



South Carolina Department of Social Services  
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# South Carolina Child and Family Services Annual Progress and Services Report

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## INTRODUCTION

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FFY 2013 has been a time of significant accomplishment for the South Carolina Department of Social Services (SCDSS). Under the leadership of Director Lillian B. Koller since February 2011, SCDSS continues to strive for improved performance and meaningful practice change. Leadership of these efforts has been recognized at the national level with the presentation of the Casey Foundation *Excellence in Leadership Award* to Director Koller and former Deputy Director of Human Services Isabel Blanco. While recognition can spur a sense of achievement, SCDSS is intent on maintaining focus on what still must be done, on continuously improving outcomes, and being accountable for performance.

### Mission, Vision and Goals

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The state set the following Vision, Mission, and "Wildly Important Goals" (WIGs) for FY 2012 and these remain in place for 2013:

#### *SCDSS Vision*

- To measurably improve the lives of customers by expanding their capacity for self-sufficiency, self-determination, independence, healthy choices, quality of life and personal dignity.

#### Child Welfare Vision

- Safe and thriving children with life-long families sooner (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 them no matter what

#### *SCDSS Mission*

In 2013 SC continued progress renewed and refocused the DSS mission, which now is:

- 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.
- Child Welfare System Imperatives At all times, the child's immediate and enduring and 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.

SCDSS is dedicated to setting goals and objectives that are measurable, meaningful and attainable. SCDSS goal is to help improve safety, permanency, and well-being outcomes for children and families who receive services through the child welfare system by developing WIGs. The WIGs are:

#### *Wildly Important Goals (WIGs) for SFY 2011-2012 (July 1, 2011 – June 30, 2012)*

- Increase positive permanency for children in foster care 17 months or more by 50% better than last year (SFY 2010)-2011 by June 30, 2012 (end of SFY 2011-2012).

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This means increased reunifications, adoptions, and legal guardianships for children in foster care who have waited the longest for life-long families.

In SFY 2010-2011, 789 children in foster care 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, the end of SFY 2011-2012.

A six-month WIG (July 1 through December 31, 2012) set a target to achieve positive permanence other than adoption or file for Termination of Parental Rights (TPR) for 50% of children in care for 12 months or more. This calculated as 50% of 418 = 209 children. The goal was exceeded, with 147 children achieving positive permanence and 120 TPR actions filed, setting the stage for future permanence, for a total of 267.

- **Increase adoptions by 50% better than SFY 2010-2011 by June 30, 2012 (SFY 2011-2012).**

Approximately 615 children in foster care are legally free and have not yet been adopted. At the time this WIG was established, only 53.5% of children who were legally free became adopted less than 12 months from termination of parental rights.

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.

A six-month WIG (July 1 through December 31, 2012) to finalize adoptions for children who were legally free and in a pre-adoptive or adoptive home. An additional 56 children left Foster Care through finalized adoptions.

For the 18-month period of July 1, 2011 through December 31, 2012, *1,506 children left foster care to join permanent families.*

### ***Wildly Important Goals (WIGs) for 2013 in Child Welfare***

- **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%.**

This "safety" WIG represents the agency's recognition that thorough and thoughtful risk assessment and safety management is at the heart of all child welfare performance improvements. A state-level Quality Assurance process has been established to review a monthly sample of cases from across offices to assess performance on Item 4 of the Child and Family Services Review (CFSR), risk assessment and safety management, and to track progress toward the 75% goal. Individual offices created the lead measures (such as guided supervision staffings at prescribed intervals) believed to predict improved outcomes and will be held accountable for these activities through scoreboards and weekly cadence calls.

- **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).**

This WIG represents the agency's desire to improve upon its commitment to moving children as quickly as is possible to safe, positive permanence.

- **Achieve positive permanence or secure a pre-adoptive placement for 25% of children in foster care ages 13-17 who have been waiting 24 months or longer by December 31, 2013 (132).**

This WIG addresses continued concern for children who tend to remain in foster care for longer periods and for whom achieving permanence has been more problematic. Some of the lead measures that will be employed to help achieve this goal include Permanency Roundtables and legal staffings when needed to get cases on track.

### Major Achievements SCDSS Human Services

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SCDSS continues to use data to inform practice. Below are some examples of management through data and the results:

- Ten weekly "Push" reports 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 sets 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 data management system allows it to be viewed at an aggregate level to a case management level, when 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.

Examples of results of managing with data:

- On September 4, 2011, 30.45% of cases statewide were overdue for a Permanency Plan Hearing (PPH) at the 12-month standard.
  - On June 23, 2013, 3.75% of cases statewide were overdue for a Permanency Planning Hearing at the revised, shorter *nine-month review* standard.
- On May 29, 2011, the number of statewide investigations over 60 days was 211 cases.
  - On June 23, 2013, the number of statewide investigations over 60 days was 17 cases.

**Following are highlights of SCDSS Human Services accomplishments during FFY 2013:**

1. The Program Improvement Plan (PIP) strategies designed to achieve the performance improvement goals set by the Administration for Children and Families (ACF) were fully implemented in the four "innovation" counties of Greenville, Spartanburg, Aiken, and Oconee. The overarching strategies were to:
  - Improve capacity of supervision based on the South Carolina Child Welfare Services Practice Model for Child Welfare
  - Improve the ability of staff to identify and critically assess the risk and safety of children
  - Improve the overall engagement of families in the child welfare process
  - Improve the permanency of children in the foster care system

During the PIP Quarter 9 reporting period, SC reported attaining the improvement goals set by the ACF for CFSR Items 1, 3, 4, 7, 10, 17, 18, 19 and 20. Once the numbers are validated, SCDSS will have achieved all PIP objectives. The next step, already underway, is the rollout of the successful strategies across the agency.

2. The Appropriate Response program has been fully implemented statewide. This collaborative strategy is designed to ensure a range of responses to reports of child abuse and neglect. SCDSS can assess at intake whether there are immediate safety issues that require an investigative response or whether there are risk factors that can be reduced through assessment and referrals to services. A new intake assessment tool was developed in conjunction with the National Resource Center for Child Protective Services to guide initial assessment of the report by evaluating factors including parental capacity, child vulnerability, previous child abuse/neglect history, and others. A wide network of community agencies has been developed to provide assessment and services to families. Extensive data is gathered and analyzed by SCDSS staff and providers in bi-monthly statewide calls. A key outcome of this initiative has been a reduction in the numbers of reports for which no action was taken and no services provided as well as an increase in the case indication rate for those

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cases accepted for CPS investigation. For CY 2011, the agency indication rate was 40%. In December of 2012, the rate had increased to 52%. This data indicates that the agency is accomplishing the key goals of the Appropriate Response program by offering more preventive services to families and ensuring SCDSS resources are used in the most strategic manner to ensure safety of children.

3. In partnership with the South Carolina Foster Care Review Board (FCRB), the agency embarked on a statewide series of "Huddles." These "Huddles" bring county, IFCCS, Adoptions, and state-level SCDSS staff to the table with the FCRB staff to evaluate data related to permanence of children. Meetings focus on strengths, trends, challenges, and systemic barriers to the goal of "safe and thriving children with forever families sooner." Legal, supervisory, and management staff are required to participate because it is an opportunity to challenge leadership mindsets, which may contribute to poor performance outcomes. Leaders of SCDSS and FCRB who struggle to demonstrate understanding of their data or who fail to demonstrate performance improvement or shifts in mindset are given tasks and brought back for continued conversations as part of the effort to build continuous quality improvement. "Bright spots" of practice are also identified. The SCDSS training partner is being tasked to capture and analyze these practices so that others may benefit from this learning opportunity. Areas of concern noted by the FCRB continue to decrease as a result of the Huddles. In 2009 and 2010 combined the FCRB cited the agency for violating policy or not adequately addressing permanency related issues more than 29,000 times. In CY 2011, the agency received 9,089 cited areas of concern and in CY 2012, there were 7,448 (combined total of 16,537 – a 57% reduction in the areas of concern).
4. SCDSS continues to work closely with training partner The Center for Child and Family Studies to deliver training that supports new initiatives and strategies for performance improvement. The basic child welfare worker certification curriculum has been enhanced to incorporate introduction to Appropriate Response, family engagement, enhanced risk assessment and safety management, Signs of Safety, and other practice enhancements. The *Leadership Academy for Supervisors* is being rolled out across the state and complimentary curriculums are being developed for new child welfare supervisors and middle managers. Training on *Guided Supervision* and *Permanency Round Tables* are currently offered. To assist casework staff in developing a conceptual framework for practice, training is being delivered on *The Four Key Concepts: Safety, Risk, Behavior Change and Permanency*. Quality assurance training for supervisors is provided to enhance supervisor skills in recognizing and delivering strong performance on the CFSR Items. The dynamic collaborative relationship between the Center and SCDSS has resulted in this strong drive for continuous quality. As training specific needs or practice deficits are identified, the Center continues to respond quickly by developing and piloting appropriate trainings as requested.
5. SCDSS entered into a contract with *Connected Families* to bring *Signs of Safety* that was introduced to SCDSS internal and external stakeholders statewide. Additionally, there was an intense rollout of this practice to two areas of the state, with plans for future statewide expansion. Supervisory and frontline staff in the two areas (Regions I and IV) received additional training on the concepts and tools and participated in monthly coaching calls to support the new approach. This strategy is designed to increase family involvement in decision-making regarding safety of children and to provide caseworkers with additional tools to assess and support protective capacity.
6. SCDSS and the SC Department of Health and Human Services partnered to implement the *Foster Care Health Initiative*. All foster children are enrolled in one of two coordinated care models, either a managed care organization or a medical home network. 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 feature liaisons to assist 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 will work with an advisory committee tasked with promoting improved health care outcomes.



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7. To further address the special health needs of children served by DSS, the agency is expanding oversight of administration of psychotropic medications to children. The agency has hired a child psychiatrist to consult with staff and providers to ensure that children who require these medications are closely monitored and frequently reassessed.
8. SCDSS continues to work to integrate best practices in trauma-informed care into the work of the agency. A contract is currently in development with the Dee Norton Lowcountry Children's Center to bring Project BEST (Bringing Evidence-Supported Treatments to SC Children and Families) Training to agency staff and partners. The training will provide an opportunity for participants to learn about the availability and characteristics of evidence-based mental health treatments. These treatments have research to support their efficacy in reducing trauma symptoms in children served through child protection agencies such as SCDSS. An overarching goal of this training is to create a trauma-informed system of care for abused children and their families in South Carolina. For purposes of this proposal and training, SCDSS foster care and assessment workers are defined as "brokers" of services, specifically mental health services. In this role, brokers are professionals who identify abused children and their families, develop service or treatment plans, refer the child/family for mental health treatment, and provide case management services.
9. SCDSS continues to improve the *Legal Case Management System* (LCMS), the interactive database used by attorneys and support staff. The LCMS Dashboard report was launched in April 2013. This enhancement will enable managers and county attorneys to track timeliness of hearings, trends, and performance at the individual attorney and aggregate levels. With a graphic interface, this new report will facilitate continuous performance improvement and increased accountability related to legal functions.
10. To improve the movement of legal cases through the Family Courts, the *Court Liaison Initiative*, a partnership of DSS, Court Administration, and the Children's Law Center has been established. Liaisons will assist family courts and SCDSS in the legal processing of child protection and TPR cases. Court liaisons will be 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 will identify cases with overdue hearings and work with SCDSS to identify and resolve the reasons for delay. They will also track cases in which TPR is ordered to ensure that the complaint is filed and the hearing scheduled in accordance with statutory requirements. The initiative is being implemented in stages across the state, with liaisons currently in place in Richland, Charleston, Spartanburg, Cherokee, Florence, Marion, and Berkeley Counties.
11. The agency continues 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 is made available to all children in the foster care system. In cooperation with Winthrop University, SCDSS has begun to co-locate "concurrent planning" staff that report to the Adoption Offices. The goals for these staff are 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. SCDSS is piloting a strategy with IFCCS staff co-located and serving Marion County. This will allow 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 are also being employed more widely to act as consultants on behavioral issues for children served in foster care by county offices.
12. *Family engagement models – Family Finding, Family Team Meetings, and Family Group Conferencing (Child Conferencing)* continue to grow as family engagement strategies. These Family Group Decision Models (FGDM) and intervention tools are appropriate and tailored for families involved in the child protection and child welfare systems. Family engagement strategies were chosen and enhanced to involve families in the decision-making

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process move toward child well-being and positive permanency. These strategies will increase the capacity of families to better care for their children in their homes or the homes of relatives and friends. These interventions are used to keep children safely in their own homes, expedite the child's transition from foster care, and increase family participation in decision-making at other critical decision points throughout the time the family is involved in the child welfare system. In CY 2012, 1,092 family group conferencing sessions were facilitated for foster care and in-home treatment cases.

13. To address the critical role of child welfare supervisors, a series of "Supervisor Summits" have been implemented. These statewide meetings bring supervisors together for peer-to-peer learning and development of leadership competencies. This forum allows supervisors to interact with one another and directly with state level administration. The intent of the summits is to build capacity and to support practice change while ensuring that the agency is hearing and responding to the needs and concerns of this level of leadership. Three full-day sessions were conducted in 2012 with plans to conduct at least that many sessions in 2013. Members have also been invited to assist in the development of core values or imperatives that form the foundation of child welfare supervisory practice:
  - No one ever works well unsupervised or without support, including (fill in the blank with your name)
  - Tools, forms, policies, or mandates never replace judgment and critical thinking
  - Others may be a problem, but that does not mean YOU are powerless
  
14. SCDSS continues presenting the Palmetto Power (P2) sessions. 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)*. Performance data sets are presented that relate to agency goals for safety, permanence, and well-being. The hundreds 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. To date, the following imperatives have been agreed upon:
  - 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 child(ren)'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.
  
15. A series of six "Palmetto Power for Providers" (P3) meetings have been held across the state in collaboration with the Palmetto Association for Children and Families. These meetings featured in-depth analysis and presentation of real experiences of selected children in the foster care system as a means to identify strengths and challenges in the larger child welfare system. This learning, coupled with localized data from the child welfare system, has facilitated mutual understanding about the need for adults to work together in order to achieve desired outcomes for children.
  
16. The South Carolina Heart Gallery, managed by the Foster Care Review Board and operated in collaboration with SCDSS, continues to be used as a statewide recruitment tool connecting waiting children with adoptive families. The Gallery features professional quality photographs of children displayed at venues such as public libraries, art galleries, performing art centers, stores and other sites. In CY 2012, 273 children were featured in various locations across the state. The Heart Gallery also maintains a website featuring available children for adoption.

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The agency collaborates with Children Unlimited, which manages the “Wendy’s Wonderful Kids” through the Dave Thomas Foundation to further adoption opportunities.

17. Many of the positive outcomes achieved by the agency over the past two years have been a result of the leadership collaboration between Director Lillian Koller and Deputy Director for Human Services Isabel Blanco. Ms. Blanco left the agency in April of 2013 to accept new challenges. It is anticipated that little momentum will be lost as the former Director of Child Welfare, Jessica Hanak-Coulter, has succeeded Ms. Blanco in the role of Deputy Director. Ms. Hanak-Coulter has been an integral member of the state-level child welfare team and her continued influence will allow the agency to maintain a consistent trajectory toward the goal of continuous quality improvement and better outcomes for children and families.

The link to the SC APSR 2012 will be published on the public website on the SCDSS Home Page ([dss.sc.gov](http://dss.sc.gov)) in the About SCDSS - News and Publications section (<https://dss.sc.gov/content/about/news/index.aspx>). Internally, it will be published on Unite under Program Area > Human Services > Shared Documents (<http://unite/HumanServices/Shared%20Documents/Forms/AllItems.aspx>).

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The state’s contact for the APSR is:

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## Organization and Service Delivery System

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SCDSS is the agency responsible for coordinating IV-B and IV-E funding and related child welfare plans and services. The unit responsible for the plan and related reports is Human Services. SCDSS is one of 16 cabinet agencies under the Governor.

The agency employs a county-based, state-administered service delivery system in which one or more SCDSS offices are located in all 46 counties. Each county office is managed by a county director who is hired by and under the authority of the state director and the state deputy director for Human Services. SCDSS also has specialized treatment and support services for foster children who have emotional and behavioral problems (Intensive Foster Care and Clinical Services). The Intensive Foster Care and Clinical Services (IFCCS) office assists counties through 15 offices throughout the five SCDSS regions of the state. When a child is identified with emotional/behavioral problems, the county office refers the child to the IFCCS office, which arranges for an interagency staffing on the child to determine whether the child needs services through the Interagency System for Caring for Emotionally Disturbed Children (ISCEDC), and to identify the most appropriate services that can best meet the individual child’s needs.

An array of services may be provided through the use of Medicaid and state funding, including therapeutic child treatment, clinical day programming, therapeutic foster care, residential therapeutic services, specialized treatment services for sexual offenders, and rehabilitative and behavioral health services (RBHS).

The following chart describes SCDSS program areas.

Child Welfare	Child Welfare Programs ensure the safety and health of children. This system of services includes Child Protective Services, Foster Care, Intensive Foster Care and Clinical
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	Services, and Adoption Services.
Adult Protection and Domestic Violence Services	<p>The Adult Protective Services Program protects the health and welfare of elderly and disabled adults. Services are provided to meet the adults' basic needs and to ensure their safety.</p> <p>Domestic Violence Services provide support to victims of family violence, their children, and abusers through a network of community-based/nonprofit service providers. Programs are designed to provide crisis intervention and prevention services.</p>
Public Assistance	<p>The Temporary Assistance for Needy Families (TANF) program assists those in need of temporary financial and employment-related assistance.</p> <p>The federal Supplemental Nutrition Assistance Program (SNAP) provides cash assistance to low-income individuals and families so they can purchase food. The Family Nutrition Program consists of a network of food assistance programs that improve the health and well-being of children and adults who cannot provide adequate nutrition for themselves.</p>
Child Care Services	<p>The SCDSS Child Care Services Program increases the availability, affordability, accessibility, quality and safety of child care throughout the state. It includes the Federal Child Care Development Fund (CCDF), Federal Social Services Block Grant (SSBG) and Child Care Licensing.</p>
Child Support Enforcement	<p>The Child Support Enforcement Program establishes and enforces orders for child support, establishes paternity for children when paternity is an issue, locates absent parents when whereabouts are unknown, and collects and distributes child support payments.</p>

As one of the largest public agencies in the state, SCDSS provides a vast array of services ranging from the investigation of child and adult abuse reports, the distribution of food to hungry families, and the collection of child support for custodial parents to the staffing of emergency shelters during catastrophes.

Child Protective and Preventive Services are provided to families by SCDSS, which is mandated by law to protect children from abuse or neglect perpetrated by "persons responsible for the child's welfare" as defined by statute. Services are provided to strengthen families and to enable children to remain safe in the home. If these services cannot ensure that children can safely remain in the home or if a child is at imminent risk of harm, then the temporary removal of children is necessary. Once a child is removed, the agency, along with the court system and the family, develops and implements a permanency plan to ensure safe, timely and positive permanency. The following goals for children and families have been defined by federal law and good practice standards:

- *Every child deserves a safe, loving, and forever family.*
- *Only those children who cannot safely remain at home should enter care and not one more child after that.*
- *Foster care can save a life but it should never be a way of life for any child.*
- *We can get it right— every service we provide should be accurate, timely, and properly documented.*

The agency will continue to focus on these values and outcomes for children in child welfare by creating a movement for excellence by making the values clear and holding ourselves accountable for acting on those.

### Management of Program Areas to Improve Outcomes for Children and Families

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Two of the state's cornerstone efforts to continuously improve outcomes for its children and families are "Palmetto Power" ("P2") meetings and weekly or bi-weekly conference calls that discuss the data and improvement strategies.

"Palmetto Power (P2) meetings: The power of the "P2" approach lives at the intersection of people and data, influenced by leadership and energized by "imperatives." Imperatives are a set of values so powerful it cannot help

but drive new behaviors. Additionally, it compels the conversation about what the right work is and how to do it. The imperatives force individuals to make decisions in which behaviors are inextricably linked to what is right, removing ambiguity, and renders the previously acceptable as unacceptable.

Through P2, the community of child welfare practitioners makes space in each inquiry for the talents and thinking of all who want to contribute. Participants of P2 work to create joint understanding and meaning through presenting data and information on specific outcomes and developing hypotheses, strategies, and action steps to affect the specific outcomes and desired results. Leaders implement these strategies, follow up, and then report back to the participants on the outcomes of those strategies.

## Strategic Direction

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The strategic direction for SCDSS's implementation of program improvements aligns the focus on child safety, permanency, and well-being with a corresponding emphasis on continuous quality improvement. The state's path to achieve this is a four-pronged strategic plan, which will:

- Improve practice related to contacting and involving important family connections and providing supportive services to alternative or kinship caregivers when children live at least temporarily with that caregiver rather than being in foster care
- Create and cultivate a framework by which the caseworker's ability to assess risk and manage safety for children is supported by the supervisor's increased capacity for critical thinking necessary to enhance positive child welfare outcomes
- Ensure permanency goals are appropriate and established timely, concerted efforts are made to achieve permanency, and children with plans of another permanent planned living arrangement (APPLA) have permanent placements and services necessary to support transition into adulthood
- Strengthen child welfare supervision capacity and skills, building supervisor competencies which are critical to laying a foundation for improved child welfare outcomes

Outlined below are the initiatives that have been implemented to meet this strategic plan and provide sustainability through continuous learning and quality improvement.

### Guided Supervision, Alternative Response and Review of Screen-Out Decisions

The 2003 and 2009 Child and Family Service Reviews (CFSR) identified safety and risk assessments for children in care as an area of improvement for South Carolina. Through the federal review process, it became evident that the lack of a framework limits the caseworker's ability to assess risk and manage safety for children under SCDSS oversight. Supervisors did not have the appropriate tools to develop the critical thinking that workers need to enhance positive child welfare outcomes. It is crucial that workers gather the right information needed to assess present or impending danger, child vulnerability, and family protective capacity. Once this information is gathered, the worker, with the guidance of the supervisor, must assess safety threats to children and determine what activities or supports are required to ensure safety. Circumstances that diminish protective capacity must be addressed in a way that builds the family's protective capacity. If protective capacity cannot be developed, then a more intrusive intervention may be necessary.

**Guided Supervision:** The state agreed in its CFSR Program Improvement Plan (PIP) to develop, implement, and mandate a supervisory review process and tool for making risk and safety assessments and to review screen-out decisions for appropriateness regarding safety. SCDSS selected Guided Supervision as a strategy to improve its performance on the CFSR Safety Outcome 2, which is "Children are safely maintained in their homes whenever possible and appropriate." The Guided Supervision process is designed to support child welfare supervisors as they

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lead caseworkers in making high quality risk assessments and safety decisions for children throughout the life of a case.

Guided supervision has become routine practice in four innovation counties since its development in early 2012, with two additional counties employing the strategy during the PIP period. Counties across the state are also employing the Guided Supervision strategy, with a total of 9,267 sessions documented. Supervisors report that, while the process requires a significant investment of time, outcomes of staffings are much more productive than traditional supervisory staffings. Supervisors and workers can get a clearer picture of whether families are increasing protective capacity. Decision-making is improved, and needed interventions are easier to identify. Quality assurance review staff report that, where Guided Supervision is routinely utilized in cases, risk assessment and safety management are better documented and outcomes for children seem to be improving.

**Appropriate Response (AR):** Appropriate Response is SCDSS's new project to avert low risk families from penetrating the system while contract agencies deliver supportive services to address low to moderate risk factors. The volume and growth of this alternative to traditional child welfare services has exceeded the state's expectations. As a result, rates of indicated reports are increasing because SCDSS is now focusing on cases with identifiable safety issues or high risk of 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. Part of this process involves a standard automated safety and risk assessment. While completing the assessment form, the county staff is able to make a good decision regarding whether safety issues are present in the allegation. If there are safety issues identified, then the case remains with the county and a child protective services investigation is initiated. If no safety concerns are identified but low to moderate risks are identified, then the case is referred to Appropriate Response (AR). If there are no safety or risk concerns, then the allegation is screened out.

Throughout the implementation of AR, SCDSS has held regular meetings with state leadership, county directors, regional team leaders, performance coaches and AR service providers to discuss the process of implementation, with particular attention to the number of calls/reports that have "No Action Decisions" (screened out). Through this analysis and dialogue, county directors and their teams have developed an understanding of the AR decision process, the intake tool, and the concepts of risk, safety, child vulnerability, and parental/family protective capacity.

**Review of Screen-Out Decisions:** The review process began with two performance coaches reviewing ten screen-outs per quarter in the PIP innovation counties (as they came online with this strategy). If problems were identified, they were reported to the county director and regional team leaders for follow-up. In October 2012, Anderson and Newberry counties also began screen-out reviews. That same month, the NRCCPS reviewed a sample of screen-outs in each county reviewing screen-out decisions. Any issues or inconsistencies identified were discussed and mitigated.

Initially the CFSR instrument was used to evaluate screen-out decisions. Since the implementation of AR, the NRCCPS has developed a fidelity review tool that has been used primarily for their research purposes. South Carolina has taken the lead in creating a customized review tool that is currently being used to review screen-outs statewide. County directors statewide have been assigned the task of conducting these reviews, beginning in the second quarter of 2013, and reporting their findings to their regional team leaders.

### Permanency Roundtables (PRT)

The Permanency Roundtables initiative was incorporated into the state's PIP as part of a renegotiation related to expediting permanency in early 2012.

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The primary goals of the PRT are to expedite safe permanency for children and to increase staff's skill development around expediting safe permanency. The key child outcomes include the child's progress toward and/or achievement of legal permanency; reduction in the level of restrictiveness of the child's living arrangements; and safe transition out of the foster care system through positive permanency – family reunification, relative guardianship or adoption.

The PRT is an intervention designed to facilitate the permanency planning process by identifying realistic goals and solutions to permanency obstacles for youth. Key players (a permanency consultant, a master practitioner, a youth's case manager and supervisor, etc.) convene to create individual permanency plans with specific actions steps designed to safely move the child toward positive permanence. As a result the PRT improves movement of children in care toward permanency while increasing staff skills in permanency strategies and planning.

In South Carolina, the PRT implementation process began in the four PIP innovation counties – Aiken, Greenville, Oconee, and Spartanburg. Specific client criteria were developed to prioritize children to be roundtabled. These criteria included: children who have a permanency plan of APPLA; sibling groups who have been in care more than 12 months; children who have been in care for 12-17 months who have a permanency plan for adoption and do not have an identified adoption resource; children who have been in care more than 17 months with a plan of reunification; and children who have been in care more than 17 months and who have a permanency plan for adoption, but do not have an identified adoption resource.

Counties have some flexibility to include additional children other than those identified through the use of the above criteria. This strategy is now being implemented statewide.

### Leadership Academy for Supervisors (LAS)

Supervision is central to sound child welfare decision-making. In 2009, federal reviewers concluded that assessments of education, health, and mental health needs and services during worker visitations with the state's children were lacking in detail and follow-up. SCDSS believes its supervisors are the leaders of frontline practice. Providing supervisors with a clear model for supervisory practice, cohesive training, improved self-awareness and enhanced tools for communication and consultation are key strategies for achieving better outcomes for children and families.

The adoption of the National Child Welfare Workforce Institute (NCWWI) Leadership Model and Leadership Academy for Supervisors' online training curriculum by SCDSS began in 2011. The federal Administration for Children and Families (ACF) endorsed model and curriculum are designed specifically for child welfare supervisors using a strengths-based approach to develop leadership competencies. Building strength in leadership enables supervisors to use collaboration, workforce development, data analysis, and change management skills to achieved desired outcomes. Developing core principles of leadership in all areas of child welfare supervision can create a new dynamic of communication and collaboration among agency supervisors. All child welfare supervisors will participate in the curriculum to foster a new peer-to-peer community in which members will gain knowledge of individual leadership strengths not tied to specific program areas.

At the 2012 inaugural Supervisors Summit in Columbia, immersion continued with the introduction of:

- The *StrengthsFinder 2.0* tool from the *Strengths Based Leadership* book,
- The fundamental competencies and leadership principles of the NCWWI Leadership Model and
- The Leadership Academy for Supervisors online curriculum

At a subsequent Supervisors Summit, the agency also presented the first LAS cohort of 31 graduates, which was comprised of the four innovation counties' supervisors and leadership. Regions 2, 3 and 4 are at different stages of implementation, and Region 5 is scheduled to begin implementation in August 2013.

### Finding Families and Alternative Caregiver Services to Enhance Family Engagement

South Carolina has a long-standing history of using alternative caregivers (blood or fictive kin) as options for caring for children but had provided little support for the alternative caregivers due to a fragmented service delivery system that was difficult to navigate. In 2008, SC, with support from Casey Family Programs, began to implement a model for family meetings in selected counties to improve family engagement. In 2009, SC applied for and was awarded a three-year demonstration grant by ACF to promote family involvement and support. In 2010, the state included expanded use of family meetings and the grant's other family engagement components, Family Finding and Kinship Navigator Services, in its Program Improvement Plan (PIP) to address family engagement.

Implementation of Kinship Navigator Services (helping families navigate services) and Family Finding (diligent search for child relatives) continued through the grant, which ended in September 2012. South Carolina used lessons learned during this grant cycle to modify the services to be more effective and efficient and then contract those services so that these very successful programs can continue to serve families and children. South Carolina Department of Social Services (SCDSS) has contracted with Seneca Family of Agencies, which offers comprehensive electronic searches for family members, to ensure the continuation of Family Finding. For the services formerly known as Kinship Navigator, SCDSS uses existing contracts with appropriate response providers to deliver the services for alternative caregivers.

### Challenges

Growth through strategizing and implementation of improved practice models has not come without challenges. In the implementation phase of Guided Supervision (GS), the agency has encountered a struggle with the development of sufficient training for the use of the Guided Supervision model. It has been determined that the best way to learn, after explanation of the tool, is to observe and study actual supervisor staffings. The agency scheduled live GS staffings by videoconferencing across the state beginning in May 2013. The University of South Carolina Center for Child and Family Studies (the Center) assisted with videotaping selected supervisors demonstrating the GS model staffing, and these videos are used as a component of the classroom training developed by the Center.

The LAS curriculum is affording supervisors the opportunity to identify and develop individual leadership qualities and determine how to use them to affect casework practice. However, it has been challenging for participants to devote the time and attention necessary to this process. Participation in the LAS requires cooperation and commitment from county office leadership. Supervisors must be afforded space in their schedules and uninterrupted time to successfully complete the coursework. SCDSS leadership has also made it a priority to engage supervisors and leadership in discussions about the benefits of the LAS, reinforcing that it is a worthwhile commitment and investment in their careers. Over time, as this *change* becomes *practice* and with spreading awareness about the benefits, new participants are better equipped with the resources necessary to complete the LAS with enthusiasm and confidence.

The implementation of Permanency Roundtables, with its requirement for participants not involved in the case, has created a demand for participation from area supervisors and other expert practitioners. Sustaining that demand has been an uphill climb for organizers and participants given their other responsibilities. But carving out time to contribute to PRTs has proven to be of great benefit because of the insight received when collaborating across offices. It provides for a fresh perspective on the work, highlighting best practices and strategies for avoiding pitfalls, and SCDSS leadership continues to reinforce the importance of PRTs as part of "regular" practice.

Implementation of the Family Finding strategy has probably been the most elusive for SCDSS. The growing alternative or kinship caregiver population within the current system is untallied, resulting in difficulty evaluating and accounting for current practice around services to these caregivers. It was learned that the SACWIS system requires updates to display distinct identification of alternative caregivers. There is also a focus on creating a method by which alternative/kinship caregivers receive the support and information needed to provide the best care for their kin. Finally, with continuous quality improvement always at the forefront, under consideration is the assignment of



regional liaisons or Kinship Care Coordinators. These positions will act as a single point of contact for caregivers who do not know how to get help or who are experiencing barriers to obtaining needed information or services.

### Supports and New Initiatives

SCDSS has developed specific tactics to support the implementation and endurance of its primary strategies.

The agency's adoption of the Signs of Safety (SOS) practice model is intended to equip leadership, supervisors, and frontline workers with a specific set of tools designed to assess risk and manage safety. The purpose of identification and implementation of the SOS model is to support the appropriate response strategy. It is believed that acquiring a clear understanding of the concepts of protective capacities, child vulnerabilities, safety threats, and identified risks will lead to improved safety decisions. These concepts are applicable at all stages of the child welfare process, from intake to permanency planning, so improved safety decisions and will continue to be a part of all federal and state strategic plans.

The Signs of Safety practice model was introduced as a "*tool box*" with a variety of methods by which risk, safety, protective capacity and vulnerability are clearly identified and gauged. The principles of SOS have shifted the focus to engagement of the family, child, and providers as an intricate part in identifying safety and developing the path towards it. SOS teaches that; practice is driven by what works for families and social workers; that critical thinking and constant inquiry are absolutes in child welfare; and that developing constructive working relationships based on transparency, humility, and collaboration embody the necessary cultural shift in successful modern practice (Turnell, 2012 / 2010-2012 Connected Families). It is with this mindset that the state foresees improvements in how it serves and supports families, bringing them into decision-making as an integral part of the process. A family that has worked with the agency and other providers in designing its plan will feel connected to and empowered by it, resulting in more meaningful interventions that will reduce risk and develop safety.

The SOS model will be implemented in all regions. SOS was rolled out in Region IV in July 2012 with training and experimentation with use of the new tools, such as mapping, scaling questions, harm/danger statements and the Three Houses tool (vulnerabilities, strengths, hopes and dreams). Region IV leadership was trained in July and line staff trained in August 2012. Region I leadership was trained in January 2013 and line staff in February 2013. Response to the new model and tools has been encouraging. Consistent effort must be made in shifting from outdated practice to SOS as more and more workers and supervisors are seeing success with families through the use of these tools. During the implementation phase, monthly support calls with the Connected Families consultant and regional Q&A team leaders, supervisors, and workers are ongoing in both regions and expected to continue for at least a year to support implementation by eliciting feedback and sharing experiences.

Learning Circles are being used to encourage and collect feedback about implementation to be shared with stakeholders and leadership for continuous learning and quality improvement. These opportunities bring more people to the table and allow for a closer look at processes, such as enhanced permanency roundtables.

Palmetto Power meetings (P2's) are statewide meetings open to the agency's community partners and the public. They focus on providing opportunities for transparency and self-examination. It is at these quarterly meetings that the agency has introduced and expounded upon the PIP strategies and taken a closer look at the work (children and families) behind their development. 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, SC Guardian ad Litem Program, SC Department of Alcohol and Other Drug Abuse Services (DAODAS), and private nonprofits who provide invaluable services to children and families. P2's are presenting SCDSS staff with the "big picture" information, which drives practice, so they can recognize how their work plays a part. Leaders from all parts of SCDSS have found themselves being taken to task, given assignments, held accountable and encouraged to think outside the box to discover deficits, research causes, embrace responsibility, and lead action planning and execution.

Supervisor Summits have been created to not only provide a venue for presentation of, and ongoing discussion about the child welfare leadership model and competencies, but as opportunities to promote networking and relationship building among the state's child welfare supervisors. While these meetings are scheduled on a quarterly basis, regional supervisor gatherings are encouraged in the interim. All of these meetings provide opportunities for supervisors to hear about new initiatives, discuss challenges, and receive appreciation for continued dedication to service.

Safety Roundtables, the sister model to Permanency Roundtables, have been employed to afford in-home treatment families a similar opportunity to work toward safe case closure. Inviting family members, supportive partners, and providers to the table encourages safer, timelier and enduring resolution. This method goes hand-in-hand with the purpose of PRT in that both intend to result in plans with safe, permanent homes for children.

In the development of Lead Measures for the agency's CY 2013 Wildly Important Goals, many offices have incorporated use of the PIP strategies. Guided Supervision staffings are being calculated as the decision component in supporting improved child safety by increasing the quality of the decisions that control safety and manage risk. Permanency Roundtables (PRT) are required and action plans are monitored to help gauge the agency's work toward achieving positive permanency for children ages 13-17 who have been in foster care 24 months or longer.

The above tactics and strategies, combined with the commitment of SCDSS leadership, continue to nurture a sense of urgency regarding the safety, well-being, and permanency of its children. This sense of urgency is penetrating through all levels of leadership and direct service. With sustainable, strong leadership at every level of the agency, it is a process intended to continue and strengthen as the agency's regions continue to implement the PIP strategies.

### Leadership and Accountability Sessions

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SCDSS leadership continues to master accountability practices and to imbed new thinking and learning that will lead to improved child welfare outcomes. The concept of Continuous Quality Improvement has been introduced and planning is underway to determine how to build the structures needed to support this process. Below are the strategies that SCDSS believes will support CQI and ultimately enhance the lives of children and families across the state.

- Wildly Important Goals (WIGs): SCDSS continues to formulate new WIGs and to integrate the practices used in meeting previously WIGs. Using the Four Disciplines of Execution, SCDSS local leadership, including county office and IFCCS leaders, are responsible for determining the lead measures that predict the desired outcomes. Lead measures typically involve actions taken at the frontline or supervisor levels, such as conducting Guided Supervision staffings at key decision points in the life of a case or conducting Permanency Round Tables for children in need of permanence. Scoreboards are created to capture these activities and data is then pushed up to County Directors and Regional Team Leaders for capture and reporting. All levels of the agency are held accountable for performance, whether in weekly frontline unit "huddles", weekly regional cadence calls, or weekly executive leadership cadence calls. Data reports are generated weekly to track performance and to allow managers to make commitments needed to improve or sustain performance.
- Performance evaluation tools: Performance evaluation tools and specific strategies are being developed that are tied directly to child welfare performance expectations. County and regional leaders will identify and be held accountable for the strategies they employ to achieve incremental increases toward the goals set by the Child and Family Services Review. These leaders will in-turn craft performance expectations for their subordinates defining contributions to the goals at all levels. Periodic Performance Quality Audit reviews will continue at set intervals to provide feedback on outcomes as part of the performance review. This will result in tying individual performance to continuous quality improvement.

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- "Push" reports: Former reliance on "lag measure" data, collected after the fact and therefore not useful for making mid-stream corrections, was recognized as insufficient for accountability purposes. To address this, a series of ten weekly "Push" reports are generated from the state's Child and Adult Protective Services System (CAPSS) data system weekly and sent to all offices. These reports provide current data on the status of CPS investigations, face-to-face visits by caseworkers, and current status of TPR actions. Not only does this data provide timely information for action by local offices, it serves to provide a weekly snapshot of comparative performance across offices and regions, so that performance can be examined in context of what is achievable and attainable.
- "Learning Organization": Under the guidance of former state Deputy Director Isabel Blanco and current Deputy Director Jessica Hanak-Coulter, child welfare leaders have been encouraged to embrace development of a "learning organization" culture. The reading list for leadership has expanded to include *The Fifth Discipline: The Art and Practice of the Learning Organization*. *The Fifth Discipline* encourages development of an organizational climate that fosters systems thinking, shared vision and team learning, all of which are critical to continuous quality improvement.
- Research-informed practice: Leadership was also introduced to relevant research in the book *What Works in Foster Care*. This longitudinal research conducted on outcomes for youth who had been in foster care contains a wealth of information, a key piece being the strong association between negative long-term outcomes and the number of placement moves experienced while in care. A videoconference with two of the authors was arranged to allow leaders to explore the concepts contained in the book and what strategies could be employed to mitigate the negative impact of the foster care experience. This valuable learning experience has been reinforced by the creation of several "Learning Circles" designed to explore issues related to placement stability with findings from these conversations brought back for additional leadership conversation.
- The National Child Welfare Workforce Institute (NCWWI) Child Welfare Workforce Leadership Model: Child welfare leaders are studying the components of the NCWWI Child Welfare Workforce Leadership Model to better understand what competencies must be mastered at the various levels of administration to effectively promote and support initiatives that improve outcomes. SCDSS's training partner, the Center for Child and Family Studies at the University of South Carolina, continues to roll out additional sessions of the Leadership Academy for Supervisors for experienced supervisory staff. A complementary curriculum for newly promoted supervisors, entitled *Learning to Lead*, and a version for middle level managers are under development, all built upon the NCCWI model.
- Conference Calling: Agency leaders are held accountable for performance through an array of regularly scheduled conference calls, many conducted weekly. Topics include but are not limited to; building internal capacity, Program Improvement Plan activities, training and collaboration, Appropriate Response data and implementation questions/issues. These calls ensure that leaders make necessary commitments to ensure that important work moves forward and serve to identify barriers to progress that need to be addressed. Some calls include participants from all across the state, allowing for mutual learning and problem solving on a large scale. Region specific calls are also conducted, such as implementation coaching for Signs of Safety in the regions.

Through these leadership and accountability strategies, SCDSS leadership has developed a deeper understanding of the "powerful definition of accountability." It begins with a "personal choice" to rise above everyday challenges and search for the right combination of mindsets, skill sets, and toolsets that will move practice and get the kind of results desired to vastly improve the lives of the children and families served.

## SERVICE DESCRIPTIONS

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### Child and Family Services Continuum

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South Carolina's service array can be divided into three major categories:

- In-home prevention and intervention services (child protective services);
- Permanency services (including safe and timely reunification services, foster care services, kinship care, intensive foster care and clinical services, independent living, and youth transition services); and
- Adoption and post-adoption services.

Services are coordinated across the state through the local county SCDSS offices, SCDSS regional Intensive Foster Care and Clinical Services offices, and regional Adoption offices. The case management and agency services are supplemented by other organization resources and services within counties.

### Stephanie Tubbs Jones Child Welfare Services (TITLE IV-B, PART1)

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The agency is using these funds to protect and promote the welfare of all children. With the goal to;

- 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 are provided by agency staff; those that are not provided by the agency are contracted. Child protective and preventive, foster care, and adoption services are provided statewide without regard to income. SCDSS limits expenditures for administrative costs to 10% or less under this program. Program details are provided in this report and on financial forms.

#### IV-B Subpart 1

- a) The amount spent for child care, foster care maintenance and adoption assistance payments in 2005 and budgeted for FFY 2013 is \$951,000.
- b) The amount of state expenditures of non-federal funds for foster care maintenance payments for 2005 and budgeted for FFY 2013 is \$317,000.
- c) The administrative cap is \$3,360,004 @ 10% = \$336,000.

### Promoting Safe and Stable Families (PSSF) Programs (TITLE IV-B, PART2)

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The agency is using these funds, in accordance with prescribed limits and conditions of Administration for Children and Families, to support programs and services related to family support and preservation, safe and timely reunification, and adoption support services. Below are the services being provided currently and to be provided through FY 2014.

#### IV-B Subpart 2 Services:

**Family Preservation Services = 20%**, utilization of Family Preservation Services funds includes training for SCDSS staff and SC foster parents, and parent training for biological and extended family members, funding agency personnel and other Family Preservation Services:

- i. Family Group Conferencing statewide - Family Group Conferencing is an intervention tool for families served in child protection to keep children safely in their own home and at other critical decision points throughout the time the family is involved in the child welfare system; to increase parental capacity and responsibility of the family for their child.
- ii. Reimbursement to adoptive families for medical expenses for the children who they have adopted or intend to adopt.
- iii. Principles of Parenting Successfully (POP) Home Visiting.
- iv. The "Principles of Parenting Successfully" {POPS} program is a voluntary, holistic, long-term, in-home parenting education prevention program where staff are sent into the homes of the most "at risk" families with children birth through age five to conduct visits on a long-term basis for the purpose of parenting education; assisting parents in becoming their child's "first and best teacher;" and helping prepare young children to start kindergarten/first grade on target.
- v. Enhance meaningful involvement and the continuity of relationships and connections of fathers in case planning and in the lives of their children
- vi. Enhancing the continuity of family relationships and connections through interventions strategies and techniques to enhance the involvement of family members and ensuring sibling connections
- vii. Progressive visit process for parents and children served by the SCDSS
- viii. Family Preservation Training
- ix. Engagement/assessment/planning/services and supports

**Family Support Services = 20%**, utilization of Family Support Services funds includes services provided by community support organizations to strengthen families, kinship navigator services and other family support services:

- i. Youth Leadership Development Institute
  - a. Provide life skills and transition support for reunification to youth and their families.
- ii. Resource family training
  - a. Utilizing the resource family model, SCDSS maximizes opportunities to recruit, train and support resource families who understand their role as providers of safe temporary care of children in the care of the state, and provide support to birth families. Through this model, resource families engage the birth families in the case planning and support the positive permanency goals of reunification, adoption, or legal guardianship. Resource families reinforce the connection with birth families and the child, making the process of reunification successful.
- iii. Community Education
  - a. Conference on protective factors in the community
  - b. Statewide Parent Cafes
    - i. Directly engages participants in discussions about protective factors that strengthen families and build community.
    - ii. Structured as a series of five sessions that can happen wherever parents feel comfortable coming together—early childhood centers, churches, schools, community centers, any friendly environment— parents meet in small group conversations, facilitated by a "host," to discuss questions and issues important to them.
  - c. Provide regional forums facilitated by the Palmetto Association of Children and Families and SCDSS to engage private service providers to improve quality practices, ensure evidence-based practices are used through a data driven service delivery system to work with families whose children have been placed in foster care so that reunification may occur in a safe and stable manner
- iv. Parents mutual support groups

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- a. Parents Anonymous mutual support groups meet weekly in ongoing mutual support programs, which are co-led by parents and professionally trained facilitators and are free of charge to participants. While the parents are meeting, their children participate in a structured children's program to promote their healthy emotional growth and development.

**Time-Limited Family Reunification Services = 20%**, utilization of Time-Limited Reunification Services funds includes training for SCDSS staff and SC foster parents, and parent training for biological and extended family member, and other time-limited reunification services:

- i. Resource family training
  - a. Utilizing the resource family model, SCDSS maximizes opportunities to recruit, train and support resource families who understand their role as providers of safe temporary care of children in the care of the state, and provide support to birth families. Through this model, resource families engage the birth families in the case planning and support the positive permanency goals of reunification, adoption or legal guardianship. Resource families reinforce the connection with birth families and the child, making the process of reunification successful.
- ii. Resource family peer-to peer support
  - a. Mentoring services to resource families are offered. Once a new parent is licensed to be a resource parent, they are assigned a "buddy" who is an experienced licensed resource parent. This "buddy" is available to answer any questions or concerns the new resource parent may have. A resource parent "buddy" provides the peer-to-peer support that new parents need to navigate the system and assist with in clarifying their role as a resource parent. Monthly peer-to-peer support groups are provided to resource families, making experienced resource families available to advise new resource families.

**Adoption Promotion and Support Services = 20%**, utilization of Adoption Promotion and Support Services funds includes out-of-state adoptions services, services to support and train adoptive parents, funding for agency personnel and, other adoption promotion and support services

- i. Targeted Recruitment
  - a. The South Carolina Heart Gallery (SCHG) currently accepts referrals of legally free children from DSS. Professional photographs of these children are featured on the SCHG website, and in multiple community venues, providing broad-based, child-specific adoption recruitment. The SCHG provides specialized recruitment services for all children reported by SCDSS as legally free for adoption and for whom an adoptive resource has not been identified. SCHG coordinates services with the SC Foster Parents Association and any other vendor the SCDSS contracts with in providing recruitment services.
  - b. The SCHG currently responds to telephone and website inquiries and forwards child-specific inquiries to the assigned 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.
  - c. The SCHG will expedite the application and home study process, utilizing current SCDSS protocol, for new South Carolina families responding to Heart Gallery recruitment.
  - d. The SCHG partners with SCDSS Adoption staff to formulate recruitment plans targeted to appropriate geographic areas and/or faith communities.
- ii. Reimbursement to adoptive families for medical expenses for the children who they have adopted or intend to adopt.
- iii. Training and support of adoptive parents - SCFPA Director of Family Services works one-on-one with families and children to remove barriers to successful adoption
- iv. Medically fragile training for adoptive parents - Training for workers and foster parents on medically fragile children is provided by SCDSS and the state foster parent association. Additionally, the USC medical school and the Palmetto Hospital have a special interest in the medically fragile and offer specific training related to caring for these children for foster parents and workers.

- v. Adoption workers who help families that have adopted to access appropriate family preservation services to keep children safely in their homes (post-legal support services).

### PSSF Service Providers

For SFY 2012-2013, several organizations have been contracted to deliver community-based services described above in each of the four PSSF service categories with IV-B Part 2 funding. Following is a brief description of each contract.

- **Certified Investigators** - Certified Investigators conduct home studies on potential adoption families including background checks, family histories, and financial verifications.
- **Children's Trust Fund of South Carolina** - To provide training/education to families and communities in order to raise awareness of child abuse and neglect. Parent Cafés will be conducted in schools, community groups, and faith-based organizations to further implement the Strengthening Families initiative.
- **Columbia Urban League** - To provide year-round academic, employment, life skills, personal health, and network building support services.
- **Connected Families** - To provide training, guidance, and support services on the Signs of Safety practice model to make systematic improvements and to create constructive working partnerships between frontline child welfare practitioners, the families they assist in providing service to, in addition to community resources, while maintaining a rigorous focus on actual and potential harm to children.
- **Franklin Covey** - Annual subscription fee for My4Dx software.
- **Greenville Hospital System** - To provide education and training to caregivers of foster children/patients who may be medically complex children.
- **Medical University Hospital Authority** - To provide medically fragile comprehensive services including care coordination, education and training, social work/counseling, and clinical services for the children in foster care.
- **Palmetto Association for Children and Families** - To coordinate 10-12 Palmetto Power for Provider (P3) training meetings that will focus on SCDSS's Wildly Important Goals (WIGs) and on increasing training for providers on the federal standards for safety, permanency, and well-being.
- **Palmetto Health Richland** - To provide education and training services for foster parents, children in foster care, and biological families. Additional training offered to SCDSS caseworkers, respite providers, community agencies, daycare centers, school nurses and staff, group homes, and pre-adoptive families.
- **Parents Anonymous** - To provide caregiver support and family strengthening services, including weekly mutual support groups, parent engagement, and leadership development through Annual Parents Leading the Way Conference and Child Abuse Awareness training.
- **SC Foster Parent Association** - To provide training and support for resource and adoptive families. To sponsor a statewide Foster Care Conference intended to improve the caring for, and treatment of children by foster (resource) parents, thereby reinforcing and enhancing basic knowledge and skills in the performance area of caring for children served in foster home settings, and to inform adoptive parents about the availability of support services related to adoption. Finally, to provide pre-service training for resource and adoptive families.
- **SC Foster Parent Association** - To provide training and support for resource and adoptive families through peer-to-peer mentoring and local family support groups, with the intent on improving the care of the children and reducing the time spent in foster care.
- **SC Foster Parent Association** - To provide training and support to adoptive families and to inform adoptive parents about the availability of support services related to adoption.
- **SC Heart Gallery** - The Foster Care Review Board will perform foster care reviews every six months. SCHG will provide enhanced targeted recruitment, family engagement, and enhanced coordination and

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communication to educate and promote the finalization of adoptions of legally free children in a timely manner.

For FFY 2013, the Administration budget plan is = \$6,121,854 @ 10% = \$657,185 (South Carolina's 1992 base year amount Preventive/ Supportive Services \$236,000, Foster Care Services/ Family Support \$477,000).

This PSSF summary reflects the current use of the agency's budget and is subject to change based on revision of programmatic emphasis. SCDSS plan is collaborating with Parents Anonymous of South Carolina to increase statewide utilization of, and the population served by, the peer-to-peer mentoring and support groups for parents. SCDSS will also continue to explore working with additional community partners to develop services and activities to facilitate access with parents and siblings.

### Population at Greatest Risk of Maltreatment

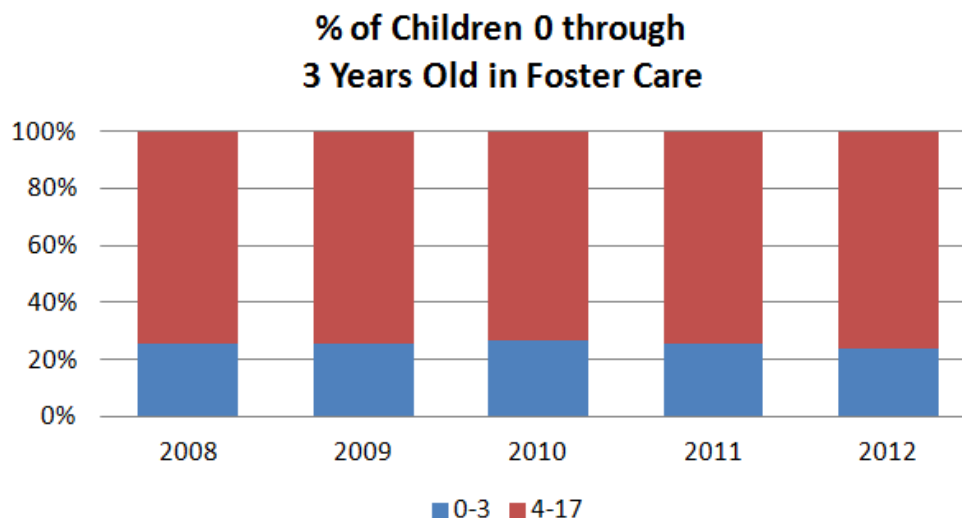
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Using monthly reports on the age, removal reason, and length of stay in foster care, the state has identified children under the age of three as being at the greatest risk of maltreatment. The state has targeted this population with preventive services 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 make up 22-25% of all children in Foster Care in South Carolina. Children this age are highly vulnerable and are a large portion of the children in Foster Care.

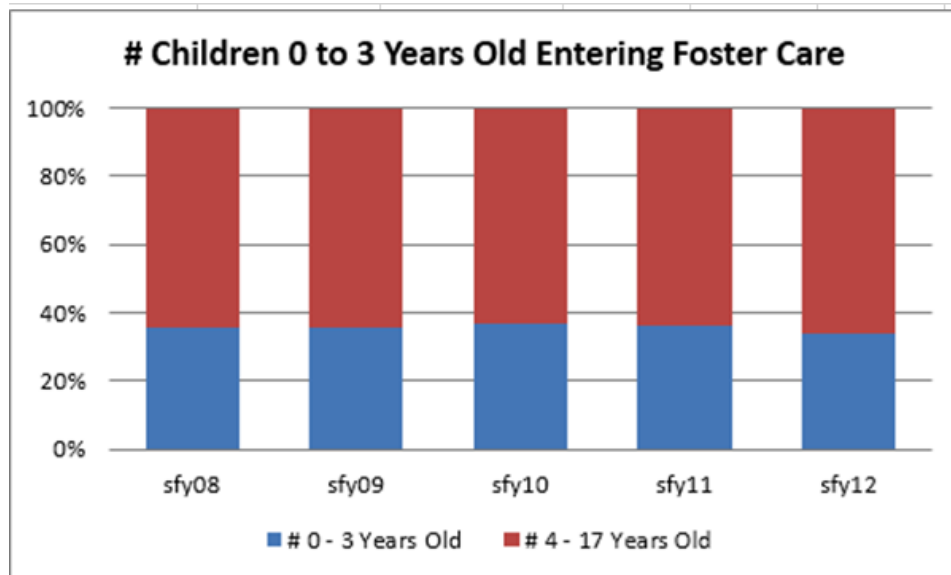
Children age 0-3 years have continued to trend as 34-37% of the total number of children *entering* foster care. This is more than one-third of the total children being brought into care. Since children this age are very vulnerable, sufficient parental capacity is necessary to ensure children are safe and thriving.

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





<b>Children in Foster Care 0 through 3 Years Old</b>			
Source: CAPSS effective April 29, 2013 / ADR			
June 30th	Age in Years		all foster care including 18 and over
	0-3	4-17	
2008	1303	3800	5394
2009	1308	3773	5379
2010	1219	3331	4843
2011	1026	2990	4296
2012	737	2379	3363

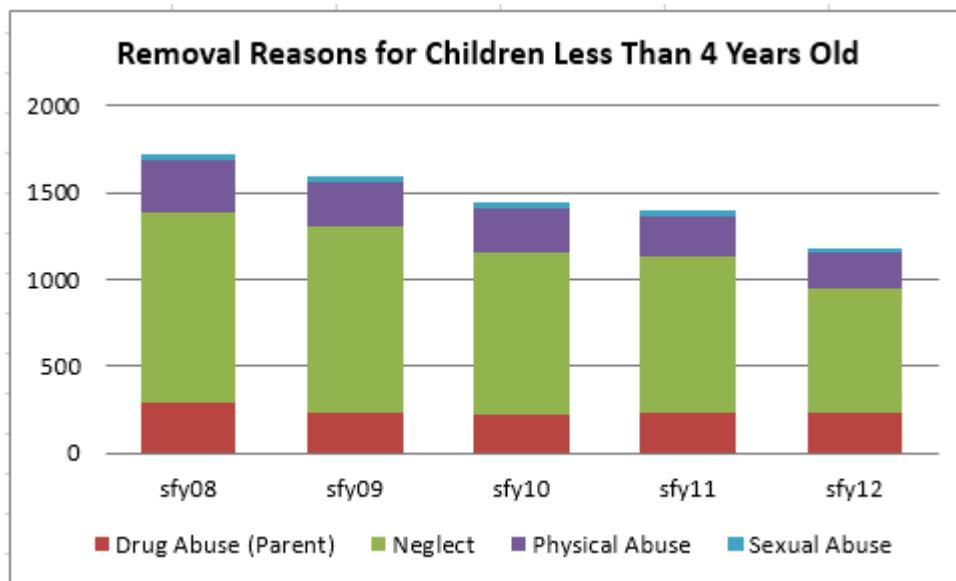


**Children 0 through 3 Years Old Entering Foster Care by State Fiscal Year**

Effective April 29, 2013 / ADR

SFY Entered FC	# 0 - 3 Years Old	# 4 - 17 Years Old
sfy08	1420	2575
sfy09	1397	2548
sfy10	1281	2190
sfy11	1177	2064
sfy12	962	1891

Consistently, the top reasons for children age 0-3 included neglect, drug abuse and physical abuse.



As the following chart describes, the trends for removal reasons for all age groups have remained the same: neglect, physical abuse, drug abuse (parent) and family instability.

Primary Reason for Removal by Year

primary_removal_reason	sfy08	sfy09	sfy10	sfy11	sfy12
24-hr Medical Hold (Child)				2	
Abandonment	16	12	10	18	9
Alcohol Abuse (Child)		5	4	8	13
Alcohol Abuse (Parent)	30	23	36	33	27
Caretaker Disabling Condition	7	13	9	9	8
Child Born to Foster Child	7	5	1	4	
Child's Behavior Problem		1		1	1
Child's Disability	5	4	3	2	3
Death of Parent(s)	2	4	1	4	1
Drug Abuse (Child)	6	4	3	7	6
Drug Abuse (Parent)	296	232	222	232	229
Exploitation (Non-Sexual)		2	1		
Family Instability	89	98	66	53	71
Hospitalization of Parent	2	4	5	6	6
Inadequate Housing	56	52	37	21	57
Incarceration of Parent(s)	27	40	21	19	38
Lack of Employment (Parent)	33	27	12	13	20
Lack of Housing (Homeless)	19	18	10	13	14
Lost Child	1	1			
Neglect	1090	1072	934	898	719
Physical Abuse	302	259	253	240	206
Pregnancy (Of the Child)	1			1	1
Relinquishment (At Birth)	3	1	1	1	3
Relinquishment (Other)	2	3	1	2	1
Sexual Abuse	38	36	36	26	25
Voluntary Placement (Non-CPS)	14	15	11	3	7

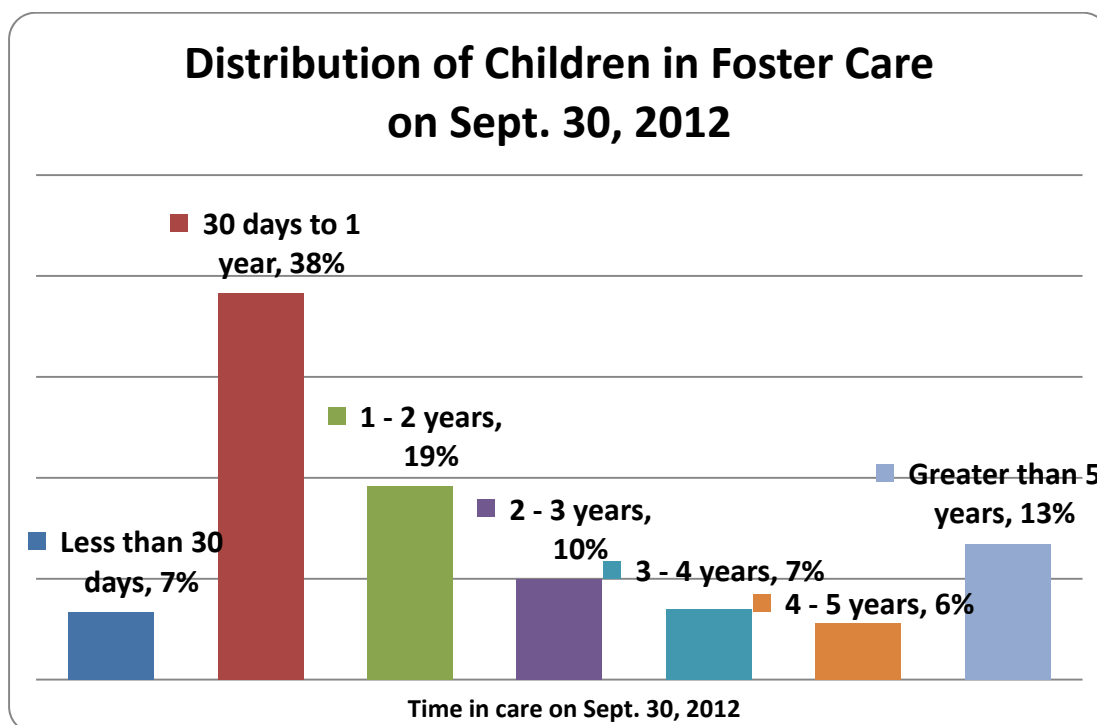
Based on analysis of data on children under the age of 3, who make up 34-37% of all children entering foster care and with all age groups, the primary reason these children enter foster care is neglect. Through continued analysis and discussion about the improved assessment of risk and safety management provided by SCDSS and the Child Welfare System, it is anticipated that the children in this age group will receive additional services and resources to support healthy development and reduce the likelihood of maltreatment.

As demonstrated in the following CAPSS chart, 18% of children who enter foster care under age 1 remain in care more than six months. Children 1-5 years old remain in care over six months between 24% and 32% of the time. Due to this, SCDSS must ensure that services for these children includes access to quality child care.

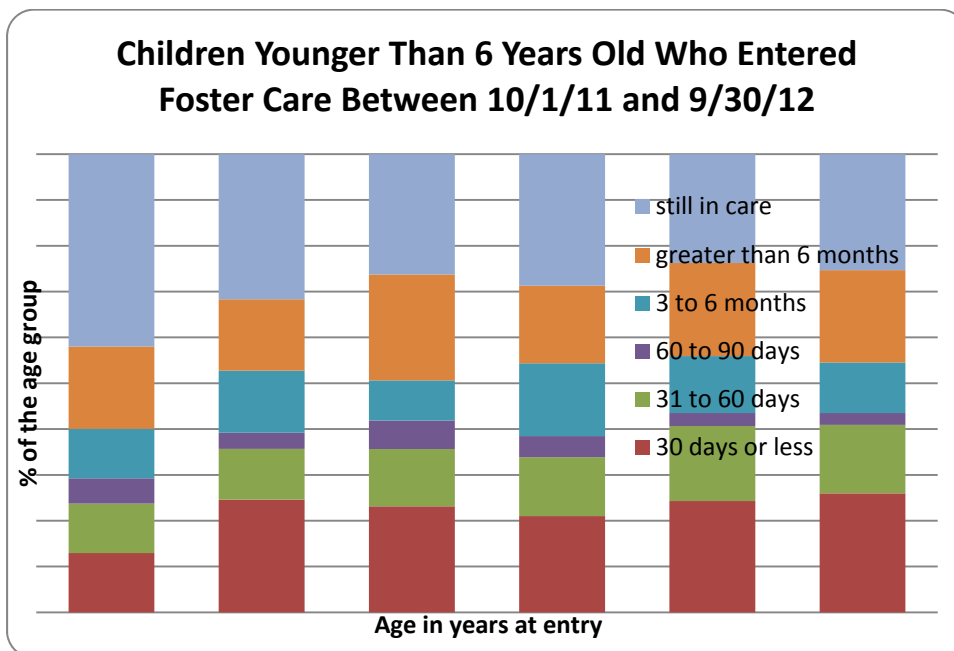
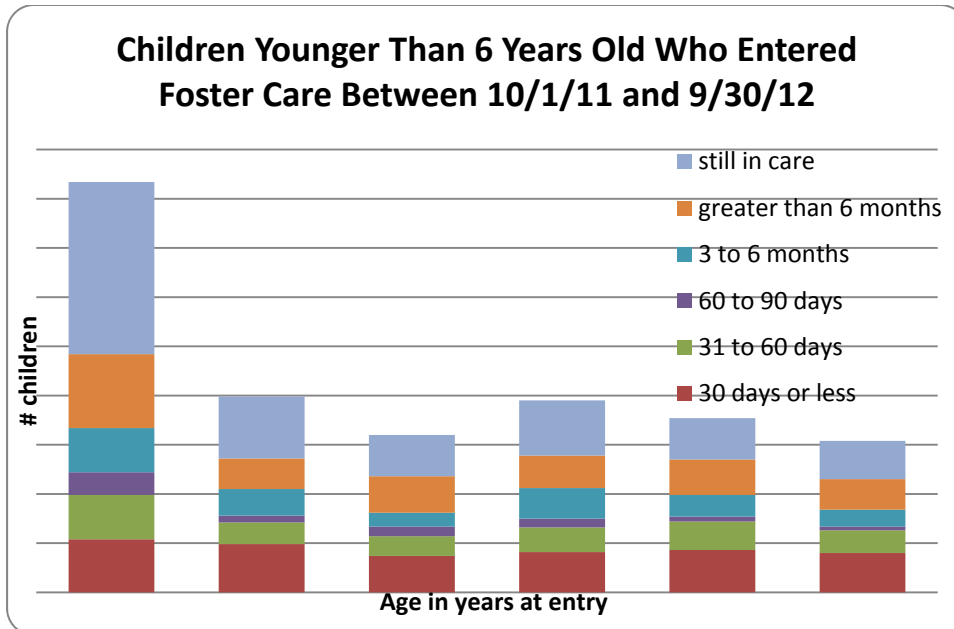
**Time in Care for Children Younger than 6 Years Old Who Entered Foster Care Between 10/1/11 and 9/30/12**

Source: CAPSS effective May 13, 2013

Age in years at entry	Total entries	30 days or less	31 to 60 days	60 to 90 days	3 to 6 months	Greater than 6 months	Still in care
0	417	54	45	23	45	75	175
1	199	49	22	7	27	31	63
2	160	37	20	10	14	37	42
3	195	41	25	9	31	33	56
4	177	43	29	5	22	36	42
5	154	40	23	4	17	31	39
Total	1,302	264	164	58	156	243	417



As demonstrated by the following CAPSS data examples, many children entering foster care under the age of 5 remain in care for a short period of time. Data analysis conducted by the SCDSS prompted the issuing of several contracts to provide in-home family preservation services based on a triage approach for children who are not at imminent risk of harm or have evident safety concerns. These community-based services provide the following services to children and families who may not have received community-based services in the past.



Following are descriptions of services that address this population at risk.

**Family Strengthening Services (FSS)** consists 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, to resolve the issues that have brought them to the attention of the DSS. Services provided through the array of service partners can range from simple information and referral to parenting education, anger management, and/or substance abuse treatment. These are but a few examples of services that are part of a comprehensive array of services. The objective is to enable families—through a set of focused, brief interventions—to resolve the difficulties they may be experiencing and to provide a safe and nurturing environment for their children. If needed, childcare must be provided onsite for activities involving only the parents (versus family activities).

The Family Strengthening Services conducts 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 differs from that identified in the referral from the DSS, the provider shall immediately inform the SCDSS and ascertain a mutually agreed-upon plan of action. If the initial family interview and observations identify any safety issue within the family, responsibility for the case will be returned to SCDSS for the purpose of completing a full investigation of the safety issue.

Like the Family Strengthening Services component described above, Voluntary Case Management (VCM) services encompasses a similar comprehensive array of support services and focused interventions adapted to the needs of each particular family and designed to assist them in successfully resolving the issues with which they are confronted and to enable them to provide a safe, nurturing, and suitable home for their child(ren).

**Voluntary Case Management Services (VCM)** also conducts a re-evaluation of risk; however, in contrast to the families referred to FSS, the families referred to VCM services pose a higher risk (although still a moderate one) of potential safety issues if risk factors are not resolved. The services and interventions provided in VCM, therefore, are more intensive in nature and of somewhat longer duration (six months to a year). The primary goal is to provide the necessary supports (both to the children and the parents) to diminish the risk factors in the home and enable the children to continue to reside there safely and to prevent their removal into foster care. If there are no identified safety issues present in the home, upon completion of the initial contact and family assessment, the provider will complete 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 differs from that identified in the referral from the DSS, the provider shall immediately inform SCDSS and ascertain a mutually agreed-upon plan of action. If the caseworker's assessment of risk is lower than that initially established by DSS, the provider may (with SCDSS consent) refer the family to the FSS program. If the caseworker's assessment determines the family to be at high risk of future abuse or neglect, the provider will return responsibility for the case back to DSS.

Both VCM and FSS providers collaborate with other contracted agencies to provide the at-risk population of ages 0-3 and parents with services such as child care, Head Start, and Parents Anonymous.

**Child Care Services** provide care, education, supervision, and guidance for children on a regular basis. SCDSS, through an agreement with the Department of Health and Human Services, may authorize child day care for families who are the subject of an abuse/neglect report. This service raises the child's visibility in the community and can be an additional safeguard in preventing the child from entering foster care. This service can be utilized 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.

**Head Start** is a comprehensive school readiness program serving low-income children ages 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.

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Foster care is presumptive eligibility. Head Start is a federal to local funded program with a 20% local match requirement. There is a Head Start presence in all of the 46 South Carolina counties. As of December 2012, 13,461 South Carolina children were being served by Head Start.

Each state hosts a Head Start Collaboration Office that facilitates "collaboration among Head Start agencies and other entities that carry out activities designed to benefit low-income children from birth to school entry and their families."<sup>1</sup> Collaboration Offices provide a structure and process for the Office of Head Start to work with state agencies and local entities "to leverage common interests around young children and their families to formulate, implement, and improve state and local policy and practice."<sup>2</sup> The South Carolina Office is located at the South Carolina Department of Social Services in the Child Care and Early Education Services Division.

<sup>1</sup> Head Start Act Section 642(B)(a)(2)(A)

<sup>2</sup> Head Start Act Section 642(B)(a)(3)(B)

**Children's Trust** provides home visitation services. In November 2011, two federal agencies combined the Evidence Based Home Visits (EBHV) and Maternal, Infant Early Childhood Home Visiting (MIEC) grants under one umbrella. MIEC provided SC with an opportunity to develop a continuum of home visitation services to match needs of families with the most appropriate level and intensity of home visitation service. These programs serve, at any time, approximately 1,100 at-risk families. The programs promote maternal and family health, early education, and child abuse prevention. Services offered through these programs include 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, and parenting education, along with referral for well-baby screenings, immunizations and developmental screenings, and smoking cessation. The program is voluntary and serves families involved with SCDSS as well as those referred by hospitals and other agencies. This grant incorporates a "hub-n-spoke" approach, connecting more richly-resourced areas to contiguous, high-risk areas that lack strong resources. It also incorporates infrastructure building, workforce development, and a strong, unified, evaluation process.

**BabyNet** is the state's early intervention agency for children age 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. SCDSS monitors these referrals through Program Quality Assurance reviews and supervisory reviews of case files. Collaborative meetings held quarterly at the local level include BabyNet, SCDSS county offices, Head Start, and other service providers and help to ensure timely referrals and response to referrals.

Foster Care and Adoption services also works closely with BabyNet as service providers to ensure the service needs for any child under age 3 are being met. To ensure compliance across program areas, 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. Agency staff are to request and file the results of the BabyNet assessment and services in the child's file and document in dictation future services needed based upon the assessment.

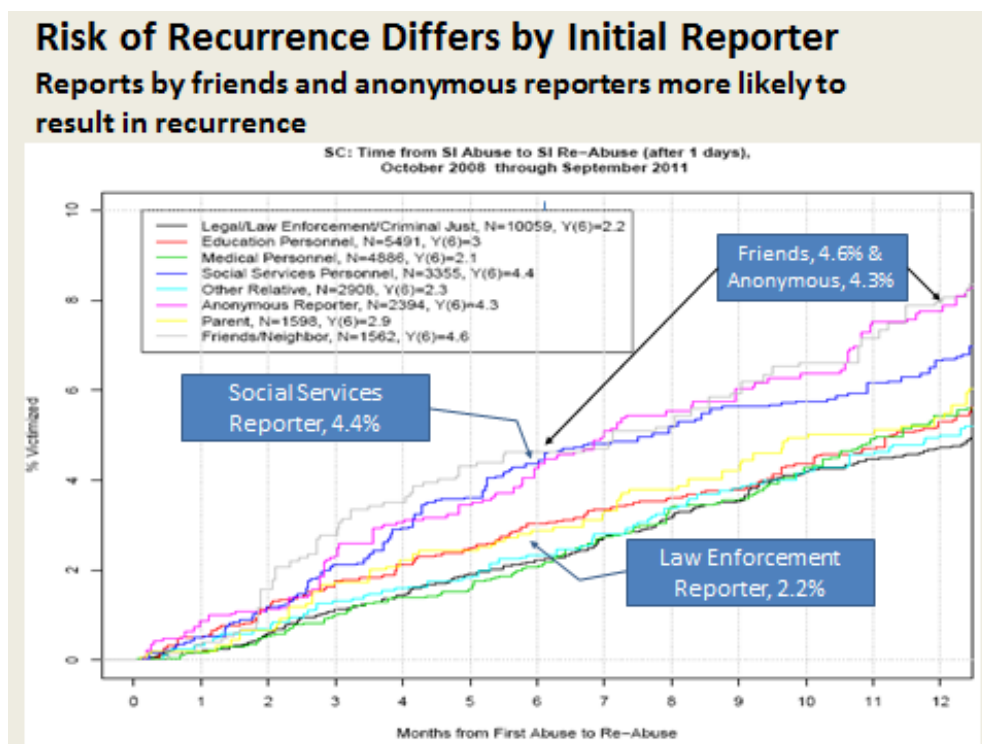
Should the child continue to need similar services after age 3, these services are often coordinated through Head Start. If Head Start is not an option for the child, other referrals for providers should be sought in collaboration with BabyNet staff. If neither BabyNet nor Head Start are options, staffing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

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

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. 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. SCDSS has demonstrated a commitment to this effort by the services mentioned above that have been put in place statewide. If none of the children in care fewer than 30 days entered care, there would be a 39.9% 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.

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.



## Prevention and Intervention Services

The primary mechanism for SCDSS to provide supportive preventive services to families is through contracts with local non-profit providers. These contracts are written at the state level and include services for intensive in-home based services, a variety of counseling; parent education services, parent aide services, flexible funding, and child

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care services through the Child Care and Development Block Grant (CCDBG) voucher program. While some of the major services are described below, the agency also contracts for services that may be unique to a particular county, such as Parents Anonymous of South Carolina for local chapter development (statewide) to counseling through Family Services, Inc. The following services are also available to meet the needs of intact families and to prevent placement in state custody.

**Child Protective Services:** SCDSS county offices statewide provide CPS in-home prevention and intervention services related to indicated cases of abuse or neglect. The primary focus of the county offices is to provide child protective services for children under age 18 who are or who are suspected victims of abuse, neglect, or exploitation. The services include 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; referral to services and case management services to address the factors causing or contributing to the maltreatment.

**Child Care Services** provide care, education, supervision, and guidance for children on a regular basis. SCDSS through an agreement with the Department of Health and Human Services may authorize child day care for families who are the subject of an abuse/neglect report. This service raises the child's visibility in the community, and can be an additional safeguard in preventing the child from entering foster care. This service can be utilized 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 is also hosted at the agency. Head Start, Child Care Services, Foster Care and SCDSS are working jointly to distribute information to foster parents regarding Head Start programs for children in foster care.

**Assessments, Service Planning and Monitoring:** SCDSS continues its initiatives to improve safety and risk assessment through comprehensive family assessments and service plans and the evaluation of progress through an integrated process in all CPS program areas, including Intake, Assessment, Family Preservation, and Foster Care. For the past five years, SCDSS has collaborated with the National Resource Centers for Child Protective Services and Family-Centered Practice and Permanency. Collaboration with the National Center on Substance Abuse and Child Welfare was added specifically to help improve policies and procedures related to the handling of child protection cases where substance abuse is an issue. During FFY 2011, the assessment and planning tool was incorporated into the agency's SACWIS data system (CAPSS) to simplify the process and make the system more user-friendly. The agency worked with the National Resource Centers for CPS and Permanency Planning during its two-year CFSR PIP period (February 2012-January 2013). The agency has requested that the National Resource Center for CPS (NRCCPS) review and assess the state's child protective services policy for the safety framework to enhance the risk and safety assessment process. Additionally, the NRCCPS worked with the four innovation counties, starting with Aiken County, on guided supervision. Technical assistance from the National Resource Centers involved direct mentoring and consultation on cases to build critical thinking skills and help program supervisors and state office staff gain confidence in applying policy and best practice guidelines to different situations. Implementation of the guided supervision model assists the counties in preparing for the safety roundtables. Safety roundtables are facilitated and supported by Casey Family Programs for the first round while the agency gains the internal knowledge and capacity to carry out the practice change, with the USC Center for Child and Family Studies providing ongoing training and support.

**Home Visitation:** The Children's Trust received a five-year Evidence-Based Home Visitation (EBHV) grant from ACF in 2008. This grant builds infrastructure and provides evaluation of six Nurse Family Partnership (NFP) model sites (two located at hospital sites and two located at health clinics). Private funders Duke Endowment and Blue Cross Blue Shield Foundation are currently funding these services, which are leveraged through CBCAP. Nearly \$3 million was leveraged during SFY 2011-2012. The six NFP sites are coordinated by the SC First Steps to School Readiness program, with a clinical nurse dedicated to these sites at the Department of Health and Environmental Control (DHEC). Currently, six NFP sites cover 12 counties:



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- Upstate: Anderson, Greenville, and Spartanburg
- Midlands: Lexington and Richland
- Lowcountry: combined sites for Horry, Georgetown, and Williamsburg; and for Berkeley, Charleston, Colleton, and Dorchester.

In June 2010, Children's Trust was designated as the Maternal, Infant Early Childhood Home Visiting (MIEC) designee for the state (see preceding section for a program description). A grant total of \$12.5 million is expected for five years. Currently, MIEC supports five of the nine evidenced-based programs with high fidelity (Healthy Families America, Healthy Steps, Nurse Family Partnership, Parents as Teachers, and Family Checkup) in the following counties: Abbeville, Aiken, Barnwell, Berkeley, Charleston, Dorchester, Edgefield, Greenville, Greenwood, McCormick, Pickens, Saluda, Spartanburg, and Union.

## Child Protective Services

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### Child Protective Services (CPS) Intake

Intake is completed at each county for Child Protective Services Reports. There is also a statewide CPS hotline where calls are received and distributed to the correct county office for investigation. Each county has an after-hours number and on-call emergency intake workers. The goal for CPS intake is to ensure a thorough assessment is completed as a result of the intake call or maltreatment report to ensure adequate information is obtained to make an appropriate decision about services needed for the family.

As part of the CAPTA requirements to develop a triage system that requires the acceptance and assessment of child abuse and neglect reports to determine the level of intervention for family assessment and referral for services, SCDSS has worked with the National Resource Center for Child Protective Services (NRC-CPS) to develop an Appropriate Response system for assessment of all child abuse and neglect (CAN) referrals. Contracts have been completed for two agencies (who subcontract with other agencies) to provide a tiered response to referrals of CPS cases that do not rise to the level of investigation based on safety factors for the child but for whom there are risk factors that indicate the family needs services to improve their protective capacity and reduce the risk factors of an occurrence or reoccurrence of abuse or neglect.

### Appropriate Response

A goal for SFY 2012 was to fully implement Appropriate Response statewide and to ensure all reports are assessed and routed to the best possible agency for a family assessment for safety and risk factors for children who are reported as possible CAN victims. The families who are assigned for a full investigation of the alleged abuse or neglect are referred to the appropriate SCDSS staff, and the investigation is initiated timely according to the level of safety. CPS reports that indicate low or moderate risk to the child are referred to a contract agency for assessment and services. The agency's goal is to assist the family in meeting their needs and protecting the child from abuse or neglect in the least intrusive manner and in a manner that will provide them with a support network for the future.

SCDSS has engaged in a systematic and comprehensive review of its Child Welfare Services program based on the most recent Child and Family Services Review. To fulfill SCDSS responsibility to protect and promote the safety, permanency, and well-being of South Carolina's children and families, SCDSS has established collaborative partnerships with community-based organizations. These partnerships work to enhance protective factors in families and communities, allowing SCDSS to provide the most appropriate, efficient, and effective response possible to the families brought to the attention of SCDSS.

CAPTA requires that states establish a triage system that:

- Accepts, screens, and assesses reports received to determine which such reports require an intensive intervention and which require voluntary referral to another agency, program, or project;

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- Provides, either directly or through referral, a variety of community-linked services to assist families in preventing child abuse and neglect; and
- Provides further investigation and intensive intervention where the child's safety is in jeopardy. (Section 105(2) amended June 25, 2003).

The CAPTA Reauthorization of 2010 requires state and local systems to implement an alternative response approach in preventing child abuse and neglect and to protecting children from harm.

A request for proposals (RFP) was released to the community in August 2011 to invite community-based organizations to work with SCDSS to strengthen families. The initial offering was for the ten upstate counties. This RFP required organizations to form coalitions under a managing contractor to provide integrated services that included local services. This RFP was awarded in late October 2011 to Specialized Alternatives for Youth (SAFY). SAFY effectively developed coalitions in the three largest counties in the upstate region - Greenville, Anderson, and Spartanburg.

At the heart of this model is an automated Safety and Risk Matrix that is used at intake to guide the proper or appropriate response to the report that was integrated into the state's SACWIS data system. The National Resource Center for Child Protection (NRC-CPS) director and consultants came to South Carolina to train both SCDSS workers and the community providers. This training was comprised of recognizing the difference between safety and risk and training on the philosophy, development and implementation of the intake tool. This is an evidence-based tool, which has been successfully implemented and validated in Hawaii.

NRC-CPS also helped SCDSS design a comprehensive safety and risk assessment. This assessment uses the same safety questions and risk matrix that is used in the intake process. In addition, the assessment includes components from the Connected Families "Signs of Safety" training. Training is also provided on the assessment for both SCDSS staff and the provider staff. The safety and risk was based on the assessment of the safety, vulnerability of the child or children, and the protective capacity of the parents and/or caretakers. The next step for this comprehensive safety and risk assessment is to work with the SACWIS system staff to integrate this improved assessment into the system.

SCDSS investigates all cases where there is a safety issue or the risk level is high. If the risk level is moderate, then one of the community partners is contacted to assess for safety and risk issues in the family. This level of service is known as Voluntary Case Management (VCM) and is available to a family for 6-12 months. If the risk level is low, then a referral is made to a community partner to assess the safety and risk issues in the family. This service is called Family Strengthening Service (FSS). This service is available to a family for three to six months.

The core component is that safety of the children is the first thing that is assessed by all levels of response. If any safety issues are identified by VCM or FSS, they immediately refer the case back to SCDSS. If no safety issues are identified, then the VCM or FSS assess the risk factors in the family. Once the potential risk factors to children are known, the VCM or FSS staff work with the family to construct a service plan that will reduce the identified risk factors. The risk factors are re-assessed every 90 days to measure improvement. Safety is assessed each time a worker visits.

The array of treatment services includes counseling, referrals for alcohol and drug counseling, parenting classes and mentoring, financial counseling, domestic violence intervention and counseling, family group decision-making services (family group conferencing and family team meetings), educational support and developmental counseling services for children (e.g., BabyNet, the early intervention system for children under three years of age with developmental delays or conditions associated with developmental delays; the SC Department of Disabilities and Special Needs; and others).

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Cases can be changed to either a higher level or lower level based on the ongoing safety and risk assessment. This is true even for SCDSS cases that start as an investigation. If the safety issues are resolved or the risk level is reduced, and the children and family could be better served by a community provider, then the case can be transferred after engaging the family and having them agree that the service would be beneficial.

In order to track all the referrals, SCDSS has created a provider portal into the SCDSS SACWIS system. This portal allows the referral to be made straight to the provider once the intake supervisor has signed off on the decision. The portal allows the providers to put dictation in the system, which is accessible to SCDSS. The safety and risk comprehensive assessment is also in the portal. The services that are provided to the family and the progress made on the services are included in the system as well. SCDSS is able to generate reports based on information submitted via this portal for discussions with providers to ensure appropriate work is being conducted and documented.

After the initial success of the model in Region I, RFPs were released in Regions II, III and IV. Growing Homes was awarded the contract and has developed collaborative partners for these Regions. Region I rolled out the model to six of its ten counties. Region II, in the middle of the state, rolled out in March 2012. Regions III and IV and the rest of Region I rolled out by May 2012, completing the statewide effort.

Appropriate Response began in Region I in January 2012. Region II counties began Appropriate Response in March 2012, and Region III and IV will begin on May 7, 2012. The staff in both SCDSS and contract agencies were trained on the CPS intake assessment, the referral process for Appropriate Response, the difference between risk and safety, and the identification of parental protective capacity and child vulnerability. Policy and procedures have been developed for CPS Intake to incorporate appropriate response. The policy and procedures will continue to be revised and enhanced as the state continues its Appropriate Response system development and learns from the statewide rollout. Continuing education opportunities will be available for all SCDSS staff and providers.

The Appropriate Response process has been added to the Child Welfare Basic training, and all new employees of both SCDSS and the contract providers will receive training on the process and practice implications.

Currently the NRC-CPS and consultants are assisting with assessments of the intake process, the referral process, and the monitoring of the private providers assessments to ensure SCDSS is remaining true to the model and implementing the tools as provided. Reviews of screened-out maltreatment reports are used to identify practice gaps, and additional training will be provided as needed.

### *CPS Intake Accomplishments*

The following chart indicates the number of CPS intake reports received by the agency in FFY 2011 and the number of reports received in the first half of FFY 2012. It is noteworthy that in FFY 2011, 62% of the intakes were accepted for investigation. Thus far in FFY 2012, approximately 68% of the intakes were accepted for investigation or family assessment by one of the private provider agencies through Appropriate Response.

### Statewide CPS Intake Decisions FFY 2011 and the first six months of FFY 2012

FFY in which Referral Decision Was Made	Total Referrals for which a Decision was Made	Decisions for Referrals Received			
		Accepted/ Approved	Information and Referral Only	Not Accepted/ Denied	Referred to Economic Services
FFY 2011	27,657	17,214	22	10,420	1
FFY 2012 (October 2011 – March 2012)	14,083	9,649	24	4,409	1

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For the CFSR PIP, Aiken is the innovation county for CPS intervention and improvement. Through case reviews, the agency is reviewing all screened-out referrals to ensure that the intake unit is appropriately assessing the report and asking enough questions to make a sound safety decision about whether the case is accepted for investigation. Through the work with the NRC-CPS, Aiken County intake staff received additional guidance and supervisory support in assessing the intake information to make these decisions. Supervisors were alerted by technical assistance staff if there were any patterns or concerns noted during the reviews of the intakes.

Multiple meetings were conducted in SC in three locations in July and August 2011 to inform private sector providers of the pending RFPs for Appropriate Response and other services that would be contracted for SCDSS families. In November 2011, agency leadership also began a "Palmetto Power" Meeting for Private Providers (P3) to enhance communication between the agency and the communities as well as to engage the private sector in an effort to understand and assist the agency in the agency goals for children. These *free* Palmetto Power for Providers Meetings (P3) are an opportunity for providers to meet with SCDSS regional and county directors and staff to examine ways to work as partners jointly committed to positive outcomes for the children and families being served. Providers and SCDSS professionals can discuss the challenges and opportunities they encounter in improving local coordination in order to meet the goal of making sure all children are safe and live in a positive, permanent home. The intention of these meetings is to move to the next step in the collaboration process. In FFY 2012, the format of these P3s shifted to encourage and enable providers and SCDSS to work together to accomplish the common goal of making sure all children are safe and live in a positive, permanent home. Two "Closer Look" meetings where SCDSS staff and local providers sit down and discussed specific cases in detail were held prior to the P3 meetings. The P3 meeting explained the Closer Look process, describe the cases that were discussed, and was an opportunity for attendees to explore ways to work as partners on other cases.

Accountability, Data, and Research (ADR) staff will continue to review the county offices on a rotating schedule to ensure the intake and rollout of Appropriate Response has occurred as the model suggests as well as to ensure the service delivery to the clients is consistent and meeting the client's needs. ADR has begun reviewing the Private Provider Contract Agency regarding their role in the family assessment and service delivery. Additionally, since implementation in January 2012, the intakes and referrals have been reviewed by both consultants and NRC-CPS.

## In-Home Prevention and Intervention (CPS Treatment) Services

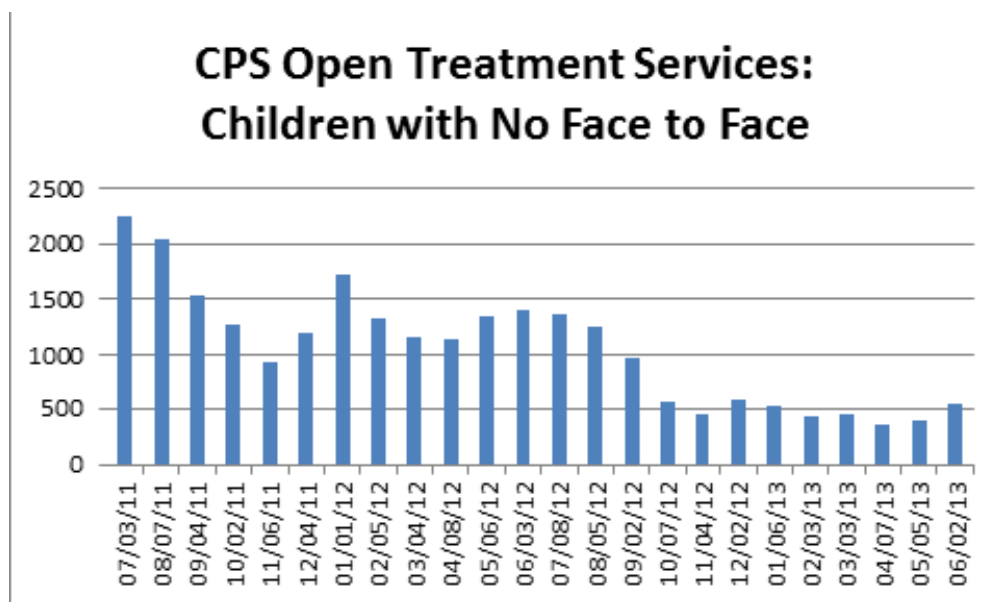
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In-home CPS treatment services are available to all children and families in SC for whom an indicated case of child abuse or neglect has been determined. In-home treatment cases receive services designed to eliminate the child abuse or neglect and to improve the protective capacity of the parents. The goal of in-home treatment services is to prevent removal of a child from their family of origin safely, to increase the child's safety, and to mitigate risk factors.

The array of treatment services includes counseling; referrals to alcohol and drug counseling; parenting classes and mentoring; financial counseling; domestic violence intervention and counseling; educational support; and developmental counseling services for the child (such as BabyNet, the early intervention system for infants and toddlers under three years of age with developmental delays or conditions associated with developmental delays; the South Carolina Department of Disabilities and Special Needs (SCDDSN); and others).

SCDSS continues to focus attention on the caseloads of in-home treatment workers as the state moves to count cases by children rather than by families. The agency strives for quality visits and to ensure the child is safe regardless of whether the child was the identified victim, a child placed with an alternative caregiver or relative, or a child living in the home of the parent. With 4,243 open treatment cases in SFY 2011, the agency acknowledged the need to improve the quality of services. In March 2012, the number of open treatment cases increased to 4,731. This increase is a concern for the agency, and an evaluation of the increase is being completed. Hypotheses are being formulated and tested to determine if, through attention and increased quality services, the state can decrease this number during the remainder of the year.

The agency deputy director for Human Services implemented “Palmetto Power” (P2) Meetings in July 2011 and the agency has continued this practice change strategy. 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. Beginning in February 2012, the focus of the P2 was in-home treatment cases and the improvement of visitation frequency with all children involved in a case. The improvement is being measured on a monthly basis by each county director to ensure compliance with policy and to evaluate the improvement in the safety and well-being of the children.



### Safety Roundtables

In South Carolina, there was a concern about the number of in-home family preservation cases. It was clear that many cases had been 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. 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 Signs of Safety.

Safety roundtable trainings were conducted in South Carolina beginning in April, 2012. Greenville, Spartanburg and Anderson were the first selected due to the number of in-home family preservation cases that each county was reporting. Additional trainings occurred in Charleston (May 2012), Columbia (June 2012), and the final region (Region IV) was trained in October 2012.

After each county was trained, the counties began conducting safety roundtables with support from Casey Family Programs. The purpose of the CFP support was to reinforce the model and to have outside eyes looking at cases. The CFP consultants also challenged the counties to address systemic issues that were barriers to safety and permanency. After these initial roundtables, each county continued to roundtable and have been given the flexibility to set the criteria for the cases to be round tabled. One criterion that each county chose was the cases that had been opened the longest.

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In FFY 2012, 357 safety roundtables were held (Greenville held 119, Spartanburg 70, Anderson 54, Lexington and Rock Hill combined 54, and Charleston 60). The results were evident in the number of additional cases closed. The process also provided tasks to move the others closer to enduring safety so they can be closed in a shorter period of time. Another added benefit of the safety roundtable is it has been used to provide staff with additional training and practice guidance on the use of the safety questions and the risk matrix.

In FFY 2013, safety roundtables have continued. Region IV conducted a week of roundtables in Horry County, in which surrounding counties participated. Greenville and Spartanburg have continued to conduct safety roundtables on a regular schedule. Aiken and Pickens have also conducted several roundtables. South Carolina has experienced a safe decrease in the number of in-home family preservation cases. This can be attributed to both safety roundtables and the county's ability to now close low risk cases and refer them to Appropriate Response providers (An example of success, Lexington County has gone from close to 600 cases to 300 cases).

Safety roundtables have provided several benefits to-date. Having the safety questions and the risk matrix has helped caseworkers and supervisors better define and articulate the safety threats and the level of risk in the family system. There is better understanding of how the safety threats are controlled and when the risk level is reduced and the safety roundtables have reinforced the use of these tools. Another important aspect has been the shift in the mindset of staff as they utilized safety threats and level of risk to manage priorities. This has resulted in cases closing safely more rapidly and services being provided more efficiently. Safety roundtables also continue to point out systemic barriers in each county. Once these barriers are identified each county can take action to reduce any local barriers identified. State level barriers have also been identified that either have been or are being addressed.

This is not to say that safety roundtables have been without challenges. The safety roundtables are time intensive. Getting sufficient attendance from diverse areas can be challenging. Another problem is the tracking and follow-up to a safety roundtable. South Carolina now has a dictation code to capture when a safety roundtable is conducted. It is up to the county to follow-up on the tasks assigned to see that they are completed. There is not a tracking system to capture the tasks to see if the tasks are similar across the state. There may be some tasks that move the cases and others that do not have an impact. If the tasks that move cases are identified then they could be made a part of regular practice, which would help move all cases. State-level review of data on the number of safety roundtables has begun, and a more thorough case review is being conducted to assess the quality of the safety roundtables.

To meet these challenges, program staff and IT staff are currently working together to develop a tracking system and a way to capture all the tasks that are assigned. An IT workgroup meets on a regular basis to improve communication between staff to address program needs and IT design. Additionally, SCDSS will have ongoing consultation with Casey Family Programs to assess how other states are using safety roundtables to improve outcomes and to ensure continuous improvement of the system.

## Family Engagement Strategies

### Family Group Conferencing

All families involved in SCDSS continue to receive Family Group Conferencing (FGC) services either through SC Families First (SCFF) services in Regions II-V or the Family Finding Child conference model in Region I through the SC Youth Advocacy Program (YAP). The agency transitioned Region I to the Child Conference model in 2012. 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 to preserve families.

With funding through Casey Family Programs' annual investment, 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 enhanced other engagement strategies throughout the agency, such as family team meetings (FTMs) on the "front end" as families come to the attention of the agency and on the "back end" as children transition out of

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the foster care system. FTM was deployed in FY 2011 focusing on the four PIP innovation counties: Aiken, Greenville, Spartanburg, and Oconee. Arrangements are being made to transition the FTM process to SC YAP by renegotiating the current Family Finding/Child Conference contract for counties served under this model. Families First staff were joined by the current FTM facilitators for Greenville and Spartanburg to train current FF/CC facilitators on best practices for implementing the current FTM model. SCDSS contract monitors were included in the training to ensure model fidelity in this transition.

Casey Family Programs continues to support family engagement efforts for Families First. Both the family conferencing and FTM services for Region I counties transitioned from an agency-coordinated and administered process to SC YAP providing the direct services. In the second half of FFY 2013, these family engagement services in Regions 2-5 will have a similar transition, with managing contractors and a coalition of FGDM providers. This transition will allow these family engagement strategies to continue and flourish.

A Family Finding/Family Team Meeting/Child Conference request for proposals (RFP) was issued for Regions 2-5 in May 2013 and included all three services for these counties through a network of providers led by a managing contractor working with a coalition of service providers delivering these services. This will ensure that the same family engagement models are operative statewide. Several of the lessons learned in initial implementation were used to enhance the family conference process both in the RFP and in contract renegotiations for Region I. Responses to the RFP are due in July 2013 and vendors are expected to begin implementation in FFY 2013 and continue into FFY 2014.

The evaluation component originally planned for the SC FGC Model implemented through Families First is now scheduled for implementation in the second half of FFY 2013. Due to administrative issues, the evaluation was to shift toward a summary report but will now include a more scientific design using comparison data as part of a quasi-experimental design, as originally planned. This is expected to provide more valuable and usable data that can further the FGDM movement toward a more evidence-based practice. Work is underway with the Family Group Decision Center at the Kempe Center formerly with the American Humane Association) to enhance the fidelity measurement process using the most up-to-date fidelity tool. Support is being provided to contract monitoring staff on selecting and implementing fidelity measures as part of statewide quality assurance measures.

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.

An internal communication plan to promote family engagement strategies continues with county-based in-service trainings and staffings for 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 FGDM. These included:

- November 12, 2012 Children's Law Center presentation
- November 27, 2012 Kershaw GAL presentation
- March 3, 2013 Cross Cultural Conference – Keynote presentation

Additionally, FGC coordinator training was held in December 2012.

### Family Group Decision-Making

Families being served with family group decision-making include those undergoing investigation and those where children are receiving family preservation services, foster care, adoption, and intensive foster care and clinical services.

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FGDM is closely linked to lead measures for WIG goals focusing on positive permanence and the agency continues to exceed goals established through these WIGs. Thus, to continue this success, FGDM in both philosophy and practice is evolving into routine service delivery for families involved within SCDSS child welfare system. FGC support calls are now scheduled twice a month for all FGC coordinators and their supervisors. In this fashion, in-services and information sharing can focus on successes, themes, and struggles 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.

FGDM strategies will continue to grow throughout the state, and there is a 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 lead measure for positive permanency for children. The intent is to 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. These services are now available statewide. All staff in the 46 counties received two hours of orientation and training on FGDM. Follow-up and 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.

Some other updates include:

- A total of 210 FGCs through Families First, 203 Child Conferences through SC YAP, and 162 FTMs were held October 2012 through March 2013.
- A total of 1,338 FGC have been held since inception (October 2009) through March 2013.
- A total of 477 CC have been held since inception (January 2012) through March 2013.
- A total of 543 FTMs have been held since inception (February 2011) through March 2013.
- Qualitatively, families are relying on these resources in developing their family plans, with reunification as the most-often recommended outcome and relative placements as the next-best option.

In a continued effort to be data-driven in FFY 2014, additional fidelity measures with specific outcome measures will be developed to monitor both outputs and long-range outcomes.

Based on data and success, programming will be reviewed in FFY 2013, when family group decision-making through the FTM and CC models will become available statewide, and adjustments will be implemented as needed for the remainder of the year and FFY 2014. This will result in provider networks and monitoring/evaluation tools being in place to ensure model fidelity while continuing to monitor outputs and outcomes.

### CY2012 Activities

- FTM implementation completed in all PIP innovation counties – Aiken, Greenville, Spartanburg and Oconee counties – position classification identified, funding secured through Casey Family Programs funds, FTM facilitators selected, FTM curriculum developed, and training completed. Business process mapping was completed on referral and service delivery for families where children were not in state custody and families where children are in state custody. Implementation reports have been completed for all counties with a rollout plan that includes an array of family engagement services including FTMs.
- After assessing effectiveness, the regional advisory committees were found to be a duplication in effort and were discontinued as FGC became standard procedural protocol through the WIGs. Monthly in-services and unit meetings were scheduled in the county office to continue communication and support in understanding family group decision-making, recruiting referrals, and addressing quality assurance.
- External communication plan included presentations on Family Group Decision-making to community partners and stakeholders. Tools developed included PowerPoint presentation, access to FGC video, handouts, brochure, press releases, and professional CEUs for attendees.
- Webinars to the SC Center for Fathers and Families fatherhood initiatives statewide on SC Model of FGC and American Humane Association - Fathers in Child Welfare curriculum



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- Participation on the planning committee of the National Fathers in Child Welfare Network and assisted with webinar – Reaching Out to Incarcerated Fathers
- Worked closely with the SC Center for Fathers and Families and the Upstate and Midlands Fatherhood Coalitions in developing the Engaging the Non-Custodial Parent curriculum and delivering the training. Also worked closely with offices in developing and supporting an implementation plan to streamline non custodial parent referrals to the Upstate Fatherhood Coalition and working toward building capacity to serve primarily fathers.
- Family/Sibling Connections/Visitation plan added to FTM and FGC facilitated guide as agreed to in PIP renegotiations. The curriculum was developed and training was held with FTM facilitators and their supervisors, FGC coordinators, and SCFF regional coordinators. The FGC and FTM agenda and structures and family plans were revised to ensure these connections and visitation plans were addressed at FTMs and FGC. Family plans now include family visitation plans. Although individual supervision is needed to ensure that these are quality plans that the family assist in developing and not policy imposed on families.

Service improvement areas continuing in FFY 2013 and FFY 2014 include:

- Timeframe to FGC – movement toward a quicker turn-around time while adhering to values and principles of FGDM – family driven with sufficient preparation time to ensure needed attendance, involvement of the widest circle (family group), healing, and transformation process necessary for families to develop best plan for their children. Timeframes reported in weekly logs.
  - Through structured surveys designed to obtain feedback on the FGC under the expedited timeframes compared to the initial FGCs where family had more options in scheduling, feedback was obtained on several key indicators that often these had become more agency driven meetings. These indicators included a significant change in practice: less family group members in attendance, the absence of the GAL (often not assigned this early in the “case”), FGC Coordinators choosing the location, less than half involved food, and families not opening or closing the FGC. While there is a belief in the importance of urgency and timely FGCs, the agency is revisiting timeframes to ensure thorough preparation is not compromised just to meet agency needs.
- Ensure the FGC service is available for all families regardless of whether the parent(s) are willing to proceed. Implementation of the Fostering Connections to Success and Increasing Adoptions Act ensures that parents are not necessarily the gatekeepers of the process. Work with willing family group members continues to proceed, with the FGC challenging the parent’s role as gatekeeper. An individual family group member’s participation is voluntary; however, FTMs and family conferencing will become required practice for families whose children remain in foster care under the new RFP.
- Data collection: The agency continues to experience a low rate of follow-up family conferencing that varies from region to region, with a higher rate of follow up in regions with longer history of implementation. Data will continue to be collected and analyzed to increase accountability and adherence to the expectation of follow-up conferences as appropriate. American Humane Association and Casey Family Programs are being consulted regarding national FGC follow-up rate trends for comparison. FGC coordinators are being empowered to pursue a follow up date at the initial FGC.
- Public scoreboard - data tracked, obtained, and reported publicly through WIG on My4DX WIG software and Casey Family Programs quarterly reports.

And although SCDSS has made great strides in family engagement during FFY 2013, it is not without its challenges, including:

- Not all families are being referred for FTMs, FGCs, or CCs. Continued focus to include accountability is needed as this intervention continues to grow making these services available for all families.
- The low rate of FGC follow-up continues to be addressed. The details of the active RFP scheduled for implementation in the second half of FFY 2013 will also address the importance of follow-up FGCs if

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children remain in care. Providers will be expected to coordinate when children remain in care. The expectation is that providers of this service will be selected in July 2013.

- Timeframe from referral to FGC has increased based on feedback from coordinators and families as this was moving toward an agency driven model. With increased focus on family driven process, timeframe has lengthened with most being completed within 30 days.
- Increased focus has increased the use of Seneca Searches statewide by 55% since the introduction of the services, which is attributed directly to the increased focus and use of FGCs and PRTs.

Improvement strategies included:

- Diligent efforts to identify, locate, assess, and engage non-custodial parents and relatives at the initiation and throughout the life of the case are necessary.
- Casework staff have 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 – FTM and FGC are being successfully implemented addressing these areas.
- Strengthen policy and practice on assessing relatives and promoting stability of relative placement – relative/fictive kin options are being identified in the FTM and FGC for agency to complete home studies with identified needs for support which has increased relative placement options.
- Strengthen engagement of, and planning with, youth and families through family meetings and visits. FTM and FGC being successfully implemented and increasing family identification, involvement and participation in developing family plans.

SCDSS has enhanced and strengthened family engagement approaches and strategies using the family group decision-making models. These proven models are assisting in achieving a more comprehensive and effective service delivery system for children and families that is coordinated, integrated, family-centered and culturally sensitive. Results include increased early family engagement and increased positive permanency for children.

Key family engagement strategies have been developed to address the following CFSR outcomes for which South Carolina was not in substantial conformity in the 2009 CFSR review.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children. Several concerns were identified under this outcome:

- 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 Outcome 1: Families have enhanced capacity to provide for their children's needs. Concerns identified in this outcome include:

- The state was generally effective in assessing and meeting the needs of children receiving foster care services. However, the state was not consistent in assessing and meeting the needs of children receiving in-home services, foster parents, mothers, and fathers.
- The agency did not make concerted efforts to involve children, mothers, and fathers in case planning in both the foster care and in-home services cases, although children in the foster care cases were more likely to be involved than children in the in-home services cases.
- The frequency and quality of caseworker visits with children were not sufficient to ensure the child's safety and well-being.

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- The frequency and quality of caseworker visits with parents were not sufficient to monitor the safety and well-being of the child or promote attainment of case goals.

In addressing these outcomes, the primary strategy of increasing child, older youth and family involvement has been implemented. Greenville was selected as the lead innovation county for this strategy under the PIP. Evaluation results, lessons learned and other feedback obtained through the work are being used in "Best Practice" policy and practice model development for all counties.

### Family/Domestic Violence Program

SCDSS, through its Domestic Violence and Batterer Intervention Programs, provides assistance for victims of intimate partner violence and perpetrators, including domestic violence, dating violence, and sexual assault as it occurs in the context of domestic or dating violence. The program is 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. The guiding principle is that community resources will work together to promote quality services and healthy lives for families experiencing domestic violence.

Each shelter program is 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.

The Batterer Intervention Program (BIP) provides therapeutic treatment services to persons convicted of criminal domestic violence throughout the state. Program treatment services are based on quality standards, which are utilized for intervention with clients who have been identified as perpetrators of domestic violence. The following chart provides statistics on SC domestic violence programs.

DOMESTIC VIOLENCE	Oct 1, 2012-Feb 28, 2013*
Number emergency shelters funded	13 programs with 17 shelters
Number beds in emergency shelter	395
Denial Due to Lack of Space	154
Number Batterer Intervention Program Funded and Non-funded	10 funded programs with 29 non-funded programs**
Number individuals receiving emergency shelter	1,135
Number women/children & men receiving myriad of services	7,927
Number of hotline calls	7,875
Number of approved Batterer Intervention Programs	39
Number of batterers receiving counseling services	689

\*Source: South Carolina Domestic Violence Emergency Shelters and Batterer Intervention Programs. \*\* There were ten funded programs through February 2013. As mentioned previously, these programs were released from their contracts and are now included in the total of 39 unfunded programs.

Some changes and progress within Family/Domestic Violence programming include:

- The completion of new requests for proposals for Batterer Intervention Programs (BIP) in 13 regions of the state was done in April 2012. A total of ten programs received funding from the Family Violence Prevention and Services Act (FVPSA) grant for these regions.
- Federal Administration on Children and Families (ACF) representatives from the Family Violence Prevention Services Program visited SC January 15-17, 2013. ACF representatives stated per the federal legislation and grant guidelines, that any programs receiving FVSPA funding may not charge for services. 42 U.S.C.

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10406(c)(3) Family Violence Prevention and Services Income Eligibility Standards states that: "No fees will be levied for assistance or services provided with funds appropriated to carry out the FVPSA". In order for South Carolina to be in compliance with the federal regulations, changes had to be made to the Batterer Intervention Provider (BIP) contracts.

- In order for BIPs to continue to receive funding, they must stop charging clients for service. The BIPs were provided the option to continue to receive funding and stop charging clients, or to be released from their contract. All 10 BIP's opted to cancel their contracts as of March 1, 2013, but services are still being offered in those regions on a fee-for-service basis in addition to the 29 non-funded programs that provide services throughout the state.
- Domestic Violence Liaison Project hosted an informational session for all BIP recipients on February 25, 2013 to explain the FVPSA requirements and contract changes. Additional technical assistance by shelter and batterer intervention programs continues to be provided on an as needed basis.
- Region II (Horry and Georgetown Counties) Shelter Program closed in June 2012. Two new programs have replaced this program in October 2012, a Center for Women and Children and a Family Justice Center.

### RFP and Statistics

SCDSS, along with the SC Materials Management Office (MMO), processed the request for proposals (RFP) with community providers (offerors) in the 13 regions within the state; grantees were selected in July 2012.

The new scopes of service for each program have been revised and updated since the last contract period in 2006 and reflect adherence to the federal guidelines per the Family Violence Prevention and Services Act (FVPSA) grant. The new scopes include that a minimum of 4% of each identified population should be served (though SCDSS Domestic Violence Programs recognizes these numbers may vary depending on regions of the state where certain populations may be higher or lower). The data below was collected from October 1, 2012-February 28, 2013.

Category	Residential	Non-Residential	Total	Percent Served
Children Served 13-17	63	560	623	
Youth Community Education # of People Reached			15,109	
Total Youth IPV Victim	14	9	23	3.69%
Total Unduplicated Adults Served	614	5,357	5,971	
Referrals to APS	10	5	15	0.25%
Referrals from APS	1	50	51	0.85%
Physically Challenged	63	186	249	4.17%
Mentally Challenged	79	186	265	4.4%
Immigrants/Refugees/Asylum Seekers	22	163	185	3.10%
Limited English Proficiency	22	163	185	3.10%

Additionally, FVPSA funding requirements include the measurement of outcomes. Each Domestic Violence Shelter Program should be collecting outcome information from their clients served. Each outcome is measured through a survey that is *confidential and voluntary*. There are two mandated questions that must be asked of clients, and for each service, count the number of surveys completed and the number of yes responses to each question:

- I know more about community resources (Resource Outcome).
- I know more ways to plan for my safety (Safety Outcome).

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From October 1, 2012 through February 28, 2013, 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.

SCDSS Domestic Violence Programs collects a variety of statistical information from each of its funded shelter/non-residential and batterer programs on a monthly basis and reports to the FVPSA, who collects this information on a yearly basis. A statistical analysis of all Shelter Program data was completed and attached to the FVPSA yearly grant report and is included in the FFY 2012 Domestic Violence Programs State Report. Statistical analysis includes comparisons of data over the last four years, identifies low-reporting areas, and identifies underserved populations including:

- Youth Intimate Partner Violence Victims
- Victims with a mental or physical disability (including those with substance use addictions)
- Immigrant victims/refugees/asylum seekers
- Victims with Limited English Proficiency
- Adults ages 56 and older
- Children ages 13-17
- Victims from traditionally underserved racial/ethnic populations

Domestic violence services are provided to populations based on federal guidelines and SC state domestic violence statutes. Yearly statistical data assist the agency in targeting populations that may be underserved.

### Training

SCDSS contracts with the SC Coalition Against Domestic Violence and Sexual Assault (the coalition) to provide regional trainings on domestic violence topics for SCDSS, members of the community, legal professionals, healthcare professionals, law enforcement, advocates, batterer intervention providers, social workers, mental health professionals, etc. This year, two of these trainings have been designated to address the needs of underserved populations, including women, disabled individuals, those living in rural areas, and the elderly. All trainings are planned in conjunction with SCDSS and with input from community partners who serve the underserved populations addressed by the particular training. To meet overall training needs, the Coalition has agreed to:

- Offer two, one-day trainings to be held in four regions on domestic violence, including dating and sexual assault as it occurs in the context of domestic or dating violence through collaboration with the agency.
- Offer a one-day training dedicated to the topic of batterer intervention.
- Offer one, two-and-a-half 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 agency.

Each of the 2013 trainings on underserved populations will be held regionally four times for one day each and include:

- The Impact of Domestic Violence on Underserved Communities with a focus on:
  - Immigrant and Limited English Proficiency victims
  - LGBTQ victims
  - Teen Dating Violence

**Domestic Violence Liaison Project** The agency continues operating and monitoring its DV Liaison Project, which is a collaborative effort between the agency and the Coalition. This project pairs a domestic violence advocate from each shelter program with the SCDSS office in the county in which they serve. The ongoing purpose of this project is to ensure that victims of domestic violence and their children seeking or receiving services from the agency would be appropriately assessed and that their safety and security would be ensured in their contacts with the agency. In order to achieve this goal, the agency decided to utilize the expertise of the domestic violence advocate community in South Carolina. These advocates are available to inform, consult, and advise agency staff statewide.

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Because of the success of this program SCDSS has expanded the DV liaison meetings from bi-annual to quarterly, regional meetings. Additionally, the meeting participants have expanded from SCDSS Domestic Violence Programs staff, Coalition staff, and Domestic Violence Shelter DV liaisons to the inclusion of SCDSS county directors or designees, county staff, regional directors, and community partners from Growing Homes Southeast and SAFY. Additionally Growing Homes Southeast and SAFY staff have been trained by SCCADVASA on domestic violence dynamics, referrals for victims and perpetrators, and safety for victims and children in case management.

For FFY 2014, SCDSS is ready to improve its work with the implementation of a LGBTQ Accessibility Policy. Based on the yearly grant application to Family Violence Prevention and Services Act submitted April 4<sup>th</sup>, 2012, 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:

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;

- Will enforce these policies;
- Will 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 will have within 12 months of the award, a plan to monitor claims, address them seriously, and document their corrective action(s).

## Foster Care and Permanency

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South Carolina foster care and permanency services include regular foster care, intensive foster care, reunification services, and independent living and youth transition services. Permanency work is driven by the State's Emerging Imperatives described previously. Following are descriptions of specific programs for foster care and permanency. The Foster Parent Bill of Rights is included as an appendix to this report.

### Foster Parent Communication Plan

In 2011, 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 that provide a safe nurturing environment for the children in the SC child welfare system by providing foster parents with high quality customer service.

As team members in ensuring safety for children in state care, SCDSS and 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

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services for foster children. Foster parents play a key role in the agency's ability to protect and care for 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. Foster parents are valuable resources for the agency and must be treated as valuable team members.

Effective teams create and maintain new, more effective communication practices and hold every team member accountable for the practice. These become the communication ground rules for the team, and effective teams take these seriously. The goal is to have each county office implement and be held accountable to providing support for foster parents through the practices in the communication plan.

This plan is a first step in a process to move beyond simply defining and emphasizing the importance of customer service in supporting foster parents and ensuring that foster parents experience consistency in the quality of services provided to them.

To this end, SCDSS leadership informed each county director that they are required to develop a communication plan with foster parents. This plan must provide guidance to staff and notice to foster parents about how the agency will improve communication and work together to provide care and permanency for children. The plan must be signed by the county director and the president of the county foster parent association.

At a minimum, the communication plan must address the following:

- When a child is placed in a foster home, the agency will share all available information, especially medical history, school, behaviors, and needs of the child. The comprehensiveness of this information will depend on the length of time the agency has known the child and the cooperation received from parents. As new information is gathered in any of the related areas, it will be shared with the foster parents caring for the child.
- Foster parents will be notified of all court hearings and will be encouraged to attend the hearings. The SCDSS attorney will notify the judge when the foster parent is present and when foster parent wishes to speak at the hearing.
- Foster parents must be invited to participate in team decision-making and service planning for children. Foster parent input concerning the plan of services for the child and the types of resources that will meet the needs of the child will be sought and used in planning for the care of the foster child.
- A county staff member must be designated to serve as liaison with the county foster parent association and to report back to the county director about the needs and issues raised by foster parents.
- Provisions must be made for foster parents to have access to agency staff in non-emergency as well as emergency situations. Foster parents must be given telephone numbers for the case worker, the licensing worker, a supervisor when workers are not available, and the program coordinator and county director. During office hours, there must be provisions for staff to respond to foster parents in person rather than having messages sit in voice mail with no response. In non-emergency situations, the case worker must respond to foster parent phone calls within 24 hours. Provisions must be made for after hours and emergency calls from foster parents. If a foster parent has an after hour emergency call, they are to call the on-call intake worker for assistance. It will be the responsibility of the county to communicate with the foster parent within 2 hours of the call.

Additionally, as outlined, all model agreements include:

- A listing of staff and telephone numbers for foster parents to use when they need to contact the SCDSS office including provisions for after-hours calls and calls during business hours. There must be provisions for periodically updating the listing and distributing it to foster parents.
- During office hours, there must be provisions for staff to respond to foster parents in person rather than having messages sit in voice mail with no response.

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- Phone calls must be returned within one business day by the worker, the supervisor or another designated staff person.
- Foster parents must be invited to participate in team decision-making and service planning for the children in care.
- Foster parents are to be given a copy of the foster child's treatment plan.
- Foster parents must receive notice of court hearings for the children in their care.
- A member of the county staff must be designated to serve as liaison with the county foster parent association.

SCDSS and SCFPA will continue to work through FFY 2013 to establish a vision for providing high quality customer service to foster parents to enhance their ability to provide appropriate care for children and youth in foster care through the plan during partners meetings, leadership summits, and staff trainings. It is expected that by the end of CY 2013, the communication plan will be fully implemented as a practice for all counties. Finally, SCDSS and SCFPA will ensure that all counties have developed a system for assessing usage and evaluating the success of these plans.

### Relative Placement

To notify relatives of placement of a child in foster care, the agency uses form 30241 Notice to Relatives of Foster Placement, which states in part:

- *The Department of Social Services is required to notify you as SCDSS has been told that you are a relative of this child. If you would like to be considered for placement or be considered for participation in the care of this child, please contact us immediately by calling or emailing the caseworker as indicated below.*
- *If you are a relative and want to have this child live with you, you may want to consider becoming a licensed foster parent. The enclosed brochure explains how to do this and the benefits that come with licensure. In addition, there is information on the agency's website at [www.dss.sc.gov](http://www.dss.sc.gov).*
- *Children in SCDSS custody need placement while their parents are working on a court ordered plan that must be completed for the child to return home. Most children return home to their parents. For children who cannot return home, the Department will be looking for a permanent home to last to adulthood for the child.*
- *If we do not hear from you timely, we will be unable to include you in planning for the child. Failure to act promptly may jeopardize your chance to have the child come live with you or for you to participate in the care of the child.*

The SCDSS county office has the responsibility to identify, locate and engage a child's non-custodial, non-resident biological parent (NCP). This effort should begin at the point of intake and must continue throughout the case. If the SCDSS county office has removed a child from his/her home or is contemplating removal, potential placement with the NCP must be considered. The Protocol for Locating, Notifying and Engaging Non-Custodial Parents was issued March 2011 and the processes and services provided include:

- Parents and children are asked immediately to identify potential placements (relative or fictive kin); a determination is then made whether or not the options are suitable, i.e. safe.
- Use of contractual service by designated counties (primarily in Region I) to expedite identifying suitable placements within 60 hours of notification a child has been taken into emergency protective custody.
- Use of family meetings and child conferences to identify potential placements for children and supports for parents. Parents and relatives are encouraged to include relatives and fictive kin.
- Notification to relatives of foster care placement: within 30 days of child's entry when contact information is available. A standard letter (DSS Form 30214) is used to notify the relative of the child's placement and ask if the relative would like to be considered for placement and/or participate in the care of the child. A brochure with information about foster licensing is included.



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- Use of all available online resources or Internet searches (for example Seneca Search) by caseworkers as needed to identify relatives and other potential connections.
- Referral to Child Support Enforcement (DSS Form 2738) for diligent search for non-custodial parent or other relatives. Search for relatives is identified as Diligent Search Only (no child enforcement case set up; this is completed within 30 days).
- Permanency roundtables and safety roundtables may include relative placement as a step to enduring safety.

The Foster Care Manual Section 810.01.06 - Diligent Search - explains agency procedures for diligent search for parents and adult relatives of a foster child. Diligent search is the term used to describe the efforts to locate absent parents or other adult relatives of a foster child. The worker is advised to obtain as much identifying information as possible as to names, date of birth, work history, or previous addresses of absent parents and other relatives. This information is sent to the SCDSS Office of Child Support Enforcement (CSE) for an electronic search of multiple state and federal systems. In this vein, during the first 6 months of FFY 2013, CPS and Foster Care caseworkers statewide were given access to Seneca Search, a contracted search service that specializes in identification of potential connections (usually relatives) for a child. Training in the usage was provided at the Supervisor's Summit for SCDSS regional & county management and leadership. The search is to be completed for any child at risk of or entering foster care and any child in foster care 17 months or longer. Beginning in the first six months of FFY 2013, regional team leaders and each of the five regional quality and accountability leaders will monitor utilization reports provided by Seneca Search to identify patterns of utilization/underutilization and to develop plan for improved use of Seneca. Due to this focus, there has been a 55% increase in the use of Seneca Search requests.

The "60-hour timeframe" for contracted services in Region I to identify and complete initial assessments of potential connections was piloted in 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. Looking forward to FFY 2014, SCDSS plans to expand the contractual service to expedite finding a suitable relative for placement of the child within 60 hours if child is taken into emergency protective custody. Additionally, it will expand to include a detailed home study or assessment. Finally in support of this process, CAPSS is currently being updated to enhance tracking of relationships and expedite services so as to ensure that an increased number of children are placed in relative placement across South Carolina.

Finally, the findings for South Carolina's self-assessment and CFSR (2009) indicated that there was a need to improve practice of family engagement. As a result 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. Notifying and searching for relatives supports this practice and promotes placements with relatives. This was demonstrated and noted as a success in SC Quality Assurance review results. The QA report for October 2012-March 31, 2013 indicated that the baseline for Item 15, Relative Placement, was 41.0%; the aggregate for the PIP Innovation Counties was 78.7%; and for the other counties, the aggregate was 62.5%.

South Carolina has made major headway in relative placement in FFY 2013 and is looking ahead to making even greater strides through FFY 2014.

### SC Connecting for Kids

SCDSS implemented the demonstration project SC Connecting for Kids 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 provides funding for two important family engagement strategies:

- **Finding Families** provides 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.

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The child's county of origin (court jurisdiction) was one of the following 11 counties: Aiken, Bamberg, Barnwell, Calhoun, Dorchester, Greenville, Greenwood, Newberry, Oconee, Orangeburg, or Spartanburg.

- **Kinship Navigator** assigns 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. Kinship Navigator served caregivers of children who were diverted from foster care with the child living with the kin caregiver while the parents are receiving child protective intervention services in 6 counties: Aiken, Berkeley, Calhoun, Dorchester, and Greenville.

SC Connecting for Kids was funded by the US Department of Health and Human Services Children's Bureau for a Family Connections grant, which ended September 29, 2012. ACF approved a no-cost extension to March 31, 2013 to complete conversion of the Kinship Caregiver Learning Opportunity curriculum to E-Learning and to complete the grant's final progress report, a cumulative report from September 30, 2009 to March 31, 2013.

Moving forward, the navigator service and intensive family search components are/will be incorporated into existing and new contracts for SCDSS's rollout of Appropriate Response. Rather than having a Family Connections Coordinator facilitate and arrange support team meetings and other support activities for family finding and engagement, the SCDSS caseworker will continue these responsibilities as per agency practice.

### Program Updates

**Finding Families:** The goal of this program in FFY 2012 was to establish three or more connections for 200 children. This goal was not achieved during FFY 2012. A total of 177<sup>1</sup> youth received services from Finding Families to search for and discover or establish connections. The pool of youth meeting the grant criteria was exhausted by the end of Year 2 (FFY 2011) of the grant. There were eight new referrals in FFY 2012. The target population was not expanded as the grant allowed due to the backlog in completing the case mining and follow up to initiate contacts with potential connections. By the end FFY 2012, the goal and objective had been achieved for five percent (5%) of the total (9 of 177; two of these youth reached age 18 during the year. Thirty-eight (38%) of the total (67 of 177) were made inactive for the program services because they were no longer in the grant's target population. The youth had left or were about to leave foster care to positive permanency or remained or were in foster care with three or more positive enduring connections (but not from Finding Families search activities). The goal was not achieved for 53% (101 of 177). Progress was being made in ongoing search and discovery by the programs staff. By the end of the grant and FFY 2012, Finding Families had received positive responses from inquiries made to potential connections for 12% (22 of 177) of the youth; however, they had not received positive responses from inquiries made for 28% (49 of 177) of the youth. An additional 10% (17 of 177) reached age 18 during the year without three or more connections being established. By design, eligibility for Finding Families ended at age 18. Finding Families forwarded all information gathered to the youth's caseworker to help in searching for and establishing connections.

**Kinship Navigator,** the goal and objective for caregivers was the ability to identify and access needed services, and when referred for services, would access at least one service that they were satisfied with. Since FFY 2012 was the final year of the grant, data was collected for the kinship navigator evaluation for 10 of 12 months to meet reporting deadlines for grant close out. According to the evaluation data, 113 caregivers participated after the initial contact to market the program.<sup>1</sup> After the navigators completed a needs assessment, 71% (80 of 113) were referred for services. Of those who accessed the service and for whom data was available, 87% were satisfied with the service accessed. Navigators reported that they provided the direct service of supportive listening to 86% (97 of 113) of the caregivers. Navigators also provided each caregiver contacted (including those who declined the service) information about how to access the 2-1-1 resource database by telephone or Internet. Grant funding helped the United Way of South Carolina expand 2-1-1 resource database statewide during Year 1 of the grant.

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**Learning Opportunities**, the goal for the Learning Ops (training) was revised. The delivery of face-to-face services was discontinued in early FFY 2012 due to lack of attendance. The goal became converting the curriculum format from face-to-face presentation to and an e-learning format. The evaluation from the sessions delivered in FFY 2011 indicated that even though attendance was extremely limited, all those attending showed increased knowledge from retrospective post testing.<sup>1</sup> The conversion to e-learning will be completed in FFY 2013 as a part of the grant's no cost extension. The e-learning will be accessed from websites including SCDSS and the USC Center for Child and Family Studies.

Additionally, there were two key outcomes from the SC Connecting for Kids grant that are currently being evaluated by USC Center of Child and Family Studies.

- **Children (age 12 -17) have 3 or more connections that should last into adulthood.** This outcome<sup>1</sup> was achieved for 43% for the youth served during FFY 2012. A total of 76 (of 177) had 3 or positive enduring connections that should last into adulthood. Five percent (5%) of the total (9 of 177) youth had 3 or more connections due to search and support from the program. Of those connections established with services from the program, two youth (2 of 177 or 1%) reached age 18 with and 4% (7 of 177) youth were under age 18 and in foster care. Thirty-eight percent (38%) of the youth (67 of 177) received the minimum search services but were designated inactive during FFY 2012 because the youth no longer met criteria for the target population. The youth had left or were about to leave foster care to positive permanency; or SCDSS identified that the youth did have at least 3 existing positive enduring connections. The outcome was not achieved for 57% of the total (101 of 177) during FFY 2012. However, 7% (13 of 177) had 1-2 enduring connections established that were being supported by the program. The primary lesson learned and part of the program being sustained is the value of using a search provider specializing in searches for potential connections for blood and fictive kin.
- **Kinship caregivers will know how to access needed services.** This outcome was achieved for at least 71% (80 of 113) as these caregivers were referred for services. Of those who accessed the service and for whom data was available<sup>1</sup>, 87% were satisfied with the service accessed. The evaluation data also indicated that the majority (89%) of the caregivers participated in the completion of the Family Needs Scale. Navigators also provided each caregiver contacted (including those who declined the service) with information about how to access the 2-1-1 resource database.

<sup>1</sup> Data Source: Finding Families: monthly reports to grant manager from program staff; Kinship Navigator: semi-annual grant progress reports completed for Year 3, Quarters 1-4, by evaluator from data submitted by navigators.

Major accomplishments through May of FFY 2013:

- The Finding Families program began using a new search service (Seneca Search) provider that greatly increased the number of potential connections.
- The use of navigator service for a family and use of family locator services for a child can now be tracked by dictation code in CAPSS (SACWIS).
- The contractor for Navigator Services and a large county collaborated to address integrating navigator service into practice through the co-location project and increased accountability. The result was an increase in the number of referrals by caseworkers and an increase in navigators who received the service.
- The curriculum developed to meet SC caregiver's identified knowledge needs will be available electronically to kin caregivers for children in the child protection system and for the general public.
- In collaboration with the USC Center for Child and Family Studies the conversion of the curriculum to E-Learning was completed and is available online. The final report is drafted and will be forwarded to the Children's Bureau and available to the Child Welfare Information Gateway for discretionary Grants Library by June 30, 2013.
- SC Connecting for Kids partnered and contracted with the Palmetto Association of Children and Families; the SC Guardian ad Litem Program; the United Way of SC, and the University of South Carolina Center for Child and Family Services. SCDSS as grantee contracted for navigator services, family finding, 2-1-1

expansion, and development of dissemination materials and grant evaluation. State-level stakeholders also participated in the grant's advisory committee.

- SC included implementing the demonstration grant SC Connecting for Kids in the tasks of its PIP strategies to improve family engagement practice. The state's Child and Family Service Self-Assessment and Review both included findings that SC needed to improve its practices related to contacting and involving important family connections and providing supportive services to "kin" caregivers when children lived at least temporarily with that caregiver rather than be in foster care. The lessons learned from the implementing Kinship Navigator and Finding Families in FFY 2012 are included in the rollout plans for components of the grant to be integrated in the state's family engagement practice. For Kinship Navigator, local management's attention to integrating the referral into its business processes and to accountability for implementation increased the availability of the service to the kin caregivers. For Finding Families, it was determined that using a vendor specializing in relative search was more effective for discovering potential connections than the extensive case mining used by the Finding Families program.
- In FFY 2011, the Finding Families component of the grant identified a policy deficit regarding the standards for background checks when establishing /re-establishing connections. Agency practice was inconsistent. As a result, in the past year, SCDSS staff for Knowledge Management and Practice Standards completed a draft that is pending for approval and dissemination.
- Three items in the SC Quality Assurance reviews are associated with Finding Families. The QA report for October 2012- March 31, 2013 indicated success in preserving connections. The baseline for Item 14 (Preserving Connections) is 67.8%, and both PIP innovation counties and non-innovation counties are above this baseline by over 19%. As mentioned in a prior section of this report, for Item 15 (Relative Placement), PIP innovation counties are above the base line by over 37% and over 20% for non-innovation counties. Finally, Item 18 (Child and Family Involvement in Case Planning) is above baseline by close to 5%.

### Family Finding

In 2011 SCDSS awarded a contract for a new initiative for family locating or "finding families". In January 2012, the contract provider began to serve children in Region I (upstate) who entered agency custody either from Emergency Protective Custody (or Ex Parte) court orders. The goal is to ensure children who cannot remain in their birth home can be placed with a familiar relative or fictive kin. The contract agency exhausts all avenues to identify relatives of a child who has been taken into emergency protective custody in an effort to locate a member of the family who can provide for the child's needs immediately or no later than the 72-hour emergency hearing. The goal for FFY 2013 is that the program can prove effective and be expanded across the state.

The agency contracted with SC Youth Advocacy Program (SCYAP) for Family Finding, which subcontracted with Carolina Family Services for Family Group Decision-Making. When a child is taken into emergency protective custody (EPC), YAP's goal is to find a suitable relative for placement of the child within 60 hours. The desire of the agency is to be able at the 72-hour probable cause hearing, to identify to the Family Court an alternative caregiver for the child while the agency continues the investigation. If the child cannot return to the birth parent after the investigation, the ideal situation would be to allow the alternative caregiver to either be licensed or obtain legal custody of the child, while services are being provided to the parent to remedy the condition that caused the child's removal.

If the child is not immediately placed with an alternative caregiver, the SCDSS caseworker makes a referral within five days to Carolina Family Services (CFS) who must set up a family conference within ten days of the referral. The purpose of the family conference is to identify strengths and areas of concern that need to be resolved and how the extended family may be able to assist the birth parents with the issues that caused the removal. Placement of the child is also addressed, as well as services that are needed for reunification. Permanency is discussed and parents and family members clearly informed of the need for timely permanency for the child.

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The CFSR identified family involvement as an area needing improvement. It is the goal of the agency that through Family Finding, Family Group Decision-Making and Family Conferencing, more family members will be involved, service needs will be addressed, and absent or non-custodial parents will be empowered to accept responsibility for their child and to understand their child's need for the connection.

Location of relatives as early as possible in the process of a child's entry into care is crucial. Services for 2013 include:

- Identification of immediate placements for a child with a familiar member of their family as early as possible for all children, especially the younger ones ages birth to five years
- Family decision-making involving more than the parent or primary caregiver, but any family member or support system that the child or parent might identify as being of assistance to them to enhance their success of permanency for their child.
- Quicker identification of family needs and service delivery by having additional persons available who know the family and can identify the problems that will present barriers to reunification.

### Sibling Connections

Separation of siblings, lack of frequent visitation with siblings and extended family connections was cited as an area needing improvement in the last CFSR. The agency's goal is to have siblings placed in the same foster home whenever possible. For children in the foster care system with a sibling in foster care, efforts to ensure siblings are placed together through the following service provisions:

- Placements with relatives or fictive kin are sought. Potential placements that can keep siblings together or easily connected are identified by parents, relatives and others during the assessment process when children enter foster care or are at risk of entering foster care. Parents, relatives and others are encouraged to participate in family meetings to share information about how to keep siblings together and support the parents in addressing the reason for removal.
- In designated counties (primarily Region I), there is a contracted service to provide intensive family search to identify potential placements within 60 hours of notification of emergency entry into foster care.
- Recruitment and licensing of foster home who are willing to accept sibling groups. There is a contract in Regions 1 (upstate) to recruit homes including placements of sibling groups together. The contractor for recruitment in designated counties (primarily Region I) maintain a referral for at least 90 days to address special needs such as placements for large sibling groups.
- The state Foster Parent Association includes the need for homes willing to accept sibling groups in its recruitment efforts and tracking of statewide inquiries.
- SCDSS contracts with other private foster agencies that have foster parents willing to accept sibling groups.

If the siblings cannot be placed together, efforts include:

- Local managers and supervisors monitoring to ensure reasonable efforts are made for sibling/family visitation at required placement and permanency staffings subsequent to entry. At staffing, with use of guided supervision, there is a focus on efforts to reunite siblings in a placement and on how siblings maintain contact.
- Sibling visitation – a family/sibling connections visitation plan was added to the FTM and FGC facilitator guide as agreed to in PIP renegotiations to ensure that the agency was taking appropriate and timely action to ensure family and sibling connections.
- Encouragement of foster parents to allow telephone contact, day and overnight visits among siblings; inclusion of siblings in special events.

The SC Foster Care Manual section 819.01.01 Permanency: Continuity of Relationships & Parent/Child Visitation, Item 3, requires that SCDSS must make reasonable efforts to ensure that siblings in foster care are placed together unless a separation is necessary to meet the needs of one of the siblings.

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For purposes of meeting the requirements of federal legislation, *if siblings must be separated*:

- Reasonable efforts are made to promote quality visitation and frequent visitation between the child and his/her siblings unless visitation/contacts are contrary to the safety and best needs of any of the siblings.
- Reasonable efforts are made to place the siblings in close proximity of each other, including the same community, school, church, or the like.
- The child should be placed with caregivers who are committed to helping the siblings stay in regular contact (visits, phone calls, correspondence) unless it is clearly not in the best interest of one or more of the children to stay in touch.
- There is continual review/assessment and efforts to reunite the siblings in placement and/or to maintain a sibling relationship unless there is documentation why this should not occur.

Monitoring of "efforts to place siblings together or facilitate visits" is included in quality assurance reviews as a part of child "well-being." And as a demonstration of the increased SC's practice related to placement of siblings together (CFSR Item 12), visiting with parents and siblings in care (CFSR Item 13), and preserving connections (CFSR Item 14) SC is demonstrating continuous quality improvement in actions and monitored as noted in the QA report for October 2012- March 31, 2013.

- The baseline for Item 12 (Placement with Siblings) is 78.4%; the aggregate for PIP Innovation Counties is 77.1%; for non-innovation counties, 56.3%.
- The baseline for Item 13 (Visiting with Parents and Siblings in Foster Care) is 41.1%; the aggregate for PIP Intervention Counties, 57.4%, for non-PIP Innovation Counties, 34.6%.
- The baseline for Item 14 (Preserving Connections) is 67.8%. The aggregate for PIP Innovation Counties is 86.8%; for non-PIP Innovation Counties, 86.9%.

A particularly successful achievement in FFY 2013:

SCDSS collaborated with Clemson University and the University of South Carolina to provide a camping experience for 29 siblings, Sibling Connection Camp. The youth included siblings in foster care and siblings not in foster care. One youth in foster care attended along with a sibling who had been adopted. Clemson University provided the camping facilitators and leaders and the USC Center for Child and Family Studies provided the logistics. The camp included learning components related to South Carolina native populations and structured activities to promote siblings interactions. Four more camps for a total of 160 slots are planned for FFY 2014 using Title IV-B funds.

Looking forward, by the end of CY 2013, CAPSS (SACWIS) will have the enhanced capacity to track relationships and produce reports with more actionable data regarding placement of siblings together.

The agency continues current efforts to place siblings in the same adoptive and foster placements. The current lack of foster homes available for large sibling groups (four or more children) is one of the barriers to placing all siblings in one home. Enhanced recruitment strategies will be the plan during SFY 2013-2014.

SCDSS is working with contracted agencies on the recruitment of families willing to accept larger sibling groups. In developing the training plan for SFY 2013-2014, emphasis will be placed on the need to recruit families who are willing to accept large sibling groups. The contract with the Foster Parent Association, which is responsible for recruitment and training of foster parents, also emphasizes the need for families who can care for siblings.

### Education of Children in Foster Care

There were 3,062 school-age children in foster care in SC at the end of March 2011 and 2,548 at the end of March 2012. At the end of March 2013 there were 2,320 school-age children in foster care.\* As of December 2012 there were 1084 children in foster care in SC birth to 5 years, of which 335 (31%) were enrolled in either Head Start or in

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licensed child care facilities. Of these 335 children, 264 (79%) were enrolled in high quality childcare, meaning that 24% of children in foster care birth to 5 years were enrolled in high-quality child care.\*

In South Carolina, state statute requires school attendance from age 5 until the child reaches age 17 or graduates from high school. Agency policy has been drafted to mandate school enrollment until the youth has graduated from high school or received a GED.

IV-E eligibility requires the school age child (as determined by the state) to be a full-time elementary or secondary school student unless the child is incapable of attending school due to a documented medical condition. If the school age child is not attending elementary or secondary school full-time, the foster care worker must notify the IV-E eligibility staff according to specific procedure established by the IV-E eligibility unit. The basis for the child not being in school must be clearly documented in the family story and supporting documentation from medical records must be filed in the child's medical records in the case record and Education and Health Passport (DSS 30245). Additionally, if the child is being home schooled, the worker must assure that the home schooling meets the federal requirement for a "full-time elementary or secondary school student."

Issues/concerns associated with school attendance are addressed in the educational domain of the child's assessment and case plan (DSS 30321) and the Education and Health Passport.

In order to monitor the academic progress of a child, the worker requests copies of report cards, results of standardized tests (e.g. SCRA, PASS, HSAP), and any other documentation on the student's performance. The worker reviews educational information, talks with teachers or guidance counselors (if necessary) to help identify areas needing additional assistance. The worker documents educational needs and ensures that the needs, including efforts to maintain educational stability, are included in the child's assessment and case plan (DSS-30231).

Information to be gathered for the assessment of the child's educational needs include child's attendance record, achievement, the progress of actions and services in meeting the child's educational needs, the appropriateness of the child's current educational setting, and the child's educational stability (i.e. changes in school due to placement changes). There are multiple sources for gathering information, including the child, parents, foster care provider, child's therapist, if applicable, and direct contact with school personnel.

If the child in foster care is under the age of 3 and has been identified as having developmental delays, the developmental needs may be addressed as a part of educational well-being, mental health and behavioral issues, or physical and dental health in the child's case plan (DSS 30231). A referral to BabyNet is to be made.

If the child has an IEP or 504 plan, applicable actions for the parent (if appropriate), the child, and the foster parent/provider are included in the child's assessment and case plan (DSS 30231).

Examples of services provided to address identified educational needs include:

- Advocacy on the part of foster parents and the caseworker;
- Ensuring that the child receives special education classes, when needed;
- Making provisions for the child to receive tutoring or educational mentoring (if funding is available); and
- Arranging for the child to be enrolled in early intervention preschool classes, such as Head Start.

Educational information is also documented in applicable tabs in CAPSS and the Education and Health Passport (DSS 30245).

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. This process was continued in 2012 and 2013, including inclusion of reading level and information concerning pre-K education. Training was completed and efforts are being made to monitor compliance through Accountability, Data, and Research reviews. Thus far, the agency has not been able to pull a report on academic information, and the CAPSS system does not have a report. Efforts to

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make CAPSS more useful were initiated in 2012 and continued in 2013. The school system will assist the agency with a report in FFY 2013.

To minimize the educational disruption of the child entering foster care, efforts are made to allow the child to remain in the same school district and connected to the home community whenever possible. The SC Foster Care Manual Section 819.01.01, Item 1: Proximity of Placement to Child's Home Community requires educational stability at the time of each placement change. For the purpose of meeting the requirement of close proximity of placement:

- At the time of entry, proximity of placement refers to placement of the child within the child's home community or school attendance zone.
- For subsequent placement changes, the placement should be close enough to maintain the contacts needed to achieve the permanency plan, to promote continuity of family relationships, including relationships with siblings as long as the child's safety is not threatened and is in the child's best interest, and to promote educational stability.

The child's educational stability plan includes determining the appropriate educational setting needed by the child and exploring options, such as arranging for reasonable transportation so that changing schools is not necessary unless there are safety concerns for the child or a change in school is in the child's best interest.

There may be factors that limit the agency's capacity to avoid having the child change schools. These include the availability of appropriate foster care placements (geographic proximity to school of origin); funding for transportation if foster care placement is in a new school district; and the behavioral/disciplinary history of the child vis-à-vis schools. Note: SC law provides that children in foster care do not have to change schools at entry or after placement change if transportation can be arranged. Funding to pay for transportation is contingent upon availability of funds.

If placement change must be made, every effort is made to maintain the child in the same school. An educational stability plan is explored and developed as needed. It is documented that efforts are made to prevent the child from changing schools. If the child cannot remain in the same school the child attended at the time of removal or at a subsequent placement change, staff immediately shares necessity for school change with the foster child and arranges for the child's school enrollment and the school records to be transferred to the appropriate school for the child's current placement. An educational stability plan also includes actions to address the child who is not attending elementary or secondary school as required by state law, unless the child is incapable of attending school due to a documented medical condition.

Issues/concerns associated with the child's educational needs, including educational stability, are addressed in the education domain of the child's assessment and case plan (DSS 30321). If concerns regarding an educational stability plan are addressed in a domain other than the education domain of the child's plan, there must be a clear indication in the plan that addressing the concern also promotes educational stability as per federal requirements.

In FFY 2013, the agency expanded its field of vision concerning education in pre-school years. Particular new foci included early childhood development, the effects of trauma on early childhood development, and school readiness. Efforts were taken to expand the number of children ages 0-5 who are enrolled in high-quality childcare.

\*School-age is defined as ages 5 through 18, inclusive.

\*\*High quality is defined as child care providers licensed by the state's child care licensing agency at 'B' level or higher or Head Start/Early Head Start.

### Permanency Roundtables

The last CFSR, the state's quality assurance reviews and the state's data indicated that the state was not meeting the guidelines for permanency within established timeframes. In the last CFSR, it was noted that SC did not always



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work on a concurrent plan simultaneously. Although the child's file indicated a concurrent plan, it appeared the agency completed all attempts at one plan prior to initiation of action steps for the concurrent plan.

The National Resource Center for Permanency and Family Connections (NRC-PFC) assisted the innovation county of Spartanburg with guidance and direction on concurrent planning in March 2011. Data analysis and reviews focused on the implementation of both plans and help to identify areas where additional attention was needed for improvement.

Concurrent planning was incorporated into the state's original CFSR PIP. The state completed the first action step related to concurrent planning: *evaluating practice and policy with assistance from the NRC Judicial and Legal and Permanency and Fostering Connections specifically on operationalizing concurrent planning in order to quickly assess the permanency goal for the children in foster care to include reunification and adoption as a permanent goal in Spartanburg County.*

In January 2012, the PIP strategy to improve permanency was renegotiated in an effort to expedite permanency and have a more quantitative as well as qualitative outcome. The strategy changed from working with the court system on concurrent planning to the utilization of the Casey Family Programs Permanency Roundtable (PRT) process to identify the appropriate permanency goal and remove barriers to achieving positive permanency. Spartanburg served as the lead innovation county for this PIP strategy.

### Background

SC Department of Social Services (DSS) is using the Casey Family Programs (CFP) Permanency Roundtable process to address the need to expedite permanency for children, establish appropriate permanency goals and address barriers to permanency. The purpose of permanency roundtables is three-fold:

1. To develop a permanent plan and concurrent plan for each child/youth that can realistically be implemented over the next six months;
2. To stimulate thinking and learning about pathways to permanency for these and other children (including thinking "outside the box" to identify potential family connections for children who have lingered in the SCDSS system); and
3. To identify and address barriers to permanency through professional development, policy change, resource development, and the engagement of system partners.

The permanency roundtable is a structured, professional case consultation that provides support to the caseworker while taking an in-depth look at the child's situation. This structure includes a welcome and overview, an oral case presentation, clarification and exploration (question and answer), brainstorming, creating a permanency action plan, and a debriefing. The permanency roundtable is a professional case consultation that provides support to the caseworker while taking an in-depth look at the child's situation by applying the following five questions:

- (1) What will it take for this child to achieve permanency?
- (2) What can we do that has been tried successfully before?
- (3) What can we do that has never been tried?
- (4) What can we do concurrently to help this child achieve permanency?
- (5) How can we engage the child in permanency planning?

Each master practitioner assigned to a PRT follows up with the case manager to ensure that the plans and goals established in the PRT are being implemented and to act as a barrier-buster when there appears to be a delay in the implementation. The master practitioner serves as an ongoing consultant to the foster care worker who knows the PRT recommendations and ensures the worker knows how to implement the plan, monitors for barriers, and attempts to assist the worker in overcoming those barriers to achieve the desired outcome. Additionally, master practitioners assist in monitoring the PRT progress and documenting outcomes.

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Another goal of the PRT is to establish a broader understanding of the need for permanency and to help case managers “think outside the box” for identification of potential family connections for these children who have lingered in the SCDSS system. Concurrent planning will be considered for every child’s plan.

In 2011, five counties with the largest number of children in care for 17 months<sup>1</sup> were initially selected to participate in the permanency roundtable process, including PIP innovation counties Spartanburg and Greenville. These counties were initially trained by Casey Family Programs (CFP) on the concepts and aspects of permanency roundtables. Twenty-eight staff members were trained in Spartanburg; the training also included staff from PIP innovation counties Greenville and Oconee, and Adoption staff. Training focused specifically on the purpose of the PRT and the roles and responsibilities PRT team members in the development of an effective Permanency Action Plan for each child. Master practitioners, facilitators, and “barrier busters” were identified from among the participants, and permanency consultants from CFP were available to provide external consultation. This preparation was essential for the supervisors and staff who participated in PRTs.

### **Incorporation of PRTs into the CFSR PIP**

Based on the initial success of the PRT, a PRT strategy was subsequently incorporated into the state’s CFSR PIP. As part of the PIP, permanency roundtables are being used to assist the state in meeting permanency and well-being goals. As lead innovation county in this area, Spartanburg developed criteria for prioritizing children for permanency roundtables (PRTs) as follows:

- 1) Children with APPLA as a permanency goal
- 2) Children in care more than 12 months
- 3) Children in care for 12-17 months with a permanency goal of adoption but no identified adoptive family
- 4) Children in care more than 17 months with a plan of reunification
- 5) Children in care more than 17 months with a permanency goal of adoption but no identified permanency resource

It was determined that progress will be measured by the length of time a child remains in the foster care system without a permanent legal family or connection to a significant adult in their lives willing to commit to the youth into adulthood. Data will be monitored monthly, and Casey Family Programs will continue to act as a consultant on PRTs. The greatest need is the ongoing role and support for the master practitioner to assist in the follow-up of the action plan steps.

Under the PIP, permanency roundtables were rollout sequentially in 2012 in Greenville, Oconee, and Aiken Counties using the above-described priorities. The counties conducted PRT’s on a monthly basis. One of the performance coaches was responsible for tracking the number of PRT and the outcomes. Roundtables are labor intensive, so having outside staff for each roundtable was a challenge. Greenville and Spartanburg counties are adjacent to each other, and started working together to supply teams for roundtables. In addition, Casey Family Programs (CFP), provided a training of trainers July 26-27, 2012, for SCDSS staff and partner training staff from University of South Carolina. In all, 12 staff were trained. These staff will be utilized to provide training to other regions as PRT are rolling out through the end of FFY 2013 and into FFY 2014.

With the planned rollout of permanency roundtables statewide, training has begun in each region and will continue through FFY 2013. There were trainings in Charleston January 17-18; April 4, 5, and 8 in Aiken; April 18-19 in Greenville; April 29-30 in Florence; and May 2-3 in Columbia. Anderson County conducted PRTs on January 14, February 11, and March 11; Spartanburg and Greenville had PRTS on January 17 and February 13. Aiken conducted PRTs March 5-6; Oconee combined two PRTs with the Foster Care Review Board on February 20 and March 20 and had a PRT on May 15. (CFP) consultants supported PRTs for Region III on April 9-12. These PRTs

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<sup>1</sup> Anderson, Greenville, Horry, Richland, and Spartanburg

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were for both Charleston and other counties in the region plus Intensive Foster Care. In all, 45 PRTs were conducted in Region III. CFP planned to support follow-up to these PRTs the week of June 24. Three experienced performance coaches, along with a CFP consultant, planned to review the PRT action steps to see if they were completed and if the cases were closer to permanency. Training and rollout of PRTs will continue in the other regions.

### Child Protective Services to Children in a Child Care Facility

Out-of-Home Abuse and Neglect (OHAN) investigations are done when a child protective services report has been made for a child in a child care facility, residential facility or foster home. During FFY 2013, the Citizens Review Panel and SCDSS have continued to work closely in discussing and improving all areas of the OHAN process. Every effort is being made to ensure that all children in every facility are safe and that the quality of investigations continues to improve. SCDSS continues to have the following goals for OHAN, to:

- Improve quality of Out-of-Home Abuse and Neglect (OHAN) investigations (the investigation of child abuse neglect of a child in a child care facility, residential facility, or foster home).
- Improve quality of the communication between OHAN division and the other divisions of the agency, i.e., the Licensing, Regulatory, and Foster Care Units of the agency.
- Ensure that all children in a facility are safe and that not only is the incident of abuse to the victim child evaluated, but also in every incident of a report on a facility, all children's safety in the setting is assessed for similar abuse or neglect.

Although great strides have been made, the Citizens Review Panel and SCDSS continue to address the number of reports of child abuse or neglect in either the group home facilities or in foster homes. The quality of the investigation and the number of screened out reports were higher than the average of screen-outs in general CPS intake, and the percentage of unfounded reports continue to be of concern. Through assessment and collaborative efforts, SCDSS has evaluated the policy and has rewritten it. Policy revisions have been completed and went into effect on November 29, 2012. Training is currently being developed and will be delivered to all staff at the end of FFY 2013 and through FFY 2014 to ensure appropriate implementation.

The rates showed a need for policy and communication changes regarding OHAN intake rates and indication rates and lack of communication in the past between divisions and the community. Thus, emphasis continues to be placed on the importance of communication to ensure all children in the facility, not only the victim child, are safe. Additionally, regulatory issues and corrective action plans are being closely monitored and all parties are made aware of the issues to assist in assuring that the children are safe. During the remainder of FFY 2013 and in FFY 2014, trainings will be enhanced in collaboration with the Children's Law Center and Cornell University to deliver statewide trainings on the out-of-home abuse investigation process and specialized trainings for investigative staff in the areas of therapeutic crisis intervention and the use of therapeutic holds in group home settings.

The Out of Home Abuse and Neglect Unit (OHAN) has continued to work with all SCDSS staff to assure that information is shared concerning the safety of children in foster homes, group home settings, and child caring institutions. OHAN have continued to work with the county and regional offices to assure that a staff person who is not familiar with a family or facility is assigned to conduct OHAN investigations. While the investigation does need to be done in an impartial setting, it cannot be done without the input from licensing or case managers for the victim child.

Communication guidelines continue to be addressed, not only in written policy, which was completed in late 2012, but in collaborative contacts within and between agency divisions and community resources. The partnership with the Palmetto Association for Children and Families and the Citizen Review Panel (CRP) has continued as OHAN policies and processes are put into practice. The OHAN managers continue to meet with the CRP and discuss practice issues to assure that safety of all children remains at the center of the process. The Accountability, Data, and Research (ADR) staff have not integrated the OHAN cases into the QA review process. Monitoring of the findings of

abuse or neglect will continue through the CAPSS system and through collaborative meetings with the Palmetto Association for Children and Families and the Citizens Review Panel.

Additionally, OHAN now has access to the names of children in foster homes/ relatives homes or group homes that have been placed in SC through the Interstate Compact on the Placement of Children (ICPC). This ensures that, for any child in the custody of another jurisdiction but placed in a SC foster home (relative or non-relative) or group care facility, the placing state will be contacted and the custodial agency made aware if any additional maltreatment has occurred. This alerts the other state to any increased need for monitoring or decision-making regarding the child's continuation in the placement.

Although constant attention to maltreatment is needed, based on SC's continuous improvement efforts, SCDSS, in partnership with the Citizen Review Panel (CRP), was honored to present jointly at the National Citizen Review Panel Conference in Washington DC in April 2012. The CRP and SCDSS were asked to present again on a national CRP webinar so that more of the states could hear about the work being done in SC. The presentation identified best practices in working together to impact repeat maltreatment and SC efforts regarding OHAN practice, policy, and the MOU which was signed in 2012. Additionally, SCDSS participated in the Fall Retreat of the Citizens Review Panel in Columbia during October 2012 that included updates from all three panels and their plans going forward. The SCDSS Child Welfare director was the keynote speaker and representation from the OHAN and regulatory areas were in attendance.

## Adoption and Post-Adoption Services

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### Adoption Services (Adoption Promotion, Support and Post-Adoption Services)

Adoption services are provided to children in the custody of the state that are in need of permanence through adoption, to adoptive families during and after finalization of an adoption, as well as to birth parents who wish to make a voluntary plan for their child. The agency continues to implement a number of program enhancements in the provision of adoption services to children in need of permanence through adoption, to adoptive families during and after finalization of an adoption, as well as to birth parents who wish to make a voluntary plan for their child. Adoption workers are located in six regional offices to concentrate on adoption activities for all counties. These staff respond to and provide services to birth families who wish to make an adoption plan for their children; prepare children for the adoption experience; recruit and prepare adoptive families; and provide pre-placement, placement and post-placement adoption services to families and their children.

The service delivery between the county foster care units and the regional adoption offices is coordinated by holding regularly scheduled staffings. The 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 staffings are 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 appears to be failing to meet the treatment plan, adoption services will begin. Adoptions will simultaneously work 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 services staff and the county foster care staff are working as a team to provide services to the family and child to ensure permanency (enduring safety). Concurrent planning also includes an assessment of the child's therapeutic needs, and if indicated, the child may also receive intensive foster care and clinical services.

The agency provides 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 plan that would bring these children to permanence. Medicaid coverage for all children eligible for adoption assistance is provided. The Medicaid coverage is dependent on applicable state policy and the special

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needs of the child. Services such as medical, psychological, and psychiatric services (including counseling, residential and hospitalization services) are available to support the adoptive placement.

SCDSS provides post-legal adoption services to families who have adopted children from the foster care system. The service array may include internal referrals for FGC and external referral for services provided by private therapists, group support; private agencies, Children Unlimited for teen retreats, and education and support to families. Payment for out-of-home therapeutic treatment may be offered if needed. The state will offer voluntary case management services to post-legal families as well as families working with a child with therapeutic needs while in a pre-adoptive placement agreement.

The goal of the adoption program is safe and thriving children with a lifelong family as soon as possible. The objective was to achieve finalized adoptions for 50% of the children (799 children) that had been in care the longest by June 30, 2012. This goal was exceeded, with 834 finalized adoptions in SFY 2012. This goal will continue in FFY 2013. Additional goals have been set for FFY 2013 including:

1. Improve child safety by increasing the quality of the decisions that control safety and manage risk ("Item 4 in QA Reviews") from the statewide baseline of 64.7% to 75% by December 31, 2013.
2. Finalize adoptions by December 31, 2013 for 43% of all children in foster care on January 1, 2013 who were already legally free for adoption or are soon to be legally free for adoption; specifically, finalize adoptions for 423 foster children by December 31, 2013.
3. Achieve positive permanency or secure a pre-adoptive placement for 25% of all children in foster care on January 1, 2013 who are age 13 to 17 and have been waiting 24 months or longer.

*Some program activities for this fiscal year included:*

SCDSS continued to work with the Court Administration to strengthen the courts ability to support the adoption efforts of the agency. There were an increased number of Adoption Days in the state to achieve the objectives. Adoption Days are those days that the court gives the agency to use specifically to complete finalized adoptions.

The program received support from the Casey Foundation as part of the overall human services program through facilitation of several P2 and P3, Permanency Roundtables, Documentation Roundtables and Safety Roundtables.

Continued to work with all community partners to improve adoptive parent recruitment as well as push the agency to achieve needed program improvements. The main partners have been the Heartfelt Calling (state Foster Parents Association), Wendy's Wonderful Kids, the Foster Care Review Board, including the Heart Gallery, and the Association of Group Homes.

By initiating services earlier in the process for children with a plan of adoption or a concurrent plan of adoption, adoption services expanded service delivery throughout the state. The agency also began to streamline the process and expedite the legal steps for children to become free for adoption. This meant that adoption staff had to manage their time to provide services to more children and this has created a shift to a more efficient approach to service delivery. Although there is much more work to be completed on service delivery and concurrent planning throughout the state, major headway has been made in increasing the agency's ability to assure that all children have a forever family that is safe.

### Adoption Subsidy Assistance

Adoption assistance is available to all children who meet state or federal eligibility requirements. The agency continues to adhere to the requirements that are outlined in the state policy for the Adoption Assistance Program.

Services provided:

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- Assistance to regional adoption offices in preparing and submitting adoption assistance financial folders to the state office for a subsidy determination.
- Onsite technical assistance to regional adoption office staff.
- Determination of IV-E or State Supplemental Benefits Adoption Subsidy Assistance for each child with an open adoption file.
- Verifying Adoption Subsidy Agreements for payment and processing for payment.
- Compile complete financial files for each child when the adoption is finalized, storing them in state office.
- Preparing financial files for microfilming when children have reached 21 years of age.
- Processing payment of non-recurring costs and medical subsidy to qualifying adoptive families.
- Letters to adoptive families of children turning 18 years old notifying them of termination of IV-E or State Supplemental Benefits Adoption Assistance pending receipt of qualifying documentation to continue subsidy to a maximum of 21 years old.
- Respond to questions from adoptive parents concerning adoption subsidy payments.
- Monitoring out-of-home placements when child is receiving an adoption subsidy payment to ensure compliance with adoption subsidy regulations.
- Assisting adoptive families moving into and out of SC in establishing Medicaid (ICAMA).
- Assisting regional offices in obtaining Medicaid for children being placed out-of-state.

The Adoption Subsidy Assistance unit strives to:

- Provide Adoption Subsidy Assistance determinations to regional adoption offices in a timely manner to enable adoptive placements when available.
- Verify and process adoption subsidy agreements for payment to adoptive families to be received in the month following placement.
- Provide assistance to parents and agency staff in a timely manner in regard to their questions about monthly subsidy and medical subsidy.
- Process medical subsidy reimbursement requests in a timely manner.
- Make sure that all adoption subsidy payments are in compliance with the applicable regulations.
- Obtain necessary documentation from adoptive families, regional offices, and other agencies, and submit to the appropriate state agency to establish Medicaid for the child.

While there is no expected expansion of services, population served, or area served, the monitoring of Regional Adoption Offices' financial files submitted and technical assistance training will be ongoing. The unit will continue through FFY 2013 to strive for improvement in the preparation and submission of financial files arriving at the Adoption Unit with the necessary and appropriate documentation. Additionally, the unit is in the process of developing a SharePoint site for the Adoption Subsidy Program. This will eliminate paper files and streamline the subsidy determination process while fostering a positive working collaboration between state office and regional Adoption Staff. Revisions in the CAPSS, Adoptive Services Program area, Title IV-E Adoption Subsidy, Funding Eligibility Determination mode are still being made to automate the Adoption Subsidy Program workflow processes and to collect data in compliance to federal guidelines.

### Adoption Tax Credit

All persons who adopt a child from state custody and qualified persons who adopt a child through a private action or agency are mailed a letter informing the parent of both the federal adoption tax credit and the state tax deduction. The letter is sent to the parent after the adoption is finalized. The appropriate regional adoption office mails letters for agency adoptions, and the state office mails letters to private adoptions. This process will continue through FFY 2013.

However, there were some changes to the way that the federal Adoption Tax Credit can be applied for tax year 2012. The Adoption Tax Credit that was set to expire at the end of 2012 is now a permanent credit. The tax credit allows adoptive parents of children from foster care to reduce the amount they owe in federal income taxes. In the case of an adoption of a U.S. child that a state has determined has special needs, the adoptive parent may be

eligible for the maximum amount of credit even if they paid no qualified adoption expenses. An adoptive family can apply this credit toward their federal tax liability, meaning it can reduce what they owe in federal income taxes for the year. Effective 2012 it is not a refundable tax credit, and cannot increase the amount of the refund if the adoptive parent does not owe any federal income tax. Below is information from the IRS about filing for the credit this year:

- The credit is no longer a refundable credit. It can, however, reduce an individual's taxes by up to \$12,650. Any credit that exceeds what is owed may be carried forward.
- If the taxpayer's modified adjusted gross income (AGI) is more than \$189,710, their credit is reduced. If their modified AGI is \$229,710 or more, they cannot take the credit.
- Taxpayers who plan to claim the adoption credit will not be able to file their return until late February or early March. The IRS is still updating their computer systems due to the late legislation. An announcement will be placed on IRS.gov when the Service is able to process the form.
- The Form 1040 federal tax return and the Form 8839, Qualified Adoption Expenses, must still be mailed to the IRS. The Service was unable to convert the Form 8839 to an electronic format this year.

## CHILD AND FAMILY SERVICES PROGRAM IMPROVEMENT PLAN (PIP)

South Carolina successfully completed the second year of its Program Improvement Plan (PIP) in response to findings from the last federal Child and Family Services (CFSR) review. As previously reported the, agency chose four innovation counties to implement the state's PIP, which began February 1, 2011. The innovation counties are Greenville, Oconee, Aiken, and Spartanburg. (Greenville and Aiken counties had been selected for the onsite CFSR review.) Aiken, Oconee, and Spartanburg counties were chosen based on then-current child welfare staffing levels, strong leadership and experience of the county directors (all county directors have a long history and experience in child welfare), and the desire for system reform in child welfare. The counties selected represent a sample of small, medium, and large offices in both rural and urban communities. Greenville County is the largest metropolitan county in the state. Greenville was chosen in order to show continuous improvement in the largest metropolitan county.

South Carolina's continuing intent is to implement statewide the strategies and initiatives implemented during the PIP in the innovation counties. These strategies will also be implemented in conjunction with continuous quality improvement efforts already in process. South Carolina recognizes that true system improvement and reform can only be accomplished and sustained with efforts that extend beyond the two-year PIP implementation period.

Even though each innovation county served as the lead innovation county for a set of specific strategies to be implemented, each innovation county implemented all strategies over the course of the PIP. Once the strategies were refined in each of the innovation counties, those strategies were shared with all other counties for statewide implementation as a part of the state's continuous improvement plan. The following table shows the PIP improvement strategies that were assigned to each implementation county.

PIP Implementation Lead Innovation County Assignments	
Oconee	Improve the capacity of supervisors based on the SCCWS Practice Model for Child Welfare by way of coaching/mentoring competency through modeling to ensure that worker visitation with children includes an evaluation of educational, health, and mental health needs and services
Greenville	Improve the overall engagement of families in the child welfare process
Aiken	Improve the ability of staff to identify and critically assess the risk and safety of children

PIP Implementation Lead Innovation County Assignments	
Spartanburg	Improve the permanency outcomes of children in the foster care system

South Carolina's CFSR PIP included seven primary strategies and more than 60 specific action steps for implementing the above improvements. The state renegotiated one goal and several action step statements in the fourth quarter of the PIP. Following are the primary PIP strategies:

- Through coaching, mentoring and support, strengthen child welfare supervision capacity/ skills in Innovation counties.
- Strengthen risk and safety assessments and safety planning during intake, investigation and treatment through additional support and with other service providers in the innovation counties.
- Implement family engagement techniques and enhance the practice of family engagement through a multitude of intervention strategies, including, but not limited to, family meetings, team decision-making and Family Group Conference in the innovation counties.
- Expedite permanency for children by improving the timely decision-making to ensure that children have the appropriate permanent plan.
- Improve the placement stability for children through communication efforts and analysis of data.
- Enhance the continuity of family relationships and connections through intervention strategies to include collaboration with the Center for Fathers and Families.
- Utilize supervisors and data to ensure timeliness and notification and appropriate permanency plan.

In the fifth quarter of the PIP, the state achieved one of the nine negotiated outcome measures. In sixth quarter of the PIP, the state received mixed results on its quantitative measurement outcomes and did not achieve any of the remaining nine outcomes being measured as a part of the PIP. The state engaged in an intense study of these results, focusing primarily on the impact of the repeated review of cases and the 12-month sampling period. The state also received technical assistance from the Administration for Children and Families Children's Bureau.

As a result of this study and based upon the technical assistance the state received, the state took a number of actions to improve its quantitative measurement outcomes. The state received approval to change its sampling period from 12 months to three months. The state also received approval to eliminate cases from the universe using the case elimination protocol instead of eliminating from the sample selection. Additionally, the state eliminated regional adoption offices as a sample criterion.

In the seventh quarter of the PIP, which ended on October 31, 2012, the state observed marked improvement in its quantitative measurement percentages as a result of further implementation of practice improvements and the adjustments made to the QA process during the quarter. The state achieved four additional items, bringing the total number of items achieved to five out of nine by the end of the seventh quarter.

During the eighth quarter of the PIP, the state developed plans to roll out each of the major PIP strategies statewide. The state ended the eighth quarter of the PIP on January 31, 2013, having completed all remaining action steps. The state did not report achievement of any additional quantitative measurement percentages. However, in the ninth quarter, which ended on April 30, 2013, the state achieved all remaining outcomes of the PIP.

Leadership meetings with innovation county leaders offered opportunities to share lessons learned from their PIP strategy implementation efforts. Participants included county, regional and program administrators, along with state office program improvement and quality assurance staff and training, technical assistance and quality assurance partners. Additionally, the state's child welfare director and the Office of General Counsel Attorney assigned to the PIP conducted weekly conference calls with innovation county directors and staff to discuss progress and challenges in implementing strategies and action steps. Although the state has successfully completed all action steps and



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reported achievement of all measurement goals required by the PIP, the state remains engaged in the process of continuous quality improvement to enhance the delivery of child welfare services. The weekly calls have continued and have expanded to all counties across the state.

After the eighth quarter of the PIP, which ended January 31, 2013, South Carolina had completed, and the Children's Bureau had accepted as completed, all action steps for each of the seven PIP strategies.

### PIP Outcome Measures

The state worked with the Administration for Children and Families Children's Bureau to determine PIP outcome targets and the quality assurance (QA) review process to be used for measurement in the four innovation counties covered by the PIP. The outcome measure baselines were established by QA reviews conducted in the fourth quarter of the PIP. With the completion of the ninth quarter reviews, the state met all outcome targets; Children's Bureau acceptance of the final four outcome measures is pending. The following chart shows the outcome measure items, baselines, targets and results through the ninth quarter.

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 of reports of child maltreatment	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%

In addition to continuing to implement practice improvement strategies developed under the PIP, the state is working closely with its university partner in conducting quality assurance reviews and identifying areas in which practice may

be improved based on review findings; debriefings are conducted in the innovation counties following completion of reviews. (See Quality Assurance section for information on the review and feedback process.)

## COLLABORATION ACROSS THE CHILD WELFARE SYSTEM

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SCDSS continues 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. Following is a list of key stakeholders:

- 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
- (A) Child's Haven
- Children's Justice Act Task Force
- Children's Law Center, USC
- Children's Trust of South Carolina (CBCAP, EBHV, ACA MIEC HV 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

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Home Works of SX  
(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

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YMCA of Greenville

Agency and Tribal Connections – Catawba Indian Nation

Agency and Youth Connections – Youth Involvement Opportunities

Advisory Committees:

- Independent Living Advisory Committee
- The Youth Advisory Committee – GOALL (Go Out and Learn Life)
- SC Foster Parent Association
- The Center for Child and Family Studies (University of South Carolina)
- The Youth Leadership Development Institute—Columbia and Charleston Urban League

## APSR Collaboration

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Throughout the year, there are various meetings held to discuss the partners'/stakeholders' perspective on SCDSS accomplishments and areas needing improvement (e.g., Quarterly/Monthly Partners' Meetings, Foster Care Review Board Huddles, CRP meetings). These meetings provide for consistent feedback and input from partners and inform the documentation of progress in the yearly APSR. Meetings are held at various times pending availability, time, and location. The culminating forum that provides an opportunity for collaborative input is the annual joint planning meeting.

South Carolina actively engages partners and stakeholders across the spectrum of child welfare. Specific to the APSR, stakeholders were invited to participate in joint planning meetings and review draft documents. Last year, a joint planning meeting held on April 5, 2012, drew dozens of participants and featured presentations by key stakeholders/partners, including:

- Children's Trust of South Carolina
- Catawba Tribe
- Citizen Review Panels
- Foster Care Review Board
- South Carolina Association of Children's Homes and Family Services
- Court Improvement Project
- South Carolina Foster Parent Association
- Guardians ad Litem and Court-Appointed Special Advocates
- University of South Carolina

This year, a joint planning meeting was held on April 25, 2013 and included various stakeholders/partners to discuss progress made and items to be shared in the APSR. The joint planning meeting included:

- Children's Trust of South Carolina
- Citizen's Review Panel
- South Carolina Law Enforcement Division
- Parents Anonymous of South Carolina
- University of South Carolina Children's Law Center
- Foster Care Review Board
- University of South Carolina Child and Family Studies
- South Carolina Department of Social Services Internal Divisions
  - Division of Accountability, Data and Research
  - Division of Information and Technology
  - Office of General Counsel
  - Division of Investigations
  - Division of Finance

During this meeting, 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.

### Prevention Collaboration

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#### Children's Trust of South Carolina

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.

Preventive services for child abuse and neglect are critical to the agency's goal to reduce the number of children who are abused or neglected in SC and to ensure that recurrence of abuse is minimal and that the state meets the national standard for repeat maltreatment.

SCDSS and Children's Trust of South Carolina have worked collaboratively for the past 11 years to promote awareness during Child Abuse Prevention Month. SCDSS and Children's Trust will continue their collaboration to promote awareness during Child Abuse Prevention Month and throughout the year. CAPTA funds will be leveraged with other funds at Children's Trust to support 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.

Children's Trust also assisted in 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* 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 is offered by SCDSS, Children's Trust, Children's Law Center, Foster Parent Association and Children Come First. These public and private organizations work 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. Children's Trust has a website, active social media presence, and blog that are used for statewide outreach to multiple audiences. It also publishes a well-received policy newsletter at least every two weeks.

Each year, SCDSS and Children's Trust conduct the "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. Additionally, Children's Trust planned to build on an inaugural pinwheel city model in Greenville County and expand to a second metro area. Children's Trust will assist grass-roots community organizers in finding and promoting multiple pinwheel gardens, promote local organizations working within the protective factor framework, host a media event around the planting of pinwheels, and seek local government support through proclamations. Children's Trust will also offer 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.

### Baby Net/First Steps

BabyNet is South Carolina's early intervention system under Part C of the Individuals with Disabilities Education Act, 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. As part of ongoing collaboration with First Steps regarding the implementation of IDEA Part C and CAPTA, state-level CPS, DDSN, DOE, DHEC, the South Carolina School for the Deaf and the Blind and BabyNet state staff meet quarterly to discuss issues and concerns regarding communication and collaboration. These meetings provide an opportunity to discuss overall management concerns from county offices regarding the referral and service delivery system. In addition, the local BabyNet System Point of Entry offices communicate regularly with County SCDSS staff to discuss issues relating to specific cases and service delivery barriers.

### Intervention Collaboration

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SCDSS collaborates with partners and providers to address systemic issues of client service needs, practice issues, and availability of services among the providers and SCDSS at the state and local level. There is also collaboration to address individual client needs.

#### CPS Collaboration

**Partner Meetings:** Regular meetings are held to address systemic issues. Participants include Department of Mental Health, Department of Health and Environmental Control, Department of Disabilities and Special Needs, Court Administration, and Department of Alcohol and Other Drug Abuse Services, Guardian ad Litem/Court-Appointed Special Advocate, the Foster Care Review Board, the SC Foster Parent Association, private organizations, LIPPS providers, and public services providers to include members of the Palmetto Association of Children's Homes and Family Services.

**Safety Roundtables with Casey Family Programs** SCDSS has collaborated with Casey Family Programs to train, support and coach staff in successfully conducting safety roundtables. Safety roundtables are a supportive process to enhance case staffings. A plan of action is developed for each case to ensure the safety of the children and to assess their continued risk and need for services.

**Trauma-Informed Initiative:** SCDSS is also active with Project BEST, a trauma informed initiative that has created an extensive infrastructure throughout SC training clinicians in trauma focused cognitive behavioral therapy and SCDSS staff as brokers to ensure that children involved in the child welfare system receive evidenced based treatment services designed to assist them and their caregivers in their healing and recovery from the traumatic events that brought them to the attention of child protection.

**P2 and P3:** SCDSS is continuing to collaborate with Casey Family Programs (CFP). CFP has provided funding and logistical assistance for Palmetto Power (P2) and Provider Palmetto Power (P3) meetings. SCDSS hosted the P2 meetings; and the Palmetto Association for Children and Families hosted P3 meetings. The expectation at each meeting was 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. Opportunities for localized discussions were also provided to give attendees a chance to meet and begin the collaboration process.

**Advocacy from SC Network of Children's Advocacy Centers:**

Local SCDSS offices use the services of the SC Network of Children's Advocacy Centers (the Network) in their areas to assist in the forensic interviewing of child victims particularly in sexual abuse cases, although they can assist in any case. The coordinated investigations and interviewing of victims enhances the quality of sex abuse, serious physical abuse, or physical neglect investigations. Using the child advocacy center opens the door for rich collaboration in staffing through the multidisciplinary staffings.

The network works collaboratively with the South Carolina Children's Hospital Collaborative to implement the Child Abuse and Neglect Medical Response System, which provides and coordinates medical resources statewide for response to victims of child maltreatment. The increased visibility and utilization of Children's Advocacy Centers has led to more fully coordinated investigations, with a reduction of the number of interviews children must experience and, ultimately, to improved outcomes for child victims.

Under state statute, the South Carolina Network of Children's Advocacy Centers (the Network) has codified the standards established by the National Children's Alliance. The SC Network of Children's Advocacy Centers is an accredited chapter of the national network. In addition to CAPTA funds that support the work of Children's Advocacy Centers in SC, the CAC network is supported by the South Carolina Children's Justice Act Task Force and grant funds as described in the report of the CJA Task Force. This joint funding and mutual support of the CAC network goes toward improving and enhancing the investigations of child abuse and neglect in South Carolina. The South Carolina Network of Children's Advocacy Centers is a non-profit corporation. 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 18 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.

**Policy, Legislation, Training from Palmetto Association of Children and Families:** The Palmetto Association for Children and Families. This partnership with SCDSS 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. Organizations and the agency are jointly developing strategies to create and fund an array of services that strengthens families and all organizations that work with foster children. Most, if not all, providers offer some type of service to families through charitable donations or as a qualified provider of Medicaid-reimbursable rehabilitative behavior health services. The members coordinate local safety net services in the counties where services are provided. The organization was a key partner in the implementation of SC Connecting 4 Kids ACF grant, which ended September 29, 2012.

The association continues to provide training to enhance the ability of staff to provide informed services to children. Through this partnership, the association coordinated regional forums for providers, SCDSS employees, and other stakeholders in the child welfare system. The trainings, jointly sponsored by the Palmetto Association for Children and Families 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. Five regional P3s were held in SFY 12-13, with two "A Closer Look" meetings conducted as a predicate to the P3. In addition, a P3 Wrap-Up has just been concluded, where all participants in the "A Closer Look" meetings came together to articulate their respective regional outcomes after this exercise. The objectives for these meetings:

- To create an experience in which we could discuss issues impacting quality of work more locally. Part of discovery and learning what works and what doesn't. While the first meetings/training in SFY 2011-2012 were a good start, more interactive experience at the local level is needed;
- To think about how legal staff might interact later with group;
- To discuss case mistakes and cases that went well;
- To create understanding of trends and how reflected in larger data patterns;

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- To learn the reason that local leadership is handling cases the way they are;
- 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;
- To discuss how is permanency enhanced when child is not acting out in school.

**Parents Anonymous:** SCDSS continues to grow the success of the Parent's 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 measurably 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 are proven to significantly reduce the incidence of child maltreatment. Along with caregiver support, the majority of the parental support programs have 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.

The PASC programs are utilized by SCDSS caseworkers as a part of a comprehensive treatment plan along with more clinical services. Additionally, many referrals into PASC programs come from 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. Referrals from SCDSS to Parenting Support Programs across the state are increasing significantly. Between July and the end of November 2012 there were 94 referrals. From December 2012 through March 2013 there were 237 referrals. Additionally, PASC celebrated Parent Leadership Month in February 2013 and funded five regional conferences across the state attended by close to 700 parents and children. All conference attendees were trained on the importance of parent advocacy for improved outcomes for all children.

PASC programs are expanding and are now located in six additional counties, which brings the total to more than 64 programs in 26 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 addition, PASC will continue to offer targeted support programs for parents with preteens/teens who are currently involved with the SC Department of Juvenile Justice in several counties.

### Family Group Conferencing Collaboration

One of the critical elements of a successful FGC initiative is for community agencies to participate and support families through services and resources. To accomplish this, SC Families First (SCFF) created and sought opportunities to educate stakeholders and key partners in the 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



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provided a revenue stream for these stakeholders to diversify their service array to include community-based, family-centered services. The intent is that providers will begin using 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:

- 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.
- SC Center for Fathers and Families – An MOU between SCDSS and the SC Center for Fathers and Families was developed to provide staff training and specific services to non-custodial parents through the Center's county-based fatherhood programs. SCFF took the lead in developing the father-friendly curriculum entitled *Engaging the Non-Custodial Father* and assisted in delivering the training to Greenville County. This initiative, along with specific services, will be implemented in all innovation counties. SCFF is an active member of the National Fathers in Child Welfare Network and participates on the planning committee.
- SCFF– 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 SCFF encouraging FGC to many of these families. Additionally, SCFF received a grant from the Greater Savannah River Community Foundation in partnership with Ashleigh Place Group Home to increase FGC for families in Allendale, Barnwell, and Bamberg Counties prior to the official rollout date for these counties.
- SCFF 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 around the state – 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 Catawba Nation to address First Nations children involved with SCDSS. 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 SCFF FGC coordinators to provide this service for all First Nation children referred to child protection.
- As of September 30, 2012, a total of 246 professionals representing 55 different agencies, schools, faith-based organizations, and service providers participated.

### OHAN (Out of Home Abuse and Neglect) Collaboration

There is ongoing collaboration among providers and stakeholders to ensure the safety of children in a residential facility, child care facility, or foster home. The Citizen Review Panel and the Palmetto Association for Children and Families have been instrumental in reviewing and commenting on draft policy and procedures for Out-of-Home Investigations. OHAN staff collaborates with the licensing and regulatory divisions of both SCDSS and DHEC on regulatory issues.

### Domestic Violence

#### Department of Education

A state statute, South Carolina School Code Section 59-1-475, states "The Department of Education and South Carolina Coalition Against Domestic Violence and Sexual Assault, with the review and approval of the Department of Social Services, shall develop guidelines and materials for continuing education concerning domestic and family violence..." SCDSS worked to bring the Department of Education (DOE) and the South Carolina Coalition Against Domestic Violence and Sexual Assault (the Coalition) together to create the "Teacher Education Training Project". SCDSS was already providing training to all licensed daycare operators throughout the state about how to recognize and assist children who witness domestic violence. The Coalition is a professional agency representing 12 domestic violence providers and 16 sexual assault organizations. SCDSS researched several curricula and presented them at a group meeting. The curricula will be used to train teachers and staff at the following educational stages: early childhood, elementary school, middle school, and high school. Once the five curricula were selected by the group, SCDSS obtained copyright permission from each publisher. SCDSS then edited each publication to include SC domestic violence statistics, information, and resources.

The DOE provided funding to the Coalition to print and distribute the manuals to three shelters who volunteered to pilot the project in schools from the counties they serve. These three shelters are: Cumbee Center to Assist Abused Persons, My Sister's House, and Safe Harbor. Additionally, the Coalition gained financial assistance from The Verizon Wireless Foundation to help support the project. The pilot started in 2010 and will last two years. It is hoped that more funding will be available at the end of the pilot period. The Coalition is hoping to raise additional funding for the project. A press conference was held by the state superintendent, the SCDSS director, and the Coalition executive director to announce the start of the project.

Additionally, several DV shelter programs have their own programs designed to educate youth in the school systems about domestic/dating violence and healthy relationships. Schools contact the shelter program and invite them to speak to their students. Other DV shelter programs without a specific youth education program will also provide this same information to their local school systems when invited to speak.

SCDSS works closely with the Coalition. In collaboration and in contract with SCDSS, the Coalition provides regional trainings on domestic violence topics for SCDSS and operates and monitors the DV Liaison Project, which is a collaborative effort between SCDSS, the Coalition, and Domestic Violence Shelter Programs. This project pairs a domestic violence advocate from each shelter program with SCDSS, providing consistent opportunities for collaborative learning and assessment of programming.

SCDSS Domestic Violence Program staff have been attending the quarterly South Carolina Immigrant Victim Network (SCIVN) meetings for several years. 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, 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 are developed within this forum.

### Permanency Collaboration

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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.

## Systemic Issues Partner Meetings

- **Foster Care Review Board (FCRB)** collaboration occurs at the state and local levels. The executive director meets monthly with state-level SCDSS staff to discuss systemic issues or concerns (in conjunction with GAL and state foster parent association leaders). Additionally, similar meetings are held at the local level in an effort to resolve case-specific or local systematic issues. SCDSS consults 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. Local FCRB representatives meet at least quarterly with local SCDSS and GAL staff and Foster Parent Association representatives to discuss issues or concerns.
- **State Guardian ad Litem Program (GAL):** The GAL state coordinator meets monthly with state-level SCDSS staff to discuss issues or concerns (in conjunction with FCRB and FPA leaders) and provides feedback. Several GALs are chairpersons for local Citizen Review Panels (CRPs). SCDSS also consults with GAL program staff for their assistance and input on federal and state legislative issues. Local GAL staff meets at least quarterly with local SCDSS, FCRB, and FPA staff to discuss issues or concerns.

Specific practice areas of collaboration and the primary agencies involved follow:

- Family Finding: Courts, Seneca Family of Agencies, SC Connecting for Kids
- 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

## Family Finding Collaboration

- **Family Court:** Law enforcement, court administration, and private sector agencies have all assisted in the development of the Family Finding Plan. 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 Connection for Kids:** 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. 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. SCDSS gave the grant program staff access to Seneca Search to assist in locating potential connections. For information on this initiative, see SC Connecting for Kids in the Service Description Section.
- **Seneca Family of Agencies:** In January 2012, 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

SCDSS recruitment campaigns are developed and implemented to realistically target and serve the best interests of the children in the SCDSS system, among whom ethnic minorities are disproportionately represented. These

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demographics are 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. The families recruited are to reflect and respect the varied cultural values and experiences of SCDSS children. 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.

**Foster Care Review Board/The Heart Gallery:** 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 work with SCDSS Regional Adoption 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 will partner with the South Carolina Department of Social Services (DSS) 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 for the SCHG include enhanced targeted recruitment; family engagement; and enhanced coordination and communication with the newly appointed Statewide Adoptions Recruitment Coordinator and, participation in quarterly state Adoptions Partners collaborative meetings. (For additional information about the Foster Care Review Board's recruitment activities through the Heart Gallery, see the sub-section in this report regarding adoption collaboration.)

**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 have either gone to other organizations to find children or have given up and lost interest altogether. To address this concern, SCFPA developed its recruitment program, Heartfelt Calling. 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 has a significant role in turning inquiries into licensed resource/foster and/or adoptive homes. Therefore, 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 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.

Existing SCDSS materials may be used to inform potential resource and adoptive parents about the advantages and details of fostering and adoption, and SCFPA has developed additional brochures or pamphlets. As a part of the revised pre-service, SCFPA has developed an introductory video to resource parenting and adoption and to the training itself. The video is part of the packet sent out in appropriate situations and can get interested parties started at once on the requirements necessary for certification.

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Approaches include:

- **Internet.** Use of the Internet continues to grow significantly during each measuring period. It is both an extremely cost effective and capable approach through several avenues including websites, YouTube, and social media such as Facebook and LinkedIn. It is also important that Internet-savvy adoptive families are recruited so that the children they adopt are given the benefits of a major learning tool in today's world. SCFPA reaches out to prospective resource parents via the Internet with ten Internet advertisements.
- **Public Relations.** A statewide public relations campaign is being coordinated to reach the faith-based community as well as the business community. SCFPA is working to build relationships among churches, civic groups, corporations, and other bodies. As the current corporate climate is trending toward a "giving back" mentality, SCFPA capitalizes on that by enlightening these entities as to South Carolina's children in need—with concentration toward positive permanency for the children who fall within this category of need. A solid public relations campaign combined with a strategic Internet marketing plan will produce the greatest results in recruiting prospective resource parents.
- **Other Advertising Vehicles.** SCFPA is also using traditional media vehicles such as outdoor billboards and television and radio commercials as the budget permits and/or when suitable sponsors are identified. Much of the advertising overlaps through several media but is carefully coordinated to reach the areas of greatest need and to avoid duplication of expense and effort. A public relations professional oversees and manages this, under the aegis of the SCFPA. SCFPA may develop a bulletin for potential resource families that can be general and broad.
- **Child-Specific Targeted Adoption Recruitment** is SCFPA's initiative to find adoptive homes for children and youth who are already legally free for adoption. In some cases they are with foster families that might be interested in adoption if they could meet the requirements and be assured that they could provide for the children's needs.

Referrals are made by SCDSS Regional Adoption Offices to SCFPA. Names of children and youth cleared for adoption and the contact information for their current foster parents and workers are provided. SCFPA family services director (FSD), who is certified for and experienced in clinical supervision, is directly involved in this process. The FSD meets regularly with all regional adoption offices, is present during home visits, is on call for consultation for any situation of need on a daily and nightly basis, and coordinates all necessary interaction between parties to finalize adoptive homes at a faster pace for the benefit of these children. In addition, the FSD monitors the process and keeps records of their visits and progress.

Some current foster parents are leery of adopting the children and youth in their care, primarily because of behavioral problems and other special needs. The SCFPA and its FSD are acutely aware of the kinds of needs these children have and the difficulties caregivers face in meeting them, especially when considering the process of adopting them and providing stable, safe, and loving permanent homes. In working with these families, resources are identified or created where existing ones are inadequate and every effort is made to achieve and sustain adoptions on the part of existing foster families and other possible adoptive parents.

Foster parents and others who inquire about possible adoption but decide they cannot take this step are encouraged to serve as recruiters along with the SCFPA team. This occurs because they know the child and the community and many times can identify people in the child's life who are potential adoptive parents. Additionally, after a child or youth has left the foster homes, the foster parent(s) can remain an informal part of the child's family post-adoption.

Some children, especially teens, may not want to be adopted. Part of SCFPA's focus is to work directly with these youth to help them understand the advantages of adoption. This may require connecting them socially with others who have been adopted as teenagers so that they can hear positive stories. SCFPA may also develop materials that would appeal to young people, such as a video with music and stories about families

and adoption. To whatever extent possible, however, SCFPA uses any existing SCDSS materials that convey the message about supports for permanence.

- **SC Youth Advocate Program**

The SC Youth Advocate Program was awarded the recruitment contract for the Upstate Region as an extension of the SCFPS's recruitment efforts; three of the most populous counties in the state are in this region. 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 SYCAP are forwarded to SCFPA for entry into the central recruitment database.

### Permanency Roundtable Collaboration

SCDSS collaborates with Casey Family Programs in implementing the PRT process for children meeting specific criteria. The primary goals of the PRT are to expedite safe permanency for children and to increase staff skill development around expediting safe permanency. The key child outcomes include 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.

### Foster Care Review Board

The Foster Care Review Board (FCRB) provides case review services in accordance with all applicable federal and state laws, rules and regulations. In order to ensure state compliance for foster care, SCDSS contracts 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 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.

Additionally, as noted previously, the FCRB and SCDSS conduct "Huddles" meetings that bring county, IFCCS, Adoptions, and state-level SCDSS staff to the table with the FCRB staff to evaluate data related to permanence of children. Meetings focus on strengths, trends, challenges, and systemic barriers to the goal of "safe and thriving children with forever families sooner."

### SC Foster Parent Association

The SC Foster Parent Association (SCFPA) has a strong partnership with the State, developing and implementing many programs over the years, including the scholarship program, which provides several scholarships yearly for foster youth; coordination of a "buddy" system of support; and program support for county FPAs. Additional programs include Independent Living Showers, Pack a SACK, On the Road Again; Laptop Bundles, Striving for Excellence, Teen Recognition, Smart Summers, and participation on the Independent Living statewide advisory committee. Following are brief descriptions of these programs/initiatives that are intended to improve the safety, permanency, and well-being of South Carolina's children into the future. Additionally, the SCFPA has a leadership role in the development, coordination and delivery of training for foster parents and collaborates with SCDSS on the annual Independent Living Conference. (See detailed description in the foster parent recruitment section of this report.)

### Special Services/Initiatives from Hospitals: Medical University, Palmetto Richland and Palmetto Easley Hospitals

**Services for Medically Complex Children:** In partnership with the Medical University of South Carolina (MUSC) and Palmetto Health Richland and Palmetto Health Easley Hospitals, the agency secures 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 program serves as the medical home for these children. In addition, SCDSS contracts with these children's hospitals to provide specialized training to foster parents of medically fragile children. The specialty medical and developmental training, including pediatric CPR training, is made available to other foster parents as well.

**Columbia Urban League:** The Urban League collaborates with SCDSS in the coordination of the Youth Leadership Development Institute, a project undertaken to offer agency youth a curriculum encompassing summer employment, career counseling and individualized counseling, transportation, and a year round mentoring and tutoring program.

## Adoption Collaboration

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### South Carolina Heart Gallery

Hundreds of foster children in the custody of SCDSS are legally free for adoption. In a collaborative effort with the Foster Care Review Board to locate permanent adoptive homes, Heart Gallery photographers volunteer their time and talents to create unique portraits showcasing these children. The portraits are displayed at various locations around the state in order to raise public awareness. (For details on this collaboration, please see section on the Heart Gallery.)

### Inter-Country Adoptions

In order to adopt internationally, all of these 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 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. SCDSS reviews the home studies to see if South Carolina 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 will either participate in or provide 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) provides training to its members about inter-country adoptions, and ICPC staff participates as presenters in these workshops.

### Adoption Assistance Collaboration

USC Children's Law Center collaborated with the agency in providing technical assistance to regional adoption offices in FFY 2012 and this continues in FFY 2013 as needed. In 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 agency's Office of General Counsel helped to ensure that court orders filed in removal proceedings contain findings that are necessary to establish IV-E eligibility.

## Youth Collaboration

### Advisory Committees

The **Independent Living Advisory Committee** provides oversight, technical assistance, and guidance to the Independent Living Program. The composition of the committee currently consists of agency (administrative, supervisory and direct service) staff, university staff, Foster Parent Association, Association of Children's Homes and

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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 are addressed and supported across agencies, and program information is 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 Youth Advisory Committee – GOALL (Go Out and Learn Life)** consists of youth who are or have been in foster care who represent the voice of youth in care. This committee continues to provide the youth perspective on the foster care program, its impact on their lives and needed changes. GOALL assists in conference planning for the annual youth training as well participate in the panel discussions at a variety of professional events throughout the year. Recruitment for this panel is held during the spring of the year with the new board members being installed as of July 1 of each year.

**The SC NYTD Advisory Panel.** The National Youth in Transition Database (NYTD) is a federally-mandated data collection for the Chafee Foster Care Independence Program. This database is used to track the 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, provides advice about NYTD, the surveys, and IL services offered to youth in foster care. Members of the panel also have been 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 meets quarterly 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. Recruitment for this panel is held during the spring of the year with the new board members being installed as of July 1 of each year.

### **Youth Advisory Committees—Local Boards**

In addition to the State Youth Advisory Committee, there are several local youth advisory committees (sometimes referred to as youth associations, boards or youth groups). Of South Carolina's 46 counties, 22 are represented by youth advisory committees. These youth groups consist of 13 – 21 year old youth who are in foster care, and they function as liaisons between the youth in the counties and the county directors and supervisors. Members participate 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 Foster Parent Association** has a contractual agreement with the agency to provide household showers for youth who will be emancipated from the foster care system or who will be attending college. 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. This program continues to be extremely successful. During the period 2012-2013, the SCFPA has provided over 80 showers for youth either setting up an apartment or moving into a college dorm. In addition, the Foster Parent Association, along with the USC College of Social Work is assisting in the purchase of computers to be accessed by youth in foster homes in ten disadvantaged counties in South Carolina. Youth access to transportation was determined to be barrier for possible self-sufficiency (education and employment). The SCFPA developed the "On the Road Again" program to provide youth exiting foster care with automobiles. To date this program has awarded 43 cars to youth.

**Limestone College** has a multi-county youth association (Growing Up and Out), which meets on the Limestone campus with an average attendance at the monthly meetings of 20 – 30 youth from the counties of Darlington, Florence, Chesterfield, Lee, and Marlboro.

Independent Living staff continue to support youth in educational pursuits by providing information regarding available resources, educational advocacy such as services of Pro-Parents, coordinating educational activities with the SC Department of Education, local school districts, and the SC Commission on Higher Education.



## Collaboration with Courts

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SCDSS continues to recognize the need for enhanced collaboration with Court Administration. The Bench Bar Committee, Court Administration, SCDSS, and the Children's Law Center meet regularly to discuss common issues and to enhance practice and improve outcomes for children's cases involved in the legal system.

### A. Children's Law Center, School of Law, University of South Carolina

The Children's Law Center (CLC) of University of South Carolina has been an integral part of agency partnerships since its founding in 1995 as the Children' Law Office. 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 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 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. In addition, the SC Network of Children's Advocacy Centers, a state chapter of the National Children's Alliance, began as a sub-group of the task force and continues to be represented. The Children's Law Center provides office space for the Network as recommended by the task force. SCDSS child protection and foster care staff serve on the task force and incorporate recommendations into agency policy and practice.

### B. 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 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 continues to monitor the legal process of child protection cases and to make recommendations for its improvement.

The Bench-Bar Committee continually reviews implementation of the best legal practices, considering revisions as needed. The Family Court Bench Bar Committee previously developed these guidelines, with assistance from the CLC and in collaboration with the agency, the SC Guardian ad Litem Program, and the S.C. 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.

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The Bench-Bar Committee also provided consultation to the Children's Law Center in development of the Judges' Bench Book, an electronic resource guide for abuse and neglect hearings. 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. 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.

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.

### C. Court Improvement Program

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 (DSS) 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: 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.

#### Court Improvement Basic Grant - Court Liaison Program

The CLC utilizes CIP basic grant funds, in combination with funds provided by the agency, to implement the Court Liaison Program. The goals are to expedite the legal progressing of child protection and termination of parental rights cases, to reduce the number of delays in hearings, eliminate late hearings, and improve the system at both the case and systemic levels.

The duties and functions of the Court Liaison are as follow:

- Obtain docket from DSS
- Review court files
- Prepare information sheet for the judge (procedural history, as well as whom has been served and or notice of the hearings)
- Identify issues that might cause delays (service or notices to defendants, prior orders)
- Communicate with SCDSS staff to assist in resolution of any issue prior to the court hearing
- Observe court hearings
- Track the cases to identify any recurring issues
- Track cases with the PP of adoption and follow-up on filing of complaint and scheduling of hearing
- Prepare monthly reports on timeliness and reasons for delays
- Assess docket time available to DSS
- Record whether paternity or child support has been addressed
- Record whether ICWA and nationality issues are addressed early in the life of the legal case and if not remind SCDSS legal staff to address

Currently there are six court liaison positions filled and there are plans to fill positions in other counties and circuits in the state. The counties that have court liaisons are: Berkeley, Charleston, Cherokee, Florence, Marion, Richland, and Spartanburg. The short-term goal for 2013 is to add liaisons in the following counties: Dorchester, Horry, Darlington, Lexington, Laurens, and Greenville. The long-term goal is for a liaison to be assigned for each of the judicial circuits.

Accomplishments thus far this year include development of the tracking system, hiring and training staff, and assessment, in collaboration with SCDSS and Court Administration, of the items most critical for tracking.

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Systematic issues which were identified early in the process include the following: fathers being named as a defendant but not served with the pleadings, lack of due diligence to locate the absent parent, lack of sufficient court time for contested cases, and delays in attorney appointments.

The court liaisons provide SCDSS and the Court Administration with a monthly report regarding the number of hearings held, type of hearings, number of those hearings that are continued, and the reason for continuance. Another goal for the liaison is to be able to show how many cases should have been added to the docket for a review or permanency planning hearing but were not scheduled. The plan is to share this information with the county attorneys in sufficient time to add the cases to the docket in order to have the hearings meet the timelines, needed for IVE funding, and to ensure permanency for the children.

The Court Liaisons are also monitoring the Permanency Planning Orders and the plans for the children. If TPR and adoption becomes the plan for the child, the liaison will monitor to see if the TPR (Termination of Parental Rights) complaint is filed within the statutory time frame of 60 days. Additionally, if a child has a plan of APPLA (Another Permanent Planned Living Arrangement) these cases are also captured to assist the agency with assessing the frequency of the APPLA plans.

From May 2012 through April 2013, the court liaisons reviewed 4,967 hearings. Some of these hearings were in the history of the case that may have spanned back more than a few years. This review is done to provide judges with judicial procedural timelines and to provide the court with a snapshot history of the case.

Circuit	# of Hearings	# of Cases Closed	# of Children within Closed Cases	# of EPC	# of Merits	# of JR	# of PP	# of Motion	# of Cont'	# of Untimely
5	1392	51	96	216	470	206	455	45	375	191
7	1395	52	109	202	615	148	316	114	423	195
9	1437	24	50	264	519	253	290	111	405	349
12	741	39	65	121	204	91	316	9	104	71

Following is a sample month of reviews per county:

County	# of Hearings	# of Cases Closed	# of Children within Closed Cases	# of EPC	# of Merits	# of JR	# of PP	# of Motion	# of Cont'	# of Untimely
Berkeley	19			1	7	2	7	2	3	6
Charleston	87	3	6	11	38	17	16	5	16	12
Cherokee	15	2	2	2	6		2	5	3	4
Florence	22	4	8	3	2	7	9	1	3	1
Marion	12	4	6	3	3	2	2	2	1	3
Richland	94	17	39	18	37	25	13	1	11	27

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County	# of Hearings	# of Cases Closed	# of Children within Closed Cases	# of EPC	# of Merits	# of JR	# of PP	# of Motion	# of Cont'	# of Untimely
Spartanburg	63	2	5	4	23	12	9	15	13	8

Through this collaboration it is anticipated that the court liaison program will have a positive impact on the permanency of children in the state. In addition to the reviews and tracking, the liaisons will work with the Attorney Training Division of Children's Law Center. The liaisons will identify specific areas in which either the county attorney, caseworkers, GALs, or other participants need assistance. Through collaboration the training team and liaisons will provide the necessary assistance to make systematic improvements in practice. The Court Liaison Program will also report recurrent procedural issues to the Bench-Bar Committee to address broader systemic improvements.

### Court Improvement Training Grant

The training grant is used to provide training for four primary audiences: (1) family court judges; (2) volunteer guardians ad litem (GALs); (3) program attorneys for the GALs; and (4) defendants' (parents') attorneys. These groups were selected by the CIP project because they have particular training needs, require specialized methods of delivery, or are not part of an organizational structure with sufficient resources to address these needs. In addition to these primary target groups, court-related training activities under this project will support and be coordinated with the ongoing training of SCDSS attorneys, caseworkers, and foster parents utilizing funds from other sources.

The identified training topics are: timeliness of hearings (methods to decrease continuances, use of motions for vigorous advocacy, assessing special considerations that may delay permanency i.e. ICWA, MEPA, SIJS and paternity issues, expediting TPRs, court coordination protocol and concurrent protocol), achievement of positive permanence (three positive permanence outcomes, quality permanency planning hearings, identifying the appropriate use of an extension for reunification, role of the GAL in TPR proceedings, role of the GAL in permanency roundtables in certain counties and discussion of groups at high risk for unfavorable outcomes i.e. sibling groups), APPLA regarding its appropriate use and targeted case plans (matching services to the problems of removal, selecting service providers, monitoring results of intervention, translating goals into behavioral objectives, intervention for substance abuse, domestic abuse, and sexual abuse, family involvement with the development of the case plans, family group conferencing, and maintaining cultural connections).

At the request of the agency, the CLC has recently developed a series of county-based joint training sessions involving SCDSS caseworkers and attorneys, the GAL program and attorneys, and representatives of the Foster Care Review Board. The purpose of this training, entitled *Working Together to Achieve Positive Outcomes for Children*, is to clarify roles and responsibilities, and address issues that may lead to delays. CLC staff present a general overview of the duties of each organization, followed by local staff who present their perspective on county issues. Time is also provided for discussion to identify and resolve local concerns. The first session was held on April 5, 2013, in Greenville, with 40 participants. Additional sessions are scheduled beginning in May.

Since October 1, 2012, the following sessions were conducted for volunteer GALs:

- 10/4/12                      Greenwood County                      Pro-Active Role of GAL
- 10/16/12                     Laurens County                            TPR
- 10/17/12                     Edgefield/McCormick/Saluda            Pro-Active Role of GAL
- 10/23/12                     Aiken County                                Multicultural Issues
- 12/13/12                     Hampton County                            Pro-Active Role of GAL

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- 12/18/12 Laurens Educational Issues
- 12/19/12 Edgefield/McCormick/Saluda Educational Issues
- 3/20/13 Anderson Independent Living Services
- 3/27/13 Edgefield/McCormick/Saluda Confidentiality and legal update
- 4/11/13 Oconee Confidentiality and legal update

Additional training sessions for foster parents, GAL program attorneys, and parents' attorneys will be scheduled in the coming months.

## Other Collaboration

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### SC Citizen Review Panels

During the past year the SCCRP and SCDSS have continued to strengthen their collaborative work. 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 2012 has been on several project areas:

- Monitoring the implementation of revised SCDSS policies and practices regarding Out of Home Abuse and Neglect (OHAN). In 2011, the CRP worked closely with 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.

In addition to the projects above, there were several other collaborative efforts that occurred between the agency and the SCCRP. The following is an account of the activities from this year:

- June 8, SCCRP members participated in SCDSS Independent Living Conference participated on the *SC NYTD... Youth Speak, Adults Listen* listening panel.
- April 17, 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 SCDSS to improve out of home abuse and neglect investigative practices and highlighted the groups' collaborative work with SCDSS.
- August 23, 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.*
- October 2, 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.
- October 25<sup>th</sup>, the Citizen Review Panel held their annual Fall Retreat at the Lake House at Lake Carolina in Columbia. The SCDSS Child Welfare Director spoke to the group highlighting the joint panel and SCDSS projects.
- November 15<sup>th</sup>, the SC Citizen Review Panel provided comment on draft SCDSS Policy and Procedures regarding Chapter 8, Foster Care -§816, Clothing Allowance.

South Carolina has three panels: the Midlands CRP, the Low Country CRP, and the Upstate CRP. The panels are supported and facilitated through the agency's contract with the Center for Child and Family Studies within the College of Social Work at the University of South Carolina. In the coming year, emphasis will be placed on a variety of topics relating to the safety and well-being of children and expanding the membership base.

### Center for Child & Family Studies, College of Social Work, USC

DSS contracts 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 works closely with the Quality Assurance (QA) unit at SCDSS to conduct QA reviews. CCFS collaborates 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 are used, including face-to-face, videoconferencing, webinars, and online and blended courses. CCFS also provides logistical support for various SCDSS meetings and events such as the Foster Youth Graduation Celebration. CCFS provides interpretation and translation services and training through SCDSS HABLA and the Interpreter Qualification Project (IQP). A CCFS faculty member facilitates the youth advisory committee GOALL ("Go Out and Learn Life"), coordinating monthly meetings and managing specific tasks related to its program planning. This staff member works closely with the SCDSS Independent Living coordinator to identify opportunities for youth to have a voice in agency programs and planning. CCFS also provides facilitation services to enable the Citizens Review Panels to complete their work. CCFS assists SCDSS with the implementation of the federal NYTD data collection requirements.

### Child Fatality Review Teams/Health and Safety Councils

Local child fatality and near fatality review teams were established through a collaborative effort of the State Law Enforcement Division (SLED), the South Carolina Department of Social Services and the Department of Health and Environmental Control (DHEC). The State Child Fatality Advisory Committee has statewide impact, serving all citizens of South Carolina. The purpose of the Child Fatality Review Teams is to review deaths of children that occur in the county and identify trends and determine if there are lessons to be learned that might prevent future deaths of children.

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 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) is 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, is connected to the desire to improve the well-being of children who experience maltreatment and delinquency.

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. The findings presented in the report document the beginning of positive trends related to the Crossover Youth Practice Model. However, insight from one year of CYPM work is arguably too short to fully quantify the true impact on collaborative practice or individual outcomes.

### Law Enforcement Protocols

State statute requires that SCDSS and local law enforcement agencies collaborate to develop protocols to address at a minimum the sharing of information and communication between and among agencies, staffing of cases, and the development of procedures to handle removal of children and immediate placement when necessary.

### State Department of Mental Health

The purpose of the collaboration between SCDSS and Mental Health is to enhance services available to children and families by both agencies. To ensure efficiency and consistent sharing of information, there is co-location of DMH staff in several SCDSS county offices.

## TECHNICAL ASSISTANCE AND OTHER PROGRAM SUPPORT

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Training and technical assistance are an integral part of the operations at SCDSS. It is the belief of the agency that attracting and retaining a competent workforce requires a strong program support system.

### Updates to the Training Plan

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Nearly all of SCDSS child welfare training is provided by its university partner, the University of South Carolina (Center for Children and Families and Children's Law Center), and other contracted training providers, including the South Carolina Foster Parent Association, Richland County Court Appointed Special Advocate Program, Cass Elias McCarter Guardian ad Litem Program, Parents Anonymous of South Carolina, and Children's Trust of South Carolina.

Following are descriptions of accomplishments/training completed in FFY 2012 and the first half of FFY 2013 completed by USC and the SC Foster Parent Association.

#### University of South Carolina (USC)

South Carolina Department of Social Services contracts with two divisions of The University of South Carolina: The Center for Child and Family Studies (CCFS) and The Children's Law Center (CLC) to provide an array of educational and training opportunities relating to addressing issues of children and families across the state. Both organizations serve as experts in both development and delivery of specifically identified content areas.

In order to measure the effectiveness of various training programs, a variety of assessments have been developed. This includes written examinations, assessment activities during the trainings, as well as various surveys and participant evaluations.

#### USC School of Law Children's Law Center

##### Training in FFY 2012 (October 2011 – September 2012)

The University of South Carolina, School of Law, Children's Law Center (CLC) provides legal training services to the SCDSS for its children's services programs. The programs are offered throughout the regions and also offered to providers and outside stakeholders.

#### A. Training for County Casework Staff

##### **A. 1. Legal Component of Basic Caseworker Training / Mock Trial**

CLC provided the three-day legal component of initial caseworker training which includes a didactic segment on the family court system and mock hearings in which participants testify and are cross-examined. Training topics include evidence, child protection hearings, termination of parental rights, and courtroom appearance. After testifying, participants receive feedback on their performance and are given a DVD of their testimony. The training is conducted in small groups to allow participants to testify and receive

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individual feedback. A retired family court judge and CLC attorneys, who perform the roles of SCDSS attorney and parents' attorney, comprised the training team for each mock trial.

November 16-18, 2011	Columbia	9 participants
April 11-13, 2012		27 participants
June 26-28, 2012		24 participants
July 30 – August 1, 2012		18 participants
September 10-12, 2012		22 participants

### A. 2. Physical Abuse Investigation Training

This training for assessment workers covers the nuts and bolts of investigating physical abuse reports, including indicators of abuse, distinguishing between inflicted and accidental injuries, working with law enforcement, preserving evidence, and documenting investigative findings. Photographic images of various injuries and accidents are presented. This training is presented by a CLC trainer who has extensive law enforcement experience.

January 19, 2012	Greenville	40 participants
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### A. 3. Training on Forensic Interviewing

The CLC, in partnership with the Assessment & Resource Center of the Department of Mental Health and the National Child Protection Training Center, offers a basic one-week course on forensic interviewing of sexually abused children. This is an intensive course, which requires attendance at all sessions, completion of advance reading assignments, participation in mock interview sessions involving adult actors who portray the roles of sexually abused children, and passing a comprehensive end of course examination. The format of the course limits participation to 24 trainees per session, with eight slots reserved for SCDSS staff who conduct forensic interviews. Three one-week basic sessions were held during this time period, with ten SCDSS caseworkers participating. End of course and follow-up evaluations, along with feedback from prosecutors, indicate that it is significantly improving the quality of forensic interviews. A three-day advanced course was held April 2012, with ten SCDSS staff attending. The basic course is typically conducted at least 3 times per year, and either a fourth basic session or an advanced course is offered each year, depending upon need. All sessions were held in Columbia due to the unique facility requirements.

October 24-28, 2011	Total 22 participants	DSS 0
January 23-27, 2012	Total 12 participants	DSS 6
April 16-18, 2012	Total 52 participants	DSS 10 (Advanced session)
July 23-27, 2012	Total 18 participants	DSS 4

### A. 4. Training on Multi-Ethnic Placement Act

CLC completed a comprehensive training program for SCDSS staff involved in foster and adoption placements on the requirements of the Multi-Ethnic Placement Act and Title VI. All training sessions addressed federal and state law, regulations, and relevant policy on racial discrimination, application of the law, the harm of racial discrimination, and the harm that delayed placements cause to children. Two sessions were held during this period, and will be resumed if needed. (Multiple sessions reported in the previous APSR were initially provided in response to a corrective action plan.)

October 7, 2011	Charleston	14 participants
October 19, 2011	Spartanburg	19 participants



**A. 5. Training Conferences**

SCDSS staff have access to applicable general training events sponsored by the CLC, such as the annual Children’s Law Conference held each fall. The 2011 event focused on childhood trauma, beginning with a presentation by Judge Michael Howard on a trauma-informed court. Additional workshops included identifying signs of trauma in children, effects of trauma, and accessing appropriate treatment. Nearly 300 multi-disciplinary professionals attended each year’s conference, with SCDSS staff representing approximately one-third of these.

November 4, 2011	Columbia	66 caseworkers, 24 attorneys, 185 non-DSS
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SCDSS staff also attended a Disproportionate Minority Contact (DMC) Conference that focused on the over-representation of minority children in the juvenile justice system.

January 20, 2012	Columbia	24 SCDSS staff, 236 non-DSS
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**B. Training and Services for County Attorneys**

**B. 1. Basic Training for New County Attorneys**

The CLC developed and conducted an initial training session for attorneys on their responsibilities and duties, and the agency’s role. This “Boot Camp” training provided information on the child welfare system, applicable federal and state laws, and the purposes and requirements of each hearing. Part 1 was held in January 2012 with 18 attorney participants, and Part 2 was held in February with 39 participants.

**B. 2. Continuing Legal Education**

The CLC assisted the Office of General Counsel in conducting continuing legal education programs for county attorneys. Topics and speakers are determined in collaboration with the Office of General Counsel.

December 9, 2011	Columbia	49 staff
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**B. 3. Information and Assistance**

CLC maintains a listserv for SCDSS attorneys and provides information on relevant issues. CLC resource attorneys are also available to assist SCDSS attorneys with legal research upon request.

**C. Continuing Legal Education for Child Support Enforcement Attorneys**

CLC sponsored a Continuing Legal Education (CLE) program in October 2011 specifically designed for attorneys in the Child Support Enforcement Division. Topics and speakers were selected in coordination with the Child Support Enforcement Division director. In an effort to promote closer coordination, child support enforcement attorneys are now invited to CLE programs for county attorneys and have been added to the attorney listserv.

**D. Training for Foster Parents**

Training is offered on legal issues relevant to foster parents, such as the rights of foster parents in child protection proceedings, an overview of the legal process, permanency planning, termination of parental rights, subsidies available (pre-and post-adoption), medical coverage, visitation rights for parents and siblings, participation in case planning, education needs, and services available. This training is offered in partnership with the SC Foster Parent Association’s training collaborative and meets requirements for foster parent recertification. Local or cluster sessions are scheduled in coordination with county foster parent

associations, licensure workers, or the state foster parent association. Eleven sessions were conducted, with a total of 325 participants.

### **E. Training for Mandated Reporters**

The CLC provides extensive training to professionals statutorily required to report child abuse or neglect. Topics include indicators of maltreatment, legal requirements related to reporting, handling the report, interface with SCDSS intake, documentation, brief summaries of the child protection and criminal justice systems, and discussion of reasons professionals may fail to report. Specialized sessions are offered to law enforcement officers, including their responsibilities as mandated reporters, emergency protective custody procedures, and investigation of physical abuse.

#### **E. 1. In-Service Training**

An overview of mandated reporting is offered as in-service training to school districts, medical facilities, and other groups of mandated reporters. Training is also offered to USC students who work with children in internships or are in a field of study rendering them likely to become mandated reporters. Sixty-two sessions were conducted, with a total of 2,759 participants.

#### **E. 2. Online Mandated Reporter Training**

An overview of mandated reporting is available online through the CLC website. Participants may choose from two options: (1) accessing the session, or portions of it, informally as frequently as desired; or (2) participating in the entire session for one hour continuing education credit. The second option requires registration and completion of an end-of-course test; certificates can be printed upon completion. During this reporting period, 840 individuals completed the online training program.

#### **E. 3. Online Daniel's Law Training**

South Carolina's "Safe Haven for Abandoned Babies Act," known as Daniel's law, provides immunity to persons who relinquish care of their unharmed infants to hospitals, churches and law enforcement agencies. The CLC developed an online training session on Daniel's Law for hospitals, law enforcement, EMS, fire departments and churches to address the responsibilities of these "safe havens" under the provisions of Daniel's Law. A link to SCDSS forms is provided. This online training became available in July 2011 and had 972 participants during this period.

#### **E. 4. Regional Mandated Reporter Training**

The regional training program involves one-half day sessions which provide more intensive training for selected mandated reporters. These trainings often include a training-for-trainers segment, equipping professionals to provide training within their agencies or communities. Five regional sessions were held, with a total of 210 participants.

#### **E. 5. Summer Institute for School Counselors**

This annual six-day course provides an overview of laws affecting children and issues that counselors are likely to encounter, and equips counselors to respond appropriately to situations related to the law or court system. The course addresses laws affecting children, school specific laws, the juvenile justice system, abuse and neglect, child interviewing techniques, and mandatory reporting. A training-of-trainers session related to mandated reporting is included, and participants receive a power-point presentation and other training materials that they can utilize in presenting in-service sessions in their schools. Participants must research and prepare a reaction paper on a selected topic and develop and present a project. Participants received recertification credit and have the option of earning three graduate credits through Winthrop University. Twenty-eight school counselors participated in June and July of 2012.

#### **E. 6. Training for SCDSS Staff**

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The CLC offers regional mandated reporter training sessions specifically designed for SCDSS staff who are mandated reporters, such as economic services or child support enforcement workers. Five sessions were held with a total of 106 attendees.

### F. Training for Law Enforcement Officers

The CLC provides local and regional training for frontline law enforcement officers on their statutory obligations related to abused or neglected children, including guidelines for exercising emergency protective custody and an explanation of court proceedings and the officers' role in providing testimony. Training also addresses abuse investigation and the responsibilities of law enforcement officers under South Carolina's Drug Endangered Children Protocol. Eight sessions were conducted involving 131 law enforcement officers.

### G. Law School Courses

#### G. 1. Course on Children and the Courts

A semester course on children and the courts is conducted one semester each year through the USC School of Law. This course, which meets two hours weekly, addresses issues related to children in the courts, with particular attention to children who are in criminal or family court as witnesses (including victims of abuse and neglect) and to children who are in family court as delinquents. Specific issues covered include an overview of legal systems, the role of counsel in representing children, evidentiary rules, and systemic issues involving children and the courts. Twenty-five second- and third-year law students participated in the spring 2012 course.

#### G. 2. Law Student Externship

The CLC initiated a child law externship during the 2011 spring semester for a limited number of third-year law students. The externship program includes placements in county SCDSS offices and provides students an opportunity to observe the handling of cases, gain a practical perspective, and further their interests in children's law. In addition to their externship placements, students participated in a weekly class session to integrate learning. Three students completed the spring 2012 externship program.

#### G. 3. Assistance to the Children's Advocacy Law Society

The CLC provided assistance to the Children's Advocacy Law Society, a law student organization that promotes interest in children's legal services. Assistance has included coordination of guest speakers, provision of information on careers in children's law, and assistance with special fundraising events.

#### G. 4. Termination of Parental Rights Clinic

The CLC assisted the state in developing a termination of parental rights (TPR) clinical program in which law students, under supervision, handle TPR cases in the Midlands Region. Procedures for assignment and case management were developed in coordination with SCDSS' Office of General Counsel. The Law School hired a clinical instructor in late 2011, who established the first clinic session with ten law student participants in the 2012 spring semester. The first trial was held in March 2012, successfully obtaining TPR. Additional cases are scheduled for court in April and May.

### Training in FFY 2013 (October 2012 – March 2013)

The University of South Carolina, School of Law, Children's Law Center (CLC) provides legal training services to the SCDSS for its children's services programs. The programs are offered throughout the regions and also offered to providers and outside stakeholders.

#### A. Training for County Casework Staff

##### A. 1. Legal Component of Basic Caseworker Training / Mock Trial

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CLC provided the three-day legal component of initial caseworker training which includes a didactic segment on the family court system and mock hearings in which participants testify and are cross-examined. Training topics include evidence, child protection hearings, termination of parental rights, and courtroom appearance. After testifying, participants receive feedback on their performance and are given a DVD of their testimony. The training is conducted in small groups to allow participants to testify and receive individual feedback. A retired family court judge and CLC attorneys, who perform the roles of SCDSS attorney and parents' attorney, comprised the training team for each mock trial. Five sessions were held during this period, with a total of 96 participants.

October 23-25, 2012	Columbia	22 participants
November 27-29, 2012	Columbia	17 participants
December 3-5, 2012	Columbia	27 participants
January 8-10, 2013	Columbia	23 participants
February 11-13, 2013	Columbia	18 participants
March 27-29, 2013	Columbia	12 participants

### A. 2. Physical Abuse Investigation Training

This training for assessment workers covers the nuts and bolts of investigating physical abuse reports, including indicators of abuse, distinguishing between inflicted and accidental injuries, working with law enforcement, preserving evidence, and documenting investigative findings. Photographic images of various injuries and accidents are presented. This training is presented by a CLC trainer who has extensive law enforcement experience, and is frequently offered as a joint DSS/law enforcement training. Two sessions were held during this six-month period.

March 5, 2013	Beaufort	22 participants
March 28, 2013	Myrtle Beach	24 participants

### A. 3. Training on Forensic Interviewing

The CLC, in partnership with the Assessment & Resource Center of the Department of Mental Health and the National Child Protection Training Center, offers a basic one-week course on forensic interviewing of sexually abused children. This is an intensive course, which requires attendance at all sessions, completion of advance reading assignments, participation in mock interview sessions involving adult actors who portray the roles of sexually abused children, and passing a comprehensive end-of-course examination. The format of the course limits participation to 24 trainees per session, with eight slots reserved for SCDSS staff who conduct forensic interviews. Two one-week basic sessions were held during this time period. End-of-course and follow-up evaluations, along with feedback from prosecutors, indicate that the training is significantly improving the quality of forensic interviews. The basic course is typically conducted at least three times per year, and either a fourth basic session or an advanced course is offered each year, depending upon need. All sessions were held in Columbia due to the unique facility requirements.

October 22 – 26, 2012	Total 11 participants	DSS 0
March 11-15, 2013	Total 18 participants	DSS 6

### A.4. Training on Multi-Ethnic Placement Act

The CLC provides training on the Multi-Ethnic Placement Act and Title VI upon request. During this period, the CLC assisted the Center for Child and Family Studies with a training for new caseworkers on October 1, 2012.

### A.5. Training Conferences

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SCDSS staff has access to applicable general training events sponsored by the CLC, such as the annual Children's Law Conference held each fall. The 2012 event included plenary presentations on Medical Assessment in Child Maltreatment Cases by Dr. Carole Jenny and Implications of 25 Years of Research by Dr. Desmond Runyan. Additional workshops included secondary trauma, rebutting defenses in abusive head trauma cases, and juvenile diversion programs.

October 26, 2012	Columbia	178 total, including 90 SCDSS staff
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### A.6. Targeted Training for Casework Staff

The CLC has initiated a targeted approach for additional legal training of county casework and legal staff. Regionally-based attorney trainers develop and conduct training in designated counties, targeting the specific needs in each county. Regional attorney trainers collaborate with SCDSS county staff and will observe caseworkers and attorneys in court to assist in development of advanced legal training designed to improve performance. The following local sessions were held during this period:

February 28, 2013	Law and Policy	24 Berkeley County casework staff
March 25, 2013	Preparing Court Documents	13 Fairfield County casework staff

## B. Training and Services for County Attorneys

### B. 1. Continuing Legal Education

The CLC assisted the Office of General Counsel in conducting continuing legal education programs for county attorneys. Topics and speakers are determined in collaboration with the Office of General Counsel. Three programs were held from October – March.

October 5, 2012	Columbia	53 attorneys
Topic: Immigration Challenges Impacting Children and Families in the Child Welfare System		
December 7, 2012	Columbia	49 attorneys
Topic: Special Issues in Child Welfare Proceedings		
February 22, 2013	Columbia	38 attorneys
Topic: Trial Preparation and Advocacy Skills Training		

### B. 2. Information and Assistance

CLC maintains a listserv for SCDSS attorneys and provides information on relevant issues. CLC resource attorneys are also available to assist SCDSS attorneys with legal research upon request.

## C. Training for Mandated Reporters

The CLC provides extensive training to professionals statutorily required to report child abuse or neglect. Topics include indicators of maltreatment, legal requirements related to reporting, handling the report, interface with SCDSS intake, documentation, brief summaries of the child protection and criminal justice systems, and discussion of reasons professionals may fail to report. Specialized sessions are offered to law enforcement officers, including their responsibilities as mandated reporters, emergency protective custody procedures, and investigation of physical abuse.

### C. 1. In-service Training

An overview of mandated reporting is offered as in-service training to school districts, medical facilities, and other groups of mandated reporters. Training is also offered to USC students who work with children in internships or are in a field of study rendering them likely to become mandated reporters. Thirty-eight sessions were conducted, with a total of 1,262 participants.

**C. 2. Online Mandated Reporter Training**

An overview of mandated reporting is available online through the CLC website. Participants may choose from two options: (1) accessing the session, or portions of it, informally as frequently as desired; or (2) participating in the entire session for one hour continuing education credit. The second option requires registration and completion of an end-of-course test; certificates can be printed upon completion. During this reporting period, 440 individuals completed the online training program.

**C. 3. Online Daniel’s Law Training**

South Carolina’s “Safe Haven for Abandoned Babies Act,” known as Daniel’s Law, provides immunity to persons who relinquish care of their unharmed infants to hospitals, churches and law enforcement agencies. The CLC developed an online training session on Daniel’s Law for hospitals, law enforcement, EMS, fire departments and churches to address the responsibilities of these “safe havens” under the provisions of Daniel’s Law. A link to SCDSS forms is provided. This online training had 215 participants during this period.

**C. 4. Regional Mandated Reporter Training**

The regional training program involves one-half day sessions which provide more intensive training for selected mandated reporters. These trainings often include a training-for-trainers segment, equipping professionals to provide training within their agencies or communities. Nine regional sessions were held, with a total of 392 participants.

October 10, 2012	Beaufort	70 participants
October 16, 2012	Spartanburg	47 participants
November 7, 2012	Conway	47 participants
December 4, 2012	Columbia	80 participants
January 9, 2013	Greenville	17 participants
January 10, 2013	Oconee	36 participants
January 29, 2013	York County	54 participants
February 20, 2013	Columbia	33 participants
March 14, 2013	Florence	8 participants

**C. 5. Summer Institute for School Counselors**

This annual six-day course provides an overview of laws affecting children and issues that counselors are likely to encounter, and equips counselors to respond appropriately to situations related to the law or court system. The course addresses laws affecting children, school-specific laws, the juvenile justice system, abuse and neglect, child interviewing techniques, and mandatory reporting. A training-of-trainers session related to mandated reporting is included, and participants receive a power-point presentation and other training materials that they can utilize in presenting in-service sessions in their schools. Participants must research and prepare a reaction paper on a selected topic and develop and present a project. Participants received recertification credit and have the option of earning three graduate credits through Winthrop University. The course has been approved for summer of 2013 and registration is in progress.

**C. 6. Training for SCDSS Staff**

The CLC offers regional mandated reporter training sessions specifically designed for SCDSS staff who are mandated reporters, such as economic services or child support enforcement workers. Three sessions were held with a total of 71 attendees.

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January 14, 2013	Charleston	23 SCDSS staff
February 4, 2013	Florence	19 SCDSS staff
February 26, 2013	Horry County	29 SCDSS staff

### D. Training for Law Enforcement Officers

The CLC provides local and regional training for frontline law enforcement officers on their statutory obligations related to abused or neglected children, including guidelines for exercising emergency protective custody and an explanation of court proceedings and the officers' role in providing testimony. Training also addresses abuse investigation and the responsibilities of law enforcement officers under South Carolina's Drug Endangered Children Protocol. Fourteen sessions were conducted with a total of 254 participants.

October 16, 2012	Florence	14 Law enforcement officers
October 23, 2012	Florence	22 Law enforcement officers
November 27, 2012	Pendleton	26 Law enforcement officers
December 10, 2012	Seneca	31 Law enforcement officers
December 11, 2012	Clemson	24 Law enforcement officers
January 16, 2013	Williamsburg	16 Law enforcement officers
January 17, 2013	Williamsburg	11 Law enforcement officers
January 22, 2013	Aiken	26 Law enforcement officers
February 25, 2013	Greenville	7 Law enforcement officers
February 28, 2013	Columbia	13 Law enforcement officers
March 12, 2013	Allendale	16 Law enforcement officers
March 18, 2013	Pickens	17 Law enforcement officers
March 19, 2013	Pickens	17 Law enforcement officers
March 20, 2013	Pickens	14 Law enforcement officers

### E. Multi-Disciplinary Team Training

A training and consultation program was conducted for county child abuse investigative teams. The training addressed roles and responsibilities, development of investigation protocols, team functioning, exchange of information, and conflict resolution. Team members include child protection staff, SCDSS county attorneys, law enforcement, a medical professional, a prosecutor, and, as available, a children's advocacy center interviewer or other community professionals. This program involves four phases: (1) pre-assessment completed by each team; (2) one to two-day centralized training on the investigation process, to include protocol development; (3) completion of assignments by team; and (4) follow-up consultation in each community.

Fifty-eight team members, representing 6 counties, participated in the centralized training session on January 31 and February 1, 2013. Eleven of these were SCDSS staff. Follow-up consultation with the teams is continuing.

### F. Law School Courses

#### F. 1. Course on Children and the Courts

A semester course on Children and the Courts is conducted one semester each year through the USC School of Law. This course, which meets two hours weekly, addresses issues related to children in the courts, with particular attention to children who are in criminal or family court as witnesses (including victims of abuse and neglect) and to children who are in family court as delinquents. Specific issues covered include an overview of legal systems, the role of counsel in representing children, evidentiary rules, and systemic issues involving children and the courts. Twenty-five second- and third-year law students are participating in the spring 2013 course.

### **F. 2. Law Student Externship**

The CLC initiated a child law externship during the 2011 spring semester for a limited number of third-year law students. The externship program includes placements in county SCDSS offices and provides students an opportunity to observe the handling of cases, gain a practical perspective, and further their interests in children's law. In addition to their externship placements, students participated in a weekly class session to integrate learning. Three students are involved in the spring 2013 externship program.

### **F. 3. Assistance to the Children's Advocacy Law Society**

The CLC provided assistance to the Children's Advocacy Law Society, a law student organization that promotes interest in children's legal services. Assistance has included coordination of guest speakers, provision of information on careers in children's law, and assistance with special fundraising events.

### **F. 4. Termination of Parental Rights Clinic**

The CLC assisted the state in developing a Child Protection Advocacy clinical program in which law students, under supervision, handle termination of parental rights cases in the Midlands Region. Procedures for assignment and case management were developed in coordination with SCDSS Office of General Counsel. The Law School hired a clinical instructor in late 2011, and the first clinic session was conducted in the 2012 spring semester. Eight students were involved during the 2013 spring semester, including two who continued from the fall semester and six new students.

## **The Center for Child and Family Studies (CCFS)**

### **Training in FFY 2012 (October 2011 - September 2012)**

The University of South Carolina, The Center for Child and Family Studies (CCFS) provides an array of training services to the South Carolina Department of Social Services for its children's services programs. The identified training programs are offered throughout South Carolina and many are made available to SCDSS partners/providers and community stakeholders.

In FFY 2012, as SCDSS changed and/or launched new initiatives, trainings were developed and/or changed to support the agency's current initiatives and guiding principles.

In FFY 2013, SCDSS implemented several new initiatives during this fiscal year that required changes and adjustments to the delivery of trainings statewide. This includes additional trainings with Permanency and Safety Roundtables, Documentation Training, etc. The Center for Child and Family Studies adjusted training schedules to accommodate and meet the agency's current needs. Also with the increase in hiring patterns, more trainings were conducted to accommodate the need for Child Welfare Basic Trainings.

The CCFS has been very successful at meeting the training plans as outlined in contract deliverables. Additionally in FFY 2013, CCFS has done an amazing job of being flexible and adjustable in order to accommodate and meet the agency's needs. This includes being able to have 16 sessions of Child Welfare Basic Trainings and numerous other trainings.

### **A. Training for Child Welfare Staff**

#### **A. 1. Child Welfare Services Basic Training**

Child Welfare Services Basic Training is an intensive certification course required for all new workers in Child Welfare Services programs. This course includes nineteen (19) days of classroom instruction, six weeks of bridgework assignments, multiple quizzes and in-class assessments. In-class instruction covers CPS, Foster Care, and Adoption, including "best practice" skills in social work, legal policy, procedure,



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CAPSS and casework processes for the agency. Bridgework assignments are completed in the county between in-class instruction weeks to practice knowledge and skills attained.

Training times for each week: Day 1 = 10am-4:30pm; other days = 9am – 4:30pm

19 days of training = 100 Social Work Hours; 5.0 Non-Social Work Hours

The curriculum incorporates the use of the following text as support and reference for participants: Brittain, Charmain R. & Hunt, Deborah Esquibel (Eds.). (2004). *Helping in Child Protective Services* (2nd ed.). New York, NY: Oxford University Press.

### Detailed Curriculum Outline:

<b>Unit 1: Foundations</b>	
Prework - Due before Unit 1 begins:	
	Underlying Values assignment
	Learning Agreement
	Orientation Scavenger Hunt
	Community Resources
	Assignment Checklist
Class (3 days)	
Day 1:	
<ul style="list-style-type: none"> <li>• Agency mission and guiding principles</li> <li>• Child and Family Services Review</li> <li>• Moodle orientation (online environment)</li> </ul>	
Day 2	
<ul style="list-style-type: none"> <li>• Family engagement</li> <li>• Culture</li> <li>• Partnering with Families</li> <li>• Building relationships</li> <li>• Professionalism</li> <li>• Accountability</li> </ul>	
Day 3	
<ul style="list-style-type: none"> <li>• Critical thinking</li> <li>• Communication skills</li> <li>• Interviewing</li> <li>• Dealing with resistance</li> <li>• Documentation</li> <li>• Introduction to CAPSS</li> </ul>	
Review & Application - Due before Unit 2 begins:	
	Civil Rights videos (2)
	Cultural Competence Reading
	Cultural Competence Assignment
	Read book summary: CPS history and laws Chapter 2, pp. 32-38, 41-45
	Fostering Connections reading
	Ethics & integrity reading
	What You Learned—Unit 1 assignment
	Quiz Unit 1: Review

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<b>Unit 2: Maltreatment &amp; Intake</b>	
Prework - Due before Unit 2 begins:	
	Child Development online modules
	Read book summary: Casework process & intake Chapter 3, pp. 52-56, and Chapter 6, pp. 153-163
	Read policy: Maltreatment typologies & intake Chapter 7: 700, 701, 702, 710 -713, 750: Section 63-7-20(4)
	Shadowing: CPS Intake
	Quiz Unit 2: Prework
Class (4 days)	
Day 1	
	<ul style="list-style-type: none"> <li>• Indicators and dynamics of maltreatment</li> <li>• Maltreatment typologies</li> <li>• Child development</li> <li>• Impact of abuse</li> </ul>
Day 2	
	<ul style="list-style-type: none"> <li>• Risk and safety</li> <li>• Safety threshold</li> </ul>
Day 3	
	<ul style="list-style-type: none"> <li>• Casework process</li> <li>• Intake</li> <li>• CAPSS</li> </ul>
Day 4	
	<ul style="list-style-type: none"> <li>• Preparing for assessment</li> <li>• Substance abuse</li> <li>• Mental illness</li> <li>• Domestic violence</li> </ul>
Review & Application - Due before Unit 3 begins:	
	Read book summary: Child development & maltreatment Chapter 8, pp. 249-302, and Chapter 9, pp. 307-388
	Child Development Assignment
	Substance Abuse reading
	Mental Health Issues reading
	Domestic Violence & Assessment reading
	Disarming Violence videos (2)
	Worker Safety reading
	What You Learned—Unit 2 assignment
	Quiz Unit 2: Review
<b>Unit 3: Investigation &amp; Assessment</b>	
Prework - Due before Unit 3 begins:	
	Preparing video
	Read book summary: Investigating Chapter 6, pp. 163-197
	Read policy: Assessment

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	Chapter 7: 714- 723, 726-729
	Shadowing: Assessment
	Shadowing: Case Determination Staffing
	Shadowing: Probable Cause Hearing
	Quiz Unit 3: Prework
Class (3 days)	
Day 1	
<ul style="list-style-type: none"> <li>• Assessment/investigation</li> <li>• Initial contact</li> <li>• Interviews with family</li> </ul>	
Day 2	
<ul style="list-style-type: none"> <li>• Safety planning</li> <li>• Alternative caregivers</li> <li>• Family meetings</li> <li>• CAPSS</li> </ul>	
Day 3	
<ul style="list-style-type: none"> <li>• Genogram and ecomap</li> <li>• Collateral contact</li> <li>• Case practice</li> <li>• Staffing and determinations</li> <li>• OHAN</li> </ul>	
Review & Application - Due before Unit 4 begins:	
	Read book summary: Assessments Chapter 7, pp. 206-208, 239-246
	Substance Abuse Assessment reading
	Safety Plan assignment
	Interpreter videos (6)
	What You Learned—Unit 3
	Quiz Unit 3: Review
	Mid-Course Training Evaluation
<b>Unit 4: Treatment</b>	
Prework - Due before Unit 4 begins:	
	Shadowing: Treatment
	Shadowing: Family Meeting
	Shadowing: Supervisory Staffing
	Shadowing: Legal Staffing
	Read book summary: Intervening with families Chapter 10, pp. 399-408, 415-443
	Read policy: Treatment Chapter 7: 730 – 761
	Quiz Unit 4: Prework
Class (3 days):	
Day 1	
<ul style="list-style-type: none"> <li>• In-home treatment</li> <li>• Family engagement</li> </ul>	

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<ul style="list-style-type: none"> <li>• Family assessment</li> <li>• Strengths and motivational interviewing</li> </ul>	
Day 2	
<ul style="list-style-type: none"> <li>• Fathers</li> <li>• Case planning</li> <li>• Behavioral objectives</li> <li>• Community resources</li> <li>• CAPSS</li> </ul>	
Day 3	
<ul style="list-style-type: none"> <li>• Implementation and monitoring</li> <li>• Case evaluation</li> <li>• Case closing</li> </ul>	
Review & Application - Due before Unit 5 begins:	
	Disabilities assignment
	Read book summary: Key partners Chapter 4, pp. 77-105
	Using Supervision reading
	Vicarious Trauma reading
	Balance video
	What You Learned—Unit 4 assignment
	Quiz Unit 4: Review
<b>Unit 5: Foster Care</b>	
Prework - Due before Unit 5 begins:	
	Shadowing: ISCEDC
	Shadowing: Court Hearing
	Shadowing: Foster Care
	Shadowing: EPC/ Ex Parte or Placement Change
	Shadowing: Merits Hearing
	Shadowing: Parent/ Child Visitation
	Read book summary: Foster care Chapter 6, pp. 198-201, Chapter 10, pp. 408-414, and Chapter 11, pp. 456-465
	Read policy: Foster care Chapter 8
	Visitation Frequency reading
	Invisible Suitcase reading
	Quiz Unit 5: Prework
Class (4 days):	
Day 1	
<ul style="list-style-type: none"> <li>• Foster care</li> <li>• Impact on children</li> <li>• Making placements</li> <li>• Engaging family</li> </ul>	
Day 2	
<ul style="list-style-type: none"> <li>• Case planning</li> </ul>	

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<ul style="list-style-type: none"> <li>• Concurrent planning</li> <li>• Relatives</li> <li>• CAPSS</li> </ul>	
Day 3	
<ul style="list-style-type: none"> <li>• Visitation</li> <li>• Foster parents</li> <li>• Permanency planning</li> </ul>	
Day 4	
<ul style="list-style-type: none"> <li>• Independent living</li> <li>• Reunification</li> <li>• MEPA</li> <li>• IFCCS</li> <li>• CAPSS</li> </ul>	
Review & Application - Due before Unit 6 begins:	
	Kinship Caregiver reading
	Assessing Kin assignment
	TF-CBT reading
	Read book summary: Laws and CPS experience Chapter 11, pp. 466-467, 476-490
	What You Learned—Unit 5 assignment
	Quiz Unit 5: Review
<b>Unit 6: Adoption</b>	
Prework - Due before Unit 6 begins:	
	Shadowing: Adoptive Home Visit
	Shadowing: FCRB
	Shadowing: Case Review
	Read policy: Adoptions Chapter 4
	Survival Behaviors assignment
	Family Adjustment reading
	Quiz Unit 6: Prework
Class (2 days):	
Day 1	
<ul style="list-style-type: none"> <li>• Adoption</li> <li>• TPR</li> <li>• Fathers and relatives</li> <li>• Referral to adoptions</li> </ul>	
Day 2	
<ul style="list-style-type: none"> <li>• Engaging child</li> <li>• Beyond “No”</li> <li>• APPLA</li> <li>• Permanency Roundtables</li> <li>• Life Book</li> <li>• Finding a family</li> <li>• MEPA</li> <li>• ICWA</li> <li>• CAPSS</li> </ul>	

- Exam

All trainings were held in Columbia:

October 10-14, 24-28, 2011	19 participants
February 6-8, 13-17, March 12-16, 2012	25 participants
March 26-28; April 9-12, 23-25; May 7-9, 21-24; June 4-5, 2012	25 participants
April 30-May 2, 14-17, 29-31; June 11-13, 25-28, July 9-10, 2012	26 participants
June 18-22; July 2-3; 16-18; 30-August 1, August 13-16, 27-28, 2012	25 participants
July 23-25; August 6-9, 20-22; September 5-7, 17-20, October 1-2, 2012	26 participants
September 10-12, 24-27; October 8-10, 22-26; November 5-6, 19-20, 2012	26 participants
September 19-21; October 2-5, 17-19, October 31-November 2, November 13-16, 29-30, 2012	22 participants
Total:	194 participants

### A. 2. Permanency Roundtable Training

A permanency roundtable (PRT) is a structured, professional case consultation and intervention designed to facilitate the permanency planning process by identifying realistic solutions to permanency obstacles for youth. Key players (a permanency consultant, a master practitioner, a youth's case manager and supervisor, etc.) convene to create individual permanency plans. The various roles of all players are discussed and how the process expedites permanency for a child in care. These trainings were done by both Casey Family Services and The Center for Child and Family Studies.

#### Permanency Roundtable Training of Trainers

July 26-27, 2012	Columbia	DSS=8	Non DSS=4	Total=12
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### A. 3. Safety Roundtable Trainings

Safety Roundtables are 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. This full-day training helps the participants understand the importance of Safety Roundtables as well as understand Safety Roundtable concepts and required documents to use.

#### Safety Roundtable: Orientation

April 4, 2012	Greenville	DSS=101	Non DSS=32	Total=133
May 8, 2012	Charleston	DSS=74	Non DSS=11	Total=85
June 5, 2012	Columbia	DSS=165	Non DSS=8	Total=173

#### Safety Roundtable: Skills-Building

April 5, 2012	Greenville	DSS=35	Non DSS=4	Total=39
May 9, 2012	Charleston	DSS=28	Non DSS=3	Total=31
June 6, 2012	Columbia	DSS=55		Total=55

### A. 4. Appropriate Response Training

With the assistance of the National Resource Center, Appropriate Response (AR) trainings were presented statewide. Appropriate Response is an approach that ensures children and families receive appropriate assessment and services to meet their specific needs. It provides an array of approaches to ensure access to needed and appropriate services to increase the protective capacity of families to ensure that all children are safe. SC Department of Social Services with their partners will offer both traditional investigations and

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assessment alternatives to families reported for child abuse and neglect, depending on the severity of the allegation and other considerations. This training provided information about Appropriate Response, the tools that aid in the decision-making process, and the process for determining risk and safety from national experts.

December 16, 2011	Spartanburg	DSS=33	Non DSS=13	Total=46
January 9-10, 2012	Spartanburg	DSS=62	Non DSS=17	Total=79
January 11-12, 2012	Spartanburg	DSS=64	Non DSS=1	Total=65
February 21, 2012	Columbia	DSS=57	Non DSS=18	Total=75
*February 22, 2012	Columbia	DSS=28	Non DSS=13	Total=41
February 23, 2012	Columbia	DSS=49	Non DSS=16	Total=65
*February 23, 2012	Columbia	DSS=6	Non DSS=1	Total=7
*February 24, 2012	Columbia	DSS=44	Non DSS=12	Total=56
April 23-24, 2012	Charleston	DSS=84	Non DSS=19	Total=103
April 25-26, 2012	Charleston	DSS=65	Non DSS=11	Total=76
May 14, 2012	Columbia	DSS=21		Total=21

\*Computer application session.

### Appropriate Response in Child Welfare for Providers

May 1-2, 2012	Charleston	DSS=2	Non DSS=29
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### A. 5. Quality Assurance (QA) Reviewer Trainings

#### New QA Reviewer Training:

This is an extensive training for new (never trained) QA Reviewers. The session covers information about the QA review process with an in-depth overview of the purpose of QA reviews and the 23 CFRS items. This training provides details about the three major components: safety, permanency and well-being. The roles of a QA Reviewer and how to appropriately review cases are also covered. This training is required for all individuals that will serve as a QA Review team member for SC Department of Social Services.

March 20-21, 2012	Columbia	DSS=19	Non DSS=8	Total=27
May 15, 2012	Greenville	DSS=25		Total=25
May 16, 2012	Greenville	DSS=25		Total=25
August 20-21, 2012	Columbia	DSS=10	Non DSS=8	Total=18

#### A Closer Look: Understanding Child and Family Services Reviews

This session provides an overview of the QA Review Instrument and the process. The training provides the basic fundamentals for understanding Child and Family Services QA Reviews. The training also includes a detailed overview of the On-site Review Instrument with discussion addressing safety, permanency and well-being, as well as provides in-depth information about the 23 items rated during QA reviews. The overall purpose of outcomes for children and families is addressed as well.

October 28, 2011	Columbia	DSS=52	Non DSS=10	Total=62
March 19, 2012	Columbia	DSS=40	Non DSS=11	Total=51
March 22, 2012	Columbia	DSS=6	Non DSS=13	Total=19
March 23, 2012	Columbia	DSS=44	Non DSS=5	Total=49
June 13, 2012	Spartanburg	DSS=75		Total=75
June 14, 2012	Spartanburg	DSS=93		Total=93

**QA “Refresher” Training**

This session is designed for experienced QA Reviewers. This includes individuals that have participated in previous QA reviews. The session addresses the key components of the review instrument and provides a structured discussion of the difficult items and/or outcomes. Examples will be included in the discussion.

August 21, 2012	Columbia	DSS=6	Non DSS=20	Total=26
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**B. Training for Child Welfare Supervisors**

**B. 1. Leadership Academy for Supervisors (LAS)**

The Leadership Academy for Supervisors (LAS) is a web-based training program with in-person discussion forums for supervisors based on a leadership competency model specific to child welfare. The program includes an introductory module and five core courses (Foundations of Leadership; Leading in Context: Building Collaboratives; Leading People: Workforce Development; Leading for Results: Accountability; and Leading Systems Change: Goal-Setting). Each online module is followed by a monthly pre-scheduled synchronous session – the Leadership Academy for Supervisors Learning Network (LASLN).

This unique opportunity provides professional development to supervisors who want to be effective leaders in their current role or who are interested in preparing for advancement. It’s designed for motivated supervisors who are ready to become motivated leaders, in their unit, their agency, and their community.

Fall 2012	Upstate Region	DSS=30
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**B. 2. Statewide Supervisory Training/Summit\***

SC Department of Social Services presents an interactive day focusing on the art of supervision and quality assurance. Discussion and activities address the effective ways to partner with staff to guarantee everyone has the right mindset, skillset, and toolset to ensure safe and thriving children with lifelong families.

May 23, 2012	Columbia	191 participants
August 30, 2012*	Columbia	225 participants

**C. Palmetto Power (P2)**

The Center for Child and Family Study provides logistical/administrative support for this event. SCDSS, along with selected guest speakers are responsible for the development of content and delivery.

Palmetto Power (P2), an intercept of people and data, is a series of highly participatory and interactive discussion sessions dedicated to the planning of positive permanencies for children in foster care. Along with supervisory and management staff from the SC Department of Social Services, individuals from a variety of human service agencies and community organizations attend. This includes juvenile justice, mental health, education, Foster Care Review Board, SC Citizens Review Panel, SC Foster Parents Association, along with numerous others. These sessions include presentation of data and information that allow participants to develop hypotheses to case situations as well as develop strategies and action steps for these cases. Implementation of strategies and follow-up are also part of the process to ensure improved outcomes for families and children.

All sessions were held in Columbia:



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October 27, 2011	DSS=209	Non DSS=108	Total=317	Venue/Food: 13,645.00
November 18, 2011	DSS=210	Non DSS=108	Total=318	Venue/Food: \$13,673.00
January 26, 2012	DSS=229	Non DSS=90	Total=319	Venue/Food: \$11,607.08
February 23, 2012	DSS=177	Non DSS=70	Total=247	Venue/Food: \$10,660.67
March 22, 2012	DSS=181	Non DSS=83	Total=264	Venue/Food: \$11,597.08
April 26, 2012	DSS=160	Non DSS=74	Total=234	Venue/Food: \$ 9,414.08
May 24, 2012	DSS=180	Non DSS=73	Total=253	Venue/Food: \$ 8,685.75
June 28, 2012	DSS=134	Non DSS=70	Total=204	Venue/Food: \$10,613.76
September 27, 2012	DSS=194	Non DSS=79	Total=273	Venue/Food: \$ 8,786.66

### D. Conference Support

The Center for Child and Family Studies provides support (registration, planning, etc.) to various SCDSS partnering organizations in their conference executions.

#### D. 1. Independent Living/NYTD Conference

The Center for Child and Family Studies along with the Independent Living Program at DSS, sponsors a one-day conference for youth ages 15-21 in foster care, foster care caseworkers, IFCCS and Regional Adoption supervisors and case managers, foster parents, and group home providers. The 2012 event entitled: "Taking Charge: My Life, My Future" was designed to promote positive youth development and life skills enhancement.

June 8, 2012	Columbia	Adults=389	Youth=304	Total=693
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#### D. 2. Foster Parent Association Conference: "Celebrating a Heartfelt Calling"

The training sessions at this conference are designed to enhance skills and expertise of foster parents, management professionals and advocates regarding various aspects of foster care. Conference presenters and facilitators included professionals from state government agencies and private sector organizations. Some of the workshop topics included: Faulty Circuits-How Trauma "Re-wires" the Brain, Parents as Teachers Foster Care Program, and Mine Now.

April 27-28, 2012	Greenville	67 SCDSS staff	404 foster parents
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#### D. 3. Drugs of Abuse Conference: "United Against Drug Abuse"

The overall objective of this conference is to promote better awareness among and between South Carolina professionals and communities regarding the extensive impact of drug abuse in SC communities. The conference also examined factors related to the prevention of drug use, as well as treatment in South Carolina.

November 29 – December 1, 2011	Columbia	86 SCDSS staff
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## The Center for Child and Family Studies (CCFS)

### Trainings in FFY 2013 (October 2012 – March 2013)

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The University of South Carolina, The Center for Child and Family Studies (CCFS) provides an array of training services to the South Carolina Department of Social Services for its children's services programs. The various training programs are offered throughout South Carolina and many are made available to SCDSS partners/providers and community stakeholders.

### A. Training for Child Welfare Staff

#### A. 1. Child Welfare Services Basic Training (described in above section in FFY 2012 training)

All trainings were held in Columbia:

Training Session #:	Training Dates	Attendance
Child Welfare Basic Training (Session 8)	Oct. 15-17; Oct. 29-Nov.1; Nov. 13-15; Nov. 26-28; Dec. 3-6; Dec. 17-18, 2012	26
Child Welfare Basic Training (Session 9)	Nov. 19-21; Dec. 4-7; Dec. 17-19, 2012; Jan 7-9; Jan. 22-25; Feb. 4-5, 2013	23
Child Welfare Basic Training (Session 10)	Jan. 28-30; Feb. 11-14; Feb. 25-27; March 11-13; 25-28; April 8-9, 2013	26
Child Welfare Basic Training (Session 11)	Feb. 19-21; March 4-7; 18-20; April 1-3; April 15-18; April 29-30	22
Child Welfare Basic Training (Session 12)	Feb. 27-March 1; March 12-15; 27-29; April 10-12; 23-26; May 8-9, 2013	22
Total number of participants		<b>119</b>

Successful completion of the course includes the completion of all exercises and assignments as outlined in the curriculum. This also includes the completion of the final written examination. Below are the examination results:

Session #	% Successfully Passing w/ Score >80%	Average Score
8	100%	90.87
9	100%	91.7
10	92.30%	91.53

#### A. 2. Adoption Specialist Basic Training

Adoption Specialist Basic Training is designed for new Adoption Specialists and Concurrent Planning Workers. Completion of this training is part of the requirements for certification as an Adoptions Investigator. This certification is separate from Child Welfare 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, and the third unit focuses on recruitment of families and placement of children. The training concludes with a final exam.

Training times for each week: Day 1 = 10am-4:30pm; other days = 9am – 4:30pm

15 days of training = 80 Social Work Hours; 1.0 Non-Social Work Hours

#### Curriculum Outline:

<b>Unit 1: Foundations of DSS/Child Welfare</b>
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- 1: SCDSS Mission/Philosophy
- 2: Professionalism & Values
- 3: Cultural Competence
- 4: Communication & Interviewing Skills
- 5: Civil Rights
- 6: Interpreters
- 7: Interviewing Skills
- 8: Engaging Families
- 9: Documentation
- 10: Identifying Child Maltreatment
- 11: Neglect
- 12: Physical Abuse
- 13: Sexual Abuse
- 14: Mental Injury
- 15: Risk Factors
- 16: Child Development and Trauma
- 17: Risk and Safety
- 18: The Safety Threshold
- 19: About Foster Care
- 20: Removing Children
- 21: Impact on Children
- 22: About Adoptions

## **Unit 2: Concurrent Planning**

- 1: Concurrent Planning in Practice
- 2: New Case Assignment
- 3: CAPSS
- 4: Coming into Care
- 5: Engaging the Family
- 6: Case Planning
- 7: Serving the Child
- 8: Ongoing Services for Children
- 9: Permanency Planning
- 10: Engaging the Family in Permanency Planning

<p>11: Foster Parents                  12: MEPA &amp; ICWA                  13: Connections                  14: Working Together                  15: Evaluating the Permanency Plan                  16: Adoption and the Child</p>
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<b>Unit 3: Adoption Specialist</b>
<p>1: Adoptions Overview                  2: Recruiting Non-Relatives                  3: CAPSS Practice                  4: Background Summary                  5: Preparing the Child                  6: Finding a Family                  7: Preparing the Adoptive Family                  8: Visitation Planning                  9: Revisiting Documentation                  10: After Placement                  11: Worker Safety                  12: Secondary Trauma and Self-Care                  13: Review                  Exam</p>

All trainings were held in Columbia, South Carolina.

Session 01:	Jan. 14-18; Jan. 28-Feb. 1; Feb. 11-15, 2013	23 participants
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Successful completion of the course includes the completion of all exercises and assignments as outlined in the curriculum. This also includes the completion of the final written examination. Below are the examination results:

Session #	% Successfully Passing w/ Score >80%	Average Score
1	90.9%	86.09

**A. 3. Permanency Roundtable Training**

A permanency roundtable (PRT) is a structured, professional case consultation and intervention designed to facilitate the permanency planning process by identifying realistic solutions to permanency obstacles for youth. Key players (a permanency consultant, a master practitioner, a youth's case manager and supervisor, etc.) convene to create individual permanency plans. The various roles of all players are discussed and how the process expedites permanency for a child in care. These trainings were done by SC SCDSS and The Center for Child and Family Studies.

December 13, 2012	Greenville	15 participants	
January 17-18, 2013	Charleston	Day 1=41 participants	Day 2=26 participants

**A. 4. The Four Key Concepts: Safety, Risk, Behavioral Change, and Permanency**

DSS has undergone sweeping changes in the past two years, with numerous initiatives implemented in various areas of the state, including appropriate response, signs of safety, permanency roundtables, documentation roundtables, safety roundtables, and guided supervision. While these initiatives have been implemented and have produced some improvements in various areas, there are still opportunities for significant improvements in safety, permanency, and well-being outcomes.

Every initiative that SCDSS undertakes fits into at least one of the four key concepts: safety, risk, behavioral change, and permanency. In this one-day training, participants delved into these concepts, discussed practical examples, and hammered out what each concept means when applied to real-life cases. By clearly defining these four key concepts and mapping out how the various initiatives fit together, participants will play a vital role in helping their office achieve the sort of cultural change that brings about improved outcomes for children and families.

February 7, 2013	Columbia	DSS=45	Non DSS=2
February 20, 2013	Greenville	DSS=19	Non DSS=7
February 22, 2013	Florence	DSS=54	Non DSS=16
March 1, 2013	Charleston	DSS=57	Non DSS=30
March 8, 2013	Columbia	DSS=48	Non DSS=31
		Total DSS=223	Total Non SCDSS = 86

**B. Training for Child Welfare Supervisors**

**B. 1. Leadership Academy for Supervisors (LAS)**

The Leadership Academy for Supervisors (LAS) is a web-based training program with in-person discussion forums for supervisors based on a leadership competency model specific to child welfare. The program includes an introductory module and five core courses (Foundations of Leadership; Leading in Context: Building Collaboratives; Leading People: Workforce Development; Leading for Results: Accountability; and Leading Systems Change: Goal-Setting). Each online module is followed by a monthly synchronous session – the Leadership Academy for Supervisors Learning Network (LASLN).

This unique opportunity provides professional development to supervisors who want to be effective leaders in their current role or who are interested in preparing for advancement. It's designed for motivated supervisors who are ready to become motivated leaders, in their unit, their agency and their community.

Cohort #2 – Region IV (Florence)	Session began January 14, 2013	Group size=23
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**B. 2. Statewide Supervisory Training/Summit**

SC Department of Social Services presents an interactive day focusing on various aspects of child welfare and the key elements of effective supervision. The summit includes hands-on activities addressing risk and safety as well as an in-depth look at South Carolina's quality assurance measures. Additional information is provided about Guided Supervision and its overall success along with discussion about the leadership competencies. Discussion and activities address the effective ways to partner with staff to guarantee everyone has the right mindset, skillset, and toolset to ensure safe and thriving children with lifelong families.

March 15, 2013	Columbia	215 participants
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**B. 3. Documentation Training for Supervisors**

This training was developed to assist child welfare supervisors with the ability to review their workers' documentation and provide guidance to staff about how to effectively document the quality work that they do. During this half-day training, supervisors learned the characteristics of good documentation, and had the opportunity to practice critiquing documentation and coaching workers to improve their documentation skills.

January 15, 2013	Columbia	25 participants
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**C. Palmetto Power (P2)**

The Center for Child and Family Study provides logistical/administrative support for this event. SCDSS, along with selected guest speakers are responsible for the development of content and delivery.

Palmetto Power (P2), an intercept of people and data, is a series of highly participatory and interactive discussion sessions dedicated to the planning of positive permanencies for children in foster care. Along with supervisory and management staff from the SC Department of Social Services, individuals from a variety of human service agencies and community organizations attend. This includes juvenile justice, mental health, education, Foster Care Review Board, SC Citizens Review Panel, SC Foster Parents Association, along with numerous others. These sessions include presentation of data and information that allow participants to develop hypotheses to case situations as well as develop strategies and action steps for these cases. Implementation of strategies and follow-up are also part of the process to ensure improved outcomes for families and children. All sessions are held in Columbia.

November 30, 2012	DSS=194	Non DSS=70	Total=264	Venue/Food: \$10,013.22
January 25, 2013	DSS=207	Non DSS=70	Total=277	Venue/Food: \$9,633.43
March 12, 2013	DSS=293	Non DSS=103	Total=396	Venue/Food: \$11,873.11

**D. Conference and Other Support**

The Center for Child and Family Studies provides support (registration, planning, etc.) to various SCDSS partnering organizations in their conference executions and other related organizational support.

**D. 1. Independent Living Support**

The Center for Child and Family Studies along with the Independent Living Program at DSS, work collaboratively to create and/or sponsor events that are designed to promote positive youth development and life skills enhancement.

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**Thinkshop Trainings:** Clemson Youth Learning Institute has partnered with SCDSS to provide staff training on best practices in working with youth through activities such as True Colors, Team Building, Resilience Advantage and effective Transition Planning. Since staff development is key to foster participants' achievements, these "Thinkshop" trainings offers experiences uniquely designed for staff that reinforce the idea that they must be engaged in their own learning process in order to positively impact independence in the youth served. This approach to professional development fosters close collaboration among staff with an emphasis on reflection, reward and renewal.

Session 1	January 14-15, 2013	Pickens	DSS=20	Non-DSS=1
Session 2	January 28-29, 2013	Summerton	DSS=17	Non-DSS=1
Session 3	February 11-12, 2013	Pickens	DSS=19	Non-DSS=5
Session 4	February 19-20, 2013	Summerton	DSS=25	Non-DSS=1
			DSS Total = 81	Non-DSS Total=8

In addition to the Thinkshop training sessions, CCFS assisted SCDSS with support for the following youth camps:

Youth Leadership Camp	February 15 -17, 2013	Pickens	Attendance=42
Youth Sibling Camp	March 8 – 10, 2013	Awendaw	Attendance=27

### D. 2. Collaborative Dialogue Meeting

In an effort to ensure that providers are consistently providing the most appropriate service delivery, these meetings will be an opportunity for providers of residential services under the fixed price bid contract and SCDSS staff to discuss specific contract issues. The Center for Child and Family Studies provides the logistical support for these sessions.

October 10, 2012	Columbia	DSS=30	Non-DSS=73
January 8, 2013	Columbia	DSS=27	Non-DSS=90
		DSS Total=57	Non-DSS Total=163

## South Carolina Foster Parent Association

The ultimate goal of the South Carolina Foster Parent Association (SCFPA) is to make 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. This will lead to the creation of a better-prepared and better-equipped foster parent pool for SCDSS to call upon when needed. SCFPA took over the pre-service training for resource and adoptive families in December 2011.

### Training in CY 2012 (January – December 2012)

The year was productive as SCFPA moved forward with implementing the SCFPA Training and Service Plan, which expanded to include pre-service training for Foster Resource Families.

1. Revised the pre-service curriculum. A draft of the written curriculum was complete in December 2011, staff continued working on the PowerPoint and video and ensuring that the written curriculum, video, and PowerPoint all matched and flowed well into the second quarter of 2012 when approval was received from SCDSS.
2. Held the Heartfelt Calling Training of Trainers on August 23; 55 attended.

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3. Offered 1 session of *Building a Bridge: Partnering with Birth Parents for Positive Outcomes* bringing the total number of sessions offered throughout the state to 41; and 16 sessions of *Building a Bridge Follow-up - Rise Material Home Visits page 23 and A Second Chance page 29* were offered.
4. Partnered with four new groups to provide training for local FPAs: the South Carolina Prevention for Teen Pregnancy Campaign, the Palmetto Poison Center, Family Connections of South Carolina SC Program for Infant/Toddler Care, and USC Child Development & Research Center.
5. Offered 42 sessions of *Building a Bridge: Partnering with Birth Parents for Positive Outcomes* throughout the state; and 17 sessions of *Building a Bridge Follow-up - Rise Material Home Visits page 23 and A Second Chance page 29* were offered.
6. Developed three new trainings: Loss & Grief in Foster Care, Water Safety for Children, and Documentation in Daily Foster Care.
7. Developed one new Training in a Pinch (TIPS): Helping Foster Kids do Well in School
8. Given oversight of Pro-parents contract for providing Foster Parent training.
9. Worked with local groups who were having lower attendance to strategize how to increase their attendance and best use training resources in 2013. Some small groups merged and some decided to hold four longer (cluster) trainings instead of short monthly trainings.
10. Continue to offer support to 41 local FPAs. SCFPA currently schedules training for 40 of the 41 local associations. Oconee has elected to schedule its own training, but is working closely with the SCFPA.
11. Held 70 pre-service trainings this year. (See following chart.)

Month	Location	Number Registered	No Shows	Number Trained Day 1	Number Trained Day 2
<b>2011</b>					
December	Aiken	18	0	18	17
December	Florence	12	6	6	6
December	Richland	15	3	12	10
December	Spartanburg	17	3	14	14
<b>December</b>	<b>Total</b>	<b>62</b>	<b>12</b>	<b>50</b>	<b>47</b>
<b>2012</b>					
January	Charleston	16 (1 day 2)	4	11	12
January	Columbia	20	0	20	19
January	Florence	19	7	12	8
January	Orangeburg	15	10	5	5
January	Spartanburg	7	0	7	6
<b>January</b>		<b>77</b>	<b>21</b>	<b>55</b>	<b>50</b>
February	Anderson	21	2	17	19
February	Columbia	18	9	9	7
February	Florence	12	2	10	10
February	Simpsonville	22	2	20	19
February	Spartanburg	12	2	10	10
February	York	8	0	8	8
<b>February</b>		<b>94</b>	<b>17</b>	<b>74</b>	<b>73</b>
March	Columbia	19	1	18	17
March	Charleston	54	19	35	35
March	Florence	14	2	12	12



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Month	Location	Number Registered	No Shows	Number Trained Day 1	Number Trained Day 2
March	Orangeburg	11	3	8	8
March	Spartanburg	11	2	9	9
<b>March</b>		<b>109</b>	<b>27</b>	<b>82</b>	<b>81</b>
April	Florence	16	3	13	13
April	Orangeburg	11	0	11	11
April	Anderson	27	1	25	26
April	Spartanburg	13	2	9	8
April	Columbia	13	2	10	11
April	York	12	0	12	10
<b>April</b>		<b>92</b>	<b>8</b>	<b>80</b>	<b>79</b>
May	Aiken	7	3	4	2
May	Beaufort	13	2	11	11
May	Charleston	44	18	26	26
May	Spartanburg	10	2	8	7
May	Columbia	8	4	4	4
May	Anderson	13	1	12	8
May	York	6	4	2	2
<b>May</b>		<b>101</b>	<b>34</b>	<b>67</b>	<b>60</b>
June	Beaufort	10	4	6	6
June	Clemson	12 (2 day 2)	2	10	12
June	Simpsonville	19 (2 day 2)	4	15	17
June	Florence	11	0	11	11
June	Orangeburg	10	2	8	8
June	Columbia	7	5	2	2
June	Bamberg	17	8	9	8
<b>June</b>		<b>86</b>	<b>25</b>	<b>61</b>	<b>64</b>
July	Charleston	28	12	16	16
July	Spartanburg	15	0	15	15
July	Columbia	24	6	18	18
July	York	24	5	19	19
<b>July</b>		<b>91</b>	<b>23</b>	<b>68</b>	<b>68</b>
August	Horry	11	1	10	10
August	Florence	14 (1 day 2)	6	7	8
August	Columbia	21 (1 day 1)	5	16	15
August	Aiken	14	4	10	10
August	Anderson	27	13	14	14
August	Greenville	25 (2 day 2)	1	24	22
<b>August</b>		<b>112</b>	<b>30</b>	<b>81</b>	<b>79</b>
September	Charleston	33	5	28	27
September	Florence	17	3	14	14

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Month	Location	Number Registered	No Shows	Number Trained Day 1	Number Trained Day 2
September	Spartanburg	16	4	12	12
September	Simpsonville	45	16	29	29
September	Orangeburg	13	2	11	11
September	York	14	3	11	10
<b>September</b>		<b>138</b>	<b>33</b>	<b>105</b>	<b>103</b>
October	Anderson	18 (2 day 1 and 2 only)	2	15	11
October	Beaufort	10	5	4	4
October	Simpsonville	36	6	30	26
October	Horry	10	5	5	5
October	Florence	14	6	8	7
October	Columbia	33	7	26	21
October	York	9 (2 day 2)	3	6	6
<b>October</b>		<b>130</b>	<b>34</b>	<b>94</b>	<b>80</b>
November	Barnwell	17	9	8	8
November	Charleston	52	10	42	41
November	Florence	29	10	19	16
November	Spartanburg	22	4	16	18
November	Columbia	33	2	30	31
November	York	25	5	19	20
<b>November</b>		<b>178</b>	<b>40</b>	<b>134</b>	<b>134</b>
December	Easley	30	5	21	23
<b>December</b>		<b>30</b>	<b>5</b>	<b>21</b>	<b>23</b>
<b>Totals (70 trainings)</b>	<b>December 2011 – December 2012</b>	<b>1,300</b>	<b>309 (24%)</b>	<b>972</b>	<b>941</b>

12. Year-to-date totals:

- Collaboration group presented 435 re-certification trainings between January 1 and December 31, 2012. Thirty-three of these were cluster (3-hour or 6-hour) trainings. For trainings where sign-in sheets were available, a total of 2,240 (1,987 foster parents, 92 SCDSS workers, and 161 others) participated in the training. In addition to the information contained in SCFPA database, the following has been reported to SCFPA.
  - i. Pro-parents trained an additional 299 foster parents during this time period through SCFPA.
  - ii. Palmetto Health trained 898 foster parents and 262 agency staff.
  - iii. Baptist Easley trained 148 foster parents (with no report for second, third or fourth quarter at this time).
- The total number of foster parents who have participated in training offered by the collaboration group for this period was 3,332. (Foster parents may have participated in more than one training session and are counted each time they participate in training.) In addition to the foster parents, the

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collaboration group has trained 515 others including SCDSS workers, GALs, and other agency staff. The total number trained is 3,847.

- In addition to training offered, Palmetto Health received 3,287 completed Home Study Modules; 695 foster parents completed these modules. Baptist Easley received 1,468 completed Home Study Modules.
- In addition, the 2012 SCFPA conference was attended by 520 foster parents, 82 SCDSS employees, and 18 presenters for a total of 620 participants.

\*Please note figures in this report are based on what has been reported to SCFPA at this time – these figures do not reflect all services provided by individual agencies.

### Training in CY 2013 January – March 2013

#### Major activities and accomplishments

1. Developed two new trainings: Teaching Kids to Manage Money and The New Health and Education Passport for Children in Care.
2. Scheduled 33 Health and Education Passport training sessions between now and the end of the year.
3. Scheduled 33 Water Safety training sessions between now and the end of the year.
4. Revised Pre-service curriculum materials to reflect the philosophical change occurring regarding temporary care for children through the use of language. The term “foster parent” was changed to resource family.
5. Attended four Key Concepts training and will be incorporating materials into resource family training and developing a curriculum based on safety factors.
6. Collaborating with Heritage Foundation to adapt modules of their Sex, Lies, and Hook-ups material to be used with resource families.
7. Continue to offer support to 41 local FPAs. SCFPA currently schedules training for 40 of the 41 local associations. Oconee has elected to schedule its own training, but is working closely with the SCFPA.
8. Conducted 14 cluster (3- and 6-hour) trainings this quarter.
9. Held 18 Pre-service trainings this quarter (2 canceled for lack of registration). See following table.

Month	Location	Number Registered	No Shows	Number Trained Day 1	Number Trained Day 2
<b>2013</b>					
January	Anderson	12 (1 for day 1)	2	10	9
January	Beaufort	14	1	13	13
January	Charleston	23 (2 for day 2)	5	15	18
January	Simpsonville	24 (2 for day 2)	6	18	20
January	Lake City	10 (2 for day 2)	2	8	8
January	Columbia	20	7	13	13
January	Florence	26	14	12	13
January	Parenting Place	10	4	6	6
<b>January</b>		<b>139</b>	<b>41</b>	<b>95</b>	<b>100</b>
February	Charleston	25 (2 for day 1)	1	22	24
February	Spartanburg	9 (1 for day 2)	1	9	9
February	Columbia	28 (3 for day 2)	9	19	22
February	Florence	32	18	14	14
February	Simpsonville	25	2	23	23
February	York	26	1	25	25

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Month	Location	Number Registered	No Shows	Number Trained Day 1	Number Trained Day 2
February		145	32	112	117
March	Columbia	49	20	29	28
March	Charleston	30 (2 for day 1 and 1 for day 2)	12	16	18
March	Simpsonville	34 (1 day 1)	1	33	33
March	Florence	25	11	13	14
March		138	44	91	93
<b>Totals (18 trainings)</b>		<b>422</b>	<b>117 (28%)</b>	<b>298</b>	<b>310</b>

10. Followed up with local groups who were having lower attendance to see how the strategies mutually agreed-upon to implement for the 2013 training year are working to increase their attendance and best use training resources. In some areas, the new strategies are working well. Hampton, for example, had 14 participants at their first cluster training. In other areas of the state, the new strategies are not working, Fairfield and Chester, for example, decided to try to merge the two groups and hold training every other month in each county. This strategy has actually hurt attendance and Chester actually had one month where no foster parents showed up for the training (while their numbers have been low in the past, this had never happened before). SCFPA requested data from state office to compare the number of licensed foster homes to the number of training participants attending local meetings. Surprisingly, in the counties with very low number of training participants are actually having between 50% and 100% of the licensed resource families attend the training. Some of the locations where there are consistently high attendance rates, based on percentage of foster families attending training, actually have lower attendance rates. For this reason, SCFPA will continue to try to work with all locations to best meet their needs and at the same time make the best use of resources. For example, in Fairfield and Chester, they have each decided to hold monthly trainings again; however, SCFPA will only provide trainers every other month to these locations and they will use local presenters for the other months.
11. SCFPA began requesting sign-in sheets from all presenters, not just those with contracts, late in this quarter. Most of the sign-in sheets for this quarter were received; SCFPA hopes to have 100% of the sign-in sheets in the near future in order to better assist SCDSS with monitoring re-certification training.
12. SCFPA and its collaborators presented **99** recertification trainings this quarter, receiving sign-in sheets for **80** local association trainings. For those trainings, a total of **1,085** (1,023 foster parents, 20 SCDSS workers, 42 other) attended. Based on the sign-in sheets received, SCFPA averaged **14** participants per training this quarter.
13. For the period January 1, 2013, to March 31, 2013, Palmetto Health reported the following training:

Month	Class Attendance by Foster Parents On-Site/Off-Site	Number of Home Study Modules Completed/Number of Foster Parents Completing	Class Attendance by SCDSS Caseworkers/Therapeutic Agency Staff/Community Agencies
January	18/47	358/73	19
February	34/28	448/103	19
March	12/100	402/94	8
Total	64/175	1208/270	46

14. Year-to-date totals:

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- Collaboration group has presented 99 trainings between January 1 and March 31, 2013. 14 of these were cluster (3 hour or 6 hour) trainings. For those trainings with sign-in sheets, a total of **1,085** (1,023 foster parents, 20 SCDSS workers, 42 other) participated in the training. In addition to the information contained in SCFPA database, the following has been reported to SCFPA.
  - i. Palmetto Health trained 239 foster parents and 46 agency staff.
  - ii. Baptist Easley (no report at this time).
- The total number of foster parents who have participated in training offered by the collaboration group for this period that has been documented is **1,262**. (Foster parents may have participated in more than one training session and are counted each time they participate in training.) In addition to the foster parents, the collaboration group has trained **108** others including SCDSS workers, GALs, and other agency staff. The total number trained is **1,370**.
- In addition to training offered, Palmetto Health received 1,208 completed Home Study Modules; 270 foster parents completed these modules. Baptist Easley (no report at this time).
- In addition, the 2013 SCFPA conference is scheduled for April.

\*Please note figures in this report are based on what has been reported to SCFPA at this time – these figures do not reflect all services provided by individual agencies.

### Concerns/Problems

The greatest concerns this quarter were no shows at pre-service and low percentage of participation at some re-certification trainings. SCFPA will continue to work with the local FPAs and local SCDSS offices to strategize and find ways to address these attendance issues.

Activities planned for April – May 2013 include:

1. Hold a Training of Trainers meeting to discuss changes in the pre-service training.
2. Work with Libby Ralston to develop a curriculum on the impact of trauma on children. Continue to work on addressing literacy issues among children in care.
3. Continue to re-enforce the *Building a Bridge: Partnering with Birth Parents for Positive Outcomes* training by incorporating the concepts throughout SCFPA training material.
4. Continue to work together to provide SCDSS with information and ensure that all SCDSS categories for foster parent training are being addressed.
5. Continue to refine process for scheduling and monitoring all training delivered at local FPAs through the Current Training Provider Collaboration group.
6. Continue to refine process for scheduling and monitoring the Pre-service training and clarify roles and responsibilities regarding this training.
7. Continue to work with SCFPA presidents on leadership and developing their local organizations.
8. Hold the 2013 SCFPA Conference April 12 and 13, 2013.

## Education and Training (IV-B and IV-E checklists)

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Included in this report are trainings provided by Richland County Court Appointed Special Advocate Program, the Cass Elias McCarter Guardian ad Litem Program, Parents Anonymous of South Carolina, the Palmetto Association for Children and Families, and Children's Trust of South Carolina.

### Richland County Court Appointed Special Advocate Program

Richland County Court Appointed Special Advocate Program (RCCASA) is the sole entity authorized by statute to provide a volunteer guardian ad litem in the Richland County Family Court for cases brought forth by the SC Department of Social Services for allegations of child abuse and neglect. RCCASA is an accredited program through

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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 the 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."

RCCASA serves 100% of the children in need with a volunteer RCCASA guardian ad litem. At present, RCCASA serves an average of 1,000 children annually with the current pool of 400 volunteer guardians. On average, 120 new volunteers are trained annually and on-going training for all guardians is essential for enhancing advocacy skills. All RCCASA Volunteers are required to participate in 15 hours of additional training annually to maintain their active status as guardians. A minimum of 15 trainings sessions a year are conducted, video-taped, and placed on the agency website. RCCASA hosts an annual statewide training conference for volunteers that is an all-day event. RCCASA further provides one-on-one training between individual guardians and a CASA staff member.

The National CASA 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

Additional learning components include, but are not limited to the following:

- Reviewing child's progress & family compliance
- Preparation for and participation in court hearings
- Completion of case documents, referral forms, correspondence, and other communications
- Preparation for and participating in court reviews to include permanency planning proceedings, Foster Care Review Board and agency planning for children
- Case record review for placement options, treatment plans, and compliance with court ordered services
- Consultation with CASA attorneys and preparation of case timelines
- Participating in court negotiations, mediation, and pre-trial hearings
- Records request procedures for medical, educational, psychological and others
- Case management for family reunification and/or permanency options, including removal prevention
- Risk assessments and revisions of current service plans
- Progress and compliance with court ordered services
- Time management and priority assessment
- Communicating with SCDSS and other service providers

The following chart represents trainings provided or conducted by RCCASA in 2012.

Date	Training Description	Hours	Audience	Attendees	NOTES:
5.8.12	Accountability RETREAT ~ B. Burton	120	GAL's/Staff/Legal	15	15 staff / 30 volunteers
5.9.12	Accountability RETREAT ~ B. Burton	120	GAL's/Staff/Legal	15	15 staff / 10 volunteers / 20 Partners
3.21.12	Accountability Training	22.5	Staff	15	15 staff X 1.5 hr
5.3.12	Accountability Training - Brad Burton	30	Staff	15	15 staff X 2 hr

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Date	Training Description	Hours	Audience	Attendees	NOTES:
8.8.12	Accountability Training - Brad Burton	30	Staff	15	15 staff X 2 hr
7.17.12	Accountability training follow up - BB	75	Staff / volunteers	15	15 staff X 5 hr
5.7.12	Accountability training prep	50	Staff / volunteers	10	10 staff X 5 hr
4.10.12	Accountability Training- Brad Burton	37.5	Staff / volunteers	15	15 staff X 2.5 hr
11.08.11	Accountable Culture Training	10	Managers	5	5 managers X 2 hr
12.5.11	Advanced Analytics training	7.5	ED	1	ED
12.6.11	Advanced Analytics training	7.5	ED	1	ED
12.7.11	Advanced Analytics training	7.5	ED	1	ED
12.8.11	Advanced Analytics training	7.5	ED	1	ED
12.9.11	Advanced Analytics training	7.5	ED	1	ED
4.18.12	Annual Volunteer Training	120	Staff / volunteers	250	15 staff X 8 hr
10.22.11	Awareness Training ~ Greenfair	25	Public / staff	100	5 staff / 5 Hr.
5.3.12	Budget / RC - BOD / training	18	Staff - Managers	6	6 staff X 3 hr
3.6.12	Capacity Building Webinar	22.5	Staff	15	15 staff X 1.5 hr
8.3.12	CASA Manager Training	30	Managers	6	6 staff X 5 hr
7.3.12	CASA Organizational Training	30	Managers	6	6 staff X 5 hr
8.20.12	CASA Partners training	20	Staff	5	5 staff X 4 hr
4.25.12	CASA QB Training	120	Staff / volunteers	65	15 staff X 8 hr
7.13.12	CASA Retreat Training	112.5	Staff / volunteers	20	15 staff X 7.5 hr
7.20.12	CASA Supervisor / HR training	12	Staff	6	6 staff X 2 hr
7.18.12	CASA Training	45	Staff	15	15 staff X 3 hr
9.20.12	CASA Training ~ BOD Monthly training	6	ED	12	2 staff X 3 hr
8.23.12	CASA Training ~ court preparation	30	Staff / volunteers	10	6 staff X 5 hr
9.22.12	CASA Training ~ DSS/FP Festival	18	Staff/GAL's/FP	100	3 staff X 6 hr
9.10.12	CASA training ~ Glen Forest School	21	Staff /volunteers	50	3 staff X 7 hours / 50+ faculty
8.21.12	CASA training ~ Jr. League	4	Staff / volunteers	35	2 staff X 2 hr
9.6.12	CASA training ~ Jr. League	5	Staff	30	1 staff X 5 hr
9.5.12	CASA training ~ monthly	67.5	Staff / volunteers	15	15 staff X 4.5 hr
7.30.12	CASA training ~ Wilbur Smith	25	Staff/vol/BOD	50	5 staff X 5 hr - Presented to Leadership Team
8.23.12	CASA Training BOD monthly	6	Staff / BOD	14	2 staff X 3 hr ~ 12 BOD
4.20.12	Child Abuse Awareness	75	Staff /volunteers	50	15 staff X5 hr / 17

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Date	Training Description	Hours	Audience	Attendees	NOTES:
	Training				volunteers
10.19.11	Children's Trust Training	8	Staff / GALs	2	CASA ED / GAL attended
10.14.11	CLE ~ Ethics Training	22.5	Attorneys	3	3 CA X 7.5
8.17.12	CLE ~ Family Law Training	22.5	Attorneys	3	3 CA X 7.5
4.27.12	CLE ~ Immigration	22.5	Attorneys	3	3 CA X 7.5
1.20.12	CLE ~ Ligation Training	22.5	Attorneys	3	3 CA X 7.5
7.12.12	Compression Planning training	2	ED	1	1 staff X 1 hr
7.17.12	Compression Planning training	1.5	ED	1	1 staff X 1.5 hr
7.27.12	Compression Planning training	1.5	ED	1	1 staff X 1.5 hr
7.31.12	Compression Planning training	7.5	ED	1	1 staff X 7.5 hr
8.1.12	Compression Planning training	7.5	ED	1	1 staff X 7.5
9.14.12	Compression Planning training	12	Staff	6	6 staff X 2 hr
10.27.11	CRP Retreat Training	7.5	Staff / GALs	6	2 Staff / 4 GALs
5.25.12	Data / Case Opening training	75	Staff / volunteers	15	15 staff X 5 hr
4.5.12	DSS Stakeholders training	7	Managers	2	2 staff X 3.5 hr
10.11.11	ETO	45	Staff / GALs	15	15 Staff X 5 hr
5.29.12	ETO / Database training	50	Staff / volunteers	10	10 staff X 5 hr
1.6.12	ETO training	50	Staff / GAL	20	10 staff X 5 hr (10 volunteers)
2.22.12	ETO training	45	Staff / GAL	15	15 staff X 3 hr
8.13.12	ETO training	30	Staff	15	15 staff X 2 hr
8.23.12	ETO training	30	Staff / volunteers	20	15 staff X 2 hr
9.14.12	ETO training	45	Staff	15	15 staff X 3 hr
9.24.12	ETO training - Atlanta	15	staff	2	2 staff X 7.5
7.10.12	ETO training with SCDSS	15	Staff / BOD /DSS	15	5 staff X 3 hr
7.17.12	ETO training with SCDSS	30	Staff / DSS	15	15 staff X 2 hr
9.25.12	ETO training	10	staff	2	2 staff X 5 hr
9.19.12	FCRB training for GALs	20	GAL's/Staff/Legal	15	10 staff X 2 hr
4.30.12	Fiscal Accountability Training - RC	24	Managers	6	6 staff X 4 hr
8.9.12	GAL / HR trainings	12	GAL's/Staff/Legal	4	4 staff X 3 hr
2.2.12	GAL Judicial training ~ Judge Morris	30	GAL's/Staff/Legal	35	15 staff X 2 hr
10.4.11	GAL performance Training	15	CASA Managers	5	3 Hr. training X 5 people
9.12.12	GAL recruitment training	37.5	GAL's/Staff/Legal	12	5 staff X 7.5 hr
2.28.12	GAL training	3	ED/GAL	2	ED X 3 hr
8.31.12	GAL training	30	Staff / volunteers	20	6 staff X 5 hr - 20



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Date	Training Description	Hours	Audience	Attendees	NOTES:
					volunteers
1.11.12	GAL training	10	GAL's/Staff/Legal	30	2 staff X 5 hr (USC Law School Students)
4.19.12	GAL training ~ BOD	10	Staff / BOD	14	2 staff X 5 hr / 12 BOD
4.13.12	GAL training ~ BOD ~ Treasurer	4	Staff / volunteers	2	2 staff X 2 hr
3.13.12	GAL training ~ BOD Dev Dir	7.5	Staff/GAL	2	1 staff X 7.5
5.17.12	GAL training ~ BOD Monthly	9	Staff / Vol / BOD	15	3 staff X 3 hr / 12 BOD
2.7.12	GAL training ~ CASA Quarterbacks	112.5	GAL's/Staff/Legal	200	15 staff X 7.5 hr
10.25.11	GAL training ~ Champion For Children	60	Public / staff	200	15 staff / 4 Hr.
12.9.11	GAL training ~ Colonial Life	52.5	Staff / CL Leaders	50	5 staff X 7.5 hr
1.12.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
1.19.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
1.26.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
10.13.11	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
10.20.11	GAL training ~ Court / MH / EPC	52.5	Staff / GALS	12	7 staff training 7 GALS
10.27.11	GAL training ~ Court / MH / EPC	52.5	Staff / GALS/Legal	12	7 staff training 7 GALS
10.6.11	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
11.03.11	GAL training ~ Court / MH / EPC	52.5	Staff / GALS/Legal	12	7 staff training 7 GALS
11.10.11	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
11.17.11	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
11.28.11	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
12.1.11	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
12.15.11	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
12.8.11	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
2.16.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
2.2.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS

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Date	Training Description	Hours	Audience	Attendees	NOTES:
2.23.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
2.9.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
3.15.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
3.22.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
3.29.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
3.5.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
3.8.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
4.12.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
4.16.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
4.19.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
4.2.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
4.26.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
4.5.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
4.9.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
5.10.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
5.17.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
5.24.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
5.3.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
5.31.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
6.14.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
6.21.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
6.7.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	15	7 staff training 7 GALS
7.12.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
7.19.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS

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Date	Training Description	Hours	Audience	Attendees	NOTES:
7.26.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
8.16.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
8.2.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
8.23.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
8.30.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
8.9.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
9.13.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
9.20.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
9.24.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
9.27.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
9.6.12	GAL training ~ Court / MH / EPC	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
11.09.11	GAL training ~ court prep	50	Staff / GALS	12	10 staff X 5 hr (12 volunteers)
12.14.11	GAL training ~ court prep	105	staff / GALS	100	15 staff X 7 hr
12.21.11	GAL training ~ ICPC	10	Staff/GAL	2	GA case
2.22.12	GAL training ~ National network	12	Managers	50	6 staff X 2 hr
3.20.12	GAL training ~ new GAL mentoring	10	Staff / GAL	4	2 staff X 5 hr (2 volunteer)
5.4.12	GAL training ~ Recommendations 101!	25	GAL's/Staff/Legal	5	5 staff X 5 hr
1.30.11	GAL training ~ reports / recommendation	1,040	Staff / GALS	200	13 Staff X 4 hr X 20 days in Jan.
10.30.11	GAL training ~ reports / recommendation	1,092	Staff / GAL's	200	13 Staff X 4 hr X 21 days in Oct.
11.30.11	GAL training ~ reports / recommendation	988	Staff / GAL's	200	13 Staff X 4 hr X 19 days in Nov.
12.31.11	GAL training ~ reports / recommendation	1,040	Staff / GALS	200	13 Staff X 4 hr X 20 days in Dec.
2.29.12	GAL training ~ reports / recommendation	1,040	Staff / GALS	200	13 Staff X 4 hr X 20 days in Feb.
3.31.12	GAL training ~ reports / recommendation	1,144	Staff / GALS	200	13 Staff X 4 hr X 22 days in March
4.30.12	GAL training ~ reports / recommendation	1,092	Staff / GALS	200	13 Staff X 4 hr X 21 days in April
5.31.12	GAL training ~ reports / recommendation	1,144	Staff / GALS	200	13 Staff X 4 hr X 22 days in May

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Date	Training Description	Hours	Audience	Attendees	NOTES:
6.30.12	GAL training ~ reports / recommendation	1,092	Staff / GALS	200	13 Staff X 4 hr X 21 days in June
7.31.12	GAL training ~ reports / recommendation	1,040	Staff / GALS	200	13 Staff X 4 hr X 20 days in July
8.31.12	GAL training ~ reports / recommendation	1,196	Staff / GALS	200	13 Staff X 4 hr X 23 days in August
9.30.12	GAL training ~ reports / recommendation	988	Staff / GALS	200	13 Staff X 4 hr X 19 days in September
11.10.11	GAL training ~ Swearing In	10	Staff / GALS	25	5 staff X 2 hr (20 volunteers - public - Judge)
1.23.12	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
1.30.12	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
1.30.12	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
1.9.12	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
10.17.11	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
10.24.11	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
10.3.11	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7 staff training X 7.5 hr 7 GALS
11.07.11	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
11.14.11	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
12.12.11	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
12.5.11	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
2.13.12	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
2.27.12	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
2.6.12	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
3.12.12	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
3.19.12	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
3.26.12	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
4.23.12	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
4.30.12	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
5.14.12	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
5.21.12	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
5.7.12	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
6.18.12	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
6.25.12	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
6.28.12	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
6.4.12	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
7.16.12	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
7.2.12	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
7.23.12	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
7.30.12	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALS
7.9.12	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7staff training 7 GALS

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Date	Training Description	Hours	Audience	Attendees	NOTES:
8.13.12	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALs
8.20.12	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALs
8.27.12	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALs
8.6.12	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALs
9.10.12	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALs
9.17.12	GAL training ~ Trials	52.5	GAL's/Staff/Legal	12	7 staff training 7 GALs
4.10.12	GAL training ~ Wilber Smith Associates	15	Staff / volunteers	45	5 staff X 3 hr
4.2.12	GAL training ~ WLTX	15	staff	75	5 staff X 3 hr
1.13.12	GAL training BOD	10	Staff / BOD	14	2 Staff / 12 BOD
10.20.11	GAL training BOD	10	Staff / BOD	14	2 Staff / 12 BOD
11.17.11	GAL training BOD	10	Staff / BOD	14	2 Staff / 12 BOD
2.16.12	GAL training BOD	10	Staff / BOD	14	2 Staff X 5hr / 12 BOD
3.15.12	GAL training BOD	10	Staff / BOD	14	2 staff X 5hr / 12 BOD
2.14.12	GAL training training budget	30	Managers	6	6 staff X 5 hr
6.14.12	Grant Administration training	10	Staff	2	2 staff X 5 hr
2.13.12	Grant Review Training	24	Managers	6	6 staff X 4 hr
6.6.12	Grant Review Training	8	Staff	2	2 staff X 4 hr
5.22.12	Grants Administration Training	15	Staff	2	2 staff X 7.5
5.23.12	Heart Gallery Training	30	Staff	15	15 staff X 2 hr
4.17.12	HR Training / Buck Consultants	10	Staff	2	2 staff X 5 hr
4.17.12	HR Training / Buck Consultants	45	Staff	15	15 staff X 3 hr
4.2.12	HR training for volunteers	6	Managers	2	2 staff X 3 hr
7.18.12	Immigration training	15	Staff	5	5 staff X 3 hr
8.21.12	Immigration training	12	Staff	6	6 staff X 2 hr
4.11.12	IT training	31.5	Staff	15	15 staff X 4.5 hr
6.13.12	IT Training (RC)	90	Staff	15	15 staff X 6 hr
1.13.12	IV-E training	10	Staff / Ray	5	5 staff X 2 hr (Ray Goodwin)
8.10.12	IV-E training - Ray Goodwin	30	Staff	15	15 staff X 2 hr
3.14.12	IV-E training ~ Buck Consultants	10	Staff	4	4 staff X 1.5 hr
3.29.12	IV-E training ~ Ray	12	Managers	6	6 staff X 2 hr
4.3.12	IV-E training ~ staff	15	Staff / volunteers	15	15 staff X 1 hr (3 volunteers)
5.17.12	Judicial Training ~ Judge Smalls - Swear In	45	GAL's/Staff/Legal	12	15 staff X 3 hr
10.6.11	Leadership Skills Training	180	Staff	2	2 staff X 90 hr (6 mo course / 2Xmo)

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Date	Training Description	Hours	Audience	Attendees	NOTES:
8.14.12	Limited Language training	9	Staff	3	3 staff X 3 hr
3.1.12	Manager Training / Data Projections	24	Managers	6	6 staff X 4 hr
12.2.11	Manager Training / Outcomes	30	Managers	6	Trained
3.28.12	Media / confidentiality training	45	Staff	15	15 staff X 3 hr ~ Mel Stibbons
9.11.12	Mentor Training ~ CASA	37.5	GAL's/Staff/Legal	12	5 staff X 7.5
10.5.11	National Diversity Training	52.5	Staff / GALs	7	7 Staff X 7.5 hr
10.6.11	National Diversity Training	52.5	Staff / GALs	7	7 Staff X 7.5 hr
10.7.11	National Diversity Training	52.5	Staff / GALs	7	7 Staff X 7.5 hr
10.8.11	National Diversity Training	52.5	Staff / GALs	7	7 Staff X 7.5 hr
10.9.11	National Diversity Training	52.5	Staff / GALs	7	7 Staff X 7.5 hr
6.11.12	NCASA Conf	120	Staff / volunteers	15	15 staff X 8 hr
6.12.12	NCASA Conf	120	Staff / volunteers	15	15 staff X 8 hr
6.9.12	NCASA Conf	120	Staff / volunteers	15	15 staff X 8 hr
6.10.12	NCASA Conf / ETO workshop	120	Staff / volunteers	15	15 staff X 8 hr
6.16.12	NCASA PS Training - 2 day - Sat/Sun	80	Staff / GAL's	20	5 Staff X 16 hr
1.17.12	NCASA PS Training - 6 nights / 1 day	205	Staff / GAL's	23	5 Staff X 41 hr
10.11.11	NCASA PS Training - 6 nights / 1 day	205	Staff / GALs	23	5 Staff X 41 hr
2.21.12	NCASA PS Training - 6 nights / 1 day	205	Staff / GAL's	20	5 Staff X 41 hr
3.27.12	NCASA PS Training - 6 nights / 1 day	205	Staff / GAL's	20	5 Staff X 41 hr
4.24.12	NCASA PS Training - 6 nights / 1 day	205	Staff/Volunteers	23	5 staff X 41 hr / 20 volunteers
5.21.12	NCASA PS Training - 6 nights / 1 day	205	Staff / GAL's	28	5 Staff X 41 hr
7.24.12	NCASA PS Training - 6 nights / 1 day	205	Staff / GALs	20	5 Staff X 41 hr
8.21.12	NCASA PS Training - 6 nights / 1 day	205	Staff / volunteers	23	5 staff X 41 hours / 20 volunteers
1.16.12	NCASA PS Training Prep	22.5	Staff	3	3 staff X 7.5
10.10.11	NCASA PS Training Prep	22.5	Staff	3	3 staff X 7.5
2.20.12	NCASA PS Training Prep	22.5	Staff	3	3 staff X 7.5
3.26.12	NCASA PS Training Prep	22.5	Staff	3	3 staff X 7.5
4.23.12	NCASA PS Training Prep	22.5	Staff	3	3 staff X 7.5
5.20.12	NCASA PS Training Prep	22.5	Staff	3	3 staff X 7.5
6.15.12	NCASA PS Training Prep	22.5	Staff	3	3 staff X 7.5
7.23.12	NCASA PS Training Prep	22.5	Staff	3	3 staff X 7.5
8.20.12	NCASA PS Training Prep	22.5	Staff	3	3 staff X 7.5

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Date	Training Description	Hours	Audience	Attendees	NOTES:
1.26.12	P2 Training	12	Staff	2	2 staff X 6 hr
10.27.11	P2 Training	7.5	Staff	1	ED
11.18.11	P2 Training	70	Staff / volunteers	15	10 staff X 7 hr (5 volunteers)
2.23.12	P2 Training	24	Staff / GALs	4	4 staff X 6 hr (4 volunteers)
3.22.12	P2 Training	12	Staff / volunteers	2	2 staff X 6 hr (2 volunteers)
4.12.12	P2 Training	30	Staff / volunteers	5	5 staff X 6 hr (4 volunteers)
5.24.12	P2 Training	18	Staff / volunteers	3	3 staff X 6 hr / 4 volunteers
6.28.12	P2 Training	18	Staff / volunteers	3	3 staff X 6 hr / 4 volunteers
8.23.12	P2 Training	18	Staff / volunteers	6	3 staff X 6 hr
4.24.12	Pre Train readiness	7.5	Staff	1	1 staff X 7.5 hr
5.1.12	Prepare for Accountability training	30	staff	15	15 staff X 2 hr
4.23.12	Prepare for CASA QB Training	42	Staff	7	7 staff X 6 hr
4.24.12	Prepare for CASA QB Training	10	Staff	2	2 staff X 5 hr
9.21.12	Prepare for ETO Training	9	staff	3	3 staff X 3 hr
9.23.12	Prepare for ETO Training	10	staff	2	2 staff X 5 hr
2.6.12	Prepare for GAL training	37.5	Staff	5	5 staff X 7.5 hr
3.26.12	Prepare for GAL Volunteer training	15	Staff	2	2 staff X 7.5
4.23.12	Prepare for NCASA PS Training	15	Staff / volunteers	2	2 Staff X 7.5 hr
6.8.12	Prepare for NCASA Workshop / Conf.	120	Staff / volunteers	15	15 staff X 8 hr
4.6.12	Prepare for USC Law School training	25	Staff	5	5 staff X 5 hr
3.5.12	Prepare for Vol For Youth Conference	30	Staff	4	4 staff X 7.5 hr
3.6.12	Prepare for Vol For Youth Conference	30	Staff	4	4 staff X 7.5 hr
3.8.12	Prepare for Vol For Youth Conference	30	Staff	4	4 staff X 7.5 hr
4.16.12	Prepare for Volunteer Training - annual	80	Staff	10	10 staff X 8 hr
11.30.11	Professional Development Training	22.5	Staff	5	5 staff X 4.5 hr
4.27.12	Report Writing Training - Tom Huebner	60	Staff / volunteers	15	15 staff X 3 hr
5.14.12	Richland 101 ~ CASA Training	15	Staff/volunteers	50	5 staff X 3 hr
1.9.12	Risk Analysis Training	50	Staff / volunteers	20	10 staff X 5 hr (10 volunteers)
10.21.11	RT Training with GAL	8	GAL / Staff	4	2 staff / 2 GALs - 2 cases
6.5.12	Safety Roundtable training	25	Staff	5	5 staff X 5 hr

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Date	Training Description	Hours	Audience	Attendees	NOTES:
10.5.11	Staff training / Prepare for Ntl training	90	Staff / GALs	20	15 staff X 4.5 Hr=67.5 / 5 staff X 4.5 Hr=22.5
1.4.12	Staff training ~ Monthly	75	Staff / GAL	15	15 staff X 5 hr
11.02.11	Staff training ~ Monthly	75	Staff / GALs	15	15 staff X 5 Hr
12.7.11	Staff training ~ Monthly	75	Staff / GALs	15	15 staff X 5 Hr
2.1.12	Staff training ~ Monthly	75	Staff / GAL	15	15 staff X 5 hr
3.7.12	Staff training ~ Monthly	75	Staff / GAL	15	15 staff X 5 hr
4.4.12	Staff training ~ Monthly	75	Staff / volunteers	15	15 staff X 5 (5 volunteers)
5.2.12	Staff training ~ Monthly	75	Staff / volunteers	15	15 staff X 5 hr (3 volunteers)
6.6.12	Staff training ~ Monthly	75	Staff / volunteers	15	15 staff X 5 hr (3 volunteers)
7.11.12	Staff training ~ Monthly	75	Staff / volunteers	15	15 staff X 5 hr (4 volunteers)
8.1.12	Staff training ~ Monthly	75	Staff / volunteers	15	15 staff X 5 hr
4.9.12	USC Law School GAL training	60	Staff	250	10 staff X 6 hr
1.18.12	USC Law Students ~ CASA training	25	Staff / volunteers	30	5 staff X 5 hr
11.9.11	USC Law Students ~ CASA training	25	Staff / volunteers	15	5 staff X 5 hr
3.21.12	USC Law Students ~ CASA training	25	Staff / volunteers	22	5 staff X 5 hr
6.13.12	USC Law Students ~ CASA training	25	Staff/Volunteers	25	5 staff X 5 hr
8.24.12	USC Law Students ~ CASA training	25	Staff / volunteers	30	5 staff X 5 hr
11.08.11	VAC Training	37.5	Staff / GALs	17	5 staff X 7.5 Hr / 12 volunteers
1.12.12	VOCA Grant training	24	Staff	2	4 staff X 6 hr
2.27.12	VOCA Grant training	16	Staff	2	4 staff X 4 hr
7.25.12	VOCA training	20	Staff	2	4staff X 5 hr
1.27.12	VOCA/Web/Data training	36	Staff	6	6 staff X 6 hr
8.7.12	Vol. Policy training	75	GAL's/Staff/Legal	15	15 staff X 5 hr (22 vol)
3.9.12	Volunteer For Youth Conference	135	Staff / volunteers	300	15 staff X 9 hr
8.29.12	Volunteer For Youth Conference - training	16	Staff / volunteers	20	4 staff X 4hr
	<b>Total Hours</b>	<b>25,889</b>	<b>Total Attendees</b>	<b>7,279</b>	

**The Cass Elias McCarter Guardian ad Litem Program**

The Cass Elias McCarter Guardian ad Litem Program recruits, trains and supervises 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. Staff members complete a Training of Facilitator (TOF) course that covers



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the skills and methodology needed to effectively use this training model. The training prepares the volunteer for all aspects of their court appointment. It covers the roles and responsibilities of the GAL, 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 are designed to meet the needs of the volunteers in expanding their knowledge basis beyond the basic information presented in the pre-service training.

The following chart represents pre-service trainings provided or conducted by the Cass Elias McCarter Guardian ad Litem Program in 2012 and 2013.

Training Dates	County	Type of Training/Topic	Attendees	Hours
9/24-10/16/2012	Aiken	Pre-Service	7	30
1/8-2/7/2013	Aiken	Pre-Service	7	30
7/30/2012	Aiken	Cont. Ed: Foster Children Needs	13	2
8/14/2012	Aiken	Cont. Ed: Family Team Meetings	8	2
9/17/2012	Aiken	Cont. Ed: Gangs	14	2
10/23/2012	Aiken	Cont. Ed: Cultural Competence	19	2
12/13/2012	Aiken	Cont. Ed: Stewards of Children	18	3
15-Aug-12	Anderson	Cont. Ed: Court Report Writing	19	2
Sep. 10-Sep. 27, 2012	Anderson	Pre-Service	7	30
Sep. 19, 2012	Anderson	Cont. Ed: Perspective from the Bench (Judge Long & Ballenger)	21	2
Oct. 17, 2012	Anderson	Domestic Violence	15	2
Nov. 14, 2012	Anderson	Adoption	9	2
Dec. 5, 2012	Anderson	Webcast: Permanency for Older Youth	9	2
Dec. 19, 2012	Anderson	Cultural Competence	9	2
Jan. 14-Feb. 5, 2013	Anderson	Pre-Service	7	30
Jan. 16, 2013	Anderson	Behavioral Health (Drugs)	16	2
Feb. 20, 2013	Anderson	Working w/Community Agencies	16	2
Oct 11, 2012- Nov 15, 2012	Bamberg/ Barnwell	Pre-Service	2	30
Jan 17, 2013-Feb 21, 2013	Bamberg/ Barnwell	Pre-Service	2	30
Sept. 13, 2012	Bamberg/ Barnwell	Continuing Ed: Cultural Competency	5	3
Oct. 12, 2012	Bamberg/ Barnwell	Continuing Ed: Permanency Planning	5	3
28-Nov-12	Bamberg/ Barnwell	Continuing Ed: Permanency Planning	2	1
16-Aug-12	Beaufort/ Jasper	Continuing Ed: Children's Trust	2	2
21-Feb-13	Beaufort/ Jasper	Continuing Ed: Mental Illness	2	2
July 10-24, 2012	Berkeley	Pre-Service	2	30

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Training Dates	County	Type of Training/Topic	Attendees	Hours
Oct 4-Nov 29, 2012	Berkeley	Pre-Service	3	30
Feb 15-Mar 22, 2013	Berkeley	Pre-Service	8	30
1-Nov-12	Berkeley	Cultural Awareness	27	3
13-Nov-12	Berkeley	Sex Offender Assessments and Evidence Based Treatment	7	6.5
8/6-9/10/12	Charleston	Pre-Service	9	30
7/17-7/28/12	Charleston	Pre-Service	11	30
8/6-9/10/12	Charleston	Pre-Service	18	30
1/7-2/11/13	Charleston	Pre-Service	23	30
Nov 5-Nov 26 2012	Cherokee	Pre-Service	3	30
Jan 28-Feb 18 2013	Cherokee	Pre-Service	9	30
31-Jul-12	Cherokee	YAP/Children's Conferences	7	2.5
Sept 20 – Oct 24, 2012	Chester/ Fairfield	Pre-Service	7	30
15-Nov-12	Chester/ Fairfield	Adoptions	3	1.5
17-Jan-13	Chester/ Fairfield	Catawba Indian Nation Social Services	3	1.5
14-Feb-13	Chester/ Fairfield	Understanding the Dept. of Social Services	9	1.5
28-Sep-12	Chesterfield	Continuing Ed: Working with SCDSS to Advocate for Children	3	1
25-Oct-12	Chesterfield	Continuing Ed: Domestic Violence – Referrals for Victims of DV and Their Children	3	1
12-Feb-13	Chesterfield	Continuing ED: Judge Holt re: GAL reports and other court related issues	2	2
Feb 5 – Feb 25, 2013	Chesterfield	Pre-Service	1	30
Nov. 6 – Dec. 10, 2012	Clarendon	Pre-Service	5	31
10-Jul-12	Clarendon	CEU (Writing Court Reports)	3	2
8-Oct-12	Clarendon	CEU (Roles & Responsibilities)	5	2
10/25/2012	Colleton	Pre-Service	3	30
12/14/2012	Colleton	Cont. Ed. Overview of GAL Prog	8	2
11/13/2012	Colleton	Cont. Ed. Sexual Offender (Dorchester)	3	8
10/18/2012	Colleton	Cont Ed. CCSO Victims Advocate	3	2
10/10/2012	Colleton	Cont Ed. Mandated Reporter (Beaufort)	1	8
9/13/2012	Colleton	Cont Ed Interacting with at Risk Children	7	2
8/23/2012	Colleton	Cont Ed Psychotropic Drugs	2	2
06-11-7-30- 2012	Darlington	Volunteer training	3	30
10-3-11-01-2012	Darlington	Volunteer training	6	30
8/21/2012	Darlington	In-service Cultural Awareness	15	2
10/11/2012	Darlington	In-service Court report writing		2
12/12/2012	Darlington	In-service GAL attorney Rob Gardner	23	2
2/7/2013	Darlington	In-service "Coffee with Judge Holt	20	2

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Training Dates	County	Type of Training/Topic	Attendees	Hours
8/16/2012	Dillon	In-Service Child Development: Let's Eat or Not	1	2
9/20/2012	Dillon	In-Service Education issues: Prevent Teen Pregnancy	1	2
11/15/2012	Dillon	In-Service Fostering Fundamentals: Rights and Responsibilities	1	2
Sept 11,12 – Oct 30, 12	Dorchester	Pre service	10	30
Sept 11, 12 – Oct 15, 12	Dorchester	Pre Service	2	30
7-Aug-12	Dorchester	Continuing Ed: Communicating with other agencies	12	2
28-Aug-12	Dorchester	Continuing Ed: Parenting Classes and Child sexual behavior Group Treatment	17	2
13-Sep-12	Dorchester	Continuing Ed: Fitness to parent evaluations and criminal domestic violence	14	2
11-Oct-12	Dorchester	Continuing Ed: SCDSS new Appropriate Response referral for family intervention services	6	2
13-Nov-12	Dorchester	Continuing Ed: Sexual Offender Assessments and treatment	19	6
July 23 – August 29, 2012	Edgefield/ McCormick/ Saluda	Pre-Service:	2	30
Feb. 5, 2013 – February 25, 2013	Edgefield/ McCormick/ Saluda	Pre-Service	1	30
26-Jul-12	Edgefield/ McCormick/ Saluda	Continuing Ed: In- Service for 1 - Chapter 10	1	3
22-Aug-12	Edgefield/ McCormick/ Saluda	Continuing Ed: Testifying Tips	6	1.5
17-Oct-12	Edgefield/ McCormick/ Saluda	Continuing Ed: Proactive GAL	9	1.5
19-Dec-12	Edgefield/ McCormick/ Saluda	Continuing Ed: Domestic Violence and Child Abuse	7	1.5
7-Feb-13	Edgefield/ McCormick/ Saluda	Continuing Ed: Stewards of Children Training	6	3
July 9-18, 2012	Florence	Pre Service	3	30
Oct 2-25, 2012	Florence	Pre Service	7	30
Jan 15-Feb 21, 2013	Florence	Pre Service	19	30
13-Nov-12	Florence	Continuing Ed: MMR, Court Reports, Monthly Visits to children	10	3

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Training Dates	County	Type of Training/Topic	Attendees	Hours
21-Feb-13	Florence	Continuing Ed: MMR, Court Reports, A Case Study (Chapter 10 of GAL Manual)	9	3
7/3/2012	Georgetown	Continuing Ed: GAL Roles and Responsibilities	1	5
9/7/2012	Georgetown	Continuing Ed: Other	1	2
2/19/2013	Georgetown	Continuing Ed: Court Process	1	2
10/1/12-10/15/12	Georgetown	Pre-Service	1	30
12-Jul-12	Greenwood/Abbeville	Continuing Ed: Role of the GAL	20	2
20-Sep-12	Greenwood/Abbeville	Continuing Ed: Child Abuse	15	1.5
4-Oct-12	Greenwood/Abbeville	Continuing Ed: Advocacy Skills	9	2
October 8-29, 2012	Greenwood/Abbeville	Pre-Service	3	30
16-Nov-12	Greenwood/Abbeville	Continuing Ed: Child Devp.	6	1.5
15-Feb-13	Greenwood/Abbeville	Continuing Ed: GAL Roles and Resp.	7	3
7/11/2012	Greenville	Cont Ed: Differential Response	35	2
9/12/2012	Greenville	Cont Ed: Independent Living	21	3
7/30/2012	Greenville	Pre-Service	11	30
8/8/2012	Greenville	Cont. Ed: SAFY	17	3
10/1/12-11/1/12	Greenville	Pre-Service	18	30
10/10/2012	Greenville	Cont. Ed: Cultural Diversity	19	4
1/28/13-2/28/13	Greenville	Pre-Service	28	30
1/9/2013	Greenville	Cont Ed: Continuum of Care	37	4
2/13/2013	Greenville	Cont. Ed: Defenders for Children	28	4
Sept 6 - Oct 30, 2012	Hampton/Allendale	Pre-service	2	30
Nov 13- Dec 19, 2012	Hampton/Allendale	Pre-Service	2	30
Jan 3 – Feb 28, 2013	Hampton/Allendale	Pre-service	4	30
1/9/13 – 2/6/13	Horry	Pre Service	11	30
2/19/2013	Horry	In Service SCDSS Director	13	2
1/8/2013	Horry	Mini Session Open Discussion	11	1
11/30/2012	Horry	Cont Ed	25	1
11/8/2012	Horry	In service Reel Time inc.	18	2
9/10/12 – 10/10/12	Horry	Pre Service	17	30
8/28/2012	Horry	In Service Arc Point Labs	18	2
8/8/12-9/18/12	Kershaw	Pre-Service	1	30
10/30/12-1/18/13	Kershaw	Pre-Service	1	30
11/16/12-1/18/13	Kershaw	Pre-Service	1	30

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Training Dates	County	Type of Training/Topic	Attendees	Hours
11/14/12-1/18/13	Kershaw	Pre-Service	1	30
9/18/2012	Kershaw	Continuing Ed for 2 from GAL program Conflict Resolution	4	1.5
11/27/2012	Kershaw	Continuing Ed: Families First	13	2
12/10/2012	Kershaw	Continuing Ed: Working Together: Diversity of race, gender and socio- economics	13	1.5
3-Oct-12	Lancaster	A Look at Foster Care Review Board	4	1
15-Nov-12	Lancaster	Adoptions	9	1.5
18-Dec-12	Lancaster	Advocating for Children in School	5	1.5
17-Jul-12	Laurens	Cont Ed: Cultural Awareness	8	2
21-Aug-12	Laurens	Cont Ed: Domestic Violence	4	3
17-Oct-12	Laurens	Cont Ed: Interviewing Children	2	1
3-Sep-12	Laurens	Cont Ed: Domestic Violence	1	1
3-Sep-12	Laurens	Childhood Neglect	1	1
3-Sep-12	Laurens	Childhood Depression	1	0.5
3-Sep-12	Laurens	Anxiety Disorder	1	0.5
3-Sep-12	Laurens	Permanence	1	0.5
20-Sep-12	Laurens	Cont. Ed Connie Maxwell Children's	2	2.5
7-Oct-12	Lee	Cont. Ed: Justice Works	3	2
31-Oct-12	Lee	Cont Ed: Billie Hardee Counseling Center	2	2
18-Nov-12	Lee	Cont Ed: Children's Law Center	1	8
9/27/2012	Lexington	Con't Ed: Testifying	26	2
12/13/2012	Lexington	Con't Ed: Latino Population	22	2
9/4/12-9/20/12	Lexington	Pre-service	10	30
1/29/12-2/19/13	Lexington	Pre-service	14	30
8/13/2012	Marlboro	Continuing Ed: Monitoring	6	2.5
12/18/2012	Marlboro	Continuing Ed: Role of GAL	11	2
2/4/2013	Marlboro	Continuing Ed: Policy changes	7	2.5
2/13/2013	Marlboro	Continuing Ed: Q&A Judge Holt	4	2.5
28-Feb-12	Newberry	Cont. Ed: Well being of children in foster care	4	2
9-7-10-12-12	Orangeburg/ Calhoun	Pre-Service	1	30
11/13/2012	Orangeburg/ Calhoun	Cnt. Ed: Sex Offender Assessment and Treatments/Dorchester Location	5	6
11/30/2012	Orangeburg/ Calhoun	Cnt. Ed: SOVA	10	1.5
12/5/2012	Orangeburg/ Calhoun	Cnt. Ed: Webcast Permanence for Older Youth	3	1
1/8-2/7/13	Orangeburg/ Calhoun	Pre-Service	5	30
2/12/2013	Orangeburg/	Cnt. Ed: FCRB Education	9	1.5

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Training Dates	County	Type of Training/Topic	Attendees	Hours
	Calhoun			
Aug. 16, 2012	Oconee	Cont. Ed-Parenting Class	22	3.5
Sept. 3, 2012	Oconee	Cont. Ed-Domestic Abuse	20	2
Oct. 15, 2012	Oconee	Cont. Ed-Retention & Coaching	19	3
Nov. 17, 2012	Oconee	Cont. Ed-WW Camp/Comm. Resources	17	2
Jan. 17, 2013	Oconee	Cont. Ed-Identification/Referral Comm. Resources	24	3.5
Jan. 7-29, 2013	Oconee	Pre-Service	4	30
7/9/12 – 7/26/12	Spartanburg	Pre-Service	12	30
8/7/2012	Spartanburg	Swearing In Ceremony	23	1
8/16/2012	Spartanburg	Family Dynamics	2	3.5
8/23/2012	Spartanburg	Court Report Writing	11	2
8/14/2012	Spartanburg	Cultural Awareness	42	1.5
9/18/2012	Spartanburg	GAL to GAL	10	1.5
9/13/2012	Spartanburg	Domestic Violence	2	2
10/8/12 – 10/25/12	Spartanburg	Pre-Service	17	30
12/19/2012	Spartanburg	Cont. Ed: Drop-In	45	3
1/16/2013	Spartanburg	Issues for Children	1	1.25
1/17/2013	Spartanburg	Psychological Issues for Children	1	1.5
1/23/2013	Spartanburg	Psychological Issues	1	2.25
1/27/2013	Spartanburg	Ethical Issues	1	3
7-Oct-12	Sumter	Cont. Ed: Justice Works	7	2
31-Oct-12	Sumter	Cont Ed: Billie Hardee Counseling Center	8	2
18-Nov-12	Sumter	Cont Ed: Children's Law Center	1	8
13-Aug-12	Union	Cont. ed. Court Reports	7	2.5
26-Sep-12	Union	Cont. ed. Alcohol & Drug Abuse	2	2
14-Nov-12	Union	Cont. ed. Attention Home	1	2
7-Dec-12	Union	Cont. ed.MMRs, Visits, Training	4	2.5
Jan. 22-February 28, 2013	Union	Initial	3	30
16-Jan-13	Union	Cont. ed. FCRB, MMRs, Visits	4	2
4-Feb-13	Union	Cont. ed. New Attorney	10	3
11-Mar-13	Union	Cont. ed. IFCCS	3	3
9-Aug-12	Williamsburg	In Service- Casa/Gal Roles & Responsibilities	10	3
25-Oct-12	Williamsburg	In Service- Court Reports	4	3
18-Dec-12	Williamsburg	In Service- Vol Survival Skills	13	3
Jul. 12, 2012	York	Cont. Ed.: Justice Center tour	14	1.5
Aug. 8, 2012	York	Cont. Ed.: Tender Hearts Tour	11	1.5
Sept. 13, 2012	York	Cont. Ed.: Motivational Interviewing	10	1.5
Sept. 11- Oct. 16,	York	Pre-Service	9	30

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Training Dates	County	Type of Training/Topic	Attendees	Hours
2012				
Oct. 11, 2012	York	Cont. Ed.: Vocational Rehab.	9	1.5
Nov. 8, 2012	York	Cont. Ed.: Stepping Stones services	8	1.5
Jan. 17, 2013	York	Cont. Ed.: Catawba Nation visit	19	1.5
Feb. 20, 2013	York	Cont. Ed.: Catawba counseling	15	1.5

### Parents Anonymous of South Carolina

Parents Anonymous® of South Carolina (PASC) is 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 and provide training, technical assistance and a variety of other resources to strengthen families. PASC's Mutual Support Programs measurably 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 are proven to significantly reduce the incidence of child maltreatment. Along with caregiver support, the majority of the parental support programs have a concurrently run children's support group, that offers its own curriculum and activities designed to meet the needs of the children in the group, and is led by a trained Children's Youth Group Facilitator.

Every primary Mutual Support Program is led by a trained group facilitator who is trusted in their local community and whose role is to:

- Foster "shared leadership" among group members,
- Host weekly meetings to touch base often with group members and identify quickly when issues arise,
- Ensure correct information is shared and disseminated with the group,
- Connect group members to needed resources (ex. poor parenting skills, transportation, economic instability, lack of food, legal assistance), and
- Report on individual and group data and outcomes.

The following trainings were provided by Parents Anonymous of South Carolina in SFY 2012.

### **Facilitator Trainings**

Fourteen group facilitators were trained to lead groups. These included:

- October 9, 2012, Erica Briggs, Metanoia, Parent Support Group, Charleston County
- October 11, 2012, Edward Mintz, SCDJJ Group for Parents and Teens, Bamberg County
- Nov 1, 2012, Tyra Johnson, Parent Support Group, North Chas. Elementary, Chas County
- Nov 16, 2012, Mary Ellen Doran, Kinship Care Group "Grandparents", Chas County
- Nov 28, 2012, Jackie Gadsden, Kinship Care Group, "Grandparents", Richland County
- January 2, 2013, Bea Washington, Kinship Support Group: St. Helena, Beaufort County
- January 22, 2013, Sherry Howard, Children's Group Facilitator Kinship Group, St. Helena, Beaufort County
- January 15, 2013, Brenda Powell, Kinship Support Group, Seabrook, Beaufort County
- January 15, 2013, Patricia Smith, Children's Group Facilitator, Seabrook, Beaufort County
- February 23, 2013, Renee Coakley, DJJ Parent, Charleston County
- February 23, 2013, Juanita Ford, Open Parent, Charleston County
- February 23, 2013, Nadine Scott, Open Parent, Charleston County
- April 2, 2013, Danielle McFadden, Children's Group Facilitator for DJJ Parent, Charleston County
- May 2, 2013, Kim Wilson, Adult Group Facilitator for Kinship Group, Horry County

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### Child Abuse Awareness and Prevention Trainings

From June 1, 2012 to June 1, 2013, a total of nine Statewide Child Abuse and Awareness Trainings were offered to mandated reporters on the four forms of child abuse and neglect with more than 250 attendees from 39 different organizations.

During the first quarter of 2012, five trainings were conducted in Charleston, Horry, and Beaufort Counties. A total of 94 attendees from 20 different organizations attended which included:

- June 27, 2012 Charleston County - 15 attendees from Girl Scouts of Eastern South Carolina, Foster Parent Charleston County DSS, Our Lady of Mercy Outreach Center, Charleston County School District and Eagle Harbor Boys Ranch
- October 4, 2012 - eight attendees from Girl Scouts of Eastern South Carolina's adult volunteers, Charleston County
- November 8, 2012 - 15 attendees from Girl Scouts of Eastern South Carolina's adult volunteers, Horry County
- November 14, 2012 - 46 attendees from Charleston County Department of Social Services, Charleston County School District, Charleston County Parks and Recreation, Charleston Area Seniors, Carolina Youth Development Center, SC Department of Juvenile Justice, Wings for Kids, Girl Scouts of Eastern South Carolina, South Carolina Parent Teacher Association, Metanoia, South Carolina Department of Mental Health, The Mentor Network, The Bair Foundation, Communities In Schools
- November 29, 2012 - ten attendees from Girl Scouts of Eastern South Carolina's adult volunteers, Beaufort County

During the second quarter, two Child Abuse and Awareness Trainings were conducted in Charleston and Richland Counties. A total of 66 attendees from 17 different organizations attended including:

- January 10, 2013 Charleston County - 9 attendees from Girl Scouts of Eastern South Carolina volunteers and Foster Parent Charleston County DSS
- February 13, 2013, Richland County - 57 attendees from Growing Homes Southeast, Carolina Youth Development, SC Department of Mental Health, The Mentor Network, Alston Wilkes Society, Children's Trust of SC, SC Department of Disabilities, Federation of Families, Carolina Family Services, Guardian ad Litem Program, Columbia Housing Authority, The Children's Place, Pro Parents, Richland County DJJ, and There's Room

During the third quarter, two Child Abuse and Awareness Trainings were conducted in Charleston and Marlboro Counties: A total of 61 attendees from two different organizations attended, including:

- May 16, 2013, Charleston County - 35 attendees from Charleston County School District
- May 30, 2013, Marlboro County - 26 attendees from the Girls Scouts of Eastern South Carolina Adult volunteers

**TRIPLE P Parenting Classes** were offered every ten (10) weeks throughout the tri-counties of Berkeley, Dorchester, and Charleston. Between July 1, 2012 and April 1, 2013, 12 clients were mandated to attend an eight-week Triple P Parenting Class by Charleston County Family Court judges.

Additionally, Parents Anonymous of S.C. provided the seed funds for five regional Parent Leadership Forums, titled, "Parents Leading the Way" in February of 2013 to recognize Parent Leadership Month. More than 600 caregivers and children attended these forums across the state. These five Parent Leadership Forums were conducted in the tri-counties of Berkeley/Dorchester/Charleston by the Parents Anonymous State Office, PeeDee Region through a partnership with the PeeDee Coalition Against Domestic Violence, Anderson County through a partnership with Foothills Alliance, and in Beaufort County through a partnership with Beaufort Collaborative Organization of Services for Youth (COSY) Coalition. The Parent Leadership Forum recognizes parent leaders who evolved over the course



of their participation in the Parents Anonymous Parenting Support Groups into Parent Advocates who advocate for resources needed by their families and other families as well.

### Palmetto Association for Children and Families

The Palmetto Association for Children and Families (PAFCAF) is a non-profit organization of members composed of 56 provider organizations throughout South Carolina that provide care and treatment to children who have been abused, neglected, or who are educationally or emotionally challenged. Such children are no longer able to remain in their parental homes for a variety of reasons. A wide continuum of services is delivered to these needy children, such as therapeutic foster care, supervised independent living, emergency shelter resources, and traditional group home services. PAFCAF's mission is to serve as a unified force to improve the conditions for children and families in South Carolina and to assist member agencies in the accomplishment of their missions.

Trainings, jointly sponsored by the Palmetto Association for Children and Families and the SC Department of Social Services, afford an opportunity for providers to meet with SCDSS Regional and County Directors to examine ways to jointly work together to improve positive outcomes for children. These trainings, Palmetto Power for Providers (P3), provide a setting where attendees can discuss the challenges and opportunities in improving local coordination in order to meet the goal of making sure all children are safe and live in a positive, permanent home.

Prior to every Palmetto Power for Providers (P3) training, two *A Closer Look Meetings* are held to prepare for the P3. Two child-serving organizations are selected to work with the local county SCDSS staff and the IFCCS staff. A specific child's case is selected and thoroughly researched to prepare a joint presentation to determine how to best serve the child and family, how to move the child to permanence, and how to create a safe and thriving environment.

The objectives are:

- To create an experience in which participants could discuss issues impacting quality of work more locally
- Part of discovery and learning what works and what doesn't
- To provide more interactive experience at the local level
- To think about how legal staff might interact later with group
- To discuss case mistakes and cases that went well
- To create understanding of trends and how reflected in larger data patterns
- To learn the reason that local leadership is handling cases the way they are
- To look at patterns of practice at the local level by looking at data
- 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 good effective communications among all types, including GAL office, legal staff, Department of Alcohol and Other Drug Abuse Services (DAODAS), etc.
- To look at statistical trends for the area and check the fostering court improvements website, push reports and CAPSS reports
- To find ways that providers can say they can help in a specific area
- To find ways to collectively move toward safety, permanence and well-being
- 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
- To discuss how permanency is enhanced when child is not acting out in school

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Following is information on trainings provided or conducted by The Palmetto Association for Children and Families in CY 2012.

### September 13, 2012

The Lexington, SC regional Palmetto Power for Providers (P3) was held on September 13, 2012, as a culmination of two *A Closer Look Meetings* and multiple interactions to plan these events. A total of 79 people registered for the first P3 training, and 79 people attended, including 47 SCDSS employees. The presenters were:

- Malik Whitaker, JD, Quality and Accountability Team Leader for Region Five
- Keri Chavis, Thornwell Home for Children
- Byron Dendy, County SCDSS Director
- Gary Ray, SCDSS County Director
- Carmen Landy, Executive Director, Helping Hands Aiken
- Christine Wright, SCDSS County Director and her staff

### October 9, 2012

The Florence regional Palmetto Power for Providers training (P3) was held on October 9, 2012, as a culmination of several *A Closer Look Meetings* and multiple interactions to plan these events. A total of 149 registered for the first P3 training, and 146 people attended. A total of 82 SCDSS employees attended the training. The presenters were:

- Sandra Sturkie, Quality and Accountability Team Leader for Region Four
- Chris Williams – Waccamaw Youth Center
- Wayne and Nicki Chapman and others from Billie Hardee Home for Boys

### November 8, 2012

The Charleston regional Palmetto Power for Providers training (P3) was held on November 8, 2012, as a culmination of several *A Closer Look Meetings* and multiple interactions to plan these events. A total of 105 registered for the first P3 training, and 105 people attended. Fifty-seven SCDSS employees signed in. The presenters were:

- Robert Brimmer, Q and A Team Leader
- Debbie McKelvey, CEO, Windwood Family Services
- Barbara Kelley-Duncan, CEO, CYDC

### December 4, 2012

The Rock Hill regional Palmetto Power for Providers (P3) was held on December 4, 2012, as a culmination of several *A Closer Look Meetings* and multiple interactions to plan these events. A total of 100 registered for the first P3 training, and a total of 99 (plus staff) people attended. Fifty-six SCDSS employees signed in. The presenters were:

- Lenora Reese, Q and A Team Leader
- Marco Tomat, York Place CEO
- Phil Hynes, COO, Children's Attention Home
- John Shackelford, IFCCS
- Yvonne Stewart, SCDSS York County
- Jerry Allred, PAFCAF Board President

## South Carolina Foster Parent Association

The South Carolina Foster Parent Association provides a standardized, consistent framework for the competency-based training of resource families. They work with all 46 counties to deliver recertification training for foster parents, using local contacts to help coordinate the delivery of the pre-service training across the state. SCFPA currently

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maintains a database for individuals who have participated in SCFPA training. This system can provide confirmation of completion of pre-service training, and certificates of completion are awarded at the end of each training session.

The following chart represents pre-service trainings provided or conducted by the South Carolina Foster Parent Association July – December 2012.

Training date(s)	Training Location	Trainer	Hrs
July 7 and 21, 2012	Charleston County DSS	Julie Yungman	14
July 14 and 28, 2012	Orangeburg County DSS	Rena Creech	14
July 13 and 27, 2012	Spartanburg County DSS	Tony Perdomo	14
July 14 and 28, 2012	St. James United Methodist Church	Jackie Gadsden	14
July 14 and 21, 2012	York Fire Department	Rene Sharkey	14
July 14 and 28, 2012	St. James United Methodist Church	Jackie Gadsden	14
August 4 and 18, 2012	Aiken County DSS	Rosa Verner	14
August 18 and 25, 2012	Anderson Church of Christ	Lisa Fields	14
August 11 and 25, 2012	First Baptist Church Simpsonville - West Campus	Tony Perdomo	14
August 11 and 25, 2012	Horry County SCDSS	Rosa Verner	14
August 11 and 18, 2012	Lake City Fire Department	Frankie Powell	14
August 11 and 25, 2012,	St. James United Methodist Church	Jackie Gadsden	14
August 11 and 18, 2012	York Fire Department	Jill Juinnies	14
September 1 and 15, 2012	Charleston DSS	Julie Yungman	14
September 15 and 29, 2012	Doctors Bruce and Lee Foundation Library	Frankie Powell	14
September 14 and 21, 2012	Spartanburg County DSS	Tony Perdomo	14
September 22 and 29, 2012,	First Baptist Church Simpsonville - West Campus	Mary Landrum	14
September 8 and 22, 2012	Orangeburg County DSS	Jean Keefe	14
September 14 and 21, 2012	Spartanburg County DSS	Tony Perdomo	14
September 8 and 22, 2012	St. James United Methodist	Jackie Gadsden	14
September 8 and 15, 2012	York Fire Department	Jill Juinnies	14
September 15 and 29, 2012	Doctors Bruce and Lee Foundation Library	Frankie Powell	14
October 13 and 20, 2012	Anderson Church of Christ	Lisa Fields	14
October 27 and November 17, 2012	Anderson Church of Christ	Lisa Fields	14
October 13 and 20, 2012	Beaufort County DSS	Eileen Kittrell	14
October 13 and 27, 2012	First Baptist Church Simpsonville, West Campus	Rene Sharkey	14
October 13 and 27, 2012	Horry County DSS	Jean Keefe	14
October 6 and 20, 2012	Lake City Fire Department	Mary Landrum	14
October 13 and 27, 2012	St. James United Methodist Church	Jackie Gadsden	14
October 13 and 27, 2012	York Fire Department	Debra Beecken	14

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Training date(s)	Training Location	Trainer	Hrs
November 3 and 17, 2012	Aiken County DSS	Rena Creech	14
November 10 and 17, 2012	Barnwell County Public Library	Rosa Verner	14
November 3 and 17, 2012	Charleston County DSS	Julie Yungman	14
November 3 and 17, 2012	Lake City Fire Department	Jill Juinnies	14
November 9 and 16, 2012	Spartanburg DSS	Tony Perdomo	14
November 10 and 17, 2012	St. James United Methodist Church	Debra Beecken	14
November 10 and 17, 2012	York Fire Department	Mary Landrum	14
November 10 and 17, 2012	St. James United Methodist Church	Debra Beecken	14
November 3 and 17, 2012	Lake City Fire Department	Jill Juinnies	14
November 10 and 17, 2012	York Fire Department	Mary Landrum	14
December 6 and 13, 2012	The Parenting Place	Lisa Fields	14

### Children's Trust of South Carolina

Children's Trust of South Carolina works to ensure communities and families are aware of prevention and support services through community trainings and other offerings. The goal of Children's Trust of South Carolina is to safely reduce the number of children coming into care by strengthening families and the communities in which they live. The primary focus for 2012-2013 is continued efforts on training through instructional and web-based training delivery to provide relevant, timely and appropriate offering in all areas of the state.

The following chart represents trainings provided by Children's Trust of South Carolina in 2012.

Date	Location	Training	Trainer	# Attendees
7/19/2012	Columbia	La Familia Cultural Competence Training	PASOS	43
		History & Statistics of Latinos in SC	Franco, Torres	
		What NOT To Do: Visual Case Studies	Smithwick	
		How to Advocate for Latino Families	Besherse	
		Panel of Latino Community Leaders	PASOS Parent Ambassadors	
		Advancing the Cultural Competency of Your Organization	Gallego	
7/31/2012	Columbia	Preventing Child Abuse and Neglect	Freeman	9
July	Florence	PCAN Unit 9- Building Relationship Based Strategies	Samuel	17
8/20/2012	Florence	Preventing Child Abuse and Neglect	Freeman	20
August	Florence	PCAN Unit 10- Supporting Staff in Their Work with Families	Samuel	26
September	Beaufort	CSEFEL Family Session 1	Hutchinson	18
September	Columbia	Child Passenger Safety Summit		164
		Car Seat Signoff for Technicians	2 sessions	
		Which is the Right Car Seat?	S. Tilton	
		Industry Hot Topics	J. Colella	

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Date	Location	Training	Trainer	# Attendees
		LATCH	Allana	
		Permanent Fitting Stations Roundtable	Stone, Tilton, Poore	
		Product Updates	Tilton	
		Reaching Your Community	Safe Kids Committee	
September	Columbia	Home Visiting Summit		145
		National Update on MIEC Home Visiting	M. Stephenson	
		Building a Quality Home Visiting System: Implementation, Theory of Change & Fidelity	Jones-Harden	
		Reflective & Supportive Supervision	Martin	
		Learn the Signs (Autism)	Witowski	
		Guided Discussion for Building a State System for Professional Development	Jones-Harden	
		Early Hearing Detection	Carroll	
		Working with Military Families	Livingston, Patterson	
		Home Visiting: SC's Opportunity for the Future	Doggett	
		Client Engagement and Mental Health	Beeber	
		Quality Child Care: What You Need to Know	Boling, Wright	
		Quality Improvement for MCH HV Models	Brock-Martin	
		Linkages: SC Pediatric Medical Homes & HV	Rushton	
		Working with Latino Families	Smithwick	
		Motivational Interviewing: Who's Driving the Change?	Martin	
		Working with Non-Traditional Families and Kinship Care	Graham, Laird	
		Mood Disorders in Pregnancy and the Postpartum	Berg	
		Pregnant Women, Infants, and Family Systems (Assessing Risk)	Nienhuis	
		Helping Families in the Journey with a Child with Special Needs	Musick, Richards	
11/7, 11/14, 11/17, 11/24, 11/31	Westminster	Parent Café series of 5	Fields	19
10/16/2012	Columbia	PCAN TOT Transformative Training	Whiteman	25
October	Charleston	CSEFEL Positive Solutions for Families overview	Schmidt	5
October	Florence	PCAN Unit 2- Brain Development	Samuel	27
10/4/2012	Columbia	Federal Financial Management	Accordini	27
10/8/2012	Aiken	PASOS Technical Assistance Visit	PASOS staff	3
10/9/2012	Pickens	PASOS Technical Assistance Visit	PASOS staff	6

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Date	Location	Training	Trainer	# Attendees
10/10/2012	National	CBCAP Presentation for National Leads	Hoffman/ Luckie	30
10/16/2012	Columbia	PCAN TOT Follow Up- Transformative Training	Whiteman	23
10/26/2012	Charleston	PASOS Technical Assistance Visit, SCDHEC Region 7	PASOS staff	6
10/26/2012	Charleston	PASOS Technical Assistance Visit, Child Health	PASOS staff	4
10/26/2012	Charleston	PASOS Technical Assistance Visit, MUSC Children's Care Network-Children's Clinic	PASOS staff	4
			<b>Total Attendees</b>	<b>621</b>

## CONSULTATION AND COORDINATION BETWEEN TRIBES AND STATE

According to the 2010 census data, less than one percent of South Carolina's population is of an American Indian or Alaska Native race.

The Catawba Indian Nation is the only federally recognized Indian tribe in South Carolina. The Catawba Nation is located in the vicinity of York County where South Carolina Department of Social Services (SCDSS) county and regional offices are located for agency services. The Catawba Nation social service representative, Allison McCormick, met with the counties in which the reservation is located or borders.

The Catawba Indian Nation has not chosen to serve as a IV-E agency at this time; however, SCDSS stands ready to work and collaborate with the Catawba Indian Nation if they choose to participate as a IV-E agency. Invitations have been extended to the Catawba Nation Director of Social Services, first Allison McCormick, and now Linda Love to participate in various committees including the Independent Living Advisory Committee. The SCDSS and members of the tribe have participated in several national meetings to include the Atlantic Coast Child Welfare Implementation Center meetings, the National ICWA conference, and the Court Improvement meeting.

In working to develop the APSR, Kathleen McLean-Titus, Terri Pope, and Irene Williams from the SCDSS State Office Independent Living program, Dennis Gmerek from the Office of General Counsel, Lynn Wallace, Program Coordinator from York County DSS, and Linda Love, Catawba Nation Director of Social Services met to discuss ongoing cooperation between SCDSS and the Catawba Nation regarding provision of services to Native American children and families.

The Catawba Nation staff members are in the process of being approved as certified investigators by SCDSS. The staff will, upon approval, have the ability to conduct home studies for both foster care and adoptive families for the Catawba Nation as well as other nationally recognized tribes. SCDSS and the Catawba nation have ongoing communication regarding Native American children in foster care. The Children's Law Center is creating training on ICWA legislation. Chief William Harris provides culturally relevant information and encourages involvement in cultural events. Staff of the Independent Living Program provided information to the Catawba Nation on training curriculum, *A Native Pathway to Adulthood*, which is available through the National Resource Center on Youth Development (NRCYD.)

The Catawba Nation has been advised that funding for mentors of Indian heritage is available through services of the Independent Living Program. The Catawba Nation and SCDSS will work together to provide post foster care

services for Indian children emancipating from foster care after reaching age 18. The Catawba Nation social worker and SCDSS staff have agreed that self-identification of older youth be further addressed in collaborations with the Catawba Nation to ensure that youth fully realize the benefits that they are entitled to receive through the Catawba Nation such as scholarships, housing, and medical services. A representative of the Catawba Nation is the contact for youth mentor support and can be reached through contacting the Catawba Nation office. In addition, the Catawba Nation has agreed to serve as a resource, collaborating between tribes, for children from other tribes who are currently residing in South Carolina, with the permission of the appropriate tribe.

The state of South Carolina continues its collaborative efforts with the Catawba Nation, including notification of tribal representatives when a Native American family is involved in child welfare. There are three counties in close proximity to the Catawba Nation (York, Lancaster, and Chester.) County staff will contact the ICWA representative during the initial investigation for all tribal families. The SCDSS has policy and training in place for the same protocol for the rest of the state. As a result of consultation regarding the development of the ASRP, and in response to changes in SCDSS programming regarding Appropriate Response, it was decided that the quarterly report on children in foster care identified as being Native American or Native Alaskan would change to a monthly report that identifies all children involved with the SCDSS child welfare system, and identified as Native American or Native Alaskan, as a whole. The purpose of this report is to help ensure compliance with ICWA. In addition, the Catawba Nation will be subcontracted as a service provider through Growing Homes to provide services to the Native American population. SCDSS has also agreed to talk with the South Carolina Foster Parent Association about providing culturally competent training for potential foster parents of Native American children.

The tribe currently has three licensed foster parents for placement of Native American children. With the assistance of the counties, the tribe has been able to place five foster children in Native American homes. During the time frame of 2012 through March of 2013, there were eight youth in care identified as being Native American with six of those youth being members of federally recognized tribes. The Catawba Nation stands ready to serve the needs of all Native children regardless of their tribal affiliation. The tribe is currently providing assistance to seven Native American children: six in foster care in York County, and one youth in Spartanburg County who is a member of a tribe located in Michigan.

The Catawba Nation and the counties of South Carolina have worked collaboratively to provide reasonable efforts to include due diligence search for relatives prior to children being placed in foster care. There are currently twelve children in relative placement rather than foster care, ten in South Carolina. Two reside in Chester County, two in Fairfield County, four in Kershaw County, one in Lancaster County, one in Greenville County, one in Florida, and one in Tennessee. None are in relative placement in York County.

The State Department of Social Services has provided the tribe with a copy of its 2009-2014 CFSP and provides copies of the APSR each year to the Catawba Nation Director of Social Work.

## HEALTHCARE SERVICES FOR CHILDREN IN FOSTER CARE

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Throughout FFY 2012 and FFY 2013, SCDSS has continued to develop a more integrated, comprehensive, coordinated healthcare delivery system facilitating access to services that help children in foster care overcome a number of issues (due to abuse, deprivation, or any distortion in their emotional, physical, intellectual, social, and spiritual growth) that may have resulted from their early experiences and/or current situation. DSS has worked collaboratively with DHHS to establish a medical home led by a primary care physician (PCP) with a goal of promoting better health outcomes for all children in foster care. All children in foster care now have a medical home in which they receive ongoing primary care, timely referrals to appropriate specialty care, and periodic

reassessments of their health, development, and emotional status to determine any necessary changes or need for additional services and interventions.

Administration on Children and Families (ACF) has placed specific healthcare requirements on every state with a focus on three major areas: trauma-informed care and screening, increased wellness screenings, and prescription medication (including psychotropic medication) monitoring and consent. SCDSS has made progress toward each of these areas this year. SCDSS is collaborating with community partners, stakeholders, and professionals in the enhancement and further development of the South Carolina Healthcare Plan. Historically, SCDSS has based change and improvements in the Healthcare Plan upon requirements placed upon the agency. In FFY 2013, in an effort to be more proactive, SCDSS has developed internal resources and external supports that strive to provide appropriate, effective healthcare for the children the agency serves. SCDSS is seeking out best practices and research in order to strengthen policy, practice, and procedure to ensure optimal services for children in foster care through internal resources and external supports.

### Foster Care Health Advisory Group

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Recognizing that the South Carolina Healthcare Plan needed improvement, the South Carolina Department of Social Services developed a collaborative team of professionals and stakeholders in FFY 2012 with the aim of improving healthcare outcomes for children in foster care. The new group, called the Foster Care Health Advisory Group, grew out of SCDSS's work with DHHS to establish a medical home for children in foster care. SCDSS expanded the membership and the scope of the collaboration to cover all areas of the state's Healthcare Plan for children in foster care and expanded its members (see updated SC Healthcare Plan for list of members). The mission of the advisory group is to champion a system of care that assures that children in the foster care system of South Carolina have timely access to and are provided with the appropriate and effective medical and mental healthcare available in a coordinated manner. The recommendations obtained from the original collaborative have been provided to the new advisory group. These recommendations are being adapted and expanded upon to meet the needs of the children served by SCDSS, and are being embedded into the structure the agency is developing with implementation of services within a Managed Care Organization (MCO) and a Medical Home Network (MHN). See updated Healthcare Plan for descriptions.

Through these collaborative efforts, SCDSS has received guidance on how to increase healthcare standards and practice. Last year, members of the collaborative gave the following recommendations: more frequent wellness checks; a physical trauma assessment; a developmental assessment; and the structure of the psychotropic medication consent and monitoring process. All materials and suggestions obtained through the collaborative are in the process of being researched for the appropriate utilization to meet the needs of children served by the agency in South Carolina. SCDSS will be incorporating the appropriate changes into policy, procedure, and practice. This collaborative process will be ongoing in order to continue to enhance South Carolina's policy, procedures and practice, to identify gaps in services, to meet the ever-changing needs of children in foster care, and to ensure best practices are being utilized.

### Increasing Standards of Healthcare: Progress & Goals Going Forward

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SCDSS presented EPSDT standards and the American Academy of Pediatrics (AAP) recommendations for wellness visits to the Foster Care Health Advisory Group. SCDSS requested that the group, which includes pediatricians, provide their recommendation as to whether the EPSDT standards should be increased to reflect the recommendations set by the AAP. The recommendation was to keep the EPSDT standards as they are defined and add the AAP periodicity schedule to allow for variance of need in individual cases.



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In an effort to further influence the system of care, the SCDSS State Director presented at the annual South Carolina chapter of the American Academy of Pediatrics meeting in January 2013. In attendance were physicians across the state and officials from various state agencies. The meeting had an open forum for SCAAP members to interact with state officials to discuss topics important to children's health care in South Carolina. The State Director spoke about the healthcare needs of children in foster care including the need for timely access to physical and mental health services, standardized developmental screening, a need for more comprehensive physical trauma screening, and emotional trauma screening.

SCDSS is in the process of changing policy and procedures to reflect changes proposed by the Foster Care Health Advisory Group. A new Medical Exam form is being developed to further communicate and influence change in practice. Data push alerts and additions to guided supervision will be made in order to further drive practice and assure accountability around medical screening and follow-up care. To further coordinate and increase the comprehensiveness of documentation and increase ability to extract data for performance management, the Child Youth Assessment and health tabs in the SACWIS system are being edited to include more comprehensive documentation of medical services to include: screenings, medication and follow-up services.

In close collaboration with the members of the Foster Care Health Advisory Group, SCDSS has developed a health care responsibilities document that creates clear expectations for foster care providers and SCDSS workers as to their responsibilities for required healthcare services for children in foster care in an effort to reduce gaps in service. USC training staff and the South Carolina Foster Parent Association have agreed to provide training on these responsibilities to SCDSS staff, foster parents, and congregate care providers. All curricula have been developed jointly to ensure all involved have the same information and are given clear, consistent expectations.

Moving forward, SCDSS will use the more comprehensive documentation capacity to develop push reports and user alerts to manage performance and drive appropriate medical and mental healthcare and follow-up care for children in foster care. As DSS continues to build capacity for more comprehensive documentation in the state's SACWIS system, data will be used more frequently to manage performance and improve healthcare outcomes for children in foster care.

### Proposed Expansion of Prescription Medication Oversight

In FFY 2012, SCDSS worked with the Foster Care Health Advisory Group to improve upon and expand the agency's current prescription medication oversight policy and procedures to include:

- Specifications around communication between providers, agency, and health professionals concerning medications prescribed to children served by SCDSS
- Reevaluation of prescribed medications and drug interactions upon entry into SCDSS care
- Further specification pertaining to administration of prescription medication including SCDSS and provider responsibilities pertaining to:
  - Administration Log
  - Dosage
  - Side effects
  - Administration schedule
  - Duration
- Instruction and responsibilities around monitoring of side effects and effectiveness of prescription medication detailing responsible parties and specific procedures

As described above, a description of responsibilities for case managers and caregivers has been developed to clarify roles in providing medical and mental healthcare to children in foster care. This document also clarifies expectations around ensuring children have the appropriate medications that are safe and effective and are administered consistently and appropriately. In the coming year, training around this document will be provided to case managers

and caregivers. This document will be made available to caregivers and foster care providers. Policy and procedures are being developed to reflect the responsibilities outlined in the document. In order to create the capacity accountability, fields capturing relevant information will be added to the CAPSS system for caseworkers to complete at each visit with the child.

### **Proposed Physical Trauma Screening & Developmental Screening**

SCDSS is working with the Foster Care Health Advisory Group to increase the comprehensiveness and effectiveness of current developmental and physical trauma screens. In the new Medical Exam form under development, SCDSS has expanded upon the physical trauma screening portion of the form to make it a more comprehensive evaluation and ensure children are fully assessed. Upon research, SCDSS discovered the degree to which standardized developmental screens lead to better outcomes in terms of identifying developmental delays. With this knowledge, SCDSS set out to raise the standards for developmental screening for children in foster care. The Health Care Advisory Group is assisting in the development of a plan to increase usage of standardized developmental screens for children in foster care and ensure that follow-up services are provided.

### **Youth Turning 18 or Moving to Independent Living**

The SCDSS Human Services Policy and Procedures Manual Section 832 and 832.01.01 (Revision Number: 10-05, Effective Date: 09/24/2010) states the youth's Transition Plan must include information about healthcare power of attorney and healthcare proxy along with the necessary documents for the youth to execute the power of attorney/proxy if he/she chooses to do so. When the youth leaves care, he/she is provided the Medicaid card, the Education and Health Passport, any relevant medical information, and a resource book on Medicaid and health providers.

Training on these requirements was added to Child Welfare Services training for new employees and is included in ongoing training for current staff. Training was provided for caseworkers in 2012 by the IL Technical Assistance Staff. Youth received information on the Healthcare Proxy in June 2012 at the Independent Living Conference. In order to ensure tracking and monitoring of the transition plan, a request for fields related to the healthcare power of attorney/proxy, and annual credit report has been submitted to IT for a data capturing system. IT has accepted the system enhancement request and is on the schedule for SACWIS upgrades. These fields will be used to create data reports for performance management.

### **Education and Health Passport**

Although the Passport is an effective attempt to gather and monitor many aspects of a child's educational progress and healthcare, the process has to be consistently used by caseworkers, counties and providers. This process is required in order to track the child throughout his/her foster care involvement; however, SCDSS learned through its collaborative effort to improve healthcare that Passports have not been used consistently throughout the state. Utilization of the Passport and capturing the information it requires will be addressed in training efforts with caseworkers and foster care providers.

The Education and Health Passport, as well as related policy and procedures, will receive ongoing review and oversight. SCDSS has been actively working with Citizen Review Panels and other stakeholders on the Education and Health Passport. The panels include lay volunteers, as well as professionals, service providers and other stakeholders and actively engage with the agency to address policy and practice. Based upon recommendations from the Citizen Review Panel, the Education and Health Passport was revised in 2009 to make it more user-friendly and accessible to providers through the agency web page at SCDSS (Form 30245) so that it can be downloaded and updated by the provider.

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 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.

Aside from updating the Passport to make it more useful, SCDSS will be taking steps to increase consistency of use of the Passport. One such step is to integrate the Passport 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 CAPSS, streamlining the implementation process for the Passport. In addition, new training for the Passport will re-familiarize both DSS staff and foster care providers with the form and serve to encourage its use. Setting of expectations for use and implementing a means of tracking implementation of the Passport will also be instituted this year. As noted, the Education and Health Passport has been underutilized. Though the efforts to further educate staff about the importance and purpose of the Passport and to drive utilization, emphasis will also be placed on ensuring the Passport is updated by foster parents.

## Trauma-Informed Services

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Most children in foster care are served by the SC Department of Mental Health (SCDMH) or Child Advocacy Centers (CACs), but not all counselors of SCDMH have received training on trauma-informed services. It is also not a requirement that individual counselors contracted to serve children in foster care be trained in trauma-informed services and assessments. As a result, many of the children served by the SCDSS are not currently receiving 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, as well as in South Carolina, the agency is participating in the Trauma-Informed Care Committee endorsed by the Joint Citizens and Legislative Committee on Children. This Committee is an interagency workgroup comprised of membership from multiple South Carolina agencies, including family members as consumers of child welfare services, designed to develop and recommend implementation methods for core competencies of trauma-informed care.

### Efforts to Expand and Enhance Trauma-Informed Services

The statewide Trauma-Informed Care Committee continues to meet monthly and, with the increased stakeholder membership (Project BEST and service providers through the Palmetto Association), is reworking the initial core competency draft to ensure that input from the new members is included in developing trauma-informed philosophies and practices for child serving agencies.

SCDSS will continue to utilize this involvement with the Trauma-Informed Care Committee to assist in developing policy and procedure around trauma-informed services and adopt an evidence-based trauma screening tool based on recommendations made by the workgroup and/or the SCDMH and SCDSS workgroup. The focus of this committee is to increase awareness of the importance of trauma-informed care throughout the interagency community, develop competencies around levels of training on both trauma-informed care and trauma-specific services, as well as reduce practices that are traumatizing for persons served. Trauma-specific services include initial screening tools, assessments and specific services such as Trauma-Focused Cognitive Behavioral Therapy. The development of a trauma-informed and trauma-focused evidence-based/evidence-informed array of services is another primary objective of the Trauma-Informed Care Committee.

This committee is disseminating information within respective agencies and organizations about plans to move toward language requiring a trauma-informed approach in contracts and policies. While initial trainings on trauma-informed care are being developed, the scope is very limited and will grow into a variety of trainings for communities

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and agency partners, including service providers, attorneys and judges. The ultimate goal is to improve system responsiveness to children and adults impacted by trauma through an array of evidence-based and evidence-informed services.

In order to further refine trauma-informed policy, practice, and procedure, a statewide workgroup has also been formed within SCDSS in partnership with the SCDMH. This group is focusing on trauma-based screening and assessments as children come to the attention of SCDSS, as they enter care and as needed throughout their involvement in foster care. Membership includes agency regional representatives and SCDMH clinicians. To date, the workgroup includes the representatives from the following: Children's Director-Catawba Mental Health (York, Lancaster, and Chester Counties), Children's Director Columbia Area (Richland and Fairfield Counties), and Children's Director-Berkeley Mental Health. The SCDSS representatives are the Quality Assurance Team Leaders, their designees and select county directors from around the state. The initial task for the workgroup was to select an established set of trauma-focused screening tools and assessment instruments along with the process for assessment and service delivery to be used for all children as they enter foster care. This includes the involvement of trauma trained county mental health staff or other appropriately trained clinicians in administering the screening and assessment tools. A trauma assessment protocol has been proposed with specific assessment instruments with criteria being developed for their consistent use throughout the state.

The Trauma-Informed DMH/DSS workgroup, as mentioned above, has proposed an assessment and treatment protocol between the agencies. These instruments used in conjunction with clinical interviews are being refined with criteria for use by public (DMH) and private providers (LIPPS) as DSS transitions foster children into medical homes under MCO/MHN agencies. In working with this group, the agency learned that initial mental health assessments are 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 and assessments, will be addressed through the proposed protocol. The trauma history proposed for use by SCDSS is currently being refined. Plans for implementation will include a structured interview process that occurs soon after a child enters care. 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 service needs. If trauma-focused services such as Trauma-Focused Cognitive Behavioral Therapy are recommended, a qualified clinician will be obtained either through the MCO/MHN systems or DMH.

Both the SCDSS/SCDMH workgroup and the Trauma-Informed Care Committee will tap into the Project BEST infrastructure for service delivery within a trauma-informed and trauma-focused framework. Project BEST has been underutilized for the children and families involved in the child welfare system. It is the intent of these committees to develop processes to ensure that this system is fully utilized for children and families involved in all child-serving systems including child welfare.

### Staff Training and Support

Communication and correspondence has continued between SCDMH, SCDSS and Project BEST for the expansion of the Project BEST Community Change Learning Collaboratives between agencies statewide. A joint training initiative using this model is being developed to include the training of caseworkers as brokers along with mental health clinicians in trauma-focused, evidence-informed services and evidence-based treatment planning toward specific outcomes for children.

SCDSS is currently participating in two new Project BEST Community Change Learning Collaboratives; the Edisto Community Learning Collaborative (Orangeburg, Calhoun and Bamberg Counties) and the North Central Community Learning Collaborative (York, Lancaster, Chester and Fairfield Counties). SCDSS staff are actively participating in the brokers (case managers), clinical and senior leader tracks.

SCDSS sent a representative to the Child Welfare Trauma-Informed Tool Kit Train-the-Trainer in March in order to deliver the curriculum as part of a statewide training plan to complement agency participation in Project BEST. Agency training and TA through this trauma-informed initiative will be provided throughout the state as the Child Welfare Tool Kit is implemented, and expertise is developed in service delivery for children and families as well as staff in identifying and addressing secondary trauma. Additional TA will be utilized from Project BEST and Casey Family Programs.

### A. Health Care Initiative

In November 2012, SCDSS began enrolling children in either an MCO or MHN. Upon entering foster care, SCDSS is first enrolling all children into an MCO in order to improve the quality and care coordination of the medical and behavioral healthcare that all children in foster care receive in South Carolina. SCDSS and SCDHHS are currently in the first phase of the enrollment process. Phase one included identifying subgroups of children in care (Medically Complex, Regular Foster Care, and Behaviorally Complex) and enrolling them in either a single designated MCO or a MHN. In efforts to address the need for all children in foster care to receive timely and preventive healthcare, the services that SCDSS is working to include within the scope of the MCO and MHN are:

- Initial screening and comprehensive health assessment including EPSDT
- Wellness visits with a frequency schedule based on AAP Standards (see Increasing Standards of Healthcare section)
- A developmental screening, a physical trauma screening, and a mental trauma screening (see Increasing Standards of Healthcare section)
- Integrated Case Management Plan (child's foster parent, foster care worker, and stakeholder agencies and community providers)
- Physical and behavioral healthcare with assignments to PCP
- Medication management
- Dental services
- Vision services
- Trauma-focused assessment and treatment services where indicated through designated trauma screening
- Service coordination
- Clinical Service Management and Disease Management
- Electronic health records
- Helplines for consumers and healthcare providers
- Physical, occupational speech and other health-related services

All children in foster care are now benefiting from expedited eligibility for Medicaid by DHHS upon first entering SCDSS foster care. SCDSS now has an onsite, full-time SCDHHS eligibility worker (called a "sponsored worker") dedicated to enrolling children entering foster care in Medicaid on the first business day they enter foster care. Also, through a comprehensive network of PCPs throughout all counties within the state, each child in foster care is receiving expedited access to timely medical, mental health, and trauma screening upon entry into foster care.

### B. Initiation Phase

SCDSS has worked diligently with DHHS, the MCO, and the MHN to ensure expedited enrollment, track the progress of the initiative and ensure a successful transition. To this end, the MCO and MHN created a foster care liaison position to provide a point of contact for DSS staff and caregivers to discuss any enrollment, claims, ID card, provider issues, or any other issues related to access to healthcare. SCDSS also hired an internal

liaison to facilitate the initial transition, as well as to provide ongoing direct access for DSS staff. The SCDSS Foster Care Liaison enhances the flow of pertinent information, seeks input, feedback, and suggestions from management staff and caseworkers on agency matters. In addition, the SCDSS liaison also solicits, researches and assists in the resolution of issues and concerns related to eligibility, enrollment and access to care.

SCDSS conducted management staff meetings, made site visits and phone calls to each county director and foster care supervisor. Up-to-date information was sent via email on a regular basis. DSS Directive Memos were issued by DSS Director and the DSS Foster Care Liaison on the implementation process, and policy and procedures were sent to the management team, county directors, foster care supervisors and caseworkers.

Outreach and education to SCDSS staff and leadership was also conducted via site visits, video conferencing, teleconference to each county, email and phone contact with each regional manager/team leader, county manager and foster care supervisor, with ongoing education and communication through SCDSS Foster Care Liaison. Both the MCO and MHN were present at the video conferencing and continue to be available to all DSS staff through the plan's Foster Care Liaison.

A weekly Foster Care conference call was established to bring together DHHS, DSS, and the two plans (MCO and MHN) with the intent of monitoring progress related to achieving the goals and objectives of the Foster Care Health Initiative. The weekly meeting provides an interactive forum to identify barriers, discuss progress, improve communication, and promote coordination. The calls resulted in the following accomplishments:

- a. Resolved issues surrounding eligibility and enrollment
- b. Appointment of a DHHS dedicated worker to expedite eligibility/enrollment process
- c. Implementation of an authorization that would allow caregivers and caseworkers to interact with the healthcare plans
- d. Primary Care Physician Assignment
- e. CAPSS enhancements

### C. Enrollment Process

Upon first entry to foster care, children are enrolled in the MCO. Once a child enters care, the caseworker enters the child into the state's SACWIS system (CAPSS). The CAPSS system sends the MCO a nightly report of all children who have entered foster care with demographic and contact information to begin the enrollment process. The daily CAPSS data feed to DHHS now goes to a staff member dedicated to children in foster care who expedites eligibility allowing the enrollment process to take place. When the foster child is entered into the CAPSS system as "new service" by DSS staff, the child will be enrolled.

Once enrolled, the caseworker then calls the plan's Foster Care Liaison at the MCO to either identify the child's Primary Care Physician or if one has not been identified, have one assigned that is close to the child's placement and convenient for the caregiver. Once the enrollment process is complete, the child has access to medical services through the MCO.

### D. Goals and Objectives

SCDSS is working with DHHS to continually improve the appropriateness and timeliness of healthcare services provided by the MCO and MHN. SCDSS will continue to work with the Foster Care Health Advisory Group to develop strategies for improving the system of care and identifying gaps in service. SCDSS will further ensure appropriate and effective services through the development of a quality assurance process and through the analysis of data obtained through the state's SACWIS system and data provided by the MCO and MHN which will be embedded into the quality assurance process.

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SCDSS in collaboration with SCDHHS, the MCO, the MHN, and the Foster Care Health Advisory Group will be working on the following goals going forward:

- Begin to clearly define the broad concept of coordinated care and how to best achieve it
- Development of quality assurance activities and mechanisms to track methods and ensure access to care and coordinated care and actual receipt of services
- Establish mechanisms for data sharing efforts
- Analyze relevant data and provide feedback to MCO and MHN
- Continue to advocate and form strategies for increasing the timeliness of and access to health services
- Continue to collaborate with AAP to support a coordinated care approach for all pediatricians and to advocate for the expansion of the scope of practice by developing comprehensive screenings to include a holistic approach – physical (dental, cognitive, developmental), psychological, social, abuse and neglect in order to address any unique needs of the children in foster care
- Development of a designated provider list of those who specialize and are trained in treating the foster care population

## Additional Collaboration in Support of the State Healthcare Plan

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### South Carolina's Joint Council on Children and Adolescents (SCJCCA)

SCDSS joined the SCJCCA in 2007. The current mission of SCJCCA is to develop a coordinated system of care that promotes the efficient provision of effective services for children, adolescent and their families. SCDSS continues to be a member of this council and participates on the committees that have been formed from the Council.

SCJCCA, through its mission, has been developing a system of care that incorporates a broad, flexible array of effective services and supports for a defined population that is organized into a coordinated network. A system that integrates care planning and management across multiple levels, is culturally and linguistically competent, builds meaningful partnerships with families and youth at service delivery, management, and policy levels, and has supportive policy and management infrastructure that is data-driven and outcome focused. In order to ensure implementation of the committee's strategies for developing a system of care, the SCJCCA has decided to create a Program Manager Position.

SCDSS also participates in the subcommittees formed by SCJCCA such as the Executive Steering Committee, and the Workforce/Training Collaborative. As mentioned above SCDSS continues to have extensive involvement in the Trauma-Informed Care workgroup.

### Program Oversight Council (POC)

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 residential group care providers and inpatient PRTF under state contract. Along with the participating agencies DDSN, DJJ, DOE, COC, DHHS, DHEC, 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 group care out-of-home placements. SCDSS keeps all the agency partners informed of licensing status and potential violations/health risks at all group care facilities. DHHS and DHEC keep the group abreast of licensing and healthcare issues with the PRTFs. DHHS shares information received from the Joint Commission on Accreditation of Healthcare Organizations on residential treatment facilities' and inpatient psychiatric hospitals' compliance with JCAHO accreditation and standards. SCDSS and DHEC share findings with POC members from abuse and neglect investigations and any required corrective actions imposed on the group care and/or PRTF provider. SCDSS and DHEC provide information concerning the

status of existing and potential group care and PRTF provider's licenses. The POC also provides guidance and input into system of care issues and policy changes related to the health, safety, care and welfare of children who are considered severely emotionally disturbed.

### Psychotropic Medication State Plan

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Over the last decade, there has been an exponential increase in the use of psychotropic medications prescribed to children with emotional and behavioral disorders. There is a paucity of convincing scientific knowledge to suggest all psychotropic medication utilization in children is effective and has a positive risk-benefit profile. The use of these medications in the foster care population is significantly higher than a similar socioeconomic Medicaid beneficiary group. In order to begin addressing these issues for the children in foster care, SCDSS has begun to create an oversight plan with a pilot project serving children in Psychiatric Residential Treatment Facilities (PRTF) in 2011. Ultimately, SCDSS learned that the existing structure within the agency did not have the level of expertise or resources necessary to effectively provide the oversight of psychotropic medication.

With the lessons learned from the pilot project, SCDSS began to develop a strategic plan for oversight that included a contractual relationship with the Medical University of South Carolina (MUSC), and a partnership with SCDMH. SCDSS worked with the Medical University of South Carolina to develop and execute a contract to carry out the oversight plan in the Low Country region of the state. After careful analysis of the structure SCDSS had proposed and began to build on, SCDSS decided that an internal structure led by a medical director and partnerships with local universities and community organizations would be a more effective and efficient oversight model for the children in foster care. With this decision, the contract with MUSC was terminated in March 2013. SCDSS hired a medical director in April 2013 to manage the state's oversight of psychotropic medication use by children in foster care. The Medical Director is a board-certified child and adolescent psychiatrist. Utilizing the existing regional clinical coordinators and the Medical Director's leadership, the state has initiated a revised psychotropic medication oversight pilot project in the mid-state region, beginning May 2013. The pilot project includes seven PRTFs, which were invited to a state meeting months prior to the initiation of the pilot. Site visits were scheduled at each of the PRTF locations to discuss rationale for the pilot and required procedure. SCDSS also solicited input from all involved providers during the design of the *Notification Regarding Psychotropic Medication* form that is completed by PRTF providers. To date, provider engagement has been an important part of this process and will continue as the pilot expands to additional geographic areas.

The expansion of psychotropic medication oversight will take place in waves. The current pilot project is limited to children in PRTFs in the mid-state region. The second phase will expand this to all PRTFs in the state. Phase 3 will expand the plan to all children in congregate care, allowing the state to target the settings where children in foster care are disproportionately prescribed psychotropic medication. Phase 4 will expand the oversight plan to children treated in outpatient/community settings. It is anticipated that this expansion will span multiple years. Each phase will involve adjustments based on lessons learned and high engagement through stakeholder meetings with impacted healthcare providers.

Since participating in the "Because Minds Matter Summit" sponsored by the Administration for Children and Families (ACF) and Substance Abuse and Mental Health Services (SAMSHA) in August 2012, SCDSS has worked in close partnership with SCDMH and SCDHHS to build an oversight structure for children in foster care in outpatient settings. Through this partnership SCDSS, SCDHHS and SCDMH have been analyzing the current services and process to determine what the most effective and efficient model for oversight would be for all agencies.

Regularly scheduled meetings are occurring with state agency staff to facilitate shared decision-making. Community providers will be engaged by phone and face-to-face visits prior to oversight implementation in a similar fashion to the state office meeting and site visits that were done with PRTF providers. SCDSS is in favor of a mixed prospective-retrospective consent model, allowing SCDSS to review and consent to medication prior to administration and review



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aggregate prescribing trends on a monthly basis. SCDMH is in favor of a primarily retrospective consent model. Both options have advantages and disadvantages. One of the major concerns under discussion is the administrative and financial burden associated with a prospective approach. Officials from both agencies are optimistic about arriving at an agreement regarding informed consent for the administration of medication. Simultaneously, SCDSS has engaged with private managed care companies on this issue, and has received generally favorable reception to the idea of a prospective consent model.

SCDSS plans to finalize the design and begin the expansion of the Psychotropic Medication Oversight Plan in FFY 2014. The state will work towards a uniform, streamlined medication consent process for children in foster care that is transparent and engages prescribing healthcare professionals.

In order to further ensure appropriate and effective services, SCDSS plans to develop on-demand consultation for healthcare providers relating to mental healthcare. The DSS clinical team will provide "always available" consultation services for healthcare providers with questions about appropriate care or available treatment services for children in foster care. This consultation service will begin with a pilot program conducted in collaboration with the state's pediatricians' professional association, and will involve both consultation and training to healthcare providers. The SCDSS clinical team also plans to work in collaboration with DHHS' academic detailing pharmacists to provide education and training to healthcare providers in support of this initiative.

### Data Initiative

Thus far in FY2013, SCDSS has engaged in interagency dialogue between SCDSS, the Department of Health and Human Services (DHHS), and the Office of Research and Statistics (ORS) to develop memoranda of agreement to enable data sharing regarding psychotropic medication usage by foster children, as well as utilization of other mental health services and hospital utilization. Data sharing at the aggregate, de-identified level has begun. Dialogue continues with ORS, DHHS, and the MCO, the state's sole managed care company that insures children in foster care, to allow "real time" access to medication claims data and mental health services utilization data for individual children in foster care.

SCDSS will also work in collaboration with DHHS to evaluate accessibility and quality of care provided by the MCO. The SCDSS Medical Director is working closely with the MCO Medical Director to develop a working relationship that will allow for data sharing and tracking of deliverables such as provider enrollment to ensure access to services for children in foster care and provider education regarding the provision of mental health services.

The state will continue to develop and execute memoranda of agreement between its agencies to promote the sharing of data relating to psychotropic medication use by children in foster care at both the aggregate and individual level. Aggregate data MOAs have been developed in FY2013, and the state plans to execute MOAs allowing for individual-level data sharing between agencies as well as between DSS and the MCO.

### Communication and Coordination

SCDSS is monitoring and adjusting strategies and building mechanisms to more accurately and consistently communicate medical information including information related to psychotropic medication to all necessary parties involved in the care of children in foster care.

In the psychotropic medication oversight pilot program for children placed in PRTFs, the caseworker and service coordinator involved in each case are responsible for ensuring that information from one clinician is communicated to the next clinician when there is a change in provider. The clinical coordinators are responsible for following up and ensuring the information exchange is occurring. As the oversight of psychotropic medication expands, SCDSS will continue to monitor to ensure that the exchange of information is happening and make any necessary adjustments to ensure that information is shared timely and accurately.

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For those children in an outpatient setting, there are several mechanisms for communication and sharing of information on psychotropic medication. The Child Youth Assessment, which is part of the Child and Family Assessment and Service Planning Tool (CFASP), is currently in revision. The revisions now contain more comprehensive information to include: current and past medications, prescribing physician, start and end dates, noted side-effects, efficacy of medication, child compliance with taking medication, additional modes of treatments, medication's intended impact on the child, re-evaluation of medication, and how the child feels about the medication. All of the information above will also be incorporated into CAPSS for caseworkers to input information in a timely manner.

The Education and Health Passport is the caregiver's mode of documentation. It has similar capacity for documentation, and efforts are underway to integrate this document into the CAPSS system to provide information more efficiently, accurately, and timely. In the next revision of the Education and Health Passport, all information will be aligned more closely to the Child Youth Assessment to ensure consistent and comprehensive documentation and sharing of information. Caregivers are expected to keep the information in the Education and Health Passport up-to-date and share all information with clinicians and physicians at every encounter and share the same information with caseworkers.

SCDSS has also drafted clear expectations for caseworkers and caregivers around the sharing of medical information and responsibilities. These expectations are being incorporated into Child Welfare Basic, on-going trainings, policy and practice. All means of communication around the sharing of medical information will be monitored and strengthened to ensure that all parties involved in the care of the child are able to fully assess, treat and monitor the child to ensure positive outcomes.

### Staff Training and Development

The SCDSS Medical Director began conducting on-the-job training in April 2013 for IFCCS staff, affiliated service coordinators, and case managers as needed. Training includes information on symptoms and illnesses, treatment modalities, and availability of treatment services.

SCDSS is evaluating resources available to the agency to assist with the efficient training of large groups of staff on issues associated with psychotropic medication use by children in foster care. The Medical Director selected by SCDSS has significant experience training child welfare staff on these issues. The Medical Director, in consultation with clinical staff, will develop a training curriculum for SCDSS staff and will schedule training with counties and regions on a routine basis throughout the year. These training sessions will include not just SCDSS staff, but also the larger healthcare professional and advocate community.

Additionally, the Medical Director will provide on-the-job training through individual and group supervision to the clinical staff, with the long-term goal of developing the clinical staff as specialists with the capacity to provide training to caseworkers and other SCDSS staff.

### As a result of the "Because Minds Matter" Summit, the following changes were made to the Healthcare Oversight and Coordination Plan:

The state, in conjunction with healthcare professionals and other stakeholders, has revised its Healthcare Oversight and Coordination Plan to focus on developing capacity to monitor the use of psychotropic medications by children in foster care. The state has taken the following steps in furtherance of this goal:

- Sent representatives from the state's child welfare, mental health, and Medicaid agencies to the "Because Minds Matter" Summit to network with colleagues in other states and acquire information on emerging best practices.
- Hired a board-certified child and adolescent psychiatrist to serve as Medical Director for the state's child welfare agency (Department of Social Services – SCDSS). The individual hired has significant experience working with state agencies on policy development and implementation, data analysis, and training child

welfare staff on issues relating to healthcare coordination and the use of psychotropic medication by children in foster care.

- Evaluated and clarified the role of clinical staff -- specially trained SCDSS staff who interface with caseworkers, caregivers, and healthcare professionals -- to coordinate healthcare for children with medical or mental health needs.
- Discontinued, after careful consideration, a contractual agreement with the Medical University of South Carolina (MUSC) to provide training, data analysis, and certain medical oversight functions for SCDSS due to lack of agreement between the state and MUSC on the performance of these tasks.
- Developed a pilot *Notification Regarding Psychotropic Medication* form that allows prescribing physicians to communicate information regarding the prescription of psychotropic medication to children in foster care as well as SCDSS to review and consent to prescriptions prior to the administration of medication to children in residential treatment facilities, except in cases of emergency. Sample forms from other states were examined, and prescribing physicians and SCDSS staff provided feedback in the development of the form.
- Implemented a pilot project for PRTFs in a region that encompasses one-third of the state to utilize the *Notification Regarding Psychotropic Medication* form to receive consent from SCDSS clinical staff prior to the administration of medication, except in cases of emergency. The pilot project is serving as the first phase of a multi-phase plan to gradually expand SCDSS's engagement with caregivers and providers so that all medical treatment of all children in foster care is appropriately coordinated and receives careful monitoring and oversight.
- Engaged in conversations with data holders (i.e., the state's Medicaid agency (SCDHHS), the state's Office of Research and Statistics (SCORS)), managed care organizations contracted to coordinate the provision of mental healthcare to children in foster care, congregate care facilities, providers, etc.) with the goal of creating data sharing agreements to allow SCDSS to gain aggregate and individual level information on the utilization of mental health services, prescription claims, hospitalizations, and other data necessary to allow the state to fulfill its oversight responsibilities. Meetings with executive management teams of state agencies and managed care companies are ongoing and draft MOUs have been submitted for approval.

## FOSTER CARE HEALTH ADVISORY GROUP

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State Director, SC Department of Social Services

Deputy Director, SC Department of Social Services

Child Welfare Director, SC Department of Social Services

Foster Care Liaison, SC Department of Social Services

Child Psychiatrist, SC Department of Social Services

Assistant Director of IFCCS, SC Department of Social Services

SC Families First, SC Department of Social Services

Deputy Director of Managed Care, SC Department of Health and Human Services

Deputy Director of Quality Management and Compliance, Deputy Director of Managed Care, SC Department of Health and Human Services

Director of Office of Exceptional Children, SC Department of Education

Department of Education Special Needs

Research Professor, USC Family and Preventive Medicine Institute for Family in Society

Pediatrician and past President of the SC American Association of Pediatrics

Pediatrician and AAP Foster Care Liaison

Medical University of SC Foster Care Clinic RN, MSN, CPNP

Director of Medical Services, Medical University of South Carolina

Child Advocacy Center Pediatrician

Pediatrician

Founding Director, Dee Norton Lowcountry Children's Center, Project BEST Co-Director, MUSC

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Licensed Independent Practitioner, Trauma Focused Cognitive Behavioral Certified  
Treatment Coordinator, Department of Alcohol and Other Drug Abuse Services  
Executive Director of the SC Foster Parent Association  
Foster Parent, Medically Complex  
Director of Foster Care Review Board  
Director of Guardian ad Litem  
Director of Continuum of Care  
Owner, Director Windwood Family Services  
Executive Director of Youth Advocate Program  
Executive Director Federation of Families of SC  
Executive Director Family Connections of SC

## DISASTER PLAN

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The state works closely with DHEC, Red Cross, National Guard and the state Emergency Operations, Law Enforcement (county and state) on disaster planning and response. The South Carolina Emergency Operations Plan published in April 2012 is included in the appendices.

### State Disaster Plan for Foster Parents Overview

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- All foster homes, per regulations and policy, must have written disaster plans in place prior to licensure, and these plans are monitored for updates during quarterly visits by licensing staff. The plans must identify where the family plans to relocate during an evacuation or if there is a need for them to leave their residence. A Disaster Plan template for foster homes was finalized and given to all field staff and child placing agency staff. That form has been incorporated into policy.
- All foster homes have been given disaster brochures with pertinent information and the emergency hotline number and are required to contact this number to report their location upon evacuation.
- Staff are required to locate an alternative placement for any foster child in the event an evacuation order has been issued and a foster family is refusing to evacuate.
- Staff are required to follow up with foster families and to further ensure their safety in their residences or new locations.
- All group homes and child caring institutions in the state are required per regulations and policy to have disaster plans in place. These are monitored by state-level licensing staff at SCDSS. Copies of disaster plans for all group homes and all child placing agency foster homes have been submitted to state licensing staff at SCDSS and are on file.
- State-level SCDSS foster home, group home, and child placing agency licensing staff are required to be on call to assist in communication and relocation efforts for any displaced children.
- Child welfare (and other programs) staff statewide were required to be certified with specific online training courses and must keep their personal contact information updated in the event of an emergency. Staff are also certified with this coursework so they may assist in shelter operations when called upon.
- In order to respond to new child welfare cases in areas adversely affected by a disaster, all reports of an emergency nature received during a time of disaster will be coordinated through local law enforcement to assist CPS to respond. State statute provides that reports of suspected child abuse and neglect can be made to law enforcement as well as to the Department of Social Services. Local law enforcement routinely provides coverage for after normal business hours emergency reports, and this system is established in all counties. Reports of concern for a child's safety will be made to the local law enforcement emergency number. Child Protective Services offices will continue to have on-call staff that will be available to assist if the need arises.

Situations reported during a disaster are treated as emergencies, as everyone in the community likely will be affected by the disaster. Law Enforcement and other emergency services personnel may be the only people who are allowed

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to be at their place of work, and law enforcement will be needed to make the necessary response to imminent danger, such as emergency protective custody action. If a child must come into care, this process into the foster care system is as described above.

Ongoing services to a family in an active in-home treatment case will be triaged during the disaster period so that only emergency services will be provided, and other situations will be responded to as soon as the immediate crisis is reduced. It is anticipated that few other routine services will be available during the time of disaster, so the focus must be on responding to emergencies. Each county has been directed by Directive Memo to update the statutorily mandated SCDSS/Law Enforcement Protocol to clarify procedures for emergency responses in times of natural or man-made disasters.

As part of the plan to remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster; and to preserve essential program records:

- SCDSS has a disaster response plan in place as relates to telephone service and computer system access. The agency's data network allows for agency staff to access program systems and information from locations outside of their own specific counties – should county staff need to relocate into other county offices. In this way, the majority of client information already on file, and the eligibility processes needed to process new referrals, can still be accessed after a disaster.
- SCDSS Disaster Response staff has been meeting with the SC Emergency Management Division to further develop an "Emergency Operations Plan Development Guide". This can be found at [www.scmd.org](http://www.scmd.org) and under Plan and Prepare section. Mock disaster exercises are being held.

For reference, these procedures are taken directly from current policy manuals for Foster Care and Child Protective Services. The CPS section formalizes previously issued Directive Memos regarding CPS response to disasters. The policy regarding disaster planning is attached as a separate document.

Staff have to complete an online course with Emergency Management to prepare for shelter work – titled: ICS 100, 200, 700, 800 located at [www.scmd.org](http://www.scmd.org) under the training section.

There were no disasters requiring implementation of the disaster plan and no changes to the disaster plan in the past year.

### SCDSS State Office Disaster Recovery Contacts

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**Primary Contact:** Tim Smith  
**Title:** Network and Communications Management Director  
**Office Phone:** 803-898-7260  
**Work Cell Phone:** 803-315-6051  
**Pager:** N/A  
**Email:** Tim.Smith@SCDSS.sc.gov

**Secondary Contact:** Charles Reese  
**Title:** Data and Telecommunications Manager  
**Office Phone:** 803-898-7158  
**Work Cell Phone:** 803-315-4484  
**Pager:** N/A  
**Email:** Charles.Reese@SCDSS.sc.gov

**Other Contact:** Johnny Brunson  
**Title:** Network Manager  
**Office Phone:** 803-898-7322

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**Work Cell Phone:** 803-315-6025  
**Pager:** N/A  
**Email:** Johnny.Brunson@SCDSS.sc.gov

**Other Contact:** Elaine McGwier  
**Title:** Database Administration Manager  
**Office Phone:** 803-898-7395  
**Work Cell Phone:** N/A  
**Pager:** 803-698-4012  
**Email:** Elaine.McGwier@SCDSS.sc.gov

**Other Contact:** Carla Brooks  
**Title:** Database Administration  
**Office Phone:** 803-898-7316  
**Work Cell Phone:** 803-315-4710  
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**Other Contact:** Gregg Tanner  
**Title:** Network Administration  
**Office Phone:** 803-898-7328  
**Work Cell Phone:** 803-315-6078  
**Pager:** N/A  
**Email:** Gregg.Tanner@SCDSS.sc.gov

Each county has a disaster recovery contact as well; a list is available upon request.

## FOSTER AND ADOPTIVE PARENT RECRUITMENT

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### Foster and Adoptive Parent Recruitment Strategies

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In its efforts to recruit, support and retain families as prospective foster parents and licensed foster parents, SCDSS has taken the following steps to increase the number of usable and appropriate foster home families to match the needs of children in foster care.

- SCDSS contracted with SC Youth Advocate Program (YAP) to recruit 200 new resource families by the end of December 2012. In 2012, 126 homes were licensed. As of May 1, 2013 an additional 63 homes have been licensed.
- Heartfelt Calling – the SC Foster Parent Association developed a new website ([www.heartfeltcalling.org](http://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 (mid-November 2011), 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 (application packets are not sent to inquiries who are denied at the point of intake). 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. 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 11/2011.

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- Partnerships continue with local churches that allow SCDSS to use their facilities for training and support group meetings for foster parents.
- Media Recruitment – Newspaper recruitment is done monthly. Various children's profiles are sent to 22 different newspaper outlets throughout the state. Approximately 41 children are featured monthly in the various newspapers. Union County SCDSS features 15-25 children in local newspaper each month. WACH Fox News produces a weekly segment entitled "Fox Waiting Child". Tapings are done at various locations throughout the state.
- Brochures and other collateral materials have been developed.
- Foster parent referrals continue to be the most dependable referral source.

The SC Foster Parent Association provides support to currently licensed families to increase retention of foster families; receives intake referrals for prospective families statewide, contacts prospective families and forwards intake referrals or applications to respective counties for local follow-up and approval; and tracks referrals from point of intake to full licensure. SCDSS contracts with SC Youth Advocate Program (YAP) in its recruitment initiative to increase the number of foster home families in a region (10-county area).

### Foster Parent Training

Foster Parent Training is provided through SC Foster Parent Association, Children's Law Center and other providers in the community.

#### Training and Staff Development

##### 1. Training through the SC Foster Parent Association

- Annual Conference for foster parents and licensing workers and licensing supervisors. Topics Include:
  - The Rights and Roles of Foster Parents in Family Court
  - Educate – Advocate – Celebrate
  - Developing Habits That Lead to Success
  - Child Empowerment
  - Adoption Assistance
  - Independent Living/NYTD
  - ADHD: Solutions Once and For All
  - The Power of Family: Involving the Family in Decision-Making
- Pre-Service Training (14 hours)
- Love and Logic – provides parenting tools to lessen parental stress

##### 2. Training through Medical University of South Carolina (MUSC) Children's Hospital

Audience: Foster Parents & Licensing Workers or Foster Care Workers

- CPR & First Aid
- ADHD 101
- Common Skin Rashes
- Introduction to Type II Diabetes
- Money Management
- Tummy Troubles
- Foster Care Support Clinic Conference: Bridging the Gap Between Foster Parents, Social Workers and Health Care
- Child Passenger Safety
- Poison Prevention

##### 3. Training through Pediatric TEAM Center

Audience: Foster Parents & Licensing Workers or Foster Care Workers

- Don't Flip Your Lid! – A Positive Discipline Parent Training

##### 4. Training through Palmetto Health Special Care Center

Audience: Foster Parents & Licensing Workers or Foster Care Workers

Education Seminar topics include:

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- Sniffles, Sneezing and Wheezing
- Management of Common Pediatric Emergencies in Children
- Health Care Basics
- Asthma Care Basics

The SC Foster Parent Association has a contractual agreement with the agency to provide foster parent training, including pre-service and recertification training for foster and adoptive parents, a statewide professional development conference, household showers for youth who will emancipate from the foster care system or who will be attending college, laptop computers for these youth who are attending college, recruitment of foster and adoptive parents, and adoption assistance to foster families. In addition to these services, the South Carolina Foster Parent Association uses private donations and additional funding resources to offer other programs to support the agency's work, foster parents, and children in care.

SCFPA has a position for a director of education who works collaboratively with agency staff, other contract providers, and local and state organizations. SCFPA's ultimate goal is to make educational opportunities more accessible to foster and adoptive parents thus 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. Foster parents are required to attend annual training for professional development at a minimum of 28 hours within a two-year period in order to maintain certification. This training may include up to eight hours of online training and eight hours of home study modules as well as access to other training events. Generally these trainings are offered in the locality of their local SCDSS and under the sponsorship of their local Foster Parent Association. Instructors for training include "SCFPA-contracted" trainers and trainers from local and state organizations such as Pro-Parents (specific training to address special education needs), Children's Law Center, SC Guardian ad Litem Program, Palmetto Health, Baptist Easley, Heath's Heaven, etc. SCFPA also sponsors a foster parent professional development conference each year. An estimated 600 foster parents and agency staff attend this conference on a yearly basis.

- Pre-Service Training for Resource Families: SCFPA has developed and will continue to update the training curriculum, Heartfelt Calling. The responsibility also includes designing the process for how training will be delivered and coordinated across the state, and actual implementation and oversight of the training delivery. The SCFPA uses local contract trainers to help coordinate the delivery of the pre-service training across the state.
- Recertification Training: SCFPA developed a standardized, consistent framework for the competency-based training of resource families. They work with all 46 counties to deliver recertification training for foster parents.
- Training Database: SCFPA currently maintains a database for individuals who have participated in SCFPA training. This system can provide confirmation of completion of pre-service training; certificates of completion will be awarded at the end of each training session.
- Foster Care Conference for Resource/Adoptive Families: The SCFPA sponsors a statewide Foster Care Conference each year. The conference is intended to improve the State's program in caring for, and treatment of children by foster (resource) parents associated with the SCFPA. The agenda has sessions that reinforce and enhance basic knowledge and skills for the performance of specific functions related to the caring of children served in foster homes settings. Additionally, the conference provides an environment where foster parents and SCDSS caseworkers and staff could interact and develop relationships that will lead to the improvement of the foster care system in South Carolina.
- Oversight and Other Collaboration: SCFPA provides oversight of its contract trainers to ensure accountability and accurate delivery of materials and maintains regular contact with all contract staff and hold routine meetings with them.

In addition to the ongoing local training sessions throughout the year, SCFPA collaborates with SCDSS on the annual Independent Living Conference.



- **Pro-Parents Partnership for Training:** There is a partnership with Pro-Parents (subcontract under SCFPA now) to address the special education issues affecting foster care children. The agency has a "LINKS" curriculum taught by Pro-parents directly to foster care parents. The curriculum outlines special education issues for foster parents including advocacy tools to be used at the school district level.

### Pre-Service Training for Resource Families

The SCFPA is responsible for pre-service training for resource and adoptive families in South Carolina. This process involved revising the Foundations of Care-Giving training curriculum, designing the process for how training is delivered and coordinated across the state, and actual implementation and oversight of the training delivery. In addition to the philosophical and practical changes that have been made in Heartfelt Calling, the revised pre-service training, SCFPA improved access for prospective resource and adoptive families and developed an orientation video that is given to everyone interested in becoming a resource or adoptive family. This video covers basic requirements for becoming a resource family, such as home inspections, fire marshal and health requirements, and eligibility requirements. It also deals directly with what it really means to be a resource family, including expectations, the type of children who will be coming into the home, working with agency personnel, working with birth families, time commitments, and rewards and joys as well as challenges of being a resource family. SCFPA has given a true picture to those interested in becoming resource and adoptive families to help them make an informed decision about committing to this process.

The pre-service training provides resource families with the skills and techniques to respond in a culturally-competent manner to the needs of children and their birth families and to ensure children's continued identification with their families of origin and ethnic heritage. The availability of support services is included in pre-service training to let prospective resource and adoptive families know that despite their experience, at some point they are likely to need help, and help will be available.

Additionally, SCDSS contracts with Palmetto Health and Baptist Easley children's hospitals to provide specialized training to foster parents of medically fragile children. The specialty medical and developmental training includes medical and behavioral modules. These modules are made available to all foster parents. These trainings cover the needs of the children with medical and development needs, including, but not limited to, asthma management, behavioral issues, crisis management, feeding problems, childhood illnesses, as well as a home study module.

- **Funding source** - IV-E Foster Care Training and IV-B Part 2
- **Venue/setting of training** - Home modules from Palmetto Health Richland and Palmetto Health Easley Hospitals
- **Duration of Activity** - These are home modules that foster parents can complete at their leisure. They are each 1 credit.
- Palmetto Health received 2,892 completed Home Study Modules; 628 foster parents completed these modules. Baptist Easley received 1,312 completed Home Study Modules in CY 2012.

See the Updates to the Training Plan section in this report for a complete report on foster parent training provided in CY 2012 and the first quarter of CY 2013.

The SC Foster Parent Association works with individual counties to identify needs related to ongoing training for provider families. An online training calendar is available for all providers. Examples of key areas of focus:

#### SCFPA Curricula:

The following training was developed or modified 2008 through April 2013 by SCFPA staff:

- **Discipline 101: Why We Do It and How We Approach It**  
This training is intended to:
  - show how important discipline is in helping to prepare children for a successful future

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- present discipline as teaching, not punishment
- help foster parents understand how their experience affects how they view and perform discipline
- present the points on discipline that are given in the handbook Time for Learning About Foster Care
- promote respect for the child in all discipline
- help foster parents understand proactive and reactive approaches to discipline
- understand the special discipline challenges foster parents face and how they can meet these challenges
- Helping Foster Children Develop Self-Esteem  
This training is intended to:
  - show the importance of self-esteem to children's development and well-being
  - help foster parents understand what approaches do and don't promote self-esteem in children
  - teach some specific techniques foster parents can use to help the children in their care develop self-esteem
- Parenting Children with Attachment Disorders  
This training is intended to:
  - Define and explain attachment disorders
  - Help foster parents recognize problem behaviors associated with attachment disorders and why affected children behave as they do
  - Give foster parents some basic information and strategies for parenting children with attachment disorders
- Ansell Casey Life Skills Assessment (The ACLSA)  
This training is intended to:
  - introduce foster parents to the ACLSA tools
  - prepare foster parents to participate in the assessment and learning plan process
  - prepare foster parents to assist youth in achieving their goals
  - introduce foster parents to the resources available online
- Meth-Affected Children in Care  
This training is intended to:
  - explain the problems methamphetamine poses for children
  - explain points from the official protocol for treating and placing meth-affected children
  - offer practical advice to caregivers on safely settling these children into care and helping them with meth-related issues
- Rights & Responsibilities in Foster Care: Foster Parents & SCDSS  
This training is intended to:
  - demonstrate the importance of foster parents in their foster children's lives
  - outline and distinguish between the rights and responsibilities of foster parents and SCDSS in placing and caring for foster children
  - help foster parents understand the importance of the working partnership between foster parents and SCDSS in clarifying everyone's rights and responsibilities and seeing that they are fulfilled
  - emphasize the importance of keeping records on foster children's activities, needs, treatments, and progress
  - address specific questions that foster parents are unclear about
- Internet Safety for Children, Teens, and Families  
This training is intended to:
  - explain the ways the Internet can be both helpful and harmful to children, teens, and families
  - present ways children, teens, and families can avoid potential problems from Internet use
  - acquaint foster parents with suitable resources to help children, teens, and the whole family keep Internet use safe and fun
- Dust & Clutter & Bugs & Other Facts of Life: A Family Affair  
This training is intended to:

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- facilitate discussion of home maintenance challenges as common problems to help foster parents talk openly and honestly about them
  - stress the importance and present the benefits of keeping these things under control
  - offer and facilitate sharing of tips on handling the challenges and taking advantage of the teaching opportunities they present
- SC Education and Health Passport for Children in Care  
This training is intended to:
  - familiarize foster parents with South Carolina's Education and Health Passport, its benefits, and its use
  - present South Carolina policy on the Passport
  - show how the Passport fits into the comprehensive documentation accompanying a child through foster care
- Vying with Lying: Best Parenting Approaches  
This training is intended to:
  - help foster parents understand children's lying
  - offer best parenting approaches to dealing with lying
- Dealing with Stealing: Best Parenting Approaches  
This training is intended to:
  - help foster parents understand children's stealing
  - offer best parenting approaches to dealing with stealing
- Connections: Present Safety, Future Support  
This training is intended to:
  - Explain the meaning and importance of personal connections for children in care
  - Define and distinguish between healthy and unhealthy connections and look at ways of assessing them
  - Suggest effective ways to encourage and preserve healthy connections
  - Emphasize the shared responsibility of the child, worker, foster parents, and agency in assessing and documenting connections
  - Provide practice in documenting connections, as mandated, in the SC Education and Health Passport
- Working with the Schools for Educational Success  
This training is intended to:
  - Stress the importance of ongoing parental involvement in foster children's schooling
  - Offer tips and facilitate discussion on how to be involved in foster children's education
  - Explain and facilitate discussion on Personal Pathways, within the context of the new education laws
  - Share Personal Pathways guidelines for each level of schooling, from kindergarten to adulthood
  - Give foster parents links to additional resources
- Living and Working with Teens Yes You Can  
This training is intended to:
  - Engage participants' memories of what it was like to be a teen and help them apply those memories to parenting and working with teens
  - Present a general outline of adolescent development
  - Facilitate discussion on the developmental challenges of adolescence, with emphasis on additional challenges for many foster teens
  - Present the "ten tasks of adolescence" as a guide for what teens need to accomplish for successful and happy adulthood
  - Emphasize the importance of relationship and connection in helping teens develop optimally and prepare for a successful future
  - Offer a problem-solving model that can be taught to teens for their present and future use
  - Present and facilitate sharing and discussion on tips for parenting and working with teens
- Child Sexual Abuse and Its Implications for Foster Parents  
This training is intended to:
  - Define child sexual abuse

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- Explain and facilitate discussion on the signs and symptoms of child sexual abuse and how these fit into patterns of behavior
  - Remind foster parents about online predators
  - Offer some suggestions on parenting children and teens who have been sexually abused
- Sticks and Stones: Labels, Labeling, & Better Ways  
This training is intended to help participants
  - Understand what labels are and how we use them
  - See how labels affect all of us, with emphasis on the children in our care
  - Use label-free ways of thinking and communicating
  - Begin to undo the harm that earlier labeling has done
- The Adoption Option: Creating & Maintaining Permanent Families  
This training is intended to help participants
  - Understand the advantages of adoption for children, youth, and families
  - Examine concerns related to adoptions
  - Know South Carolina's resources for the successful achievement and maintenance of adoptions
- Let's Eat—Or Not: Eating Problems in Foster Children  
This training is intended to help participants:
  - Be familiar with eating problems and disorders most commonly seen among children in care
  - Understand how eating problems have developed and are manifest in children in their care
  - Deal with "fussy" eating, hoarding, and other common problems
  - Know when to get professional help
- Fostering Fundamentals: Rights and Responsibilities  
This training is intended to:
  - demonstrate the role and importance of foster parents in their foster children's lives
  - help foster parents understand what they are responsible for, what SCDSS is responsible for, and how the two should work together, including birth parents whenever possible, as part of the childcare team
  - list and clarify foster parents' rights as part of the childcare team, based on the Foster Parent Bill of Rights
  - emphasize the importance of keeping records on the activities, needs, treatments, and progress of children in care
  - address specific questions that foster parents are unclear about
- Helping Our Children Deal with Anger  
This training is intended to help participants:
  - Understand the nature and complexity of anger
  - Distinguish between the emotions and the behaviors involved in anger
  - Understand additional trauma-associated anger factors for many foster children
  - Deal effectively with anger felt and expressed by the children in their care
  - Help the children in their care learn to understand their anger and handle it constructively
- Parenting with Cultural Competence  
This training is intended to help participants:
  - Understand the meaning of culture and diversity
  - Become aware of their cultural biases and able to deal with them positively
  - Understand what cultural competence is and why it matters in life generally and parenting in particular
  - Understand why it's important for the children they're parenting to develop cultural awareness, identity, and acceptance.
  - Be able to parent with greater cultural awareness and competence
  - Help their foster children develop their own cultural identity and become culturally competent in their own right
- Parenting Children Who've Been Sexually Abused

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This training builds on the earlier curriculum Child Sexual Abuse and Its Implications for Foster Parents. It is intended to help participants:

- Review the nature, signs, and symptoms of child sexual abuse and how it affects development and behavior
- Understand the challenges and risks of foster parenting children and teens who have been sexually abused
- Know the best ways of helping children and teens who are sexually acting out
- Lessen the risks while helping children and teens who've been sexually abused get back on path developmentally and socially
- Building a Bridge: Partnering with Birth Parents for Positive Outcomes  
This is a training curriculum and practice developed by the SC Foster Parent Association from materials developed by RISE in 2011 with programmatic and funding support from Casey Family Programs. It stems from the growing recognition that collaboration between foster and birth parents can promote the best outcomes for children in foster care. Shared parenting is a departure from traditional practice, which in many cases undermined birth parents, isolated children, and created additional hurdles to overcome for the best case resolutions. There are increasing numbers of positive reports on partnering between families and, as a result, a strong push to promote this practice in child welfare services. The objectives of this training are to help participants:
  - Identify their feelings about birth families
  - Identify barriers to partnering with birth families
  - Understand the benefits of working with birth families, or shared parenting
  - Know some ways they can forge partnerships with birth families, to the extent possible
  - Set specific personal goals toward shared parenting

### Water Safety for Children

This training is intended to help participants

- Understand why it's crucial to know about water safety for children
- Look at the scope of hazards involving children and water
- Learn safety strategies to prevent drowning and other water disasters

### Documentation in Daily Foster Care

This training is intended to help participants

- Understand the importance of documenting concerns, successes, and other things on children in care
- Know what should be documented in addition to any required documentation
- Know how to document usefully
- Use several formats for documentation
- Understand how documentation functions in teamwork and advocacy for foster children
- Know how documentation can help in partnering with birth parents and in family reunification and adoptions

### Loss & Grief in Foster Care

This training is intended to help participants

- Define and describe loss and grief
- Examine some common factors in loss and grief of all kinds
- Better understand birth parents' reactions to removal of children
- Understand foster children's losses and how their behaviors and moods are related to them
- Gain perspective on their own loss and grief when foster children move on
- Develop some strategies for dealing positively with loss and grief on everyone's part

The following trainings were developed by others and presented by SCFPA contract trainers:

- Connect: Supporting Children Exposed to Domestic Violence

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SCFPA contract trainers currently deliver this curriculum which was developed by the Family Violence Prevention Fund with support from Annie E. Casey Family-to-Family Initiative.

- The Multiethnic Placement Act and Title VI: Training for SC Foster and Adoptive Parents  
SCFPA contract trainers currently deliver this curriculum which was developed by The Center for Child and Family Studies, USC College of Social Work for SCDSS.

The following trainings were developed and presented by SCFPA contract trainers:

- Working with Teens  
This training is intended to help foster parents focus on the services provided for pre-adolescence, middle adolescence, and late adolescence. It consists of three sections, outlined below with objectives for each:
  - I. Coaching
    - a. Foster parents will be able to demonstrate the ability to encourage and motivate teens to reach potentials based on their strengths.
    - b. Foster parents will be able to create an environment that provides information and goal setting initiated by teens.
  - II. Independence vs. Socialization
    - a. Foster parents will be able to identify the critical role they play in helping teenagers deal positively with their feelings about their birth families.
    - b. Foster parents will be able to assist the teenager in developing social skills that will create positive relationships.
  - III. Health and Safety Issues
    - a. Foster parents will be able to communicate to the teen issues of Universal Precautions, Blood Borne Pathogens, and the importance of daily hygiene.
    - b. Foster parents will be able to provide the teen with pertinent information regarding gangs, safe sex, and an awareness of security at home, at school, and in the community.
- Relationships in 3-D  
Do you want to understand yourself better? Are you growing weary of being annoyed by children, judges, attorneys, GALs, therapists, doctors, teachers, caseworkers and others? Then Relationships in 3-D is for you! This workshop provides information on three essential components of individuality that shape how we interact with others. By looking at theories that explore Personality Styles, Learning Styles, and Love Languages participants will gain a greater appreciation for themselves, their clients, and their co-workers and will be better prepared to interact with others. Using an interactive approach to present this dynamic information, Relationships in 3-D provides instruction that will help participants move beyond mere tolerance to an understanding and appreciation of others. The workshop brings together literally volumes of information that has been transformed into practical useful strategies for creating an environment of respect and appreciation at work and home.  
Participants will receive a reflective workbook as a reference tool.
- Cultivating the Spirit of the Child  
This training will:
  - Aid participants in building awareness of trauma and its effects on children
  - Assist the participants in developing intervention skills
  - Discuss different approaches to understanding the pain children experience when they are separated from their mothers
- In Spite of.... She's Still My Mother  
Objectives:
  - Aid the participants in understanding that the mother is the first basic caretaker
  - Understand how losing Mother -in a physical or emotional way- starts a nightmare of deprivation for a child. In a way, it never ends
  - Understand many negative conditions and feelings experienced later in life may have their roots in this extremely traumatic experience: the early childhood abandonment or rejection by Mother

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### BUILDING BLOCKS THE FAMILY FOUNDATION

#### Day One Agenda and Day Two Agenda

- I. Session One: Understanding Your Child's Behavior
  - A. Purpose of Parents: Job Duties
  - B. Clear, Reasonable and Realistic Expectations
  - C. Behavior
  - D. Introduction of Five Love Languages of Children
- II. Session Two: Listening and talking to your child
  - A. Cultivating a healthy relationship with your child
  - B. Completion of Five Love Languages of Children
- III. Session Three: Discipline for Children
  - A. Tools for Successful Parenting
  - B. Introduction of Personality Styles
- IV. Session Four: Becoming the expert on your child
  - A. Building the bond between you and your child
  - B. Ages and Stages
  - C. Basic Brain Development
  - D. Personality Styles continued
- V. Session Five: Parenting Styles
  - A. What's your style?
  - B. Conclusion of Personality Styles
- VI: Session Six Rules
  - A. Rule Making 101
  - B. Enforcing the rules
  - C. Setting Limits
  - D. Dealing with conflict
  - E. Anger Management

SCFPA coordinates and provides recertification training to include more than 440 training sessions through local associations and cluster groups for the 41 local foster parent association meetings and IFCCS by the end of 2012. SCFPA works closely with the agency to ensure that core topics are developed and delivered statewide.

#### **Other SCFPA Supports**

*Independent Living Showers* - When an adolescent who will emancipate from the foster care system or who will be attending college 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. The association then purchases concrete items from a wish list prepared by the youth, e.g. pots, pans, linens, sheets, silverware, microwave, etc. which are necessary to establish housekeeping. There were 80 Independent Living Showers provided from Jan. 1 - Dec. 31, 2012, of which, 52 were emancipation showers and 28 were college showers.

*Laptop Bundle* - A partnership between the SCFPA and the agency provides an opportunity for foster youth who are attending college to access a laptop computer bundle that includes a computer with a three-year service agreement, software, printer, and carry case. Between January 1 and December 31, 2012 the SCFPA ordered 22 laptop bundles.

*Striving for Excellence Award* - Through this initiative the South Carolina Foster Parent Association recognizes a different college student each month from September thru May. Recipients of this award receive a special gift. Between January 1, 2012, and December 31, 2012, SCFPA recognized six youth.

*SCFPA Teen Recognition* - The Teen Recognition Committee of the SCFPA identifies a teen(s) currently in foster care that meets the set criteria and is deserving of this recognition for the contribution they make to their community,

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school or church. The winner(s) is recognized at the SCFPA Annual Professional Development Conference with a monetary award. SCFPA honored three youth at their 2012 conference. Two youth were honored in 2013.

*SCFPA Scholarship* - The Scholarship Committee of the SCFPA identifies a graduating high school senior(s) currently in foster care that meets the set criteria and is deserving of this recognition. The winner(s) is recognized at the SCFPA Annual Professional Development Conference with a scholarship that can be used for any academic or training program that helps recipient meet his or her goals. SCFPA awarded three scholarships at their 2012 conference.

*Smart Summers, Strong Kids* - In a statewide needs assessment, foster parents named summer programs as their number one need for the children in their care. SCFPA responded with Smart Summers, Strong Kids, an initiative to:

- Help foster parents find the best summer opportunities for their children
- Promote local capacity-building in identifying and maximizing resources
- Establish a fund to help with program costs that can't be met otherwise
- Enable kids to take part in programs that can make them smarter and stronger

A summer program really can be a step out of the woods for a child when it's most needed. In all, SCFPA was able to help 36 children and teens in 2012 enjoy overnights and day programs. One of the changes was widening the scope of support to year-round rather than just summer. The Smart Summers, Strong Kids coordinator has negotiated numerous scholarships and discounts from camps for the children and youth; this includes ten scholarships from Clemson's Youth Learning Institute.

*On the Road Again* - SCFPA accepts donated cars, repairs them, and gives them 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 educational program. This project enables these youth to pursue their goals of continuing education and employment. SCFPA has provided 43 youth with cars since October 2009.

*Pack A Sack* - The SCFPA provides sacks for individuals and community groups to fill to help foster youth with needed items while they are away at college. The Sacks are returned to SCFPA and mailed to college students all around the state. Twenty-two college students were mailed sacks on a quarterly basis in 2012.

## Multiethnic Placement Act (MEPA)

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In compliance with the Multiethnic Placement Act (MEPA), SCDSS provides the following services:

- Provides oversight and evaluation of SCDSS compliance with the Corrective Action Plan (CAP)
- Conducts onsite visits to SCDSS offices to monitor compliance
- Prepares MEPA Site Visit Compliance reports
- Interviews staff, foster and adoptive parents
- Reviews Licensing and Child Case Records, and maintains records
- Provides refresher training to Human Services staff, sub-recipients, family court judges, attorneys, volunteer Guardians ad Litem, Foster Care Review Board, Citizen Review Panels, foster/adoptive parents and new SCDSS Human Services staff
- Provides technical assistance as needed

SCDSS is committed to providing services and ensuring program accessibility and equality in participation and benefits for all clients regardless of race, color or national origin. The county or regional office will provide access to the services of the Adoption and Foster Care Programs without discrimination based on race, color or national origin (RCNO) or on any other illegal basis.



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- The county or regional office has employed recruitment strategies to reach people of all races, colors, and national origins.
- The county or regional office has ensured that persons of all races, colors and national origins are given the opportunity to foster and/or adopt a child without regard to race, color and/or national origin.
- The county or regional office has ensured that all placement options for children are considered and used regardless of the child's or prospective parent's race, color and/or national origin.
- The agency has ensured that all staff involved in foster care and adoption placement have been trained in the provisions of MEPA, Title VI, and the CAP and that staff can identify hypothetical situations which constitute a violation of MEPA, Title VI or the Plan.

In 2007, SCDSS entered into a Corrective Action Plan (CAP) to resolve the violations of SCDSS's Title VI of the Civil Rights Act of 1964 concerning placement decisions made on behalf of children in foster care and adoption. Implementation of the CAP continued until notice was received that the state came into compliance effective June 2012. However, training, monitoring and technical assistance are ongoing as needed for county and regional offices and for sub-recipients.

MEPA is a segment of training covered in Child Welfare Basic Trainings. The below dates are the MEPA trainings that occurred during the period of October 1, 2012 - March 31, 2013.

- Basic Training Session #8: MEPA Training date (Dec 18, 2012) = 26 participants
- Basic Training Session #9: MEPA Training date (Feb 5, 2013) = 23 participants

The below Basic Training sessions started during the report period, but the actual MEPA session was after March 31, 2013:

- Basic Training Session #10: MEPA Training date (Apr 9, 2013) = 26 participants
- Basic Training Session #11: MEPA Training date (Apr 30, 2013) = 22 participants

### **MEPA Stakeholder/Collaborations:**

The University of South Carolina (USC) has been invaluable in the training of SCDSS staff and other groups outside SCDSS, including members of the legal community, guardians ad litem, Foster Care Review Boards, Citizen Review Panels and foster/adoptive parents on MEPA guidelines. SCDSS will continue to collaborate with the University of South Carolina for all MEPA training. Members of the legal community who are involved in the placement of children are continually being trained by the USC Children's Law Center (CLC). The SC Foster Parent Association has also provided assistance with training for foster parents.

### **MEPA Training/TA:**

CLC provides training as needed to human services staff, the legal community and other stakeholders. CLC has provided formal training statewide to county and regional adoption offices and one-on-one technical assistance as needed. MEPA training is also incorporated into the basic training for new hires for DSS. New foster/adoptive parents are trained under a contract between the USC College of Social Work and the SC Foster Parent Association.

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The tables below demonstrate SCDSS success in their compliance with MEPA.

<b>MEPA Complaints for FFY 2012 &amp; 2013</b>				
Source: Office of MEPA Monitoring Effective 4-30-13				
	<b># of Complaints</b>	<b># of Screen-outs</b>	<b># of Unfounded Investigations</b>	<b># of Founded Investigations</b>
MEPA Complaints FFY 2012	0	0	0	0
MEPA Complaints FFY 2013	0	0	0	0

<b>Foster Children Placed with a Different Race During FFY-2013</b>			
Source: CAPSS data effective April 1, 2013 / ADR			
<b>Child's Race</b>	<b># Placements</b>	<b># in Same Race</b>	<b># in Different Race</b>
American Indian/Alaskan Native	4	0	4
Asian	5	0	5
Black or African American	488	383	105
Black/White	64	0	64
Native Hawaiian/Other Pacific Islander	4	0	4
Unknown/Unable to Determine	36	0	36
White	646	438	208
<b>Total</b>	<b>1247</b>	<b>821</b>	<b>426</b>

<b>Foster Children Placed with a Different Race During FFY 2012</b>			
Source: CAPSS data effective February 1, 2013 / ADR			
<b>Child's Race</b>	<b># Placements</b>	<b># in Same Race</b>	<b># in Different Race</b>
American Indian/Alaskan Native	11	0	11
Asian	3	0	3
Black or African American	1214	993	221
Black/White	169	0	169
Native Hawaiian/Other Pacific Islander	3	0	3
Unknown/Unable to Determine	96	1	95
White	1502	1028	474
<b>Total</b>	<b>2998</b>	<b>2022</b>	<b>976</b>

<b>Foster Children Placed with a Different Ethnicity During FFY 2013</b>			
Source: CAPSS data effective April 1, 2013 / ADR			
<b>Child's Hispanic Ethnicity</b>	<b># Placements</b>	<b># in Same Race</b>	<b># in Different Race</b>
Hispanic	72	4	68
Not Hispanic	1142	1109	33
Unknown	33	1	32
<b>Total</b>	<b>1247</b>	<b>1114</b>	<b>133</b>

Foster Children Placed with a Different Ethnicity During FFY 2012			
Source: CAPSS data effective February 1, 2013 / ADR			
Child's Hispanic Ethnicity	# Placements	# in Same Race	# in Different Race
Hispanic	196	14	182
Not Hispanic	2790	2716	74
Unknown	12	0	12
<b>Total</b>	<b>2998</b>	<b>2730</b>	<b>268</b>

## MONTHLY CASEWORKER VISITATION

### Caseworker Visit Data

DSS is currently providing line staff, supervisors, and administration with two types of reports from CAPSS that will assist the state in ensuring monthly face-to-face visits are held:

- Each month, workers will receive *two push reports*. These reports allow the worker and supervisor to see which children have not been seen yet in the current month. This may mean the worker has seen the child but has not yet entered the dictation, and, if so, it is a reminder to enter the dictation. If the child has not been seen, the worker is reminded to ensure the visit occurs in the remaining time period before the end of the month. These reports also indicate which children were seen in the home or residence and which adults were seen as well.
- The second report is the monthly *Batch Report # 180*, which is a report of which children were not seen in the previous month. This report, while effective and necessary, does not allow the supervisor or management to take necessary actions to correct a deficiency from the previous month.

Both reports are designed to assist the agency in getting to the 95% mark of monthly visits by FFY 2015.

### Face-to-face Visits with Children in Foster Care (from CAPSS January 4, 2013)

Period: October 1, 2011 through September 30, 2012

The total number of visits made by caseworkers on a monthly basis to children in foster care during a fiscal year must not be less than 90 percent of the total number of such visits that would occur if each child were visited once every month while in care.

# children	Monthly Caseworker Visits	# Complete Calendar Months	Visit Months in Home	% of Visits on a Monthly Basis	% of Visits in the Residence
5,357	34,364	37,646	27,021	91%	72%

In addition to these reports, the agency will monitor progress toward permanent plans by assessing the decrease in the number of children who remain in an open child protective services treatment case for more than nine months. For children in the foster care system, the data will measure time to reunification completed within 12 months, TPR

filed timely and heard by 18 months, and adoption when appropriate within 24 months. The hypothesis is that quality and purposeful monthly visits will have an immediate impact on the length of time in care or in an open treatment case.

SC believes that not only the frequency, but the quality of the visits are essential to ensuring the child's safety, permanency and well-being. Training, permanency and safety roundtables, enhanced policy guides, and guided supervision techniques are all being utilized to assist workers in understanding that behavioral changes by the worker, as well as the families, are needed to reach safety and permanency goals for children.

### Use of Caseworker Visit Formula Grants

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When SCDSS developed the allocation of caseworker visit funds, the agency's aim was to provide caseworkers with the tools they need to most efficiently and effectively provide quality case management to the children and families in SC. The increased travel funds, cell phone charges, wireless Internet access and laptops all contribute to increased mobility for the caseworker, while at the same time giving them the ability to communicate in a more timely manner with providers, supervisors, and related parties involved with the case. This allows them to gather information, alter visitation arrangements, and make quick in-the-moment decisions.

SCDSS has used and plans to use caseworker visit funding to satisfy the new requirement to improve the quality of caseworker visits with an emphasis on case manager decision-making and caseworker recruitment and retention are listed below. South Carolina is utilizing the funding for caseworker visits in the following ways:

- Increased travel funds for the monthly visits
- Monthly cell phone charges for caseworkers for more effective communication
- Increased the contracts for additional wireless Internet access cards
- Transitioned many of the agency staff computers from desktop to laptops to increase worker's mobility
- Video conferencing equipment to allow caseworkers to discuss case management with other offices and program staff in the state office
- P2 to provide guidance to supervisors and leadership to guide the work of the case manager in best practices in quality visitation

In FFY 2013, SCDSS has used forms of technology purchased through visitation funding to enhance and implement new practices that improve caseworker decision-making. Currently, in the implementation of documentation, safety, and permanency roundtables, caseworkers are using laptops to gather information on cases and to assist with decision-making. Caseworkers are using videoconferencing for peer-to-peer support sessions to discuss approaches to more effective and efficient case management and decisions. Videoconferencing equipment is employed as a tool to discuss case management practice with other offices and program staff from the state office and to provide opportunities for peer-to-peer sessions. In these sessions, caseworkers discuss/share case management approaches. All of this has and will continue to have an impact on the quality of caseworker decision-making. Providing this array of technological, supervisory, and peer support to the caseworkers was intended to have a positive effect on the State's ability to recruit and retain caseworkers.

In FFY 2014, South Carolina plans to continue utilizing caseworker visitation funding to purchase and maintain the types of technology listed above in order to support caseworkers in improving the quality of caseworker visits, with an emphasis on caseworker decision-making and caseworker recruitment and retention. In addition, SCDSS is constantly changing and improving the ways in which these forms of technology are used to meet the needs of the caseworkers.

The utilization of peer-to-peer mentoring through videoconferencing is underutilized; therefore SCDSS plans to increase its use and effectiveness through expanded awareness and training. Trainers have used videoconferencing to train caseworkers to use the guided supervision tool effectively, aiding caseworkers in decision-making around risk and safety. Videoconferencing reaches a larger number of caseworkers efficiently, resulting in quicker and more

widespread implementation. In the implementation of "Signs of Safety," SCDSS uses videoconferencing to share feedback on the approach, how it has been implemented, and ways to utilize the approach effectively.

SCDSS has determined the current allocation of visitation funding has had an effective influence on decision-making and visitation but has not had a significant impact on caseworker retention; nor has there been a particular focus on caseworker recruitment in the allocation of these funds. Therefore, in the coming year SCDSS will be identifying opportunities to increase recruitment and retention using these resources and funds. Initially, SCDSS will identify opportunities for reallocation of funds and/or ways in which current services or technology purchased through these funds can be used to address these issues.

## ADOPTION INCENTIVE PAYMENTS

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In FFY 2012, Adoption Incentive funds were used to support the implementation of concurrent planning as a strategy to increase adoption of children at the earliest point in time. As of March 2012, under a memorandum of understanding between SCDSS and USC and a task order agreement between USC and Winthrop University, a work plan was developed in consultation with 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. SCDSS continues the microfilming of adoptions records to foster permanent archiving of this vital information.

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. Upon receipt of requests for family finding searches, Seneca Family of Agencies assigns an experienced search agent to conduct a manual search and provide a report back to SCDSS that includes: addresses and listed phone numbers for the subject, as well as 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.

In an effort to meet ongoing goals related to increasing finalized adoptions of legally free children, SCDSS has partnered with The South Carolina Heart Gallery (SCHG) to provide enhanced targeted recruitment; family engagement; and enhanced coordination and communication through the newly-appointed Statewide Adoptions Recruitment Coordinator and participation in quarterly state Adoptions Partners collaborative meetings. SCHG will provide intensive child-specific recruitment efforts, including community exhibitions and photographic internet campaigns. SCHG will target specialized populations, geographic areas and faith communities, etc., in an effort to find homes for legally free children lingering in foster care.

## CHILD WELFARE WAIVER DEMONSTRATION ACTIVITIES

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South Carolina does not have a waiver demonstration project.

## QUALITY ASSURANCE

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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

## South Carolina Annual Progress and Services Report

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 Department of Social Services' (DSS) Accountability, Data and Research Division (ADR) 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.

Four innovation counties were selected by the agency as part of its Program Improvement Plan (PIP). Quarterly reviews are presently occurring in these counties to measure performance improvements in safety, permanency, and well-being outcomes until the PIP objectives are met for nine of the 23 items on the CFSR instrument.

The information obtained by the child welfare QA process:

- Gives county staff feedback on the effectiveness of their interventions
- Directs quality improvement staff members to assist counties with areas needing improvement
- Informs SCDSS administrators of systemic factors and/or policies that impair the agency's ability to achieve specific outcomes
- Assists staff in developing training that addresses specific needs
- Provides feedback throughout all areas of the system with the identification of strengths and weaknesses in the delivery of services, which can then be used to determine a means of implementing and testing new strategies in practice that enhance the impact of services to meet positive outcomes for the children and families served

County-level child welfare services reviews are both quantitative and qualitative. Reviews begin with an analysis of child welfare outcome reports for that county for the period under review. The outcome reports reflect the county's performance in all areas of the child welfare program. Quantitative data is also obtained through a review of client records. In addition, qualitative data is obtained from agency clients and stakeholders through interviews/surveys, which are designed to illicit information about the quality of the services rendered and the effectiveness of those services on child and family outcomes.

The SCDSS child welfare services QA process continues to be modeled after the federal Child & Family Services Review (CFSR) process through the use of teams for reviews, similar onsite review processes, use of the CFSR instrument, debriefings for the provision of feedback to the counties, and the use of a similar final reporting process.

In September 2011, SCDSS partnered with the Center for Child and Family Studies, College of Social Work, at the University of South Carolina (USC) to increase the number of QA reviews and integrate "lessons learned" derived from an analysis of completed reviews into staff development and training that promotes continuous improvement.

Baselines for the four CFSR Program Improvement Plan (PIP) innovation counties were established in December 2011, and quarterly reviews are presently being conducted in these counties to measure performance on safety, permanency, and well-being outcomes. The same process is used statewide, with the exception that additional information is also reviewed in areas of CPS Intake, CPS investigations, and Foster Care Licensing for non-innovation counties. Sample sizes have remained unchanged during FFY 2013.

After several rounds of the QA process were completed in the innovation counties, concerns around the number of cases being reviewed repetitively led to the discovery that the Measurement Plan allowed cases in the sample that had closed and could not reflect improvements in casework practice. After further discussion with ACF, SCDSS revised the sample period (reducing it from 12 months to three months) in August 2012 to eliminate these closed cases and provide a better representation of progress on PIP outcomes as well as a better representation of current practice and outcomes that have occurred from the most recent practice improvements from improvement strategies and "lessons learned" in previous reviews.

SCDSS has made great strides in achieving goals for QA for FFY 2013. These goals include:

## South Carolina Annual Progress and Services Report

- Expand facilitated discussions after a QA review to non-innovative counties
- Increase capacity within SCDSS to reduce the need for external reviewers
- Refine and/or develop a stronger feedback structure, corrective action plan protocols, and other pieces necessary to fully implement a Continuous Quality Improvement (CQI) model for the state's child welfare QA review process
- Increase the number and frequency of QA reviews for all counties
- Finalize the programming of the computer system to fully automate data gathered during the QA review process
- Revise the stakeholder interview process and incorporate this input into the QA review results
- Expand facilitated discussions after a QA review to non-innovative counties

### Program Progress

During FFY 2013, facilitated discussions have occurred in the four innovation counties and other counties. QA overviews have occurred in other counties as noted below.

	Facilitated Discussion FFY 2013	QA Overview FFY 2013
Innovation counties	9	0
Other counties	2	2

During FFY 2013, two SCDSS staff members and three USC staff members have been hired to increase staff capacity for QA reviews. Progress on the actual number of reviews conducted is expected to occur later in FFY 2013 as previously noted.

An additional staff member has also served as an external reviewer. Presently, six staff members have served in this capacity, with training continuing each review period through the oversight of a second-level external review from individuals who have previously served as a CFSR reviewer. Facilitated discussions/trainings with county staff also occur before and after QA reviews, focusing on strategies to improve practice and outcomes for children and families at the county supervisor and caseworker level.

SCDSS has become more effective in measuring program effectiveness. Quality/effectiveness has been measured by increases in ratings on QA reviews, improvements noted in the monitoring of data from the weekly push reports, and by the number of QA reviews that occur during a 12-month period. These should continue in FFY 2013, with the possibility of increasing the means to monitor effectiveness and the coordination and analysis of all data sources to obtain a more accurate representation of quality improvement.

USC has made progress on its computer system after several follow-up conversations occurred to obtain pieces of the software that were needed. The program has been run on one computer system at USC, and the computer staff members are presently testing, monitoring, and making any necessary changes in the program before actual use by QA reviewers onsite.

In FFY 2013 the information provided by QA has in turn affected practice changes, especially in the innovation counties. These counties have reached or exceeded the goals of the PIP for the CFSR items being measured in the PIP, according to the ratings of the QA reviews. See data in following section.

A pilot is presently underway, with off-site QA reviews occurring at USC instead of the SCDSS location to provide a space that is more comfortable, requires less set-up, and provides personal office space for the majority of the reviewers. Three reviews have occurred thus far at the Children's Center for FFY 2013

The stakeholder interview process has not yet been completed. To enhance the agency's ability to complete the process, SCDSS visited Wisconsin in May 2013 to obtain more information on their process.

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SCDSS is looking forward to continued innovation as the agency progresses to a total CQI process. The SCDSS child welfare QA process previously met federal requirements and was noted as a strength by the federal CFSSR team; however, program revisions will occur once the PIP items are officially met in order to progress to a total CQI process. It is not known whether the review instruments and/or QA processes will be revised at that time, but the present process, including county samples, will continue for the innovation counties until the PIP is officially completed.

Once the PIP goals are met for the QA review items, the sample sizes for these counties may be revised. Revised sample sizes would continue to provide the agency with the information needed from the QA reviews, yet at the same time provide the opportunity to review other counties more frequently to identify policies and county-level practices that may need attention.

Server issues have resulted in the delay of the use of the CFSSR data software obtained from JBS International. Once implemented, this should result in a more efficient system for providing information that can improve the quality of services delivered through the child welfare system. SCDSS and USC are currently working to resolve the data issues and anticipate having a viable automated system available in FFY 2014.

SCDSS, in collaboration with USC, is in the planning stages of implementation of a CQI process. Some areas required in an effective CQI process are already in place at DSS. One piece of this is the QA review process. Once the PIP is formally met, there will be evaluation to determine if any changes and/or additions are needed in the QA instruments for providing better feedback/data for better CQI.

Some of the pieces needed for an effective CQI system are already in place as part of the current QA review process:

- A review of client case files
- Interviews with clients and some stakeholders
- Trainings/discussions before and after the QA reviews at the county supervisor and caseworker levels to determine strategies for improvement
- A review of outcome data for the county prior to a QA review to determine if there are major discrepancies between the QA review results and the outcome data results and to identify possible systemic issues for which the QA review teams may need address with leadership
- A feedback loop and training for county staff through the facilitated discussions after QA reviews
- Corrective action plans developed at the county level after QA reviews that are monitored by county, regional, and state child welfare administrators
- The integration of "lessons learned" into new/revised curriculums of staff development and training that promotes continuous quality improvement

QA review process improvements that are being considered for implementation after the PIP is formally met include:

- Increasing capacity for better feedback from all stakeholders in the QA process and outcome reporting
- Increasing capacity for QA review data to be analyzed and integrated with other data feedback systems
- Inclusion of CPS Intake, CPS investigation, and Foster Care license reviews for all counties reviewed
- Revision of QA assessment tools
- Developing a stronger feedback structure
- Increasing QA reviews in the seven largest counties to twice a year and all counties at least yearly to provide more up-to-date data on an ongoing basis for CQI

### Aggregate Data

The following chart presents review results for October 2012 through March 2013. (Subsequent innovation county review results indicate the state met the PIP outcome goals; see Program Improvement Plan section in this report.)



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	Item Description	Baseline Percent	PIP Goal	Non-Innovation County Aggregate (Laurens, Bamberg, Clarendon)	Innovation County Aggregate (Aiken, Greenville, Oconee, Spartanburg)
1	Timeliness of Initiating Investigations	89.4%	92.8%	91.7%	86.5%
2	Reoccurrence of Maltreatment	97.6%		88.9%	94.2%
3	Services to Protect Children in Home & Prevent Removal	77.8%	81.2%	67.5%	74.9%
4	Risk Assessment and Safety Management	70.0%	73.0%	64.6%	72.2%
5	Foster Care Re-entries	94.1%		100.0%	96.5%
6	Stability of Foster Care Placement	70.8%		82.2%	70.8%
7	Permanency Goal for Child	67.7%	72.0%	50.0%	62.3%
8	Reunification, Guardianship, or Perm. Placement with Relatives	66.7%		61.1%	74.2%
9	Adoption	26.7%		30.4%	41.3%
10	Other Planned Permanent Living Arrangement	85.7%	92.7%	100.0%	100.0%
11	Proximity of Foster Care Placement	98.0%		100.0%	95.2%
12	Placement with Siblings	78.4%		56.3%	77.1%
13	Visiting with Parents and Siblings in Foster Care	41.1%		36.4%	54.7%
14	Preserving Connections	67.8%		86.9%	86.8%
15	Relative Placement	41.0%		62.5%	78.7%
16	Relationship of Child in Care with Parent	20.4%		34.2%	42.0%
17	Needs & Services for Child, Parents, Caregivers	41.5%	44.7%	48.3%	55.6%
18	Child & Family Involvement in Case Planning	44.3%	47.7%	52.5%	58.6%
19	Caseworker Visits with Child	72.3%	75.2%	76.3%	75.0%
20	Caseworker Visits with Parents	33.6%	36.9%	27.6%	39.0%
21	Educational Needs of Child	86.9%		89.8%	88.8%
22	Physical Health of Child	77.5%		50.9%	68.9%
23	Mental Health of Child	66.2%		76.2%	77.7%
<b>Notes:</b>					
Goals listed are from the current CFSR Program Improvement Plan (round 2).					
Green = met or exceeded goal for item                      Red = below goal for item					

**Documentation Roundtables**

In reviewing CFSR scores for the innovation counties in the first quarter of CY 2012, results showed the 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.

Documentation roundtables are 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 review. Documentation roundtables are modeled after safety and permanency roundtables in that it is a professional 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.

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, 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 2013. Until January 2013, South Carolina relied on the supervisors to ensure that any dictation enhancements took place. When Georgia had an offsite person verify that any dictation enhancements were being completed, the scores showed even more improvement.

Roundtables are labor intensive. While the results are worth the effort, the coordination is critical. Readers must be trained as a reviewer and have a reviewer's eye for missing detail. All of the innovation counties trained their county supervisors along with the rest of the Upstate in order to implement the roundtables. The remaining counties in the state are going through training in order to build the capacity of supervisors. Training has been scheduled to train supervisors in the other regions of the state.

Moving forward, South Carolina plans to conduct documentation roundtables before reviews in other counties. Many regions have adopted documentation roundtables as a lead measure in meeting their Wildly Important Goal of 75% on Item 4. The state baseline for Item 4 is approximately 65%. Documentation is critical and will continue to be part of continuous quality improvement within SCDSS.

## INFORMATION SYSTEMS

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### Department of Social Services Division of Information Services Plans

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#### Division of Human Services Dashboards

The agency's Division of Information Systems recognizes the need to provide the Office of Human Services staff the ability to analyze and report on data captured in the Legal Case Management System (LCMS) and the Child and Adult Protective Services System (CAPSS). The use of dashboard reports will improve the ability for executive, regional, and county staff to provide quality services and make effective decisions. Dashboards for the Legal Case Management System (LCMS) are currently in production. Information Systems is currently in the Inception and Elaboration phase of the Child and Adult Protective Services System (CAPSS) Timely Initial Contact dashboards.

### Legal Events and Actions Dashboards

The legal dashboards will provide information to agency paralegals and attorneys who are tasked with the day-to-day activities of agency legal case management. The dashboards will capture the following milestones:

- Hearing Timeliness
  - Probable Cause hearing not held within 72 hours
  - Merit hearing not held within 35 days
  - Permanency Planning hearing not held within nine months
  - Permanency Planning hearing not held within 12 months
  - TPR hearing not held within 120 days
- Hearing Preparedness
  - Cases 15 days out without Opposing Council Notification
  - Cases 15 days out without Caregiver Notification
  - Cases 15 days out without Defendant Notification
- Hearing Outcomes
- Status of Orders last seven days

The dashboards will also provide drill-through capabilities to pinpoint cases that require attention.

### Timely Initial Contact Dashboards

The Timely Initial Contact dashboards are one set of dashboards as part of an overall CAPSS Business Intelligence solution. The SCDSS Intranet (Unite) will be the access point for authorized users to view the dashboards and reports.

There are three outcomes in the overall solutions to be measured. Those outcomes are: "Timely Initial Contact", "Reunification by 12 months/TPR by 24 months", and "In court within 9 months".

The first outcome to be defined and measured is "Timely Initial Contact." The source of all data for the Timely Initial Contact dashboard is CAPSS. The Key Performance Indicators included on the Dashboards are:

**Initial Contact - Assessment Activity:** The Assessment Activity dashboard provides what caseworkers and supervisors will view as initial contact planning in an 'at-a-glance' format. The dashboard will include a timestamp displaying when the information was last updated.

**Initial Contacts - Data Dimensions** - The data dimensions will include geography (state, region, county, office, supervisor, and worker), allowing the information displayed on the dashboard to represent the entire state, or a particular region, county, office, supervisor, or worker. A selection box will enable the user to select which dimension to display.

### Initial Contacts - Display Details

**# Open CPS Assessments/Investigations** - displays a count of open CAPSS CPS Assessments. Initial Contacts Due – displays the total number of contacts due for required contact, and a breakdown of those contacts due by time remaining shown as a status indicator (green, yellow, red). The count is updated when contact is logged in CAPSS dictation for an open CPS Assessment, or the CPS Assessment is closed. Required contact included:

- Victim Child
- Non-Victim Child
- Adult
- Alleged Perpetrator

**Overview of Required Contacts** – displays an overview of types of contact due. In example, Case Worker has ten cases; 5 of those cases have Contacts Due. On those 5 cases, there are a total of 20 Initial Contacts due.

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**Contact Due Case Grid** –The grid information will be displayed when a user selects the KPI. By default, this list will be sorted by least time remaining. Controls should be built-in allowing users to sort, ascending or descending, by any column heading on the grid.

- Case Name
- Case ID
- Recipient Name
- Intake Date/Time
- Due Date/Time
- Time Remaining
- Status Indicator
- Worker
- Supervisor

**Contact Due Details Report** – Each indicator count will have a reporting feature to allow users to view the detailed data that makes up count for the identified Key Performance Indicators (KPIs). The details report for an indicator count will display in a pop-up report window. Report information will include the following details:

- Case Name
- Case #
- Program Service ID
- Primary Recipient Name
- Recipient Name
- Role
- Date of Birth
- Initial Contact Due Date/Time

**Open CPS Assessments/Investigations Detail Report** –The Investigations count will have a reporting feature to allow users to view the detailed data that makes up the count. Report information will include the following details:

- Case Name
- Case #
- Program Service ID
- Primary Recipient Name
- Intake Date/Time

### Initial Contact – Timeliness Dashboard

The Timeliness Dashboard provides executives, regional team leaders, and county directors with a view of timeliness information in an ‘at-a-glance’ format. Using a sliding scale for timeliness percentage, the executive staff may view how counties are performing for each Initial Contact requirement.

**Contact Timeliness - Data Dimensions** –The dashboard dimensions will include time (year, month, and day), geography (state, region, county, office, supervisor, and worker), Timeliness Percentage (%), and Contact Type. Selection boxes will enable the user to select which dimension to display. The Time dimension shall use the Initial Contact Due Date in determining data included.

### Contact Timeliness - Display Details

**State Map** - The map will display the counties that met the timeliness standard in green, while the counties that did not meet the standard will be in red. The map display will be driven by the selected Time, Geography, Contact Type, and Timeliness % dimensions.

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**Trending Graph** – Which trend lines are included on the graph will be driven by the multi-select trend selection, including, Statute, Goal, State, and selected Geography. Statute and Goal will be fixed trend lines for comparison, while state and selected Geography will be populated from CAPSS data for the selected Time, Geography, and Contact Type dimensions.

**Timeliness - Worker Status Grid** – The grid will display the Case Workers for the selected Time, Geography and Contact Type dimensions, and an indicator that will be displayed and updated based on the Timeliness % slider. Information in the grid will include:

- Worker Name,
- Supervisor Name,
- # Timely Initial Contacts,
- # Untimely Initial Contacts,
- Timeliness %
- Timeliness Indicator
- # Untimely with Diligent Effort

By default, this list will be sorted by the highest timeliness percentage. Controls will be built in, allowing users to sort, ascending or descending, by any column heading on the grid.

**Worker Timeliness Detail Report** – The detail reporting feature will allow users to view the detailed data that makes up the Case Worker grid. The details report for an indicator count will display in a pop-up report window. Report information will include case details:

- Case Name
- Case #
- Program Service ID
- Primary Recipient Name
- Recipient Name
- Role
- Date of Birth
- Initial Contact Due Date/Time
- Initial Contact Completed Date/Time
- Contact Elapsed Time
- County
- Page 10 of 20
- Supervisor
- Case Worker

The Contact Elapsed Time will display in green if completed within the required timeframe, a Timely Initial Contact, and red if an Untimely Initial Contact.

Additionally, this dashboard will provide drill-through capabilities to view the details of the underlying data. The purpose of this tool is to ensure that the agency's processes and procedures for handling Child Protective Services initial intake responses and referrals are meeting the agency's goals and expectations.

### Appropriate Response Dashboard

The Appropriate Response dashboard will deliver data collected from the CAPSS 'Provider Portal'. The dashboard will capture:

- The number of intakes by region and decision
- The percentage of provider closures by reason

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- The percentage of cases referred back to SCDSS by reason
- Caseload and capacity information that includes a monthly trend indicator
- The number of days in which a case was referred back to SCDSS
- The number of face-to-face contacts that were attempted and completed
- The number days in which initial contact was made

Additionally, this dashboard will provide drill-through capabilities to view the details of the underlying data. The purpose of this tool is to ensure that the agency's processes and procedures for handling Child Protective Services initial intake responses and referrals are meeting the agency's goals and expectations.

### Next Steps

There is an ongoing initiative by the Division of Information Systems and Office of Human Services to identify additional metrics and indicators into division-wide dashboards supporting Child Protective Services, Foster Care, and Adoptions. Workshops have been conducted pulling together input from county directors, regional managers, and top-level executives. Elaboration efforts will include assessing, analyzing, and categorizing these metrics into effective analysis tools. The purpose of the dashboards is twofold:

1. To provide risk analysis supporting the safety and well-being for children in care, as well as the advancement of positive permanency; and
2. To provide a level of accountability and predictability in support of the agency's Wildly Important Goals.

The Human Services dashboards will be available to users with appropriate credentials through the agency's SharePoint intranet, 'Unite!'

## Agency Security

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As part of the Division of Information Systems Strategic Plan for July 1, 2012 – December 2, 2016, the agency's technology experts will be engaged in research and planning for the following components:

### Information Security Department

As of June 30, 2013 the Division of Information Systems has created an Information Security Department that will handle all documentation, management and auditing of information security related to the systems and data for which the SCDSS is responsible. The department will be tasked with creating policies, procedures, risk assessments, reviews, documentation, reports, audits, software security testing, penetration testing, and coordination with the Budget and Control Board's Division of Information Systems Information Sharing and Analysis Center (SC-ISAC).

### Security Focus

The implementation of a comprehensive and ongoing system security methodology for ensuring data protection for the agency will be implemented by December 2, 2016. The objectives set forth as part of the comprehensive strategy are:

- The institution of application security testing as a mandated procedure for all outward-facing interfaces. These interfaces will include any and all applications, processes, or other information sharing that must be provided to the agencies clients, employees on a need-to-know basis, or public and private vendors that have a working partnership/relationship with the agency.
- The expansion and execution of a comprehensive Security Plan for protecting the agency's client, employee, and vendor information. The plan will include all aspects for data and infrastructure protection, disaster recovery, business continuity and information sharing. The plan will also include a timeframe and methodology for testing all aspects of the plan with supporting documentation as mandated.

### Infrastructure Focus

Increase the agency's effectiveness for communication and technical productivity through the use and leverage of current and future technology by December 2, 2016. The objectives as part of the comprehensive and ongoing strategy are:

- The research and development of a proposal and plan to move to a more mobile workforce for the frontline workers of the agency. This proposal and plan will consider the use of Virtual Desktop, BYOD (Bring Your Own Device), Cloud Services, or any other feasible recommendation as deemed appropriate. The proposal will include necessary timeframes for implementation as well as a comprehensive ROI, (Return on Investment), implementation methodologies, training procedures, and future product maintenance strategies.
- A strategic direction will be developed for the allowance of third party partners, clients or staff to access information from outside the agency network on an as-needed basis without the need for specialized hardware or software to be provided by the agency.
- The use of mobile devices such as tablets, iPads, cell phones and necessary software for adaptability should also be considered with the associated cost of replacement.

### Disaster Planning

The SCDSS Division of Information Services provides network access and PC support to approximately 4,000 end users located at 78 locations throughout South Carolina. This responsibility includes the hardware and software components of the Physical Networking, WAN Protocols, LAN Protocols, LAN Operating Systems and PC Operating Systems.

In the event of total loss of a SCDSS county office, employees would be redirected to other SCDSS offices for system access until needed county hardware and software were replaced and operational. By using Microsoft Windows 7 Enterprise with Direct Access, and Microsoft Office 365 email, an employee will be able to access their information from any SCDSS agency computer. Microsoft Windows 7 Enterprise with Direct Access allows computers that are members of the SCDSS network to securely access internal networks without the need to enable a VPN. Once the computer is connected directly to another SCDSS office network, or alternatively internet access has been established, the pre-configured equipment will contact the SCDSS network directly. Note this feature will only function if the equipment had been configured by the SCDSS IS staff and has been connected to the network within the last 90 days. By ensuring that only previously configured computers can connect to the SCDSS network, SCDSS can prevent unauthorized access from other computers.

### Department of Social Services Statewide Automated Child Welfare Information System (SACWIS)

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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 are intended to assess the level of compliance of the system within the federal requirements for SACWIS. The state onsite SACWIS review was conducted on September 21-24, 2011.

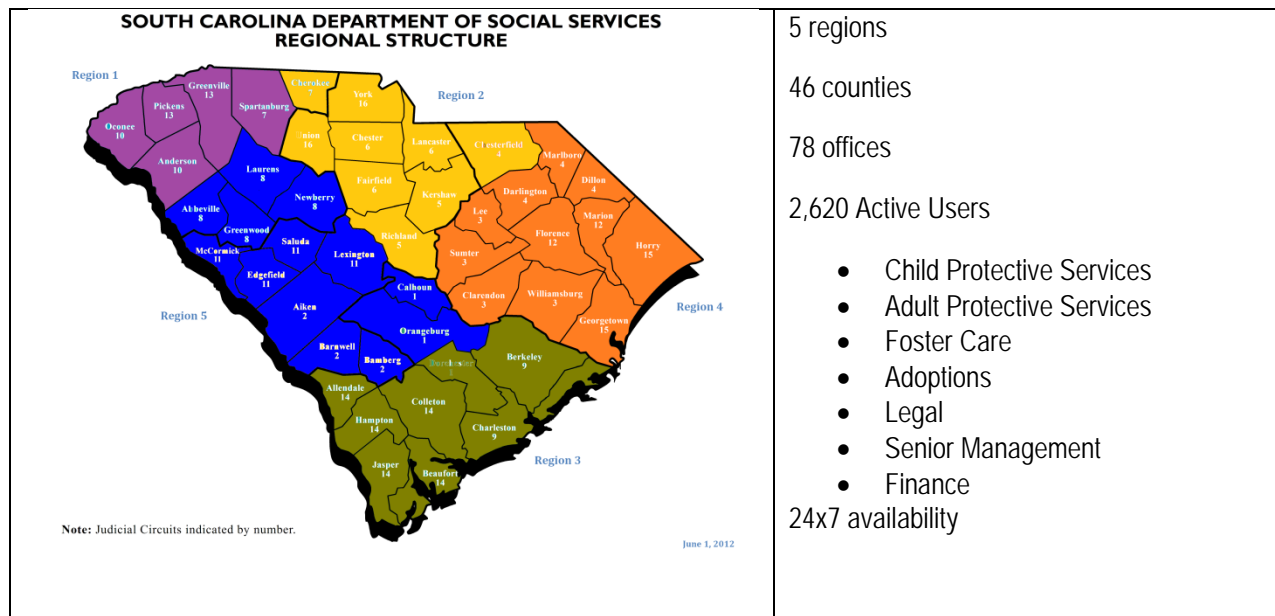
In May 2012, the state received the SACWIS review results, which stated that, of the 88 total requirements, the state is compliant with 24 requirements; non-compliant with 16; conditionally compliant with 38; and ten were not applicable. The state is currently preparing a response to this review, which 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, SCDSS will be considered to

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have a fully functional and fully operational SACWIS system. Until this is successfully completed, 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, SCDSS will discontinue producing an annual APD and begin producing an "Operational Planning Document (OPD)" that is much smaller and much simpler to produce. 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. Please see the AFCARS Improvement Plan section for the specific tasks.

### CAPSS User Group Overview

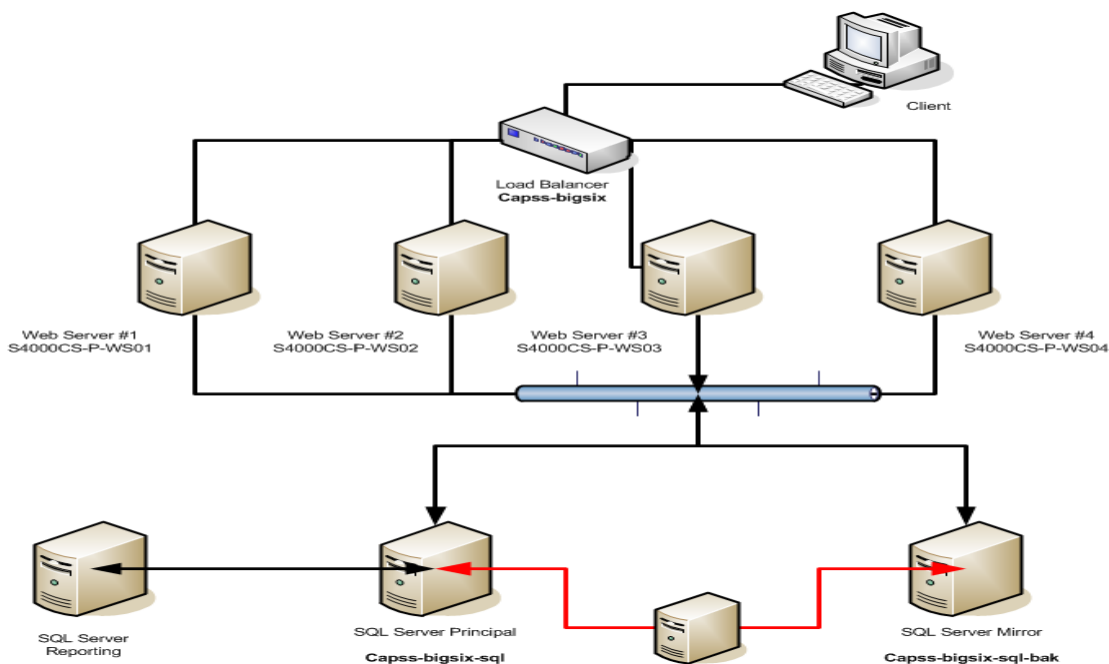


### CAPSS Hardware/Software Configuration

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 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 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 the decisions forward.

### AFCARS Improvement Plan

SC's latest onsite AFCARS review occurred in September 2010. In July 2011, SCDSS submitted to ACF the outline for the improvement plan (AIP), containing a response to the data elements findings and the estimated completion date for the changes that the state agreed to complete. Updates to the AIP are submitted to ACF as requested. The update submitted on 01/31/2012 included changes completed by 01/15/2012. They were mostly (95% of them) SQL extraction code changes. ACF responded to the 01/31/2012 update on 04/27/2012 (Appendices A and B).

AIP tasks identified and accomplished thus far include the following:

- FC#5 Date of Most Recent Periodic Review
  - Task - Modify the extraction code to report only the legal actions "permanency plan hearing" and "judicial review."
  - This was accomplished by revising the AFCARS Foster Care extract to include only the legal actions of "permanency plan hearing" and "judicial review. "
  - This task was documented as complete 04/2012 on the AFCARS Improvement Plan matrix received from Angelina Palmiero dated 04/27/2012.
  
- Race
  1. FC#8 Child
  2. FC#52 1st Foster Caretaker
  3. FC#54 2nd Foster
  4. AD #7 Child

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5. AD #25 Adoptive Mother
6. AD #27 Adoptive Father
  - a. Modify the race fields to disable the other race selections if the worker selects "unable to determine."\*
  - b. Remove "primary" from the name of the race field.\*
  - c. Suggestion: Add "abandoned" in place of "unable to determine."\*
  - d. If the state continues the use of "unknown," map it to blank.\*

These tasks were accomplished by modifying the Race fields in CAPSS to:

1. eliminate the Primary Race field
  2. add Race options of "Unknown – Incapacitated", "Unknown – Abandoned", "Unknown – Multi-racial, other race unknown" and "Declined"
  3. Not allow other race selections if the worker selects "Unknown" or "Declined"
- These modifications will be implemented in CAPSS by June 30, 2013.
4. Modify the extraction to map "Unknown" to blank thru the 2013A AFCARS submission.

- Hispanic/Latino Origin

1. FC #9 Child
2. AD #8 Child
  - a. Add the values for NYTD.
  - b. Modify the extraction code to map the State's value of "unknown" to blank.

These tasks were accomplished by modifying the options for the Hispanic/Latino Origin fields to include all of the NYTD options and by modifying the extraction to map "Unknown" to blank thru the 2013A AFCARS submission.

- FC#16 Has this child ever been adopted?

Modify the program code to map this element to blank when data are missing.

This was accomplished by revising the AFCARS Foster Care extract to map this field to blank if data are missing.

This task was documented as complete 04/2012 on the AFCARS Improvement Plan matrix received from Angelina Palmiero dated 04/27/2012.

- FC#17 If yes, how old was the child when the adoption was legalized?

- a. Modify the screen with an edit that will not allow the selection of "yes" in #16 and "not applicable" or "unable to determine" for element #17.

This was accomplished by modifying the screen to not allow "Not Applicable" for Age Range at Adoption if Child Ever Adopted is "Person has been legally adopted."

This task was documented as complete 04/2012 on the AFCARS Improvement Plan matrix received from Angelina Palmiero dated 04/27/2012.

- b. If either "not applicable" or "unable to determine" are selected in #17, modify the extraction code to map these to blank.

This was accomplished by modifying the AFCARS Foster Care extract to map "unable to determine" to blank if Child Ever Adopted is "Person has been legally adopted."

This task was returned on the AFCARS Improvement Plan matrix received from Angelina Palmiero dated 04/27/2012 with comments. This will be resubmitted in the next AFCARS Improvement Plan Update.

- c. Modify the program code to map this element to blank when data are missing.

This was accomplished by modifying the AFCARS Foster Care extract to map Element #17 to blank when the Age Range at Adoption field is blank.

This task was returned on the AFCARS Improvement Plan matrix received from Angelina Palmiero dated 04/27/2012 with comments. This will be resubmitted in the next AFCARS Improvement Plan Update.

- FC#24 Number of Previous Placement Settings in This Episode

Modify the program code to set the placement count to zero if the only living arrangement is a runaway.

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This was accomplished by modifying the program code to set the placement count to zero if the only living arrangement is a runaway.

This task was returned on the AFCARS Improvement Plan matrix received from Angelina Palmiero dated 04/27/2012 with comments. This will be resubmitted in the next AFCARS Improvement Plan Update.

- FC#25 Manner of Removal From Home for Current placement Episode  
Modify the program code to continuously report the manner of removal as "voluntary" if that was the original manner of removal for the current removal episode.  
This was accomplished by modifying the program code to report the original manner of removal.  
This task was documented as complete 04/2012 on the AFCARS Improvement Plan matrix received from Angelina Palmiero dated 04/27/2012.
- #39 Relinquishment  
Map "Daniel's Law" to relinquishment.\*  
This was accomplished by adding a field in CAPSS to record if the child was a Daniel's Law child when entering Foster Care. A positive answer in this field will be mapped to relinquishment with the April – September 2013 AFCARS submission.
- #43 Most recent case plan goal
  1. Map missing data to blank.\*
  2. If no goal has been entered, and the child has been in care for 60 days or less, then map this element to "case plan goal not yet established." \*
  3. If there is no goal after 60 days, map this element to blank.\*
  4. If "not yet established" is a screen value, map it to AFCARS value "case plan goal not yet established."\*
  5. Map case plans where the child will be in foster care until the age of majority but has a permanent connection with an adult to "emancipation."\*
  6. Map case plans where the child does not have an established permanent connection with an adult to "long-term foster care."\*

These tasks will be accomplished by:

  1. Adding the option of "not yet established" as a Permanent Plan in the Legal section of the Foster Care Service by June 30, 2013.
  2. Adding fields to capture the permanent connection information that will be available when an APPLA Permanent Plan is selected in the Legal section of the Foster Care Service by June 30, 2013.
  3. Revising the AFCARS extract to include the changes above by the April – September 2013 submission.
- FC#49 Foster Family Structure
  1. Modify the extraction code to map missing information to blank.
  2. This was accomplished by modifying the program code to map missing Family Structure Code to blank.
  3. This task was documented as complete 04/2012 on the AFCARS Improvement Plan matrix received from Angelina Palmiero dated 04/27/2012.
  4. Modify the program code to map the values of other than "1," "2," and "3" in element #41 to "not applicable" in element #49.\*

This was accomplished by modifying the program code to map the values of other than "1," "2," and "3" in element #41 to "not applicable" in element #49 for the October 2012 – March 2013 AFCARS submission.
- FC# 58 Reason for Discharge  
Modify the program code to set the records of children still in foster care to "not applicable." \*  
This was accomplished by modifying the program code to map records of children with an open foster care case to "not applicable."

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- FC# 59 Title IV-E (Foster Care)  
Modify the extraction code by adding a condition that also checks for service dates, even if the provider has not yet been paid.\*  
The extract was modified for the October 2012 – March 2013 AFCARS submission to report the “applies” if the child has a Foster Care placement in the report period that indicates board pay and the child is IV-E eligible while in that placement.
- FC# 66 Amount Of Monthly Foster Care Payment  
Modify the program code to check for, and extract, the full monthly amount paid to a provider. “If the payment made on behalf of the child is not the same each month, indicate the amount of the last full monthly payment made during the reporting period.”\*  
Suggestion:  
The state may want to report an amount that is reflective of the child’s current living arrangement if the child has been in the same location for a full month. If the child has not been in the current setting for a full month, then the state would report this element as zeroes.  
The extract was modified for the October 2012 – March 2013 AFCARS submission to report as was suggested.
- AD# 18 Mother Married at Time of Birth
  1. Move the fields that collect this data to a screen used during foster care case management.\*
  2. Changing the option “unknown” to “abandoned” or adding the options of “abandoned” and “parent incapacitated.”\*
  3. This will be accomplished by moving this field to be completed when a Foster Care Service is created and adding the options “Unknown - Abandoned” and “Unknown - Parent Incapacitated” by June 30, 2013.
- AD# 35 Receiving Monthly Subsidy  
Identify a field on the child tracking tab for “Medicaid only” adoption agreements.\*  
This will be accomplished by creating a mandatory field on all Adoption Subsidy Agreements to address Medicaid entitlement by June 30, 2013. The extract will be revised to consider this field for AFCARS reporting for the April – September 2013 submission.
- AD# 36 Monthly Amount  
The program code must check for the amount that was entered on the adoption agreement and not the amount that was paid.\*  
This was accomplished by revising the extract to consider the amount of the Adoption Subsidy Agreement for the October 2012 – March 2013 AFCARS submission.
- AD# 37 Adoption Assistance - title IV-E Check the program code, and if necessary make modifications, to check if the child is eligible for title IV-E adoption assistance and not just for whether a payment has been made.\*  
This was accomplished by revising the extract to report “yes” if there is an Adoption Subsidy Agreement and the child is IV-E eligible when the adoption was finalized. This was revised for the October 2012 – March 2013 AFCARS submission.

### Training/Policy/Oversight AIP Accomplishments

- FC#5 Date of Most Recent Periodic Review
  1. Describe, develop, and implement a method to ensure the accurate and timely entry of this data.\*
  2. Implement supervisory oversight for the correct and timely entry of this data.\*

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3. This was accomplished by sending an Information Memo, dated 08/30/2012, to staff and supervisors with a definition of a Periodic Review for AFCARS and instructions for entering the data into CAPSS.

- Race

1. FC#8 Child
2. FC#52 1st Foster Caretaker
3. FC#54 2nd Foster
4. AD #7 Child
5. AD #25 Adoptive Mother
6. AD #27 Adoptive Father
  - a. Provide training to workers that race information is to be self-reported by the child or his/her parents.\*

- b. Describe how the state will provide monitoring oversight to ensure that workers enter this information.\*

This was accomplished by sending an Information Memo, dated 08/30/2012, to staff and supervisors instructing them to ask the client what race and ethnicity they describe themselves and during supervisory reviews these fields in CAPSS should be reviewed for accuracy and completeness.

- Hispanic/Latino Origin

1. FC #9 Child
2. AD #8 Child
  - a. Provide training to workers that Hispanic/Latino Ethnicity information is to be self-reported by the child or his/her parents.\*
  - b. Describe how the state will provide monitoring oversight to ensure that workers enter this information.\*

This was accomplished by sending an Information Memo, dated 08/30/2012, to staff and supervisors instructing them to ask the client what race and ethnicity they describe themselves and during supervisory reviews these fields in CAPSS should be reviewed for accuracy and completeness.

- FC#24 Number of Previous Placement Settings in This Episode

1. Provide training to caseworkers and supervisors on the proper search procedures.\*
2. Describe how the state will provide monitoring oversight to ensure that workers are not duplicating provider information.\*

This was accomplished by sending an Information Memo, dated 08/30/2012, to staff and supervisors instructing them:

1. Foster care providers' and adoptive families' names must be searched prior to creating a new provider in the CAPSS.
2. When placing a child into a foster or adoptive placement, prior to changing the placement or placement type, search CAPSS to ensure the correct provider is being utilized.

- FC# 44 Caretaker Family Structure

1. Provide additional training and oversight that the use of "unable to determine" is to be used only when the child was abandoned or the parent is incapacitated.\*
2. Describe, develop, and implement a method to ensure the accurate and timely entry of this data.\*
3. Implement supervisory oversight to ensure the correct and timely entry of this data.\*

This was accomplished by sending an Information Memo, dated 08/30/2012, to staff and supervisors instructing them:

1. That the worker may only use "Unable to Determine" if the child was abandoned or the parent/caretaker was incapacitated. – (New options of "Unable to Determine - Abandoned" and "Unable to Determine - Incapacitated" will be added by June 30, 2013.)

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2. That during supervisory reviews, these fields should be reviewed for accuracy and assurance that the data matches the dictation regarding family structure.
- AD# 17 Father's Birth Year
    1. Describe, develop, and implement a method to ensure the accurate and timely entry of this data.\*
    2. Implement supervisory oversight to ensure the correct and timely entry of this data.\*

This was accomplished by sending an Information Memo, dated 08/30/2012, to staff and supervisors instructing them that when a birth father has been named and the exact date of birth is unknown by the parent or the agency, the worker should document in the Personal Information section of the Person Screens an estimated "Age" as reported by the birth mother. During supervisory reviews this field should be reviewed for accuracy in CAPSS.
  - Termination of Parental Rights
    1. AD#19 Date of Mother's TPR
    2. AD#20 Date of Father's TPR
      - a. Identify steps the state is taking to work with the judicial system to ensure timely signature of court orders.

This was accomplished by:

      1. Providing laptops and printers to the county attorneys in order to have the orders typed and processed at the hearing.
      2. Assuring that copies of the court order formats are sent out to each private attorney who files a petition for adoption finalization.
      3. Requesting the Chief Justice place priority on the TPR orders and Adoptions Decrees being signed by the judges.

These tasks were submitted on the AFCARS Improvement Plan Update dated 01/31/2012.

- b. Describe, develop, and implement a method to ensure the accurate and timely entry of this data.
- This was accomplished by:
1. Program staff reviewing the Legal Case Management System to CAPSS updates to ensure that each date is correctly coming over from LCMS to CAPSS.
  2. Identifying key staff to ensure that data entry is completed timely.
  3. Providing refresher training on the key data entry points.
  4. Evaluating Dashboard data on a monthly basis to ensure consistency and improvement.

These tasks were submitted on the AFCARS Improvement Plan Update dated 01/31/2012.

- c. Implement supervisory oversight to ensure the correct and timely entry of this data.\*
- This was accomplished by sending an Information Memo, dated 08/30/2012, to staff and supervisors instructing them that during foster care supervisory reviews, if TPR has occurred, the CAPSS legal screens are reviewed for completion of TPR for all parents. When the adoption worker is making the adoptive placement, he/ she will also review legal screens and bring to the attention of the foster care worker and supervisor any areas that would need corrections.

\*An AFCARS Improvement Plan Update has not been requested to report these tasks.

### Planned Changes due to AIP Findings

Changes planned to be implemented between July 2013 and June 2014 include:

1. Revise the Relationship component in CAPSS to identify relationships of each person to all other persons in the case
2. Revise Disabilities and Characteristics to be located in one area in CAPSS and to expand the choices for disabilities

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3. Revise Placements and Temporary Placements in CAPSS to better identify the cottages of group homes located on the same campus, identify trial home visits and to enhance the definition and mapping of hospital stays as temporary or not
4. Incorporate data for reporting on non-recurring costs for adoptions
5. Develop a method to receive direct data input from Foster Care Review Board
6. Incorporate policy development, training, and supervisory and case review oversight as these changes are developed and implemented
7. Revisions as identified in the AIP to address changes in the AFCARS program code

### SC Policy and Information Memoranda for AFCARS Improvement

Following are highlights of memos issued in March, April and August of 2012 to address documentation concerns.

#### Policy Directive Memo D12-05 issued March 29, 2012

##### *Foster Care/Adoption Staff and Legal Case Management System*

This memo discusses documentation of the Permanent Plan. The Permanent Plan and the following legal actions must be entered into CAPSS by the foster care supervisor or adoption supervisor, whichever office has legal case management of the case, rather than being entered into the LCMS by the legal department.

Additionally, this memo specified that all foster children's cases were to be reviewed by the supervisor to ensure the accurate legal and concurrent plan is correctly added to CAPSS legal screens no later than April 13, 2012. It also clarifies and specifies actions and documentation related to relinquishment of custody and TPR.

#### Information Memo issued April 26, 2012

##### *AFCARS*

This memo specifies that:

- The removal date of the Foster Care episode is the date the state received responsibility for care and placement.
- Documentation of prior adoption on the Foster Care Tab on the Foster Care Service "Child Ever Adopted:" This field should be completed for all children when entering foster care. The field is addressing if the child was ever adopted before this episode of foster care; therefore, every child should have an answer. The only exception and reason that the answer can be "Child Abandoned - Unable to Determine" is if a child was abandoned and there is no information known about the child's history.
- The difference between placement move and temporary respite placement. The key to determining if the placement should have been coded as a temporary versus new placement is determining if the child moved from "placement A to B and back to A."
- A monthly report will be sent to each county and IFCCS office with a list of children who have had at least one move in foster care during the month beginning in May 2012. Staff are to review the list and make any corrections to the type of placement.

#### Information Memo issued August 30, 2012

##### *Adoption and Foster Care Analysis and Reporting System (AFCARS) Improvement Plan Changes*

This memo covers several reporting/documentation items and associated required staff actions. Following are the items covered in this memo:

- Periodic Reviews: Judicial Reviews, Permanency Planning Hearings, and Foster Care Review Boards (FCRB) hearings. Workers must enter into the legal section of CAPSS, the date of the FCRB hearing and the recommendations made for the permanent plan for the child. Supervisors must, when reviewing the case with the worker, open CAPSS legal screens and verify that the information is accurately entered into CAPSS.
- Child's Permanent Goal: The foster care worker must enter the legal and agency permanent plan, as LCMS does not populate these fields.

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- Race and Ethnicity: The requirement is to ask the client what race and ethnicity they describe themselves as, which must then be entered as self-reported on the Person Screens in CAPSS. "Unable to determine" should only be used when the child has been abandoned or the client is incapacitated and does not have a relative available to self-describe the family's race and ethnicity. Any adult or child record created in CAPSS should have these fields completed in the Person Screens.
- Father's Birth Year: When a birth father has been named and the exact date of birth is unknown by the parent or the agency, the worker should document in the Personal Information section of the Person Screens an estimated "Age" as reported by the birth mother. During supervisory reviews, this field should be reviewed for accuracy in CAPSS.
- Provider: Foster care providers' and adoptive families' names must be searched prior to creating a new provider in the CAPSS. Currently some families or providers are entered multiple times and have more than one provider identification number, creating what appear to be additional placements.
  - Relationship between the Head of Household and the Secondary Caretaker, if one exists.
  - Caretaker Family Structure (marital status): When a child is removed from the home and placed into foster care, the worker must create the foster care service in CAPSS. In the Foster Care tab, of the Foster Care Service, there is a section which contains the Family Structure field.
- Termination Parental Rights (TPR): During foster care supervisory reviews, if TPR has occurred, the CAPSS legal screens are reviewed for completion of TPR for mother, fathers and anyone named as a parent. When the adoption worker is making the adoptive placement, he/she will also review legal screens and bring to the attention of the foster care worker and supervisor any areas that would need corrections.

## Legal Case Management System

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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.

Enhancements planned for implementation include the following:

- The user "to do" list is being modified to display only pending cases rather than all cases.
- Reports to be added and/or modified include: 1) System Usage Report; 2) Opened Legal Actions by Month Report; 3) Cases by Month Report; Timeliness of Hearing Report.
- A method for creating a new foster care or adult protective services case when another line of service is opened.
- TPR Legal Action Field Trigger is being added to permit a resend of additional data to the CAPSS system.
- A new field called "distribution date" is being added to the system to denote the date signed orders are distributed.



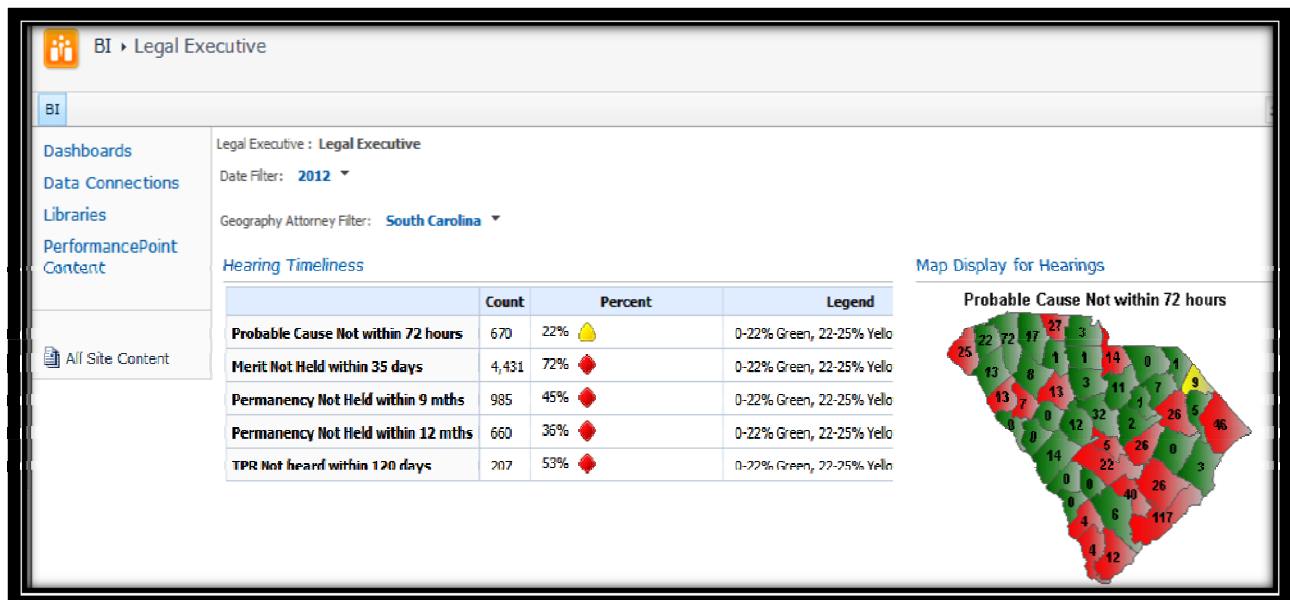
## South Carolina Annual Progress and Services Report

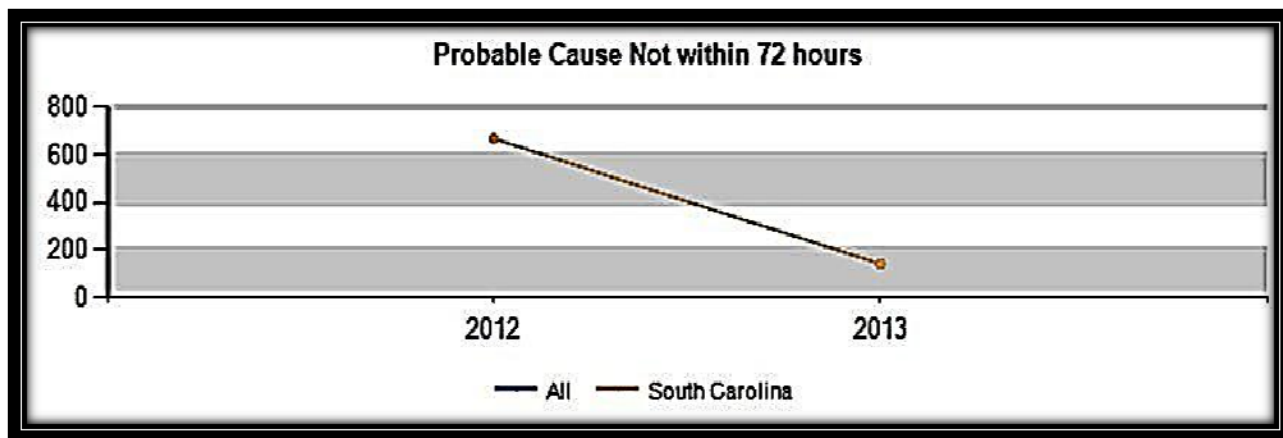
- LCMS Web Client integration with Active Directory.
- An LCMS dashboard in nearing rollout. The dashboard is designed to be used by both executive staff and county legal offices with hearing timeliness indicators for probable cause hearings, merits hearings, permanency planning hearings, and TPR hearings. The dashboard includes data for legal staff to aid with hearing preparedness—notices for 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 are unable to make certain file fixes or corrections, or need changes made for user access, 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 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 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, a SharePoint portal has been established to document, track, monitor and address system issues as they arise.





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Search this site...

Legal User : Legal User  
 Geography Attorney Filter: South Carolina

Number of Hearings Last 7 Days

	Total
Number of Hearings Last 7 Days	339

Hearing Outcome Filter: Adoption Granted, Child in DSS Custody - Li...  
 Event Date: 2010

Outcome of Past Hearings

Outcome	Count
Adoption Granted	~330
Child in DSS Custody	~10
Child in DSS Custody - Li...	~10
Child in Parents Cu...	~10
Child in Parents Cu...	~10
Child in Relative Cu...	~10

Hearing Preparedness - 15 days out

	No Notification
No Opposing Counsel Notification	33
No Defendant Notification	14
No Caregiver Notification	56

Overdue Hearings

	Total
Probable Cause Hearing Not Complete	443
Merit Hearing Not Complete	2,017
Permanency (9 months) Not Complete	704
Permanency (12 months) Not Complete	621
TPR Hearing Not Complete	237

## SERVICES FOR CHILDREN UNDER THE AGE OF FIVE

### Developmentally-Appropriate Services for Children under Age 5

Children in agency custody are being staffed on a bi-annual basis to ensure that a permanent plan is being developed for them on a timely basis and whether a concurrent plan is being actively pursued simultaneously. Well-being factors such as developmental delays are also being reviewed and discussed at these staffings. These reviews also determine if referrals are being made to ensure children are receiving services through BabyNet, Head Start and the school system for assessment of developmental milestones, and when developmental delays are identified, services are being implemented in a timely manner. The state is also fortunate to have an Early Head Start Program for children birth to 3 years of age that provides year-round services to children who need to enhance their social, emotional, physical or intellectual development.

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The agency is working with the school system to address the children from birth to five years of age. The agency utilizes many services offered currently through the public education system to address developmental, physical, emotional or intellectual delays in children who are in this age range. The agency also works closely with BabyNet for in-home services to families with children from birth to three years of age. Every child from 0-3 years of age entering SCDSS custody will be referred to BabyNet for an assessment. Services are provided as needed and followed by both agencies for as long as the needs assessment identifies a concern.

The developmental needs of children under five are supported with access to child care. Children in foster care are presumptively eligible for Head Start or Early Head Start, and children in foster care whose parents work are eligible for ABC Child Care Vouchers (administered by SCDSS Child Care Services). As of December 9, 2012, 31% of children in foster care ages 0-5 were enrolled in child care (13% in Head Start and 18% receiving ABC vouchers). The number of children 0-5 who were enrolled in high quality child care was lower (high quality defined as either Head Start or ABC Child Care Licensing level of B or higher). Thirteen percent of children 0-5 were enrolled in child care programs of 'A' quality (including Head Start) and 24% of them were enrolled in programs of 'B' quality or higher.

### Foster Parent Training

The agency collaborated with the state's foster parent association in developing training for foster parents concerning child care, with a particular focus on the importance of high quality child care. The agency also has reached out to foster parents to make them more aware of the cost-free option of Head Start. Moving forward, the agency will continue to work with the association in further developing and implementing training on child care and in encouraging access to Head Start services.

The goal for FFY 2013 is to find permanent placement for children in foster care who are under the age of five. The objectives for FFY 2013 are:

- 1) Research all children by name and length of time in care for the under-five population
- 2) Hold a permanency roundtable for each of these children
- 3) Determine if the child is a member of a larger sibling group to see if that has an impact on length of time in care
- 4) Determine through permanency roundtables if the children are receiving identified services as needed
- 5) Ensure that all relatives have been sought and evaluated for potential placement
- 6) Determine if Medicaid waivers or other funding could assist the family in meeting the child's special needs

SCDSS has been making great strides in meeting the above stated goal and objectives because the needs of children 0-5 are of critical importance to the agency. In this vein, the agency also maintains systems, policies and protocols to ensure adherence to all Federal requirements. Some of these are outlined below.

### Policy Requirements

- Foster Care in the least restrictive, family-like environment which is in close proximity to the birth family
- Medical, emotional and developmental assessments to ensure services are provided based on the child's specific needs
- Referrals for services to appropriately address any developmental delays
- Permanency Planning and Concurrent Planning to ensure children in this age range are quickly and safely reunified with birth family or TPR and adoption is completed in a timely manner to ensure consistency and permanency in the child's life
- Goal is less than 24 months in care for a minimum of 32 % of all children

The Child and Family Services Innovation Improvement Act (PL 112-34 Section 422(b)(18)) requires services to recognize the distinct developmental needs of infants, toddlers, and children. Policy section 818.05.01 regarding

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referral to the Department of Mental Health for an assessment includes the requirement that the assessment be completed within 24-48 hours of entry into foster care.

Section 815.05.01 also addresses assessment and referrals to Baby Net; EPSDT, medical and dental evaluations on entry into care. Section 832 address the Education and Health Passports that are to follow the child from time of entry into foster care.

Policy Manual 818.05.01 Medical and Mental Health Assessment & Follow-Up Schedule (revision published 10-6-10) addresses physical and developmental needs of young children.

- **Coordination for completion of initial assessments**  
The initial comprehensive medical assessment is completed within 24 hours or no later than five days of entry into care and the initial mental health assessment is completed within 24-48 hours of entry into care. The worker coordinates and arranges completion of any services identified in the assessment.
  - For the child under age 3, a BabyNet referral form is completed and forwarded to BabyNet within two working days of learning of the suspected developmental delay. This referral is required by federal statute PL 108-36 Child Abuse Prevention and Treatment Act (CAPTA). For BabyNet guidelines, see Section 818.05.02.
  - The child's plan (SCDSS 30231) is updated as necessary according to the Child and Family Assessment and Service Plan Instructions and Practice Guide.
  - Service providers are given a copy of the portion of the child's plan that relates to the service they are to provide.
- **Ongoing EPSDT Medical Screening Schedule**  
The worker arranges for completion of ongoing medical assessments for the foster child according to the EPSDT Guidelines.  
Note: The guidelines are intended to clarify the minimum standards for a child having medical screenings. Always defer to the child's physician if more frequent or intensive medical care is recommended.
- **Ongoing Monitoring**  
The worker monitors service delivery providers to determine if services are addressing the needs of the child by:
  - Obtaining current information on status of the outcome of service being provided based on the specific needs of the child.
  - At least monthly follow-up with providers for updates on progress / success in addressing the physical or mental health needs.
  - Following up as needed to ensure receipt of quarterly written reports for the purpose of evaluation and providing copies of reports to GAL and FCRB.
  - Revising the plan (SCDSS 30231) as necessary, i.e. indicating when needs have been met or alternative or additional services are needed.
  - The Education and Health Passport (SCDSS-30245), CAPSS and child's SCDSS paper case file are updated with the most recent medical information.
- **As per federal law, policy stipulates that all children ages 0-3 who come into care are referred to BabyNet. This policy is supported by CAPSS:**
  - The CAPSS Child/Youth Assessment & Case Plan, Domain 6 (Mental Health/Behavioral Issues), Field A: "Describe if Child/Youth is Developmentally on Target."
  - The CAPSS Child/Youth Assessment & Case Plan, Domain 7 (Medical and Dental Needs) Field F: "Is Child/Youth developmentally on target?"; Field G: "Date of BabyNet Referral"; and Field H: "Describe Strengths and Needs". Further fields ask for Desired Outcome/Expectation, Case Manager Plan, and Action Plan.

### System Support

The agency revised the Education and Health Passport, expanding its focus on education to the pre-school years and its treatment of early childhood development.

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Additionally, the agency is in the process of revising its CAPSS Child/Youth Assessment & Case Plan. The updated CAPSS system will include more fields to get more precise information about how the developmental needs of children are being addressed and to allow improved tracking of practice in getting children the services they need.

Once the agency's update of CAPSS and the Education and Health Passport is fully implemented, the two data-collection tools will work in tandem. This will make it easier for caseworkers to monitor developmental issues and to ensure that developmental services are being accessed.

### Referrals of Children under Age 3

SC has developed and amended its policies regarding referrals of children under age 3 for developmental screening and assessment to meet evolving CAPTA requirements. Required referrals are made to BabyNet, the state's early intervention services agency under Part C of the Individuals with Disabilities Education Act (IDEA).

In 2004, the first policy requirement for referrals to BabyNet was added to SCDSS policy. In 2005, the policy, which required staff to refer all children under the age of three who were involved in a substantiated or indicated case of child abuse or neglect to BabyNet, added the requirement that any infant or child under age 3 who was suspected of illegal substance abuse or withdrawal symptoms from prenatal exposure must also be referred.

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. SCDSS monitors these referrals through Program Quality Assurance reviews and supervisory reviews of case files. The collaborative meetings held quarterly on the local level between BabyNet, county DSS, Headstart and other service providers help to ensure timely referrals and response to referrals.

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

Should the child continue to need similar services after age three, these services are often coordinated through Head Start. If Head Start is not an option for the child, other referrals for providers should be sought in collaboration with BabyNet staff. If neither BabyNet nor Head Start are options, staffing with the local school district's developmental specialist should be arranged.

SCDSS has not yet captured BabyNet referrals through its automated CAPSS system except in dictation. The plan is to add a method of automation to the referral process and to capture monthly the referrals and acceptance by BabyNet; this is expected to be in place by the end of FFY 2013. This would assist the agency in measuring the child's well-being goals and monitor compliance with federal and state regulations and policies.

### Reducing Time in Care without a Permanent Family for Children under Age Five

In 2012-13, the agency's goal was to increase positive permanency (excluding adoptions) or file TPR by 12/31/12 for 50% of the children currently in the caseload and who have been in care 12 months or more.

Last year in Human Services at DSS, an ambitious WIG was set 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.

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Next, a new WIG was set for 6 months (from July 1 to December 31) to close out 2012 by adding another 56 adoptions and more than 100 family reunifications. Once again, SCDSS accomplished and exceeded this goal by adding another 202 permanent families.

This brings the total in 18 months to 1,506 children, formerly in foster care, who began the new year 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 to-date.

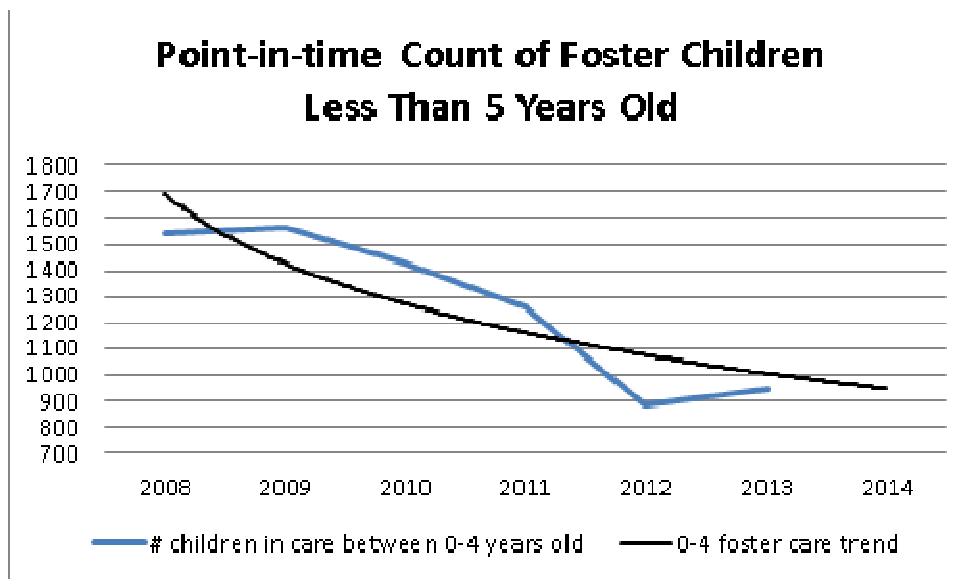
As a consequence of the ambitious WIGs in state fiscal years 2012 and 2013 DSS finalized adoptions on:

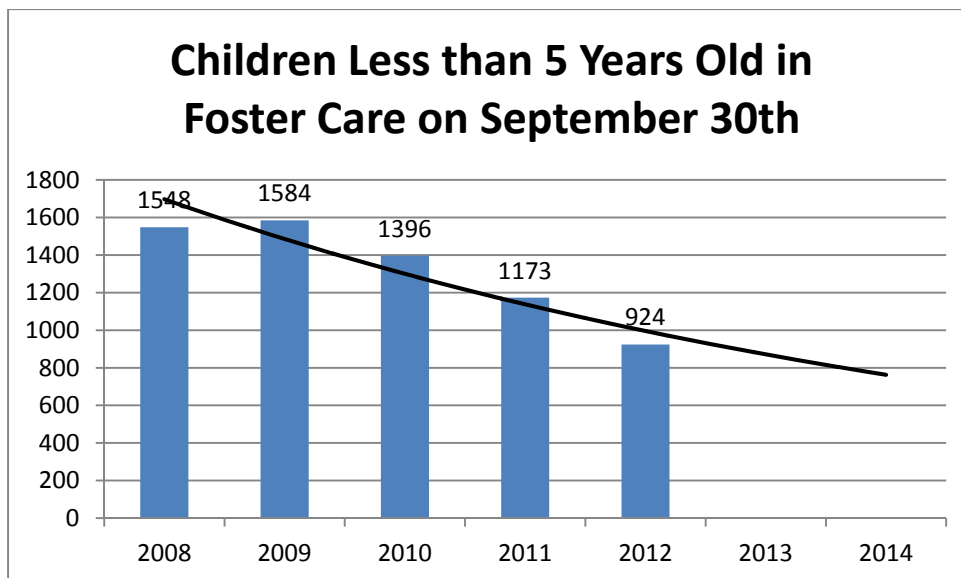
- 402 children under 5 years old in SFY 2011-12; 93 children under 5 years old between July 1, 2012 and December 31, 2012; and 76 children under 5 years old so far in 2013.

DSS returned children to family that were under 5 years old home and had been in foster care for 17 months or more for:

- 73 children in SFY 2012-13; 25 children between July 1, 2012 and December 31, 2012; and 7 children so far in 2013.

The following charts show the trend of children in foster care under age five from June 2008 through April of 2013. Approximately 950 children less than five years old were in foster care at the beginning of 2013.





Children Under 5 Years Old in Foster Care on May 6, 2013				
Source: CAPSS effective 5/6/13 / ADR				
Race	Total	Female	Male	Unknown
American Indian/Alaskan Native	3	1	2	
Black or African American	295	134	158	3
Black/White	77	33	42	2
Native Hawaiian/Other Pacific Islander	1		1	
Unknown/Unable to Determine	26	12	14	
White	537	256	279	2
Hispanic Ethnicity	Total	Female	Male	Unknown
Not Hispanic	862	401	454	7
Unknown	17	6	11	
Hispanic	60	29	31	
<b>Total</b>	<b>939</b>	<b>436</b>	<b>496</b>	<b>7</b>
		Average Months in Care		
Race	Total Children	Female	Male	Unknown
American Indian/Alaskan Native	3	2	23	
Black or African American	295	9	13	0
Black/White	77	12	10	0
Native Hawaiian/Other Pacific Islander	1		12	
Unknown/Unable to Determine	26	9	11	
White	537	9	9	1
<b>Total</b>	<b>939</b>	<b>9</b>	<b>10</b>	<b>0</b>

SCDSS has created a training system for ensuring that staff and contracted providers receive best in-class training to support this vulnerable age group.

- In collaboration with SCFPA, trainings are provided on developmental milestones for foster parents.
- USC Training Center provides a course for staff on Developmental Milestones and recognizing developmental delays in children.
- SC Foster Parent Association has a contract with the agency to provide pre-licensure training as well as ongoing training to foster parents throughout the year. Each year, statewide foster parent association training is held and multiple topics are available for foster parents and SCDSS staff to attend.
- SC Association of Children's Homes and Family Services provides training for state public and private foster homes as well as group homes and institutions in SC.
- Each Certified Placing Agency provides additional training for therapeutic foster parents who provide care for medically or emotionally fragile children.
- Children's Trust, USC Medical Center and Children's Law Center each have yearly conferences that multi-disciplinary speakers attend to address a different dynamic for special needs children. Topics such as brain injuries, fetal alcohol spectrum disorders, and autism are examples of topics addressed in past conferences. Both professional staff and foster parents may attend these conferences.

Finally, SCDSS staff received training opportunities both from external contracts, such as USC Children's Studies, which provides Child Welfare Basic Training, and ongoing multi-level training related to specific typologies and issues. One of the required courses for basic training for all staff is childhood development.

### Quality improvement planned for FFY 2014 for children 0-5 include:

- Tracking children under five using separate data. Currently children under age 5 are captured in the CAPSS system but not specifically tracked separately. To mitigate this, the agency is prepared to build a reporting system to include tracking developmental screens, trauma screens and services; physical and mental health screens and all related follow-up services. Special reports to track permanency progress for children under 5 will also be created.
- Conducting permanency roundtables targeting children 0-5 who are not moving towards permanency in a timely manner.
- Assessing the administrative structure to determine how best to incorporate a focus on services, permanency and accountability for outcomes for this population. Additionally, further research and data analysis will be completed to determine if additional services are needed for this population.
- SCFPA and USC will be creating developmental training.
- Revising the CAPSS Child /Youth Assessment & Case Plan and the updated CAPSS will include more fields to get more precise information about how we are addressing the developmental needs of children and allow us to track our practice of getting children the services they need.
- Updating of CAPSS and the Education and Health Passport will be fully implemented, and the two data-collection tools will work in tandem, resulting in more efficient monitoring of developmental issues and ensuring that developmental services are being accessed.

## CHILD MALTREATMENT DEATHS

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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 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



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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 by the agency to prevent the child's death or serious injury.

In the chart below are the numbers of SCDSS-involved child fatalities. These numbers reflect all of CY 2012 and 2013 to-date.

Cause	2012	2013	Was it child abuse/neglect?
Natural causes – medical	11	5 1 undetermined medical	1-PN -2012
Accidental:			
• Fall	1	2	2-PN 2013
• Auto	1	1	
• Overlay	1	1	
• Unsafe sleeping	3	1	
• Drowning	3	1	
• Trauma to the head	1		
• Gunshot – self inflict	1	1	
• Choked on bolt			
Malnutrition	1		1- PN - 2012
Accidental med overdose	1		
SIDS	3	1	
Fire	1	4	1-PN – 2012 4-PN/ homicide 2013
Suicide	2		
Blunt trauma	1	1	1- PN -2012
Homicide	2		2- PA - 2012
Mom killed child in utero	1		

SC reports NCANDS from the following sources:

- 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 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. 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 SCDSS by 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 SCDSS from SLED from previous reporting periods if they were not reported on a previous NCANDS child file.

### State Child Fatality Review Advisory Committee (SCFRC)

The purpose of SCFRC is to decrease the incidences of preventable child deaths by 1) developing an understanding of the causes and incidences of child deaths; 2) developing plans for and implementing changes within the agencies represented on the committee which will prevent child deaths; and 3) advising the Governor and the General Assembly on statutory, policy and practice changes which will prevent child deaths. The review of the child deaths provides the State Child Fatality Review Advisory Committee with data regarding how children died and trends across the state. This data helps the committee to develop methods to prevent child deaths and to communicate information about the trends to the citizens of South Carolina.

The other agencies involved in contributing data on child maltreatment deaths through SCFRC included the following:

- *Mental Health* reports to the committee any involvement with families of the deceased child and how information gathered by the committee will be used by their agency to effect changes in policy and/or procedures.
- *DAODAS* reports any involvement with families of the deceased child and how information gathered by the committee will be used by their agency to effect change in policy and/or procedures.
- *SLED* reports to the committee the research that their agency completed on each child fatality. SLED also reports any law enforcement involvement with the family and any charges that parents had as a result of a child fatality.
- *Department of Education* reports any special involvement they had with a child who has died such as if the child was in special education classes or had an IEP. The Department of Education also makes a special note of any suicides and has, in the past, considered any education and precautions that could be taken by the schools as a result of these deaths.
- *DJJ* reports any involvement with families of children who have died and how information gathered by the committee will be used by their agency to effect changes in policy and/or procedures.
- *Crime Victims Council* reports to the committee any current or proposed legislation related to child fatalities. The Crime Victims Council also notes any trends in child fatalities that can result in public awareness campaigns.
- *DDSN* reports to the committee any involvement with families of the deceased child and how information gathered by the committee will be used by their agency to effect change in policy and/or procedures.
- *DHEC* reports to SLED any deaths of children not due to natural causes. These result in cases that are reviewed by the committee. DHEC also prepares an annual report for the public based on information gathered from the committee.
- *Coroner's office* reports to SLED any child death not due to natural causes. The Coroner's Office reports any involvement with any child fatalities that were reviewed by them. The Coroner's Office also prepares and provides training to other coroners from information gathered in committee meetings.

South Carolina also has local child fatality and near fatality review teams established through a collaborative effort of the State Law Enforcement Division (SLED), the South Carolina Department of Social Services, Department of Disabilities and Special Needs and the Department of Health and Environmental Control (DHEC). The Child Death Review coordinator, a position funded by CAPTA, reported that there are local child death review teams in 11 of the state's 46 counties. There are ten Children's Health and Safety Councils and one child death review team associated with the Safe Kids county organization. Local child death reviews take place in Richland, Charleston, Greenville, Greenwood, Dillon, Horry, Lancaster, Kershaw, Marion, York, and Hampton counties.

Finally, the agency recognizes the need to ensure that policy and protocol for child fatalities is up-to-date and that, in all 46 counties, the situation was handled per policy. Manual revisions are in the process of being completed. Protocol that follows policy has been developed and tools for reviews are being completed. These manual revisions drafted in April 2012 are designed to replace existing sections *736 Child Death in a CPS case* published 8-17-2004 and *836 Death of a Child in Foster Care* published 9-2-2003. The revisions are being reviewed by the Office of General Counsel and the Division of Investigation for further compliance with statute and protocol compliance. The

current online published manual sections address the worker's role in completion of a safety investigation for any other child in the home, as well as the steps they should take to ensure the file is reviewed by their immediate supervisor, county director and regional director and the immediate notification of the internal Division of Investigation for their review of the case. (See above regarding internal reviews and types of reviews for a child fatality when the child is or has been known to the agency.) The revised policy manuals are expected to be released in 2012.

In FFY 2014 the State Law Enforcement Division (SLED), the South Carolina Department of Social Services, Department of Disabilities and Special Needs and the Department of Health and Environmental Control (DHEC) are committed to working to improve services from all agencies in an effort to prevent child fatalities that are not due to natural causes or automobile accidents.

## CHILD ABUSE PREVENTION AND TREATMENT ACT

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The Child Abuse Prevention and Treatment Act (CAPTA) authorizes federal funding to states to support improvements to state child protection systems. The CAPTA Reauthorization Act of 2010 places an emphasis on several areas, including the intake, assessment, screening and investigation of reports of child abuse or neglect including the use of differential response systems; improving the use of multidisciplinary teams and interagency, interstate, and intrastate protocols to enhance investigations; improving collaboration among agencies serving families affected by child abuse and neglect; and developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level. CAPTA funds were used to improve the intake, assessment, screening, and investigation of reports of child abuse and neglect through the hiring of qualified child abuse specialist for the out-of-home abuse unit in state office. The South Carolina Department of Social Services, Out-of-Home Abuse and Neglect Investigations unit, a sub-component of Child Homes and child day care facilities are mandated by state statute to be assigned to a unit or units not responsible for selecting or licensing these entities. Because of the small size of the unit, it is possible to provide state of the art training on intake procedures, investigative techniques, and coordination with the state law enforcement division. CAPTA funds were used to support and enhance the quality of investigations provided through this centralized unit and within county offices as the number of investigations continue to increase. SCDSS per state statute, (Reference S.C. Code of Law 63-7-1210) will investigate all allegations of abuse and/or neglect that occur in residential group homes and/or institutions and child care facilities. The responsibility of the investigation of such allegations must be from a unit not responsible for licensing the facilities. SCDSS has assigned these investigations to a centralized location known as Out-of-Home Abuse and Neglect Unit (OHAN). The investigation must include collaboration with the licensing and regulatory units of the agency as the reported abuse or neglect may only address one victim child however, the threat or danger from such abuse or neglect could affect multiple children in the facility or institution. The Citizens Review Panel and SCDSS worked closely in reviewing OHAN investigations and developed a goal of improving quality of the communication between the OHAN division and other divisions of the agency including the Licensing, Regulatory, and Foster Care Units of the agency.

During 2011, the Citizens Review Panel and SCDSS became increasingly concerned with the number of reports of child abuse or neglect in either the group home facilities or in foster homes. The quality of the investigation and the number of screened-out reports being higher than the average of screen-outs in general CPS intake and the percentage of unfounded reports were of particular concern. Statewide trends and data showed a clear need for policy changes in the area of (1) intake rate, (2) indication rates and (3) lack of communication in the divisions and the community. Through assessment and collaboration, SCDSS evaluated and has rewritten policy that requires communication and collaboration between divisions of service delivery to ensure the protection of not only the victim child, but all children in the facility.

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Policy revisions were made effective November 29, 2012 which addressed the concerns by SCDSS and The National Citizens Review Panel. In Chapter 7 section 721, the policy was revised and SCDSS has now assigned the intake function from all out-of-home abuse or neglect to be handled centrally in the state office OHAN unit. These include reports on a foster home/group home, day care and residential treatment facility. Impartial investigations of a licensed residential institution, group, and or child care facility will require a higher degree of protection for the victim child and will assure the safety and well-being of the child. Child-on-child sexual assault or physical assault is investigated by OHAN when the allegations suggest involvement by facility staff or failure to provide adequate supervision by facility staff. Whether or not OHAN accepts a report or determines the report to be indicated, the licensing staff needs information about the incident or incidents to investigate and/or address any possible regulatory violations. The investigation must include collaboration with the licensing and regulatory units of the agency as the reported abuse or neglect may only address one victim child however the threat or danger could affect multiple children in the facility or institution. OHAN now has access to the names of children in foster homes, relative homes or group homes that have been placed in South Carolina through the Interstate Compact Placement of Children (ICPC). This ensures that, for any child in the custody of another jurisdiction but placed in a South Carolina foster home (relative or non-relative placement) or group care facility, the placing state will be contacted and the custodial agency made aware if any additional maltreatment has occurred. This alerts the other state to any increased need for monitoring or decision-making regarding the child's continuation in the placement.

Collaboration is outlined to ensure all DSS internal agency sources and other involved agencies as appropriate, such as Department of Disabilities and Special Needs, Department of Juvenile Justice, Department of Health and Environmental Control, are aware of staffings, referrals and investigations. The OHAN worker/ supervisor/licensing or regulatory worker participate in a multidisciplinary team staffing to develop a corrective action plan with the facility administrator. The OHAN investigator arranges a multidisciplinary staffing when a child is hospitalized due to injuries which include: forensic interviewers, medical, mental health, law enforcement, state office and county staff. The Referral Response Letter is sent to all parties to ensure proper communication between all involved parties including Foster Caseworker/Supervisors Adoption Specialist/ Supervisors, Office of General Council, the Attorney if adoption is involved, Group Home Licensing Worker/Supervisor, Child Care Licensing Worker/Supervisor, County and Regional Directors (foster homes only) State Office ICPC Division if child is from another state but placed in a facility in South Carolina, LCS worker for Therapeutic Foster Homes and Facility Directors. Although, CAPTA funding is being reallocated elsewhere, SCDSS will continue its efforts to monitor and make changes for improving the intake, assessment, screening and investigations of reports of child abuse through OHAN investigations process under Program Area #1.

While SCDSS continues to move forward fulfilling its responsibility to protect and promote safety, permanency, and well-being of South Carolina's children and families, the agency is reallocating its CAPTA funding to focus on differential response or Appropriate Response as it is known in South Carolina under program area #4.

SCDSS engaged in a systematic and comprehensive review of its child welfare services and ways to strengthen their responsibility to protect and promote safety. The goal for 2012 was to fully implement Appropriate Response statewide and to ensure all reports are addressed and routed to the best possible agency for a family assessment for safety and risk factors for children who are reported as possible victims of child of abuse and neglect.

A request for proposals was released to the community in August 2011 to invite community-based originations to work with SCDSS to strengthen families. The proposal was awarded to Specialized Alternatives for Youth (SAFY) who effectively developed coalitions in the three largest counties in the upstate - Greenville, Anderson and Spartanburg. The core component is that safety of the children is the first item that is assessed by all levels of response. The model included automated Safety and Risk Matrix that is used to guide the appropriate response to a report. Training was conducted for both SCDSS workers and community providers. This training focused on recognizing the difference between safety and risk and the philosophy, development and implementation of the intake tool. The NRC also helped by designing a comprehensive safety and risk matrix used in the intake process that includes components from the Connected Families Signs of Safety training which was provided for both SCDSS staff and provider staff. SCDSS investigates all cases where there is a safety issue or the risk level is high. Low to

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moderate intakes are referred to one of the community partners to assess for safety and risk where a service plan is developed with the family. The array of treatment services includes counseling, referrals for alcohol and drug counseling, domestic violence intervention, parenting classes, family group conferencing or educational support.

SCDSS created a provider portal called State Automated Child Welfare Information System (SACWIS) that allows referrals to be made straight to the provider. This system also allows the providers to put in dictation and the safety and risk comprehensive assessment into the portal. Reports are generated through data management that tracks areas that SCDSS considers critical in monitoring the progress of implementation. After the initial success of Region I, RFPs were released into Regions 2, 3 and 4. Growing Homes was awarded the contract and has developed collaborative partners for these Regions. Region I rolled out the model to six of its ten counties. Region II was rolled out March 2012, Region III and IV and the rest of Region I was rolled out May 2012. Appropriate Response was implemented statewide on May 23, 2012.

In moving forward SCDSS continues to monitor the progress of this program. Some of the concerns for providers are overdue assessments, low rates of referrals and reasons for referrals returning back into the county. Another focus moving forward is to improve the communication between the National Resource Center for Child Protective Services (NRC) and the SACWIS resource center. Data is being reviewed by supervisors monthly. County-specific coaching is being conducted in counties where implementation is not being utilized effectively. Ongoing training regarding safety and risk is being conducted by the NRC. NRC is currently working on finding a way to have the risk matrix placed in the SACWIS system that would give a recommendation of the level of risk.

Another important area of focus is child fatality. In addressing Program Area #2, for the period of October 1, 2012 through September 30, 2013, funds were used to staff a position responsible for preparing a report of children's deaths and to assist with other publications of the State Child Fatality Advisory Committee as requested. Additional responsibilities include coordinating and developing procedures for record management in the area of child deaths; completing and distributing quarterly reports; and providing technical assistance necessary to local Children's Health and Safety Council teams. Within the next 6 months, SCDSS will be implementing proper procedures for public disclosure of child fatalities and near deaths to comply with updated guidance from the federal government. SCDSS and SCFAC will focus efforts to increase the number of child death review teams in order for the state to review child deaths more timely.

To address Program Area #11, the state sought to develop and enhance community-based programs to integrate leadership strategies between parents and professionals, and now partners with Children's Trust to fill this vital role. Children's Trust provided training/education to families and communities throughout the state in order to raise awareness of child abuse and neglect beyond Child Abuse Prevention Month. The goal was to also safely reduce the number of children coming into care by strengthening families and the communities in which they live and educating professionals and providers about the appropriate response process. Children's Trust's primary focus for 2012-2013 is on training through instructional and web-based training delivery to provide relevant, timely and appropriate offerings in all areas of the state. Community training and education is geared to prevent child abuse and neglect. SCDSS plans to build up more web-based courses for topics relevant to front-line staff which includes: Appropriate Response, Normal Childhood and Adolescent Development; Safety for Home Visitors, etc. In addition to these trainings, the Prevention Conference is scheduled for September 18-19, 2013. One-day summits are also planned to build knowledge, understanding, and support of Appropriate Response. Parent Cafes will further implement the Strengthening Families initiative to raise awareness of abuse and neglect prevention.

Children's Trust distributed 42,000+ pinwheels in SC, with each county office receiving 100 pinwheels and a yard sign that reads: "Turning toward a Safer World for Children." Greenville was the first "Pinwheel City" displaying 30,000 pinwheels across the county – representing one pinwheel for each child under the age of five. The Governor of South Carolina, the mayor of Greenville and Columbia city Council signed proclamations declaring April as Child Abuse Prevention month in their respective state or city. Stickers and pinwheels were distributed at different events throughout the month and across South Carolina. Each SC legislator received a pinwheel lapel pin and was asked to take a picture of them wearing the pin in support of child abuse prevention. Several then tweeted pictures of

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themselves wearing the pinwheel pin on Twitter. Children's Trust also distributed pens that showed the five protective factors, and printed and distributed over 7,000 prevention guides. These guides are available for free and can be ordered on their website. Children's Trust was honored for four community programs across SC for their work in prevention. They were chosen by a Facebook competition with over 20 entries. Voting was online and drove online voters to the prevention content on their website. The website was updated to disclose content for parents, families, and caregivers about keeping children safe and building strong families and communities. The site has a reporting mechanism on the front page.

In developing, strengthening, and facilitating training, the focus of Program Area #6, the Citizens Review Panel plays an important part. Citizens Review Panel is comprised of citizen volunteers, as mandated by the federal Child Abuse Prevention and Treatment Act (CAPTA). It is charged with examining the policies, procedures, and practices of South Carolina's child protective services system to examine the extent to which the agency is discharging its' child protection obligations. The panel recommends improvements, as it deems appropriate, as required by law. South Carolina hosted the Tenth Annual National Citizen Review Panel Conference on May 18-20, 2011 in Charleston, SC. The South Carolina Citizens Review Panel (SCCRP) used the conference to share information about their collaborative efforts with DSS and others in the community who make up the child welfare system. The event was attended by the Mayor of Charleston, The US Department of Health and Human Services Director for Region 4, The Columbia Police Chief, and others who spoke about being a "Force for Change" in the child welfare system. The event's meet-and-greet was hosted and paid for by Parents Anonymous of SC. SC presentations included: "Family Group Conferencing" by SC Families First; "How One Child Protection Agency works with its CRP to Make Recommendations a Reality" by the SCCRP chairs and the former Child Welfare Assistant Director; and "Laying the Groundwork for a National Health and Education Passport", a collaborative presentation by the SCCRP and Wyoming CRPs.

On October 25 2012, the SCCRP and key SCDSS staff participated in a Fall Retreat. The Child Welfare Director was the Keynote Speaker and addressed SCDSS initiatives and collaboration among those who serve children who are abused and neglected. The Child Welfare Director and the SCCRP panel chairs presented on their collaborative work at the 2012 National Citizen Review Panel Conference in Washington, DC. The title of the presentation was "How the SCCRP Impacts Repeat Maltreatment". The presentation focused on how the SCCRP and SCDSS worked together to strengthen the policies, procedures and practices of the agency regarding Out of Home Abuse and Neglect (OHAN). The presentation was well received and resulted in invitations for the SCCRP facilitator to share information about the work being performed in South Carolina.

SCDSS continues moving forward collaborating with the CRP and will examine the recommendations that have been submitted in the CRP Annual Report for 2012. Some of the recommendations include working collaboratively with the SCCRP through 2013 to assess and evaluate the need for staff mental health supports in addition to what is currently offered through the SC Vocational Rehabilitation Department through the Job Retention Services Program. In addition, SCDSS would provide evidence-based trauma-informed mental health treatment for every child and family needing it by June 30, 2014. Another recommendation is for SCDSS to develop agency procedures for responding to traumatic incidents experienced by county staff which would include available community mental health resources. SCDSS is working diligently toward bringing trauma-focused services to child welfare on both a statewide and local basis to enhance the well-being of children. Through a trauma-informed lens, the agency is rethinking processes and practices from the initial safety and risk assessment through the treatment planning process, supervision and case management in its role as brokers to ensure that children exposed and impacted by trauma receive trauma-focused, evidence-based treatment services.

SCDSS is teaming up with Project BEST, a community-based agency that is currently active in two collaboratives; North Central (York, Lancaster, Fairfield and Chester Counties) and Edisto (Orangeburg, Calhoun and Bamberg counties). By participating and joining other agencies as brokers, supervisors, clinicians and senior leaders, the agency is developing knowledge and skill sets to ensure that all children identified to the agency are screened for trauma by history and current involvement, assessed for impact and receive appropriate treatment while supporting their caregivers in managing emotions and behaviors toward successful healing. Discussions are underway to

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negotiate a training initiative through Project BEST in partnership with the Department of Mental Health to ensure that additional assessment and foster care staff participate in broker/supervisory training along with the Department of Mental Health participating as clinicians.

SCDSS also participates in the statewide Trauma Informed Committee appointed through the Joint Citizens and Legislative Council. They developed core competencies for all agencies to follow in becoming trauma informed. SCDSS has also initiated a joint workgroup with the Department of Mental Health (DMH) to address the standards of trauma-informed care to ensure appropriate screening, assessment and treatment services for all children where need has been indicated. Assessment and treatment protocols are being finalized and expected to be utilized statewide by all DMH centers. SCDSS completed the Child Welfare Trauma Informed Toolkit Training through the National Child Traumatic Stress Network and has a trained instructor to implement trainings on the toolkit in the DSS county offices.

The Department of Social Services (DSS) welcomes feedback from the Citizens Review Panel each year. The agency's ultimate mission is: "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." The Citizens Review Panel annual report is pertinent in the state's effort to successfully fulfill that mission.

To that end, the state has reviewed the recommendations from the three Citizens Review Panels' reports and responded to them as feasible and appropriate. The list of recommendations is included in Attachment A in The Citizens Review Panel Annual Report in the APSR. SCDSS Response to the CRP Annual Report is Attachment B in the APSR.

The State's current CAPTA coordinator (State Liaison Officer) is:

John Shackelford  
PO Box 1520  
Columbia, SC 29202  
[John.shackelford@dss.sc.gov](mailto:John.shackelford@dss.sc.gov)

### **Legislative Changes that Impact CAPTA**

There were no legislative changes affecting the state's CAPTA eligibility.

### **CAPTA Assurances**

On May 30, 2013, South Carolina submitted a revised CAPTA Plan ("CAPTA Plan") to the Children's Bureau. To demonstrate eligibility, Section 106(b) (2) of the CAPTA Reauthorization of 2010 P.L. 111-320 requires the states to provide certain assurances. The state reviewed its programs, policies, procedures, practices, and state laws in the development of the revised CAPTA Plan. After consulting with the Regional ACF officer for South Carolina, the state concluded that applicable state laws do not support making an assurance that the state has in effect "provisions which allow for public disclosure of the findings or information about the case of child abuse or neglect which has resulted in a child fatality or near fatality", particularly in light of recent federal guidance relating to this particular assurance.

Therefore, South Carolina will implement policies and procedures to improve the state's practice relating to public disclosure in cases of child abuse or neglect that result in fatality or near fatality in accordance with recent federal guidance found in the Children's Bureau Child Welfare Policy Manual, 2.1A.4, Question 8. Specifically, the state's policies and procedures will provide for the "release of information relating to the cause of and circumstances regarding the child fatality or near fatality; the age and gender of the child; information describing any previous reports or child abuse or neglect investigations that is pertinent to the child abuse or neglect that led to the fatality or

near fatality; the result of any such investigations; and, the services provided by and actions of [SCDSS] on behalf of the child that are pertinent to the child abuse or neglect that led to the fatality or near fatality.”

South Carolina projects the state will implement these policies and procedures within six (6) months. Upon implementation, the state will update the required statement of assurances as required and will report on implementation of the policies in next year’s Child and Family Services Plan.

## CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP)

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Youth age 13-18 in the Department’s custody who have independent living as a service plan and youth age 18-21 who have aged out of foster care and have signed a Voluntary Aftercare Placement Agreement are eligible for Chafee funds. Independent Living is an additional service plan for youth in foster care, but it is not a permanent plan. Eligibility is based upon the following:

- Youth must enter agency custody due to an allegation of abuse or neglect by the parent/caregiver, and there must be a finalized removal hearing with the court acknowledging that the youth was abused/neglected by the parent/caregiver prior to the youth’s 18<sup>th</sup> birthday.
- Youth who are adopted or leave SCDSS custody to court-ordered guardianship/kinship care at age 16 will be eligible for all Chafee/ETV funding except emancipation/housing expenses. Youth who are in post-legal placement with the agency will be eligible for Chafee/ETV funds while they are in agency placement
- Youth that left the foster care system after reaching age 18. These youth are in need of independent living services before reaching the age of 21. Youth are entitled to these services if they aged out of foster care in other states at age 18 and moved to South Carolina for residency. The youth must complete the P.A.T.T.Y (providing assistance to transitioning youth) form as a part of joint planning and assessment with the foster care staff.

The following factors are considered in assessing youth for Chafee support:

- 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
- Foster care youth who are undocumented aliens are ineligible for CFCIP services and funds

The Foster Care Manual, Section 832.01.0101, Transition Planning Prior to Emancipation, has been revised to include the following federal requirement (P.L. 112-34):

Each youth age 16 and older in foster care must receive a copy of any consumer credit report each year until discharged from care and must be assisted in interpreting the credit report and resolving any inaccuracies. A copy of any report received is given to the youth and a copy is kept in the case file.

A person has been hired to conduct credit checks but has not yet started. If a discrepancy is found on the credit report, the county/regional worker will work with the youth to correct the report.

The agency has not yet implemented a centralized process for obtaining credit checks on youth age 16 and above. County/regional offices have been provided instructions on how to obtain a credit report and have asked for guidance in obtaining a youth’s credit report. County/regional offices were advised to send in a paper request, attaching the court order and other required documentation to the credit reporting agencies. A completed transition plan is required within 90 days immediately prior to 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 contact with all youth who exit care and continue to receive any Independent Living funding, with the exception of youth who are living in college housing, face-to-face contact is made on a quarterly basis.



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The overarching purpose of the South Carolina IL Program is to provide the developmental skills necessary for foster youth to live healthy, productive, self-sufficient and responsible adult lives. Broadly, the program goals are to provide foster youth with opportunities to learn needed independent living skills and, to increase the likelihood of successful transition from the foster care system. Additionally, South Carolina believes that positive outcomes are more likely to occur if youth are supported in achieving the following basic premises of positive youth development:

- Identifying interests
- Developing skills
- Experiencing competence
- Gaining a sense of self-worth
- Having a voice in one's life – empowerment

In FFY 2013, youth in post-legal placement were made eligible for Chafee/ETV services. Youth who left care to adoption/guardianship at age 16 are now eligible for an expanded array of services and supports through the Chafee program.

Through a partnership with Clemson University's Youth Learning Institute, 39 youth participated in a weekend leadership retreat that focused on leadership through communication as well as team-building activities in FFY 2013. For FFY 2014, five additional leadership retreats are planned. At full capacity, these retreats will serve 200 Chafee-eligible youth age 15 through 20 years old.

## Accomplishments and Progress in the Purpose Areas

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### **Purpose 1: Help youth transition to self-sufficiency**

In South Carolina each foster youth 13 and older must have independent living goals as a part of their case plan, regardless of the permanency plan. Each youth is to complete an annual life skills assessment. The assessment now recommended by SCDSS is the Casey Life Skills Assessment (CLSA). The CLSA provides an individual evaluation of the youth's skill levels and the services needed to improve the youth's skills. This assessment and identification of services results in a comprehensive set of goals in the youth's case plan. Although Casey Life Skills Assessment is highly recommended, other assessments may be used, as long as they result in specific goals within the case plan.

Daily Living Skills services that promote independence through the development of social and life skills are funded through the Chafee IL Program. They include the following:

- Life skills classes
- Mentoring services/expenses
- Esteem-building activities that are connected with the youth's school and/or employment
- Summer camps that are school-sponsored and related to a youth's participation in such activities as ROTC, band, chorus, cheerleading or team sports
- Community camps that directly relate to building connections and sustaining lifelong relationships, such as Boy Scouts/Girl Scouts, and camps associated with leadership and/or religious affiliations

Between June 2012 and March 2013, the agency funded 198 campers at a variety of locations, including universities, out-of-state colleges and other in-state camps, including those offered through Clemson Youth Learning Institute. In FFY 2014, the department is preparing to add a second five-day camp that will focus on leadership and additional skill development. Thus, the agency has 400 slots for youth to attend leadership camps through the Clemson Youth Learning Institute and other identified camps.

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The agency and the SCFPA partnered to develop and grow independent living groups for youth in foster care. To contribute to measurable outcomes, the association's five-year goal is for all of these youth to have access to an IL group. In FFY 2013, youth in twenty-four counties are being served. One group had disbanded due to the lack of older youth available to participate. (A decrease in the number of youth in care led to a decrease in the number of groups needed from the previously projected 28 groups.)

Youth groups are created to increase life skills development by:

- Providing opportunities to learn and practice independent living skills
- Providing support for post-secondary education and career planning
- Providing 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
- Providing training to develop and enhance budgeting and financial management skills
- Providing health education and risk-reduction training
- Providing housing and home-maintenance preparation and training
- Enhancing social skills development by offering opportunities for youth to learn and practice appropriate communication skills, negotiation and compromise, making friends, and behaving responsibly
- Improving skill-sets in decision making, problem solving, conflict resolution, goal setting, and working with others
- Normalizing 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
- Providing an opportunity for youth to serve in leadership roles, take initiative in their own lives, and envision a pathway to independence
- Providing an opportunity for youth to be of assistance to other youth and to the foster care community

The following groups have been established as of April 30, 2013 to serve South Carolina's youth:

- *Leadership for Life (ILYA)* Charleston County- serves Charleston, Berkeley and Dorchester counties. Facilitator: Amy Ware SCDSS Staff Wanda Frazier (Developed December 2011)
- *Colleton County Youth Group (Inactive)*- No older youth at this time (facilitator was Sandy Polk and other SCDSS staff.)
- *Growing Up & Out*, Florence County- serves Florence, Darlington, Marion, Williamsburg, Marlboro, Chesterfield and Dillon counties. Facilitator: Vanessa Sansbury/ SCDSS staff- Perlina Kennedy.
- *Foster Youth Independence (FYI)*, Greenville County- serves Greenville, Pickens and Laurens counties. Facilitators: SCDSS staff Adrienne Atkins, Robert Tisdale, Lasonia Williams and Barrett Morrison. (Developed September 2010)
- *Lancaster Achievers*- Lancaster County. Facilitators: Sara Jordan and SCDSS staff Terri Thompson.
- *Focus Up Teen Board*- Richland County - serves Richland County.
- *The Overcomers*, Spartanburg County- -serves Spartanburg, Cherokee and Union counties. Facilitator: Marty Heights and Ashley Warlick/ SCDSS Libby Warlick (Started March 2012)
- *The Motivators*, Sumter County- serves Sumter and Clarendon counties. Facilitators: SCDSS staff Tia McDuffie and Hallie Conyers. (First full year of participation FY 2012)
- *Youth of The Nation*, York County - serves York County and Catawba Nation. Facilitators: Sharada Abraham (Developed September 2011, first full year of participation in FY 2012)

### **Purpose 2: Help youth receive the education, training, and services necessary to obtain employment**

IL staff continued to emphasize the agency directive regarding referrals of youth entering the 11th grade or reaching the age of 17 to the local SC Works Center for orientation services. Youth are eligible to receive such services as job

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readiness, career interest assessments, employment assistance, job placement, and access to the Work Keys Program through the local SC Works Center.

The IL program provides or obtains limited support services, to include the following services to help youth 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 has a personal car that is needed to access employment or education)
- Job skills training classes that relate to the youth's goals
- Vocational equipment
- Birth certificate necessary for employment
- Summer job opportunities
- License/certification fees
- Job mentor (as available)
- Bicycles used for transportation to work or education
- Professional attire for work/school provided to youth in Aftercare cases
- Community camps that directly relate to building job skills and readiness for employment. During June and July 2012, the agency partnered with the Carolina Youth Development Center in Charleston to provide a six-week business camp that focused on job skills, financial management, and employment mentoring. The upstate region will have a camp at Tamasee in July 2013.

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

Education is an integral part of becoming self-sufficient. An Education Subcommittee of the Independent Living Advisory Committee was established to determine ways to increase the graduation rate and thus support achievement of post-secondary training and educational goals. The Committee continues to assess services needed to support youth goals.

Examples of Chafee-funded education support services and supplies needed to meet a youth's educational goals include 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 in such areas 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
- Computer for college or high school when educationally necessary.

Adult education services also help youth attain a high school diploma or its equivalent, or youth may receive funding assistance to complete supplemental coursework to achieve goals include the following:

- Adult education

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- GED programs
- Alternative educational schools
- Non-ETV college coursework
- Non-ETV vocational coursework

As an incentive to encourage youth to graduate from high school and to pursue further education, a graduate award is presented upon graduation. The award for high school students is currently \$100, whether receiving diploma, certificate or GED. Vocational and technical school graduates are eligible for a \$200 award, and college graduates are eligible for a \$250 award. The following incentives were awarded in FFY 2012:

- High School Diploma- 70 awarded
- Certificate of Completion- 13 awarded
- Adult Ed/GED- 16 awarded
- Associate Degree- 0 awarded
- Vocational Certificate- 2 awarded
- Bachelor's Degree- 2 awarded
- Master's Degree- 0 awarded

Upon graduation, many youth are eligible to receive scholarships and federal grants based on high school academic performance. Youth in foster care have priority status for the state's need-based grant. As a means of tracking and intervention, the South Carolina Commission on Higher Education and SCDSS formed a partnership. Youth entering post-secondary education complete a waiver form on the Commission's website. The waiver requests permission to track the youth's personal demographics, institution selection, academic performance and financial information. The tracking allows the commission to ensure that eligible foster youth attending a public institution are identified as eligible to receive financial aid assistance through the SC need-based grant.

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 \$5,000
- College dorm shower (provided by SC Foster Parents Association)
- Financial aid resource materials
- Educational information for youth, staff and providers regarding higher education opportunities
- Academic camps
- Workshops and the publication, *True Independence*, purchased through the National Resource Center for Youth Services

### **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 is viewed within the context of permanence and as an adjunct to permanency planning and not as an alternate permanent plan. Current policy stipulates that Independent Living services are concurrently provided with continuing efforts to achieve return to parents, relative placement or adoption. Emphasis continues to be placed on identifying dedicated adults who will 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 policy outlining transition planning for 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. This is being done with the intention of ensuring every young person has an ongoing system of support beginning at age 17 and continuing until the youth exits from care.

While mentor relationships can exist at an informal level, formal mentor relationships continue to be funded through services of the Independent Living Program. Mentors are vetted and identified so as to meet the needs of individual youth, thus increasing self-esteem and/or achieving goals through the support of the mentoring relationship. County and regional offices match mentors with mentees and develop life skills learning plans by utilizing the Casey Life Skills Guidebook. Relationships are supported by assisting with expenses of identified activities within this plan. Currently 13 paid mentors are supported in this effort and many informal mentors are providing services on a volunteer basis through partner organizations.

**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 with 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.

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 are 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; are involved in further education, job skills program or new employment; or due to a disabling condition. Youth may also request a Voluntary Aftercare Placement Agreement within 12 months of emancipation up to age 21, dependent upon placement availability and status with 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 are in care at age 18 and have current Medicaid eligibility retain their Medicaid coverage up to age 21. There is no application or reapplication process that the youth must complete.

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

Independent Living coordinators have promoted the ETV program through technical assistance visits, statewide training and distribution of information to SCDSS offices, foster parent association meetings, community organizations, youth groups, the youth conference, Independent Living Advisory Committee, and the State Youth Advisory Committee. The booklet, Pathways to Success, Chafee Independent Living Program and Educational and Training Voucher Program (ETV), is distributed to youth, caretakers and providers. The revised edition of the Pathways book was distributed at the 2012 Independent Living Conference.

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

ETV services were provided to ten youth who had a finalized adoption this year, which is an increase from FFY 2012. However, regarding Chafee funds for senior expenses, only two youth have been served. It is anticipated that in the next year ETV services will be provided to at least one youth and that number is expected to increase as the youth reach college age. It is also anticipated that the number of adopted youth served will grow in FFY 2014 due to the increased number of finalized adoptions among youth ages 16 and above. Additionally, as the number of youth who exited to guardianship increases, even more will be served.

### National Youth in Transition Database

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The National Youth in Transition Database (NYTD) is a federally mandated data collection system for the CFCIP and is used to track independent living services and supports provided to youth in South Carolina's foster care system. Since August of 2011, South Carolina has been recognized by ACF as being a leading state in NYTD reporting of both the survey and the services. The SC NYTD team was invited to present its reporting process at the August 2012 Independent Living Conference held in Washington, DC. The NYTD federal survey includes six outcome measures: 1) financial self-sufficiency, 2) experience with homelessness, 3) educational attainment, 4) positive connections with adults, 5) high-risk behavior, and 6) access to health insurance.

Established on January 1, 2012, the SC NYTD Advisory Panel, consisting of a maximum of ten youth in foster care or previously in foster care (17 years or older) from the state of South Carolina, provide advice about NYTD, the surveys, and IL services offered to youth in foster care, ensuring that the foster youth voice is consistently heard. Members of the panel are 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 meets quarterly at the University of South Carolina and is facilitated by the SC NYTD research director and the SC NYTD project coordinator from the USC Center for Child and Family Studies. There are currently seven members, and the agency is in the process of recruiting additional youth for the panel.

To be more specific, the NYTD population includes all youth receiving Independent Living services. The NYTD baseline population includes all youth in SCDSS foster care who turned 17 between October 1, 2010, and September 30, 2011. The NYTD follow-up population includes all youth who completed at least one answer on the NYTD survey. Data collection for the 19-year-old follow-up population began on October 1, 2012 and continues until September 30, 2013. Youth are required to be surveyed regardless of foster care status and residency location throughout the United States.

The agency contracted with the Center for Child and Family Studies (CCFS) 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 (NYTD) outcome measures. This data will be used to assess and provide continuous improvement in the state's performance in operating independent living programs. The first year of NYTD data collection began on October 1, 2010 and was completed on September 30, 2011. The second year of data collection began on October 1, 2012. Data submitted May 15, 2013 was found to be in compliance with federal regulations. CCFS plans to analyze the data to identify any trends that may inform practice.

In FFY 2012, the findings from the first wave of data collection were coded and analyzed. Two reports were developed to highlight these findings: (i) *Voices and Visions of SC Youth in Transition: A Report of the Survey of 17-Year-Old Youth in Foster Care* and (ii) *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*.

Reporting the outcomes results to youth and engaging them in the recommendations process is a NYTD federal requirement. The SC NYTD Team at CCFS conducted workshops with five youth groups in the South Carolina Independent Living Youth Association (Future Youth Independence in Greenville County; The Motivators in Sumter County; Lancaster Achievers in Lancaster County; Growing Up and Out in Florence County; and Leadership for Life

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in Charleston County) and with youth in three group homes (i.e., Helping Hands in Aiken County; Epworth Children's Home in Richland County; and Jenkins Institute for Children in Charleston County). The results of the federal and state outcomes data from the survey of 17-year-olds were disseminated to youth during these workshops. The implications of the findings were discussed during the workshops to acquire an understanding of youths' interpretations of the data and suggestions for improvement and change.

The SC NYTD team also had their findings presented at various state and national conferences. The conferences and respective presentations were as follows: 2012 Child Welfare League of America (CWLA) national conference – *National Youth in Transition Database (NYTD): Youth Voices Advocating for Effective Change*; 2012 South Carolina Department of Social Services IL Pathways to Success state conference – *SC NYTD: Youth Speak!*; 2012 National Pathways to Adulthood national conference – *Bringing Youth Voices Forward: Empowering Youth as NYTD Leaders and Informed Advocates*; and 2012 National Youth in Transition Database Technical Assistance Meeting – *SC NYTD on Tour: Engaging and Empowering Youth in Transition, If You Build It, They Will Come; and Looking Ahead: How Can We Build Effective Systems Collaborations to Locate, Engage, and Serve Youth in Transition?*

In addition to disseminating data in FFY 2012 as stated above, two specific procedures were utilized to prepare for the task of locating and tracking youth in the follow-up population: (i) off-year phone calls and (ii) administrative data forms for tracking and location.

During FFY 2013, the CCFS NYTD team called youth in the follow-up population on their 18<sup>th</sup> birthday to discuss the survey for 19-year-olds and the opportunities for staying connected with the NYTD team, including youth groups in the SCILYA, scholarships and opportunities to utilize independent living resources. An attempt was made to reach all 287 youth in the follow-up population. Additionally, all youth age 18 in the NYTD follow-up population were provided with a form from their caseworker requesting permission for the NYTD team to use administrative data to track and locate them at ages 19 and 21 for survey invitation purposes only. The NYTD Services Specialist emailed the administrative form to all caseworkers with 18-year-old youth in the follow-up population on their caseload.

The CCFS NYTD Team developed a protocol for entering NYTD data and ensuring accuracy of data entry for the survey for 19-year-old youth. The state NYTD research director, state NYTD coordinator, and NYTD tracking research associate 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, group home staff, foster parents, caseworkers, counselors, therapists, and secondary contacts were made by CCFS NYTD staff to ensure that each youth in the follow-up population received an invitation to participate in the survey for 19-year-old youth. This intensive communication with caseworkers, foster parents, and group home staff on a daily basis served to educate stakeholders about NYTD and strengthen partnerships. Daily communication with caseworkers was used to obtain the most recent information on youth in the follow-up population that was not captured in CAPSS.

During the FFY 2013 data collection, CCFS received follow-up population estimate files on a weekly basis from SCDSS. Weekly estimate files were reviewed, documented, analyzed and entered into CCFS internal data tracking system. The CCFS internal data collection tracking and contact system was monitored, assessed, and updated on a daily basis. Completed surveys were tracked and recorded on a daily basis. The outcomes data were entered into the data information management system and submitted to SCDSS on a monthly basis. The multi-phase data collection procedure involves tracking and locating youth, scheduling a telephone survey appointment time, administering the federal and supplementary survey within six months of a youth's 19th birthday, survey follow-up ten days after mail administration, and delivery of a \$75 gift card and a thank-you package upon receipt of a youth's survey.

The NYTD federal survey includes 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 developed a supplementary survey that is an extension of the NYTD survey. The additional

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survey for 19-year-old youth further enhances the understanding of a youth's transition by examining 11 measures: employment, finances, education, housing and homelessness, personal behaviors, social support, spirituality, health insurance, the transition to adulthood, personal goals and achievements, and staying connected. IRB and SCDSS approval was granted, and the supplemental survey was incorporated into the data collection system for 19 year olds.

Goals for FFY 2014 involve continuing efforts in tracking, locating, and surveying all youth in the NYTD 19-year-old follow-up population and providing a \$75 gift card for those completing the NYTD survey.

In an effort to ensure success, NYTD services are being tracked through an ongoing report in CAPSS and monitored monthly. A booklet was developed and distributed statewide (SCDSS 30255) that describes the NYTD services and categories. A provider form (SCDSS 30254) was developed and distributed to providers to record services. Additionally, case managers are using information on the form to enter the services into CAPSS on a monthly basis.

### NYTD Accomplishments

EMPOWER cards were established in FFY 2013 to encourage youth to sign up for the NYTD listserv and have their name entered in the weekly drawing for a \$50 EMPOWER card. EMPOWER cards are awarded for one of four stores and provide assistance in meeting their Independent Living needs: Food Lion (food needs), Kohl's (e.g. professional clothing needs), Wal-Mart (housing needs) or Staples (work/school needs). The NYTD listserv functions as a means to keep youth updated on IL resources and services and to stay connected with youth in the NYTD population.

The first edition of the annual NYTD newsletter, "The SC NYTD Youth Connection", was published in February 2012. The newsletter was designed by the CCFS NYTD team and is directed to a youth audience. Articles address topics relevant to the National Youth in Transition Database and the Chafee Independent Living Program in a manner that is engaging to the youth population. The SCDSS state youth groups, GOALL and SC NYTD Youth Voice, contributed articles as a form of peer-to-peer communication. The newsletter also provided a means to announce the 2012 IL Conference and other youth-centered independent living initiatives and resources.

In FFY 2012, the CCFS NYTD team provided the NYTD Summer Scholarship to four rising high school juniors and seniors to attend the Carolina Masters Scholars Program at the University of South Carolina. The week-long program provided scholarship recipients with a post-secondary experience of taking classes, learning about an academic area of interest, and experiencing life in a college residence hall.

South Carolina continues to be 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 website ([www.NYTDstayconnected.com](http://www.NYTDstayconnected.com)) also continues to receive national recognition. 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 valuable resources include, but are not limited to, SC high school diploma requirements, scholarships, higher education website links, career resources, county directories, hotlines, NYTD FAQs, etc. The website provides an additional opportunity for youth to stay connected with CCFS and SCDSS staff members.

The NYTD Summer Leadership Grant is underway for FFY 2013. Applications for the leadership grant have been circulated to the youth throughout the state by agency staff and providers. A selection panel of community partners and staff will review these applications and select up to five recipients to receive grants in the amount of \$2,500 to be used for Independent Living needs, as defined by the Chafee Independent Living Program. Recipients of this award must be 17 to 20 years of age at the time the grant is awarded. These awards will go to youth who have demonstrated leadership through any one or more of the following activities: community outreach, mentorship, positive team-building, professional, personal, and/or spiritual growth and development.



### Independent Living Training

In FFY 2012, the IL unit provided training to approximately 250 individuals across the state. In FFY 2013 (winter and early spring), IL staff have provided training to community partners as well as to SCDSS staff on a variety of topics. Training on Transition Planning was provided to groups from SCDSS, CASA, CRPs, Palmetto Association of Children and Families, FCRB and local community interest groups. Staff expect to continue providing IL training and actively seek invitations to provide training in FFY 2014.

Through an MOA, the Palmetto Association of Children and Families planned a Leadership Forum training event for staff and providers held May 25, 2013 that focused on recognizing qualities of leadership in youth, how to foster and further develop leadership in youth, and empowering youth to be leaders and use their voice. A total of 115 adults attended this event, titled the R.E.D. Forum: Recognizing, Empowering and Developing Leadership in Youth. The agency plans to make this an annual event.

### Independent Living Conference

The theme of the 2012 Independent Living Pathways to Success Training was Taking Charge: My Life, My Future. This conference targeted youth in foster care ages 15 to 21, providers and case managers. Attendance was recorded at nearly 900 participants.

The SCDSS/CCFS NYTD Team was responsible for managing and developing the content and workshops for the conference. All workshops were based on the 14 NYTD Independent Living categories. The all-day workshop was held at the Columbia Conference Center, and adults were awarded up to 4.5 CEUs for attending sessions. Workshop attendance of youth was tracked and recorded by the CCFS and an electronic file was uploaded into the state CAPSS system for services tracking.

<p>Description:                  IL Conference                  Annual Pathways to Success Training - Taking Charge: My Life, My Future                  June 8, 2012– Columbia, SC                  The Independent Living Program, with USC, sponsored a one-day conference for youth ages 15-21 in foster care, foster care caseworkers, IFCCS and Regional Adoption supervisors and case managers, foster parents, and group home providers. The Pathways to Success Training - Taking Charge: My Life, My Future, highlighted the importance of furthering one's education as a method to achieving success as an adult.</p>
<p>Funding source                  Chafee IL -- 93.98%, Non-Federal -- 6.02%</p>
<p>Who was the audience and # of attendees                  Youth 304                  Adult 389                  TOTAL: 693</p>

The Independent Living staff have provided training to community partners as well as SCDSS staff on a variety of topics this year. Training was provided on transition planning to groups from DSS, CASA, CRP, Palmetto Association of Children and Families, FCRB and to local community interest groups during the winter and early spring of 2013. IL staff anticipates continuing to provide IL training during the FFY 2013/2014 and actively seek invitations to provide these trainings.

Through an MOA, the Palmetto Association of Children and Families is working with the agency in planning a leadership forum training event for staff and providers that will focus on recognizing qualities of leadership in youth, how to foster and further develop leadership in youth, and empowering youth to be leaders and to use their voice. This forum is scheduled for May 25, 2013.

## Independent Living/ NYTD Training

**Event:** Ongoing Independent Living/NYTD Training

**Description of Curriculum:** The purpose of this training is 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 includes 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. Discussed in this training is the importance of engaging the youth in collaborative case planning, helping them to gain a feeling of confidence and empowerment by using a Positive Youth Development approach. In addition, 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 are discussed. Finally, 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 are addressed.

Presenters:

Terri D. Pope, MSW

Mrs. Pope is the 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.

**Kathleen McLean-Titus, MSW**

South Carolina State Coordinator/Chafee Independent Living Program

Ms. McLean-Titus has worked with SCDSS for 28+ years, including 23 years in child welfare services. She currently serves as the State Coordinator of the Chafee Independent Living Program. Prior to her current position she served as the South Carolina State Foster Care Manager and supervised the Human Service Technical Assistance unit. She also has experience in various capacities which include foster care technical assistance consultant in the midlands region of the state, supervised foster care and foster home licensing for over 11 years at the county level, frontline foster care and treatment case manager, assisted in development of the Economic Services CHIP system and was an economic services frontline worker.

Ms. McLean-Titus received a B.S. from the University of Central Oklahoma, an MSW from the University of South Carolina and completed the USC/DSS Child Welfare Leadership Program. She is a graduate of the South Carolina Leadership Development Institute, is a past board member of the National Association of State Foster Care Managers, and is a Certified Adoption Investigator through SCDSS. She also has received specialized training in all aspects of child welfare.

This Independent Living/NYTD 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. The number trained was 300 plus an estimated 200 for a total of 500.

### 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 and project coordinator provided the workshop, *SC NYTD on Tour: Engaging and Empowering Youth in Transition*, and the Chafee IL state coordinator and the state NYTD coordinator provided the workshop, *If You Build It, They Will Come* at the 2012 National Youth in Transition Database national technical assistance meeting.

The SC NYTD Team at CCFS continues to provide regular consultation to the state and federal government regarding survey methodology. Financial support will be needed for the CCFS NYTD Team to continue providing

consultation at county, state, and national levels. To sustain NYTD, the agency has contracted with the CCFS as part of its training contract.

### Medicaid Coverage for Former Foster Youth Age 18-20

Information is provided to youth regarding continued Medicaid eligibility and how to maintain this coverage until 21 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 are advised that they are still eligible by virtue of having been in foster care at age 18. Continuance of Medicaid, however, is contingent on continued funding by the state legislature. The staff member who oversees the Medicaid Program for the SC Department of Health and Human Services serves on the Independent Living Advisory Committee and provides updates to the committee and the IL Program. The Medicaid member keeps the committee up-to-date on any new Medicaid changes that are proposed that might have an impact on older youth.

### Indian Tribe Consultation

A representative from the Catawba Indian Nation has participated in the IL Advisory Committee which meets quarterly. In partnership they continued to work very hard this year on IL services and adoptions, although they do not administer the program. Any tribal youth are case-managed by a county office with the tribe being a party if they choose to intervene. At this time there are no tribal youth who are age-eligible for Chafee/IL services.

However, the Catawba Nation has been advised that funding for mentors of Indian heritage is available through the Independent Living Program. The Catawba Nation and the agency will continue to work together to provide post-foster care services for Indian children emancipating from foster care after reaching age 18. Both the Catawba Nation and the agency are looking at ways to increase direct communication on a regular basis to ensure older youth receive services and to resolve any issues that might prevent older youth from receiving services. They have also agreed that self-identification of older youth must be further addressed in collaboration with the Catawba Nation to ensure that youth fully realize the benefits they are entitled to receive through the Catawba Nation, such as scholarships, housing and medical services. A representative of the Catawba Nation is the contact for youth mentor support and can be reached through contacting the Catawba Nation office.

## STATISTICAL AND SUPPORTING INFORMATION

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### Education and Training Vouchers

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The South Carolina Department of Social Services is the designated state agency that administers, supervises and oversees the Education and Training Voucher (ETV) Program. County and IFC&CS offices and other approved providers throughout the state prepare ETV applications with youth (youth signature is required before approval of any application) and submit applications to Independent Living staff located at central office. The applications are 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 maintains 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 works in partnership with the agency in tracking youth in college that are receiving the state's need-based grant.

### Determining Eligibility for Benefits and Services

**Chafee Funds:** Only youth, ages 13 – 21, in SCDSS foster care who have independent living as part of their case plan, or who have signed an Aftercare Voluntary Placement Agreement, are eligible for Chafee funds. There are three exceptions. Youth are eligible for Chafee funds that left the foster care system after reaching age 18 and are in need of independent living services before reaching age 21. Youth are also eligible that aged out of care in other

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states at age 18 (subject to verification) and moved to SC for residency or for educational purposes. Youth who were adopted or left care to kinship/guardianship at age 16 are eligible for certain Chafee funds.

- The goal for which the funds are to be used and the plan for meeting the goal;
- Whether the funds are a onetime expense that will lead to greater independence for the youth, and the cost.

Notation 1: CFCIP funds are supplemental funds that are designed to provide services related to independent living preparation and to finance needs that cannot be funded elsewhere. If similar services are available within the community, these resources must first be requested.

Notation 2: The amount of money received by recipients can vary. Guidelines have been established, but special circumstances may warrant staffing and consideration.

**ETV Funds:** 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 SCDSS at 18 years of age are eligible for ETV funds as long as they are in college and have not reached the age of 21, even if they are not in an Aftercare placement. Youth are eligible until age 23 if they are 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 are eligible for ETV funds. The following other factors may be 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 are to apply for ETV funds from their state of origin. Youth who are undocumented aliens are ineligible for ETV services.

### Annual Reporting of State Education and Training Vouchers Awarded

	Total ETVs Awarded	Number of New ETVs
Final Number: 2010-2011 School Year (July 1, 2010 to June 30, 2011)	134	108
2011-2012 School Year (July 1, 2011 to June 30, 2012)	159	83
2012-2013 School Year* (July 1, 2012 to June 30, 2013) *to date 04/29/13	131	78

## Inter-Country Adoptions

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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. Two hundred twenty-four (224) families had approved home studies for international adoptions thus far in SFY 2013 and South Carolina hopes to achieve their goal of 250 reviews by the end of the state fiscal year.

No children have had their placements disrupted or dissolved from inter-country adoptions.

The Interstate Compact on the Placement of Children (ICPC) Unit of SCDSS reviews international studies before they are submitted to Citizen and Immigration Services or Homeland Security. 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 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.

Although SCDSS has been recognized as the best in the nation by Citizenship and International Services in quality home studies, continuous quality improvement will occur throughout the rest of FFY 2013 through 2014.

### Child Welfare Workforce

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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 (1) year of professional experience in human services or social service programs; or a bachelor's degree in social work, social welfare or behavioral science and one (1) year of professional experience in human services or social service programs; or a bachelor's degree in any other field and two (2) years of professional experience in human services or social service programs. Selected positions may prefer supervisory experience.
- GA60/Human Services Coordinator II Band 6:
  - A master's degree in social work, social Welfare, or behavioral science and one (1) year of professional experience in human services or social service programs; or a master's degree in any other field and two (2) years of professional experience in human services or social service programs; or a bachelor's degree in social work, social welfare, or behavioral science and two (2) years of professional experience in human services or social service programs; or a bachelor's degree in any other field and three (3) years of professional experience in human services or social service programs. Selected positions may prefer supervisory experience.
- GA70/Human Services Coordinator III Band 7:
  - A master's degree in social work, social welfare, or behavioral science and two (2) years of professional experience in human services or social service programs; or a master's degree in any other field and three (3) 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 (3) years of professional experience in human services or social service programs; or a bachelor's degree in any other field and four (4) 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 a six-week basic training through University of South Carolina that focuses on working with children, families, courts and providers. After the basic, they 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 required to obtain 20 additional hours each year in child welfare training in order to remain certified.

The following table presents education levels of current casework staff.

*Time Period: FFY 2012 and Q1 FFY 2013 (10/1/11 – 12/31/13)*

Position	Bachelor's or Higher	Some College/ Business or Technical	High School Graduate	N/A or Missing	Total
Human Services Specialist II	562	65	3	7	637
Human Services Coordinator I	209	13	1	3	226
Human Services Coordinator II	54	1	0	0	55
Total	825	79	4	10	918

The following chart provides demographics, including education levels, of the current SCDSS workforce.

**SC Child Welfare Workforce Data**

*Time Period: FFY 2012 and Q1 FFY 2013 (10/1/11 – 12/31/13)*

*N=997*

Characteristic		Percent of Workforce
Gender	Female	86.6%
	Male	12.7%
Race/Ethnicity	Asian	0.1%
	Black/African American	58.4%
	Hispanic/Latino	1.3%
	White	39.2%
	Missing/unassigned	1.0%
Age (median = 40)	22-29	16.1%
	30-39	31.2%
	40-49	26.9%
	50-59	18.6%
	60+	6.5%
	Missing	0.7%
Highest Education	Associate	7.0%
	Bachelor's	74.9%
	Completed 1yr College, Business or Tech	0.3%
	Completed 2yrs College, Business or Tech	1.9%
	Completed 3yrs College, Business or Tech	0.6%

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Characteristic		Percent of Workforce
	Doctorate	0.1%
	High School Graduate	1.9%
	Master's	11.6%
	Missing/unassigned	1.60%
Position Class Title	Administrative Assistant	0.3%
	Administrative Coordinator I	0.2%
	Administrative Specialist II	0.9%
	Data Coordinator I	0.7%
	Data Coordinator II	0.4%
	Data Entry & Control Clerk II	0.1%
	Fiscal Technician II	0.1%
	Human Services Assistant II	0.2%
	Human Services Coordinator I	22.7%
	Human Services Coordinator II	5.5%
	Human Services Specialist II	63.9%
	Non-regulatory	2.7%
	Program Coordinator I	0.1%
	Program Coordinator II	1.0%
	Program Manager I	0.9%
	Program Manager II	0.2%
Senior Information Res Conlt	0.1%	

### 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

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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 DSS. 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.

SCDSS worker turnover rate for the fiscal year 2012 -2013 is 16.13% and the vacancy rate as of June 24, 2013 is 11.9%. The SCDSS Human Resources Division, in collaboration with the Human Services Division, will be working to identify turnover concerns and analyze workforce strengths and areas needing improvement through the utilization of EPMS. SCDSS is making a concerted effort to utilize the tools to enhance support for the workforce in the coming year.

### Child Welfare Position Descriptions

#### *Human Services II – Income range: \$25,627 to \$47,413*

- Conduct intake, screenings, investigations, and assessment of reported child abuse/neglect, or exploitation cases within the time frames established by agency policy and law. Determines validity of such reports and investigation circumstances surrounding the alleged child neglect and/or abuse.
- Remove children from abusive or neglectful homes and place them in protective environment. Assist law enforcement and Family Court in emergency removal of children and place in a protective environment.
- Provide permanency planning services to children in a licensed foster care home or licensed facility.
- Provide continuous family assessment to carry out the family service intervention plan by monitoring services to the family of origin, foster children and foster parents or placement providers.
- Participate in legal proceedings as necessary, which may include removal of children intervention, judicial reviews, permanency planning hearing and contempt hearings in compliance with applicable laws, policies, and regulations.
- Prepare necessary summaries, home studies, judicial reviews, and petitions and make recommendations as needed. Represent the agency in court that may include providing testimony.
- Maintain case records, case narrative recording written and electronically (into agency designated system) for documentation purposes as required by agency policy in a timely and accurate manner.
- Participate in agency and professional staffing on cases as required. Participate in staffing to determine the best possible plan for children in agency care.
- Develop comprehensive case plan to include counseling, referrals for foster children, families or origin and foster families or alternative placements as appropriate.



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- Complete agency reports as required.
- Perform intake on after-hours on-call duties and respond to after-hour calls as required.
- Perform Red Cross shelter duty or other emergency shelter duty/services as directed.
- Acts as a liaison for the Human Services Program in the community; handles complaints of clients and community stakeholders.
- Provide casework consultation to supervisors and staff on all cases; provide direction and supervision in personnel matters, casework procedures and completes performance evaluations for Human Service Supervisors.
- Monitors sample of case records to ensure compliance with agency policies and procedures and quality service delivery.

### *Human Service Coordinator I – Income range: \$31,182 to \$57,695 (supervisor, regional or state office level worker)*

- Provides intensive case management services to a caseload of emotionally disturbed foster children to ensure appropriate therapeutic interventions. Ensures that a permanent plan is developed for each child; participates in court and Foster Care Review Board hearings as required by state statute and agency policy. Monitors parental compliance with their Parent Treatment Plan.
- Assumes a leadership role in the preparation of a comprehensive, individualized service/treatment plan for each child in collaboration with an inter-disciplinary team of professionals from such areas as education, medicine, psychology, juvenile justice, legal, etc. Monitors the effectiveness of treatment interventions and develops creative approaches if non-traditional methods fall.
- Develops and maintains close working relationships with the client, family, other agencies and all service providers to ensure the appropriate delivery of services.
- Maintains case records on client, documenting contacts, service activities and other required information within agency case management standards and guidelines.

### *Human Service Coordinator II – Income range: \$37,945 to \$70,204 (supervisor)*

- Coordinates, supervises and evaluates the implementation of Child Protective Services, Foster Care, Foster Home Licensing and Adult Protective Services.
- Provides leadership and direction to the staff, ensuring that policies of all program areas are interpreted correctly and adhere to by all subordinates.
- Ensures timely referral of cases of Legal/Adoption staffings to ensure timely consideration of TPR/Adoptions.
- Gathers and analyzes data from program performance measures and implements action plans as necessary to achieve program outcomes, establishes goals for service delivery to assure that agency is making progress in meeting Federal Standards for program areas for subordinates.
- Consult with state office/regional personnel regarding programs, policies, and changes and provide them with feedback from county level

The SCDSS Human Resources Division, in collaboration with the Human Services Division, continues to work to identify turnover concerns and analyze workforce strengths and areas needing improvement through the utilization of EPMS. SCDSS is making a concerted effort to utilize the tools to enhance support for the workforce in the coming year.

## Juvenile Justice Transfers

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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 SCDSS.

## FINANCIAL INFORMATION

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The CFS 101, Parts I, II, III, is submitted as an appendix to this report. The additional historical information requested follows:

- The amount of title IV-B, subpart 1 funds that the state expended for child care, foster care maintenance and adoption assistance payments in FFY 2005 was \$951,924.
- The amount of non-federal funds the state expended for foster care maintenance payments and applied as match for the title IV-B, subpart 1 program in FFY 2005 was \$317,308.
- The state and local expenditure amount for title IV-B, subpart 2 during the state's base year of 1992 was \$713,000, while its FFY 2011 amount was \$2,211,086.