



South Carolina Department of Social Services
V. Susan Alford, State Director

Appendix C

South Carolina
2015-2019 Child and Family Services Plan
Plan For Improvement / Strategic Action Plan Update
2016 Annual Progress and Services Report

KEY.

* New Objective or Progress Benchmark/Strategy added to Strategic Action Plan since submission of 2015-2019 CFSP on 6/30/15.

HOCP Objectives from 2015-2019 CFSP Targeted Healthcare Oversight and Coordination Plan, added to Strategic Action Plan since submission of 2015-2019 CFSP on 6/30/15.

IC Objectives from 2015-2019 CFSP Consultation and Coordination With Tribes, added to Strategic Action Plan since submission of 2015-2019 CFSP on 6/30/15.

IL Objectives from 2015-2019 CFSP Independent Living / CHAFEE, added to Strategic Action Plan since submission of 2015-2019 CFSP on 6/30/15.

N-QIP Strategies and Action Steps from the NYTD Quality Improvement Plan, added to Strategic Action Plan since submission of 2015-2019 CFSP on 6/30/15, NYTD Review in July 2014.

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

Objective 1 / Progress Measure 1 - Safety Outcome 1.

Improve the timeliness of initiating investigations and reduce repeat maltreatment.

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

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

Progress Benchmark / Strategy

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

1.1.2: Improve law enforcement coordination COMPLETED

1.1.3: CAPTA Public Disclosure.

Action Steps / Task Name	Start / Finish Dates	Lead	Implementation Supports Required: Names / Items / Funding	Comments: Progress / Challenges / New Action Step Required (add below)	Completed
<p>Strategy 1.1.1: Utilize Community-Based Prevention Services (C-BPS) for referrals not rising to the level of abuse or neglect where families are in need of services to decrease future risk of abuse and neglect.</p>		<p>Steve Strom</p>			

1.1.1a: Develop clear criteria for referrals and ensure this is communicated to SCDSS staff through written correspondence, policy and appropriate training.		Steve Strom	Team Leaders C-BPS Directors and Managers Policy Unit	CBPS Cases returned to SCDSS Changes to process: The major change in how cases are referred to CBPS from intake is that the intake hubs will choose whether to accept a report for investigation, take no action, or refer to CBPS services. There will no longer be a determination of whether the case should be referred for VCM level of services or FSS level of services. The provider, in conjunction with the VCL, will assess the referral from intake and determine what level of services the family should receive. Otherwise, the VCL role remains much the same, except that those staff now report directly to the State Intake Manager, Julie Tice.	Updated policy completed and approved.
1.1.1b: Schedule Workshops for each region.	TBD	Steve Strom		USC is working out a training schedule with Safe Families. Workshops are being scheduled for each region.	
*1.1.1c: Casey Family Programs evaluate differential/alternative response, Community-Based Prevention Services.	10/1/15	Susan Alford	Casey Family Programs Steve Strom		
*1.1.1d: Revise Program Services as needed from evaluation.	12/31/15	Susan Alford	Jessica Hanak-Coulter / Steve Strom		
*1.1.1e: Develop a mechanism for a feedback loop for the management of providers and their subcontractors to assure services are delivered effectively and according to contract requirements.	8/1/15	Jessica Hanak-Coulter	Steve Strom / Providers /		
1.1.2a: Locate a member of the Office of Investigations Team from SCDSS to the SLED Fusion Center. Two employees onsite 2 days per week, space dedicated at Fusion Center approximately 1 to 2 days per week.	January 2015	Jackie Swindler	SCDSS Leadership SCDSS Office of Investigations Debbie Jordan	Station employees in the Fusion Center full-time.	Completed. MOU with SLED established SCDSS Office of Investigations has 3 staff present 1 to 2 days per week.
1.1.3: CAPTA Public Disclosure	TBD	Taron Davis		Publish report on the SC DSS external website.	

*1.1.4: Clarify policy regarding investigations, clarify "initiating" investigation.	8/1/15	Jessica Hanak-Coulter	Taron Davis / USC Children's Law Center		
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GOAL 1: Improve the quality of risk assessment and safety management of children in Child Protective Services, Family Preservation, and Foster Care cases.

Objective 2 / Progress Measure 2 - Safety Outcome 2

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

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

Progress Benchmark / Strategy

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

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

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

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

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

Action Steps / Task Name	Start / Finish Dates	Lead	Implementation Supports Required: Names / Items / Funding	Comments: Progress / Challenges / New Action Step Required (add below)	Completed
1.2.1: Establish written protocol for county offices outlining process for obtaining and documenting background checks.	12/31/14				Completed.

1.2.2: Utilize Performance Coaches and Catalyst Groups to enhance critical thinking skills for Supervisors and frontline practitioners, for assessing protective capacity and child vulnerability.	TBD	Steve Strom	County Directors Team Leaders Supervisors Caseworkers Performance Coaches	Continue to implement in all counties Performance Coaches and Catalyst Groups to enhance critical thinking skills for Supervisors and frontline practitioners.	
1.2.3a: Create Supervisor, County Director, State Level management reports to track and determine frequency of Guided Supervision is being adhered to and also utilized more when triggered to do so by critical needs of child's case Guided Supervision for all cases 1x every six months or more after June 30, 2015	6/30/15	Paulette Salley	Steve Strom Program Coordinator CAPSS/ IT	On 12/14/2012, a new dictation code, "Guided Supervision Staffing" was added to CAPSS. This code allows the supervisors to indicate the date and time a Guided Supervision Staffing was conducted. SC210-R01 is also available in CAPSS for the workers and supervisors to monitor the guided supervision staffing meetings. The SC210-R01 weekly report indicates that the guided supervision report is widely used throughout all 46 counties. This change was requested by Steve Strom during the PIP rollout. I am unsure as to what type of communication was shared with the counties regarding its use.	Complete
1.2.3b: Guided Supervision tool integrated into CAPSS, and staff fully trained to complete tool within the CAPSS.	1/31/16	Paulette Salley	Steve Strom Program Coordinator CAPSS/ IT	Requirements for adding the Guided Supervision tab will need to be reviewed and updated to support current practice. The CAPSS system change to add the Guided Supervision Tab will be addressed in 1st quarter FFY 2016.	
1.2.3c: Guided Supervision for all cases once every six months or more after June 30, 2015.	6/30/15	Steve Strom	Team Leaders Performance Coaches		
1.2.4a: Post and award the statewide Family Engagement Solicitation and select single contractor to offer services statewide.		Pat Patrick	SCDSS Procurement Families First/Family Engagement Team Contract Monitors Master Contractors and coalition member agencies SCDSS Leadership SCDSS Contract Consultants Human Resources Policy Unit	<ul style="list-style-type: none"> - Parent Advocate Hired 1/2015-Wanda Duckley. - National Youth Advocate Program awarded contract in Regions 1, 3, 4. - Re-post Family Engagement Services contract for Regions 2, 5. - Award contract for Regions 2, 5. - Develop electronic referral process and practice standards completed for statewide implementation by 6/30/2015. 	<p>Completed.</p> <p>Completed 4/2015.</p> <p>Completed 5/2015.</p>

			CAPSS/IT Units Laurie Hobbs		
1.2.4b: Train Family Engagement (FE) Coordinators and stakeholders in the family finding, family team meetings, conferencing and unlicensed relative home studies.		Pat Patrick	Families First/Family Engagement Team Master Contractors and coalition member agencies	Develop and maintain training records and a determination is needed on where training records will be housed for documentation and verification for attendees. Develop a schedule and deliver training statewide using Family First staff and SCDSS Contract Monitors to deliver training.	
1.2.4c: Engage and involve family groups to include noncustodial fathers through full Implementation of the array of Family Engagement Services	3/1/2015	Pat Patrick	SCDSS Procurement Families First/Family Engagement Team Contract Monitors Master Contractors and coalition member agencies Policy Unit CCFS	Contract monitoring tool Participant Surveys Family Engagement Outcome Reporting form Family Engagement policy and procedures/directive memo to be disseminated	Completed. To be continued.
1.2.5a: Perform a business process re-design assessment of Intake environment.			CPS Investigators and Supervisors Change and Innovation Agency	Initial assessment of the current environment and definition of a successful project.	Completed 4/2015
1.2.5b: Perform an assessment of CPS assessment decision-making process and tool and make recommendations for a revised process and tool.	TBD	TBD	BPR Staff Investigators Supervisors Policy Staff Family Preservation Supervisor Data Staff		

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

Objective 3 / Progress Measure 3 - Full, statewide implementation of the Signs of Safety (SOS) in Child Protective Services, Family Preservation, and Foster Care cases, by the end of the FFY 2019.

Progress Benchmark / Strategy

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

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

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

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

1.3.5: Establish a SOS Catalyst Groups and meeting monthly.

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

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

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

Action Steps / Task Name	Start / Finish Dates	Lead	Implementation Supports Required: Names / Items / Funding	Comments: Progress / Challenges / New Action Step Required (add below)	Completed
1.3.1: Create statewide implementation team for the Signs of Safety.		Steve Strom			Completed. January 2015.
1.3.2a: Develop criteria for full implementation.	9/30/15	Steve Strom		Signs of Safety will be used in all cases, and we do not refer to what we are doing as Signs of Safety, it is just standard operating procedures. Use SC State Learning Map . Using the learning map the SCDSS can track from a State level to each worker in each County the progress on implementation of Signs of Safety. Performance Coaches are working on the definition what concepts each case worker must use for full implementation of the Signs Of Safety.	
1.3.2b: Develop a baseline for each Region, including data criteria.	7/1/15	Steve Strom	Team Leaders		

1.3.2c: Develop Progress Benchmarks toward full implementation, including data criteria.	TBD	Steve Strom	Team Leaders		
1.3.3: Develop Workgroups for full implementation of Signs of Safety statewide.		Steve Strom			Completed. February 2015.
*1.3.4a: SOS Communication Committee to develop child protection practice framework document for practice tool for SRT's, PRT's, DRT's and brochures, three page briefing for communication with staff, families, and partners, legislature, etc.		Steve Strom	SOS Practitioners, Policy Unit, Team Leaders	2/24/15- SOS Practice Committee first meeting. Discussion: issues incorporating SOS into all areas of child protective services. 3/25/15 Communication Committee met, developed staff survey to evaluate use of Signs of Safety in County Offices, and planning to develop 5 regional newsletters for Signs of Safety implementation and challenges. Region 1 has newsletter implemented. Region 2 Region 3 Region 4 Region 5 Next meeting 5/6/15	Completed
1.3.4b: Practice Committee to elicit continuous feedback from families and staff on functioning of SOS practice, quarterly feedback.	3/31/15 TBD TBD	Steve Strom Andrea and Byron	Caseworkers, supervisors, Program Directors Jessica	Met 3/31/15. Client and Staff surveys on the effectiveness of SOS have been completed and are ready to be approved by executive leadership. The survey results will be compiled through Survey Monkey. Approval of client and staff surveys to be reviewed and approved by DSS Executive Staff. Next Meeting. TBD Committee to decide how to utilize surveys.	Completed
*1.3.4c1: Policy Committee. Align policy and procedures (intake, investigations, family team meetings, assessment, etc.) with the SOS framework within Chapter 7.	7/1/15	Sally Branch	IT, Policy Unit, SOS Practitioners, caseworkers County Directors, OGC Paula Richardson Laurie Hobbs Carolyn Morris Chris Church	Jan 2015- Chapter 7 policy is being reviewed by USC Children's Law Center and streamlined into policy and procedures for the SOS. Develop new Task order with USC Children's Law Center	

*1.3.4c2: Develop accompanying electronic links to procedures and practice to the fully revised set of streamlined and integrated policy documents.	9/30/16	Beth Mullins	IT, Policy Unit, SOS Practitioners, caseworkers County Directors, OGC Paula Richardson Laurie Hobbs Carolyn Morris Chris Church	First meeting to be scheduled.	
*1.3.4d1: SOS Training Committee complete current SCDSS staff will receive additional SOS training and all new staff will receive revised Child Welfare Basic training	11/1/16	Steve Strom	Supervisors, CCFS, SOS Practitioners Supervisors, Senior practitioners, CCFS, SOS Practitioners, Regional Catalyst Groups Connected Families	Build SOS training modules into existing Child Welfare basic training and update into other training modules in orientation.	Complete 8/30/2014.
*1.3.4d2: Implement Practice Leader advanced training. Practice Leaders will receive advanced SOS practice training annually	11/30/15 & annually				
*1.3.4d3: Implement Coaching for Supervisors and others around SOS implementation and practice skills. Supervisors and Catalyst Groups will receive at least Training annually.	1/31/16 Training annually				
*1.3.4d4: USC CCFS researching how to get licensed to teach SOS, SOS now requires license to teach.	TBD	Cynthia Flynn			
1.3.5a: Develop a plan to establish SOS Catalyst Groups in each Region and meeting monthly.	TBD	Steve Strom	Deputy/Child Welfare Director, Team Leaders, Stakeholders, County Directors, Experts in Practice, USC CCFS	10/6/14 SOS Leadership workshop participants agreed on the next immediate step needed is "Get the Steering Committee going-agree on participants, and set first meeting". 10/2014- Region 4 forming Catalyst Groups	
1.3.6a: Develop a plan to create coaching cohort with expertise in the SOS to support case work staff in building competencies.	TBD	Steve Strom	Team Leaders Performance Coaches		
1.3.7a: Develop a plan for Regions 2-5 to	TBD	Steve	Performance Coaches,	Caseworkers will receive skill building in writing harm and danger statements and utilizing	Complete.

implement Workplace Learning sessions through skill building workshops and group mapping sessions.		Strom	Supervisors	group mapping during workplace learning sessions beginning 10/31/2015 Leadership staff trained in group mapping for group supervision. Region 1 staff uses group SOS mapping structure to clarify case specific goals, to analyze and solve administrative issues. Regions 2-5 to be initiated.	Complete. Complete.
1.3.8a: Develop a plan to implement Appreciative Inquiries (AI) through recorded interviews with staff and families when good practice is utilized to have available demonstrations of good practice.	11/30/15	Steve Strom	Performance Coaches, Supervisors, caseworkers	Regional SOS training 12/2014-video-Appreciative Inquiry conducted by Safe Generations trainers with family in Family Preservation case with SOS practice. Regions 1, 2, 5 have had some training around AI.	

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

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

Progress Benchmark / Strategy

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

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

1.4.3: Full implementation of all Regional Intake Hubs to replace county-based Abuse and Neglect Report Intake Units, by January 2015.

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

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

1.4.6: Post and fill State Office Intake Team Leader position, realign reporting structures of intake staff to report through Intake Hub supervisors to State Office Intake Team Leader

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

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

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

Action Steps / Task Name	Start / Finish Dates	Lead	Implementation Supports Required: Names / Items / Funding	Comments: Progress / Challenges / New Action Step Required (add below)	Completed
1.4.1: Determine Regionalized Intake Hub locations.		Steve Strom / Julia Tice		Region 1-Anderson, Spartanburg, Region 2-Columbia, Rock Hill, Region 3-Charleston, Region 4-Conway, Region 5-Columbia.	Completed.
*1.4.2a: Develop a workgroup to propose a Progress Measure for improved quality of Abuse and Neglect Report Intake decisions, have a proposal approved by the SCDSS leadership, and set a baseline data of current Intake decisions, establish Progress Benchmarks, within FFY 2015.	Oct- Dec. 2015	Steve Rivers, Bob Brimmer, Greg Moore Jessica		<p>Data workgroup created and proposed: Progress Measures for “improving the quality of Intake decisions”.</p> <p>a. Refer backs to DSS, <u>number or percentage</u> of refer backs to DSS within 30 days of referral, due to assessing as a “High Risk”.</p> <ul style="list-style-type: none"> - follow-up with a review by Intake Supervisor using a <u>short checklist of perhaps 5 questions</u> to see if the Intake had information available to have a “High Risk” decision, or was additional information learned and only available after referral. <p>b. For screened out cases,</p> <ol style="list-style-type: none"> 1) The <u>number or percentage of repeat reports</u> of the same type of abuse and neglect within 12 months? 2) Of those 2nd reports in a), the number or percentage of those indicated. <p>A baseline will need to be developed using a sampling of Intake decisions by the Regional Hub. After the baseline is developed, the Objective’s improvement measures to be decided.</p> <p>Management Performance Measures</p> <ol style="list-style-type: none"> 1) Does Intake Documentation support the Intake decision? 2) Is the information in the case file represented in the Intake tool? 3) Time to initial entry into CAPSS during Intake? Median time measurement baseline? <p>Decision establishing Progress Measure and Benchmarks of Improved quality of Abuse and Neglect Report Intake decisions.</p>	
*1.4.3a: Regional Team Leaders to develop an implementation plan with action steps for their Region, for full implementation of the Regional Intake Hubs by 12/31/15.	6/1/15	Steve Strom / Julia Tice	Team Leaders / County Directors / SCDSS IT / State County Governments /		

*1.4.3b: Region 1 Anderson Implementation Plan.	10/1/15 9/1/15	Elaine Bailey	SCDSS IT Ric Lawson	Plan for inclusion into Anderson Regional Hub- Oconee and Cherokee County- replace current phone system with VOIP. Greenville County- Complete Regional Intake Hub staffing plan. Greenville County will roll to Anderson Hub. Greenville County increasing CPS staff for anticipated increase due to Regional Intake Hubs.	
*1.4.3c: Region 1 Spartanburg Implementation Plan.	7/1/15 8/17/15 8/17/15	Elaine Bailey		Hire second Intake Supervisor and OJT in Anderson Hub. Hire 5 Intake practitioner positions.	
*1.4.3d: Region 2 Columbia Implementation Plan.	7/31/15 7/16/15 8/31/15	James Nichols		Union, Chester, Lancaster Counties-replace current phone system with VOIP. Add Intake practitioner. Add 2 Intake practitioners.	
*1.4.3e: Region 2 Rock Hill Implementation Plan.		James Nichols			Complete.
*1.4.3f: Region 3 Charleston Implementation Plan.	10/31/15- 12/31/15	Bob Brimmer		Waiting confirmation on date to move into new Charleston facilities and what will be needed. Staffing needs and staff availability to be determined.	
*1.4.3g: Region 4 Conway Implementation Plan.	TBD	Paula Richardson		All counties are either automated or manually rolling into Region Intake Hub. Some counties need to replace current phone system with VOIP for automated rollover to Regional Hub.	Complete.
*1.4.3h: Region 5 Implementation Plan.	8/1/15 TBD TBD	Nicole Foulkes		Furniture ordered and installed. Office supplies needed and requested. Need cell phones. Need 10 headsets. Need partitions. Aiken County- current phone system needs to be replaced with VOIP. Need 1 Supervisor and 6 Intake practitioners identified.	
*1.4.3i: Finalize conversion of telephone systems for full implementation, develop plan.	6/1/15	Ric Lawson			
*1.4.3j: Policy and procedures, training, communication implementation plans if needed and not in each Regions implementation plan.	6/1/15	Steve Strom			

<p>1.4.4: Restructure supervision of intake staff through centralized oversight to enhance consistency of practice.</p> <p>1.4.5: Realign reporting structures of DSS Prevention Liaisons to report through Intake Hub supervisors to State Office Team Leader</p>	10/1/14	Steve Strom Julia Tice		Report to State Intake Director Julia Tice. DSS Prevention Liaison positions aligned to report to State Intake Director, Julia Tice	Complete. Complete
<p>1.4.6: Post and fill State Office Intake Team Leader position, realign reporting structures of intake staff to report through Intake Hub supervisors to State Office Intake Team Leader</p>	10/1/14	Steve Strom		Intake positions aligned to report to Intake Team Leaders	Complete. 8/18/14- State Office Intake Team Leader-position filled.
<p>1.4.7a: Develop a plan to identify and recruit Intake Mentors to coach new staff who come on board through using QA Reviews and specific decision making to determine expertise of Intake Mentors.</p> <p>(This item relates to the new Career Ladder at SCDSS and increase in pay for added expertise and duties of Intake Mentors)</p>	TBD	Steve Strom / Julia Tice	HR SCDSS Senior Consultant State Office Intake Leader		
<p>*1.4.8a: Develop a plan for regular communications with CBPS providers regarding status of needs for services, and regarding repeat referrals.</p>	12/31/15	Steve Strom / Julia Tice	Contracted providers		
<p>*1.4.9a: Obtain results of initial regional intake roll-out (volume and quality).</p>	6//3015	Jessica Hanak-Coulter / Brad Leake	CAPSS data.		
<p>*1.4.9b: Evaluate results of initial regional intake roll-out (volume and quality) and develop a plan to respond to the results.</p>	7/31/15	Jessica Hanak-Coulter / Brad Leake	CAPSS data.		

GOAL 2: Children will thrive when involved with SCDSS.

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

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

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

Progress Benchmark / Strategy

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

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

Action Steps / Task Names	Start / Finish Dates	Lead	Implementation Supports Required: Names / Items / Funding	Comments: Progress / Challenges / New Action Step Required (add below)	Completed
2.1.1a: Develop action steps to implement “Engaging the Noncustodial Parent” training and Fatherhood Tool Kit.		Pat Patrick	Family Support and Connections unit, SCDSS Child Support Division Families First/Family Engagement Director CCFS Local Fatherhood Coalitions	11/26/14- Coordination with Child Support Department underway to transition these action steps to that division. Phalarna (Pam) Freeman was identified by Katie Morgan to implement these action steps with Steve Yarborough. A job description was written for Pam to include these activities under her current job duties in implementing current grant. Pam and Pat met with input from Steve to revise the Engaging the Noncustodial Parent training to include Diligent Search, Putative Fatherhood Registry and specific services available through child support. PowerPoint completed. Initial training on new format held October 23, 2014 with Beaufort County DSS. Trainers included Pat Patrick, Pam Freeman and Ricky Barr (SC Center for Fathers and Families). Pat modeled SCDSS items taught as a teaching aid in transitioning this training to Pam. Action Steps: -Ongoing cadence calls to support progress, celebrate successes and address barriers -Syllabus developed -Trainings calendar established for delivering training that addresses both the training and the referral process with local fatherhood coalitions -Fatherhood Presentation at the CASA conference March 13, 2015	Action Steps Development Completed PowerPoint completed. January 2015, action

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

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

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

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

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

Progress Benchmark / Strategy

2.2.1: A development team will establish the criteria for full implementation of T-IP, set a target date for implementation, and have benchmarks for the progress toward implementation within the FFY 2016. (Items 17 and 18)

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

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

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

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

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

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

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

IC 2.2.8: A credit report will be obtained for all tribal youth, age 16 and older.

IC 2.2.9: A formal process to identify Native American children who will turn 17 years old within 90 days will be developed in order to begin formal transition planning and education about emancipation after the youth turns 18 years old.

HOCP 2.2.10: Children in foster care will receive coordinated healthcare through medical, mental health and EPSDT scheduled appointments per regulatory guidelines including follow up services and/or treatment as indicated.

HOCP 2.2.11: Expand to community-based prescription oversight of psychotropic medication for children in foster care through collaboration with the Department of Mental Health (DMH), Group Care providers, and Therapeutic Foster care providers and Foster Care Advisory Council (FCAC)

HOCP 2.2.12: Expand to community-based prescription oversight of non-psychotropic medication for children in foster care through collaboration with the Managed Care Organization (MCO), Children Health Insurance Program Reauthorization Act (CHIPRA), SC American Academy of Pediatrics, Group Care providers, and Therapeutic Foster Care providers and Foster Care Advisory Council (FCAC)

HOCP 2.2.13: Partner with Department of Mental Health, MCO and private provider system to expand the capacity for utilization of psychiatric medication management for the State

HOCP 2.2.14: Collaborate with DMH, Department of Alcohol and Other Drug Abuse (DAODAS), Department of Health and Human Services (DHHS), private providers, MCO to increase access to clinical, medical and addiction services. PCSC 2.2.15: Conduct cross-system analysis of service utilization, expenditures and financing related to population(s) of focus.

PCSC 2.2.16: Analyze, determine final system design and financing strategies. PCSC 2.2.17: Submit needed state plan amendments, waivers, other applications.

PCSC 2.2.18: Implement grant requirements and develop additional implementation strategies PCSC 2.2.19: Design PCSC organizational infrastructure for service delivery.

IC 2.2.20: A credit report will be obtained for all tribal youth, age 16 and older. IC 2.2.21: A formal process to identify Native American children who will turn 17 years old within 90 days will be developed in order to begin formal transition planning and education about emancipation after the youth turns 18 years old.

Action Steps / Task Name	Start / Finish Dates	Lead	Implementation Supports Required: Names / Items / Funding	Comments: Progress / Challenges / New Action Step Required (add below)	Completed
<p>2.2.1a: A statewide Trauma Informed Development Team (TIDT) will oversee implementation of all action items related to Trauma- Informed Practice (T-IP) Progress Measures/ Strategies. Including recommending revisions, enhancements to ensure interagency systemic implementation.</p>	Ongoing	Becky Sharp/ Pat Patrick	Project Best faculty/ SCDSS Regional and County Leadership/ SCDSS Family Engagement Staff/ Select Health MCO/ PAFCAF/ DMH/ GAL/ FCRB/ COC/ DHHS/ DAODAS/ USC CCFS/ Court Improvement/ PCSC/ Children's Trust/ DJJ/ Child Advocacy Centers (CAC)		
<p>2.2.1b: Implement the new protocol between SCDMH and SCDSS that supports the process of trauma screening and trauma assessment.</p>	1/2016-5/2019	Pat Patrick/ Louise Johnson/ Becky Sharp/	Libby Ralston SCDMH/ SCDSS/ Project Best Faculty/ 1 st Demonstration SCDSS County Directors SCDMH CAF Directors/ SCDSS/ SCDSS Family Engagement Staff/ SCDSS Knowledge Management and Practice Standards (KMPS)		
<p>2.2.1c: Enhance and Implement the collaborative activities identified in the Memorandum of Agreement between SCDSS and the Children Advocacy Centers (CAC)</p>	12/30/15	Pat Patrick/ Libby Ralston	SCDSS/ CAC /Project Best Faculty		
<p>2.2.1d: Develop local Community Change Teams in each of the three identified demonstration sites to provide leadership in training, resources identification and alignment, building infrastructure to support a collaborative and coordinated response protocol for children coming into foster care</p>	11/30/15-2/1/2017	Pat Patrick/ Becky Sharp/ Louise Johnson/ Libby Ralston	SCDSS Family Engagement Staff / CAC /Project Best Faculty/ SCDMH CAF Directors and SCDSS County Directors/ PAFCAF/ GAL/ FCRB/ COC/ DHHS/ DAODAS/ USC CCFS/ SCDSS Knowledge Management and Practice Standards (KMPS)/ TIDT		

<p>2.2.1e: Utilize three counties to be demonstration sites for a staggered rollout for implementation of comprehensive T-IP practice.</p>	<p>11/30/15-2/1/2017</p>	<p>Pat Patrick/ Becky Sharp/ Louise Johnson/ Libby Ralston</p>	<p>SCDSS Family Engagement Staff / CAC /Project Best Faculty/ SCDMH CAF Directors and SCDSS County Directors/ PAFCAF/ GAL/ FCRB/ COC/ DHHS/ DAODAS/ USC CCFS/ KMPS/ TIDT</p>		
<p>2.2.2a: Integrate trauma and screening tools for gathering trauma history into existing practices and documentation methods beginning at investigation</p>	<p>11/30/2016</p>	<p>Becky Sharp/ Pat Patrick/ Sonya Blick/ Paulette Salley</p>	<p>Project Best SCDSS/DMH Staff SCDSS Director SCDSS Deputy Director Director SCDSS Child Welfare Services/ KMPS/ SCDSS Information Systems</p>		
<p>2.2.2b: All new hire case workers, Supervisors, Performance Coaches and other Regional staff, County Directors and Team Leaders will complete Child VictimWeb (within three months of employment)</p>	<p>9/30/2015</p>	<p>Becky Sharp/ Pat Patrick</p>	<p>National Crime Victim Research and Treatment Center, MUSC website Supervisors, County Directors and Team Leaders USC CCFS</p>		
<p>2.2.2c: Develop and incorporate evidence-based, trauma-informed training modules into Basic Child Welfare Training</p>	<p>8/1/2016</p>	<p>Becky Sharp/ Pat Patrick/ Jennifer Webb</p>	<p>Project Best Faculty, CCFS, SCDSS Family Engagement Staff/ Regional and County Leadership</p>		
<p>2.2.2d: Develop and deliver county-based training courses and in-services on psychological trauma and evidence-based, trauma-informed services.</p>	<p>12/31/2015</p>	<p>Becky Sharp/ Pat Patrick/ Paulette Salley/ Sonya Blick</p>	<p>SCDSS Family Engagement staff/ Regional and County Leadership/ KMPS/ SCDSS Information Systems</p>		

<p>2.2.2e: Enhance CAPSS capability to capture trauma screening, assessment and treatment services in case planning and monitoring functions.</p>	<p>11/30/2016</p>	<p>Becky Sharp/ Pat Patrick/ Paulette Salley/ Sonya Blick</p>	<p>SCDSS Family Engagement staff/ Regional and County Leadership/ KMPS/ SCDSS Information Systems</p>		
<p>2.2.2f: Revise CPS and Foster Care policy and procedures to reflect processes for trauma screening, assessment, treatment, tracking and follow up as it relates to evidence-based treatment planning developed in Community Change Team demonstration sites.</p>	<p>11/30/2016</p>	<p>Becky Sharp/ Pat Patrick/ Paulette Salley/ Sonya Blick</p>	<p>SCDSS Family Engagement staff/ Regional and County Leadership/ KMPS/ SCDSS Information Systems</p>		
<p>2.2.3a: All age-appropriate children with open CPS cases will be screened for a history of potentially traumatic events and trauma-related problems</p>	<p>3/1/2016</p>	<p>Becky Sharp/ Pat Patrick</p>	<p>Caseworkers and Supervisors/ SCDSS Family Engagement staff/ Regional and County Leadership/ KMPS/ SCDSS Information Systems</p>		
<p>2.2.3b: Trauma screening and assessment results with recommended evidence-based trauma and other treatment will be incorporated into the evidence-based treatment planning process and included in the service plan.</p>	<p>11/30/2016</p>	<p>Becky Sharp/ Pat Patrick</p>	<p>Project Best Faculty, CCFS, SCDSS Family Engagement Staff/ County Directors/ KMPS/ SCDSS Information Systems</p>		
<p>2.2.3c: Ensure that children and families receive appropriate, evidence-based assessments to determine their strengths, needs and problems.</p>	<p>1/30/2017</p>	<p>Becky Sharp/ Pat Patrick/</p>	<p>Evidence-Based Assessment tools selected Family Engagement staff, SCDMH, County Directors, MCO Network of providers/ SCDSS Regional Clinical</p>		

			Consultants/ PAFCAF/ SCDMH/		
2.2.3d: Develop three tiered collaborative case review staffing structure through the Children's Advocacy Center (CAC) and use the Multidisciplinary Case Review collaborative process to support the implementation of Evidence Based Treatment Plans that serve the three demonstration sites	2/15/2016-2/1/2017	Project	Becky Sharp/ Pat Patrick/ Libby Ralston Best Faculty, CCFS, SCDSS Family Engagement Staff/ County Directors/ KMPS/ CAC		
2.2.3e: Utilize Evidence Based Treatment Planning Construct tools from Project BEST for screening, assessment and evidence based treatment plan development.	2/15/2016-2/1/2017	Becky Sharp/ Pat Patrick/ Libby Ralston	Project Best Faculty, CCFS, SCDSS Family Engagement Staff/ County Directors/ KMPS/ SCDSS Information Systems/ CAC/ SCDMH/ TIDT		
2.2.4a: Establish collaborative relationships with both public and private service partners to share assessment information between medical/ clinical/social service professionals and community-based support services system.	7/31/2016	Becky Sharp/ Pat Patrick	CCFS/ Project Best SCDSS Family Engagement Staff/ County Directors/ KMPS/ CAC/ SCDMH/ TIDT for training and Caseworkers, Supervisors and partnering agencies for implementation		
2.2.4b: Establish mechanisms for working with service partners to develop coordinated and integrated service plans.	3/1/2018	Becky Sharp/ Pat Patrick/ Tammy Bagwell/ Paulette Salley	QA Review/ CCFS/ Project Best/ SCDSS Supervisors/ Partnering Agencies/ PAFCAF		
2.2.4c: Include both public and private service providers in the case review/staffing process at the CAC as the mechanism to share assessment information between medical/clinical/social services professionals for the integration of case information to	2/15/2016-2/1/2018	Project Best/ SCDSS Family Engage. Staff/	County Directors/ CAC/ SCDMH/ Private Providers/ Primary Care Physicians (PCPs) Project Best/ SCDSS Family Engagement Staff/ County Directors/ CAC/ SCDMH/		

inform treatment planning			Private Providers/ Primary Care Physicians (PCPs)		
2.2.4d: Collaborate with the medical professions who provide the forensic and comprehensive medical exams through the CACs in the target counties as MDT partners and as case review participants	2/15/2016-2/1/2018	Project Best/ SCDSS Family Engagement Staff/	County Directors/ CAC/ SCDMH/ Private Providers/ Primary Care Physicians (PCPs) Project Best/ SCDSS Family Engagement Staff/ County Directors/ CAC/ SCDMH/ Private Providers/ Primary Care Physicians (PCPs)		
2.2.4e: Establish collaborative relationships and develop mechanisms for input from the DMH psychiatrists, CAC physicians and SCDSS Clinical Consultants in the development, implementation and monitoring of EBT plans.	4/15/2016-2/1/2018	Project Best/ SCDSS Family Engage. Staff/	County Directors/ CAC/ SCDMH/ Private Providers/ Primary Care Physicians (PCPs)/ SCDSS Regional Clinical Consultants Project Best/ SCDSS Family Engagement Staff/ County Directors/ CAC/ SCDMH/ Private Providers/ Primary Care Physicians (PCPs)/ SCDSS Regional Clinical Consultants/ SCDSS Information Systems		
2.2.4f: Create a metric and collection system to reflect monitoring of treatment progress to completion and SCDSS caseworkers participation in collaborative meetings designed to involve multidisciplinary professionals in the assessment of need and the development of evidence based treatment/service plan	11/30/17	Project Best/ SCDSS Family Engage. Staff	DHHS/ SCDSS Information Systems/ Project Best/ SCDSS Family Engagement Staff		
2.2.5a: Include in each individual service plan measureable treatment goals with specific metrics for assessing outcomes and thresholds for success.	5/30/17	Becky Sharp/ Pat Patrick/ Paulette Salley	SCDSS Information Systems/ Project Best/ SCDSS Family Engagement Staff		

<p>2.2.5b: Each service plan to include a set of evidence-based treatment and other intervention services based upon the assessment-based treatment goals.</p>	<p>11/30/17</p>	<p>Pat Patrick /Becky Sharp</p>	<p>Project Best Regional Clinical Specialist/ KMPS/ SCDSS Clinical Lead Best/ SCDSS Family Engagement Staff/ Supervisors in counties/ SCDSS Regional Clinical Specialist/ KMPS/ SCDSS Clinical Lead</p>		
<p>2.2.5c: Children and families should be referred to practitioners who are appropriately trained in the needed evidence-based services, deliver them with fidelity and work collaboratively with SCDSS.</p>	<p>12/31/16</p>	<p>Becky Sharp/ Pat Patrick</p>	<p>/ SCDSS Regional Clinical Specialist/ KMPS/ Performance Coaches/ County Directors/ SCDSS Clinical Lead Project Best/ SCDSS Family Engagement Staff/ Supervisors in counties/ SCDSS Regional Clinical Specialist/ KMPS/ Performance Coaches/ County Directors/ SCDSS Clinical Lead</p>	<p>Family Plan/Service Plan/Placement Plan Implemented by July 2015</p>	
<p>2.2.5d: Services should be monitored regularly to assess client participation, client engagement, and service provider adherence to the evidence-based service protocol, client progress, and client outcomes.</p>	<p>12/31/16</p>	<p>Becky Sharp/ Pat Patrick</p>	<p>/ SCDSS Regional Clinical Specialist/ KMPS/ Performance Coaches/ County Directors/ SCDSS Clinical Lead Project Best/ SCDSS Family Engagement Staff/ Supervisors in counties/ SCDSS Regional Clinical Specialist/ KMPS/ Performance Coaches/ Directors/ SCDSS Clinical Lead</p>	<p>Child Specific outcomes, and documented evidence through Family Plan/Service Plan/Placement Plan, Guided Supervision Review and the Quality Assurance Reviews, Implemented by July 2015 11/10/14- USC CCFS- Barrier- Question- how can QA Review measure?</p>	

2.2.5e: Develop training curricula for SCDSS Clinical Consultants and DMH in the use of trauma assessment, in EBTP and in advanced supervision techniques in support of clinical input to the development of individual service plans with measureable treatment goals with metrics for assessing outcomes and thresholds for success.	6/30/16	Project Best/ SCDSS Family Engagement Staff	/ SCDSS Regional Clinical Specialist/ Clinical Lead Project Best/ SCDSS Family Engagement Staff/ SCDSS Regional Clinical Specialist/ Clinical Lead		
2.2.5f: Operational capacity to allow time for the SCDSS clinical consultants to provide clinical consultation regarding trauma screening, trauma assessment, the development of EBTPs, and the monitoring and modification of those plans as indicated	6/30/2016	SCDSS Deputy Director/ KMPS Director	/ Regional Team Leaders/ Clinical Lead SCDSS Deputy Director/ KMPS Director/ Regional Team Leaders/ Clinical Lead		
2.2.5g: Operational capacity to allow time for the SCDMH supervisors in support of their providing clinical supervision to the staff involved.	6/30/2016	SCDMH	SCDMH		
2.2.5h: Develop an up to date and ongoing roster of practitioners who are appropriately trained in the needed evidence-based service, who deliver them with fidelity and who work collaboratively with SCDSS.	1/15/2016	KMPS/	KMPS/ IFCCS Contracts Division/ Clinical Lead IFCCS Contracts Division/ Clinical Lead/ Information Systems		
2.2.5i: Develop a MOA with logistics and requirements of collaboration between SCDSS and private MH providers	6/30/16	KMPS	KMPS/ PAFCAF/ DHHS/ Select Health MCO		
2.2.5j: Development of monitoring tool in CAPSS/ client file that provides needed QA documentation	12/30/16	KMPS	KMPS/ SCDSS Information Systems/ USC CCFS		
2.2.6a: SCDSS and SCDMH Child and Adolescent Family Directors will provide leadership at the community level to develop	1/2016-5/2019	Becky Sharp/ Pat	/ SCDMH/ Clinical Lead Project Best County Directors SCDMH		

<p>a coordinated and collaborative community response protocol.</p> <p>Establish a <u>single point-of-contact for local service coordination with the South Carolina Department of Mental Health (SCDMH)</u>. Although DSS and SCDMH collaborate on a variety of initiatives to improve mental health services for DSS children and families, SCDMH has agreed to appoint a single liaison for the Richland County DSS office that is responsible for coordinating interagency activities at the local level.</p>		Patrick /	Child and Adolescent Family Directors/ SCDSS Clinical Lead		
<p>2.2.6b: Collaborate with DHHS to refine Medicaid codes, contracts, reimbursement to support successful implementation and sustainability of trauma informed screening, assessment and treatment.</p>	6/30/16	DHHS/ KMPS	DHHS/ KMPS/ SCDMH/ Select Health MCO		
<p>2.2.6c: Regional and community trauma-informed training for all child serving agencies sponsored by the Joint Council on Children and Adolescents</p>	Ongoing	Becky Sharp/ Pat Patrick	JCCA / DAODAS Joint Council on Children and Adolescents Workforce Initiative SCDSS Regional and County leadership, Joint Council on Children and Adolescents USC CLC USC CCFS		
<p>2.2.7a: Provider and clinician training in delivery of trauma-focused services while implementing trauma-informed practices within their agency setting (residential and community-based)</p>	12/31/2015	Becky Sharp / Pat Patrick	/ SCDSS Regional Clinical Specialist/ SCDSS Clinical Lead/ Project Best Project Best and National Child Stress Network Resources		
<p>2.2.7b: Develop additional trauma-informed training for staff, resource families and service providers.</p>	12/31/2015	Becky Sharp / Pat	Project Best and National Child Stress Network resources		

		Patrick			
2.2.7c: Six Community-Based Learning Collaborative (CBLC) training will be held across the state starting in 2014 to provide Trauma-Focused-CBT training to DMH Clinicians and Broker training to the SCDSS and other stakeholders. Through participation in this collaborative, SCDSS workers and Supervisors will be trained in Trauma-Informed services, including evidence-based interventions, evidence-based treatment planning, and case management skills for treatment success	Monthly training 1/31/2015 – 1/31/2016	Becky Sharp / Pat Patrick	Joint Council Members		
2.2.7d: Coordinate with the SC Foster Parents Assn. to provide both the 4 session training as well as the more advanced training to all DSS utilized foster parents within the demonstration counties.	5/31/2014 – 12/31/2015	Becky Sharp / Pat Patrick	Families First/Family Engagement SCDSS Regional and County Leadership with Family Engagement staff Project Best		
2.2.8a: Assess the barriers to obtaining credit reports.	3/31/15	LaToya Reed	CIN Director of Social Services- Linda Love Office of the CFCIP	10/2/14- LaToya met with SC Department of Consumer Affairs, Identity Theft Unit and GAL. Schedule meeting with John Shackelford to discuss information about barriers.	
2.2.8b: Make a recommendation for obtaining credit reports and sharing them.	12/31/15	LaToya Reed			
2.2.9a: An assessment of the challenges of identifying Native American children/youth.	12/31/14	Greg Moore	CIN Director of Social Services- Linda Love Office of the CFCIP LaToya Reed- Independent	- Identifying non-CIN Native American children is not occurring frequently enough. Also, sometimes identifying CIN children not occurring. Currently self-identifying is primary method to identify. Currently some children not self-identify. -Important to identify at Intake assessment if possible. Need to encourage Intake Specialist	Completed 10/28/14

			Living Coordinator	to contact Linda Love immediately if child self-identifies as CIN, or appropriate Tribe if self-identifies or is identified as a non-CIN Native American. Contact Julia Tice/Steve Strom with information to add to Intake Hub focus. Also recommended that Family Preservation, Foster Care, and Adoption caseworkers make efforts to identify if child is CIN or non-CIN Native American at family meetings.	
2.2.9b: Develop other ideas to identify if child is CIN or non-CIN Native American.	9/30/15	Greg Moore	Linda Love Dione Carrol Dennis Gmerek	Review Alaskan booklet on ICWA-related resources and identifying for Native American Tribe membership or eligibility. Assess what tools are currently being used to identify Native American children and youth. Assess current and any needed training and implementation of these tools. Have tools and processes in place to identify Native American children and youth.	
2.2.9c: A recommendation to SCDSS for procedures to add and current procedures to reinforce for identifying Native American children/youth.	12/31/15	Greg Moore	Linda Love Dione Carrol Dennis Gmerek		
2.2.9d: Identify Native American-specific items for transition planning.	12/31/15	LaToya Reed	Linda Love Dione Carrol	1) Need to include CIN or other Native American culture in transition planning and other planning for the children, importance of having the child's support system at planning meeting.	
2.2.10a: Develop a standardized protocol for medical screenings, assessments, and follow-up for all children entering Foster Care will be in place with support of ongoing medical data collection/ reporting and analysis. This protocol will to adhere to EPSDT requirements and DSS policy timelines to support effective and consistent use of Education and Health Passport.	6/30/2016	KMPS Director	DSS Clinical Lead/ DHHS /Revenue Fiscal Affairs (RFA) DSS Clinical Lead/ Foster Care Advisory Committee (FCAC)/ DHHS /Revenue Fiscal Affairs (RFA) KMPS Director		

2.2.10b: Place the Initial Comprehensive Medical Assessment in a centralized location in CAPSS (Person Screen)	11/30/2015		CAPSS Health Care Oversight/ Education and Health Passport Workgroup		
2.2.10c: All medical data from the Initial Comprehensive Medical Assessment entered into the Person Screen will automatically populate the related fields within the Education and Health Passport	12/30/2015		CAPSS Health Care Oversight/ Education and Health Passport Workgroup		
2.2.10d: Create a portal for caregivers/foster parents/providers so they have the ability to review, update and print all information housed within the Education and Health Passport	12/30/2015		CAPSS Health Care Oversight/ Education and Health Passport Workgroup		
2.2.10e: Create a portal for physicians so they can attach the Electronic Medical Record into CAPSS directly	12/30/2015		CAPSS Health Care Oversight/ Education and Health Passport Workgroup		
2.2.10f: Develop video training on overview of psychotropic drugs, process for consent, standards of care, Education and Health and Passport process for caseworkers, physicians, caregivers and congregate care providers	9/30/2016		DSS Clinical Lead/ USC CCFS/ FCAC/ DSS Psychiatrist DSS Clinical Lead/		
2.2.10g: Explore the South Carolina Health Information Exchange (SCHIE) system to determine compatibility with CAPSS and possible method for transfer of information from SCHIE to the CAPSS	12/30/2015	Paulette Salley/	Jonnieka Farr/ DSS Clinical Lead		
2.2.10h: Add functionality in CAPSS database to identify children coming into care	6/30/2016	Paulette Salley/	Portia Hawkins		

who have been drug exposed in order to track medical screening, assessment, treatment and follow up at intervals outlined in policy					
2.2.11a: Evaluate prospective prescription oversight process with PRTFs and explore a hybrid model to community-based prescription oversight of psychotropic medication for children in foster care through collaboration with the Department of Mental Health (DMH), Group Care providers, and Therapeutic Foster care providers and Foster Care Advisory Council (FCAC)	5/30/2016		DSS Clinical Lead/ DSS Psychiatrist/ DMH Medical Director/ Director of Palmetto Association of Children and Families (PAFCAF)		
2.2.11b: Develop of audit protocols to compare healthcare provider and State records relating to psychiatric/mental healthcare for children in foster care	8/15/2016	DSS Psych.	Regional Clinical Specialists		
2.2.12a: Develop a research and advisory committee to explore national models for prescription oversight of non-psychotropic medication standards and procedures to develop preliminary recommendations to FCAC	3/30/2017	DSS Clinical Lead/	DSS Clinical Lead/ FCAC/ DHHS CHIPRA Project Leader/ Director of PAFCAF		
2.2.13a: Develop MOU with Department of Mental Health, MCO and private provider system for a process/ criteria to allow access to psychiatric medication management for those children in foster care receiving clinical support outside of the state mental health system	3/15/2017	DMH Medical Director/ DSS Psych	DSS Clinical Lead/ KMPS Director/ DHHS/ Select Health MCO/ PAFCAF		
2.2.14a: Explore options such as co-location, MOU/contracts, etc. with DMH, DAODAS, MCO and private providers to offer screening, assessment and treatment services beyond the traditional office hours of 9-5pm	9/30/2016	SCDSS Deputy Director/ DAODAS Director/	DHHS Behavioral Health Director/ DMH Deputy Director/ KMPS Director/ DSS Clinical Lead/ Select Health/ PAFCAF		
2.2.14b: FCAC to collaborate with DHHS,	2/1/17	Director/	KMPS Director/ DSS Clinical		

DMH, private providers and MCO to determine methods for expanding primary care, clinical, medical, and addiction services to rural areas		DHHS Behavioral Health Director/ DMH Deputy Director/	Lead/ Select Health		
PCSC 2.2.15a: Determine number of target population served historically (i.e. last two fiscal years)	10/1/2014	DHHS / Executive Steering Comm	DHHS/ Executive Steering Committee		COMPLETED
2.2.15b: Define demographics of population served (e.g., age, race/ethnicity, regions), including identification of disparities and disproportionality	10/1/2014	DHHS	DHHS/Mercer Consultant		COMPLETED
2.2.15c: Identify services used, including any evidence-based, credentialed services	10/1/2014	DHHS /Executive Steering Comm	DHHS/Executive Steering Committee		COMPLETED
2.2.15d: Determine expenditures per child/youth and total spending, including expenditures on "poor outcome and/or high cost" services	8/15/2015	DHHS	DHHS/ Mercer		
2.2.16a: Identify current funding streams and identify potential reallocation of other federal funding streams (child welfare, prevention, special education, SAMSHA block grants, etc)	9/30/15	State agencies' finance /budgets/ program areas	DHHS/Mercer	Revised completion date from 10/15/2014 to 9/30/2015 due to delays in financial analysis	
2.2.16b: Identify financing strategies for system such as Medicaid waiver(s), Medicaid state plan amendments, IV-E waiver, state general funds, blended and/or redirection of	9/30/15	State Agency Leader Team	DHHS/Mercer	Revised completion date from 11/30/2014 to 9/30/2015 due to delays in financial analysis	

other federal funds					
2.2.17a: Develop drafts of state plan amendments and funding sources	12/30/15	DHHS	Mercer	Revised completion date from 2/15/15 to 12/30/2015 due to delays in financial analysis	
2.2.17b: Conduct public input process	5/15/2015	Project Director	Leader Team/ PCSC		COMPLETED
2.2.17c: Submit applications	3/31/2016	DHHS	Child Serving State Agencies	Revised completion date from 4/15/15 to 3/31/2016 due to delays in financial analysis	
2.2.17d: Develop policy and procedures and promulgate rules as required	6/1/2017	Executive Steering Comm,	PCSC Project Director, Mercer	Revised completion date from 5/31/15 to 6/1/2017 due to delays in financial analysis	
2.2.17e: Develop RFP's and enroll providers	6/1/2017	Project Director	Executive Steering Comm, PCSC Project Director, Mercer	Revised completion date from 5/31/15 to 6/1/2017 due to delays in financial analysis	
2.2.17f: Develop reimbursement rates	6/1/2017	DHHS/	Mercer Executive Steering Comm, PCSC Project Director, Mercer	Revised completion date from 6/30/15 to 6/1/2017 due to delays in financial analysis	
2.2.18a: Develop training and capacity building plan	9/30/2016	Executive Steering Comm		Training and capacity building plan completion date of 9/30/2015 to 9/30/2016	
2.2.18b: Develop statewide phase in approach	9/30/2016	Executive Steering Comm	Committee PCSC Project Director	Approved statewide rollout plan 9/30/2015 completion date revised to 9/30/2016	

2.2.18c: Implement statewide rollout plan	9/30/2017	Executive Steering Comm Project Director	Executive Steering Committee	Statewide rollout completion date revised from 10/30/2016 to 9/30/2017	
2.2.19a: Establish workgroups to develop and implement a communication plan for PCSC, eligibility tool for PCSC, outcome measures, cultural linguistic competencies, and capacity and training	ongoing	PCSC Planning Group/	PCSC Leader Team/ PCSC Project Director		
2.2.19b: Determine PCSC infrastructure service delivery design and access points	12/30/2015	PCSC Planning Group and PCSC Leader Team	PCSC Planning Group		
2.2.19c: Partner with state agencies and congregate care providers through an advisory board to explore national Building Bridges Initiative (BBI) and assess the application of best practices in residential care	12/30/116	PCSC Leader	Building Bridges Advisory Board PCSC Planning Group		
2.2.19d: SCDSS to explore options of becoming a certified case management entity (CME)	3/1/2016	SCDSS Deputy Director	SCDSS Deputy Director KMPS Director PCSC Project Director		
2.2.19e: Complete a Fixed Price Bid for a Center for Excellence	12/31/2015	PCSC Project Director	DHHS/ PCSC Leadership Team		

<p>2.2.20a: Assess the barriers to obtaining credit reports.</p> <p>2.2.20b: Make a recommendation for obtaining credit reports and sharing them.</p>	<p>3/31/15</p> <p>12/31/15</p>	<p>LaToya Reed</p> <p>LaToya Reed</p>	<p>CIN Director of Social Services- Linda Love Office of the CFCIP</p> <p>Linda Mitchell John Shackelford</p>	<p>10/2/14- LaToya met with SC Department of Consumer Affairs, Identity Theft Unit and GAL. Who will do the checks? What do with any issues that are identified? Who and how to educate the youth on the credit report information?</p> <p>Met with John Shackelford to discuss information about barriers, and information about IV-E/IV-B requirement for credit check reporting. Next step: meet with John Shackelford and Mark Barcus to decide if IV-E or Independent Living Program will do credit checks and reporting.</p>	<p>Complete. Identified issues.</p> <p>Complete.</p>
<p>2.2.21a: An assessment of the challenges of identifying Native American children/youth.</p>	<p>12/31/14</p>	<p>Greg Moore</p>	<p>CIN Director of Social Services- Linda Love SCDSS OGC SCDSS Intake Director</p>	<p>Identifying non-CIN Native American and Catawba Indian Nation children/youth is not occurring frequently enough. Currently self-identifying is primary method to identify, some children not self-identify. -Important to identify at Intake assessment if possible. Need to encourage Intake Specialist to contact Linda Love immediately if child self-identifies as CIN, or appropriate Tribe if self-identifies or is identified as a non-CIN Native American. - Intake Specialists and Caseworkers do not have enough questions and tools to use in the process of trying to identify Native American children. At this point the only "tool" available and used is used at Intake of Abuse and Neglect Reports, to ask if the child is Native American.</p>	<p>Completed</p>
<p>2.2.21b: Develop other ideas to identify if child is CIN or non-CIN Native American.</p>	<p>9/30/15</p> <p>9/9/15</p>	<p>Greg Moore</p> <p>Clare House (USC,</p>	<p>Linda Love Dione Carrol Dennis Gmerek</p>	<p>Review Alaskan booklet on ICWA-related resources and identifying for Native American Tribe membership or eligibility. Assess what tools are currently being used to identify Native American children and youth. Only tool being used is to "ask" if Native American or might be, at Intake.</p> <p>6/3/15- meeting identified possible Catawba Indian Nation names: Sanders, Harris, George, Blue, Whiteside.</p> <p>Develop of list of questions/tools to use to help identify possible Native American children, and present at next meeting. 9/9/15, @ SCDSS North Tower, Columbia.</p> <p>Assess current and any needed training and implementation of these tools.</p>	<p>Complete.</p>

		CCFS)		Have tools and processes in place to identify Native American children and youth.	
2.2.21c: A recommendation to SCDSS for procedures to add and current procedures to reinforce for identifying Native American children/youth.	12/31/15	Greg Moore	Linda Love Dione Carrol Dennis Gmerek		
2.2.21d: Identify Native American-specific items for transition planning.	12/31/15	LaToya Reed	Linda Love Dione Carrol	1) Need to include CIN or other Native American culture in transition planning and other planning for the children, importance of having the child's support system at planning meeting.	

GOAL 2: Children will thrive when involved with SCDSS.

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

Improve the ability of the SCDSS to determine if children in foster care are in a stable placement, and ensure that any changes in placement that occur are in the best interest of the child, and consistent with achieving the child's permanency goals.

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

Progress Benchmark / Strategy

- 2.3.1: Increase supports and linkages to services for Kinship Caregivers in Family Preservation cases. (See Benchmark / Strategy 3.1.1 for Action Steps that further addresses this Objective and Strategy)
- 2.3.2: Increase access to and coordination of mental and behavioral health services for youth in Family Preservation cases. (See Goal 4, Objective 1, Strategy 2 (4.1.2) for information that addresses this Strategy)
- 2.3.3: Develop targeted recruitment strategies to increase numbers of resource families who can serve sibling groups and older youth. Target foster home recruitment to include sensitivity and skills training related to caring for special populations – children who are severely emotionally disturbed, youth who are medically fragile and affirming lesbian, gay, transgendered and questioning. See Goal 3, Objective 1, (3.1.2) for the details of the newly developed “Resource Family Recruitment and Retention Plan”, to address the shortage of Resource Foster Families in South Carolina.
- 2.3.4: Build staff competencies to create ongoing, safety networks for children prior to case closure. (See Goal 1, Objective 3, 1.3) for Strategies and Action Steps that addresses this Objective and Strategy)

Action Steps / Task Name	Start / Finish Dates	Lead	Implementation Supports Required: Names / Items / Funding	Comments: Progress / Challenges / New Action Step Required (add below)	Completed
<p>2.3.1: Utilize Technical Assistance from Annie Casey Foundation in assessment of counties for available services/gaps in services and utilization rate of services.</p> <p>(See Benchmark / Strategy 3.1.1 for Action Steps that further addresses this Objective and Strategy)</p>	11/30/15	Kathryn Kendrick	Annie Casey TA Program Coordinator SCDSS Senior Consultant County Directors	Assessment to be completed with recommendations by 11/30/2015	Complete.
<p>2.3.2: Increase access to and coordination of mental and behavioral health services for youth in Family Preservation cases. (See Goal 4, Objective 1, Strategy 2 (4.1.2) for information that addresses this Strategy)</p>					
<p>2.3.3: Develop targeted recruitment strategies to increase numbers of resource families who can serve sibling groups and older youth. Target foster home recruitment to include sensitivity and skills training related to caring for special populations – children who are severely emotionally disturbed, youth who are medically fragile and affirming lesbian, gay, transgendered and questioning. See Goal 3, Objective 1, (3.1.2) for the details of the newly developed “Resource Family Recruitment and Retention Plan”, to address the shortage of Resource Foster Families in South Carolina.</p>					
<p>2.3.4: Build staff competencies to create ongoing, safety networks for children prior to</p>		Steve Strom			

case closure. . (See Goal 1, Objective 3, 1.3) for Strategies and Action Steps that addresses this Objective and Strategy)					
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GOAL 3: Children will have meaningful and lifelong connections with family and in community.

Objective 1 / Progress Measure 1 - Permanency Outcome 1
Improve the permanency and stability of children in their living situation.

a) Using the statewide baseline percentage of 92.7 % as of 5/1/15, of those reunified did not have a Foster care re-entry within 12 months of a prior episode, the statewide percentage of re-entries will improve/decrease to 96.7 % by the end of the 2019 FFY, with Progress Benchmarks of 1% per year improvement.

b) Using the baseline of the non-weighted, aggregate score of CFSR 2 Items 6, 7, 8, 9, 10, from the Quality Assurance Reviews 10/1/14-1/31/15 (9 counties), of 35.74% “Significantly , the Progress Measure will improve by the end of the 2019 FFY to 43%, with Progress Benchmarks of 2% improvement per year.

Objective- Recruitment - Permanency Outcome 1: Achieve a growth in each SCDSS County Office, Region, and statewide of a net increase of 20% in Resource Foster Families by the end of the 2015 CY, compared to the number of Resource Foster Families on 1/1/2015.

Progress Benchmark / Strategy

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

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

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

Action Step/Task Name	Start / Finish Dates	Lead	Implementation Supports Required: Names / Items / Funding	Comments: Progress / Challenges / New Action Step Required (add below)	Completed
3.1.1a: Designate Kinship Care Liaison in each region		Kathryn Kendrick			Complete.
3.1.1b: Distribute Kinship Care brochures with contact information and support services being offered, and other items in Kinship Care Roll-out Plan.	9/30/15	Kathryn Kendrick		Being printed 6/2015, and to be distributed with other items in the roll-out in July 2015. * Kinship Care Roll-Out Plan Memo from Director Alford or designee introducing kinship practice enhancements and timeline. Develop draft “vision” of Kinship Care. Add Kinship Care Rollout Update to agenda of meetings such as P2, Practice Improvement	

				<p>Calls. CAPSS Training Guide and Screen Shots. Roll out of KC Agreement & Child Profile forms. CAPSS Webinar. Practice Tips Video(s) on value of Kinship Care and link to forms. In-Person Dissemination by Kinship Care Liaison. Website operational. Kinship Care Name Change. Kinship Brochure & Guide. Manual Update.</p>	
*3.1.1c: Evaluate systems of support for Kinship Caregivers.	10/1/15	Susan Alford	Annie E. Casey Foundation		
*3.1.1d: Establish a tracking system for Kinship Caregivers	7/15/15	Ric Lawson	Brad Leake	Launch CAPSS screen 7/7/15.	
*3.1.1e: Establish a plan to input Kinship Care data.	9/1/15	Jessica Hanak-Coulter	Ric Lawson Steven Rivers		
3.1.2a: Engage NRC to develop a recruitment work plan- draft plan delivered to SCDSS / draft finalized, submitted to ACF for approval.	7/1/15 / 8/1/15		NRC	Draft received.	
3.1.2b1: Implement Business Process Redesign for initial Licensing procedures- develop new approved application done at Intake, train, and communicate to families.	7/1/15	Kendra			
3.1.2b2: Implement Business Process Redesign for initial Licensing procedures- Create a centralized Licensing Tram and standardize home visits	10/30/15	Lindsey	Training curriculum USC		
3.1.2b3: Implement Business Process Redesign for initial Licensing procedures- Revise medical and financial forms and standardize "Bootleg Forms".		Jackie Lowe			

3.1.2b4: Implement Business Process Redesign for initial Licensing procedures- License to cover all age, gender, and capacity restrictions.		Paulette Salley / Jackie Lowe			
3.1.2b5: Implement Business Process Redesign for initial Licensing procedures-Employ Fire/DHEC Inspectors		Brad Leake / Tina Syrax			
3.1.2b6: Implement Business Process Redesign for initial Licensing procedures- Revise the Foster Parenting website.		Malik	Carla, Jackie, Licensing worker.		
3.1.2c1: Home Studies- redraft contract at end of contract period.	2/30/16	Jackie Lowe	Mark Barcus / SCDSS Procurement Office		
3.1.2c2: Home Studies- develop training related to contract contents, including licensing procedures, licensing procedures and requirements, and support piece.	6/30/15	Jackie Lowe	Cheryl Herring / USC CCFS	Uof SC CCFS to format 2 day training.	
3.1.2c3: Home Studies- implement training related to contract contents, including licensing procedures, licensing procedures and requirements, and support piece.	7/31/15	Mark Barcus			
3.1.2d1: Address the Fire Inspection requirements for windows and smoke alarms-communicate change to staff	8/1/15	Tina Syrax			
3.1.2e1: Rollout Regional Resource Family Support Unit- Hire State Director for Regional Resource Family Support	7/31/15	John Shackelford			
3.1.2e2: Rollout RRFSU - Collect detail data for recruitment within school districts.	7/30/15	Brad Leake			
3.1.2e3: Rollout RRFSU - Identify current dedicated staff to transfer.	7/30/15	Team Leaders			
3.1.2e4: Rollout RRFSU - Hire new staff in existing positions.	7/30/15	Team Leaders			
3.1.2e5: Rollout RRFSU- Hire new staff in newly established positions (dependent on budget request	11/1/15	Team Leaders			

3.1.2e5a: Rollout RRFSSU-develop curriculum and Supervisor Manual for OJT.	9/1/15	USC / Lindsey			
3.1.2e5b: Rollout RRFSSU-implement training for all staff hired since 10/1/15	2/30/16	Team Leaders			
3.1.2f: Rollout RRFSSU- Track outcomes	2/30/16	Brad / Jessica			
3.1.2g1: Recruitment Goal: Communicate goal of 20% Net increase in Resource Foster Families in each County, Each Region, and statewide.	6/10/15	Team Leaders			
3.1.2g2: Recruitment Goal: Track progress.	Ongoing	Brad / Jessica	Jackie Lowe	Jackie reporting packets into state licensing office, and packets sent from office.	
3.1.2h: Hold ongoing joint recruitment events with GAL	Ongoing	Team Leaders		Requested by the GAL Program.	
3.1.2i1: Collaborate with the Catawba Indian Nation (CIN) to recruit Resource Families- Assess the adoption recruitment needs to be included in a Native American- specific Adoption Recruitment Plan.			Terri Pope	<p>From the 5/16/15 orientation meeting the following information was gathered:</p> <p>1) Some CIN families may not pass the initial background checks or may be residing with someone who has negative background checks.</p> <p>3 The CIN shared their belief that there is a need for more ICWA training for workers and staff. The CIN would like to see yearly training done in order for everyone to understand the ICWA requirements.</p> <p>4) It was mentioned that perhaps a different set of licensing standards could be applied to those CIN members who wished to become resource or adoptive parents. However, that would be a decision that would have to be made by state office.</p> <p>Families present stated that they only wish to be resource parents/adoptive parents to CIN and other Native American. Children in order to keep traditions and their culture alive.</p> <p>Adoptions did explain MEPA and how that would apply to a family wishing to foster or adopt.</p> <p>Next Steps:</p> <p>1) Develop a written recruitment plan in consultation and coordination with the developing Resource Family Recruitment and Support Plan.</p> <p>2) Schedule next quarterly meeting.</p> <p>3) Those present for this information session would like to meet privately and discuss what they could do to maybe support other CIN families on or off the reservation with fostering/adoption.</p> <p>4) CPS Orientation at Reservation. Relay answer to Linda Love to schedule.</p>	Complete.

<p>3.1.2i2: Collaborate with the Catawba Indian Nation (CIN) to recruit Resource Families- Develop a written recruitment plan in consultation and coordination with the developing Resource Family Recruitment and Support Plan.</p>	12/31/15	Amanda Koon	<p>CIN Director of CIN Dir. Social Services- Linda Love SCDSS York Co. Office Adoptions State Office Adoptions State Office Recruitment Coordinator and Regional Administrators Regional Adoption Recruiters Resource Family Recruitment and Support Development Team</p>	Next meeting 9/9/15.	
<p>3.1.2j1: Develop a Faith-Based Adoptions Recruitment Plan.</p>	12/31/15	Amanda Koon	<p>Adoptions State Office Recruitment Coordinator and Regional Administrators Regional Adoption Recruiters Resource Family Recruitment and Support Development Team</p>		
<p>3.1.2j2: Implement a Faith- Based Adoptions Recruitment Plan.</p>	TBD	Cheryl Herring	<p>Adoptions State Office Recruitment Coordinator and Regional Administrators Regional Adoption Recruiters</p>		
<p>3.1.2k1: Recruitment Campaign- Rollout public awareness campaign.</p>	10/1/15	Marilyn / Jessica / Amanda			
<p>3.1.2k2: Recruitment Campaign- Develop strategic plan for recruitment campaign.</p>	7/31/15	Amanda			
<p>3.1.2k3: Recruitment Campaign- develop draft recruitment contract with universities and submit to SCDSS Procurement Office for review and posting.</p>	7/1/15	Amanda			

3.1.2k4: Recruitment Campaign- recruitment contract posted to MMO.	8/1/15	Michele Mahon			
3.1.2l: Develop campaign materials to be used statewide.		Marilyn	USC		
3.1.2m: Track outcomes and analyze.	8/1/15	Malik	USC		
3.1.2n1: Development of a contract to provide peer-to-peer mentoring for Resource Families.	7/1/15				
3.1.2n2: Peer-to-peer mentoring for Resource Families-Rollout revised format.	10/1/15	Lindsey	Salley Branch	Identify dates.	
3.1.2o: Ongoing participation in SCFPA meetings by SCDSS County Directors.	Ongoing	Jessica / Malik			
3.1.2p1: Training- redraft SCFPA contract to include quality assurance, behavior intervention, trauma-informed care.	6/30/15	Mark / Malik			
3.1.2p2: Training- explore evidence-based training for Resource Families.	TBD				
3.1.2q1: Develop feedback loop in the communication plan with Resource Families.	2/30/15	Malik			
3.1.2q2: Develop letter to be sent to Resource Families at initial Licensing.	6/12/15	Malik			
3.1.2q3: Implement letter to be sent to Resource Families at initial Licensing.	6/19/15	Jackie			
3.1.2r: Develop PowerPoint for communicating changes for SCFPA (BPR, RRFUSU).	7/1/15	Malik / Marilyn			
3.1.2s: Develop website for Resource Family Recruitment.	8/1/15	Malik / Marilyn			
3.1.2t: Implement SCDSS Foster and Adoptive Recruitment Communication Matrix.	10/1/15	Marilyn	Adopt Us Kids Adoption Campaign Material and Plan.	All communication action steps to be in place by 10/1/15	

3.1.3a: Post-adoption services- Assess the availability and quality of post-adoption support services.	8/1/15	Jessica			
3.1.3b: Post-adoption services- develop a plan to enhance the availability and quality of post-adoption support services.	9/30/15	Jessica			

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

Objective 2 / Progress Measure 2- Permanency Outcome 2

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

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

Progress Benchmark / Strategy

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

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

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

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

Action Steps / Task Name	Start / Finish Dates	Lead	Implementation Supports Required: Names / Items / Funding	Comments: Progress / Challenges / New Action Step Required (add below)	Completed
<p>IC 3.2.1: Develop jointly with the Catawba Indian Nation, recommend, and finalize a Memorandum Of Understanding between the CIN and the SCDSS, that will clarify and be agreed upon that: when the SCDSS becomes involved with children and youth of non-CIN tribes, that the tribe of origin of the child or youth will be contacted first according to current law, and the other tribe must contact the CIN to request the CIN to intervene on their behalf, and then the SC DSS will share information about the case with the CIN.</p>	<p>9/30/15 6/15/15: 6/30/15: 7/15/15: 8/1/15: 9/1/15: 9/30/15:</p>	<p>Dennis Gmerek</p>	<p>CIN Director of Social Services- Linda Love SCDSS York Co. Office Attorney- Dennis Simpson & Co. Office Director CFCIP Supervisor SCDSS OGC Dione Carroll (CIN Legal Counsel) Jessica Hanak-Coulter CIN Council CIN Chief</p>	<p>Dione Carroll will send draft MOU to Dennis Gmerek to review.</p> <p>Dennis Gmerek will return revised draft to Dione to review and present to CIN Council meeting for review.</p> <p>CIN Council will have reviewed draft MOU</p> <p>Draft MOU sent to Dennis.</p> <p>Draft MOU sent to Jessica Hanak-Coutler, SCDSS Deputy Director, and to Catawba Indian Nation Chief.</p> <p>MOU approved</p>	<p>10/28/14- meeting completed at CIN Longhouse.</p> <p>12/12/14-completed.</p>
<p>*3.2.2a: Get clarification from the SCDSS Office of General Counsel when ICWA applies.</p>	<p>9/30/15</p>	<p>Greg Moore</p>	<p>Dennis Gmerek</p>	<p>Clarification will be addressed in the Memorandum of Understanding in 3.2.1, which will be developed according to current SCDSS policy as to when the Tribe is notified.</p>	
<p>*3.2.2b: Develop and implement a process to get this ICWA information to all SCDSS staff, Resource Families, and stakeholders as soon as possible.</p>	<p>9/30/15 8/1/15 8/5/15</p>	<p>Greg Moore Dennis Gmerek / Dione Carroll Greg Moore Sonya Blick</p>	<p>Linda Love Dennis Gmerek</p>	<p>Intake, Investigation, Family Preservation, Foster Care, Foster Home Licensing, Court Liaisons, Guardian ad Litem volunteers, Office of Indigent Defense, Foster Care Review Board, Foster Parent Association, Judges, Best Legal Practices Group, stakeholders, and Adoption staff.</p> <p>Others to contact?</p> <p>create a fact sheet on ICWA compliance guidelines to include an ICWA compliance flow chart (this will be part of the MOU).</p> <p>send information re ICWA application to policy for review.</p>	

	9/15/15			Develop method(s) for disseminating information to the identified groups. Disseminate information to all groups.	
IC 3.2.3: Develop a process so that the CIN will have an opportunity to intervene before the SCDSS becomes involved in a case with a child or youth member of the CIN or of another tribe.	9/30/15	Greg Moore	CIN Director of Social Services- Linda Love SCDSS OGC (Dennis Gmerek) SCDSS York Co. Office Attorney- Dennis Simpson & Co. Office Director CFCIP Supervisor	See MOU in 3.2.1.	

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

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

Progress Benchmark / Strategy

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

4.1.2: Implement a statewide model for Teaming.

***4.1.3: SCDSS Policy Rewrite.**

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

Action Step / Task Name	Start / Finish Dates	Lead	Implementation Supports Required: Names / Items / Funding	Comments: Progress / Challenges / New Action Step Required (add below)	Completed
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4.1.1a: Finalize Caseload Methodology	6/30/14	Jessica Hanak-Coulter	Child Welfare Director Regional Team Leaders		COMPLETED
4.1.1b: Implementation of new Caseload Methodology through notification for (202) Full Time Equivalent positions from S.C. Legislature, and additional caseworker and supervisor positions added Statewide	6/30/14-2/8/2016	SCDSS State Director/ SCDSS Deputy Director Human Services	Data Division Casey Family Programs/ CCFS	Awaiting budget approval for requested funding for caseworkers. Also developing a formal methodology for caseload distribution and allocation of staff with technical support from Casey Family Programs	IN PROCESS

<p>4.1.1c: Hire additional caseworkers in Richland Co.</p>	<p>Ongoing</p>	<p>Neisie Jacobs/ Jessica Hanak-Coutler / Jim Nicols</p>	<p>County Director/ Budgets/ HR</p>	<p>Ongoing: Continuous job postings exist to fill positions for caseworkers</p>	
<p>4.1.1d: Maximize staff time in the field through the use of mobile computing and communications technology.</p>	<p>8/1/2015</p>	<p>Ric Lawson/ Jessica Hanak-Coulter</p>	<p>SCDSS Information Systems</p>		<p>Complete.</p>
<p>4.1.1e: SCDSS to research cost/ benefit of enhancing CAPSS to provide an effective case management system that will support caseworkers in meeting needs of children in foster care</p>	<p>9/30/16</p>	<p>Paulette Salley/ Ric Lawson</p>	<p>SCDSS Deputy Director/ Kathryn Kendrick</p>		

<p>4.1.1f: Deploy Alcohol and Drug Abuse treatment providers and Licensed Independent Practitioners to provide trauma screenings, vulnerability assessments, and ongoing services to children and families in the child welfare system. To include: a dedicated case manager to work in the DSS office, integrated residential treatment for entire families, substance abuse cross-training for SCDSS staff, and <u>enhanced</u> drug screening for DSS families.</p>	<p>April 1, 2015</p>	<p>SCDSS Deputy Director Human Services</p>	<p>DAODAS Mark Barcus</p>		<p>COMPLETED</p>
<p>4.1.1g: Dispatch a 20-person intensive casework team to immediately relieve higher than average Richland County caseloads. The team will be a combination of caseworkers coming into the Richland County office and caseworkers in surrounding counties taking on Richland County's cases.</p>	<p>5/30/15</p>	<p>SCDSS Deputy Director Human Services</p>	<p>Regional Team Leaders/ County Directors</p>		<p>COMPLETED</p>
<p>4.1.2a: Restructure IFCCS regional operations/support services to align behavioral health services and case management with the county</p>	<p>9/30/2014</p>	<p>Regional Team Leaders/ County and Regional Office Leadership/ Regional Clinical Specialist/ IFCCS Contracts/ IFCCS State Office/ Budgets/ HR/ KMPS</p>	<p>Regional Team Leaders/ County and Regional Office Leadership/ Regional Clinical Specialist/ IFCCS Contracts/ IFCCS State Office/ Budgets/ HR/ KMPS</p>		<p>COMPLETED</p>

* 4.1.3: SCDSS Policy Rewrite.	7/1/2016	Sonya Blick/ Carolyn Morris	KMPS/ USC Children's Law Center		
* Strategy 4.1.4: Develop predictive analytics capability and process.	Ongoing	Malik Whitaker	KMPS		IN PROCESS

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

Objective 2 / Progress Measure 2: Provide Leadership Development opportunities for middle managers and executive leadership across all disciplines to enhance the implementation of child welfare practices that support permanency, safety and well-being for children involved with the SCDSS.

Project Benchmark / Strategy.

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

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

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

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

Action Steps / Task Name	Start / Finish Dates	Lead	Implementation Supports Required: Names / Items / Funding	Comments: Progress / Challenges / New Action Step Required (add below)	Completed
4.2.1a: Continue the LAS for new and seasoned Supervisors to build leadership skills around supporting/leading staff to improve assessments of education, health, and mental health needs and services during worker visitations with the children involved with SCDSS, through multiple groups per year and multiple online and classroom sessions.	In process, ongoing.	CCFS- Cynthia Flynn	CCFS, Team Leaders, County Directors, SCDSS Senior Consultants Regional and Program Directors		

4.2.2a: Implement Core Management Functions training for building skills of finance, HR, and IT, for managers at SCDSS.	6/30/16	CCFS-Cynthia Flynn	IT, Policy, HR, Legal, Team leaders, Child Welfare Director		
4.2.2b: Implement a child welfare training academy that enhances leadership for middle managers in child welfare.	1/31/16	CCFS-Cynthia Flynn	CCFS, Team Leaders, County Directors, SCDSS Senior Consultants, Project Planners		
4.2.3a: Implement Leadership training through peer to peer support, online discussions, statewide meetings/conferences and workshops, County Director Forum.	11/30/14 / Ongoing monthly.	CCFS-Cynthia Flynn / Lenora Reese (County Director Forums)	CCFS, Team Leaders, County Directors, SCDSS Senior Consultants, Project Planners		In process.
4.2.3b: Implement Leadership training through peer to peer support, online discussions, statewide meetings/conferences and workshops, Supervisor Summit.	Ongoing.	CCFS-Cynthia Flynn / Lenora Reese (County Director Forums)	CCFS, Team Leaders, County Directors, SCDSS Senior Consultants, Project Planners		In process.
4.2.3c: Develop advisory group to assess training needs and develop content/training events to meet identified needs such as all facets of County operations in child welfare, child support, economics, child care, along with Executive Leadership Forum series.	ongoing	Lenora Reese	CCFS, Team Leaders, County Directors, SCDSS Senior Consultants, Project Planners		In process.
4.2.4a: Develop certification program for Child Welfare Supervision.	1/31/2016	CCFS-Cynthia Flynn	CCFS, Team Leaders, County Directors, SCDSS Senior Consultants		

4.2.4b: Implement certification for Child Welfare Supervisors and certification process.	4/30/2016-6/30/2017	CCFS-Cynthia Flynn	CCFS, Team Leaders, County Directors, SCDSS Senior Consultants Policy Unit		
4.2.4c: Supportive Mapping for Supervisors. (see 1.3.7a)	TBD	Steve Strom	Team Leaders County Directors, SCDSS Senior Consultants Performance Coaches		

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

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

Progress Benchmark / Strategy

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

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

4.3.3: Address secondary trauma and resiliency training for staff

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

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

IC 4.3.7: Involve the Catawba Indian Nation in the Foster Care Advisory Committee, and in Palmetto Power (P2), aside from the Foster Care Review Board. Complete.

Action Steps / Task Name	Start / Finish Dates	Lead	Implementation Supports Required: Names / Items / Funding	Comments: Progress / Challenges / New Action Step Required (add below)	Completed
4.3.1a: Implementation of SCDSS revised pay band system and Career Ladder for front-line workers.	June 2014-9/30/16	Katie Morgan/ Jessica Hanak-Coulter/ Amber	John Shackelford/ Sharleta Woodall/ Malik Whitaker/ Robert Norris/ Neise Jacobs/ Brian Franklin/ Robin Verenes/ Barbara Derrick/ Becky Sharp/		

		Gillum	Tammy James/ Paula Richardson/ Connie Graham		
4.3.1b: Career Ladder Leadership Workgroup will determine organizational Career Ladder strategies and definitive implementation recommendations will be submitted to leadership by 9/1/2015	6/5/2015-9/1/2015	Katie Morgan/ Jessica Hanak-Coulter/ Amber Gillum/	John Shackelford/ Sharleta Woodall/ Malik Whitaker/ Robert Norris/ Neise Jacobs/ Brian Franklin/ Robin Verenes/ Barbara Derrick/ Becky Sharp/ Tammy James/ Paula Richardson/ Connie Graham		
4.3.2a: Increase Capacity for delivering Child Welfare Basic	Ongoing	CQI Director/ KMPS/	CQI Director/ KMPS/ IT/ Budgets/ SCDSS Procurement/ USC CCFS and CLC		
4.3.2b: Reduce duplicative/excessive paper work by locating Medicaid eligibility workers in large counties that would be responsible for fulfilling federally-mandated Medicaid eligibility and enrollment	12/15/2016	Human Resources/	Human Resources/Budgets/ Team Leaders/ KMPS		

<p>4.3.2c: Implement a 2nd shift staffing pilot in larger counties (Richland/Greenville) through recruitment on continuous postings targeted 2nd shift work hour</p>	<p>8/2015</p>	<p>SCDSS Deputy Director Human Services</p>	<p>/ Regional Team Leaders/ County Directors/ Human Resources/Budgets</p>		
<p>4.3.2d: Develop a database of child welfare staff to support county offices during critical need periods - a list of staff that would be available PRN from across the state.</p>	<p>12/15/2015</p>	<p>Regional Team Leaders/</p>	<p>County and Regional Office Leadership/ Budgets/ HR</p>		
<p>4.3.2e: Increase and refine recruitment and hiring efforts by the SCDSS, to include engaging collegiate community in recruitment efforts and continuing education opportunities for child welfare staff.</p>	<p>3/1/2015 – 7/31/2018.</p>	<p>Human Resources/ Team</p>	<p>Team Leaders/County Directors/ Constituent Services/ State Office Administration</p>		
<p>4.3.2f: Implement SharePoint site for Adoption Subsidy replacing paper files. (Technical Assistance by SCDSS)</p>	<p>7/1/15</p>	<p>State Office Adoptions/</p>	<p>SharePoint IT/ Regional Adoptions Office</p>		<p>COMPLETED</p>

4.3.3a: Implement staff support in addressing secondary trauma through support groups and resiliency training	1/31/2015 – 1/31/2017	Pat Patrick/ Becky Sharp/ Project Best	Team Leaders Families First/Family Engagement/ Project Best/ County Directors/ Chaplain Services		

4.3.4a: Review results of statewide 6/27/14 ICWA-related education event at CIN Reservation.	12/31/2014	Greg Moore	CIN Director of Social Services- Linda Love USC Children’s Law Center SCDSS OGC Staff SCDSS York County Office Director	Review the results of the 6/27/2014 ICWA conference and make recommendations for training by 12/31/14. Contact USC CLC for their information and recommendations as they organized the	Completed.
4.3.4b: Make recommendations for further training and conferences on the ICWA.		Greg Moore	CIN Director of Social Services- Linda Love USC, CLC	The group of SCDSS and ICWA staff agreed to accept USC CLC proposal to develop Regional Training events for SCDSS staff and stakeholders.	Completed.
4.3.4c: Develop Regional Training activities.	9/9/15	Greg Moore	USC CLC Dennis Gmerek Linda Love Dione Carroll	Next meeting Obtain Plan details	
4.3.4d: Make recommendations for further training and conferences on ICWA in Child Welfare Basic for caseworkers.		Greg Moore	CIN Director of Social Services- Linda Love USC Children’s Law Center SCDSS OGC Staff Dione Carroll- CIN Legal Counsel	Complete. Linda Love indicated that what is in the CWB “sounds good and accurate.” Confirmed by the SCDSS/CIN workgroup not to recommend additional ICWA-related content for CWB at this time.	
4.3.5a: Do an assessment with the CIN on what information the Tribe wants to be included in the component, for the SCDSS staff and providers, and make recommendation to the SCDSS leadership.	1/31/15 – TBD	Greg Moore	CIN Director of Social Services- Linda Love USC CCFS SCDSS OGC Staff SCDSS York County Office Director	Recommendations from the CIN Chief and other members of the Tribe. Cross-training SCDSS and CIN on content. Training on Tribal affiliation differences. CIN and non-CIN Native Americans hesitant to self-identify as Native Americans, why ICWA? (including Trail of Tears, etc.). The ICWA compliance requirements. Native American and non-Native American cultural differences.	Complete.

				Caseworkers to know about Catawba, for Catawba children also. Catawba Indian Nation "Brief History" booklet as a resource	
4.3.5b: Develop annual required desktop training and other online ICWA and CIN-related information resources for the SCDSS staff and stakeholders.	TBD	Greg Moore	Beck Sullivan (USC, CCFS) Linda Love (CIN) SCDSS OGC Staff SCDSS York County Office Director Dione Carroll (CIN Legal Counsel)	Initial plans are to develop: - Video ICWA overview - Video CIN history and contemporary life - Video "Ask The Question!" -Online training: Diligent search for fathers -Online training: Placing a child. -Online training: Geneology charts. -Online training: Job aids. To be done: -identify people for videos -schedule to shoot videos and implement and prepare finished version. - schedule a SAVVY Start - day-long meeting of all stakeholders for all perspectives. - identify barriers, challenges, and performance objectives and begin rough prototypes for the training. Invite participants- - Adoption worker - Investigations worker - Intake worker - SCDSS legal representative - Linda Love (and any other from CIN she requests, possibly her legal representative) - Sonya Blick (SCDSS Policy)	
4.3.6: Involve the Catawba Indian Nation in the Foster Care Advisory Committee, and in Palmetto Power (P2), aside from the Foster Care Review Board.	12/31/15	Greg Moore		Linda Love placed on all e-mail invitation lists for these organizations.	Complete.

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

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

Progress Benchmark / Strategy

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

4.4.2: Collect quality data.

4.4.3: Have an ongoing case review system.

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

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

Action Steps / Task Name	Start / Finish Dates	Lead	Implementation Supports Required: Names / Items / Funding	Comments: Progress / Challenges / New Action Step Required (add below)	Completed
4.4.1a: Create written and consistent CQI standards and requirements	1/31/16	Malik Whitaker	Team Leaders, Policy Division		
4.4.1b: Schedule first Statewide Child Welfare Improvement Team	3/31/15	Malik Whitaker	CWS Statewide Stakeholders. Jessica Hanak-Coulter		Complete.
4.4.1c: Complete training process for CQI staff	10/31/14	Malik Whitaker	CQI Training Academy Learning Lab / Team Leaders, / Policy Division / Child Welfare Director		
4.4.1d: Create written policies, procedures, and practices for the CQI process.	6/1/15	Malik Whitaker	Policy Unit / Team Leaders	Submitted to SCDSS Director 6/1/15 for review.	
4.4.1e: Hire designated CQI staff or CQI contractor staff.	7/31/16	Malik Whitaker	State Director & Deputy Director of Human Services, HR Director Team Leaders, Policy Unit, Child Welfare Director	Identify number of positions/classifications. - CQI Director and 5 staff (1 / Region) and 5 Performance Coaches. Hired CQI Director 3/1/15.	

4.4.2a: Formalize a process to identify and resolve data quality issues	1/31/16	Malik Whitaker	Research, Data & Accountability, MIS workgroup CQI Planning Team IT/ CAPSS CQI Planning Team	Develop a CQI Planning Team Begin to meet to develop formalized process. Formalize process	
4.4.2b: Create a process to access data collection for children served in their own home (data required to monitor process and outcomes measurement for cases)	6/30/16	Malik Whitaker	Research, Data & Accountability, MIS workgroup CQI Planning Team IT/CAPSS		
4.4.2c: Build a process to assess our current methodology for collection of statewide data for the systemic factors of case review, training, diligent recruitment and retention, and service array to be sure that we have the correct information to assess our performance related to these systemic factors.	6/30/16	Malik Whitaker	Research, Data & Accountability, MIS workgroup, Knowledge Management Division CQI Planning Team IT/CAPSS		
4.4.2d: Build a process to analyze how case ratings are completed	6/30/16	Malik Whitaker	Research, Data & Accountability, Knowledge Management Division, USC School of Social Work CQI Planning Team IT/CAPSS		
4.4.2e: Adopt new CFSR 3 "Onsite Review Instrument" and revise State-specific policy and procedures questions in QA Review.	12/2014 - 1/2015	Tammy / Brad		Remove SC State Policy and Practice-related items from the CFSR 2 "Onsite Review Instrument" Instrument", and develop a separate SC State Policy and Practice-related section of the QA Review (CQI Instrument). Develop a separate SC State Policy and Practice-related section of the new CQI QA Review	Complete.

	3/1/2015 2/2015 3/2015 4/2015 7/1/2015			<p>“Onsite Review Instrument” Instrument for non-CFSR-related items to be reviewed.</p> <p>Train all QA Reviewers on new CFSR Instrument</p> <p>Train QA Reviewers on new CQI Instrument with the SC State Policy and Practice-related section .</p> <p>Test launch of new CQI QA Review “Onsite Review Instrument”.</p> <p>Full launch of new CQI QA Review “Onsite Review Instrument”.</p>	
4.4.2f: Conduct an assessment of QA training curriculum, written manuals protocols, instructions, and procedures to ensure accurate case reviews, second level quality assurance, and inter-rater reliability.	6/30/2016	Malik Whitaker	<p>Research, Data & Accountability, Knowledge Management Division, CCFS</p> <p>CQI Planning Team</p> <p>Knowledge Management Division</p> <p>CCFS</p>		
4.4.3a: Conduct On-Site Facilitated Discussion (OSFD) in each county that has a full Quality Assurance Review, each county will have at least one QAR each year.	1/31/16 – 12/31/16	Malik Whitaker	<p>CCFS</p> <p>Data and Accountability Division Director</p> <p>County Directors</p> <p>Team Leaders</p> <p>Child Welfare Director</p>		
4.4.3b: Build a formal process to aggregate Statewide and local data and make it available to stakeholders for analysis.	6/30/2016	Malik Whitaker	<p>Team Leaders, Research, Data & Accountability, Knowledge Management Division, CCFS, community partners</p> <p>CQI Planning Team</p>		

<p>4.4.4a: Build a formal process for analyzing and understanding the data and providing feedback on analysis and conclusions</p>	<p>6/30/2016</p>	<p>Malik Whitaker</p>	<p>Team Leaders, Research, Data & Accountability, Knowledge Management Division, CCFS CQI Planning Team</p>		
<p>4.4.4b: Develop a process to translate results (trends, comparisons and findings) for use by courts, tribes, and a broad range of stakeholders, and disseminate results through understandable or reader-friendly reports, websites.</p>	<p>6/30/2016</p>	<p>Malik Whitaker</p>	<p>Communications; Team Leaders, Research, Data & Accountability, Knowledge Management Division, CCFS CQI Planning Team</p>		
<p>4.4.4c: Develop a process where results (i.e., trends, comparisons and findings) are used by agency leadership/top management, courts, tribes, entities with title IV-E agreements, and other stakeholders to help guide collaborative efforts, inform the goals and strategies of the CFSP and other State plans for federal funds such as the Court Improvement Program strategic plan, and to improve practice, services and monitor/track progress toward goals.</p>	<p>6/30/2016</p>	<p>Malik Whitaker</p>	<p>Human Services Leadership Team, County Directors, Division Directors, Community Partners, Communications; Team Leaders, Research, Data & Accountability, Knowledge Management Division, CCFS CQI Planning Team</p>		
<p>4.4.4d: Train Supervisors and field staff to understand how results link to daily casework practices; ensure results are used by supervisors and field staff to assess and improve practice.</p>	<p>6/30/2016</p>	<p>Malik Whitaker</p>	<p>Research, Data & Accountability, Knowledge Management Division, CCFS CQI Planning Team</p>		

<p>4.4.5a: Results are used to inform training, policy, practice, community partnerships, service array (service gaps, quality, etc.), automated system development, and other supportive systems. Program Evaluation.</p>	<p>6/30/2016</p>	<p>Malik Whitaker</p>	<p>Human Services Leadership Team, County Directors, Division Directors, Community Partners, Communications; Team Leaders, Research, Data & Accountability, Knowledge Management Division, CCFS CQI Planning Team</p>		
<p>4.4.5b: Create protocol to ensure that CQI process is adjusted as needed over time as results indicate a need for additional study, information and/or analysis.</p>	<p>6/30/2016</p>	<p>Malik Whitaker</p>	<p>Human Services Leadership Team, County Directors, Division Directors, Community Partners, Communications; Team Leaders, Research, Data & Accountability, Knowledge Management Division, CCFS CQI Planning Team</p>		

GOAL 4: Build system capacity to support safe and thriving children in lifelong families. GREG) renumber objectives due removed objectives health plan

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

Progress Benchmark / Strategy

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

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

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

				<p>providers in the required transition planning, and establish a strategy</p> <p>Ongoing meetings with CAPSS Support. Meetings were held on 11/20/14, 12/03/14, 12/09/14, 12/17/14.</p> <p>Ongoing trainings Assessing methods to include regional trainings and county trainings currently in progress. Discussing partnering with USC- Center for Child and Family Studies to develop online training modules</p>	
<p>4.5.1b: N-QIP Data Element #20 Services approved via a funding request for IL services (DSS Form 30198). Specifically, the state must ensure that only services delivered to a youth are reported to NYTD and not simply services that are “approved”.</p>	3/1/15 - ongoing	LaToya Reed		<p>South Carolina Department of Social Services Independent Living (SCDSS IL) staff will add a notation in the approval e-mail directing the approval letter for case managers to only document when service is received by youth. In addition, Independent Living will make this part of the check voucher procedure when funding is dispersed for services received. Information will also be shared in staff trainings.</p> <p>Group Home Providers-3/15 Foster Parents-6/15 Agency Staff-Continuous</p>	
<p>4.5.1c: N-QIP General Requirement #1 Services provided by foster parents. Case managers are not consistently documenting services delivered by foster parents.</p>	3/1/15 - ongoing	LaToya Reed		<p>SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences & staff training activities.</p> <p>Group Home Providers-3/15 Foster Parents-6/15 Agency Staff-Continuous</p>	
<p>4.5.1d: N-QIP Data Element #20 Independent living needs assessment The state should revise its business process for collecting information on independent living services to ensure that service information is consistently captured regarding activities and supports paid for by DSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).</p>	10/1/15	LaToya Reed		<p>SCDSS IL staff is working with CAPSS to include in the comprehensive IL revision in CAPSS for supervisors and case managers to be alerted when a life skills assessment is due. The SCDSS IL team will continuously training agency staff on proper procedure for conducting and documenting IL needs assessments through on-site training, practice tip videos, and information handouts.</p> <p>To be monitored by SCDSS IL staff.</p>	

<p>The state is encouraged to clarify with workers what constitutes a systematic “needs assessment” for the purposes of reporting element 20.</p>					
<p>4.5.1e: N-QIP Data Element #21 Academic support The state should revise its business process for collecting information on independent living services to ensure that service information is consistently captured regarding activities and supports paid for by DSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).</p> <p>The state’s IL services booklet (DSS Booklet 30255) should be revised to clarify the following about element 21: - Funding for “pre-college” expenses including applications and SAT/ACT, transportation to SAC/ACT, “College Goal Sunday” are “post-secondary supports” (element 22), not “academic supports” (element 21). - A youth’s “attendance at IEP meetings” should not be considered “academic support” provided by the agency.</p>	<p>9/30/15</p> <p>10/31/15</p>	<p>LaToya Reed</p>		<p>SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences & staff training events.</p> <p>SCDSS IL staff team has revised the 30255 NYTD booklet to clarify this issue, currently in the printing process.</p> <p>To be distributed at all training events with stakeholders and SCDSS staff.</p> <p>SCDSS did not previously include a youth’s attendance at IEP meetings as academic support. SCDSS IL staff will ensure clarification of this for front line practitioners and leadership in training activities. NYTD Services Booklet updated to reflect “accompanying a youth to an IEP meeting” is a NYTD service.</p>	<p>Completed</p>
<p>4.5.1f: N-QIP Data Element #22 Post-secondary educational support The state should revise its business process for collecting information on independent living services to ensure that service information is consistently captured regarding activities and supports</p>	<p>9/15</p>	<p>LaToya Reed</p>		<p>SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences & staff training activities.</p>	

paid for by DSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).					
<p>4.5.1g: N-QIP Data Element #23 Career preparation The state should revise its business process for collecting information on independent living services to ensure that service information is consistently captured regarding activities and supports paid for by DSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).</p>	9/15	LaToya Reed		SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences & staff training activities.	
<p>4.5.1h: N-QIP Data Element #24 Employment programs or vocational training The state should revise its business process for collecting information on independent living services to ensure that service information is consistently captured regarding activities and supports paid for by DSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).</p>	9/15	LaToya Reed		SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences & staff training activities.	
<p>4.5.1i: N-QIP Data Element #25 Budget and financial management The state should revise its business process for collecting information on independent living services to ensure that service information is consistently</p>	9/15	LaToya Reed		SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences & staff training activities.	

<p>captured regarding activities and supports paid for by DSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).</p>					
<p>4.5.1j: N-QIP Data Element #26 Housing education and home management training The state should revise its business process for collecting information on independent living services to ensure that service information is consistently captured regarding activities and supports paid for by DSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).</p>	9/15	LaToya Reed		<p>SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences & staff training activities.</p>	
<p>4.5.1k: N-QIP Data Element #27 Health education and risk prevention The state should revise its business process for collecting information on independent living services to ensure that service information is consistently captured regarding activities and supports paid for by DSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).</p>	9/15	LaToya Reed		<p>SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences & staff training activities.</p>	
<p>4.5.1l: N-QIP Data Element #28 Family support and healthy marriage education The state should revise its business process for collecting information on</p>	9/15	LaToya Reed		<p>SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences & staff training activities.</p>	

<p>independent living services to ensure that service information is consistently captured regarding activities and supports paid for by DSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).</p>					
<p>4.5.1m: N-QIP Data Element #29 Mentoring The state should revise its business process for collecting information on independent living services to ensure that service information is consistently captured regarding activities and supports paid for by DSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1). The state's IL services booklet (DSS Booklet 30255) should be revised to clarify that independent living needs assessment activities do not count as "mentoring" for element 29.</p>	10/15	LaToya Reed		<p>SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences & staff training activities.</p> <p>SCDSS IL staff team has revised the 30255 NYTD booklet to clarify this issue, currently in the printing process. To be distributed at all training events with stakeholders and SCDSS staff.</p>	Completed
<p>4.5.1n: N-QIP Data Element #30 Supervised independent living The state should revise its business process for collecting information on independent living services to ensure that service information is consistently captured regarding activities and supports paid for by DSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).</p>	9/15	LaToya Reed		<p>SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences & staff training activities.</p>	

<p>4.5.1o: N-QIP Data Element #31 Room and board financial assistance The state should revise its business process for collecting information on independent living services to ensure that service information is consistently captured regarding activities and supports paid for by DSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).</p>	9/15	LaToya Reed		SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences & staff training activities.	
<p>4.5.1p: N-QIP Data Element #32 Education financial assistance The state should revise its business process for collecting information on independent living services to ensure that service information is consistently captured regarding activities and supports paid for by DSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).</p>	9/15	LaToya Reed		SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences & staff training activities.	
<p>4.5.1q: N-QIP Data Element #33 Other financial assistance The state should revise its business process for collecting information on independent living services to ensure that service information is consistently captured regarding activities and supports paid for by DSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).</p>	9/15	LaToya Reed		SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences & staff training activities.	

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

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

Progress Benchmark / Strategy
4.6.1 Address and correct CAPSS-related data element errors.

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

education) were not able to be collected in CAPSS as required by the NYTD regulation.					
4.6.1c: N-QIP Data Element #4 Date of birth The state should develop a procedure to monitor this element to ensure that dates of birth are reported correctly and consistently in NYTD reports.	TBD	LaToya Reed		SCDSS IL staff will be working with CQI Director to develop supervisory controls to ensure accurate and consistent information is reported in a timely manner.	
4.6.1d: N-QIP Data Element #11 Race: Unknown The state's system must allow this element to be selected in combination with other race data for a multiracial youth.	7/15 Completion Date (per IT)	LaToya Reed		SCDSS IL staff will send request 1/15 for CAPSS to correct issue, and schedule meeting with CAPSS team to plan change, on being able to select more than one race for a multiracial youth.	2/15 Requested
4.6.1e: N-QIP Data Element #14 Foster care status – services The state must revise CAPSS so that the placement type “Court Ordered Unlicensed Parent” is not considered “foster care” for the purposes of determining a value for element 14.	7/15 Completion Date (per IT)	LaToya Reed		SCDSS IL staff will send request 1/15 for CAPSS to correct issue, and schedule meeting with CAPSS team to plan change, so that a youth placed with an unlicensed parent is not considered to be in foster care in CAPSS	2/15 Requested
4.6.1f: N-QIP Data Element #15 Local agency For youth placed and served in South Carolina from another state via the Interstate Compact for the Placement of Children (ICPC), the state must report the sending state's local agency code for element 15.	7/15 Completion Date (per IT)	LaToya Reed		SCDSS IL staff will send request 1/15 for CAPSS to correct issue, and schedule meeting with CAPSS team to plan change, so that a youth placed with an unlicensed parent is not considered to be in foster care in CAPSS.	2/15 Requested
4.6.1g: N-QIP Data Element #16	7/15 Completion	LaToya Reed		SCDSS IL staff will send request 1/15 for CAPSS to correct issue, and schedule meeting with CAPSS team to plan change. CAPSS team needs clarification on rules for “blank” from NYTD	2/15 Requested

Federally recognized tribe The state is to report “blank” for this element when the federally recognized tribal membership or eligibility for membership is not known or is pending verification.	Date (per IT)			before correcting this issue.)
4.6.1h1: N-QIP Data Element #16 Federally-recognized tribe. The state should revise the CAPSS value “M” (“Member but not enrolled”) as it is ambiguous and could be interpreted to mean that a youth is a member of a federally-recognized tribe.	7/15 Completion Date (per IT) 10/15	LaToya Reed		SCDSS IL staff will send request 1/15 for CAPSS to correct issue, and schedule meeting with CAPSS team to plan change, to change to “Eligible for membership”. Independent Living is working with CAPSS task force exploring the possibilities of automatic alerts being sent to supervisors.	2/15 Requested
4.6.1h2: N-QIP Data Element #16 Federally-recognized tribe. The state must establish supervisory controls to monitor the updating of this demographic information.	10/15	LaToya Reed		Agency wide training and directive memos. To be monitored by SCDSS IL staff.	
4.6.1i: N-QIP Data Element #17 Adjudicated delinquent The state is to revise CAPSS to enable the collection of information on whether a youth receiving services was ever adjudicated delinquent by a court regardless of the corresponding placement or timing of the adjudication.	7/15 Completion Date (per IT)	LaToya Reed		SCDSS IL staff, as part of the comprehensive revision of the IL data in the system, will send request 1/15 for CAPSS to correct issue, and schedule meeting with CAPSS team to plan change, to ensure inclusion of this question with a yes or no answer in CAPSS, and to be updateable. SCDSS IL staff to verify correct definition of adjudicated delinquent.	2/15 Requested
4.6.1j: N-QIP Data Element #17 Supervisory controls. The state must establish supervisory controls to monitor the updating of this demographic information.	9/15 10/15	LaToya Reed		SCDSS IL staff is working with CAPSS task force exploring the possibilities of automatic alerts being sent to supervisors. Agency wide training and directive memos. To be monitored by SCDSS IL staff.	
4.6.1k: N-QIP Data Element #18 Educational level. The state must add a	7/15	LaToya Reed		CAPSS team is researching to make possible change.	

CAPSS code for “post-secondary education or training” for element 18.					
4.6.1l: N-QIP Data Element #18 College. The state must ensure that the value “college” is reported for served population youth who have “at least one semester” of college for element 18.	7/15 Completion Date (per IT)	LaToya Reed		SCDSS IL staff will send request 1/15 for CAPSS to correct issue, and schedule meeting with CAPSS team to plan change in the comprehensive IL revision project for CAPSS.	2/15 Requested
4.6.1m: N-QIP Data Element #18 Grade Levels. The state is encouraged to reconsider its approach to collecting both grade levels (e.g., 5 th grade, 6 th grade, etc.) and certification levels (e.g., “high school diploma”, “GED”, etc.), in the CAPSS “education level attained” menu. Combining grade levels and certifications may confuse the worker regarding what needs to be reported for NYTD (an education level).	7/15 Completion Date (per IT)	LaToya Reed		SCDSS IL staff will send request 1/15 for CAPSS to correct issue to separate certification and grade levels, and schedule meeting with CAPSS team to plan change in the comprehensive IL revision project for CAPSS.	2/15 Requested
4.6.1n: N-QIP Data Element #18 Demographic data supervision. The state must establish supervisory controls to monitor the updating of this demographic information.	10/15	LaToya Reed		Agency wide training and directive memos. To be monitored by SCDSS IL staff.	
4.6.1o: N-QIP Data Element #19 Special education. The state must be able to capture information on the receipt of special education instruction during a six-month report period for youth in the served population).	7/15 Completion Date (per IT)	LaToya Reed		SCDSS IL staff to ask for clarification on reporting monthly versus per reporting period. IL will work with the CAPSS task group to ensure ability to capture this information.	2/15 Requested
4.6.1p: N-QIP Data Element #19 Element 19 values.	7/15 Completion Date (per IT)	LaToya Reed		SCDSS IL staff will send request 1/15 for CAPSS to correct issue, and schedule meeting with CAPSS team to plan change, to request for CAPSS to ensure the ability to capture this information.	2/15 Requested

The state is encouraged to reconsider the CAPSS values that map to element 19 as they are diagnoses and not indicative of whether a youth received special education instruction.					
4.6.1q: N-QIP Data Element #19 Demographic data supervision. The state must establish supervisory controls to monitor the updating of this demographic information.	10/15	LaToya Reed		Agency wide training and directive memos. To be monitored by SCDSS IL staff.	
4.6.1r: N-QIP Data Element #36 Foster care status – outcomes. The state must report the youth's foster care status (element 36) on the date the state determines the reason for the youth's non-participation in the NYTD survey.		LaToya Reed		IT has resolved this issue	Completed
4.6.1s: N-QIP Data Element #53 Marriage at child's birth The state must establish a quality assurance process to resolve internally consistent data errors in this element by consulting with the youth rather than using its extraction routine to automatically convert erroneous survey responses for this element into valid values.		LaToya Reed		SCDSS CAPSS is now reporting inconsistencies to NYTD partners at the University of South Carolina (USC), rather than correcting them. USC is to contact youth and submit file fix to SCDSS Information Technology (IT) Team.	Completed
4.6.1t: N-QIP Data Element #56		LaToya Reed		SCDSS CAPSS is now reporting inconsistencies to NYTD partners at the University of South Carolina (USC), rather than correcting them. USC is to contact youth and submit file fix to	Completed

<p>Health insurance type: Medical The state must establish a quality assurance process to resolve internally consistent data errors in this element by consulting with the youth rather than using its extraction routine to automatically convert erroneous survey responses for this element into valid values.</p>				<p>SCDSS Information Technology (IT) Team.</p>	
<p>4.6.1u: N-QIP Data Element #57 Health insurance type: Mental health. The state must establish a quality assurance process to resolve internally consistent data errors in this element by consulting with the youth rather than using its extraction routine to automatically convert erroneous survey responses for this element into valid values.</p>		<p>LaToya Reed</p>		<p>SCDSS CAPSS is now reporting inconsistencies to NYTD partners at the University of South Carolina (USC), rather than correcting them. USC is to contact youth and submit file fix to SCDSS Information Technology (IT) Team.</p>	<p>Completed</p>
<p>4.6.1v: N-QIP Data Element #58 Health insurance type: Prescription drugs. The state must establish a quality assurance process to resolve internally consistent data errors in this element by consulting with the youth rather than using its extraction routine to automatically convert erroneous survey responses for this element into valid values.</p>		<p>LaToya Reed</p>		<p>SCDSS CAPSS is now reporting inconsistencies to NYTD partners at the University of South Carolina (USC), rather than correcting them. USC is to contact youth and submit file fix to SCDSS Information Technology (IT) Team.</p>	<p>Completed</p>

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

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

Progress Benchmark / Strategy

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

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

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

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

Action Steps / Task Name	Start / Finish Dates	Lead	Implementation Supports Required: Names / Items / Funding	Comments: Progress / Challenges / New Action Step Required (add below)	Completed
4.7.1: Train providers and youth on the availability, completion, and submission of the State’s need-based grant waiver on the SC Commission On Higher Education website, and on the Guide Book. Include May 1 annual deadline target for submission, however can also submit post May 1.	2/2015 – 4/2015	LaToya Reed	SC Commission On Higher Education / Independent Living Youth Association Facilitators	Training events provided for all providers and applicable youth at Youth Groups.	Complete.
4.7.2: Add the question on the ETV application- “Has the youth applied for the Grant Waiver?”	1/7/15	LaToya Reed	ETV application source / Chris Cushing (USC CLC)	Question added to ETV application. Meet with Chris Cushing to send out.	Completed.
4.7.3: Improve the information provided to caseworkers regarding the locations and dates of College Goal Sundays provided by the Commission On Higher Education.	1/2015	Mari Squire	SC Commission On Higher Education / Independent Living Youth Association Facilitators / Independent Living Caseworkers / Foster Care Caseworkers and Supervisors / Team Leaders / County Office Directors / SCFPA, PAFCAF, NYTD	A schedule for providing information to caseworkers on College Goal Sundays is developed, and implemented. Mari will get flyer to Erica and Terri, who will e-mail flyer to County and Regional Staff, to get to youth.	Complete

			List Serves		
4.7.4: Explore the use of media and technology to communicate with youth directly including the NYTD USC List Serve.	5/13/2015	LaToya Reed	Monique Mitchell USC CCFS NYTD	Report on the possible use of media and technology to communicate with youth directly.	

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

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

Progress Benchmark / Strategy

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

Action Steps / Task Name	Start / Finish Dates	Lead	Implementation Supports Required: Names / Items / Funding	Comments: Progress / Challenges / New Action Step Required (add below)	Completed
Strategy 4.8.1: Train providers and youth on State's need-based Grant Waiver and in transition planning.	1/2015 9/2015	LaToya Reed	CFCIP	Schedule training for supervisors. Explore the most efficient and expeditious method to train caseworkers, supervisors, and providers in the required transition planning, and establish a strategy. Training for County and Regional staff completed, 9/2015.	

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

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

Progress Benchmark / Strategy

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

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

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

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

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

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

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

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

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

Progress Benchmark / Strategy

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

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

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

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

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

Progress Benchmark / Strategy

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

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

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

			USC CCFS NYTD		
4.11.2: Develop a manual or electronic process to check for internal inconsistencies in survey data before submitting to NYTD.	11/30/2014 TBD	LaToya Reed	SCDSS IT Paulette Salley USC CCFS NYTD	Manual or electronic process developed and proposed. Implement proposal.	Complete.

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

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

Progress Benchmark / Strategy

4.12.1: The USC Center for Child and Family Studies will present the results and interpretation of the results of the Survey to the SCDSS Chafee Foster Care and Independent Living Program (CFCIP) staff, the SCDSS Team Leaders, Executive management, and at least during one Palmetto Power meeting.

4.12.2: The SCDSS Chafee Foster Care and Independent Living Program (CFCIP) staff will develop a proposal(s) for actions as a result of the presentation of the Survey results and the interpretation of the data by the USC Center for Child and Family Studies.

Action Steps / Task Name	Start / Finish Dates	Lead	Implementation Supports Required: Names / Items / Funding	Comments: Progress / Challenges / New Action Step Required (add below)	Completed
4.12.1: The USC Center for Child and Family Studies will present the results and interpretation of the results of the Survey to: 1) the SCDSS Chafee Foster Care and Independent Living Program (CFCIP) staff, 2) the SCDSS Team Leaders, Executive management, and 3) at least during one Palmetto Power meeting.	11/30/2014	LaToya Reed	Monique Mitchell USC CCFS NYTD Team Leaders Sandra Sturkie	Presentations to 1), 2), and 3)	Complete

<p>4.12.2: The SCDSS Chafee Foster Care and Independent Living Program (CFCIP) staff will develop a proposal(s) for actions as a result of the presentation of the Survey results and the interpretation of the data by the USC Center for Child and Family Studies.</p>	11/30/2014	LaToya Reed	CFCIP staff	Proposal presented to SCDSS management.	Complete.

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

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

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

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

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

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

Progress Benchmark / Strategy

4.14.1: Place a member of the staff of the SCDSS Chafee Foster Care and Independent Living Program (CFCIP) on the CAPSS Work Team.

4.14.2: Identify the items in the Summary that can be most readily items brought into compliance with the NYTD requirements in the CAPSS, and make those changes.

4.14.3: Identify the items in the Summary that can be least readily items brought into compliance with the NYTD requirements in the CAPSS, and develop a plan for those changes.

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

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

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

Progress Benchmark / Strategy

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

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

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

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

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

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

Action Steps / Task Name	Start / Finish Dates	Lead	Implementation Supports Required: Names / Items / Funding	Comments: Progress / Challenges / New Action Step Required (add below)	Completed
4.15.1: Train youth in the protocols of being involved in meetings and having an active voice.	Ongoing	LaToya Reed	CFCIP GOALL and Youth Facilitators NYTD Voice Panels Monique Mitchell Toni Jones	Plan developed to train youth. Plan implemented to train youth.	In process
4.15.2: Prepare youth for meetings by developing prepared questions with them for them to ask, and developing with them answers to anticipated and planned questions of the meeting.	Ongoing	LaToya Reed	CFCIP	Plan developed to prepare youth for meetings. Youth are prepared, youth's preparation evaluated.	In process
4.15.3: Enable youth to have contacts with senior management at the SCDSS, by inviting them to SCDSS Independent Living-related planning meetings.	ongoing	LaToya Reed	CFCIP Sandra Sturkie	Plan developed for invitation of youth to planning meetings. Plan implemented and evaluated post meeting. 1 youth invited and accepted invitation to IL Advisory Board	In process
4.15.4: When youth are participating in	ongoing	LaToya	CFCIP	Information about strategy shared with adult participants prior to meeting. E-mail information to	In process

meetings, adults at meetings will use youth-appropriate communication, including not using acronyms or other shortened names of titles, subjects, etc, and use youth-encouraging language.		Reed		youth.	
4.15.5: Include a youth-participation item on the agenda of meetings involving youth input.	ongoing	LaToya Reed	CFCIP	Agenda indicates youth-participation item.	In process.
4.15.6: For meetings that youth cannot attend, present the youth with the agenda and information for the meeting, and ask the youth for their response(s).	7/31/15	LaToya Reed	CFCIP	Develop a plan for learning what meetings youth are needed and unable to attend. Implement plan to present youth with agenda and request their responses prior to meeting.	