



South Carolina Department of Social Services
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South Carolina Final Report on the FFY 2010-2014 Child and Family Services Plan

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Introduction

The South Carolina Department of Social Services (SCDSS) administers the following programs: Child Care Services (ABC Child Care Program, Head Start and Day Care Regulatory), Child Welfare (Adoptions, Child Protective and Prevention Services, Foster Care, Independent Living, Foster Home and Group Home Licensing, and Out-of-Home Abuse and Neglect Investigations), Adult Services (Adult Protective Services and Domestic Violence), Economic Services (Child and Adult Care Food Program, Electronic Benefits Transfer, Family Independence and Supplemental Nutrition Assistance Program), and Child Support Enforcement.

The following mission, vision, and imperatives statements reflect agency philosophy regarding social services in general and child welfare services in particular.

SCDSS Mission

To effectively and efficiently serve the citizens of South Carolina by ensuring the safety of children and adults who cannot protect themselves, and helping families achieve stability through child support, child care, financial and other temporary benefits, while transitioning into employment.

SCDSS Vision

- Jobs for parents and other adults living in poverty
- Safe and thriving children with life-long families sooner

Child Welfare Vision

- Every child deserves to have a safe, stable, and loving forever family in which to grow. (Safety, Permanency and Well-being)
- Immediate safety from significant harm
- Enduring safety with a significant person who will make a lasting, legal commitment to be there for the child in the future

Child Welfare System Imperatives

- At all times, the child's immediate and enduring safety and well-being must take precedence over the comfort of adults.
- Children must never be left to protect or provide for themselves or others; that is the role of all responsible adults.
- Children do not "disrupt;" adults fail to provide the adequate level of response to meet the children's needs.
- Child safety will always improve when the adults who care for them work together and support each other.
- Shared understanding and meaning always propels actions and drives results.

This Final Report on the Child & Family Services Plan for the FFYs 2010-2014 is focused on the child welfare services administered by the SCDSS, presents a description of services provided, and summarizes South Carolina's work on goals, objectives, and activities from the FFY 2010 through the first half of FFY 2014, including progress made on its Performance Improvement Plans (PIPs).

1. Assessment of Progress on Goals, Objectives, and Service Array

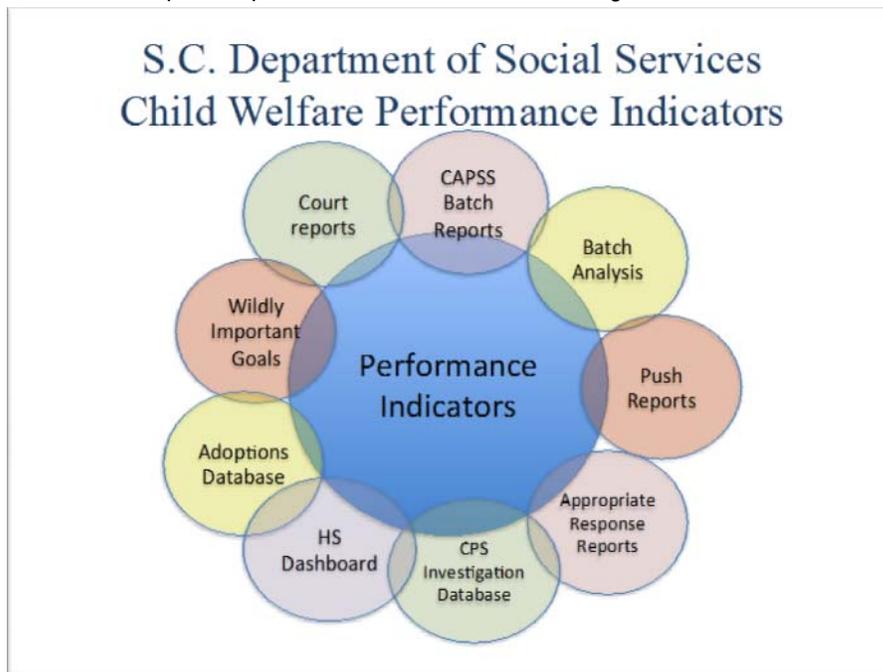
Highlighted Accomplishments

Over the FFY 2010-2014 CFSP period, there have been improvements in the understanding of how children and families in need are regarded and treated, the types of responses deemed most effective, the importance of building long-term community partnerships, and the importance of using data to improve accountability and practice. In response to these changes and to the 2009 federal Child and Family Services Review (CFSR), the SCDSS has worked to change its leadership and practice approaches accordingly, to improve outcomes for children and families that intersected the child welfare system.

Beginning in 2011, the SCDSS leadership moved the organization along a path toward a data-driven practice improvement and a heightened accountability, in order to improve outcomes for families and children. New SCDSS leadership took the initiative and time needed to restructure the Department from within, with regionally-focused Directors, and sought to motivate staff through consistent training and practice-coach support. Related improvements included:

1. *Significant improvement of internal processes.* In a new structure implemented in 2011, Foster Care, Intensive Foster Care Clinical Services, and Adoptions became more integrated, and Regional Directors began to serve as Quality and Accountability Team Leaders, who were held accountable by the senior leadership for performance improvement across all goals and objectives.
2. *Increased use of data.* Tracking progress through agreed-upon measures allowed Regional Directors, County Directors, and Human Services Specialists to identify progress and areas in need of improvement, and to focus on safety, permanency and well-being outcomes for children. Regular discussion of data and trends with internal and external stakeholders in collaborative meetings facilitated problem-solving and practice improvement. (See System-Level Collaboration section).

In order to improve how the Department holds itself accountable for results, various sets of performance indicators were put into place, as indicated on the following chart.



3. *Annual targeted improvement focus.* Since 2012, the SCDSS has recognized the power of focusing on two to three “Wildly Important Goals” (WIGs) each fiscal year. Intense focus on specific issues has resulted in significant achievements in child welfare, including adoptions and long-term foster care, as presented in the following chart.

Table 1. Wildly Important Child Welfare Goals (WIGs) by Year, SFY (July-June) 2012-2014

Year	WIG	Notes	Results
SFY 2012	Reduce the number of children who experience maltreatment within six months of an unfounded investigation of abuse and neglect, from 4.3% (700) to no more than 2.8% (446) by September 30, 2012.	Based on federal data profile for SC.	Children without a recurrence for the FFY 2012 – was 97.2% (federal standard is 94.6%).
SFY 2012	In October 2011, SCDSS set a goal to reduce the number of children who experience maltreatment within six months of an “unfounded” investigation of abuse or neglect from 918 to no more than 664 (254 fewer) by September 2012 .		SCDSS exceeded this goal, with 310 fewer incidences of abuse and neglect.
SFY 2012	Increase positive permanency (reunification, adoptions, legal guardianships) for children in foster care 17 months or more, by 50% better than last year (SFY 2010) by June 30, 2012.	In SFY 2011, 789 children in foster care for 17 months or more exited to positive permanency. A goal of 50% would increase this number by an additional 395 children, for a total of 1,184 children reaching positive permanency.	SCDSS surpassed the positive permanency goal by June 30, 2012, with 1,210 positive permanencies achieved for children in foster care for 17 months or more.
SFY 2012	Increase adoptions by 50% better than SFY 2010 by June 30, 2012.	In SFY 2010, 533 children were adopted. The WIG increased this number by 50%, resulting in an additional 266 children being adopted, for a total of 799.	SCDSS surpassed this goal and achieved 835 adoptions by June 30, 2012.
SFY 2013	A six-month WIG (July 1 through December 31, 2012) set a target to achieve positive permanency (excluding adoptions) or file for Termination of Parental Rights (TPR) for 50% of children with a plan of reunification, in care for 12 months or more.	This was calculated as 50% of 418, or 209 children.	The goal was exceeded, with 147 children achieving positive permanency and 120 TPR actions filed, setting the stage for future permanence, for a total of 267.
SFY 2013	By December 2012, to complete adoptions for 75% of children in foster care who are legally orphans, who have a plan of adoption, and are already placed with a pre-adoptive or adoptive family as of July 1 2012.	This equated to 56 children in foster care.	Between July 1 and Dec. 31, 2012, an additional 56 children left Foster Care through finalized adoptions. <i>For the 18-month period of July 1, 2011 through December 31, 2012, 1,506 children left foster care to join permanent families.</i>
CY 2013	Improve child safety by increasing the quality of the decisions that control safety and manage risk, from the statewide baseline of 64.7% to 75% by December 31, 2013.	Quality Assurance to assess performance on CFSR Item 4, risk assessment and safety management, and track progress toward the 75% goal.	The goal was not achieved and the score decreased to 62% by December 2013. SCDSS Regional Directors and leadership are currently assessing contributing factors.

Year	WIG	Notes	Results
CY 2013	Finalize adoptions for 43% (428) of children who are currently legally free (513), or are anticipated to be legally free by December 31, 2013 (470).		The total number of finalized adoptions was 498 with each of the five SCDSS Regions exceeding their Regional adoption WIG goals.
CY 2013	Achieve positive permanency or secure a pre-adoptive placement for 25% of children in foster care on January 1, 2013, who are ages 13-17, and have been waiting 24 months or longer by December 31, 2013 (132).		The total number of positive closures for 2013 was 109, and the total number of pre-adoption placements was 30, for a total of 139, exceeding the goal of 132.
CY 2014	Achieve adoption for 50% (476 children x 50% = 238 children) of all children who on January 1, 2014, have been legally free for 6 months or more, by December 31, 2014.	As of June 2, 2014, 69 (14.5%) of these children had been adopted.	N/A

Additionally, there have been significant improvements in practices and services over the FFY 2010-2014 period, notably:

1. *Appropriate Response.* The Department developed an array of Community-Based Prevention Services (CBPS) to provide an appropriate response to maltreatment reports that do not rise to the level of abuse or neglect or present a safety threat to a child. These new services included family strengthening and voluntary case management services, available statewide as of May 2012. The addition of these preventive services has significantly increased the number of families and children served, as documented in the Assessment of Progress section of this report.
2. *Signs of Safety.* To support safety decision-making at intake and throughout the life of a case, the Department began the process of implementing the Signs of Safety model statewide. This assessment matrix is designed to provide staff with a clear understanding of the concepts of protective capacities, child vulnerabilities, safety threats and risks. Using a risk of harm continuum, this matrix more clearly separates safety threats that require an investigative response.
3. *Focus on Supervision.* As part of its CFSR Program Improvement Plan (CFSR PIP), the SCDSS adopted the Leadership Academy for Supervisors training and implemented a Guided Supervision process focused on risk assessment and safety management, which assisted the state in meeting its related CFSR PIP outcome improvement targets. All Regions began using both practices by December 2013.
4. *Family Engagement.* The SCDSS incorporated family finding and family engagement strategies into practice, including: (a) implementing Family Finding via Seneca searches to identify family members; and (b) using Family Group Decision-Making processes, including Family Group Conferencing/Child Conferencing (through the Agency's SC Families First program and private providers), and Family Team Meetings to engage family members in risk and needs assessments, safety management, services planning, and permanency. Seneca searches were implemented statewide, during the FFY 2013. As of May 2014, Family Group Conferencing had been implemented in 40 counties and Child Conferencing in the remaining upstate counties, with statewide implementation of the same services, which will be known as Child Conferencing and Re-Conferencing, planned for the beginning of the FFY 2015.
5. *Permanency Planning.* In consultation with Casey Family Programs, and as a renegotiated permanency strategy in the Child and Family Services Program Improvement Plan (CFSR PIP), the Department implemented

Permanency Roundtables in early 2012. This was a structured case consultation process involving a team of staff and external partners for permanency planning in the upstate region, and it was rolled out statewide as of January 2013. Additionally, the SCDSS and the SC Foster Care Review Board (FCRB) held a series of “Huddles” bringing together SCDSS field and state office staff with FCRB members to evaluate data related to permanency for children in foster care.

6. *Fatherhood Initiative.* During the FFY 2011, the SCDSS and the SC Center for Fathers and Families (SCCFF) joined together to promote family engagement by locating and engaging noncustodial fathers in child welfare cases, and training by the SCCFF began in every county. The two agencies have developed an evaluation tool to track the child welfare outcomes for this initiative, to be shared with other counties throughout the state. The Department is committed to continuing its endeavors to strategically and systematically improve practice related to the engagement of parents and non-residential parents, with an emphasis on the unique needs of fathers, and to prioritize opportunities for parent leadership. Outcomes to date include a marked increase of approximately 30% more fathers participating in child welfare cases.
7. *Collaboration with Family Court.* Previous years’ challenges included too much time between initial consultation and first court appearance. Two added tools, the *Legal Case Management System (LCMS)* and the *Court Liaison Initiative*, more deeply involved the SCDSS workers in the court process. The LCMS was deployed statewide as of the SFY 2011, and the Court Liaison Initiative was put in place during FFY 2012. These two initiatives have decreased the average time between first consultation and first court appearance to less than 48 hours.

These practice improvements and related results are described in more detail in the Assessment of Progress On Goals and the CFSR PIP sections of this report. Collaboration with the courts is described in the collaboration section of this report. Following is a description of services provided in FFY 2010-2014.

Description of Services Provided

The South Carolina service array can be divided into three major categories: 1) In-home prevention and intervention services/Family Preservation; 2) Permanency services (which includes safe and timely reunification services, foster care services, independent living and youth transition services, kinship care); and 3) adoption and post-adoption services. Services were coordinated across the state through the local County SCDSS Offices, or through the SCDSS Regional Intensive Foster Care and Clinical Services Offices and the Regional Adoption Services Offices. The case management and agency services are supplemented by other organizations’ resources and services within counties.

Stephanie Tubbs Jones Child Welfare Services (IV-B, Subpart 1)

The agency is using these funds to:

- protect and promote the welfare of all children;
- prevent the neglect, abuse or exploitation of children;
- support at-risk families through services which allow children, where appropriate, to remain with their families or return to their families in a timely manner;
- promote the safety, permanency and well-being of children in foster care and adoptive families; and
- provide training, professional development and support to ensure a well-qualified workforce.

The majority of case management services were provided by the Department’s staff; some case management services were contracted to service providers, as described below.

South Carolina provided a wide array of services in the FFYs 2010-2014, supported by Stephanie Tubbs Jones Child Welfare Services (Subpart 1) funds.

Following are descriptions of the services provided in the FFYs 2010-2014, regardless of funding source, divided into these major categories:

- Prevention and Early Intervention Services
- Child Protective Services
- Foster Care and Permanency Services
- Independent Living Services
- Adoption Services

The larger portion of Subpart 1 was used for staff: adoptions, human services, legal, and the services they provide. Other services/supports were reimbursements to foster parents for damages/losses caused by the child, lead inspections, Guardians ad Litem, which would be described as stated below.

IV-B Subpart 1:

- The amount spent for child care, foster care maintenance and adoption assistance payments in 2005 and budgeted for FFY 2014 is \$951,000.
- The amount of state expenditures of non-federal funds for foster care maintenance payments for 2005 and budgeted for FFY 2014 is \$317,000.
- The administrative cap is \$4,600,623 @ 10% = \$460,062.

Prevention and Early Intervention Services

The primary mechanism for the SCDSS to provide supportive preventive services to families has been through contracts with local non-profit providers. These contracts were written at the state level and included public awareness activities; services for intensive in-home services; a variety of counseling services; parent-education services; parent-aide services; and child care services, through the Child Care and Development Block Grant (CCDBG) Voucher Program.

Prevention services are designed to strengthen and support families to prevent child abuse and neglect and are accessible, effective, and culturally appropriate; build upon existing strengths; and

- offer early, comprehensive educational and resource assistance to families;
- promote the development of parenting skills;
- increase family stability by improving and maintaining support systems for families and their children, especially for families with children with disabilities;
- provide referrals to early health and developmental services;
- demonstrate a local network through involvement with local boards, advisory councils, and work groups that focus on increasing protective factors in families and reducing risk factors that contribute to child neglect and abuse; and
- ultimately result in communities that value and support self-sufficient and nurturing families.

Key prevention and early intervention services provided include child care, authorized for families who are the subject of an abuse or neglect report; the Head Start programs, for which foster care is presumptive eligibility; home visitation under the maternal, infant early childhood home visiting grant to the Children's Trust of South Carolina; and screening and education services provided by BabyNet, the state's early intervention agency for children age 0-3.

Home Visiting Program

The Children's Trust of South Carolina is the primary prevention agency and is the CBCAP lead.

In the FFY 2009, the Children's Trust received a five-year Evidence-Based Home Visitation (EBHV) Grant that built infrastructure and provided evaluation of Nurse Family Partnership (NFP) models across six counties. The six NFP

sites were coordinated by the SC First Steps to School Readiness Program, with a clinical nurse dedicated to these sites at the SC Department of Health and Environmental Control (DHEC).

The Children's Trust (CTSC) has been designated as the Maternal, Infant and Early Childhood Home Visiting (MIECHV) lead for the state. The MIECHV provided the SCDSS with an opportunity to develop a continuum of home visitation services to match the needs of families with the most appropriate level and intensity of home visitation services. These programs served, at any time, 1,100 at-risk families. Services provided through these programs included screening for risk factors for abuse, home visits from pregnancy through the child's fifth birthday; child development training for parents; school readiness for children and parents; parenting education; and referrals for well-baby screenings, immunizations, developmental screenings; and smoking cessation.

For the SFY 2012, the MIECHV incorporated a "hub-n-spoke" approach connecting more richly resourced areas to contiguous, high-risk areas that lacked strong resources. It also incorporated infrastructure building, workforce development and a strong, unified, evaluation process. In the SFY 2013, an additional 145 professionals across South Carolina were trained in the MIECHV, including updates to federal guidelines.

The MIECHV is a service strategy aimed at developing a comprehensive, quality, early childhood system that promotes maternal/infant health, safety and development, as defined in Health Resources and Services Administration's (HRSA) Supplemental Information Request. Strategies included targeting at-risk communities, addressing community risk factors, and building on strengths in target communities.

In August 2013, the Children's Trust awarded \$14.4 million, reimbursable over three years, to expand and bring to scale the home visiting programs in the state. The SCMIECHV expansion grant will increase access to abuse prevention, health and learning readiness services for close to 1,300 families. The competitive funds were awarded by the U.S. Department of Health and Human Services (Health Resources and Services Administration Grant # D89MC26365; CFDA #:93.505). In the FFY 2014, this expansion increased services in 17 funded sites, each reaching multiple counties and serving high-risk populations. The new funding has expanded the reach of current sites, as well as establishing the program in new, high-need counties.

The four major goals for these expansion funds were:

1. expand the capacity of existing home visiting programs to meet existing demand for these services within a given implementation site;
2. expand the capacity of existing home visiting programs to provide these services in high need counties with no existing MIECHV home visiting programs;
3. expand the use of MIECHV home visiting programs embedded in the primary care practice setting; and
4. expand the competencies of home visiting program staff in working with special populations receiving home visiting services.

Child Abuse Prevention Month

Each year, the SCDSS and the Children's Trust conducted the annual "Pinwheels for Prevention" promotion in Child Abuse Prevention Month (April), which featured multiple media events across the state to promote awareness of child abuse. (See campaign description under Prevention Collaboration in the Collaboration Across the Child Welfare System section of this report.)

Child Care Services and Head Start

The SCDSS continues to have an agreement with the SC Department of Health and Human Services to provide the care, education, supervision, and guidance for children and families who are the subject of an abuse/neglect report. Child care raises the child's visibility in the community and can be an additional safeguard in preventing the child from entering foster care. It can also be used as a prevention mechanism for a child remaining at home, or as a way to support relative caregivers who, without child care assistance, might not be able to maintain the child in their home, thus resulting in the child entering into state custody. The Head Start program, Child Care Services, Foster

Care and SCDSS worked jointly to distribute information to foster parents regarding Head Start programs for children in foster care.

BabyNet

BabyNet has been in the FFYs 2010-2014, and continues to be, the state's early intervention agency for children ages 0-3. In January 2010, to enhance the importance of the BabyNet referrals for the above-identified children as well as any child known to the agency and suspected of having developmental delays, a separate section in the CPS Policy Manual devoted to BabyNet referrals was created (719.01, *BabyNet Referrals*). It was the intent of this separate section to provide added guidance regarding the importance of BabyNet, and the importance of encouraging families to participate in the services. The SCDSS monitored these referrals through Program Quality Assurance Reviews and supervisory reviews of case files. Collaborative meetings held quarterly at the local level include BabyNet, the SCDSS County Offices, Head Start, and other service providers, and helped to ensure timely referrals and response to referrals.

Foster Care and Adoption services also worked closely with BabyNet as service providers to ensure that the service needs for any child under age 3 were being met. To ensure compliance across program areas, the SCDSS added a section (818.05.02 *BabyNet*) to the Foster Care Manuals in October 2010. This section also describes CAPTA requirements and step-by-step instructions to enhance foster and adoptive parents' understanding of BabyNet, and the importance of following up with these appointments. The SCDSS staff was directed to request and file the results of the BabyNet assessment and services in the child's file and to document in dictation future services needed, based upon the assessment.

Should the child have continued to need similar services after age 3, these services were often coordinated through Head Start. If Head Start was not an option for the child, other referrals for providers were sought in collaboration with BabyNet staff. If neither BabyNet nor Head Start were options, staffing with the local school district's developmental specialist was arranged.

The SCDSS has not captured BabyNet referrals through its automated CAPSS, except in dictation. A future goal would be to add a method of automation, coding, to the referral process and to capture on monthly basis the referrals to and acceptances by BabyNet. This would assist the Department in measuring the child's well-being goals, and monitoring compliance with federal and state regulations and policies.

Child Protective Services

The SCDSS County Offices statewide provided Child Protective Services (CPS) in response to reports of abuse or neglect. These services included receiving reports; assessing those reports to determine whether allegations should be substantiated and the likelihood of abuse, neglect, or exploitation in the future; assessment of family strengths, needs, and risk to child's safety; and referrals case management services and other services to address the factors causing or contributing to maltreatment.

CPS Intake

Intake was completed in each county for child maltreatment reports. There was also a statewide CPS hotline where calls were received and distributed to the correct county Office for response. Each county has an after-hours number and on-call emergency intake workers. The goal for CPS intake was to ensure a thorough assessment was completed as a result of the intake call or maltreatment report, and to ensure that adequate information was obtained to make an appropriate decision about services needed for the family.

Appropriate Response

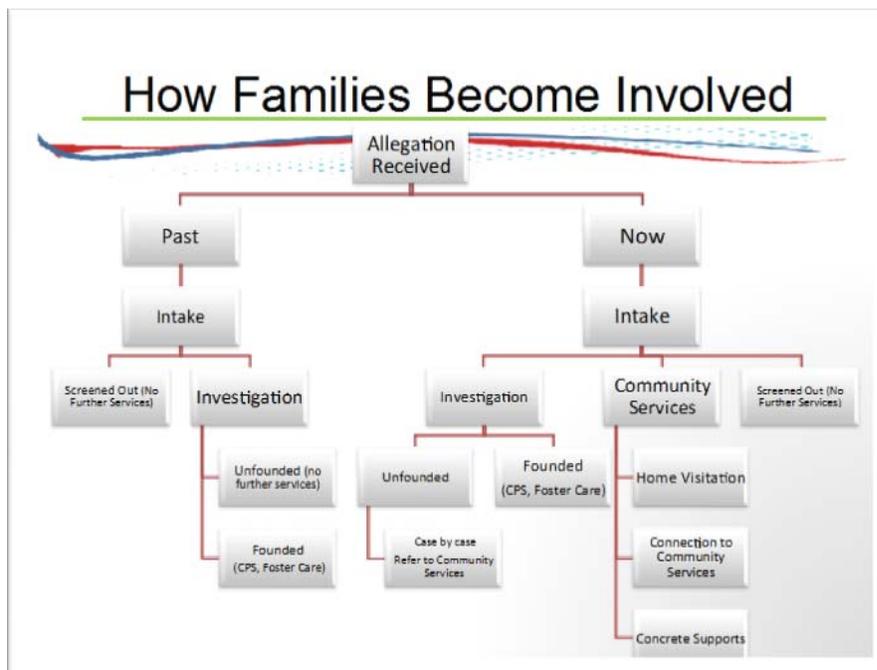
The CAPTA Reauthorization of 2010 required state and local child welfare systems to implement an alternative response approach to preventing child abuse and neglect and to protecting children from harm. South Carolina engaged the National Resource Center for Child Protective Services (NRCCPS) to develop an appropriate response

system to improve its safety decision-making. The SCDSS worked extensively with the NRCCPS to change policy and refine procedures related to Appropriate Response, as well as to train staff.

Appropriate Response is a strategy designed to provide a range of responses to maltreatment reports, provide preventive services to families, and ensure the best use of agency resources. Implementation began in 2012 in the four CFSR PIP Innovation Counties: Spartanburg, Oconee, Greenville and Aiken. The practice was implemented statewide as of May 21, 2012, with the policy updated and published by June 30, 2012.

The SCDSS county staff assessed at intake whether there were immediate safety issues that required an investigation response, or whether there were risk factors that could have been reduced through assessment and referrals to services. A new intake assessment tool was developed in conjunction with the NRCCPS to guide the initial assessment of the maltreatment report, by evaluating such factors as parental capacity, child vulnerability, and previous child abuse/neglect history, and to determine the level of intervention required. This tool has been automated in the state's data system.

When an investigation response was indicated, the case was referred for investigation and a determination of whether child abuse or neglect occurred. When the report did not rise to the level of abuse or neglect, and no safety threat was identified but there were risk factors and the potential for future maltreatment, the case was referred for a community-based assessment and services response. If no safety or risk concerns were identified, then the allegation was screened out. The following chart describes the change in practice and increased reliance on CBPS that resulted from implementation of Appropriate Response.



Throughout the implementation of the Appropriate Response, the SCDSS held regular meetings with state leadership, County Directors, Regional Team Leaders, Performance Coaches, and the AR service providers, to discuss the process of implementation, with particular attention to the number of calls/reports that were screened out. Through this analysis and dialogue, County Directors developed an understanding of the AR decision process, the intake tool, and the concepts of risk, safety, child vulnerability and parental/family protective capacity. The use of the

same language and concepts for safety, vulnerability, and protective capacity throughout the life of a case has been a big step forward for South Carolina.

Signs of Safety

A new assessment matrix, the Signs of Safety (SOS), was adopted to support the Department's Appropriate Response strategy, and to provide a clear understanding of the concepts of protective capacities, child vulnerabilities, safety threats and risks. These concepts were critical to safety decision-making.

The SCDSS has conducted statewide training and support services to make system improvement and create constructive working partnerships between frontline workers and community partners, health professionals and service providers. Full implementation occurred throughout the SFY 2013-2014, with training and experimentation using new tools, such as mapping, scaling questions, harm/danger statements, and the Three Houses tool (vulnerabilities, strengths, hopes and dreams). During the implementation phase and since, monthly support calls with a Connected Families Consultant and Regional Team Leaders, Supervisors, and workers were ongoing in the Regions. (See development and implementation details provided under Family Support Services in the Promoting Safe and Stable Families section of this report.)

The SOS is a "tool box" used to assess safety in which risk, protective capacity and vulnerability are clearly identified and gauged. At intake, the Signs of Safety assists the intake staff in determining the appropriate response to a report of maltreatment from the increased range of responses available, from investigation for high-risk reports to the more recently implemented Community-Based prevention services (CBPS) for low-to-moderate risk reports. This assessment tool encourages critical thinking and enables practitioners to address levels of risk on a continuum and refer families for the appropriate level of services needed, ranging from short-term supportive through intensive, instead of making a "screen in" or "screen out" decision. If family dynamics indicate a safety threat at any time, network providers can immediately refer the case back to the SCDSS for further assessment.

The principles of SOS have shifted the focus to engagement of the family, child, and providers as an intricate part in identifying and ensuring safety. This strengths-based and safety-focused approach expanded the investigation of risk to encompass strengths and Signs of Safety that can be built upon to stabilize and strengthen a child's and family's situation.

Community-Based Prevention Services

Also to support Appropriate Response, a network of community agencies was contracted to provide community-based assessment and voluntary services to families. Contracts have been completed for two agencies to provide a tiered response to CPS referrals that do not rise to the level of investigation, based on safety factors for the child and risk factors for the family that needs services to improve protective capacity. Two new service categories were established in CY 2012: Family Strengthening Services and Voluntary Case Management.

Families with low-to-moderate risk of child maltreatment are referred for Family Strengthening or Voluntary Case Management services. Some of the types of resources/services needed by these families include parenting classes; referrals to and assistance in accessing alcohol and drug treatment services; referrals to and assistance in accessing mental health services; referrals for food, clothing and furniture; referrals to legal aid; referrals to and assistance in accessing education and tutoring services; transportation; referrals to Medicaid for medical services (if the family is eligible); and assistance in maintaining and preserving the families financial situation.

Family Strengthening Services

Family Strengthening Services (FSS) were contracted and consisted of a comprehensive array of short-term (three to six months in duration) supportive services designed to assist families who appear at initial intake with no safety issues but with a low-risk of potential abuse or neglect. Services are focused on resolving the issues that brought the family to the attention of the SCDSS.

These services included outreach, family engagement, re-evaluation of risk, and development and monitoring of a case plan. A comprehensive array of services was provided, ranging from simple information and referral to parenting education, anger management and/or substance abuse treatment. The objective was to enable families—through a set of focused brief interventions—to resolve the difficulties they were experiencing and to enable them to provide a safe and nurturing environment for their children. Childcare was provided onsite, if needed, for activities involving solely the parents and not family activities.

Family Strengthening Services conducted a re-evaluation of risk by completing online the common Safety and Risk Assessment instrument based upon the initial interview and observations of the family. If the provider's evaluation of the level of risk posed by the family's circumstances substantially differed from that identified in the referral from the SCDSS, the provider immediately informed the SCDSS, and a mutually agreed-upon plan of action was decided. If the initial family interview and observations identified any safety issue within the family, responsibility for the case was returned to the SCDSS for the purpose of completing a full investigation of the safety issue. Through the SFY 2013, more than 300 interviews were conducted.

Voluntary Case Management Services

Like the Family Strengthening Services component described above, Voluntary Case Management (VCM) services were contracted and included a similar comprehensive array of support services and focused interventions adapted to the needs of each particular family. Services were designed to assist families in successfully resolving the issues with which they were confronted, and to enable them to provide a safe, nurturing and suitable home for their children, including re-evaluations of risk using the common Safety and Risk assessment instrument.

In contrast to the families referred to the FSS, however, the families referred to the VCM services posed a higher risk (although still a moderate one) of potential safety issues if risk factors were not resolved. The services and interventions contemplated in VCM, therefore, were more intensive in nature and of somewhat longer duration (six months to a year). The primary goal was to provide the necessary supports (to both the children and the parents) to diminish the risk factors within the home and enable the children to continue to reside there safely.

If there were no identified safety issues present in the home, upon completion of the initial contact and family assessment, the provider completed online the common Safety and Risk Assessment tool based upon the initial interview and observations of the family. If the provider's evaluation of the level of risk present within the family substantially differed from that identified in the referral from the SCDSS, the provider immediately informed the SCDSS and ascertained a mutually agreed-upon plan of action. If the caseworker's assessment of risk was lower than that initially established by the SCDSS, the provider may (with SCDSS consent) have referred the family to the FSS program. If the caseworker's assessment determined the family to be at a high risk of future abuse or neglect, the provider returned responsibility for the case back to the SCDSS.

For the more vulnerable population of children ages 0-3, both the FSS and the VCM providers collaborated with other agencies, such as Head Start, BabyNet, Child Care Services, and Parents Anonymous, for specific services.

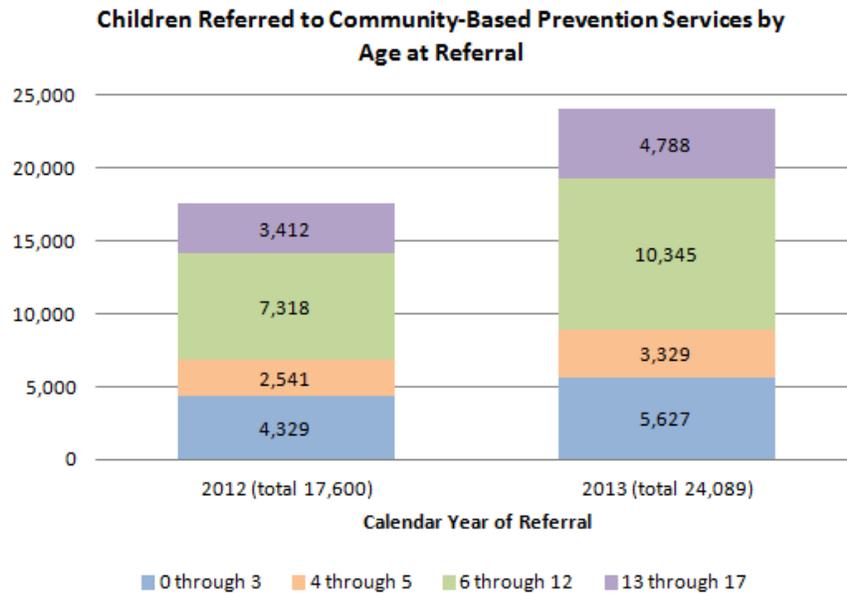
In the first two years of providing Community-Based Prevention Services, nearly 40% of reports were referred for these services. The following table presents information on intake decisions by year and referrals to Community-Based Prevention Services following implementation of the Alternative Response.

Table 2. Intake Decisions by Calendar Year, 2012-2014 (excluding out-of-home reports)

Year	Total Decisions	% of Decisions			
		Child Welfare Services	Community-Based Prevention		No Action
			Voluntary Case Management	Family Strengthening Services	
CY 2012	20,386	42%	19%	20%	19%
CY 2013	27,787	44%	18%	21%	17%
CY 2014 (Jan 1 - June 1)	12,558	53%	14%	16%	17%

Source: SC CAPSS data system

The following figure presents the numbers of children referred to Community-Based Prevention Services by child age.



CPS Investigation

When a maltreatment report was referred for investigation, county staff responded within identified time frames, conducting interviews with the child or children alleged to have been abused or neglected, household/family members and other collateral contacts, as appropriate, to assess safety and risk. This investigation resulted in a determination of whether the report was founded (substantiated) or unfounded (unsubstantiated).

The following table presents the types of maltreatments founded (substantiated) in CPS investigations.

Table 3. Maltreatment Types Founded in CPS Investigations by State Fiscal Year, 2010-2013

Maltreatment Type	SFY 2010	SFY 2011	SFY 2012	SFY 2013
Abandonment	39	44	60	52
Contributing to the Delinquency of a Minor	41	35	35	33
Educational Neglect	415	396	355	237
Medical Abuse	2	1	3	3

Maltreatment Type	SFY 2010	SFY 2011	SFY 2012	SFY 2013
Medical Neglect	357	334	377	230
Mental Injury	34	27	42	19
Neglect (formerly physical neglect)	5,967	6,727	6825	5,833
Other (formerly threat of harm - other)	49	21	43	36
Physical Abuse	1,487	1,500	1592	1,673
Sexual Abuse	372	339	363	340

Notes: (1) The number of founded maltreatments is greater than the number of founded investigations, since often more than one type of maltreatment was indicated during an investigation. (2) The number of founded maltreatments is significantly lower beginning in the SFY 2010 due to a change in the way the numbers were calculated. Previously, maltreatment for each child in each report was counted; beginning with the SFY 2010, each maltreatment type in each report was counted only once, regardless of how many children in that household received that maltreatment.

Out-of-Home Abuse and Neglect

Out-of-Home Abuse and Neglect (OHAN) investigations were conducted when a maltreatment report was made for a child in a child care facility, residential facility, or foster home. The Citizens Review Panel, the Palmetto Association for Children and Families, and the SCDSS have worked together in discussing and improving all areas of the OHAN process, and OHAN policies (Chapter 7: Section 721) and processes were updated in November 2012 to incorporate the intake function from all out-of-home abuse or neglect being handled centrally in the State Office OHAN Unit.

As indicated in the following table, since the SFY 2011, the number of referrals to the OHAN has not significantly fluctuated up or down. However, there was a marked increase in number of OHAN investigations across all out-of-home settings (Day Care, Foster Home, Group Home/Institution) which may be reflective of the changes in policy at the end of the CY 2012, in which all intake for out-of-home abuse and neglect was handled centrally by the OHAN Unit.

Table 4. Out-of-Home Abuse and Neglect Investigations by SFY Based on Date Referral was Accepted, 2010-2013

OHAN	SFY 2010		SFY 2011		SFY 2012		SFY 2013*	
Total # of Referrals	990		784		704		760	
Investigation Type	# Investigated	# Indicated/Founded						
Day Care	191	17	85	14	78	11	125	7
Foster Home**	229	23	115	21	129	27	177	31
Group Home / Institution	132	6	71	4	79	11	97	10
State Total	433	29	271	41	286	57	399	48
Indication Rate	6.7%		15.1%		19.9%		12.0%	

*Indicates preliminary information.

**In January 2010, the responsibility of investigating family Foster Homes was transferred from the OHAN Unit to the County Offices.

Source: CAPSS data, August 1, 2013

In-Home Prevention and Intervention (CPS Treatment) / Family Preservation Services

In-home CPS treatment services were available to all children and families in SC, for whom an indicated case of child abuse or neglect was determined. In-home treatment cases received services designed to eliminate the child abuse

or neglect, and to improve the protective capacity of the parents. The goal was to safely prevent the removal of a child from the family of origin, to increase the child's safety, and to mitigate risk factors.

The array of Treatment Services/Family Preservation Services included counseling; referrals to alcohol and drug counseling; parenting classes and mentoring; financial counseling; domestic violence intervention and counseling; educational support; and developmental services for the child (e.g., BabyNet, the SC Department of Disabilities and Special Needs).

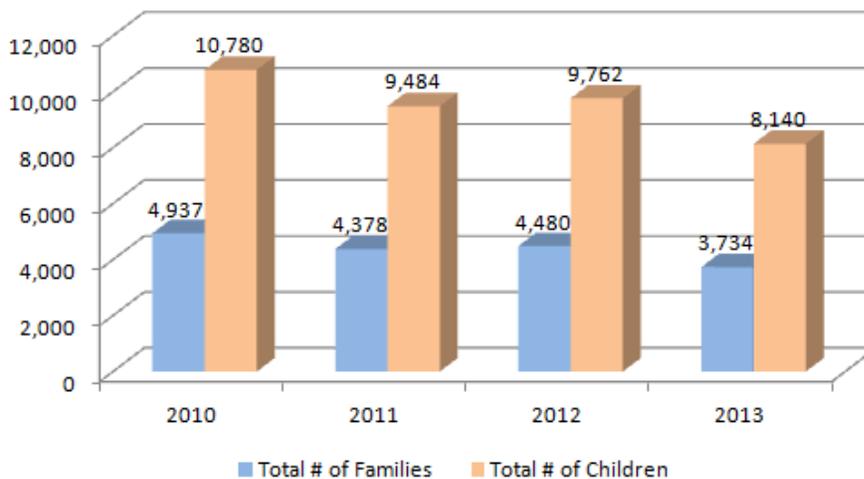
The following table and chart present the numbers of families and children in Treatment Services cases for 2013 and for 2010-2013.

Table 5. Families and Children in Open CPS Treatment Services Cases, June 30, 2013

Region	Total # of families	Total # of children	# of children less than 13 years old
Region 1	1,164	2,537	2,154
Region 2	556	1,231	1,038
Region 3	757	1,652	1,379
Region 4	630	1,376	1,155
Region 5	627	1,344	1,142
State total	3,734	8,140	6,868

Source: CAPSS data

Families and Children in Open CPS Treatment Services Cases as of June 30 by Year



Family Violence Program

The SCDSS, through its Domestic Violence and Batterer Intervention Programs, provided assistance for victims of intimate partner violence and perpetrators, including domestic violence, dating violence, and sexual assault as it occurred in the context of domestic or dating violence. The program was designed to provide support for crisis

intervention and prevention services to victims of family violence, their children, and abusers, through a network of community-based nonprofit and private service providers, including shelters.

Batterer Intervention Program (BIP): Since 2003, the SCDSS, through its BIP, has provided assistance for victims of intimate partner violence and perpetrators, including domestic violence, dating violence, and sexual assault as it occurred in the context of domestic or dating violence. The program was designed to provide support for crisis intervention and prevention services to victims of family violence, their children, and abusers through a network of community-based nonprofit and private service providers. Domestic violence services are provided to populations based on federal guidelines and SC state domestic violence statutes.

Each year a RFP was issued to partnering organizations to provide services that adhere to the federal Family Violence Prevention and Services Act (FVPSA) guidelines. Each shelter program was required to provide locally-based services for residents of its assigned service area, including, but not limited to, locally-based individual crisis counseling, legal and/or client advocacy, and locally-based support group counseling for each county in the entity's service area.

Each Domestic Violence Shelter Program was required to collect outcome information from the clients they served. From October 1, 2012 through February 28, 2013, the SCDSS Domestic Violence Shelter Programs collected 609 voluntary surveys. Ninety percent of clients reported improved knowledge of community resources and 94% of clients reported improved knowledge of safety planning.

Table 6. Domestic Violence Shelters and Batterer Intervention Programs, Oct 1, 2012 – April 30, 2014

Services	2013 FFY	2014 FFY (April 2014)
Emergency shelters funded	13 programs with 17 shelters	13 programs with 17 shelters
Beds in emergency shelters	395	395
Denials due to lack of space	154	186
Individuals receiving emergency shelter	1,135	1,320
Batterer Intervention Programs	10 funded programs and 29 non-funded (including fee-for-service) programs	39
Individuals receiving myriad of services	7,927	7,949
Hotline calls	7,875	9,820
Approved Batterer Intervention Programs	39	39
Batterers receiving counseling services	689	*

Source: South Carolina Domestic Violence Emergency Shelters and Batterer Intervention Programs

*Numbers not tracked as no longer funded by the SCDSS in the FFY 2014.

Additionally, since 2001, the agency operated a Domestic Violence Liaison Project, in which a Domestic Violence Advocate from each shelter was paired with the SCDSS County Office in the county that they serve. The ongoing purpose of this project continues to be to ensure that victims of domestic violence and their children seeking or receiving services from the agency are appropriately assessed, and that their safety and security is ensured in their contacts with the agency.

Family Engagement

Over the FFY 2010-2014 period, the SCDSS increased its efforts to engage families and involve them in decision-making related to their cases and services. These engagement strategies included Family Finding, Family Group Decision Making and Family Team Meetings.

SC Connecting for Kids

In 2009, SC applied for and was awarded a three-year demonstration grant for its SC Connecting for Kids Demonstration Project, to become more intentional in engaging families and to ensure that all children as they get older have permanent connections with blood or fictive kin. The SC Connecting for Kids Grant provided funding for two important family engagement strategies:

- Finding Families provided family locator services to increase relative/fictive kin connections for older youth in danger of aging out of foster care without a supportive adult. Finding Families served foster youth ages 12- 17 who had two or fewer connections (blood or fictive) likely to be enduring into the youth's adulthood.
- Kinship Navigator assigned navigators to make kin caregivers aware of services and to help them access needed services. In addition, funding was available to assist the United Way of South Carolina in expanding the 2-1-1 resource database statewide, as well as to provide learning opportunities for the caregivers regarding the changes in their roles and responsibilities as kin caregivers.

Implementation of Kinship Navigator Services and Family Finding under the Grant began in January 2010 and ended in September 2012. After the Grant ended, the SCDSS used lessons learned to modify the services to be more effective and efficient, and then contracted for those services. For Family Finding, the SCDSS contracted with the Seneca Family of Agencies, which offered comprehensive electronic searches for family members. For the services formerly known as Kinship Navigator, the SCDSS used existing contracts with its Appropriate Response providers to deliver those services for Alternative Caregivers.

Family Finding

The SCDSS County Office had the responsibility to identify, locate, and engage a child's noncustodial, non-resident biological parent (NCP). This effort was to begin at the point of intake and to continue throughout the case. If a SCDSS County Office removed a child from his/her home, or was contemplating removal, potential placement with the NCP had to be considered. A Protocol for Locating, Notifying and Engaging Noncustodial Parents was issued March 2011.

In late 2012, CPS and Foster Care caseworkers statewide began using the Seneca searches to identify potential connections (usually relatives) for a child. Training in using this service was provided at the Supervisor's Summit for the SCDSS Regional and County management and leadership in the FFY 2013. A search was to be completed for any child at risk of or entering foster care and any child in foster care for 17 months or longer.

Family Group Decision-Making

The SCDSS leaders recognized that involving the family throughout the process often results in a more positive outcome for the child. Family Group Decision-Making (FGDM) and Family Group Conferencing (FGC) were launched in January 2009, with the support of Casey Family Programs, and administered internally through the SCDSS SC Families First Program. These intervention tools were designed to keep children safely in their own homes and to increase family responsibility for the child, by involving the family in the child welfare system, during all critical decision points, and engaging them in assessment, planning and service delivery.

Family Team Meetings

Family Team Meetings (FTMs) are a specific and unique type of family engagement model designed to enhance the family meeting process, in order to more actively engage and involve families in the care and protection of their children. Using this proven model delivered by trained, non-case carrying facilitators, family members were identified and engaged, family resources were tapped, and the adversarial tension between the family and the agency was reduced. FTM implementation began in SFY 2011-2012 in the four Innovation Counties.

To expand these family engagement strategies in the state, the SCDSS has contracted with private providers for the FGCs and similarly structured Child Conferences. See more detailed descriptions of these family engagement

strategies and data on family group and child conferences, in the Promoting Safe and Stable Families section under Family Preservation Services.

Safety Roundtables.

In South Carolina, there had been concern about the number of in-home family preservation cases, with many cases open for close to a year or longer. After speaking with leadership in the counties, it was determined that there were cases where the safety issue had been resolved yet the case was still open because of risk issues. South Carolina and Casey Family Programs (CFP) worked together to bring Safety Roundtables, to South Carolina. The CFP supported the training of staff in all areas of the state in the Safety Roundtable process. South Carolina supplemented training by reinforcing the use of the safety questions and risk matrix that had been introduced by the NRCCPS with Appropriate Response and the framework from the Signs of Safety.

Safety Roundtables were designed to address safety and risk in both In-Home Treatment/Family Preservation cases and Foster Care cases. The initial Safety Roundtables were facilitated and supported by the Casey Family Programs. In this program, a collaborative team of practitioners and service providers develops a plan of action for each case, especially those 'stuck' in the system, to ensure the safety of the children and to assess their continued risk and need for services. As of the SFY 2012, Safety Roundtables were an integrated, multi-disciplinary, supportive process to enhance case staffing, to ensure a supported and comprehensive decision regarding safety.

The following table shows that Safety Roundtables were started in the FFY 2011 and used more widely in the FFY 2012 and the FFY 2013. Most Safety Roundtables were conducted for the CPS treatment (in-home) cases. (A small number were conducted in CPS assessment, foster care, adoption assessment, adoptive services, and adoptive preservation services cases.) Trends for the FFY 2014 show a decline in data entry into CAPSS for Safety Roundtables as staff has begun to incorporate them in the Permanency Roundtables, to ensure the child and families are being comprehensively reviewed.

Table 7. Safety Roundtables Conducted, FFY 2011-2014

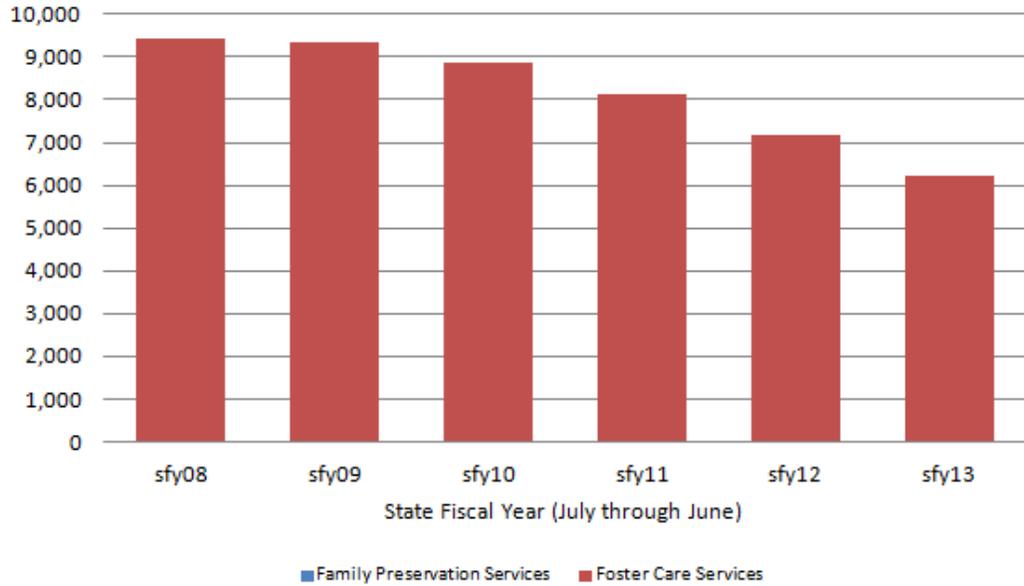
	Services (Cases)		Individuals		Number of counties/ offices
	Count	Pct CPS Treatment	Count	Pct CPS Treatment	
FFY 2011	7	0%	7	0%	4
FFY 2012	167	95%	688	97%	16
FFY 2013	263	74%	872	79%	28
FFY 2014 (through April 2014)	115	89%	468	94%	21

Foster Care and Permanency Services

South Carolina Foster Care and Permanency Services include kinship care, regular foster care, intensive foster care, reunification services, and independent living and youth transition services.

With the advent of Appropriate Response and the addition of Preventive Family Support Services as an alternative to investigation and a front-door strategy, and a focus on permanency with the implementation of permanency roundtables, the number of children in Family Preservation and Foster Care services has declined steadily since 2008, as indicated on the following charts.

Children Served in Family Preservation and Foster Care Services by State Fiscal Year



Children Receiving Foster Care Services (# Open Services at the End of the Fiscal Year)

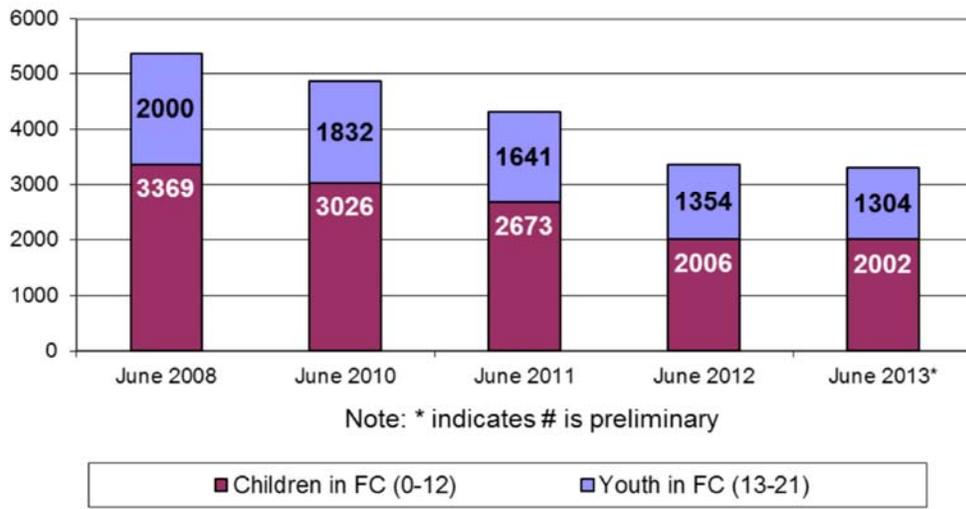


Table 8. Children in Foster Care by Age as of June 30, SFY 2008-2012

June 30th	Age in Years		All foster care including 18 and over
	0-3	4-17	
2008	1,303	3,800	5,394
2009	1,308	3,773	5,379
2010	1,219	3,331	4,843
2011	1,026	2,990	4,296
2012	737	2,379	3,363

Source: CAPSS data effective April 29, 2013

The following chart presents the reasons for entering foster care in SFY 2013. As seen on the chart, the primary reasons children entered foster care in SFY 2013 included neglect, physical abuse, drug abuse, and family instability.

Table 9. Reasons for Entering Foster Care in SC, SFY 2013

Reason for Entry	Region 1	Region 2	Region 3	Region 4	Region 5	State	
						Count	Percent
24-Hour Medical Hold	0	0	0	0	1	1	0.0%
Abandonment	15	11	17	11	6	60	2.1%
Alcohol Abuse (Child)	10	3	1	2	5	21	0.7%
Alcohol Abuse (Parent)	28	12	16	11	20	87	3.0%
Caretaker Disabling Condition	10	2	10	3	5	30	1.0%
Child's Behavior Problem	27	25	23	17	13	105	3.6%
Child's Disability	5	0	3	1	0	9	0.3%
Death of Parent(s)	2	2	3	0	3	10	0.3%
Drug Abuse (Child)	14	6	7	7	9	43	1.5%
Drug Abuse (Parent)	201	83	67	59	105	515	17.9%
Exploitation (not Sexual)	0	0	0	1	0	1	0.0%
Family Instability	167	62	36	11	11	287	10.0%
Hospitalization of Parent	11	1	8	0	2	22	0.8%
Inadequate Housing	46	35	14	16	12	123	4.3%
Incarceration of Parent(s)	26	7	18	24	21	96	3.3%
Lack of Employment (Parent)	42	26	11	2	1	82	2.8%
Lack of Housing (Homeless)	29	13	10	11	2	65	2.3%
Lost Child	0	0	0	1	2	3	0.1%
Neglect	664	460	316	339	352	2,131	73.9%
Physical Abuse	172	138	163	81	106	660	22.9%
Relinquishment (At Birth)	5	0	0	0	0	5	0.2%
Runaway	2	3	3	1	2	11	0.4%
Sexual Abuse	37	51	65	11	39	203	7.0%
Voluntary Placement	8	1	2	3	6	20	0.7%
# of children who entered Foster Care	836	629	499	418	502	2,884	100.0%

Source: CAPSS data

Family Connections

The agency made diligent efforts to place siblings in foster care together, unless a separation was necessary to meet the needs of one of the siblings. Relative placements were sought, and Family Finding was used to identify potential

placements. For cases in which kinship care was not an option, the state Foster Parent Association and private foster agencies provided assistance in identifying families willing to accept sibling groups.

When siblings could not be placed together, as efforts to maintain sibling and family connections, the agency encouraged foster parents to allow telephone contact, day or overnight visits among siblings, and inclusion of siblings in special events for the child.

A family/sibling, connections, visitation plan was added to the Family Team Meeting and Family Group Conference facilitator guides as agreed to in the CFSR PIP renegotiations. This was done to ensure that the agency was taking appropriate and timely action to maintain family and sibling connections. Using the CFSR Quality Assurance Review data for the FFY 2013, Item 13, "Visiting with Parents and Siblings in Foster Care", the score for this item in prior-PIP counties was 54.3%, and in non-Pip counties was 36.9%. The PIP baseline score for this was 41%. While there has been improvement not only in prior-PIP counties but also in non-PIP counties, much improvement in this score is necessary for the FFYs 2015-2019.

Kinship Care (Relative Placement)

The SCDSS County Offices had and continue to have the responsibility to identify, locate, and engage a child's noncustodial, non-resident biological parent (NCP). This effort was directed to begin at the point of intake, and to continue throughout the case. If the child was removed from his/her home or the agency had contemplated removal, potential placement with the NCP was considered. In the event the NCP was not located or deemed an appropriate placement, other close relatives may have been considered as placement resources. Potential resources were identified by parents, relatives and others in the assessment process.

Table 10. Placements and Kinship Placements, FFY 2010-2014

Year	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014 (to June 1)
Total # of ALL Placements	11,184	9,576	8,281	7,955	5,528
Adoptive Home (Relative)	40	37	37	31	15
Court- Ordered Parent	233	152	101	105	69
Court- Ordered Unlicensed Relative	659	576	574	422	254
Foster Home (Relative)	10	32	33	18	13
Total number of Kinship Placements	942	797	745	576	351
Percent Kinship Placements	8.4%	8.3%	9.0%	7.2%	6.3%

Source: CAPSS data, June 1, 2014

Foster Parent Communication

In 2011, the SCDSS worked with the South Carolina Foster Parent Association (SCFPA) to develop a foster parent communication plan. The SCDSS and the SCFPA saw the need to provide guidance to staff and notice to foster parents regarding how the agency will work with the foster parents to provide services for foster children. In order to achieve the goals of safety, permanency, and well-being for children in care of the agency, foster parents must be included as members of the care and treatment team.

In December 2011, a directive memo was sent to all counties outlining the need for a communication plan in each county. The plan was designed to improve placement stability for children by supporting foster parents that provide a safe nurturing environment for the children in the SC child welfare system by providing foster parents with high quality customer service.

In efforts to continue to solidify these efforts into practice, in January 2012, Chapter 9: Section 932.01 was revised in which each county director is required to develop a communication plan with foster parents to provide guidance for

staff and notice to foster parents about communication and working together to provide care and permanency for children.

Education Services for Children in Foster Care

In South Carolina, state statute requires school attendance from age five until the child reaches age 17 or graduates from high school. Agency policy Chapter 7: Section 753 was put into place in March 2009 mandating school enrollment until the youth has graduated from high school or received a GED.

To minimize the educational disruption of the child entering foster care, efforts were made to allow the child to remain in the same school district and connected to the home community whenever possible. Policy on placement proximity required educational stability at the time of each placement change. An educational stability plan was developed, which included determining the appropriate educational setting for the child and exploring options, such as arranging transportation, so that changing schools would not be necessary unless there were safety concerns for the child, or if a change in school was in the child's best interest

Issues/concerns associated with school attendance and/or educational progress were addressed in the educational domain of the child's assessment and case plan, and in the Education and Health Passport. Caseworkers monitored the academic progress of a child by requesting copies of report cards, results of standardized tests, and any other documentation on the student's performance. The caseworker reviewed the educational information and talked with teachers or guidance counselors as needed, to help identify areas in which the child needed additional assistance. Educational services provided included:

- advocacy;
- ensuring special education classes were received if needed;
- making provisions for tutoring or educational mentoring (as funds were available); and
- arranging for enrollment in early intervention preschool classes, such as Head Start.

If the child had an Individual Education Plan (IEP) or 504 plan, applicable actions for the parent (if appropriate), the child, and the foster parent/provider were included in the child's assessment and case plan. If the child was under the age of 3 and had been identified by BabyNet or a school ancillary support as having developmental delays, the developmental needs may have been addressed as a part of education, mental/behavioral health, or physical and dental health in the child's case plan.

E-Tech program. E-tech addressed the educational needs of foster children, through its work with foster parents and the provision of computers for children and youth in foster care. The University of South Carolina Center for Child and Family Studies (CCFS) collaborated with the SCDSS Education Liaison, through the Education Subcommittee on issues related to training, policies, and procedures.

When this program was implemented in the SFY 2011, the CCFS worked with various agencies involved in providing or monitoring educational services to identify and address service gaps and established guidelines for addressing educational needs of children and youth in foster care. Through the SFY 2012 and the SFY 2013, the CCFS continued to serve as the state contractor for evaluating educational services provided to foster families.

For the FFY 2014, the E-Tech program has been combined with other integrated educational opportunities. Increased collaboration with community partners remained a priority to assist children in maximizing their education potential.

(See Collaboration section of this report.)

Health Care for Children in Foster Care

The state's health care plan for children in foster care, developed in 2012, specifies the physical and mental health services to be provided or arranged for children in foster care, including screenings and assessments, treatment, and oversight of prescription medications, including psychotropic medications.

The SCDSS decided that an internal structure led by a Medical Director, and partnerships with local universities and community organizations would be a most effective and efficient oversight model for the children in foster care. In April 2013, the SCDSS hired a Medical Director to manage the state's oversight of psychotropic medication use by children in foster care. For the first time at the SCDSS, there was a full-time medical doctor, hired in April 2013, on-call staff of Regional Clinical Specialist who could respond across the state, manage conflicts in medical diagnoses, and collaborate with the teams in the Counties or Regions, that were made up of Caseworkers, Supervisors and Directors to be fully informed on best practices for a child's medical needs. The Medical Director continues to be a Board-Certified Child and Adolescent Psychiatrist. Utilizing the existing Regional Clinical Coordinators and under the Medical Director's leadership, the state has developed a revised protocol for the oversight and re-assessment of psychotropic medication, piloted in the mid-state region. (See Health Care Plan).

The federal Administration for Children and Families (ACF) has placed specific, health care plan, requirements on every state, with a focus on trauma-informed care and screening, increased wellness screenings, and prescription medication (including psychotropic medication) monitoring and consent.

The SCDSS has responded to these requirements in its health care plan and has sought out best practices and research, in order to strengthen policy, practice and procedures to ensure optimal services for children in foster care through internal resources and external supports.

Foster Care Health Initiative

The SCDSS and the SC Department of Health and Human Services partnered to ensure that all foster children were enrolled in one of two coordinated care models, either a Managed Care Organization (MCO) or a Medical Home Network (MHN).

With the implementation of the Foster Care Health Initiative, effective November 1, 2012, 2,300 children then in foster care and all new children entering foster care were to be enrolled in First Choice by Select Health of South Carolina, a MCO. Approximately 1,000 children then in foster care were to be enrolled in South Carolina Solutions, a MHN.

Enrollment in either plan will ensure that foster children receive a more comprehensive, coordinated health care delivery model that promotes better access and improves health outcomes. Both programs featured liaisons to assist the SCDSS staff, foster parents, and providers in getting information and services. The health plan providers have committed to investing additional resources in meeting the unique needs of foster children. Additionally, they have worked with an advisory committee tasked with promoting improved health care outcomes.

Mental Health Services for Children in Foster Care

Intensive Foster Care Clinical Services

Intensive Foster Care and Clinical Services (IFCCS) assist counties through 15 Offices across the state. When a child was identified with emotional/behavioral problems, he/she was referred by the county office to the IFCCS office, which arranged for an interagency staffing to determine if the child qualified for the Interagency System for Caring for Emotionally Disturbed Children (ISCEDC; state statute section (63-11-1510), and identified the most appropriate placement for the child and the services to meet the individual child's needs.

Staff Teaming

Over the FFYs 2010-2014 period, the Department continued to reduce barriers between the Child Welfare Service divisions of County Offices, Intensive Foster Care and Clinical Services (IFCCS), and Adoptions, to ensure that the expertise of the specialty divisions was made available to all children in the foster care system.

One of the strategies begun in late 2012 was co-location of staff. In cooperation with Winthrop University, the SCDSS began to co-locate "concurrent planning" staff in Adoption Offices. The goal was for these staff to become involved earlier in children's case planning, to offer information to parents on the role of concurrent planning, and to support

County staff in making decisions about permanency. Foster Care and IFCCS teaming was also intended to reduce silos among counties. Any child with treatment needs, not limited to intensive needs, could make use of teaming services. Children in need often require a specialized advocate in school, helping to manage IEP services and other education/medical needs.

The SCDSS also piloted in early CY 2012, IFCCS staff co-location in the Marion County Office. This allowed County staff to access additional consultation and support for the clinical needs of children in support of children remaining in least restrictive settings. IFCCS staff was also being used more widely to act as consultants to County Offices on behavioral issues for children in foster care.

Trauma-Informed Care

Most children in foster care are served by the SC Department of Mental Health (SCDMH) or Child Advocacy Centers (CACs). Because it is not a requirement that individual counselors contracted to serve children in foster care be trained in trauma-informed services and assessments, many of the children served by the SCDSS have not received trauma-informed services. Plans are underway to expand the efforts of Project BEST (Bringing Evidence-Supported Treatments to SC Children and Families) in addressing service capacity by training additional brokers and clinicians in Trauma-Informed Care and Trauma-Focused Treatment Services.

In an effort to further enhance this work and expand these services to all children in foster care, the agency has continued to participate in the Trauma-Informed Care Committee that was developed in 2012 and endorsed by the Joint Citizens and Legislative Committee on Children. This committee is an interagency workgroup comprised of representatives from multiple South Carolina agencies and includes family members as consumers of child welfare services. The committee's purpose is to develop and recommend implementation methods for core competencies of trauma-informed care.

Project BEST training has provided an opportunity for participants to learn about the availability and characteristics of evidence-based mental health treatments. An overarching goal of this training is to create a Trauma-Informed system of care for abused children and their families in South Carolina.

- In the SFY 2011, training related to Trauma-Informed Care was presented during the Impact of Violence on Children Workshop. This workshop analyzed the incidence and scope of domestic violence, its effects on children, and related risk and resiliency factors; it also offered a review of evidence-based and mental health practices for the treatment of trauma in children.
- For the SFY 2013, the statewide Trauma-Informed Care Committee continued to meet monthly and, with the increased stakeholder membership (Project BEST and service providers through the Palmetto Association), reworked the initial core competency draft to ensure that input from the new members was included in developing Trauma-Informed philosophies and practices for child-serving agencies.

Services for Medically Fragile Children

The Medical University of South Carolina provided comprehensive services and clinics for medically-fragile children in foster care. This included the following core components:

- Multidisciplinary Care Team;
- care coordination and support of foster families;
- education and training to support foster families and assist in recruitment of foster families; and
- coordination and development of innovative, family-friendly services to support families of medically fragile children.

Care and education/training was provided by a Multidisciplinary Care Team consisting of pediatricians; nurse practitioners; physical, occupational and speech therapists; and social workers, with oversight by a program coordinator. Education/training included one-on-one education and training with the foster child; training with the parent and the child; and classes for parents, the SCDSS caseworkers, and the child's school.

Medical care coordination included coordination and assistance in scheduling for primary care, sub-specialist appointments, therapies, counseling and education/training. Social work/counseling services included interfacing with the foster family, community agencies, medical community, and the SCDSS.

Permanency Planning

Permanency Roundtables

In 2011, the South Carolina Permanency Roundtable (PRT) Initiative, a partnership of Casey Family Programs (CFP) and the South Carolina Department of Social Services, was developed to address permanency for children who had been in foster care for extended periods of time. The project focused initially on children in the larger counties, as these counties account for a large proportion of the state's children in care. This initiative was subsequently incorporated into the state's CFSR PIP as part of a renegotiation in early 2012 related to expediting permanency, with implementation occurring in all four Innovation Counties. The practice was implemented statewide in the FFY 2013.

Table 11. Permanency Roundtables Conducted FFY 2012-2014 by Region and Year

Region	FFY 2012	FFY 2013	FFY 2014 (as of 5/22/14)	Total
1	19	48	7	74
2	3	19	6	28
3	0	39	8	47
4	4	74	16	94
5	4	28	0	32
State	30	208	37	275

Chafee Foster Care Independence Program (CFCIP) and Education Training Vouchers (ETV)

The South Carolina Department of Social Services (SCDSS) is the designated state agency that administers, supervises, and oversees the Chafee Foster Care Independence Program (CFCIP) and the Education and Training Vouchers (ETV) Programs.

For each youth in foster care age 13 and older, Independent Living goals are a federally-mandated part of each child's case plan. Through the Child Assessment in CAPSS, and through the administration of a life skills assessment, such as the Casey Life Skills Assessment (CLSA), these Independent Living (IL) goals are based on the specific life skills needs of the youth. Each youth is assessed on an annual basis. These independent living goals and the goal-related services are offered concurrently with the youth's permanency goals, regardless of their permanency plan(s).

Youth ages 13-18 years old in the Department's custody were eligible for Chafee funds. Youth that left the foster care system after reaching age 18, who have signed a Voluntary Aftercare Placement Agreement, were eligible for Chafee funds. Youth who were adopted from foster care at age 16 or above, and those youth who were placed in kinship care/guardianship placements on or after reaching the age of 16, were eligible for all Chafee and ETV funds, with the exclusion of housing expenses. Youth were entitled to these services if they aged out of foster care in other states at age 18, and moved to South Carolina for residency or educational purposes. The youth had to complete the P.A.T.T.Y. (Providing Assistance To Transitioning Youth) Form 30206, as a part of joint planning and assessment with the foster care staff.

The following factors were considered in assessing for Chafee funds:

- the goal for which the funds are to be used and the plan for meeting the goal;
- whether the funds serve as a one-time expense that will lead to a greater independence for the youth;
- total amount of the request; and
- foster care youth who are undocumented aliens are ineligible for CFCIP services and funds.

As of May 1, 2012, youth who left foster care to adoption at age 16 or above were eligible for ETV funds and some educational supports. The agency determined that this policy often served as a barrier to positive permanency. In an effort to address this issue, effective May 7, 2013, youth who leave care at age 16 or older to positive permanency of adoption, kinship with relatives and/or guardianship, are eligible for all Chafee and Education and Training Vouchers funding for educational or vocational purposes only. Only youth who emancipate from foster care at age 18 were eligible to receive housing and transition services, in accordance with federal regulations.

Another policy identified as a potential barrier to successful transitioning from foster care was federal requirement (P.L. 112-34), which required that all foster youth receive a formal transition planning meeting within 90 days of the youth's 18th birthday. The SC CFCIP determined that earlier intervention would result in better outcomes for youth in transition. In order to strengthen the federal mandate, the Foster Care Manual, Section 832.01.01, Transition Planning Prior to Emancipation, effective February 3, 2013, was revised to include the following: "A transition plan is required to be developed within 90 days of the youth's 17th birthday and must be reviewed 90 days prior to the youth's 18th birthday." The caseworker must make a monthly face-to-face contact with all youth who exit care, for a minimum of 6 months and/or as long as the youth continues to receive any Independent Living funding. Face-to-face contacts may be conducted quarterly for youth living in college housing.

CFSP 2010-2014 GOAL:

YOUTH THROUGHOUT SOUTH CAROLINA WILL HAVE ACCESS TO INDEPENDENT LIVING GROUPS.

The SC CFCIP partnered with community resources (including the SC Foster Parent Association, The Palmetto Association for Children and Families, The Urban League, group home residential providers, and the University of South Carolina Center for Child and Family Studies) to develop and grow independent living youth associations for youth in foster care. As part of the Department's ongoing efforts to have measurable outcomes, the Department's CFSP 2010-2014 established a goal for all youth in foster care throughout South Carolina to have access to an Youth Group, which comprised the Independent Living Youth Association (ILYA). During the FFY 2014, there were Youth Groups available to youth in foster care in thirty-five counties, and youth groups for two additional counties were in formation. The SCDSS Independent Living Program continued to expand access to Youth Groups for all foster youth in SC.

In the FFY 2014, the SC CFCIP developed a new set of guidelines to ensure consistency of Independent Living training for youth in foster care. These guidelines formalized the process of forming Youth Groups, selecting adults to work with the youth, and conducting the program in a consistent and uniform manner.

Youth Groups were created to support the development of the following life skills:

- provide opportunities to learn and practice independent living skills;
- provide support for post-secondary education;
- provide support for post-secondary education career planning;
- provide career preparation training and support, including development of a portfolio, documenting experiences and skills that can be used in applying for postsecondary education programs or in career planning;
- provide training to develop and enhance budgeting and financial management skills;
- provide health education and risk-reduction training;

- provide housing and home-maintenance preparation and training;
- enhance social skills development by offering opportunities for youth to learn and practice appropriate communication skills, negotiation and compromise, making friends, and behaving responsibly;
- improve such leadership skills as decision-making, problem solving, conflict resolution, goal setting, and working with others;
- normalize the foster care experience by providing a safe haven for youth to vent frustrations and examine gaps in service and support in the foster care system;
- provide an opportunity for youth to serve in leadership roles, take initiative in their own lives, and envision a pathway to independence; and
- provide an opportunity for youth to be of assistance to other youth and to the foster care community.

Accomplishments and Progress in Seven Purpose Areas

Purpose 1: Help youth transition to self-sufficiency.

Daily Living Skills services funded through the Chafee/IL Program to promote independence by teaching social skills and other life skills included the following:

- life skills classes;
- mentoring services/expenses;
- esteem building activities that were connected with the youth's school or employment;
- summer camps that were related to a youth's development of their IL goals, or participation in such activities as ROTC, band, chorus, cheerleading or team sports; and
- other community leadership programs/camps that provided youth with opportunities to develop work force training and skills (this did not apply to summer programs for daycare or recreation-only purposes).

As of the FFYs 2011-2012, other community camps have been considered for funding that directly relate to building connections and sustaining lifelong relationships such as Boy Scouts/Girl Scouts, camps associated with leadership and/or religious affiliations. In May 2012, the SC CFCIP amended its guidelines to include camps associated with leadership development, vocational training, and spiritual development. In addition, for the FFYs 2012-2014, the CFCIP partnered with Clemson University's Youth Learning Institute (YLI) to develop four leadership camp opportunities per year. Since August 2012, the SC CFCIP has provided 141 youth the opportunity to attend the YLI leadership camps. Youth who attended reported the experience as being informative and empowering, as well as a chance to form connections with peers and learn about self-advocacy. An additional 45 youth attended various camps within the community.

Purpose 2. Help youth receive the education, training, and services necessary to obtain employment.

The IL staff continued to emphasize the agency directive in making referrals of youth, who either entered the 11th grade or who reach age 17, to the local Workforce Investment Agency (WIA) One Stop Centers for orientation services. Youth were eligible to receive such services as job readiness, career interest assessments, employment assistance, job placement, and access to the Work Keys Program, through the local One Stop Centers.

The IL program provided or obtained limited support services to include the following services needed by youth to obtain or maintain employment:

- apprenticeship programs if available;
- access to employment (transportation – time-limited);
- certification courses (such as electronic, plumbing, first aid, life guarding, etc.);
- time-limited child care;
- interview clothing;

- initial supply of work uniforms & footwear;
- car repair (if older youth had a personal car that was needed to access employment or education);
- job skills training classes that related to the youth's goals;
- vocational equipment;
- birth certificate necessary for employment;
- summer job opportunities;
- licenses/certification fees;
- job mentor as available;
- bicycles used for transportation to work or education; and
- professional attire for work or school, for youth age 18 until age.

For the FFYs 2012-2014, the SCDSS Independent Living Program has continued to fund leadership programs/camps that provided youth with opportunities to develop work force training and skills, through collaboration with Clemson University's Youth Learning Institute and with the Charleston Youth Development Center. These training opportunities included four Leadership Retreats, four Sibling Connection Camps, and a six-week daily business/employment readiness camp (BizCamp). In 2013, 46 youth attended the BizCamp at CYDC. These youth received training in various employment services as well as utilizing various computer programs that would help them to attain gainful employment. In 2014, the agency began working with the National Homebuilders Institute through their Apprenticeship Certification program. This program provided youth ages 17-20 the opportunity to learn the skills necessary to find employment in the homebuilders industry and, upon completion, assists the youth with job placement. Because this is a newly developed program, outcome measures for this initiative are not yet available.

Purpose 3. Help youth prepare for and enter post-secondary training and educational institutions.

An Education Subcommittee of the Independent Living Advisory Committee was formed to determine ways to increase the graduation rate. The Committee assessed and made recommendations regarding the services needed to support youth educational goals.

Examples of Chafee-funded Education Support Services and Supplies needed to meet a youth's educational goals included the following:

- tutoring – up to \$1,000 yearly;
- summer school to retake a class or to accelerate studies;
- books and supplies for specialized classes such as lab fees, special calculators, uniforms for classes such as cosmetology, nursing, etc.;
- expenses for school-sponsored, educational field trips;
- birth certificate necessary for school;
- senior expenses (with capped category amounts);
- special recognition – funds for tuition, uniforms or other items needed to recognize and develop special achievements or talents of youth;
- pre-college expenses such as college applications and SAT/ACT fees; and
- a laptop computer.

Adult Education services helped the youth to attain a high school diploma or its equivalent, or youth received funding assistance to complete supplemental coursework to achieve goals which included the following:

- Adult Education;
- GED programs;

- Alternative Educational schools;
- Non-ETV college coursework; and
- Non-ETV vocational coursework.

As an incentive to encourage youth to graduate from high school and to pursue further education, a graduate award was presented upon graduation. The award for high school students is currently \$100 whether by diploma, certificate or GED. Vocational and technical school graduates are eligible for a \$200 award, and college graduates are eligible for a \$250 award.

Many high school graduates are eligible to receive scholarships and federal grants based on high school, academic performance. Youth in foster care had priority status for the state's need-based grant. As a means of tracking and intervention, the South Carolina Commission on Higher Education and the SCDSS formed a partnership. Youth entering post-secondary education completed a waiver form on the Commission website. The waiver provided additional funding for post-secondary education specifically for SC youth in foster care. The waiver also requested permission to track the youth's personal demographics, institution selection, academic performance, and financial information. The tracking allowed the Commission to ensure that eligible foster youth attending a public institution were identified as eligible to receive financial aid assistance through the SC need-based grant. One barrier identified was the underutilization of these funds. A potential contributor to this problem was that many youth either did not know about the grant waiver or they missed the May 1st deadline to apply for these funds. The SCDSS CFCIP worked with the CHE to identify ways to increase awareness among the foster youth, their care providers, and agency staff.

Youth interested in furthering education through college, technical school or other training programs, have been provided the following assistance within funding guidelines:

- an annual college scholarship/ ETV Funds up to \$5000;
- College Dorm Shower, provided by the SC Foster Parents Association;
- financial aid resource materials, available through the SC NYTD website www.nytdstayconnected.com;
- educational information for youth, staff, and providers regarding higher education opportunities;
- academic camps; and
- workshops and the publication, True Independence, purchased through the National Resource Center for Youth Services.

Beginning in 2013, the SC CFCIP developed an annual Graduation Celebration to celebrate the academic achievements of youth in foster care. This celebration was held in early June as a way to formally acknowledge those academic achievements and to encourage continued post-secondary education. In 2013, 44 graduates participated in the ceremony.

Purpose 4. Provide personal and emotional support to youth aging out of foster care through mentors and the promotion of interaction with dedicated adults.

Independent Living services are viewed within the context of permanence, and as an adjunct to permanency planning, and not as an alternate permanency plan. The current SCDSS Policy stipulates that Independent Living services are provided concurrently with continuing efforts to achieve return to parents, relative placement, or adoption. Emphasis continued to be placed on identifying dedicated adults who would serve as ongoing connections to youth as they transition from care.

In keeping with the implementation of the Fostering Connections to Success and Increasing Adoptions Act of 2008, the agency developed a policy, effective February 3, 2012 outlining transition planning with all youth age 17 and up. A transition plan is to be developed with each youth, including services necessary for transition from care at age 18. Youth are to be assisted in identifying family and permanent connections to invite to the planning sessions, for an

ongoing system of support beginning at age 17, and continuing until the youth exits from care. The SCDSS Independent Living Program trained and encouraged collaborative case planning which required the cooperation of all important adults in a youth's support system. This included the youth, case managers, care providers, appropriate family members, Guardians ad Litem, etc.

While mentor relationships can exist at an informal level, formal mentor relationships continued to be funded through services of the Independent Living Program. This funding was for mentors who were identified to meet the needs of individual youth, thus increasing self-esteem and/or achieving goals through the support of the mentoring relationship. In keeping with evidence-based practice, the use of mentors has been shown to improve outcomes for youth in both employment and education. County and regional offices matched mentors with mentees, and developed life skills learning plans by accessing the Casey Life Skills Guidebook. Relationships were supported by assisting with expenses of identified activities. In the FFY 2014, the CASA Foundation was awarded a grant, Fostering Futures, which encouraged guardians to take on the dual relationship of mentor with youth in transition. The CASA Foundation has worked together with the SC CFCIP to educate the Guardians ad Litem on the role they play in successful transitioning of youth, and have conducted several training events to promote the utilization of this resource.

Purpose 5. Provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to ensure that program participants recognize and accept their personal responsibility for preparing for and then making the transition into adulthood.

Aftercare services have been developed through input from staff, providers, youth surveys, focus groups, interviews, and youth self-identified needs. When youth emancipate from the foster care system, they are eligible to receive supportive Aftercare Services up to age 21. If an individual leaves the system at or after age 18, they are also eligible to apply for an Education and Training Voucher (ETV) until the age of 21 and until age 23 if enrolled at age 21 and already receiving ETV.

A transition plan is required to be developed within 90 days of the youth's 17th birthday and must be reviewed 90 days prior to the youth's 18th birthday. The caseworker must make monthly, face-to-face contacts with all youth who exit care for a minimum of 6 months and/or as long as the youth continues to receive any IL funding. The face-to-face contact may be conducted quarterly for each youth living in college housing.

Housing and transition expenses are related to establishing a residence after becoming age 18. Youth are expected to be employed or working on education. The agency has assisted with rental deposits, furniture stipends, utility deposits, and limited rental housing payments. Basic household necessities, through a Household or Dorm Room Shower, were provided through the Foster Parents Association.

Youth have the option to request a Voluntary Aftercare Placement Agreement with the agency upon reaching age 18, if: they have no other alternative permanent option available; they are involved in further education, job skills program or new employment; or they have a disabling condition. Youth may also request a Voluntary Aftercare Placement Agreement within twelve (12) months after their emancipation up to age 21, dependent upon placement availability and status with the legal justice system. Otherwise, youth who emancipate from care on or after their 18th birthday may return to the agency and complete a P.A.T.T.Y. interview for assistance, at any point until their 21st birthday without re-entering the system.

Youth who were in care at age 18 and had current Medicaid eligibility, retained their Medicaid coverage up to age 26. There was no application or reapplication process that the youth had to complete.

Purpose 6. Make available vouchers for education and training, including post-secondary education, to youth who have aged out of foster care.

The SCDSS Independent Living Coordinators have promoted the ETV program through technical assistance visits, statewide training and distribution of information to the SCDSS offices, Foster Parent Association meetings, community organizations, Youth Groups, a youth leadership retreat, an Independent Living Advisory Committee, and the State Youth Advisory Committee (GOALL). The booklet, Pathways to Success, Chafee Independent Living Program and Educational and Training Voucher Program (ETV), was distributed to youth, caretakers and providers. The revised edition, June 2012, was introduced at the 2012 IL Pathways Training Conference. A youth-friendly version of the Chafee Guidelines Booklet has been created through partnership with the University of South Carolina's Center for Child and Family Studies and distributed throughout the state.

Education and Training Vouchers have been provided to foster youth pursuing post-secondary education in an approved educational program. Only youth in the custody of the Department of Social Services with independent living goals as a part of their case plan, youth who were in custody of the SCDSS at 18 years of age, and youth adopted or exited to kinship/guardianship on or after their 16th birthday, were eligible for these funds. Youth were eligible to apply for ETV funds as long as he/she was in college and had not reached the age of 21. Youth were eligible until age 23 if they were enrolled in a post-secondary education at age 21, already receiving ETV funds, and were making satisfactory progress toward completion of that program. Youth were awarded up to \$5,000 per year through the Education and Training Voucher Program.

The CFCIP often has had difficulty obtaining financial aid information on youth applying for ETV funds. To ensure the timely approval of ETV requests, the SC CFCIP staff created a Consent-To-Release Information Form that a youth can sign when applying for funding. This allowed the case manager to speak with the college's financial aid office about the youth's financial aid awards.

During the FFY 2013-2014, the SC CFCIP provided ETV funding for 118 youth, 65 of which were new requests.

Purpose 7. Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.

Youth who reached age 16 in foster care and left care due to adoption or kinship/guardianship, were eligible for all CFCIP services, with the exception of housing/transition expenses.

Review of Policy

The South Carolina Chafee Foster Care Independent Living Program Staff participated on a policy committee to review, change, and/or create policies regarding youth in transition in order to improve programming and service delivery. This was an ongoing effort. In 2012, South Carolina changed its policy with regard to transition planning to require that youth have their first transition planning meeting with in the 90 period prior to their 17th birthday. This change was brought about by evidence-based research showing that earlier interventions result in improved outcomes for youth in transition.

How Youth are Engaged and Inform the SC State Independent Living Plan

The South Carolina Department of Social Services provided Independent Living Youth Associations throughout the state for the purpose of teaching youth Independent Living skills, leadership development, and advocacy. During the period under review, the state continued to make progress toward an integrated approach and process of preparing youth for adulthood with permanent connections. Youth presently in care and former foster youth were critical stakeholders in the development of the State Independent Living Plan.

During the FFY 2010-2014, the SCDSS facilitated two Youth Advocacy Panels made up of foster youth and former foster youth, GOALL (Go Out and Learn Life) and the NYTD Youth Advisory Panel. The purpose of these panels was to provide youth in foster care the opportunity to develop leadership and advocacy skills while helping to inform the agency with regard to policies and programming that effect youth in transition. These panels also worked to educate and inform care providers, youth in foster care, and professionals working with those youth. The Youth Advisory Committee (GOALL) consisted of youth who were or had been in foster care. Several of the GOALL

members were enrolled in college. GOALL youth have continued to be active participants in the IL training events and other events, and frequently held panel presentations for agency staff and foster parents. This committee continued to provide the youth perspective on the Independent Living Program, its impact on lives, and needed changes.

The SCDSS also contracted with the University of South Carolina’s Center for Child and Family Studies to create the NYTD website, www.nytdstayconnected.com. This website served as a tool to inform youth in foster care about youth groups, resources, services, and scholarships available. Youth who logged on to the website were eligible to enter a drawing once per month to win a gift card.

In 2013, the SC Chafee Foster Care Independence Program collaborated with the Center for Child and Family Studies to create a youth friendly version of the Chafee Guidelines booklet. These books have been distributed statewide to youth in foster care, those who were formerly in foster care, and those youth who left foster care to adoption, guardianship, and kinship care. The SC CFCIP also created a more comprehensive and user friendly adult version of its guidelines booklet, which has been distributed throughout the state to SCDSS staff, care providers, and other adults who work with youth in transition.

Starting in 2012, the SC CFCIP collaborated with Clemson University’s Youth Learning Institute to provide opportunities for youth to attend leadership camps (four per year). The YLI staff worked with the agency to develop curriculum specific for youth in transition to give them the opportunity to learn IL skills, learn about services provided through the Chafee program, and to have fellowship with their peers in a friendly camp setting.

Analysis of NYTD Data National Youth in Transition Database

The NYTD population includes all youth receiving Independent Living services. The NYTD baseline population included two cohorts of youth. Cohort 1 included all youth in SCDSS foster care who turned 17 between October 1, 2010, and September 30, 2011. Cohort 2 included all youth in SCDSS foster care turning 17 between October 1, 2013 and September 30, 2014. The NYTD follow-up population included all youth in Cohort 1 and Cohort 2 who completed at least one answer on the NYTD survey. Youth were surveyed regardless of foster care status and residency location throughout the United States.

The agency contracted with the Center for Child and Family Studies in the College of Social Work at the University of South Carolina to conduct the data collection for the National Youth in Transition Database outcome measures, which will be used to assess states' performance in operating their independent living programs. The NYTD data collection began on October 1, 2010. This year’s data collection efforts involved two waves of data collection: the data collection for Cohort 1 (19-year-olds) started on October 1, 2012 and ended on September 30, 2013 and the data collection for Cohort 2 (17-year-olds) began on October 1, 2013 and will end on September 30, 2014. The first and second reporting periods for Cohort 1 and Cohort 2 during the federal fiscal year are listed in the table below.

Table 12. NYTD Reporting Periods

Cohort	Reporting Period 1 End Date	Reporting Period 2 End Date
Cohort 1 (19-year-old youth)	March 31, 2013	September 30, 2013
Cohort 2 (17-year-old youth)	March 31, 2014*	September 30, 2014*

*Consistent with the NYTD final rule, data collection will continue within 45 days of the end of the reporting period.

The CCFS NYTD Team developed a protocol for entering NYTD data and ensuring accuracy of data entry. The state NYTD Research Director and research associates held internal data tracking meetings on a weekly basis to discuss issues related to locating and surveying specific youth, follow up of return of surveys, and ongoing clarifications with SCDSS staff and Administration for Children and Families (ACF) NYTD staff. Daily phone calls and e-mail communication with youth, current/former group home staff, current/former foster parents, current/former

caseworkers, current/former counselors and therapists were made by the CCFS NYTD staff to ensure that each youth in the baseline and follow-up populations received a birthday card, an information letter, and received an invitation to complete the survey. This intensive communication with current/former caseworkers, current/former foster parents, and current/former group home staff on a daily basis served to educate stakeholders about the NYTD and strengthen partnerships. Daily communication with current/former caseworkers was used to obtain the most recent information on youth in the baseline and follow-up populations that was not captured in the CAPSS. This process assisted in the tracking and management of youth in the baseline and follow-up populations.

The CCFS received baseline and follow-up population estimate files on a daily and weekly basis from the SCDSS. Weekly estimate files were reviewed, documented, analyzed and entered into the CCFS internal data tracking system. The CCFS internal data collection system was monitored, assessed, and updated on a daily basis. Completed surveys were tracked and recorded on a daily basis. The outcomes data were input into the data information management system and submitted to the SCDSS on a monthly basis.

The multi-phase data collection procedure for the first wave of data collection involved delivery of information forms to youth and their providers three weeks before their 17th birthday, phone calls to youth two weeks before their 17th birthday, administration of the federal and supplementary survey on a youth's 17th birthday, survey follow-up ten days after a youth's birthday, and delivery of a \$50 gift card and the NYTD Transition Resource Kit upon receipt of a youth's survey.

The multi-phase data collection procedure for the second wave of data collection involved locating youth through multiple strategies, communication with youth to invite them to complete the follow-up survey, administration of the federal and supplementary survey within six months of a youth's 19th birthday, and delivery of the NYTD Transition Resource Kit and a \$75 gift card after survey participation.

The NYTD federal survey included six outcome measures: financial self-sufficiency, experience with homelessness, educational attainment, positive connections with adults, high-risk behavior, and access to health insurance. The CCFS NYTD Team has developed a supplementary survey for Wave 1 and Wave 2 data collection periods that is an extension of the NYTD survey. The additional survey at Wave 1 further enhances the understanding of a youth's transition by examining five additional outcome areas: educational attainment; relational connections and permanency; social support; concerns; and personal aspirations. The additional survey at Wave 2 further enhanced the understanding a youth's transition by examining six additional areas: housing; healthy behaviors; spirituality; the transition to adulthood; personal goals and achievements; and staying connected with the SC NYTD team. In March 2011 (Wave 1) and September 2012 (Wave 2), IRB and SCDSS approval was granted and the supplemental survey was incorporated into the data collection system.

The NYTD services have been tracked through an ongoing report through the CAPSS and monitored monthly. A booklet was developed and distributed statewide (SCDSS 30255) that described the NYTD services and categories. A provider form (SCDSS 30254) was developed and distributed to providers to record services on a monthly basis for ease in tracking. Case managers used the information on the form to enter the services into the CAPSS on a monthly basis. The award letter for funded services was amended to include the NYTD service category.

Because some youth returned home to their families when they turned 18 and emancipated from care, they were often coded incorrectly in the CAPSS as "Returned to family" or "Living with other relatives." These closure codes made a youth ineligible for Chafee funding. The correct code should always be "Reached age of majority", if the youth reaches the age of 18 prior to leaving foster care. The SC CFCIP has worked to address this by ensuring that proper closure codes are used when a youth leaves foster care after reaching the age of 18.

NYTD Accomplishments

South Carolina is recognized as a national leader in terms of survey methodology, youth-centered resources (e.g. NYTD website), youth outreach (SC NYTD Youth Voice and youth focus groups) and practice-centered training.

The SC NYTD team was able to locate 99% of the NYTD Cohort 1 follow-up population to complete a survey. South Carolina successfully surveyed 77% of 19-year-old youth in the Cohort 1 follow-up population; meeting and exceeding the federal compliance rate which requires that States must report outcomes information on at least 60 % of youth in the follow-up population who are no longer in foster care. Youth were given the option of completing the interview over the phone, in person, or via paper or the internet. Consistent with South Carolina's youth-centered methodology, 95% of youth chose to complete the survey over the telephone.

Reporting the research outcomes to youth and engaging them in the recommendation process is a NYTD federal requirement. The SC NYTD Youth Voice, the SC NYTD advisory panel, continues to provide critical feedback on survey design, research methodology, and dissemination. The SC NYTD Team at the CCFS conducted quarterly meetings with the SC NYTD state youth advisory panel, which consisted of up to ten youth in, or formerly in, foster care throughout South Carolina. During these workshops, the results of the federal and state outcomes data were disseminated to youth. The implications of the findings were discussed through focus groups to acquire an understanding of youth's interpretations of the data and suggestions for improvement and change. Youth Advisory Panel members have written articles for the SC NYTD website, provided feedback on the NYTD survey design, and created a document on the importance of a transition plan which is posted on the website. The SC NYTD Youth Voice, in collaboration with the CCFS Information Design team, created a series of short podcasts on independent living topics (e.g. education, employment, housing, finances, social support, and health insurance) included on the NYTD survey, providing statistics from the NYTD data collection along with their own personal transition experiences. This information was developed for a youth audience and will be posted on the SC NYTD website. Members from both DSS state youth advisory boards, GOALL and the SC NYTD Youth Voice, contributed to the SC NYTD Youth Connection annual newsletter, Issue 3 published in February 2014, which has been distributed statewide to youth and adults involved in their care and also posted on the SC NYTD website. The newsletter provided youth in foster care with information about the NYTD findings, Independent Living services, and upcoming Independent Living training events and other events for youth in foster care.

The SC NYTD website (www.NYTDstayconnected.com) has received national recognition and remains an effective tool for disseminating data from the NYTD data collection and outreach to youth and caseworkers. The website has also received national recognition. In 2011, there were 2,300 unique visits to the SC NYTD website. This number has increased by 1240% in the last two years. In 2013, there were more than 28,500 unique visits to the SC NYTD website. This monumental increase demonstrates the effectiveness and value of this essential resource to youth transitioning out of foster care and their providers. The website was designed specifically to meet the needs of youth in foster care making decisions about their futures and then later as youth begin their adult lives with continuing education, finding work, and/or finding a place to live. The SC NYTD Team at the CCFS has reviewed, assessed, researched, and included valuable and relevant resources on the SC NYTD website. These include, but are not limited to, SC high school diploma requirements, scholarships, higher education website links, county directories, hotlines, NYTD FAQs, etc. The website offers an opportunity for youth to stay connected with the CCFS NYTD and SC DSS staff members who are able to assist them. South Carolina considers the data collection not only to serve as a means to drive future program development but also to serve in the present as a means of intervention and maintaining contact with youth.

SC NYTD Youth Advisory Panel and Dissemination

Reporting the research outcomes to youth and engaging them in the recommendation process continues to be a NYTD federal requirement. The SC NYTD Team at the CCFS conducted quarterly meetings with the SC NYTD state youth advisory panel, which consisted of up to ten youth in, or formerly in, foster care throughout South Carolina. During these workshops, the results of the federal and state outcomes data are disseminated to youth. The implications of the findings are discussed through focus groups to acquire an understanding of youth's interpretations of the data and suggestions for improvement and change. Youth advisory panel members wrote articles for the SC NYTD website, provide feedback on the NYTD survey design, and make recommendations for dissemination reports in youth-friendly language. The SC NYTD Youth Voice members contributed to the SC NYTD Youth Connection

annual newsletter which was distributed statewide to youth and adults involved in their care, and also posted on the SC NYTD website. The newsletter provided youth in foster care information about the NYTD findings, Independent Living services, and upcoming Independent Living training events and other events for youth in foster care.

Community Partnerships and Dissemination

The CCFS NYTD team continues to inform and update community partners and other stakeholders about the ongoing NYTD data collection.

The CCFS NYTD team exhibited at the annual conferences of the Palmetto Association for Children and Families (PAFCAF) and the SC Foster Parent Association (SCFPA), marketing the NYTD data collection and sharing NYTD findings with conference attendees. Our state partners, SCFPA and PAFCAF, have posted information about NYTD related activities on their organization's websites.

Caseworkers were a frontline resource in locating and tracking youth to be surveyed, and we remained in close contact with caseworkers and supervisors. Caseworkers were contacted during each wave of data collection to notify them that youth on their caseloads would be surveyed, and to provide them with information about the NYTD survey regarding its benefits to youth and its potential to positively enhance the delivery of services.

The NYTD team visited SCILYA Youth Groups to present the NYTD information and to recruit new members for the SC NYTD Youth Voice. The Youth Group Facilitators were important stakeholders in marketing the NYTD and receiving the NYTD updates, through emails and the NYTD website.

Serving Youth across the State

The SC CFCIP was supervised on a day-to-day basis in county and regional offices. The program was administered through a central state office to ensure consistency of services and service delivery. The staff of the SC CFCIP provided technical assistance to County and Regional Offices, reviewed and approved funding requests, developed education and employment support services, coordinated with community organizations, and developed and implemented training curriculum. This ensured the accountability of funding expenditures and development of community resources. The agency was interdependent with private organizations, institutions, other state agencies, and public social service organizations to meet the ever-changing needs of the child welfare population across the state.

Serving Youth of Various Ages and Stages of Achieving Independence

1. Serving Diverse Youth

South Carolina served a diverse population of youth at various stages of development. It is the SC CFCIP's belief that each youth is an individual and their Independent Living goals should be developed with the youth to be individualized and address the specific needs and aspirations of that youth.

2. Age-Specific Services

Youth in foster care who are at least age 13 and have not yet reached 21 are eligible for most Chafee services.

Some age-specific services included:

- drivers education: minimum age was 16;
- car insurance: youth must be 18 and the vehicle must be titled in the youth's name;
- interview clothing: \$150 per year for youth ages 15-17;
- \$250 per year for youth ages 18-20;
- Housing/Transition: youth must be 18 and not yet 21 and have remained in foster care until age 18; and
- expanded ETV: youth who are in post-secondary education and making progress toward their goals may be eligible for ETV funds up to their 23rd birthday.

3. Assessing the Likelihood of Remaining in Care/Developmental Stages

An Independent Living Needs Assessment is a systematic procedure to identify a youth's basic skills, emotional and social capabilities, strengths, and needs. This assessment helped to identify goals for the individualized learning plan. An Independent Living needs assessment should have been conducted when a youth in care reaches the age of 13 years or upon entering foster care if the youth is age 13 or older. The assessment should have been re-administered on a yearly basis.

4. Room and Board for Youth ages 18-21

These expenses are related to emancipation and establishing their own independent residence after becoming age 18, or post-secondary students in need of assistance with interim housing. Youth who left care to adoption, guardianship, kinship care and youth in post-legal adoption preservation placement were not eligible for housing and transition funds.

To qualify for assistance with emancipation expenses, youth must have been employed and earning sufficient income to maintain the residence once Chafee Housing Assistance has ended. In order to receive Chafee Housing and Transition Assistance, SSI recipients must have been the payee of their SSI benefit. Also, boarding arrangements for youth age 18 and 19 were not approved for youth who were eligible to remain in Voluntary Aftercare Placement.

Housing/Transition expenses were discussed and planned at the youth's transition planning meeting. When making Housing/Transition funding requests, it was necessary to include a copy of the youth's Budget Analysis and the youth's Planning Assistance to Transitioning Youth Form, which have been created and reviewed along with the youth. Youth were made aware that this is a one-time award and recommended to thoughtfully consider their readiness to utilize these funds. These funds were not intended for temporary residence or transitional residency.

Examples of housing assistance included the following:

- phone deposit;
- electric, gas, or water deposit (maximum \$300);
- furniture (limited to \$2,000, unless the youth was pregnant or had a child in which case, \$2,500 was available for additional furniture needs);
- rental application fee;
- rental deposit; and
- rental assistance for up to 6 months, paid as 3 months full and 3 de-escalation months (youth who were in the last trimester of pregnancy may receive 6 full months and 3 de-escalating);

Summer Housing Funds were available for youth who were no longer in foster care and in need of housing assistance for the summer. The SC CFCIP paid \$450/month for a maximum of 3 months for summer housing for students. Housing assistance was also available at \$15/day (based on overnight stays) for December-January holidays, if dormitories were closed. Interim Housing funds were applied to apartment style dormitory housing that remained open during holiday breaks (up to \$30/day), if the youth had no permanent connection or needs to maintain employment while in school. During the FFYs 2013-2014, 21 youth were awarded interim housing assistance.

Collaboration with Other Private and Public Agencies

1. How Public and Private Sector Help Achieve Adolescent Independence

The Independent Living Advisory Committee weakened during the CY 2013, due in part to large turnover rates within the agencies with whom the SC CFCIP has worked to maintain connections. The SC CFCIP has been working to strengthen and revitalize the Independent Living Advisory Committee, with particular attention to the Education Subcommittee. The IL Advisory Committee was composed of: the SCDSS staff; university staff; service providers;

the Foster Parent Association; the Palmetto Association of Families and Children; group care providers; and representatives of the SC Department of Education, the SC Department of Mental Health, the SC Department of Health and Environmental Control (Adolescent Health), the SC Department of Health and Human Services (Medicaid), the state Governor's Office (Foster Care Review Board and Guardian ad Litem Programs), and the Children's Law Office. Membership included two slots for youth. The SC CFCIP has reached out to these agencies to invite their continued or renewed participation in the program.

The South Carolina Foster Parent Association had a contractual agreement with the SCDSS to provide Household Showers for youth who will emancipate from foster care, or Dorm Showers for college bound youth. The SCFPA also implemented the "On the Road Again" program to provide donated vehicles to foster youth. Eleven (11) Youth received SCFPA "On The Road Again" cars from October 2013 thru May 2014.

The University Of South Carolina Center for Child and Family Studies has undertaken several projects in collaboration with the SC CFCIP that included the NYTD Survey for youth in transition; the Annual Youth Graduation Celebration; logistical duties for training opportunities for youth and agency staff; and the facilitation of the GOALL and the NYTD YOUTH VOICE Advisory Panels.

Clemson University Youth Learning Institute has contracted with the SCDSS to provide training opportunities in camp and retreat settings for youth, and two-day overnight training events for the SCDSS staff which also included partner agencies and community partners such as the Citizens Review Panel, the Foster Care Review Board, and Guardians ad Litem. The YLI staff worked with the SC SFCIP to develop curriculum that met NYTD guidelines. Adult training included four annual ThinkShop training events for staff and community partners. These overnight trainings provided a vehicle to develop a teamwork approach to transition planning for youth in foster care. They also provided excellent opportunities for the SCDSS to receive feedback and input from our community partners.

The Urban League Summer Leadership Institute prepared youth in foster care with introductory employment skills, before youth began six weeks of summer employment. The leadership institute was a project undertaken in conjunction with the Columbia Urban League to address job readiness, offering a youth curriculum encompassing employment and career, individualized counseling, transportation, and mentoring.

2. Coordination with Other Federal and State Programs for Youth

Other opportunities for youth were made available through the Workforce Investment Act's Summer Job Program For At-Risk Youth. This program was accessed through local One Stop Centers. Another program accessed through the WIA One Stop was the newly implemented Homebuilders Institute Apprenticeship Certification Program. The SC CFCIP worked with the CASA Foundation to implement their "Fostering Futures" grant, and the state Guardians ad Litem to increase the awareness of the Chafee legislation and the resources that were available. The CFCIP connected youth to the Project Hope Grant which provided youth with training for medical certification courses.

3. Coordination with Medicaid Agency on the Affordable Care Act

Information was provided to youth regarding continued Medicaid eligibility and how to maintain coverage until 26 years of age, including information about Medicaid providers in the community. If youth return for P.A.T.T.Y. Aftercare Services, after emancipating from foster care, and do not have Medicaid coverage, they were advised that they were still eligible by virtue of having been in foster care at age 18. Continuance of Medicaid, however, was contingent upon continued funding by the legislature. The staff member who supervised the Medicaid Program for the SCDHHS has served on the Independent Living Advisory Committee and provided updates to the IL program.

4. Coordination to Prevent Human Trafficking

During the period FFY 2010-2014, the SC CFCIP was not directly involved in efforts to prevent human trafficking.

Determining Eligibility for Benefits and Services

1. Objective Criteria to Determine Eligibility

Criteria for Chafee and ETV recipients:

- youth in foster care (from age 13 until the 21st birthday) were eligible for all Chafee funding, and up to \$5,000 in ETV funding for post-secondary schooling;
- youth age 18 and older in Voluntary Aftercare who had not yet reached age 21 were eligible for all Chafee funding, and up to \$5,000 in ETV funding for post-secondary schooling;
- youth who emancipated out of care after age 18, but had not reached their 21st birthday were eligible for all Chafee funding, and up to \$5,000 in ETV funding for post-secondary schooling;
- youth who left care to positive permanency (adoption/kinship/guardianship) at or after age 16 were eligible for all Chafee funding, EXCEPT housing funds. They were also eligible for up to \$5,000 in ETV funding for post-secondary schooling; and
- youth who were in a post-legal Adoption Preservation Placement (from age 13 until the 21st birthday) and were case managed by the SCDSS were eligible for all Chafee funding, EXCEPT housing funds, while they were in an Adoption Preservation Placement. They were also eligible for up to \$5,000 in ETV funding for post-secondary schooling, while in placement.

2. Compliance with the Higher Education Act

The SC CFCIP required youth to submit a copy of their financial aid award letters and cost of attendance, and maintained a database to ensure youth did not receive more than the total cost of attendance, and that services were not duplicated. County and Regional offices were instructed to return unused ETV funds to the central office.

3. Stakeholder input into the Goals and Outcomes for ETV

The CFCIP maintained communication with the SC Commission on Higher Education (SCCHE), which provided the program with an accounting each year of how many foster youth have utilized the SC Needs Based Grant Waiver (an allotment set aside to provide additional funding to youth in foster care).

4. Methodology for Unduplicated Number of ETVs Awarded

Prior to approval of ETV funding, the CFCIP staff referenced the database to ensure funds had not already been allocated.

Cooperation on National Evaluations

The SC CFCIP participated in the National Youth in Transitions Database and will continue to cooperate in any national evaluations of the effects of the program in achieving the purposes of the CFCIP.

The National Youth in Transition Database (NYTD) is a federally mandated data collection for the Chafee Foster Care Independence Program and is used to track the independent living services and supports provided to youth in foster care.

The agency contracted with the Center for Child and Family Studies in the College of Social Work at the University of South Carolina (USC) to conduct the data collection for the National Youth in Transition Database outcome measures. These measures will be used to assess states' performance in operating their independent living programs.

In the FFY 2014, the SC CFCIP volunteered to take part in a federal review of NYTD compliance. The site visit is scheduled to take place July 22-24, 2014.

Education and Training Vouchers (ETV) Program

1. Operation of the ETV Program

ETV funds were provided for foster youth pursuing a post-secondary education in an approved educational program. Only youth in the custody of the Department of Social Services, with independent living as part of the case plan, or youth who were in the custody of the SCDSS at 18 years of age, were eligible for ETV funds. Youth were eligible for the ETV funds as long as they were in college, making adequate progress, and had not reached the age of 21, even if they were not in care. Youth remained eligible until age 23, if they were enrolled in a post-secondary education and began participating in the ETV program prior to turning 21.

Youth who were adopted on or after their 16th birthday, or exited care to positive permanency (kinship care/guardianship) on or after their 16th birthday, may have been eligible for ETV funds.

The following factors were considered in determining eligibility:

- acceptance to a technical school, college, university, or other program that meets the ETV criteria;
- demonstration of academic achievement or a marked improvement in educational functioning; and
- evidence of a long-term goal and plan for meeting that goal.

2. Goals and Outcomes for ETV Program

Table 13. Annual Reporting of State Education and Training Vouchers Awarded

	Total ETVs Awarded	Number of New ETVs
2011-2012 School Year (July 1, 2011 to June 30, 2012)	159	83
2012-2013 School Year (July 1, 2012 to June 30, 2013)	137	84
2013-2014 School Year (July 1, 2013 to June 30, 2014)	118	65

3. Award Methodology

Youth were eligible to receive up to a maximum of \$5,000 per year as long as funds were available through the Education and Training Voucher Program. Youth who completed the Free Application for Federal Student Aid (FAFSA) form, either online or at their school, had access to all state and federal base scholarships and grants for which they were eligible. The awarding of the ETV funds depended on the cost of the school and the amount of the grants and scholarships that the youth received. The \$5,000 award was to be applied to all costs associated with the cost of attendance to a post-secondary school.

Youth were encouraged to complete the FAFSA forms as early as possible, to obtain copies of the financial aid award print out, and to obtain the school's billing statement and maximum financial aid award.

Youth were also be reminded to answer "yes" to the FAFSA question that they are a ward of the state or they were a ward of the state at age 13. This ensured being granted an independent status for student aid. Youth were also encouraged to research other scholarships and awards online, including the web site of the South Carolina Commission on Higher Education (www.che.sc.gov), and the scholarship funding information that is included on DSS form 30298. If a youth did not use all of their ETV funds during the Fall/Spring semesters, the remaining amount could be used for summer school.

Indian Tribe Consultation

The staff of the SCDSS met in person with representatives of the Catawba Indian Nation (CIN) to ensure that benefits and services under the Chafee Independent Living Program will be available to Indian children in the state

on the same basis as to other children in the state. The tribe has currently chosen not to serve as a IV-E agency. The SCDSS has informed the Catawba Indian Nation that the agency stands ready to work with the Catawba Indian Nation if they choose to participate as a IV-E agency.

As it relates to determining eligibility for the CFCIP/ETV benefits and services and ensuring fair and equitable treatment for Indian youth in care:

1. The SCDSS staff consulted on an ongoing basis with the Catawba Nation regarding issues pertinent to Indian youth. The tribe has been provided with the Chafee Independent Living Guidelines for services and eligibility.
2. The tribe has discussed meeting quarterly with the York County SCDSS office; however, the tribe's social worker, Linda Love, reported that she has excellent communication with that office through email and telephone and does not at this time feel that quarterly meetings are necessary. Tribal representatives were very involved in the Foster Care Review Board and do attend those meetings regularly.
3. All youth who were placed in foster care in South Carolina or former foster youth who meet Chafee and ETV eligibility, were eligible to request Independent Living Services regardless of tribal status. The CIN has been informed of eligibility criteria, types of benefits available through the Chafee program, and how to apply for those benefits, which can be requested either through the county case worker or can be requested directly from the state Chafee Independent Living Program.
4. In South Carolina, Indian youth used the same criteria for eligibility as any other youth in foster care, regardless of their tribal status. Those services included: daily living skills (such as life skills classes, mentoring, esteem building activities, camps related to educational, vocational, or spiritual development, and leadership opportunities), adult education, educational supports (such as tutoring, summer school, expenses for educational field trips, books and supplies for specialized classes, birth certificates, senior expenses, and computers), graduate awards, pre-college expenses, special recognition, transportation expenses (such as drivers education, driver's license fees, transportation funds for school and work, car repairs and maintenance, and car insurance), employment services (such as certification courses, child care, interview clothing, uniforms and footwear, job skill training, vocational equipment, license/certification fees, and professional attire), and housing and transition assistance. Services may also include ETV funds for qualifying youth to pursue post-secondary education.

CFCIP Improvement Efforts

1. Consultation with Youth

The SC CFCIP utilized the Independent Living Youth Associations (ILYAs) and the two youth advisory panels, the GOALL and the NYTD Youth Voice to achieve the purposes of the Chafee Foster Care Independence Program.

2. Involving Youth in Assessment

The GOALL and the NYTD Youth Voice Advisory Panel continued to advocate for youth in transition and gathered feedback from other youth in care, by visiting each of the Youth Groups on a semi-annual basis.

CFCIP Training

1. Training conducted in 2013

Independent Living/ NYTD Training

Event: Ongoing Independent Living/NYTD Training

Description of Curriculum: The purpose of this training was to provide information about the Chafee Foster Care Independence Act and its impact on youth in foster care between the ages of 13 and 21, and to provide an understanding of how the Chafee Independent Living Program is implemented in South Carolina. The curriculum included information about the Chafee legislation as well as research and current trends relevant to youth who are in care and who have emancipated from foster care after age 18. The SCDSS ILP Training discussed the importance of engaging the youth in collaborative case planning, helping the youth to gain a feeling of confidence and

empowerment by using a Positive Youth Development approach. In addition, the training addressed the federal legislation regarding youth in transition, the importance of effective transition planning, and the need for strong social and emotional supports through lasting connections with adults who will help the youth to develop and implement their individualized transition plans. Finally, the training addressed the importance of the National Youth in Transition Database, its impact on youth in South Carolina and other states, and the importance of accurate and timely data collection, in order to develop programs and policies that promote successful transition to adulthood.

Presenters:

Terri D. Pope, MSW

Mrs. Pope is a SCDSS Independent Living Program Coordinator for the SC Chafee Independent Living Program and NYTD Services Specialist. She has a BSW in Social Work from Columbia College and a Masters of Social Work from the University of South Carolina.

Erica Bowman, M. Ed.

Ms. Bowman is a SCDSS Independent Living Program Coordinator for SC Chafee Independent Living Program and is the Foster Youth Associations Specialist. She received her Bachelor's of Science in Criminal Justice from South Carolina State University and a Masters of Education from Troy State University.

This training was conducted in County and Regional Offices for foster care case managers and supervisors and adoption workers; it was conducted at state conferences for group care providers, foster parents and CASAs and Guardians ad Litem. For the FFYs 2013/2014 there were: 317 adults at county and regional trainings; 136 adults at the 1st Annual "RED Forum: Recognizing, Empowering, and Developing Leadership in Youth; and 93 Adults trained at four ThinkShops staff development training. Attendees at these trainings included community partners and contract providers as well as members of other state agencies including, but not restricted to, SCDSS staff, the SC Foster Care Review Board, the SC Guardians Ad Litem program, the Palmetto Association for Children and Families, SC Youth Advocacy Program, the SC Citizens Review Panel, the Duke Endowment, the Alston Wilkes Society, the USC Center for Child and Family Studies, and several group home providers.

2. NYTD Technical Assistance

The state NYTD Research Director and Project Coordinator consulted with the Administration for Children and Families about NYTD federal regulations and rules on a monthly basis. The state NYTD Research Director provided the workshop, Strategies for Improving Your State's NYTD Youth Outcome Survey Instrument and Methodology, at the 2011 National Youth in Transition Database national technical assistance meeting.

Adoption Services

Adoption services were provided to children in state custody in need of permanency through adoption, to adoptive families during and after finalization of an adoption, and to birth parents who wished to make a voluntary plan for their child. Adoption workers were located in four Regional Adoption Services Offices with two satellite Offices, to concentrate on adoption activities for all counties. These staff members responded to and provided services to birth families that wished to make an adoption plan for their children; prepared children for the adoption experience; recruited and prepared adoptive families; and provided pre-placement, placement and post-placement adoption services to families and their children.

Service coordination between the County Foster Care Units and the Regional Adoption Services Offices took place in regularly scheduled staffing. A County may refer a child for adoption services at any point in the case, including prior to the Merits Hearing, if the child's plan appears to be Termination of Parental Rights (TPR)/Adoption.

Concurrent Planning staffing was held within 60 days of the child's entry into care. If at that point or any point in the foster care case, the parent appeared to be failing to meet the treatment plan, adoption services began. Regional Adoption Services Offices simultaneously worked with the child toward a family connection that may lead to adoption, to ensure timeliness in the achievement of a permanent plan. During this pre-TPR status, the adoption staff and the

County Foster Care staff worked as a team to provide services to the family and child, to ensure permanency (enduring safety). Concurrent planning also included an assessment of the child's therapeutic needs, and if indicated, the child received intensive foster care and clinical services.

Post-Adoption Services

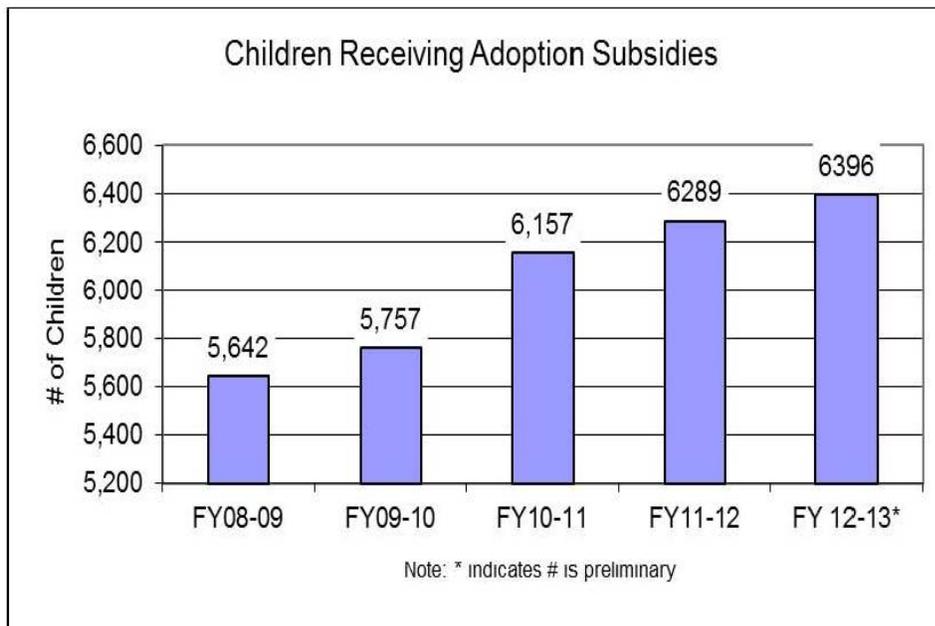
The agency provided financial support to stabilize adoptions through supportive services such as non-Medicaid medical services, post-adoption and respite services placement/permanency planning, and to assist staff in developing a permanency plan. Medicaid coverage was provided for all children eligible for adoption assistance, dependent on applicable state policy and the special needs of the child. Services such as medical, psychological, and psychiatric services (including counseling, residential and hospitalization services) were available to support the adoptive placement.

Services included internal referrals for the FGCs and external referrals for services provided by private therapists, support groups; private agencies, Children Unlimited for teen retreats, and education and support to families.

Adoption Assistance and Tax Credit

The agency has provided adoption assistance to children who met the state or federal eligibility requirements. Since 2003, all persons who adopt a child from state custody and qualified persons who adopt a child through a private action or agency were mailed a letter after the adoption is finalized informing them of both the federal adoption tax credit and the state tax deduction. The appropriate Regional Adoption Services Office mailed letters for agency adoptions, and the state office mailed letters for private adoptions.

With the increasing number of finalized adoptions, the number of children receiving adoption subsidies has risen over the SFY 2009-2013 period, as illustrated in the following chart.



Accountability, Data, and Research Division (effective October 1, 2013)

Promoting Safe and Stable Families (IV-B, Subpart 2)

In addition to the services described above, SC provided additional services with Promoting Safe and Stable Families (PSSF) funding. The primary goals of the PSSF Program, Title IV-B, Subpart 2 of the Social Security Act are to improve the quality of care and services to children and their families in efforts to support children remaining safely with their families, prevention of maltreatment, while also ensuring permanency for children through reunification, adoption or guardianship. The purpose of the PSSF Program funding clearly aligns with the SCDSS vision for child welfare:

- Every child deserves to have a safe, stable, and loving forever family in which to grow. (Safety, Permanency and Well-being)
- Immediate safety from significant harm
- Enduring safety with a significant person who will make a lasting, legal commitment to be there for the child in the future

The SCDSS optimized the PSSF funds in accordance with prescribed federal limits and conditions in the four specified program service areas: Family Preservation, Family Support, Time-Limited Reunification, and Adoption Promotion and Support services. Following are descriptions of the services provided with those funds for the FFYs 2010-2014.

Family Preservation Services: Designed to help families alleviate crises, maintain the safety of children in their own homes, support families who are preparing to reunify or adopt, and assist families to obtain support to address their multiple needs in a culturally sensitive manner. The definition allowed grantees to support infant safe haven programs. The following services were supported with PSSF funding in this category:

- **Family Group Conferencing (FGC)** - This is a service designed to creatively and effectively assess, address and resolve the needs of children and their families in a very inclusive and specific way. The SC Families First program uses the Family Group Decision-Making Model (FGDM), a unique opportunity for the SCDSS staff and the interagency and service provider communities to partner with families in the care and well-being of their children.

The Family Group Conferencing (FGC) model is a structured process that begins with an assessment of whether the child's guardians are willing to involve their family, fictive kin and social supports in a family group meeting/conferencing process to develop a plan of care for the safety and well-being of their children. Time is spent with the family completing a genogram to identify an invitation list for the family meeting and ongoing communication with attendees to ensure a full understanding of the conferencing process and their role in the meeting. A meeting time and location is determined by the family with food and logistics coordinated. Members of the interagency community currently and potentially involved in service delivery are also contacted and invited to participate. Once the family group is gathered, a specific structured format is used to develop the family plan. The plan is presented to the SCDSS for final approval and potential tweaking to ensure the safety and well-being of the children. The SCDSS is always in a position to veto the plan if the caseworker believes that the plan will not ensure child safety. The facilitator assists in the initial implementation of the plan and coordinates transition of the plan to the caseworker.

The FGDM recognizes the importance of involving family groups in decision-making about children who need protection and care. The FGC positions the family group to lead decision-making while the agency agrees to support family group plans that adequately address agency concerns. As a crucial component of this model, the interagency community must participate in the family meetings and access resources for implementing the family plans. The FGDM processes are not conflict-resolution approaches, therapeutic interventions or forums for ratifying professionally crafted decisions. Rather, FGDM processes actively seek the collaboration and leadership of family groups in crafting and implementing plans that support the safety,

permanency and well-being of their children. The service is intensive in nature, as it requires about 20 hours for assessment, interviewing, contacts, preparation and convening the FGC.

Families involved in the SCDSS continued to receive Family Group Conferencing (FGC) services either through SC Families First (SCFF) services using a network of private QPL providers under contract with the SCDSS in Regions II-V, or the Family Finding and Child Conferencing model in Region I through a contractual arrangement with SC Youth Advocacy Program (YAP) with Carolina Families subcontracting to provide the services. The agency transitioned Region I to the Child Conferencing Model in the CY 2012. The FGC is available for families with children involved in foster care throughout the life of the case as well as for families being served through the Family Preservation Division.

With funding through Casey Family Programs' annual investment, the SCDSS was able to have the financial resources to deploy FGC throughout the state over a four-year rollout period. Funds enabled the agency to begin a cultural, philosophical, and practice model shift in how the agency engages and partners with family members in assessment, planning and service delivery to their children. Casey Family Programs funds also assisted in the shift in philosophy and practice that enhanced other engagement strategies throughout the agency, such as Family Team Meetings (FTM) held on the "front end" as families come to the attention of the agency. The FTM was initially deployed in the SFY 2011 in the four CFSR PIP Innovation Counties: Aiken, Greenville, Spartanburg, and Oconee. The FTM services are now being provided by the SC YAP through renegotiating the current Family Finding/Child Conference contract for counties served under this model. The SC Families First staff, using FTM facilitators for Greenville and Spartanburg, trained the current FF/CC facilitators on best practices for implementing the current FTM model. The SCDSS contract monitors were included in the training to ensure model fidelity in this transition and have been active in monitoring both services.

It was anticipated that in the second half of the FFY 2013, Family Group Conferencing under the SC Families First implementation model used in Regions 2-5, would have a similar transition by establishing a Family Engagement RFP. Under this program, a master contractor with a coalition of providers would provide conferencing and other family engagement services. However, to ensure that the array of comprehensive engagement services was included, additional time was needed. The time frame changed to the second half of the FFY 2014. These services included:

- Family Finding;
- Family Team Meetings;
- Front-End Child Conferencing and Re-conferencing; and
- Back-End Child Conferencing and Re-conferencing.

The Family Engagement Request for Proposals (RFP) solicitation will be reissued for the above services to be delivered through a network of providers led by a master contractor working with a coalition of other service providers. This will ensure that the same family engagement models are operative statewide. Several of the lessons learned in initial implementation are being used to enhance this RFP.

The evaluation component originally planned for the SC FGC Model implemented through the SC Families First data collection began in the second half of the FFY 2013 with the final report due in the FFY 2014. This will include a more scientific design using comparison data as part of a quasi-experimental design. This is expected to provide more valuable and usable data that can further the FGDM movement toward a more evidence-based practice.

Guidance has been provided by the Family Group Decision Center at the Kempe Center (formerly with the American Humane Association) with the fidelity measurement process using the most up-to-date fidelity tool as a guide.

The SCDSS is presently working with consultants from Hawaii, Arlynn Livingston, Founder and previous

Director of Epic, Inc. and Amy Tsark, previously the Director of Child Welfare for Hawaii in the final Family Engagement solicitation. This will include best-practice service delivery of all 4 practice models aligning them with a new Family Engagement Policy and Procedure and include final quality assurance tools for agency and provider use.

Activities and strategies to engage noncustodial parents have continued to be a focus for the agency. Greenville is the lead county and has moved forward in obtaining two casework positions that will be out-stationed with providers to serve this population. Their primary role will be engaging noncustodial parents (primarily fathers) and connecting them to services designed to enhance their role as parents and providers for their children. A network of service providers has been established to serve this population. A father-friendly training, *Engaging the Noncustodial Parent* has been developed jointly with the SCDSS and the SC Center for Fathers and Families. This curriculum is being delivered to staff in the county offices with links to services for the NCP with local fatherhood coalitions.

An internal communication plan to promote family engagement strategies continues primarily through regional and state conference calls and on-site visits, to include in-services and staffing for the FGC referrals with a specific focus in areas struggling with referrals. External communications included presentations, interagency meetings and conferences to raise awareness of and promote the FGDM.

The FGC Coordinator Training is held as needed to ensure an adequate number of FGC practitioners are available to provide this service and meet demands.

- **Family Group Decision-Making** - Families being served with Family Group Decision-Making included those undergoing investigation, and those where children were receiving Family Preservation Services, Foster Care, Adoption, and Intensive Foster Care and Clinical Services.

The FGDM continues to be closely linked to lead measures for WIG goals focusing on positive permanence where the agency continues to exceed goals established through these WIGs. Thus, to continue this success, the FGDM in both philosophy and practice is evolving into routine service delivery for families involved within the SCDSS child welfare system for some counties. This trend needs to continue with specific structure on referral guidelines imposed through the upcoming Family Engagement RFP.

To support FGC Coordinators and strengthen their skills, FGC support calls twice a month have continued. Agenda items included information-sharing focusing on successes, themes, and challenges, as they emerge in ongoing supervision and noted in family plans and FGC observations. This has resulted in transparency in communication and additional clarity for all involved.

The FGDM strategies will continue to grow throughout the state, and there has been specific lead measure to encourage this growth – seven out of ten children will receive a FGC before their ninth month in care. FGC will continue to be a strategy for accomplishing lead measures for positive permanency for children. The intent is to identify and engage families as partners in developing a plan for the care and protection of their children. This has resulted and will continue to result in an increase in positive permanence for children – reunification, relative guardianship, or adoption.

The Family Finding and Family Group Conferencing services are now available statewide. Ongoing in-service trainings are being held on a regular basis with special attention to counties with lower referral rates. Support and assistance is provided in marketing FGC to families, staffing, and completing referrals.

- A total of 1,697 FGC have been held since inception (October 2009) through February 2014.
- A total of 128 FGCs through SC Families First, 369 Child Conferences through SC YAP, and 161 FTMs were held October 2013 through February 27, 2014.
- A total of 691 FTMs have been held since inception (February 2011) through February 2014.

- **Child Conferencing (CC)** - The Child Conferencing (CC) Model is a family-driven model of engaging and empowering families in making decisions and developing an Individualized Family Plan which includes a Safety Plan and a Positive Permanency Plan that protects and nurtures their children. Child Conferencing encompasses Regions 2-5. CC supports the development of a partnership between the child's family, the CPS worker and community support people. Referrals included families and children who were reported to SCDSS as having been harmed or threatened with harm by a parent, guardian or other person legally responsible. It also included other families and children referred by the SCDSS in need of Child Conferencing including both children at risk, children entering care, and children aging out of care without a permanent family. Intensive face-to-face contacts will be conducted in order to identify and recruit participation from as many appropriate family members and fictive family as possible, including extended family members. Conferences are held as quickly as possible to ensure that children are reunited with family or family members in a timely manner. Child Conferencing includes a follow-up conference to assure that the agreement created at the first conference is working and to provide the family an opportunity to stay engaged in the decision making process. The children are included in the conference if age and clinically- appropriate.

Child Conferencing (CC) services are provided to strengthen families while securing a safe and stable placement for all children. The SCDSS understands that families and their community members need to have input in discussions and participate in the course of action that will allow a child to reach positive permanency.

There has been ongoing communication with attendees, to ensure a full understanding of the conferencing process and their role in the meeting. A meeting time and location continues to be determined by the family with food and logistics coordinated. Members of the interagency community currently and potentially involved in service delivery are also contacted and invited to participate. Home studies are conducted on family members interested in having the child/children placed in the home.

- A total of 1,459 child conferences have been held since inception (January 2012) through February 27, 2014.

Family Support Services: Primarily community-based preventative activities designed to promote the safety and well-being of children and families. These services promote parental competencies and behaviors that will increase the ability of families to successfully nurture their children, enable families to use other resources and opportunities available in the community, create supportive networks to enhance child-rearing abilities of parents and help compensate for the increased social isolation and vulnerability of families, and strengthen parental relationships and promote healthy marriages. P.L. 112-34 amended the definition of these services to include mentoring programs. The following services were supported with PSSF funding in this category:

- **Connected Families** – The SCDSS contracted with Connected Families in December 2012 to provide training, guidance and support services on the Signs of Safety Practice Model that would enhance the skills, techniques, and practice methodology for child welfare workers. The *Signs of Safety (SOS)* is an internationally recognized solution and safety oriented approach to child protection. The SOS was built by seeking out the best safety outcomes achieved by front line workers and examining the practitioners' approach and techniques. The best outcomes were achieved when case workers and parents worked in partnership with a shared goal of creating safety within the family.

Hallmarks of the SOS framework are transparency, mutual respect, and a focus on creating solutions. Tools used within the SOS provide practitioners better ways to communicate with adults and to hear the voices of children. The SOS has moved the SCDSS away from only compliance with services toward creating relationships that foster behavior change and build protective capacity of parents. The SOS also encourages critical thinking and supports continuous learning. Front line practitioners and their Supervisors

have new opportunities to learn from their experiences, to improve their skills, and to increase competence in engaging families in the work of keeping children safe.

Connected Families has provided on-site consultation with Caseworkers, Supervisors and community partners (law enforcement, churches, etc.), in support of mapping difficult cases with the Signs of Safety Practice Model. Connected Families has provided webinars and guidance support to leadership in implementation of the Signs of Safety along with working directly with caseworkers/supervisors in their existing meetings to sharpen their skills in the use of Signs of Safety. Connected Families has worked with the SCDSS and supported some significant changes in how the Department engages with families.

Connected Families began rolling out the Signs of Safety in phases, across three separate 'Practicing Signs of Safety Areas, beginning in Region 1 and Region 4 early in the CY 2013 with encouraging results. The SOS was rolled out in Region 1 first to supervisors and then to workers. Upon assessment of the progress and challenges in the rollout, adjustments were made, and the process began again with Region 4. With each new area being rolled out, the previous areas continued in their own trajectory of learning, practicing and engaging. Regions 2, 3 and 5 are currently in the initial implementation phases and have received the initial training. The general rollout in each area, begun in 2013, followed this sequence:

- Area Planning with executive leadership (unique strengths and challenges of the Area);
- two-day exposure for Area Supervisors;
- reflection from Supervisors prior to rollout to frontline staff;
- two-day exposure to frontline staff;
- additional workshops for Supervisor and worker depth in skills;
- supervision tools and philosophy;
- align supervision and group supervision in accordance with the priorities, principles and tools of the practice;
- development of 'practice leaders', or catalysts, to begin building internal capacity for growth and development;
- leadership intensives;
- frontline intensives;
- advanced safety planning;
- advanced leadership skills; and
- ongoing work with measurements and internal modeling/parallel process.

To support and sustain the SOS implementation in all regions across the state, Connected Families conducts monthly phone calls with the regions to support their cases. Also, Catalyst Teams have been developed in Region 1 and Region 4 to further the practice and embed the SOS framework in daily operational casework activities. Catalyst Teams are comprised of practitioners, supervisors, and performance coaches who have demonstrated skill in application of SOS concepts and an enthusiasm for the model. The Catalysts Team mission: *Provide leadership around SOS framework and ideas, build up practice leaders, build a foundation for wide-scale agency adoption, advisors in implementation process and serve as mentors.* The purpose of the Catalyst Team is to identify policy and process constraints, elicit feedback continuously, and revise processes accordingly.

The SCDSS sent out a Directive Memo on February 20, 2014 informing staff of the statewide rollout of SOS, its purpose and practice framework. On May 15, 2014, the SCDSS brought in a national SOS expert Terry Murphy, the Director General for Western Australia who spent six years implementing the Signs of Safety, to meet with SCDSS leadership and draft an SOS implementation plan for the agency. The implementation plan included such steps as creating a SOS implementation steering committee, revising the SCDSS policy and procedures manual, developing feedback structure for staff and families, and developing training modules for Child Welfare Basic Training. On May 16, 2014, the SCDSS utilized the P2 meeting structure to introduce the SOS framework to the child welfare system of stakeholders and partners. Additionally,

Connected Families conducted two-day SOS training sessions in each region in June 2014 for caseworkers, supervisors, and county directors to learn the skills of writing harm statements, danger statements and safety goals. Participants also received training on mapping, scaling, and the “Three Houses” concept.

- **Children’s Trust of South Carolina (CTSC)** – The CTSC provides training/education to families and communities in order to raise awareness of child abuse and neglect.

In the FFY 2011, the CTSC began training Parent Café Hosts (facilitators), with a total of 16 trained in this period. Parent Cafes are a series of structured small group conversations that bring parents together to discuss issues important to them. The goal is to directly engage parents in building the protective factors needed to prevent maltreatment and promote healthy outcomes for their children.

During the FFY 2012, the CTSC reached personnel in all counties except Cherokee, Chester, and Fairfield via 16 trainings and 210 non-discrete participants. An additional 32 Parent Café Hosts were trained, with four café hosts having conducted at least one series of parent cafes in Greenville, Aiken, Pickens, and Darlington counties. The first computer-based training module went live in March 2012, *Keeping Families Safe From Fire: Fire Safety for Parents*, and six people have participated in the course to date.

During the FFY 2014 over 40 Parent Café sessions have been offered to continue the primary prevention focus for families. The Cafés were conducted throughout the state in community groups, schools and faith-based organizations to further implement the Strengthening Families initiative which builds the five protective factors proven to reduce child maltreatment; parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and the healthy social and emotional development of children. These cafes are hosted by community organizations and facilitated by a trained professional. To broaden the scope of work, CTSC is currently working with Strengthening Families Illinois to increase the fidelity of the Strengthening Families Framework in South Carolina. The Children’s Trust of South Carolina hosted a workshop during the summer of 2014 for providers to increase awareness and promote engagement around parent cafes. The use of Parent Cafes by local providers is the first step towards parent involvement and leadership for parents who participate and benefit from the parent café process.

- **Greenville Hospital System (GHS)** - This service provides education and training in the upstate region of the state for bio-families, foster families and adoptive families of children who are patients served by the interdisciplinary team members at Pediatric Team Center (PTC).
- **Medical University of SC (MUSC)** - Comprehensive services are provided by a multi-disciplinary care team (pediatricians, nurse practitioner, PT/OT/Speech therapist, social worker) for pre- and post-adoptive families in the low country region of the state. Services also encompass medical care coordination to support pre- and post-adopt children and their families in scheduling for primary care, sub specialist appointments, therapies, counseling and other training. Social work and counseling services are also provided directly to the pre- and post-adopt family. Other services include one-on-one education and training with the child, training with the parent and child, classes for parents and child’s school, etc. Additional services also include coordination and development of innovative family friendly services to support pre- and post-adopt families of medically-fragile children. The overall monthly census at the support clinic for foster care children and their caregivers who received services has ranged from 320-386 in the 2014 FFY with similar average numbers of children since the 2010 FFY.
- **SC Foster Parent Association (SCFPA)** - The South Carolina Foster Parent Association (SCFPA) provides competency-based training statewide for resource and adoptive families. Training includes components to build the parental competencies of resource and adoptive families to understand cultural values, child development stages, assertive communication with adolescents, grief and loss process,

behaviors associated with abuse and neglect, effective parenting styles, emotional impact of placement moves on children in foster care, and the array of available services in the state.

- For the SFY 2013-2014, The SC Foster Parent Association supports 39 local FPAs. SCFPA currently schedules training for 38 of the 39 local associations. Oconee County has elected to schedule its own training, but works closely with the SCFPA.
- According to the SCFPA, as of March 2014, the total number of foster parents who have participated in training is 1,101. In addition to the foster parents, the collaboration group has trained 119 others including SCDSS workers, GALs, and other agency staff. The total number trained is 1,220.

Heartfelt Calling, developed by the SCFPA, provides expedited responses to inquiries about fostering and adoption. In the past, potential resource parents who did not receive responses or who received greatly delayed responses to inquiries went to other organizations to find children or gave up and lost interest altogether. To address this concern, in November 2011, SCFPA developed its recruitment Heartfelt Calling program. Heartfelt Calling provides consistency and follow-up from first contact through pre-service training. In the FFY 2014, Heartfelt Calling has over 186 open foster care cases in which either foster parents, kinship navigators or concurrent workers are receiving support to build a foundation for permanency. Since 2011, SCFPA has been holding pre-service training for resource and adoptive families which average 5-7 per month across the state. In the CY 2013, there were 71 pre-service trainings held and over 1,300 resource and adoptive parents trained.

- **South Carolina Association of Children’s Homes and Family Services (SCACHFS) - P3- P3 meetings** were held in all regions of the state at the local level that include an expansive array of state agencies and community-based and non-profit providers that make up the system of care for serving children in foster care such as the SCDSS, Guardian ad Litem, the SC Department of Education, the SC Foster Care Review Board, the SC Department of Mental Health, S.C. Foster Parent Association, SCACHFS members (i.e. Therapeutic Foster Care, Group Care, Psychiatric Residential Treatment Facilities, Licensed Independent Practitioners, Rehabilitative Behavioral Health Service, etc.). The general purpose for each P3 held is for the system partners to come together in local multiple preparatory “Closer Look” meetings to discuss and explore all the history, services, placements, permanency efforts, system linkages or lack thereof, emerging system issues that must be addressed, success and failures in support to two existing children in foster care and their families. The “Closer Look” meetings in each region culminate into a larger P3 meeting that is held where the cases are presented including all the information learned and plan going forward, relevant statewide data that shines a light on issues and barriers to the system that needs a systemic approach and collaboration from all the stakeholder partners at the P3. This enables providers and the SCDSS to work together to accomplish the common goal of making sure all children are safe and live in a positive, permanent home. P3 meetings will incorporate discussion based on data that give private providers, community-based non-profits, and child serving state agencies the opportunity to learn about safety, permanency, well-being measures, trauma services, assessment, system of care and available services and practices.

The P3 meetings began in SFY 2011-2012 and were held regionally to larger audiences of stakeholders such as Guardian ad Litem (GAL), the SC Department of Mental Health (DMH), the SC Department of Education (DOE), the SC Department of Juvenile Justice (DJJ), the SC Foster Care Review Board (FCRB), Therapeutic Foster Care (TFC), and Group Care providers along with County and Regional Directors to review performance data in the Child and Adult Protective Services System (CAPSS) and ultimately of the SCDSS on the CFSR/PIP items to determine at the regional and local level what may be the barriers. Accountability for performance became a central highlight of these meetings and the focus of the P3 evolved in the SFY 2012- 2013 and the SFY 2013-2014 to include a more data driven, interactive smaller group (county caseworkers, supervisors, adoptions and behavioral health staff, school, mental health

professionals, family members, etc.) for a “Closer Look” where two selected cases could be reviewed in detail. Participants looked at all aspects and history of the cases to identify services and activities that contributed to positive permanency for the child, as well as where the system did not work effectively. After two “Closer Look” sessions, the group would present to the larger gathering of system partners at a follow up P3 meeting to present the findings and what was done to remediate lack of communication with all partners and develop local strategies moving forward that would eliminate the gaps identified in the cases under review. Often times, the cases under review at the “Closer Look” received new activity and resolution based on what was discovered by the participants. There were 9-10 P3 meetings held each SFY.

The latest focus area for P3’s in the FFY 2014 has been placement stability, and local partners and SCDSS staff have looked at placement stability data (number of moves, type of moves to specific levels of care, underlying reasons for moves, placement with siblings, moves to permanency, etc.) for permanency outcomes and well-being outcomes (i.e. mental health and educational resources). Workgroups within the meeting determine what has gone well, what the concerns are and what needs to happen. A consistent theme of concerns noted by P3 participants is lack of resources for families in rural areas and lack of adoptive foster and adoptive families open to taking older youth, sibling groups, and/or children with moderate to severe behavioral challenges. Workgroups are forming from the P3 meetings. For example, in the SFY 2011, the Safety Work Group focused was on prevention partners developing localized “lunch and learn” training sessions related to educational and family needs for children in care. In Region IV Pee Dee area of the state, the P3 participants are forming ongoing workgroups for recruitment of foster homes and the teaming implementation which is a developing infrastructure within the SCDSS that is pairing behavioral health caseworkers (Intensive Foster Care and Clinical Services workers) with county caseworkers to address trauma, medical community and behavioral health service linkage along with contract and regional clinical specialist support.

Time-Limited Reunification Services: Provided to a child who is removed from home and placed in a foster care setting and to the parents or primary caregiver. These services are available only 15 months from the date the child enters foster care. Time-limited reunification services facilitate the safe and timely reunification of the child with the family as appropriate. States may use funds for counseling, substance abuse treatment, mental health services, temporary child care, therapeutic services for families, including crisis nurseries, and transportation to services. In addition, P.L. 112-34 authorized grantees to use funds for peer-to-peer mentoring and support groups for parents and primary caregivers, and for services and activities to facilitate access to and visitation of children in foster care by parents and siblings. The following services were supported with the PSSF funding in this category:

- **FamilyCorps (Parents Anonymous)** - Established in 1978, FamilyCorps is the only accredited State Resource Office in the state of South Carolina for the National Parents Anonymous® Office. As the only accredited state office in the state, FamilyCorps conducts all of the training of Group Facilitators, technical assistance, and program oversight and funding support for the 64 Adult and Youth Parents Anonymous® Mutual Support Programs serving 26 counties. The Parents Anonymous® Program is a facilitator led, peer-to-peer support program model. National research confirms the programs’ effectiveness in diminishing the impact of risk factors while significantly increasing the six protective factors associated with positive parenting thereby increasing the resiliency of parents and children and prevention of future child maltreatment.

Service is designed to provide mutual support groups which are co-led by parents and professionally trained facilitators which are available to parents or primary caregivers whose children are in foster care zero to fifteen months. These support groups discuss topics such as discipline skills, parenting skills and other support topics that parents may need in order to strengthen the possibility of reunification with their child. While the parents are meeting, their children participate in a structured children’s program to promote healthy emotional growth and development. Also provided is the Parent Engagement and Leadership Development program which provides targeted trainings, specific curriculum and assessment tools to create

and support effective leadership roles. Parents actively participate in the delivery of training, development of program material and in media interviews. Parents are also involved in important policy-making and planning opportunities. The Annual Parents Leading the Way Conference has been held every year to recognize and honor parents for their leadership roles in their homes and communities. This conference provides valuable parenting skills workshops. Schools, churches and other organizations partner with Parents Anonymous in recognizing and honoring parents. Over 600 parents and their children attended the 2013 Annual Parents Leading the Way Conference which focused on life skills and educational opportunities. Another conference is planned for July 2014.

Over the past five years, 5,043 adults and 1,723 children have attended one of the mutual support programs across the state attending on average a minimum of six meetings. Of those 1,723 children, 558 who attended a group with a caregiver were ages five or under. Meetings are always free and most groups are open to any type of caregiver. However, there are also specialized groups for teen parents, grandparents raising their grandchildren or other kin care, incarcerated parents, parents living in domestic violence or homeless shelters, and parents of adolescents.

The following are outcomes reported from surveys completed within the FFY 2014 for those participants in Charleston County who attended a minimum of six weeks of Parents Anonymous Parenting Support groups and whose first meeting was at least 12 months prior.

- **Open SCDSS Case/Children removed from participant home at first class**
 - Of the 37 surveyed, 16 (43%) had an open SCDSS case when they first attended and their children were already removed from the home when they first attended.
 - Of the 16, reunification of children into their home occurred in 15 (94%) out of 16 cases
 - 3 (19%) participants had children reunified by the 6th week of PA attendance
 - 6 (38%) participants had children reunified by 3 months of PA attendance
 - 4 (25%) participants had children reunified by 6 months of PA attendance
 - 2 (12.5%) participants had children reunified between 6 and 12 months of PA attendance
 - **Of the 16 Participants with an open SCDSS case whose children were removed at the first meeting of PA, who attended a minimum of six weeks of PA, the following apply:**
 - 16 (100%) reported that they increased their understanding of nurturing/attachment
 - 16 (100%) reported that they increased their social connections and support network
 - 16 (100%) reported that increased their ability to meet concrete needs
 - 16 (100%) reported that they increased their understanding of social/emotional competence
 - 16 (100%) reported that they increased their knowledge of parenting
 - 16 (100%) reported that they were more resilient as a parent
 - **Of the 13 participants who had an open SCDSS case when they first attended but their children remained in the home pending a possible foster care/relative care placement,**
 - No participants had any further allegations of either abuse or neglect during the 12 months following their first group meeting attendance.
- 100% of participants reported the following:
- increased their understanding of nurturing/attachment
 - increased their social connections and support network
 - increased their ability to meet concrete needs
 - increased their understanding of social/emotional competence
 - increased their knowledge of parenting
 - were more resilient as a parent

Adoption Promotion and Support Services: Designed to encourage more adoptions of children out of the foster care system when adoptions are in the best interests of the children. They include pre- and post-adoption services designed to expedite the adoption process and support adoptive families. The following services were supported with PSSF funding in this category:

- Health Support Services** - Critical health support services (i.e. medical and behavioral) to pre- and post-adoptive families of children with special needs who are considered to be behaviorally or medically high risk. Services support families in continuing successful medical and behavioral health services with their child while pursuing finalization and avoid disruption in critical services when a pre-adopt agreement is signed. Service also provides support to adoptive families in accessing needed behavioral, medical, community-based services. Typical services which cannot be provided by other supplements such as Medicaid are reimbursed to the pre- and post-adoptive families including non-prescriptive medical supplies, outpatient psychotherapy, durable equipment such as lifts, ramps, etc. Health Support Service is also designated to provide reimbursement for Respite Care for adoptive parents in order to enable them to cope with the stress of caring for a child with special needs. Adoptive families are allowed to be reimbursed up to \$500 annually to pay for respite care. As of June 2, 2014, a total of 6,183 children have been approved for medical reimbursement for health services, although not all approved medical reimbursements are utilized. During the first three quarters of the FFY 2014 (through May 2014), there were 1,189 requests processed for reimbursements. (Some families may have had multiple requests.)
- Certified Investigators (CI)** - Conduct home studies on potential adoptive families (i.e. interview adoptive applicants in home/office assess parenting abilities, motivation to adopt, acceptance of child/family factors, and suitability as adoptive parents from safety and wellbeing perspective) in efforts to expedite the adoptions process. This service also includes background checks, compiling family histories, and financial verifications. The CI service providers also participate in placement committees considering adoptive applicants for adoption of a child, provide placement or post-placement supervision and they provide adoptive applicants training. The number of home studies conducted by the CI's since the SFY 2010 are as follows:

Table 14. Home Studies Conducted by CI

	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014(as of April 2014)
Number of certified investigations	334	424	639	490	383

- SC Foster Parent Association (SCFPA)** – The SCFPA provided pre-service training for resource and adoptive families in South Carolina. The SCFPA developed and will continue to update the training curriculum. Heartfelt Calling, an intranet site where children who are legally free and waiting to be adopted, is also updated and monitored for interested adoptive resources. Other responsibilities include designing the process for how training will be delivered and coordinated across the state. The SCFPA also monitors the implementation and oversight of the training delivery as part of the revised pre-service training. Part of SCFPA's focus has been on teen adoptions and educating teens on the advantages of adoption. This includes connecting them socially with other teens who have been adopted and had a positive experience. (See Program Support Section - Training)
- South Carolina Heart Gallery** – The Foster Care Review Board's South Carolina Heart Gallery (SCHG) partners with the South Carolina Department of Social Services (SCDSS) to meet its ongoing goals related to increasing finalized adoptions of legally free children in a timely manner. The SCHG provided the following:

Targeted Recruitment: The SCHG currently accepts referrals of legally free children from the SCDSS. Professional photographs of the children in foster care are featured on the SCHG website, and in multiple community venues, providing broad-based, child-specific adoption recruitment.

Family Engagement: Beginning in the FFY 2013, the SCHG provided enhanced coordination and communication to educate and promote the finalization of adoptions of legally free children in a timely manner. The SCHG responds to telephone and website inquiries within three working days, forwarding child-specific inquiries to the SARC and/or assigned the SCDSS Regional Adoption Specialist for follow-up, provides general information about the foster care/adoption process, and generates referrals for new South Carolina families to the appropriate SCDSS Regional Adoption Services Office via an intake request and conducts a portion of the home studies to expedite the adoptions process.

- **Medical University of SC (MUSC)** - Comprehensive services are provided by a multi-disciplinary care team (pediatricians, nurse practitioner, PT/OT/Speech therapist, social worker) for pre- and post-adoptive families in the low country region of the state. Services also encompass medical care coordination to support pre- and post-adopt children and their families in scheduling for primary care, sub specialist appointments, therapies, counseling and other training. Social work and counseling services are also provided directly to the pre- and post-adopt family. Other services include one-on-one education and training with the child, training with the parent and child, classes for parents and child's school, etc. Additional services also include coordination and development of innovative family friendly services to support pre-and post-adopt families of medically-fragile children.
- **Greenville Hospital System (GHS)** - This service provides education and training in the upstate region of the state for pre and post adoptive parents of children who are patients served by the interdisciplinary team members at Pediatric Team Center (PTC).
- **Palmetto Health Special Care Center (PHSCC)** – The Palmetto Health Special Care Center contracted with the SCDSS during the FFY's 2010—2013 to provide services to help facilitate lasting relationships with by providing education and training services for pre- and post-adoptive families in the Midlands region of the state in hopes of promoting and sustaining successful adoptions. The classroom and individualized training provided at the Center were generated through requests from foster parents pursuing finalization, post-adopt families, and foster care parent groups, surveys, agency requests, community interests, literature review of current pediatric topics and ongoing needs as identified by staff members.

CPR and First Aid classes were offered as core classes several times each month (to include weekend and evening classes) at the Center. The general class topics included but were not limited to: Asthma Management, Behavioral Issues, Blood Borne Pathogens, Childhood Illnesses, Child Safety, Chronic Illness Impact on the Family, Common Childhood Injuries, Crisis Management, Environmental/Home Safety, Feeding Problems, Fetal Alcohol Syndrome, Gastrostomy Tube Care, Grief and Loss, Home Management of Pediatric Conditions, Immunizations, Infection Control, Medication Administration, Nutrition for the Child with Special Health Care Needs, Oxygen Therapy, Seizure Disorders, Short Bowel Syndrome, Special Feeding/Pump/Tubes, Tracheotomy Care, and Traumatic Brain Injury. The following number of foster parents and agency care coordination staff (i.e. SCDSS, Guardian ad Litem, schools, etc.) and provider staff received training over the three SFYs.

Table 15. Training Participants

	SFY 2010-2011	SFY 2011-2012	SFY 2012-2013
Foster Care Parents	950	908	749
Agency Staff	Not available	265	201
Total Number of Training sessions held	158	152	137

This service included collaboration with the SCDSS liaison as the point of contact for information sharing and training need identification for targeted population.

Child and Family Services Review Program Improvement Plan

The second round of the Child and Family Services Review (CFSR) began in 2007. The CFSR is a two-stage process consisting of a statewide assessment and an onsite review of child and family service outcomes and program systems. During the week of July 27, 2009, the Department of Health and Human Services Administration for Children and Families (ACF) conducted the onsite review component of the CFSR process in SC. ACF reviewed 65 cases and conducted stakeholder interviews. The review focused on seven outcomes in the areas of safety, permanency, and well-being and seven systemic factors that impact those outcomes.

ACF issued its final report on March 2, 2010 wherein the South Carolina Department of Social Services (SCDSS) was notified that the state was in substantial conformity with five of the seven systemic factors and five of the six national data standards. However, ACF also notified the SCDSS that the state was not operating in substantial conformity with any of the safety, permanency, and well-being outcomes, the national standard related to placement stability, and two of the seven systemic factors, Case Review System and Service Array and Resource Development.

As a result of the findings in the final report, the SCDSS developed a Program Improvement Plan (PIP). The SCDSS selected four "Innovation Counties" that represented small, medium, and large county offices in both rural and urban communities to implement the PIP. The Innovation Counties were Greenville, Oconee, Aiken, and Spartanburg.

The CFSR PIP targeted four specific areas as a means of improving the state's child welfare system. The four areas of improvement were: 1) the capacity of supervisors; 2) the ability of staff to identify and assess risk and safety of children; 3) overall family engagement; and 4) permanency outcomes for children. Each of the Innovation Counties was assigned to be the lead on seven primary strategies with specified action steps connected to these areas of improvement to begin the implementation process; however, the PIP was designed so that by its conclusion, each of the Innovation Counties would implement all of the strategies. Ultimately, after being refined in the Innovation Counties, all of the PIP strategies would be implemented statewide.

Renegotiations

Although the SCDSS began to implement the CFSR PIP in February, 2011, by September, 2011, the SCDSS and ACF were in agreement that the CFSR PIP was not progressing as desired. Therefore, the SCDSS began the process of renegotiating various strategies, goals, and action steps in the plan. In February 2012, the SCDSS sent a final renegotiation proposal to ACF.

The first of the CFSR PIP strategies proposed for renegotiation was Primary Strategy 1, which stated, "Through coaching and mentoring and support, strengthen child welfare supervision capacity/skills in Innovation Counties." In the original development of the CFSR PIP, the SCDSS expressed its intent to draft a curriculum based upon Oconee County's identification and refining of core supervisory competencies. However, during the first quarters of the CFSR PIP, the SCDSS determined that completion of the Leadership Academy for Supervisors curriculum would be a better approach to enhancing supervisory capacity and skills. The SCDSS renegotiated Primary Strategy 1 to focus on the completion of the Leadership Academy for Supervisors as the means by which the SCDSS would improve supervisory capacity and skills.

The SCDSS also renegotiated Primary Strategy 2, “Strengthen risk and safety assessments and safety planning during intake, investigation, and treatment through additional support and collaboration with other service providers in Innovation Counties.” The principle focus of the renegotiation of Primary Strategy 2 was the implementation of “Guided Supervision” throughout the life of a child protective services case.

The SCDSS renegotiated Primary Strategy 3, “Implement family engagement techniques and enhance the practice of family engagement through a multitude of intervention strategies to include but not limited to family meetings, Team Decision Making, and Family Group Conference in Innovation Counties.” Originally, as the SCDSS was developing the CFSR PIP, the goal of Primary Strategy 3 was “To enhance meaningful child, older youth, and family involvement by engaging family members throughout the life of the case.” The SCDSS renegotiated this goal to incorporate a focus on the maintenance of sibling connections. The goal was revised as follows, “To enhance meaningful child, older youth, and family involvement by engaging family members and ensuring sibling connections throughout the life of the case.” With the renegotiation of Primary Strategy 3, the SCDSS enhanced the practice of family meetings by focusing on sibling and relative connections. Additionally, the “kinship care” and “family finding” programs were implemented to achieve the goals of family engagement and ensuring sibling connections.

Because of its correlation to Primary Strategy 3, Primary Strategy 6, “Enhance the continuity of family relationships and connections through intervention strategies to include collaboration with the SC Center for Fathers and Families,” was also renegotiated. While the SC Center for Fathers and Families (Center) offers a myriad of services targeted to noncustodial parents, through its work with the Center, the SCDSS determined that the services the Center provided would not further the state’s goals related to strengthening and maintaining sibling and relative connections. The SCDSS renegotiated Primary Strategy 6 to address with specificity how the Family Group Conference structure would be revised to ensure sibling and relative connections would be addressed and included in the resulting family plans.

Finally, the SCDSS renegotiated Primary Strategy 4, “Expedite permanency for children by improving timely decision-making to ensure that children have the appropriate permanency plan.” When the CFSR PIP was originally developed, the SCDSS planned to enhance the practice of concurrent planning to improve permanency outcomes for children in foster care. As the CFSR PIP progressed, the state determined that the Casey Family Program Permanency Roundtables (PRT) process would be a more effective means of achieving better permanency outcomes. While the state continued to practice concurrent planning, the SCDSS renegotiated Primary Strategy 4 to make the embedding of the PRT process its primary tool for accomplishing improved permanency outcomes for children in foster care.

In March, 2012, the SCDSS received ACF’s approval to revise the CFSR PIP in accordance with the renegotiation proposal. The SCDSS began to report progress in accordance with the renegotiated PIP with the submission of its Quarter 4 PIP report to ACF.

SC completed all required strategies and action steps, as renegotiated, within the required two-year CFSR PIP timeframe (February 2011 – January 2013) and met all required outcome targets as reported in March 2013. In August 2013, ACF informed the SCDSS that the state had successfully completed its CFSR PIP.

Following is a description of the CFSR PIP strategies implemented with an update on implementation status and the CFSR PIP safety, permanency and well-being outcome measure results by PIP quarter.

CFSR PIP Strategies

Following is a summary of the primary CFSR PIP strategies, goals, and action steps, as renegotiated, and how the strategies and action steps have been implemented statewide.

Primary Strategy 1: Through coaching and mentoring and support, strengthen child welfare supervision capacity/skills in Innovation Counties.

Goal: Improve Supervision and management based on the SCCWS Practice Model for Child Welfare.

Synopsis of Action Steps: Oconee County led implementation of the Leadership Academy for Supervisors (LAS). The implementation process involved an introduction to the Leadership Academy for Supervisors, a schedule for participation in various modules, obtaining a commitment from county leadership for supervisors to participate, a learning circle to support peer-to-peer mentoring, and an on-line discussion board.

Statewide Implementation: From the initial experience with the LAS, a direct correlation was made during the PIP development process between strengthened supervision and improved casework practice and child well-being assessment. Supporting the CFSP goal to achieve a “renewed effort to strengthen skills and support for supervisors,” the LAS was successfully piloted in Region I as evidenced by increased scores on the specified CFSP Well-Being items.

Supervisors learned to concentrate their efforts, as covered throughout LAS material in relevant case examples, individual exercises such as change initiatives and through discussions. Agency goals were rooted in safety and permanency for children, so as supervisors train not only to be responsible for the day-to-day details (consistent risk and safety assessments, monthly FF contacts, documentation of parents’ behavior changes), they learn to comprehend the big picture (meeting QA outcomes and PIP goals), which collectively mean better outcomes for children. The LAS curriculum affords supervisors the opportunity to identify and develop individual leadership qualities and determine how these qualities affect casework practice.

A second LAS cohort (Region IV) began in March, 2013 and continued into 2014 to complete the first wave across the state ending with participants from Region V. The fifth and final cohort’s participants “graduated” from the program in March, 2014. The Department intends to continue to address leadership development in the CFSP 2015-2019. There are still SCDSS Supervisors and County Directors who have not participated in the LAS, therefore the LAS will be part of the CFSP 2015-2019.

The SCDSS has also implemented a pre-cursor to the LAS for brand new child welfare supervisors called “Learning to Lead.” This training series curriculum includes overviews/discussions of the LAS model, Community-Based Prevention Services, Safety and Risk, Protective Capacity and Vulnerability, Signs of Safety models, Maltreatment and Trauma Typologies, Trauma-Focused Cognitive Behavioral Therapy, Provider Services and Secondary Trauma and Stress Management. This series began during the third quarter of the roll-out and has continued into 2014.

Primary Strategy 2: Strengthen risk and safety assessments and safety planning during intake, investigation, and treatment through additional support and collaboration with other service providers in Innovation Counties.

Goal: Improve the ability of the staff to identify and critically assess the risk to and safety of children.

Synopsis of Action Steps: Aiken County led implementation of the “Guided Supervision” process. Guided Supervision is a case staffing method by which supervisors play an active role in supporting case work practitioners in the development of critical decision making skills as relates to the assessment of child safety and risk throughout the life of a child protective services case.

Statewide Implementation: After the federal review in 2009, the SCDSS identified the “safety and well-being for children” as one of its most critical areas of need. Consistent, accurate use of the Guided Supervision model has resulted in the agency meeting its PIP goals for items related to risk and safety assessment and well-being, indicating better assessment of risk, identification and response to safety concerns, and thorough assessment and follow-through on the needs of children.

Every office in the state has had exposure to Guided Supervision through specialized trainings continuing into 2013, as well as through presentations and discussions at state level supervisory gatherings (Supervisor Summits). The model is in active use throughout the state. There has been ongoing recognition about the positive impact Guided Supervision has on CFSR review outcomes, as evidenced by improved risk and safety assessments. Guided Supervision was integrated into many offices' WIGs for 2013, with supervisors and staff using the tool at critical staffing points, such as case decision, return home, and case closure. On an ongoing basis, Regions are conducting cadence calls to ensure continuous quality improvement and using tools like scoreboards, regional meetings, management meetings, and Supervisor Summits as CQI opportunities and learning circles.

Primary Strategy 3: Implement family engagement techniques and enhance the practice of family engagement through a multitude of intervention strategies to include, but not limited to, family meetings, team decision-making, and family group conferencing in Innovation Counties.

Goal: Enhance meaningful child, older youth, and family involvement by engaging family members and ensuring sibling connections throughout the "life of the case."

Synopsis of Action Steps: Greenville County led implementation of a new process for family meetings. The new process for family meetings was designed to enhance sibling and relative connections. With the support of the Connecting 4 Kids grant, the SCDSS enhanced its family engagement strategies through the establishment of the Kinship Navigator and Family Finding programs.

Statewide Implementation: Another critical goal for the SCDSS was "A need to strengthen family engagement," as evidenced by items identified in all three CFSR outcomes. The Family Finding strategy resulted in the use of Seneca Search as a location tool. Seneca Search and the Family Meeting/Conference process are underway in all five Regions of the state. Workers statewide understand the use of the Seneca Search in locating absent parents, as well as paternal and maternal relatives for children.

There are different family conference contracts in place, but all are in line with the agency's strategy for family engagement. There are two entry points for children in this process: (1) upon entry into foster care and (2) upon referral for children in care without permanency. The final RFP approval is expected the beginning of the FFY 2015. (See detailed description of these family engagement strategies in the Promoting Safe and Stable Families section of this report under Family Preservation Services.)

The fatherhood piece of this strategy has not yet been a focus in each county. That process can be started where it is not up and running with discussion and trainings, but fatherhood service providers need to expand services to reach all counties, and then the counties must continue the engagement with the individual fatherhood providers.

Also in line with the SC CFSP goal of safety and well-being for children, the SCDSS revised its Child and Family Assessment and Services Plan (CFASP) to improve the collection and documentation of children's needs, to clearly identify and monitor services, and to streamline the CFASP with the Alternative Caregiver (ACG) Placement and Safety plans.

There has also been considerable progress toward the development of services to support caregivers once they have been identified through family meetings. The SCDSS is creating a tracking mechanism within the state's SACWIS system so there is a clear picture of children placed with alternative caregivers. A handbook or guide for ACGs has also been developed and is ready for dissemination to offices for the ACG population. Work has also been done to develop an alternative caregiver placement plan for arrangements that need to last past the assessment stage. Attention was given to the need for a navigator service, and the SCDSS has put Regional ACG liaisons in place whose primary responsibility is to support caregivers, current and past, with their knowledge of community resources and agency protocols/procedures.

Primary Strategy 4: Expedite permanency for children by improving timely decision-making to ensure children have the appropriate permanency plan.

Goal: Improve permanency planning outcomes of children in the foster care system.

Synopsis of Action Steps: Spartanburg County led implementation of the Casey Family Programs Permanency Roundtable process to help identify the appropriate permanency goal and remove barriers to achieving positive permanency. During the PIP, the following groups of children were prioritized to receive a Permanency Roundtable: 1) children who have a permanency plan of APPLA; 2) sibling groups who have been in foster care for more than 12 months; 3) children who have been in foster care for 12-17 months and who have a permanency plan of adoption and do not have an identified adoption resource; 4) children who have been in foster care more than 17 months with a plan of reunification; and 5) children who have been in foster care more than 17 months and who have a permanency plan of adoption, but do not have an identified adoption resource.

Statewide Implementation: Following implementation in the Innovation Counties, roll-out of the Permanency Roundtable process began with continued trainings offered in January 2013 in Regions 3 and 4, followed by Regions 2 and 5. Since that time, all counties have had access to the training curriculum and are consistently utilizing the permanency roundtables. All regions are reporting successful permanency outcomes with the use of the model in their continued effort to expedite permanency, another of the CFSP 2010-2014 goals. Tracking these successes has proven to be challenging, but is an ongoing responsibility of the Regional Performance Coaches.

The use of the Permanency Roundtable strategy has proven successful as indicated by the improved scores of PIP Innovation Counties for CFSR Items 7 and 10; in FFY 2013 the PIP counties achieved the established PIP goal for those items.

Primary Strategy 5: Improve the placement stability for children through communication efforts and analysis of data.

Goal: Improve the placement stability of children in the foster care system.

Synopsis of Action Steps: The SCDSS has made the focus on increasing placement stability a priority through ongoing discussions at state and regional meetings, recognizing the only positive move for a child is a move to permanency, thereby evaluating casework practice and identifying ways to positively impact placement stability. Offices have been required to look at data which reflects the numbers of placements for children and to identify strategies for better engagement of foster families and development of better supports for their care of children. Strategies, such as utilizing various Signs of Safety practice models, have been incorporated into the lead measures for many offices in an effort to effect progress with the agency's safety WIG objectives.

Primary Strategy 6: Enhance the continuity of family relationships and connections through intervention strategies to include collaboration with the South Carolina Center for Fathers and Families.

Goal: Enhance meaningful child, older youth, and family involvement by engaging family members with particular attention to fathers and sibling connections.

Synopsis of Action Steps: The SCDSS and the South Carolina Center for Fathers and Families developed a protocol to support the engagement of noncustodial fathers. The SCDSS made referrals to the South Carolina Center for Fathers and Families to enhance connections between noncustodial fathers and their children, and to preserve visitation between noncustodial fathers and their children. Additionally, the SCDSS revised the Family Team Meeting agenda and Family Group Conference structure in a manner that would ensure that sibling and relative connections were included and addressed in the resulting family plan.

Statewide Implementation: In the CFSR process, the SCDSS identified the need to strengthen family engagement, as evidenced by scores on several safety, permanency and well-being items. The identification of potential strategies such as diligent efforts to identify, locate, assess and engage noncustodial parents resulted in the creation of an *Engaging the Noncustodial Parent* Curriculum. This curriculum has been developed with trainers provided through the SCDSS and the local Fatherhood Coalitions with participation of the SC Center for Fathers and Families. The training is designed for SCDSS staff to address the importance of connecting children to their noncustodial parents, primarily fathers. This training has been offered to all county offices on numerous occasions, with a few counties taking advantage of the training or proceeding to develop referral and service protocols with local fatherhood coalition providers. The agency needs to develop a clear strategy to provide training to all county offices with service links to Fatherhood Coalitions and other agencies that serve this population.

The Family Team Meeting (FTM) and Family Group Conferencing (FGC) structure and resulting Family Plans include a visitation plan that is developed during both types of meetings and proposed to the agency for increased family visitation. FTM composition has improved, and training has been provided to all FGC coordinators to ensure that visitation is a crucial component of plan development. However, it has been difficult for many staff to include creative visitation planning by relying on foster parents, service providers, and family members themselves to assist in transporting and supervising or increasing the number of visits beyond the minimum visitation standards. A Family Engagement Policy and Procedure that clearly outlines the parameters for creative and expansive visitation has been drafted and is under consideration.

Primary Strategy 7: Utilize Supervisors and data to ensure timeliness and notification and appropriate permanency plan.

Goals: Ensure every child in foster care has a timely permanency planning hearing and timely TPR. Ensure foster parents and other caregivers are notified of appropriate hearings.

Synopsis of Action Steps: The SCDSS developed a process for agency leadership to monitor permanency planning and termination of parental rights hearings for timeliness. The SCDSS updated Human Services policies to include a protocol for providing proper notice to caregivers who are entitled to receive notice of child welfare hearings. Chief Justice Jean Toal reminded the family court judiciary of the enactment of South Carolina Code Section 63-7-1630, which requires the SCDSS to send written notice of child welfare hearings to foster parents, pre-adoptive parents, and relatives who provide care for a child.

Permanency for children has received increased attention throughout the CFSR PIP period and subsequent Permanency Roundtable practice roll-out, increasing the sense of urgency surrounding permanency planning for children. In addition to the development of data reports for use by supervisors to track the movement of children through the legal system (i.e. timeliness of permanency planning hearings and completion of termination of parental rights), the SCDSS changed policy to require that Permanency Planning Hearings occur within nine months of a child's entry into care. The FCRB has partnered with the SCDSS to provide increased focus on the permanency of children and encourage critical conversations about achievement of permanency plans. The agency's timeliness of permanency planning hearings has improved to 94%.

CFSR PIP Outcomes

In addition to completing strategies and action steps delineated in the CFSR PIP, the state was required to meet specific outcome targets once baseline measures were established based on case reviews conducted October – December, 2011. The following table presents the CFSR PIP outcome measurement data.

Table 16. CFSR PIP Outcome Measures

Outcome Measure		Innovation County Aggregate Measures							
		Baseline	PIP Goal	PIP Goal Met	State Quality Assurance Case Review Results (Quarter Reported)				
					Quarter 5	Quarter 6	Quarter 7	Quarter 8	Quarter 9
Item 1	Timeliness of initiating investigations	89.4%	92.8%	Q7	79.6%	74.5%	93.5%	76.2%	90.0%
Item 3	Services to families to protect children in home and prevent removal	77.8%	81.2%	Q9	67.5%	71.3%	69.6%	67.7%	81.9%
Item 4	Risk of harm to child	70.0%	73.0%	Q9	69.2%	60.0%	67.7%	61.5%	82.3%
Item 7	Permanency goal for the child	67.7%	72.0%	Q7	47.7%	66.2%	87.7%	66.2%	58.5%
Item 10	Permanency goal of other planned permanent living arrangement	85.7%	92.7%	Q7	76.9%	76.9%	100.0%	100.0%	100.0%
Item 17	Needs and services of child, parents and foster parents	41.5%	44.7%	Q5	53.1%	45.4%	53.1%	45.4%	65.4%
Item 18	Child and family involvement in case planning	44.3%	47.7%	Q7	47.5%	45.5%	57.4%	53.5%	62.9%
Item 19	Worker visits with child	72.3%	75.2%	Q9	70.8%	71.5%	72.3%	70.0%	79.2%
Item 20	Worker visits with parents	33.6%	36.9%	Q9	34.6%	28.2%	35.4%	35.7%	42.0%

Statewide Strategy Rollouts

In January 2013, after successful implementation of strategies and documented outcomes in the four Innovation Counties, rollout plans for four primary practice strategies were disseminated to all county and regional offices across the state. Regional team and program leaders were responsible for ensuring their offices were knowledgeable about and able to support implementation of these practices: Leadership Academy for Supervisors, Permanency Roundtables, Guided Supervision and Review of Screen-Out Decisions and Finding Families and Alternative Caregiver Services to Enhance Family Engagement.

Over four quarters of calendar year 2013, each of the strategies was phased in to the remaining four regions, and trainings were scheduled to support implementation in each region. There is ongoing continuous quality improvement in the form of Quality Assurance Reviews for all County Offices (twice a year for the seven largest counties).

Assessment of Progress on Goals for FFY 2010-2014

In its FFYs 2010-2014 CFSP, SC identified five specific *performance goals and measures* to be achieved over the five-year period. These goals included:

1. to ensure that reports of suspected child maltreatment are responded to quickly and within the statute mandate and policy requirements in order to assess child safety;
2. to ensure all investigations of suspected child maltreatment are completed in 45 days (60 if extension approved) to comply with state law and practice standards of assessing a child's safety;

3. to ensure that a report of suspected child maltreatment is adequately investigated and services provided so that a child remains safe in his or her own home with no additional maltreatment in 12 months;
4. (5*) to ensure that indicated cases of maltreatment receive adequate and appropriate services quickly so children can remain in their own home; and
5. (14b*) to ensure that all children being served in their own home are assessed for safety and risk concerns on a regular basis and in compliance with agency policy.

*Numbering in the CFSP document was not sequential, as not all state performance measures were related to child protective services.

Additionally, the FFYs 2010-2014 CFSP identified four major program improvement “themes,” or goals, and associated improvement strategies that could be implemented, in anticipation that specific goals, objectives and measures would be further developed in the CFSR PIP. These improvement goals included:

- A. Safety and well-being for children;
- B. Need to strengthen family engagement;
- C. Continued emphasis on expedited permanency; and
- D. Strengthening of community partnerships.

The CFSP also noted that the agency would be engaged in a renewed effort to strengthen skills and support for supervisors. This latter item was specifically addressed in the CFSR PIP with Guided Supervision and the Leadership Academy for Supervisors, described previously in this report.

Other goals noted in the CFSP included increasing public awareness of abuse and neglect, safe and timely reunification with biological families, a competent and stable human services workforce, youth access to independent living groups, and increased caseworker visitation. These other goals are addressed in this Final Report in the Program Support, Chafee/Independent Living, and other sections.

Data Sources

For this assessment of progress on the CFSP 2010-2014 goals, SC has three primary sources of data:

1. State data profiles published by ACF based on SC’s data submissions (AFCARS and NCANDS) from the state’s Child and Adult Protective Services System (CAPSS), which serves as the state’s statewide automated child welfare information system (SACWIS);
2. SC quality assurance case review data; and
3. CAPSS data on clients and services.

As there were important changes and improvements in the Quality Assurance process as part of the CFSR PIP process and after completion of the CFSR PIP, following is a description of the evolution of the SC Quality Assurance Case Review process from 2011 through 2014.

Quality Assurance Case Reviews

By state law, SC is required to conduct child welfare case reviews in each of the state’s 46 counties at least once every five years. The reviews of Family Preservation and Foster Care cases were conducted by jointly by the SCDSS Quality Assurance Review staff and the state’s university partner, the University of South Carolina’s College of Social Work, Center for Child and Family Studies. Prior to the FFY 2011, County reviews were primarily for the purpose of oversight, were based on a brief review instrument, were not based on the federal review instrument, and did not include case-specific interviews.

As part of its Program Improvement Plan resulting from the second-round federal Child and Family Services Review (CFSR PIP), the state changed its Quality Assurance Case Review process:

- The review instrument was aligned with the federal case review instrument to assess each of seven safety, permanency and well-being outcome measures and 23 associated item measures.
- The four counties identified in the CFSR PIP as Innovation Counties (Aiken, Greenville, Oconee, and Spartanburg) were reviewed each quarter of the PIP, which became effective February 1, 2011 and was successfully completed with the achievement of all outcome targets in the ninth quarter, which ended April 30, 2013.

Beginning in the FFY 2011, reviews in the innovation counties were conducted using the Onsite Review Instrument (OSRI) finalized by the Administration for Children & Families (AFC) in July 2008, with data available for October 2011 – March 2014. A total of 72 county reviews were conducted involving 1,869 foster care and family preservation cases during this time period, covering 37 of 46 counties. Typically, a 12-month period was reviewed, usually the 12 months prior to the review date.

Following completion of the CFSR PIP, the state determined that it would review the four Innovation Counties less frequently and begin to review the remaining 42 counties more frequently, with the stipulation that the seven largest counties (Greenville, Richland, Charleston, Spartanburg, Horry, Lexington, and York) would be reviewed every six months. Additionally, the period under review (PUR) was changed for the counties reviewed more than once a year. Beginning in November 2013 with Greenville County, the counties selected to be reviewed more than once a year had a PUR from the time of their last review to the time of their current review. This shortened PUR also applied to the Spartanburg 2014, Charleston 2014, and York 2014 reviews.

Table 17. Counties Receiving Quality Assurance Reviews, October 2011 through March 2014

Calendar Year Reviewed	Number of Counties Reviewed	Number of Reviews Conducted	Counties Reviewed
October 2011 – September 30, 2012	12	24	Abbeville, Aiken*, Barnwell, Beaufort, Charleston, Cherokee, Dillon, Greenville*, Oconee*, Richland, Spartanburg*, and Williamsburg
October 1, 2012 – September 30, 2013	14	27	Aiken*, Allendale, Bamberg, Berkeley, Charleston*, Darlington, Greenville*, Hampton, Horry, Laurens, Oconee*, Spartanburg*, Sumter, York
October 1, 2013 – March 2014 **	21	21	Anderson, Barnwell, Calhoun, Charleston, Colleton, Edgefield, Florence, Greenville, Greenwood, Jasper, Lancaster, Lee, Lexington, Marion, McCormick, Newberry, Oconee*, Orangeburg, Richland, Saluda, Spartanburg, York

* Indicates that county was reviewed more than once in the year.

** Review year still ongoing.

Additionally, SC Accountability, Data and Research staff reviewed County Offices on a rotating schedule to ensure the use of Appropriate Response and consistent service delivery to meet the needs of families and children. These staff members also reviewed private provider contractors regarding their role in family assessment and service delivery.

For the purposes of this assessment of progress on improvement goals, the review data for the Innovation Counties is presented separately from that of the remaining counties because of the significant practice improvement strategies implemented in those counties under the CFSR PIP in FFY 2010-2012.

Quality Assurance Case Review data is presented for each improvement goal but should be interpreted with caution due to the differences in the numbers and selection of counties reviewed in each year. It will be noted that several outcome measures declined from the FFY 2012 to FFY 2013 and/or from the FFY 2013 to the first half of the FFY 2014. In addition to changes in the review process noted above, there are other potential explanations for those declines:

- difficulties in data collection due to the significant increase in the numbers of counties being reviewed;
- the number of counties receiving a CFSR-style review for the first time;
- the reduced frequency of reviews/monitoring in the innovation counties following completion of the CFSR PIP; and
- staff turnover in case management and supervisory positions (see chart under Staff Turnover in the Child Welfare Workforce section of this report).

Supervisors who have participated in the case review process are more knowledgeable compared to most other supervisors – especially new supervisors – about expectations, policies and procedures as evaluated in the review instrument because of that review experience.

The following sections present a review of efforts targeted to each of the five performance goals and four improvement goals, including data on the associated outcome measures. Performance Goals and Outcomes

Performance Measure 1 – Initiating CPS Investigations

Goal: To ensure that reports of suspected child maltreatment are responded to quickly and within the statute mandate and policy requirements in order to assess child safety.

Objective: 100% in ≤ 24 hours (state law)

South Carolina law requires all investigations of alleged child maltreatment be initiated within 24 hours of the agency accepting a report. If the allegation suggests that a child might be in immediate danger, the investigation must be initiated within two hours. If the allegation suggests that a child is not in immediate danger, the investigation must be initiated within 24 hours. State policy requires that, if at all possible, the investigation be initiated with a face-to-face contact with the child. If that is not possible, the investigation may be initiated with a face-to-face contact with the parent, caregiver, or with someone who has knowledge of the child’s situation and condition.

Outcomes: While the state did not meet the 100% objective, in each year, more than 95% of the cases statewide met the goal of initiating the CPS investigation within the 24-hour period, by the conclusion of the Child and Family Services Program Improvement Plan in 2013, and the advent in those counties of Guided Supervision in the FFY 2012. This reflected the intensive attention to the Item through quarterly Quality Assurance Reviews in Innovation Counties. Slightly lower performance in the FFY 2013 may be due at least in part to a high caseworker staff turnover in the FFY 2012 and FFY 2013, and an increased number of Quality Assurance Reviews in counties that had not had a Quality Assurance Review with the new CFSR instrument or had only one other CFSR in the past 3 years.

ACF profile data for SC showed mean response times of 42.7, 47.0 and 31.5 hours in FFYs 2010, 2011, and 2012, with a median response time of less than 24 hours in each of those years.

Table 18. Performance Measure 1 Results

Performance Measure 1	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014 (through 5/5/14)
Of all reports of child maltreatment that were accepted for investigation during the reporting period, what percentage had a dictation type of Initial Contact Attempted, Initial Face-to-Face with Family, or Initial Contact Via Third Party where the action date and time is within 24 hours of accepting the report?	97.6%	98.7%	98.5%	96.1%	94.0%

Source: SCDSS November dashboard reports for each year (report period of October 1-September 30)

Performance Measure 2 - Timeliness of Investigation Determinations

Goal: To ensure all investigations of suspected child maltreatment are completed in 45 days (60 if extension approved) to comply with state law and practice standards of assessing a child's safety.

Objective: 100% in 45 days or less (60 days with an approved extension) (state law)

Outcomes: While the state did not meet the targeted outcome, performance ranged from 89% to 91% over FFY 2010-2013.

Table 19. Performance Measure 2 Results

Performance Measure 2	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014 (through 3/31/14)
Of all investigations on reports of child maltreatment that were accepted in the reporting period, what percentage were completed within 45 days (or 60 days if an extension was approved) of the intake decision date?	90.9%	89.7%	89.3%	90.4%	94.8%

Source: SCDSS December dashboard reports for each year (report period of October 1-September 30), one month later to allow for 60-day determinations.

Performance Measure 3 - Closed Treatment Cases with No New Indicated Reports

Goal: To ensure that a report of suspected child maltreatment is adequately investigated and services provided so that a child remains safe in his or her own home with no additional maltreatment in 12 months.

Objective: 90% of the cases have no new indicated intakes within 12 months of the time the case was closed.

A key strategy addressing ongoing child safety in treatment cases was Guided Supervision. The state agreed in the CFSR PIP to develop, implement, and mandate a supervisory review process and tool for making risk and safety assessments, as well as using this tool to review screen-out decisions for appropriateness. The SCDSS selected *Guided Supervision* as a strategy to improve its performance on the CFSR Safety Outcome 2. The Guided Supervision process supports the child welfare team in making high quality risk assessments and safety decisions for children.

Related technical assistance from the NRCCPS involved direct mentoring and consultation on cases to build critical thinking skills and help program supervisors and technical assistance staff gain confidence in applying policy and practice guidelines to different situations. This mentoring took place through telephone conference calls with county offices and onsite visits in July and October 2011. Initial staff training in Guided Supervision took place in October 2011, and state technical assistants and agency training partners were trained in November 2011.

Guided Supervision had become routine practice in the four CFSR PIP innovation counties by early 2012, with two additional counties employing the strategy during the PIP period. Currently counties across the state use Guided Supervision strategies, with a total of 9,267 sessions documented by the end of 2013. Supervisors report that outcomes are much more productive than traditional supervisory processes because supervisors and workers can get a clearer picture of whether families are increasing protective capacity. Staff report that decision-making is

improved and required interventions are easier to identify. Quality assurance review staff report that risk assessment and safety management are better documented and that outcomes for children and families seem to be improving.

Another key strategy was the implementation of Safety Roundtables. Guided Supervision helped counties prepare for the Safety Roundtables that started in the fall of 2011. The goal of these roundtables was to review individual cases from intake to assessment to ensure the quality of assessment of cases for risk and safety and to provide clarification for any policy or practice changes. (For additional information, see description of Safety Roundtables in the Services Description section under In-Home Prevention and Intervention (CPS Treatment) Services.)

As reported in the June 2013 APSR submission, South Carolina experienced a safe decrease in the number of in-home family preservation cases which can be attributed to both safety roundtables and the ability to close low risk cases and refer them to Appropriate Response providers. (An example of success: Lexington County went from close to 600 cases to 300 cases).

Another added benefit of the Safety Roundtable is its use to provide staff with additional training and practice guidance on the use of the safety questions and the risk matrix.

Challenges with safety roundtables have been that they are time-intensive, getting sufficient attendance from diverse areas, and tracking/follow-up. Program staff and IT staff worked together to develop a tracking system through the CAPSS but have not found a way to capture assigned tasks.

Outcomes: South Carolina has consistently performed well in the federal standard of cases readmitted to the SCDSS for review. This means that it is rare for an initial intervention to go through another cycle once appropriate steps have been taken to address the family's needs. In each federal fiscal year, the state met or nearly met the 90% objective, as indicated on the following chart. Additionally, SC met the federal standard for recurrence of maltreatment in each of the years for which data were available.

Table 20. Performance Measure 3 Results

Performance Measure 3	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014 (through 3/31/14)
Of all treatment cases that were closed during the year reporting period, what percentage did not have a new founded intake with 12 months of the treatment case being closed?	90.6%	90.1%	89.0%	90.6%	89.9%
<i>Related federal safety indicator:</i>					
Recurrence of maltreatment within six months – children without a recurrence (federal standard is 94.6%)	96.8%	96.6%	97.2%	94.0%	94.0%

Source: SCDSS November dashboard reports for each year (report period of October 1-September 30)

Performance Measure 4 - Time in CPS Treatment Services

Goal: To ensure that indicated cases of maltreatment receive adequate and appropriate services quickly so children can remain in their own home.

Objective: More than 90% of the cases are to be open for less than 12 months

Outcomes: While SC did not meet the stated 90% objective for cases open less than 12 months, the state did improve the percentage open for less than 12 months each year, as indicated on the following chart. More than 95% of cases were open less than 24 months in each year, FFY 2010-2013.

Table 21. Performance Measure 4 Results

Performance Measure 4	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014 (through 3/31/14)
Of all treatment cases that were open on the last day of the reporting month, how many had been open for less than 12 months?	77.2%	79.7%	80.0%	83.4%	83.4%
How many had been open less than 24 months?	95.5%	95.7%	97.1%	97.9%	97.8%

Source: SCDSS November dashboard reports for each year (report period of October 1-September 30)

Performance Measure 5 - Face-to-Face Visits with Children in CPS Treatment Cases

Goal: To ensure that all children being served in their own home are assessed for safety and risk concerns on a regular basis and in compliance with agency policy.

Outcomes: Since FFY 2011, the state has improved the percentage of children having a documented face-to-face visit for each month they were in a treatment (in-home) case each year, improving from 66% in FFY 2010 to nearly 83% in FFY 2013, as indicated in the following chart.

Table 22. Performance Measure 5 Results

Performance Measure 5	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014 (through 3/31/14)
Of all children in treatment services who have received treatment services for at least one full calendar month during the report period, what percentage of the total months these children were receiving services during the report period (total "visit months") have a documented face-to-face visit by the caseworker?	66.0%	63.8%	71.6%	82.6%	91.6%

Source: SCDSS November dashboard reports for each year (report period of October 1-September 30)

NOTE: In June 2014, this measure was converted from counting children to counting months receiving services to match the foster care face-to-face measure PM14a. The foster care measure is defined by the Administration of Children and Families.

Improvement Goals, Strategies and Outcomes

The SCDSS, through and in collaboration with its university training partner, provided training and technical assistance to SCDSS staff and stakeholders in support of its improvement goals and strategies, especially for the strategies developed and initiated as part of the CFSP PIP. Key improvement strategies described in the highlighted accomplishments – Appropriate Response, Signs of Safety, Guided Supervision and Leadership Academy for Supervisors, Permanency Roundtables, and Family Engagement strategies were all supported by newly developed and/or updated trainings.

Specific training in support of CFSP 2010-2014 goals is listed by goal in the Program Support section of this report under Training and Technical Assistance and is therefore not listed, with a few exceptions, in this assessment of progress on goals to minimize duplication.

Goal A: Promote safety and well-being for children

- Safety Outcome 2 - Children are safely maintained in their homes whenever possible and appropriate.
 - Item 3: Provide services to the family to protect children in the home and prevent removal or re-entry into foster care.
 - Item 4: Assess and address the risk and safety concerns relating to the children in their own homes or while in foster care.
- Well Being Outcome 2 – Children receive appropriate services to meet their educational needs.
 - Item 21: Assess and address children’s educational needs.
- Well Being Outcome 3 - Children receive adequate services to meet their physical and mental health needs.
 - Item 22: Assess and address the physical health needs of the children, including dental health needs.
 - Item 23: Assess and address the mental/behavioral health needs of the children.

Throughout the FFYs 2010-2014 CFSP period, the SCDSS made significant strides in addressing the following child safety and well-being concerns raised in the 2009 federal review:

Safety

- Need for appropriately thorough and consistent intake evaluations of safety and risk;
- Initial and ongoing safety and risk assessments; and
- Provision of services to target safety concerns.

Well-being

- Inconsistency in assessing and meeting well-being needs of children receiving in-home services.

The FFYs 2010-2014 CFSP identified the following potential strategies to address Goal A and related outcomes and concerns noted in the 2009 CFSR:

- Assess and monitor full implementation and utilization of new Child and Family Assessment and Service Planning tool;
- Strengthen assessment of, and service referrals for, domestic violence and substance use/abuse issues;
- Assessment of all adults impacting a child in his/her environment with emphasis on safety and stability in those environments; and
- Strengthen documentation of education, physical/medical and mental health issues.

Key overarching initiatives initiated or implemented in FFY 2010-2014 to address Safety Outcome 2 and the Well-Being Outcomes included the following:

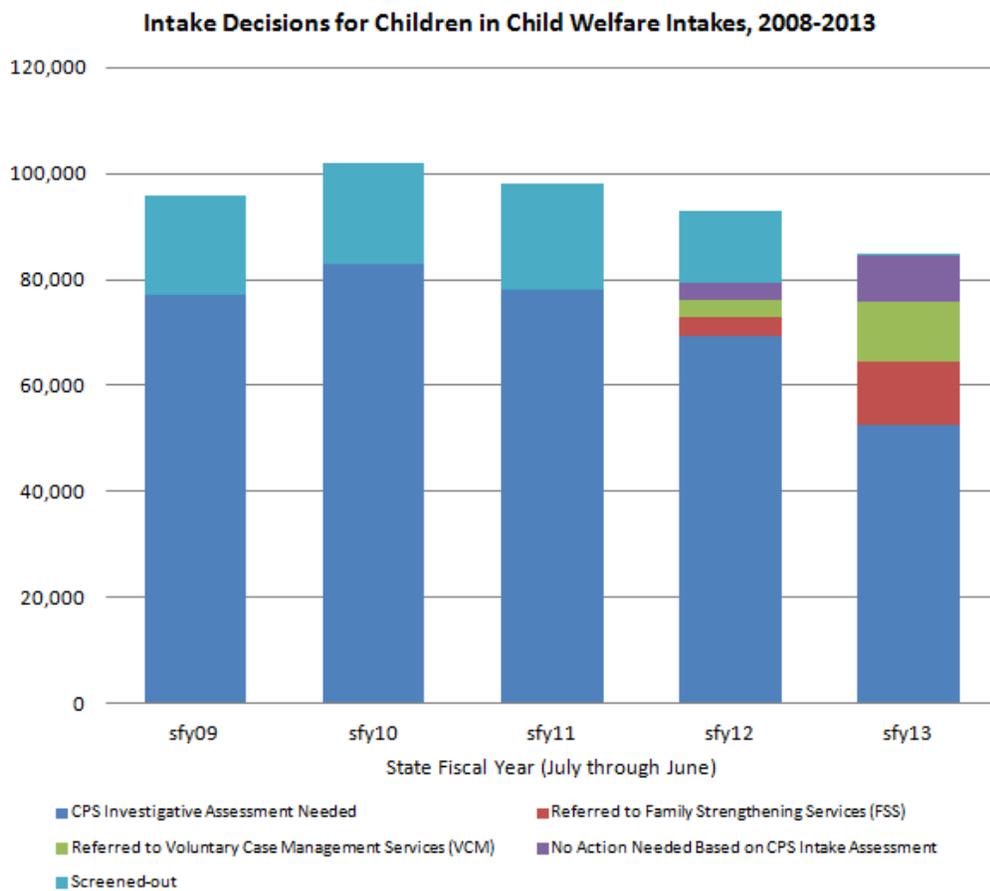
- Appropriate Response;
- Signs of Safety;
- Community-Based Prevention Services, including Family Strengthening Services and Voluntary Case Management;
- Guided Supervision;
- Safety Roundtables; and
- Family Engagement, including Family Group Conferencing.

Appropriate Response, Signs of Safety, Community-Based Prevention Services, Family Engagement, and Safety Roundtables are all described in the preceding Description of Services Provided section under Child Protective Services. Guided Supervision is described in more detail in the CFSR PIP section and briefly above under Performance Measure 3.

Impact of Appropriate Response (AR)

A key outcome of the AR initiative included an increase in the case indication rate (the percentage of cases in which maltreatment was substantiated) for cases accepted for CPS investigation

The following chart demonstrates the impact of Appropriate Response on intake decisions, with evident changes in how families were served in the SFYs 2012 and 2013.



With the addition of Community-Based Preventive Services to address low-to-moderate risk when there was no current safety threat, the number of reports accepted for investigation declined each year, and the maltreatment indication rate (percent founded) increased each year, except that the indication rate for the first 11 months of the SFY 2014 decreased slightly.

Table 23. Number of Reports Accepted and % Founded

Year	Number Accepted for Investigation	Percent founded
SFY 2010	18,809	36%
SFY 2011	17,214	39%
SFY 2012	14,819	45%
SFY 2013	12,229	50%
SFY 2014 (determinations through May 2014)	8,001	48%

These data on services provided following a maltreatment report and the maltreatment indication rates suggest the agency is accomplishing the key goals of Appropriate Response by offering more preventive services to families and ensuring SCDSS resources are used in the most strategic manner to ensure safety of children.

Impact of Family Engagement Strategies

The SCDSS family engagement strategies – Family Finding, Family Group Decision-Making, and Family Group/Child Conferences –directly addressed the need to increase family involvement and expedite permanency for children.

Additional Strategies Designed to Address Risk Assessment and Safety Management, Child Well-Being

CFSP 2010-2014 Strategy: Assess and monitor full implementation and utilization of a new Child and Family Assessment and Service Planning tool.

The Child and Family Assessment and Service Plan tool is an integrated assessment and planning tool that was incorporated into the agency’s SACWIS data system (CAPSS) in the FFY 2011, to simplify documentation of these processes and make the system more user-friendly. This tool is used for assessment and planning for families and children in Family Preservation and Foster Care cases.

For both the Intake and the Child and Family Assessments, the SCDSS plan was to streamline documentation and at the same time increase the level of information needed to track progress and outcomes for children and families served. For the Child assessment, the Department increased the depth of information being tracked to make it more comprehensive and accessible, especially information related to well-being (physical and mental health and education), as well as screenings, identified needs, and follow-up on those needs. For the Intake Assessment, the Department added an assessment tool called the Risk Matrix, and worked to streamline the documentation process to make it more in line with workflow processes. The Department also plans incorporate related assessments and plans, such as for behavioral health services, to further streamline documentation and to make access to this information more readily available to case managers.

Edits to both assessments have been drafted. Two workgroups that included practitioners who assessed the current draft of the CFASP provided input on how to make the CFASP most efficient and effective for the work that they do, and their suggestions have been incorporated. When the changes can be worked into the running CAPSS changes they will be incorporated into that system. (There are several changes to be incorporated into the CAPSS, including the CFASP, Guided Supervision, and other practice areas to track activities and streamline documentation.)

Following are descriptions of additional practices implemented for the purpose of improving needs assessment and service planning for families and children.

Joint Child Protective Services, Foster Care, and Intensive Foster Care and Clinical Services Initiative. This collaboration improved ongoing safety and risk assessment through comprehensive family assessments, service plans, and the evaluation of progress through an integrated process. The SCDSS collaborated with the National

Resource Centers for Child Protective Services, Family-Centered Practice, and Permanency. Collaboration with the National Center on Substance Abuse and Child Welfare was added specifically to improve procedures related to child protection cases where substance abuse is an issue.

CFSP 2010-2014 Strategy: Strengthen assessment of, and service referrals for, domestic violence and substance use/abuse issues

The 2009 CFSR noted a lack of consistency across counties in how services were delivered by the SCDSS professional staff. Additionally, the report noted the state's need to be more inclusive of best practices and potential expertise available through partner organizations.

The SCDSS continued its initiatives to improve comprehensive family assessments and service plans and the evaluation of progress through an integrated process in all child welfare program areas. Implementing and utilizing the CFASP and the SOS and are expected to strengthen the assessment of and referrals for domestic violence and substance use/abuse services.

For the past five years, the SCDSS has collaborated with the National Resource Centers for Child Protective Services, Family-Centered Practice, and Permanency. Collaboration with the National Center on Substance Abuse and Child Welfare was added in April 2009, specifically to help improve policies and procedures related to the handling of child protection cases where substance abuse is an issue.

In the SFY 2013, the Children's Trust of South Carolina (CTSC) assisted in the assessment of evidence-based service delivery models. Many programs were reviewed and evaluated to determine the most comprehensive array for the needs of SC's children and families. *Strengthening Families* was the program believed to have the greatest potential for positive impact in SC outcomes for child welfare services for the following reasons: 1) many private service agencies in SC are currently utilizing this model; 2) the program includes components for substance abuse issues; and 3) it has a guide to services for children age 6-16 and for families whose lives are affected by criminal domestic violence. In the FFY 2014, Parent Cafes were initiated in SC as part of the Strengthening Families Initiative. During the FFY 2014, 40 Parent Cafés sessions were conducted throughout the state in community groups, schools and faith-based organizations to further implement the Strengthening Families initiative which builds the five protective factors proven to reduce child maltreatment; parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and the healthy social and emotional development of children. These cafes are hosted by community organizations and facilitated by a trained professional. To broaden the scope of work, CTSC is currently working with Strengthening Families Illinois to increase the fidelity of the Strengthening Families Framework in South Carolina.

The array of available services for these concerns includes domestic violence intervention and counseling, referrals for mental/behavioral health counseling and/or substance abuse treatment/recovery support, parenting classes, and mentoring.

The SCDSS focused on improvement of domestic violence assessment and referral efforts through professional development opportunities, its Batter Intervention Program (described in the Description of Services Provided section under In-Home Prevention and Intervention Services), and the immigrant victim network (described in the Collaboration section under CPS Intervention Collaboration).

Prior to the FFY 2012, the University of South Carolina, in conjunction with the SCDSS, provided valuable training to support domestic violence assessments and referrals:

1. *Family Violence: The War Behind Closed Doors*. This foundation course offers a comprehensive overview of the dynamics of violence between intimate partners and its implications for the safety and well-being of children.

2. *Family Violence: Case Management Advance Skill Building.* This interactive training builds case managers' skills in working with domestic violence victims to overcome barriers, plan for safety, and link with community resources.
3. *Family Violence: Understanding the Effects of Domestic Violence -Training for Child Day Care Staff.* This training prepares child care staff to recognize and respond appropriately to children and their families who may be experiencing domestic violence.

For the FFYs 2012-2014, the SCDSS Domestic Violence Programs worked closely with SCCADVASA (SC Coalition Against Domestic Violence and Sexual Assault) for provision of training on domestic violence issues. This organization is a professional agency representing domestic violence and sexual assault service providers across the state. These member organizations provided training, crisis intervention, safe shelter, counseling, legal advocacy, financial aid, and a myriad of other services intended to support victims of Domestic Violence. See Section C, Program Support for training events provided by SCCADVASA.

During the CFSP FFY 2010-2014 period, the SCDSS collaborated with the National Resource Centers for Child Protective Services, Family-Centered Practice, and Permanency. Collaboration with the National Center on Substance Abuse and Child Welfare was added specifically to improve procedures related to child protection cases where substance abuse is an issue.

CFSP 2010-2014 Strategy: Assessment of all adults impacting a child in his/her environment with emphasis on safety and stability in those environments

Activities to address this strategy included implementation of Appropriate Response, the Signs of Safety, and the Seneca searches, as well as the integrated CFASP described above to assist with the assessment of these adults.

Appropriate Response and the Signs of Safety are described under Child Protective Services, and the Seneca searches are described under Early Intervention /Family Engagement, all in the Description of Services Provided section.

CFSP 2010-2014 Strategy: Strengthen documentation of education, physical/medical and mental health issues

Activities to address this strategy included the following:

- improved assessments using the integrated CFASP;
- documentation roundtables to ensure appropriate case documentation;
- development of the health care services plan, including documentation requirements, and the hiring of a new Medical Director;
- Education and Health Passport;
- initiative to develop Trauma-Informed Assessments, Care and Treatment;
- Foster Care Health Initiative (managed care or medical home network); and
- Foster Care and Intensive Foster Care Clinical Services (IFCCS) staff teaming.

The CFASP assessments are described above in this section. The health care services items are described in Health Care Services, and teaming and trauma initiatives are described in Mental Health Services, both in the Foster Care and Permanency section of the Description of Services Provided section of this report.

Documentation Roundtables

Documentation Roundtables, initiated after training that occurred in June 2012, are case consultations based on two key principles. First, workers do much more than they document. The other is the knowledge that CFRS Item 4, safety and risk, and Item 20, caseworker visits with parents, impact many areas of the quality assurance case review.

Documentation Roundtables are modeled after Safety and Permanency Roundtables in that they are a professional case consultation. There is a reader who reads all the face-to-face dictation in a case for the period under review. This reader must be knowledgeable about the review process and what the reviewers will be looking for in the dictation. The reader makes notes about both good dictation and any dictation that is lacking information. The reader then meets with the caseworker and supervisor to review the dictation. A scribe is also present to record all the information. If there is something missing, the caseworker is given the chance to prove that the item was done. This proof must be in the form of a written document such as a supervisory staffing or a car log, school sign-in sheet etc. If the worker can prove the item did happen, the dictation can be enhanced. If the worker cannot prove the item happened, then it is a learning experience for the worker so that dictation is improved on any other cases the worker has or will have. The Documentation Roundtables can only be captured in dictation as there is no code set up in CAPSS for this activity. The Documentation Roundtables are not held as frequently after SFY 2013 as the practice expectations had been incorporated into Guided Supervision.

Education and Health Passport

Education and health/mental health information are both documented in applicable tabs in the electronic case record and in the Education and Health Passport. The Passport, as well as related policy and procedures, received ongoing review and oversight. Based upon recommendations from the Citizen Review Panel, the Passport was revised in 2009 to make it more user-friendly and accessible to providers through the agency web page at the SCDSS (Form 30245) so that it can be downloaded and updated by the provider. In July 2011, the agency introduced a CAPSS enhancement that captures the academic information of the child and assists in monitoring the school district in which the child is placed, including reading level and information concerning pre-K education.

The Passport had been underutilized, but significant changes to the Passport were instituted in 2013. The intent of the revisions included an expansion of the scope of education and educational needs, including to pre-school ages; an expansion of the scope of medical/health information that is provided to and gathered by foster care providers, especially concerning developmental issues and mental health; updating the Passport to align with the current SCDSS policies and practices; an emphasis on the importance of educational and health matters and record-keeping in general; an expansion of the capacity of the Passport to maintain history of the child in care; and providing more guidance and instruction to users of the Passport. Training on the updated Passport occurred in the CY 2013, with training held throughout the state to highlight the changes. Policy revisions are currently under review to strengthen the accountability of the case worker and caregiver regarding recording changes and updates on the Passport and in the CAPSS.

The SCDSS has been taking steps to increase consistency of use of the Passport. It is planned for the CAPSS Workgroup to integrate the Passport more fully into CAPSS, such that the two more closely reinforce each other in terms of information. Linking the Passport to CAPSS will enable the Passport to be auto-filled from the CAPSS, streamlining the implementation process for the Passport.

Goal A Outcomes

The following table presents the results of quality assurance reviews for the outcomes associated with Goal A in the 2010-2014 CFSP. Again, because of the differences in the quality assurance case review processes each year, no definitive conclusions about improvement can be made from these data, except innovation county quarterly reviews demonstrate improvement across the two-year CFSP PIP period, as indicated in the Program Improvement Plan section of this report.

Table 24. Quality Assurance Review Data for Goal A: Average of County Percent of Strengths, FFY 2011 through the first half of FFY 2014

	PIP Innovation Counties (4)			Non-PIP Counties (42)*		
	FFY 2012	FFY 2013**	FFY 2014***	FFY 2012	FFY 2013	FFY 2014
<i>Number of counties/ number of reviews</i>	4/16	4/15	2/2	8/8	11/12	19/19
Safety Outcome 2 – Children are safely maintained in their homes whenever possible and appropriate	69.6%	70.7%	59.8%	60.3%	56.0%	47.1%
Item 3 – Services to protect children in home and prevent removal or re-entry into foster care	72.3%	72.1%	56.2%	56.2%	54.6%	42.8%
Item 4 – Risk assessment and safety management	66.9%	69.2%	63.3%	64.4%	57.3%	51.4%
Well-Being Outcome 2 – Children Receive Appropriate Services to Meet Their Educational Needs	87.2%	88.4%	81.8%	72.4%	86.6%	75.3%
Item 21 – Educational needs of the child	87.2%	88.4%	81.8%	72.4%	86.6%	75.3%
Well-Being Outcome 3 – Children receive adequate services to meet their physical and mental health needs	69.0%	71.0%	56.6%	57.2%	59.5%	53.8%
Item 22 – Physical health of the child	68.0%	65.8%	58.8%	46.2%	52.3%	45.3%
Item 23 – Mental/behavioral health of the child	68.9%	76.3%	54.4%	68.2%	66.6%	62.3%

Note: FFY 2014 is partial, for October 1 – March 31, 2014; PIP counties and non-PIP counties were reviewed with a different tool in FFYs 2010 and 2011.

* York was reviewed twice in the first half of FFY 2014.

** Four reviews for Aiken, Oconee and Spartanburg; three reviews for Greenville through October 2013.

*** Greenville and Spartanburg only.

Areas in Need of Improvement Related to Goal A

Following are areas in need of improvement most as identified in quality assurance case reviews (most often cited) based on feedback from the USC and the SCDSS quality assurance team. These areas will be addressed in the CFSP for FFY 2015-2019.

Safety 2

Item 3: Services to families includes:

- assessing child and family service needs and providing appropriate identified treatment and support services, including mental health services, health and home safety services such as criminal domestic violence assessments, anger management classes, post-incarceration services, parenting classes, substance abuse services, family counseling, psychological assessment referrals for fitness to parental and services related to employment, housing, and daycare;
- seeking court intervention when parents were non-compliant with identified services;
- providing timely services or services to prevent children from entering foster care, including financial assistance, alcohol and drug assessments, criminal domestic violence related services, mental health assessments and anger management, services to parents prior to their relinquishment of rights, and

services to children remaining in the care of parents to include court ordering parents to comply with safety related treatment services;

- monitoring services to ensure effectiveness, including ongoing communication with referral resources, addressing and resolving barriers to services, obtaining additional services if current services are not being effective, and addressing safety and service needs when children are placed with alternative caregivers; and
- in FC cases, assessing needs of and accessing services for parents (until TPR is achieved).

Item 4: Risk assessment and safety management includes:

- maintaining monthly visits to assess risk and safety relating to children, safety concerns of parents;
- assessing all individuals residing in the home, including parents (especially fathers), paramours;
- assessing the homes of alternative caregivers prior to and subsequent to placement, foster parents and residential provider settings; and
- addressing safety factors, including discipline methods of parents and foster parents, monitoring of safety plan, central registry check, sex offender registry checks, child health concerns, and substance abuse issues.

Well-Being 2

Item 21: Educational needs of the child includes:

- maintaining educational records in the case file; and
- contacting teachers or school officials to determine child educational needs initially and ongoing.

Well-Being 3

Item 22: Physical health of child includes:

- medical assessments, medical or dental records on file or collateral contacts made with medical providers to obtain assessments or documentation of appointments, make referrals to address medical issues (especially Baby Net), medications, and contacts with service providers.

Item 23: Mental/behavioral health of child includes:

- obtaining current mental and behavioral health assessments or evidence of recommended services noted in the case file;
- following up on and monitoring mental health services;
- arranging services without delays;
- communicating with service providers to keep up with medical needs, Medicaid eligibility, recommended mental health services, assessments, referrals for counseling, ongoing follow-up on progress of treatment;
- obtaining medical records to include mandatory occupational, speech and/or physical therapy; and
- involving mental or behavioral health specialist prior to the close of investigation in criminal domestic violence cases.

Data Indicators Related to Goal A

Two federal data indicators for whether children remained safely in their homes are recurrence of maltreatment and foster care reentry rates. As noted previously, SC met the federal standard for no recurrence of maltreatment (94.6%) in FFYs 2010, 2011 and 2012, the years for which data were available (as of May 2014).

While the SC reentry rate improved in FFY 2012, it increased slightly in FFY 2013 but remained below the FFY 2010 and 2011 levels, as indicated on the following table.

Table 25. Statewide Reentry Rates by Year

Permanency Measure C1.4	FFY 2010	FFY 2011	FFY 2012	FFY 2013
Of all children discharged from foster care to reunification in the 12-month period prior to the year shown, what percentage reentered care in less than 12 months from the date of discharge?	8.2%	8.7%	6.8%	7.6%

Source: ACF published data profile for South Carolina

Goal B: Improve the overall engagement of families in the child welfare process

- **Safety Outcome 2:** Children are safely maintained in their homes whenever possible and appropriate.
 - Item 3: Provide services to the family to protect children in the home and prevent removal or re-entry into foster care.
 - Item 4: Assess and address the risk and safety concerns relating to the children in their own homes or while in foster care.
- **Permanency Outcome 2:** The continuity of family relationships and connections is preserved for children.
 - Item 12: Ensure that siblings in foster care are placed together unless a separation is necessary to meet the needs of one of the siblings.
 - Item 13: Ensure that visitation between a child in foster care and his or her mother, father, and siblings is of sufficient frequency and quality.
 - Item 14: Maintain the child's connections to his or her neighborhood, community, faith, extended family, tribe, school, and friends.
 - Item 15: Place the child with relatives when appropriate.
 - Item 16: Promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregiver(s) from whom the child had been removed, through activities other than just arranging for visitation.
- **Well Being Outcome 1:** Families have enhanced capacity to provide for their children's needs
 - Item 17: Assess the needs of children, parents, and foster parents at the child's entry into foster care and on an ongoing basis, to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family, and provide the appropriate services.
 - Item 18: Involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis.
 - Item 19: The frequency and quality of visits between caseworkers and the children in the case are sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of case goals.
 - Item 20: The frequency and quality of visits between caseworkers and the mothers and fathers of the children are sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals.

The second-round CFSR results indicated SC's need to improve the continuity of family relationships and connections, overall engagement of families in the child welfare process, and enhancing family capacity to meet child needs. In addition to the safety concerns identified under Goal A, the following permanency and well-being concerns were identified.

Permanency:

- Children were not consistently placed with their siblings.
- The frequency and quality of visitation between children in foster care and their parents and siblings were insufficient to meet the needs of children and families.
- Children's connections with extended family, school, and community were not consistently preserved.
- The agency had not made concerted efforts to search for either maternal or paternal relatives as potential placement resources.
- The agency had not made concerted efforts to support the child's relationship with the mother or father while the child was in foster care.

Well-being:

- The needs of children receiving in-home services, foster parents, mothers and father were not consistently assessed or met.
- Insufficient efforts to engage children, mothers and fathers in case planning.
- Insufficient frequency and quality of caseworker visits with children and parents.

The FFYs 2010-2014 CFSP identified the following potential strategies to address Goal B and related outcomes and concerns noted in the 2009 CFSR:

- Diligent efforts to identify, locate, assess, and engage noncustodial parents and relatives at the initiation of, and throughout the life of the case, are necessary.
- Recruitment strategies need to continue to focus on local community recruiting and placement strategies need to prioritize a child's school attendance zone and community, when in the child's best interest.
- Casework staff need strategies to engage and involve youth, foster parents, family members, relatives (and other potential partners such as GALs, churches, etc.) in helping a youth maintain connections through visitations and other activities.
- Strengthen policy and practice on assessing relatives and promoting stability of relative placement.
- Strengthen engagement of, and planning with, youth and families through family meetings and visits
- Strengthen response and support to youth and families

Following is a description of activities addressing each of these strategies.

STRATEGY: Diligent efforts to identify, locate, assess, and engage noncustodial parents and relatives at the initiation of, and throughout the life of the case, are necessary.

Activities to address this strategy included Family Engagement strategies of Family Finding, Family Group Conferences and Family Group Decision-Making, and a specific initiative to engage fathers.

Family Finding, currently through Seneca searches, and Family Group Decision-Making/Family Group Conferences are described under Family Engagement in the In-Home Prevention and Intervention (CPS Treatment) section of the Description of Services Provided in this report.

Family Finding/Engagement

The SCDSS has been more diligent in ensuring that children who cannot live with their birth parents because of CPS intervention will live with and be connected to their family. Searching for and notifying relatives supports this practice and promotes placements with relatives. This was demonstrated and noted as a success in the SCDSS Quality

Assurance review results. The QA report for October 1, 2012- September 30, 2013 indicated that the baseline for Item 15, Relative Placement, was 41.0%; the aggregate for the PIP Innovation Counties was 75.8%; and for the other counties, the aggregate was 63.1%.

Family Group Conferences

Family Group Conferences, Child Conferences, and Family Team Meetings were used as opportunities to identify potential placements for children and supports for parents. Parents and relatives are encouraged to include relatives and fictive kin. Notification is provided to relatives of children in foster care within 30 days of the child's entry when contact information is available. The "60-hour timeframe" for contracted services in Region I to identify and complete initial assessments of potential connections was piloted in the CY 2012. Its success has helped reduce the time to identify and make initial contact with potential relative placements in this region. This has helped ensure critical actions were completed in a short amount of time.

Partnership with the South Carolina Center for Fathers and Families

The SCDSS and the SC Center for Fathers and Families (SCCFF) have joined together to promote family engagement by locating and engaging noncustodial fathers in child welfare cases. Activities to address the engagement and leadership of parents/fathers/non-residential parents included the following:

- In the CY 2011, the agencies worked together to develop a Memorandum of Understanding protocol for child welfare staff on how to engage fathers, including a father-friendly curriculum and training. Additionally, Greenville County, the lead innovation county for the PIP, had a close working relationship with the local fatherhood organization. The SCCFF staff members were involved in family engagement meetings. Fathers were located and referred to the local organizations for services such as employment, counseling and visitation with their children.
- In the FFY 2012, webinars were conducted for the SCDSS and affiliated partners on the SC Center for Fathers and Families fatherhood initiatives statewide on family group conferencing and the American Humane Association's *Fathers in Child Welfare* curriculum. Also in FY 2012, the SCDSS participated in the planning committee of the National Fathers in Child Welfare Network and assisted with another webinar, *Reaching Out to Incarcerated Fathers*.
- By the FFY 2013, the SCDSS was working closely with the SC Center for Fathers and Families and the Upstate and Midlands Fatherhood Coalitions, to develop the curriculum, *Engaging the Noncustodial Parent*, and to deliver the training. Also, the SCDSS worked closely with county offices in developing a plan to streamline noncustodial parent referrals to the Upstate Fatherhood Coalition and to work toward building service capacity.
- In the FFY 2014, the partnership and activities described above for FFY 2013 continued as described.

STRATEGY: Recruitment strategies need to continue to focus on local community recruiting and placement strategies need to prioritize a child's school attendance zone and community, when in the child's best interest.

Recruitment strategies included the SC Heart Gallery and Heartfelt Calling. These strategies are described in the Foster and Adoptive Parent Recruitment section of this report.

STRATEGY: Casework staff strategies to engage and involve youth, foster parents, family members, relatives (and other potential partners such as GALs, churches, etc.) in helping a youth maintain connections through visitations and other activities.

Activities to address this strategy included the previously described Family Engagement strategies of Family Group Conferences and Family Group Decision-Making, Child Conferencing, and the Fatherhood Initiative.

STRATEGY: Strengthen policy and practice on assessing relatives and promoting stability of relative placement.

Activities to address this strategy: The SCDSS partnered with Family Finding, conducted Family Team meetings, Family Group Conferencing and Child Conferencing meetings. These activities are described in detail in the PSSF section of this Final Report.

STRATEGY: Strengthen engagement of, and planning with, youth and families through family meetings and visits.

The primary activities for this strategy were the family engagement tools of family group decision-making: Family Finding (Seneca Searches), Family Group/Child Conferences, and Family Team Meetings.

Additionally, Youth Groups, that comprised the Independent Living Youth Association, throughout the state were developed for the purpose of teaching youth Independent Living skills, leadership development, and advocacy.

STRATEGY: Strengthen response and support to youth and families

The primary strategies for this activity were the family engagement strategies noted above and the Independent Living services as described under the Chafee Foster Care Independence Program in the Description of Services Provided section.

Goal B Outcomes

The following table presents the results of quality assurance reviews for the outcomes associated with Goal B in the 2010-2014 CFSP. Because of the differences in the quality assurance case review processes each year, no definitive conclusions about improvement can be made from these data.

Table 26. Quality Assurance Review Data for Goal B: Average of County Percent of Strengths, FFY 2011 through the first half of FFY 2014

	PIP Innovation Counties (4)			Non-PIP Counties*		
	FFY 2012	FFY 2013**	FFY 2014***	FFY 2012	FFY 2013	FFY 2014
<i>Number of counties/ number of reviews</i>	<i>4/16</i>	<i>4/15</i>	<i>2/2</i>	<i>8/8</i>	<i>11/12</i>	<i>19/19</i>
Safety Outcome 2 – Children are safely maintained in their homes whenever possible and appropriate	69.6%	70.7%	59.8%	60.3%	56.0%	47.1%
Item 3 – Services to protect children in home and prevent removal or re-entry into foster care	72.3%	72.1%	56.2%	56.2%	54.6%	42.8%
Item 4 – Risk assessment and safety management	66.9%	69.2%	63.3%	64.4%	57.3%	51.4%
Permanency Outcome 2 – The continuity of family relationships and connections is preserved for children	53.9%	67.0%	44.8%	48.0%	55.9%	58.1%
Item 12 – Placement with siblings	76.2%	71.6%	67.0%	85.1%	74.0%	79.2%
Item 13 – Visiting with parents and siblings in foster care	43.8%	54.3%	22.8%	32.0%	36.9%	54.9%
Item 14 – Preserving connections	72.2%	85.8%	62.1%	66.3%	77.4%	67.8%

Item 15 – Relative placement	51.9%	75.8%	54.2%	43.8%	63.1%	56.8%
Item 16 – Relationship of child in care with parents	25.3%	47.3%	18.1%	12.7%	27.9%	31.9%
Well-Being Outcome 1 – Families have enhanced capacity to provide for their children’s needs	50.6%	59.5%	52.7%	38.9%	53.0%	43.6%
Item 17 – Needs and services of child, parents, foster parents	48.5%	57.8%	51.7%	34.4%	45.4%	38.0%
Item 18 – Child and family involvement in case planning	48.9%	61.8%	52.3%	33.8%	52.1%	41.1%
Item 19 – Caseworker visits with child	72.0%	76.2%	73.4%	71.7%	72.1%	76.7%
Item 20 – Caseworker visits with parents	32.8%	42.3%	33.5%	15.8%	42.3%	18.7%

Note: FFY 2014 is partial, for October 1 – March 31, 2014; PIP counties and non-PIP counties were reviewed with a different tool in FFYs 2010 and 2011.

* York was reviewed twice in the first half of FFY 2014.

** Four reviews for Aiken, Oconee and Spartanburg; three reviews for Greenville through October 2013.

*** October 1, 2013 – March 31, 2014; Greenville and Spartanburg only.

Areas in Need of Improvement Related to Goal B

Following are areas in need of improvement most as identified in quality assurance case reviews (most often cited) based on feedback from the USC and the SCDSS Quality Assurance Team. These areas will be addressed in the CFSP for the FFYs 2015-2019.

Safety 2 (see listing under Goal A outcomes)

Permanency 1

Item 12: Placement with siblings includes:

- Keeping siblings in foster care together in the foster system; and
- Concerted efforts to identify and address barriers preventing siblings from being placed together.

Item 13: Visiting with parents and siblings in foster care includes:

- developing progressive visitation plans with parents, siblings and other family members to preserve connections;
- maintaining minimum visitation standards of twice a month;
- completing diligent searches to locate parents, especially fathers;
- arranging visits when a parent was incarcerated or in rehabilitation; and
- offering visitation or alternatives when visitation is not feasible, especially for noncustodial and incarcerated parents.

Item 14: Preserving connections includes:

- preserving connections – efforts to maintain relationships between children and their home neighborhood and with their maternal and paternal relatives, siblings, and school or friends;
- utilizing resources such as the telephone, Skype, teleconferencing and letters to maintain connections;
- documenting reasons connections should not/could not be preserved and whether this is reassessed each year; and
- documentation that there was sufficient inquiry to determine whether or not a child was Native American or had tribal affiliation.

Item 15: Relative placement includes:

- identifying or evaluating paternal or maternal relatives as potential placements for the child using tools like Seneca searches to locate relatives and other connections; and
- documenting reasons connections should not/could not be preserved and whether this is reassessed each year.

Item 16: Relationship of child in care with parents includes:

- making concerted efforts to promote, support, and/or maintain positive relationships between children and their parents, especially fathers, through activities other than just arranging for visitation, to include notifying parents of medical appointments or school activities.

Well-Being 1

Item 17: Needs and services of child, parents and foster parents includes:

- assessing the needs and services of child, parents and foster parents, documenting those services in the treatment planning process and monitoring the completion of these services;
- engaging all relevant family members, especially fathers, assessing needs and providing identified services;
- locating fathers through diligent search efforts, assessing them, connecting them with their children or providing services; and
- thorough assessment of children, parents, and foster parents resulting in appropriate referrals for services such as psychological evaluations, child clothing, parenting skills, education, alcohol and drug assessment, drug screens, housing, employment, child support, family counseling, mental health screenings, anger management and appropriate child care, and financial supports such as WIC, SNAP, housing assistance, and foster care subsidies.

Item 18: Child & family involvement in case planning includes:

- locating parents through diligent search efforts and involving them, especially fathers, paramours, step-parents and incarcerated parents;
- involving age- and developmentally appropriate children;
- working with parents to identify strengths/needs, services and providers; establish case plan goals; and evaluate progress; and
- addressing and managing barriers to case involvement with parents, including lack of transportation, incarceration, or conducting Seneca searches to locate family.

Item 19 and Item 20: Caseworker visits with the child and parents includes:

- regular casework visits with parents to ensure ongoing monitoring of risk assessment, safety management and service delivery;
- consistent contact with parents and noncustodial parents, especially fathers and incarcerated parents that engages them in the case planning process;
- frequency and quality of visits, including holding visits in a private setting where meaningful conversations regarding case plan and treatment progress, barriers to treatment and service referrals can occur;
- updating parent contact information CAPSS system to maintain contact and interaction with parents;
- using letters, emails, phone calls and certified mail to initiate contact, especially if parents lived out of the area; and
- diligent searches for parents.

Goal C: Continued emphasis on expedited permanency

- Permanency 1: Children have permanency and stability in their living situations
 - Item 6: A stable placement, and any changes in placement that occur are in the best interest of the child and consistent with achieving the child's permanency goal(s)
 - Item 7: Appropriate permanency goals are established for the child in a timely manner
 - Item 8: Efforts are made to achieve reunification, guardianship, or permanent placement with relatives in a timely manner
 - Item 9: Efforts are made to achieve a finalized adoption in a timely manner
- Case Review System:
 - Item 27: A permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and at least every 12 months thereafter
 - Item 28: Termination of parental rights proceedings in accordance with the provisions of the Adoptions and Safe Families Act
 - Item 29: Foster parents, pre-adoptive parents, and relative caregivers of children in foster care notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child
- Recruitment:
 - Item 44: Diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children

The second-round CFSR results indicated SC's need to improve work on permanency practice, including concurrent planning, and recruitment, with the following permanency and well-being concerns identified:

Permanency:

- Inconsistency in preventing reentry into foster care;
- Inconsistency in ensuring placement stability;
- Permanency goals that were not appropriate and/or timely;
- Termination of parental rights (TPR) was not sought as required;
- Insufficient efforts to achieve timely reunification or guardianship;
- Adoption delays; and
- Inconsistency in securing a permanency placement and/or transition services for children with a goal of another planned permanent living arrangement.

Case Review System:

- Inconsistent parental involvement in case planning;
- Sometimes insufficient time for permanency hearings;
- TPR delays due to insufficient legal resources and courts providing parents with extensions to work toward reunification; and
- Inconsistency in notifying caregivers about hearings and reviews about children in their care.

Recruitment:

- Recruitment plan not focused on recruiting foster and adoptive families who reflect racial and ethnic diversity of children in foster care.

The FFY 2010-2014 CFSP identified the following potential strategies to address Goal C and related outcomes and concerns noted in the 2009 CFSR:

- Ongoing recruitment of foster and adoptive families;
- Strengthen responsiveness and support of provider families;

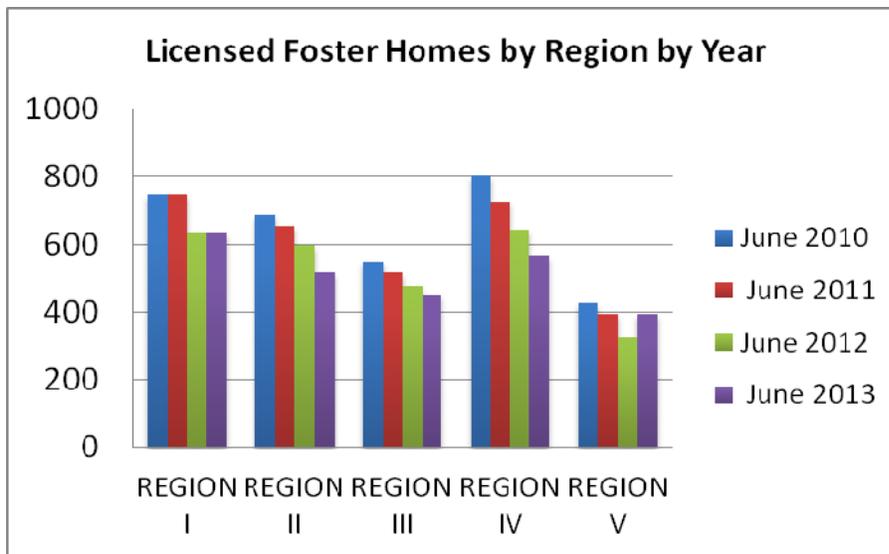
- Enhancing the understanding and use of concurrent planning; and
- Improving timeliness of permanency hearings.

STRATEGY: Ongoing recruitment of foster and adoptive families

In its efforts to recruit, support and retain families as prospective foster parents and licensed foster parents, the SCDSS partnered with the SC Foster Parent Association (Heartfelt Calling) and the Foster Care Review Board (SC Heart Gallery). These partnerships and activities are described in the Foster and Adoptive Parent Recruitment section of this report.

On October 2, 2010, there were 4,795 children with open foster care cases, and there were 3,369 licensed foster homes and approved adoptive homes in South Carolina. On June 4, 2014, there were 2,454 licensed foster homes and approved adoptive families, a decrease of 915 homes and families. At the same time, the number of children with an open foster care case decreased to 3,692, a decrease of 1,103 children. While the goal of a 20% increase in licensed foster and adoptive homes was not met by the FFY 2014, the need for licensed foster homes and adoptive families in gross numbers decreased.

The following chart indicates the number of licensed foster homes by region and year. The declining numbers reflect the state’s drop in the numbers of children in foster care, with the exception of an uptick in licensed homes for Region V in SFY 2013.



SC Heart Gallery (SCHG)

The SCHG provided the following services in FFYs 2010-2014:

Table 27. SCHG Services by FFY

Services	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014 (2 Qtrs)
Photo Shoots of Foster Care Children	102	107	108	109	44
Community Exhibits of Foster Care Children	*	296	250	286	173
Individual Visitors to Website	**	103,440	91,154	93,235	49,052
Inquiries Received	1,577	1,936	1,051	1,075	611

*SCHG was not contracted to provide community exhibits during FFY 2010.

** Individual visitors to website were not tracked in FFY 2010.

The SC Heart Gallery also provided the following family engagement services.

Table 28. Recruitment Family Engagement Services

Family Engagement Services	FFY 2013	FFY 2014 (2 Qtrs)
Intakes Completed and Applications Sent	73	31
Applications Returned	29	9
Home Studies Completed and Submitted to SCDSS Adoptions	24	16
Children Matched with potential Adoptive Family	45	15

Heartfelt Calling

In mid-November 2011, the SC Foster Parent Association developed a new website (www.heartfeltcalling.org) and implemented a separate and specific toll-free number for recruitment purposes. Since the website and toll-free number have been in place, there have been over 10,000 calls and over 500 emails inquiring about becoming resource or adoptive parents. There have been almost 3,500 intakes completed and approximately 2,900 information packets sent out to inquiries. In addition, over 1,000 information packets have been supplied to Regional Adoption offices and County SCDSS offices for use at events and walk-ins.

From mid-November 2011 through FFY 2014 to date, approximately 1,400 completed applications from the referral packets have been returned and processed.

Currently, there are 1,460 total open/viable pending inquiries, and 800 of the 1,460 have returned their applications and are in the process of becoming licensed and/or approved. A total of 162 from the HFC database have been licensed and/or approved since November 2011.

STRATEGY: Strengthen responsiveness and support of provider families

Activities for this strategy included the Foster Parent Communication Plans, described below, and the SC Foster Parent Association support provided to licensed families to increase retention noted above.

Foster Parent Communication Plans. The South Carolina Department of Social Services (SCDSS) worked with South Carolina Foster Parent Association (SCFPA) to develop a foster parent communication plan. In December 2011, a directive memo, D11-31, was sent to all counties outlining the need for a communication plan per county and Ch.9 Foster Home Licensing Policy section 932.01 was updated.

The plan is designed to improve placement stability for children by supporting foster parents who provide a safe, nurturing environment for the children in the SC child welfare system and providing those foster parents with high quality customer service. The SCDSS and the SCFPA saw the need to provide guidance to staff and notice to foster parents regarding how the agency will work with the foster parents to provide services for foster children. In order to achieve the goals of safety, permanency, and well-being for children in care of the agency, foster parents must be included as members of the care and treatment team.

STRATEGY: Enhancing the understanding and use of concurrent planning

In the FFY 2012, Adoption Incentive Payments funds were used to support the implementation of concurrent planning as a strategy to increase the adoption of children at the earliest point in time. (See Adoption Incentives section of this report for further information.)

STRATEGY: Improving timeliness of permanency hearings

1. Beginning in the SFY 2012, to improve the timely movement of legal cases through the Family Courts, the *Court Liaison Initiative*, a partnership of the SCDSS, Court Administration, and the Children’s Law Center, was established. Liaisons assist Family Courts and the SCDSS in the legal processing of child protection and TPR cases. Court liaisons are being based in Judicial Circuits to assist with docket management, monitoring of cases, and resolution of issues that cause delayed hearings. Prior to hearings, the court liaison will review case files, prepare an information sheet for the Judge, follow-up on implementation of prior court orders, and ensure that all parties have received notice. Court liaisons also identify cases with overdue hearings and work with the SCDSS to identify and resolve the reasons for delay. Court liaisons also track cases in which TPR is ordered to ensure that the complaint is filed and the hearing scheduled in accordance with statutory requirements. Court liaisons assist in identification of systematic issues such as lack of service and notice to absent parents; lack of available GALs to accept a case and thus cause delays in hearings; lack of language in court orders needed to establish criteria for IV-E eligibility; conflicts of 608 Office of Indigent Defense Attorneys who handle multiple counties in the state and assist with development of resolutions to the systematic issues. This initiative is being implemented in stages across the state, with Court liaisons currently in place in Richland, Charleston, Spartanburg, Cherokee, Florence, Marion, Berkeley, Horry, Lexington, Dorchester, and Greenville Counties. By mid-November, there are plans for a Court liaison in Circuit 8 which includes Newberry, Laurens, Greenwood and Abbeville Counties.

Goal C Outcomes

The following table presents the results of quality assurance reviews for the outcomes associated with Goal C in the 2010-2014 CFSP. Because of the differences in the quality assurance case review processes each year, no definitive conclusions about improvement can be made from these data

Table 29. Quality Assurance Review Data for Goal C: Average of County Percent of Strengths, FFY 2011 through the first half of FFY 2014

	PIP Innovation Counties (4)			Non-PIP Counties (42)*		
	FFY 2012	FFY 2013**	FFY 2014***	FFY 2012	FFY 2013	FFY 2014
<i>Number of counties/ number of reviews</i>	4/16	4/15	2/2	8/8	11/12	19/19
Permanency Outcome 1 – Children have permanency and stability in their living situations	59.9%	61.9%	51.8%	39.8%	54.4%	50.0%
Item 6 – Stability of foster care placement	68.6%	68.3%	66.7%	71.1%	75.8%	66.3%
Item 7 – Permanency goal for child	67.6%	65.1%	53.3%	36.7%	52.2%	55.7%
Item 8 – Reunification, guardianship, or permanency placement with relatives	61.1%	70.8%	58.4%	47.2%	46.8%	47.5%
Item 9 - Adoption	42.3%	43.3%	28.8%	4.1%	42.8%	30.6%

Note: FFY 2014 is partial, for October 1 – March 31, 2014; PIP counties and non-PIP counties were reviewed with a different tool in FFYs 2010 and 2011.

* No non-PIP innovation counties were reviewed in FFY 2011; York was reviewed twice in the first half of FFY 2014.

** Four reviews for Aiken, Oconee and Spartanburg; three reviews for Greenville through October 2013.

*** October 1, 2013 – March 31, 2014; Greenville and Spartanburg only.

Areas in Need of Improvement Related to Goal C

Following are areas in need of improvement most as identified in quality assurance case reviews (most often cited) based on feedback from the USC and the SCDSS quality assurance team. These areas will be addressed in the CFSP for FFY 2015-2019.

Permanency 1

Item 6: Stability of foster care placement includes:

- appropriate placement settings, affected by capacity, matching of children with families, and identifying underlying causes of acting out and intervening before a disruption is imminent.

Item 7: Permanency goal for child includes:

- efforts to achieve permanency for children;
- meet goals for permanency by adhering to TPR policy on establishing adoption goals timely; and
- not having inappropriate reunification goals, such as when parent's abuse history or lack of progress were not addressed.

Item 8: Reunification, guardianship or permanent placement with relatives includes:

- using tools to identify and engage relatives, such as diligent searches, and documenting that use;
- making concerted efforts to achieve reunification or guardianship timely, to include treatment referrals to address identified placement issues; and
- providing documentation to support justification for goals and reasons, they changed and documenting why others have been adequately considered or ruled/out.

Item 9: Adoption includes:

- achieving reunification within the 12-month timeframe;
- timely adoption goals, TPR, adoption;
- engaging children in adoption services;
- recruiting adoption resources; and
- addressing court processes, such as limited court time and continuance, that function as a barrier to expediting adoption process.

Data Indicators

Additional indicators of permanency results include the statewide permanency composite scores.

Table 30. Statewide Permanency Composite Scores, FFY 2010-2013

Measure	FFY 2010	FFY 2011	FFY 2012	FFY 2013
Composite 1: Timeliness and permanency of reunification	138.8	139.8	144.1	145.5
Composite 2: Timeliness of adoptions	123.7	115.7	139.7	145.3
Composite 3: Achieving permanency for children in foster care for long periods of time	84.1	89.6	126.3	122.0
Composite 4: Placement stability while in foster care	80.0	83.5	85.9	89.8

- For the FFYs 2011, 2012 and 2013, SC was in the top 3 of 47 states compared on Permanency Composite 1.
- For FFYs 2012 and 2013, SC ranked first of 47 states compared on Permanency Composite 2.

- For FFYs 2012 and 2013, SC ranked 10th and 16th on Permanency Composite 3, respectively, among 51 states compared; this was a significant improvement from FFYs 2010 and 2011, when SC ranked 47th and 46th, respectively.
- While SC scores on Composite 4 have improved steadily over the four-year period, the state is not highly ranked on this composite (42nd, 39th, 36th, and 33rd, respectively) among the 51 states ranked.
- FY10 APSR: Improve the permanency of children in the foster care system

Goal D: Strengthen community partnerships

- **Service Array and Resource Development:**
 - Item 35: An array of services that assess the strengths and needs of children and families, address the needs of families and individual children, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency
 - Item 36: Services are accessible to families and children in all political jurisdictions.
 - Item 37: Services can be individualized to meet the unique needs of children and families served by the agency.

Service array concerns identified in the 2009 CFSR included the following:

- Some key services were not available in all jurisdictions.
- A scarcity of key services existed such as psychological evaluations and mental health and substance abuse services.

The FFYs 2010-2014 CFSP identified the following potential strategy to address Goal D and related outcomes and concerns noted in the 2009 CFSR:

- Strengthen community partnerships for resources and service delivery.

STRATEGY: Strengthen community partnerships for resources and service delivery

Activities for this strategy included:

- contracted CBPS services (see Child Protective Services in Description of Services Provided section);
- PSSF-funded services (described in the PSSF section);
- Health Care Services Plan adopted and submitted in August 2012 (See 2012 Health Care Plan Submission to ACF);
- The Foster Care Advisory Committee began meeting in early 2013 and the physician community has been well-represented, frequently including pediatricians (representing, in part, the SC chapter of Academy of Pediatrics) and the MCO and other clinic, a forensic pediatrician representing the CACs, and child psychiatrists representing DSS and DMH, and has included other behavioral health professionals, representing DMH and Licensed Independent Professionals (LIPs). This group, in particular, was divided into 3 sub-committees or Work Groups: Access to Care, Trauma-Informed Care, and Medical Assessment. Each of these Work Groups has been charged with making recommendations to the Agency. (See full recommendations with 2015 Health care Plan with 2015-2019 CFSP).
- LGBTQ accessibility.

Additionally the SCDSS is ready to improve its work with the implementation of a Lesbian, Gay, Bisexual, Transgender or Questioning (LGBTQ) Accessibility Policy. Based on the yearly grant application to Family Violence

Prevention and Services Act submitted April 4th, 2012, the SCDSS included the following assurance that all Domestic Violence Shelter Programs will be responsible for implementing in FFY 2014:

The needs of lesbian, gay, bisexual, transgender, and questioning program participants are taken into consideration in applicant's program design. Applicant considered how its program will be inclusive of and non-stigmatizing toward such participants. If not already in place, awardee and, if applicable, sub-awardees must establish and publicize policies prohibiting harassment based on race, sexual orientation, gender, gender identity (or expression), religion, and national origin. The submission of an application for this funding opportunity constitutes an assurance that applicants have or will put such policies in place within 12 months of the award. Awardees should ensure that all staff members are trained to prevent and respond to harassment or bullying in all forms during the award period. Programs should be prepared to monitor claims, address them seriously, and document their corrective action(s) so all participants are assured that programs are safe, inclusive, and non-stigmatizing by design and in operation. In addition, any sub-awardees, or subcontractors will:

- *have in place or will put into place within 12 months of the award policies prohibiting harassment based on race, sexual orientation, gender, gender identity (or expression), religion, and national origin;*
- *enforce these policies;*
- *ensure that all staff will be trained during the award period on how to prevent and respond to harassment or bullying in all forms; and*
- *have or have within 12 months of the award, a plan to monitor claims, address them seriously, and document their corrective action(s).*

The above initiative is intended to address the diverse needs of families across South Carolina and demonstrate the commitment that the SCDSS has to seeking out future possibilities.

Challenges and Barriers

Program Improvement Challenges

In the FFYs 2010-2014, the SCDSS made several significant program improvements that directly addressed the safety, permanency and well-being of children but faced some challenges in bringing these new policies and practices to scale across all 46 counties and to all professional staff in the state.

Under the CFSR PIP, new practices included Guided Supervision, Leadership Academy for Supervisors, Permanency Roundtables, and several family engagement strategies, all of which were rolled out statewide following the successful completion of that PIP. Even with coordinated and paced rollout plans, frontline staff and supervisors were challenged with implementing new policies and practices, all of which required a shift in approach or mindset.

Layered on top of those strategies was the implementation of Appropriate Response, Signs of Safety, and Community-Based Prevention Services – also requiring significant changes in approach and mindset, not to mention daily casework and supervisory practice.

The SCDSS has made every effort to overcome these implementation challenges, including seeking assistance from the National Resource Centers, increased support from its university training partner not only for training but also for quality assurance, and internal consultative strategies, including data analysis, collaborative meetings, and regular internal check-in telephone conferences (statewide and regional) to discuss progress, concerns and solutions.

Work continues across the SCDSS with efforts to integrate these new practices, and the endeavors will be part of the 2015-2019 CFSP.

Changing Demographics

Also like many other state, SC's population – especially its children – is becoming more diverse in terms of race and ethnicity. The Hispanic population in South Carolina is increasing dramatically, and its growth will continue. The SCDSS understands that the needs of the state's diverse populations differ based on differences in culture and/or language.

Service Array Challenges

Again, like other states, there are disparities between rural and urban areas in terms of availability and accessibility of resources. The SCDSS faces the challenge of reaching rural communities with the same levels of expertise and service availability found in urban areas. This was one rationale for the regional organization, to encourage resource development and sharing.

One means used to address diversity and service array challenges is the use of community-based services, particularly preventive services. Another is consistent, open collaboration with partners and stakeholders at the state, regional and local levels.

For example, the SCDSS is collaborating with its mental health partner to ensure that mental health staff serving children who have suffered abuse or neglect have received the clinical training they need to assess trauma and provide trauma-informed services to minimize the impact of trauma on children.

Plans for the 2015-2019 CFSP will focus on working closely with all eight child serving agencies including S.C. Department of Health and Human Services, community-based family support organizations, private provider system of Rehabilitative Behavioral Health Services (RBHS) and residential services through the Palmetto Coordinated System of Care (PCSC) to expand the service array in a way that it is more accessible in rural areas and it is more community and family focused to prevent out-of-home placements or support more timely reunification and/or positive permanency for children at risk.

Family Engagement Challenges

There remain societal and cultural challenges in fully integrating fathers into many family situations. Fortunately, national organizations, as well as societal changes, are helping the SCDSS make headway into managing family situations where fathers are not living with the children. The SCDSS plans to continue to include outreach to fathers, both directly and through collaborative partnerships.

Caseworker Visitation Challenges

Staffing, caseloads, and travel all present challenges to face-to-face visits with children and parents. County staff are encouraged to maintain ongoing contact with families above and beyond the required contacts by making personal visits, participation in visitation by children with parents and relatives, and participation in medical appointments and school events. Skype, email and other means of electronic contact to remain fully informed of each child's needs are encouraged where distance is an issue for SCDSS staff or community partners.

Challenges in Serving Youth

The SCDSS anticipates re-evaluating certain projects if funds become available. For example, the Crossover Youth Practice Model (CYPM) was an initiative to build communication and collaboration across multiple systems to improve the handling and outcomes of youth who penetrate the child welfare and juvenile justice systems. During FY2011, there were 32 youth in Charleston and four in Georgetown who were involved in the CYPM model. Neither the SCDSS nor the SCDJJ have a method or database to compare the children who move from one system to another. While this was viewed as a valuable program and service delivery model, due to lack of resources and budget cuts on both agencies, the decision was that neither agency could produce enough data to justify the change in practice that would be required for expansion.

Providing educational support for children and youth has its challenges because so many of these children have already attended multiple schools across several districts. Too often, progress made in one school can be lost when

teachers change, and districts do not always share full records that would more fully enhance a student’s educational experience.

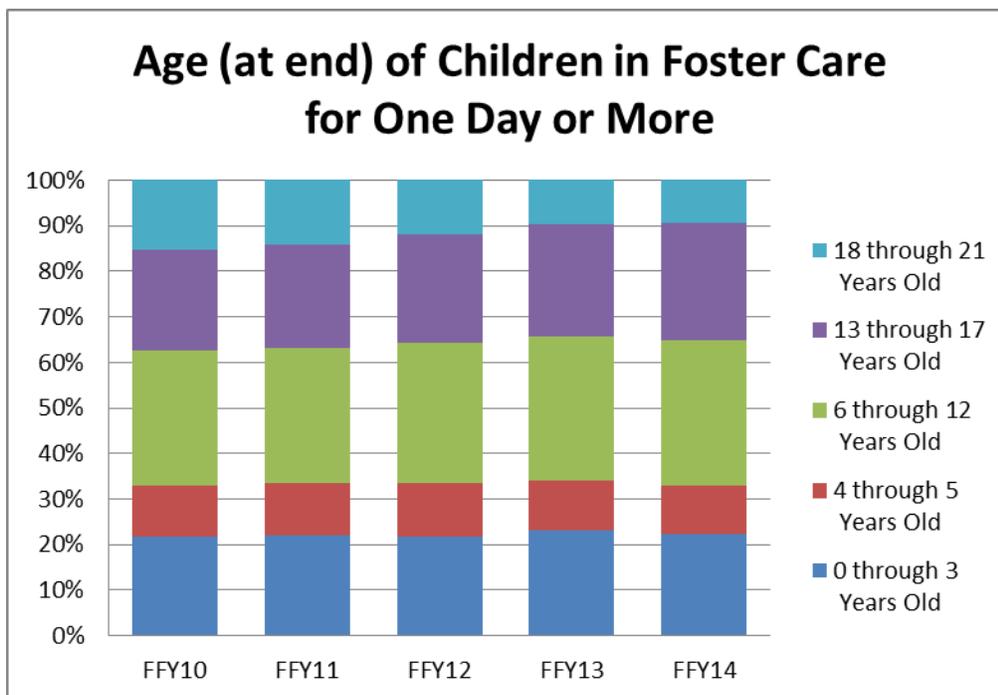
Plans for the 2015-2019 CFSP will focus on continuing the progress made to date, including increasing partner accountability reporting and providing more transparency of operational achievements to the public. Achievement of the CFSR PIP, recent decreased staff turnover, and consistent leadership bode well for the continuing efforts to remove barriers and to achieve even more for children’s safety, permanency and well-being.

Population at Greatest Risk of Maltreatment

Using monthly reports on the age and removal reason, the state has identified children under the age of three as being at the greatest risk of maltreatment. The state has targeted this population with preventive services through collaboration with the Children’s Trust Fund and other state and non-profit partners (described later in this section).

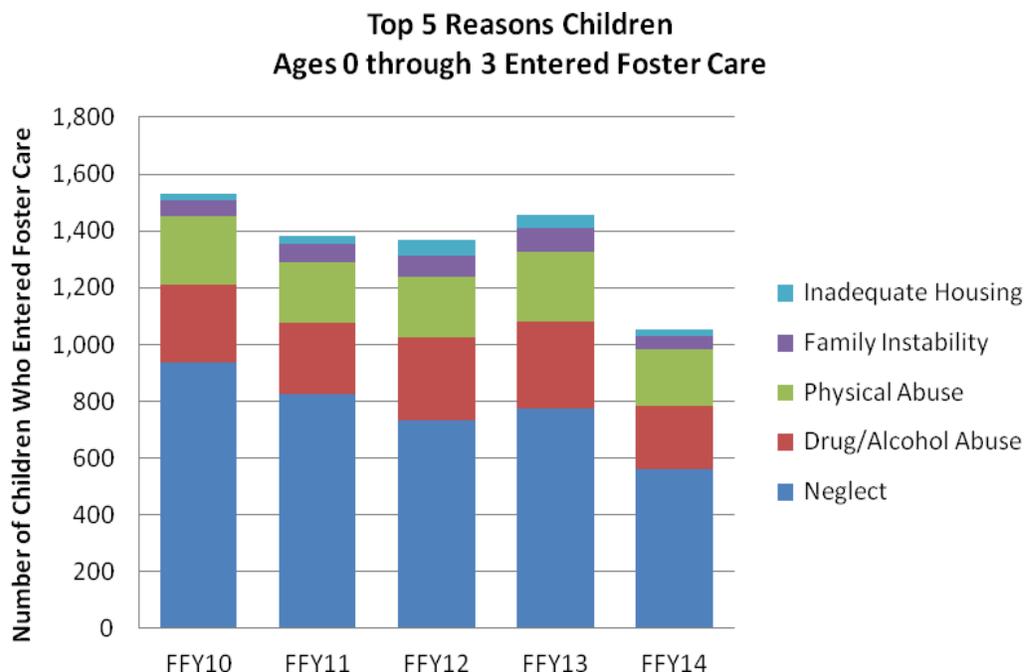
Children age 0-3 years have continued to trend over the past 2010-2014 FFYs at an average of 22% of the total number of children in foster care in South Carolina. This average is the third highest population in care following closely behind children ages 13-17 that have averaged 23% of the total number in care during the same time period. Children ages 6-12 are the highest average number in foster care at 30.5%.

The following graphs and charts present data on children in foster care by age group and year.



Source: CAPSS Data, June 2, 2014

Consistently, the top reasons for entering foster care for children age 0-3 included neglect, drug abuse and physical abuse, as indicated on the following chart.



Source: CAPSS Data, June 2, 2014

The following table presents all the removal reasons for the children 0-3 age groups. The top reasons for children ages 0-3 entering care were consistent across the FFY 2010-2014 period.

Table 31. Reasons for Foster Care Entry for Children Age 0-3, FFY 2010-2014

Reasons for Entering Foster Care	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014	5-Year Total
Neglect	938	827	735	776	563	3,839
Drug/Alcohol Abuse	273	249	289	306	222	1,339
Physical Abuse	243	214	216	243	196	1,112
Family Instability	54	63	72	86	48	323
Inadequate Housing	24	31	54	44	25	178
Sexual Abuse	34	25	27	34	27	147
Incarceration of Parent(s)	27	27	30	37	21	142
Lack of Employment (Parent)	11	18	16	30	2	77
Lack of Housing (Homeless)	14	13	13	20	13	73
Abandonment	9	18	11	20	9	67
Caretaker Disabling Condition	12	5	11	4	4	36
Voluntary Placement (Non-CPS)	10	3	6	6	5	30

Reasons for Entering Foster Care	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014	5-Year Total
Hospitalization of Parent	6	3	6	4	2	21
Death of Parent(s)	3	3	1	3	2	12
Relinquishment (At Birth)	2		4	3	2	11
Child's Disability		2	4	4		10
Child Born to Foster Child	2	3			1	6
Relinquishment (Other)	2		1	2		5
Child's Behavior Problem		1	1	2		4
Lost Child			1	2		3
24-hr Medical Hold (Child)	1	1				2
Pregnancy (Of the Child)		2				2
Exploitation (Non-Sexual)				1		1
Runaway					1	1
Total of ALL Reasons for Entering Foster Care	1,665	1,508	1,498	1,627	1,143	7,441

Source: CAPSS Data, June 2, 2014

Table 32. Children Included in a CPS Investigation Who Were Under the Age of 5 on the Date that the Report was Accepted for Investigation - Reports Accepted during FFY 2010 - FFY2014

Year	Included in Investigation/ Founded	Child Age						Total Under 5
		Infants	1-year-olds	2-year-olds	3-year-olds	4-year-olds	Pregnancies*	
FFY 2010	# of children under 5 included in investigation	2,916	2,142	2,173	2,100	2,007	265	11,603
	Percent founded	53%	42%	43%	42%	37%	83%	45%
FFY 2011	# of children under 5 included in investigation	2,676	1,935	1,964	1,938	1,957	283	10,753
	Percent founded	54%	46%	45%	42%	43%	87%	47%
FFY 2012	# of children under 5 included in investigation	2,378	1,542	1,584	1,681	1,732	279	9,196
	Percent founded	62%	52%	50%	49%	47%	86%	54%
FFY 2013	# of children under 5 included in investigation	2,283	1,368	1,314	1,425	1,375	235	8,000
	Percent founded	66%	60%	57%	52%	53%	89%	59%
FFY 2014	# of children under 5 included in investigation	1,113	694	621	688	741	106	3,954
	Percent founded	66%	59%	56%	50%	53%	81%	59%

*Pregnancies are counted if the mother gave birth within nine months of the intake decision date.

Source: CAPSS Data, May 1, 2014

In consideration of the following, children ages 0-3:

- were the third highest age grouping in care;
- had an average of 84% of the reasons for entry into care being Neglect, Alcohol and Drug Abuse, and Physical Abuse during the FFYs 2010-2014; and
- had an increasing trend of founded investigations over the FFYs 2010-2014.

The SCDSS has determined this age group to be at greatest risk of maltreatment as they are highly likely to experience the same trend of types of abuse as older children but less likely to protect themselves from the abuses perpetrated upon them.

Ongoing Data Analysis

Through the data analysis to identify the approach and services that would reduce the likelihood of unnecessary entry into foster care, the SCDSS also monitors children re-entering foster care and the percentage of children entering care. The re-entry rate in SC is lower than the national rate.

If only children who needed to be removed from their homes were removed and not one child more, there would be a reduction in the trauma experienced by these children, and the children would not experience the long-term effects of removal. The SCDSS is working to provide appropriate services to prevent child maltreatment among families at risk, enhance the parents' capacity to protect the child, and safely prevent removal. The SCDSS has demonstrated a commitment to this effort by the services mentioned in the next section that have been put in place statewide. If none of the children in care fewer than 30 days entered care, there would be nearly a 40% reduction in children entering care and experiencing trauma associated with removal. As SC continues to provide in-home family preservation services to enhance parental capacity, the number of children traumatized by removal will continue to diminish.

The SCDSS has reviewed reporter type in the triage procedures for the intake staff to consider reporter type as an indicator for likelihood of risk of recurrence. Particular attention is paid if the reporter is anonymous, and the SCDSS intake policy has been updated so that the "motivation of the reporter" language has been changed to be more proactive in nature to engage the reporter in gaining as much information as possible to determine the level of risk or any safety concerns.

Services for Children Under 5

Reducing Time in Care for Children under Age 5

Children ages 5 and under benefitted from targeted improvement efforts in adoptions.

In the SFY 2012, the SCDSS set an ambitious WIG to increase by 50% the number of children in long-term foster care (on average waiting 3.5 years) to get permanent families. Specifically, the agency set out to get within one year (from July 1, 2011 to June 30, 2012), as many as 1,184 long-term foster children into permanent families – 385 through reunification with their biological families and 799 through adoptions with new families. That goal was exceeded, with a total of 1,304 children who are now safe and thriving with lifelong families.

Next, a new WIG was set for six months (from July 1 to December 31) in SFY 2013 to close out 2012 by adding another 56 adoptions and more than 100 family reunifications. Once again, the SCDSS accomplished and exceeded this goal by adding another 202 permanent families. This brought the total adopted in 18 months to 1,506 children, formerly in foster care, who began 2013 belonging to a family again. The number of children with a permanency plan of adoption or reunification to be accomplished by June 30, 2012, was 1,184 children. Of those

1,184 children, at least 799 children (68%) were to have their adoption finalized. SC met this goal, with 1,506 children being adopted by that date.

As a result of these ambitious WIGs, the SCDSS finalized adoptions on 343 children ages 5 and under in FFY 2011; 423 children ages 5 and under in the FFY 2012; and 249 children ages 5 and under in FFY 2013.

As seen in the following table, a total of 1,435 children ages 5 and under were adopted from FFY 2010 through March 2014. These data also show that children ages 0-5 have made up an average of 53% of all SCDSS adoptions since the FFY 2010.

Table 33 . Adoption Finalizations by Child Age Group, FFY 2009 through March 2014

FFY	Number of Finalizations	0-2 yrs		3-5 yrs		6-9 yrs		10-13 yrs		14 yrs+	
		#	%	#	%	#	%	#	%	#	%
2009	533	141	26%	169	32%	122	23%	71	13%	30	6%
2010	535	142	27%	162	30%	127	24%	70	13%	35	7%
2011	589	156	26%	187	32%	127	22%	85	14%	34	6%
2012	782	201	26%	222	28%	181	23%	118	15%	60	8%
2013	510	134	26%	115	23%	134	26%	69	14%	58	11%
2014 (through March)	253	68	27%	48	19%	41	16%	47	19%	49	19%
Total FFY 2010- March 2014	2,669	701	26%	734	28%	610	23%	389	15%	236	9%

Source: CAPSS data through March 2014

As a result of the adoption and reunification WIGs and the practice supporting these permanencies, the number of children in foster care declined by 990, from 2,547 at the end of FFY 2010 to 1,557 as of April 2014. The following table shows the trend of children in foster care under age five from FFY 2010- FFY 2014.

Table 34 . Children under 5 in Foster Care by Office Type and Year, FFY 2010 through April 2014

Case Management Office	Total # of Children	Infants	1-Year-Olds	2-Year-Olds	3-Year-Olds	4-Year-Olds
FFY 2010						
County offices	1,904	305	406	433	407	353
Adoptions regional offices	630	22	135	165	168	140
IFCCS offices	13	0	0	2	5	6
FFY 2010 total	2,547	327	541	600	580	499
FFY 2011						
County offices	1,918	267	422	421	435	373
Adoptions regional offices	389	22	88	84	102	93
IFCCS offices	16	1	0	2	5	8
FFY 2011 total	2,323	290	510	507	542	474
FFY 2012						

Case Management Office	Total # of Children	Infants	1-Year-Olds	2-Year-Olds	3-Year-Olds	4-Year-Olds
County offices	1,934	294	437	421	401	381
Adoptions regional offices	128	14	20	28	30	36
IFCCS offices	23	0	3	5	5	10
FFY 2012 total	2,085	308	460	454	436	427
<i>FFY 2013</i>						
County offices	1,915	380	443	408	349	335
Adoptions regional offices	7	3	1	1	2	0
IFCCS offices	21	1	5	4	3	8
FFY 2013 total	1,943	384	449	413	354	343
<i>FFY 2014 through April 2014</i>						
County offices	1,539	240	383	334	302	280
Adoptions regional offices	2	1	1	0	0	0
IFCCS offices	16	1	2	5	2	6
FFY 2014 through April 2014	1,557	242	386	339	304	286

Source: CAPSS data through April 2014

Developmentally-Appropriate Services for Children under Age 5

The SCDSS and its partners have provided an array of services that directly target specific groups of children under age 5, including prevention, early intervention and treatment services.

South Carolina Maternal, Infant, and Early Childhood Home Visiting

This program, described under Prevention Services in the Description of Services Provided section of this report, addresses critical areas of child well-being including the coordination and delivery of critical health, child development, early learning, prevention of child abuse and neglect, and family support services through evidence-based home visiting. There were 17 funded sites, each reaching multiple counties and serving high-risk populations with children.

BabyNet

BabyNet is the state's early intervention agency for children age 0-3 under Part C of the Individuals with Disabilities Education Act (IDEA). As required by the CAPTA 2003 reauthorization and in recognition of the special needs of child abuse and neglect victims ages 0-3, these children and as any other child known to the agency and suspected of having developmental delays are referred to BabyNet for developmental assessments. (See description of BabyNet under Prevention and Early Intervention Services in the Description of Services Provided section of this report.)

Child Care Inclusion

Currently the Division of Early Care and Education provides support for the provision of technical assistance and training regarding developmental screenings and methods to incorporate inclusive practices into daily operation of child care programs. Through a Child Care Development Fund (CCDF)-funded contract with USC College of Education, support is being provided for a statewide initiative (Building a System for Inclusion). Work with child care providers is based on the use of effective practice screening tools and curricula. Child care providers are coached in the use of the online Ages and Stages Questionnaire. They are encouraged to conduct a screening for each child under the age of 5½ years, at least twice a year. Additionally, parents/guardians are asked to complete a

questionnaire in order to incorporate their knowledge about the child's development, and to compare information gained from the provider's screening tool. Child care providers also engage in modeling and coaching activities based on an early childhood curriculum (KARA's Kit), designed to improve their ability to adapt daily activities and routines so that children with special needs can successfully participate in all activities.

The CCDF funds have been used to provide a significant amount of statewide specialized training for child care providers and state trainers. This training included effective-practice methods to recognize indicators of developmental delays, incorporate age/developmentally appropriate programming in daily routines, and address and/or prevent challenging behavior. CCDF funds were also used for the provision of a train-the-trainer event of mental health counselors and early care and education technical assistance providers, based on the Center on Social and Emotional Foundations for Early Learning (CSEFEL) model. CSEFEL is focused on promoting the social, emotional, developmental, and school readiness of young children birth to age 5.

In the fall of 2013, the SCDSS participated in a series of meetings hosted by the SCDSS Office of Child Welfare looking at services for foster children, with an emphasis on children identified as having a disability.

During the time period of the FFYs 2011-FFY 2013, an average of 403 children under the age of 5 in foster care received federally-subsidized, child care (ABC), voucher services. During the first 6 months of the FFY 2014, an average of 322 children under the age of 5 in foster care received federally-subsidized, child care (ABC), voucher services.

By virtue of children in foster care being in these child care programs, they benefit from these inclusive services.

Child Care Quality Awareness Campaign

Under a grant agreement with the SCDSS, the Children's Trust developed and produced a consumer awareness campaign for SC Child Care Services division to educate parents on the importance of choosing quality child care. The campaign's primary goal was to educate parents to look for the state license and encourage parents/caregivers to ask the right questions when selecting child care for their families. All licensed child care facilities in South Carolina are inspected by Department of Social Services (SCDSS) and must follow guidelines for safety, cleanliness and supervision. However, the use of unlicensed child care providers does exist. There were four key elements to the campaign; licensing, cleanliness, safety and supervision. The call to action for the campaign is: Look. Listen. Ask. Know *before* they go.

As part of the state-wide messaging campaign, there were more than 75 billboards on key highways, interstates and major roads within metropolitan cities throughout the state for six months. Children's Trust distributed more than 5,000 *Questions to Ask* and *Child Care Licensing Requirement* brochures along with *ABC Quality* brochures to parents encouraging informed decisions when selecting child care for their family. Brochures were distributed through the library system, child care facilities and Child Care Resource and Referral within the United Way of South Carolina. Children's Trust hosted a booth at the S.C. Chapter of the American Academy of Pediatrics during its annual summer conference in July 2013, reaching more than 140 pediatricians from around the state.

The campaign purchased monthly ads in three parent magazines: *Palmetto Parent*, *Upstate Parent* and *Low Country Parent*. Children's Trust worked closely with the SCDSS and a website developer to revamp the SC Child Care website (scchildcare.org) and promoted it in local daily papers and online. In fall 2013 DSS, United Way of SC and Children's Trust purchased sports marketing packages with the University of South Carolina and Clemson University and created radio spots with trivia and history of South Carolina football while promoting the importance of quality child care in South Carolina. Read by South Carolina children, two radio spots were featured for each home game.

Head Start

Head Start is a comprehensive school readiness program serving low-income children age 0-5. The research-based early learning education approach includes individual development screenings as well as individually differentiated instruction. Other services include access to a medical and dental home, nutrition, social services, and mental health

services. Head Start requires that 10% of those served are children with identified special needs.

Children in foster care have presumptive eligibility for Head Start. As of April 2014, 125 foster children were enrolled in SC Head Start programs. There has been some reluctance by foster parents to seek Head Start as a provider and a misunderstanding that enrolling with Head Start could affect financial support from the state. In the FFY 2013, the SC Head Start Collaboration office partnered with local grantees to staff an information table at the SC Foster Parent Association's annual meeting. The SCDSS is still working with the Foster Parent Association to involve them as a presenter during statewide Head Start gatherings.

Developmental Milestones Training

The SCDSS training partners, USC and the SC Foster Parent Association, have existing training curriculum for both foster parents and workers on the childhood developmental milestones.

Safe Sleep Coalition

At the request of the Joint Citizens and Legislative Committee on Children (Committee on Children), the Children's Trust of South Carolina formed the S.C. Safe Sleep Coalition in January 2012. More than 25 organizations were represented, and members convened to address rising rates of unsafe sleep practices that result in injury and death for children younger than one year old. The coalition included hospital systems, public social service agencies, nonprofit organizations and state agencies. The Coalition continued to add members who provided leadership roles in their local communities. The South Carolina Safe Sleep Coalition provided education, public awareness and appropriate policy modification strategies to address unsafe sleep practices. Children's Trust testified to the Committee on Children in December 2012 and the recommendations were in the Committee on Children's annual report in February 2013.

In February 2013, in partnership with the S.C. Department of Health and Environmental Control (DHEC), the Safe Sleep Coalition joined forces with the national Collaborative Improvement and Innovation Network (COIIN) sponsored by the Health Resources and Services Administration. They worked together to develop the SC Safe Sleep COIIN work plan based on the Safe Sleep Coalition preliminary recommendations and worked with the Safe Sleep Coalition to implement the SC Safe Sleep COIIN work plan. This included planning for a statewide Safe Sleep Summit utilizing the three COIIN drivers:

1. work with non-primary infant caregivers (day care workers, child care providers, churches, baby sitters, etc.) to assure they commit to practicing and promoting safe sleep recommendations;
2. standardize provision of Safe Sleep education and training for providers, including OB, pediatrics, nursing staff, discharge planners, home visitors, clinic staff, etc.; and
3. develop strategic alliances and cooperative partnerships to endorse AAP safe sleep recommendations, promote safe sleep and prenatal smoking cessation.

The Children's Trust plans to expand and build resources across the state for evidence-based parent, child and family programming. In partnership with the SCDSS, the Children's Trust hopes to build a continuum for local and state-wide evidence-based programming utilizing implementation research and the strength of a state-wide infrastructure that includes training, technical assistance, continuous quality improvement, and evaluation ensuring program success and sustainability. While this continuum will provide programming to parents and families with children from 0-18 years of age, the Children's Trust will work with the SCDSS to focus specifically on children 0-2 years of age.

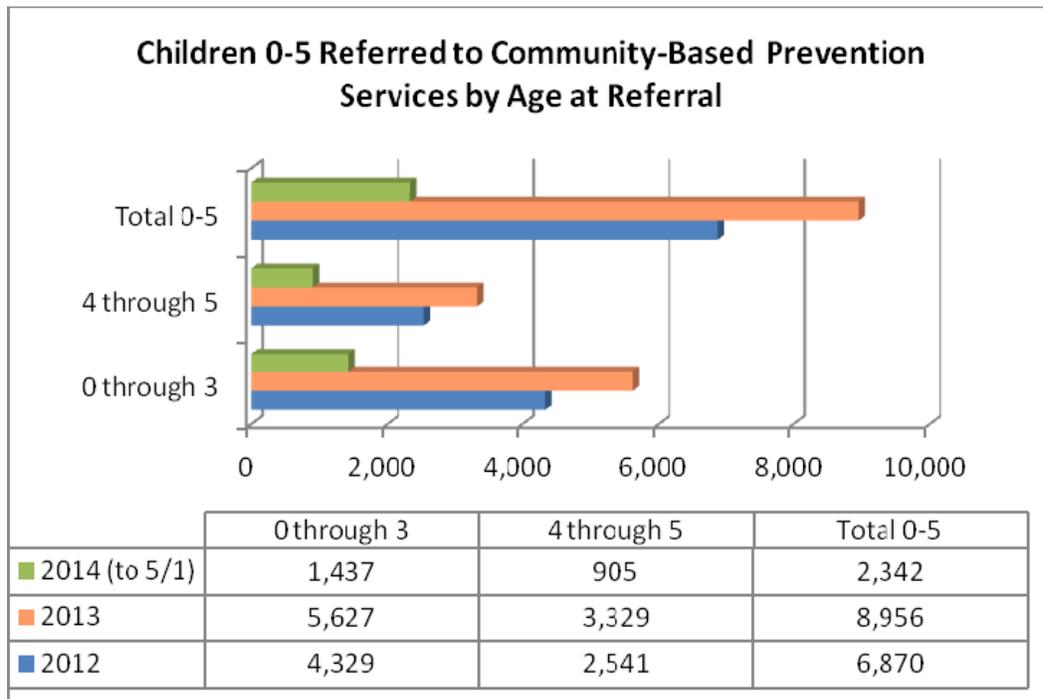
During the FFYs 2014-2015, the Children's Trust plans to partner with the SCDSS and The Duke Endowment to coordinate and convene an ad-hoc group to review and fully understand available evidence-based models for serving families with children 0-2 years old. The Children's Trust will assist in the development of a statewide initiative serving this targeted population and scaffold training, coaching, evaluation and implementation science to ensure its success. Also, classroom trainings on topics such as early childhood development, nurturing and attachment, toxic

stress, social connections, parent resiliency, social and emotional competence, concrete supports, shaken baby syndrome, sexual abuse prevention, and child passenger safety will continue to be provided.

Community-Based Prevention Services

Family Strengthening Services (FSS) and Voluntary Case Management (VCM) providers collaborate with other contracted agencies to provide the at-risk population of children ages 0-3 and their parents with services such as child care, Head Start, and Parents Anonymous.

As displayed in the chart below, a total of 11,393 children ages 0-3 were referred to FSS and VCM through Community-Based Prevention Services from CY 2012 to May 1, 2014. Also, 6,775 children ages 4-5 years old received the same prevention services during that time period.



(See Community-Based Prevention Services under Child Protective Services in the Description of Services Provided section of this report.)

Family Care Centers

The Family Care Center (FCC) is a comprehensive residential treatment program that allows mothers and children to live together in a safe, rehabilitative, home-like environment that offers intensive clinical, physical and behavioral treatment, providing fully integrated services and support to women with substance abuse disorders. The highest level of professional staffing in this secure setting helps foster recovery and builds family strength that ultimately leads the families to a healthy transition back into community life.

The Family Care Center concept was developed by a core group of leadership and practitioners in South Carolina's child welfare system. The Strategic Development Council (SDC) was initially convened in 2010. It is currently composed of community-based, innovative individuals with expertise in areas of child welfare, family preservation, legal and judiciary, and direct services that includes *The Duke Endowment*, *Children Come First*, *the SC Department of Alcohol and Other Drug Abuse (DAODAS)*, *the Carolina Youth Development Center*, *the Children's Law Center*, *the SC Department of Social Services*, *the United Way Greenville*, *the Palmetto Association for Children and*

Families, the SC Foster Care Review Board, The Phoenix Center, the Miracle Hill Ministries, the SC Vocational Rehabilitation, and First Baptist Simpsonville.

The purpose of the SDC is to collaboratively design working the Family Care Center demonstration models for front-end and alternative services in specific counties for statewide replication once the model is proven successful. The alternative services focus on keeping families intact and prevent children from entering care unnecessarily. The SDC functioned under the following premises:

1. A disproportionate percentage of children enter care because of substance abuse related abuse or neglect.
2. Maintaining a safe family is better for a child than entering foster care.
3. Treating the family as a whole unit creates better outcomes for children.
4. Efforts to keep children with their families will minimize the compounded traumas faced by children who enter foster care.
5. The primary objective of the design group is to design a continuum of family-centric services that will prevent children from entering care unnecessarily.
6. The group will focus on alternative services that view the family as a whole unit.

The SDC identified the population of greatest need and opportunity as mothers who have children age 0-12 and are struggling with alcohol and drug abuse. The SDC began working to shift services and assets to families affected by substance abuse in the child welfare system.

All referrals to the Family Care Center ultimately go through the SCDSS but can be accepted from outside community partners, including Guardians ad Litem, drug and alcohol providers, Community-Based Prevention Services providers (Appropriate Response), and the Family Courts.

Funding from The Duke Endowment helped providers partner, train, and hire staff, as well as make necessary modifications to facilities and acquire equipment for the delivery of services. Currently, there are two such centers operating, with plans to add two to four more in the state once the initial FCCs are at full capacity.

The Epworth Children's Home, a level one children's home in Columbia, SC partnered with the Lexington Richland Alcohol and Drug Abuse Commission (LRADAC) to serve mothers and their children ages 0-12. The program opened on October 13, 2013 and has served 11 children and four mothers. The York Place Children's Home in York, SC partnered with Keystone Substance Abuse Center to serve mothers and their children ages 0-6. York Place Children's Home began serving families in the FCC on July 18, 2013 and has served 13 children and seven mothers.

Services available to parents are individual therapy, family therapy, group therapy, and life skills training. The SC Vocational Rehabilitation offers onsite nursing, daily recreational activities, daily devotionals, weekly chapel services, medication management, and psychiatric services. Services for children age 0-6 include rehabilitative behavioral health services if determined medically necessary and the following instructional topic areas: Pro-Social Behaviors-learning to engage others, Attachment-relationship building, Emotional Development-sense of security and trust, Self-Esteem-to like self, Perceptual Development-process information through experiences, Spatial awareness-how to make your body move, and Self-Care-taking care of personal needs.

Referrals from the SCDSS may come from the following areas:

- *Investigations*- During the investigation process, the department can opt to give the mother the voluntary placement option with her children at any point in the investigation. Cases that include severe physical abuse against children are not considered for candidacy.
- *Alternative Placements/Caregivers*- Mothers of children placed with alternative caregivers may also be excellent candidates for the Centers. The mothers can learn much-needed parenting capacity, and the overall family dynamics can be addressed.

- *Treatment Cases- Child Protective Services-* Any Child Protective Service Case where the mother is the primary caretaker and is failing to meet the goals of her treatment plans to the detriment of her children. The mother can choose to enter the Family Care Center in lieu of her children being placed in care or with an alternative caregiver or in foster care.
- *Foster Care-* Workers can also identify foster care placements where reunification is the plan. Mothers with children currently in care do not sign the voluntary placement. The family court judge and guardian ad litem work together to place children back with their mothers in the center and continue to monitor their progress.
- *Community Based Prevention Services-* Families referred to Community Based Provider Services may, after initial contact from the Voluntary Case Manager or Family Strengthening Services (FSS), have more acute issues that originally presented in the screening process. Community-Based providers can refer families through the voluntary placement agreement. Providers must contact their local county SCDSS workers, who will work with the family to enter the center. Voluntary Case Liaisons and FSS workers can refer the family to the alcohol and drug abuse service provider.

2. Collaboration across the Child Welfare System

South Carolina Department of Social Services continued its collaboration with agencies within and outside of South Carolina to improve the Child Welfare System of reporting, investigating and treating children and families identified with child abuse and neglect concerns.

This section contains descriptions of key collaborations that occurred in FFY 2010-2014, grouped into the following categories:

- System-Level Collaboration
- Prevention Collaboration
- CPS Intervention Collaboration
- Foster Care/Permanency Collaboration
- Adoption Collaboration
- Youth Engagement
- Courts/Legal/Justice Collaboration

These descriptions are followed by an expanded list of key stakeholders/partners.

System-Level Collaboration

The SCDSS collaborates with partners and providers to address systemic issues related to client service needs, practice issues, and availability of services across the child welfare continuum at the state and local level. The SCDSS has sought to build dialogues and multiple collaborative opportunities across county offices, as well as with state-level and community-based partners. These partnerships foster a united approach to support positive child and family safety, permanency and well-being outcomes. There is also collaboration to address individual client needs.

CFSP, APSR and Final Report Collaboration

In the FFYs 2010-2014, various meetings were held to discuss partner/stakeholder perspectives on the SCDSS accomplishments and areas needing improvement (e.g., quarterly/monthly partners' meetings, Foster Care Review Board Huddles, CRP meetings). These meetings, described in the following sections, provided for consistent feedback and input from partners and informed the documentation of progress in the annual progress and services reports, compiled for the final report, and served as a springboard for the FFY 2015-2019 Child and Family Services Plan. Meetings were held at various times during each year, with a culminating forum that provided an opportunity

for collaborative input at annual joint planning meetings. During these joint planning meetings, the SCDSS and the Administration of Children and Families (ACF) reviewed the Program Instructions for the APSR and shared progress that had been made in service delivery and collaboration. The ACF regional office provided direction and technical assistance to the state for moving forward with the completion of the APSR.

Stakeholders engaged in the joint planning meetings have included:

- The Catawba Indian Nation;
- The Children’s Trust of South Carolina;
- The Citizen Review Panels;
- The Court Improvement Project;
- The SC Foster Care Review Board;
- The Guardians ad Litem and Court-Appointed Special Advocates;
- The Parents Anonymous (FamilyCorps) of South Carolina;
- The South Carolina Association of Children’s Homes and Family Services;
- The South Carolina Foster Parent Association;
- The South Carolina Law Enforcement Division;
- The University of South Carolina Children’s Law Center; and
- The University of South Carolina Center for Child and Family Studies.

Informing Practice with Data through Collaboration

Data Tuesdays

For the SCDSS, reliance on data has been partnered with face-to-face communication. The Data Tuesdays, designed to increase accountability and improve practice, arose out of small meetings where leaders discussed data points, trends and possible explanations. As more data was used, additional staff members participated.

Since March 2011, the agency has held weekly Data Tuesday meetings, which are divided into two parts: a review of key permanency data indicators and progress on WIGs, and leadership and accountability training. Through FY 2012, these meetings grew from the state office staff, innovation county directors, and the four regional managers to more than 60 individuals, and, when appropriate, include agency partners as well. These are now called Palmetto Power meetings (P2s), described below.

Palmetto Power (P2) Meetings

“Palmetto Power” (P2) meetings were initiated in July 2011. The purpose of these collaborative meetings with key stakeholders, private provider agencies, and county and state office SCDSS staff is to focus on the state’s data to analyze how to improve outcomes in SC child welfare services. These state-level forums are open to agency staff, partners, and the community. P2 meetings are defined as: *The intersection of people and data influenced by leadership and energized by imperatives (values)*. The P2 format has encouraged collaboration not only within the agency but also with community partners such as the SC Foster Parent Association, congregate care providers, the SC Guardian ad Litem Program, the SC Department of Alcohol and Other Drug Abuse Services (DAODAS), and private nonprofits who provide invaluable services to children and families.

Performance data sets are presented that relate to agency goals for safety, permanency, and well-being. The dozens of participants are challenged to formulate hypotheses about the data, and when applicable, to take ownership of the numbers by doing more analysis between sessions and presenting findings to the group. Members have also been invited to assist in the development of core values or imperatives that form the foundation of child welfare practice.

The SCDSS continued to collaborate with Casey Family Programs (CFP), which has provided funding and logistical assistance for P2 meetings that began in 2012 for stakeholders and partners in the child welfare system to participate from all over the state. The expectation at these ongoing meetings is to have a highly participatory, interactive

discussion focused on quality practice improvements and to ensure those providing services to children and families in SC are using evidence-based practices and data-driven systems.

In 2012, there were eight P2 meetings held and in 2013 there were a total of five meetings, and they are being held on a quarterly basis in 2014 with two P2 meetings being held at the time of reporting. There were typically a range of 220 to over 300 participants at each meeting representing a broad swath of the child serving system such as the Foster Care Review Board, the Guardian ad Litem (GAL), the SC Department of Mental Health (DMH), The SC Department of Education, the SC Citizen Review Panel, the University of SC School of Law and Social Work, the SCDSS employees (i.e. county directors, supervisors, caseworkers), the SCDSS attorneys, psychiatric residential treatment facilities, group care facilities, the SC Foster Parent Association, therapeutic foster care providers, foster parents, the National Alliance for Mentally Ill, Children Come First, the Association for Children Homes and Family Services, the Federation of Families, the SC Department of Disabilities and Special Needs, and the SC Department of Alcohol and Other Drug Abuse Services.

Many of the P2 Meetings used a format of sharing child welfare data in state vs. national data (i.e. placement stability, number of moves, types of placements, 23-item CFSR data, PIP data, signs of safety, permanency data, time to TPR, etc.), Wildly Important Goals (WIG's) that supported PIP goals in efforts to bring awareness of issues facing the child welfare system. Breakout groups/table discussions were then held on how all stakeholders in the system can make a difference. Breakout groups at times would include county directors and their staff along with county attorneys, GAL, FCRB, family groups and providers in their area. The groups then reported out to the larger group as to what they identify as the gaps/needs in their area related to the specific data. Sometimes groups are given homework to address the issues and report back at the next P2. Some of the issues identified became the focal point for Provider Palmetto Power (P3) meetings that were held at the local/regional level for specific resolutions and/or development of partnerships and interagency/community protocols for delivery of service. (See P3 section.)

Provider Palmetto Power (P3) Meetings

The Palmetto Association for Children and Families coordinates Palmetto Power for Providers (P3) meetings for providers on the federal standards for safety, permanency, and well-being. Through the SCDSS's partnership with Palmetto Association for Children and Families (PAFCF), regional P3 forums were coordinated for providers, SCDSS employees, and other stakeholders in the child welfare system. The trainings, jointly sponsored by the PAFCF and the SCDSS, were an opportunity for providers to meet with SCDSS regional and county directors to examine ways to work together to improve positive outcomes for children.

The P3 meetings began in SFY 2011-2012 and were held regionally to larger audiences of stakeholders such as GAL, DMH, DOE, DJJ, FCRB, TFC and Group Care providers along with county and regional directors to review performance data in the CAPSS system and ultimately of the SCDSS on the CFSR/PIP items to determine at the regional and local level what may be the barriers. Accountability for performance became a central highlight of these meetings and the focus of the P3 evolved in SFY 2012-2013 and SFY 2013-2014 to include a more data driven, interactive smaller group (county caseworkers, supervisors, adoptions and behavioral health staff, school, mental health professionals, family members, etc.) for a "Closer Look" where two selected cases could be looked at in detail. Participants looked at all aspects and history of the cases to identify services and activities that contributed to positive permanency for the child, as well as where the system did not work effectively. After two "Closer Look" sessions then the group would present to the larger gathering of system partners at a follow-up P3 meeting to present the findings and what was done to remediate lack of communication with all partners and develop local strategies moving forward that would eliminate the gaps identified in the cases under review. Often times, the cases under review at the "Closer Look" received new activity and resolution based on what was discovered by the participants. There were 9-10 P3 meetings held each SFY.

The latest focus area for P3's in this past FFY has been placement stability, and local partners and SCDSS staff have looked at placement stability data (number of moves, type of moves to specific levels of care, underlying reasons for moves, placement with siblings, moves to permanency, etc.) for permanency outcomes and well-being outcomes (i.e. mental health and educational resources). Workgroups within the meeting determine what went well,

what the concerns are and what needs to happen. A consistent theme of concerns noted by P3 participants is lack of resources for families in rural areas, lack of adoptive foster and adoptive families open to taking older youth, sibling groups, and/or children with moderate to severe behavioral challenges. Workgroups are forming from the P3's. For example in Region IV Pee Dee area of the state, the P3 participants are forming ongoing workgroups for recruitment of foster homes and the teaming implementation (which is a developing infrastructure within the SCDSS) that is pairing behavioral health type caseworkers (formerly Intensive Foster Care and Clinical Services (IFCCS) with county caseworkers to address trauma, medical community and behavioral health service linkage along with contract and regional clinical specialist support.

Foster Care Review Board (FCRB)

In South Carolina, the Children's Foster Care Review Board (FCRB) is the state agency statutorily charged with providing the federally mandated case review system and has served in that role since 1974. The FCRB Executive Director began meeting monthly with state-level SCDSS staff in CY 2012 to discuss systemic issues or concerns (in conjunction with GAL and state foster parent association leaders). Additionally, similar meetings were held at the local level in an effort to resolve case-specific or local systematic issues. The SCDSS has consulted with the FCRB for its input and assistance on federal and state legislative issues. The FCRB has a "targeted advocacy goal" that complements the agency's positive permanency WIG (Wildly Important Goal). Local FCRB representatives met at least quarterly with local SCDSS and GAL staff and Foster Parent Association representatives in a State Partner's meeting to discuss permanency issues, lack of communication between system partners and identify resolutions.

Huddles

In SFY 2009 and SFY 2010 combined, the FCRB documented over 29,000 system deficiencies or areas of concern. Areas of concern are non-compliance with law or policy that are barriers to permanence for children in foster care. In CY 2011, the agency received 9,089 cited areas of concern; in CY 2012, there were 7,448 (combined total of 16,537 – a 57% reduction in the areas of concern). While the SCDSS cut the identified deficiencies by more than half, it was determined by the leadership more needed to be done. In April 2012, the SCDSS began having individual county "Huddles" with the Foster Care Review Board in order to fully utilize the data and feedback that federal and state statute required the Foster Care Review Board to provide the SCDSS. The Huddles started as a forum to discuss Foster Care Review Board data and identify strengths, trends, challenges, and systemic barriers to the goal of safe and thriving children with forever families sooner. The scope of information discussed allowed for a more in-depth look at the quality of services being provided by determining the impact those services have on child and family level outcomes. Some of the reports used in the Huddles to assess appropriate permanency plans were FCRB county data (e.g. areas of concerns, re-entries, and outcome data), FCRB Non-Concurrence Report (report by child that shows when the FCRB and DSS have different plans for a child), Fostering Court Improvement Data, Weekly Push Reports and CAPSS Batch Reports. The Huddles consisted of FCRB staff, SCDSS adoptions, county directors/supervisors/caseworkers/attorneys, IFCCS behavioral health caseworkers, regional clinical specialists, Regional Team leaders, and Child Welfare Director. The Huddles process assisted the teams in pursuing permanency sooner through adoption on appropriate cases and/or defining more clearly the need for expediting TPR or establishing a plan for reunification in hundreds of cases, and the need for engaging other partners such as Guardian ad Litem, SCDJJ, court systems, etc.

There were Huddles with 18 counties by March 30, 2013. By the end of December 2013 all counties had participated in a Huddle with many counties returning to do a follow-up Huddle if concerns over cases and their outcomes needed more oversight to ensure permanency plans were appropriately addressing the safety, permanency and well-being of the child.

Huddles will continued in the SFY 2015, with the process evolving to be self-generating – that is, teams across the state are empowered to bring people together for a Huddle at any time. For the SCDSS, these Huddles exemplify the new approach to collaboration and accountability. Teams are encouraged to work together and learn how to address complex family issues.

SC Citizen Review Panels

Collaboration with the SC Citizen Review Panels (CRPs), with a focus on CPS intake, mandated reporters, and services to foster children is ongoing. While the establishment of CRPs is required under CAPTA, the state recognizes that the panels provide a unique opportunity for collaboration and community support, voices full support for the panels, and values their input. The purpose of the panels is to provide new opportunities for citizens to play an integral role in ensuring that states meet their goals of protecting children from abuse by reviewing the child protection system. South Carolina's three panels are the Midlands CRP, the Low Country CRP, and the Upstate CRP. The panels were supported and facilitated through the agency's contract with the USC Center for Child and Family Studies in FFY 2010-2014. Over this period, the CRPs focused on a variety of topics relating to the safety and well-being of children and increasing CRP membership. (See separate CAPTA Plan Updates document.)

The three SCCRP panel chairpersons, the state deputy director, the child welfare director and the USC panel facilitator, meet monthly for information sharing, and to discuss current SCCRP projects.

The focus for the CRPs FFY 2010-2014 included the following project areas:

- monitoring the implementation of revised SCDSS policies and practices regarding Out of Home Abuse and Neglect (OHAN). The CRPs worked closely with the SCDSS to strengthen OHAN policies and practices.
- examining SCDSS policies for addressing the trauma experienced by abused and neglected children, and the secondary trauma that child welfare staff may experience;
- examining SCDSS practices for addressing the continued use of foster care parents who are terminated for cause by Child Placing Agencies (CPAs);
- examining SCDSS policies and practices that assist youth in achieving independent living skills;
- tracking SCDSS efforts to achieve permanency or permanent connections for foster youth;
- The SCDSS and the CRPs have jointly conducted several presentations at national forums:
 - South Carolina hosted the Tenth Annual National Citizen Review Panel Conference May 18-20, 2011 in Charleston, SC, and SC Families First presented a panel discussion on Family Group Conferencing.
 - On April 17, 2012, the South Carolina Citizen Review panel chairs and the SCDSS child welfare director, presented on their work at the National Citizen Review Panel Conference in Washington DC. The title of their presentation was, "*How the South Carolina Citizen Review Panel is working with its State Agency to Impact Repeat Child Maltreatment.*" The presentation focused on the panels' work with the SCDSS to improve out-of-home abuse and neglect investigative practices and highlighted the groups' collaborative work with the SCDSS.
 - On August 23, 2012, at the invitation of David Kelly on behalf of Health and Human Services Secretary Bryan Samuels, the SCCRP coordinator, presented at the *Preventing Child Fatalities: Promising Strategies for Improving the Outcomes of Fatality Reviews* on the SCCRP panels' work. The title of her presentation was *Preventing Fatalities: Implementing Recommendations and Measuring Change: How the SCCRP is Impacting Repeat Maltreatment.*
 - On October 2, 2012, the chairs and the agency director for child welfare, presented on *How the SCCRP is Impacting Repeat Maltreatment* as part of the national webinar series coordinated by the National Citizen Review Panel Advisory Board through the Children's Bureau.

SC Joint Council on Children and Adolescents (SCJCCA)

This body was established in 2007 as a means to transform the service delivery system for youth and their families. The SCJCCA is a collaborative effort aiming to develop a system of care ensuring the efficient delivery of services, particularly to those with mental health disorders and substance abuse disorders. The initiative is a product of two federally funded grants: Child and Adolescent State Infrastructure Grant (CA-SIG) and the State Adolescent Substance Abuse Treatment Coordination Grant (SAC) which formed a "No Wrong Door" collaborative.

Unique in its membership, the Joint Council is comprised of Agency Directors of the principal child serving agencies: South Carolina (SC) Department of Mental Health (DMH), SC Department of Alcohol and Other Drug Abuse Services (DAODAS), SC Department of Juvenile Justice (DJJ), SC Department of Social Services (DSS), SC Department of Disabilities and Special Needs (DDSN), and the Governor’s Office of Continuum of Care for Emotionally Disturbed Children (COC). Other partners include SC Departments of Education (DOE), SC Department of Health and Human Services (DHHS), SC Commission for Minority Affairs (CMA), Behavioral Health Services Association of South Carolina (BHSA), Faces and Voices for Recovery (FAVOR SC), Federation of Families of South Carolina (FOF), National Alliance on Mental Illness (NAMI SC), SC Primary Health Care Association (PHCA), and parents of children with serious mental illness. Most recently, three funding organizations have been added to this list, including The Duke Endowment, which is supportive of SOC principles. The mission of JCCA is “*to ensure that all participating agencies improve the quality of life and enhance the safety of South Carolina children, adolescents, and their families by delivering cost effective, quality service which emphasizes that there is No Wrong Door to get the help you need.*”

Several key decisions made by the SCJCCA impacting health care were implemented throughout the state within the past five years:

- Adopting the GAIN-SS as a universal screening tool targeting children and families who may benefit from an array of health and behavioral services to include service agency determination. Based on screening outcomes, referrals are made to agencies to address the following health issues:
 - internal disorders (somatic, depression, suicide, anxiety, trauma);
 - behavioral disorders (attention deficit hyperactivity disorder, conduct disorder);
 - substance abuse disorders (abuse, dependence); and,
 - behavioral disorders and crime/violence (interpersonal violence, property crime, drug-related crime).

Significant findings from statewide screening data completed by 2010 included:

- 3,146 out of 3,833 adolescents (82%) had co-occurring mental health and substance abuse indicators. More broadly, 3,533 (92%) adolescents screened positive for mental health and/or substance abuse, which resulted in 1,830 (52%) referrals to treatment as reported on the Office of Research database. Of the 1,135 co-occurring adolescents referred from all four agencies combined resulted in 633 (56%) AOD only appointments, 351 (31%) DMH only appointments and 120 (11%) clients “not seen.”
- The SC Department of Alcohol and Drug Abuse Services (DAODAS) and the SC Dept. of Juvenile Justice (DJJ) implemented policies that required the use of the GAIN-SS as part of regular intake procedures at local facilities. The S. C. Department of Social Services issued a directive memo regarding this collaborative approach of screening children and youth within local communities.
- SCJCCA endorsed the following list of core competencies for adolescent providers to ensure a high-quality, well-trained workforce for treating adolescents and their families.
 - Understanding Childhood and Adolescence Substance Abuse;
 - Understanding Mental Health Issues;
 - Diagnosis of Co-occurring Disorders in Children and Adolescents;
 - Normal Childhood and Adolescent Development;
 - Treatment Knowledge for Children/Adolescents;
 - Screening Assessment and Referral;
 - Crisis Management;
 - Families and Communities as Partners;
 - Cultural Competency; and
 - Professional and Ethical Responsibility.
- SCJCCA selected five state agencies to conduct a review of their current policies and procedures in the SFY 2011-2012 to determine how family-driven care and family involvement could be better integrated into

their work. Understanding how trauma affects families and how to identify and respond to it, the Trauma-Informed Committee is an outcome of the following:

- The SCDSS utilized its longstanding partnership in the SCJCCA to advocate for an interagency statewide approach to addressing trauma-focused services for children. After much collaboration, a new Memorandum of Agreement was signed in March 2012 among all the stakeholder agencies participating in the SCJCCA that included the commitment to:
 - A common trauma screening tool to identify youth who need follow-up assessments for a substance abuse, trauma, or mental health problem and a common screening and referral protocol to be used by local providers.
 - Core competencies required for agency staff providing substance abuse/mental health services to adolescents, to include trauma awareness training, and provision of training based on core competencies through the normal professional development activities in place in the agency.
- The Substance Abuse and Mental Health Service Administration (SAMSHA) provided a two-day training in December 2012 on Trauma 101 for all SCJCCA members and guidance on “how to review Agency’s Policy and Procedures to address Trauma.”
 - The Trauma-Informed Committee was formed as a sub-committee of the Training Collaborative to develop a Strategic Plan that would be presented at the System of Care Conference in Florida in August 2012. The University of S.C. took a lead role in assisting the SCJCCA in developing a formal training plan. SCJCCA partners provided a free three-part training on “Adolescent Co-Occurring Diagnosis and Treatment” in August 2012 throughout the state.
 - Trauma -Informed Trainings about Trauma Informed Care were planned and coordinated through the Workforce Training Collaborative and were held in different regions of the state with two in October 2013, one in November 2013, and two in March 2014, two in April 2014, one in May 2014.

The SCDSS and DMH Trauma-Informed Workgroup

The SCDSS and DMH Trauma-Informed Workgroup began as a collaborative in September 2012. The collaborative included SCDSS County Directors, DMH Child and Adolescent Family Directors, and the Project Best Co-Director, from the Dee Norton Lowcountry Children’s Center met monthly until the end of calendar year 2013. The purpose of the workgroup was to develop strategies toward improving mental health access and outcomes for children served by the child welfare system. The immediate goal was to develop a plan to ensure that all children and adolescents in the foster care system would be screened and when appropriate assessed and treated for trauma. Additional desired outcomes from working together were identified:

1. to increase access to mental health treatment for children in the foster care system;
2. to improve working relationships between the two agencies;
3. to reduce fragmentation of services and supports to families known to both systems through increased coordination and collaboration;
4. to gain an appreciation and understanding of the strengths as well as limitations faced by each agency and to identify ways to bridge the limitations together;
5. to identify local needs as well as resources to help achieve joint collaborative goals;
6. to determine three long-term solutions that could easily be implemented within the next three months to improve outcomes; and
7. to identify future training needs to increase both capacity for trauma informed services and collaboration between the agencies.

Understanding the critical role that collaboration plays in improved outcomes for the children both agencies serve, the workgroup focused on developing a collaborative response protocol between the agencies to ensure that screening, assessment and treatment activities occurred timely and that the relevant information gathered through screening and assessment be shared in support of determining the treatment needs of individual children. The sharing of information also provides needed documentation for SCDSS case files.

An assessment and treatment protocol process was developed for use between the two agencies and LIPS Managed Care Organization providers known as *The Protocol for Trauma Screening and Assessment for Children Entering Foster Care*. Through this collaborative work group, agencies identified other practice areas needing attention. Initial MH assessments were not being consistently completed within 24 – 48 hours of a child entering care statewide as defined in “The Interagency System for Caring for Emotionally Disturbed Children (ISCEDC) Protocol”. This along with other issues around consultations, assessments and information sharing were addressed in the proposed protocol. The Protocol for Trauma Screening and Assessment proposes an initial trauma history by the SCDSS as part of the safety and risk assessment process. For those screening positive on the trauma history, a referral will be made for a comprehensive trauma assessment to determine the impact of trauma and appropriate treatment service needs. If trauma focused services such as Trauma-Focused Cognitive Behavioral Therapy are recommended, a qualified clinician will be obtained either through the Mental Health or MCO systems. The proposed assessment and treatment protocol is currently under review by the leadership at the SCDSS and the SCDMH. While the workgroup is waiting for approval of the protocol, several counties have expressed an interest to pilot these procedures. It is expected that this protocol may become a component of trauma informed practice through the SC Trauma Practice Initiative described below.

SC Trauma-Practice Initiative

The South Carolina Trauma-Practice Initiative is an example of a public/private partnership designed to translate what we have learned from research about trauma into practice. This Practice Initiative began in 2014 as a collaboration between the SC Department of Mental Health, the SC Department of Social Services, Children's Advocacy Centers, other local community partners, Project BEST, and the Program on Adolescent Traumatic Stress (PATS) at the National Crime Victims Research and Treatment Center (NCVC) at the Medical University of South Carolina. Project BEST is a collaborative project between the Dee Norton Lowcountry Children's Center and the NCVC and has been funded by The Duke Endowment.

The goals of this initiative are to use the Community-Based Learning Collaborative (CBLC) dissemination approach developed and implemented by Project BEST to: 1) build strong, working collaborative relationships between DMH clinicians, DSS caseworkers, and other public and private clinicians and brokers in every county in South Carolina; 2) train DMH therapists and other community therapists to deliver Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) with a high degree of fidelity and competence; 3) train DSS workers and other community brokers in trauma-informed services, including evidence-based interventions, evidence-based treatment planning, case management skills for treatment success; 4) increase the collaboration between community professionals in the identification, treatment planning, treatment delivery and treatment monitoring to completion; and 5) insure that every abused and traumatized child in every county in South Carolina who needs it, receives best practice services and treatment.

Six Community-Based Learning Collaboratives (CBLCs) will be conducted. Each of these CBLC's will include two 2-day face-to-face trainings as well as regular consultation over a 10-month period. Biweekly consultation for clinical participants will support the use of assessment to inform treatment and fidelity to the intervention model. Monthly consultation to the brokers will support the use of trauma history-taking, referrals of those who have a trauma history for trauma assessment, the inclusion of TF-CBT in treatment/service plans as indicated, and case management for treatment success. The monthly consultation for the senior leaders will focus on overcoming barriers to effective collaboration as well as identifying and overcoming barriers to implementation of an evidence-based, trauma-focused treatment intervention.

Each CBLC includes: The SCDMH Clinical Supervisors and therapists from two to four MHCs; an average of ten community therapists; SCDSS supervisors and senior caseworkers from the included counties; an average of five community brokers of mental health services; and an average of 20 senior leaders from the participating MHC, county SCDSS agencies, CAC and the community.

The CBLCs have been constructed for geographic proximity so that participants will be participating in collaborative learning with other professionals in their area. Practically, this supports the participants' ability to travel daily to and from learning sessions. Additionally, this creates networking opportunities, offers face-to-face knowledge of one another and allows for opportunities to collaborate on developing consensus on actions designed to share the responsibility for outcomes for the traumatized children within their own communities.

In these CBLCs, the plan is for a total of 281 SCDMH clinicians and 60 other therapists to be trained to provide TF-CBT; 180 SCDSS brokers will be trained, along with 30 brokers from other community agencies/organizations; and 120 senior leaders will participate, for a total of 671 professionals. Thus far we have had 95 participants in the Spartanburg-Beckman CBLC of which 34 registrants were SCDSS staff. On May 12-13, 2014, another CBLC was held in the Grand Strand and had 121 registrants, including 33 SCDSS employees.

Interagency Mapping Committee

South Carolina was the recipient of a planning grant in CY 2011 to expand comprehensive community mental health services for children and their families known as the System of Care Expansion Planning Grant awarded by SAMHSA. The purpose of this grant was to develop a comprehensive strategic plan for improving and expanding services provided by systems of care for children and youth with serious emotional disturbances and their families. The specific population for the grant was children up to age 18, who had mental health DSM IV or ICD diagnoses and/or at risk of multiple agency involvement, hospital or high intensive placement, or were trauma involved.

The SCDSS collaborated with lead partners the SCDMH and the SC DAODAS and other stakeholders who provided substance abuse, behavioral health, educational, advocacy and care coordination services to identify gaps in the system and where needed funding for behavioral health services should be targeted. Department partners included the SCDJJ, the COC, the SCDOE, the SCDDSN, the SCDDSN- Baby Net, the SCDHHS, the Children's Law Center, the S.C. Association of Children's Homes and Family Services (SCACFHS) Center, the Joint Committee on Children, Family Connections, SC First Steps, the Federation of Families, and a parent of a severely emotionally disturbed child. Interagency Mapping meetings were held in April and May 2012 to assess statutes, policies, regulations and eligibility criteria of each agency and community services as it pertains to populations served, services available, geographical location of services, and funding sources of services, gaps in services, needed array of services. Some common themes were noted:

- Families and organizations representing families have reported extreme difficulties in navigating the system and understanding what services are even available.
- Informal care coordination happens when a child needs multi-level involvement at the state level but children that don't have extreme needs do not have access to that kind of informal care.
- Early childhood is very well coordinated but is not linked up to meet needs early on.
- There is very little understanding of statewide eligibility and how it filters down to the community level.

This collaboration was a precursor to the Palmetto Coordinated System of Care initiative that seeks to develop a system of care that is accessible to all families with children who are in or at risk of out-of-home placement, described below.

Palmetto Coordinated System of Care (PCSC)

The PCSC was developed by the Joint Council on Children and Adolescents (JCCA). This body includes the directors of the child-serving agencies of the state including the SCDSS, family members, and other interested and involved organizations. A Memorandum of Agreement (MOA) was signed on March 14, 2014 by the eight child-serving Agency Directors and three family members that detail the responsibilities and the monitoring and oversight

of the PCSC. The current goal of the Joint Council and its sanctioned the PCSC is to implement a statewide System of Care (SOC) to address the needs of families with children and youth who are in or at risk of out-of-home placements. This is the body that will serve as the System of Care Team. The Joint Council meets quarterly, with designated deputies from each agency serving on an Executive Steering Committee that meets every two weeks to assess, develop, and address implementation issues of initiatives across the state involving the PCSC initiative. The SCJCCA also hired a Project Director 2/3/14 to project plan with agencies and develop the infrastructure necessary to implement a full system of care (SOC) in South Carolina. The PCSC also brought in national expert Sheila Pires on February 3, 2014 to provide the "System of Care" training with the eight child-serving agencies along with community stakeholders, family members and providers to build awareness around SOC models that have been implemented around the country. The training served as the initial foundation to determine the targeted population for a SOC and the infrastructure considerations that must be made. Also, in February 2014, the PCSC provided a Wrap-Around Overview to various levels of personnel at the eight child-serving agencies, involved stakeholders, providers and parents in a major component of the SOC initiative which involves centralized teams of care coordination with multiple specializations to provide a one stop shop for linkages to needed services.

The PCSC also developed three statewide workgroups that the SCDSS, other child-serving agencies and involved stakeholders, non-profit parent, family and youth organizations participated in (Service Array, Communications, Cultural and Linguistic Competency) this past FFY. The Service Array workgroup completed its recommendations for services in April 2014 to be added to the statewide array of services under a 1915i. The services are currently under review by the Executive Steering Committee for recommendations to the Joint Council. The Communications Workgroup has begun setting up a SharePoint type website to communicate the SOC initiatives, all the meetings, plans, recommendations, purpose, etc. in May 2014. The purpose is to clearly and consistently communicate the SOC and build statewide awareness with all stakeholders. The Cultural and Linguistic Competency Group began meeting in April 2014 to develop strategies for the SOC to ensure it is sensitive to the diverse population of SC as the infrastructure, services, policies and protocols are developed. The SCDHHS along with its contracted actuary Mercer, began meeting with all eight child-serving agencies in the PCSC in April 2014 to determine needs and gaps in service along with requesting all financial data related to serving at-risk children and youth and their families in efforts to begin to determine cost of services and establish rates for providers of services.

Program Oversight Council (POC)

The SCDSS has been an active partner and member of the POC, an interagency group of agency and private provider leaders established since 2001 to ensure the implementation of consistent service standards and established procedures for coordination, collaboration and monitoring of therapeutic foster homes, foster homes and group care providers and inpatient Psychiatric Residential Treatment Facilities (PRTF's) under state contract. Along with the participating agencies SCDDSN, SCDJJ, SCDOE, COC, SCDHHS, SCDHEC, the SCDSS plays a lead role in monitoring the following issues: health, safety, welfare, quality of care, quality of interventions, programming and appropriateness of care in the therapeutic and regular foster homes, group care out-of-home placements. The SCDSS keeps all the agency partners informed of licensing status and potential violations/health risks at all Group Care facilities. The SCDHHS and the SCDHEC keep the group abreast of licensing and healthcare issues with the PRTF's. The SCDHHS shares information received from the Joint Commission of Accreditation of Health Care Organizations on Residential Treatment Facilities' and Inpatient Psychiatric Hospitals' compliance with the JCAHO accreditation and standards. The SCDSS and the SCDHEC share findings with POC members from abuse and neglect investigations and any required corrective actions imposed on the group care and/or PRTF provider. The SCDSS and the SCDHEC provide information concerning the status of existing and potential group care and PRTF provider's licenses. The POC meets quarterly to provide guidance and input into system of care issues and policy changes related to the health, safety, care and welfare of children who are considered at risk behaviorally or medically. The POC also coordinates two provider meetings per year to share data and outcomes for at risk children, youth and their families along with all system changes. Through this forum, the POC elicits stakeholders and provider input into those changes and needs for services and gaps in the child welfare system. Much of the POC and stakeholder/provider input have driven the development of Therapeutic Foster Care (TFC) unbundling and the addition of documentation of Rehabilitative Behavioral

Health Services (RBHS) by TFC parents on a daily basis in 2010 along with the encouragement and eliciting of expansion of provider network for trauma informed trained clinicians which has been ongoing since 2012. The POC has been the conduit for seeking more Rehabilitative Behavioral Health Service providers and communicating expectations that TFC and group care services become more evidenced-based and PRTF's reduce length of stays with expectations of more family and community integration to lead to better placement stability and ultimately better safety, permanency and well-being outcomes.

Palmetto Association for Children and Families

The Palmetto Association for Children and Families (PAFCF), formerly known as the SC Association of Children's Homes and Family Services (SCACHFS), is a non-profit membership organization composed of private providers. Private sector members offer a continuum of services that benefit the agency, including: residential treatment, group care intensive, group care intermediate and low management residential care, therapeutic foster care, supervised independent living, wrap-around and intensive family services.

The PAFCF is a strong advocacy partner for the SCDSS with the legislature and in the community. The organization assisted the agency with the passage of a foster care children education Bill of Rights. After learning of the many problems members were having with enrolling foster children in school districts, the Association convened a committee of state officials and members to draft the proposed legislation. Governor Sanford signed into law the Education Bill of Rights for Children in Foster Care in June 2010.

This partnership is strong because both are committed to developing a continuum of care for all children and to assuring that children do not grow up in foster care. The SCDSS and the PAFCF continued to develop strategies jointly to create and fund an array of services that strengthens families and organizations that work with foster children. PAFCF members joined with the SCDSS in three collaborative committees: (1) Funding; (2) Older Adolescents, and (3) High-End Service Users. At the initial meeting of the Funding Committee, three smaller workgroups were formed to look at very specific funding issues. These were: (1) IV-E Funding Across Levels of Care; (2) Leveraging Funding, and (3) Specialty Care. A work plan with goals and strategies was developed by each committee and implementation of strategies began in early CY 2010 but soon thereafter was defunct as budget cuts were administered and critical mandated services were prioritized for reduced available funds.

Because training is a Quality Assurance cornerstone, the Association aggressively promoted and provided training on critical topics of importance to the delivery of services. Creating competencies was the basis for training. Training influences resources and skills. Ideally, the training opportunities provided through this MOU fostered positive and functional relationships at work, improved communications with service providers and children and families, improved decision-making and trust, assisted in conflict resolution, and enhanced teambuilding as a foundation for improving the lives of children. (See also Training and Technical Assistance in the Program Support section of this report.)

University of South Carolina College of Social Work Center for Child & Family Studies

The SCDSS partnered with The Center for Child and Family Studies (CCFS) for a multitude of activities in the areas of training, research, program evaluation, and program development. The CCFS collaborated with the SCDSS Staff Development and Training (SD&T) to develop and evaluate training curricula, and to deliver training to foster and adoptive parents and to the SCDSS staff members providing services in child welfare, managed treatment services, adult protective services, homemaker services, and family independence. The CCFS plans and delivers conferences and legal education seminars, develops media, and is working with the SCDSS in development of capacity for e-learning opportunities for staff. (See also Training and Technical Assistance in the Program Support section of this report.) A variety of training delivery methods are used, including face-to-face, videoconferencing, webinars, and online and blended courses. The CCFS also provided logistical support for various SCDSS meetings and events such as the Foster Youth Graduation Celebration.

The E-Tech program addressed educational needs of foster children through its work with foster parents and continues to provide computers for children and youth in foster care. The CCFS staff members worked with the SCDSS education liaison through the Education Subcommittee on education issues related to training, policies, and

procedures. E-Tech worked with various agencies that are involved in providing or monitoring educational services to identify and address service gaps, and establish guidelines for addressing educational needs of children and youth in foster care.

The CCFS also provided facilitation services to enable the Citizens Review Panels to complete their work and assisted The SCDSS with the implementation of the federal NYTD data collection requirements.

Prevention Collaboration

Statewide prevention of child abuse and neglect is an educational focus in SC to ensure parents understand the need to protect children, communities learn how to build protective factors, mandated reporters know how to recognize and report child abuse and neglect, and agency staff are trained to respond appropriately. Key Collaborations include partnerships with Children's Trust of South Carolina, BabyNet/First Steps, and the Faith Matters Campaign to Prevent Teenage Pregnancy

Children's Trust of South Carolina

The Children's Trust of South Carolina (CTSC) is the primary prevention organization for South Carolina. The SCDSS and CTSC have worked collaboratively for past 11 years to promote awareness during Child Abuse Prevention Month. The Children's Trust supports statewide prevention messaging throughout the year, culminating with Child Abuse Prevent Month (April) activities, including a Heroes for Prevention campaign and web-based interactive county map promoting the local service array throughout South Carolina communities.

The SCDSS and Children's Trust conducted the annual "Pinwheels for Prevention" promotion in Child Abuse Prevention Month (April), which features multiple media events across the state to promote awareness of child abuse. During April, the state's media networks are asked to feature public service announcements on the awareness of child abuse and neglect. A statewide media campaign (radio, print, television, and online) is used to increase awareness of proven protective factors that keep children safe from abuse and neglect. CTSC assisted grassroots community organizers in finding and promoting multiple pinwheel gardens, promoting local organizations working within the protective factor framework, hosting a media event around the planting of pinwheels, and seeking local government support through proclamations. The Children's Trust also offered messaging tools, tips and technical assistance for communities and non-profits to help facilitate discussion about Child Abuse Prevention Month and prevention throughout the year.

The CTSC has united with several communities across the state with the aim of cross-system, cross-collaboration approach to advance effective policy development. The Children's Policy Councils (CPC) united key leaders from child-serving areas (early education, K-12, child abuse prevention, health, juvenile justice, social services) with other civic leaders (law enforcement, business, faith-based, elected officials, and the general public) to serve as a platform for identifying and addressing the preeminent challenges confronting the children in each community. The CPCs have three core goals: (1) promote and practice effective collaboration between various social service systems and agencies; (2) identify and address the most pressing areas confronting child well-being from a collective targeted approach; and (3) inform elected officials, and the public at large, of developed recommendations to improve overall child well-being.

The CTSC also assisted in assessment of evidence-based service delivery models in the CY 2011. Many programs were reviewed and evaluated to determine the most comprehensive array for the needs of SC's children and families. Strengthening Families is the program believed to have the greatest potential for positive impact in SC outcomes for child welfare services for the following reasons: 1) many private service agencies in SC are currently utilizing this model; 2) the program includes components for substance abuse issues; and 3) it has a guide to services for children age 6-16 and for families whose lives are affected by criminal domestic violence.

Statewide continuous education was and is offered by the SCDSS, CTSC, Children's Law Center, Foster Parent Association and Children Come First. These public and private organizations worked together to encourage child

safety and well-being through multiple media venues, trainings, public speaking, and drafting of legislation to improve child safety and well-being. The Children's Trust has a website, active social media presence, and blog that are used for statewide outreach to multiple audiences. It also published a well-received policy newsletter at least every two weeks.

Maternal, Infant, and Early Childhood Home Visiting and Evidenced Based Home Visitation

The South Carolina Maternal, Infant, and Early Childhood Home Visiting (SCMIECHV) program continues to address critical areas of child well-being including the coordination and delivery of critical health, child development, early learning, prevention of child abuse and neglect, and family support services through evidence-based home visiting. In May 2011, Governor Nikki Haley maintained the designation of Children's Trust as the lead entity for the prevention of child maltreatment and the MIECHV program.

The Children's Trust perceives MIECHV as one service strategy aimed at developing a comprehensive, quality, early childhood system that promotes maternal/infant health, safety and development, as defined in Health Resources and Services Administration's (HRSA) Supplemental Information Request. Strategies include targeting at-risk communities, addressing community risk factors, and building on strengths in target communities. This initiative has afforded Children's Trust the means to build and strengthen infrastructure of service provision and workforce development through:

- technical assistance, monitoring and training;
- collaboration and coordination (models, partnering agencies); and
- supporting "special populations" via inclusion and support services.

The SCMIECHV and the Children's Trust have sponsored numerous pamphlets, informational brochures, and other advocacy efforts throughout the year, targeting service provision agencies, parents, elected officials and other early childhood stakeholders.

In September, 2013, the Children's Trust awarded \$14.4 million over three years to expand and bring to scale home visiting programs in the state. The SCMIECHV expansion grant will increase access to abuse prevention, health and learning readiness services for close to 1,300 families and result in more than 40 new jobs. The competitive funds were awarded by the U.S. Department of Health and Human Services (Health Resources and Services Administration Grant # D89MC26365; CFDA #:93.505).

This expansion will increase service within 14 funded sites, each reaching multiple counties and serving high-risk populations. The new funding will support expanding the reach of current sites as well as establishing the program in new, high-need counties.

The four major goals targeted with these expansion funds include:

Goal 1) Expand the capacity of existing home visiting programs to meet existing demand for these services within a given implementation site.

Goal 2) Expand the capacity of existing home visiting programs to provide these services in high need counties with no existing MIECHV home visiting programs.

Goal 3) Expand the use of MIECHV home visiting programs embedded in the primary care practice setting.

Goal 4) Expand the competencies of home visiting program staff in working with special populations receiving home visiting services.

The Children's Trust of South Carolina used the Institute for Health Care Improvement's Breakthrough Series (IHI BTS) Collaborative Model as its approach for implementing Quality Improvement (QI) for the state's Maternal Infant and Early Childhood Home Visiting (MIECHV) program. The IHI BTS Collaborative model is a QI method that relies on spread and adaptation of existing knowledge to multiple settings to accomplish a common aim. Seven MIECHV-funded home visiting (HV) program teams and four additional voluntary HV program teams participated in a 5-month Breakthrough Series collaborative entitled the MIECHV Quality Improvement Collaborative (MQIC). The eleven teams gained knowledge in evidence-based practices and QI tools and methods to test and implement changes that would lead to improvement in the health of the children and families they serve.

The MQIC focused on two of the legislatively mandated MIECHV benchmarks -- Maternal and Newborn Health and School Readiness. Teams were trained in: 1) the 2 A's +R, an evidence based practice to reduce tobacco use and dependence; 2) Motivational Interviewing, an evidence-based practice to guide behavioral change; and 3) the Model for Improvement, a QI method for testing and implementing changes on a small scale. Teams learned the practices and methods at Learning Sessions. In between Learning Sessions (Action Periods), teams received technical assistance (monthly report feedback and conference calls) while they tested and implemented changes at their work sites. At conclusion, teams identified new processes or improved current ones to better serve children and families and improve their health outcomes.

The Children's Trust convened state leaders to begin the process for coordinating efforts for the MIECHV grant. Participants included lead representatives from the Head Start Collaboration Office; the SC Departments of Social Services (Title IV-B and Title IV-E); Health and Environmental Control (Title V Maternal Child Bureau); Alcohol and Other Drug Abuse Services; Mental Health (Children's Services); and Juvenile Justice. Other non-cabinet level agencies participating included South Carolina First Steps to School Readiness (IDEA part C and the lead agency for the Early Childhood Advisory Council (ECAC) and the Office of Research and Statistics (ORS)). ORS handles all data collection for the state. Children's Trust continues to convene this working group quarterly as part of the established South Carolina Home Visiting Coalition (HV Coalition) charged with assisting in the implementation of defined grant goals and objectives, review of data and programmatic benchmarks and strategic planning.

Since being named the MIECHV designee in 2010, the Children's Trust has worked to create a continuum of voluntary home visiting programs that meet the needs of families across South Carolina. By coordinating efforts across agencies and always considering the sustainability of these programs, we have utilized public and private dollars along with state and federal funding to build that continuum, now well established in 21 of 46 counties. Over the last two years, particularly as the funding for the ACF Evidence-Based Home Visitation grant which supported the state home visiting infrastructure ends, the HV funding partners have been planning diversified strategies to sustain that support. As a poor rural state, it will be necessary to blend public and private funding in order to ensure the success and sustainability of home visiting in South Carolina. Current public and private funding partners including The BlueCross BlueShield Foundation, The Duke Endowment, SC First Steps for School Success, the SC Department of Health and Environmental Control, and the Children's Trust have met with numerous groups to gain local support for current programs as well as expand reach into underserved areas to develop interest in HV programs that would best serve their high-risk families.

All contracted sites within targeted catchment areas are commissioned to include in their program plans, the development and/or connection to an existing, local early childhood collaborative. All sites have been compliant and have maintained regular meetings within their local areas. Partnerships have been built with several state agencies, local and private funders, early childhood interventionists, childcare initiatives, other home visiting models, resource developers (i.e. Benefits Bank), health care facilities - including federally qualified health centers, teen pregnancy prevention programs, schools, and retailers.

The SCMIECHV sponsored numerous workforce and professional development initiatives to build capacity and infrastructure for a well-trained workforce. These offerings included:

- ongoing Latino outreach and cultural competence technical assistance for sites throughout reporting period;

- three Quality Improvement Collaborative Workshops for implementation of the IHI Breakthrough Series;
- four all-sites conference calls;
- two site administrators' peer review collaboratives;
- Family Check Up implementation training for additional staff (Dec, 2012 and January, 2013);
- initial orientation training for two NFP nurses in Colorado; and
- The Children's Trust biennial prevention conference featuring a Home Visiting specific track (September 11-12, 2013), including 150 scholarship sites for the state's home visiting and early childhood workforce.

From October 1, 2012 – September 30, 2013, the Children's Trust had six service provision sites. Eight (8) SCMIECHV contracted agencies have enrolled approximately 560 families with these programs, in 14 counties; while logging more than 5,300 home visits, along with various other interventions and resource referrals.

Baby Net/First Steps

BabyNet is South Carolina's early intervention system under Part C of the Individuals with Disabilities Education Act (IDEA), serving infants and toddlers aged birth to 36 months with diagnosed conditions and/or developmental delays. With South Carolina First Steps to School Readiness as the lead agency, all state agencies with a role in serving young children with educational or developmental disability concerns, as well as parents, legislators and community representatives, are represented on the SC Interagency Coordinating Council (SCICC). Each participating state agency with service and/or fiscal responsibilities within BabyNet is party to a state interagency Memorandum of Agreement (MOA) that outlines statutory requirements and responsibilities of each agency. This includes the SCDSS, the SCDHEC, the SC Department of Disabilities and Special Needs (DDSN), the SC Department of Education (DOE), the SC School for Deaf and Blind (SDB), the SC Department of Mental Health (DMH), the SC Department of Alcohol and Other Drug Abuse Services (DAODAS), the University of South Carolina (USC), in addition to private organizations such as First Steps, child day care providers, speech and hearing therapists, Family Connections, Parents Anonymous (FamilyCorps), and others. All members are appointed by the Governor.

CPS Intervention Collaboration

SC Network of Children's Advocacy Centers

Under state statute, the South Carolina Network of Children's Advocacy Centers (SCNCAC), a non-profit corporation since 2006, has codified the standards established by the National Children's Alliance. The Network is an accredited chapter of the national alliance. The Network is supported by the SC Children's Justice Act Task Force and grant funds. This joint funding and mutual support of the CAC network goes toward improving and enhancing the investigations of child abuse and neglect.

Through coordination with the Network, the Duke Endowment made grants available to accredited centers and worked toward development of common outcome measures for an evaluation process such as Project BEST.

The network serves all of the state through seventeen centers, thirteen of which are fully accredited Children's Advocacy Centers with five associate members. Every county SCDSS office has a CAC reasonably accessible to its office in order to quickly serve children and families.

Local SCDSS offices used child advocacy centers in their areas to assist in the forensic interviewing of child victims, particularly in sexual abuse cases. Using the child advocacy center opens the door for rich collaboration in staffing through the multidisciplinary staffing.

In 2003, the South Carolina Children's Hospital Collaborative and the South Carolina Network of Children's Advocacy Centers formed a partnership to address the shortage and training of clinicians specializing in the medical assessment of child abuse and neglect (CAN) and the disparity in quality and delivery of these services.

In December of the same year, the University of South Carolina School of Medicine, Department of Pediatrics, on behalf of these organizations, obtained a 3-year grant from the Duke Endowment to fund the initial stages of a statewide program to focus on these concerns. This program is known as the South Carolina Children's Advocacy Medical Response System (SCCAMRS). The program office is housed within the Division of Forensic Pediatrics at the University of South Carolina School of Medicine.

In July 2007, the South Carolina Department of Health and Human Services, recognizing the complexity of the medical services required for the assessment of child maltreatment and the need for the continued enhancement of the quality and availability of such services to their Medicaid eligible child population, added their collaboration and support to the SCCAMRS framework.

Since the SFY 2009 – 2010, the South Carolina General Assembly has allocated recurring state funds within the University of South Carolina annual budget to support the delivery of statewide CAN medical services by clinicians qualified by the SCCAMRS program office to provide such services. As of April 2014, the South Carolina legislature and Governor codified SCCAMRS.

Parents Anonymous (FamilyCorps)

The SCDSS continued to grow the success of the Parents Anonymous collaboration. Established in 1978, Parents Anonymous® of South Carolina (PASC) is the accredited State Resource Office for South Carolina. The mission of PASC is to help communities across the state establish mutual support programs to strengthen at-risk families and provide training, technical assistance and a variety of other resources to strengthen families. PASC's mutual support programs strengthen a caregiver's five protective factors (parent resiliency, social connections, knowledge of parenting and child development, concrete support in time of need, and children's emotional and social competence), which significantly reduce the incidence of child maltreatment. Along with caregiver support, the majority of the parental support programs had a concurrently-run children's support group, which offers its own curriculum and activities designed to meet the needs of the children in the group.

PASC programs were utilized by the SCDSS caseworkers as a part of a comprehensive treatment plan along with more clinical services. Additionally, many referrals into PASC programs come from the SCDSS caseworkers who require program participation for their clients as part of a continuum of care when a child is being placed back into the home of a parent or other relative caregiver. PASC utilizes the Positive Parenting Program (Triple P) which is a six-week parenting class that teaches parenting strategies that will help parents build positive relationships with their children, praise and encourage behavior they like, teach children new skills, set rules and give instructions that their children will follow, respond to misbehavior immediately, consistently and decisively, use discipline strategies that work and take care of themselves as parents. There have been 332 caregivers attended a Triple P Class between July 2009 – April 2014.

Additionally, the PASC conducts statewide child abuse awareness and prevention training for families, non-profits, churches, state and public entities that intersect with children and families such as (i.e. Girl Scout volunteers and staff, law enforcement, foster parents, Therapeutic Foster Care providers, kinship providers, SCDJJ, school staff, SCDMH, SCDSS, etc.). The training is focused on the four types of child abuse, why child abuse occurs, who gets abused, and who the alleged perpetrators are along with the impact of child abuse on the child, their family, and on society. The training also covers SC law related to child abuse and who "Mandatory Reporters" are, and their responsibilities about reporting according to SC law. Since July 2009-April 2014, there have been 1,039 adults across the state that received this training by the PASC. (See also C3 Program Support Section-Training.)

There are 65 PASC adult and youth support groups serving 26 SC counties. Mutual support programs throughout the state include open parent support programs (both adult and teen), kinship support programs (grandparents raising grandchildren), foster care parent support programs, father-to-father programs (including several programs for incarcerated dads whose release dates are within six months), and also concurrently run children's support programs. In the FFY 2014, there have been 33 Parental Support groups and an average of 24 children's groups

being held weekly with a total of 815 adults and 474 children being served as of April 1, 2014. (See also PSSF section.)

Family Group Conferencing Collaboration

One of the critical elements of a successful Family Group Conferencing (FGC) initiative is for community agencies to participate and support families through services and resources. In 2010, to accomplish this, SC Families First (SCFF) created and sought opportunities to educate stakeholders and key partners in the Family Group Decision-Making (FGDM) process. Both formal presentations and informal discussions were used to educate and involve stakeholders and partners in every step of the process, and FGC coordinators were recruited from the provider and community network to enhance those connections. This also provided a revenue stream for these stakeholders to diversify their service array to include community-based, family-centered services. The intent was that providers would use these principles and practice with their own clients, creating a true child welfare cultural shift toward family group inclusiveness. Increasing awareness and understanding of a family-inclusive approach opened up additional possibilities through several creative initiatives:

- The SC Foster Parent Association developed the Building a Bridge curriculum connecting foster parents with biological parents toward family reunification and healthy connections. Connecting foster parents to biological families through FGC and to Casey Family Programs provided opportunities to experience and to reinforce the advantages of this inclusive approach, as well as provide consultative and funding support.
- SCFF provided FGC in-service training to foster parents statewide through monthly county Foster Parent Association meetings focusing on their roles and participation in the FGC process.
- SC Connecting for Kids provided FGC to families where connections were made through family finding efforts by the SC Guardian ad Litem Program as well as connecting families with kinship navigators through providers with the Palmetto Association for Children and Families.
- The SC Center for Fathers and Families: An MOU between the SCDSS and the SC Center for Fathers and Families (SCCFF) was developed to provide staff training and specific services to noncustodial parents through the Center's county-based fatherhood programs. SCCFF took the lead in developing the father-friendly curriculum entitled *Engaging the Noncustodial Father* and assisted in delivering the training to Greenville County.
- SCCFF joined the Crossover Youth Project, bringing FGC as a service option to families where children have crossed over from child welfare to juvenile justice (Charleston, Berkeley, and Georgetown Counties). While CFP has discontinued funding for the state to participate in the CFP/Georgetown University project, county offices continue to jointly staff cases with SCCFF, encouraging FGC for many of these families. Additionally, SCCFF received a grant from the Greater Savannah River Community Foundation in partnership with Ashleigh Place Group Home to increase FGCs for families in Allendale, Barnwell, and Bamberg Counties prior to the official rollout date for these counties.
- SCCFF provided several presentations to judges around the state, and, along with the Children's Law Center, trained attorneys and judges in the FGDM approach and FGC intervention at three sites – Columbia, Hilton Head and Charleston. Continuing Legal Education credit hours were awarded for participation. One judge, especially supportive of the intervention, has ordered FGC at the probable cause with FGC prior to the hearing on the merits.
- Contact was made with the Catawba Nation to address First Nations children involved with the SCDSS. A presentation and meeting with the newly elected chief and social work staff was provided. Members of the social work staff attended FGC coordinator training and were certified as SCCFF FGC coordinators to provide this service for all First Nation children referred to child protection.

From April 2010-November 2013, a total of 1,211 professionals representing 55 different agencies, schools, faith-based organizations, foster parents, and service providers participated in FGC training.

State Department of Mental Health

The purpose of the collaboration between the SCDSS and the SC Department of Mental Health is to enhance services available to children and families by both agencies. To ensure efficiency and consistent sharing of information, there has been co-location of SCDMH staff in several SCDSS county offices since 2010. Objectives of this collaboration include the following:

- to learn the reason that local leadership is handling cases the way they are handling them;
- to look at patterns of practice at the local level by looking at data, and to determine what imperatives are involved in the trends;
- to create specific strategies to move forward;
- to have an environment where there is a smaller, more specific audience;
- to remediate lack of effective communications of all types, including GAL office, legal staff, DAODAS, etc.;
- to look at statistical trends for the area and check the fostering court improvements website, push reports and CAPPs reports; to find ways that providers can say they can help in this or that area;
- to find ways to collectively move toward safety and permanency and wellbeing;
- to look at CPS treatment cases that need attention;
- to examine well-being issues;
- to improve educational outcomes for children in care;
- to share good outcomes; and
- to discuss how is permanency is enhanced when child is not acting out in school.

Domestic Violence Collaboration

South Carolina Coalition against Domestic Violence and Sexual Assault

The SCDSS and the Coalition have a long standing relationship regarding the awareness of child abuse, and domestic violence to include child witnessing of domestic violence. This public private partnership developed in 2001.

In collaboration and in contract with the SCDSS since 2001, the Coalition has provided regional trainings on domestic violence topics for the SCDSS and operates and monitors the DV Liaison Project, which is a collaborative effort between the SCDSS, the Coalition, and Domestic Violence Shelter Programs. The original and on-going purpose of this project has been to ensure victims of domestic violence and their children seeking or receiving services from the SCDSS would be appropriately assessed, that their safety and security would be assured in their contacts with the SCDSS. In order to achieve this goal, the SCDSS decided to utilize the expertise of the domestic violence advocate community in South Carolina. These advocates are available to inform, consult and advise SCDSS staff statewide. This project paired a domestic violence advocate from each shelter program with the SCDSS, providing consistent opportunities for collaborative learning and assessment of programming.

Each year, the Domestic Violence Liaisons hold regional quarterly team meetings with the SCDSS Domestic Violence Program Staff, SCCADVASA staff, Domestic Violence Shelter Liaisons, SCDSS Regional Team Leaders, County Directors and their staff. SCDSS case managers receive annual training on domestic violence.

Immigrant Victim Network

The South Carolina Immigrant Victim Network (SCIVN) is a collective network of professional and community partners ranging from immigrant communities, victim service providers, healthcare, legal, and law enforcement professionals whose purpose is to better serve immigrant victims of crime by ensuring meaningful access to culturally and linguistically competent resources, benefits, justice, and available services. The SCDSS contracts with SCIVN, and the agency, as a member of the domestic violence/sexual assault work group, continues to work with other network members coalition members to reach the following goals:

- development of a cultural competency manual for domestic violence programs;

- provide workshops and training on issues affecting immigrant populations who are experiencing domestic violence;
- identification of specific immigrant communities and location within the state; and
- create a network of qualified interpreters for identified immigrant communities so that programs don't have to rely solely on language lines or wait to find a qualified interpreter.

The SCDSS has partnered with SCIVN throughout the FFY 2010-2014 period. The agency had partnerships across multiple community groups, which were essential for its implementation.

In the SFY 2011, the Children's Law Center offered joint training for casework staff and attorneys on handling cases that involve immigrant children and/or parents. Special immigrant juvenile status and the specific responsibilities of caseworkers and attorneys were discussed. Two half-day regional sessions were held, with 20 participants. In the FY 2012, four half-day regional sessions were held, with 33 participants.

The SCDSS Domestic Violence Program staff have attended the quarterly South Carolina Immigrant Victim Network (SCIVN) meetings since 2010. SCIVN is a collective network of professional and community partners ranging from immigrant communities, victim service providers, healthcare, legal, and law enforcement professionals whose purpose is to better serve immigrant victims of crime by ensuring meaningful access to culturally and linguistically competent resources, benefits, justice, and available services. As a result of participation and collaboration, the SCDSS has been able to acquire appropriate services for this underserved population. The agency strives to learn and meet the needs of the coalition and in turn, many partnership and potential contract relationships were developed within this forum.

Coalition members worked both as a large group on issues of concern to immigrant victims as well as in breakout groups on such topics as: 1) outreach to immigrant communities, 2) abused children, 3) domestic violence and sexual assault, 4) legal services and law enforcement education, and 5) human trafficking.

Over the FFY 2010-2014 CFSP period, SCIVN's contacts for services have increased more than 30 percent.

Foster Care and Permanency Collaboration

The SCDSS continued to collaborate with external stakeholders/partners to promote permanency and stability in living arrangements. The collaboration addresses systemic level issues and concerns and the provision of specific services for children in foster care.

Specific practice areas of collaboration related to foster care and permanency and the primary agencies involved include the following:

- Family Finding: Courts, SC Connecting for Kids, Seneca Family of Agencies
- Recruitment: Foster Care Review Board/Heart Gallery, SC Foster Parent Association Heartfelt Calling, SC Youth Advocate
- Foster Care Review: Foster Care Review Board, the SC Foster Parent Association, SC Guardian ad Litem
- Permanency Roundtables: Casey Family Programs
- Resource (Foster and Adopt Parent) Training: SC Foster Parent Association, Pro-Parents
- Special Programs for Foster Children: SC Foster Parent Association
- Special Services by Hospitals: MUSC

Specific collaborations related to foster care are described below.

Family Finding

Family Court: Law enforcement, court administration, and private sector agencies have all assisted in the development of the Family Finding Plan in 2012. Law enforcement has assisted in timely records checks and safety checks of relatives to determine the potential risk of placement with an alternative caregiver. At the 72-hour hearing, the Family Court has accepted alternative caregiver placements found by the locators prior to having a full home study completed.

SC Connecting for Kids: The SCDSS was the grantee for a federal grant SC Connecting for Kids. FFY 2012 was the third and final year of that grant. One of the components of the grant was Finding Families. The SCDSS partnered with the state GAL program to establish three or more connections for youth likely to last into adulthood for youth ages 12 – 17 in the 11 intervention counties targeted. The SCDSS gave the grant program staff access to Seneca Search to assist in locating potential connections.

Seneca Family of Agencies: In January 2012, the SCDSS contracted with Seneca Family of Agencies to support the requirements of the Family Finding initiative. Seneca Family of Agencies conducts manual searches of public records in an effort to find and identify possible relatives of children in care. Search requests are submitted through a secure link on the Seneca Family of Agencies website.

Recruitment Collaboration

The SCDSS recruitment campaigns were developed and implemented to realistically target and serve the best interests of the children in the SCDSS system, among whom the ethnic minorities were disproportionately represented. These demographics were continuously tracked, and partners remain aware of them so as to keep the campaign realistically aimed at identifying and recruiting resource families from within these children's communities, while being in full compliance with all applicable points of the Multiethnic Placement Act of 1994. Efforts are coordinated for all SCDSS and community initiatives intended to identify and solicit resource families, including nonprofits and representatives of the faith-based community. This further ensures that every attempt is being made, in every community and culture, to create and maintain a viable pool of resource families that reflect and respect the varied cultural values and experiences of SCDSS children. Recruitment Collaboration

The South Carolina Foster Parent Association, SCACHFS, GAL and FCRB (Foster Care Review Board) have all been supportive of utilizing the Foster Parent Association as a recruiter for additional foster homes.

The South Carolina Heart Gallery (Foster Care Review Board)

The Heart Gallery is a national program that uses the power of photography to help find homes for legally free children lingering in foster care. Through community exhibits and Internet photo display, this recruitment tool increases public awareness of the need for adoptive families. The South Carolina Heart Gallery (SCHG) is a collaborative effort for the recruitment of adoptive homes. The agency has a contract with FCRB for the SC Heart Gallery to be administered and supported by the Children's Foster Care Review Board. SCHG program staff works with the SCDSS Regional Adoption Services staff to arrange photography sessions as needed, plan community exhibits, track and respond to any resulting inquiries from interested families, and provide targeted, child-specific recruitment and family engagement.

The South Carolina Heart Gallery partnered with the South Carolina Department of Social Services (SCDSS) to meet its ongoing goals related to increasing finalized adoptions of legally free children in a timely manner. The 2012 – 2013 MOU areas of focus included enhanced targeted recruitment, family engagement, enhanced coordination and communication with the newly appointed Statewide Adoptions Recruitment Coordinator, and participation in quarterly state Adoptions Partners collaborative meetings. (See description in the Foster and Adoptive Parent Recruitment section of this report.)

SC Foster Parent Association Heartfelt Calling

Heartfelt Calling, developed by the SCFPA, provides expedited responses to inquiries about fostering and adoption. In the past, potential resource parents who did not receive responses or who received greatly delayed responses to

inquiries went to other organizations to find children or gave up and lost interest altogether. To address this concern, in November 2011, SCFPA developed its recruitment Heartfelt Calling program. Heartfelt Calling provides consistency and follow-up from first contact through pre-service training.

In addition to the need for quick response, the need for consistency and continuity in recruitment of resource/foster and adoptive parents plays a significant role in turning inquiries into licensed resource/foster and/or adoptive homes. Therefore, SCFPA added a staff position soon after the start up in 2011, to respond daily to phone calls, emails, and any other form of inquiry about possible resource parenting. The recruitment coordinator is able to answer inquiries in one working day, and answer questions regarding foster care and adoption of children in SCDSS custody.

In true collaboration, the recruitment coordinator sends the application packet, or other appropriate information to each inquirer within one working day, notifies the appropriate SCDSS office, and follows up to ensure that connections have been made and the process is moving along. Additionally, SCFPA implemented a new toll-free telephone number to ensure all calls received are inquiries concerning resource parenting or adoption rather than a general number that would route inquiries about multiple issues. This also allows for ease in tracking the success of public relations efforts. (See Foster and Adoptive Parent Recruitment section of this report.)

SC Youth Advocate Program (SCYAP)

The SC Youth Advocate Program (SCYAP) was awarded the Recruitment of Resource Families contract in December 2011 for the Upstate Region as an extension of the SCFPA's recruitment efforts; three of the most populous counties in the state are in this region. The main purpose of the contract was to increase the number and quality of resource families in the upstate along with improving the retention rate of resource families. The goal was to provide readily available appropriate resource families that were well trained in providing for the needs of children coming into care. The SCFPA and SCYAP collaborate closely to develop mutually workable and acceptable procedures to ensure that recruitment activities are consistent and that all phone calls and other forms of inquiry about possibly becoming a resource family are handled within the next working day and in the same manner. Any direct inquiries received by the SCYAP are forwarded to SCFPA for entry into the central recruitment database. As of March 31, 2014, there were a total of 345 licensed resource families with 45 of those being closed by SCYAP.

Foster Care Review Board

In order to ensure state compliance for foster care, the SCDSS contracted for administrative review of all Title IV-E children with the Office of the Governor, Division for Review of Foster Care of Children. The Governor's Office is the agency designated by South Carolina Law, [Section 63-11-700 et seq. Code of Laws of South Carolina (Supp. 1996)] to perform Foster Care reviews every six months. The Foster Care Review Board (FCRB) provided these case review services in accordance with all applicable federal and state laws, rules and regulations. The administrative review is the point at which the principal parties to a foster care placement and in the child's life have the opportunity to discuss the case plan, to discuss progress made toward resolution of problems and achievement of goals, and to reach some understanding about the child's current and future status.

Permanency Roundtable Collaboration (PRT)

The SCDSS collaborated with Casey Family Programs in implementing the PRT process in 2011 for children meeting specific criteria. The primary goals of the PRT were to expedite safe permanency for children and to increase staff skill development around expediting safe permanency. The key child outcomes included the children's progress toward and/or achievement of legal permanency; reductions in the level of restrictiveness of the children's living arrangements; and safe transition out of the foster care system through positive permanency, in the form of family reunification, relative guardianship, or adoption.

SC Foster Parent Association

The South Carolina Foster Parent Association (SCFPA), as a well-organized and long-standing support for foster parents across the state, is uniquely positioned to help the SCDSS to achieve its goals of positive permanency for children who have been in care for 17 months or more and to increase adoptions for children who are legally free for adoption.

Their efforts, as contractors with the SCDSS, include managing the recruitment of foster parents, training foster parents, and providing support to families with foster children. Efforts over the FFY 2010-2014 period include recruiting more than 800 families each year as potential foster families. Their singular focus on improving and supporting the foster resources available to the SCDSS means enrollment totals more than 6,000 attendees (duplicated headcount) each year.

The SCFPA is an active partner in SC's child welfare system, developing and implementing many programs over the years, including Independent Living Showers, Pack a SACK, and On the Road Again.

Following are brief descriptions of these programs/initiatives:

- **Independent Living Showers.** Independent Living Showers were provided by SCFPA to all foster care youth transitioning to college or out of care. When an adolescent has been identified, the foster parent association plans a household shower to include current and former caseworkers, foster families, and other attendees identified by the youth. These showers provided basic household items such as linens, dishes and kitchen items. During the period of 2010-March 2014, the SCFPA has provided over 300 showers for youth either setting up an apartment or moving into a college dorm.
- **"Sponsor a College Kid" (Pack a SACK Project).** This partnership with the SC Foster Parent Association, the SCDSS state office, and local participating organizations, since 2010 serves foster care students in college. Faith-based and/or community organizations are identified to take part in this effort by sponsoring college students who have been in foster care by supporting them and providing various items for them while they are away at college. Providing this ongoing support and care items for students can enhance relationships and maintain connection with their community. A supporting organization can "Pack a Sack" with toiletries, school supplies, snacks for study, entertainment items, greeting cards, etc.
- **On the Road Again.** Because youth access to transportation was determined to be barrier to self-sufficiency (education and employment), the SCFPA developed the On the Road Again program to provide youth exiting foster care with automobiles. On the Road Again provides donated cars to foster care youth who are at least 18 and not yet 21 years old, actively employed, pursuing a GED or engaged in a post-high school education program. With adequate transportation, these young people were able to pursue their goals of continuing education and employment, allowing for a more successful transition into adulthood. The program began in July 2010 and has served 53 children to date.

Special Services/Initiatives for Children with Special Needs

Medical University, Palmetto Richland and Greenville Hospitals Services for Medically Fragile Children: In partnership with the Medical University of South Carolina (MUSC), Palmetto Health Richland and Greenville Hospital Systems (GHS), the agency secured intensive specialized care and care coordination services for medically complex children in foster care or adoption who reside in or near Charleston, Richland, and Greenville Counties. The programs provided specialized training to foster parents and/or adoptive parents pursuing finalization of medically fragile children. The specialty medical and developmental training, including pediatric CPR training, is made available to other foster parents as well. Palmetto Health Richland and Greenville Hospital ended in FFY 2013 and the partnership with MUSC has continued through FFY 2014.

Pro-Parents

The SCDSS had a partnership with Pro-Parents to address the special education issues affecting foster care children including a "LINKS" curriculum taught by Pro-Parents directly to foster care parents from 1/1/12 – 6/30/12. The curriculum outlines special education issues for foster parents including advocacy tools to be used at the school district level.

Adoption Collaboration

Council on Adoptable Children (COAC)

The SCDSS partnered with COAC to maintain the state photo listing of the children waiting for adoption. COAC had a website that is linked to the agency's website. COAC also coordinated the listing of SC's children on the National Adoption Exchange website, Adopt US Kids. The SCDSS took over this responsibility in FFY2012.

Inter-Country Adoptions

In order to adopt internationally, all of the following stakeholders – certified investigators, child placing agencies, adoption, Citizens and Immigration Services, Homeland Security, and the State Department, as well as adoption attorneys – play a role in the inter-country adoption and work with the SCDSS/ICPC Unit. Each entity has a service to provide and has to coordinate efforts for an inter-country adoption to happen. Child placing agencies and certified investigators provide home studies and steer the families through the process. The SCDSS reviews the home studies to see if criteria as stated in SC law are met. The US governmental departments review and assure that US laws have been followed with the provision of home studies and other stipulated documents.

At least once a year, Citizens and Immigration Services (CIS), Homeland Security, and the US State Department participated in and provided training through workshops or via teleconferences to ICPC staff, along with child placing agencies, certified investigators, and adoption attorneys, to review any new procedures to make sure that procedures are understood, to discuss the standards for an international study, and to assure state partners are providing appropriate services to adoptive parents who wish to adopt and bring children into the US for an inter-country adoption. Also, the SC Association of Licensed Adoption Agencies (SCALAA) provided training to its members about inter-country adoptions, and ICPC staff participated in these workshops each year from 2009- 2013.

Adoption Assistance Collaboration

The USC Children's Law Center collaborated with the agency in providing technical assistance to Regional Adoption Services Offices in the FFY 2012 and FFY 2013 as needed. In the FFY 2012, the Center provided all regional offices a refresher training to include updated information related to IV-E determinations, adoption subsidies, and ICAMA. The Department's Office of General Counsel supported this effort by helping to ensure that court orders filed in removal proceedings contain findings that were necessary to establish IV-E eligibility.

Youth Engagement

Youth involvement opportunities included:

- Independent Living Advisory Committee (ILAC);
- GOALL (Go Out and Learn Life) (a state youth advisory board);
- Independent Living Youth Association (ILYA) (an umbrella organization made up of county and regional youth groups); and
- SC NYTD Youth Voice (a state youth advisory panel).

The Independent Living Advisory Committee

The ILAC provided oversight, technical assistance, and guidance to the Independent Living Program. The committee includes agency (administrative, supervisory and direct service) staff, university staff, Foster Parent Association, Association of Children's Homes and Family Services, group care providers, and representatives of other child serving agencies. Membership also includes two slots for youth (one currently in foster care and one foster care graduate). Issues affecting youth in foster care and aftercare were addressed and supported across agencies, and

program information was shared for further dissemination statewide. Currently, the advisory committee is reviewing the agency foster care policy and ways to enhance the program for older youth in foster care. The committee did not meet in the FFY 2014.

GOALL (a state youth advisory board)

GOALL consisted of youth who are or have been in foster care who represent the voice of youth in care. These youth were members of County or Regional youth groups and were selected by the youth groups to represent them on GOALL. This board continued to provide to the SCDSS the youth perspective on the foster care program, its impact on their lives, and needed changes. During FFY 2010-2014, GOALL has participated every year in the planning of the annual youth training. Their recommendations are relayed through the GOALL Facilitator and Liaison who attend the meeting. They also participate in the panel discussions at the annual training.

County and Regional Youth Groups

Multiple county and regional youth groups comprise the Independent Living Youth Association. Of South Carolina's 46 counties, 31 were represented by youth groups of April 2014. These youth groups consisted of 13 – 21 year old youth who were in foster care, and they functioned as liaisons between the youth in the counties and the county directors and supervisors. Members participated in the development of training for youth and leadership classes for themselves. Nominations for youth to participate on one of the two statewide youth panels come from the membership of the local youth boards as well as from case managers who have identified a particular youth as a viable candidate.

The SC NYTD Youth Voice (a state youth advisory panel)

The National Youth in Transition Database (NYTD) is a federally-mandated data collection system for the Chafee Foster Care Independence Program. This database is used to track independent living services and supports provided to youth in foster care. In effect since January 1, 2012, the advisory panel, consisting of a maximum of ten youth in foster care or previously in foster care (17 years or older) from SC, provided advice about NYTD, the surveys, and IL services offered to youth in foster care. Members of the panel were also invited to participate in discussions and presentations at state and national conferences, as needed (including the National NYTD Technical Assistance Meeting). The SC NYTD Advisory Panel met quarterly since FFY 2012 to date at the University of South Carolina and is facilitated by the SC NYTD research director and SC NYTD project coordinator from USC – Center for Child and Family Studies.

Court/Legal Collaboration

State Guardian ad Litem Program (GAL)

Several GALs are chairpersons for local Citizen Review Panels (CRPs). The SCDSS also consults with GAL program staff for their assistance and input on federal and state legislative issues. Local GAL staff met at least quarterly with local SCDSS, FCRB, and FPA staff to discuss issues or concerns. Additionally, the GAL program is a key partner in the Fostering Connections Grant that includes family locator program for older youth.

University of South Carolina School of Law Children's Law Center

The Children's Law Center (CLC) has been an integral part of agency partnerships since its founding in 1995 as the Children' Law Office. The SCDSS and USC School of Law were the primary partners in establishing the CLC. A major achievement for the CLC was to attain "Center" status at the University of South Carolina, which goes toward validating its presence and acknowledging its importance in the community.

The CLC continued providing logistical support to the SC Children's Justice Act Task Force and interfaces between the child protection agency (SCDSS) and the Task Force to ensure coordination and communication between and among all agencies and entities in the child welfare system in South Carolina. Staff from CLC actively participated in

the quarterly Child Welfare Advisory (CWA) meetings and meet regularly with the CWA subcommittee for Permanency. The CLC is under contract with the agency to deliver a multitude of training opportunities for child welfare and legal staff, as well as community child welfare professionals, especially Guardians ad Litem and attorneys participating in the child welfare system. (See training and court collaboration sections in this report for details.)

Children's Justice Act Task Force

The South Carolina Children's Justice Act Task Force serves the state and has been fully functioning since its establishment in 1995. Committees currently established are: (1) Children with Disabilities; (2) Criminal Systems/Prosecution; (3) Child Protection; and (4) Legislative.

The Children's Law Center (CLC) continues to provide logistical support to the SC Children's Justice Act Task Force and interfaces between the child protection agency (SCDSS) and the task force to ensure coordination and communication between and among all agencies and entities in the child welfare system in South Carolina. The South Carolina Children's Justice Act Task Force serves the state and has been fully functioning since its establishment in 1995. At three-year intervals, the task force conducts an assessment of the state's systems responding to abused and neglected children and develops recommendations designed to improve: (A) the handling of child abuse and neglect cases, particularly cases of child sexual abuse and exploitation; (B) the handling of cases of suspected child abuse or neglect related fatalities; (C) the investigation and prosecution of cases of child abuse and neglect, particularly child sexual abuse and exploitation; and (D) the handling of cases of children with disabilities and/or serious health problems who also are victims of abuse and neglect. The CLC assists the task force by implementing its training recommendations and conducting research for its policy recommendations. Membership is multi-disciplinary, with a broad range of perspectives represented as required by federal statute. Committees currently established are: (1) Children with Disabilities; (2) Criminal Systems/ Prosecution; and (3) Child Protection.

Mandated Reporter Training

Another important collaboration with the Children's Law Center was through the SCDSS training contract with USC, the CLC provided statewide training to mandated reporters of child abuse and neglect. There was a substantial increase in the training effort to equip professionals who are mandated to report suspected child abuse and neglect as well as major collaboration effort and partnership. The CLC has provided training statewide for over 22,513 mandated reporters (i.e. teachers, law enforcement, nursing professionals, caseworkers, etc.) during the FFY 2010-2014 CFSP period.

- During the FFYs 2010-2011, 3,227 professionals and mandated reporters were trained in recognizing the signs of abuse and neglect in 79 sessions. The training sessions included four one-half day regional sessions, a "training of trainers" session for disabilities professionals and a one-week institute for school counselors. In addition to these sessions, a one-hour online session is available to the public through the Children's Law Center website. In the FFY 2010-2011, 375 persons completed the online training.
- During the FFY 2012-2013, the Law Center continued its training contract, leading more than 10 training sessions across South Carolina with an average attendance of 40.
- In the FFY 2013-2014, the CLC continues to be a valuable partner, training more than 1,100 staff and other professionals.

The CLC has continued the effort to reach mandated reporters who are not commonly touched by routine methods through the distribution of information packets and brochures developed specifically for film processors and computer technicians who are mandated reporters by SC state statute. In addition, a CLC staff attorney teaches a course at the USC School of Law around family court and child abuse issues as part of the state's ongoing efforts to ensure that attorneys who may work with abuse and neglect in family court cases or serve as Guardians ad Litem have received training to prepare them for that job.

Crossover Youth Practice Model

In early 2010, the Center for Juvenile Justice Reform at the Georgetown University's Public Policy Institute in partnership with Casey Family Programs selected 13 sites to implement the Crossover Youth Practice Model (CYPM) with three counties in SC being among those chosen to participate. The three counties were Georgetown, Berkeley, and Charleston Counties. The Center for Juvenile Justice Reform (Stewart, Lutz, and Herz, 2010) defines *crossover youth* broadly as youth who experience both maltreatment and delinquency—regardless of whether the maltreatment and/or delinquency becomes known to one or both systems. *Dually-involved youth* is a subset of crossover youth representing youth who are known to both systems. The CYPM focuses on dually-involved youth with the intent to improve the handling of these youth within and across both systems.

The Crossover Youth Practice Model (CYPM) was an initiative intended to build and enhance communication and collaboration across multiple systems in order to improve the handling and outcomes of youth who penetrate the child welfare and juvenile justice systems. This effort, in turn, was connected to the desire to improve the well-being of children who experience maltreatment and delinquency.

In the FFY 2011, the SCDSS and the SCDJJ worked together to improve decision-making relationships around children and families being served by both agencies. The process developed protocols to facilitate communication among families, agencies, and the court. Georgetown, Charleston and Berkeley counties were participating in this program for Crossover Youth.

The CYPM work had two desired, interrelated “results.” The first was to improve communication and collaboration across multiple systems through the implementation of promising practices, particularly within and between the child welfare system and the juvenile justice system. The second desired result is to improve outcomes for youth who are victims of maltreatment and arrested for a delinquency.

During the FFY 2011, there were 32 youth in Charleston and four in Georgetown who were involved in the CYPM model. Neither the SCDSS nor the SCDJJ have a method or database to compare the children who move from one system to another.

Lessons learned from this project are the increased and invaluable communication that has occurred between the SCDJJ, the SCDSS and the court systems. Cases are being evaluated earlier for dual maltreatment and delinquency issues, and services to address the family dynamics are being put in place to prevent the child from returning to the dysfunction in the family that may have contributed to the delinquent behaviors.

The SC Department of Juvenile Justice, Family Court, the SCDSS, and the GAL program collaborated on this project. The courts were aware and involved in the project. The Family Court Judges were made aware in the three counties of the collaborative efforts of the SCDSS and SCDJJ system. Family Court Judges were asked to inquire if both agencies had a recommendation for the youth and if the two agencies had staffed the youth and to come up with a combined plan that meets the needs of the youth and family.

The final report on this initiative was completed in collaboration with the Center for Juvenile Justice Reform and Georgetown University in the fall of 2012. While this was viewed as a valuable program and service delivery model, there were no plans for expansion of this program. Due to lack of resources and limited implementation time for both agencies, the decision was that neither agency could produce enough data to fully quantify the true impact on collaborative practice or individual outcomes.

Family Court Bench-Bar Committee

The Bench-Bar Committee was established in 1994 pursuant to the South Carolina Families for Kids, a partnership of the South Carolina Department of Social Services and the United Way of South Carolina. The Bench-Bar Committee was created to focus on the legal process of the child protection system. Although originally conceptualized as a committee of lawyers and judges, the Bench-Bar Committee membership was expanded to include representatives

of Court Administration, the SCDSS, and other child-serving agencies. The Bench-Bar Committee continued to monitor the legal process of child protection cases and to make recommendations for its improvement.

The Bench-Bar Committee continually reviewed implementation of the best legal practices, considering revisions as needed. The Family Court Bench-Bar Committee developed these guidelines, with assistance from the CLC and in collaboration with the agency, the SC Guardian ad Litem Program, and the SC Foster Care Review Board. The Best Legal Practices document provides procedural recommendations for handling child abuse and neglect cases to reduce delays, expedite permanency for children, and provide overall efficiency for these cases. The Bench-Bar Committee also provided consultation to the Children's Law Center in development of the Judges' Bench Book of Best Legal Practices, an electronic resource guide for abuse and neglect hearings. Each section contains information in a condensed form for readability that can be expanded for a more detailed explanation. The Bench Book was approved by the Family Court Judges Advisory Committee and the Chief Justice of the state Supreme Court in the fall of 2012, and is now provided to all family court judges, and all SCDSS attorneys are required to use the Best Legal Practices Bench Book. The Bench-Bar Committee continues to update and revise the Bench Book and some of the latest changes made at the April 2014 meeting include: **Hearing on Continuances** -The court should ask the SCDSS to address what services can be given to the parents prior to the merits hearing and/or agreement to the placement/treatment plan; **Expedited Placement** - If the court orders expedited placement with a relative at the probable cause hearing, that relative may be added as a party for the duration of the case or until further order (updated based on SCDSS revised policy # 750 in summer 2013). The Bench-Bar Committee also serves as the advisory task force for South Carolina's CIP grant programs. The committee receives regular reports regarding grant activities and offers guidance and feedback.

The Bench Book provides general information on state and federal law, court proceedings, court order requirements, and best practices. It is divided into ten sections - one section for each type of hearing, as well as sections for Paternity, Reasonable Efforts, Central Registry, and ICWA.

Court Improvement Program

The Children's Law Center, through Court Administration, received a federal grant for court improvement in collaboration with the SCDSS. The grant was received and implemented in the FFY 2012. During the FFY 2013 the following activities have been undertaken to improve not only the untimeliness of child abuse and neglect hearings, but to improve the quality of the hearings and the services children in the SCDSS system are receiving. The goal has been to assist the SCDSS with the overall goal of "children having safer and thriving forever families, sooner". The Department's desire to have quality services, while reducing the time the child is in the custody of the agency, is an over-arching goal of SC child welfare systems. Thus, one of the goals of the Court Improvement Grant is to develop and implement training to various parties/partners of the child welfare systems, which include not only SCDSS staff, but the GAL, foster parents, and the SC Foster Care Review Board.

During the FFY 2013, there were 15 in-service GAL trainings conducted by the Children's Law Center. The counties included were: Aiken, Anderson, Edgefield, McCormick, Saluda, Laurens, Greenwood, Hampton and Oconee. Some of the counties listed had multiple GAL training sessions on various court related topics such as: the Pro Active Role of the GAL, TPR, Mandated Report Training, Educational issues, Motions and Rules of court, and Multicultural issues.

The Children's Law Center, in conjunction with the SC Foster Parent Association, conducted four training sessions for foster parents. These sessions occurred in Aiken, Greenville, Oconee and Spartanburg Counties. The topics were relating the TPR process and the importance of concurrent planning and court coordination. The foster parents role, legal rights and assistance as part of the team for the best interest of the child were the focus of these trainings.

The CIP training staff was asked by the state offices of the SCDSS, the Volunteer GAL and the Foster Care Review Board to facilitate and conduct joint trainings for their local county staff and volunteers. The trainings were first conducted in priority counties, identified by the state offices as having the greatest need. There were 16 joint trainings held in the FFY 2013. A common need identified in priority counties was communication. Some of the

communication issues were non-response to contact, lack of timely or no notice of hearings, and misunderstanding of each agency's role and authority. These issues, along with other barrier issues, were identified during the trainings. These barriers created a serious impediment to the legal and case management processing of cases. Such impediments were causing a delay in the positive permanency outcome for children.

Participants were encouraged to identify and send in their county-specific barriers, to the CIP training staff prior to a training date. The breakout session groups develop an action plan to resolve barriers. This action plan is disseminated by the CIP training staff to the participants at the training, the SCDSS county director, the SCDSS team leader, the SCDSS area attorney and the general counsel for the state volunteer GAL program. The action plan assists each agency with monitoring

Training provided by the CLC regional attorney trainers for SCDSS staff related to timely, thorough and complete hearings in the FFY 2013 include the following:

- Courtroom Skills Training for SCDSS caseworkers statewide-conducted once a month from January through September 2013-held in Richland County;
- Trial Preparation and Advocacy Skills Training for SCDSS Attorneys statewide-February 2013-held in Richland County;
- Law and Policy Training-February 2013-Berkeley County SCDSS staff-held in Berkeley County;
- Preparing Court Documents for Child Abuse and Neglect Cases-March 2013-Fairfield County SCDSS staff-held in Fairfield County;
- Bring your "A" Game to Court-April 2013-Dorchester County SCDSS staff-held in Dorchester County;
- Best Legal Practices for Paralegals in Child Abuse and Neglect Cases-May 2013-SCDSS paralegals statewide-held in Richland County;
- Prosecuting Child Sexual Abuse Cases in Family Court-May 2013-SCDSS staff statewide-held in Richland County;
- Preparing and Performance Court Training-July 2nd and July 19th 2013-Cherokee County SCDSS caseworkers-held in Cherokee County;
- Preparing and Performance Court Training-August 2013-Laurens County SCDSS caseworkers-held in Laurens County; and
- Appellate Practice-September 2013-SCDSS staff statewide-held in Richland County.

Court Liaisons as part of the Court Improvement Grant

During the FFY 2013 Court Improvement Project, the Children's Law Center had seven court liaisons serving 11 counties reviewing court files to assist in the identification of systemic issues which cause continuances or untimely hearings.

The Court Liaison Program developed, with the assistance of the USC IT department, a database that allows the liaison to monitor the SCDSS court hearings, the continuances of any hearings as well as the untimeliness of hearings. The liaison is also able to inform the county legal team of items missing from the clerk's file, such as lack of service or transport orders, that could potentially cause a continuance in the hearing. The goal is to have a proactive review versus a reactive or post review of the legal case.

The Court Liaison does provide the SCDSS, Court Administration and the Family Court Judges with a report on a monthly basis of the continuances and the reasons for those continuances. These reports are aimed at identifying systemic issues, and as a team, developing strategies for improvement. During the FFY 2013 such systemic issues involved the following: a lack of volunteer GALs to receive appointments for children in many counties; the Office of Indigent Defense contract attorneys having contracts in counties with the same court dates and times; the SCDSS having difficulty in timely serving defendants or notifying the defendant prior to hearings; mediations causing delays in counties where all cases are mandated to mediation if an agreement is not immediately reached with the defendants; and the lack of consistency in counties that are experiencing vacancies in their legal departments, either

in attorney or paralegal positions. Each of these systemic issues is discussed with the Court Administration, the SCDSS, the Bench-Bar Committee, the GAL, and the Office of Indigent Defense. Solutions such as: hiring more recruiters/ trainers for the GAL program; the Office of Indigent Defense re-evaluating contracts to some counsel in counties with overlapping court dates, as well as, opening the bid for additional contract attorneys for the program; and addressing legal staffing of the SCDSS departments, have all resulted in this data being shared with the proper agencies. While many of these systemic issues existed in the FFY 2014, they are being addressed and efforts to jointly find solutions are occurring.

It has been acknowledged by all parties that the high turnover rate, the slow process required for hiring, and the ability to retain SCDSS attorneys, paralegals and social work staff have been the biggest barriers for timely and thorough hearings. The SCDSS is working with the Attorney General's Office to minimize the time required for vetting attorney applicants for full-time positions. Positions for FTE attorneys have been posted and priority to paralegal staff has been addressed by the SCDSS. A legal performance coach and regional supervising attorneys have also been hired by the SCDSS. This team will work closely with the Children's Law Center Attorney Trainers and as needs are identified; training will be implemented and provided to SCDSS legal staff.

Continuous Improvement Strategies for CIP/ Children's Law Center for 2014

The CIP grant employees will continue to offer training as requested by the GAL program, the SCDSS, the Courts and the FCRB. As Court Liaison staff identified training needs for a particular county or circuit, the Center trainers developed and offered that training. The Liaisons worked closely with the Regional Attorney Trainers in identifying issues which need enhancements.

The Children's Law Center in conjunction with the Office of Indigent Defense conducted training for contract attorneys in 2014 with the first session being held on 2-14-14. The plan is to provide two CLE's to this group of attorneys yearly.

The Court Liaison Division continued hiring throughout 2014 with a goal of having a liaison in every county. Systematic issues will be addressed as identified and collaboration on solutions sought. Fully staffed legal divisions in the SCDSS will be a key to enhancing the work of all concerned. A minimum of a quarterly meeting is held locally between the court liaison staff and the SCDSS legal team.

Training of GALs, joint trainings (through FFY 2014) of Office of Indigent Defense contract attorneys and foster parents will continue as previously offered and will correlate to the hiring and implementation of court liaisons. When additional training is specifically requested by one of the partners, the CIP staff will assess and implement the needed training.

The goal of the South Carolina Court Improvement Program is to achieve timely and quality court proceedings so that children may obtain positive permanency outcomes as quickly as possible. Court Administration, the Children's Law Center (CLC), and the South Carolina Department of Social Services (SCDSS) are the primary partners in implementing the Court Improvement Program. These projects target the court-related concerns identified in South Carolina's most recent CFSR and IV-E review, including: a permanency goal for child; utilization of APPLA; needs and services for child, parents, and caregivers; and child and family involvement in case planning. South Carolina Court Administration, which receives all three CIP grants, subcontracts the data grant to the agency for enhancement of the Legal Case Management System. The CIP basic grant and training grant are subcontracted to the CLC.

Stakeholders/Partners List

Following is an expanded list of key SCDSS stakeholders/partners:

- Adult Learning Center
- Advocacy Center

- AID Upstate
- Alliance for Quality Education
- Big Brothers and Big Sisters of the Upstate
- Boys and Girls Clubs of Spartanburg
- Campaign to Prevent Teenage Pregnancy – Faith Matters Partnership
- Casey Family Programs
- Center for Child & Family Studies, College of Social Work, USC
- Center for Community Services
- Child Advocacy Centers (SC Network of)
- Child Fatality Review Teams/Health & Safety Councils
- Child Welfare Advisory Committee
- Child’s Haven
- Children’s Justice Act Task Force
- Children’s Law Center, USC
- Children’s Trust of South Carolina (CBCAP, EBHV, ACA MIECHV and Kids Count)
- Citizen Review Panel (CRP)
- Columbia Urban League
- Compass of Carolina
- Connected Families
- Daily Bread Ministries
- Diligent Hands Gracious Hearts
- DDSN (Department of Disabilities and Special Needs)
- SCDSS/DJJ Breakthrough Series
- Domestic Violence Organizations
- Duke Endowment Foundation
- Fatherhood Coalition
- Foothills Family Resources
- For Our Children
- Foster Care Review Board (Governor’s Office)
- (SC) Foster Parent Association
- Gleaming House Ministries
- Gleams
- Goodwill Industries of the Upstate
- Greenville Family Partnership
- Greenville Literacy Association
- Greenville Rape Crisis and Child Abuse Center
- Greer Relief
- Growing Homes Southeast, Inc.
- Guardian ad Litem Program for SC (Governor’s Office) and Richland County CASA
- Home Works of SC
- (SC) Housing Authority
- Immigrant Victim Network Statewide Coalition
- Law Enforcement Protocols
- Liberty Employment Security
- Little Steps
- Loaves and Fishes
- Mary’s House
- Meals on Wheels

- Mental Health
- Medical University, Palmetto Richland and Palmetto Easley Hospitals
- Miracle Hill Ministries
- Mount Moriah Baptist
- National Policy Academy on Safely Reducing Numbers of Children in Care
- PACE Center
- Parents Anonymous of South Carolina
- Phoenix Center
- Pickens County Lifelong Learning/Adult Education
- Piedmont Care
- Piedmont Emergency Relief Center
- Pro Parents
- Project Host Soup Kitchen
- REACH Upstate
- Richland School District I (Mentoring)
- Safe Home Rape Crisis Center
- Second Presbyterian Church
- Senior Action
- Serenity Place
- Seneca Family of Agencies
- Sexual Trauma and Counseling
- SHARE
- South Carolina Department of Health and Environmental Control
- South Carolina Department of Labor, Licensing and Regulation
- South Carolina Association of Children's Homes and Family Services
- South Carolina Heart Gallery
- South Carolina Center for Fathers and Families (Fatherhood Organizations)
- South Carolina Youth Advocate Program
- Spartanburg Alcohol and Drug Abuse Commission
- Spartanburg Interfaith Hospitality Network
- Specialized Alternatives for Families and Youth of SC, Inc.
- "Sponsor a College Kid" (Pack a SACK Project)
- South Carolina Court Administration and Bench-Bar Committee
- Sterling Community Center
- Taylors Free Medical Clinic
- Teen Parent Program
- The Parenting Place: Prevent Child Abuse
- United Christian Ministries
- United Way
- Urban League of the Upstate
- Vocational Rehabilitation
- Westgate Training and Consultation
- YMCA of Greenville

3. Program Support

Training & Technical Assistance

Consistent with the goals in the CFSP 2010-2014, the state of South Carolina made a significant long-term, training/program support commitment to its child welfare staff, parents and their children, the foster and adoptive parents, and the other partners in the child welfare system. The long-range goal of the agency's training and technical assistance is to promote individual development and advancement through programs designed to build and expand professional skills and knowledge.

To that end, the goal of the child welfare training system has been and continues to be to provide competency-based, job-relevant, accessible, affordable, consistent, timely, and thorough training to maintain a competent child welfare workforce committed to ensuring safe, permanent, nurturing families for children at risk of abuse, neglect, or dependency. The purpose of the training system is to:

- engage families and youth in the learning system;
- enhance professional development of social workers and supervisors;
- expand training and support to enhance skills of foster parents;
- enhance professional development of trainers;
- incorporate technology into SCDSS training;
- ensure evaluation is an integral component of the learning system;
- integrate training, practice, and policy; and
- increase understanding of and expand access to the learning system.

Nearly all of the SCDSS child welfare training for staff and stakeholders has been provided by its university partner, the University of South Carolina (Center for Child and Family Studies and Children's Law Center); and by other contracted training providers, including, but not limited to the South Carolina Foster Parent Association, Richland County Court Appointed Special Advocate Program (RCCASA), Cass Elias McCarter Guardian ad Litem Program, Parents Anonymous of South Carolina (FamilyCorps), and Children's Trust of South Carolina.

This section presents an overview of the key training contracts and partners, followed by a summary listing of training and technical assistance that addressed specific CFSP 2010-2014 goals and were provided to counties and other local or regional entities that operated state programs.

University of South Carolina Center for Child and Family Studies

In collaboration with the SCDSS, the Center for Child and Family Studies developed and delivered ongoing training to enhance the knowledge and skills of child welfare workers and supervisors. From July 2010 through the end of FFY 2014, the SCDSS contracted with the Center for Child and Family Studies (CCFS) for a multitude of activities in the areas of quality assurance, training, program evaluation, and program development. CCFS worked closely with the Quality Assurance (QA) unit at the SCDSS to conduct QA reviews. CCFS collaborated with SCDSS staff to develop and deliver training to SCDSS staff members, in both the human services and economic services divisions. A variety of training delivery methods were used, including onsite classes, videoconferencing, webinars, online courses, and blended-methods courses.

From the FFYs 2010-2014, the SCDSS and the CCFS worked collaboratively to identify a list of training needs for SCDSS staff. A training development team at the CCFS was established that included a trainer, a curriculum writer, and a training evaluator. When the training included media and/or computer-based components, CCFS Information Design staff members were included in the development team. Relevant SCDSS staff members collaborated with and were part of the development team throughout the training development and delivery process. The development team identified specific learning objectives, conducted research on content and best practices, had ongoing discussions with everyone involved in the development and delivery process, and created a design for the effective

delivery of content. All CCFS training honored the principles of adult learning and incorporated accelerated learning techniques. The training evaluator, with input from team members, designed an evaluation for the training. The training was piloted, evaluated, and revised as needed, with input from everyone involved in the development and delivery process.

The following training addressed safety, permanency and well-being for children and families and all of the CFSP 2010-2014 goals.

The Child Welfare Services Basic Training for SCDSS child welfare workers was contracted to and provided by the University of South Carolina Center for Child and Family Studies (CCFS). This training, required for new caseworkers, included training for Child Protective Services Intake, Investigation, Family Preservation, and Foster Care caseworkers. This training is required for Basic Child Welfare certification.

The Adoption Specialist Basic Training for SCDSS Adoption Specialist Caseworkers and Supervisors was contracted to and provided by the University of South Carolina Center for Child and Family Studies (CCFS). This training was designed for new Adoption Specialist and Concurrent Planning Workers and is a requirement for Adoption certification. The training consists of three units delivered over the course of five weeks, to allow for application of learning in the field. The first unit covers risk and safety, maltreatment typologies, and other essential topics for new agency workers. The second unit focuses on concurrent planning. The third unit focuses on recruitment of families for the placement of children. The training concludes with a final exam.

University of South Carolina Children's Law Center

The following training addressed safety, permanency and well-being for children and families and all of the CFSP 2010-2014 goals.

Continuing Legal Education. The Children's Law Center (CLC) provided training for continuing legal education on federal and state statutes for agency attorneys, paralegals, supervisors, and caseworkers. All newly-hired child welfare staff attended the Legal Component of Basic Caseworker Training, where they also gained the experience of participation in a mock trial. In the mock trial session, the CLC addressed timeliness of child abuse and neglect hearings, courtroom practices required for high quality hearings, and services for children and families. The goal of the USC CLC was to assist the SCDSS with its overall goal of "children having safer and thriving, forever families sooner."

Indian Child Welfare Act (ICWA) Conference. The CLC collaborated with the SCDSS to sponsor this conference on June 27, 2014, in the Catawba Indian Nation Longhouse in Rock Hill, South Carolina. The title of the conference is "The Basics & Beyond" and includes training in the following topics: *Overview of the ICWA and its Applications in Child Welfare Cases; Working with ICWA and the Impact of Compliance/Non-Compliance; Representation in an ICWA Case; Tribal Services in Child Welfare Cases: From Therapy to Child Support; and ICWA: A View from the Bench.*

Additional training activities were developed and implemented, not only for SCDSS staff, but also for various community partners in the child welfare community, including, Guardian ad Litem staff, foster parents, and SC Foster Care Review Board members. SCDSS staff also had access to applicable general training events sponsored by the CLC, such as the annual Children's Law Conference. The target audience for these training events included staff from Child Protective Services, Foster Care, IFCCS, Adoptions, and attorneys.

South Carolina Foster Parent Association

The South Carolina Foster Parent Association (SCFPA) was a key collaborator with the SCDSS and had a contractual agreement with the agency to provide Resource Parent Training. The SCFPA took over the pre-service training for resource and adoptive families in December 2011. Since then, SCFPA has been and remains the primary provider for resource family recertification training. "Heartfelt Calling: Foster & Adoptive Family Pre-Service

Training” addressed all the permanency, well-being, and safety goals in the CFSP 2010-2014. Generally these training activities were offered in the local SCDSS office and under the sponsorship of the Local Foster Parent Association. Instructors for training included “SCFPA-contracted” trainers and trainers from local and state organizations. The SCFPA worked with individual counties to identify needs related to ongoing training for resource families.

The SCFPA’s ultimate goal is the creation of a better-prepared and equipped resource family pool for the SCDSS to call upon when needed. To achieve this, SCFPA made educational opportunities more accessible to foster parents, thus making it more likely that they will take advantage of the opportunities to expand their skills and knowledge. Resource Parent Training addressed several of the CFSP 2010-2014 goals, and many training events addressed the safety and well-being of children, strengthening family engagement, expediting permanency, building independent living skills for youth in foster care, and strengthening of community partnerships. The SCFPA promoted educational experiences that better prepared foster parents and pre-adoptive parents to address safety, permanency and well-being concerns.

Cass Elias McCarter Guardian ad Litem Program

The mission of the Cass Elias McCarter Guardian ad Litem Program (GAL Program) is to recruit, train and supervise volunteers to advocate for children in abuse and neglect cases in Family Court. The program maintains 37 county offices that provide local support and training to the volunteers. Volunteers are carefully screened and trained.

The GAL Program uses the National CASA 30-hour training model. The training prepares the volunteer for all aspects of their court appointment. It covers the roles and responsibilities of the GAL, the SCDSS and Family Court systems, the need for cultural diversity, investigating cases and assessing the needs of the child, the methods for documenting actions on a case, preparing written reports for court, and identifying measures that indicate positive outcomes for children.

Volunteers are also required to complete 12 hours of continuing education on a yearly basis. The topics are determined on the county level, and the training events were designed to meet the needs of the volunteers in expanding their knowledge basis beyond the basic information presented in the pre-service training.

Richland County Court-Appointed Special Advocate Program (RCCASA)

The Richland County Court-Appointed Special Advocate Program (RCCASA) was the sole entity authorized by state statute to provide a volunteer Guardian ad Litem Program in the Richland County Family Court in 2010-2014, for cases brought forth by SCDSS for allegations of child abuse and neglect. RCCASA is an accredited program through the National CASA and adheres to the standards of volunteer management set forth through the national organization. RCCASA recruits, trains, and supports volunteers to serve in their role as guardians ad litem. The mission of the organization is “To advocate for the best interests of abused and neglected children in Richland County Family Court, by providing quality volunteer and legal representation to ensure every child a safe, permanent, and nurturing home.”

The RCCASA provided training for all new guardians ad litem as well as ongoing training essential for enhancing advocacy skills. On average, in the FFYs 2010-2014, 120 new volunteers were trained annually. All RCCASA volunteers were required to participate in 15 hours of additional training annually to maintain their active status as guardians. A minimum of 15 trainings sessions annually were conducted, videotaped, and available online with links on the USC Children’s Law Center SCDSS website. Additionally, the RCCASA hosted an annual all-day statewide training conference for volunteers. The RCCASA further provided one-on-one sessions between individual Guardians ad Litem and CASA staff members.

The National CASA Pre-Service Training Curriculum includes ten training chapters:

- Introducing the Volunteer GAL Role / Law
- Child Protection System and the Courts

- Exploring Cultural Awareness
- Understanding Families Part 1 and Part 2
- Understanding Children
- Communicating as a GAL
- Gathering Information
- Court Report Writing & Monitoring
- Personal Safety

Parents Anonymous of South Carolina (FamilyCorps)

Parents Anonymous® of South Carolina (DBA FamilyCorps) was the accredited State Resource Office for South Carolina. Their mission is to help communities across the state establish Mutual Support Programs to strengthen at-risk families by providing training, technical assistance, and a variety of other resources. Parents Anonymous® Mutual Support Programs are research-based parenting programs that measurably strengthen a caregiver's six protective factors: Nurturing & Attachment, Knowledge of Parenting and Child Development, Parental Resilience, Social Support, Concrete Support in Time of Need, and Social and Emotional Competence, all of which have been shown to significantly reduce the incidence of child maltreatment.

Along with caregiver support, the majority of the parental support programs had a concurrently run children's support group that offered its own curriculum and activities designed to meet the needs of the children in the group. This group was led by a trained Children and Youth Group Facilitator. Because the Parents Anonymous® Parenting Program Model can be modified slightly and still meet fidelity, the organization provided multiple types of caregiver groups across the state. Caregiver groups included groups that were strictly kinship care groups that served relative caregivers who needed ongoing support and resources to maintain a safe and stable placement of the child placed into their care.

FamilyCorps trained adult and children's group facilitators annually to deliver the Parents Anonymous® program model. Facilitators were screened to have the relevant experience and knowledge needed to ensure that they were able to identify unmet needs expressed by clients in the group and navigate them to additional services when necessary. Facilitators are also required to attend an annual professional development workshop in the fall hosted by Parents Anonymous® of SC. This annual workshop is intended to ensure that all facilitators are kept abreast of the latest research on child development issues, intellectual disabilities, trauma-informed practices, the impact of toxic stress on families, etc. Parent leadership is an important part of the program model, and caregivers who emerge as parent leaders in the groups are also provided an annual workshop, called "Parents Leading the Way," to assist them with developing advocacy skills needed to communicate effectively with schools, agencies, and policy makers.

Children's Trust of South Carolina

The Children's Trust of South Carolina works to ensure that communities and families are aware of prevention and support services through community training events and other methods. The expected outcomes of the work of the Children's Trust of South Carolina are to safely reduce the number of children coming into care by strengthening families in the skills they need to provide a nurturing and safe environment for their children, provide awareness to the communities in which they live, and to enhance the skills of the support system for children and their families that can have a direct impact on the child rearing ability of the parent and the parent-child relationship. The primary focus is on continued efforts of training through in-person instruction and web-based training delivery to provide relevant, timely and appropriate educational activities across the state.

The Children's Trust offered a diverse set of prevention training events to help professionals statewide build stronger families and keep children safe. The objective of these training activities was to empower families and give child-serving professionals the tools that they need to prevent child abuse, neglect, and unintentional injuries.

Additionally, the Children's Trust offered multiple educational opportunities that encompassed a wide variety of training activities that were available to the SCDSS employees and community partners in child welfare.

For the SFY 2013-2014, the Children's Trust reached all 46 counties as they conducted 160 training events for more than 2,300 attendees.

Palmetto Association for Children and Families

The Palmetto Association for Children and Families (PAFCAF) is a non-profit membership organization composed of 56 provider organizations in the state. PAFCAF's mission is to serve as a unified force to improve the conditions for SC children and families and to assist member agencies in the accomplishment of their missions. These organizations have a mission to provide care and treatment to children who have been abused, neglected, and/or who are educationally or emotionally challenged. These are children who are no longer able to remain in their parental homes for a variety of reasons. A wide continuum of services is delivered to these children, such as therapeutic foster care, supervised independent living, emergency shelter resources, and traditional group home services.

PAFCAF has a unique identity in the state and is actively involved with policy and program development as it relates to its members and their needs. It is also aggressively involved in child welfare legislation and appropriations.

In terms of training, the Board of Directors and the Chief Executive Officer help members keep abreast of current best practices and their application to service providers and frequently invite presenters to South Carolina to stimulate thinking and to improve the ways in which service providers are training. The association's Director of Professional Development oversees the PAFCAF training efforts and collaborates with state agency partners.

Joint Council on Children and Adolescents

The Joint Council on Children and Adolescents' Training Workforce/Collaborative has sponsored a series of training events regionally and across the state called, "Trauma-Informed Care in SC." They are currently focusing on making this training available in more rural areas that have a harder time coming to a large city center for the training. This training is open to all community partners, including frontline service providers, family court professionals, school administrators, school teachers, guidance counselors, faith-based groups, law enforcement officers, providers of pediatric medical care, mentors, childcare providers, and those who volunteer with children and adolescents.

South Carolina Trauma-Practice Initiative

The South Carolina Trauma-Practice Initiative is a collaborative project between the SC Department of Mental Health, the SC Department of Social Services, other local community partners, Project BEST, the Program on Adolescent Traumatic Stress (PATS) at the National Crime Victims Research, and the Treatment Center (NCVC) at the Medical University of South Carolina. Project BEST is a collaborative project between the Dee Norton Low Country Children's Center and the NCVC. This initiative will build on the infrastructure being implemented statewide toward South Carolina becoming a trauma-informed state with evidenced-based, trauma-focused treatment services available to all children who need them.

The goals of this project are to use the Community-Based Learning Collaborative (CBLC) approach that was developed and implemented by Project BEST to: 1) build strong, working collaborative relationships between DMH clinicians, DSS caseworkers, and other clinicians and brokers in every county in South Carolina; 2) train DMH therapists and other community therapists to deliver Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) with a high degree of fidelity and competence; 3) train SCDSS workers and other community brokers in trauma-informed services, including evidence-based interventions, evidence-based treatment planning, case management skills for treatment success; and 4) ensure that every abused and traumatized child who needs it receives best practice services and treatment.

Connected Families: Signs of Safety (SOS)

This organization provides training, guidance, and support services related to the Signs of Safety practice model, to facilitate systemic improvements and to create constructive working partnerships between frontline child welfare practitioners and the families they assist in providing services through community resources, while maintaining a rigorous focus on actual and potential harm to children. Monthly support calls with the Connected Families consultant and regional Quality and Assurance Team Leaders, supervisors, and workers occurred during Signs of Safety implementation and are ongoing in the regions.

Medical University Hospital Authority/ Medical University of South Carolina

MUHA provides comprehensive services for medically-fragile children in foster care, including care coordination, education and training, social work/counseling, and clinical services.

Domestic Violence Programs

Domestic Violence Programs work closely with the SCCADVASA (SC Coalition Against Domestic Violence and Sexual Assault). This organization is a professional agency representing domestic violence and sexual assault providers across the state. These member organizations provided crisis intervention, safe shelter, counseling, legal advocacy, financial aid, and a myriad of other services intended to support victims of Domestic Violence. In collaboration and in contract with this agency, the SCCAVASA provided regional training on domestic violence topics for the SCDSS, members of the community, legal professionals, etc. All trainings were planned in conjunction with Domestic Violence Programs, and with input from community partners who served the underserved populations addressed by the particular training.

CFSP 2010-2014 GOALS-RELATED TRAINING

GOAL: IMPROVE SAFETY AND WELL-BEING FOR CHILDREN (CFSR Items 3, 4, 21-23)

SCDSS: Trauma-Informed Care: Improving Outcomes for Children and Families

This is a presentation developed by the SCDSS from materials in the Child Welfare Trauma-Informed Toolkit, to orient staff to the trauma-informed care approach to working with children and families, and an introduction to secondary trauma.

University of South Carolina Center for Child and Family Studies

- B-SMART: Writing Effective Case Plans to Protect Children. In FFY 2014, 7 sessions were provided with a total of 81 attendees. There is another session scheduled in July 2014.
- Intake: Where Assessment Begins. In FFY 2014, 3 sessions were provided with 69 attendees. There are 3 more planned this year.
- New Quality Assurance Reviewer Training
- Statewide Supervisory Training/Summit. An interactive day which focuses on various aspects of child welfare and the key elements of effective supervision. It addressed effective ways to guarantee that all staff had the right mindset and a toolset to ensure safe and thriving children with lifelong families. Two Summits were provided in FFY 2014. The first was on 12/6/2013, and there were 137 attendees; the second was on 3/28/2014 and had 223 attendees.
- Guided Supervision. Promoted conversations between supervisor and caseworker to ensure effective decisions are made, through critical thinking, about each child's safety, well-being and permanency.
- ThinkShop Training. Clemson Youth Learning Institute, USC and DSS have partnered to provide staff training on best practices in working with youth through several tools such as the Resilience Advantage and

True Colors. Experiences are uniquely designed for staff, that reinforce the idea that the youth must be engaged in their own learning process in order to impact independence in the youth we serve.

- Safety Roundtable Training (SRT). SRT's are a structured, professional case consultation that focus on an effort to ensure that safety and protective capacity are accurately assessed and services developed as needed, in order to increase the family capacity to protect the children.
- Appropriate Response Training (now called Community-Based Prevention Services). This is an approach that ensures that children receive appropriate assessment and services to meet their specific needs, when the report of maltreatment on them does not rise to a Risk and Safety Level requiring a CPS investigation by the SCDSS.
- The Four Key Concepts: Safety, Risk, Behavioral Change and Permanency
- Advanced Techniques for Identification, Intervention, and Prevention of Child Maltreatment
- Caseworker Power: Changing Your Practice With Youth in Transition
- Supervisor Power: Changing Caseworker Practice With Youth in Transition
- The Impact of Violence on Children

University of South Carolina Children's Law Center

- Advanced Legal Training for Caseworkers. This training reinforces seasoned workers' skills and confidence in preparing for court and handling legal aspects of the case process.
- Guardian ad Litem Training. Topics included the Pro Active role of the GAL, mandated reporter training, Educational issues, Motions and Rules of the court, and multicultural issues
- Courtroom Skills Training for SCDSS Workers Statewide
- Trial Preparation for Advocacy Skills Training for SCDSS Attorneys
- Preparing Documents for Child Abuse and Neglect Cases
- Bring your "A" Game to Court
- Best Legal Practices for Paralegals in Child Abuse Neglect Cases
- Prosecuting Child Sexual Abuse Cases in Family Court
- Preparing and Performance Court Training
- Appellate Practice
- Training Events for Foster Home Licensing staff included: building workers' skills and confidence in approving or denying applications for licensure, the revocation process, communicating with applicants regarding denials, and participation in administrative hearings or other appeals.
- Training Events for Intake Workers included: the role of mandated reporters, definitions of abuse and neglect, indicators, and communicating with mandated reporters. Feedback from mandated reporter trainees and results from Citizen Review Panel surveys were utilized for this training.

South Carolina Foster Parent Association

- Discipline 101: Why We Do It and How We Approach it
- Internet Safety for Children, Teens and Families
- Dust & Clutter & Other Facts of Life: A Family Affair
- Helping Foster Children Develop Self-Esteem
- Parenting Children with Attachment Disorders
- Meth Affected Children in Care
- Education and Health Passport for Children in Care
- The New SC Education and Health Passport for Children in Care
- Vying with Lying: Best Parenting Approaches
- Dealing with Stealing: Best Parenting Approaches
- Working with Schools for Educational Success
- Child Sexual Abuse and Its Implications for Foster Parents
- Let's Eat or Not - Eating Problems in Foster Children

- Loss and Grief in Foster Care
- Helping Our Children Deal with Anger
- Parenting Children Who Have Been Sexually Abused
- Water Safety for Children
- Teaching Kids to Manage Money
- Cultivation the Spirit of the Child
- ISOLVE and other Approaches- DSS Decision-Making in Children's Cases
- Visitation in Out-of-Home Care
- Connect: Supporting Children Exposed to Domestic Violence
- Sticks and Stones: Labels, Labeling & Better Ways
- Talking with Youth About Risky Behavior. This training is taken from Sex, Lies and Hook-ups: A Parent's Guide for Fighting Back developed by Heritage Services.
- SCFPA Annual Conference. The SCFPA sponsored an annual statewide Partnership in Parenting Conference. The agenda included sessions that reinforced and enhanced knowledge and skills of foster/resource families, adoptive families, agency workers and other child advocates. This conference offered the opportunity for 10 hours of recertification training.

Richland County Court Appointed Special Advocate Program

- National CASA Pre-Service Training
- Court Reports and Recommendations (formulating recommendations, writing reports and assessing parental safety capacity.)
- Child Fatality Training
- Fostering Futures Training (Targeted for older IL youth)
- Champions for Children (role of the GAL)
- Human Trafficking
- Child Well-Being
- Childhood Trauma
- CPS Intake Training
- Justice Training (How to refer clients to victim assistance)
- Bruise or Burn
- Judicial Training (Procedures on EPC hearings)
- Self-Care in hard times (resiliency training in the face of secondary trauma)
- Immigration Training
- Psychological Evaluations. This is training on making recommendations from psychological evaluations vs. psychiatric evaluations.

Cass Elias McCarter Guardian ad Litem Program

- SCDSS Policy and Procedure
- Diversity: Struggling With A New Population (Hispanic/Latino)
- Life Book
- Darkness to Light: Risk Factors Of Sexual Abuse
- Intensive Foster Care and Clinical Services (IFCCS)
- Continuing Illegal Street Drugs
- Mental Health: Diagnoses And Medications Typically Prescribed To Foster Children
- Human Trafficking
- What Christmas Means To Me: Christmas Gathering And Monitoring
- Surviving The Teen Years
- Substance Abuse: Recognizing The Signs Of Substance Abuse

- Investigating Child Abuse and Neglect
- Trauma-Focus Counseling
- Drug Testing (Presented by ARC Point)
- Multicultural Issues
- Students With Disabilities
- Emergency Protective Custody: Why Are Children EPC'd?
- Foster Parents And Licensing of Foster Homes
- GAL Legal Issues And Questions
- Testifying And Court Preparation

Children's Trust of South Carolina

- 2014 Safe Sleep Summit
- 2013 Prevention Conference : What Works: Effective Ways to Strengthen Families for Child Well-Being
- 2013 Spring Summit: Safe Children, Healthy Families: Building Protective Factors in the Community
- 2012 SC Child Passenger Safety Summit
- 2013 SC Child Passenger Safety Summit
- 2012 Home Visiting Summit
- 2012 La Familia Cultural Competence Training
- 2011 SC Child Passenger Safety Summit
- 2011 Prevention Conference: Strong Families, Safe Children
- 2009 Prevent Child Abuse and Neglect Conference
- Child Sexual Abuse Training

Joint Council on Children and Adolescents

- Six sessions on trauma-informed care were held during FFY 2014, with 86 SCDSS staff attending. There were audience-specific training events for 50 judges and lawyers through the USC Children's Law Center, and about 400 foster parents through the SC Foster Parent Association.

South Carolina Trauma-Practice Initiative

- The South Carolina Trauma-Practice Initiative was first implemented in December 2013.
- There were 95 participants in the Spartanburg-Beckman CBLC, with 34 SDSS staff registrants.
- May 12-13, 2014, the Grand Strand CBLC is scheduled, with 121 total registrants, 33 SDSS staff registrants.

Parents Anonymous of South Carolina (FamilyCorps)

- TRIPLE P Parenting Classes. These classes were offered every ten weeks for clients who were mandated to attend an eight-week parenting class. The following topics were covered in these classes:
 - Causes of Child Behavior Problems
 - Developing Positive Relationships with Your Children
 - Promoting Children's Development
 - Encouraging Desirable Behavior
 - Teaching New Skills and Behaviors
 - Managing Misbehavior
 - Implementing Parenting Routines
- Parents Anonymous Group Facilitator Training
- Parents Anonymous Children and Youth Program Worker Training
- Child Abuse Prevention and Awareness Training

Palmetto Association for Children and Families

- Palmetto Power for Providers (P3). These training events gave providers an opportunity to meet with DSS regional and county directors to examine ways to work as partners jointly committed to positive outcomes for the children and families served.
- A Closer Look. Participants reviewed a selected case and identified services and activities that contributed to the safety and positive permanency for the child, as well as places where the system did not work effectively.
- The R.E.D. Forum. Providers and selected SCDSS staff received training on recognizing, fostering and developing, and empowering youth to be leaders, and to voice their Independent Living needs and concerns.
- Making Children and Families a Priority: Raising the Bar
- Supervised Visitation Network: Connecting the Dots

Connected Families: Signs of Safety (SOS)

- SOS training was rolled out starting in Region 4 in FFY 2013. SOS will have been implemented in all five regions by the end of FFY 2014. Connected Families provided the instruction at the training events.

Medical University Hospital Authority: Training Events for Foster Parents

- Fetal Alcohol Syndrome: The Basics of Fetal Alcohol Syndrome and Management
- CPR: Cardio Pulmonary Resuscitation for Adults, Children and Infants
- First Aid: Basic First Aid Skills for Children
- Common Mental Illnesses in Children: Common Mental Health Disorders and Treatment
- ADHD 101: The Basics of ADHD and Management
- Effective Communication Skills: Communication Between Foster Parents and Social Workers
- Poison Prevention: Basics of Identifying Poisons and Prevention Methods
- Resources for Children with Disabilities: Resources and Ways To Aid Children With Disabilities
- What You Should Know About Autism: The Basics of Autism and Management

Domestic Violence Programs/ SCCADVASA

- Eight, one day training events were held in different regions on domestic violence, including dating and sexual assault as it occurs in the context of domestic violence or dating violence through collaboration with the SCDSS.
- Batterer Intervention
- A two-day statewide training on domestic violence, including dating and sexual assault as it occurs in the context of domestic or dating violence through collaboration with the SCDSS
- The Annual Domestic Violence Conference, "Prevention, Intervention, and Collaboration: Effective Strategies to End Domestic Violence" was an interdisciplinary conference addressing underserved communities, faith communities responding to domestic violence, trauma-informed services, children and domestic violence, and media/culture influence on domestic violence. This training was held in Columbia on October 28-30, 2013.
- Trauma Informed Care for Children Who Have Experienced Domestic Violence- 2/28/14 Myrtle Beach, SC and 5/16/14 Myrtle Beach, SC
- Engaging Men in the Conversation to End Domestic Violence- 4/11/14 North Charleston, SC and 5/16/14 Greenville, SC
- Victim Safety and Offender Accountability: Guiding Principles of a Batterer Intervention Program- 6/13/14 Columbia, SC

GOAL: STRENGTHEN FAMILY ENGAGEMENT

University of South Carolina Center for Child and Family Studies

- Permanency Roundtable Training. A PRT is a structured, professional case consultation designed to facilitate the permanency planning process by identifying realistic solutions to permanency obstacles for youth. One session was provided in FFY 2014 with 30 attendees. Another session is planned for September.
- Safety Roundtable Training. A SRT is a structured, professional case consultation that focuses on an effort to ensure that safety and protective capacity are accurately assessed and services developed as needed to increase the family capacity to protect the children.
- Appropriate Response Training (now called Community-Based Prevention Services). Community-Based Prevention Services is an approach that seeks to ensure that children receive appropriate assessment and services to meet their specific needs, for the children whose report of maltreatment does not rise to a Risk and Safety Level requiring a CPS investigation by the SCDSS.
- The Four Key Concepts: Safety, Risk, Behavioral Change and Permanency
- Permanent Connections: Expanding Permanency for Our Youth

University of South Carolina Children's Law Center

- To support implementation of the Program Improvement Plan developed as a result of the 2009 CSFR 2, training curriculums were developed and delivered for the subjects of treatment plans, visitation, due diligence in locating parents and relatives, and involvement of fathers (in the lives of their children).
- Guardian ad Litem Training. Topics included the pro-active role of the GAL, mandated reporter training, educational issues, motions and rules of the court and multicultural issues.

South Carolina Foster Parent Association

- Connections: Present Safety, Future Support
- Building a Bridge: Partnering with Birth Parents for Positive Outcomes
- Documentation of Daily Foster Care - Know how documentation can help in partnering with birth parents and in family reunification and adoptions.
- Life Book: A Child's Story
- In Spite of.....She's Still My Mother

Richland County Court Appointed Special Advocate Program

- National CASA Pre-Service Training

Cass Elias McCarter Guardian Ad Litem Program

- Family Group Conferencing
- Parenting Classes
- The SCDSS Policy On Relative Placement And Kinship Care

Children's Trust of South Carolina

- 2013 Prevention Conference- What Works: Effective Ways to Strengthen Families for Child Well-Being
- 2013 Spring Summit- Safe Children, Healthy Families: Building Protective Factors in the Community
- 2011 Prevention Conference: Strong Families, Safe Children

Parents Anonymous of South Carolina (FamilyCorps)

- TRIPLE P Parenting Classes. These classes were offered every ten weeks for clients who were mandated to attend an eight-week parenting class.
- Parents Anonymous Group Facilitator Training

Connected Families: Signs of Safety (SOS)

- SOS training was rolled out starting in Region 4 in FFY 2013. SOS will have been implemented in all five regions by the end of FFY 2014. Connected Families provided the instruction at the training events.

Palmetto Association for Children and Families

- Teaching Family Model
- Supporting Families Using Triple P (Positive Parenting Program)
- Family Preservation and Triple P (Positive Parenting Program)
- Working with Families and /or Identifying Visiting Resources
- Motivational Interviewing: Family Support
- Engaging Parents as Full Partners
- Engaging Parents: Working Toward Reunification
- Increased Awareness of Roles and Responsibilities of Interactions with Families
- Together Facing the Challenge: Teaching Parenting Strategies
- Supervised Visitation Network: Connecting the Dots

SC Families First (SCFF)

- Foster Parent Training on Family Group Conferencing. SC Families First and SC Foster Parent Association coordinate various training events throughout the state and at the SC Foster Parent Association Annual Conference, to inform foster parents of their role in FGC process. A total of 423 foster parents completed the training, which is ongoing, during the FFY 2010-2014 period. This was in addition to those who attended the training seminars at the Foster Parent Conferences.
- Family Group Conferencing Training. Training was provided to SCDSS staff and partners/stakeholders to orient them to the Family Group Decision-Making process, values, structure, and benefits. There were ongoing training events provided to SCDSS staff, with a total number of 1,212 participants, during the FFY 2010-2014 period.
- Family Group Conferencing In-Service Training. Training was provided to SCDSS staff on family engagement practices, using Family Group Decision-Making approaches. This was a follow-up training in which 377 SCDSS staff participated, during the FFY 2010-2014 period.
- Family Group Conference Coordinator Training. This is a 3-day training event for qualified providers, who will provide the intervention, to teach the skills to conduct a Family Group Conference. There were 107 Coordinators who completed the training during the FFY 2010-2014 period.
- Engaging the Noncustodial Parent. This training is designed for SCDSS staff to be able to address the importance of connecting children to their noncustodial parent, primarily the father. A total number of 139 staff completed this training, during the FFY 2010-2014 period.

GOAL: EXPEDITED PERMANENCY

University of South Carolina Center for Child and Family Studies

- Permanency Roundtable Training. One session was provided in FFY 2014 with 30 attendees. Another session is planned for September 2014.
- Presenting Your Case to the Foster Care Review Board. This training reviews the steps of the FCRB process and teaches how to work with them to ensure children in foster care reach permanency as quickly as possible.
- New Quality Assurance Reviewer Training
- Statewide Supervisory Training/Summit. Two Summits were provided in FFY 2014. The first was on 12/6/2013, and there were 137 attendees; the second was on 3/28/2014 and had 223 attendees.
- Guided Supervision Training. This training promotes conversations between a supervisor and a caseworker that ensure effective decisions are made through critical thinking, about each child's safety, well-being and permanency.

- The Four Key Concepts: Safety, Risk, Behavioral Change and Permanency
- Concurrent Planning: What It Means for Children, Families, and You
- Issues for Children in Care: Preparing Children for Adoption
- Permanent Connections: Expanding Permanency for Our Youth

University of South Carolina Children's Law Center

- In conjunction with the SC Foster Parent Association, topics included the TPR process, the importance of concurrent planning, and court coordination. The foster parents' role, legal rights, and assistance as part of the team for the best interest of the child were the focus.
- Multi-Ethnic Placement Act: The Children's Law Center (CLC) provided a training program for the SCDSS staff involved in foster and adoptive placements, in accordance with the requirements of the Multi-Ethnic Placement Act (MEPA) and Title VI. All training sessions addressed federal, state and tribal law, regulations and relevant policy on racial discrimination, application of the law, the harm of racial discrimination, and the harm to children due to delayed placements. Training sessions also included SCDSS disciplinary policies, including whistleblower provisions.
- Beginning in 2010, refresher training was conducted for SCDSS employees and was offered to judges, attorneys, Guardians ad Litem, Citizens Review Panels and all current and prospective foster/adoptive parents. Training materials and format were adapted to the needs of each respective audience. The SCDSS continued to collaborate with USC College of Social Work, CLC and the S.C. Foster Parent Association in ongoing refresher training and technical support statewide. In addition, MEPA training has been incorporated into the ongoing Basic Child Welfare training that is required of all new hires.

South Carolina Foster Parent Association

- The Adoption Option: Creating and Maintaining Permanent Families
- Unpacking the No: Child-specific recruitment refers to finding adoptive homes for children and youth who are already legally free for adoption. In some cases, they are with foster/resource families that might be interested in adoption. Referrals are made by the SCDSS Regional Adoption Offices to SCFPA. These will be names of children and youth legally free for adoption and the contact information for the current foster/resource family and workers. One of SCFPA's staff, who is a LISW-CP, Clinical Psychotherapist, will work directly with these youth to understand the advantages of adoption. This person will also work closely with the families, if they are interested in adoption, and navigate them through the process. If these families decide that they are unable to adopt, they will serve as recruiters, along with the SCFPA team, informing SCFPA of others in the community that are involved with the youth, that may be potential adoptive families.
- Mentoring for Resource and Adoptive Families
- SCFPA Annual Conference. The SCFPA sponsored an annual statewide Partnership in Parenting Conference. The agenda included sessions that reinforced and enhanced knowledge and skills of foster/resource families, adoptive families, agency workers, and other child advocates.

Richland County Court Appointed Special Advocate Program

- Fostering Futures Training (targeted for older Independent Living youth)
- National CASA Pre-Service Training

Cass Elias McCarter Guardian Ad Litem Program

- Termination of Parental Rights
- Adoption

Parents Anonymous of South Carolina

- Parents Anonymous Group Facilitator Training

Palmetto Association for Children and Families

- Engaging Parents: Working Toward Permanency
- A Closer Look

The SCDSS Technical Assistance

Adoption Subsidy Assistance Technical Assistance and Training

In March and April FFY 2011, the Adoption Subsidy Assistance Unit provided on-site technical assistance training twice at each Regional Adoption Services Office on monthly IV-E and State Supplemental Benefits Adoption Subsidy Assistance eligibility criteria and determinations, Adoption Subsidy Agreement verification and payment processing, Supplemental Benefit for Medical Assistance, Non-Recurring Costs reimbursement, and financial folder preparation and the determination process.

In the FFYs 2011 and 2012, the unit provided ongoing technical assistance to Regional Adoption Services Offices' staff through telephone and email communication as needed. They also provided refresher training to all Regional Adoption Offices. Formal and informal technical assistance enabled Regional staff to more consistently provide all or most of the required documentation needed to provide a conditionally approved determination or a final determination of the Adoption Subsidy Assistance funding source. This enabled the state office to process financial files to final determinations of funding status more expeditiously. The unit also provided formal and informal technical assistance to the SCDSS Information Technology Unit in the development of the CAPPs Adoption Subsidy Assistance determination program.

In the FFY 2013, training was provided to all new adoption workers and anyone needing a refresher course in adoption financial assistance. The unit has also developed a SharePoint site, now being tested, for Adoption Subsidy that will take the place of a paper file. All documents will be housed in the site and remain there until termination or closure. At that time the file will be microfilmed. Once the site testing is completed, all Regional Adoption Services Offices' staff will be trained on its use.

The SCDSS Statewide Sponsored Training Events

Winds of Change- January 17, 2013: a statewide training for all levels of Adoption and Intensive Foster Care employees on policy and practice changes including the implementation of post-legal case management processes. The events included case presentations of successful joint initiatives in achieving "special needs" adoptions. Shane Salters, former foster child, advocate and author, founder of CASA DC and president of non-profit *Shane for Kids Foundation*, spoke on the realities of his and his brother's experience with foster care and adoption.

The Invisible Realities of Successful Adoption- June 12, 2013: a statewide employee training delivered by Maris H. Blechner, Executive Director of the Family Focus Adoption Services of New York. He covered successful adoption strategies for the adoption of the adolescent, the meaning and specialized dynamics of the adoptive family, the Empowered Transition placement model for older resistant youth, and "inducement" and "wavering" factors related to older youth and foster parent adoptions. The second day of consultation was with management and adoption leadership staff.

Palmetto Power (P2) Focus on Adoption- July 25, 2013: a one-day statewide training and a separate day of consultation with management and adoption leadership staff with Susan Badeau, who has worked in child-serving fields as a professional for 33 years, working in adoption, foster care, juvenile justice, children's mental health and education, in both public and private agencies. She has developed curricula on many topics used to prepare child welfare staff, adoptive and foster parents, judges, attorneys and youth. Sue writes and speaks extensively on topics related to children, particularly those with "special needs", and is a frequent and passionate keynote speaker and workshop leader at state, regional, and national conferences.

GOAL: STRENGTHENING COMMUNITY PARTNERSHIPS

University of South Carolina Center for Child and Family Studies

- Presenting Your Case to the Foster Care Review Board. This reviews the steps of the FCRB process and teaches how to work with the FCRB to ensure that children in Foster Care reach permanency as quickly as possible.
- Palmetto Power (P2). It is an intercept of people and data, highly participatory with interactive discussion sessions dedicated to the planning of positive permanency for children. Individuals from a variety of human services agencies and community organizations participated along with SCDSS staff and leadership in attendance.
- Appropriate Response Training (now called Community-Based Prevention Services). Community-Based Prevention Services is an approach that seeks to ensure that children receive appropriate assessment and services to meet their specific needs, for the children whose report of maltreatment on them does not rise to a Risk and Safety Level requiring a CPS investigation by the SCDSS.

University of South Carolina Children's Law Center

- Several training events were conducted by the Court Liaison Division in 2013, initiated by the SCDSS State office, for joint training with the volunteer GALs, Foster Care Review Board, and SCDSS County Staff, to mainly address communication barriers. Some of the communication issues were non-response to contact, lack of timely or no notice of hearings, and misunderstanding each agency's role and authority. Action plans were formulated to assist each agency with their issues.

South Carolina Foster Parent Association

- Fostering Fundamentals: Rights and Responsibilities. This is designed to help foster parents understand what they are responsible for, what the SCDSS is responsible for, and how the two should work together, including working with birth parents whenever possible, as a part of the childcare team.
- Mentoring for Resource and Adoptive Families
- SCFPA Annual Conference. The SCFPA sponsored an annual statewide Partnership in Parenting Conference. The conference included foster/resource families, adoptive families, agency workers and child advocates, and sessions reinforced and enhanced their knowledge and skills.

South Carolina Trauma-Practice Initiative

- There were 95 participants in the Spartanburg-Beckman CBLC including 34 SDSS staff registrants.
- On May 12-13, 2014, the Grand Strand CBLC had 121 registrants including 33 SDSS staff registrants.

Richland County Court Appointed Special Advocate Program

- National CASA Pre-Service Training
- Justice Training (How to refer clients to victim assistance)
- Annual CASA Conference
- Champions for Children (Role of the GAL)

Cass Elias McCarter Guardian ad Litem Program

- Trauma-Informed Care For Agencies That Work With Children
- Partnering For Better Outcomes: GALs And Foster Parents Working Together
- Child Abuse And Neglect Agencies Working Together
- Nurturing Supportive Relationships: The Value Of GAL Colleagues And Support
- Education Under Stress: Working With The Education System

Parents Anonymous of South Carolina

- Parents Anonymous Group Facilitator Training
- Parents Anonymous Children and Youth Program Worker Training
- Child Abuse Awareness and Prevention Training

Children's Trust of South Carolina

- 2013 Spring Summit – “Safe Children, Healthy Families: Building Protective Factors in the Community”

Palmetto Association for Children and Families

- Palmetto Power for Providers (P3). These training events gave providers an opportunity to meet with SCDSS regional and county directors to examine ways to work as partners jointly committed to positive outcomes for the children and families served. These meetings were held monthly between 2012 and 2013. The first meeting was held on 9/13/12 in Lexington with 79 participants. The following meetings occurred in: Florence on 10/9/12-146 participants; Charleston on 11/8/12-105 participants; Rock Hill on 12/4/12-99 participants; Greenville on 2/12/13-125 participants; Columbia on 3/27/13- 153 participants, on 5/29/13- 153 participants, on 6/14/13-114 participants. A total of 887 SCDSS workers and providers participated in these training events during the FFY 2010-2014 period.
- A Closer Look. This was an extension of P3 meetings, that two providers would host regionally, and a selected case would be reviewed in detail. The outcomes from several “A Closer Look” meetings were also discussed at P3 meetings. A total of 114 participants attended these meetings in 2012 and 2013, 24 participants were SCDSS staff and 90 participants were providers.
- The Red Forum, a specialized P3, was held on 5/24/13 in Columbia, as a result of the SC NYTD Leadership Grant. The forum was hosted by The Palmetto Association and SCDSS Independent Living Coordinators. There were 109 participants.
- Supervised Visitation Network: Connecting The Dots

Joint Council on Children and Adolescents

- Trauma-Informed Care in SC: Improving Outcomes for Children and Families

South Carolina Trauma-Practice Initiative

- Community-Based Learning Collaborative

GOAL: STRENGTHEN SKILLS AND SUPPORT FOR SUPERVISORS

University of South Carolina Center for Child and Family Studies

- Nuts & Bolts of Effective Supervision and Leadership: Future Leaders. In FFY 2014, 3 cohorts were provided with a total of 38 participants, and 1 more cohort is planned for FFY 2014.
- Nuts & Bolts of Effective Supervision and Leadership: Current Leaders. In FFY 2014, 6 sessions were provided, with 4 days for each session. Total attendance for each day was: Day 1 - 168, Day 2 - 135, Day 3 - 86, Day 4 - 54.
- Leadership Academy for Supervisors. This was designed for experienced, motivated supervisors who want to become motivated leaders in their unit. This was an online training program which was a comprehensive, six-module, competency- based, leadership program. There were a total of 99 participants. From 2/6/12 to 11/7/12, 32 participants completed the training in Region 1. From 8/12/13 to 12/9/13, 19 participants completed it in Region 2. From 6/17/13 to 10/14/13, 14 participants completed it in Region 3. From 3/4/13 to 7/8/13, 18 participants completed it in Region 4. From 11/18/13 to 3/24/14, 16 participants completed it from Region 5.
- Statewide Supervisory Training/Summit. Two Summits were provided in FFY 2014. The first was on 12/6/2013 with 137 attendees; the second was on 3/28/2014 with 223 attendees.

- Learning to Lead. This training was designed for new child welfare supervisors. In FFY 2014, 1 cohort was completed with 14 attendees. There is 1 more cohort planned for FFY 2014.
- Guided Supervision. This was training that promoted conversations between a supervisor and a caseworker, to ensure that effective decisions will be made through critical thinking about each child's safety, well-being, and permanency. This was a two-day training program which was held on the following dates: 5/22/13 and 6/5/13 in Columbia- 36 participants completed, 5/24/13 and 6/7/13- 16 completed, 5/28/13 and 6/10/13 in Greenville- 30 completed, 5/30/13 and 6/12/13 in Florence-17 completed, 6/17/14 and 6/26/14 in Columbia- 48 completed, 6/19/13 and 6/28/13 in Charleston- 25 completed, 6/26/13 and 9/9/13 in Columbia- 16 completed, 8/30/13 and 9/13/13 in Columbia- 16 completed. A total of 204 participants completed the course.
- Documentation Training for Supervisors. During this half-day training, supervisors learned the characteristics of good documentation, and had the opportunity to practice critiquing documentation and the coaching of workers. The total number of participants who completed the course was 127 in 2013- 2014. The first training event was held on 1/15/13, with 24 attendees in Columbia. The following are the training dates and number of attendees that completed the course: 10/4/13, 27 participants in Greenville; 10/11/2013, 26 participants in Columbia; 11/7/14 - 17 participants in Charleston; 2/5/14, 30 participants in Florence.
- Palmetto Power (P2). It is an intercept of people and data, highly participatory with interactive discussion sessions dedicated to the planning of positive permanency for children. Individuals from a variety of human services agencies and community organizations participated along with SCDSS staff and leadership in attendance.
- Supervisor Power: Changing Caseworker Practice With Youth in Transition
- Leadership for Today and Tomorrow

Palmetto Association for Children and Families

- Palmetto Power for Providers (P3). These training events gave providers an opportunity to meet with DSS regional and county directors to examine ways to work as partners jointly committed to positive outcomes for the children and families served.
- A Closer Look

GOAL: INCREASE PUBLIC AWARENESS OF ABUSE AND NEGLECT IN ORDER TO PREVENT IT

University of South Carolina Center for Child and Family Studies

- Palmetto Power (P2). It is an intercept of people and data, highly participatory with interactive discussion sessions that focused on data and anecdotal evidence of abuse and neglect, and efforts needed to reduce the abuse and neglect. Individuals from a variety of human services agencies and community organizations participated along with DSS staff and leadership in attendance.

Parents Anonymous of South Carolina (FamilyCorps)

- Child Abuse Awareness and Prevention. FamilyCorps offered child abuse awareness training statewide to mandated reporters on the four forms of child abuse and neglect.

Richland County Court Appointed Special Advocate Program

- National CASA Pre-Service Training
- Childhood Trauma

Joint Council on Children and Adolescent's

- Trauma-Informed Care in South Carolina

South Carolina Trauma Practice Initiative

- Community-Based Learning Collaborative

Children's Trust

- Annual Child Abuse Conference

GOAL: A COMPETENT AND STABLE HUMAN SERVICES WORKFORCE TO HELP CHILDREN AND FAMILIES

University of South Carolina Center for Child and Family Studies

- B-SMART: Writing Effective Case Plans to Protect Children
- Permanency Roundtable Training. One session was provided in FFY 2014 with 30 attendees. Another session is planned for September.
- Intake: Where Assessment Begins. In FFY 2014, 3 sessions were provided with 69 attendees. There are 3 more planned for FFY 2014.
- ThinkShop Training. Clemson Youth Learning Institute, USC, and the SCDSS partnered to provide staff training on best practices in working with youth, through several tools including the Resilience Advantage and True Colors. Experiences are uniquely designed for staff to reinforce the idea that they must be engaged in their own learning process in order to impact independence in the youth served.
- Safety Roundtable Training. A SRT is a structured, professional case consultation that focuses on an effort to ensure that safety and protective capacity are accurately assessed and services are developed as needed, to increase the family capacity to protect the children.
- Appropriate Response Training (now called Community-Based Prevention Services). This is an approach that ensures that children receive appropriate assessment and services to meet their specific needs, when the report of maltreatment on them does not rise to a Risk and Safety Level requiring a CPS investigation by the SCDSS.
- The Four Key Concepts: Safety, Risk, Behavioral Change and Permanency.
- Advanced Techniques for Identification, Intervention, and Prevention of Child Maltreatment
- Concurrent Planning: What It Means for Children, Families, and You
- Issues for Children in Care: Preparing Children for Adoption
- Permanent Connections: Expanding Permanency for Our Youth
- The Impact of Violence on Children

University of South Carolina Children's Law Center

- Advanced Legal Training for Caseworkers. This training reinforces seasoned workers' skills and confidence in preparing for court and handling legal aspects of the case process.
- Courtroom Skills Training for SCDSS Workers Statewide
- Trial Preparation for Advocacy Skills Training for DSS Attorneys
- Preparing Documents for Child Abuse and Neglect Cases
- Bring your "A" Game to Court
- Best Legal Practices for Paralegals in Child Abuse Neglect Cases
- Prosecuting Child Sexual Abuse Cases in Family Court
- Preparing and Performance Court Training
- Appellate Practice
- Multiple training activities for foster home licensing staff. The topics included: building workers' skills and confidence in approving or denying applications for licensure, the revocation process, communicating with applicants regarding denials, and participating in administrative hearings and/or other appeals.

- Multiple training activities for intake workers. The topics included: the role of mandated reporters, definitions of abuse and neglect, indicators, and communicating with mandated reporters. Feedback from mandated reporter trainees and results from Citizen Review Panel surveys were utilized for this training.

South Carolina Foster Parent Association

- SCFPA Annual Conference. The SCFPA annually sponsored a statewide Partnership in Parenting Conference. The agenda included sessions that reinforced and enhanced knowledge and skills of agency workers and other child advocates.

Children's Trust of South Carolina

- 2014 Safe Sleep Summit
- 2013 Prevention Conference - What Works: Effective Ways to Strengthen Families for Child Well-Being
- 2013 Spring Summit: Safe Children, Healthy Families: Building Protective Factors in the Community
- SC Child Passenger Safety Summit
- 2012 Home Visiting Summit
- 2011 Prevention Conference: Strong Families, Safe Children
- 2009 Prevent Child Abuse and Neglect Conference
- La Familia Cultural Competence Training
- Child Sexual Abuse Training

South Carolina Trauma Practice Initiative

- There were 95 participants in the Spartanburg-Beckman CBLC including 34 SDSS staff registrants.
- On May 12-13, 2014, the Grand Strand CBLC had 121 registrants including 33 SDSS staff registrants.

Connected Families: Signs of Safety (SOS)

- SOS training was rolled out starting in Region 4 in FFY 2013. SOS will have been implemented in all five regions by the end of FFY 2014. Connected Families provided the instruction at the training events.

Palmetto Association for Children and Families

- Time Management Skills
- Motivational Interviewing: Family Support
- Increased Awareness of Roles and Responsibilities of Interactions with Families

South Carolina Trauma Practice Initiative

- Community-Based Learning Collaborative (CBLC)

Joint Council on Children and Adolescents

- Six sessions on trauma-informed care in SC were held in FFY 2014, with 86 SCDSS staff attending. There were audience-specific training events for 50 Judges and Lawyers, through the USC Children's Law Center, and about 400 Foster Parents through the SC Foster Parent Association.

GOAL: YOUTH THROUGHOUT SC WILL HAVE ACCESS TO INDEPENDENT LIVING GROUPS.

University of South Carolina Center for Child and Family Studies

- ThinkShop Training. Clemson Youth Learning Institute, USC, and the SCDSS have partnered to provide staff training on best practices in working with youth through several tools such as the Resilience Advantage and True Colors. Experiences are uniquely designed for staff that reinforce the idea that they must be engaged in their own learning process in order to impact independence in the youth served.
- Caseworker Power: Changing Your Practice With Youth in Transition

South Carolina Foster Parent Association

- Ansell Casey Life Skills Assessment (ACLSA)
- Living and Working with Teens - Yes You Can
- Working With Teens

Quality Assurance System and Management Information Systems

Quality Assurance System

South Carolina state law (§43-1-115) states, in part: “The state department shall conduct, at least once every five years, a substantive quality review of the child protective services and foster care programs in each county and each adoption office in the state. The county’s performance must be assessed with reference to specific outcome measures published in advance by the department.”

The SC Department of Social Services’ (SCDSS) Accountability, Data and Research Division (ARD) conducts reviews of child welfare services in all 46 counties in the state to determine whether services are delivered in compliance with federal and state laws and agency policy, and assess the quality of the services provided through the evaluation of outcomes for children and families engaged in the child welfare system. During the FFYs 2010-2014, the ARD contracted with the University of South Carolina Center For Child and Family Studies (CCFS) to conduct these reviews, and to provide feedback to the SCDSS and its county offices. The SCDSS and the CCFS partnered both in conducting these reviews and in providing feedback to the SCDSS leadership and to its county offices. Both organizations provided staff for these functions in the Quality Assurance System.

Four “Innovation Counties” were selected by the agency as part of its Program Improvement Plan (PIP). Quarterly reviews occurred in these counties to measure performance improvements in safety, permanency, and well-being outcomes, until the PIP objectives were met for nine of the 23 items on the CFSR instrument.

Baselines for the four CFSR Program Improvement Plan (PIP) Innovation Counties (Aiken, Spartanburg, Oconee, and Greenville) were established in December 2011. Quarterly reviews were conducted in these counties to measure performance on safety, permanency, and well-being outcomes, until September 2013. The SCDSS met the PIP outcome requirements in these Innovation Counties, and therefore the quarterly review frequency ended with the September 2013 reviews. For detailed information on the PIP, please refer to Assessment of Progress on Goals, Objectives, and Service Array. The same process for reviews was used statewide in non-Innovation Counties, with the exception that additional information was also reviewed in areas of CPS Intake, CPS investigations, and Foster Care Licensing.

As a general summary of how the Quality Assurance Review System informed and contributed to achieving the goals and objectives and informed service delivery in the child and family services-related programs at the SCDSS, the direct result was that the four Innovation Counties improved their service delivery and related scores on the Review Instrument, and therefore the SCDSS was released from the Program Improvement Plan.

The On-Site Facilitated Discussion with counties, direct, in-person feedback of the results of the Quality Assurance Review, in order to best inform and change service delivery, to the counties following the completion of the Quality Assurance Review, was an important part of the process for the Innovative Counties making improvements. The On-Site Facilitated Discussion with a county was a participant-centered, interactive training strategy, typically held in county offices, within a month of the completion of the Quality Assurance Review. Basic information was shared by a facilitator followed by skill-building or discussion sessions where the participants discussed how this new information will be applied in the everyday work setting. Participants in this phase of the process often included all or a reduced combination of the county management staff, the Regional Team Leader, Performance Coaches, and as many

County Child Welfare, IFCCS, and Adoptions staff as were able to attend. There were nine On-Site Facilitated Discussions in the Innovative Counties, and two in non-Innovative Counties.

Following the end of the Quality Assurance Review PIP, scores dropped below the PIP Target Line in some of the areas on the Review Instrument, in the PIP counties. The reason(s) for these decreases in scores are being assessed, and will be addressed in the CFSP 2015-2019. There were at least two changes following the completion of the PIP and during the FFY 2014. The PIP Counties changed to Quality Assurance reviews every 6 months, instead of quarterly reviews as during the PIP. Secondly, there were very few and no regularly held On-Site Facilitated Discussions with the counties following the QA Review.

One of the barriers to more and more regularly held On-Site Facilitated Discussions with counties was staff capacity. There was an increase to 60 Quality Assurance Reviews for the FFY 2014, in order to conduct a review of each county at least once in the calendar year 2014. In addition, some of the larger counties were on a schedule to be reviewed every six months. With this increase in the number of reviews, frequently the Quality Assurance Review staff needed to conduct the On-Site Facilitated Discussion was also needed to participate in a Quality Assurance Review. The Quality Assurance Reviews took precedence. The SCDSS and the University of South Carolina Center for Child and Family Studies will address this barrier in the CFSP 2015-2019, in order to increase the number of On-Site Facilitated Discussions.

The challenge of providing effective feedback on Quality Assurance Reviews to the counties, and having it influence service delivery and practice, will be indicated in the Continuous Quality Improvement Plan of the SCDSS for CFSP 2015-2019. In this plan, resources will be applied to provide effective service delivery feedback to all counties by FFY 2016.

One of the early results of assessing the reasons for the drop in scores after the PIP ended is thought to be high child welfare caseworker staff turnover in FFY 2013 and FFY 2014, and the related need for training in the classroom and on-the-job. The need for improved staff retention and recruitment will be addressed in the CFSP 2015-2019.

Another impact of the Quality Assurance Review System was that it led to the development of the Guided Supervision Initiative. The goals and benefits of Guided Supervision were: workers would be better prepared for case staffing meetings; supervisors would be using a standard format, consistently addressing protective capacity and child vulnerability, and establishing what action steps are need to achieve safety, reduce risk, and increase positive permanency for children; and documentation of staffing meetings in CAPSS which would supply a detailed snapshot of current involvement and recommended action steps.

With the August 2012 roll-out of Guided Supervision in Spartanburg County, all four Innovation Counties had implemented this tool. Supervisors throughout the state have received instruction in Guided Supervision, and therefore there is now a growing pool of supervisors who are using Guided Supervision and encouraging others in its use. It was reported that the implementation of Guided Supervision made a positive impact on both service delivery and scores on the Quality Assurance Review Instrument.

Another impact of the Quality Assurance Review System was that it led to the development of Documentation Roundtables. In reviewing Quality Assurance Review scores for the Innovation Counties in the first quarter of CY 2012, results indicated that scores were not showing positive improvement. South Carolina was made aware of a process that was successfully used in Georgia called Documentation Roundtables. Casey Family Programs agreed to bring Millicent Houston, the Coordinator for Roundtables in Georgia, to South Carolina to train the Innovation Counties in Documentation Roundtables. This one-day training was completed June 11, 2012.

South Carolina started Documentation Roundtables preceding an Oconee QA review. Oconee's scores immediately started improving. Documentation Roundtables were completed before every review in the Innovation Counties. The scores in each Innovation County slowly started to improve. Because Documentation Roundtables were showing

such promise for improvement, South Carolina decided to conduct a statewide introduction and training via videoconference. This videoconference was held on August 23, 2012. Enough information was presented at the videoconference for counties to start using Documentation Roundtables before their county reviews. However, because the Innovation Counties were reviewed so often, Documentation Roundtables did not have full implementation until calendar year 2013.

Child and Adult Protective Services System (CAPSS)

The CAPSS (Child and Adult Protective Services System) is the agency's statewide automation system for child welfare. CAPSS Big 7 (Assessment and Planning, Eligibility, Support Services, Provider, Payments, Contracts and ICPC) initiatives moved to production on July 11, 2011. These system features were the last major system features to be implemented prior to a federal onsite review of the SC SACWIS system. These changes were intended to assess the level of compliance of the system within the federal requirements for SACWIS. The state onsite SACWIS review was conducted September 21-24, 2011.

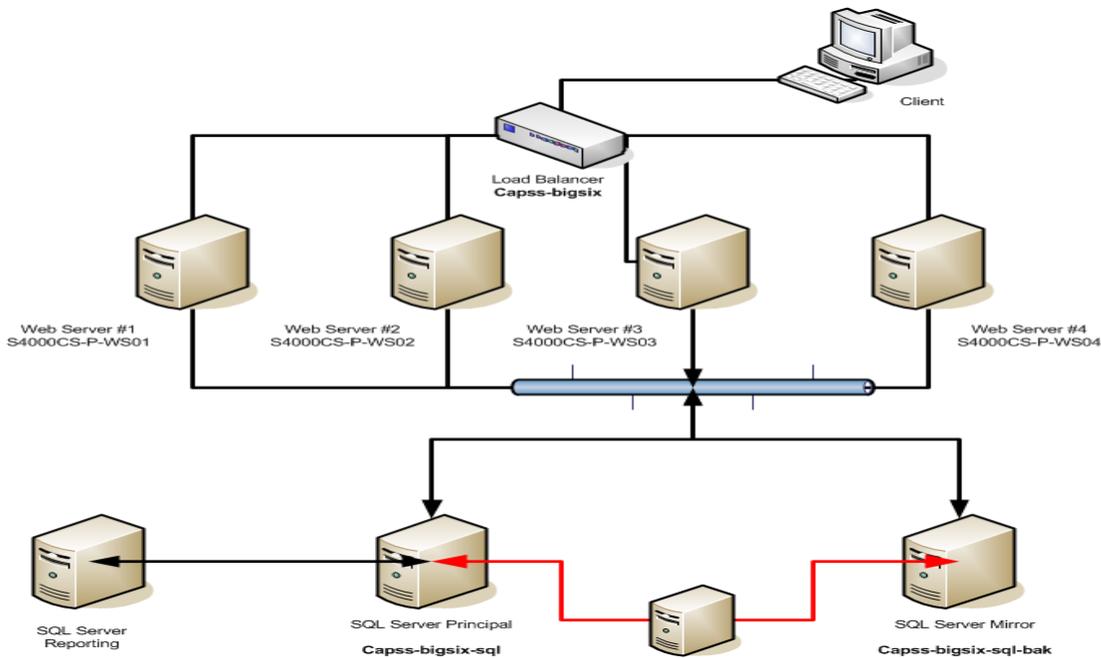
In May 2012, the state received the SACWIS review results which stated that, of the 88 total requirements, the state was compliant with 24 requirements; non-compliant with 16; conditionally compliant with 38; and ten were not applicable. The state is currently preparing a response to this review, which will (when approved) result in a "SACWIS Improvement Plan (SIP)." This SIP will then be the basis for addressing all deficiencies contained in the results from the onsite SACWIS review. Once all of the deficiencies are addressed, the SCDSS will be considered to have a fully functional and fully operational SACWIS system. Until this is successfully completed, the SCDSS will continue to produce an "Advanced Planning Document (APD)" on an annual basis that addresses the status of the SIP and plans for completion. Once the SIP is fully addressed, the SCDSS will discontinue producing an annual APD and begin producing an "Operational Planning Document (OPD)". The next Advanced Planning Document (APD) is due on August 31, 2013.

The state is currently operating under an AFCARS Improvement Plan. The state has several improvement plan tasks scheduled to be released in June 2013.

CAPSS Hardware/Software Configuration

CAPSS moved from a mainframe environment utilizing the ADABAS database, into a Windows Server environment utilizing the SQL Server database, on July 11, 2011. (See following diagram.) This is the environment the SCDSS continues to utilize. This is the equipment and configuration that would have to be relocated, in the event of a disaster, into the state's shared information technology center on Broad River Road in Columbia.

CAPSS is currently a Microsoft Visual Studio 2005, windows-based application. As the SCDSS moves forward with AFCARS and SACWIS tasks, the agency will be focusing on upgrading to Microsoft Visual Studio 2010. Although this upgrade will continue to be a windows-based application, Microsoft Visual Studio 2010 allows CAPSS to take advantage of new features like ASP.NET Dynamic Data, Language-Integrated Query (LINQ) databinding controls and ASP.NET MVC. The scheduled start date of the VS 2010 upgrade is June 2013.



Internal Coordination and Communication

Human Services Program and Information Technology developed a CAPSS and Practice Workgroup that meets each Friday to discuss improvements needed. Through discussion, the Workgroup developed three subcommittees: 1) risk and safety assessment integration, 2) list of priorities, and 3) tracking of supervision within CAPSS. These subcommittees work together to develop recommendations to leadership to move decisions forward.

Push Reports

In the FFY 2013, weekly “Push” reports were developed and are sent out through the agency’s email system on Sunday evenings. These reports provide current, actionable data to managers at all levels of the agency. Data include timeliness of initiating investigations and review of case decisions, face-to-face contacts with children and adults in CPS in-home treatment cases, face-to-face contacts with children in foster care cases, timeliness of Permanency Planning Hearings, and status of TPR hearings. The reports can be viewed at an aggregate level or a case management level, as appropriate. These reports are widely used by managers to assess performance and to address performance issues in a proactive manner. Use of the data contained in these reports has ensured continued focus on these critical activities and has facilitated analysis of resource issues and of management performance needing attention.

For a description of how data is used collaboratively to inform practice, see descriptions of P2s, P3s, and FCRB Huddles in the Collaboration section of this report.

Legal Case Management System

The Court Improvement Data Grant supports a legal case management system (LCMS) that has been in place since June 2010 to enable the agency to efficiently manage the statewide legal cases, court documents and court dates. In addition to the basic capabilities of this self-contained software, it interfaces with CAPSS to either extract necessary data from CAPSS or to provide necessary data to CAPSS. Since implementation, a number of enhancements have been made to the system.

Since October 2012, the following trainings/enhancements have occurred or are being planned:

- The process of utilizing the LCMS system for Adult Protective Services cases (both assessment and treatment) was formalized with the issuance of a policy. Staff were informed and trained on the process.
- A number of reports are being modified to provide better management of key performance indicators; i.e., TPR Tracking, Continuance; Permanency Plan Hearings.
- In the LCMS application, the user “to do” list was modified to display pending cases rather than all cases. This functionality was completed 7/30/2013 and is in production.
- LCMS provides System Usage Reports that show which users have not logged in; this reporting function was demonstrated 6/5/2014 and is currently being tested for production.
- LCMS provides Opened Legal Actions by Month Reports and Cases by Month Reports; added features of detail were recently added. Both reporting functions were demonstrated 6/5/2014 and are being tested for production.
- The LCMS Timeliness of Hearing Reports are in production and some questions of functionality are being determined in test.
- The LCMS provides a method for creating new foster care cases and adult protective service cases without combining it with information from another case that is open for the same client(s). This functionality was added 10/4/2013.
- The LCMS provides a TPR Legal Action Field that will trigger an update of information to the CAPSS System. This functionality was added 5/16/2013.
- The LCMS has a new “distribution date” field that was added to the system 7/30/13 to denote the date signed orders are distributed.
- The LCMS uses Active Directory as a source for log-in, the process of automating the user-access is currently being tested. Web Client integration with Active Directory allows user to log-in to LCMS using the Active Directory log-in ID. This feature is expected to go to production fall 2014.
- The LCMS dashboards were rolled out April/May 2013. They are currently in production and being used by both executive staff and county legal offices with hearing timeliness indicators for probable cause hearings, merits hearings, permanency planning hearings, and TPR hearings. The dashboard includes data for legal staff to aid with hearing preparedness, and prompts users to send notices to opposing counsel, defendants, and caregivers. It also reflects the number of hearings held within the previous seven days and provides an overview of overdue hearings. The dashboards permit drill down into the data for further analysis

CAPSS/LCMS Support

There is a CAPSS and LCMS Support unit designated to assist field staff in data entry and corrections in system. This unit responds directly to CAPSS and LCMS users in the field – providing instruction and technical assistance on system usage. When field staff is unable to make certain file fixes or corrections, or need changes made for user access, the CAPSS support staff do this for them. Additionally the CAPSS support staff do user testing on new developments or changes to the system, and act as liaisons with other divisions involved with the CAPSS – requirements, information technology, training, and requests for computer services. There are also legal staff experts in the field that assist with any technical or user questions regarding the use of LCMS.

The various procedure manuals for child welfare contain instructions regarding data elements or information that are to be entered into the CAPSS and when to enter such information. These instructions also identify the various CAPSS screens used to access the record for pertinent data entry. Additionally there is a CAPSS Users Guide online with easy access to the users’ guide while one is working with specific data entry. Also, an online SharePoint portal has been established to document, track, monitor and address system issues as they arise.

National Youth in Transition Database (NYTD)

The National Youth in Transition Database (NYTD) population includes all youth receiving Independent Living services. The NYTD baseline population included two cohorts of youth. Cohort 1 included all youth in the SCDSS

foster care who turned 17 between October 1, 2010, and September 30, 2011. Cohort 2 included all youth in the SCDSS foster care turning 17 between October 1, 2013 and September 30, 2014. The NYTD follow-up population included all youth in Cohort 1 and Cohort 2 who completed at least one answer on the NYTD survey. Youth were surveyed regardless of foster care status and residency location throughout the United States.

The Department contracted with the Center for Child and Family Studies in the College of Social Work at the University of South Carolina to collect the data for the National Youth in Transition Database outcome measures, which will be used to assess performance in operating independent living programs. The NYTD data collection began on October 1, 2010. The FFY 2014 data collection efforts involved two waves of data collection: the data collection for Cohort 1 (19-year-olds) started on October 1, 2012 and ended on September 30, 2013, and the data collection for Cohort 2 (17-year-olds) began on October 1, 2013 and will end on September 30, 2014. The first and second reporting periods for Cohort 1 and Cohort 2 during the federal fiscal year are listed below.

Table 35. NYTD Reporting Periods

Cohort	Reporting Period 1 End Date	Reporting Period 2 End Date
Cohort 1 (19-year-old youth)	March 31, 2013	September 30, 2013
Cohort 2 (17-year-old youth)	March 31, 2014*	September 30, 2014*

*Consistent with the NYTD final rule, data collection will continue within 45 days of the end of the reporting period.

The CCFS NYTD Team developed a protocol for entering NYTD data and ensuring accuracy of data entry. The state NYTD research director and research associates held internal data tracking meetings on a weekly basis to discuss issues related to locating and surveying specific youth, follow up of return of surveys, and ongoing clarifications with SCDSS staff and Administration for Children and Families (ACF) NYTD staff. Daily phone calls and email communication with youth, current/former group home staff, current/former foster parents, current/former caseworkers, current/former counselors and therapists were made by CCFS NYTD staff to ensure that each youth in the baseline and follow-up populations received a birthday card, an information letter, and received an invitation to complete the survey. This intensive communication with current/former caseworkers, current/former foster parents, and current/former group home staff on a daily basis served to educate stakeholders about NYTD and strengthen partnerships. Daily communication with current/former caseworkers was used to obtain the most recent information on youth in the baseline and follow-up populations that was not captured in the CAPSS. This process assisted in the tracking and management of youth in the baseline and follow-up populations.

The CCFS received baseline and follow-up population estimate files on a daily and weekly basis from the SCDSS. Weekly estimate files were reviewed, documented, analyzed and entered into the CCFS internal data tracking system. The CCFS internal data collection system was monitored, assessed, and updated on a daily basis. Completed surveys were tracked and recorded on a daily basis. The outcomes data were input into the data information management system and submitted to the SCDSS on a monthly basis.

The multi-phase data collection procedure for the first wave of data collection involved delivery of information forms to youth and their providers three weeks before their 17th birthday, phone calls to youth two weeks before their 17th birthday, administration of the federal and supplementary survey on a youth's 17th birthday, survey follow-up ten days after a youth's birthday, and delivery of a \$50 gift card and the NYTD Transition Resource Kit upon receipt of a youth's survey.

The multi-phase data collection procedure for the second wave of data collection involved locating youth through multiple strategies, communication with youth to invite them to complete the follow-up survey, administration of the federal and supplementary survey within six months of a youth's 19th birthday, and delivery of the NYTD Transition Resource Kit and a \$75 gift card after survey participation.

The NYTD federal survey included six outcome measures: financial self-sufficiency, experience with homelessness, educational attainment, positive connections with adults, high-risk behavior, and access to health insurance. The CCFS NYTD Team has developed a supplementary survey for Wave 1 and Wave 2 data collection periods that is an extension of the NYTD survey. The additional survey at Wave 1 further enhances the understanding of a youth's transition by examining five additional outcome areas: educational attainment; relational connections and permanency; social support; concerns; and personal aspirations. The additional survey at Wave 2 further enhanced the understanding a youth's transition by examining six additional areas: housing; healthy behaviors; spirituality; the transition to adulthood; personal goals and achievements; and staying connected with the SC NYTD team. In March 2011 (Wave 1) and September 2012 (Wave 2), IRB and SCDSS approval was granted and the supplemental survey was incorporated into the data collection system.

In the FFY 2012, findings from the first wave of data collection were coded and analyzed. Two reports were developed to highlight these findings: 1) Voices and Visions of SC Youth in Transition: A Report of the Survey of 17-Year-Old Youth in Foster Care and, 2) A Youth Evaluation of the SCDSS Chafee Independent Living Program in South Carolina: An Analysis of the National Youth in Transition Database and Voices and Visions of SC Youth in Transition Survey Data for South Carolina.

The NYTD services have been tracked through an ongoing report through CAPSS and monitored monthly. A booklet was developed and distributed statewide (SCDSS 30255) that described the NYTD services and categories. A provider form (SCDSS 30254) was developed and distributed to providers to record services on a monthly basis for ease in tracking. Case managers used the information on the form to enter the services into CAPSS on a monthly basis. The award letter for funded services was amended to include the NYTD service category.

Because some youth return home to their families when they turn 18 and emancipate from care, they are often coded incorrectly in CAPSS as "Returned to family" or "Living with other relatives." These closure codes make a youth ineligible for Chafee funding. The correct code should always be "Reached age of majority", if the youth reaches the age of 18 prior to leaving foster care. The SC CFCIP has worked to address this by ensuring that proper closure codes are used when a youth leaves foster care after reaching the age of 18.

NYTD Accomplishments

South Carolina is recognized as a national leader in terms of survey methodology, youth-centered resources (e.g. NYTD website), youth outreach (SC NYTD Youth Voice and youth focus groups) and practice-centered training.

The SC NYTD team was able to locate and invite 99% of the NYTD Cohort 1 follow-up population to complete surveys. South Carolina successfully surveyed 77% of 19-year-old youth in the Cohort 1 follow-up population, exceeding the federal compliance rate, which requires reporting outcomes on at least 60 percent of youth in the follow-up population who are no longer in foster care. Youth were given the option of completing the interview over the phone, in person, on paper, or via the internet. Consistent with South Carolina's youth-centered methodology, 95% of youth chose to complete the survey over the telephone.

Reporting the research outcomes to youth and engaging them in the recommendation process is a NYTD federal requirement. SC NYTD Youth Voice, the SC NYTD advisory panel, continues to provide critical feedback on survey design, research methodology, and dissemination. The SC NYTD Team at the CCFS conducted quarterly meetings with the SC NYTD state youth advisory panel, which consisted of up to ten youth in, or formerly in, foster care throughout South Carolina. During these workshops, the results of the federal and state outcomes data were disseminated to youth. The implications of the findings were discussed through focus groups to acquire an understanding of youth's interpretations of the data and suggestions for improvement and change. Youth Advisory Panel members have written articles for the SC NYTD website, provided feedback on the NYTD survey design, and created a document on the importance of a transition plan which is posted on the website. SC NYTD Youth Voice, in collaboration with the CCFS Information Design team, created a series of short podcasts on independent living topics (e.g. education, employment, housing, finances, social support, and health insurance) included on the NYTD survey,

providing statistics from the NYTD data collection along with their own personal transition experiences. This information was developed for a youth audience and will be posted on the SC NYTD website. Members from both DSS state youth advisory boards, GOALL and SC NYTD Youth Voice, contributed to the SC NYTD Youth Connection annual newsletter, Issue 3 published in February 2014, which has been distributed statewide to youth and adults involved in their care and also posted on the SC NYTD website. The newsletter provided youth in foster care with information about the NYTD findings, Independent Living services, and upcoming Independent Living training events and other events for youth in foster care.

The SC NYTD website (www.NYTDstayconnected.com) has received national recognition and remains an effective tool for disseminating data from the NYTD data collection and outreach to youth and caseworkers. The website has also received national recognition. In 2011, there were 2,300 unique visits to the SC NYTD website. This number has increased by 1240% in the last two years. In 2013, there were more than 28,500 unique visits to the SC NYTD website. This monumental increase demonstrates the effectiveness and value of this essential resource to youth transitioning out of foster care and their providers. The website was designed specifically to meet the needs of youth in foster care making decisions about their futures and then later as youth begin their adult lives with continuing education, finding work, and/or finding a place to live. The SC NYTD Team at CCFS has reviewed, assessed, researched, and included valuable and relevant resources on the SC NYTD website. These include, but are not limited to, SC high school diploma requirements, scholarships, higher education website links, county directories, hotlines, NYTD FAQs, etc. The website offers an opportunity for youth to stay connected with the CCFS NYTD and SC DSS staff members who are able to assist them. South Carolina considers the data collection not only to serve as a means to drive future program development but also to serve in the present as a means of intervention and maintaining contact with youth.

SC NYTD Youth Advisory Panel

Reporting the research outcomes to youth and engaging them in the recommendation process is a NYTD federal requirement. The SC NYTD Team at CCFS conducts quarterly meetings with the SC NYTD state youth advisory panel, which consists of up to ten youth in, or formerly in, foster care throughout South Carolina. During these workshops, the results of the federal and state outcomes data are disseminated to youth. The implications of the findings are discussed through focus groups to acquire an understanding of youth's interpretations of the data and suggestions for improvement and change. Youth advisory panel members write articles for the SC NYTD website, provide feedback on the NYTD survey design, and make recommendations for dissemination reports in youth-friendly language. SC NYTD Youth Voice members contributed to the SC NYTD Youth Connection annual newsletter which was distributed statewide to youth and adults involved in their care, and also posted on the SC NYTD website. The newsletter provided youth in foster care information about the NYTD findings, Independent Living services, and upcoming Independent Living training events and other events for youth in foster care.

Community Partnerships and Dissemination

The CCFS NYTD team continues to inform and update community partners and other stakeholders about the ongoing NYTD data collection.

The CCFS NYTD team exhibited at the annual conferences of the Palmetto Association for Children and Families (PAFCAF) and the SC Foster Parent Association (SCFPA), marketing the NYTD data collection and sharing NYTD findings with conference attendees. Our state partners, SCFPA and PAFCAF, have posted information about NYTD related activities on their organizations' websites.

Caseworkers were a frontline resource in locating and tracking youth to be surveyed, and the program remained in close contact with caseworkers and supervisors. Caseworkers were contacted during each wave of data collection to notify them that youth on their caseloads would be surveyed, and to provide them with information about the NYTD survey regarding its benefits to youth and its potential to positively enhance the delivery of services.

The NYTD team visited SCILYA youth groups to present NYTD information and to recruit new members for SC NYTD Youth Voice. The youth group facilitators were important stakeholders in marketing NYTD and receiving NYTD updates, through emails and the NYTD website.

NYTD Technical Assistance

The state NYTD Research Director and Project Coordinator consulted with the Administration for Children and Families about NYTD federal regulations and rules on a monthly basis. The state NYTD Research Director provided the workshop, *Strategies for Improving Your State's NYTD Youth Outcome Survey Instrument and Methodology*, at the 2011 National Youth in Transition Database national technical assistance meeting.

Cooperation on National Evaluations

The SC CFCIP participated in the National Youth in Transitions Database and will continue to cooperate in any national evaluations of the effects of the program in achieving the purposes of the CFCIP. In FFY 2014, the SC CFCIP volunteered to take part in a federal review of NYTD compliance. The site visit is scheduled to take place July 22-24, 2014.

4. Consultation and Coordination with Tribes

According to the 2012 census data, less than one percent (.05) of South Carolina's population is of American Indian or Alaskan Native race.

The Catawba Indian Nation (CIN) is the only federally-recognized Indian tribe in South Carolina. The Catawba Indian Nation is located in the counties of York, Chester, and Lancaster in South Carolina. The tribe works with the South Carolina Department of Social Services (SCDSS) county and regional offices in those counties for SCDSS services.

The CIN has elected not to serve as a IV-E agency. The SCDSS has informed the Catawba Nation that the agency stands ready to work with the Catawba Indian Nation if they choose to participate as a IV-E agency.

During the FFY 2014, the tribal representative for the Catawba Indian Nation in South Carolina was Linda Love. She was and remains the Director of Social Services for the CIN. The Catawba Indian Nation has recently renovated their Long House to include a comprehensive social services wing, which houses the office of the Director of Social Services. The services provided by the Nation include: a stipend for relative placement of youth; use of Indian Health Services; support services; daycare with a Head Start program; a shelter which allows a 30-day stay for victims of domestic violence; transit services; school supplies; Christmas toys; parenting classes; a food closet; a clothing closet; a WIC office; caregiver support services; and a residential substance abuse center run in conjunction with York County SCDSS and Keystone, called the Family Center at York County.

Adults, youth, and children affiliated with other tribes, of federally-recognized and not federally-recognized tribes, also live in South Carolina and received services during the period under review. These tribes included: the Cherokee Nation of Oklahoma, the Shoshone Tribe of the Wind River Reservation, the Eastern Band of Cherokee Indians of North Carolina, the Pokagon Band of Potawatomi Indians of Michigan, the Ugashik Village, the Pit River Tribe/Big Ben, Lookout, the Sisseton-Wahpeton Sioux Tribe/Lake Traverse Reservation, the Beaver Village, the Shawnee Tribe of Indians of Oklahoma, Lummi Tribe of the Lummi Reservation, Blackfeet Tribe of the Blackfeet Reservation, Cheyenne River Sioux Tribe of the Cheyenne River Reservation, and the Assiniboine and Sioux Tribes of Fort Peck Reservation.

During the FFYs 2010-2014, the CIN representative to the SCDSS, when non-CIN children and youth became involved with the SCDSS, acted as the conduit of information from the SCDSS to non-CIN tribes, and as their representative to the SCDSS on a case-by-case basis. When the CIN representative was contacted by the SCDSS indicating the involvement of the SCDSS with a non-CIN Native American child/family, the representative contacted

the other tribe to relay the information, and acted as that tribe's representative with the child when requested by that tribe.

During the FFY 2010-2014 period, there was no Memorandum of Understanding (MOU) between the SCDSS, the CIN, and other the tribes, allowing information about children and families of other tribes to be shared with the CIN, as a conduit to other tribes. There has apparently been an agreement of some nature between the CIN and the other tribes, allowing the CIN to be the first contact by the SCDSS when a non-Catawba Indian Nation child becomes involved with the agency. The SCDSS and the CIN need to jointly develop that MOU.

Since the last APSR was submitted in the FFY 2013, the SCDSS developed a quarterly report that identified the involvement of the SCDSS with Native American children and youth. This was shared on a quarterly basis with the CIN representative through e-mails.

Throughout the FFY 2014, by phone and in person, SCDSS county staff in which the CIN resided or bordered, consulted with the CIN staff members. These discussions included issues pertinent to Indian adolescent foster youth and the adoption of Indian youth. Due to their cultural beliefs, most CIN families were willing to take family placements, but rarely advocated adoption or permanent removal of youth from their family of origin.

During the FFY 2010-2014 period, the CIN and SCDSS counties have worked collaboratively to provide reasonable efforts to prevent removal of the child from the home. They also worked collaboratively to provide due diligence in the search for a relative caregiver as an alternative to the child being placed in foster care.

When placement with a relative or a foster care placement was necessary, the Catawba Indian Nation worked in conjunction with the SCDSS in recruitment activities, identification of foster homes, and the Heartfelt Calling recruitment initiative. The SCDSS did the background screening for relative placement and handled the licensing of foster homes. The SCDSS and the tribe continued to work together to conduct home visits.

In the FFY 2014, the tribe had no licensed foster parents for the placement of Native American Children. In spite of the assistance of SCDSS County Offices, the tribe has been able to place no foster care children in Native American homes, during the FFY 2014. From March 2013 to March 2014, there were two youth in SCDSS care who were in tribal family placements, both were identified as being Native American, and each was a member of a federally-recognized tribe. When a Native American child is placed into foster care, the tribe has preferred placement in a non-Native American home that is close to the family and the tribe, as opposed to a foster care placement in a Native American home that is farther away. This preference has been respected and accommodated by SCDSS.

The Catawba Indian Nation has served and is willing to continue serving the needs of all Native American children, regardless of their tribal affiliation, if given permission by the other tribe. The tribe is currently providing assistance to 16 Native American children in foster care - 12 Catawba Indian Nation children and four children from other tribes.

In the past five years, Catawba Indian Nation staff members have been in discussion with a coalition of private providers to become certified adoptions investigators by the agency. Due to a lack of available staff, the Catawba Indian Nation chose to withdraw from the coalition.

During the FFY 2014, invitations were extended to the CIN Director of Social Services to participate in the Child Welfare Advisory Committee. The CIN is not currently an active member of this committee. The tribe has participated in several national meetings including the National ICWA Conference.

The York County SCDSS Office has discussed with the CIN the possibility of meeting quarterly with the tribe's representatives. However, the tribe's Director of Social Services reported that the excellent communication with that office through e-mail and telephone made quarterly meetings unnecessary. Tribal representatives attended the SC Foster Care Review Board meetings regularly.

The Catawba Indian Nation representative indicated that they want to be more involved at the intercessory level, to intervene prior to SCDSS involvement in all cases. So while the quarterly reports that have been and will be sent to the CIN identifying the involvement of the SCDSS with Native American youth is a useful tool, another process will need to be developed by the SCDSS with the CIN, so that the CIN can be more involved at an earlier date, and be able to intervene prior to SCDSS involvement in all cases.

In the FFY 2013, the SCDSS revised its Policy and Procedure for the Transfer of Placement and Care Responsibility of a Child from a State to a Tribe to better explain the responsibilities of the SCDSS. The SCDSS also revised the documentation form that notifies the Catawba Indian Nation of any Indian children taken into custody. Specifically, the policy addresses the diligent efforts to be made by the County worker, and explains the tribe's responsibility for verifying tribal membership and the transfer of the child.

At the most recent consultation held on March 18, 2014, at the CIN renovated Long House, Marcia Jervey and Terri Pope of SCDSS met with Linda Love. One of the results of this consultation was the agreement that there needs to be more training available to the SCDSS staff and contract providers, with regard to the ICWA law. This is necessary to ensure that all workers understand the ICWA law, and to ensure that the CIN will be contacted and involved from the start of a youth's involvement in any form with the SCDSS. As a result, the University of South Carolina Children's Law Center has collaborated with the SCDSS to sponsor an Indian Child Welfare Act (ICWA) Conference on June 27, 2014, in the Catawba Indian Nation Longhouse in Rock Hill, South Carolina. The title of the conference is "The Basics & Beyond", and includes training in the *following topics: Overview of the ICWA and its Applications in Child Welfare Cases; Working with ICWA and the Impact of Compliance/Non-Compliance; Representation in an ICWA Case; Tribal Services in Child Welfare Cases: From Therapy to Child Support; and ICWA: A View from the Bench.* SCDSS legal staff, caseworkers, and judges were invited to attend.

Another result of this March 18, 2014 consultation between the SCDSS and the CIN was the determination that there is a need for more cultural-competency training for the SCDSS staff and its providers, to be developed in conjunction with the CIN. Another issue identified at this meeting was the need to assess what tools are being used and need to be used to identify Native American children, and to ensure those tools are placed into case manager training and practice.

The SCDSS provided the CIN with a copy of its CFSP 2010-2014, and has also provided copies of the APSR each year for FFY 2010-2013. The SCDSS will provide the tribe with a copy of the CFSP 2010-2014 Final Report, and a copy of the CFSP 2015-2019, in hard copies and/or electronic versions, as desired by the tribe. The SCDSS will provide copies to Dione Carroll, the Legal Counsel for the CIN, and to Linda Love, Director of Social Services.

The staff of the SCDSS Chafee Independent Living Program has provided information to the Catawba Indian Nation on the training curriculum for older youth titled, *A Native Pathway to Adulthood*, which was available through the National Resource Center on Youth Development. The tribe has also been given copies of the SCDSS Chafee Guidelines Booklet, and has been informed of the existing services provided by the agency. The Catawba Indian Nation and the agency will continue to work together to provide post-foster care services for Indian children emancipating from foster care, after reaching the age of 18.

A policy identified as a potential barrier to successful transitioning from foster care was federal requirement (P.L. 112-34), which requires that all foster youth receive a formal transition planning meeting within 90 days of the youth's 18th birthday. The SC CFCIP determined that earlier intervention would result in better outcomes for youth in transition. In order to strengthen the federal mandate, the Foster Care Manual, Section 832.01.01, Transition Planning Prior to Emancipation, effective February 3, 2013, was revised to include the following: A transition plan is required to be developed within 90 days of the youth's 17th birthday and must be reviewed 90 days prior to the youth's 18th birthday. The caseworker must make a monthly face-to-face contact with all youth who exit care, for a minimum of 6 months and/or as long as the youth continues to receive any Independent Living funding. Face-to-face contacts may be conducted quarterly for youth living in college housing.

However, not all Native American youth involved with the SCDSS have been identified as turning 17 years old within 90 days, nor identified later as turning 18 in the forthcoming year, and so transition planning has not always occurred. The SCDSS and the CIN have agreed that there is a need to develop a formal process to identify Native American children who will turn 17 years old within 90 days, in order to begin formal transition planning and education about emancipation after the youth turns 18 years old.

The Catawba Indian Nation Director of Social Services and the SCDSS staff have agreed that self-identification of older youth will be further addressed. This will be done through ongoing efforts, in order to ensure that Indian youth fully realize the benefits that they are entitled to receive, through the tribe, such as scholarships, housing, and medical services. A representative of the Catawba Indian Nation has been and will continue to be the contact for youth mentor support, and can be reached through contacting the Catawba Indian Nation office.

5. Foster and Adoptive Parent Recruitment

The South Carolina Department of Social Services made foster and adoptive parent recruitment one of its goals in the CFSP 2010-2014. Specifically, the goal was “Continued emphasis on expedited permanency.” A recruitment objective related to that goal was “Ongoing recruitment of foster and adoptive families, with a net increase of 20% in statewide recruitment in the number of foster/adopt families.”

During the FFYs 2010-2014 period, in addition to direct efforts by SCDSS staff, the agency contracted with multiple community-based agencies to provide diligent recruitment of potential foster and adoptive families. The contracted agencies included, but were not limited to, The South Carolina Heart Gallery (Foster Care Review Board), The SC Foster Parent Association, and Heartfelt Calling (SC Foster Parent Association). Additionally, the SCDSS collaborated with other non-profit organizations in their efforts to publicize the need for foster and adoptive parents and their efforts to recruit them. Among these organizations were the SC Bar Young Lawyers, Focus on The Family, Alpha Kappa Alpha Sorority, and churches throughout the state.

The diligent recruitment efforts by the SCDSS staff, contracted agencies, and other community partners reflected the ethnic and racial diversity of South Carolina. There is one federally-recognized Indian Tribe in South Carolina, the Catawba Indian Nation (CIN). For placement of CIN children and children of other tribes, the SCDSS worked in conjunction with the CIN in recruitment activities, identification of CIN, other Native American, and non-Native American potential foster homes, and with the Heartfelt Calling recruitment initiative. The SCDSS did the background screening for relative placement and handled the licensing of foster homes for the CIN.

Unfortunately, in the FFY 2014, the CIN had 0 licensed foster parents for the placement of CIN and other Native American children. In spite of the assistance of SCDSS County Offices, the tribe has been able to place 0 foster care children in Native American homes, during this FFY 2014. From March 2013 to March 2014, there were 2 youth in the SCDSS care who were in tribal family placements, both were identified as being Native American, and each was a member of a federally-recognized tribe. When a Native American child is placed into foster care, the tribe has preferred the placement be in a non-Native American home that is close to the family and the tribe, as opposed to a foster care placement in a Native American home that is farther away. This preference has been respected and accommodated by the SCDSS.

Recruitment efforts by the SCDSS, contracted agencies, and other community partners also reflected the ethnic and racial diversity of South Carolina as their efforts to recruit included meeting with and presenting information to African-American and Caucasian South Carolinians. This was accomplished through presentations, information booths at events, and social events throughout the state at, but not limited to, predominantly African-American membership organizations and churches such as Alpha Kappa Alpha Sorority, the National Association for the Advancement of Colored People (Goose Creek Branch), the Nazareth Reformed Episcopal Church; and at multi-

cultural organizations, churches, and events such as the Charleston (SC) Air Force Base, the Seacoast Church (Charleston SC), and the Pecan Festival (Florence SC).

There were increased diligent recruitment efforts in the FFYs 2012-2014. Increased cross-cultural recruitment efforts in FFYs 2013-2014 can be seen in the list of recruitment activities that follows. At the same time, the SCDSS recognizes the continued need to increase its diligent efforts to increase the number of licensed foster homes, and that will be reflected in one of the goals in the CFSP 2015-2019, to improve permanency and foster care placement stability.

Regional Adoption Services Offices- Recruitment Activities and Events

January 2013 – Present: Newsletter

Each office published a monthly newsletter featuring waiting children and information about parenting adoptively.

January 19, 2013: Forever Families Fair

This adoption fair was offered to the general public and hosted by the S.C. Bar Young Lawyers Division. It was located at Simpsonville First Baptist Church in Simpsonville, SC. The fair offered free information on adoption, including resource materials and one-on-one consultations. Attorneys, agencies and other vendors in children's services were available to answer questions, provide helpful resources and encourage families to consider foster care and adoption. Several interested families attended the fair and viewed the PowerPoint feature of children needing adoptive families. These families also attended a break-out workshop specifically led by the Region I Adoption Services Office. At this workshop, they were able to view the available children and sign up for the Orientation to become an approved adoptive resource.

March 2, 2013: Wait No More

This event, sponsored by Focus on The Family, and held at the Simpsonville First Baptist Church, was an event to heighten public awareness about the need for adoption through foster care.

March 9, 2013: Specialized Alternatives for Families and Youth (SAFY) - 1st Annual Foster/Adoption Expo

The purpose of the Expo was to educate foster/adoptive parents and youth about programs/ services that are available in our community, including free training for foster and adoptive parents, and the general public on "How to Become an Adoptive Parent."

May 4, 2013: The Backyard Barbecue, A Waiting Children Party

This was a recruitment event to encourage families to consider adoption of older children, and to encourage the youth to consider adoption.

January 2013-Present (monthly): Adoption-Specific Training

A one-day Adoption-Specific Training was offered to families for education on the philosophy, dynamics, and principles of adoption. Through this curriculum, families learned about children, their development, their feelings, and behavior, and how this affects an adoptive placement. They also had the opportunity to view a PowerPoint feature of children needing adoptive families.

January 2013–Present (monthly): Adoption Orientation

An orientation was offered to all applicants interested in adopting. They were introduced to the adoption process and given an opportunity to view a PowerPoint feature of children needing adoptive families.

August 1, 2013-April 10, 2014: The Reading Circle

The Reading Circle was a book club whose focus was adoption. The goal of this event was to encourage families to connect and engage with others who are interested in adoption, while building their own knowledge about the dynamics of adoption. They also had the opportunity to view a PowerPoint presentation of children needing adoptive families.

October 26, 2013: Velocity Church Community Fun Day, Greenville, SC

A booth was set up with handouts and features about waiting children.

November 3, 2013: Orphan Sunday, Eastside Baptist Church, Spartanburg, SC

The staff made a presentation and a booth was set up featuring waiting children.

November 3, 2013: Orphan Sunday, Simpsonville Baptist Church

A member of the staff attended a worship service that focused on the need for adoptive families.

November 16, 2013: Build A Family Adoption Day

This Open House event was hosted by the Region I Adoption Services Office, in order to facilitate networking and communication between approved and waiting families and Adoption Specialists. Participants viewed a PowerPoint feature of children needing adoptive families and six individual video features of children needing adoptive families.

Participants also received their own copy of a 72-page booklet listing many children with their respective Adoption Specialist's contact information. A panel of adoptive parents was featured, presenting some of the joys and challenges of adopting older youth and those with special needs. The Adoptive Family of the Year was recognized. Some participants were able to speak one-on-one with the Adoption Specialists of children that they were interested in. These families were encouraged to contact Adoption Specialists if they were interested in any available children listed in the booklet.

January 18, 2014: Forever Families Fair

This adoption fair was offered to the general public and hosted by the S.C. Bar Young Lawyers Division. It was located at Simpsonville First Baptist Church in Simpsonville, SC. The fair offered free information on adoption, including resource materials and one-on-one consultations. Attorneys, agencies and other vendors in children's services were available to answer questions, provide helpful resources and encourage families to consider foster care and adoption. Several interested families attended the fair and viewed the PowerPoint feature of children needing adoptive families. These families also attended a break-out workshop specifically led by the Region I Adoption Services Office where they were able to view the available children and sign up for the Adoption Orientation in order to learn more about adopting a child and to become an approved adoptive resource.

February 23, 2014: Simpsonville First Baptist Church, Community Information Fair

A representative from the Region I Adoption Services Office attended this event and showed the PowerPoint presentation of children needing adoptive families. Persons interested in learning more about becoming a resource foster parent and adopting were present at this event.

February 25, 2014: Grace Church

This was a meeting with church staff to discuss how the church can support waiting children and assist in identifying adoptive families.

March 8, 2014: SAFY 2nd Annual Foster/Adoption Expo

The purpose of the Expo was to educate foster/adoptive parents and youth about programs/services that were available in our community, including free training for foster and adoptive parents, and information for the general public on "How to Become an Adoptive Parent."

March 10, 2014: Recruitment Meeting New Spring Church

This was a meeting with the Pastor to discuss how the church can support waiting children and assist in identifying adoptive families.

March 27, 2014: Foster Care and Community Resources Awareness Event, Cherokee County

A representative from the Region I Adoption Services Office attended this event and showed the PowerPoint presentation of children needing adoptive families. Present at this event were persons interested in learning more about becoming a resource foster parent, and those interested in resources in Cherokee County for children and families.

March 2014-Present: "Child of the Week" Bulletin

A specific child was featured weekly in an email bulletin to adoptive families, in an effort to identify a potential adoptive resource for the child.

August 12, 2013: Luau Recruitment Event

This was a Hawaiian-themed party at a country club with swimming, games, lots of prizes, give-away-items, and food. It focused on older youth and provided an opportunity for waiting youth and approved adoptive families to interact informally. Televised media coverage followed increasing public awareness of older youth desiring families.

October 14, 2013: Fall For Our Children

The Region 2 Adoption Services Office provided a Drop-in/Open House at the Children's Center with photos of Region II children who were available for adoption. Child and family workers were available to answer questions. Refreshments were served and promotional items were available to the families.

March 31, 2014: Spring Drop-In /Open House

The Region II Adoption Services Office provided a Drop-in/Open House at the Children's Center with photos of Region II children who were available for adoption. Child and family workers were available to answer questions. Refreshments were served and promotional items were available to the families.

Region II "Child of the Week"

Emails were sent to families featuring a picture and short write-up of a different child each week.

Region III Adoption Services Office - Adoption Orientation Sessions

The region held monthly standing Adoption Orientation Days on: 01/15/13, 2/19/13, 3/19/13, 4/16/13, 5/21/13, 6/18/13, 7/16/13, 8/20/13, 9/17/13, 10/15/13, and 11/19/13. Potential families were informed about children available for adoption, with an emphasis on the critical need of older children desiring a permanent family. Training topics, Q&A, pictures, brochures, and youth videos were shown.

February 2, 2013: Families Forever Fair

This event was hosted by the SC Bar/Young Lawyers Division. A Region III Adoption Specialist presented information on adoption and facilitated a state adoption session.

February 13, 2013: ALPHA KAPPA ALPHA Sorority National Convention

A Regional Adoption Services staff member hosted adoption an information table.

March 14, 2013: Journey Together Ministries at Seacoast Church, Mount Pleasant

A Region Adoption Services Office staff member hosted an adoption information table.

April 9, 2013: Heart Gallery Photo Shoot

The Region III Adoption Services Office coordinated this photographing of children needing forever families.

April 13, 2013: Nazareth Reformed Episcopal Church, Monks Corner

A Region III Adoption Services Office staff member hosted an adoption information table.

May 15, 2013: Charleston Air Force Base, North Charleston

The Region III Adoption Services Office facilitated a foster/adoption information event.

May 18, 2013: Meet and Match

Approved families attended this event in order to meet adoption workers and to hear about specific older children. There was food, entertainment, and an adoption discussion panel.

May 30, 2013: The National Association for The Advancement of Colored People (NAACP)

The Region III Adoption Services Office provided an adoption presentation to the Goose Creek Branch.

June 20, 2013: DAK AMERICAS Health Fair

The Regional Adoption Services Office hosted an adoption information table.

July 2, 2013: Radio Spot on 107.3 FM

This was an interview with Terry Base focused on adoption information.

July 2, 2013: Photo Shoot for the Cane Bay Football Program

This photo shoot was done for the purpose of preparing an advertising program that featured Chris Flood who was adopted by Ernest and Shana Flood. The program was circulated at all home football games.

July 18, 2013: Adoption Orientation- Beaufort

This orientation focused primarily on adopting teenagers.

July 20, 2013: Summer Jam

This was a party for targeted children and approved families. It featured a DJ, musical chairs, Mary Kay manicures, and the Monster Mobile Game Theatre. It allowed family/children interaction for the purpose of matching.

August 9, 2013: MUSC Open Wrap, Charleston

This was an event that included foster parents, foster care workers, private providers, and adoption workers. They discussed need for teen adoptions.

August 14, 2013: Charleston Air Force Base, North Charleston

The Region III Adoption Services Office facilitated a foster/adoption information event.

September 12, 2013: Journey Together Ministries at Seacoast Church, Mount Pleasant

A Region Adoption Services Office staff member hosted an adoption information table.

October 13, 2013: Bethany Methodist Church

The Region III Adoption Services Office participated in the church's adoption fair.

October 17, 2013: Adoption Orientation- Beaufort

This orientation focused primarily on adopting teenagers.

November 9, 2013: The Charleston Chronicle Newspaper

The Region III Adoption Services Office coordinated an interview with the Flood family. The story focused on an older child adoption.

January 21, 2014: Adoption Orientation- Charleston

February 18, 2014: Adoption Orientation- Charleston

February 26, 2014: All Staff Presentation of Approved Families- Region III Adoption Services Office

March 18, 2014: Adoption Orientation- Charleston

March 21, 2014: MUSC Open Wrap

This was an event that included foster parents, foster care workers, private providers, and adoption workers. They discussed need for teen adoptions.

March 25, 2014: All Staff Presentation of Approved Families- Region III Adoption Services Office

April 15, 2014: Heart Gallery Photo Shoot.

The Region III Adoption Services Office coordinated this photographing of children needing forever families.

April 15, 2014: Adoption Orientation- Charleston

February 23, 2013: Meet and Greet

The Region IV Adoption Services Office organized and hosted this event for approved families in order to meet adoption workers and to hear about specific older children. There was food, entertainment, and an adoption discussion panel.

July 27, 2013: "Voyage for Permanency"

This was a region-wide, full-day, interactive, and engaging recruitment event for a 14-county region. Information sessions were provided on Adoption Assistance, Post Legal Services, Independent Living funding for continued education, and Therapeutic Services. The moderator-led panel had discussions with teen adoptees, experienced adoptive parents, SCDSS staff, a guardian ad litem, and a therapist who shared their advice and answered questions from attendees. In addition, there were many engaging activities and games, with lunch included. All of the Region III children waiting for adoption who were ages seven to eighteen attended.

November 2, 2013: Pecan Festival (Florence)

The Region IV Adoption Services office set up an adoption booth, distributed adoption information, and completed intake forms on persons interested in adopting.

February 22, 2014: Meet and Greet

The Region IV Adoption Services Office organized and hosted this event for approved families who attended the event in order to meet adoption workers and to hear about specific older children. There was food, entertainment, and an adoption discussion panel.

April 8, 2014: Chat & Chill

This event had informative discussion groups. The Region IV Adoption Services office presented photographs and narratives of waiting children.

Families Forever Fair

This project/event was established in 2008 by the South Carolina Bar Association's Young Lawyers Division (YLD). This annual project—Families Forever Fairs—was recognized in 2009 by the American Bar Association as the "Most Outstanding Service Project" in the country offered by young lawyers. In 2013, the Committee was named an Angel in Adoption by the Congressional Coalition on Adoption Institute. During FFY 2014, conferences were held in Greenville, Charleston, and Lexington: January 18: Simpsonville (First Baptist Church of Simpsonville); February 1: Charleston (Felix C. Davis Community Center); March 8: Lexington (Lexington Municipal Court).

Heartfelt Calling (HFC) Recruitment Activity (Foster Parent Association)

In November 2011, the SC Foster Parent Association developed a new website (www.heartfeltcalling.org) and implemented a separate and specific toll-free number for recruitment purposes for both foster and adoptive parents. Following are recruitment activities for January 2012 through March 2014.

Initial Foster/Resource Family Recruitment efforts included the following:

- a billboard in Florence;
- collateral materials –statewide distribution;
- brochures;
- magnets;
- business cards; and
- posters.

Event Attendance – statewide; materials for events included:

- brochures;
- magnets;
- business cards;
- Post-It note pads;
- Pens;
- PR/Publicity – information provided to local newspapers, Parent Magazine, etc.;
- Heartfelt Calling website;
- Facebook/YouTube; and
- yard signs.

Speaking Engagements/Teen Involvement
Utilization of local Foster Parent Association members

Table 36. Sources of Foster/Resource Inquiries

Foster/Resource Only Inquiries Received January 2012- March 2014	
Source	Percent of Inquiries
SCDSS	35%
Friends/Family/ Other Foster/ Adoptive Parents, Word of Mouth	17%
Online Search	16%
Other Agencies	13%
PR/Publicity/Social Media/ Website	12%
Yard Signs	2%
Event	1%
Caseworker	1%
Collateral Material - Brochure, Card, Poster, Magnet, Newspaper, Church, Radio, Heart Gallery, Billboard, Attorney, Banner	4%

Phone calls to the SCDSS, which were then referred to HFC, continued to be the main source for inquiries. However, there is no data indicating what prompted the applicant to make a call to the SCDSS to inquire about becoming a licensed foster/resource family.

The next highest source of inquiries comes from friends/family/word of mouth. Current foster and adoptive families continue to assist with recruitment efforts. "Other Agencies" includes Regional Adoption Offices, the SC Department of Mental health, the SC Department of Disabilities and Special Needs, the Food Stamp Office, the Child Support Office, BAIR, SAFY, MENTOR, the SC Youth Advocate Program, Miracle Hill, a variety of shelters, group homes, and hospitals.

Heartfelt Calling fared well when someone was looking for information on fostering and/or adopting in South Carolina. The reasons for this are the high level of internet activity through the HFC website, Facebook, and having a presence on YouTube.

These source numbers could logically be combined. Combining "Online Search" with "PR/Publicity/Social Media/Website" would place it right behind the SCDSS referral numbers as a source for inquiries.

There is no doubt that having a consistent visual presence throughout the state contributes to creating awareness of the need for foster/resource families. As awareness increases, the target is led to take action – either by calling or searching online for more information; thus, resulting in an inquiry and potential foster/resource applicant. However, it is important to execute efforts as effectively and cost efficiently as possible.

Therefore, as HFC moves forward with recruitment, the following will occur:

1. continue the visual presence through Yard Signs and Posters with the goal of inciting community involvement through local Foster Parent Associations, as well as incorporating social media;
2. continue to pursue speaking engagements (as opposed to "interest meetings") in which teens who have been successfully adopted from foster care are featured, speaking engagements reach a wider variety of audiences, and often create interest into the world of foster care in people who were not aware they had an interest, whereas interest meetings are not typically well-attended, because those who already have an interest usually take action on their own;
3. continue forging relationships with local media and personalities in order to enhance/ increase publicity, i.e. awareness of the need for Foster/Resource Families within our state;
4. continue to utilize Facebook as well as consider other social media such as Twitter and Instagram to further promote the need – particularly for older teens in care; and
5. as budget permits, consider paid promotions on Facebook to target select counties and demographics; thus eliminating waste which exists with typical electronic advertising/marketing.

The South Carolina Heart Gallery (Foster Care Review Board)

The South Carolina Heart Gallery (SCHG) partnered with the SCDSS to meet ongoing goals related to increasing finalized adoptions of legally free children in a timely manner. Areas of focus include enhanced targeted recruitment, family engagement, and enhanced coordination and communication, through the Statewide Adoptions Recruitment Coordinator, and through participation in quarterly State Adoptions Partners collaborative meetings.

Targeted Recruitment

The SCHG accepted referrals of legally free children from the SCDSS. Professional photographs of these children were featured on the SCHG website, and in multiple community venues, providing broad-based, child-specific adoption recruitment.

Additionally, the SCHG:

- provided specialized recruitment services for all children reported by the SCDSS as legally free for adoption, for which an adoptive resource had not been identified, in coordination with the SCDSS, the SC Foster Parents Association, and other recruitment services;

- provided child-specific recruitment targeted to specialized populations, appropriate geographic areas, faith communities, etc., and searched its database of approved families for potential matches upon request (one request per quarter per child); and
- provided detailed quarterly reports to the SCDSS concerning the number, location, and type of recruitment activities, and a listing of approved families who met matching characteristics, upon request.

Family Engagement

The SCHG responded to telephone and website inquiries within three working days; provided general information about the foster care/adoption process; and generated referrals for new families to the SCDSS via an intake request.

Additionally, the SCHG:

- maintained a dedicated database to track and manage inquiries and referrals from families, enabling the SCHG to develop standardized recruitment response strategies, and to provide assistance to SCDSS in identifying and resolving inquiry follow-up issues;
- expedited the application and home study process, using SCDSS protocol for new families responding to Heart Gallery recruitment. The SCHG provided intake services and information regarding the SCDSS orientation and pre-service training, and completed home studies for these families and other families, as assigned by Regional Adoption Services Office staff; and
- for approved families inquiring through the SCHG, the SCHG served as the “first reviewer,” receiving and pre-screening home studies against child’s background factors and placement needs. The SCHG forwarded appropriate studies to SCDSS for consideration, handled responses to families who did not appear to be appropriate for a specific child they chose, and suggested other children that may have more appropriately fit the family. The SCHG maintained family background information/study in a database which can be searched for potential matches for children on referral.

The SFY 2013 and SFY 2014 were focused on implementing the SCFPA Training and Service Plan, which has expanded to include pre-service training for foster resource families. SCFPA’s ultimate goal is to make educational opportunities more accessible to foster parents, therefore making it more likely that they will take advantage of the opportunities to expand their skills and knowledge. This will lead to the creation of a better-prepared and equipped foster parent pool for SCDSS to call upon when needed. Some of SCFPA’s more recent efforts are detailed below:

1. discovered Family Connections and other community resource guides and refer foster parents and DSS professional staff to these;
2. held kick-off workshop for the NCTSN “Caring for Children Who have Experienced Trauma: A workshop for Resource Parents” training at the annual SCFPA conference;
3. hosted Dee Norton Low Country Children’s Center training on February 28, 2014. Six SCFPA contract trainers were trained and have participated in numerous pre-training and follow-up activities so that SCFPA can deliver the first four modules from the above workshop; seven six-hour workshops have been scheduled in April and May, 2014;
4. presented the attached Building a Bridge proposal to Oconee DSS County Director, staff, and Foster Parent Association President. They approved the proposal and hosted a kick-off meeting April 8, 2014;
5. continued meeting with Christine Wallace from The Center for Child and Family Studies at USC and Birley Wright from SC Children’s Trust to coordinate training efforts;
6. continued to offer support to 39 local FPAs. SCFPA currently schedules training for 38 of the 39 local associations. Oconee has elected to schedule its own training, but is working closely with the SCFPA;
7. conducted 13 cluster (3 and 6 hour) training events in January through March 2014; and
8. held 16 Pre-service training events in January through March 2014.

6. Adoption Incentive Payments

Concurrent Planning: In the FFY 2012, Adoption Incentive Payments funds were used to support the implementation of concurrent planning as a strategy to increase the adoption of children at the earliest point in time. Under a Memorandum of Understanding (MOU) between the SCDSS and the USC, and a task order agreement between the USC and Winthrop University, a work plan was developed in consultation with the SCDSS to provide training, technical assistance, and research services needed to implement policies, procedures and system changes needed to improve concurrent planning and full disclosure practices in SC. During 2013, in cooperation with Winthrop University, the SCDSS began co-location of “Concurrent Planning Specialists” in county offices across the state. These specialized staff worked in the county but reported to the Regional Adoption Services Offices. The goals for these staff were to become involved earlier in children’s case planning, to offer information to parents on the role of concurrent planning, and to support county staff in making decisions about permanence.

Seneca Family of Agencies: The SCDSS contracted with the Seneca Family of Agencies to support the requirements of the Family Finding Initiative. The Seneca Family of Agencies conducted manual searches of public records, in an effort to find and identify possible relatives of children in care. Search requests were submitted through a secure link on the Seneca Family of Agencies website. Upon receipt of requests for family finding searches, the Seneca Family of Agencies assigned an experienced search agent to conduct a manual search, and then provided a report back to the SCDSS that included addresses and listed phone numbers for the subject, possible relatives and associates of the subject with their addresses and listed phone numbers, and any neighbors with listed phone numbers of the subject’s most recent address.

Foster Care Review Board/The Heart Gallery: In an effort to meet the ongoing goals related to increasing finalized adoptions of legally free children, the SCDSS partnered with The South Carolina Heart Gallery (SCHG) to provide: enhanced, targeted recruitment; family engagement; and, through the newly-appointed Statewide Adoptions Recruitment Coordinator, enhanced coordination, communication, and participation in quarterly state Adoptions Partners collaborative meetings. The Heart Gallery is a national program that uses the power of photography to help find homes for legally free children lingering in foster care. Through community exhibits and internet photo display, this recruitment tool increased public awareness of the need for adoptive families. The Heart Gallery photographers volunteered their time and talents to create unique portraits showcasing these children. The portraits were displayed at various locations around the state all during the year.

The SCHG provided intensive child-specific recruitment efforts, including community exhibitions and photographic internet campaigns. The SCHG targeted specialized populations, geographic areas and faith communities in an effort to find homes for legally free children lingering in foster care. The SCDSS had a contract with FCRB for the SC Heart Gallery to be administered and supported by the Children’s Foster Care Review Board. The SCHG program staff worked with the SCDSS Regional Adoption Services staff to arrange photography sessions as needed, plan community exhibits, track and respond to any resulting inquiries from interested families, and provide targeted, child-specific recruitment and family engagement.

SC Foster Parent Association Heartfelt Calling: The Heartfelt Calling, developed by the SC Foster Parent Association (SCFPA), provided expedited responses to inquiries about fostering and adoption. Heartfelt Calling developed a new website (www.heartfeltccalling.org) and implemented a separate and specific toll-free number for recruitment purposes. This allowed for one consistent entry point into the SCDSS system for all potential resource families. In the past, potential resource parents who did not receive responses or who received greatly delayed responses to inquiries, have either gone to other organizations to find children or have given up and lost interest altogether. To address this concern, the SCFPA developed its recruitment program, Heartfelt Calling. Heartfelt Calling provided consistency and follow-up from first contact through pre-service training.

In addition to a quick response, because consistency and continuity in recruitment of resource/foster and adoptive parents has a significant role in turning inquiries into licensed resource/foster and/or adoptive homes, the SCFPA created a position for a person experienced in child welfare to respond daily to phone calls, e-mails, and any other

form of inquiry about possible resource parenting. The Recruitment Coordinator was able to answer inquiries in one working day, and answered questions regarding foster care and adoption of children in the SCDSS custody. In true collaboration, the Recruitment Coordinator sent the application packet, or other appropriate information to each inquirer within one working day, notified the appropriate SCDSS office, and followed up to ensure that connections had been made and the process was moving along.

During the first 18 months since the website and the toll-free number have been in place (mid-November 2011), there have been over 10,000 calls and over 500 e-mails inquiring about becoming resource or adoptive parents. There have been almost 3,500 intakes completed and approximately 2,900 information packets sent out in response to inquiries (information packets are not sent to inquiries that are denied at the point of intake). In addition, over 1,000 information packets have been supplied to Regional Adoption Services Offices and County SCDSS Offices for use at events and walk-ins. Approximately 1,400 completed applications from the referral packets have been returned and processed. Currently, in mid-FFY 2014, there are 1,460 total open/viable pending inquiries, and 800 of the 1,460 have returned their applications and are in the process of becoming licensed and/or approved. A total of 162 applications from the HFC database have been licensed and/or approved since November 2011.

SC Youth Advocate Program

The SC Youth Advocate Program (SCYAP) was awarded the recruitment contract for the Upstate Region, as an extension of the SCFPA's recruitment efforts; three of the most populous counties in the state are in this region. The SCFPA and SCYAP collaborated closely to develop mutually workable and acceptable procedures to ensure that recruitment activities were consistent and that all phone calls and other forms of inquiry about possibly becoming a resource family were handled within the next working day and in the same manner. Any direct inquiries received by the SCYAP were forwarded to the SCFPA, for entry into the central recruitment database.

Adoption Assistance Collaboration

In FFY 2012, the USC Children's Law Center (CLC) collaborated with the SCDSS in providing technical assistance to Regional Adoption Services Offices, and this continued in the FFY 2013 as needed. In the FFY 2012, the CLC provided all Regional Adoption Services Offices a refresher training that included updated information related to IV-E determinations, adoption subsidies, and ICAMA. The SCDSS Office of General Counsel helped to ensure that court orders filed in removal proceedings contained findings that were necessary to establish the child's IV-E eligibility.

Microfilming: The SCDSS continued to utilize Adoption Incentive Payments funds to provide for the microfilming of adoptions records in order to achieve permanent archiving of this vital information.

The state did not encounter any issues or challenges in expending Adoption Incentive Payments funds in a timely manner during the review of FFY 2010-2014.

7. Child Welfare Waiver Demonstration Projects

South Carolina did not have any child welfare waiver demonstration projects in FFY 2010-2014.

8. Child Abuse and Prevention Treatment Act State Plan Updates

Separate document providing CAPTA updates is attached, as requested.

9. Statistical and Supporting Information

Child Welfare Workforce

The SCDSS does not have an active recruitment program for recruiting workers for human services. Most employees search and apply for the positions after they have worked with other state agencies and/or completed

social work or related bachelor's programs and are interested in working with families and children. The following positions and descriptions are currently in child welfare. Most positions require a bachelor's degree and experience in child welfare or related fields. The supervisory, state and regional positions require a bachelor's with three years of experience or a master's degree in social work or a related field.

Qualifications and Training

Following are education qualifications and training requirements for entry and advancement:

- GA40- Human Services Specialist II Band 4C
 - Bachelor's degree and one year of experience in clerical, administrative, social work, correctional, business administration or general business.
- GA50 - Human Services Coordinator I Band 5
 - A master's degree in social work, social welfare or behavioral science; or a master's degree in any other field and one year of professional experience in human services or social service programs; or a bachelor's degree in social work, social welfare or behavioral science and one year of professional experience in human services or social service programs; or a bachelor's degree in any other field and two years of professional experience in human services or social service programs. Selected positions may prefer supervisory experience.
- GA60/Human Services Coordinator II Band 6:
 - A master's degree in social work, social welfare, or behavioral science and one year of professional experience in human services or social service programs; or a master's degree in any other field and two years of professional experience in human services or social service programs; or a bachelor's degree in social work, social welfare, or behavioral science and two years of professional experience in human services or social service programs; or a bachelor's degree in any other field and three years of professional experience in human services or social service programs. Selected positions may prefer supervisory experience.
- GA70/Human Services Coordinator III Band 7:
 - A master's degree in social work, social welfare, or behavioral science and two years of professional experience in human services or social service programs; or a master's degree in any other field and three years of professional experience in human services or social service programs; or a bachelor's degree in social work, social welfare, or behavioral science and three years of professional experience in human services or social service programs; or a bachelor's degree in any other field and four years of professional experience in human services or social service programs. Selected positions may prefer supervisory experience.

Professional Development and Training

All child welfare workers are required to successfully complete 19 days of classroom instruction, six weeks of bridgework assignments, multiple quizzes and in-class assessments in basic training through University of South Carolina. The instruction covers Child Protective Services (CPS), Foster Care (FC), and Adoption, including "best practice" skills in social work, legal policy, procedures, CAPSS and casework processes for the agency. Bridgework assignments are completed in the county between in-class instruction weeks to practice knowledge and skills are attained. The 19 days of training equal 100 Social Work Hours and 5.0 Non-Social Work Hours. After the basic training, workers attend a Trial Prep course and obtain ten additional hours of training. All trainings ensure competencies are identified in each module. The workers are required to take a pre-test and then post-test to measure their competencies in each area. Advanced and Intermediate trainings are offered through many partners in South Carolina to enhance the workers' and supervisors' knowledge in their job. Each certified worker/supervisor is expected to obtain 20 additional hours each year in child welfare training in order to remain certified.

The following tables present education levels and characteristics of current casework staff.

Table 37. Staff Education Levels, FFY 2014 Quarter 3

Position	Bachelor's or Higher	Some College/ Business or Technical	High School Graduate	N/A or Missing	Total
Human Services Specialist II	699	13	1	5	718
Human Services Specialist I	219	5	2	1	227
Human Services Coordinator II	59	0	0	0	59
Total	977	18	3	6	1,004

Table 38. Staff Characteristics, FFY 2014 Quarter 3 (n=1,004)

Characteristic	Total Number	Percent of Workforce
Gender	Female	87.6%
	Male	12.4%
Race/Ethnicity	Asian	.009%
	Black/African American	58.1%
	Hispanic/Latino	.008%
	White	40.8%
	Missing/unassigned	0%
Age (Median = 40)	22-29	19%
	30-39	31.2%
	40-49	24.4%
	50-59	17.5%
	60+	7.5%
	Missing	.001%
Highest Education	Associate	.005%
	Bachelor's	84.9%
	Completed 1 yr College, Business or Tech	.001%
	Completed 2 yrs College, Business or Tech	.004%
	Completed 3 yrs College, Business or Tech	.004%
	Doctorate	.0009%
	High School Graduate	.002%
	Master's	12.1%
	Missing/unassigned	.001%
Position Class Title	Administrative Assistant	.005%
	Administrative Coordinator I	.002%
	Administrative Specialist II	1.2%
	Data Coordinator I	.006%
	Data Coordinator II	.003%
	Data Entry & Control Clerk II	.0009%
	Fiscal technician II	.0009%
	Human Services Assistant II	.002%
	Human Services Coordinator I	20.4%
	Human Services Coordinator II	5.3%
	Human Services Specialist II	64.7%
	Non-regulatory	2.8%
	Program Coordinator I	.002%
	Program Coordinator II	.009%
	Program Manager I	1.5%
	Program manager II	.001%
	Senior Information Res Con II	.0009%

Performance Appraisal System

The Employee Performance Management System (EPMS) appraisal document is officially maintained in the employee's personnel file. All performance appraisals shall be made in writing by the employee's supervisor (the rater) who has direct experience or knowledge of the work being performed. The appraisal shall be reviewed by the next higher-level supervisor (the reviewer), unless the rater is the agency head, prior to the appraisal being discussed with the employee. The reviewer may attach additional comments to the appraisal, where the reviewer may take exception to any of the rater's appraisal points. However, the reviewer may not change the appraisal completed by the rater unless it is a County Director or Regional Manager's appraisal. Whenever an employee's job responsibilities change significantly, the appraisal document should be revised to reflect the changes. The final appraisal shall bear the signature of the rater, the reviewer, and the employee. If any party refuses to sign the appraisal, a notation shall be made on the performance appraisal of this refusal. A witness (another supervisor other than the rater or reviewer) should sign on the bottom of the front page to acknowledge that the party refused to sign the appraisal.

All covered employees shall be given an annual appraisal no more than ninety (90) calendar days prior to the employee's official review date. The official review date marks the beginning of a new review period. If an employee does not receive an appraisal prior to the official review date, the employee shall receive a "successful" rating by default. A covered employee may not be issued an overall "unsuccessful" appraisal at any time during the annual review period without following the "Substandard Performance Process." All performance appraisals shall become a permanent part of the employee's official personnel file. The supervisor shall furnish the employee a copy of the performance appraisal and copies of all pertinent attachments.

The Human Resources Management Division will provide each county or division a listing, four to six weeks in advance, of employees who are due an annual performance appraisal. Nevertheless, it is the responsibility of the supervisors to know when appraisals are due on each of their employees and to plan their schedules accordingly. Supervisors and reviewing supervisors are responsible for ensuring that their employees' evaluations are completed in advance. This includes the preparation of the employee's planning stage. These are mandatory duties of supervisors and should be included as an essential element on each supervisor's EPMS. Supervisors ensure that an internal procedure is established to evaluate employees under their supervision in a timely manner.

The EPMS, when used properly, is an effective management tool for communicating duties, evaluating performance, and encouraging improvement. As a result, the EPMS can have a dramatic impact on the overall quality of care and service provided by the SCDSS. The purposes of the Employee Performance Management System are:

1. to provide an accurate, objective, and constructive method to evaluate employee's performance;
2. to improve the work performance of employees in order to enhance efficiency and productivity for the South Carolina Department of Social Services;
3. to assist management in assigning work and delegating responsibilities based on a mutual understanding of the employee's skills, abilities and the requirements of the job;
4. to encourage continued growth and development of all employees;
5. to maintain a documented history of the employee's performance in order to support recommendations for performance pay increases, promotions, reassignments, transfers, demotions, and dismissals;
6. to provide for a formal method of communication between supervisors and employees ; and
7. to provide a written agreement between the employee and SCDSS identifying specific job duties, performance characteristics, and objectives on which the employee will be appraised.

Staff Turnover

The SCDSS Human Resources Division, in collaboration with the South Carolina Budget and Control Board-Human Resources Division, determined turnover rates in critical position areas in Child Welfare. The SCDSS will be working to identify turnover concerns and analyze workforce strengths and areas needing improvement through the utilization of EPMS. The SCDSS is making a concerted effort to utilize the tools to enhance support for the workforce in the coming year. The following chart presents turnover data by year for the FFY 2010-2014 period.

Table 39. Child Welfare Workforce Turnover

Class	FY10-11 (9/2 thru 6/30/2011)			FY11-12			FY12-13			FY13-14 (7/1 thru 12/31/2013)		
	Avg # of Employees	# of Separations	Turnover Rate	Avg # of Employees	# of Separations	Turnover Rate	Avg # of Employees	# of Separations	Turnover Rate	Avg # of Employees	# of Separations	Turnover Rate
AH35	82.5	3	3.64%	81	6	7.41%	78	9	11.54%	75.5	0	0.00%
AH40	112	6	5.36%	105.5	11	10.43%	104.5	7	6.70%	107.5	0	0.00%
AH45	57.5	4	6.96%	55.5	6	10.81%	57.5	8	13.91%	63	6	9.52%
AH50	32	2	6.25%	34.5	5	14.49%	37	3	8.11%	35.5	3	8.45%
GA20	66.5	5	7.52%	60.5	6	9.92%	57	6	11.53%	53.5	4	7.48%
GA30	301.5	18	5.97%	286.5	29	10.12%	297.5	31	11.42%	309	19	6.15%
GA40	1343	138	10.26%	1227.5	218	17.76%	1179.5	205	17.38%	1178	102	8.66%
GA50	393.5	20	5.08%	381	40	10.50%	371	49	13.21%	370	23	6.22%
GA60	81.5	7	8.59%	73.5	15	20.41%	79.5	3	3.77%	90.5	6	6.63%

In preparation for the CFSP 2015-2019, the SCDSS is assessing the reasons for decreased turnover in GA50/60 and increased turnover in GA40 though rate slowed in the SFY 2013-14, and the results of the assessment will be addressed in at least one of the CFSP 2015-2019 goals.

Caseload/Workload

The SCDSS leadership goal is to retain staff and reduce turnover. Researchers have stated "Heavy caseloads and workloads have been cited repeatedly as key reasons that workers leave the child welfare workforce"

(www.childwelfare.gov/pubs/case_work_management/). The SCDSS has recognized that lower caseloads promote caseworker retention and allow caseworkers to do higher quality casework, which benefits children directly through increased safety and better outcomes

(<http://texanscareforchildren.org/Images/Interior/testimony/child%20protection/hb%20304%20testimony%202.19.13.pdf>).

The SCDSS has researched and gathered case timeline information from frontline workers, the CAPSS system, random moment time study and other states to determine an estimated average of the amount of work required to successfully manage assigned cases and bring them to a resolution. The SCDSS has also taken into account the complexity of cases to include intensity of child and family needs, size of the family, and the goal of the cases. The Council on Accreditation states:

"Generally, caseloads do not exceed 15 investigations or 15-30 open cases. However, there are circumstances under which caseloads may exceed these limits. For example, caseload size may vary depending upon the volume of administrative case functions (e.g., entering notes, filing, etc.) assigned to the worker. Caseloads may also be higher when organizations are faced with temporary vacancies on staff. New personnel should not carry independent caseloads prior to the completion of training (<http://coanet.org/standard/cps/14/>)."

Child Welfare League of America recommends the following caseload standards for the maximum cases/children per worker in child protective services and foster care services

(<http://www.cwla.org/newsevents/news030304cwlacaseload.htm>):

Table 40. CWLA Recommended Caseloads

Service/Caseload Type	CWLA Recommended Caseload/ Workload
Initial Assessment/ Investigation	12 active cases per month, per 1 social worker
Ongoing Cases (In-Home)	17 active families per 1 social worker and no more than 1 new case assigned for every six open cases
Combined Assessment/ Investigation and Ongoing Cases	10 active on-going cases and 4 active investigations per 1 social worker
Supervision	1 supervisor per 5 social workers
Foster Family Care	12-15 children per 1 social worker

Currently no universally accepted formula for computing caseloads exists. Therefore, the SCDSS developed the formula below to determine the average number and maximum number of cases per worker. These formulas were developed based on the analysis of the amount of work days in a year to exclude holiday, annual and sick leave; the amount of time spent on cases during the month (time studies); and the average number of cases per filled worker from the SCDSS Data, Research and Accountability Department (see attached data sample information).

The SCDSS has set the following caseload standard:

Table 41. SCDSS Caseload Standards

Service/Caseload Type	SCDSS Caseload/Workload Standards	Maximum Percentage/Number of Caseload
Initial Assessment/ Investigation	17 children per Human Services Practitioner	Must not exceed 24 children
Ongoing Cases (In-Home)	17 families per Human Services Practitioner	Must not exceed 24 children
Foster Family Care	16 children per Human Services Practitioner	Must not exceed 20 children

These standards were developed by conducting a work time study and calculating the amount of work days in a month and gathering feedback from frontline workers, performance coaches, data and other states of how much time is spent to complete a work task monthly. The SCDSS also took into consideration the complexity of a case (risk level, medium or high). Once all of this information was gathered, the SCDSS determined this formula (the amount of hours per worker capacity divided by the total number of hours a worker spends completing work in one case per month equals the maximum caseload range). From the above standards, it will be determined how staffs are allocated throughout the state.

Juvenile Justice Transfers

The CAPSS system does not track transfers of Foster Children coming from and going to the Juvenile Justice system, as the child remains in the custody of the SCDSS.

Sources of Information on Child Maltreatment Deaths

The SCDSS completes an internal review on every case in which a child dies while either in foster care, receiving in-home treatment services or an active investigation. The purpose of the agency's internal review is to assess

quality of casework in an effort to change practice and policy, when needed, to prevent future such deaths and to ensure workers have adequate training to investigate child abuse and to provide safety services once abuse is identified. A summary review is completed when a child in the custody of the SCDSS or in an open treatment case dies of medical reasons. A full review is conducted when the child's death is believed to be a result of child abuse or neglect. Both are completed by the Office of General Counsel and the Division of Investigation. Each review evaluates the circumstances surrounding the child's death and evaluates if any actions could have been taken differently to prevent the child's death or serious injury. In the table below are the numbers of the SCDSS-involved child fatalities. These numbers reflect the FFY 2013 to the 3rd Quarter of the FFY 2014.

Table 42. SCDSS-Involved Child Fatalities

Cause	FFY 2013	FFY 2014 (through 3 rd Quarter)
Natural causes – medical	11	10
Accidental:		
A. Auto	A. (1) Blunt Force Head Trauma, (1) Acute Pneumonia	A. (1) Auto vs. pedestrian, (1) Auto vs. bike
B. Overlay	B. (1) Undetermined, (1) Determined	B. (2) Undetermined, (1) Determined
C. Drowning	C. 2	C. 1
D. Electrocution	D.	D. 1
E. Gunshot wound	E. 1	E.
F. Fire	F. 6	F.
G. Asphyxia	G. 3	G.
H. Dog Attack	H. 1	H.
I. Malignant Hypothermia	I. 1	I.
Unknown/ Pending	2	3
SIDS /SUIDS	(1) Natural/ (2) Undetermined SUIDS	(3) Natural, (2) Undetermined
Suicide	1	1
Homicide	(3) Blunt Head Trauma, (1) Lethal Neglect	(1) Medical Neglect, (3) GSW, (1) Blunt Head Trauma, (1) Shaken Baby
Undetermined	4	

The SCDSS reports NCANDS from the following sources: the SACWIS system (CAPSS) has a code for child death due to maltreatment, which is utilized for all cases in which SCDSS investigates a death that was alleged to have been due to maltreatment. If the maltreatment has a determination of founded, the child is reported to NCANDS as a maltreatment death. This child would be reported in the child file and included in the cumulative counts in the agency file. The coroner, medical examiner, law enforcement, and the DHHS (Bureau of Vital Statistics Division) report all child deaths that were not the result of natural causes to the State Law Enforcement Division (SLED) for an investigation. The SLED refers their findings to the State Child Fatality Review Committee for a review. The committee then reviews the cases and makes any suggestions to members of the committee and agency they represent if any further action is needed, including training for staff, public awareness issues, etc. The children whose deaths appear to have been a result of child maltreatment are reported to the SCDSS by the SLED following their investigation. This list is compared to the agency SACWIS system by name, date of birth, date of death, and parents' names to ensure child maltreatment deaths are reported accurately and not duplicated. The children that were not included in the NCANDS child file are reported in the NCANDS agency file. This includes children that are reported to the SCDSS from the SLED from previous reporting periods if they were not reported on a previous NCANDS child file.

Education and Training Vouchers

The South Carolina Department of Social Services is the designated state agency that administers, supervises and oversees the Education and Training Voucher (ETV) Program. ETV funds were provided for foster youth pursuing a post-secondary education in an approved educational program.

Eligibility

Only youth in the custody of the SC Department of Social Services with independent living as part of the case plan, or youth who were in the custody of the SCDSS at 18 years of age were eligible for ETV funds as long as they were in college, and had not reached the age of 21, even if they were not in an Aftercare placement. Youth were eligible until age 23 if they were enrolled in post-secondary education and already participating in the ETV program. If a foster youth was adopted or exited care to kinship/guardianship on or after his 16th birthday, then they were eligible for ETV funds. The following other factors were considered in determining ETV eligibility:

1. acceptance to a technical school, college, university, or other program that meets the ETV criteria;
2. students who demonstrate academic achievement or show a marked improvement in educational functioning; and
3. the long-term goal and plan for meeting that goal.

Youth from other states who applied for ETV funds from their state of origin were eligible for ETV funds. Youth who were undocumented aliens were ineligible for ETV services.

Compliance with the Higher Education Act

The SC CFCIP required youth to submit a copy of their financial aid award letters and cost of attendance, and maintained a database to ensure youth did not receive more than the total cost of attendance, and that services were not duplicated. County and Regional Offices were instructed to return unused ETV funds to the central office.

Stakeholder input into the Goals and Outcomes for ETV

The CFCIP maintained communication with the SC Commission on Higher Education (SCCHE), which provided the program with an accounting each year of how many foster youth have utilized the SC Needs Based Grant Waiver (an allotment set aside to provide additional funding to youth in foster care).

Award Methodology

County and IFC&CS Offices and other approved providers throughout the state prepared ETV applications with youth (youth signature is required before approval of any application) and submitted applications to Independent Living staff located at the central office. The applications were reviewed to ensure that the total amount of educational assistance to a youth under this and any other federal assistance program does not exceed the total cost of attendance and to avoid duplication of benefits under this and any other federal assistance program. The funding application is then submitted to the SCDSS Finance Department. The Independent Living Program maintained a database on youth in college and the SCDSS Finance Department manages funds and files federal and state reports. The SC Commission on Higher Education worked in partnership with the agency in tracking youth in college that are receiving the state's need-based grant.

Youth may be eligible to receive up to a maximum of \$5,000 per year as long as funds are available through the Education and Training Voucher Program. Youth who completed the Free Application for Federal Student Aid (FAFSA) form, either online or at their school, had access to all state and federal base scholarships and grants for which they were eligible. The awarding of the ETV funds depended on the cost of the school and the amount of the grants and scholarships that the youth received. The \$5,000 award was to be applied to all costs associated with the cost of attendance to a post-secondary school.

Youth were encouraged to complete the FAFSA forms as early as possible, to obtain copies of the financial aid award print out, and to obtain the school's billing statement and maximum financial aid award. Youth were also

reminded to answer “yes” to the FAFSA question that they are a ward of the state or they were a ward of the state at age 13. This ensures being granted an independent status for student aid. Youth were also encouraged to research other scholarships and awards online, including the website of the South Carolina Commission on Higher Education (www.che.sc.gov), and the scholarship funding information that is included on DSS form 30298. If a youth did not use all of their ETV funds during the Fall/Spring semesters, the remaining amount could be used for summer school.

Prior to approval of ETV funding, the CFCIP staff referenced the database to ensure funds had not already been allocated.

Table 43. Annual Reporting of State Education and Training Vouchers Awarded

Academic Year	Total ETVs Awarded	Number of New ETVs
2011-2012 (July 1, 2010 to June 30, 2011)	159	83
2012-2013 (July 1, 2012 to June 30, 2013)	137	84
2013-2014 (July 1, 2013 to June 30, 2014)	118	65

Inter-Country Adoptions

The purpose of this program is to assure that South Carolinians who wish to adopt internationally meet the requirements in the South Carolina Code of Laws in reference to adoption. The state serves adoptive parents, children from other countries, the State Department, and Citizenship and Immigration Services. One hundred thirty-six (136) families had approved home studies for international adoptions during FFY 2013, and 75 families have been approved so far in FFY 2014. There has been a significant decline in home studies due in part to countries closing their borders to adoptions or due to the limitations that are placed on whom could adopt or due to regulations and sentiment in countries (such as Russia and China) against sending orphans abroad.

The Interstate Compact on the Placement of Children (ICPC) Unit of the SCDSS reviews international studies before they are submitted to Citizen and Immigration Services or Homeland Security. The ICPC continues to input the names of the individuals in these home studies into the CAPSS systems as prospective adoptive parents who are submitting home studies for review to the SCDSS and the State Department; and adoption agencies are being identified. When there is a report of neglect or abuse, the counties will be able to identify the home as an adoptive placement and ask appropriate questions in reference to the adoption and ascertain the plans for the child and the reasons for the disruption or dissolution. The most common reason for disruptions and dissolution are children acting out behaviorally and the families being unable to cope or get services they need. The CAPSS system does not presently have appropriate coding or a way to link this information. This system improvement is being requested and is pending.

Caseworker Visitation

Table 44. Caseworker Visitation, FFY 2010-2014

	FFY during which Visit Occurred	FFY 2010*	FFY 2011*	FFY 2012	FFY 2013	FFY 2014 (through June 1)
Supervised Visitations	Visits with Recorded Foster Children	19,816	16,874	13,636	14,114	10,056
	Visits with Recorded Family Members	*	80	693	818	922
	Unique Foster Children with Recorded Visits	3,638	3,231	2,856	2,771	2,397
	Unique Family Members with Recorded Visits	*	27	207	222	234
	Unique Cases with Recorded Visits	1,967	1,743	1,529	1,521	1,275
Unsupervised Visitations	Visits with Recorded Foster Children	904	596	624	310	207
	Visits with Recorded Family Members	*	*	11	10	10
	Unique Foster Children with Recorded Visits	340	261	183	139	99
	Unique Family Members with Recorded Visits	*	*	32	17	19
	Unique Cases with Recorded Visits	197	149	107	88	68
ALL Visitations	Visits with Recorded Foster Children	20,720	17,470	14,260	14,424	10,263
	Visits with Recorded Family Members	*	80	725	835	941
	Unique Foster Children with Recorded Visits	3,978	3,492	3,039	2,910	2,496
	Unique Family Members with Recorded Visits	*	27	218	232	244
	Unique Cases with Recorded Visits	2,164	1,892	1,636	1,609	1,343

Source: CAPSS data