS has updated the policy development process to engage those impacted from the very first stages and throughout the vetting stages. This critical step allows SCDSS to create policies and practices responsive to the children and families we serve. Moving forward, as policies are revised or created, SCDSS will contemplate who is impacted and representatives from those groups will be engaged in the policy development and feedback process. While this process is still in development, the policy team is considering the use of surveys and listening sessions to engage stakeholders impacted by proposed or revised policies. Lastly, SCDSS has begun the first phase of stakeholder engagement in root cause analysis – SCDSS staff. Through a series of feedback surveys on current processes, Spaced Education, and Safe Systems

Analysis, SCDSS is engaging those responsible for implementing policies and practice guidance in feedback loops designed to inform and shape continuing efforts to improve the system. The Department plans to expand engagement and joint planning efforts in the future by continuing to build feedback-sharing opportunities across the system.

Providers

SCDSS continues to collaborate and find ways to improve partnerships with providers through a variety of means. There are several ongoing workgroups that engage stakeholders, including agency partners and providers. Beginning in January 2023, SCDSS has been meeting monthly with providers offering services to families during family preservation cases. The purpose of this group is to collaborate in identifying service array gaps, understanding family services needs based on data, and developing solutions. There have been 7-10 providers consistently attending these meetings. The group reviews family preservation case data, including FAST assessments, to identify the greatest service needs. As the group collaborates, they are identifying barriers faced by SCDSS staff in getting services and support to families, as well as looking at how families can be better engaged to inform their service needs. Discussions around solutions are held, including reviewing draft version of family preservation policy and looking at training needs for SCDSS staff. This process has resulted in the incorporation of provider voice in SCDSS policy and training processes, leading to more collaborative and holistic efforts. This initiative has allowed SCDSS and providers to capitalize on services being offered by providers, to expand on these services and see how they can be adapted to fit the needs of families served by SCDSS.

In addition to service array workgroups, SCDSS has worked heavily in collaboration with foster care providers to address challenges in a more collaborative manner. SCDSS began an exceptional needs therapeutic foster care implementation in February, 2023. The development of this initiative began with the agency's therapeutic CPA partners. Therapeutic CPAs who contract for this program will designate therapeutic foster homes that are committed and trained to work with foster youth with exceptional needs and who are experiencing placement instability. Additionally, SCDSS hosts quarterly meetings for all CPA and Group Care providers, and meets with the Provider Association Executive Board on a monthly basis to discuss system challenges and opportunities for further collaboration around service delivery.

Courts

Currently, SCDSS collaborates and provides input on several committees which promote ongoing collaboration with the legal and judicial community, including the Court Improvement Project (CIP). SCDSS engages the legal and judicial community through the SCDSS-DJJ Crossover Subcommittee, Family Court Bench Bar Committee, Children Justice Task Force, and the Docketing Committee for the Family Court System. These committees are dedicated to partnering with SCDSS on improving outcomes in safety, permanency, and well-being. Additionally, CIP has continued to partner and provide input in the development and implementation of the Program Improvement Plan and the Child and Family Services Plan. SCDSS and CIP collaborate

regularly through CIP's monthly data sharing. Monthly data reports are provided from the CIP to include data on hearings held, continuance rates and trends, and reasons for continuances. This data is broken down by the county and regional level, providing insight into the particular challenges for each geographical area. Additionally, the CIP produces an annual report that includes an annual compilation of metrics at the county, regional, and state levels.

DSS collaborates with the Court Liaison Program, a companion program at the Children's Law Center with the CIP. Court liaisons are positioned throughout the state to collect meaningful data that inform the monthly court reports. In addition, court liaisons assist the court by provide child protection case summaries for family court judges for every child abuse and neglect hearing in the state. These summaries provide the judge with a brief snapshot of the posture of the case; lists the parties named in the case; informs whether the parties have been served or provided notice of the hearing; details the youth subject to the allegations of abuse and neglect; and summaries the court's orders at every hearing. The court liaisons also provide case file review information to the county legal staffs to alert them of items that may cause hearing delays. This data sharing set up has been beneficial to both the courts and the agency in identifying issues that impede permanency and recommending steps to address those impediments.

Tribes:

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

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

Attending these meetings were the CIN General Counsel, CIN Director of Social Services, CIN ICWA Coordinator/Child Services, SCDSS State ICWA Manager, SCDSS Regional ICWA Liaisons, SCDSS Office of General Counsel, SCDSS Foster Home Licensing representative, SCDSS Adoptions representative, SCDSS Foster Family Recruitment, SCDSS John H. Chafee Representative, SCDSS Office of Performance Management & Accountability-Policy, SCDSS Director of Safety or her designated representative, SCDSS Director of Operations or her designated representative, SCDSS Assistant Director, Office of Child Health and Well-Being, and Director of Indian Affairs with the SC Commission on Minority Affairs Office.

Each year, SCDSS exchanges the Child & Family Services Plan and the Annual Progress and Services Report with the Catawba Indian Nation. Additionally, the

Catawba Indian Nation shares their plan with SCDSS. SCDSS has a representative from the agency to serve as a liaison to the Catawba Indian Nation. The liaison participates in all meetings with SCDSS and the Catawba Indian Nation. Lastly, SCDSS consults with the Catawba Indian Nation through Bench Bar Meetings. Active participation and communication are made with the Catawba Indian Nation to promote ongoing collaboration with strategic initiatives.

Item Thirty-Two: Coordination of CFSP Services with Other Federal Programs
What statewide information and data are currently used by the state to show whether the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

This item is recommended for a strength rating.

SCDSS has engaged in partnership with various child- and family-serving agencies around building a service array and child well-being system in South Carolina in large part through the development of the Families First Prevention Services Act (FFPSA) Plan.

Head Start

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

There are three options: center-based, home-based, and family childcare options. The center-based option delivers a full range of services that are educational and developmental that are delivered in a classroom setting. The home-based setting consists of home visitors once a week working with parents and their children.

Together, the home visitor and parents watch and think about the child. They plan ways to help the child learn using parent-child interactions, daily routines, and household materials. A small group of children, parents, and their home visitors also get together on a monthly basis for group socialization. The family childcare program option delivers the full range of educational and child development services. They are primarily delivered by a family childcare provider in their home or other family-like settings.

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

Medicaid

SCDSS continues to engage private providers to develop and improve timely access to community-based services, including by convening several workgroups of private

providers monthly. During these meetings and in individual settings, information is provided allowing providers to bill Medicaid for new or existing services. This technical assistance includes using non-clinical codes such as z-codes and the diagnostic manual for infant and early childhood DC:0-5. The benefits of these codes are that they can help provide Medicaid-funded services for adults and can be billed through the child because of the needs or experiences their children have had. Training for clinicians on interventions for infants and very young children is also provided.

SCDSS staff has provided technical assistance to assist providers in navigating the rehabilitative behavioral health services (RBHS) moratorium. SC DHHS created an enrollment exception process for child placing agencies (CPAs) so that CPAs could enroll in Medicaid and become providers. SCDSS has also partnered with community providers that help expedite emergency diagnostic assessments and crisis services within two business days.

Requested and receives monthly data from SC DHHS and Select Health on children in its care with the latest well child date that is in the claims datasets. There are lags in the claims data through SC DHHS and not every child in DSS custody is on Medicaid and thus, would not be captured in these monthly extracts. However, these monthly extracts still aid SCDSS in its evaluation of the completeness of its CAPSS data entry and supplements the CAPSS data entry. These monthly extracts further aid SCDSS in estimating both the number of visits that are past due and how long the well child visit is past due. This information is incorporated into monthly actionable data used by the field.

SCDSS collects medical trend data from CAPSS in ongoing extracts. If CAPSS data is missing, then data from SC DHHS or Select Health is pulled for children on Medicaid. By combining the information, SCDSS has a more accurate picture showing the status of well child visits. SCDSS completed a significant “cleanup” operation on missing Medicaid numbers in CAPSS during March 2020 and now has a monthly process to review any new CAPSS records where the Medicaid number is missing. However, there may be some records that, despite the inclusion of other identifiers, SC DHHS or Select Health was unable to match the children and youth to their claims system. When this occurs, SCDSS completes further analysis to determine the reason there is not a match.

The Chafee/ETV Program will continue its commitment to coordinate efforts with partnering state agencies to ensure current and former foster youth have access to essential identifying documentation, such as birth certificate and social security card. This team has focused on targeted supports for needed resources to stabilize health and well-being, to access peer support and mentors, school related technology needs, and childcare. Nutrition support were also released, and young people were connected to other government assistance in their area, such as TANF, SNAP, and ABC vouchers. Targeted support for pandemic specific needs such as medical expenses not covered by Medicaid.

SNAP/TANF

Supplemental Nutrition Assistance Program (SNAP) benefits provide low-income households with nutrition assistance by increasing a household's food purchasing power. The voluntary employment and training program in SNAP assists clients to obtain training or employment. Over the course of the fiscal year, the employment services team implemented a SNAP E&T 10-day virtual boot camp, successfully closed the Project HOPE Health Professional Opportunity federal demonstration grant exceeding several projected goals, and developed an employer survey to track trends with employers and performance.

SCDSS processed 150% more SNAP and TANF assistance applications during state fiscal year 2022 compared to the year prior to the COVID-19 pandemic. Since March of 2020, SNAP households in South Carolina have received emergency supplemental payments, temporarily bringing all households up to the maximum benefit amount. As of April of 2021, all SNAP households are receiving at least \$95 in emergency supplements each month. Due to the emergency supplements, as well as a federal increase in the maximum benefit allotments authorized by Congress and the USDA in 2021, the amount of federal SNAP benefits going to South Carolina families and supporting the state's economy is nearly double what it was prior to COVID. As of June 2022, DSS is issuing an average of \$85 million additional federal SNAP benefits each month (compared to pre-COVID levels).

South Carolina received \$10 million in federal stimulus funds through the Temporary Assistance for Needy Families (TANF) program. In May 2022, DSS issued over \$9.3 million in emergency cash assistance to help qualifying families with short-term basic needs and supplement household costs resulting from the COVID-19 pandemic and rising food, gas and energy prices. 7,341 TANF households received a one-time payment of \$425. SNAP households with no income and at least one child under the age of six (23,660 total) received a one-time payment of \$265.

SCDSS division of economic services continues to improve the infrastructure and processes of its programs. During 2021, ES collaborated with Child Support staff to assist with researching cases to resolve and prevent funds from being held. In addition, collaboration with the Agency's Information Technology team led to an upgrade in the agency's on-line SNAP/TANF application portal.

Child Care

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

left unsupervised or who has developmental, emotional concerns or other special needs, may qualify for childcare after the age of twelve years old.

In March 2021, SCDSS implemented a streamlined process for assisting foster parents in receiving childcare assistance. At the time of placement, SCDSS's placement unit asks if childcare is needed and once confirmed, SCDSS staff completes the application and submits to the South Carolina Voucher Program on the foster parent's behalf.

Children and youth in foster care may receive childcare assistance for their children when SCDSS does not have custody. The baby is eligible if the mother remains in foster care, the child resides in the mother's custody, and the mother is attending school or employed.

South Carolina received four supplemental federal childcare grants related to COVID-19, totaling nearly \$955 million. The Agency has utilized this stimulus funding to provide numerous supports to child care providers throughout the pandemic and will continue to do so through 2024.

The Division of Early Care and Education (DECE) issued a fifth round of operating grants in September 2021, distributing more than \$55 million to licensed and registered child care providers to help those who had to close or who remained open and lost revenue due to low enrollments.

In December 2021, the Agency launched the initial round of American Rescue Plan Child Care Stabilization Grants to qualified child care providers. These grants are designed to help stabilize child care operations, and funds may be used to cover expenses such as rent/mortgage payments, utility bills, payroll benefits, and facility maintenance or improvements. A second round of Stabilization Grants was launched in June 2022. Between Round 1 and Round 2, DECE staff approved more than \$389 million in Stabilization Grants to child care providers during the fiscal year.

Over the course of the fiscal year, DECE raised voucher rates for child care providers to help close the gap between voucher rates and private pay clients, created an accelerated pathway for enrollment of Head Start/Early Head Start and NAEYC-accredited child care centers that allows an accelerated pathway to ACB Quality rating, enrolled 69 Head Start/Early Head Start programs in ABC Quality meeting a federal mandate, and developed key questions for parents to use in finding quality child care providers which has become one of the top three visited pages on the site. SCDSS Child Welfare also coordinated with DSS Child Care team to expand eligibility of time-limited ABC vouchers to children involved with the agency through non-custodial cases and after transitioning home from foster care through reunification, or following finalized adoption.

Child Support

The Child Support Services Division (CSSD) establishes and enforces orders for child support, establishes paternity for children when paternity is an issue, locates absent parents when whereabouts are unknown, and manages the collection and distribution of

child support payments. In addition to services provided to custodial parents, noncustodial parents may apply for genetic testing to determine if they are the father of a child. CSSD also provides enhanced fatherhood initiatives to improve the capability of both custodial and noncustodial parents to provide their children with the financial, physical, and emotional support they deserve and need to be safe and to thrive. Through the Visitation and Access grant, better known as the Visitation Involvement Parenting (VIP) program, services are provided to assist noncustodial parents with obtaining court ordered visitation with their children. The VIP program currently provides services in the Midlands and Lowcountry regions.

Over the course of the federal fiscal year, the division focused on increasing staff knowledge by training staff on best practices on locate functions. This effort included cross training staff on locate functions, including shadowing and collaboration. Additional cross-training on the tasks and practices of regional operations has provided staff the opportunity to better understand how different units fit together to provide better services. Collaborating with the domestic violence program, CSSD staff participated in domestic violence training and incorporated updates related to DV best practices on child support applications.

CSSD continues to collect money for clients efficiently, with collections increasing year over year. In fact, CSSD was the 14th most cost-effective child support program in the United States for the most recent federal fiscal year. Streamlining processes by expanding virtual services, decreasing the backlog of cases awaiting scheduling, and improving performance on established measures including timely case closure and successful establishment of paternity orders remains a focus for CSSD.

Working in collaboration with the Division of Technology Services, CSSD created a virtual walk-in customer kiosk in the regional offices. This created a contactless interaction between staff and customers, with over 4,600 individuals being served virtually. Additional virtual services include virtual hearings, which have been incorporated as an option for many cases. CSSD held over 1,000 virtual hearings over a six month period alone.

In order to provide clients with access to all of their case information in a convenient way, CSSD developed a Customer Service Portal. Custodial parents and noncustodial parents are able to obtain payment and disbursement histories, update address and employment information, as well as information concerning court dates and upcoming hearings. The Customer Service Portal went “live” in March of 2021 and the reception has been incredible. As of September 1, 2022, the portal website has been visited over 1 million times and 35,000 custodial and noncustodial parents have created user accounts.

CSSD recently completed an Online Application Portal which provides parents with the option to apply for services, in English or Spanish, using their computer or smartphone. The Online Application Portal went “live” in June of 2022 and the initial response has resulted in an increase in applications received from parents.

The South Carolina Child Support Guidelines are the responsibility of CSSD and the South Carolina Department of Social Services. All orders issued by the Family Courts of South Carolina utilize the guidelines to determine the appropriate amount of child support that a noncustodial parent should contribute. The guidelines are regularly reviewed to make necessary changes and adjustments to ensure compliance with federal and state laws. Additionally, the review of the guidelines ensures that child support orders accurately reflect the most recent economic data available. CSSD began its guideline review in early 2022 and is on target to submit the revised guidelines to the Legislature for approval.

Providing all of South Carolina's residents with access to its services and physical locations remains a priority for CSSD. In the past year, two application forms, three brochures and twenty-two documents have been translated into Spanish. CSSD is also engaged in developing an enhancement to the Palmetto Automated Child Support System (PACSS) to clearly identify clients who may require the service of a translator. Upon implementation, this enhancement will not only increase the efficiency of CSSD at administrative and judicial hearings, but more importantly, ensure that custodial and noncustodial parents receive information in their preferred language. In addition, CSSD's Civil Rights Action Plan is ongoing and will include a review of its 4 physical locations to identify any possible issues regarding accessibility.

HUD

The Chafee/ETV program identified a supportive objective for young adult transitional living programs to decrease occurrences of homelessness. SCDSS continues to seek partnerships in the community for opportunities to create and build transitional living programs, including partnering with local HUD offices. The Chafee/ETV program continues to collaborate with the South Carolina Interagency Coalition for the Homeless Committee, Greenville Homeless Alliance conference, Eastern Carolina Housing Organization (ECHO), Transitions Homeless Shelter, and United Way to explore community options for homeless youth and to create partnerships. Additionally, SCDSS continues to work with local housing authorities to create MOU's to obtain the vouchers for youth transitioning out of foster care. To help providers navigate housing resources utilizing HUD vouchers, SCDSS provides sponsored webinars.

Foster and Adoptive Parent Licensing, Recruitment, and Retention Item Performance

Item Thirty-Three: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-B or IV-E funds?

It is recommended this item be rated a strength.

Overall South Carolina statute, SCDSS policy and procedures support the rating of this item as a strength.

South Carolina Code of Regulation 114-550 defines the requirements for licensure as a foster care placement resource. These, along with federal guidelines control the environments in which children in state custody can be placed. Additionally, SCDSS partners with other state agencies whose own regulatory requirements address foster homes/facilities, such as the State Fire Marshal. Foster children placed in non-licensed settings through a court, including children placed in non-licensed kinship care are exempt to these regulations and guidelines. In these cases, criminal and child abuse/neglect background checks are still conducted. Title IV-B or IV-E funds are not available for non-licensed placements. Only kinship caregivers who become licensed through the usual process are eligible to receive board payments from IV-B or IV-E sources.

A foster care line is opened for a child in the CAPSS system when a child is placed with a licensed provider. If the child is placed with a kinship provider, a foster care line is opened once that kinship provider becomes licensed.

All licenses are valid for a period of two years, unless a violation occurs that necessitates revocation or circumstances change in a home that requires the license to enter a waiver status. Quarterly visits are made with providers during each certification period, during which ongoing compliance with requirements are discussed. This information is stored in CAPSS via the provider's record. Yearly updates for fire inspections, criminal background checks, sex offender and child abuse registry checks, and pet vaccinations are all monitored and entered in CAPSS. Renewing a license requires much of the same information as an initial license. If a licensed home reaches the end of the licensing period and has not maintained the standards required for continued licensure, the license is closed until the requirements are met. Any child(ren) placed in the home are moved. There are numerous CAPSS reports to show licensure status and requirements.

SCDSS requires all institutions and foster homes to meet all the requirements to obtain their initial licensure and prelicensure. There are times after the initial licensing has occurred that a foster home may obtain a waiver, including but not limited moving to a new home or marriage. If a waiver is issued, it is temporary, and all requirements must be met prior to the expiration of the waiver. A copy of the waiver form is placed in the licensure file in CAPSS.

Data is available through the CAPSS system through several reports to show the licensure requirements, licensure status, training completions, summary level reports, and provider specific data. These reports show providers with or without placements along with their licensure status.

CAPSS Report SF130-R02 provides a state summary of licensures. As of May 31, 2023 there was a total of 2,845 licenses. Of these, 4 (0.14%) are expired, 128 (4%) are closed, 2,525 (89%) are standard licenses, 7 (0.25%) are irregular license types, and 47 (2%) are temporary licenses.

Detailed record for each provider in CAPSS, showing the status of background checks. Additional licensure requirements are captured in a similar manner via other tabs.

Provider Person Information							
<input type="checkbox"/> Central Registry <input type="checkbox"/> Criminal Registry <input type="checkbox"/> Criminal Investigation (Yes or No Value in Conviction) <input type="checkbox"/> Background Results (Except No Record Found and/or No Record Found(See Dict							
General Relationship Related Provider Payment Placement History Contracts Invoices Primary Provider Provider Payee Allegations Home Study Associated Cottage Providers							
Background Information Placement Site/Visit History Dictation ActionLog Linked Files Placement Status History Provider Email Provider Account							
Row	Pers...	Pe...	Background Check Type	Sent Date	Completion Date	Results Received Date	Results
1	1714...	Sin...	Central Registry Check	7/12/2019	10/18/2019	7/16/2019	No Record Found
2	1714...	Sin...	Law Enforcement Check	8/1/2019	10/18/2019	8/16/2019	No Record Found
3	1714...	Sin...	SC Sex offender Registry Check	8/1/2019	10/18/2019	8/1/2019	No Record Found
4	1714...	Sin...	Law Enforcement Check	3/9/2022	4/20/2022	3/16/2022	No Record Found
5	1714...	Sin...	US Sex offender Registry Check	3/11/2022	4/20/2022	3/11/2022	No Record Found
6	1714...	Sin...	SC Sex offender Registry Check	3/11/2022	4/20/2022	3/11/2022	No Record Found
7	1714...	Sin...	US Sex offender Registry Check	8/1/2019	10/18/2019	8/1/2019	No Record Found
8	1714...	Sin...	US Sex offender Registry Check	6/28/2021	10/20/2021	6/28/2021	No Record Found

Item Thirty-Four: Requirements for Criminal Background Checks

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

SCDSS recommends a strength rating for this item.

Statute, licensure, and CAPSS support compliance with federal requirements for criminal background checks of placement providers.

Prior to approval as a licensed foster home or an adoptive home, SCDSS requires all required background checks to be conducted. All applicants must obtain FBI Fingerprints, South Carolina Law Enforcement Division (SLED) Checks, Central Registry Checks, South Carolina Sex Offender Registry and National Sex Offender Registry checks.

Criminal background checks through fingerprinting must be completed on all adult occupants of a potential licensed foster home and on staff of group care facilities. The FBI and SC State Law Enforcement Division (SLED) provide information from their databases relative to criminal histories. Additionally, in compliance with the federal Adam Walsh Child Protection and Safety Act of 2006, applicants and household members aged 12 and older must also be cleared through national and state sex offender registries. Adults in the household must also have a clear record showing no instances of child abuse or neglect from South Carolina or any/all state(s) in which they've lived during the previous 5 years. Unsubstantiated child protective services cases may not be used to deny licensure. Licenses may not be issued if an adult living in a potential foster home has a conviction for one of the following:

- A substantiated history of child abuse or neglect
- Has pled guilty or nolo contendere to or has been convicted of:
 - An Offense Against the Person

- An Offense Against Morality or Decency
- Contributing to the delinquency of a minor
- The common law offense of assault and battery of a high and aggravated nature when the victim was a person 17 years of age or younger
- Criminal domestic violence
- A felony drug-related offense under the laws of the State
- Unlawful conduct toward a child
- Cruelty to children
- Child endangerment
- Child sexual conduct with a minor in the first degree

Any other conviction(s) may be reviewed on a case by case basis but do not necessarily exclude the applicant from becoming a licensed foster parent.

The DSS office of Out of Home Abuse and Neglect (OHAN) receives reports of alleged abuse or neglect by foster parents towards foster children. If accepted, the investigation into the allegation begins within 24 hours of its receipt. An indicated investigation results in the revocation of the foster home license.

Information as it relates to licensure compliance, such as background investigation details, are documented in CAPSS within each provider record. The Background Information tab provides dates and results of each required background check. When the Results field populates “No Records Found,” this indicates the person has met the background requirements. CAPSS will not allow licensure if requirements have not been met and entered.

Provider Person Information
 Central Registry Criminal Registry Criminal Investigation (Yes or No Value in Conviction) Background Results (Except No Record Found and/or No Record Found(See Dicti

General Relationship Related Provider Payment Placement History Contracts Invoices Primary Provider Provider Payee Allegations Home Study Associated Cottage Providers
 Background Information Placement Site/Visit History Dictation ActionLog Linked Files Placement Status History Provider Email Provider Account

Row	Pers...	Pe...	Background Check Type	Sent Date	Completion Date	Results Received Date	Results
1	1714...	Sin...	Central Registry Check	7/12/2019	10/18/2019	7/16/2019	No Record Found
2	1714...	Sin...	Law Enforcement Check	8/1/2019	10/18/2019	8/16/2019	No Record Found
3	1714...	Sin...	SC Sex offender Registry Check	8/1/2019	10/18/2019	8/1/2019	No Record Found
4	1714...	Sin...	Law Enforcement Check	3/9/2022	4/20/2022	3/16/2022	No Record Found
5	1714...	Sin...	US Sex offender Registry Check	3/11/2022	4/20/2022	3/11/2022	No Record Found
6	1714...	Sin...	SC Sex offender Registry Check	3/11/2022	4/20/2022	3/11/2022	No Record Found
7	1714...	Sin...	US Sex offender Registry Check	8/1/2019	10/18/2019	8/1/2019	No Record Found
8	1714...	Sin...	US Sex offender Registry Check	6/28/2021	10/20/2021	6/28/2021	No Record Found

There are several CAPSS reports related to licensure requirements, including report SL120-SR01 – License Requirements. This report pulls from the provider records within CAPSS and includes a column for background data where it can easily be determined if a particular provider does not meet the background requirements.

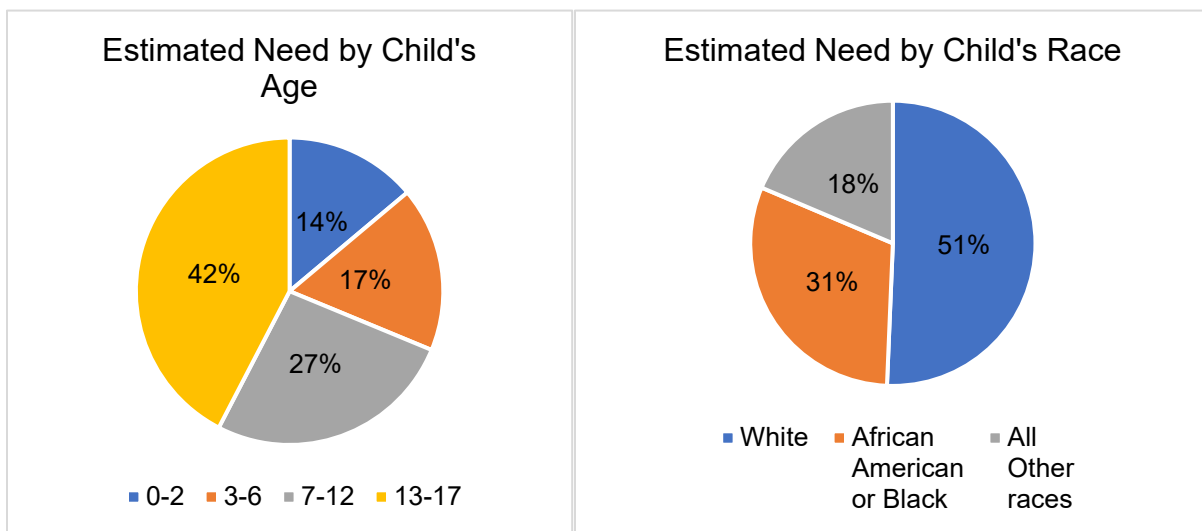
Item Thirty-Five: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

It is recommended this item be rated as an area needing improvement.

While SCDSS has made significant progress since the 2017 statewide assessment in identifying and matching providers to the needs of children in foster care, there is still work to be accomplished in using data to target recruitment efforts to the populations and geographic locale of children in care.

SCDSS has enacted several practices and tools to improve the licensing, recruitment, and retention system. The foster home needs report is produced quarterly by the SCDSS Accountability, Data, and Research (ADR) team. This report compares the county of origin for children and youth in care to the county of placement. It also examples the racial composition, age, and siblings to further estimate the need based on current demographics. Based on this data, as of February 1, 2023 South Carolina needed 1,008 family-like placements. This assumes an average of 2 children per home. The below charts show the estimated needs by the child's age and race.



Engaging with placement stakeholders, including the Foster Home Association, CPAs, and congregate care providers, in data-driven discussions has allowed SCDSS to explain its methodology and describe the children most in need of foster homes. SCDSS regularly meets with these stakeholders to inform of ongoing placement needs. SCDSS gathers additional inputs from placement providers through the annual foster parent survey. This survey is used to better understand the training and ongoing support needs of foster parents. In addition to the annual survey, closure surveys are conducted on all closed foster homes on a quarterly basis. Results of this survey inform why they decided to no longer foster. Responses are used to gauge any concerns and needs that were not addressed. Below is the most recent closure survey data.

Indicate the length of time your foster home was open.		
6 months or less	2	5%
7 to 11 months	4	10%
1 to 3 years	17	43%

4 to 6 years	11	28%
7 or more years	6	15%
Total	40	100%

What was your main reason for deciding not to continue fostering?		
	Frequency	Percent
Adoption finalized	5	14%
Transferred to another agency	0	0%
Change in family circumstances	12	33%
Health Issues	1	3%
Burn out	2	6%
Lack of bed space	3	8%
Moved out of the state or area	0	0%
Dissatisfaction with the agency	13	36%
Total	36	100%

How confident were you in your capabilities to meet the needs of the child(ren) placed in your care?		
Very confident	25	64%
Confident	14	36%
Not very confident	0	0%
Not at all confident	0	0%
Total	39	100%

SCDSS staff considered my wishes and capabilities before placing child(ren) in my care.		
Strongly agree	11	28%
Agree	18	46%
Disagree	7	18%
Strongly disagree	3	8%
Total	39	100%

Questions include specific needs to assist in identifying improvement opportunities and supports needed by foster care providers.

I received behavioral information about the child(ren) placed in my care that helped me meet their behavioral needs.		
Strongly agree	7	18%
Agree	15	39%
Disagree	8	21%
Strongly disagree	8	21%
Total	38	100%

I received medical information about the child(ren) placed in my care that helped me meet their medical needs.		
Strongly agree	6	16%
Agree	15	39%
Disagree	9	24%
Strongly disagree	8	21%
Total	38	100%

I received developmental information about the child(ren) placed in my care that helped me meet their developmental needs.		
Strongly agree	3	8%
Agree	19	50%
Disagree	8	21%
Strongly disagree	8	21%
Total	38	100%

I received educational information about the child(ren) placed in my care that helped me meet their educational needs.		
Strongly agree	4	11%
Agree	14	37%
Disagree	15	39%
Strongly disagree	5	13%
Total	38	100%

I was offered training that helped me meet the needs of the child(ren) placed in my care.		
Strongly agree	14	37%

Agree	19	50%
Disagree	3	8%
Strongly disagree	2	5%
Total	38	100%

I was offered support services to help me meet the needs of the child(ren) placed in my care		
Strongly agree	6	16%
Agree	17	45%
Disagree	8	21%
Strongly disagree	7	18%
Total	38	100%

Did anyone at SCDSS offer you services to try to convince you to keep your foster home open to fostering?		
Yes	8	22%
No	28	78%
Total	36	100%

The questions below include overall communication, consideration, and relationships between foster providers and SCDSS.

Overall, I feel consistently informed about decisions and other issues affecting the child(ren) placed in my care.		
Strongly agree	2	5%
Agree	16	42%
Disagree	13	34%
Strongly disagree	7	18%
Total	38	100%

Overall, I feel that SCDSS considered my input when making decisions about the permanency plan for the child(ren) in my care.		
Strongly agree	5	13%
Agree	16	42%
Disagree	8	21%
Strongly disagree	9	24%
Total	38	100%

Overall, I feel the questions/concerns I asked SCDSS were responded to in a timely manner.

Strongly agree	5	13%
Agree	18	47%
Disagree	8	21%
Strongly disagree	7	18%
Total	38	100%

Rate how you would describe your relationship with Foster Care Managers.

Strongly favorable	6	17%
Favorable	19	53%
Unfavorable	6	17%
Extremely unfavorable	3	8%
Non-existent	2	6%
Total	36	100%

Rate how you would describe your relationship with Placement Unit Coordinators.

Strongly favorable	8	24%
Favorable	15	44%
Unfavorable	3	9%
Extremely unfavorable	3	9%
Non-existent	5	15%
Total	34	100%

Rate how you would describe your relationship with Family Support Coordinators (Licensing).

Strongly favorable	16	46%
Favorable	12	34%
Unfavorable	1	3%
Extremely unfavorable	1	3%
Non-existent	5	14%
Total	35	100%

Rate how you would describe your relationship with Adoption Specialists.

Strongly favorable	8	27%
Favorable	9	30%
Unfavorable	1	3%
Extremely unfavorable	1	3%
Non-existent	11	37%
Total	30	100%

Rate how you would describe your relationship with Guardian ad Litem/CASA.		
Strongly favorable	7	20%
Favorable	9	26%
Unfavorable	5	14%
Extremely unfavorable	4	11%
Non-existent	10	29%
Total	35	100%

Rate how you would describe your relationship with Local Foster Parent Association.		
Strongly favorable	10	31%
Favorable	9	28%
Unfavorable	0	0%
Extremely unfavorable	2	6%
Non-existent	11	34%
Total	32	100%

Item Thirty-Six: State Use of Cross-Jurisdictional Resources for Permanent Placements

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

It is recommended this item be rated as a strength.

SCDSS uses several adoptive exchanges for the recruitment and matching of children in care. The agency is continuing to identify needs in this area and partner with organizations to meet those needs. Additionally, ICPC efforts have strengthened to include policy and data enhancements via the CAPSS system.

Adoption Recruitment

Referrals to the State Exchange through the SCDSS Adoption webpage are made for all children in the agency's custody without an adoptive resource. Referrals to the national exchange (Adopt-US-Kids) are based on the child's legal status of being legally free without an adoptive resource.

National photo-listing: <https://www.adoptuskids.org/meet-the-children/search-for-children/search>

Statewide photo-listing: <https://portal.dss.sc.gov/adoptioninquiry/Search.aspx>

Adoption recruitment protocols are driven and mandated by state law as follows:

SECTION 63-9-1510. Statewide Adoption Exchange.

(A) The State Department of Social Services shall establish, either directly or through purchase of services, a statewide adoption exchange with a photograph listing component.

(B) The adoption exchange must be available to serve all authorized, licensed child-placing agencies in the State as a means of recruiting adoptive families for any child who meets one or more of the following criteria:

(1) the child is legally free for adoption;

(2) the child has been permanently committed to the department or to a licensed child-placing agency

(3) the court system requires identification of an adoptive family for the child before ties to the biological parents are severed;

(4) the department has identified adoption as the child's treatment plan.

(C) The department shall register with the adoption exchange each child in its care who meets any one or more of the above criteria and for whom no adoptive family has been identified. This registration must be made at least thirty days from the determination date of the child's adoptable status and updated at least monthly.

(D) If an adoption plan has not been made within at least three months from the determination date of the child's adoptable status, the department shall provide the adoption exchange with a photograph, description of the child, and any other necessary information for the purpose of recruitment of an adoptive family for the child, including registration with the photograph listing component of the exchange which must be updated monthly. The department shall establish criteria by which a determination may be made that recruitment or photograph listing is not required for a child. The department also shall establish procedures for monitoring the status of children for whom that determination is made.

(E) In accordance with guidelines established by the department, the adoption exchange may accept from licensed child-placing agencies, referrals and registration for recruitment and photograph listing of children meeting the criteria of this section.

(F) The department shall refer appropriate children to regional and national exchanges when an adoptive family has not been identified within one hundred eighty days of the determination of the child's adoptable status. The department shall establish criteria by which a determination may be made that a referral to regional or national exchanges is not necessary, and the department shall monitor the status of those children not referred.

(G) The department shall provide orientation and training to appropriate staff regarding the adoption exchange procedures and utilization of the photograph listing component.

SCSDS has continued partnering with Wendy's Wonderful Kids, a program through the Dave Thomas Foundation for Adoption. This program supports the hiring of adoption professionals dedicated to finding permanent families for children in foster care who are most often overlooked. This includes teenagers, children with special needs, and sibling groups. Using an evidence-based, child-focused recruitment model to find the right family for every child, Wendy's Wonderful Kids has shown through a five-year national evaluation that children referred to the program are up to three times more likely to be adopted.

Additionally, SCDSS is partnering with Nightlife and Carolina adoption services to expand upon adoption recruitment efforts for identifying adoptive families for older youth, sibling groups that contain at least one older youth, medically fragile children, and sibling groups that contain at least one medically fragile child. The partnership between these agencies allows SCSDS to have access to adoptive families that are pursuing private adoptions.

Specific to adoptions, SCDSS continues diligent recruitment through child specific and generalized recruitment efforts. The Regional Adoption Offices utilizes child-specific (one-on-one individualized plan for a child based on the child's specific needs) recruitment strategies which engages both youth and families together and allowing both the opportunity to take an active role in the selection process. Furthermore, SCDSS State Office Adoptions has implemented a centralized recruitment effort where home studies are reviewed and those who are a possible match for a child on active recruitment is forwarded to the Adoption Specialist for review.

The data below reflects inquiries, completed applications, and referral sources for the timeframe January 1, 2022 – April 20, 2023. There were 4,449 total inquiries, which is a 15% increase from the data included in last year's APSR.

TOTAL STATEWIDE INQUIRIES - 1/1/22 - 4/20/23

Region	# of Foster Home Inquiries	# of Adoption Inquiries	# of Kinship Inquiries	Total # of Inquiries
Upstate	1005	196	82	1283
Midlands	1048	226	134	1408
Lowcountry	704	156	78	938
Pee Dee	641	118	61	820
Totals	3398	696	355	4449

Analysis of inquiries by program area show increases since the last APSR in all program areas. In comparison to last year's APSR submission foster care inquiries has increased by 10%, adoption by 9%, and kinship by 128%.

STATEWIDE PROGRAM AREA TOTAL INQ. AND COMPLETED APPLICATIONS		
Program Area Statewide	Total # Inquiries	Completed Applications
Foster Care	3398	930
Adoption	696	634
Kinship	355	94
Totals	4449	1658

Analysis of referral sources shows the top source is from friends or family of an existing foster parent, representing 40% of all inquiries. Other agencies (27%) and online searches (22%) are the next leading source of referrals.

LICENSED HOMES REFERRAL SOURCE ANALYSIS 1/1/22 - 3/31/23						
Referral Source	Upstate	Midlands	Lowcountry	Pee Dee	Total	Percent
All Pro Dad	1	1	0	1	3	0%
Caseworker	7	1	3	0	11	2%
Church	1	1	1	0	3	0%
Community Awareness	5	2	0	2	9	1%
DSS	12	15	13	5	45	7%
Event	1	0	0	0	1	0%
Friends/Family of FP	83	80	56	54	273	40%
Online Search	44	57	32	21	154	22%

Other Agency	78	51	26	31	186	27%
PR/Publicity	1	0	0	0	1	0%
Radio/TV	1	1	0	0	2	0%
Yard Sign	0	0	0	0	0	0%
Totals	234	209	131	114	688	100%

South Carolina Heart Gallery

SCDSS uses the Heart Gallery to secure adoptive families for children that are legally free and do not have an adoptive resource. Contract monitoring requires quarterly reports from the Heart Gallery to monitor activities. Heart gallery activities include photoshoots, community events, website and other media highlights, and family engagement activities. Heart Gallery is required to report to SCDSS the numbers of these events, as well as intake applications completed, and the number of children matched. The Heart Gallery conducts activities including photo shoots, community events, website and other media communications, and family engagement activities.

In collaboration with SCFPA, the CPAs, and the SC Heart Gallery, SCDSS has developed and is actively promoting the following targets:

1. Increase the number of licensed kinship placements
2. Focus on child-specific recruitment efforts based on current need
 - a. Non-Kin Foster Homes
 - b. Therapeutic Foster Homes
 - c. Foster Homes for Sibling Groups
 - d. Foster Homes for Teens
 - e. Foster Homes for Victims of Sex Trafficking
3. Increase retention by improving relationships with current foster families

Interstate Compact on the Placement of Children (ICPC)

The Interstate Compact on the Placement of Children (ICPC) is an administrative and legal framework that facilitates foster care and adoptive placement of children across state lines. The Compact is a formal contractual agreement among states, enacted as statutory law, which promotes interstate cooperation to ensure that children placed out of state receive protection and services. It establishes uniform administrative procedures and sets forth jurisdictional and financial responsibilities for the states involved in the placement of a child across state lines.

Since the 2017 statewide assessment, a tab was established in CAPSS to provide a systematic way to accurately track data for ICPC activities for relevant cases. This tab includes a digital copy of the 100A ICPC request form, the date it was received, status, provider information, determination, and determination date. Transmittal history can also be reviewed to include the transmittal date, date received, status, and states involved.

SCDSS policy was updated in 2022 to clearly outline the procedures and requirements for ICPC as both a receiving and sending state, including the requirement to process completed requests received by the SC ICPC State Office within 60 days.

3. Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes

Update to the Plan for Enacting the State's Vision

Implementation and Program Supports

Currently, SCDSS has several strategic initiatives that are actively in planning and implementation stages. SCDSS was deliberate in aligning all strategic initiatives with the CFSR PIP and CFSP. Moreover, SCDSS is dually utilizing program supports across all strategic initiatives for effective collaboration.

SCDSS has numerous consultants supporting child welfare services and helping to address duplication and better coordination. SCDSS is currently receiving implementation and program supports from Casey Family Programs, Chapin Hall of Chicago, Annie E. Casey Foundation, the Capacity Building Center for States, the University of Kentucky, the Praed Foundation, Affinità Consulting, and Evident Change.

Below is a list of the SCDSS' training and technical assistance provided to the state to promote the achievement of CFSP/CFSR goals and objectives since the submission of the 2020-2024 CFSP. For Year 4, the state has received the following technical assistance and training on the following:

- Casey Family Programs has guided the agency with working with state leadership in creating a healthy organizational culture. Two major areas Casey Family Programs has focused on is assisting state leadership with communication and creating clarity. SCDSS has continued to engage on the National Partnership on Child Safety, a network of nationwide child welfare jurisdictions committed to infusing safety culture throughout practice. The work with Chapin Hall and Casey Family Programs continues to strengthen the agency's efforts with engagement, communication, and clarity for frontline staff, supervisors, courts, and state stakeholders.
- To support the work with Casey Family Programs, SCDSS executed a data use agreement with the University of Kentucky to launch an organizational assessment of the Department's current safety culture. SCDSS continues to work in conjunction with the University to share the results and craft a plan to fortify safety culture practice. SCDSS has engaged with ongoing technical assistance from the University to begin its safety culture work.
- In March 2023, SCDSS initiated the Small Test of Change pilot program in Anderson, Greenville, and Spartanburg counties, in collaboration with the Annie E. Casey Foundation. This program was devised to address high teen entries into the system, mainly due to parent-child conflicts and behavioral issues. This strategy is focused on shifting the narrative of teens, creating a unified entry-prevention approach, and strengthening the current services to ensure necessary support for teens and older youth. This small test of change is intended to reduce

unnecessary system involvement, keep youth with their families, and offer the best opportunity for long-term success. This multi-system approach involves collaboration with court, DJJ, DSS, law enforcement, and mental health systems for a holistic solution.

- Chapin Hall has assisted SCDSS in the development of the GPS Practice Model and now are supporting the implementation teams with the implementation of the GPS Practice Model across the organization. Additionally, Chapin Hall is providing technical assistance around the implementation of the Child & Family Team Meetings, EBPs, and CQI development.
- Through partnerships with Chapin Hall, the Center, and Annie E. Casey Foundation, SCDSS is furthering the CQI process, fidelity measures, and financial structure for prevention services claiming.
- To incorporate the Intercept model into the service array portfolio, SCDSS has begun collaboration with Youth Villages, based in Tennessee, to aid in this process. A preliminary plan has been completed, including a sole-source justification advertisement via the SCBO South Carolina business opportunities database in May 2023. It is currently planned to fully integrate the Intercept model in York County by late 2023 or early 2024. By 2029, the Intercept Model is expected to be operating across all four regions of the state.
- The invaluable partnership with the FCT Foundation has been instrumental in effectively implementing and rolling out Family Centered Treatment (FCT) across Greenville and Richland County DSS. Serving as the purveyor, the FCT Foundation has provided expert guidance and hands-on involvement, ensuring an accurate translation of the FCT model into practice. Through a specialized grant, the Foundation delivered critical technical assistance, significantly enhancing our understanding and execution of the FCT model.
- The Annie E. Casey Foundation and Fostering Great Ideas (FGI) is working with SCDSS to support the leadership development of YEA! Members, fostering the relationship between the agency and providers and continuing to provide authentic youth engagement opportunities.
- The Capacity Building Center (CBC) for States has continued to work with SCDSS through PIP approval, the 2018-2019 Final Report, and 2020-2024 CFSP approval. Additionally, the CBC is supporting SCDSS with implementation of the PIP and the development of the APSR. PIP implementation includes five projects: organization change management and implementation, service array, continuous quality improvement (CQI), in-home services, and strengthening supervision. In addition to the projects listed, the CBC has continued to facilitate peer learning calls with other states.
- The Praed Foundation is providing technical assistance to SCDSS on the safety work in child welfare services. The assessment tools and practice that frontline professionals currently use to investigate and assess the overall safety/risk needs of families have been enhanced through this work. The agency has completed implementation of the Family Advocacy and Support Tool (FAST) and the Child and Adolescent Needs and Strengths (CANS). SCDSS continues to work with the Praed Foundation on enhancing the practice of utilizing the FAST

and CANS to identify functional needs and strengths of children in foster care and their families.

- Affinità Consulting is providing technical assistance to SCDSS Staff Development and Training (SD&T) and the Child and Family Studies at the University of South Carolina with an upgrade to the current certification training delivered to front-line child welfare professionals. There is also work and support dedicated to front-line supervisors. Certification training for front-line supervisors has been developed. In addition to child welfare training, Affinità Consulting has provided technical assistance support on mapping the current structure of CFSR quality assurance reviews.

SCDSS has included in the workforce development strategy, the formation of a University Partnership. Students from designated in-state public universities, who are pursuing the Bachelor of Social Work degree, and have been accepted into the program, will be able to utilize a Title-IV-E Tuition-Stipend award. Upon completion of the internship/field placement with DSS, the students will commit to employment with the agency. In order to establish the Title-IV E-Tuition-Stipend program and University Partnership, SCDSS contracted with Affinità Consulting. With their subject-matter expertise along with the work of the newly hired human resources workforce developer and the university partners, the program development is underway. Workgroups include fiscal, internship, program, and recruitment. The desired outcome is a shared partnership ultimately resulting in the safety, permanency, and well-being of children and families, through the strategic development of a professional workforce.

Lastly, because training is intertwined with all strategic initiatives, Affinità Consulting has assisted with mapping the sequencing of training deliverables to help ease the planning and implementation of all work efforts.

Technical assistance providers will continue to be utilized for implementation supports across both the CFSR PIP and CFSP. SCDSS was intentional in aligning work efforts across strategic initiatives and the agency is now leveraging technical assistance in the same way. SCDSS secured technical assistance support for all strategic efforts in the CFSP and the first two years of work in the five-year plan belong to the PIP.

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

Lastly, SCDSS continues to work with Accountability, Data, and Research (ADR) and the Capacity Building Center for States (CBC) to enhance the evaluation and management systems to support the goals and objectives in the CFSP. As strategic initiatives (Michelle H. FSA, GPS Practice Model, CFSR PIP, CFSP, and FFPSA) are

implemented, SCDSS will enhance skills and staff capacity around monitoring, evaluation, and applying findings.

GPS Practice Model

With the assistance of Chapin Hall, the state created a GPS Practice Model for South Carolina. The GPS Practice Model communicates SCDSS's formalized child welfare practice standards and expectations for day-to-day case practice with families and interactions among staff members. The model includes vision and values, guiding principles, core practice skills like engagement and functional assessment and our practice model outcomes. SCDSS launched its formal implementation of the GPS Practice Model in February 2020.

The published GPS model is now available on our SCDSS Website under Child Welfare Services Transformation and the following documents are provided to SCDSS staff to support use of the Model in their practice.

- Supervisor Practice Profiles
- Case manager Practice Profiles
- GPS Practice Model
- GPS User Guide
- GPS Core Practice Skills
- GPS Quick Reference

Program Improvement Plan (PIP)

The CFSR Program Improvement Plan (PIP) is focused on safety provision, engagement, permanency/courts, and supervision as key cross-cutting practice areas. The move towards prevention requires focus on addressing key practice areas. The 2017 Child and Family Services Review Final Report identified significant practice issues that impact the state's ability to achieve substantial conformity within safety, permanency, and well-being.

SCDSS continues to engage in regular communication with the regional Children's Bureau team around progress toward outcomes.

Michelle H. Final Settlement Agreement (FSA)

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

Workload Implementation Plan

Staff retention in child welfare has been at the forefront of progress in the Workload Implementation Plan. To bolster retention in child welfare, SCDSS developed and began delivery of leadership training to include coach approach, adaptive leadership,

and a supervisor certification training program. The supervisor certification training program is designed to provide the training and support for intensive supervisory professional development of quality practice standards. The training program is an intensive six-week learning experience focused on improving the capacity of supervisors to lead through an understanding of quality practice standards and requirements and an understanding of their role in carrying out the agency's mission, goals, and values.

During November 2022 through January 2023, DSS continued the *Destination Retention: Hiring for the Long Haul* curriculum development and testing. The training deployed statewide at the end of February. DSS is currently developing additional resources to support implementation which is expected to begin at the end of May 2023.

DSS' University Partnerships with South Carolina State University, Winthrop University, and the University of South Carolina are still active, and the child welfare BSW Scholars Tuition Assistance program was implemented, effective January 2023. Interviews of prospective candidates occurred in the fall of 2022, and seven BSW Scholars were chosen for the Spring 2023 semester cohort.

Additional retention efforts include timely filling of vacancies; the creation of regionally based case management teams to balance the workload of county case managers; and the roll out of the child welfare professional advancement pathway, which offers the opportunity for existing staff to increase their learning and salary.

Visitation Implementation Plan

DSS completed the development of quality visitation training to equip frontline staff in facilitating quality visits between children in foster care and their parents and siblings. The training was deployed to foster care and adoptions leadership and case managers on February 27, 2023.

To further support practice, DSS has engaged in focused efforts to provide increased access to data related to parent-child visitation so child welfare staff at all levels are aware of and can address situations in which visitation is not occurring as per policy or is not documented timely. Concurrently, DSS has provided opportunities for frontline staff to provide feedback regarding strengths, barriers and challenges related to visitation facilitation and documentation. In response to this feedback, DSS has provided additional training, coaching, and skills labs to increase staff proficiency in understanding and using management reports and properly documenting visits in CAPSS.

In addition, DSS is working with foster parents, child placing agency (CPA) staff, and group home providers to increase the use of the Child and Adult Information Portal (CAIP) to document parent-child visits they facilitate. Information entered in the CAIP populates directly into CAPSS, allowing DSS case managers access to the details of a visit.

Out of Home Abuse & Neglect Implementation Plan

The Out-of-Home Abuse and Neglect (OHAN) Investigations unit is part of the Office of Safety Management and is responsible for investigating child abuse and neglect that

occurs in foster care placements or at childcare facilities. Activities for the OHAN implementation plan have been completed.

OHAN leadership is focused on providing specialized staff training for both investigators and supervisors who have completed certification training; supporting additional staff that have recently been on-boarded; and utilizing case consultation tools to support thorough and timely investigations.

Placement Implementation Plan

In collaboration with Annie E. Casey, DSS has been engaged in a Small Test of Change Pilot with Anderson, Greenville, and Spartanburg counties in the Upstate Region. The initial work of the pilot has been an exploration phase to determine where there are opportunities to provide a more focused approach to reinforce implementation of foundational initiatives the Department has launched over the past three years, to include work around assessments and teaming that may lead to improved placement matching and increased placement stability for children and youth. These three counties are also the sites engaged in the Placement Stabilization Pilot with Thompson Family Services. Thompson received a one-year grant in March 2022 to fund this pilot. They employ a team of professionals to support teens in DSS custody who have a history of placement instability, currently are in an unstable placement, or meet a set of criteria for being high risk for placement instability. The team's sole purpose is to engage with the youth and the foster families, including 24/7 on call coverage, and to provide direct mentoring, coaching, counseling, support, crisis intervention and basic care coordination.

In December 2022, DSS created a capacity building grant to help support organizations interested in providing navigator services under the existing Kinship Support model. DSS also once again received grant funding from the Children's Bureau for Kinship Navigator services that is being utilized to continue statewide kinship support groups as well as to extend the work in this focus area that is already being done by a partner contractor and its partners across the state.

In May 2023, SC passed the Kinship Guardian Assistance bill to support permanent placements of children and youth with their kinship caregivers, allowing them to exit foster care. The bill provides kinship caregivers with more legal authority to care for children. The legislation also allows kinship caregivers to receive financial assistance similar to what foster families receive.

Healthcare Implementation Plan

Work to improve data collection within CAPSS for medical and dental care provided for children in foster care continues to be a primary focus of the healthcare plan work. Nurses have been exploring solutions to barriers and challenges for completion and data entry of well child and dental visits. Exploration includes conducting individual case consultations with county leadership to determine the status of required encounters.

DSS has add critical positions to support this work, specifically regional Health Care Quality Improvement Coordinators (HQIC). The primary duty of the HQIC is to support improved timeliness of initial healthcare encounters by scheduling appointments soon after a child/youth comes into foster care and conducting follow-up as needed with case

managers, county leadership and the child/youth's care coordinator with Select Health. Internal DSS data already reflects a positive impact in the Pee Dee region where the HQIC has been in place the longest (December 2022).

A process for adding medical alerts in CAPSS based on assessments and medical items from the Child and Adolescent Needs and Strengths (CANS) assessment tool has been developed. Nursing staff continue to resolve ongoing medical needs identified through review of after visit summaries as well as to work directly with the CAPSS team to update terminology and definitions to streamline entry of health care data.

Additionally, there continues to be an emphasis on training providers to use the Child and Adult Information Portal (CAIP) for entry of medical appointments for youth in foster care. As with visitation, the CAIP provides foster parents, Child Placing Agency staff and Group Home Providers the ability to enter data on medical, dental, behavioral health encounters into a secure portal from which data is automatically transmitted into CAPSS.

In June 2021, the South Carolina Foster Care Affinity Group was launched. Through this learning collaborative, DHHS, DSS and other partners have worked to expand understanding of data-driven interventions to improve timely access to medical care, while learning about the science of quality improvement. A key focus has been to understand and rectify the delays that exist between a child's entry into foster care, the assignment of a Medicaid number and the occurrence of the first well-child visit.

Finally, DSS continues to focus on teaming with DHHS and Select Health around Care Coordination for children in foster care to promote timely receipt of medical, dental and behavioral healthcare. Select Health has committed to additional efforts (monthly) to reach those foster parents with whom the Care Coordinators have not been able to establish initial contact.

Update on Progress Made to Improve Outcomes

SCDSS measures progress on the goals and outcomes described in the sections below through a variety of metrics. The agency continues to use a variety of reports to assess performance and compliance with federal and state statutes and regulations and CWS service responses. Examples include:

- CFSR reviews using the onsite review tool
- Statewide Data Indicators
- Quality Assurance Review Reports – each of the 46 counties bi-annually
- Batch – These reports are recurring reports generated by CAPSS, daily, weekly, or monthly
- Push Reports – Reports Generated by CAPSS and emailed out Sunday Evening to those who are signed up to receive these. Every report will be sent out with their corresponding CAPSS Batch report number (i.e. SC170-R01). Every Push Report can also be located in CAPSS. These are the reports designed to review at the beginning of each week to ensure data is accurate and to monitor practice on a weekly basis. These are some of the most important reporting measures to ensure accuracy and quality of practice.

- Batch Analysis Reports – These are similar “Push Reports” but show which children had no service activity, Late Permanency Planning Hearings, etc.
- HS Dashboard Reports point to 14 key measures that predict positive or negative outcomes for children and families.

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

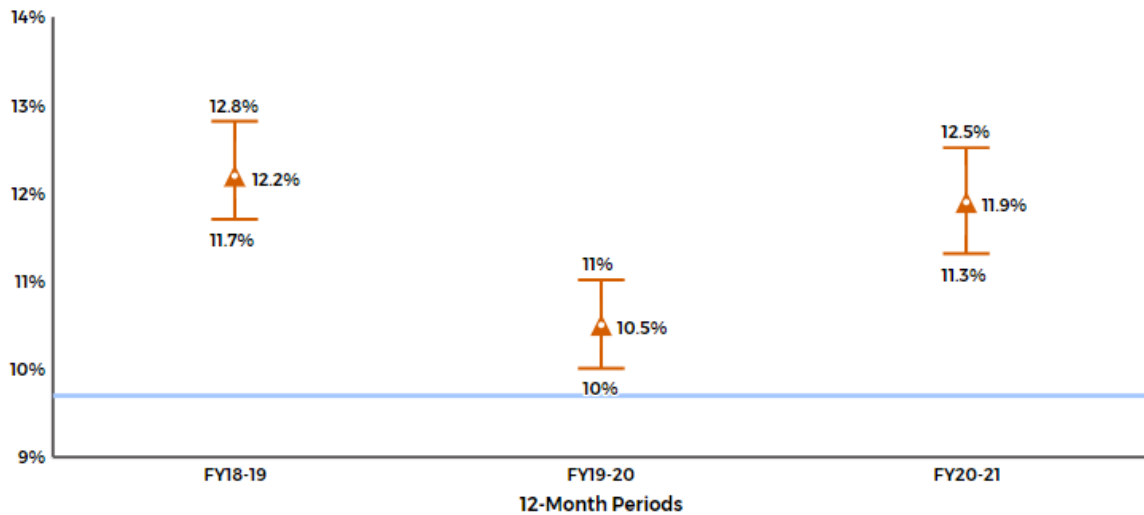
Progress Measures

Progress on goal one is measured by a reduction in the reoccurrence of child maltreatment – as shown via the Statewide Data Indicators – and improved performance on preventing removals – monitored via CFSR Item 2.

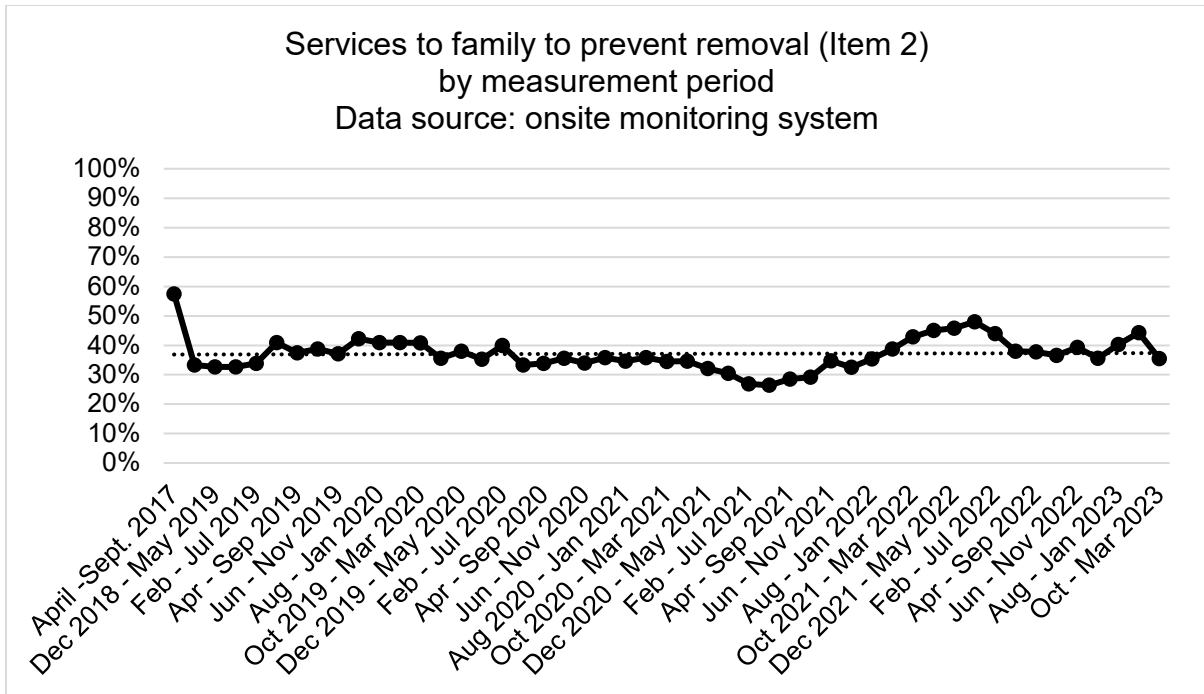
South Carolina’s recurrence of maltreatment RSP value for FY20-21 is 11.9%, which is a decrease in performance from the FY19-20 value.

RECURRENCE OF MALTREATMENT

▼ A lower RSP value is desirable.



Efforts around item 2 were prioritized throughout the PIP and non-overlapping period. A review of the CFSR data above for item 2 shows improvement throughout 2022 case reviews.



Objective 1

Develop and implement a comprehensive service array aimed at the stabilization of the family unit.

Revision

Objective 1 was modified to align with intent of the goal – to expand services and engagement for children and families involved in the South Carolina child welfare system and to align with FFPSA.

Intervention 1

Expand statewide community-based, collaborative programs that support the inclusion and engagement of families

Year 4 progress benchmark:

Maintain collaborative partnerships in ways that best support families.

SCDSS continues to focus on the expansion of community-based, collaborative programs that support the inclusion and engagement of families. The focus of this intervention was to assist with operationalization of FFPSA and the expansion the service array. SCDSS continues to make significant progress in this area.

SCDSS continues to collaborate and find ways to improve partnerships with providers through a variety of means. There are several ongoing workgroups that engage stakeholders, including agency partners and providers. Beginning in January 2023, SCDSS has been meeting monthly with providers offering services to families during family preservation cases. The purpose of this group is to collaborate in identifying service array gaps, understanding family services needs based on data, and developing solutions. There have been 7-10 providers

consistently attending these meetings. The group reviews family preservation case data, including FAST assessments, to identify the greatest service needs. As the group collaborates, they are identifying barriers faced by SCDSS staff in getting services and support to families, as well as looking at how families can be better engaged to inform their service needs. Discussions around solutions are held, including reviewing draft version of family preservation policy and looking at training needs for SCDSS staff. This process has resulted in the incorporation of provider voice in SCDSS policy and training processes, leading to more collaborative and holistic efforts. This initiative has allowed SCDSS and providers to capitalize on services being offered by providers, to expand on these services and see how they can be adapted to fit the needs of families served by SCDSS.

Specific to FFPSA, SCDSS continues partnerships with Chapin Hall, the Capacity Building Center for States, and the Annie E. Casey Foundation. Collaboration with these partners is working towards further developing the CQI process, fidelity measures, and financial structure for prevention services claiming. Chapin Hall has contracted with SCDSS to strengthen the monitoring of data and outcomes of EBPs and those related to FFPSA. This measurement framework focuses on measuring the extent to which preventative services are reaching children and families, being implemented with fidelity, and achieving desired outcomes. Bi-weekly implementation meetings are held, weekly CQI-CAPSS meetings, monthly FFPSA leadership, and weekly FFPSA Chapin Hall planning meetings.

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

Objective 2

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

Intervention 2

Rebalance current contracts and identification of alternative funding mechanisms to enhance access to care

Year 4 Progress benchmark:

- Improve timely initial well-child visits by 10%.

Year 5 Progress benchmark:

- Improve timely initial dental assessments by 10%.

South Carolina is one of 11 states receiving technical assistance from Mathematica through participation in Affinity group. SCDSS, SCDHHS, and Select Health are participating in this initiative, which uses plan, do, study, act (PDSA) cycles to improve outcomes. Working towards increased collaboration across state Medicaid and child welfare teams, this effort improves communication, streamlining processes, and identifying effective approaches to care coordination. As part of this initiative, a goal has been

established to improve the timeliness of initial well-child and dental assessments. Initial well-child visits are the first focus of the work South Carolina is doing with the Affinity group. A goal of 10% improvement in timely well-child visits was established, using a baseline from September 2022 of 44%. South Carolina has exceeded the benchmark goal of 10% improvement, showing a 34% increase from September 2022 to April 2023.

Intervention 3

Establish a comprehensive service array matrix that meets the unique needs of children and families

Year 3 Progress Benchmark:

Children and families will be able to access preventative and intervention services within an expedited timeframe

SCDSS completed this intervention in Year 3.

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

Year 4 Progress Benchmark:

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

SCDSS Completed this intervention in Year 2. SCDSS continues to monitor time to permanency through use of the statewide data indicators and internal metrics.

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

Measure of Progress

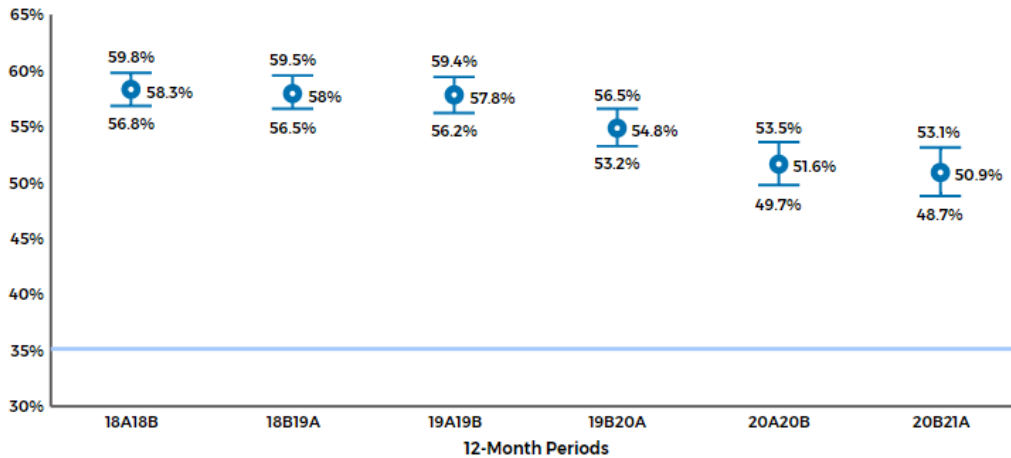
Progress on goal two is measured by an increase in risk standardized performance² of permanency in 12 months and placement stability – as shown via the Statewide Data Indicators – and improved performance on foster care placement stability, permanency goal for the child, and achieving Reunification, Guardianship, Adoption, or Other

² RSP is used to assess state performance on the CFSR statewide data indicators compared to national performance. RSP accounts for some of the factors that influence performance on the indicators over which states have little control. One example is the ages of children in care; children of different ages have different likelihoods of experiencing an outcome (e.g., achieving permanency), regardless of the quality of care a state provides. Accounting for such factors allows for a more fair comparison of each state's performance relative to the national performance.

Planned Permanent Living Arrangement – monitored via CFSR Items 4, 5, and 6 respectively.

PERMANENCY IN 12 MONTHS (ENTRIES)

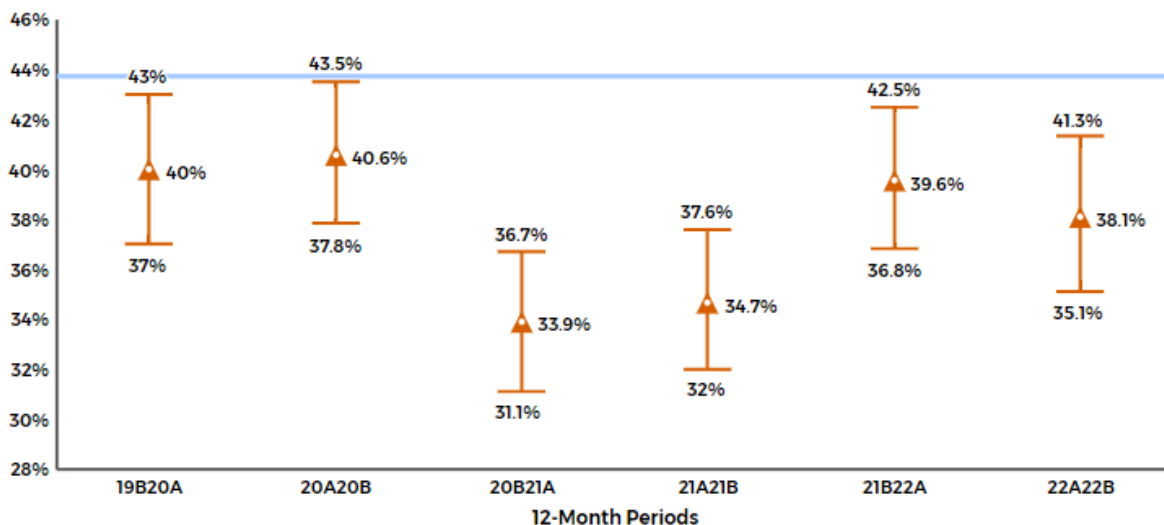
▲ A higher RSP value is desirable.



South Carolina’s risk standardized (RSP) performance on permanency in 12 months for foster care entries has slightly declined in the most recent measurement period.

PERMANENCY IN 12 MONTHS (12 - 23 MOS)

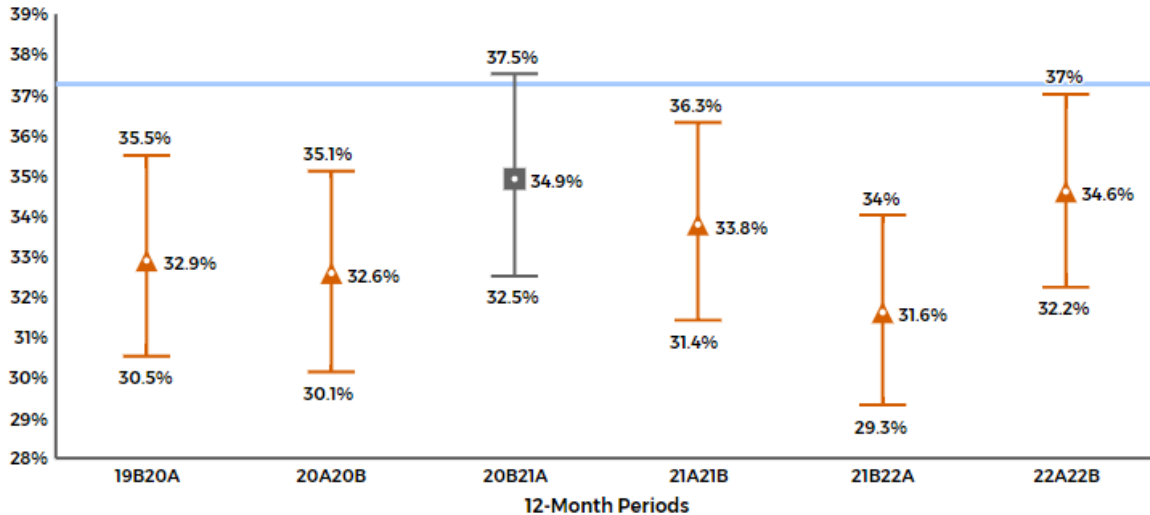
▲ A higher RSP value is desirable.



RSP performance for permanency in 12 months for children who have been in care between 12 – 23 months has slightly declined in the most recent measurement period. Overall performance has improved in comparison to the 20B21A – 21A21B periods.

PERMANENCY IN 12 MONTHS (24+ MOS)

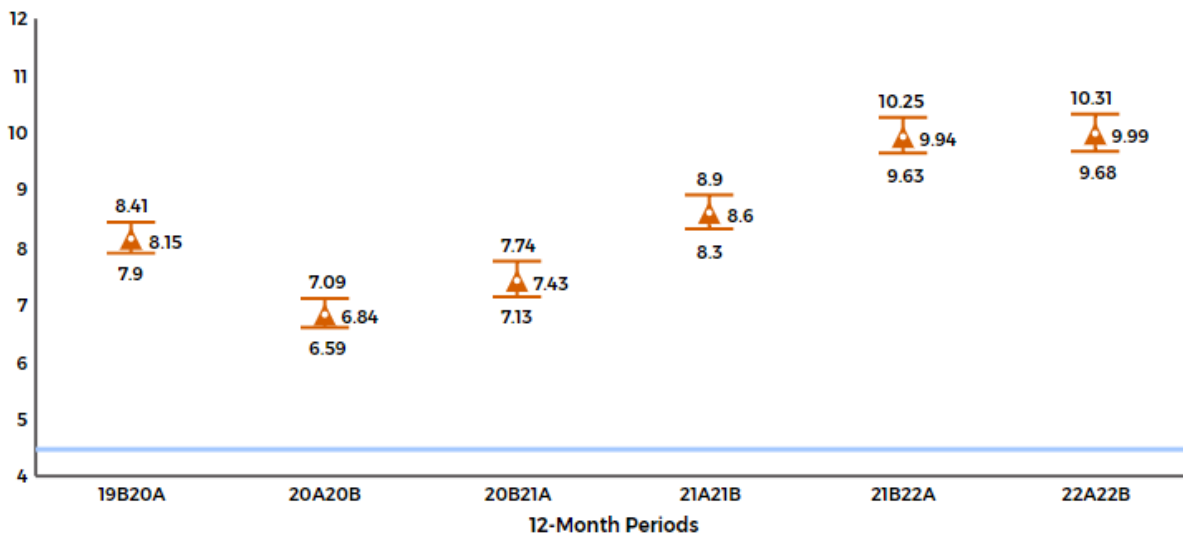
▲ A higher RSP value is desirable.



Permanency in 12 months for children who have been in care for 24 months and longer has improved in the most recent monitoring period. The most recent RSP value is at 34.6%, which is improvement in comparison to the prior 2 measurement periods.

PLACEMENT STABILITY (MOVES/1,000 DAYS IN CARE)

▼ A lower RSP value is desirable.



South Carolina has seen worsening placement stability performance during each 12-month measurement periods, beginning in the 20A20B period. The most recent 12-month period (22A22B) shows some stabilizing of performance. South Carolina has

worked diligently to improve practice around placement stability. Efforts over the past years show in the data as performance is leveling out.

Objective 1

To improve court involvement to result in timely permanency statewide.

Intervention 1

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

Year 4 progress benchmark:

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

South Carolina has met all Year 4 progress benchmarks.

SCDSS Completed this intervention in Year 2. Pre-merits hearing conferences have been conducted statewide since May 2021. SCDSS continues to collaborate with the Court Improvement Program (CIP) to monitor data and improve quality hearings.

In June 2021, SCDSS began including during the CF SR case reviews extra questions to track data surrounding pre-merits conferences. There has been a total of 93 cases reviewed that include the supplemental question, “Was a pre-merits hearing conference held?”. Of these 93 cases, 47.31% indicated that a pre-merit hearing conference was held.

Reunification data for calendar year 2022 shows that of the 2,915 children who entered care in the prior 12 months, 13% (101) were reunified before 35 days. South Carolina is exceeding the 3.5% goal that was established for the year 4 benchmark.

		Children Returned Home Calendar Year 2022											
Region	Entered care in last 12 months	Returned Home		Within 3 days		Within 4-5 days		Within 6-35 days		Within 36 to 60 days		Within 60+ days	
Low Country	548	16 2	29.6 0%	20	12.3 0%	2 7	16.7 0%	37	22.8 0%	18	11.1 0%	60	37.0 0%
Midlands	1032	29 1	28.2 0%	41	14.1 0%	1 6	5.50 %	51	17.5 0%	55	18.9 0%	12 8	44.0 0%

Pee Dee	545	148	27.20%	17	11.50%	11	7.40%	55	37.20%	13	8.80%	52	35.10%
Upstate	790	202	25.60%	33	16.30%	22	10.90%	46	22.80%	18	8.90%	83	41.10%
Total	2915	803	27.50%	111	13.80%	76	9.50%	189	23.50%	104	13.00%	323	40.20%

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

Year 4 progress benchmark:

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

A TPR complaint is required to be filed within 60 days of the signed court order designating TPR/Adoption as the child’s legal plan. The TPR hearing must be held within 120 days of the complaint being filed. To promote timely permanency for children who have a primary or concurrent plan of adoption, SCDSS and the Court Liaison program are tracking if TPR complaints are filed within 60 days of the judge ordering the plan to be TPR/Adoption and if the TPR is held within 120 days of the filed TPR complaint. Court Liaison data on timely filed TPR complaints is stricter than what is required under our state statute as the benchmark is when the court orders TPR as the permanent plan rather than when the judge signs the order. The agency and courts continue to struggle to complete TPR hearings within 120 days due to many factors. Typically, TPR hearings are completed via trials rather than agreements or relinquishments. Trial time is not as plentiful due to lack of resources in some counties and due to a wide variety of docketing strategies employed by the agency.

SCDSS and the Court Liaison program tracks the filing of the TPR complaint from the date the court orders the plan to be TPR/Adoption. This way of tracking is a more comprehensive tracking as it is higher than what the statute requires. In 2019, 18% of TPR’s were filed within the 60-day time frame. Calendar year 2022 data shows 41% are filed within 60 days. This represents a 122% increase since 2018. The percentage of hearings held with the 120-time frame is averages 22% of all filings

Please see the below chart on CY 2022 data on termination of parental rights hearings, continuances, and outcomes.

Circuit	# TPR Complaints Filed	# TPR Hearings	# TPR Hearings (continued)	# of TPRs Granted	# of TPRs Dismissed	# of TPRs Denied	# TPR Under Advisement	# TPR Hearings (pre-trial)	# TPR Hearings (pre-trial - continued)	# filed within 60 days	# Hearings within 120 days	# Motion Hearings	# Motion Hearings (continued)
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1	20	25	11	12	8			16	2	3 (15.0%)	6 (24.0%)		
2	17	29	7	19	3			21	8	2 (11.8%)	2 (6.9%)	1	
3	15	18	7	10	8			19	3	7 (46.7%)	1 (5.6%)		
4	21	30	14	16	1	1		16		1 (4.8%)	4 (13.3%)		
5	26	92	37	47	10			26	7	17 (65.4%)	6 (6.5%)	4	1
6	20	26	12	10	2			27	2	8 (40.0%)	2 (7.7%)		
7	52	93	46	42	9		1	47	8	30 (57.7%)	3 (3.2%)	2	
8	25	36	18	16	3			23	1	10 (40.0%)	5 (13.9%)	1	
9	48	144	77	50	9			5		22 (45.8%)	16 (11.1%)	4	1
10	37	42	14	27	8			26	3	21 (56.8%)	3 (7.1%)		
11	23	45	19	21	3	2		17	4	9 (39.1%)	2 (4.4%)	3	
12	10	12	7	5	1			16	1	3 (30.0%)			
13	58	146	80	58	5	1	1	57	1	30 (51.7%)	16 (11.0%)	3	
14	8	18	8	5	2			12	6	1 (12.5%)	1 (5.6%)	2	1
15	35	75	39	26	4	2		1		9 (25.7%)	23 (30.7%)		
16	23	26	10	12	5			4		6 (26.1%)	6 (23.1%)	1	
Totals	438	857	406	376	81	6	2	333	46	179	96	21	3

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

Year 4 progress benchmark:

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

- 3% of all scheduled hearings will have CFTMs prior to the permanency planning hearing with and pre-merits conferences will be held.

SCDSS Completed this intervention in Year 2. Pre-merits hearing conferences have been conducted statewide since May 2021. The initial CFTM for foster care cases is held within one business day of a child being removed from the home. Subsequent meetings are held throughout the life of the case and at critical decision-making points. The 25-day CFTM is held before the pre-merits court hearing to complete the family's plan.

From April 2022-March 2023, SCDSS has conducted 2,327 CFTM's. Compared to the year before during the same months, this represents a 77% increase in the number of CFTMS held. Of these meetings, a total of 248 (11%) were pre-removal CFTMs. Of the 248 pre-removal CFTMS, 77% successfully diverted the child(ren) from entry into foster care.

An extract from CAPSS of completed CFTMS as of June 12, 2023 shows a total of 1,123 completed CFTMS between January 1, 2023 and June 12, 2023. Of these 1,123 completed CFTMS, 626 (56%) were the 25-day and 49 (4%) were the 6-month permanency CFTM meetings. This is over the 3% requirement of this goal that meetings will be conducted prior to the permanency planning hearing and pre-merits conference.

Objective 2

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

Intervention 1: Enhance foster care stability by improving placement decisions, licensed kinship foster homes, foster parent training, and foster parent involvement in the family reunification process to promote the timely achievement of permanency for children any in out-of-home placement.

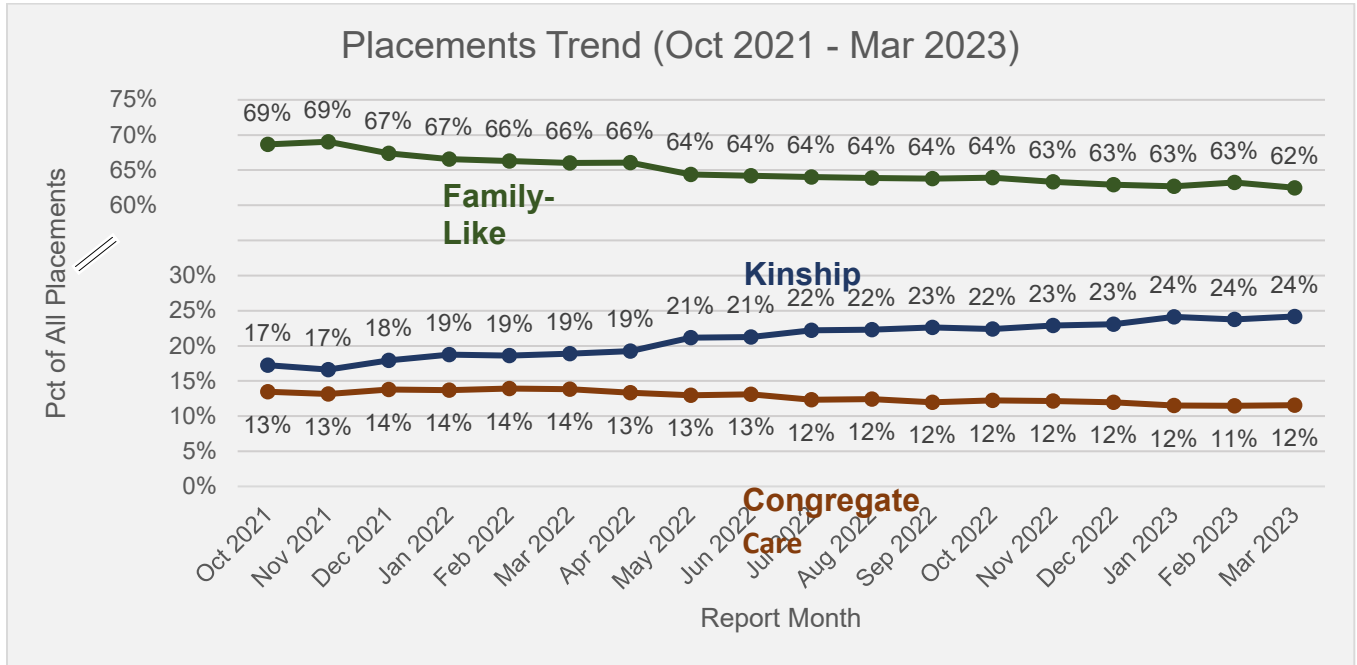
Year 4 progress benchmark:

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

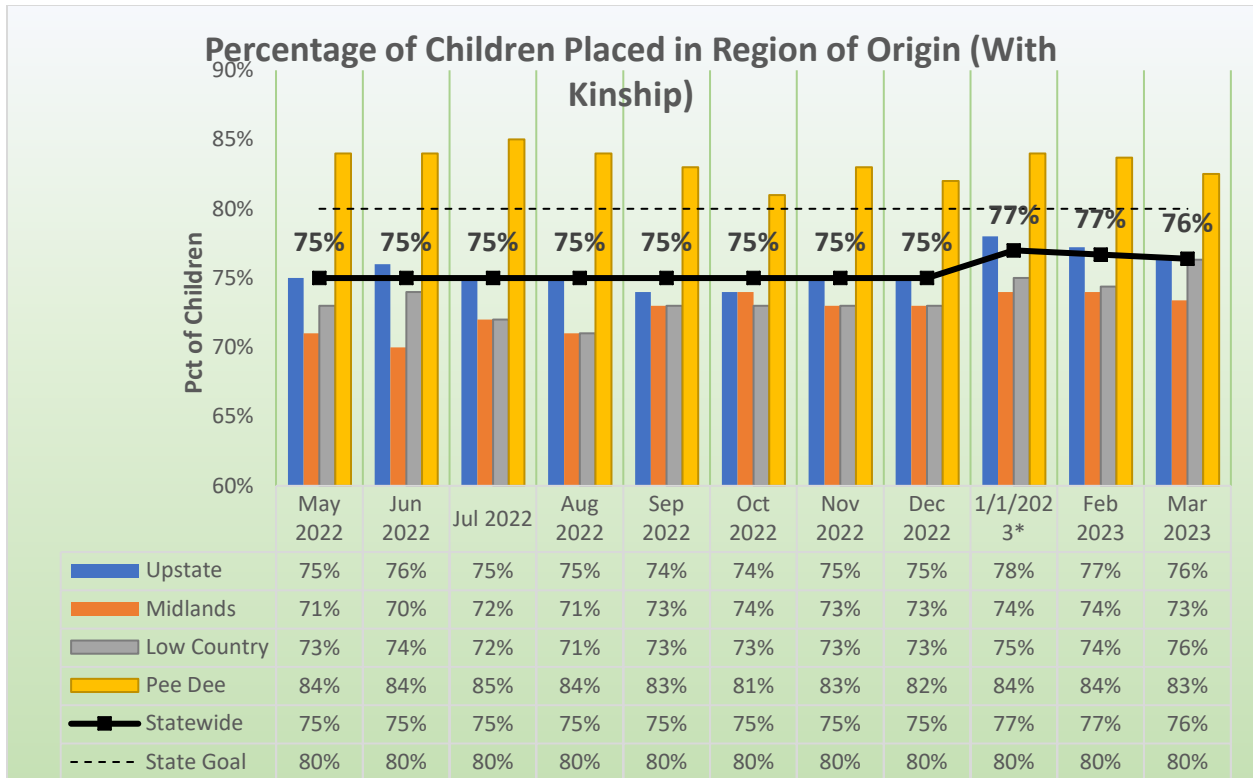
Interventions and activities outlined in this goal are designed to strengthen kinship practice to improve placement stability and improve permanency outcomes 1 and 2. Progress measures for this intervention are reflected in the internal data and initiatives reported on permanency outcome 1 (see page 19)

and permanency outcome 2 (see page 32). SCDSS has met all year 4 benchmarks with the exception of increased placement stability.

Between calendar years 2021 and 2022 there was a 25% increase in the total numbers of licensed kin foster homes. Additionally, well over 2% of placements are with kinship providers with data showing increasing percentages of children placed with kinship.



Furthermore, data reveals a relatively high percent of children being placed with kinship in their region of origin.



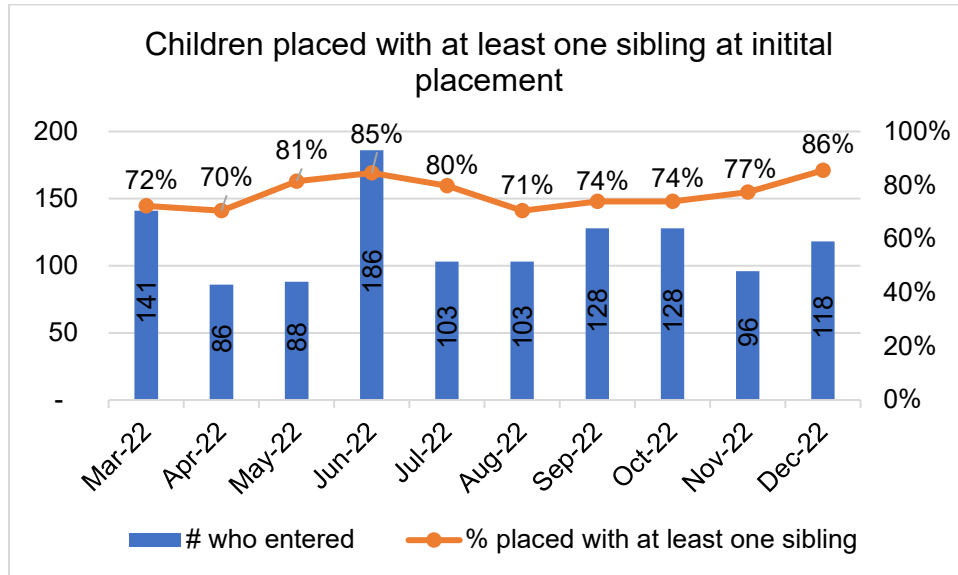
While family engagement occurs throughout the life of the case, the CFTM and FPP development processes are intended to engage families in the case planning process, including engagement of foster families. Once a CFTM is completed, data is entered in CAPSS via the family permanency plan. Information captured includes the type of CFTM, date, facilitator type, and attendees. Attendee options include fictive kin, foster family, GAL, maternal, other, paternal, professional, and youth. Internal data is being tracked to monitor family involvement in CFTMs and identify areas of improvement.

The data below is comparing two points in time at the start of calendar years 2022 and 2023, showing CFTM attendance by region and by participants. Reviewing the data from one year apart shows significant improvement. Specific to foster family engagement there has been an 892% increase over the same time last year.

	Jan – Mar 2022	Jan – Mar 2023	% Change
Fictive Kin	0	99	100%
Foster Family	12	119	892%
GAL	26	161	519%
Maternal Relatives	467	935	100%
Other	101	57	-77%
Paternal Relatives	245	476	94%

Professional	759	1663	119%
Youth	3	86	2767%

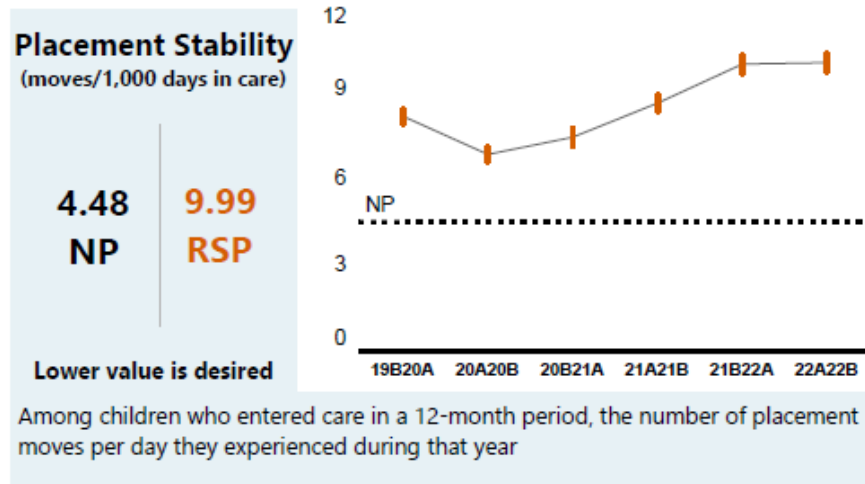
SCDSS has seen recent improving performance in this measure, ending calendar year 2022 with 86% of children initially placed with at least one sibling.



SCDSS gathers inputs from placement providers through the annual foster parent survey. This survey is used to better understand the training and ongoing support needs of foster parents. In addition to the annual survey, closure surveys are conducted on all closed foster homes on a quarterly basis. Responses are used to gauge any concerns and needs that were not addressed.

The most recent annual foster parent survey had approximately 600 respondents. There are several questions that focus on satisfaction with training, additional training needs, convenience of training availability, and how well trainings prepare foster parents for meeting their foster child's needs.

The only year 4 progress benchmark not met for this intervention is the increase in placement stability. South Carolina has seen worsening placement stability performance during each 12-month measurement periods, beginning in the 20A20B period. The most recent 12-month period (22A22B) shows some stabilizing of performance. South Carolina has worked diligently to improve practice around placement stability. Efforts over the past years show in the data as performance is leveling out.



In response to placement instability rising, SCDSS has incorporated several initiatives aimed at preventing placement disruption, identifying youth at higher risk for placement disruption, enhancing the service array and work with providers to support youth with higher needs, and amending contractual agreements to enhance provider capacity. Details of these initiatives can be found starting on page 23.

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

Measure of progress

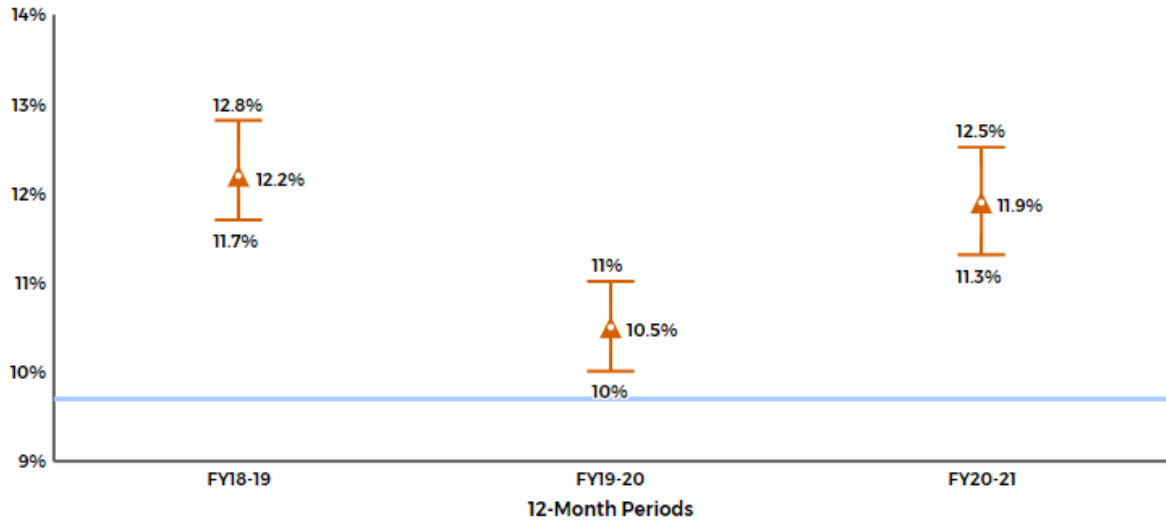
Progress on goal three is measured by an reduction in risk standardized performance³ of recurrence of maltreatment and maltreatment in care – as shown via the Statewide Data Indicators – and improved performance on timeliness of initiating investigations of reports of child maltreatment, services to family to protect child(ren) in the home and prevent removal or re-entry into foster care, and risk and safety assessment and management – monitored via CFSR Items 1, 2, and 3 respectively.

South Carolina’s recurrence of maltreatment RSP value for FY20-21 is 11.9%, which is a decrease in performance from the FY19-20 value.

³ RSP is used to assess state performance on the CFSR statewide data indicators compared to national performance. RSP accounts for some of the factors that influence performance on the indicators over which states have little control. One example is the ages of children in care; children of different ages have different likelihoods of experiencing an outcome (e.g., achieving permanency), regardless of the quality of care a state provides. Accounting for such factors allows for a more fair comparison of each state’s performance relative to the national performance.

RECURRENCE OF MALTREATMENT

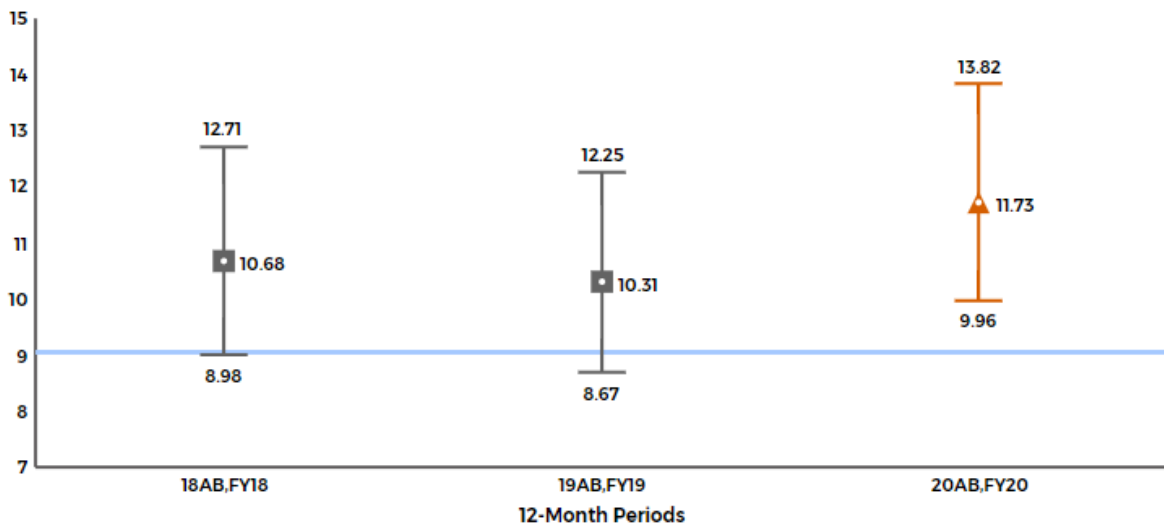
▼ A lower RSP value is desirable.



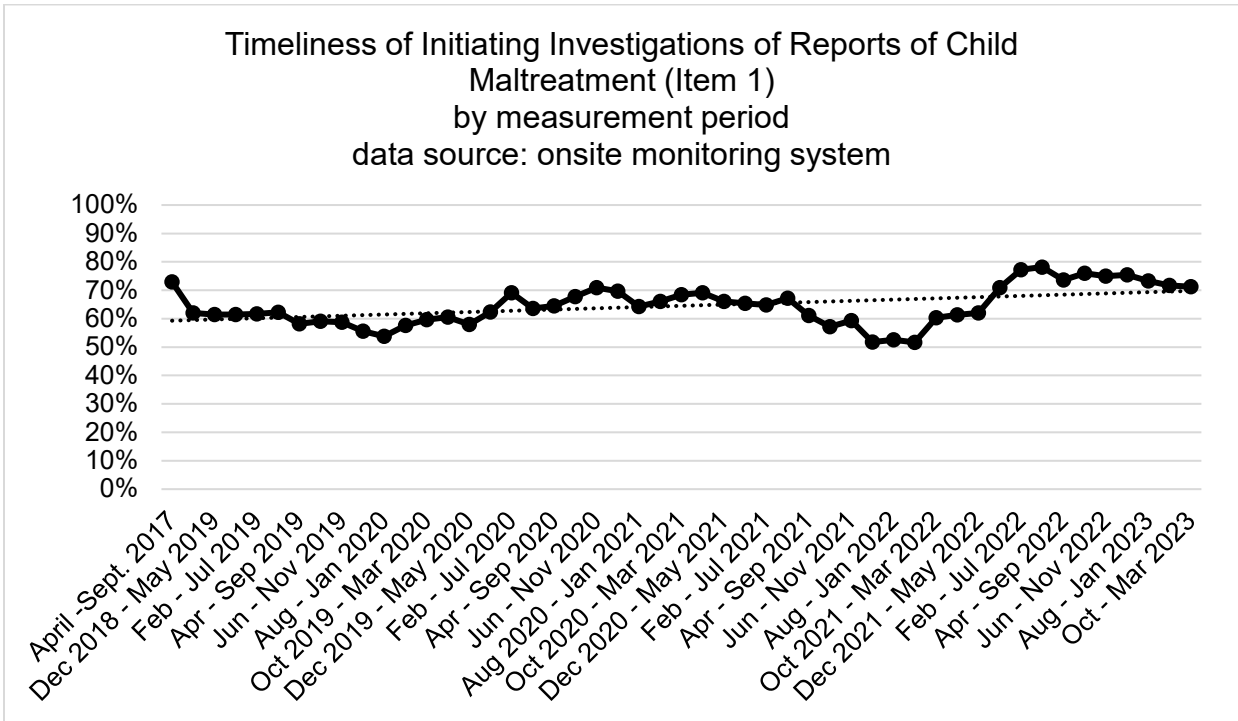
South Carolina’s maltreatment in care RSP value for the most recent measurement period is 11.73, which is a decrease in performance from the prior value of 10.31.

MALTREATMENT IN CARE (VICTIMIZATIONS/100,000 DAYS IN CARE)

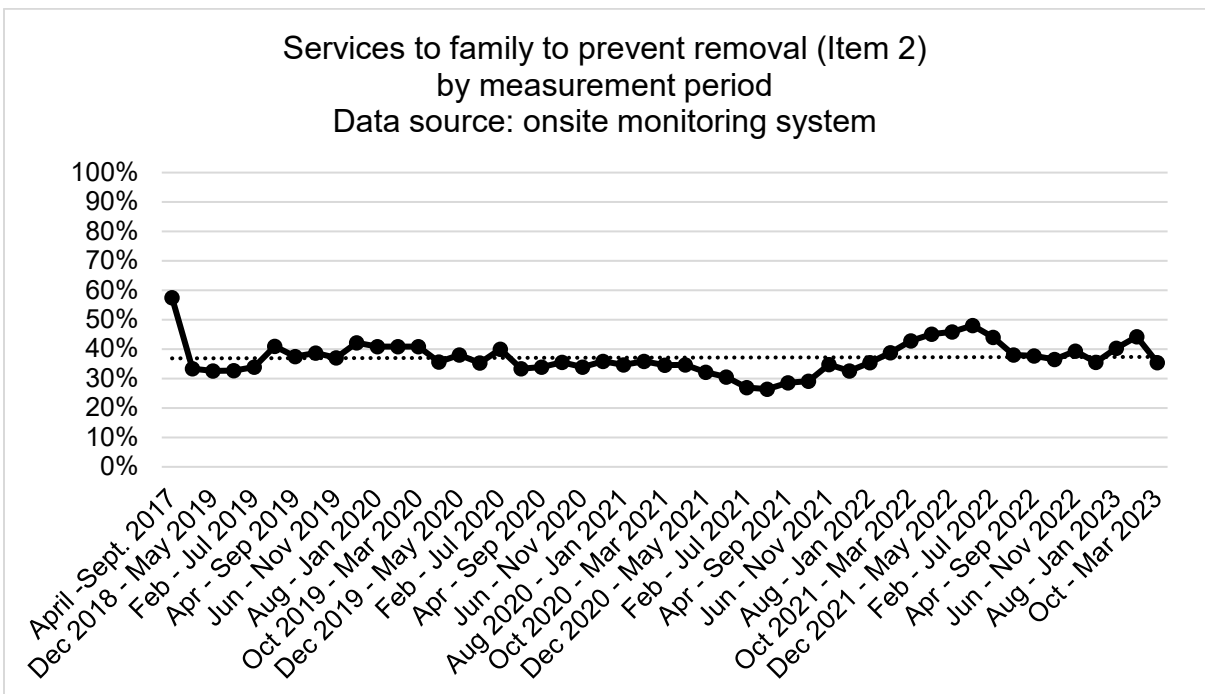
▼ A lower RSP value is desirable.



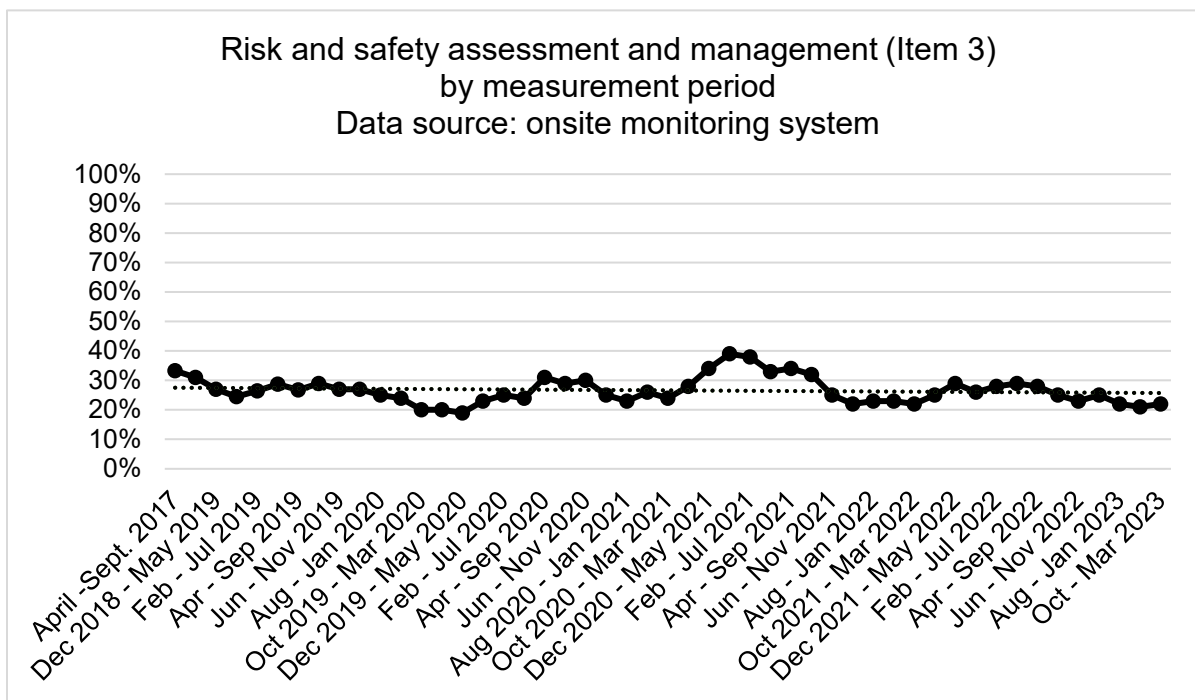
CFSR item one performance show recent improving performance. South Carolina met the Item 1 goal during the measurement period between March 2021 – August of 2022 with an 82% strength rating.



Efforts around item 2 were prioritized throughout the PIP and non-overlapping period. While overall performance has stayed relatively stable, a review of the CFSR data above for item 2 shows improvement throughout 2022 case reviews.



Performance for CFSR item 3 shows South Carolina meeting the Item 3 goal during the measurement period between January – June of 2021 with a 39% strength rating.



Objective 1

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

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

Year 4 progress benchmark:

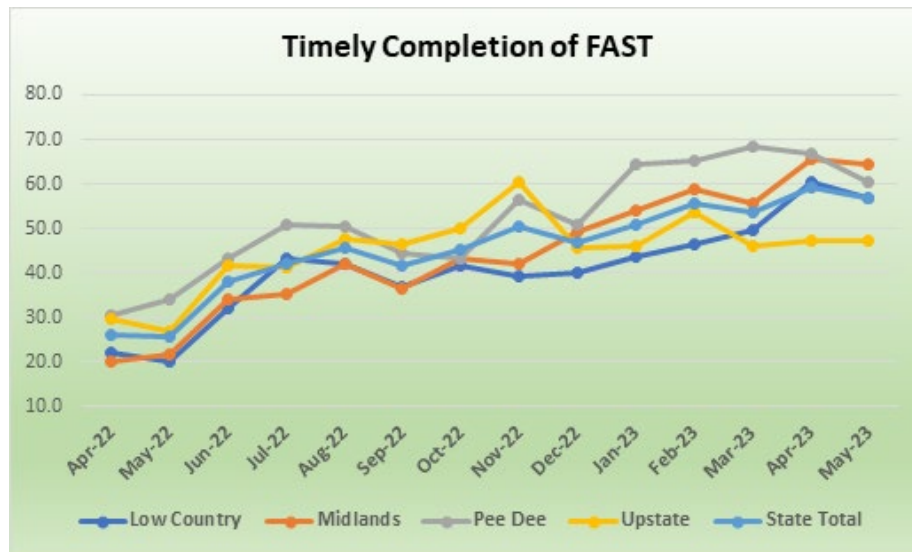
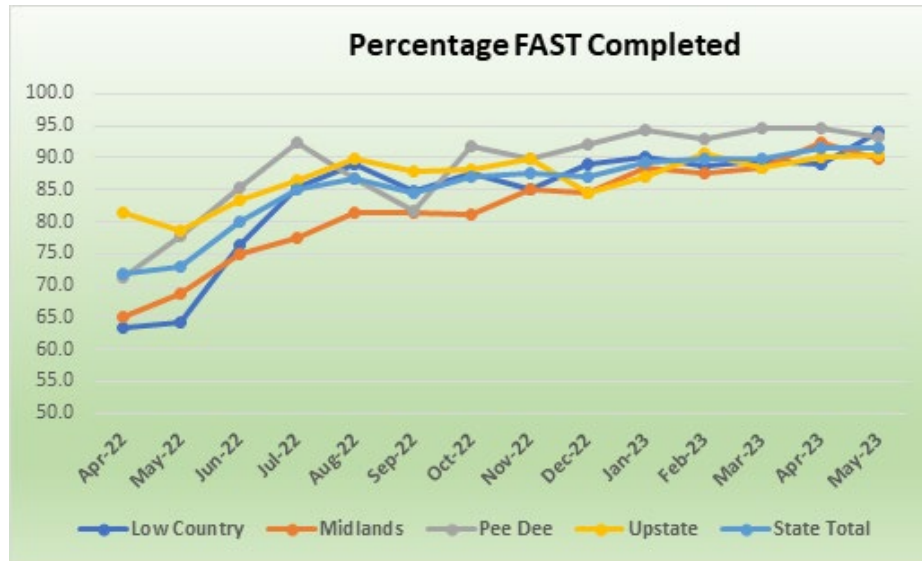
- End of Year 3: Statewide implementation of the SDM Intake Screening Tool
- End of Year 4: Readiness assessment for the implementation of FAST
- End of Year 5: Begin development of the FAST in conjunction with the PRAED Foundation

SCDSS has completed all benchmarks for intervention 1. The Structured-Decision-Making (SDM) tool was implemented in 2019 by SCDSS and is used by intake to make more informed referral decisions. This tool allows for better assessing of needs during the intake process. SCDSS continues to monitor and update the SDM tool as necessary to support best practices.

SCDSS engaged with the Praed Foundation to develop, design, and implement a new comprehensive assessment, the Family Advocacy and Support Tool (FAST). The FAST includes 16 safety items to be completed during initial contact

with the family and is used to guide safety response. The FAST was implemented in phases, beginning in July 2021 and implementation completed in October of 2021. Internal reports were updated in November 2021 to best align with the FAST requirements.

Internal reports show a steady increase in FAST completion rates and timeliness since implementation. The data below shows FAST submission improving 35% and FAST timeliness improving 148% since January of 2022.



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

Year 4 progress benchmarks:

- Year 4: Develop an initial safety practice pilot, focusing on improving safety assessment and safety response. The initial pilot will be held in a small number of counties.
- Year 5: Scale up the initial safety practice pilot for a statewide rollout and implementation.

In November of 2022 a safety pilot titled, Reimagining Front End Practice, was started in Chesterfield and Darlington counties. This pilot is in direct response to knowledge gaps uncovered in the Spaced Education series held in early 2022. Policy guidance was developed for the pilot and trainings around practice and policy updates were incorporated, with the plan to incorporate regional performance coaches into the work to sustain practice changes and continue rolling out across the state. As this work continues, the Offices of Safety Management, Strategic Planning and Innovation, Child Welfare Operations, and CQI/QA are identifying performance measures and ways to assess effectiveness as to track and adapt from what is learned as this initiative is rolled out to other counties.

To continue improving practice across the state, SCDSS is continuing to host meetings for child welfare services teams targeted at skill-building, including bi-weekly trainings related to safety assessment and planning processes. The Office of Safety Management continues to work with the CAPSS and Safe Measures teams to align data reports with policy, including the development of a CAPSS build that facilitates safety service development and the documentation of least restrictive measures in CAPSS. This CAPSS update was rolled out in April of 2023 and includes a structured decision-making process requiring case manager consider what least restrictive safety response would be adequate in addressing identified safety concerns from the FAST. Additionally, this update requires case managers to document the reasons why a least restrictive safety response would not be appropriate. This will be used to better understand the barriers to implementing least restrictive safety responses.

SCDSS is seeing performance increase as the efforts above continue. CAPSS reports from December 2021 – December 2022 for initial FAT completion rates have increased by 34%. This is a 97% increase from December of 2020. Additionally, the timeliness of initial FAST completions has increased by 129% from December 2020 to December 2022. SCDSS continues to see steady increases in both FAST completion and timeliness, with the most recent data from March of 2023 showing 89.8% completion rates and 53.6% timeliness rates.

Objective 2

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

Intervention 1

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

Year 4 progress benchmarks:

- A data-sharing plan will be developed by the Child Fatality Unit to ensure county and regional staff are informed regarding child fatalities due to maltreatment.

SCDSS continues to conduct child fatality case reviews with a systemic lens. This process eliminates looking into child deaths specifically but focus on decisions, practices, processes, etc. prior to the death. Safe System Analysis explores areas of needed improvement. SCDSS continues to participate with NPCA and receives technical support from University of Kentucky. The goal is to explore data that confirms root causes of barriers so that child welfare leadership could track and adapt based on findings. SCDSS continues to track child death intakes and investigations so leadership can have data needed to determine how intakes are being screened in and how investigations are being determined.

In November of 2021 SCDSS updated internal policy to include the procedures for holding an all-staff meeting that informs staff of child fatalities. An all-staff meeting is held to create a transparent and psychologically safe atmosphere in the wake of a child death that involves suspected maltreatment, or that occurs on an open case. These meetings are hosted by county leadership and is a dedicated time to share information as it relates to SCDSS involvement and to provide support and resources to staff.

Additionally, the Office of Strategic Planning and Innovation publishes a weekly report to child welfare leadership that reports all fatality cases the agency is involved with, including those where maltreatment is determined.

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

Measure of Progress

Goal 4 is foundational to goals 1 through 3, thus progress is reflected through progress on these goals.

Objective 1

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

Intervention 1

Develop a Formal CQI Plan with program improvement feedback loops

Update on Progress Made

SCDSS completed this intervention in Year 1.

Intervention 2

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

Year 3 Progress Benchmark: Fully functional Regional CWIT Teams

Year 5 Progress Benchmark: Utilize survey data for CWIT teams effectiveness

Child Welfare Improvement Teams (CWIT) are functioning in all 46 counties. SCDSS has found that county-based CWITs have been beneficial in identifying needs and strengths at the county level, as staff on these teams are familiar with service offerings and have built partnerships with local stakeholders. The CWITs are being utilized through the child welfare strategic plan to focus on addressing service array gaps. CWIT meetings are intentionally structured to identify service array needs within that particular county.

4. Quality Assurance System

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

In 2016, child welfare services (CWS) completed a CQI Self-Assessment Instrument developed by the Capacity Building Center for States (CBC), the Children's Bureau's Technical Assistance body. Since that time, the Division of Agency Quality Assurance and CQI continues to meet monthly with consultants from the CBC in the areas of CQI, Evaluation, and Lived Experience to strengthen aspects of the quality assurance and CQI systems to include agency CQI policy and county-level debriefs upon the conclusion of the CQI reviews.

The newly drafted policy addresses many of the identified areas needing improvement such as: (1) a foundational administrative structure to oversee and implement CQI, (2) agency feedback loops for ongoing communications and accountability, and (3) the inclusion of stakeholder involvement to include those with lived experience (youth, kinship caregivers, foster parents, and birth parents). The policy was written as the formal CQI process for the agency with the child welfare case review process and subsequent CQI activities embedded as work aids.

The following summary reflects South Carolina's CQI system status in Year 4 and moving forward.

Foundational Requirement

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

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

South Carolina law requires SCDSS to do quality assurance case reviews of county child welfare system performance and practice at least once every five years. In the current regional QA review model, each county is reviewed every other year. This model started in January 2022 with the Upstate region of the state. We are currently in the process of reviewing our third region.

For regional & county practice, the feedback provided is used to determine underlying conditions for performance and to develop action plans, if warranted, which can include the implementation of new or enhanced strategies. This is done through county debriefs at the conclusion of each CQI review and a regional debrief and action planning process at the conclusion of each regional CQI review.

Monitoring of SCDSS CWS county practice is done through CWS's regional offices with support from the CWS State Office. CWS regional office and CWS State Office staff review performance data, complaints, and fatalities for the purpose of analyzing trends and identifying areas of strength and areas needing improvement. Additionally, quality case record reviews are performed to promote quality case work practice. Each region has been assigned a Regional QA Manager to assist in the identification of needed areas of improvement and the subsequent development of a regional improvement plan.

In year 4, SCDSS has significantly progressed toward increasing CWS staff capacity to visualize, understand, and utilize data for CQI and performance management. At the conclusion of the CQI review, each county participates in a debriefing lead by the Regional QA Manager. The presentations focus on data trends and themes, understanding of the item ratings as they relate to practice, and understanding how the CFSR process is supported by the practice model.

Quality Data Collection

SC CWS continues our focus on gathering analyzing data and transforming it into better, more meaningful information.

- Quantitative Data:
 - CAPSS continues to be updated and improved to meet information needs of the Division
 - Information from CAPSS system is used to monitor compliance with federal and state statutes and regulations and CWS service responses
 - Numerous data reports are available to Region/County staff for the purpose of updating and correcting child specific information in CAPSS
- Qualitative Data:
 - CWS collects data through quality case record reviews which are made available to SCDSS County Offices and regional staff
 - CWS continues to host and provide opportunities listen to and involve the agency's clients in assessing quality, as well as obtain input from external stakeholders in the community.

Case Review Process

Since the summer of 2022, SCDSS has had a fully internal child welfare quality assurance review system. The structure has one State QA Manager, four regional quality assurance managers, three review leads, three contracted external reviewers, one internal external reviewer and 18 dedicated reviewers.

QA Review Types Conducted by SCDSS

5. County QA Reviews include a random sample of Child Welfare cases from Family Preservation and Foster Care in counties scheduled for review.
6. Program Improvement Plan (PIP) Reviews conducted in accordance with the federally approved Program Improvement Plan. One hundred cases from the ten counties included in the PIP review process are reviewed. These reviews concluded in March 2023.
7. Reviews used to measure compliance for the Michelle H Lawsuit. These case reviews include but are not limited to: Out of Home Abuse and Neglect (OHAN), Sibling Visitations, and Parent Visitations QA Reviews. Appropriate data universes, statistically random samples and resulting analyses are jointly determined by SCDSS, University of SC, and the federal court monitors.
8. Strategic QA Reviews are conducted for various continuous quality improvement projects.

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

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

- County QA reviews are conducted regionally with every regional scheduled for review every other year. Each county receives a full report of the findings, the reviewed cases, standard reports from the OMS and a data and trends presentation. SCDSS posts the final report on the DSS website.
- PIP QA reviews are conducted twice a year (November through April and May through October) One hundred cases are reviewed from the 10 PIP counties according to the federally approved criteria. Reviews are conducted off site in Columbia using CAPSS data, case files, and stakeholder interviews. These reviews concluded in March 2023.

Strategic QA Reviews are conducted when prioritized by DSS for mutually agreed upon continuous quality improvement projects. These reviews are conducted using the OSRI or a supplemental review instrument as appropriate to the project. These reviews are conducted using CAPSS data, case files, and stakeholder interviews. Summary results for the Strategic Reviews are shared with appropriate DSS staff. In April 2023, for example, we conducted a strategic review of case managers who completed the certification training one year ago. This is part of a Level 5 training evaluation.

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

Analysis and Dissemination of Quality Data

CWS continues to disseminate performance data. This information is used to assess compliance with state and federal statutes, regulations, and case practice related to safety, permanency, and well-being, inform training and technical assistance needs, and evaluate the effectiveness of current policy and strategy.

1. Quality Assurance Review Reports – each of the 46 counties bi-annually
2. Batch – These reports are recurring reports generated by CAPSS, daily, weekly, or monthly
3. Push Reports – Reports Generated by CAPSS and emailed out Sunday Evening to those who are signed up to receive these. Every report will be sent out with their corresponding CAPSS Batch report number (i.e. SC170-R01). Every Push Report can also be located in CAPSS. These are the reports designed to review at the beginning of each week to ensure data is accurate and to monitor practice on a weekly basis. These are some of the most important reporting measures to ensure accuracy and quality of practice.
4. Batch Analysis Reports – These are similar “Push Reports” but show which children had no service activity, Late Permanency Planning Hearings, etc.
5. HS Dashboard Reports point to 14 key measures that predict positive or negative outcomes for children and families.

Since Year 3, QA and CQI made the following changes/improvements:

- Completion of two regional child welfare CQI reviews
- Statewide, uniform protocol and template for action planning. This is in the final stages of development in conjunction with the policy team at SCDSS
- Implementation of Regional action plans. We have developed one for the Upstate and one for the Lowcountry.
- Formalizing multidirectional feedback loops about QA findings and action plans in collaboration with other agency areas for support. Each Regional QA Manager is assigned one lived experience stakeholder group to attend meetings, provide updates, and gather feedback.

Feedback to Stakeholders

SCDSS continues to provide a variety of opportunities to share information and receive feedback including:

- Regional Office CQI meetings
- Stakeholder meetings and listening sessions with those with lived experience. Each Regional QA Manager has been assigned one lived experience group (youth, kinship caregivers, foster parents, and birth parents)
- Listening sessions hosted regionally to gather and share information about CWS performance
- Citizens Review Panel
- Children’s Justice Act Committees
- Intentionally rolling out key changes to policy and practice to stakeholders through stakeholder communication plans

5. Update on the Services Descriptions

Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1)

SCDSS will continue to use Title IV-B Subpart 1 funds to promote and protect the welfare of all children with the provisions of child abuse and neglect prevention, intervention, and treatment services; foster care; and services to promote permanency and independent living.

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

Generally, most of the funds from Title IV-B, Subpart 1 are used to assist with funding contract providers, however, some of the funds from this pool has been used to provide adoption and foster care stabilization (respite care), pre and post adoption services (psychological evaluations), and for medical services and supplies to assist with adoption and foster care related cases. These services are important so that the children that are in foster care achieve and/or maintain permanency in a timely manner. As estimated number of individuals and families served along with the geographic areas in which these programs and services are available is included in the CFS-101 form, Attachment B.

SC Foster Parent Association

The South Carolina Foster Parent Association (SCFPA) will support the SCDSS mission: Serve South Carolina by promoting the safety, permanency, and well-being of children and vulnerable adults, helping individuals achieve stability and strengthening families. SCFPA will partner with SCDSS to strengthen agency efforts to identify and support families who can provide safe and secure homes to children in foster care either temporarily or permanently. In supporting and partnering with SCDSS the SCFPA will provide the following services:

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

The SCFPA will maintain a toll-free telephone number and a recruitment-oriented website for prospective foster/adoptive parents to utilize in applying for licensure and to inform prospective parents about the application and licensure process. The SCFPA will provide an orientation session for interested families. This orientation will be prior to pre-service training and include an overview of the child welfare system in South Carolina, the role of foster/adoptive parents in this system and the requirements to become a foster and adoptive parent. The SCFPA will provide pre-service training to persons who

apply to be foster and adoptive parents. Applicants will receive a minimum of 14 hours of pre-service training from the SCFPA as required by DSS regulations and policy. Pre-service training is designed to deepen prospective foster and adoptive parents' knowledge of the South Carolina Child Welfare system and the role of foster and adoptive parents in it and give prospective foster and adoptive parents an understanding of childhood trauma and the behavioral and medical health care needs of children who are in foster care. The SCFPA will host at least one event per month to attract and inform persons who are interested in becoming foster/adoptive parents.

In addition to other topics specified by DSS, the SCFPA will provide ongoing training to licensed foster parents, which will include training on the Reasonable and Prudent Parent standard as specified in the Preventing Sex Trafficking and Strengthening Families Act; this training will also be available to DSS staff. Along with training on the Reasonable and Prudent Parent standard, SCFPA will provide training on Another Planned Permanent Living Arrangement (APPLA) and transition planning for older youth. The SCFPA will also provide training or supportive services to foster and adoptive parents on visitation, shared parenting, health care oversight and psychotropic medications, and monthly support groups.

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

SCFPA will provide college and adult education students with chrome books or laptop computer bundles. The Adult Education and 11th and 12th grade High School (If they qualify) students will receive a chrome book and warranty. College students will receive a laptop computer bundle. This will include a laptop or desktop computer, printer, software, a laptop bag if needed, 1-year warranty, printer ink, and paper. Computers purchased under this program can be replaced every 3 years with the approval of the John H. Chafee Program staff. Along with the computers, the SCFPA will also provide youth with a College/Household shower. Under this program, the youth/young adult or their case manager can provide a list of items for review and eligible items can be purchased with the approval of the John H. Chafee Program staff. For Youth moving into their own housing the SCFPA will provide a household shower that will provide the youth the needed items that one would need to live independently, i.e. pots and pans, shower curtain, silver ware, brooms, etc. Youth with special needs or who have reunified with their family are only eligible for bedroom and bathroom items. SCFPA provides baby/dependent care bundles for pregnant or parenting foster youth. A list of items needs can be furnished for review and purchased upon approval of the John H. Chafee Program Staff. SCFPA works with our John H. Chafee Program staff to support our Youth Engagement Program. SCFPA will provide the pre-approved eligible services and support that assist our Youth Council Projects. Furthermore, the SCFPA also operates a program called On the Road Again. This program takes cars donated to them ensures that they are operating safely and will donate the car to a youth in foster care who is starting to transition out of care.

National Electronic Interstate Compact Enterprise (NEICE)

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

S.C. Department of Children's Advocacy – Guardian Ad Litem Program

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

S.C. Department of Children's Advocacy – South Carolina Heart Gallery Foundation

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

The Heart Gallery will arrange for photo sessions for the children referred to Heart Gallery to be photographed. Individual photo sessions in lieu of group sessions for any foster child is allowed when requested by DSS. Photo sessions will be open to any child in foster care who is legally free for adoption and for whom a potential adoptive family has not been identified. The Heart Gallery will arrange a minimum of 40 venues per year displaying Heart Gallery photographs, there will be at least one venue in each region each quarter. Each photograph will be framed and include a biographical sketch of the child. The Heart Gallery will maintain a fully developed website for the posting of photographs and descriptions of the children along with management and tracking of inquiries from interested parties.

The Heart Gallery shall maintain a dedicated database to track and manage inquiries and intakes for families. The Heart Gallery will respond to telephone or website inquiries

within three working days of receipt of inquiry and shall make a minimum of two (2) attempts to contact the inquirer. If the interested person or family is not approved The Heart Gallery will provide the interested parties information of the agency contracted to process the applications for DSS if they are residents of South Carolina. If the interested party is a resident of another state, the Heart Gallery will instruct the inquirer of their need to become an approved adoptive provider in their home state. If the family is already approved to adoption, Heart Gallery will obtain the home study to pre-screen the family as a possible match.

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

Children's Trust of South Carolina

Children's Trust of South Carolina has continued to provide training, technical assistance, and prevention messaging at both the state and local community levels. The goal is to safely reduce the number of children entering care by strengthening families and the communities using proven, evidence-based approaches designed to prevent child maltreatment and ensure child well-being.

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

Medical University of South Carolina (MUSC) Hospital

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

In addition to these activities, the MUSC Hospital is assisting with subject matter expertise in the implementation of Project ECHO, a nationally recognized training model for primary care providers who see children and youth in foster care. Support for this

series has also been provided by Select Health of South Carolina. Participating practitioners include physicians, nurse practitioners, nurse care managers, and other members of the community of child welfare advocates. Clinics started in January and continue to have interest and high attendance. The ECHO model encourages a cohort to build a cohesive team, to make professional connections to reach out to each other when questions arise.

Services for Children Adopted from Other Countries

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

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

Services for Children Under the Age of Five (section 422(b)(18) of the Act)

Recognizing children under five as a critically vulnerable population, SCDSS continues to require enhanced monitoring, assessment, and referrals for families with children under the age of five.

South Carolina Child and Adolescent Needs and Strengths (CANS)

SCDSS's Child and Adolescent Needs and Strengths (CANS) tool features an Early Childhood domain, which assesses children under five on a variety of challenges, functioning, risk behaviors and factors, cultural factors, strengths, and caregiver resources and needs. This data set assists the case manager and family jointly to determine service planning goals. Assessing infants and young children requires special attention to the child's relationship with his or her caregiver. Rather than using an older child assessment lens, the Early Childhood Domain 0-5 section assesses the unique ways in which needs and strengths play out in the lives of very young children. The domains contained within this module are attuned to the unique presentation of behavioral health and functional presentation of children in this age range which is critical to appropriate and effective needs/strengths identification as children in this age group manifest behavioral, attachment, and function impairments in ways that are divergent with other age groups.

The specific domains within the module evaluate impulsivity/hyperactivity, depression, anxiety, opposition, attachment issues, regulatory issues, atypical behaviors, sleep, family functioning, early education, social and emotional functioning, developmental/intellectual, medical/physical, self-harm, exploitation, prenatal care, exposure, labor and delivery, birth weight, failure to thrive, cultural

factors, natural supports, interpersonal dynamics, adaptability and persistence, and other relevant items are assessed. These nuanced items can help identify any developmental concerns in a timely manner which will result in earlier intervention and needs identification.

The CANS 0 – 5 module guides this work with our 0 – 5 population by focusing on the needs and strengths of the child and family. It prioritizes which of the child’s needs is most important to address in treatment. Additionally, it addresses the following areas: challenges, functioning, risk behaviors and factors, cultural factors, strengths, needs and caregiver resources. It measures change every six-month by concentrating on those areas and allows for the case manager to continually evaluate the family and child moving to better outcomes and shorter stays in foster care. The implementation of the CANS was completed during 2021 and SCDSS continues to assess and monitor for training needs based on gaps identified through internal reports.

BabyNet

BabyNet is South Carolina’s interagency early intervention system for infants and toddlers under three years of age with developmental delays, or who have conditions associated with developmental delays. BabyNet will evaluate the child at no cost to determine if they may be eligible for services, then matches the special needs of infants and toddlers who have developmental delays with the professional resources available within the community. Services are provided in everyday routines, activities, and places relevant to the life of the family. BabyNet is funded and regulated through the Individuals with Disabilities Education Act and managed through South Carolina Department of Health and Human Services.

During 2021, SCDSS updated CPS Investigations policy to require BabyNet referrals with for families with children under the age of three years old within 2 business days of receiving an applicable investigation. This represents a change from requiring BabyNet referrals upon case substantiation. The prior process was designed such that families whose cases were not substantiated for child maltreatment did not receive a referral to this free and voluntary service.

SCDSS has also dedicated a position to focus on process improvement and ensuring timely referral to BabyNet services and solving any technical or adaptive challenges associate with centralizing the referral and follow up process. The Department is in the process of hiring a second employee to focus on BabyNet referrals.

South Carolina Voucher Program

The South Carolina Voucher Program provides childcare assistance, if funding is available, for families that have an open child protective services case, family preservation case, or for a child in an open foster care case. Children with therapeutic needs have also been approved on a case-by-case basis. Pre-adoptive parents may receive childcare while in the process of adopting a child

from SCDSS custody if all other eligibility criteria are met. However, once the adoption is finalized, the SC Voucher Program is not able to provide childcare through this category. A child in foster care, who otherwise meets the Program criteria, is eligible for childcare through age twelve years old. However, children thirteen years old through age eighteen, who should not be left unsupervised or who has developmental, emotional concerns or other special needs, may qualify for childcare after the age of twelve years old.

In March 2021, SCDSS implemented a streamlined process for assisting foster parents in receiving childcare assistance. At the time of placement, SCDSS's placement unit asks if childcare is needed and once confirmed, SCDSS staff completes the application and submits to the South Carolina Voucher Program on the foster parent's behalf.

Children and youth in foster care may receive childcare assistance for their children when SCDSS does not have custody. The baby is eligible if the mother remains in foster care, the child resides in the mother's custody, and the mother is attending school or employed.

Head Start

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

There are three options: center-based, home-based, and family childcare options. The center-based option delivers a full range of services that are educational and developmental that are delivered in a classroom setting. The home-based setting consists of home visitors once a week working with parents and their children.

Together, the home visitor and parents watch and think about the child. They plan ways to help the child learn using parent-child interactions, daily routines, and household materials. A small group of children, parents, and their home visitors also get together on a monthly basis for group socialization. The family childcare program option delivers the full range of educational and child development services. They are primarily delivered by a family childcare provider in their home or other family-like settings.

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

First Steps

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

- Improve children's health and well-being (pre-natal to age 5),
- Support parents in their goal to serve as their children's first and best teachers,
- Provide parents with easy access to needed early interventions for children with unique development needs,
- Help parents access quality childcare for their young children,
- Promote early education programs and quality pre-kindergarten choices for families,
- Help parents transition their rising kindergarteners into school.

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

Parents as Teachers

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

- Young Parents - Youth who are pregnant or parenting under the age of 21.
- Child with a disability or chronic health condition – The child has a significant delay, disability, or condition that impacts developmental domains and/or effects overall family well-being.
- Parent with a disability or chronic health condition – A parent has a physical or cognitive impairment (disability or chronic health condition) that substantially limits their ability to parent as determined by the parent or by the parent educator,
- Parent with mental health issue(s) – A parent has a thought, mood, or behavioral disorder (or some combination) associated with distress and/or impaired functioning, as determined by parent report, positive screening, or a diagnosis.
- High school diploma or equivalency not attained – Parent did not complete high school or pass an equivalency exam and is not currently enrolled.
- Low income – Family is eligible for free and reduced lunches, public housing, childcare subsidy, WIC, food stamps/SNAP, TANF, Head Start/Early Head Start, and/or Medicaid.

- Recent immigrant or refugee family – One or both parents are foreign-born and entered the country within the past five years.) This does not include those from Puerto Rico, Guam, and the U.S. Virgin Islands.
- Substance use disorder – Parent persistently has used or is currently using substances despite negative social, interpersonal, legal, medical, or other consequence. Affiliates have discretion in determining how far back in time is relevant in terms of current impact on parenting, family well-being, or the parent-child relationship. PATNC recommends including this as a risk factor if substance abuse has occurred at any point during the enrolled child’s lifetime (including prenatal).
- Foster care or other temporary caregiver – Child or young parent is in foster care, has court-appointed legal guardians or is living in some other temporary caregiver condition
- Child abuse or neglect – Reported or substantiated abuse/neglect of child or sibling, including but not limited to a current or recent open case with the child welfare system for any reason.
- Parent incarcerated during the child’s lifetime – Parent(s) is or was incarcerated in federal or state prison or local jail, halfway house or is part of a boot camp or weekend program requiring overnight stays during the child’s lifetime.
- Housing instability – Individuals who are homeless lack fixed, regular, and adequate nighttime residences, including those who share others homes due to loss of housing or economic hardship; live in motels, hotels, or camping grounds due to lack of adequate alternative accommodations; reside in emergency or transitional shelters; or reside in public or private placed not designed for or used as regular sleeping accommodations.
- Very low birth weight and preterm birth – The child’s birthweight is under 1500 grams or 3.3 pounds and the child was born less than 37 weeks gestation for children under the age of 2.
- Death in the immediate family – The death of the child, parent/guardian, or sibling. Affiliates have discretion in determining how far back in time is relevant. PATNC recommends including this as a risk factor if a death in the immediate family has occurred at any point during the enrolled child’s lifetime (including prenatal).
- Intimate partner violence – Parent/guardian is a survivor of intimate partner violence per self-report, positive screening, or court proceedings. This includes physical, sexual, and psychological violence. Economic coercion against a current or former intimate partner is also included. PATNC recommends including this as a risk factor if intimate partner violence has occurred during the child’s lifetime (including prenatal)
- Military deployment – Parent/guardian is planning for deployment, currently deployed, or within two years of returning from a deployment as an active duty member of the armed forces.

Families can begin the program prenatally and continue through when their child enters kindergarten. Services are offered on a biweekly or monthly basis,

depending on family needs. Sessions are typically held for one hour in the family's home, but can also be delivered in schools, childcare centers, or other community spaces. Each participant is assigned a parent educator who must have a high school degree or GED with two or more years' experience working with children and parents. Parent educators must also attend five days of PAT training.

Attachment Bio-Behavioral Catch-up

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

SCDSS has worked with local county staff and cross-sector partners to increase community awareness of ABC across the state. State office has also assisted county offices in cadencing referrals where services are available. This attention has led to maximization of ABC caseloads for eligible children and families.

Parent-Child Interaction Therapy

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

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

Reinforcing its commitment to PCIT, the Department has partnered with SC Department of Mental Health's Division of Child and Family Services (SCDMH-CAF) to educate cross-sector partners on the benefits of PCIT and costs associated with building capacity around this intervention. PCIT has also been a subject of the SCDSS Lunch and Learns for frontline staff. We have also included PCIT in the state's Title IV-E Prevention plan as an eligible well supported practice.

Help Me Grow

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

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

The Incredible Years

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

The program is designed for children under the age of 12, promoting emotional and social competence to prevent, reduce, and treat behavioral and emotional problems. Included are classroom lesson plans delivered by the teacher to strengthen children's social and emotional competencies, such as understanding and communicating feelings, using effective problem-solving strategies, managing anger, practicing friendship and conversational skills, and behaving appropriately in the classroom.

Beginnings SC

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

Maternal Infant and Early Childhood Home Visiting

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

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

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

Safe Baby Court

SBC is a collaborative approach amongst strong, trusting partners that can help reduce the time children between the ages of 0-3 spend in foster care because attachment relationships are nurtured and protected based on the key activities of SBCT (see core component attachment and logic model). Additionally, it reduces repeat maltreatment and helps children exit foster care more quickly. National data on the benefits of SBC: <https://www.air.org/project/changing-trajectorieschildren-foster-care-safe-babies-court-team-evaluation>.

The Department is actively working with national consultants and cross-sector partners to stand up Safe Baby Courts in SC. The ZERO TO THREE Safe Babies Court Team™ approach transforms child welfare into the practice of child “well-being” by using the science of early childhood development to meet the urgent needs of infants and toddlers. The model brings together child welfare professionals, the court system, children’s advocacy professionals and other community agencies to operate a team to support families with a focus on advancing health and well-being. SBC Teams seek to increase awareness among those who work with maltreated infants and toddlers about the negative impact of abuse and neglect on very young children, and their families. The SBC approach leads to changes in local systems that improve outcomes and prevent future court involvement in the lives of very young children. With leadership from local judges, SBC Teams work to create an environment of change that alters the trajectory for infants and toddlers in foster care and helps provide families a support team that will embrace them and provide targeted and timely services.

Endorsement and ZERO TO THREE Memberships

SCDSS has partnered with the South Carolina Infant Mental Health Association (SCIMHA) to provide SCDSS staff with the opportunity to explore the Endorsement® processes and provide membership in SCIMHA/ZTT.

Endorsement® provides recognition of specialized knowledge and expertise in professionals working with or on behalf of pregnant women, children, birth through six, and their families. Endorsement® is meant to honor professionals who apply infant & early childhood mental health (IECMH) principles to their practice and is granted through documentation and verification of the required specialized education, work, in-service training, and reflective supervision/consultation (RSC) experiences. Endorsement® is not a license, but an overlay to complement a professional license and/or other credential.

The Infant Mental Health Endorsement® (IMH-E®) system is one of the first and most comprehensive efforts to identify best practice competencies across disciplines and practice settings, offering multiple career pathways for professional development in the infant, early childhood, and family field.

The Early Childhood Mental Health Endorsement (ECMH-E®) is a workforce development initiative with the potential to positively impact the depth and breadth of knowledge, understanding and skills of early childhood mental health professionals across multiple disciplines and service sectors.

Facilitating Attuned Interactions (FAN)

SCDSS has partnered with the South Carolina Infant Mental Health Association (SCIMHA) to allow for cross-sector partners and SCDSS staff to participate in Facilitating Attuned Interactions training. The FAN approach serves as a framework for parent engagement and reflective practice in work with young children and families. The FAN focuses on parent and caregiver urgent concerns and helps practitioners tailor responses to match what parents and caregivers need most in the moment. The FAN also helps practitioners recognize how their own internal sense of regulation/dysregulation affects their ability to be fully present with a family. This training will offer strategies to help practitioners feel balanced in activating/high risk situations. The FAN provides an approach to reflective practice that can be used by staff and supervisors by using the ARC of Engagement to structure staff/supervision and promotes collaboration throughout.

Working within the child welfare system can be very intense and overwhelming at times and, in many cases, causes workers to feel stressed, fatigued, and burned out. Staff also face the challenges of building relationships with families because of the negative stigmas that have been placed upon the Child Welfare System. The Facilitating Attuned Interaction Training positively impacts children, families, and professionals working within the child welfare. FAN tools ensure that practitioners are able to read cues from parents and caregivers effectively and provide participants of the FAN training with skills and methods of self-awareness and self-regulation to help pick up on their own cues and feelings. The training is not limited to direct service staff of child welfare but has also proven to help build healthier relationships in a wide range of settings, including those professionals who serve in supervisory roles. The ultimate goal of the FAN training is to strengthen the provider parent/caregiver relationship resulting in parents who are attuned to their children and ready to try new approaches to relating to them.

SCIMHA successfully launched their first FAN training in February of 2021, led by FAN Trainers Liz Szarkowski and Sheniqua Scott. With over 25 participants, the training included 15 staff members from South Carolina's Department of Social Services. SCIMHA also plans to host two additional trainings this year. FAN Training cohort two will be held on August 30th and September 1st, and cohort three training is scheduled to take place on September 20th and 23rd.

Thus far, SCIMHA has partnered with several organizations to provide FAN training to professionals within those organizations. Those partners included the South Carolina Program for Infant and Toddler Care, SC Easterseals, South Carolina Safe Babies Court, The Department of Mental Health, SC First Steps,

Beyond Abuse Child Advocacy Center, Spartanburg County Child Advocacy Center, the Department of Social Services, and some private practice therapists.

Permanency Pathways

SCDSS has been monitoring the number of children entering the foster care system, ages, and reason for entry. Using this data, the agency can hold discussions, track trends, focus on prevention services, service array, and permanency for all children that are in the foster care system. Below is a table of children and youth in foster care.

Age Group	# of Children	% of Children⁴
0-6	1,519	39.6%
7-12	1,018	26.5%
13-17	1,304	34.0%
Total	4074	100%

SCDSS is monitoring all children in the foster care system to ensure they receive permanency more expediently than in the past. Traditionally, the children under the age of five years have reached permanency quicker than the older children in the foster care system. SCDSS will continue efforts of ensuring the children in this population are measured and their plans are closely monitored to enhance the services needed to achieve permanency.

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

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

⁴ Data set: As of March 24, 2023

Meetings is necessary and key to helping parents and extended family members understand the importance of permanency for the children.

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

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

It is crucial to have an array of foster homes within the county in which the child was removed. SCDSS has implemented changes to our placement of children. When a child needs a non-kin placement, the case manager must provide documentation that all efforts to identify possible kin or non-kin placement has occurred. The Regional Placement Units which are part of our Regional Foster Home Licensing Units must complete a diligent effort track form showing all their attempts to keep the child within their home county, community, and with their siblings. Furthermore, for all children placed in congregate care, separated from siblings, and placed outside of their home county monthly staffing's are to occur to discuss services needed to include placement options.

SCDSS will continue to enhance our specific strategies to move children ages 0 – 5 to permanency sooner. Priorities will be to enhance our diligent county specific recruitment plans, enhance training to staff on quality visitation for parents, children and siblings, continue to train foster parents/staff on shared parenting, preventive services, and the importance of placing with kinship care providers. South Carolina will continue to correspond with other jurisdictions on additional promising practice to improve timeliness to permanency for children ages 0 – 5 years.

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

been including trauma-informed practice and the effects of trauma on children, including developmental delays, in training for staff and foster parents.

The South Carolina Foster Parent Association (SCFPA) provides training on developmental milestones for foster parents. These trainings are also available for agency staff to attend as well. Below are some of the responsibilities of our partnering agencies:

- SCFPA has a contract with the agency to provide pre-licensure training as well as ongoing training to foster parents throughout the year.
 - Each year, statewide foster parent association training is held, and multiple topics are available for foster parents and DSS staff to attend.
- The SC Association of Children's Homes and Family Services provides training for state public and private foster homes as well as group homes and institutions in SC.
 - Each certified placing agency provides additional training for therapeutic foster parents who provide care for medically or emotionally fragile children.
- Children's Trust, USC Medical Center and Children's Law Center each have yearly conferences that multi-disciplinary speakers attend to address a different dynamic for special needs children.
 - Topics such as brain injuries, Fetal Alcohol Spectrum Disorders, and Autism are examples of topics addressed in past conferences. Both professional staff and foster parents may attend these conferences.

Training for the children who are deemed medically fragile is provided by various providers. The agency has a specialized program for the medically fragile children to ensure they are followed closely for multiple medical, developmental, or psychological issues receiving clinical support from the Office of Child Health and Well-Being and from the child's medical team.

SCDSS has targeted the zero-five (0 – 5) population with preventive services through collaboration with the Children's Trust of South Carolina (CTSC), and Safe Baby Court (0-3) in select counties, and other state and nonprofit partners with services such as BabyNet and Strengthening Families Program.

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

- Assessment of the children reflected in the numbers in the above charts to determine which special needs may be causing a delay in permanency (reunification, adoption, guardianship). Steps include:
 - Research all children by name and length of time in care for the population under age 5
 - Determine how many are members of a larger sibling group to determine if that has had an impact on the length of time in care

- Determine the number of children’s whose legal status is on appeal
- Referrals for services to enhance developmental capacities. Steps include:
 - Determine through agency documentation and gathered records if the children are receiving the services needed to address their need
 - Identify any service needs that are not being met and identify a resource to assist with meeting the need
- Referrals for Family Strengthening and Support for either the biological parent, relative or adoptive parent to enhance timely placements. Steps include:
 - Ensuring that all relatives have been sought and evaluated for potential placement
 - If Medicaid Waivers or other funding sources could assist in the family in meeting the child’s special needs
- Referrals for adoption recruitment that are more specific to the needs of the child:
 - SCFPA has developed a contractual position with the agency to assist the foster parent with considering adoption for a child that perhaps in the past they were hesitant to adopt.
 - Heart Gallery has also entered into a contractual agreement with the agency to assist in specialized recruitment activities for a number of hard-to-place children.
 - GAL and Foster Care Review Board will all work collaboratively in efforts to identify an adoptive family for these children.
 - Ensuring that recruitment referrals to national exchanges such as AdoptUSKids are completed as early as possible for every child who does not have an identified adoptive family.

Children age five (5) and under have benefited from targeted improvement efforts in adoptions. Over 50% of all finalized adoptions are for children 0-5 years old. SCDSS recognizes that foster parents adopt approximately 75% of all children adopted from foster care. Thus, an emphasis has been placed on the recruitment and retention of foster parents. Concurrent planning to identify a pre-adoptive family as early as possible into the child’s placement into foster care is encouraged so the child could have earlier stability in their permanent placement when reunification is not likely.

Calendar Year 2022		
	0-5	6-17
Number of Adoptions	291	276
Percent of all Adoptions	51%	48%

Total	575⁵
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Child Age at Adoption Finalization			
Calendar Year 2022			
Adoption Age	Number	% of 0-5 Adoptions	% of all Adoptions
0	2	1%	0%
1	36	12%	6%
2	60	21%	10%
3	67	23%	12%
4	70	24%	12%
5	56	19%	10%

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

The plan is to monitor these children is through CAPSS and to have each Adoption Administrator report regularly to the Regional Director all attempts at locating an adoptive resource for the child. Recruitment of an adoptive family for these children will be on AdoptUsKids, State Seedlings, Heart Gallery, Wendy's Wonderful Kids, Foster Parent Association, and all forms of state child specific recruitment activities as listed in the Foster and Adoptive Parent Recruitment and Retention Plan.

SCDSS does not anticipate many children under five to have a delay in their permanency, whether it is reunification, guardianship, or adoption.

Efforts to Track and Prevent Child Maltreatment Deaths

South Carolina is a mandatory reporting state, per statute, and all deaths that are suspected to be the result of child maltreatment must be reported to SCDSS via Intake. Intake's Structured Decision-Making (SDM) tool contains a threshold for suspicious death of a child with specific guidelines on how to determine if maltreatment is suspected. This screening decision is closely monitored by the Systems Transformation Unit with each referral regarding the suspicious death of a child is logged by this unit, to

⁵ 8 of the 575 children were adopted at age 18 or older.

track responses and identify trends in the screening process. This data is periodically provided to Intake for ongoing quality improvement.

In 2022 SCDSS updating policy which guides our child fatality response including mandating participation in a multi-disciplinary child death review. These reviews serve multiple purposes including gathering additional information from investigatory partners and establishing next steps for each investigatory partner. This updated guidance helps SCDSS more accurately determine child maltreatment death cases.

If maltreatment is found to have caused or contributed to the death, the information is entered in CAPSS and reported to the National Child Abuse and Neglect Data System (NCANDS) annually and is published via SCDSS's public-facing child maltreatment death dashboard.

Believing having additional data on child deaths is an integral step in preventing child maltreatment deaths, SCDSS continues to track preventable deaths, engage in state and local multi-disciplinary review teams, and innovate its internal review process.

SCDSS serves on the State Child Fatality Advisory Committee (SCFAC), which is a statutorily established committee composed of state agencies and other organizations that serve children and families in South Carolina. In February 2022, SCDSS led a state-level analysis on cases to determine areas requiring greater exploration, followed by an intensive review of systemic factors contributing to a particular data point (i.e., an increase in suicide deaths, an increase in deaths in a particular geographical region). This effort has led the committee to shift focus towards systemically mapping and analyzing preventable child deaths so they may develop more impactful recommendations for the annual report.

With technical support from the University of Kentucky and the National Partnership on Child Safety (NPCS), SCDSS began reviewing child deaths through a systemic lens in 2021 through a process called Safe System Analysis (SSA). This process continues to be insightful to gathering insights surrounding systemic gaps that impact not only child deaths, but casework across all case types. Data from this process serves as a root cause analysis of systemic gaps, rather than a review limited to the death itself. Information learned is provided to the child welfare program lead responsible for designing programming.

MaryLee Allen Promoting Safe and Stable Families (PSSF) (title IV-B, subpart 2)

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

S.C. Department of Children’s Advocacy – South Carolina Heart Gallery Foundation

For information on the South Carolina Heart Gallery Foundation see the S.C. Department of Children’s Advocacy-South Carolina Heart Gallery Foundation section found in Update on Service Description, The Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, Subpart I).

S.C. Department of Children’s Advocacy – South Carolina Foster Care Review Board

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

The FCRB meeting is open to the biological and legal parents of the child, the legal guardians of the child, the parties holding legal custody or having held legal custody at the time of placement, Guardians ad Litem, foster parents, and treatment providers. Children are provided the opportunity to be a part of the review, unless identified as not being in the best interest of the child. A review of the case of each child who is in foster care must take place at least once every 6 months. South Carolina statute requires at least one local Review Board in each of South Carolina’s 16 judicial districts, but most judicial districts have multiple boards.

The membership of the local review board are citizens appointed by the Governor upon the recommendation of the county Legislative Delegation as outlined in South Carolina statute and regulations. The review includes the following determinations:

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

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

Certified Investigators

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

Service Decision-Making Process for Family Support Services

SCDSS remains committed to connecting children and families with the most evidence-based and effective interventions. To fulfill this commitment, SCDSS will assist its service provider partners in developing their capacity to deliver evidence-based practices. The interventions selected for capacity building are strategically established across the state to ensure an adequate network capacity and equal access for children and families in rural areas. Additionally, the selected interventions operate from a framework that recognizes the importance of service provision in the home.

Using the FAST/CANS assessments and CFTMs, caseworkers continuously monitor strengths and needs to determine which services would be appropriate for each family. In partnership with the Praed Foundation, SCDSS is working to develop a service intensity matrix, based on FAST and CANS results. This will assist case managers in individualized service needs and referrals.

The Department has partnered with the Office of First Steps to implement a Parents as Teachers and continues to partner with Chapin Hall to monitor the effectiveness of this, and other, evidence-based practices. In addition, SCDSS has awarded a contract for Family Centered Community Support Services. This provider works with families that do not have needs that rise to the level of SCDSS involvement but could benefit from extra support. This contract provides in-home supports, tutoring, and other concrete services to these families.

Several Capacity Building grants have been awarded to providers across the state to continue the capacity building of Evidence Based Practices. The Department has now awarded capacity building grants for Homebuilders and for Brief Strategic Family Therapy.

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

Populations at Greatest Risk of Maltreatment (section 432(a)(10) of the Act)

The SCDSS has identified children ages five and under (0 – 5) as being the population at greatest risk of maltreatment for FFY 2018. Children age five and under (0 – 5) have trended at an average of 38% of the total number of children in Foster Care in South Carolina during FFY 2018. The most recent available data shows 31.2%⁶ of the total number of children in Foster Care in South Carolina are between ages 0 - 6. Refer to page 180 for information on services for children under the age of five.

Kinship Navigator Funding (title IV-B, subpart 2)

SCDSS received title IV-B, subpart 2 funding to enhance the Kinship Navigator program in FY21 and FY22. SCDSS has utilized funds in following areas:

- SCDSS Kinship Program and other contracted partners continue to hold the Caring for our Own Trainings.
 - Training/support group sessions were held quarterly in 2021 and remain ongoing.
 - Several kinship caregiver booklets and journals have been purchased for these families that include a wealth of information as it relates to services, the role of the Child Welfare system and transactional reactions of parents, kinship caregivers and children.
- Kinship caregiver support groups are still being held in the Tri-County area (Charleston, Berkeley, & Dorchester County), Greenville County, Richland County and Florence County. The Kinship Support Groups are conducted both virtually and in person dependent upon the providers choosing. Since many are offering the support groups virtually the availability for families from other counties to participate has increased. Lastly, kinship caregivers are given the opportunity to share experiences with other kinship caregivers who need support and guidance while caring for their relatives.
- The Kinship Care Advisory Panel was established in July 2019. Meetings are held monthly for approximately two hours. These meetings include kinship caregivers, partners, and kinship care coordinators to identify needs of kinship caregivers and practice improvement. The primary functions of the panel are as follows: Ambassadors and advocates for kinship caregivers, increase awareness of kinship care support available to caregivers, and assist the kinship care department in improving the services provided to kinship caregivers.
- SCDSS continues to contract with HALOS to partner with providers on enhancing their capacity to develop a comprehensive kinship navigator program. With this contract, HALOS has provided statewide kinship support services to kinship caregivers who have been experiencing a crisis situation and providing needed supports, so children can remain in the home of kinship caregivers. Kinship support services include the following:
 - Childcare
 - Funds for food
 - Funds for clothing
 - Funds for legal support

⁶ Data as of February 1, 2023

- Funds for home repairs, beds, smoke detectors, alarms, etc.
- Disaster relief due to the current pandemic of COVID-19
- Linking kinship caregivers to federal benefits i.e., SNAP, Head Start and ChildOnly TANF benefits
- SCDSS continues to partner with HALOS and Federation of Families to hold kinship support groups throughout the state. HALOS subcontracts with Pendleton Place and Kindred Hearts to provide these support groups in Richland and Greenville counties.

Since October 1, 2020, the South Carolina Department of Social Services began providing these kinship support services. The agency continues to contract with HALOS on capacity-building in developing a statewide comprehensive kinship navigator program:

- An external website and a 1-800 number for kinship families' awareness and to access resources.
- Legal aid support services are being offered to kinship families
- Annual Kinship Conference
- Provider partner meetings are being held for expansion
- Kinship Navigator manual is being developed to train other partners on providing kinship navigation services.
- Kinship Advisory Panel continues to meet monthly to promote kinship practice improvement efforts and implementation of kinship navigator services.

SCDSS provided HALO's with \$50,000 to improve the safety, well-being, and placement-permanency of children living in kinship care. Kinship care refers to the care of children by relatives or, close family friends known to the child (often referred to as fictive kin). Relatives are the preferred resource for children who must be removed from their birth parents because it helps maintain the children's connections with their families, increases stability, and overall minimizes the trauma of family separation.

With the funds provided by this agreement, HALOS will separately evaluate the Success Coach and the Navigation Programs. This support will allow HALO's and Child Trends to conduct a rigorous evaluation of HALOS' navigation program to identify if the program is evidence-supported and worthy of additional evaluation to potentially become evidence-based and a model that would satisfy the federal requirements for state navigation programs.

Rigorous evaluation of HALOS' navigation program will identify if the program is evidence supported and worthy of additional evaluation to potentially become evidence-based and a model that would satisfy the federal requirements for state navigation programs.

Halos will use the funds to support two independent evaluations of HALOS' core kinship programs:

Success Coach and Navigation. To this end, HALOS shall:

- Work with Dr. Funlola Are, to continue evaluation of the Success Coach Program as part of the MUSC Community Engaged Scholars Program.
- Conduct a randomized controlled feasibility trial to compare the original Success Coach intervention with the enhanced Success Coach intervention. Dr. Are's time will be paid through the collaboration with MUSC
- Aim to conduct baseline, three, and six-month assessments. The anticipated outcome of the evaluation will demonstrate that the Success Coach Program effectively meets the targeted outcomes for families: lower caregiver distress, improvement in family resources and improvement in child behavior.

The goals are to conduct baseline, three, and six-month assessments. The anticipated outcome of the evaluation will demonstrate that the Success Coach Program effectively meets the targeted outcomes for families: lower caregiver distress, improvement in family resources and improvement in child behavior.

Additional Services Information

Adoption and Legal Guardianship Incentive Payments (section 473a of the Act)

SCDSS completes the SF-425 by December 30th of each year. SCDSS was awarded a total of \$718,500.00 for FFY's 2020, 2021 and 2022 in adoption incentive funds. Currently, SCDSS has the following amounts available in the Adoption and Legal Guardianship Incentive Funds for FFY's 2020, 2021 and 2022: \$548,862.00. SCDSS has not been awarded FFY 2023 adoption incentive funds at the time of the writing of this report. SCDSS will use all the allotted funds for FFY 2020 by September 30, 2023. SCDSS is currently using the FFY 2021 funds to recruit and retain foster and adoptive families as well as to support post adoption services to adoptive families. SCDSS does not anticipate any problems using the remaining monies by the required September 30th deadlines.

SCDSS is using the Adoption and Legal Guardianship Incentive funds to help with covering the cost of Adoption Preservation Placements for children who were adopted from SC foster care and for other cost associated with recruitment and retention of foster and adoptive families. South Carolina has not encountered any issues or challenges in expending Adoption Incentive Payments funds in a timely manner. At this time, no challenges or issues are anticipated during upcoming FFY.

Adoption Savings (section 473(a)(8) of the Act)

SCDSS uses the CB Method in determining adoption savings expenditure. This method has not changed and SCDSS does not plan to change the method in determining adoption savings expenditure. The process consists of reviewing a sample of cases and determining if children that are determined Title IV-E eligible

would still be eligible without the applicable status. For FFY 2022, SCDSS reported expenditures from the adoption savings (see ACYF-CB-PI-19-02 Attachment E submitted in October 2022). SCDSS reported that \$1,599,844.60 was spent out of Adoption Savings. Currently, SCDSS has \$23,991,361.00 in unused adoption savings money. SCDSS does expect to show more expenditures from Adoption Savings when CB Form-496 Part 4 is submitted in October 2023 as SCDSS has entered into contracts for services to adoptive families and adoption recruitment, as well as supporting positive outcomes for families at risk for entering foster care that will be paid for out of this funding source.

In July 2021, SCDSS issued a contract to Flourishing Families of South Carolina to provide Adoption Preservation Services to children and families that adopted a child through SC foster care. This contract is used to provide in-home services that range in intensity level depending on the needs of the family. Flourishing Families of South Carolina continues to provide adoption preservation services, training, and on-going support to adoptive families that are currently involved with or have previously been involved with SCDSS.

In November 2021, SCDSS put out a fixed price bid for Adoption Recruitment Services. This contract will allow SCDSS to work with private adoption agencies licensed in SC to recruit adoptive families for our youth ages 12 and older, medically fragile, and sibling groups that are legally free for adoption and do not have an identified adoptive resource. The awarding of these contracts occurred in March 2022. Since the awarding of these contracts, no payments have been made as there have been no identification of adoptive families. SCDSS has renewed this contract for a second year and will evaluate if continuation after year 2 is beneficial.

SCDSS has contracted with Justiceworks Behavioral Care in order to provide services that will improve positive outcomes to children at risk for entering foster care. Justiceworks Behavioral Care provides assistance meeting basic food, clothing, safe sleeping, and/or shelter needs, and/or when current caregiver presents substance misuse/abuse concerns, and/or the child has special educational, physical, or mental health needs, and the caregiver is struggling to meet those needs.

SCDSS has contracted with TAPFIN to hire a temporary programmer responsible for assessing the existing adoptions applications and determining the best development solution that will SECURELY integrate the adoptions applications into CAPSS. The candidate will serve as the adoptions system program project lead.

SCDSS has contracted with Thompson Child and Family Focus. Thompson will employ a team of professionals to support teens in DSS Custody who have a history of placement instability, currently are in an unstable placement, or meet a

set of criteria for being high risk for placement instability. This team of professionals' sole purpose will be to engage with the youth and the foster families, including 24/7 on call coverage, to provide direct mentoring, coaching, counseling, support, crisis intervention and basic care coordination.

SCDSS has also used some of the adoption savings to provide youth in SCDSS custody with a safe place to stay overnight.

Family First Prevention Services Act (FFPSA)

FFPSA Usage and Implementation

In 2020, SCDSS submitted its application for FFTA funds, which resulted in the agency acquiring its allotted funds under the act. Using these funds, SCDSS has provided funds for initiatives including:

FAST/CAN Assessments:

Contracting with the University of Kentucky, SCDSS has completed the implementation of the FAST and CANS assessment statewide. These tools are used as decision support in the field and guide the assessment of safety, strengths, needs, and ultimately support the identification of appropriate services for families. These tools were implemented in phases, beginning in July 2021 with implementation completed in October of 2021. SCDSS is working with the Praed Foundation to strengthen FAST and CANS usage and developing a service intensity matrix, based on a family's individualized assessment results.

Grants for transition to QRTP:

SCDSS has worked with providers, including SCDHHS with the support of Annie E. Casey Foundation to develop a scope of work to support the implementation of QRTP. The contract for QRTP is on track to be issued by late Fall of 2023. Currently, due to the IMD rule interpretation in South Carolina only 2 providers have shown interest in supporting QRTP.

Grants for capacity building of EBPs included in the prevention plan:

SCDSS remains committed to connecting children and families with the most evidence-based and effective interventions. To fulfill this commitment, SCDSS will assist its service provider partners in developing their capacity to deliver evidence-based practices. The interventions selected for capacity building are strategically established across the state to ensure an adequate network capacity and equal access for children and families in rural areas. Additionally, the selected interventions operate from a framework that recognizes the importance of service provision in the home. SCDSS has currently awarded 9 capacity building grants throughout the state for the implementation of evidence-based practices.

After careful evaluation of data (i.e., case typologies, behavioral diagnoses, and other characteristics of children entering care), SCDSS selected the below three interventions to aid in capacity building efforts:

- **Brief Strategic Family Therapy:** BFST is currently available in Dorchester, Charleston, Greenville, Spartanburg, and Lexington counties. From January 2021 – July 2022, a total of 317 families were referred to BFST. Of those 317 families, 269 (85%) accepted, with 126 (47%) families beginning services. Of the 126 families who began services, 17 have completed, and another 64 are still enrolled. Of the 126 families who began services, 57 (45%) dropped out for a variety of reasons (family withdrew, child entered care, family case closed). SCDSS holds bi-weekly implementation calls with providers, county staff, and consultants to engage in the CQI process and identify solutions. The low completion rate for BFST is believed to be related to the length and voluntary nature of the service. SCDSS continues to diligently train staff on BFST and how to refer a family to this service. Data is showing a significant increase in referral volume.
- **Homebuilders:** Homebuilders is available in Greenville, Richland, and Charleston counties. From April 2021 – August 2022, a total of 246 families were referred to Homebuilders. Of those 246 families, 90 (37%) accepted and began services. Of the 90 who began services, 54 have completed services and 10 are still enrolled. Of the 90 families who began services, 33 (37%) dropped out. During the bi-weekly implementation calls, completion rates are discussed and barriers to solutions identified. Overall, the department has seen more completion success with Homebuilders, believing this is likely due to the short but intense duration of this service. SCDSS has worked diligently to train staff on Homebuilders and how to refer a family, with data showing increased referral volume.
- **Parents as Teachers:** SCDSS has partnered with the Office of First Steps to deliver Parents as Teachers to 7 counties across 3 regions. From November 2021 – June 2022 a total of 178 families accepted services. Of those 178 families, 73 (41%) began services. None of these families dropped out, and as of August of 2022 all were continuing in their services.

In October of 2022, a crucial development took place as a grant for Family Centered Treatment (FCT) was released. Following a comprehensive review process, in November, the grant was awarded to a dedicated service provider, SC Mentor. Since then, SCDSS's partnership with the FCT foundation has proven to be robust and encouraging. The FCT Foundation has not only served as the purveyor but also offered considerable technical assistance for the implementation of this Evidence-Based Practice (EBP) via a specialized technical assistance grant.

The wheels were set in motion in April 2023 as SCDSS started accelerating the implementation of FCT through diligent implementation calls and meaningful in-person meetings. To foster a deeper

understanding of the initiative, 'Lunch and Learn' sessions were organized in Greenville County and Richland County. These sessions served as an open platform for the local DSS county Staff and SC Mentor to connect and develop a shared vision. The outcome of these collaborative efforts was the successful rollout of a referral process in May 2023 for receiving referrals for FCT services within Greenville County and Richland County DSS.

Simultaneously, SCDSS has been working closely with Youth Villages, a reputable organization based out of Tennessee, to deploy their acclaimed Intercept model. This EBP model comes with the endorsement of the Title IV-E Clearinghouse, reflecting its proven effectiveness and wide acceptance. SCDSS initiated the collaboration by placing a sole source justification advertisement via the South Carolina Business Opportunities (SCBO) database, which was duly completed in May 2023.

SCDSS's strategic plan involves undertaking a sole source project with the Intercept model and Youth Villages for an initial period of two years. In parallel, SCDSS aims to start training local providers on the Intercept model, with the vision of achieving statewide implementation across all four regions within the state by the fourth or fifth year. The targeted timeline is to have the Intercept model firmly established and operational towards the end of 2023 or the beginning of 2024.

Expanding on 2023 collaborations and future plans, SCDSS has been working with external consultants at Chapin Hall, holding several productive discussions with a dedicated workgroup focusing on revising the agency's approved Family First Prevention Services Act (FFPSA) prevention plan. A central focus of these revisions has been the inclusion of the Intercept Model, in line with SCDSS's continuous commitment to incorporate proven EBPs into our service framework.

Exploring new avenues of service provision, SCDSS is exploring the potential of creating a Community Pathway within the prevention plan. For this ambitious project, SCDSS has engaged in talks with the Office of First Steps, a South Carolina State Agency that implements the highly effective PAT model, Parents as Teachers. Our dialogues center around assessing and determining the necessary changes in eligibility requirements and candidacy definitions that will enable SCDSS to successfully incorporate this Community Pathway.

In tandem with these efforts, SCDSS has initiated a separate provider work group comprising providers from across the state. This workgroup has been focusing on the imperative need for motivational interviewing skills amongst service providers. Motivational interviewing is an effective

tool for fostering change and enhancing outcomes, equipping providers with skills that will significantly strengthen service offerings. The timeline for this project is to have the motivational interviewing training fully rolled out by 2024.

As always, SCDSS's strategies and initiatives remain centered on enhancing the quality of services and creating an impact that extends beyond individual cases to encompass the community at large. SCDSS stands committed to these ambitious plans, believing that they will significantly enhance service offerings and align with the goal of continually strengthening systems and processes.

A contract with a vendor to assist in FFPSA rigorous evaluation strategy and the overall CQI process and a contract with a vendor to assist in programmatic evaluation post-implementation, development, and implementation of a transitional pilot program to expand the department's service array and improve access to evidence-based practices: Through partnerships with Chapin Hall, the Capacity Building Center for States, and the Annie E. Casey Foundation, SCDSS is further developing the CQI process, fidelity measures, and financial structure for prevention services claiming. Chapin Hall has contracted with SCDSS to strengthen the monitoring of data and outcomes of EBPs and those related to FFPSA. This measurement framework focuses on measuring the extent to which preventative services are reaching children and families, being implemented with fidelity, and achieving desired outcomes. Bi-weekly implementation meetings are held, weekly CQI-CAPSS meetings, monthly FFPSA leadership, and weekly FFPSA Chapin Hall planning meetings.

FFPSA Program, Services, and Operational Costs

As of April 2023, the Department has spent a total of \$2,419,406 of the \$8,621,729 FFTA funds awarded to the state. The Department hired a program coordinator to coordinate the implementation of FFPSA under the supervision of the Director of Family and Community Services. The Department spent \$820,952 of FFTA funds on the provision of Homebuilders and \$651,754 on the provision of Brief Strategic Family Therapy. \$70,000 in capacity building grants were awarded to providers intending to stand up Qualified Residential Treatment Programs, of this 64,400 was spent. The Department spent \$243,198 on a contract with the University of Kentucky to implement the FAST and CANS assessment statewide. The Department spent \$348,196 on a contract with a technical assistance partner to provide FFPSA implementation support. The Department spent \$65,999 with HALOS on the evaluation grant.

Characteristics of Children and Families Served

There are two populations eligible for Family First prevention services: 1) children who are determined to be candidates for foster care and 2) pregnant or parenting

youth who are in foster care. When a child is determined to be eligible, the child, parent, and/or kinship caregiver of the child may receive prevention services. Based on a review of available data, SCDSS has developed the following definitions for its candidacy population:

- All children under 18 named in a child protective services investigation (not in foster care), or
- All children under 18 who are receiving family preservation services; including, but not limited to these risk characteristics:
 - Parent has a substance use disorder
 - Family has prior child welfare experience
 - Family has a history of presence of domestic violence or intimate partner violence
 - Family is in unsafe living conditions
 - Child or parent has complex psychological and/or behavioral health needs
 - Child is ages 0 – 5
 - Child is living with kin, but not in the custody of the State
 - Child or parent has complex medical needs
 - Child is dually involved with the juvenile justice system
 - Child has experienced human trafficking
 - Assessment identifies risk of harm
- All pregnant or parenting youth in foster care

An analysis of families receiving family preservation services statewide as of June 2020 show approximately 14,000 children under the age of 18. Most of these families would be Family First candidates based on the presence of imminent risk characteristics.

John H. Chafee Foster Care Program for Successful Transition to Adulthood (section 477 of the Act) Chafee Services

The South Carolina Department of Social Services (SCDSS) is the designated state agency that administers, supervises, and oversees the John H Chafee Foster Care Program Successful Transition to Adulthood (Chafee Program), and the Education and Training Voucher (ETV) Program. The goal of the Chafee Program is to provide the developmental skills necessary for youth and young adults in foster care to live healthy, productive, self-sufficient, and responsible adult lives. The purposes of these services are to provide youth and young adults in foster care with opportunities to learn needed independent living skills and to increase the likelihood of a successful transition from the foster care system. The Chafee/ETV Program also helps support permanency to allow youth age 14 and older who have been involved with the foster care system.

Through the FAST and CANS assessments, and through the administration of a life skills assessment, such as the Casey Life Skills Assessment (CLSA), youth transition goals are based on the specific life skill needs of the youth. Each youth is assessed on an annual basis. These transition goals and the goal-related services are offered

concurrently with the youth's permanency goals, regardless of their permanency plan(s). Transition planning begins when the youth turns age 14. This plan is tracked and adapted monthly for the youth's progression and needs.

Transition planning is used to identify areas in which services and skills are needed in order to make a successful transition to independence. Assisting the youth to identify and engage individuals in his or her support system is essential. Service providers, foster parents, family members, and any other individuals with whom the youth has a positive connection should be invited to participate in the transition planning meeting. Transition planning is youth led, youth driven, and strengths based.

Additionally, youth are part of a youth led and youth driven planning and assessment meeting that utilizes the transition plan for youth within 90 days of turning age 17, again within 90 days of turning age 18, and before official exit of foster care. The transition plan meeting is a joint planning and assessment meeting with foster care staff, Regional Transition Specialist, and identified support system to address transition goals, such as but not limited, to educational, employment, housing, transportation, medical, financial literacy, healthy connections, obtaining and securing important documents, and safety concerns.

The Chafee/ETV program supports academic achievement with funded services for school and non-school sponsored activities, team sports, leadership development programs, GED programs, spiritual development programs, tutoring, summer school, expenses for school sponsored educational field trips, dual enrollment fees, and books and supplies for specialized classes. The Chafee/ETV program also supports senior year with funded services for senior fees, graduation celebratory items, and senior prom package. Chromebooks for 11th and 12th grade high school students were provided if the school does not provide personal computers.

The Chafee/ETV program supports post-secondary education with funded services for pre-college expenses such as college applications, SAT/ACT preparation classes, and test fees. The Chafee/ETV program provides personal computer bundles for post-secondary students and college dorm room essential bundles. The Chafee/ETV program awards academic incentive for post-secondary students with at least a 3.0 GPA taking six or more credit hours and graduate awards for dual enrollment, vocation, technical school graduates and college graduates. The SC ETV- Education Training Voucher program awards up to \$5,000 for post-secondary education until the age of 26.

The Chafee/ETV program supports transportation goal achievement with funded services for bicycles, driver's education courses, driver's license fees, insurance assistance, repair and/or maintenance, and gas allotment.

The Chafee/ETV program supports employment goal achievement with funded services for interview clothing, uniforms and footwear to maintain employment, job skill training classes, certification courses for trades and vocational equipment.

The Chafee/ETV program supports stabilizing housing with funded services for utility deposits, furniture, housing essential bundle, rental application fees, rental deposit, and rental assistance for up to 6 months. To apply for assistance, young adults (ages 18-21)

must be fully capable of supporting themselves by having a checking/savings account, completed financial literacy course, budget sheet, and secured employment.

ETV services

Education Training Voucher (ETV) allotment returned to its normal award from \$12,000 to \$5,000. ETV funding was used for advanced degrees, as well as qualifying vocational education, and Associate's and Bachelor's degree programs. The SC ETV program coordinator participated in webinar sessions with other state ETV administrators to discuss and refine best practices for administering ETV post pandemic.

The restructured process for calculating ETV awards removed barriers students faced in submitting funding requests. The SC ETV program no longer requires students to submit receipts, lease agreements, invoices for supportive expenses, or any other additional documentation. The SC ETV application has been simplified, now only requiring a completed application, itemized tuition statements, and financial aid award letter. The ETV State Coordinator connects with the schools and obtains their published cost of attendance. The ETV program calculates the cost of attendance (COA) and deducts scholarships and/or grants awarded to the applicant to identify the ETV award amount. Payments are submitted to the school to support outstanding balances and any remaining funds are submitted to the young person as supportive expenses as long as it does not exceed the COA.

The ETV program has worked diligently to engage with potential new students, maintain connections with current students, and re-engage with former students who are still program eligible. The ETV program has focused on building relationships with the youth, to ensure needs can be addressed quickly and efficiently, and connections to additional resources can be promptly made to help students succeed in their academic endeavors.

Current foster care youth who are preparing for the transition out of high school and/or who are obtaining their GED meet individually with their transition team to evaluate and plan for appropriate next steps. In addition to conversations about life skills and the transition to adulthood, the students and their transition teams discuss post-secondary interests and options. The youth are provided detailed, written information about the ETV program, college planning, financial-aid planning, available support, and a variety of tip sheets with information about navigating the college application process and the transition to college. The ETV program provides support for youth's exploration connecting with their educational goals. The ETV program engages with potential participants and reactivates former participants. The ETV program provides support for activities to address learning loss through evidence-based interventions, summer enrichment programs, and comprehensive afterschool programs. The ETV program contacts young people who have graduated high school / GED to discuss higher education goals and share the ETV information with potential new applicants.

The ETV program holistically engages youth who participate in the program. The services offered by ETV include pre-college planning, academic program review and selection assistance, enrollment support, financial planning for post-secondary education, and wrap-around support while enrolled. Prior to enrolling in post-secondary education, the ETV program assists youth in preparing for the transition by assisting

with information, guidance, and resources to aid in their success with taking standardized tests (ACT, SAT, Accuplacer), applying to colleges, applying for financial aid and completing the FAFSA, and connecting with community resources as they become independent.

The ETV program works with students to select programs and schools that will be a good fit for them through individualized meetings to review and evaluate educational options while being mindful of the student's personal preferences, individual goals, and needs. The ETV program connects students to outside resources for scholarships, grants, and additional financial assistance in addition to processing ETV funding requests, to help students maximize their financial aid and minimize educational debt. Finally, the ETV program maintains contact with each grant recipient throughout the academic year through emails, phone calls, text messages, and direct mail to celebrate successes, to identify needs, to offer support and encouragement, and to assist students in connecting with both personal and academic resources throughout their academic journey.

The ETV program works with case managers and community partners to connect with non-active ETV eligible youth, so that former foster youth can reconnect with the ETV program, evaluate potential remaining eligibility, and to develop a plan for pursuing post-secondary education.

The ETV program assists young people with understanding methods to eliminate any outstanding balances preventing further post-secondary education, and any expenses youth incurred while trying to pursue post-secondary education, such as student debt.

The ETV program releases notification to higher education institutions about ETV award and assistance with providing timely and current balance statements and updating the COA. The ETV program also sends information to financial aid offices to increase program awareness.

The decrease in ETV Award from \$12,000 back to \$5,000 has inadvertently caused a decline in ETV applicants. Due to the economy hardships and post pandemic elements, young people are unable to pursue post-secondary education. The increased cost of living expenses and limited employment options have led to young people deciding to post pone academic advancement.

The SC ETV program has awarded and disbursed ETV funding for 198 students to attend post-secondary educational institutions. These students enrolled at 73 different schools to include professional schools, technical colleges, and 4-year universities. In that time, 8 students have graduated from their programs of study earning certifications, Associates Degrees, and Bachelor's Degrees. Six students have utilized all five years of ETV funding eligibility, some of which completed undergraduate degrees and continued into graduate and doctoral programs.

In the 2021-2022 academic year, 140 youth received ETV awards from the SC ETV program. Of those 140 recipients, 71 were new voucher recipients and 69 were returning students who had previously received ETV funding. In the 2021-2022 academic year, 4 students completed their programs and graduated. Due to a variety of

reasons, 60 of the new and returning students who did not graduate in this academic year did not return to school or pursue ETV funding in the 2022-2023 academic year.

Thus far, in the 2022-2023 academic year, 136 youth have received ETV awards from the SC ETV program. Of this year's recipients, 62 are first year ETV recipients and 74 are returning students who have previously received ETV funding. Of the recipients for the 2022-2023 academic year, 3 graduated from their programs at the end of the first semester, and 1 is on track to graduate by the end of the academic year.

Students who did not continue from one academic year to the next experienced specific challenges and barriers that influenced their decisions about continuing with school. Those challenges fell into several basic categories or combinations of categories which included academic struggles, family issues, health issues, mental health issues, financial obligations, lack of preparation for independence, and relocation.

The impacts of the COVID 19 pandemic continues to deeply impact the students' success in learning. Online platforms for instruction and classroom connections proved to be difficult and isolating for many of the youth in the program. As a result, many opted to sit out of school for a year or more with the intent of returning when classes resumed to in-person settings. Additionally, loss of work during the pandemic and an increase in cost of living expenses left many students unable to adequately cover living expenses and successfully maintain enrollment in school. The SC ETV Program will continue to provide outreach to those individuals to support assessment of enrollment capability and support post-secondary academic goals.

Adolescent Focused Training

The Chafee and ETV Program will continue to provide training to SCDSS county office staff on transitional supportive services and the funds disbursement process to ensure timely release of approved funds. The SCDSS Regional Transition Specialists will continue to provide ongoing training to help foster parents, relative guardians, adoptive parents, workers in group homes, and caseworkers understand and address the issues confronting adolescents preparing for successful transition to adulthood. The Chafee and ETV program will continue to participate in regional meetings with county directors, the regional director, and program coordinators to provide updates concerning teens/older youth population.

The Chafee and ETV program will continue to provide ongoing training, daily technical assistance, and coaching regarding issues that youth face in general as well as case-by-case guidance to foster parents, relative guardians, adoptive parents, workers in group homes, case managers, and youth. The Chafee and ETV program will continue to encourage and empower youth across South Carolina with information provided through youth groups, peer training, leadership retreats, and involvement in agency meetings.

The Chafee and ETV program will continue to train state agencies, providers, and community partners on services available to former foster youth transitioning from foster care. Training will also include action steps needed to improve transition outcomes, understanding and addressing the issues confronting adolescents preparing for successful transition to adulthood.

The Chafee/ETV program will continue to attend nationwide webinars to learn improved strategies to better serve the teen/older youth population. The Chafee/ETV team will continue to share received knowledge with those who provide direct care to the teen/older youth population.

The Chafee/ETV program will continue its partnership with the Annie E Casey foundation and MaddyDay foundation to co-design professional development training, coaching with youth in foster care, transition planning, as well as integration and sustainability consulting. The Chafee/ETV unit will also receive additional professional development in the areas of assessing needs, service navigation, crisis intervention, and motivational interviewing.

The professional development training, titled Integrating Adolescent Brain Development into Child Welfare Practice with Older Youth, focuses on building a tiered professional development approach for all staff working with teens and young adults, as well as specialists who support the Chafee program within SCDSS. This current professional development proposal would be coordinated with the South Carolina teen and young adult workgroup as they build a set of guiding principles which will define older youth practice grounded in the Guiding Principles and Standards: Navigating South Carolina's Child Welfare System and the Better Together, Enhancing Practice, Transforming Lives campaign. Using an implementation science lens, the activities outlined in this proposal include the development of a theory of change and a sustainability plan.

Activity #1: Integrating Adolescent Brain Development into Child Welfare Practice with Older Youth:

- Participants will learn the most recent adolescent brain science and its impact on socio-cultural development among youth in foster care.
- Participants will reflect on current and new narratives related to adolescents.
- Include and formative and summative evaluation component.

Activity #2: Developing Transformational Relationships with Older Youth from Foster Care:

- Participants will understand the components of transformational relationships with youth.
- Participants will understand young adult patterns of engagement and practice strategies to engage youth in empowering ways.
- Participants will learn how to develop working partnerships with youth.
- Include and formative and summative evaluation component.

Activity #3: Coaching with Youth in Foster Care:

- Participants will understand the principles and strategies of using a coaching approach with youth in foster care
- Participants will understand how a coaching approach supports the creation of transformational relationships
- Participants will learn how to use coaching skills to engage youth.
- Include and formative and summative evaluation component.

Activity #4: Transitional Planning:

- Participants will understand how to ensure the transition planning is youth led, youth driven, and it is strengths based.
- Participants will learn how to utilize the transition plan tool
- Participants will gain the knowledge and skills to have the ability to meet the youth on their personal level, provide support and resources, and encourage the individual to blossom into the full potential of a becoming a contributing member of society.
- Participants will gain the knowledge and skills to authentically engage with the youth to create a balance of shared partnership
- Interactions will build individual leadership and advocacy skills, authentic youth engagement

Activity #5: Concurrent Integration and Sustainability:

- Staff, supervisors, and performance coaches will integrate the knowledge and skills learned into their daily work to advance better outcomes for youth.
- Staff, supervisors, and performance coaches will co-design a theory of change and sustainability plan for integrating relationally centered practices into their work with youth.

The Chafee Program designed a financial literacy module for young adults so they can receive financial education to successfully transition into adulthood. The curriculum covers the importance of budgeting and savings, gaining an understanding of credit, banking information, how to tackle debt, how to protect your identity, information on housing, information on taxes, and how to successfully create a financial plan. The purpose of this workshop is to provide education that empowers young adults to make informed decisions in their adulthood so they can have a strong financial foundation.

Several online programs and materials were reviewed while creating this program, as well as collaboration with Annie E Casey Foundation. Visa's financial literacy program was one source used to provide financial literacy games and materials. The materials and games were reviewed by the Chafee Department, BSW and MSW interns, and older foster youth.

In the payoff game, users have the choice to play the role of Alex or Jess, two up-and-coming video bloggers preparing for a life-changing video competition while managing their finances and handling unexpected events. In the immersive game, developed by Visa, users help Alex or Jess make smart financial decisions within the tight three-day deadline and complete their video for the competition. After receiving feedback, it was determined that this game could be helpful for young adults 18 and older who may have poor financial habits to develop healthy financial habits so that they are better prepared for emergencies. The game was designed to be played through the source of a cell phone devices with text messages, email alerts, and social media alerts.

The Financial Literacy Workshop 101 was designed to help young adults to instill healthy financial habits, supporting long term financial stability. The workshop is broken down into three sessions. The first session consists of Budgeting Basics, All About Savings, and Let's Talk Credit. Youth must complete and submit a budget analysis

worksheet to receive credit for the course. This determines that the information in the course has been acknowledged and that the youth is able to create their own personal budget. The second session consists of Banking 101, How to Tackle Debt, and Protecting your Identity. Youth must open a bank account; or show that they are aware of how to open a bank account to receive credit for the course. The third session consists of Smart Housing, Get a Grip on Taxes, and Planning for your financial future. Youth must submit a financial plan with financial goals and objectives to demonstrate the overall material covered in this course has been received.

The sessions continue to be very successful. Youth have been able to understand the differences of “needs vs. wants” along with understanding how to manage their finances. In the first session, youth have been able to engage with others to complete a budget sheet along with interacting with other youth during a breakout room to make responsible decisions that affect credit.

Although there has been success in the workshops, there have also been barriers. Barriers include youth not being consistent with attending sessions, attending sessions late, not communicating schedule conflicts, and lack of trust from DSS resources. The Chafee/ETV program will continue to invest in assessing these barriers and develop strategies to increase successful participation. The Chafee/ETV Program has also connected with SC providers to align financial literacy training. The Chafee/ETV program will sponsor financial literacy training to our county case managers, providers, and community partners to align financial literacy education.

Incorporating Youth Voice

The Chafee and ETV Program will continue to support the State Youth Engagement Coordinator whose role is to ensure youth voice is represented throughout program and policy development. The State Youth Engagement Coordinator recruits and maintains engagement with youth and young adults for the State Advisory Youth council, Youth Engagement Advocates, affectionally known as YEA!. The State Youth Engagement Coordinator continues to extend invitations to youth to participate in agency initiatives. The State Youth Engagement Coordinator continues to promote youth/young adult leadership conferences/regional training. The State Youth Engagement Coordinator will continue to strive to increase peer support amongst young adults formerly in foster care. The State Youth Engagement Coordinator will continue to extend invitations for youth to participate in groups within SCDSS and with stakeholders where they can voice their input into policy, practice, and statute changes to promote permanency for youth involved within the child welfare system.

The Chafee and ETV Program has supported the growth of YEA!, embracing the beliefs and values of YEA!:

YEA! Beliefs:

- We respect the right of all young adults to be the architects of their own lives and are partners in shared decision making and permanency planning.
- We are informed and understand the impact of race and racism in the child welfare system and are committed to eliminating the racial inequities and disproportionate treatment that contribute to poor outcomes for young adults.

- We believe all young adults have inherent strengths upon which to build successful lives.
- We respect the right of all young adults to be the architects of their own lives and are partners in shared decision making and permanency planning.
- We are informed and understand the impact of race and racism in the child welfare system and are committed to eliminating the racial inequities and disproportionate treatment that contribute to poor outcomes for young adults.
- We believe all young adults have inherent strengths upon which to build successful lives.

YEA! Values:

- We believe in the power of diversity and inclusion. Together we are stronger. Our diverse races, ethnicity, family heritage, geography, gender identity, sexuality, religious beliefs, and economic experiences make us uniquely prepared to lead as a collective. All voices are essential, irreplaceable, valuable, and matter to YEA!
- We value and uplift the importance of lived experience. Everyone is an expert in their own story. Together our combined histories and experience of the foster care system make us stronger and wiser.
- We believe in the power of taking chances and making mistakes. Sometimes failure leads to the biggest success. Together we are committed to gaining new awareness and skills through equitable education, empathy, remaining open-minded and a commitment to finding learnings and lessons in every opportunity.
- We support and uplift one another in our journeys. We acknowledge the role and impact we can have in one another's life. Together we stand as a community of advocates and leaders who commit to holding up and holding each other accountable, as we progress towards personal development and systemic change.

The Chafee/ETV Program will strengthen the recruitment and maintenance of YEA! by utilizing funds to purchase promotional items to recruit new members and maintain current members. The Chafee/ETV Program will compensate youth/ young adults for listening sessions on program development and policy change. The Chafee/ETV Program will celebrate YEA members for contribution of improving SCDSS child welfare. The Chafee/ETV Program will compensate youth/ young adults' participation in joint planning committee activities. The Chafee/ETV program will continue to invest in developing a financial literacy program for youth/ young adults and #adulting guidebooks.

The Chafee/ETV Program will continue to engage with YEA! to assure outreach, service navigation, and financial compensation. The Chafee/ETV Program will continue to invite young adults to receive ongoing notifications, as this approach will also support NYTD survey efforts. The Chafee/ETV Program will continue to invite young adult to share experiences and provide input in quality improvement round table events and joint planning meetings. The Chafee/ETV program will organize ongoing virtual town hall meetings in each region with youth co-leading the event. The Chafee/ETV program will

support YEA! peer leadership opportunities and create youth video/ messaging discussing the Covid pandemic and its hardships and how SCDSS can help stabilize their transition into adulthood. The Chafee/ETV Program will support YEA! peer leadership opportunities and provide internship opportunities for lived experience youth advocates. The Chafee/ETV program will support YEA! peer leadership by committing to making agency adjustments based on youth input. The Chafee/ETV Program will also coordinate with Annie E Casey and QI for survey creation, distribution, and analyzing data.

The Chafee and ETV program will continue to develop programming that promotes youth-adult partnerships to support sustained youth engagement efforts and strengthen programs through training youth to advocate for themselves and others, identify adult supports in their lives, and make meaningful connections. The Chafee and ETV program will continue to provide and encourage multiple opportunities for youth to develop, master, and apply critical skills, including life and leadership skills through independent living leadership training. All youth in foster care, ages 14 and up, will continue to participate in collaborative case planning and transition planning per agency policy in compliance with federal legislation. The Chafee and ETV program will continue efforts to use technology and social media to engage youth in program enrollment, program planning, and policy development.

The Chafee and ETV program's vision continues to include YEA! Members leading the youth voice initiative in South Carolina and develop meaningful initiatives to educate, support and improve the system. The Chafee and ETV program will continue to incorporate YEA! Mission, value, and norms which were developed by members and ensure it reflects the diverse membership and the magnitude of the responsibility and commitment of this service to the state. The Chafee and ETV program will continue to support the growth and awareness of the YEA! visual brand. The brand consists of a logo designed by members, certificates for members, t-shirts for members, social media, news coverage, and public representation.

The Chafee/ETV program continues to work with the youth through the utilization of the YEA! Council to help youth increase the ability to actively engage with their peers and others to create change. The purpose of this is to also help youth find their voices and increase their capability of advocating for themselves and others. This is done through the coaching sessions that are offered to youth twice a month. The Chafee/ETV program engages with young people to complete surveys and polls to get feedback from each youth on different topics.

The Chafee/ETV program utilizes the Hart's Ladder concept to support partnership development with young people. Hart's Ladder demonstrates youth initiating, shared decision making, and youth lead along with directing. We teach shared power between youth and adults. We ask the youth for lived experience and they are the experts in their experience. The youth not only have a seat at the table, they are assured their voices will be heard and accepted. The idea is for there to be a co-designing process. Co-design is about designing with, not for. Co-design is defined as the process that brings about challenging the imbalance of power held by individuals, who make important decisions about others' lives, livelihoods, and bodies. Often, with little to no involvement

of the people who will be most impacted by those decisions. As we embark on co-designing, we are seeking to change that through prioritizing relationships, using creative tools, and building capability.

The youth involved are usually excited about this approach and they help with recruitment by peer outreach and word of mouth. In addition, the Chafee/ETV division does outreach all around the state via social media, text, call, or events. The youth love the opportunity to sit at the table and share their stories and expertise at listening sessions, planning meetings, and YEA! meetings. The youth are always compensated by check and or gift card for any participation. All youth who participate in YEA! Council meetings, strategic planning debriefings, coaching sessions and preparation sessions are compensated through the utilization of gift cards and/or stipends.

The Chafee/ETV program continues to collaborate with Fostering Great Ideas® (FGI) and the Annie E. Casey foundation to support the leadership development of YEA! members. Annie E. Casey will help to foster this relationship between the agency and providers. Annie E. Casey will also continue to provide authentic youth engagement trainings to support the building of the YEA! council and youth engagement. YEA! will require support and encouragement to adopt new ways of being and doing, learn from others, and have their voices heard. The Chafee/ETV program will collaborate with FGI to support the agency move from 'expert' to coach. FGI will help YEA! Council develop a sustainable long-term structure that utilizes Speak Up curriculum, coaching, outreach, and facilitation to reinforce YEA! programming and create a strong cohort through meaningful advocacy and regular support. Through this collaboration, we are hoping to help lived experience and professional expertise overlap while building capability.

The Chafee/ETV program's vision is YEA! expansion of their reputation for developing strong leaders across the region. The goals for expansion include to fortify YEA! members through regular support, training, coaching and opportunities to speak up; create meaningful impact through member lead projects, committees and appointments; establish the YEA! brand throughout the state, resulting in geographically diverse representation; and empower youth and young adults to apply for YEA! membership.

The Chafee/ETV program will continue to develop a cohesive recruitment strategy to ensure sustainability of YEA!. The strategy will consist of utilizing existing youth empowerment structures to introduce young people 14 and older to YEA! and align support older youth programs within DSS and communicate opportunities to transition case workers. The proposed recruitment strategy will also highlight YEA! member leadership in ongoing committee work and create training opportunities for older youth through collaboration with adolescent workers and transition specialists. The Chafee/ETV program will sponsor regional listening sessions and target youth in each region to increase awareness of the YEA! council, learn of the achieved goals from previous council years, and identify desired topics for the next council year. The summer listening sessions will serve as a recruitment strategy for new YEA! members. The Chafee/ETV Program will continue to support the annual YEA! Leadership Retreat where current and future YEA! young leaders will participate in leadership development skills, advocacy skills, and team building. The upcoming YEA! Leadership Retreat is

scheduled for June 2023 where young leaders will also discuss their desired initiatives for the upcoming council year.

The Chafee/ETV program has expanded its collaboration with Fostering Great Ideas® to support the development of YEA! Fostering Great Ideas® provides training and coaching to youth and DSS State Youth Engagement Coordinator. Speak Up® is a training designed for youth in foster care and alumni to learn what advocacy is, how to find their voice, and how to transform action into reform. Fostering Great Ideas® has become an essential component to the monthly YEA! meetings, trainings, coaching, and advocacy efforts. The Chafee/ETV program will continue its partnership with Fostering Great Ideas® and invest additional resources to support its program components for the teen/older youth population. In addition, YEA! meetings provide a platform for youth to get peer support for school and be introduced to organizations or people that could possibly support them in their education.

The Chafee/ETV program will support the statewide presentation of the Life in Limbo in partnership with Fostering Great Ideas (FGI). Life in Limbo is an interactive experience foster care as the child or as their family member. It is designed to improve the state of foster care for all children, develop solutions to the emotional pain of foster care by focusing on building relationships and providing high quality care and learn about the journey in foster care. It will have a focus on what are the stress points, why do children enter, and what are the possible outcomes. YEA! has been invited to learn more about the delivery of Life in Limbo, with the desired outcome to have a young adult properly trained to co-lead this activity.

The Chafee/ETV program will continue to recognize our youth's needs, wants, and desires while participating in YEA! The Chafee/ETV program will continuously assess processes and evaluate the need for improvements. YEA! members were open and honest with the department about being tired, stressed or burned out from all of the projects. YEA! members and Chafee/ETV program co designed a solution and decided to create a media bundle. The YEA! members would be able to record sessions discussing various topics and utilize them in their respective areas. Committees will be able to hear the youth's perspectives without the youth being inconvenienced and lead discussion on systematic change to better align their values and practice while reflecting on the youths' experiences.

The Chafee/ETV program will continue to utilize social media outlets to help prevent virtual burnout of youth who are actively participating in monthly meetings. The social media accounts will also provide a wider opportunity for youth to engage with SCDSS and peers. It will also be utilized to share information with youth such as available resources through SCDSS and in the community. The Chafee/ETV program will continue to utilize publication through the agency's newsletter to inform DSS staff of the various activities, opportunities, and accomplishments of the youth.

The Chafee/ETV program will continue to research and identify ways to improve the recruitment strategies of youth that fall within these categories: parenting, DJJ experience, disabled youth. There are young parents who are interested but are unable to commit to the meetings or workgroups due to their schedule or childcare issues.

The Chafee/ETV program will utilize the YEA! Council members with lived experiences in efforts to provide support to youth in care who identify with the LGBTQI+ community and partner with organizations uplifting this population. YEA! has partnered with Affinita Consulting, LLC to better support care for LGBTQIA2S+ youth and families involved with the child welfare system. This work will focus on establishing a pathway to partner and help address and eliminate disparities in the child welfare system by implementing an agency-wide LGBTQIA2S+ Advisory Committee consisting of internal and external partners to evaluate policies, agency data, and provide guidance, support, and connect direct service child welfare professionals with services for LGBTQIA2S+ youth and families. Additionally, increased training and technical assistance to child welfare professionals will be provided on promising practices to support LGBTQI+ youth in foster care and LGBTQI+ parents and caregivers. This work will develop best practices and policies for supporting LGBTQI+ children, parents, and caregivers in the child welfare system, promote equity and inclusion for LGBTQI+ foster and adoptive parents in their interactions with the child welfare system.

YEA! has partnered with FactForward to promote the optimal health and well-being for all youth and young adults by advancing sexual and reproductive health knowledge. FactForward also trains and educates people who work with young adults, so they can provide medically accurate information about birth control and safer sex. FactForward conducted a listening session of YEA! young leaders to discuss their knowledge of personal health, access to information, and needed support to promote a full awareness of health and wellbeing. FactForward will also conduct listening sessions with case managers to better assess their knowledge and the ability to deliver these conversations in a safe space. FactForward will also provide a survey for foster parents to assess their knowledge and the ability to deliver this information. FactForward will combine assessments and provide training in adolescent body development and reproductive health. FactForward will also provide evidence-based media aware, a fully digital self-paced reproduction training module.

YEA! continues to be a part of South Carolina's court improvement initiative. SCDSS General Counsel collaborated with Chapin Hall to assess SC readiness for utilizing the GPS in the courtroom. YEA! sponsored a listening session for young people to share experiences with a variety of components of the legal process, including feeling prepped and attending a hearing, and interactions with case managers, judges, lawyers, and GAL. Chapin Hall was able to present bench cards that reflected guidance to professionals on how to utilize the GPS model in a courtroom setting. The bench cards also had quotes from the young participants.

The Chafee/ETV Program will continue to sponsor a Jim Casey Fellow. This individual has agreed to serve on workgroups to support the Extension of Foster Care, to support teen/older youth practice model development, and to support professional development and training to improve teen/older youth practice. This fellow will continue to work in co-designing and co-delivering teen and older youth courses for professional development that improves knowledge, competencies, and skills of case managers. Additionally, this fellow will co-design and co-deliver curriculum development for authentic youth engagement from a youth perspective. An analysis of national research and state data

will be conducted by the fellow to support design of a teen/older youth practice model that proposes case management structure, assessments, policies, and resources.

The Jim Casey Fellowship program ensures this individual has opportunities to gain access to the relationships, resources, and opportunities at the local and national levels to support leadership and professional development and contribute to improved outcomes for all young people who have experienced foster care. The Chafee/ETV program will continue to ensure the Jim Casey Fellow has the opportunities to increase their knowledge and practice skills related to personal growth, leadership, professional skills, communication, networking, and advocacy.

The Chafee/ETV program has been committed to offering youth engagement support. The Chafee/ETV program will continue to employ young people with child welfare lived experience, at the agency level and/or as part of contracted staff, to provide outreach and support to fellow youth and young adults. The Chafee/ETV program will continue to support leadership growth opportunities and arrange co-chair town hall meetings, co-chair support group meetings, and co-chair outreach program. The Chafee/ETV program will partner with current providers that already provide youth leadership programs and/or opportunities and are interested in supporting an expansion of youth council services. The Chafee/ETV program will continue to partner with providers/organizations that employ youth/ young adults with lived experience in child welfare to provide navigation services to fellow youth/young adults.

Extension of Foster Care (EFC)

YEA! Members have participated in the EFC campaign, receiving coaching, support, and training in strategic sharing, legislation advocacy, and media appearance preparation. YEA! members and SC providers wrote letters in support of the Extension of Care. YEA! members provided testimony in support of the EFC legislation. Extension of Care H.3509 was approved and signed on April 25, 2022. YEA! members attended a ceremonial signing at the South Carolina Governor McMaster's office on May 11, 2022.

Legislation H.3509, for the Extension of Foster Care program has been signed by Governor McMaster, but a provision was added in the House (last line of the bill) that the program will not begin until the program is funded as part of the Appropriations Bill. Both the House and Senate versions of the Appropriations Bill for FY23 include the funding needed for this program to begin operationalizing the program on July 1, 2022.

SCDSS will begin program development planning and analyze current structure to assess needed resources to extend support to this population. The agency will utilize national data, fiscal analysis, Annie E Casey consulting resources, and YEA! to coordinate program design, policy, standard of practice, and community collaboration. EFC planning is currently under way and the agency will design, prepare, and file all federal requirements with the Children's Bureau for review and approval to begin anticipated implementation in the near future.

The EFC workgroup is charged with designing a system and culture that demonstrates normalcy, permanency, and support for the teen/older youth population. Strategies will be implemented supporting that SCDSS policies, decisions, and practices align with the values and belief that partnering with teens/older youth will improve outcomes for

success. The workgroup will utilize the SC Guiding Principles Standards (GPS) as the foundation to develop a teen/older youth practice model and a continuum of service array. Youth centered teaming, assessment planning, and a case review process will be implemented. Additionally, a training path will be developed to ensure SCDSS staff receive appropriate professional development.

The EFC workgroup is comprised of representatives from several departments, as well as having participation from 6 YEA! young leaders. YEA! young leaders received prepping sessions before each workgroup meeting and were supported during each meeting, allowing them to fully engage and actively contribute their lived experience to the design discussion. Workgroup members agreed the core mission is “an approach” and more than a “program design”, which led to the name change to “Teen/Older Youth Workgroup” and crafted its vision statement:

“DSS embraces a trauma-informed and strengths-based culture to authentically engage and partner with the teen and older youth population it serves. DSS supports growth of teen and older youth by providing equal access to inclusive planning, individualized services, and community resources helping them achieve their full potential. DSS promotes youth normalcy and ability to architect their own lives while building resiliency and preserving their family connections.”

The EFC workgroup examined previous NYTD data and pandemic data to discuss gaps of resources to support a young adult’s transition into adulthood and proposed a statewide transition support program to collaborate with community partners. SCDSS intends to establish a statewide support network to help improve transitional outcomes, and reduce the risk for several adverse adult outcomes, such as homelessness, unemployment, low educational attainment, early or unintended pregnancies, incarceration, drug addiction, and becoming a victim of human and sex trafficking.

The transitional support program support services will be available to teens and young adults presently or formerly in foster care. This program will be well positioned to be a source of support to help these young adults successfully make the transition to living independently. It will create greater opportunity for our state providers and partners to invest in this population, and will encourage increased alignment across housing, education, mental health, and employment service providers.

Community Collaboration and Partnership

The Chafee/ETV program will continue to expand partnering with established organizations in each region to provide transition support and services. Partnership expansion will also include grant proposals, extending/amending current contracts, and MOA. The Chafee/ETV program will continue to engage current providers to target certain transition interventions and offer informational webinars for providers to explore needed areas of change.

The Chafee/ETV program will assess current programs and potential expansion of contracts with service providers/vendors who are currently working with youth and young adults formerly in foster care to provide services through the agencies to which such youth are already connected to provide outreach, service navigation, mentoring, and peer support. The Chafee/ETV program will assess capacity of additional

partnership with national and state organizations to assist young adults, including activities relating to locating youth, outreach, and marketing. The Chafee/ETV program recognizes that investing in these strategies will continue to strengthen youth engagement into the agency's implementation infrastructure from the start and lay the groundwork for sustained youth engagement. The agency will need to assess sustainability to support partnership extensions after the stimulus funds are exhausted.

The Chafee/ETV program has expanded its collaboration with Fostering Great Ideas®. Fostering Great Ideas® is an innovative South Carolina nonprofit that restores hope to children and youth in foster care utilizing a collaborative approach with children and youth in foster care, supporting them to increase their self-worth and supports them to reach their full potential. Fostering Great Ideas® provides emotional and academic supports to teen/older youth throughout their journey in foster care. Adult mentors provide ongoing emotional support and guidance to youth in foster care. Life Support® mentors commit to visiting a youth in foster care twice per month. Mentors actively listen to hopes, fears, and dreams. Tutor Match® provides quality tutors for children and youth in foster care. Virtual tutoring is available, as well as a summer SAT prep course for students who will be entering 11th or 12th grade in the fall. Aspire™ encourages youth to graduate from high school and then attend and excel in college by providing accountability and support throughout their academic experience, utilizing consistent meetings with our education advocate and peer gatherings focused on team building, youth begin to visualize a future for themselves.

The South Carolina Foster Parent Association (SCFPA) will continue a contractual agreement with SCDSS to provide youth with a Chromebook for 11th or 12th graders in a high school setting without access to technology support or for those pursuing a GED. The SCDSS will continue to provide youth with a laptop bundle for those who are pursuing post-secondary education. They will also continue to provide care packages to college students through the Pack-A-SACK program. The SCFPA will also provide "Household Essential Bundle" for youth who will transition from Foster Care, or "Dorm Essential Bundle" for college-bound youth. The SCFPA will also provide "Dependent Essential Bundle" for pregnant and parenting youth. This bundle was introduced to the SCFPA contract as a result of the YEA! Subcommittee Pregnant and Parenting Youth. The SCFPA will additionally support the agency's efforts to enhance youth engagement by supporting the YEA! and other activities deemed necessary by the Chafee and ETV program. The SCFPA will continue the "On the Road Again Program" to provide donated vehicles to youth in Foster Care.

The Chafee/ETV program will maintain the contract with South Carolina Foster Parent Association (SCFPA) to continue supporting the Chafee/ETV program by purchasing gift cards (Walmart, Amazon, Uber, Target, Straight Talk), graduation items, and YEA! supportive items. SCFPA will continue to provide housing support bundles for former foster youth transitioning into their own housing, transition into post-secondary residency dorm room, and for current and former foster youth expecting a child. SCFPA will continue to provide technology support with computers for those youth pursuing post-secondary education.

The Chafee/ETV program will continue to support collaboration amongst organizations and providers to increase various programs offering mentoring and coaching opportunities for current and former foster youth. Youth mentors, formally Big Brothers and Big Sisters, Boys and Girls Club are currently providing opportunities to current and former foster youth. The Chafee/ETV program will continue to support collaboration with Justice Works of the Pee Dee, Empower Me, and local chapters of the National Panhellenic Council. The Chafee/ETV program will continue to support collaboration with The Inner Me Girls empowerment initiative. The Inner Me Girls provides young ladies in the PeeDee region self-esteem growth by celebrating accomplishments, helping them develop life skills, taking them on college tours, and improving their self-esteem through workshops, and various events.

The Chafee/ETV program will continue to collaborate with Upstate committees advancing marginalized youth, such as Asher House, U.S. Committee for Refugees and Immigrants, SC Commission for Minority Affairs, Pride Link, Switch SC, and PASOS. The Chafee/ETV program will continue to partner and collaborate with the Anderson Foster Parent Association on several initiatives including a mentorship program for youth 18 and older.

The Chafee/ETV program will continue to support collaboration with Heritage Builders Lifeline to partner with Low Country local churches to provide training and technical assistance to meet the needs of older youth who have been abandoned, abused, and are now languishing in the system. This program assists them if/when they age out of the foster care system and enter adult world by teaching them valuable life skills, connecting resources, and building intentional one-on-one relationships. The Chafee/ETV program will continue to participate in the Low Country Light of Hope Journey Church which organizes quarterly conferences to showcase resources in the low country to collaborate to know exactly what each other agencies do to help youth in the community.

The Chafee/ETV program will continue to support collaboration with Low Country Orphan Relief, Inc. (LOR), a non-profit organization that provides goods and services to foster youth in the Low Country area. The organization also collaborates with their parenting nonprofits to accumulate resources, products, and services providing a strong, positive impact for foster youth. The most recent collaboration created clothing closets in Title 1 public schools in Charleston, Berkeley, and Dorchester counties as a school resource for children who attend school without the necessities of school life. The closets include underwear, socks, uniforms, and toiletries, which helps to generate a feeling of self-worth and helps a child focus on his or her self-esteem.

The Chafee/ETV program will continue to support collaboration to improve employment opportunities for current and former foster youth through various partners. SCDSS partnered with Columbia Urban League (CUL) Level-Up program which served more than 100 youth in 12 different counties, including Aiken, Clarendon, Fairfield, Greenville, Kershaw, Lancaster, Lexington, Marion, Richland, Spartanburg, Sumter, and York counties. The program offered an employment readiness curriculum that includes a career-shadowing component, youth-focused workshop series, year-round mentoring,

and participants could gain work experience during the summer season. In summer of 2022, the CUL provided the job placement component of their program after two years of social distancing. Current and former foster youth were able to gain work experience for the summer and receive a work coach to improve future employability.

The Chafee/ETV program will continue to explore community collaborations to improve employment opportunities for current and former foster youth. PATCH Career Institute provided training for youth to further their education in a medical career. A Ripple of One concentrated their services in case managing youth, helping them gain employment and housing. This program also matched savings up to \$200.00 and helped youth find paid internships. The Chafee/ETV program will continue to explore a partnership with the United Way VITA, a program that young adults may utilize to file taxes for free and receive training on tax employment responsibilities. The Chafee/ETV program will continue its partnership with Job Corps to provide additional education and career choices for youth. The Chafee/ETV program will continue its partnership with SCWorks to provide access to WIOA funds. The Chafee/ETV program will continue its partnership with Hope Center to help unemployed young adults reach academic capacity, develop skills towards self-sufficiency and self-employment.

The Chafee/ETV program will continue its partnership with Able SC, a Center for Independent Living (CIL), an organization that offers services to empower youth with special needs and increase successful independence. AbleSC offers a broad curriculum in activities and skills training for daily life, safety, and wellbeing, customized to meet individual needs. The Chafee/ETV program will continue its partnership with Mental Illness Recovery Center, Inc. (MIRCI) home for youth/young adults in transition for youth with disabilities or special needs. The Chafee/ETV program will continue its partnership with SC Vocational Rehabilitation to assist in placing youth with disabilities and developmental barriers to employment.

The Chafee/ETV program has partnered with Dougy Center to promote The Listening and Led by Youth in Foster Care: Grief, Hope, and Transitions (LYGHT). This is an evidence based, peer grief-support group inspired by youth in foster care and was developed to create a trauma and grief-informed program to support the needs of youth in foster care. LYGHT is a youth-led and youth-driven program which provides a safe space for youth in foster care to listen, talk, and offer support to one another as they cope with missing family, friends, and other important people, as well as other losses in their lives. At the core of the LYGHT program is the aim to raise awareness about how youth in foster care who are grieving experience marginalization on various levels, to create ways to provide trauma informed peer support to youth in foster care, and to promote the importance of moving the child welfare community toward a grief informed holistic model of care. A total of 21 LYGHT Facilitators were trained on the model and are excited to offer the program to South Carolina teens (12-16) and young adults (17-23) in foster care. The Chafee/ETV program will continue to support current LYGHT sites in Charleston, Richland, Clinton, and Berkeley. The Chafee/ETV program will also continue to support the recruitment and expansion of developing additional sites around the state.

Housing Needs

The Chafee/ETV program identified a supportive objective for young adult transitional living programs to decrease occurrences of homelessness. The Chafee/ETV program will continue to seek partnerships in the community for opportunities to expand available resources.

The Chafee/ETV program will continue to support current providers interested in converting or adding a Supervised Independent Living (SIL) program to their organization with the desired outcome of increasing supportive placement options for young people. The Chafee/ETV program will continue to seek partnerships in the community for opportunities to create and build transitional living programs. The Chafee/ETV program will continue to offer DSS sponsored webinars to learn the needs of this population and coordinate efforts to collaborate resources.

SCDSS will also collaborate with County HUD Programs, state, and local housing organizations, connecting young people to available resources for additional government assistance. Supportive services are voluntary for youth and may be provided by other agencies on behalf of the child welfare agency. Voucher assistance is provided for 36 months. The Chafee/ETV program recognizes that funding under the Chafee program may not be available to support the services provided to youth participating in the FYI Voucher Program due to Chafee program eligibility and age of the youth. However, to provide services as required, SCDSS intends to develop partnerships with housing providers, foundations, and other community resources to secure the services needed to ensure youth are successful in obtaining and maintaining the voucher for the 36 months.

The Chafee/ETV program submitted a request to receive technical assistance to improve the supportive services available to the teen/older youth population. The agency is committed to sponsoring peer learning opportunities to explore a continuum of transitional and semi-independent living housing options for youth transitioning from foster care. Assistance required will include exploring data gathered from our SC older youth, accessing national resources, and research. Additionally, assistance with connecting with current available resources, organizations, and committees to form a collaborative community approach to providing housing support services has been requested. Current providers are interested in transforming their congregate care programs to a more transitioning support program for older teen population. It is unfamiliar territory, but providers are interested in providing additional housing resources for the population and would benefit from assistance learning and developing what transition housing services and supports should include.

The Chafee/ETV program will utilize technical assistance from National Center for Housing and Child Welfare (NCHCW). This will include an orientation/overview with DSS staff regarding the SC FUP and FYI voucher process and assist with organizing housing collaboration efforts. TA from the NCHCW will provide a matrix mapping/identifying the housing authorities in SC and the voucher opportunities that exist. NCHCW will continue to provide a series of orientations/conversations with DSS, SIL program partners, and SC Housing Authorities and possible SIL program and practice models.

DSS is excited to enter a partnership with Greenville HUD to support housing stability for former foster youth through the Foster Youth to Independence Initiative (FYI) voucher program. In March 2023, SCDSS entered a MOU with Greenville Housing Authority to access FYI vouchers. DSS will support youth with ensuring required documents are provided for the referral. Once the young person acquires the voucher, DSS helps assure the young person leases an apartment and continues to connect the youth to community resources. This is intended to help youth move increasingly towards self-sufficiency, independence, and residency/connection to their neighborhood. Collaborating with various HUD offices across the state will help emancipating foster youth use housing as a platform to move towards self-sufficiency when they leave care. The Chafee/ETV program also began collaboration with Housing Operations Program and Moving to Work Self-Sufficiency Program, currently working on a Youth Builders grant for young adults ages 18-23.

The Chafee/ETV program will continue to identify potential Upstate community partners for the housing initiative, such as Opportunity Village, Front Porch Housing, Pendleton Place, New Foundations, and Youth Project. The Chafee/ETV program will continue to support United Way of the Piedmont, and promote their homeless prevention fund, and a Transportation to Work ride share initiative.

The Chafee/ETV program will continue to make referrals to transitional housing facilities, such as Leaphart Place and Trent Hill Supervised Independent Living Program. The Chafee/ETV program will continue to support The United Housing Transitional Program merging with Pendleton Place to offer 10 Transition Housing units to struggling youth. The Chafee/ETV program will continue to provide informational training and support the development of Asher House, a transitional housing program in Upstate Region. The Chafee/ETV program will continue to expand collaboration with organizations such as Miracle Hill, Pendleton Place, Grace Church, and Dear America Foundation.

The Chafee/ETV program will continue to build partnerships with The SC Homeowner Rescue Program (SC HRP), a federally funded program established to provide financial assistance to eligible experiencing pandemic-related financial hardship that will run through September 30, 2026, or until all funding has been utilized.

The Chafee/ETV program will continue to collaborate with Growing Homes Southeast and strengthen the partnership. Growing Homes Southeast assisted 11 transitional housing for previous foster care youth with a stable, safe, low-income apartment. Each unit is a one-bedroom furnished apartment, including utilities and internet services. Each youth is required to spend at least 25 hours of productive time at work or attending school. Residents meet to discuss the problems at the complex to help them learn to resolve differences positively. Chafee/ETV Transition Specialists meets with the property manager to discuss the updates on the client's progress and strategies to empower each to become self-sufficient. Each client is responsible for paying a portion of their rent, based on the client's salary income. The Chafee/ETV program is able to provide additional funding to stabilize housing.

The Chafee/ETV program will continue to collaborate with the South Carolina Interagency Coalition for the Homeless Committee, Greenville Homeless Alliance

conference, and Eastern Carolina Housing Organization (ECHO). The Chafee/ETV program will continue to collaborate with Total Care for the Homeless Coalition (TCHC), as the organization recently received a grant to work on teen/young adult homelessness. Chafee/ETV Regional Transition Specialists will continue to attend TCHC quarterly committee meetings and attend ECHO's mapping workshops to prepare for the community action plan that is being developed to submit to HUD. The Chafee/ETV program will continue to coordinate with the youth program at the Transitions Homeless Shelter. The Chafee/ETV program will continue to coordinate with United Way Youth in Transition Committee. The Chafee/ETV program will continue to explore community options for homeless youth and opportunities to create partnerships. The Chafee/ETV program will continue to work with local housing authorities to create MOU's to obtain the vouchers for youth transitioning out of foster care.

Mental Health

The Chafee/ETV program will continue to collaborate with Select Health to identify and support the well-being and mental health needs of youth/ young adults. The Select Health pilot project for older youth in foster care is focusing on the 17-year-old population. The pilot project enrolls them in Select Health Care Management and provides a dedicated curriculum to educate the young people on topics pertaining to health and wellness. Select Health presented their desired pilot program to the YEA! youth council members. YEA! members provided input on how to connect with this population and helped design a flyer. This pilot will continue development and implementation for the next year.

The Chafee/ETV program collaborated with Roads of Independence, an adolescent/young adult program of the Department of Mental Health. Roads of Independence was already working with some youth that were in the Pee Dee Region of South Carolina and extended their mental health support services to former foster youth because they recognized the stress the pandemic was causing to all youth. Roads of Independence provided peer groups as well as flexible hours for youth to reach out to their staff. They also provided a few outdoor activities to provide youth with resources to help them as they grow towards adulthood, as well as activities to keep them out and active. The Chafee/ETV Program collaborated efforts and attended an informational event and was able to meet with foster youth placed in the area, provide information on the Chafee/ETV program, build community connections, and increase awareness of the needs of foster youth. The PeeDee community collaboration extended to Sumter United Ministries, emergency Shelter, The Mobile Crisis unit of the Santee-Wateree area, Nami, and Sumter County Sheriff's office.

The Chafee/ETV program will continue to strengthen partnership and awareness of the Midlands Good Samaritan Clinic, as the organization offers free mental health counseling and free medical attention. The Chafee/ETV program will continue to strengthen partnership with National Alliance on Mental Illness to gain access to their education and information on improving awareness. The Chafee/ETV program will continue to strengthen partnership with the Rose Leaf Foundation, who recently provided a donated preowned vehicle to one of our youths in the Midlands. Rose leaf foundation's program, "Well-being Starts with ME", provides virtual training, activities,

and resources to help participants foster new habits, learn to encourage positive self-regulation, and further develop protective factors behaviors that increase their likelihood of success as adults. Participants will have increased awareness of their well-being status and be equipped with the knowledge information and resources to work towards optimal well-being, optimizing their decision-making and overall approach to events they will encounter as they move into adulthood. Classes are led by trauma-informed professionals and all youth will have access to a licensed counselor and financial advisor as young adults dive into topics needed to help them be successful in their transition to adulthood.

Update on identified activities from FFY 2023

- Continue to review current state policy and amend any barriers from providing transitional support in accordance with the federal program guidelines- *Progress has been made and it will continue /Ongoing*
- Re-Submit legislation to implement Extension of Foster Care Program. There is a state funded Extension of Foster Care through the Voluntary Placement Agreement. Approved legislation will allow for the expansion of the program, services, and funding for older youth age 18-21 who request to remain in DSS custody and care. – *Achieved*
- Develop state policy, licensing, and placement regulations for transitional youth age 17 until age 21 in various care settings. - *Progress has been made and it will continue /Ongoing*
- Update basic Child Welfare Basic training for Chafee and ETV transition skills through the Center for Child and Family Studies at the University of South Carolina. – *Building capacity within SCDSS Staff Development and Training*
- Create statewide webinar training for Chafee and ETV Program through the SCDSS Staff and Development Training Department. - *Completed*
- Create statewide adolescent brain development training for child welfare professionals to improve relationships with this population from the beginning of the case and enhanced throughout the life of a case until successful transition from foster care is achieved. – *Completed. There have been six cohorts offered to case managers, supervisors, program coordinators, providers, and community partners. SDT completed Train the Trainer to build capacity.*
- The SCDSS Chafee and ETV Program will continue to provide training to the Foster Parents statewide. – *Completed and will continue*
- The SCDSS Chafee and ETV Program will continue to provide training to Agency staff on proper procedure for conducting and documenting the transition needs assessment through coaching and providing technical assistance, and information handouts. – *Completed and will continue*
- The Chafee and ETV Program will continue to work with the SCDSS CAPSS Team to resolve all CAPSS issues related to the Chafee and ETV program and NYTD. – *Progress has been made and it will continue /Ongoing*
- The Chafee and ETV Program will collaborate with the SCDSS CAPSS Team to create a Chafee and ETV Service Line to capture all things related to transitioning into adulthood, such as but not limited to Chafee and ETV requests, transition

- planning, financial literacy, educational and employment status, and NYTD funded and non-funded services. - *Progress has been made and it will continue /Ongoing*
- The Chafee and ETV Program will provide a Graduation Ceremony to commemorate the accomplishments of youth graduating high school and any post-secondary education. – *Unable to provide in person graduation ceremony. The Chafee/ETV team did provide financial award and celebratory items to commemorate the accomplishment and support regional celebrations.*
 - The Chafee and ETV Program will provide Quarterly Advisory Committee Meetings with stakeholders and community partners. – *Completed and will continue to provide monthly updates of the Chafee/ETV program and will continue to participate in QI and stakeholder meetings.*
 - The Chafee and ETV Program provide training for Agency staff and youth in Foster Care on Identity Theft and credit reporting. – *Completed and will continue*
 - The Chafee and ETV Program will provide Financial Literacy Workshops for young adults receiving housing assistance. – *Completed and will continue*
 - Create a centralized Chafee and ETV Business Office to ensure funds are being dispersed in a timely manner. - *Progress has been made and it will continue /Ongoing*
 - Implement county aftercare case managers, who provide intensive transition planning and life skills development for older youth, support training of staff and providers, and document transition to adulthood services timely and accurately. - *Progress has been made and it will continue /Ongoing*
 - Integrate technology into daily work to meet youth where they are, engage their awareness and ensure access to transition to adulthood services. – *Completed and will continue*
 - Restructure county youth voice groups and host regional youth conferences to train youth in life skills and transition to adulthood services. - *Progress has been made and it will continue /Ongoing*
 - Continue to provide funds for transitional services. – *Completed and will continue*
 - Create a directive memo and policy for the referral process to SCDEW, WIOA/SC Works to streamline the referral process, tracking services, and increase enrollment. - *Progress has been made and it will continue /Ongoing*
 - Create a partnership with local HUD offices to enter MOU for submitting grant applications for housing vouchers for former foster youth in need of housing stability. – *Completed and will continue*
 - Increase participation of youth in transition in policy and program improvement – *Completed and will continue*
 - Full implementation of the credit reporting requirements for youth in foster care. - *Progress has been made and it will continue /Ongoing*
 - Create a youth version Chafee and ETV guidebook. - *Completed*

FFY 2024 Activities

- The Chafee and ETV Program will continue to lead the Extension of Foster Care design and implementation.

- The Chafee and ETV Program will continue to engage with community partners to expand resources for life skills development, employment, transportation, housing, financial literacy, health and well-being for current and former foster youth to improve transition outcomes.
- The Chafee and ETV Program will continue to review current state policy and amend any barriers from providing transitional support in accordance with the federal program guidelines.
- The Chafee and ETV Program will continue to develop state policy for transitional youth age 18 until age 21 in various housing options and care settings.
- The Chafee and ETV Program will continue to sponsor statewide adolescent brain development training for child welfare professionals to improve relationships with this population from the beginning of the case and enhanced throughout the life of a case until successful transition from foster care is achieved.
- The Chafee and ETV Program will continue to provide training on Chafee/ETV program specifics. Provide training and technical assistance to regional staff, private providers, resource parents, and young people on appropriate planning, documentation, and provision of services to improve county operations statewide.
- The Chafee and ETV Program will continue to collaborate with the SCDSS CAPSS Team to create a Chafee and ETV Service Line to capture all things related to transitioning into adulthood, such as but not limited to Chafee and ETV requests, transition planning, financial literacy, educational and employment status, and NYTD funded and non-funded services.
- The Chafee and ETV Program will continue to provide Financial Literacy Workshops for young adults and inquire about implementation Opportunity Passport.
- The Chafee and ETV Program will continue to create a centralized Chafee and ETV Business Office to ensure funds are being dispersed in a timely manner.
- The Chafee and ETV Program will continue to integrate technology into daily work to meet youth where they are, engage their awareness and ensure access to transition to adulthood services.
- The Chafee and ETV Program will continue to support the development and expansion of regional YEA! groups and host regional youth conferences to train youth in life skills and transition to adulthood services.
- The Chafee and ETV Program will continue to increase participation of youth in transition in policy and program improvement.
- The Chafee and ETV Program will continue to invest in building partnerships with SCDEW, WIOA/SC Works to streamline the referral process, tracking services, and increase enrollment.
- The Chafee and ETV Program will continue to invest in building partnerships with local HUD offices to enter MOU for submitting grant applications for housing vouchers for former foster youth in need of housing stability.
- The Chafee and ETV Program will continue to ensure federal compliance of the credit reporting requirements for youth in foster care.
- The Chafee and ETV Program will continue to create resources for youth and young adults to assist with understanding the child welfare system and transition resources.

Access to Medicaid for Former Foster Youth

The Chafee/ETV program continues its commitment to coordinate efforts with the state's Medicaid agency to provide former foster youth with information and access to resources. The Chafee/ETV program works with youth to ensure they have access to essential identifying documentation, such as their birth certificate and social security card. Additionally, the Chafee/ETV program educates youth and young adults so they are aware of their eligibility access to Medicaid and have the appropriate contact information for the Medicaid office. The Chafee/ETV program stresses the importance of providing current contact information and the renewal of eligibility every year to young adults. There is a common belief amongst young people that the case manager will continue to renew their Medicaid eligibility after turning 18. The Chafee/ETV program discusses with the young person how to navigate this process, including identifying a provider closest to them, understanding co-pays, needed communication skills to make an appointment, and the commitment to attend the appointment. Additionally, young adults are encouraged to ask questions regarding the process and their care, including discussing and asking questions to feel comfortable with medications prescribed.

National Youth in Transition Database (NYTD)

The Chafee/ETV program will continue to assess the findings of most recent NYTD survey cohort and Division X state and national data to identify areas of needed improvement and adjust the next fiscal year of the program.

The NYTD collects information on youth in foster care, including sex, race, ethnicity, date of birth, and foster care status. It also collects information about the outcomes of those youth who have aged out of foster care. This federally mandated survey was previously outsourced to the University of South Carolina but has recently transitioned to SCDSS to improve data collection and is administered internally. SCDSS Chafee/ETV, Operations, Information Technology and Accountability, Data, and Research (ADR) collaborate to track, outreach to youth, collect the survey data, code the data for submission to our federal partners and will be using the information in the future to inform leadership and program.

This transition occurred during the tracking, outreach, processing, and collection of data for Cohort 4, Wave 2, 19-year-old survey participants where USC continued to collaborate and assist DSS in creating necessary new processes and shared outreach techniques. The USC and DSS team had weekly virtual meetings to make certain that the transition did not interfere with survey completion. The Chafee/ETV and ADR team, along with USC, continued their joint data collection of Cohort 4, Wave 2 (19-year-olds) until September 30, 2022, the end of the federal reporting period for FFY2022. October 1, 2022, began FFY2023 and the collection of data for Cohort 5, Wave 1 (17-year-olds). The DSS and USC team (with the USC team primarily advising only) continue to collect data for Cohort 5, Wave 1, (17-year-olds) with Reporting Period A (October – March) and Reporting B (April-September); this reporting period will end September 30, 2023.

After the complete administrative transition of NYTD to the Chafee/ETV and ADR teams, DSS's goal is to implement progressive plans of action to continually strengthen and increase survey participation by bringing awareness through the education of

NYTD's purpose and a sense of shared responsibility. The joint Chafee/ETV and ADR team developed training for case managers and other interested parties and conducted those trainings monthly. By incorporating members of the Operations team into NYTD, problems with outreach and survey completion with case managers and the youth could be tackled as a team. The ADR team discontinued the use of Qualtrics for the survey delivery; instead creating a more appealing design in Survey Monkey with a QR code to increase survey accessibility for youth and case managers. The NYTD Chafee/ETV, Operations, IT, ADR, and USC partners continue weekly virtual meetings to discuss survey completions, complexities with outreach and any issues that may prevent or diminish reaching the overall participation goal. Additional outreach methods included the redesign of the NYTD website, monthly post card reminder mail-outs encouraging survey participation, connecting youth to Independent Living Services, and providing tutorials to case managers. The NYTD team also uses resources in DSS such as foster care listings, family preservation listings (to search for the youth or siblings), SNAP and TANF, and CLEAR searches. Outside of DSS, team members have searched social media, Department of Motor Vehicles, correctional facilities, and called congregate care facilities to locate and then outreach to youth.

Using the results of the survey to South Carolina youth, DSS will create internal analyses and shorter snapshots that will be posted on the NYTD website and DSS's external website. These analyses will be shared with DSS leadership, Operations, Chafee/ETV, and others to improve processes and programs for our older youth and to help youth currently in care transition out of care. Chafee/ETV also conducts NYTD Youth Council meetings and presents an opportunity for youth and other SCDSS partners to evaluate the effectiveness of the current processes while providing feedback for improvements. The ADR team has also utilized the federally produced snapshots for internal DSS leadership and the Chafee / ETV program to improve outreach and delivery of services.

The work of the Chafee / ETV and ADR team has helped improve awareness of the NYTD survey and develop cross-system collaborations internally to continually strengthen the collection of high-quality data through NYTD and that the data is used for continuous quality improvement. As DSS progresses with Cohort 5, Wave 1 (17-year-olds) and prepares for Cohort 4, Wave 3 (21-year-olds), it will continue to utilize every SCDSS resource to improve data collection and federal compliance for survey completion. The overall goal of the NYTD team is to stay in a constant state of refining the processes by bridging gaps through communication, increasing youth engagement, and ensuring our youth have an opportunity to express their experience of the foster care system so that our data collection represents a true depiction of provided services.

Division X Additional Funding from the Supporting Foster Youth and Families Through the Pandemic Act

South Carolina utilized all of the allotted Division X funding and provided a final report out in the prior APSR. Please refer to 2023 APSR for quantitative information, accomplishments, barriers, and future provision of services.

Consultation and Coordination Between States and Tribes

This information can be found in the section called Consultation and Coordination Between States and Tribes.

6. Consultation and Coordination Between States and Tribes

State Plan for Ongoing Consultation and Coordination

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

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

Attending these meetings include the CIN General Counsel, CIN Director of Social Services, CIN ICWA Coordinator/Child Services, SCDSS State ICWA Manager, SCDSS Regional ICWA Liaisons, SCDSS Office of General Counsel, SCDSS Foster Home Licensing representative, SCDSS Adoptions representative, SCDSS Foster Family Recruitment, SCDSS John H. Chafee Representative, SCDSS Office of Performance Management & Accountability, SCDSS Director of Safety or her designated representative, SCDSS Director of Operations or her designated representative, SCDSS Assistant Director, Office of Child Health and Well-Being, and Director of Indian Affairs with the SC Commission on Minority Affairs Office.

Each region has an identified ICWA liaison, and they are referred to as SCDSS Regional ICWA Liaison. A continuing aspect of the collaboration between SCDSS and CIN is the sharing of data. Each month DSS supplies CIN with a report generated from the DSS CAPSS (Child and Adult Protective Services System), South Carolina's SACWIS, listing all persons listed in CAPSS who had a service open for one day or more in the previous month and a tribal affiliation listed as Catawba Indian Nation. This report allows CIN to see a list of all children and families involved with SCDSS who enrolled members of or are eligible for membership in the CIN so they can inquire with the county office if the tribe has not been notified of DSS involvement with the child as required by SCDSS policy. SCDSS and CIN are currently in discussion of creating a secure access to our CAPSS system that will allow CIN to be notified as soon as an intake for child abuse or neglect is accepted and assigned regarding one of their tribal members. This access will also allow CIN to be able to enter information regarding visitation, medical, psychological, and other services being provided for their tribal member or those eligible for membership. This CAPSS update is still in development.

SCDSS policy states that as soon as possible after the agency gathers information that the child is a member of or eligible for membership in a federally recognized tribe the

worker contacts the tribal ICWA representative for coordinating the investigation and possible placement with tribal authorities should it become necessary to remove the child from the home.

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

Outcomes of Collaboration

SCDSS and CIN have an open communication regarding interactions and practices between the state and tribe. SCDSS has learned of resources that are able to be provided to the CIN tribal members to assist in keeping the family unit together. CIN has been kept aware of SCDSS's changes to our practices within child welfare.

In order to continue to see improvements in our compliance with ICWA the following steps will be continued:

- Continue holding meetings of SCDSS and CIN Collaboration Workgroup.
 - Included in this workgroup will be each region's ICWA Liaison(s).
- The Regional Liaisons will provide the frontline staff and supervisors in the county a staff person closer to them to contact with their ICWA questions rather than going directly to the State Office.
- SCDSS will continue to offer the ICWA training to all new workers.
 - The ICWA on-line training module addresses the following topics: Catawba Indian Nation and Native American culture and history, ICWA requirements including the ICWA Final Rule, 25 CFR Part 23 and SCDSS Policies and Procedures for ICWA compliance including requirements to involve the tribe before ICWA required tribal involvement. The ICWA on-line training is now available on the agency's internal training site and can be accessed by any employee at any time.

Monitoring ICWA Compliance

Monthly reports are available to show who has been entered into our CAPSS system as having Native American affiliation. These reports are reviewed monthly and workers are notified of the need to enter the determination (enrolled, eligible for, or not eligible) of the person identified.

Regarding judicial monitoring, South Carolina has included in the Bench Bar Book that Family Court Judges use as a resource a section on ICWA. This section reminds Family Court Judges that ICWA applies to child custody cases involving Indian Children and that ICWA is federal legislation designed to protect the best interests of Indian Children and promote the stability of Native American tribes. The ICWA notes in the Bench Bar

Book also instruct judges that ICWA inquiries should begin at the beginning of a case and continue throughout the life of a case to avoid a case being reversed.

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

Tribal Placement Preferences

The Catawba Indian Nation representatives continue to state, that they have a very strong preference for children and youth to remain in their own homes or in the homes of family members who are part of the Tribe, when they become involved with the SCDSS, if that is in the child or youth's best interest. SCDSS staff have received training on these Tribal preferences. SCDSS' Statewide Foster Adoptive Home Recruitment Coordinator will work with CIN Social Services and the South Carolina Commission on Minority Affairs to recruit Native American Foster and Adoptive Homes both CIN and other state recognized tribes along with non-tribal families who are sensitive to Native American culture.

Regarding children who are members of other federally recognized tribes, SCDSS complies with the tribe's preference for the placement of their members. If SCDSS is unable to identify the placement preference of the tribe, they are consulted and presented with the active efforts completed to meet these requirements.

Active Efforts to Prevent Break up of Indian Families

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

If the child is a member of another federally recognized Native American tribe, SCDSS strives to maintain that child with their family and/or kinship provider as we do with all

families and CIN children. Furthermore, SCDSS notifies all federally recognized tribes of any type of involvement they encounter with an enrolled or eligible child that is a member of a federally recognized tribe.

Providing Child Welfare Services and Protections for Tribal Children

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

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

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

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

Planned Changes to Laws, Policies, and Procedures

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

On an ongoing basis, the SCDSS State ICWA Manager meets with the CAPSS team to discuss ways to improve identification of children and/or adults who are eligible for or enrolled members of a federally recognized Native American tribe.

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

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

A member of the South Carolina Department of Social Services (SCDSS) John H. Chafee Foster Care Program for Successful Transitions to Adulthood staff is invited to all meetings of the SCDSS-CIN group. The staff person is in attendance to address any issues which may arise regarding an Indian youth who is affiliated with CIN and to provide the tribe with updates on services provided to youth who are eligible for the Chafee program. The John H. Chafee Foster Care Program for Successful Transitions to Adulthood is available to any child/youth who is an eligible or enrolled member of a federally recognized Native American child as long as they meet the eligibility criteria for the Chafee and ETV program. These requirements follow the federal guidelines established and have no additional requirements added to them.

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

Exchange of APSRs

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

Section D. CAPTA State Plan Requirements Updates

There are no significant changes regarding how SCDSS proposes to utilize CAPTA funds. In 2022, CAPTA funds were used for the SC Citizen's Review Panel, enhancing technical support, training, and prevention messaging through Children's Trust, Family Wellness and Support Plan development for substance exposed infants, and funding toward the managing and hosting of the Intake Screening tool through Evident Change and Structured Decision Making. CAPTA funds are also being used by SCDSS's Staff

Development and Training team to implement an evidence-based child welfare coaching model and to fund the University of South Carolina's Mandated Reporter training and Child Abuse and Neglect Investigation training.

The Strengthening Families Program offers parenting skills for families involved with the Child Welfare system as well as those families who are involved in substance abuse treatment to prevent children from coming into the child welfare system. The Structured Decision-Making tool continues to be used to assist the state in making more informed referral decisions and to better assess the need for ongoing investigations during the intake process.

South Carolina DSS is in the planning stages for use of Supplemental CAPTA Funding (American Rescue Plan). DSS is committed to using these funds to support transformational efforts. As such, DSS is planning for the use of these funds to assist in funding the Thriving Families, Safer Children initiative in collaboration with the Children's Trust, the development of the CAPSS intake tracking tool, CANS/FAST coaching support, FFPSA legal training, and training for Fathers and Families through Global Partners. SCDSS has not experienced any challenges or barriers in being able to access or use the supplemental CAPTA funding.

Appendix A: Citizen Review Panel

SCDSS has received the Citizens Review Panel (CRP) 2022 Annual Report – the most recent report – and a compilation of recommendations from the Low Country, Midlands, and Upstate panels. SCDSS looks forward to continued collaboration with the CRP toward improvement of the child welfare system. A copy of this report is attached to this APSR as Appendix A.

The following are the CRP's recommendations.

1. The SC Department of Social Services and the SC Department of Education should partner or collaborate to create a policy to streamline the process of kinship caregivers enrolling children in schools.

SCDSS Response: The kinship caregiver agreement (SCDSS Form 3017) is signed by kinship providers upon agreement to serve as a kinship caregiver. Through this agreement, the kinship caregiver agrees to work with SCDSS as needed to meet all needs of the child including, but not limited to, educational needs. Additionally, the kinship caregiver site visit form (SCDSS Form 30212) is completed by the case manager and includes a discussion and documentation via this form of how the caregiver will continue the child's education and any support or services needed. This information, coupled with the case planning that occurs with the family through the child and family team meeting (CFTM) process creates a process that ensures a child's educational needs are met. SCDSS will review policy for needed improvements in these processes.

2. Language in the SC Department of Social Services Safety Plan should include that parents provide the kinship caregiver with records within a certain number of

hours post-placement. (Records would include the long form of the SC birth certificate, immunization records, social security cards, Individualized Education Plans, 504 Accommodation Plan, etc.)

SCDSS Response: Current SCDSS policy and procedure for child and family team meetings (CFTM) includes the recommendation that the kinship caregiver be provided these documents. Placement with a kinship caregiver is a voluntary agreement, and as such SCDSS can continue to request documentation be provided to the caregiver, however, cannot mandate they be provided.

3. The SC Department of Social Services create an education liaison position to address kinship care cases.

SCDSS Response: SCDSS currently has both kinship care liaisons and an education liaison that address educational and other identified needs in kinship care cases.

4. Create a universal form or letter signed by the SC Department of Social Services given to kinship caregivers when children are placed in their homes for the kinship caregivers to provide to the school district as proof of placement and to allow the kinship caregiver to participate in addressing educational issues related to the child/children in the kinship caregiver's home.

SCDSS Response: Currently SCDSS policy and procedures supports providing a copy of the documented safety plan to schools as proof of placement. While this often suffices, there have been instances in which the school requests proof of legal custody to allow the kinship caregiver to enroll the child. Kinship placement is a voluntary agreement in which the child's parent(s) of origin still retain legal custody of the child(ren). As such, incidences in which the school requests legal proof of custody, oftentimes the child's parent(s) are contacted to approve or complete the enrollment process.

5. Create a timeframe to ensure that the Department of Social Services case managers provide kinship caregivers needed documentation.

SCDSS Response: Current SCDSS policy and procedure for child and family team meetings (CFTM) includes a timeframe for when CFTMs are to be held. During this CFTM it is requested the kinship caregiver be provided needed documentation. Placement with a kinship caregiver is a voluntary agreement, and as such SCDSS can continue to request these documents be provided to the caregiver, however, cannot mandate they be provided. Depending on the situation of the case, the CFTM may be held prior to the child being placed with the kinship caregiver, or shortly after being placed with them.

Plans of Safe Care for substance-Exposed Infants

In April 2020, SCDSS joined with the South Carolina Department of Alcohol and Other Drug Abuse Services to employ a liaison to build competency among SCDSS staff in

understanding substance use disorders. This includes helping to provide the families served by SCDSS affected by substance misuse, with the best available services to strengthen them.

Technical assistance through the National Center on Substance Abuse and Child Welfare (NCSAW) ended in quarter one 2023. South Carolina will continue to develop family wellness and support plans built on the foundation offered through the In-Depth Technical Assistance (IDTA). The three key components to the SC approach entail:

- Piloting Family Wellness Support Plans for those with Fetal Alcohol Substance Disorder
- Building out a SUD track in the 12-month postpartum care plan
- Finalize and implement internal changes within SCDSS practice with families affected by substance use
- Explore options to develop MCO case management for FWSP and develop FWSP code to be initiated at time of birth to accompany a NAS/NOWS/FASD diagnosis and look at cost analysis of MCO case management

Current statute has been reviewed and there is a need for DSS to work for statute change to allow flexibility for decision making that is more reflective of the different needs, risk level and supports needed for families experiencing a substance use disorder. This work would include a clear definition of a “substance affected infant.” Additionally, limitations imposed by the *Whitner v. South Carolina* (1997) ruling will need to be addressed through the previously discussed statute change. The SCDSS and DAODAS liaison continues a focus group with the goal of education focus will reach across multiple systems, create urgency for change, address stigma, and explore HRSA grant opportunities. The second phase will focus on the framework will emphasis on helping those who help themselves, flexibility vs. rigidity with a multigenerational approach. Thirdly, additional support will be provided around CAPTA notifications to clearly define lower risk populations, build safety net protocols, awareness, and consensus these efforts are solely not just a child welfare issue and acknowledge this work gracefully aligns with South Carolina’s current effects with Family First Prevention Service Act. Additionally, statue changes are foreseen to support flexibility to implement a public health campaign.

With implementation of the FAST and CANS assessment tools complete, SCDSS has been focusing on strengthening skills around the usage and application of these tools. These are used as decision support in the field, but also support the identification of appropriate services. The Office of Safety Management has been working in conjunction with the Praed foundation to develop an algorithm of service level intensity based on FAST results. This algorithm is intended to facilitate case managers in service identification and intensity based on family needs. In April of 2023, a CAPSS build was implemented that incorporated the FAST assessment results and algorithm into a safety decision making framework that requires the case manager to consider service needs at the time they are inputting the assessment results. This

framework is intended to identify immediate service needs related to safety concerns, but also consideration for service needs even if an immediate safety concern is not evident. Data is not yet available for this initiative. While this work is not specific to substance affected infants, it will allow for services identification and monitoring across all case types. Additionally, a CAPSS update recently added a requirement to strengthen out of home and kinship placement data. With this update, staff are required to identify whether a child was placed outside of the home, including with a kinship provider, before closing the investigation services line. Prior to this update, there was little formal data tracking available for kinship placements during the investigation phase. While this is not limited to plans of safe care, will provide insight into the safety response and placement of children during investigations for all case types.

Although formal data is limited, the Office of Safety Management, in coordination with the SCDSS liaison with the S.C. Department of Alcohol and Other Drug Abuse internally tracks all intakes received that involve a substance affected infant, monitoring for any concerns and working with the counties to support best practices.

Additionally, SCDSS is continuing to work on developing a provider portal to capture services in CAPSS. Efforts for this portal are ongoing and have faced some challenges. Staffing issues initially delayed the launch, however the CAPSS team continues working on this portal.

Section E. Updates to Targeted Plans within the 2020-2024 CFSP

Appendix B: Foster and Adoptive Parent Diligent Recruitment Plan

SCDSS is not requesting any change to our Foster and Adoptive Diligent Recruitment Plan. SCDSS's Foster and Adoptive Parent Diligent Recruitment Plan is attached as Appendix B.

In 2020, SCDSS revisited the Foster and Adoptive Parent Diligent Recruitment Plan. SCDSS worked with licensed Child Placing Agencies to develop a new comprehensive plan that maximizes efforts to recruit and license foster homes based on current needs. The new plan was finalized and updated in March of 2021.

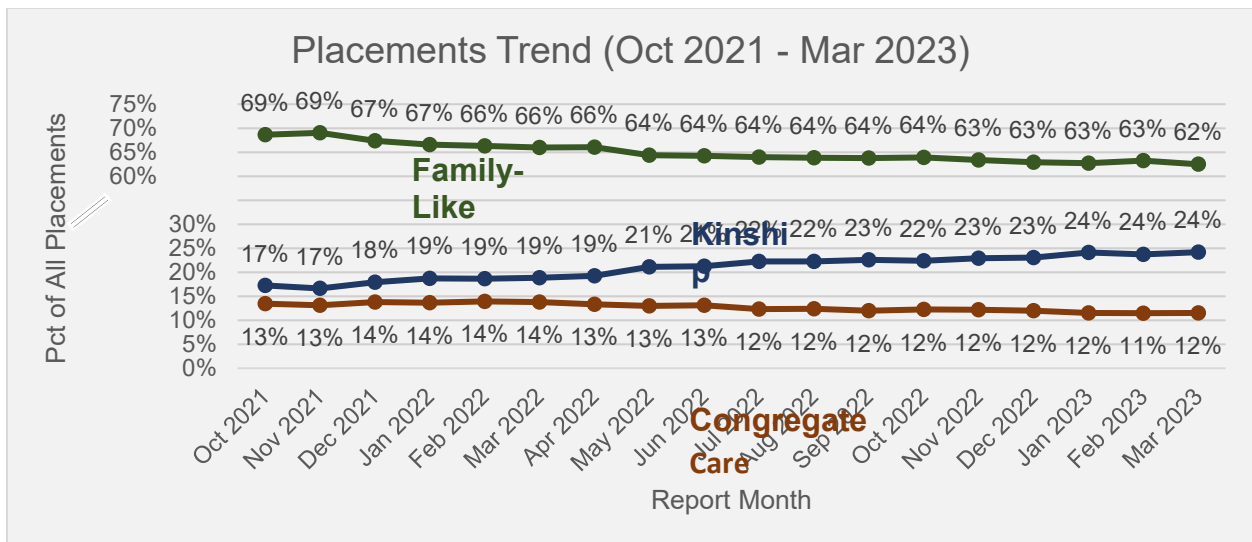
SCDSS, SCFPA, and the Child Placing Agencies continue to conduct various recruitment and retention events across the state to recruit foster and adoptive homes that meet the current needs of SCDSS. These recruitment events are conducted in person and virtually. Most conduct recruitments for their organization, however there are some shared recruitment events between multiple agencies.

In collaboration with SCFPA, the CPAs, and the SC Heart Gallery, SCDSS has developed and is actively promoting the following targets:

4. Increase the number of licensed kinship placements

5. Focus on child-specific recruitment efforts based on current need
 - a. Non-Kin Foster Homes
 - b. Therapeutic Foster Homes
 - c. Foster Homes for Sibling Groups
 - d. Foster Homes for Teens
 - e. Foster Homes for Victims of Sex Trafficking
6. Increase retention by improving relationships with current foster families

Recognizing that kinship placement settings are statistically more stable, and help preserve connections, SCDSS has focused on increasing kin placements. Kinship placement trends have steadily risen over the past year, while family-like foster settings are declining. Congregate is remaining relatively consistent. As of April of 2022 20%, of children in foster care were in kinship placement, while as of June of 2023 25% percent of children within care were in kinship placement.



Kinship licensure numbers have consistently increased in recent years. Between January of 2021 and February of 2023, the agency has seen a 60% increase of licensed kin foster homes. Refer to page 40 for data regarding kinship licensure numbers.

To increase retention with current foster homes, and recruit based on specific child needs, the agency conducts surveys and meetings with stakeholders to gather input, better understand, and inform stakeholders of placement needs. Information gathered from both the surveys and the meetings are used to address concerns and needs that were felt to not be addressed. In addition, the accountability, data and research team produce a quarterly report that uses data to identify foster home needs within the agency as well as several service providers assisting in child specific recruitment. Refer to page 136 for more information on diligent recruitment and retention efforts.

To increase retention, SCDSS has continued to collaborate and find ways to improve partnerships with providers. There are a variety of workgroups that engage agency partners and providers, including quarterly meetings for all child placing agency and group care providers to discuss program updates and improvement opportunities. SCDSS has been increasing collaboration with providers to address challenges in a more collaborative manner. An example of this is with the exceptional needs therapeutic foster care implementation. This implementation has involved SCDSS working hand in hand with providers who are committed and trained to work with foster youth with exceptional needs experiencing placement stability. This effort has been developed jointly and is an example of the commitment SCDSS has to strengthening the relationships and collaborative efforts with current foster providers.

Specific to adoptions, SCDSS continues diligent recruitment through child specific and generalized recruitment efforts. The Regional Adoption Offices utilizes child-specific (one-on-one individualized plan for a child based on the child's specific needs) recruitment strategies which engages both youth and families together and allowing both the opportunity to take an active role in the selection process. Furthermore, SCDSS State Office Adoptions has implemented a centralized recruitment effort where home studies are reviewed and those who are a possible match for a child on active recruitment is forwarded to the Adoption Specialist for review.

The data below reflects inquiries, completed applications, and referral sources for the timeframe January 1, 2022 – April 20, 2023. There were 4,449 total inquiries, which is a 15% increase from the data included in last year's APSR.

TOTAL STATEWIDE INQUIRIES - 1/1/22 - 4/20/23				
Region	# of Foster Home Inquiries	# of Adoption Inquiries	# of Kinship Inquiries	Total # of Inquiries
Upstate	1005	196	82	1283
Midlands	1048	226	134	1408
Lowcountry	704	156	78	938
Pee Dee	641	118	61	820
Totals	3398	696	355	4449

Analysis of inquiries by program area show increases since the last APSR in all program areas. In comparison to last year's APSR submission foster care inquiries has increased by 10%, adoption by 9%, and kinship by 128%.

**STATEWIDE PROGRAM AREA TOTAL INQ.
AND COMPLETED APPLICATIONS**

Program Area Statewide	Total # Inquiries	Completed Applications
Foster Care	3398	930
Adoption	696	634
Kinship	355	94
Totals	4449	1658

Analysis of referral sources shows the top source is from friends or family of an existing foster parent, representing 40% of all inquiries. Other agencies (27%) and online searches (22%) are the next leading source of referrals.

LICENSED HOMES REFERRAL SOURCE ANALYSIS 1/1/22 - 3/31/23						
Referral Source	Upstate	Midlands	Lowcountry	Pee Dee	Total	Percent
All Pro Dad	1	1	0	1	3	0%
Caseworker	7	1	3	0	11	2%
Church	1	1	1	0	3	0%
Community Awareness	5	2	0	2	9	1%
DSS	12	15	13	5	45	7%
Event	1	0	0	0	1	0%
Friends/Family of FP	83	80	56	54	273	40%
Online Search	44	57	32	21	154	22%
Other Agency	78	51	26	31	186	27%
PR/Publicity	1	0	0	0	1	0%
Radio/TV	1	1	0	0	2	0%
Yard Sign	0	0	0	0	0	0%
Totals	234	209	131	114	688	100%

Appendix C: Health Care Oversight and Coordination Plan

Since early 2013, the “Foster Care Advisory Committee (FCAC)” was developed for the SCDSS Healthcare Oversight and Coordination Plan (HCOCP), for the 2015-2019 CFSP. The purpose of the Foster Care Health Advisory Committee was to “champion a system of care that assures that children in foster care have timely access to and are provided appropriate medical and mental health care in a coordinated manner”. This involved SCDSS and Department of Health and Human Services (HHS) to partner together to lead the FCAC meetings on a quarterly basis. These meetings included and

still include a wide array of medical and behavioral health professionals statewide, such as the physician community of Pediatricians (representing, in part, the SC chapter of Academy of Pediatrics) and the Select Health Managed Care Organization (MCO) and other clinics, a forensic pediatrician representing the Children's Advocacy Centers (CACs), and child psychiatrists representing the SCDSS and the SCDMH. The FCAC also included other behavioral health professionals from the Department of Mental Health (DMH), private community-based Licensed Independent Professionals (LIPs), the Palmetto Association for Children and Families, Therapeutic Foster Care, Congregate Care and Rehabilitative Behavioral Health Services (RBHS) providers. This group was divided into three (3) sub-committees or Work Groups: Access to Care, Trauma-Informed Care, and Medical Assessment. Each of these sub-committees has been charged with making recommendations to the FCAC.

1. The Medical Assessment Workgroup within the FCAC was tasked with developing a Comprehensive Initial Medical Assessment Form (DSS Form 3057) to be utilized by all physicians, SCDSS Caseworkers and caregivers statewide. This was developed but was later scratched.
2. The Access to Care Workgroup was developed to improve communication between the SCDSS, the SCDHHS, the MCO and Providers, to include changes around billing or payment including a way to directly and expediently resolve disputes, both regarding approvals for services and reimbursement issues. These issues have been addressed and we continue to address continued room for improvement through the weekly DHHS/SH/DSS meeting.
3. The Trauma-Informed Workgroup was tasked with the development of a list of trauma-screening instruments. In partnership with Project Best, this was developed. The Harborview was a tool that the team agreed upon. However, with the CANS being implemented statewide, this screening tool was set aside.

At this time the FCAC has been achieved and these goals/ tasks continue to be addressed in other meetings such as the weekly DS/DHHS/SH meeting, PAFCAF and DSS/DMH meeting.

The approved Health Care Oversight Plan Health Plan Addendum is attached as Appendix C.

Since the last APSR submission there have been no changes made to the Health Care Oversight and Coordination Plan. In preparation of the 2025-2029 CFSP, SCSDS is considering what changes are needed. SCDSS is planning to include increased focused on provider collaboration, particularly with providers who are in network but do not have the capacity to accept new patients. SCDSS believes by strengthening collaborative efforts with SCDHHS, Select Health, and the provider network, there will be an improvement in the timely access to healthcare services.

Appendix D: Disaster Response Plan

In November 2022 South Carolina declared a disaster status due to the impact of Hurricane Ian. Although declared a disaster, there were no evacuation orders given and

impacts of the storm were relatively minimal. During this time, impacted areas were able to maintain operations and the disaster response plan was not utilized.

As part of the foster home licensure process, providers are required to submit a disaster preparedness plan to be approved by SCDSS prior to approval of the license and updated as part of the renewal process. The plan shall include:

- flexible and appropriate responses to various scenarios
- additional considerations for medically fragile children
- plans for compliance with mandatory evacuation orders
- identification of an approved local shelter or, if the plan is to evacuate to a residence, steps for ensuring child safety and continued communication with SCDSS

During hurricane season, SCDSS group home and Child Placing Agency licensing remind providers of the emergency protocol including steps to take before evacuating, upon arrival at the evacuation site, and upon safe return.

SCDSS has drafted revised child welfare policy for disaster response procedures. This policy is in the final stages of editing and approval. As the state prepares for the submission of the 2025-2029 CFSP, an updated disaster plan will be included that utilizes this updated policy and will also look at how to address disparities for marginalized groups in this submission.

SCDSS’s disaster response plan is attached as Appendix D.

Appendix E: Training Plan

No additional training plan amendments are included in this year’s APSR submission. A copy of the training plan is attached as Appendix E.

Section F. Statistical and Supporting Information

CAPTA Annual State Report Items

Information on Child Protective Services Workforce

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

Department of Social Services Classification Plan			
Official Title	Band	State Minimum Requirements	Agency Minimum Requirements

Program Coordinator I - (AH35)	5	Bachelor's Degree and Relevant Experience	Master's Degree and one (1) year of professional experience in social services programs, correctional, education, business administration, general administrative management, or relevant program experience; or a Bachelor's Degree and two (2) years of professional experience in social services programs, correctional, education, business administration, general administrative management, or relevant program experience.
Program Coordinator II - (AH40)	6	Bachelor's Degree and Relevant Experience	Master's Degree and two (2) years of professional experience in social services programs, correctional, education, business administration, general administrative management, or relevant program experience; or a Bachelor's Degree and three (3) years of professional experience in social services programs, correctional, education, business administration, general administrative management, or relevant program experience.
Caseworker I - (GA14)	4	High school diploma and relevant program experience. Bachelor's Degree may be substituted for the required program experience.	Bachelor's Degree in Social Work, Psychology, or another behavioral science.

<p>Caseworker II - (GA15)</p>	<p>5</p>	<p>Bachelor's Degree and professional experience in human services or social services programs.</p>	<p>Master's Degree in Social Work, Social Welfare or Behavioral Science; or a Master's Degree in any other field and one (1) year of professional experience in human services or social service programs; or a Bachelor's Degree in social work, social welfare or behavioral science and one (1) year of professional experience in human services or social service programs; or a Bachelor's Degree in any other field and two (2) years of professional experience in human services or social service programs. Selected positions may prefer supervisory experience.</p>
<p>Caseworker III - (GA16)</p>	<p>6</p>	<p>Bachelor's Degree and professional experience in human services or social services programs.</p>	<p>A Master's Degree in social work, social welfare, or behavioral science and one (1) year of professional experience in human services or social service programs; or a Master's Degree in any other field and two (2) years of professional experience in human services or social service programs; or a Bachelor's Degree in social work, social welfare, or behavioral science and two (2) years of professional experience in human services or social service programs; or a Bachelor's Degree in any other field and three (3) years of professional experience in human services or social service programs. Selected positions may prefer supervisory experience.</p>

Staff Education Levels					
Position	Associate	Bachelor's or Higher	Some College/Business Technical	High School Graduate	Total
CASE WORKER I - (GA14)		1372			1372
CASE WORKER II - (GA15)		388			388
CASE WORKER III - (GA16)		58			58
PROGRAM COORDINATOR I - (AH35)		50			50
PROGRAM COORDINATOR II - (AH40)		74			74
Total <i>Source: SCEIS database</i>		1936			1942

Staff Characteristics			
Characteristics		Total Number	Percentage of Workforce
Gender	Female	1733	89.24%
	Male	209	10.76%
Race/Ethnicity	American Indian/Alaska Native	4	0.21%
	Asian	2	0.10%
	Black/African American	1269	65.35%
	Hispanic/Latino	28	1.44%
	Native Hawaiian/Other Pacific Islander	0	0.00%
	Two or More Races	7	0.37%
	White	632	32.54%
Age	19-29	673	35.22%

	30-39	552	28.89%	
	40-49	387	20.25%	
	50-59	244	12.77%	
	60+	55	2.88%	
Highest Education	Associate	2	0.10%	
	Bachelor's Completed 2yrs College, Business or Tech	1545	79.56%	
	Completed 2yrs Graduate	1	0.05%	
	Doctorate	1	0.05%	
	High School Graduate	3	0.15%	
	Juris Doctorate	1	0.05%	
	Master's	388	19.98%	
	Position Class Title <i>Source: SCEIS database</i>	CASE WORKER I	1372	70.65%
		CASE WORKER II	388	19.98%
		CASE WORKER III PROGRAM	58	2.99%
COORDINATOR I PROGRAM		50	2.57%	
COORDINATOR II		74	3.81%	

Information on caseload and workload requirements

Pure Caseloads:

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

Supervisor Workload:

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

Mixed Caseloads⁷:

⁷ Mixed caseloads are defined as having more than one type of case that includes both class-members (foster care children under 18 years of age) and non-class members.

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

Juvenile Justice Transfers

SCDSS tracks involvement with the South Carolina Department of Juvenile Justice (SCDJJ) in several metrics.

SCDSS and the SCDJJ developed a secure portal through a confidentiality agreement allowing DSS case managers and other leadership to send identifiable details on any child in Child Welfare Service with an open service. DJJ then populates the portal if the youth also has active involvement with DJJ. CAPSS collects that information into a batch report. Below shows the number of unduplicated youth who had an open service in Child Welfare Services and had active involvement with DJJ. As of March 21 2023, there were 362 unduplicated youth in either Adoptions, Foster Care, Family Preservation, Investigations, and/or Other Services. Please note that a youth can be in more than one open service line.

Unduplicated Person Count	Adoptive Services	Foster Care Services	Family Preservation Services	Investigations Services	Other Services
362	25	198	121	93	35

SCDSS also tracks through its system of record (CAPSS), the children and youth in care who are placed in a DJJ facility. The chart below shows trends for children and youth placed in a DJJ facility.

Date	Children and Youth in Foster Care (Under 18 years of age)	Foster Care Children and youth in DJJ Placements Obtained through CAPSS Extracts
28-Feb-23	3879	20
31-Jan-23	3792	17
31-Dec-22	3790	16
30-Nov-22	3849	17
31-Oct-22	3897	12
30-Sep-22	3867	10
31-Aug-22	3854	8
31-Jul-22	3925	8
30-Jun-22	3948	8
31-May-22	4073	11

30-Apr-22	4041	7
31-Mar-22	4022	8
28-Feb-22	3958	11
31-Jan-22	3957	11
31-Dec-21	3978	10
30-Nov-21	4074	8
31-Oct-21	4073	11
30-Sep-21	4013	8
31-Aug-21	3979	8
31-Jul-21	4030	9
30-Jun-21	4072	11
31-May-21	4096	9
30-Apr-21	4026	10
31-Mar-21	3978	10
28-Feb-21	4013	9
31-Jan-21	3975	10

Inter-Country Adoptions

SCDSS started tracking children who have had some involvement with the child welfare system since 2020. SCDSS identifies whether or not the adoption was an inter-country, private domestic, or public adoption.

SCDSS shows from January 1, 2022-December 31, 2022 that SCDSS was involved with four families that had inter-country adoptions. These cases were investigated and were unfounded for child abuse and neglect. In one case, the adopted children were not the victim children.

Monthly Caseworker Visit Data

The report below from CAPSS, the State's Automated Child Welfare Information System compiled by the SCDSS Accountability, Data, and Research Unit, shows that the South Carolina Department of Social Services (SCDSS) achieved a total of 95.7% of the total visits that would be made if each child were visited once per month for Federal Fiscal Year 2021-2022 (continuing to meet the required compliance of 95%).

The report below also highlights that SCDSS achieved a total of 68% of the total number of monthly visits made by caseworkers to children in foster care in the child's residence, exceeding the required compliance of at least 50%.

Face-to-face with Children in Foster Care⁸

The total number of visits made by caseworkers on a monthly basis to children in foster care during a fiscal year must not be less than 95 percent of the total number of such visits that would occur if each child were visited once every month while in care.

⁸ Period Under Review: October 1 2021 to September 30 2022.

# children	Monthly Caseworker Visits	# Complete Calendar Visits	# Visits Months in the Residence	% of Visits on a Monthly Basis	% of Visits in the Residence
5,793	42,660	44,580	29,079	95.69%	68.16%

Monthly Caseworker Visits with Children

Leadership in South Carolina recognizes the critical importance of caseworker visits to conduct assessments and make decisions at the individual and family level and thus, have been working to systemically improve and strengthen the quality of caseworker visits despite the continuing COVID-19 pandemic during Federal Fiscal Year 21-22. The visits grant has been used to improve the quality of caseworker visits by leadership messaging accountability, data analysis, infrastructure improvements, and practice accountability.

To continue to ensure that statutory performance standards are met, the agency continues its major reform work in process to solidify and improve agency values, practice, infrastructure and CQI around caseworker visits (Michelle H. Consent decree, Child and Family Services Review, and the implementation of the new casework practice model). Along with stipulated visitation frequencies, policy also requires that children are visited no less than is needed to assess their progress and ensure their needs are met.

Section G. Financial Information

The CFS-101 Parts I, II, and III are submitted as appendix to this report.

- The amount spent for childcare, foster care, and adoption assistance payments in 2005 by SCDSS was \$951,924.
- The amount of state expenditures of non-federal funds for foster care maintenance payments for 2005 was \$317,308.
- South Carolina’s 1992 base year amount for state and local share expenditures were \$713,000 while 2021’s amount was \$10,887,612.
- South Carolina’s Title IV-B Part I expenditures for childcare, foster care, and adoption assistance for FY2021 is \$0.