



**Strengthening Families**

**2019** **Annual Progress  
and Services Report**



**2015 -2019 Child and Family Services Plan**

**Submitted June 30, 2018**

## Table of Contents

General Information .....	7
Update of Assessment of Performance, Update to the Plan for Improvement and Progress Made to Improve Outcomes .....	15
Update On Service Description .....	56
Program Support.....	74
Consultation and Coordination Between States and Tribes .....	86
Monthly Caseworker Visit Formula Grants.....	89
Adoption and Legal Guardianship Incentive Payments .....	90
Child Welfare Waiver Demonstration Activities (Not Applicable).....	92
Quality Assurance System.....	92
Child Abuse Prevention and Treatment Act (CAPTA) Plan .....	101
Chafee Foster Care Independence Program.....	112
Updates to Targeted Plans.....	121
Statistical and Supporting Information.....	122

### Appendices:

A) Annual Reporting of State Education and Training Vouchers Awarded

B) 2015-2019 CFSP, 2018 APSR Update to the Plan for Improvement Matrix Updates to 2015-2019 CFSP Targeted Plans

C) Foster and Adoptive Parent Diligent Recruitment Plan

D) 2019 APSR Training Plan

E) CAPTA Program Improvement Plan, PL 114-22 (Justice For Victims of Trafficking Act)

F) Citizen Review Panel Annual Report

G) Health Plan

H) CAPTA/CARA PIP and Quarterly Updates

I) SCDSS Response to the Citizens Review Panel Report 2016

J) CFS-101, Parts I and II.

K) CFS-101, Part III

L) Financial Status Report, SF-425

## Agency Vision, Mission and Strategy

**Mission:** The Department's mission is to serve South Carolina by promoting the safety, permanency, and well-being of children and vulnerable adults, helping individuals achieve stability and strengthening families.

**Child Welfare Vision:** We envision a future where all South Carolinians live in strong, responsive communities, with nurturing families that support safe, healthy, and thriving children.

### Strategic Priorities:

1. **Safety:** Improve the quality of risk assessment and safety management of children in Child Protective Services, Family Preservation, and Foster Care cases
2. **Well-Being:** Children will thrive when involved with SCDSS
3. **Permanency:** Children will have meaningful and lifelong connections with family and in the community
4. **Capacity:** Build administrative capacity to support safe and thriving children in lifelong families

### Practice Model in Development:

#### Beliefs

1. Children should live with their families. Exceptions should be made only when it is not possible through service provision (including in-home services), to protect a child living with his/her family from harm or to protect a child from harm upon reunification with his/her family.
2. Children deserve to be safe from abuse and neglect, nurtured by life-long families, and provided with protection and support.
3. While in the Department's custody, children deserve to be a priority for child welfare services. Families deserve consistency of service from all child welfare professionals.
4. Communities deserve a public child welfare program where all staff are in service to the children and families of South Carolina and where staff treat members of the public as they would want members of their own family to be treated.
5. Citizens of South Carolina deserve a public child welfare program comprised of qualified and committed staff who engage families and communities to protect children and prevent child abuse and neglect.
6. Case managers and supervisors deserve clearly communicated expectations, direction, and clarity in standards and practice.
7. The child welfare system should be sensitive to cultural differences and the special needs of minority ethnic and racial groups. Services should be provided in a manner that respects these differences and attends to these special needs.

#### Values

1. Excellence begins with "me".
2. Child safety is the foundation of our practice.
3. Children have the right to permanent homes with caregivers who have the protective capacities to keep them safe.

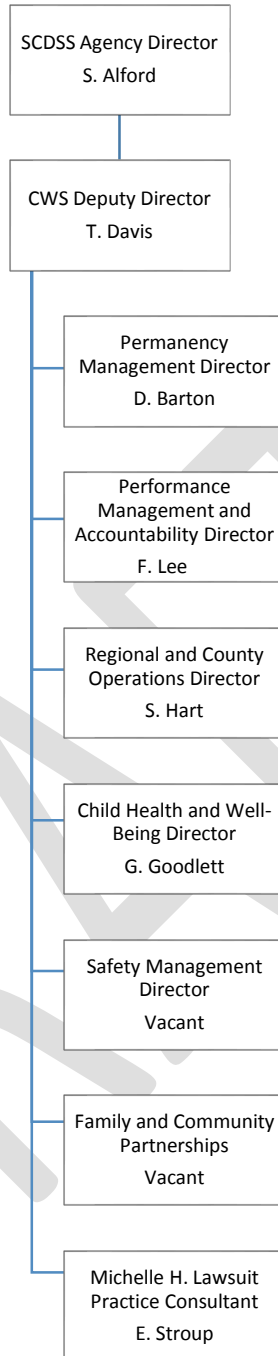
4. Child, youth, and parent's perspectives are intentionally elicited and prioritized during all phases of the case management process.
5. We must take action in the least intrusive and most family-centered manner to secure a child's safety.
6. When children cannot live safely with their families, the first consideration for placement should be with kin capable of offering and demonstrating the resource of a safe, stable, and appropriate home.
7. SCDSS, stakeholders, and our community are all a part of the child welfare system.
8. Our collective work is an investment in the future of our community.
9. Engagement of the entire family unit, maternal and paternal, custodial and noncustodial parent is essential.
10. Respecting families, their cultures, communities, and support systems is critical.
11. Families' ideas and experiences are vital components of case planning and children and families should be treated as partners.
12. Kinship caregivers and foster parents are essential parts of the child and family case planning team.
13. Kinship families including caring adults known to the child and family, but who are not necessarily related by blood or marriage.
14. Families have a right to individualized, trauma-informed services based on their unique strengths and needs.
15. Children and families should be connected to evidence informed and evidence-based services.
16. A strong system of child welfare requires effective collaboration internally and externally across multiple systems at the local, regional, state and federal level.
17. We are families, case managers, supervisors, leaders, stakeholders, and community who protect and care for children and families and collectively, we are the child welfare system.

### **Approach**

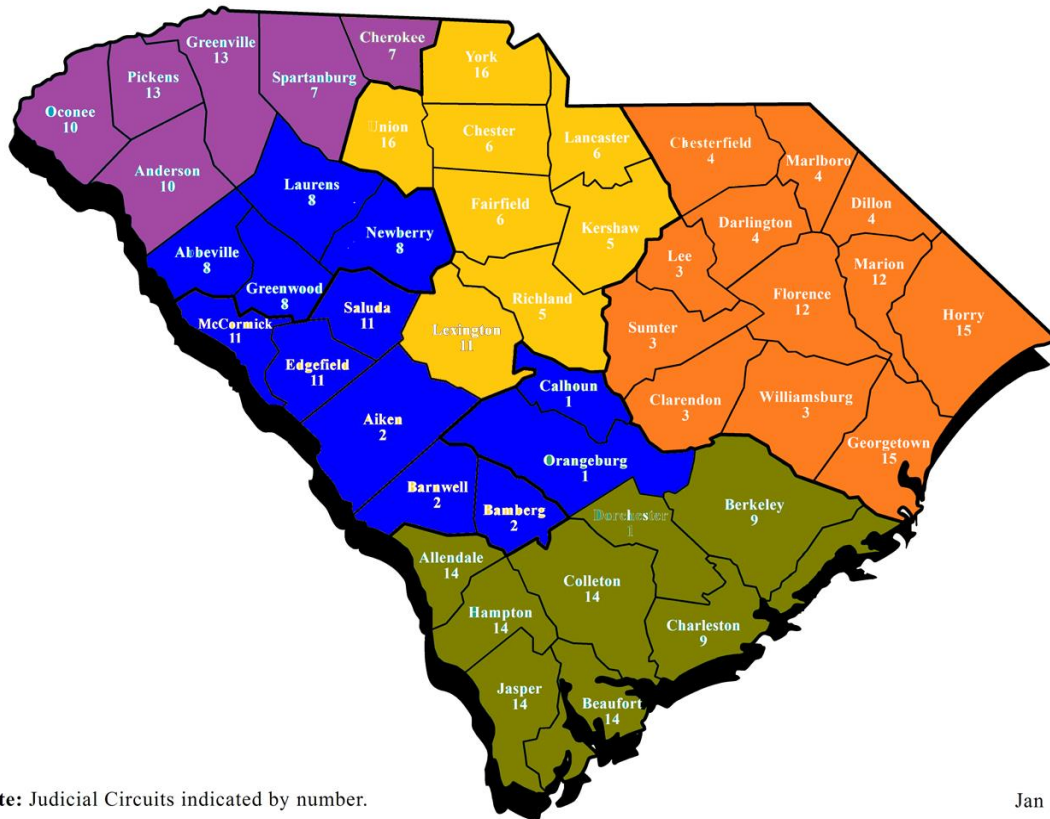
As first responders, in the frontline of practice with children and families:

1. We move with a sense of urgency and intentionality to respond to, and make quality decisions about safety, permanency, and well-being but we slow down to engage and build relationships with children and families.
2. We do not give up on children and families despite multiple challenges. We are relentless.
3. We strive to understand and address the impact of trauma on the children and families we serve.
4. We utilize shared decision making so that families are offered the best choices for success.
5. We capture the intent and result of our work with families through documentation in our automated case management system (CAPSS).
6. We are accountable to the citizens of South Carolina through our adherence to the federal and state laws and SCDSS policy governing child welfare.

State of South Carolina 2015-2019 Child and Family Services, Strategic Action Plan			
MISSION & VISION			
<p><i>Mission:</i> The Department’s mission is to serve South Carolina by promoting the safety, permanency, and well-being of children and vulnerable adults, helping individuals achieve stability and strengthening families.</p>			
OUTCOMES			
Safety	Well-Being	Permanency	
GOALS			
<p>Goal 1: Improve the quality of risk assessment and safety management of children in Child Protective Services, Family Preservation, and Foster Care cases</p>	<p>Goal 2: Children will thrive when involved with SCSSS</p>	<p>Goal 3: Children will have meaningful and lifelong connections with family and in the community</p>	<p>Goal 4: Build administrative capacity to support safe and thriving children in lifelong families</p>
OBJECTIVES			
<ol style="list-style-type: none"> <li>1. Improve the timeliness of initiating investigations and reduce repeat maltreatment</li> <li>2. Improve the initial and ongoing assessments of safety and risk to children, to protect children in the home and prevent removal; provide services to the family to prevent children’s entry into foster care or re-entry after reunification</li> <li>3. Full, statewide implementation of the Signs of Safety (SOS) in Child Protective Services, Family Preservation, and Foster Care cases, by the end of the FFY 2019</li> <li>4. Improve the quality of Intake decisions</li> </ol>	<ol style="list-style-type: none"> <li>1. Enhance the capacity of families to provide for their children’s needs; ensure the needs and services for the child, parents, and foster parents are identified, recommended and put into place</li> <li>2. Ensure the physical and mental health needs of children (including dental health), are addressed</li> <li>3. Improve the SCSSS’ ability to determine if children in foster are in a stable placement, and ensure that any changes in placement that occur are in the best interest of the child, and consistent with achieving the child’s permanency goals</li> </ol>	<ol style="list-style-type: none"> <li>1. Improve the permanency and stability of children in their living situations</li> <li>2. Improve the continuity of family relationships and connections with the neighborhood community, faith, extended family, Tribe, school, and friends for children</li> </ol>	<ol style="list-style-type: none"> <li>1. Establish and implement caseload standards to promote the safety, permanency and well-being of children while involved with the SCSSS</li> <li>2. Provide enhanced Leadership Development opportunities for middle managers and executive leadership across all disciplines, to enhance the implementation of child welfare practices that support permanency, safety, and well-being for children involved with the SCSSS</li> <li>3. Strengthen Workforce Development through hiring, retention, training, and support efforts, to sustain consistency in provision of critical services that promote safety, permanency and well-being for children involved with the SCSSS</li> <li>4. Establish and maintain a Continuous Quality Improvement (CQI) System</li> </ol>



## SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES REGIONAL STRUCTURE



Note: Judicial Circuits indicated by number.

Jan 2011

## GENERAL INFORMATION

South Carolina Department of Social Services (SCDSS) is responsible for the administration of funding through Titles IV-B (Subparts 1 and 2) and IV-E programs, the Child Abuse Prevention and Treatment Act (CAPTA) and the Chafee Foster Care Independence Program (CFCIP). The Department provides services in five (5) regions that encompass 46 counties across the state. Within SCDSS, the Division of Child Welfare Services (CWS) is the office that is responsible for state level administration and oversight of (1) adoption (2) child protective services (3) child abuse and neglect prevention (4) foster and kinship care (5) licensing foster homes and group homes (6) family preservation services (7) intensive foster care and clinical services.

The Department’s mission is to serve South Carolina by promoting the safety, permanency, and well-being of children and vulnerable adults, helping individuals achieve stability and strengthening families.

The 2019 Annual Progress and Services Report (APSR) includes activities completed in calendar year 2017, unless otherwise noted, and planned activities for calendar year 2018 required to receive Federal allotments for fiscal year 2019 authorized under title IV-B, subparts 1 and 2, section 106 of Child Abuse and Prevent Treatment Act, Chafee Foster Care Independence Program and Education Training Voucher

programs. This report also provides an update on the progress made toward accomplishing the goals and objectives outlined in South Carolina 2015-2019 Child and Family Services Plan (CFSP).

Link to website of the 2019 APSR:

<https://dss.sc.gov/about/data-and-resources/annual-progress-and-services-reports/>  
Date: June 30, 2018.

State Contact: Faith Lee, MA, SCDSS – Child Welfare Services Division,  
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### **Collaboration**

The four goal areas for South Carolina's CFSP 2014-2019 are safety, permanency, well-being, and capacity building. The key strategies pertain to building organizational resources (staff, practice guidance); organizational infrastructure (service array, policies, guided supervision, information system and data supports); organizational knowledge and skills (workforce development, supervision, child welfare practice); organizational engagement and partnership (external organizational relationships and collaboration and family and youth engagement, participation, and buy-in). CWS collaborates with a diverse group of agencies, organizations, and communities and families to assess strengths and areas needing improvement in our practice, to review our work to achieve our strategic priorities; and monitor our progress.

In 2017, State, regional, and county DSS offices met regularly with child welfare stakeholder groups to identify child welfare program issues and opportunities. Child welfare stakeholder groups with statewide membership include: (1) Foster Care Review Board (2) Children's Justice Act Task Force (3) Citizen's Review Panel (4) Joint Council on Children and Adolescents (5) South Carolina Bench Bar Committee (6) Catawba Indian Nation (7) Department of Juvenile Justice (8) SCCARS?? and (9) SCFCAC.

South Carolina solicited feedback from stakeholder groups to provide program information, share successes, perceived barriers, and strategies for improvement. On-going collaboration efforts on a variety of activities are incorporated into the narrative.

The Division continues to strengthen staff capacity to engage in a collaborative way with families and community partners to design and deliver services. In addition to collaborations with local DSS offices, there are many existing stakeholder groups that meet regularly and provide feedback on our safety, permanency, and wellbeing goals. One of the main stakeholder groups is the Children's Justice Act Task Force (CJA). Regular meetings are also held with the South Carolina Citizens' Review Panel, South Carolina Bench Bar Committee and the Foster Care Advisory Committee, in addition to others.

As part of the ongoing QA review process, external stakeholders and partners are included in case-related interviews to determine role and effectiveness of interventions for families served and relationship with individual case managers. In addition, Family Group Conference Surveys are conducted to ensure collaboration feedback on the Family Group Conference experience. All Family Group Conference attendants were offered the opportunity to participate in the survey. This includes



family, fictive kin, support persons and professionals, such as case managers and Guardians Ad Litem. The state's most recent report covering October 1, 2017 – January 10, 2018 included responses from 1,158 stakeholders including mothers and fathers, grandparents, and aunt/uncles.

South Carolina annually assess the state's progress on goals and objectives that were established in 2014 for the 2015-2019 Child and Family Services Plan. The data is presented to stakeholders at the annual APSR collaboration meeting which is done in partnership with the Children's Bureau. There were nearly 60 participants at the May 2018 meeting. Half of the participants were non-DSS stakeholders who represented several areas of expertise including executive directors, state agency leaders, provider agencies, and community groups. There were judicial and court representatives, Citizen's Review Panel members, Children's Justice Act members, Foster Parent Association members, independent living staff, quality assurance staff, and DSS CWS regional directors. CWS program managers and directors made leadership presentations and acquired stakeholder input on our healthcare improvement plan, our work with legal staff to improve permanency, our staff training plan work with Chapin Hall at the University of Chicago, our work to understand the value and improve quality contacts with parents, and our Child Safety Program Improvement Plan.

Additionally, the state actively seeks stakeholder input during the CFSR state self-assessment. During the last CFSR review, over 70 internal and external stakeholders were invited to provide their input on agency strengths and weaknesses. In April 2018, South Carolina hosted a CFSR Final Results Stakeholder Meeting to publicly present the results of the state's Child and Family Services Review to more than 30 stakeholders and DSS/CWS staff.

County DSS offices work with local child welfare stakeholders in 46 County child welfare improvement teams. The teams are chartered to involve local staff and community stakeholders in problem solving processes designed to improve child welfare service provision in the Counties. Each county hosts Child Welfare Improvement Team meetings to improve input and awareness of community partners. Some counties hold these meetings on a quarterly basis and others do monthly. Below gives a breakdown of the stakeholders invited, topics discussed, and progress made within each region. Counties also utilize meetings that are already being held within their communities to collaborate with community partners.

Region 1: Greenville, Spartanburg, Cherokee, Anderson, Oconee, and Pickens

- Stakeholders: Local Children's Advocacy Centers (CACs), Nonprofits, children's homes, homeless shelters, attorneys, foster parents, school counselors and principals, Foster Parent Association, Boys and Girls Club, Fatherhood Coalition, local hospital, State Representatives, Guardian ad Litem, other state agencies, Salvation Army, law enforcement, emergency management, and United Way.
- Topics discussed: quality assurance reviews, current and potential foster homes, Michelle H., updated SCDSS policies and procedures, medical assessments, trainings, front end assessments, reducing Foster Care population, and barriers preventing well-being needs of children.
- Outcomes: Recruitment of foster homes, coordinated foster parent recruitment events, discovered resources in the community, Foster Care Task Force Created, training on services in the community, and assistance with referrals to appropriate services.

Region 2: York, Union, Chester, Lancaster, Kershaw, Fairfield, Richland, and Lexington

- Stakeholders: Other state agencies, School District personnel, Guardian ad Litem, law enforcement, CACs, substance abuse service provider, Safe Passage Multidisciplinary Team, and other mental health professions.
- Topics discussed: engaging fathers, access to healthcare in rural areas, CFSR Reviews, forensic interviews and allegations, drug screen issues and services, and concerns with DJJ and DSS open cases.
- Outcomes: relationship building between agencies, cases staffed, and a Union Literacy Council Story Corner with free books in the Union DSS lobby.

Region 3: Allendale, Hampton, Jasper, Beaufort, Colleton, Dorchester, Charleston, and Berkeley

- Stakeholders: Local Children's Advocacy Centers (CACs), Nonprofits, group homes, emergency and domestic violence shelters, foster care review, school district personnel, Coroner's Office, Mayor's Office, HALOs, medical community, State Representatives, Guardian ad Litem, First Steps, other state agencies, family court, law enforcement, first responders, faith-based community, SLED, and United Way.
- Topics discussed: Review of CFSR process, funding and MOA between stakeholders, case staffing, cross training on each stakeholders' policies and procedures, truancy and ESSA, and fatality reviews.
- Outcomes: Collaborative Organization of Services for Youth (COSY) is formed in Jasper and Beaufort Counties, resource management, referrals to other agencies, enhanced community awareness through task force trainings, faith based initiative foster care recruitment, literacy workshop to improve skills of young learners, and identified patterns and trends in practice.

Region 4: Chesterfield, Marlboro, Dillon, Darlington, Lee, Florence, Sumter, Marion, Horry, Clarendon, Williamsburg, and Georgetown

- Stakeholders: Other state agencies, family court judges, school district personnel, Guardian ad Litem, law enforcement, Head Start, Nonprofits, and the local Foster Parent Association.
- Topics discussed: quality assurance reviews, cross-trainings, staffing of DJJ cases that may or may not have DSS involvement, school district issues, missing information in foster care packets and timely completion, human and sex trafficking awareness, improve communication between partners, and increase number of foster homes.
- Outcomes: In-house mailboxes for safety plans at school district and GAL program; focus on CFSR items 12, 5, 6, and 7; identified avenues, forums, and task forces to address issues within counties; and identified community partners, resources, and providers.

Region 5: Abbeville, Laurens, Greenwood, Newberry, McCormick, Saluda, and Edgefield

- Stakeholders: other state agencies, school districts, GALs and CASAs, Foster Care Review Board, local Children's Advocacy Centers, domestic violence partners, law enforcement, mental health, and Kinship Care resources.

- Topics discussed: each agency's role in Child Welfare, goals of families involved with multiple agencies, foster home needs, quality assurance data, Federal and State Mandates, policy and procedure updates, needed resources in the community, and addressing issues utilizing the mapping technique.
- Outcomes: foster home recruitment, shared goals between agencies for families, resources within the community, analysis of stakeholders' being part of the improvement in Child Welfare, trainings on abuse and neglect, and GAL ride along.

### **Ongoing Collaborations**

Throughout the past year, CWS has been involved with other collaborative efforts that will improve outcomes and services to children and families. At statewide and regional levels, the following internal and external stakeholder groups have an essential role in implementation of South Carolina's CFSP goals and objectives.

#### *Collaboration with Children's Justice Act (CJA)*

The Children's Justice Act (CJA) provides grants to states to improve the investigation, prosecution, and judicial handling of cases of child abuse and neglect in a manner that limits additional trauma to the child victim. As a part of this funding, states must establish and maintain a multidisciplinary task force on children's justice. The task force is comprised of representatives from selected disciplines involved in handling child abuse and neglect cases, and is charged with developing, and working towards implementation of, policy and training recommendations regarding methods to better handle these cases.

As a part of South Carolina Children's Justice Act three year assessment, the South Carolina Children's Justice Act's Task Force has been analyzing the timely issue of DSS "safety planning" practices and the needs of kinship care placements (also known as alternative caregivers). Through the statutes, policies, and practices that inform this area of DSS's work, the agency often places children in the care of their kin or fictive kin when the biological parent's home has been determined to be unsafe. This practice is an important tool in keeping children safe while preserving families and preventing unnecessary foster care placement, but reports from advocates and families suggest that several systemic issues prevent these placements from receiving the monitoring and support necessary to ensure that children in the home are safe and healthy.

Throughout the past year, CWS has been involved with other collaborative efforts that will improve outcomes and services to children and family. At statewide and regional levels, the following internal and external stakeholder groups have an essential role in implementation of South Carolina's CFSP goals and objectives.

#### *South Carolina's Citizens' Review Panel*

South Carolina's Citizens' Review Panel (CRP) evaluates CWS compliance with federal and state laws and examines policies and procedures for consistent statewide implementation. Additionally, the CRP conducts public outreach and gathers public comment on current CWS procedures and practices involving child and family services. The CRP prepares a public report annually containing a summary of its activities and recommendations for the improvement of child protection services in the state. CWS

works closely with the CRP and the Director and Deputy State Director engage in regular communication with the CRP, including providing a response to the items addressed in their annual report and ongoing as well.

#### *South Carolina Court Liaison Project*

The South Carolina Court Liaison Project was developed and implemented through Court Improvement Project (CIP) funds and a state contract with DSS. The goal is to enhance timeliness of hearings and to identify and improve areas of systematic concerns which delayed child abuse and neglect hearings across the state.

The role of the court liaison is to review the clerk of court's file of all child abuse and neglect cases filed by DSS eight to ten days prior to the hearing. The liaison notifies the DSS attorney responsible for any missing items in the clerk's file which may cause the docketed hearing to be continued, such as lack of service to a defendant or lack of an appointment of a GAL, etc. The liaison review sheet is shared with the family court judge to provide a quick overview of the parties and their relationship to the child, the numbers of hearings that have previously been continued, and whether the hearing is being held timely as per statute.

Since the submission of the 2018 APSR, the South Carolina Court Liaison Project worked with the South Carolina Department of Social Services (SCDSS), Office of General Counsel (OGC) to implement improvements in their system to track the depth of the reasonable efforts presented to the court at the following hearings: Probable Cause, Merits, and Permanency Planning. The Court Liaison Project has worked with their Information Technology Division to develop reports to provide the number of foster parents noticed for a hearing, hearing attendance, and if foster parents were provided the opportunity to address the court. Finally, the Court Liaison Project is adding more details to their Another Planned Permanency Living Arrangement (APPLA) report to assist in ensuring that only children who are sixteen (16) years or older have a plan of APPLA.

#### *University of South Carolina Center for Child and Family Studies*

During the Quality Assurance Reviews (QAR) conducted during the CFSR 3 Statewide Assessment, SC Reviewers conducted interviews with key persons from the case such as the caseworker, foster parent, biological parents, and children. The written report which resulted from this review process, including interview data, provided feedback to the SCDSS County Offices on best practices in casework and affirming areas of strength and areas needing improvement.

#### *SCDSS Office of Constituent Services*

The SCDSS Office of Constituent Services supports the Agency's mission of promoting the safety, permanency, and well-being of children and vulnerable adults, helping individuals achieve stability, and strengthening families. The office's primary function is devoted to assisting members of the public who have questions or concerns about the array of programs and services administered by the SCDSS. Representatives work diligently to promote transparency and accountability by examining constituent concerns to ensure that the Agency's child welfare practices align with its policies and procedures, State and Federal laws, and guiding principles, referred to in South Carolina as imperatives.

The greatest commitment of office representatives' time and resources is dedicated in response to inquiries related to Child Welfare Services. Representatives receive constituent concerns via phone and email, research case history in the Child and Adult Protective Services System (SACWIS/CAPSS), and facilitate communication between the concerned party and the respective Regional or County Office of the agency while maintaining confidentiality as required by statute.

Based on current anecdotal trends, the vast majority of child welfare constituent concerns are received from:

- Foster and Pre-Adoptive parents;
- Grandparents of children involved in open cases (caregivers and non-caregivers);
- Parents with open cases;
- Relatives and non-relatives of children in Foster Care;
- Legislators/Office of the Governor inquiring on behalf of constituents with open cases;
- Concerned officials from schools, public/private partner agencies, and medical institutions.

Constituent Services continues to refine measures to create a stronger infrastructure for processing and logging constituent inquiries and complaints. Presently, the office uses a logging system that affords limited tracking and data collection functions. Constituent Services has worked with the agency's internal Information Technology Unit (CAPSS) to rebuild the system with enhanced capacity to perform these functions. Constituent Services anticipates an increased ability to collect and share verifiable data with the SCDSS Child Welfare Division that can be useful to identify practice and performance trends, as well as inform decisions about staff training, program and process redesign, and overall improvement of services to children and families.

#### *Catawba Indian Nation*

Since the submission of the 2018 APSR, DSS and the Catawba Indian Nation (CIN), the only federally-recognized tribe in the state of South Carolina, have continued to hold their quarterly collaborative workgroup meetings. This workgroup includes representatives of internal and external stakeholder groups including: the University of South Carolina Center for Child and Family Studies (training partner); DSS (Policy, Recruitment of Foster and Adoptive Families, Office of General Counsel, Independent Living, Child Welfare Operations, Licensing, Foster Family, Child Placing Agencies and Group Homes, Adoptions); York County DSS Legal and Casework staff, the CIN Reservation (which is located in York County) and DSS Regional ICWA Experts, Catawba Indian Nation Office of Social Services and General Counsel.

South Carolina Court Improvement Project (CIP), has begun recording data on ICWA cases in their project database. The CIP has been collecting data on whether the judge is asking about ICWA during probable cause hearings and merits hearings. As of May 23, 2018, CIP data reports South Carolina has 18 children in Foster Care who are covered by ICWA. Also, anecdotal evidence provided by CIP indicates that Family Court judges in South Carolina are routinely asking if ICWA applies to the case. The Court Improvement Project Liaison for South Carolina's 16th Judicial Circuit, which includes York County where Catawba Indian Nation has its Reservation, has been invited to join the quarterly workgroup meetings. This individual has also been attending the CIP ICWA calls.

Due to changes in the staff at CIN Social Services and the reorganization of the DSS Child Welfare Services, the weekly conference call between the CIN Director of Social Services and DSS State Office Child Welfare staff suspended their weekly conference call in the first quarter of FY 2017-2018. Now, it is not known if these weekly calls will continue. In the first quarter of calendar year 2018, the DSS Deputy State Director for Child Welfare Services and other DSS Child Welfare staff met with the CIN Social Services Director and General Counsel. The DSS Deputy State Director for Child Welfare Services routinely meets with the leadership of external stakeholder groups. The plan was to continue holding these meetings however that plan has also been suspended pending the appointment of a new CIN Social Services Director. A new identified CWS lead for ICWA relations has been appointed and quarterly in person meetings started in the first quarter of 2018 with the CIN. Identified regional ICWA liaisons are also a part of the quarterly meetings.

Another collaborative action which DSS has continued since the submission of the 2018 APSR, is the sharing of information on Catawba Indian families who become involved with the agency. Each month a report is generated through the DSS Child and Adult Protective Services System (CAPSS) the agency's SACWIS and shared with the CIN. This report lists families with open cases with children or adults who are members of or eligible for membership in the CIN. The purpose of this report is to notify State Office staff to send emails to the assigned workers reminding them to follow agency policy regarding ICWA. For caseworkers at the beginning of a case, this means notifying the tribe of agency involvement with a tribal family and alerting their county legal staff. DSS ICWA policy requires tribal notification as soon as the agency learns the child may be a member of or eligible for membership in a Federally Recognized tribe even if the case is still under investigation and the child has not yet been removed from the home. This report also serves to alert the CIN if they have not been notified of a tribal family's involvement with the agency so they can contact the appropriate county office.

The ICWA workgroup is involved in the implementation of the ICWA / CIN related Goals, Objectives and Interventions/ Strategies contained in the 2015-2019 CFSP Plan for Improvement and subsequent APSRs. This Workgroup is currently working on the implementation of the following Action Steps:

- 2.2.17a, b and c. The development and implementation of multiple methods to ensure that Native American children are properly identified as Native American. The ICWA online training for caseworkers stresses that workers ask the question regarding tribal membership or eligibility for tribal membership throughout the life of the case and provides guidance on the different variations of the standard ICWA question.

- 3.1.2i1. The development and implementation of a plan to recruit Native American

Foster and Adoptive families. At the last quarterly meeting of the DSS – CIN workgroup the agency Recruitment Coordinator agreed to work with the CIN on recruitment of Foster and Adoptive families.

- 4.3.5b1. The Agency's efforts to develop an online ICWA training module for

Caseworkers. The University of South Carolina's Center for Child and Family Studies in collaboration and consultation with the DSS and the CIN developed an online ICWA training for caseworkers. The online training covers the following topics: Introduction to ICWA, Ask the Question, Involving the Tribe, Making Active Efforts, Native Americans in South Carolina and a CIN Historical Timeline. This training is being rolled out regionally. The rollout begins in the second quarter of FY 2017-2018 and will continue

throughout this FY. The rollout schedule is as follows: Region 2 – February and March 2018, Region 1 – April and May 2018, Region 3 – June and July 2018, Region 4 – July and August 2018 and Region 5 – August and September 2018. State Office staff will be included with Region 3. In addition to the online training each region also has a Regional ICWA Expert. The Regional Expert will be a point of contact for caseworkers and supervisors when they have ICWA questions. All Regional Experts have completed the online training.

DSS plans to continue collaboration with the Catawba Indian Nation through the quarterly workgroup meetings, the recruitment of Native American Foster and Adoptive Families, the sharing of data on CIN families who are involved with the agency and the inclusion of CIN Social Services in stakeholder meetings.

South Carolina will continue to strengthen its problem-solving processes, including the ongoing use of County and State teams to improve child welfare practice and achieve improvements as identified in the APSR, CFSR, and Michelle H. consent decree. Existing workgroups are an important part of these processes, as in reviewing data and providing input and feedback regarding performance and progress. Team members from stakeholder groups and community partners continue to be provided opportunities to participate on time-limited workgroups focused on system, practice and service improvements.

In the coming year, South Carolina will continue to strengthen communication and engage in substantial, ongoing and meaningful collaboration with partners, tribes, courts and other stakeholders. This will include South Carolina sharing content and data from the 2018 APSR. Sharing the content will allow for discussion and analysis of what is working well and identify areas of improvement, both statewide and regionally. South Carolina will also be sharing what strategies have been identified to help improve practice, where necessary, and gathering feedback from stakeholders on the development of additional improvement strategies. The information obtained will be shared with state leaders and integrated into the 2020 Child and Family Services Plan.

## **UPDATE ON ASSESSMENT OF PERFORMANCE, PLAN FOR IMPROVEMENT, AND PROGRESS MADE TO IMPROVE OUTCOMES**

This section of the APSR addresses the Update on Assessment of Performance and Update to the Plan for Improvement and Progress to Improve Outcomes. South Carolina is in the process of developing a Program Improvement Plan for the 2017 Child and Family Services Review that addresses the work that South Carolina will do to improve safety, permanency, wellbeing and the systemic factors for system functioning.

The Goals and Objectives established for the 2015-2019 Child and Family Services Plan (CFSP) were based on an assessment of performance of the CFSR seven data indicators, seven Child and Family Services Review (CFSR) child and family outcomes in case reviews, and the seven CFSR systemic factors. Data sources used to conduct the assessment included:

- Child and Family Services Reviews South Carolina Final Report 2017
- Statewide Automated Child Welfare Information System (SACWIS) data

- CFSR Data Profiles

**SAFETY OUTCOME**

*CFSR data indicators for Safety*

State’s Conformance with the National Standards

Statewide Data Indicator	National Performance	Direction of Desired Performance	RSP*	95% Confidence Interval**	Data Period(s) Used for State Performance***
Recurrence of maltreatment	9.1%	Lower	6.1%	5.6%–6.5%	FY14–15
Maltreatment in foster care (victimizations per 100,000 days in care)	8.50	Lower	7.64	6.08–9.60	15A–15B, FY15

\* Risk-Standardized Performance (RSP) is derived from a multi-level statistical model and reflects the state’s performance relative to states with similar children and takes into account the number of children the state served, the age distribution of these children and, for some indicators, the state’s entry rate. It uses risk-adjustment to minimize differences in outcomes due to factors over which the state has little control and provides a more fair comparison of state performance against national performance.

*CFSR Case Review Data for Safety*

**SAFETY OUTCOME 1: CHILDREN ARE, FIRST AND FOREMOST, PROTECTED FROM ABUSE AND NEGLECT**

Data Element	Overall Determination	State Performance
Safety Outcome 1 Children are, first and foremost, protected from abuse and neglect	Not in Substantial Conformity	73% Substantially Achieved
Item 1 Timeliness of investigations	Area Needing Improvement	73% Strength

**SAFETY OUTCOME 2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE**

Data Element	Overall Determination	State Performance
Safety Outcome 2 Children are safely maintained in their homes whenever possible and appropriate	Not in Substantial Conformity	33% Substantially Achieved
Item 2	Not in Substantial Conformity	58% Strength



Services to protect child(ren) in home and prevent removal or re-entry into foster care		
Item 3 Risk and safety assessment and management	Not in Substantial Conformity	33% Strength

Item 1	% Strength (number of cases)	% ANI (number of cases)
<b>Overall 2017 State Rating</b>	<b>79% (158)</b>	<b>21% (43)</b>
<b>Overall Baseline Rating</b>	<b>73% (35)</b>	<b>27% (13)</b>
Foster Care	83% (19)	17% (4)
In-Home Services	59% (13)	41% (9)
Community Based Prevention Services	100% (3)	0% (0)

- The agency did not make face-to-face contact with the child in a timely manner. The typical response time was between 2-24 hours. The agency did not meet the timeframe and typically saw the child within 48 hours rather than 24.
- In a few cases, the agency did not make contact with all the children in the home due to lack of knowledge of their whereabouts.
- The major barrier to making face-to-face contact was that the child was not home when the agency attempted their visit.

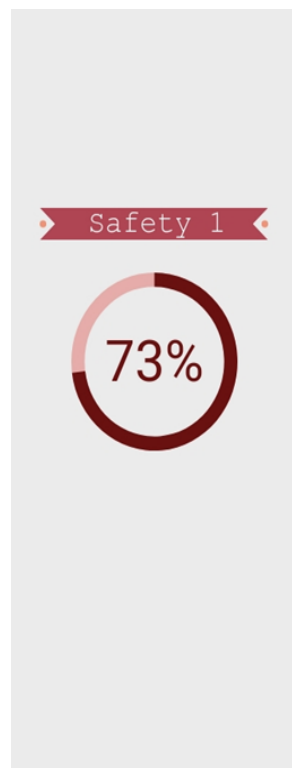
Item 2	% Strength (number of cases)	% ANI (number of cases)
<b>Overall 2017 State Rating</b>	<b>51% (81)</b>	<b>49% (77)</b>
<b>Overall Baseline Rating</b>	<b>58% (23)</b>	<b>42% (17)</b>
Foster Care	70% (14)	30% (6)
In-Home Services	45% (9)	55% (11)
Community Based Prevention Services	N/A	N/A

- The Agency did not provide appropriate services to the target child to prevent their entry into foster care
- The agency also did not provide safety related services to the family in a timely manner, even when the agency was aware of safety concerns
- In some cases, the agency cited lack of time being a reason why certain services were not provided
- Agency did not provide safety services after the child was returned home to parents, caregivers, or guardians
- The agency is not following through to see if the services needed/recommended are being provided
- Most common services that were not provided include anger management, AOD assessment, and substance abuse assessment

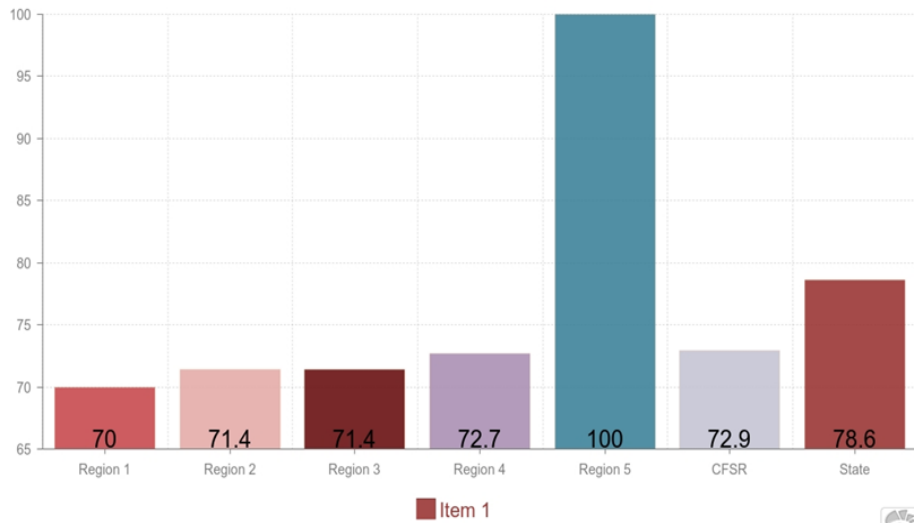
Item 3	% Strength (number of cases)	% ANI (number of cases)
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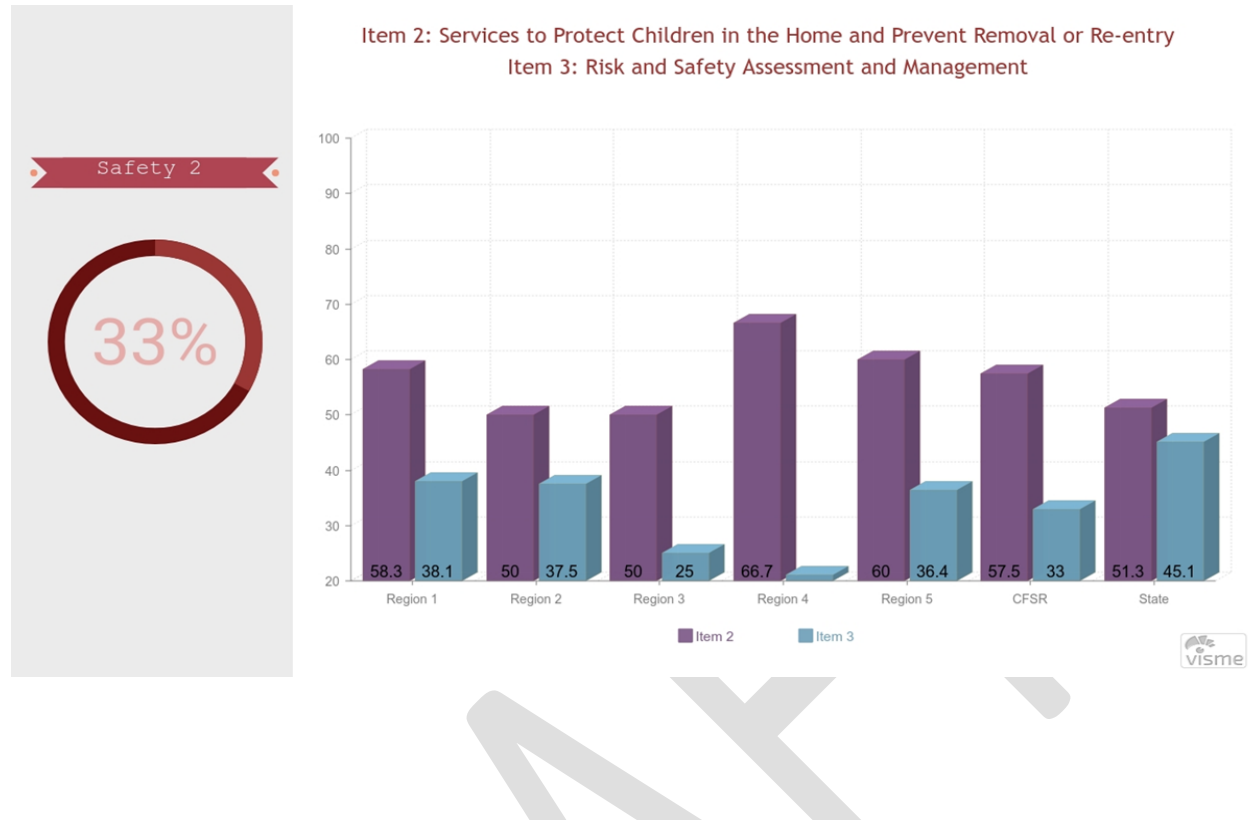
<b>Overall 2017 State Rating</b>	<b>45% (201)</b>	<b>55% (245)</b>
<b>Overall Baseline Rating</b>	<b>33% (33)</b>	<b>67% (67)</b>
Foster Care	48% (19)	52% (21)
In-Home Services	24% (12)	76% (39)
Community Based Prevention Services	22% (2)	78% (7)

- The agency did not assess the target child or the home on risk and safety concerns either initially or on an ongoing basis
- Assessments were not completed in a timely manner
- Agency did not appropriately address domestic violence issues
- Did not develop or monitor safety plan
- There was a lack of routinely updating the safety plan when new safety concerns arise
- Parents' substance use not properly addressed (screening, treatment)
- Agency did not provide drug screens
- Did not provide anger management to parents



### Timeliness of Initiating Investigations of Reports of Child Maltreatment





## Safety Outcome 2 Barriers

	Identified Barriers
Item 2: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care	<ul style="list-style-type: none"> <li>- Parent was noncompliant with participating in drug screens</li> <li>- AOD and domestic violence assessments were delayed</li> </ul>
Item 3: Risk and safety assessment and management	<ul style="list-style-type: none"> <li>- Women's shelter not available in the county</li> <li>- Parent was noncompliant with participating in drug screen</li> <li>- Individual's work schedule prevented ongoing assessment</li> </ul>

**Safety Outcome 1:** Children are, first and foremost, protected from abuse and neglect.

Item 1: Were the agency's responses to all accepted child maltreatment reports initiated, and face-to-face contact with the child(ren) made, within time frames established by agency policies or state statutes?

**Safety Outcome 2:** Children are safely maintained in their homes whenever possible and appropriate.

Item 2: Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?

Item 3: Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care?

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

### **Safety Objectives 2015 – 2019 CFSP**

1. Improve the timeliness of initiating investigations and reduce repeat maltreatment
2. Improve the initial and ongoing assessments of safety and risk to children, to protect children in the home and prevent removal; provide services to the family to prevent children's entry into foster care or re-entry after reunification
3. Full, statewide implementation of the Signs of Safety (SOS) in Child Protective Services, Family Preservation, and Foster Care cases, by the end of the FFY 2019
4. Improve the quality of Intake decisions

### **Objectives Updates to the 2015 – 2019 CFSP**

#### **1. Improve the timeliness of initiating investigations and reduce repeat maltreatment**

**Update:** CWS continues to monitor and analyze the effect that the roll out of the intake hubs is having on increased CPS caseloads. Focusing on the years immediately before and during the implementation of the Hubs, we see that from Calendar 2014 to 2017, acceptance rates increased by 10% statewide (from a 53% acceptance rate to a 63% acceptance rate). By Quarter 1 2018, the acceptance rate was up to 66%. In region 1, the acceptance rate has increased dramatically from 41% in 2014 to 67% in 2017, and up to 73% in Q1 2018. So not only has the number of reports significantly increased, DSS's acceptance rate has increased, particularly in Region 1.

In 2017 the agency completed the initial rollout of the statewide Intake Hub system. This involved rolling an additional 24 counties into the Intake Hub resulting in all calls reporting abuse and neglect from all 46 counties in the state going to a centralized system during normal business hours. The agency is now in the process of expanding the Intake Hubs to cover nights and weekends with the final result being 24/7 coverage statewide.

To understand caseloads, the agency has been examining which counties have higher caseloads. Seven counties account for 50% of the total number of children served by the entire SCDSS Child Welfare Services (CWS). Three of those seven counties are Program Improvement Plan (or PIP) counties (Greenville, Horry, and York). These top seven counties have at least one caseworker who are case managing fifty or more children (one metric that SCDSS uses to indicate high caseloads) with Greenville at the top of the state. These counties tend to be SC's largest and most metropolitan areas. Charleston and Horry represent high growth high net in-migration population draws. Using recent census data, Horry had the highest population growth of the state. Fifteen counties account for 75% of all children and twenty-five counties account for 90% of all children. Of the twenty-five counties serving 90% of all CWS children, twenty-one have at least one caseworker with 50 + children. Six of the twenty-five are also PIP counties (Greenville, Horry, York, Aiken, Berkeley, and Pickens). These six have at least one caseworker with 50 + children.

SCDSS has been addressing its caseload concerns. It received its first allotment of new FTE caseworker positions in FY 2015-16.

Subsequent allotments have also helped with the creation of an internal training and development unit, provided staff for the intake hubs, address second and third shifts, as well as continuing to address caseloads.

**Update:** To improve consistency of response at intake, the agency received additional positions to create an "after hours intake hub" that will provide call coverage in the evenings, overnight, and on weekends. The agency has also allocated positions to the counties to ensure coverage in the field for 2nd and 3rd shift. This will not only provide additional staff to carry cases, but will also remove the responsibility of being on call from many staff. The agency is hopeful that, in addition to improving practice, this will assist in decreasing turnover rates as staff feedback has indicated that these additional duties are contributing to their feelings of dissatisfaction and feeling overwhelmed

**Update:** In 2017, CWS Operations begin to review and analyze all current CPS policies and procedures and decided to phase out the Human Services Policy Manual and develop a Child Welfare Services Policy manual with a new policy template that will include individual chapters on intake and assessment, among others. CWS created a new policy development and review process to create user friendly camera-ready policy for the Deputy Director's review and communication, via the new communication process.

In the process to understand current performance on Safety 1, the State's analysis concluded that current policy and federal requirements about timely initiation of investigation are not aligned. For example, current policy does define initiation for 0-2 hours. However, policy does not define initiation response time for child protective services reports screened in 2-24 hours, except that within 24 hours contact needs to occur. The new policy manual will have clear definitions and timeframes that align with federal requirements, like contacting all children in the home, even non-victim children. Current human services policy only requires contact to be made with the victim child.

**Update:** In 2016, a strategy for understanding the department's CPS performance, the agency revised its Child Fatality Review and Response protocol to ensure a deeper analysis of the agency's performance, collect consistent statewide data, influence systemic change, and engage stakeholders in the analysis. The protocol begins with a 24-hour staffing to assess child safety. Then within 7-10 days a multi-disciplinary staffing with child abuse pediatrician consultation is held to ensure an informed, collaborative investigation with law enforcement. Concluding the individual case analysis, a 90-day

staffing is held to analyze the agency's performance, the child welfare system response, preventative measures, and systemic issues. The information and data collected from this protocol will be analyzed at the state level to make systemic policy, procedure and practice change, as well as informing child abuse prevention efforts across the state.

In 2018, SCDSS will hire a State Child Fatality and Near Fatality Review Coordinator within the newly created office of Safety Management. This Coordinator will be assigned SCDSS staff that participates in the SCFAC. The office of Safety Management will help develop a robust response protocol that will add fidelity to SCDSS Child Fatality and Near Fatality Review protocol.

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

**Update:** The Data, Research, and Accountability Office (DRA) at SCDSS works with the CWS leadership team to provide necessary CPS reports that assist in the tracking and monitoring of case activity and compliance regarding intake, investigations, and family preservation. DRA provides automated weekly activity supervision and management reports. Data indicators in CAPSS inform CWS and CPS Assessment leadership of the overall trending data of overdue cases, priority response timeframes, service activity, timely assessments, and case load activity. These reports are reviewed and discussed by CWS leadership including regional leadership and the State Office Program managers monthly. The reports are also available to all county and regional staff and can be viewed at any time.

Additionally, CWS has monthly direct reports meetings hosted by the Director of Child Welfare Services Operations to discuss the outcomes and data results of the quality assurance case review process. A statewide workgroup has been created to focus on revising policy/practice based on statewide systemic challenges and barriers. Specific action steps are identified and are addressed monthly. Regional leadership meetings are also conducted monthly and improvement activities are conducted to address regional challenges and needed improvements. These activities are driven by the results of the quality assurance case reviews conducted annually and the CAPSS data that is provided to the Division weekly.

**Update:** Recognizing the critical role that visitation plays in achieving successful permanency, DSS is doing a focused analysis of state's performance on child-parent visitation and through this analysis identified a significant need for practice change to improve the quality of these visits. QA reviews and other analyses have revealed issues such as: unclear purpose and goals for visitation, deficiencies in planning and structure for visitation, lack of parent engagement in planning, and a need for parent coaching. The agency has engaged consultants from Chapin Hall to assist in defining quality visitation and developing improvement strategies. These strategies will be aimed at developing a shared understanding about the importance and role of visitation, increasing staff skills and tools to facilitate parent-child visitation and developing a system for assessing the quality of visitation. The agency anticipates that a strong focus on visitation will not only impact permanency outcomes, but will have a significant impact on safety and wellbeing outcomes as well.

## **3. Full, statewide implementation of the Signs of Safety (SOS) in Child Protective Services, Family Preservation, and Foster Care cases, by the end of the FFY 2019**

**Update:** In 2017, CWS Operations and Safety Management leadership mapped the Division’s implementation of Signs of Safety (SOS) as a child welfare practice approach and the impact on safety outcomes for the children and families served. The assessment concluded that the loosely implemented SOS approach that was a major strategy in the CFSP needed to be supported with a core common language for CPS practice and research informed decision-support tools for better safety and risk decision making. The current use of SOS was not working to produce measurable improvements in safety and risk assessment and management as evidenced by the poor performance on Item 2 and 3 for quality assurance case reviews. With the support of a statewide workgroup and Casey Family Programs, the State spent the last twelve months developing a draft practice model with clearly stated practice values. These values include module-based skill development training in engagement, assessment, service provision, and a commitment to the development of improved safety policies and processes. The State also began negotiations with National Council on Crime and Delinquency Children’s Research Center to purchase and implement a tool from The Structured Decision Making® (SDM) model for child protection. The tool that is being discussed is the Intake assessment. The tool will support child abuse intake practitioners to determine if the current report requires a child protective services (CPS) investigation response and to determine how swiftly an investigation must be initiated for those reports accepted for investigation. This work is being contemplated as a major part of the State’s CFSR Safety Improvement Plan.

**4. Improve the quality of Intake decisions**

**Update:** As stated above, SCDSS is negotiating with The NCCD Children’s Research Center (CRC) to support new child welfare system improvement activities that will support quality decision making in intake and assessment. The work would include customizing and implementing the Structured Decision Making® (SDM) screening and response priority intake assessment (the intake assessment); advancing best practice training at intake and investigations; and co-developing a set of practice model training modules.

Statewide Regional Intake Hubs have all been rolled out as of November 2017 and are beginning to have an impact on consistent screening of CPS cases. The Office of Safety Management was established to add leadership, structure, and accountability to intake and assessment practice statewide. CWS began working to reorganize in 2017, and this work is ongoing. The Office of Safety Management with regional intake hubs was established to increase consistency across the state in how information in abuse and neglect complaints are collected for county CPS units. The Safety Management Office is also designed to increase consistency in evaluation and safety decision making. Before hub implementation each county has a separate intake unit or person that handled abuse and neglect intake calls each day. The regionalization of the intake process has consolidated all the individual CPS intake functions into consolidated regional physical locations that will be available by calling a toll-free number for the public to use.

**PERMANENCY OUTCOME**

*CFSR data indicators for Permanency*

Statewide Data Indicator	National Performance	Direction of Desired Performance	RSP*	95% Confidence Interval**	Data Period(s) Used for State Performance***
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Permanency in 12 months for children entering foster care	40.5%	Higher	59.0%	57.2%–60.8%	13B–16A
Permanency in 12 months for children in foster care 12-23 months	43.6%	Higher	37.1%	34.0%–40.2%	15B–16A
Permanency in 12 months for children in foster care 24 months or more	30.3%	Higher	24.9%	22.3%–27.7%	15B–16A
Re-entry to foster care in 12 months	8.3%	Lower	7.8%	6.5%–9.3%	13B–16A
Placement stability (moves per 1,000 days in care)	4.12	Lower	6.25	6.01–6.50	15B–16A

*CFSR Case Review Data for Permanency*

**PERMANENCY OUTCOME 1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS.**

<b>Data Element</b>	<b>Overall Determination</b>	<b>State Performance</b>
Permanency Outcome 1 Children have permanency and stability in their living situations	Not in Substantial Conformity	28% Substantially Achieved
Item 4 Stability of foster care placement	Area Needing Improvement	70% Strength
Item 5 Permanency goal for child	Area Needing Improvement	56% Strength
Item 6 Achieving reunification, guardianship, adoption, or other planned permanent living arrangement	Area Needing Improvement	43% Strength



**PERMANENCY OUTCOME 2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN.**

Data Element	Overall Determination	State Performance
Permanency Outcome 2 The continuity of family relationships and connections is preserved for children	Not in Substantial Conformity	41% Substantially Achieved
Item 7 Placement with siblings	Area Needing Improvement	67% Strength
Item 8 Visiting with parents and siblings in foster care	Area Needing Improvement	50% Strength
Item 9 Preserving connections	Area Needing Improvement	38% Strength
Item 10 Relative placement	Area Needing Improvement	50% Strength
Item 11 Relationship of child in care with parents	Area Needing Improvement	33% Strength

Item 4	% Strength (number of cases)	% ANI (number of cases)
<b>Overall 2017 State Rating</b>	<b>69% (150)</b>	<b>31% (66)</b>
<b>Overall Baseline Rating</b>	<b>70% (28)</b>	<b>30% (12)</b>

- Target child multiple placements are not planned by the agency and are therefore not meeting the target child’s case goals/needs
- The agency is not providing services to help the target child maintain their current placement
- Agency is not placing the target child in an appropriate placement to meet the target child’s needs and/or case plan

Item 5	% Strength (number of cases)	% ANI (number of cases)
<b>Overall 2017 State Rating</b>	<b>57% (121)</b>	<b>43% (92)</b>
<b>Overall Baseline Rating</b>	<b>56% (22)</b>	<b>44% (17)</b>

- Permanency goals are not being established timely
- Permanency goals are not appropriate for the target child (e.g., the agency will plan for reunification when it should be adoption)
- TPR not being filed in a timely manner was a barrier that prevented several adoption cases from being established in a timely manner

Item 6	% Strength (number of cases)	% ANI (number of cases)
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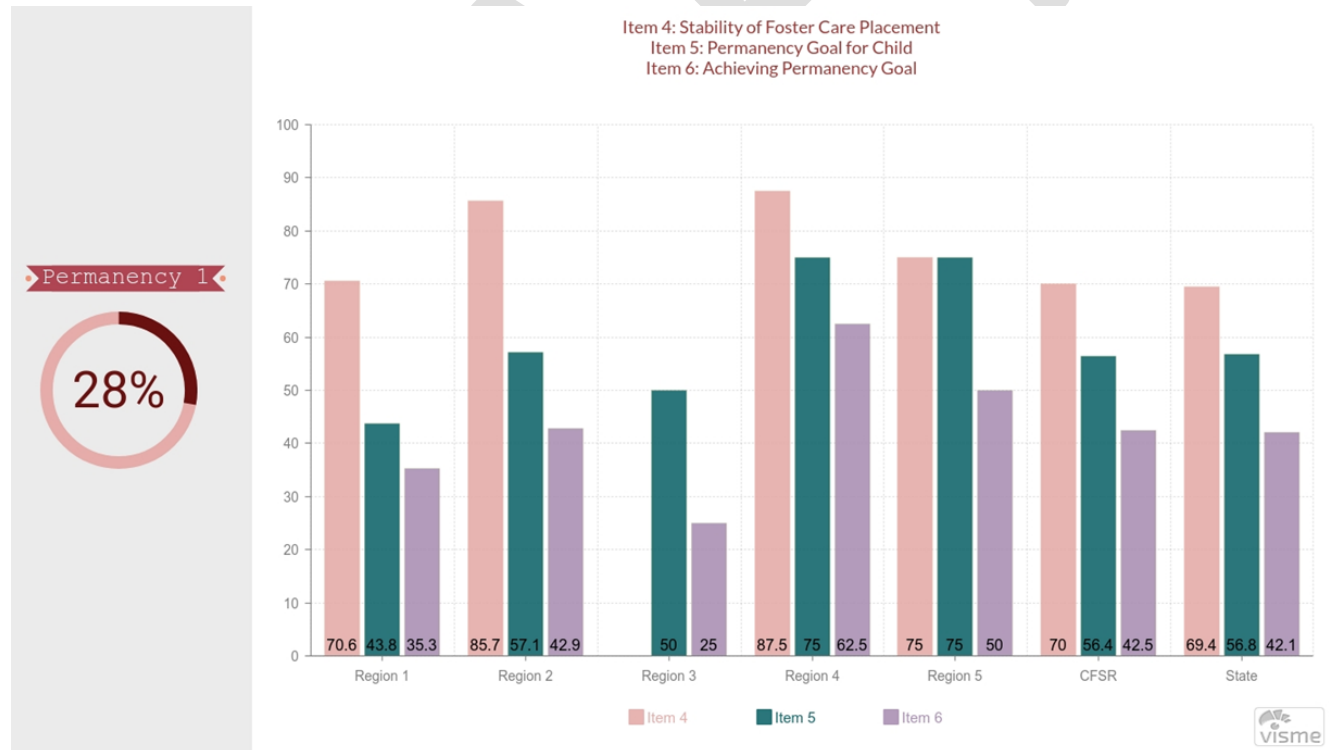
<b>Overall 2017 State Rating</b>	<b>42% (91)</b>	<b>58% (125)</b>
<b>Overall Baseline Rating</b>	<b>43% (17)</b>	<b>57% (23)</b>

- Concerted efforts are not being made to achieve permanency, reunification, or adoption in a timely manner by either the courts or agency
- Reason for lack of timeliness:

- In many cases the agency would:

- Not file TPR paperwork timely
- Not check the legitimacy of legal documents
- Not start or finalize paperwork needed for adoption to be finalized
- Not communicate and/or assist the parents to ensure they are provided with services to reunify with the target child
- Not actively search for pre-adoptive home
- Agency did not provide identified services to parents to help achieve reunification in a timely manner

Item 4: Stability of Foster Care Placement  
 Item 5: Permanency Goal for Child  
 Item 6: Achieving Permanency Goal



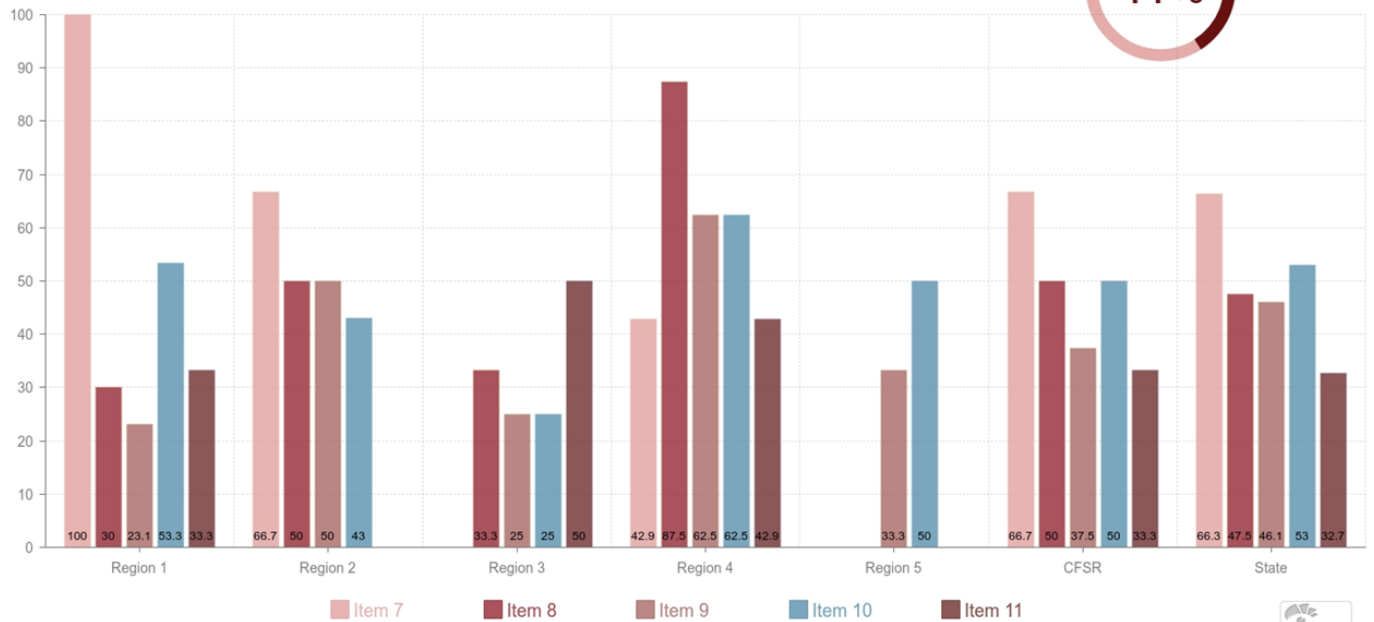
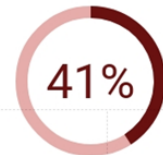
# Permanency Outcome 1 Barriers

Identified Barriers	
Item 4: Stability of foster care placement	<ul style="list-style-type: none"> <li>- Child's disruptive behavior in the home caused instability</li> <li>- The child was suddenly moved due to a court decision and pre-adoptive home requesting that the child be moved due to the adoptive parent's health issues</li> </ul>
Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement	<ul style="list-style-type: none"> <li>- Could not unpack the no with the child regarding adoption</li> <li>- Did not file TPR in a timely manner</li> <li>- Did not provide mental health services to the parent in order to achieve goal of reunification in a timely manner</li> </ul>



## Permanency 2

- Item 7: Placement with Siblings
- Item 8: Visiting Parents and Siblings in Foster Care
- Item 9: Preserving Connections
- Item 10: Relative Placement
- Item 11: Relationship of Child in Care with Parents



### Permanency 1 and Age



**Permanency Outcome 1:** Children have permanency and stability in their living situations.

Item 4: Is the child in foster care in a stable placement and were any changes in the child’s placement in the best interests of the child and consistent with achieving the child’s permanency goal(s)?

Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner?

Item 6: Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?

**Permanency Outcome 2:** The continuity of family relationships and connections is preserved for children.

Item 7: Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?

Item 8: Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child’s relationships with these close family members?

Item 9: Did the agency make concerted efforts to preserve the child’s connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?

Item 10: Did the agency make concerted efforts to place the child with relatives when appropriate?

Item 11: Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?

**Goal: Children will have meaningful and lifelong connections with family and in the community**

### **Objectives Updates to the 2015 – 2019 CFSP**

#### **1. Improve the permanency and stability of children in their living situations**

**Updates:** From Dec. 1, 2017-May 29, 2018: 2,713 people inquired about becoming a foster or adoptive parent. To put that number in perspective, the same time for the previous year had 1,517. The number of inquiries increased by 1,196. Specifically, for foster care, there were 1,860 inquiries, increased from 980 last year during that same time.

**Update:** As part of its contract with the South Carolina Department of Social Services (DSS), the Center for Child and Family Studies (CCFS) conducted a Placement Needs Assessment. The needs assessment was conducted to assist DSS in determining the minimally adequate capacity and array of placements for meeting the placement needs of children in foster care.

#### Placement Resources

Both quantitative and qualitative strategies were used in conducting the needs assessment. An in-depth analysis of data on foster care placements from the DSS Child and Adult Protective Services system (CAPSS) data system laid the foundation for the assessment by providing information as to where DSS places its children in foster care. This quantitative data analysis and review was followed by a qualitative data collection effort to assess the decision-making process, how children are faring in foster care, and the impacts on children receiving higher levels of care. The Placement Needs Assessment is currently being used to develop a Placement Resources Implementation Plan.

The Placement Needs Assessment (PNA) includes the following components:

- A Quantitative Review of Foster Care Placements
- Analysis of Available Data from the SC Quality Assurance (QA) Annual County Review Process
- A Qualitative Review of the DSS Process for Placing Children in Foster Care
- A Survey of Services Available for Children in Foster Care and their Families
- Identification of the At-risk Population

#### Major findings from the Placement Needs Assessment

After data collection was completed, major themes were identified. These themes were used in this final section of the report as a framework for offering recommendations based on the findings in this report. The Center for Child and Family Studies (CCFS) team developed these recommendations after analyzing all of the data collected for this study.

The recommendations are grouped into seven categories:

### *Child and Family Service Planning*

A number of issues regarding child and family service planning were identified in the PNA study. The monitoring team observed three themes in this area.

*Theme 1: Older children and youth reported having little input into the plans being made for them. With a number of youth and their bio-parents, DSS staff were often described as developing the plans without their active involvement. In a small number of cases where the reviewer reported it, children did not have a case plan, or none was found. There was a family plan, however.*

*Theme 2: Regarding reunification efforts, some narratives described the case manager role more as monitoring compliance with court requirements than being an active participant in helping parents address their challenges. This impeded reunification.*

*Theme 3: The use of a child and family team meeting for planning and coordination was mentioned infrequently, even where placement changes were being considered.*

The monitoring team also identified the need for the following practice changes:

- Better engagement of parents and youth and greater parent and youth involvement in planning and decision-making
- Use of child and family teams for planning and decision-making.

The CCFS Data Analysis Team provided the following recommendation for this practice area.

- More attention needs to be paid to whether the child is prepared to be reunified with the parent and whether the parent's situation appears to be stable enough to keep the child permanently out of foster care. In treatment plans, there is often an emphasis to move the child back to the parent as soon as possible, but plans need to focus on both the child and parent's situations to ensure they are aligned in order to achieve a successful reunification.

### *Permanency Planning*

A number of issues regarding permanency planning were identified in the PNA study. The monitoring team observed two themes in this area.

*Theme 1: Many of the Treatment Foster Care (TFC) placements appeared to be responsive to most of children's needs, except for permanency. However some TFC providers did make a commitment to adoption.*

*Theme 2: Generally, if the child was in a higher level of care, permanency efforts seemed less urgent if important at all. In a few cases where adoption was an active consideration, there appeared to be limited coordination with adoption staff. For children in group care, facility staff had little involvement in permanency planning.*

The monitoring team also identified the need for the following practice change:

- Urgency regarding permanency, especially for children in therapeutic settings.

The CCFS Data Analysis Team listed the following recommendations for this area:

- DSS needs to consider shifting to concurrent planning more effectively for older children between the ages of 13-18. Due to their age and challenges of finding foster homes in that age range, APPLA could be a beneficial concurrent plan with either reunification or adoption in order to best prepare the child in the event that no adoptive or family resource is able to support the child.
- DSS needs to consider shifting to concurrent planning for all children whenever possible. Children, particularly young children between the ages of 0-6, are not being placed in pre-adoptive homes; pre-adoptive homes can help achieve long-term permanency and transition the child towards adoption if reunification does not work out. The longer the permanency goal of reunification exists for the child, the harder it is to find an appropriate adoptive home for the child if they are not placed in a pre-adoptive home. This causes instability and can lead to multiple placements whereas the child could have potentially been in a home ready for adoption the moment reunification is no longer an option. DSS needs to adequately train foster parents to anticipate that most children go back home so that these foster parents are not an obstacle to adoption.

#### *Diagnostic Assessments and Interventions*

A number of issues regarding diagnostic assessments and interventions especially dealing with timeliness were identified in the PNA study. The monitoring team observed one theme in this area.

*Theme 1: In-depth assessments of children were infrequent and those completed by DSS staff and providers did not adequately assess the causes of behavior (underlying needs).*

The monitoring team also identified the need for the following practice changes:

- Attention to child, youth and family strengths and underlying needs

The CCFS Data Analysis Team listed the following recommendations related to this need:

- Improve the speed and accuracy of assessment of children to determine their needs in a variety of areas.
- Improve the timeliness of services offered to youth to meet their needs.
- Identify high quality support services around the state and make this information available to case managers across the state.
- Identify service deserts where various types of services are not available or not available with sufficient quantity or quality and make this information available to placement staff so that consideration can be given as to whether children in need of these services are be placed in homes or facilities in these areas.
- Improve timeframes for assessing needs of these youth and identifying services that can address these needs.

### *Placement with Siblings*

A number of issues regarding placement with siblings were identified in the PNA study. The monitoring team observed one theme in this area.

*Theme 1: It was common for children to be separated from siblings in their placement. Where they were not placed with siblings, regular visits did not seem to be common.*

The monitoring team also identified the need for the following resource:

- Additional family foster homes for large sibling groups.

The monitoring team also identified the need for the following practice change:

- More frequent contact between siblings in separate placements.

The CCFS Data Analysis Team listed the following recommendations for this area.

- Recruit more homes that can accommodate sibling groups.
- The analysis indicates that a further examination of the number of siblings that can be placed together in a single foster home is warranted. Historically, large siblings groups in foster care were placed in group homes and this change indicates that other options (e.g., place holding for homes who can take 4+ children) will need to be explored. In addition, families who are willing to foster large sibling groups should be recruited, financially incentivized for their efforts, trained to provide higher levels of care (because large sibling groups often have 1+ children with higher needs) and then their homes should be reserved for only large sibling groups. Foster families who are providing loving, safe, and consistent homes for these groups should be greatly supported through interventions, resources, and additional supports to prevent the breakdown of these resource homes which would lead to higher levels of expense because removed children will likely increase in placement level.
- The analysis indicates that sibling “sexual acting out” should be further explored in-depth before a decision is made to permanently separate the children and not allow them to ever live together again. It is recommended that the difference in age of the children be considered and patterns of behavior be examined to determine the likelihood of the sexual behaviors occurring again. It is also recommended that the allegation be further assessed to determine if the behavior of either child had sexual intent (e.g., intentional sexual gratification vs. playing doctor). If the child’s behavior is the result of a lack of education about respecting other children’s personal space and body parts before coming into foster care, foster parents should be trained and able to address the child’s sexual behaviors. Further training for foster parents on typical child sexual behavior and safety topics would likely decrease the labeling of children. Topics may include boundary setting for personal safety, private parts and who can touch them, public vs. private behaviors, and how to address specific sexual behaviors that come up (e.g., child touching himself in public— Tell a young child or child with developmental delay that some behaviors are public and some are private and that he cannot do that in public; Repeat this statement as necessary). These allegations that a sibling is acting out sexually should be further assessed because is it likely that the children labeled as “sexually acting out” are aware of this labeling. The labeling alone can have a detrimental impact on the child in addition to impact of being removed from siblings.



### *Addressing Trauma and Mental Health Issues*

A number of concerns regarding addressing trauma and mental health issues were identified in the PNA study. The monitoring team observed three themes in this area.

*Theme 1: Many of the children had considerable trauma histories, both from the period when they were living with parents and once they were placed in DSS custody. Separation from parents, separation from siblings, multiple placement moves and a lack of permanency all contributed to trauma responses that required skilled clinical therapeutic intervention.*

*Theme 2: Responsive mental health services, especially trauma responsive supports were insufficient. It wasn't unusual for children to receive some form of counseling, but trauma histories require a higher level of skilled involvement. Wait lists were a challenge for assessment and therapy for some children.*

*Theme 3: Because intensive home-based mental health services that addressed trauma and subsequently, child behavior, have limited availability, some children were placed in congregate settings to access more intensive services. Few emotional and behavioral challenges were noted that could not have been met in a less restrictive setting if such intensive home-based services were available.*

The monitoring team also identified the need for the following resources:

- Immediate access to local intensive, home-based mental health services to stabilize and sustain placements and respond to children's needs more skilled trauma responsive providers.

The CCFS Data Analysis Team listed the following recommendation for this area.

- DSS in general needs a larger emphasis on mental health services for children. When placement changes occur, if the child is taking part in any form of mental health services, there should be more of an effort to maintain and continue those services in some capacity.
- DSS should provide ongoing mental health assessments for children, particularly those who have had multiple placements in order to ensure the well-being of the child. Although the child may not have had mental health needs at the onset of being in foster care, it is entirely possible that the child will develop the need for individual counseling or mental health services as the effects of multiple placements, sibling separation, and the complexity of foster care come into play.
- Therapeutic foster homes in general need to be better trained in order to effectively address the behavioral needs that can be seen in the Placement Needs Assessment. Children in therapeutic foster care experienced the highest number of placement changes in the study. In several cases, children were moved multiple times due to therapeutic foster homes being unable to handle the children's behaviors. The therapeutic homes that were most stable had experience and additional, specialized training that gave them the capacity to better handle the child's behavioral needs.

### *Placement Availability, Structure, and Support for Caregivers*

A number of issues regarding placement availability (including adequate numbers, level of quality, and location), the DSS structure for placing children, and supports for caregivers were identified in the PNA study. The monitoring team observed two themes in this area.

Theme 1: *The placement process itself is, as many narratives acknowledged, bed-availability driven, not child needs driven. It is common of staff looking for placements to use a Universal Application that is sent out to multiple or many providers. Placement is frequently based on where there is a willingness to accept the child.*

Theme 2: *For many of the children in group care and some in therapeutic foster care, narratives revealed that had the placement been available, the child's needs could have been met in conventional family foster care. In those cases, family foster care placements had not been available.*

The monitoring team also identified the following additional resource needs:

- Additional family foster homes
- A more even geographic distribution of Treatment Foster Care homes (to enable placements closer to home and community)
- A functional placement matching system.

The CCFS Data Analysis Team listed the following recommendations for this area.

Placement:

- Establish clear protocols for all aspects of placement. Currently communication systems vary between and within DSS and the contracted child placing agencies (CPA). Since there are so many CPAs, one protocol needs to be written and followed. Some of the current protocol for how DSS requests placements for children needs to be examined. Workers send the universal form to a listserv that no one seems to have responsibility for updating. When employees leave DSS or the CPA, there is no mechanism for updating the listserv or notifying each other of the change. The universal form which is currently being emailed has a place to record social security numbers and other confidential information. It is not clear whether encryption protocol are in place or are being followed.
- Provide county, adoption, IFCCS staff, and foster parents more information and preparation for the changes that have occurred in the placement process. In focus groups, placement staff said it was very difficult during the first year or so after changes were put in place. The county, adoption, and IFCCS staff and foster parents did not always understand the context for the changes and how it would benefit the children.
- The DSS placement worker in collaboration with the case manager should select the placement, not the placement selecting the child.
- Reserve homes with the higher capacity in order to meet the needs of large sibling groups coming into care.
- It is recommended that DSS determine a priority list of what matters most when placing children in order to provide guidance on this very difficult process. Based on the well-being literature and state policy, what are the most important things about a placement that improve outcomes for children? My recommendation would be to create a decision flow chart to aid foster care workers as they consider each aspect of the decision to move children.

Support:

- Revisit the communication pattern between DSS placement workers, child placing agency staff, and the case manager in order to determine how to involve all members of the team when placing a child. The placement staff and case manager should be able to combine their knowledge in order to find the best placement possible for the child to achieve stability.
- Provide foster parents updates on the child's case of what the agency was doing as far as the child's case was concerned, such as the status of permanency planning, the child's needs, and the current plan for the child's foster care placement.
- Encourage partnerships between the foster parents and caseworkers to ensure that all the supports needed are obtained to keep the child safe and stable in the home.
- Provide greater access to respite care for foster parents.
- Encourage the use of afterschool programs to provide some emotional support for the foster family and give the child additional forms of social activity.
- Provide more information to foster parents regarding independent living skills training for children and youth in their care including tutoring and education coaching.
- Caseworkers may be unfamiliar with the available educational resources in counties other than their own, but it would be helpful if DSS had a comprehensive list of services and reliable, qualified tutors and education coaches across the state that could easily be accessed by caseworkers. Congregate care facilities appeared to be better prepared to implement needed services as they maintained lists of resources in their area.
- Ensure educational records are transferred to the new school including Individualized Education Plans (IEP).
- Ensure all teenagers in foster care receive an *Educational and Training Voucher Program Guidelines for Services booklet* (available in an adult and youth-friendly versions). This booklet provides information about what is covered through IL and ETV funds.
- Revisit the hand-off procedure after a placement change to ensure all relevant information is shared with the new foster parent. Assess children in congregate care facilities regularly to determine needs and facilitate quicker returns to less restrictive environments as appropriate.
- Offer in-depth training to develop skills needed to serve children with higher levels of need
- Provide a variety of support services to enable foster parents to meet the needs of children in their homes

#### Recruitment:

- Recruit additional foster parents who are willing to foster children with various levels of need including teenagers who act out aggressively, sexually, or who have DJJ involvement.
- Recruit foster parents who are willing to work with youth needing higher levels of care.
- Too few of these homes seem to understand the vision and purpose of foster care and don't appear to have the commitment needed to be effective in their role.
- Recruit more homes with foster parents who are skilled and willing to provide care for older teenagers.
- Recruit more homes with foster parents who can take larger groups of children so that sibling groups can be placed together.
- Recruit more homes with foster parents who are willing to adopt children and are also willing to put the needs of the children first in recognizing that biological parents should be given the chance to reunify when appropriate.

- Recruit more homes with foster parents with the skills, experience, and training to provide the care needed for children who have experienced the level of trauma, abuse, and neglect that is reflected in the population of foster children.
- Recruit more homes with foster parents who are willing to work with biological parents to assist them in reunifying with their children.
- Recruit more homes with foster parents who understand basic child development and age-appropriate behaviors and how to manage these developmentally appropriate behaviors.
- Provide the level of training needed to foster parents to enable them provide care to children who:
  - have experienced sexual abuse, sex trafficking, and other forms of sexualized behavior
  - have experienced significant trauma and have PTSD
  - exhibit challenging behavior
  - have various types of disabilities
  - have various types of medical issues
  - have mental health issues

### *Data Reporting and Documentation*

The CCFS Data Analysis Team listed the following recommendation for this area.

- Improve clarity regarding the permanency goal for the child in the CAPSS system. A concise message stating the child's current permanency plan along with their permanency history should be included. There are several safety reasons for this change. If a new caseworker obtains the case due to turnover, the new worker would be able to see what the child's permanency history was, ideally including when the child's permanency hearings occurred and any information that resulted from staff meetings or court decisions. In one case, a case manager left for maternity leave and returned to find that the case suddenly had changed from reunification to adoption in the short period since she had left. The worker had been working with the family for over a year and suddenly was facing an entirely new situation when she returned. A clear, concise CAPSS entry would help provide context on the changes that have occurred not only in the current life of the foster care case but also prior episodes in order to obtain a clear picture of the child's foster care history.
- Improve clarity in the CAPSS system regarding the services a child has received. One of the biggest challenges in the Placement Needs Assessment was obtaining information regarding the services the child had received since being in foster care. Besides the initial assessment, the only location to find the child's current and prior services was in dictation which was often inconsistent. Children have continually changing needs and services through the life of a foster care case, and dictation proved to be an inconsistent method for assessing the child's service history. CAPSS needs a history section that accurately displays the child's history of services, both recommended and provided in order to ensure that the child continues to obtain identified services through their time in foster care. There were several cases in the Placement Needs Assessment where the child would obtain services such as individual counseling in one placement and not receive it again until several placements later. A service history section would also be beneficial if the child had previously been in foster care. This would allow the current worker to know what services had been identified prior and determine whether or not those services need to continue for the child. If the child had been in care prior and had a history of behavioral issues and needed behavioral modification services, when the child

reentered care the worker would be able to automatically identify this as a need that would potentially help stabilize the child in the first placement and support the foster home.

- Create an administrative approval system consistent with the new process that does not allow a county office the sole authority to approve a child's placement without outside approval.
- Create a code book of definitions describing each level of foster care and the criteria for meeting each level.
- Share the code book with all county offices, supervisors, and caseworkers.
- Create a data element in the CAPSS database to indicate a child is approved for a specific level of care.
- Include specific data elements in CAPSS that concisely identify whether a child is approved for case management by Intensive Foster Care and Clinical Services (IFCCS). Historical or archival data is needed for this element to assess changes over time.
- Include specific data elements in CAPSS that concisely identify whether the child is approved for therapeutic or regular foster care. Historical or archival data is needed for this element to assess changes over time.
- Definitions and criteria are needed for what constitutes a placement change. In attempting to track down how many placement changes the children in the PNA study had, there were discrepancies with how the data is recorded and what actually should be counted as a change.

Since the completion of the PNA, the Agency is engaging consultants to assist with completion and implementation of the Placement Implementation Plan. This plan will guide our work to increase placement resources in family-like settings and enhance community services to meet the needs of our children. The consultants will review our current draft; assist with further development to include a pilot plan for a region or select counties; work with Agency representatives to prepare and submit a revised Plan; and assist with implementation of the revised and approved Plan.

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

**Updates:** Each region is creating targeted recruitment plans and goals that will be county-specific. CWS is using data to help determine needs and to create recruitment messages. Collaborative meetings, to include civic organizations, chambers of commerce, law enforcement officers, business owners, are being conducted within county-specific locations.

DSS recruitment efforts with All Pro Dad are going strong, with Facebook campaigns, billboards, public service announcements and upcoming events. All Pro Dad is a fatherhood program that encourages fathers to provide guidance and practical tips in raising their children in a life giving way. DSS's first stadium experience will be June 30 at the new USC practice facility, which has never been used by an outside group before. This event will be a big draw for people to see the inside of the facility. A similar event involving the Carolina Panthers is in the planning stages, as is an event at Clemson in the spring. Two church events are targeted for fall at Seacoast Church and Bible Way of Atlas Road in Columbia. Leads from the Coach's Kid of the Month Facebook campaign continue to grow. Our combined efforts with All Pro Dad and our local media partners have produced 1,143 of our 2,713 leads.

WIS, a local television station, is airing a monthly series featuring a foster child who is available for adoption. Segments about two children have aired so far, and the third is scheduled for Tuesday. This is intended to be an ongoing partnership, with commitment from the station, which has the largest reach

of any in South Carolina, to continue at least for 12 months. All the children featured so far have had multiple adoption inquiries.

**Goal: Build administrative capacity to support safe and thriving children in lifelong families**

**1. Establish and implement caseload standards to promote the safety, permanency and well-being of children while involved with the SCDSS**

**Update:** In November 2017, caseload standards were established for staff in Out of Home Abuse and Neglect (OHAN) (8 investigations), Foster Care (15 children), IFCCS (9 children) and Adoptions (17 children). Mixed caseloads for foster care workers who carry Assessment, Family Preservation, Other Child Welfare Services, & ICPC cases will be counted by the total number of children in foster care plus the number of families served in the other areas. New investigators and case managers in OHAN, Foster Care, IFCCS and Adoptions will carry half of the applicable standard for their first 6 months after completing Child Welfare Basic. For Foster Care, this is seven cases. For IFCCS, this is five cases and for Adoptions it is nine.

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

**Update:** The National Adoption Competency Mental Health Initiative (NTI)

The National Adoption Competency Mental Health Training (NTI) is a web-based training aimed at equipping child welfare professionals and mental health practitioners to address the mental health needs of children, youth and their families which are moving toward, or have achieved, permanency through adoption and guardianship. South Carolina is 1 of 8 states to take a part in the NTI pilot project. The training consists of Phase 1 – The Child Welfare Curriculum and Phase 2 – The Mental Health Curriculum.

Phase 1 of the training included SCDSS child welfare staff and private provider agencies partners. 434 Staff completed the training during the pilot representing an 81% completion rate. Our State Implementation Team set a completion rate goal of 85%.

**Update:** An Agency Training Director was hired in April 2017 and five staff were added in the fall of 2017 to create a Staff Development & Training Office to meet the training and development needs of the agency. Two of the training staff are Learning Management System (LMS) Administrators. The LMS allows supervisors to see training their staff completed, training their staff has been assigned and a supervisor can assign their staff training as well.

In June 2018, a Child Welfare Training Director within the Staff Development and Training Office was hired. This position will hire five additional Child Welfare training positions. In partnership with Chapin Hall, the department is developing an improved CWS workforce Training Plan that will include training tracks for leadership as well as for specialized caseworkers such as Foster Care, Adoptions, Investigations, etc. Once the Child Welfare Training Plan is completed the department can begin determining who can provide the training identified and creating learning plans in the LMS for all Child Welfare staff.

### **3. Strengthen Workforce Development through hiring, retention, training, and support efforts, to sustain consistency in provision of critical services that promote safety, permanency and well-being for children involved with the SCDSS**

**Update:** Due to high turnover and an influx of new positions, the agency identified a need for more active recruiting to fill vacancies across the state. In response, the Office of Human Resources developed a team of recruiters to conduct hiring events statewide. This team held and attended hiring events and career fairs across the state in counties with a high vacancy rate and as requested by county leadership. They advertised the events, met with potential candidates, provided information about the positions available, and screened applications to help meet the Agency's hiring needs. Throughout the course of 2017 – 2018 14 events were held and HR Recruitment have attended 51 job fairs throughout the state.

Currently, the new caseworker and 2nd/3rd shift positions are established as continuous postings in the State Jobs recruitment site. These jobs are also highlighted on the DSS Facebook page, Twitter, Indeed.com, and LinkedIn.

In the interest of appealing to target audiences, SCDSS is looking at redesigning job postings (and methods) to be more attractive.

**Update:** To retain agency staff, the Office of Human Resources began the Employee Bonus Incentive Program. DSS staff who demonstrate a commitment to staying with the department will receive incentive bonuses at 1, 3 and 5 years of service, which are the most critical times for staff turnover at DSS. DSS employees who have remained with the department for 10, 15, 20, 25 and 30 years will also receive an employee bonus upon their anniversary date. The first payout to eligible employees was in October of 2017.

The Office of Human Resources also began the Student Loan Reimbursement Program in June of 2018. The purpose of the Student Loan Reimbursement Program is to build a stronger workforce in support of DSS's mission and aid in the recruitment and retention of qualified employees within the established program areas and job classifications. Employees may apply for reimbursement of student loan expenses for tuition and associated fees.

### **4. Establish and maintain a Continuous Quality Improvement (CQI) System**

**Update:** The Deputy State Director for Child Welfare Services introduced the following State Child Welfare Services Planning and Implementation Team Structure in June 2018:

#### Purpose

The South Carolina Department of Social Services is committed to improving and reforming the state's child welfare system. The state views the child welfare system as a continuum, including public and private agencies that serve children, youth, and families, medical and educational professionals, the courts, the faith community and the community as a whole. The reformed child welfare system is one in which communities are strong and responsive, families are nurturing, and children are safe, healthy, and thriving.

In order to realize this vision for the child welfare system, the Child Welfare Services Division of the department must identify ways in which to work more effectively and collaboratively. Therefore, the

South Carolina Department of Social Services, Child Welfare Services Division will create a teaming structure that will support productivity, accountability, collaboration, and continuous quality improvement in the implementation of all state led strategic plans, improvement plans, projects, and initiatives. This structure will also enhance communication about the department's work across all agency divisions, as well as with community partners, and will promote sustainability in program improvement.

Effective Date: July 1, 2018

### Overview

- The State Child Welfare Services (CWS) Division is led by a Deputy Director and is comprised of six (6) offices, each led by a Director who is responsible for administering key child welfare services programs in furtherance of the agency's mission and vision.
- The following offices exist within the State CWS Division:
  - Safety Management, vacant
  - Permanency Management, led by Dawn Barton
  - Child Health and Well-Being, led by Gwynne Goodlet
  - Performance Management and Accountability, led by Faith Lee
  - Family and Community Partnerships, vacant
  - Regional and County Operations, led by Sandy Hart
- The Directors of these CWS Offices make up the **State CWS Steering Committee**.
- As deemed necessary by the State CWS Division to implement strategic plans, improvement plans, projects, and initiatives and with the written approval of the Deputy Director of Child Welfare Services, the State CWS office Directors referenced above have the authority to sponsor **CWS Work Groups** who will be chiefly responsible for implementation.
- CWS Work Groups must be sponsored by a State CWS Office Director, must be chartered in writing using the state CWS work group charter form, and must have the written approval of the Deputy Director of Child Welfare Services to proceed.
- Work Group Leaders may make written amendments to work group charters to establish **subgroups** as necessary to carry out sponsored work activities.
- State CWS Office Directors must review and renew all work group charters and any amendments annually, by June 30, to determine team effectiveness and the need to continue sponsored work activities. This review and renewal date has been selected to coincide with the filing of the Federal Child and Family Services Plan/Annual Progress and Services Report (CFSP/APSR).

### Team Structure Outline

#### I. **State CWS Steering Committee**



- a. Vision Statement: to support productivity, accountability, and continuous quality improvement in the implementation of all state led strategic plans, improvement plans, projects, and initiatives of the CWS Division and to enhance communication across the system of child welfare.
  - b. Scope of work: Responsible for use of data to establish vision, goals, and strategies, aimed at improving the system of child welfare, including, but not limited to, improving child safety, permanency, and well-being, workforce development, and continuous quality improvement processes and for making recommendations to the Deputy Director of CWS.
  - c. Boundaries and Limitations: Responsible for reviewing and approving recommendations of CWS work groups, engaging partners across the child welfare system as deemed necessary; making recommendations to the Deputy Director of Child Welfare Services as needed for final decisions.
  - d. Authority, Accountability, Reporting: Approves recommendations of State CWS work groups.
  - e. Communication: Meets as a team a minimum of one time per month to discuss progress, for planning, and decision making. Meets in person with the Deputy Director of CWS a minimum of one time per month to discuss progress, for planning, and decision making.
  - f. Project Management: The Michelle H. Program Improvement Consultant shall convene these CWS Steering Committee meetings, being responsible for scheduling, agenda setting, ensuring note taking, meeting facilitation, and distribution of notes. The Director of Performance Management and Accountability serves as co-lead for project management and meeting facilitation.
  - g. Governance: Final decisions are made by the Deputy Director or State Director, if deemed necessary.
  - h. Membership: State CWS Office Directors.
- II. **State CWS Work Groups:** as dictated by the project, plan, or initiative, state, regional, and county staff, other internal and external stakeholders.
- a. Vision Statement: to support productivity, accountability, and continuous quality improvement in the implementation all state led strategic plans, improvement plans, projects, and initiatives of the CWS Division.
  - b. Scope of work: Responsible for development and implementation of action plans, strategic plans, improvement plans, projects, and initiatives of the CWS Division, including, but not limited to plans aimed at improving child safety, permanency, and well-being, workforce development, and continuous quality improvement processes.
  - c. Subgroups: As needed to address an area of focus, i.e., training, coaching, policy, data, continuous quality improvement, administration, technology, etc.
  - d. Boundaries and Limitations: Responsible for implementing strategies, key activities, and action steps and for developing recommendations for the State CWS Steering Committee
  - e. Authority, Accountability, Reporting Requirements: Submits recommendations to the State CWS Steering Committee for decisions that must be made.

- f. **Communication:** Work Group leaders convene work groups a minimum of once per month by phone or in person to monitor progress and work on specific parts of the scope of work; all products and recommendations are shared with the State CWS Steering Committee upon completion; feedback loops are in place to foster ongoing communication between work groups, sub groups, and other stakeholders.
  - g. **Governance:** Consensus
  - h. **Membership:** 6-7 individuals, chartered to work on specific pieces of the overall scope of work; responsible for providing work products, communicating progress to work group members and the State CWS Steering Committee; work groups and subgroups are created from various levels (state, region, county, stakeholders); to promote transparency and effective communication.
- III. **Subgroups:** as dictated by the project, plan, or initiative, state, regional, and county staff, other internal and external stakeholders.
- a. **Vision Statement:** to support productivity, accountability, and continuous quality improvement in the implementation all state led strategic plans, improvement plans, projects, and initiatives of the CWS Division.
  - b. **Scope of work:** Responsible for development and implementation of specific tasks within action plans, strategic plans, improvement plans, projects, and initiatives of the CWS Division, including, but not limited to action plans aimed at improving child safety, permanency, and well-being, workforce development, and continuous quality improvement processes.
  - c. **Boundaries and Limitations:** Responsible for implementing strategies, key activities, and action steps and for developing recommendations for the State CWS Work Group.
  - d. **Authority, Accountability, Reporting Requirements:** Submits recommendations to the State CWS Work Group for decisions that must be made.
  - e. **Communication:** Work Group leaders ensure subgroups meet a minimum of once per month by phone or in person to monitor progress and work on specific parts of the scope of work; all products and recommendations are shared with the State CWS Work Group upon completion; feedback loops are in place to foster ongoing communication between work groups, sub groups, and other stakeholders.
  - f. **Governance:** Consensus
  - g. **Membership:** Up to 7 individuals, assembled to work on specific pieces of the overall scope of the work charter; responsible for providing work products, communicating progress to work group members; work groups and subgroups are created from various levels (state, region, county, stakeholders); to promote transparency and effective communication.

## WELLBEING OUTCOME

*CFSR Case Review Data for Wellbeing*

### WELL-BEING OUTCOME 1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS.

Data Element	Overall Determination	State Performance
Well-Being Outcome 1 Families have enhanced capacity to provide for their children’s needs	Not in Substantial Conformity	18% Substantially Achieved
Item 12 Needs and services of child, parents, and foster parents	Area Needing Improvement	18% Strength
Sub-Item 12A Needs assessment and services to children	Area Needing Improvement	49% Strength
Sub-Item 12B Needs assessment and services to parents	Area Needing Improvement	16% Strength
Sub-Item 12C Needs assessment and services to foster parents	Area Needing Improvement	66% Strength
Item 13 Child and family involvement in case planning	Area Needing Improvement	30% Strength
Item 14 Caseworker visits with child	Area Needing Improvement	54% Strength
Item 15 Caseworker visits with parents	Area Needing Improvement	25% Strength

**WELL-BEING OUTCOME 2: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS.**

Data Element	Overall Determination	State Performance
Well-Being Outcome 2 Children receive appropriate services to meet their educational needs	Not in Substantial Conformity	68% Substantially Achieved
Item 16 Educational needs of the child	Area Needing Improvement	68% Strength

**WELL-BEING OUTCOME 3: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS.**

Data Element	Overall Determination	State Performance
Well-Being Outcome 3 Children receive adequate services to meet their physical and mental health needs	Not in Substantial Conformity	39% Substantially Achieved

Item 17 Physical health of the child	Area Needing Improvement	64% Strength
Item 18 Mental/behavioral health of the child	Area Needing Improvement	25% Strength

Item 12	% Strength (number of cases)	% ANI (number of cases)
<b>Overall 2017 State Rating</b>	<b>21% (93)</b>	<b>79% (353)</b>
<b>Overall Baseline Rating</b>	<b>18% (18)</b>	<b>82% (82)</b>
Foster Care	30% (12)	70% (28)
In-Home Services	10% (5)	90% (46)
Community Based Prevention Services	11% (1)	89% (8)

- The agency did not provide appropriate services to the parents and/or target child to help meet his/her needs
- In many cases the agency would not adequately assess the needs of target child, their parents, or foster parents
- The agency would not make efforts to locate the biological father(s) of the target child
- Even when needs were identified, the agency did not make concerted efforts to provide mental health services or domestic violence services to the parents
- Parenting classes were not provided to parents, particularly mothers
- Other services not provided include AOD treatment, anger management, and family counseling
- In general, the barriers found to providing services included a lack of effort to provide the identified service and a lack of effort to contact individuals to participate in services

Item 13	% Strength (number of cases)	% ANI (number of cases)
<b>Overall 2017 State Rating</b>	<b>35% (147)</b>	<b>65% (277)</b>
<b>Overall Baseline Rating</b>	<b>30% (28)</b>	<b>70% (66)</b>
Foster Care	41% (14)	59% (20)
In-Home Services	18% (9)	82% (42)
Community Based Prevention Services	56% (5)	44% (4)

- Lack of effort to involve mother or father in case planning
  - At times, the father was not involved because he had not been located by the agency
- Children were not appropriately involved in case planning, as the caseworker might speak with them but not about the case plan despite being age appropriate
- There was a lack of discussing the treatment plan, particularly with mothers

Item 14	% Strength (number of cases)	% ANI (number of cases)
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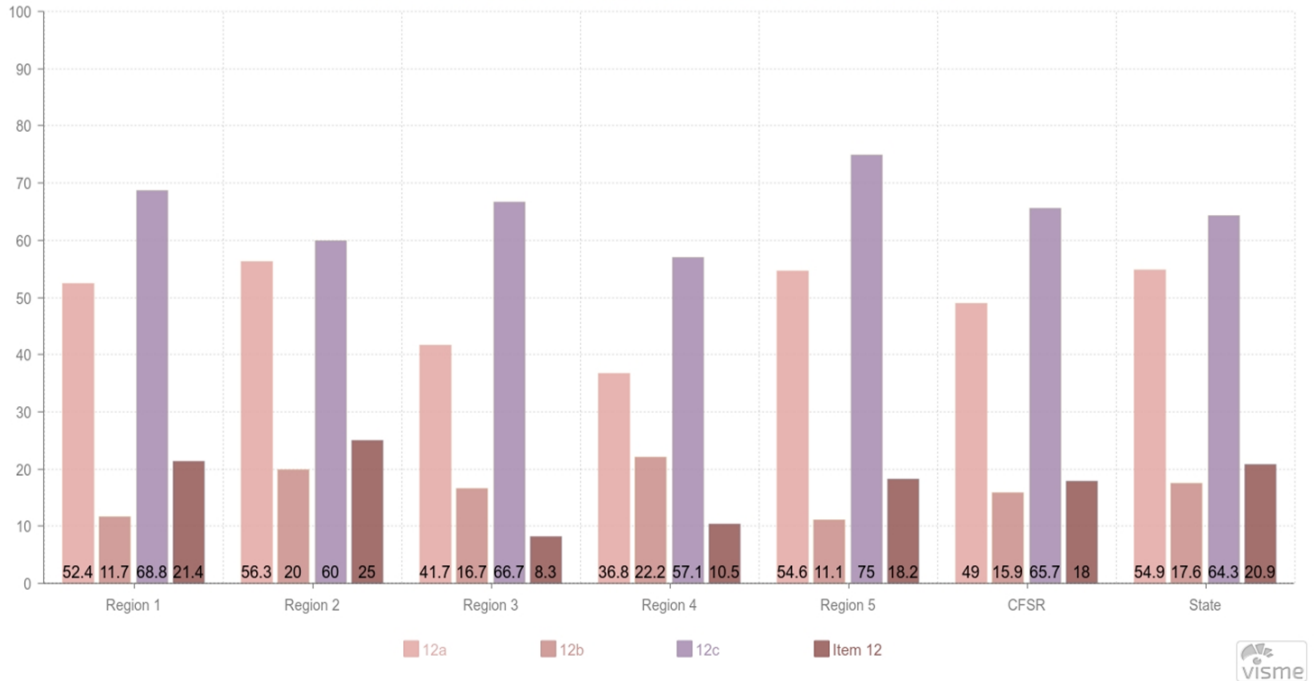
<b>Overall 2017 State Rating</b>	<b>63% (279)</b>	<b>37% (167)</b>
<b>Overall Baseline Rating</b>	<b>54% (54)</b>	<b>46% (46)</b>
Foster Care	65% (26)	35% (14)
In-Home Services	49% (25)	51% (26)
Community Based Prevention Services	33% (3)	67% (6)

- Frequency of visits between agency and child not sufficient
- Quality of visits between agency and child not sufficient
  - Child not properly assessed
  - Visits did not occur within the child’s home
  - Child not seen privately
  - Discussions were not relevant to case

<b>Item 15</b>	<b>% Strength (number of cases)</b>	<b>% ANI (number of cases)</b>
<b>Overall 2017 State Rating</b>	<b>27% (99)</b>	<b>73% (267)</b>
<b>Overall Baseline Rating</b>	<b>25% (22)</b>	<b>75% (65)</b>
Foster Care	30% (8)	70% (19)
In-Home Services	20% (10)	80% (41)
Community Based Prevention Services	44% (4)	56% (5)

- Quality of visits between the caseworker and parent(s) were insufficient to accurately address the issues pertaining to the safety, permanency and well-being of the target child
  - In some cases, the caseworker would not talk to the parent(s) about the target child
  - Caseworker did not discuss issues relevant to the case
  - Did not discuss in-depth about the parent’s service progress
- Quality of visits between the caseworker and parent(s) were insufficient to accurately discuss case goals
- In many cases the agency would not make concerted efforts to visit with the parent or legal guardian of the target child
  - Lack of face-to-face contact between the agency and the parent(s)
  - Lack of diligent search for father

Item 12a: Needs Assessment and Services to Children (and kinship caregivers)  
 Item 12b: Needs Assessment and Services to Parents  
 Item 12c: Needs Assessment and Services to Foster Parents



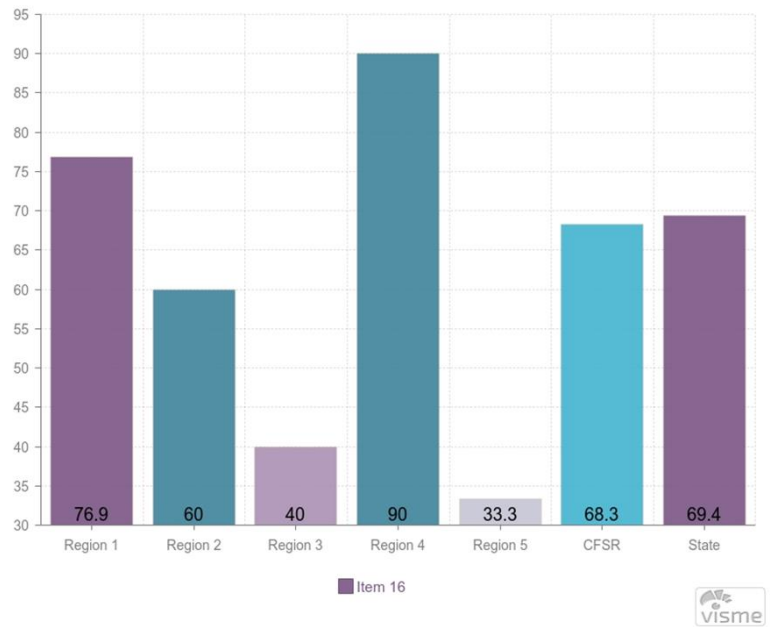
## Well-Being Outcome 1 Barriers

	Identified Barriers
Item 12: Needs and services of child, parents, & foster parents	<ul style="list-style-type: none"> <li>- Lack of diligent search in order to provide assessments</li> <li>- Counseling and drug screens were not provided to father in a timely manner</li> <li>- Parent was avoiding the agency</li> </ul>
Item 13: Child & family involvement in case planning	<ul style="list-style-type: none"> <li>- Individual's work schedule prevented routine case planning</li> <li>- Parent did not want to be involved in the case</li> <li>- Difficulties contacting parent to conduct ongoing case planning</li> </ul>
Item 15: Caseworker visits with parents	<ul style="list-style-type: none"> <li>- Father's work schedule prevented visits</li> <li>- Parent did not want to be involved in the case</li> </ul>

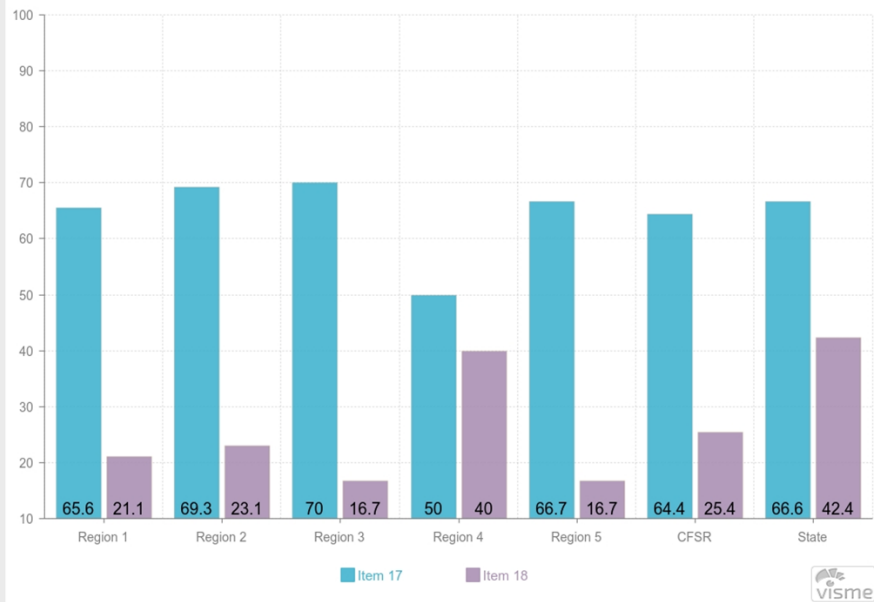




Item 16: Educational Needs of Child



Item 17: Physical Health of Child  
Item 18: Mental/Behavioral Health of Child



**Well-Being Outcome 1:** Families have enhanced capacity to provide for their children's needs.

Item 12: Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?

Item 13: Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?

Item 14: Were the frequency and quality of visits between caseworkers and child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

Child and Family Services Reviews Quick Reference Items List 1

Item 15: Were the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

**Well-Being Outcome 2:** Children receive appropriate services to meet their educational needs.

Item 16: Did the agency make concerted efforts to assess children's educational needs, and appropriately address identified needs in case planning and case management activities?

**Well-Being Outcome 3:** Children receive adequate services to meet their physical and mental health needs.

Item 17: Did the agency address the physical health needs of children, including dental health needs?

Item 18: Did the agency address the mental/behavioral health needs of children?

**Goal: Children will thrive when involved with SCSSS**

*Wellbeing work to improve outcomes*

*Objectives Updates to the 2015-2019 CFSP*

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

**Update:** The South Carolina Department of Social Services implemented the kinship foster care program in accordance with South Carolina Code of Laws Section 63-7-2320 on April 30, 2017. The goals of the kinship foster care program are to:

- address the kinship caregiver's need for financial and other supports
- reduce the traumatic effect of being separated from a biological parent by placing the child in the home of a relative for foster care



- enhance placement stability while in foster care
- expedite and increase timely legal permanency for the child

Under this program, the Department must provide the same financial benefits and other services offered to other licensed foster parents. A child who is placed in kinship foster care is subject to the same permanency planning requirements as a child who is placed in foster care with a non-related family.

For continuous quality improvement of this program, monthly meetings have been held to assess the progress of licensing kinship caregivers. It has been determined that the department will continue to establish a kin first philosophy and approach. When a child must be removed from the home and placed into foster care, the department will, to the greatest extent possible, preserve connections to family, community, schools, and what is familiar to the child by placing the child with kinship caregivers. To continue this approach, the department has committed to the following:

- Hire a State Kinship Care Coordinator
- Train staff, partner, and providers on the importance of kin and how to meet their needs.
- Review policies, procedures, and practice standards to make sure they reflect the department's belief that children placed with kin deserve the same services and support as children placed with non-kin
- Identify and engage kin early and often
- Make the first placement a kin placement
- Prioritize licensing kin
- Support permanency
- Create community network to support kin

Recently, South Carolina passed house bill 3701 as it relates to kinship care to "inform relatives of the procedures for licensure as a foster parent, the benefits of licensure as a foster parent, including eligibility for financial assistance and supportive services, and the risk that the relative may be ineligible for that assistance and services if the relative is not licensed as a foster parent."

[http://www.scstatehouse.gov/sess122\\_2017-2018/bills/3701.htm](http://www.scstatehouse.gov/sess122_2017-2018/bills/3701.htm). The department is in the process of enforcing this law to ensure that it is inclusive of the department's policy and most importantly practice procedures for staff who are child welfare.

Currently, to enhance services to kinship caregivers, SC will apply for a Kinship Navigator grant. By applying for this grant, this will help enhance the departments "kin first philosophy". The department already has Kinship Care Coordinators in each region to help promote navigation of services for kinship caregivers. The department has also collaborated with HALOS and the Citizen's Review Panel's new initiative of Kinship Care Circles to receive feedback regarding the needs of kinship caregivers served throughout the state of SC.

## **2. Ensure the physical and mental health needs of children (including dental health), are addressed**

**Update:** In May 2016, DSS began an effort to document, track and produce data reports for both health and educational outcomes for children in foster care, primarily through use of an Education and Health Passport. A Directive Memo issued on May 6, 2016 required a passport for every child in care be entered

into CAPSS by July 1, 2016. In August 2016, a CAPSS redesign was implemented, providing discrete fields in CAPSS to capture physical and mental health screenings and follow up and to produce data reports to track compliance, among other things. CWS also worked to define “immediate treatment needs” and make CAPSS enhancements to build capacity to capture and collect data necessary to track the provision of follow-up care to children in DSS custody.

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

**Update:** CWS enacted the following policy for appropriate placement settings for children age 12 and younger: Children age 12 and younger must not be placed in a congregate care setting unless there is documentation in the child’s case file of one of the following age appropriate exceptions:

Ages (0-6)

1. The child requires a degree of clinical and/or medical support that can only be provided in a group care setting and the placement is a facility that has the capacity and specialized treatment to meet the child's needs;
2. The child is the son or daughter of another child placed in a group care setting; or
3. The child is a member of a sibling group of four or larger and all efforts to secure a foster home or therapeutic foster home have failed. The facility must be able to accommodate the placement of the sibling group and maintain daily contact between the siblings. The agency will only approve this exception for 90 days, with time-limited extensions being granted if such extension is in the best interests of the child and the agency has documented intensive and ongoing efforts to secure a family-like placement for the siblings.
4. The child has been removed and is in the legal custody of the department and is placed with a parent who is not in our care, but who is temporarily in a residential group setting for treatment

Ages (7-12)

1. The child has clinical and medical needs that can only be met in a congregate care setting and cannot be provided in a family-like setting, and the placement is a facility that has the capacity and specialized treatment to meet those needs. The determination of clinical need must be based upon a decision issued by a Licensed Practitioner of the Healing Arts (LPHA) within the scope of their practice under SC State Law and not an employee of DSS. A determination of medical need must be made by a physician.
2. Sibling group of four or larger.
3. The child has been removed and is in the legal custody of the SCDSS and is placed with a parent who is not in SCDSS care, but who is temporarily in a residential group setting for treatment.

SCDSS has had great success with placing children ages 0-6 in the least restrictive, most family-like settings. Staffing’s are also done to enhance the placement of children ages 7-12 in least restrictive,

most family-like settings. Please see the information on the placement needs assessment work SCDSS is currently engaging in on page 29 of this document.

## SYSTEMIC FACTORS

### STATEWIDE INFORMATION SYSTEM

Data Element	Source of Data and Information	State Performance
Statewide Information System	Statewide Assessment and Stakeholder Interviews	Not in Substantial Conformity
Item 19 Statewide Information System	Statewide Assessment and Stakeholder Interviews	Area Needing Improvement

Please refer to the SC CFSR Statewide Assessment submitted January 31, 2017, pages 46-55 for the complete State response.

### CASE REVIEW SYSTEM

Data Element	Source of Data and Information	State Performance
Case Review System	Statewide Assessment and Stakeholder Interviews	Not in Substantial Conformity
Item 20 Written Case Plan	Statewide Assessment and Stakeholder Interviews	Area Needing Improvement
Item 21 Periodic Reviews	Statewide Assessment and Stakeholder Interviews	Strength
Item 22 Permanency Hearings	Statewide Assessment and Stakeholder Interviews	Strength
Item 23 Termination of Parental Rights	Statewide Assessment and Stakeholder Interviews	Area Needing Improvement
Item 24 Notice of Hearings and Reviews to Caregivers	Statewide Assessment and Stakeholder Interviews	Area Needing Improvement

Please refer to the SC CFSR Statewide Assessment submitted January 31, 2017, pages 56-69 for the complete State response

### QUALITY ASSURANCE SYSTEM

Data Element	Source of Data and Information	State Performance
Quality Assurance System	Statewide Assessment and Stakeholder Interviews	Not in Substantial Conformity
Item 25 Quality Assurance System	Statewide Assessment and Stakeholder Interviews	Area Needing Improvement

Please refer to the SC CFSR Statewide Assessment submitted January 31, 2017, pages 70-79 for the complete State response.

**STAFF AND PROVIDER TRAINING**

Data Element	Source of Data and Information	State Performance
Staff and Provider Training	Statewide Assessment and Stakeholder Interviews	Not in Substantial Conformity
Item 26 Initial Staff Training	Statewide Assessment and Stakeholder Interviews	Area Needing Improvement
Item 27 Ongoing Staff Training	Statewide Assessment and Stakeholder Interviews	Area Needing Improvement
Item 28 Foster and Adoptive Parent Training	Statewide Assessment and Stakeholder Interviews	Area Needing Improvement

Please refer to the SC CFSR Statewide Assessment submitted January 31, 2017, pages 80-110 for the complete State response

**SERVICE ARRAY AND RESOURCE DEVELOPMENT**

Data Element	Source of Data and Information	State Performance
Service Array and Resource Development	Statewide Assessment and Stakeholder Interviews	Not in Substantial Conformity
Item 29 Array of Services	Statewide Assessment and Stakeholder Interviews	Area Needing Improvement
Item 30 Individualizing Services	Statewide Assessment and Stakeholder Interviews	Area Needing Improvement

Please refer to the SC CFSR Statewide Assessment submitted January 31, 2017, pages 111- 147 for the complete State response

**AGENCY RESPONSIVENESS TO THE COMMUNITY**

Data Element	Source of Data and Information	State Performance
Agency Responsiveness to the Community	Statewide Assessment and Stakeholder Interviews	Substantial Conformity
Item 31 State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR	Statewide Assessment and Stakeholder Interviews	Strength
Item 32 Coordination of CFSP Services with Other Federal Programs	Statewide Assessment and Stakeholder Interviews	Area Needing Improvement

Please refer to the SC CFSR Statewide Assessment submitted January 31, 2017, pages 148- 166 for the complete State response

**FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION**

Data Element	Source of Data and Information	State Performance
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Foster and Adoptive Parent Licensing, Recruitment, and Retention	Statewide Assessment and Stakeholder Interviews	Not in Substantial Conformity
Item 33 Standards Applied Equally	Statewide Assessment and Stakeholder Interviews	Strength
Item 34 Requirements for Criminal Background Checks	Statewide Assessment and Stakeholder Interviews	Strength
Item 35 Diligent Recruitment of Foster and Adoptive Homes	Statewide Assessment and Stakeholder Interviews	Area Needing Improvement
Item 36 State Use of Cross-Jurisdictional Resources for Permanent Placements	Statewide Assessment	Area Needing Improvement

Please refer to the SC CFSR Statewide Assessment submitted January 31, 2017, pages 167- 198 for the complete State response

### **Child and Family Services Review (CFSR 3)**

The findings for South Carolina are based on:

The statewide assessment prepared by the South Carolina Department of Social Services (DSS) and submitted to the Children's Bureau on January 31, 2017. The statewide assessment is the state's analysis of its performance on outcomes and the functioning of systemic factors in relation to title IV-B and IV-E requirements and the Title IV-B Child and Family Services Plan.

The results of case reviews of 100 cases (40 foster care and 60 in-home) conducted via a State Conducted Case Review process at Greenville, Pickens, York, Fairfield, Berkeley, Jasper, Horry, Chesterfield, Aiken, and Newberry Counties, South Carolina, between April 1, 2017, and September 30, 2017.

#### *South Carolina 2017 CFSR Assessment of Substantial Conformity for Outcomes and Systemic Factors*

None of the 7 outcomes was found to be in substantial conformity.

The following 1 of the 7 systemic factors was found to be in substantial conformity:

- Agency Responsiveness to the Community

### **Michelle H. Progress Report**

Over the past year, SCDS has been working toward goals established in the Michelle H. Final Settlement Agreement. Work groups in the target areas of Workload/Caseload, Visitation, OHAN, Placement Needs, and Healthcare have met regularly to draft implementation plans and/or work toward achievement of identified strategies. Now, only the OHAN implementation plan has been approved. The following is an overview of the status of each work group:

Workload/Caseload – Caseload standards were established and approved by the co-monitors. An updated draft of the implementation plan has been submitted to them for review and approval. The work group continue to focus on implementing strategies identified in their current plan.

Visitation – An updated draft of the implementation plan has been submitted to the co-monitors for review and approval. The work group continue to focus on implementing strategies identified in their current plan, particularly focusing on improving the quality of visits and the quality of documentation.

OHAN – The OHAN implementation plan was approved by the co-monitors. The group is now focused on implementing identified strategies to improve practice.

Placement Needs – The work group is currently focused on strategies for targeted recruitment. Cynthia Flynn, our USC partner at the Center for Child and Family Studies continues to refine the Placement Needs Assessment at the county level. The implementation plan is undergoing additional revisions prior to submitting the next draft.

Healthcare – The work group has been collaborating with two consultants to draft their implementation plan. Their plan will be submitted to the co-monitors for approval at the end of June. The group is also working with DHHS and Select Health to gather data regarding medical services provided to our children. This is helping us identify initial medical, dental and mental health screenings, immediate treatment needs, and psychotropic medications our children are prescribed.

In addition to the work summarized above, SCDSS contracted with Chapin Hall to assist us with data validation as well as establishing a training plan for staff in child welfare. The following is a summary of their work thus far:

Data Validation – This project has two primary goals. The first is to review specific data SCDSS collects for its accuracy and completeness. When gaps in quality emerge, the task is to determine the reason and recommend courses of action for data cleaning and processes to ensure ongoing accuracy. The second goal is to provide DSS with guidance on how to streamline its processes for data analysis, reporting, and evidence use. The task is to make recommendations on how to prioritize, create, and disseminate reports that address the agency's strategic planning needs in the context of continuous quality improvement efforts.

Chapin Hall conducts monthly site visits with SCDSS leadership and staff to work toward these goals. The agency completes task lists and participates in conference calls between site visits to move the process forward. Chapin Hall has submitted its first deliverable of a data validation report to the co-monitors. The target date for completion of this work is August 2018.

Child Welfare Training Plan - The goal of this project is to assist SCDSS in the development of a training plan that will guide future efforts to develop training curricula, train a cadre of trainers, implement multi-modular pre-service and in-service training for frontline staff and supervisors, and evaluate the impact of training towards the development of workforce knowledge, skills and competencies.

We are in the first phase of this work which includes a comprehensive assessment of our training needs. Chapin Hall has had multiple onsite and virtual meetings with leadership and our USC training partners. They also facilitated a two-day focus group and have provided a written summary of the information

gathered. A survey for the field was developed and is being finalized for dissemination. Once survey results have been compiled, a training plan will be drafted and then finalized. The goal for completion of this training plan is August 2018.

### **AFCARS Update**

The SCDSS is in an AFCARS Program Improvement Plan.

An update for the AFCARS Program Improvement Plan was submitted on May 22, 2018.

The state is waiting on a response to this update.

### **SACWIS Action Plan Update**

Due to the new Comprehensive Child Welfare Information System (CCWIS) regulations, effective August 1, 2016, the SCDSS was no longer under a SACWIS action plan. The new CCWIS Rule provides South Carolina, along with other states, with a transition period of twenty four (24) months from the effective date to determine if we will:

1. Transition the S/TACWIS or non S/TACWIS to a CCWIS;
2. Become a non-CCWIS; or
3. Build a new CCWIS.

### **IV-E Foster Care Eligibility Review**

The 1994 Amendments to the Social Security Act authorize the Children's Bureau to review state child and family services programs to ensure compliance with the requirements. This review or audit is conducted every three years. The IV-E reviews are conducted by a team of federal and title IV-E agency representatives. The review team examines a random sample of foster care cases, provider files and payment documentation on children for whom the title IV-E agency claims reimbursement of title IV-E foster care maintenance payments. The IV-E reviews periodically monitor the title IV-E agency's compliance in meeting title IV-E eligibility requirements; validate the accuracy of the agency's claims for reimbursement of title IV-E payments made on behalf of children in foster care, and identify and recover improper payments. During the on-site review, the review team examines child case records, including placement and payment histories, court orders, provider licensing and safety documentation, and other relevant case materials. The review is conducted on site during a 5-day period to take place July 9-13, 2018.

### **SC IV-E Plan Amendments Program Improvement Plan (PIP)**

South Carolina DSS submitted the final title IV-E state plan PIP progress report and supporting documentation to the Regional Office on October 10, 2017. All required steps in the PIP have now been successfully completed and all goals set forth in the Plan have been achieved.

The following task were completed:

Each child welfare region (5) hosted policy and practice change trainings for all caseworkers and supervisors in the CWS Division on two areas of the Preventing Sex Trafficking and Strengthening Families Act. The two areas of training are: 1. APPLA as a permanency option 2. Reasonable and Prudent Parenting Standard.

A procedure is now in place that mandates all children age 14 and over in Foster Care can obtain a credit report from the 3 major credit reporting agencies.

Training was completed for case managers and foster parents on child identity theft and the importance of protecting Personal Identity Information and Personal Health Information for children in Foster Care.

### **CAPTA Program Improvement Plan. P.L. 111-320 - Creating a Plan of Safe Care for Drug-Affected Newborns**

See Appendix H.

### **Revisions to the Goals, Objectives, and Interventions**

There are no new revisions in the last year of the 2015-2019 Strategic Plan.

### **Implementation Supports**

Implementation support for CQI system enhancement; practice model development; supervisor training; alignment of CFSP, CFSR PIP, and Michelle H. interventions into a unified plan; and a revised or improved safety program will continue to be provided by working with Capacity Center for States, Casey Family Programs, Chapin Hall at the University of Chicago, the University of South Carolina Center for Child and Family Studies, and the National Child Welfare Workforce Institute.

The Agency is also engaging a consultant to provide technical assistance in the areas of workforce recruitment and retention. The consultant will assess our current plans and identify successful strategies that will enable the Agency to meet its workload obligations. The consultant will conduct interviews; review relevant policies; research best practices in other states; and submit a report of findings as well as recommendations.

## **UPDATE ON SERVICE DESCRIPTION**

### **Contracted Child Welfare Services**

To support its continuum of Child Welfare services, the South Carolina Department of Social Services (SCDSS) contracts with various community based providers for specific services designed to support the Child Welfare vision of the agency: a future where all South Carolinians live in strong, responsive communities, with nurturing families that support safe, healthy, and thriving children.

Since the submission of the 2018 APSR, some of the vital partners with the necessary services to support the South Carolina Child Welfare system in reaching the 2015-2019 CFSP Goals and Objectives are:

- Children's Trust of South Carolina;



- Medical University Hospital Authority;
- NEICE;
- Office of the Governor – Cass Elias McCarter Guardian ad Litem Program;
- Palmetto Association of Children and Families;
- Seneca Family;
- South Carolina Foster Parent Association;
- South Carolina Heart Gallery Foundation;
- Columbia Urban League;
- The Nurturing Center; and the
- South Carolina Foster Care Review Board – Heart Gallery.

### **The Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, Subpart I)**

For the estimated number of individuals and families to be served, the estimated funding, the population to be served and the geographic area where services will be available see Part 2 of the CFS-101 of the 2019 APSR.

The South Carolina Department of Social Services (SCDSS) will use Title IV-B Subpart I funds to promote and protect the welfare of all children with the provisions of child abuse and neglect prevention, intervention and treatment services; foster care; and services to promote permanency and independent living.

Most of case management services are provided by the staff of the SCDSS. Child Protective Services, Family Preservation Services, Foster Care and Adoption Services are provided statewide without regard to income.

### **Children's Trust of South Carolina**

The Children's Trust of South Carolina will provide training, technical assistance and prevention messaging at both the state and local community levels. The goal is to safely reduce the number of children coming into care by strengthening families and the communities in which they live by educating professional and providers about proven, evidenced-based approaches to prevent child maltreatment and ensure child well-being.

In State Fiscal Year (SFY) 17-18, The Children's Trust of South Carolina provide relevant, timely and appropriate offerings to all areas of the state. Training offerings will include topics related to the following areas: Prevention, Safe Sleep, Child Passenger Safety and Adverse Childhood Experiences (ACES). Information on specific training offerings can be found in the 2019 APSR Targeted Training Plan.

The Children's Trust of South Carolina also provides the Strengthening Families Program, an evidenced-based program, to families in South Carolina. The Strengthening Families Program (SFP) is an evidence-based prevention program for parents and children ages 6-11 in high risk families. The South Carolina Department of Social Services (SCDSS) is committed to ensuring this program is delivered with fidelity and has selected Children's Trust of South Carolina (CTSC) as the agency to monitor and address any issues related to implementation and fidelity.

The Children's Trust of South Carolina will provide and keep current a resource library for the agency's training program to support training for South Carolina Department of Social Services (SCDSS) staff, Foster and Adoptive Parents, Guardians ad Litem, Kinship Care Providers and Richland County Court Appointed Special Advocates (CASA). Items included in the library are Car Seat Safety Basics, Car Seat Identification Stickers, Keeping Kids Safe Booklets, Safe Sleep Sacks, Safe Sleep Kits, Prevention Guidelines, Safe Sleep/Child Passenger Safety Cards, Water Safety Cards, Water Watch Cards, Protective Factors Booklets and Special Needs Car Seats Card. All materials are in English and Spanish. In the current SFY, the Children's Trust of South Carolina will design and distribute car seat growth charts illustrating car seats appropriate for children based on height and posters of children appropriately restrained. These posters will be displayed in SCDSS county offices.

The Children's Trust of South Carolina will continue to build a network of agencies supporting prevention related activities. This work will expand interagency collaborations across child protective services, health, mental health, juvenile justice, education and other public and private agencies to build a service array to strengthen and support families across South Carolina.

The Children's Trust of South Carolina will continue to build prevention messaging as it focuses on organizations who are committed to prevention and want to carry the prevention message to their local communities. Currently the Children's Trust of South Carolina has a network of 53 local child and family serving organizations serving as Prevention Partners. In SFY 17-18, the Children's Trust of South Carolina looks to build upon that network by recruiting more participants from the faith, education, nonprofit, public service and business sectors.

During Child Abuse Prevention month, the Children's Trust of South Carolina will provide Prevention Partners with materials for Pinwheel Gardens, including all county SCDSS offices and messaging tools to promote child abuse prevention awareness and the Protective Factors framework. The Children's Trust of South Carolina will develop a public relations campaign to ensure the prevention message is shared across the entire state along with publishing an online calendar and promoting prevention events throughout the state.

The Children's Trust of South Carolina will also maintain a website to reach child serving professionals with the prevention message.

### **Medical University Hospital Authority (MUHA) Medical University of South Carolina**

The Medical University Hospital Authority (MUHA) provides comprehensive medical outpatient services to medically fragile children and children in Foster Care. The main components of these medical outpatient services include a multidisciplinary care team which consists of a Pediatrician, a Nurse Practitioner, Therapists (Physical, Occupational and Speech), a Social Worker and a Registered Nurse, the Program Director provides oversight to the multidisciplinary care team. Other components of the medical outpatient services provided by MUHA include care coordination and support for foster families, providing education and training to support foster families, caseworkers and group home staff, assist in the recruitment of foster families, supporting group home residents in the Charleston area by providing training to group home staff, providing trauma – informed care to children in care, in-home interventions and coordination of medical needs. In addition, MUHA develops and coordinates the delivery of family friendly services to support the families of medically fragile children. Care Coordination involves MUHA working with the child's Managed Care Organization (MCO) or medical provider to schedule appointments for primary care, sub-specialists, therapists, counseling and

education/training. MUHA will also provide social work and counseling services which include interacting with the foster family, community agencies, DSS and the medical community. MUHA Social Workers will provide psychotherapy for children in crisis until they are able to transition to a community provider for evidenced based psychotherapy such as Trauma Focused Cognitive Behavioral Therapy (TF-CBT). In addition, MUHA will provide adolescent specific services for group home residents. The Education and Training component includes one and one education/training with the child, training with both parent and child and classes for foster parents and DSS staff.

### **National Electronic Interstate Compact Enterprise (NEICE)**

This contract allows the South Carolina Department of Social Services to participate in the NEICE, a national web-based system designed to allow for the real-time electronic exchange of case files between the 52 states and jurisdictions that are members of the Association of Administrators of the Interstate Compact for the Placement of Children (AAICPC). The purpose of the NEICE is to streamline the ICPC administrative process to achieve improved and less costly service delivery. The NEICE system is designed to collect, track and report uniform interstate data, exchange case files between states in real time and provide timely communications and placement decisions regarding interstate placements. The NEICE system also allows states to process ICPC cases from their state child welfare system and transmit the documents in conformance with National Information Exchange Model (NIEM) standards to other states. The NEICE system supports best practices and provides cost savings by reducing postal charges and other paper-based expenses when making an interstate placement of a child.

### **Palmetto Association of Children and Families (PAFCAF)**

The Palmetto Association of Children and Families (PAFCAF) is an organization whose members provide services to children and families in need in the state of South Carolina. PACAF's membership comes from group homes, therapeutic foster home agencies, other child placing agencies, psychiatric residential treatment facilities and other providers of community based services. PAFCAF provides training and professional development opportunities to help ensure a well-qualified child welfare workforce equipped to protect and promote the welfare of children and teens they serve, prevent the abuse, neglect or exploitation of children and support at-risk families by providing services which allow children to return to their families in a timely manner and promote the safety, permanency and well-being of children in foster care.

PAFCAF will provide the administrative and programmatic support to plan, coordinate and execute local, regional and statewide trainings. During the contract year of October 16, 2017 to October 15, 2018, PAFCAF will provide the following trainings along with trainings on various other topics as needs or identified:

- 3 Kinship Care Summits (Columbia, Greenville and Charleston)
- Behavior Modification Training
- Managing and Adapting Practice (MAP) Training
- Annual PAFCAF Conference
- PAFCAF Leadership Retreat
- Accreditation Training
- Serving LGBTQ Youth

The following topics will be covered in PAFCAF trainings:

- Strategies for working with challenging youth
- Reducing Restraint
- De-escalation Strategies
- Trauma-Informed Care
- Identifying Gang Environment and Partnering with Local Law Enforcement
- Effective Transitions for children entering and exiting foster care
- Implementing practice changes as outlined in the Michelle H. Settlement Agreement
- Role of Kinship Caregivers
- Grief and Loss for children in foster care
- Dealing with Human Trafficking victims
- Creating Education Supports for children in foster care
- Best Practices in Employee/Employer Relations
- Cultural Competency
- Protecting Teenagers online
- Art and Play therapy
- Opioid Crisis

### **Seneca Family of Agencies**

The Seneca Family of Agencies will provide DSS staff with access to their search function to assist in locating extended family members of children and families who are involved in the Child Welfare system. Seneca's search function yields multiple family members from the search of one name. Seneca will provide a secure search link for employees and the contracted vendor for Family Engagement Services to submit search requests. Seneca will then have a search agent conduct a search of public records to provide a report which will include address history and phone numbers for the report subject and address history and phone numbers for possible relatives. If necessary, the search agent will also research social media, birth records and obituaries to locate possible relatives.

### **South Carolina Foster Parent Association (SCFPA)**

The South Carolina Foster Parent Association (SCFPA) will support the DSS mission of safe and thriving children in lifelong families. SCFPA will partner with DSS to strengthen agency efforts to identify and support families who can provide safe and secure homes to children in foster care either temporarily or permanently. In supporting and partnering with DSS the SCFPA will provide the following services:

- Application Intake from Potential Foster and/or Adoptive Families
- Providing Orientation to Interested Families
- Scheduling Pre-service Training and Fingerprinting
- Pre-service Training of Foster Care Applicants
- Recruitment of Foster and Adoptive Families
- Continuing Education for Licensed Foster Parents
- Support of Licensed Foster Parents
- Transition Support for Children in Foster Care
- Post Adoption Support Services

The SCFPA will maintain a toll-free telephone number and a recruitment-oriented website for prospective foster/adoptive parents to utilize in applying for licensure and to inform prospective parents about the application and licensure process. The SCFPA will provide an orientation session for interested families. This orientation will be prior to pre-service training and include an overview of the child-welfare system in South Carolina, the role of foster/adoptive parents in this system and the requirements to become a foster parent. The SCFPA will provide pre-service training to persons who apply to be foster parents. Applicants will receive 14 hours of pre-service training from the SCFPA as required by DSS regulations and policy. Pre-service training is designed to deepen prospective foster parents' knowledge of the South Carolina Child Welfare system and the role of foster parents in it and give prospective foster parents an understanding of childhood trauma and the behavioral and medical health care needs of children who are in foster care. The SCFPA will host at least one event per month to attract and inform persons who are interested in becoming foster/adoptive parents.

In addition to other topics specified by DSS, the SCFPA will provide ongoing training to licensed foster parents which will include in FY 2018 training on the Reasonable and Prudent Parent standard as specified in the Preventing Sex Trafficking and Strengthening Families Act, this training will also be available to DSS staff. Along with training on the Reasonable and Prudent Parent standard, SCFPA will provide DSS staff training on Another Planned Permanent Living Arrangement (APPLA) and transition planning for older youth. The SCFPA will also provide training to foster parents on sex trafficking, visitation and shared parenting. During the 17-18 SFY the SCFPA will provide a Training of Trainers (TOT) for Group Homes and Child Placing Agencies on visitation, shared parenting and psychotropic medications. This is being done so these organizations can then train their front line staff on these topics. SCFPA will offer at least once per year in each of DSS' five regions training on trauma reaction and how it may be manifested throughout a child's development. Trauma reaction training will be open to both pre- and post-adoptive parents.

The SCFPA and DSS will work together to encourage foster parents to attend and become members of their local Foster Parent Association. SCFPA will encourage their local chapters to welcome Kinship Caregivers to their membership so Kinship Caregivers can receive the same training and peer support as licensed providers.

In the current SFY the SCFPA will provide approximately 100 eligible youth (11<sup>th</sup> and 12<sup>th</sup> grade High School students and College Students) laptop computers or laptop computer bundles. The 11<sup>th</sup> and 12<sup>th</sup> grade High School students will receive a laptop along with the needed software, a laptop bag and a 1 year warranty. College students will receive a laptop computer bundle. This will include a laptop or desktop computer, printer, software, a laptop bag if needed, 1-year warranty, printer ink and paper. Computers purchased under this program can be replaced every 3 years with the approval of the State Independent Living (IL) Coordinator. Along with the computers, during this current SFY, the SCFPA will also provide 60 eligible youth with a College/Household shower. Under this program Colleges can provide a list of items for review and eligible items can be purchased with the approval of the State IL Coordinator. Youth with special needs or who have reunified with their family are only eligible for bedroom and bathroom items.

The SCFPA will provide and publicize a post adoption service dedicated email address and telephone line for adoptive families looking for information on post adoption services and referrals for post adoption services. When responding to calls and emails the SCFPA will gather information from the adoptive parent on presenting issues and concerns. This is done to determine if there are other issues beyond the presenting ones which will require multiple and/or targeted referrals for service. During this initial

conversation with the parent the SCFPA will screen for concrete needs such as mental health, social support, health care, educational services or advocacy to make the appropriate referrals. Any complaints related to DSS which are received during this process will be forwarded to the DSS Office of Constituent Services and DSS Regional or State Office staff as appropriate. In situations in which the screening conducted by SCFPA reveals complex needs and/or family instability, SCFPA will refer the family to the appropriate DSS Intensive Foster Care and Clinical Services (IFCCS) office. The SCFPA will also share the information they gathered on the family with the DSS IFCCS office. After completing the initial screening, the SCFPA will make referrals as needed for the following services (this list is not exhaustive): mental health, parenting support groups, health care providers, social support services, educational support services, LGBTQ programs and teen pregnancy programs. When contacted by adoptive parents SCFPA will aid in navigating the Child Welfare system and will act as an advocate for the parents in working with Child Welfare partners.

The SCFPA shall provide a County based Resource Directory of available services including but not limited to adoption competent Mental Health providers. This directory will be made available via internet, email and social media and will also be distributed to DSS Regional Directors, County Directors and the State Office Licensing Director. The directory will also be available for distribution at public events and when SCFPA is contacted by adoptive parents. The SCFPA will use social media to inform adoptive parents on resources in their community and upcoming events.

### **South Carolina Heart Gallery Foundation**

The Heart Gallery is a national program that uses the power of photography to help find permanent homes for children who are legally free for adoption and are currently in foster care. With community exhibits and internet photo and video displays the Heart Gallery is a recruitment tool which increases public awareness of the need for more adoptive families. Heart Gallery staff partner with DSS staff to schedule photo sessions, plan community exhibits, respond to inquiries from interested families and provides targeted child specific recruitment and family engagement.

The Heart Gallery will arrange a minimum of eight photo sessions per year with at least one session of each of DSS' five regions. Photo sessions will be open to any child in foster care who is legally free for adoption and for whom a potential adoptive family has not been identified. The Heart Gallery will also provide individual photo sessions for children who have special needs which prevent them from participating at the scheduled regional photo sessions. The Heart Gallery will arrange a minimum of 75 venues per year displaying Heart Gallery photographs, there will be at least one venue in each region each quarter. Each photograph will be framed and included a biographical sketch of the child. The Heart Gallery will maintain a fully developed website for the posting of photographs and descriptions of the children along with management and tracking of inquiries from interested parties.

Heart Gallery will pre-screen received home studies against a child's background factors and placement needs and will forward appropriate studies to DSS for consideration. If a family does not appear appropriate for the specific child named in their inquiry, the Heart Gallery will suggest other children which may more appropriately fit the family. The Heart Gallery will also maintain family background information and home studies in a database which can be reviewed to find potential matches for other children.

The Heart Gallery will expedite the application and home study process for new families responding to Heart Gallery recruitment. Heart Gallery will complete the initial intake/application submit completed applications to DSS and complete Home Studies.

### **The Promoting Safe and Stable Families Program (Title IV-B, Subpart II)**

For the estimated number of individuals and families to be served, the estimated funding, the population to be served and the geographic area where the services will be available, see Part 2 of the CFS -101 of the 2019 APSR.

### **Family Preservation**

#### **Adoption Promotion and Support**

##### **Certified Investigators**

Certified Investigators conduct home studies on potential Foster and Adoptive Families. This service includes interviewing applicants to assess parenting abilities, motivation to adopt, acceptance of child/family factors, as well as the suitability of the applicants as Foster or Adoptive Parents, from a safety and well-being perspective. This service also includes background checks, compiling family histories, and financial verifications. The services provided through the Certified Investigators Program support the Promoting Safe and Stable Families Adoption Promotion and Support goal of providing activities and services which encourage more adoptions from the Foster Care System when adoption promotes the best interest of the child, including Pre-Adoption activities. This support is essential in assessing parenting abilities and identifying a solid match of a forever family with a child in Foster Care. During SFY2016-17, there were 269 adoption Home Studies to support Adoptive Families and children. With the advent of our Kinship Care Program, along with the responsibility on the Agency to achieve Permanency for children, the overall impact of the Certified Investigator Program is to facilitate Permanency and achieve better outcome measures for children and families.

##### **Health Support Services**

One of the services essential to meeting the needs of adopted children is health support services. The Agency has partnered with the South Carolina Foster Parent Association to provide information about support services such as health support services to Adoptive Families. The South Carolina Department of Social Services (SCDSS) provides health support services to pre- and post-adoptive families of children with special needs that are behaviorally or medically high risk. These services assist families in continuing successful medical and behavioral health services with their child while pursuing finalization, and avoid disruption in critical services when a Pre-Adoption Agreement is signed. Typical services which cannot be provided by other supplements, such as Medicaid, are reimbursed to the Pre or Post-Adoptive Families including non-prescriptive medical supplies, outpatient psychotherapy, durable equipment such as lifts and ramps. Health Support Services are also designated to provide reimbursement for Respite Care for Adoptive Parents to enable them to cope with the stress of caring for a child with special needs. Adoptive Families can be reimbursed up to \$500 annually to pay for Respite Care. During SFY 2017, the SCDSS processed 1,956 Health Support Services reimbursements to assist over 436 children adopted from the SCDSS custody. No changes in the scope of services are planned for the 2019 FFY.

## **Family Support**

### **Children's Trust of South Carolina**

For information on the Children's Trust of South Carolina see the Children's Trust of South Carolina section found in Update on Service Description, The Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, Subpart I).

### **Columbia Urban League**

DSS contracts with the Columbia Urban League to provide the LEVEL UP Program to a total of 400 eligible Foster Care and underserved youth who receive Temporary Aid for Needy Families (TANF) and/or Medicaid and are DSS clients. The LEVEL UP program has been recognized by Casey Family Programs as an evidenced base practice model for youth development.

The Columbia Urban League will recruit, assess and train participating eligible youth who are between the ages of 14 and 21 for summer employment. The Columbia Urban League also develops an Individualized Case Plan for each participating youth.

Participating youth will first complete 20 hours of training (Pre-Employment Readiness Academy) and then 120 hours of employment. Through the LEVEL UP program participating youth will also receive year-round academic, employment, life skills and personal health training. LEVEL UP participants also receive housing and network building support services. The goal of the LEVEL UP program is to provide each participant with the necessary skills to make the transition from their current situation to independent living and permanency.

Of the 400 LEVEL UP participants each year at least 65% or 260 must be youth ages 14-21 who are in Foster Care.

The year-round support services provided by the LEVEL UP program focus on seven areas of critical need to youth who are transitioning out of the Child Welfare System. These seven areas of need are as follows: Education, Employment Skills, Life Skills, Personal Health, Housing, Maintaining Supportive Relationships and Key Training. Services provided to individual participants, monthly workshops and all other activities will focus on one of the seven areas.

The LEVEL UP program will employ an Older Youth Transition Specialist who will work exclusively year-round with youth ages 17-21 who are preparing to transition out of Foster Care. The Older Youth Transition Specialist will work with these youth on securing housing, money management, establishing credit, career development, building supportive relationships, pursuing educational and vocational opportunities, finding and maintaining employment, maintaining health and transportation. The Transition Specialist will also work with the youth in the development of their transition plan.

The year-round component of the program will include a STEM (Science, Technology, Engineering and Math) curriculum designed to introduce participants to one of the fastest growing career fields. Participants will engage in hands on and interactive activities designed to promote critical thinking and problem solving. There will be tours of businesses which feature STEM careers and participants will have the opportunity to shadow or intern with professionals in STEM careers. Another component of



the year-round program is a Health and Wellness program. This program focuses on physical education and nutrition. The nutrition program will provide participants with recipes and other helpful materials designed to guide them in preparing a healthy meal with their family. After the meal preparation, participants will share their experiences with their peers at workshop sessions and by social media. The physical education program will promote the benefits of moderate physical activity daily and encourage participants to engage in at least 30 minutes of physical activity every day.

Other components of the year-round program are Career Cruising and Career Ready 101. Career Cruising will assist all program participants in identifying skills, abilities and learning preferences and then use that information to identify suitable career options. In Career Cruising participants will complete a career matchmaker assessment and a career profile, view multimedia interviews, explore schools and develop a resume and portfolio. Career Ready 101 is for participants who are juniors and seniors but are not actively enrolled in this program at their designated schools. Career Ready 101 is a program produced by ACT designed to prepare individuals for their Work Keys Certification. Participants in Career Ready 101 will attend bi-weekly sessions which focus on Applied Mathematics, Locating Information and Reading for Information. Once participants completed the Work Keys Certification curriculum, they will take the Work Keys National Career Readiness Certification Examination. This certification verifies that the individual has foundational workplace skills.

The Pre-Employment Readiness Academy is designed to prepare participants to successfully complete the work experience component of the program. The Academy will include workshop sessions focusing on the goals and objectives of the LEVEL UP program, the program's Code of Conduct, dressing for work, office etiquette, office communication, conflict resolution, resume development, work ethics and 21<sup>st</sup> century job skills.

The Work Experience component of the LEVEL UP program consists of approximately 120 hours of closely supervised meaningful work experience in a professional environment. In developing worksites, the LEVEL UP program will give preference to public and non-profit sector employers such as state and local government agencies.

### **Time Limited Reunification**

#### **The Nurturing Center (TNC)**

The Nurturing Center (TNC) provided daily training services to parents and their children to facilitate the reunification of children with their families. The structured services provided by TNC allowed for family treatment plans, individualized services and educational hands on training designed to ensure each parent has the necessary skills to be reunified with their children. TNC uses the evidenced based Triple P (Positive Parenting Program) model. Triple P allows parents to learn basic living and parenting skills and while developing these skills parents gain the needed knowledge to develop and implement prevention strategies within their home to avoid reentering the Child Welfare System. These skills are learned and developed in both group and individual settings. TNC has found that Triple P is simple and easy for parents to understand regardless of education level. Triple P encourages the development of a healthy bond and attachment between parent and child. In providing hands on training with parent and children TNC provides real life experiences which are not always present in a classroom setting. While working with TNC parents can demonstrate the skills they learned under the supervision of a trained Early Interventionist who is trained to assist with both simple and complex parenting issues such as toileting, feeding, safety routines and development milestones.

In addition to Triple P, TNC also provides transportation services to participating parents to and from service providers and to needed appointments such as job interviews, health care providers, Court and Foster Care Review Board. TNC has found that one obstacle to family reunification is lack of dependable transportation. Parents cannot complete their treatment plan without access to reliable transportation. This is especially true for families who live in remote parts of TNC's service area. These parents may not have access to public transportation.

TNC works with DSS in keeping the assigned Caseworker up to date on the parents' progress toward meeting treatment goals. When requested by the Caseworker TNC will provide them with case notes, progress summaries and updates on treatment plans. TNC staff is also available to meet face to face with the Caseworker and provide needed information to the Court, the child's Guardian ad Litem and the Foster Care Review Board and appear at Court Hearing or Foster Care Review Board meeting if necessary. TNC also provides parents with assistance in searching for employment and housing along with transportation.

The specific training provided by TNC using the Triple P curriculum include the following:

- Ground Rules for the Family
- Using your Child's Behavior Information
- Incidental Teaching
- Knowing Your Child's Behavior
- Quality Time
- Quality Time Part 2
- Quality Time/Make the Time
- Achievement Scales
- Graphing Your Child's Behavior Information
- Keeping Track of Your Child's Behavior
- Progress in Charting Behaviors
- Appropriate Discipline
- Ask/Say/Do
  
- Quality Time/Interesting Activities
- Praising Children
- Talking with Your Children and Showing Affection
- Wrap Up and Monitoring
- Routines
- Crying
- Directed Discussion

The topics covered by the specific classroom activities provided by TNC include the following:

- Feeding
- Mobility
- Tone of Voice
- Appropriate Discipline
- Redirection
- Elimination
- Sleeping Habits

- Routines
- Play Time
- Technology
- In Home Safety
- Stranger Danger
- Getting a Job
- Keeping Your Child Safe around a New Boyfriend or Girlfriend
- Development Milestones
- Soothing Your Child
- How to Handle Willful Children
- Incorporating Discipline into Your Home

TNC's Contract with SCDSS was not renewed this year. SCDSS is in the process of completing an RFP for parenting training and services.

### **South Carolina Foster Care Review Board (FCRB)**

The South Carolina Foster Care Review Board is a Division of the South Carolina Department of Administration designated by South Carolina law [Section 63-11-700 et. Seq. Code of Laws of South Carolina (Supp. 1996)] to review Foster Care cases every 6 months. The review is the time where the principal parties to a Foster Care case and in a child's life can discuss the case plan, the progress being made toward the resolution of the conditions which necessitated the child's removal from the home and placement in Foster Care, the achievement of treatment goals and to formulate the Review Board's plan for achieving permanency for the child.

The FCRB meeting is open to the biological and legal parents of the child, the legal guardians of the child, the parties holding legal custody or having held legal custody at the time of placement, Guardians ad Litem, Foster Parents and Treatment Providers. A child who is in Foster Care and is 10 years of age or older shall be provided the opportunity to be part of the review. A review of the case of each child who is in Foster Care shall take place at least once every 6 months. There shall be at least one local Review Board in each of South Carolina's 16 judicial districts.

The membership of the local review board shall be citizens appointed by the Governor upon the recommendation of the county Legislative Delegation.

The review shall include the following determinations:

- The continuing need for and the appropriateness of the current foster care placement
- Compliance with the Case Plan and Court Ordered Treatment Services
- The extent of alleviating or mitigating the conditions which necessitated removal and placement in foster care
- An estimated date or when the child will be returned home or placed for adoption
- Any violations of law or policy which create barriers to achieving permanency for the child or that may lead to a less than desirable outcome for the child

Following the hearing, the FCRB will make their recommendation and share it with DSS, the Family Court which has jurisdiction of the case and the Guardian ad Litem program. FCRB staff will then enter the recommendation and areas of concern into the DSS FCRB CAPSS Portal.

### **South Carolina Heart Gallery Foundation**

For information on the South Carolina Hear Gallery Foundation see the South Carolina Heart Gallery Foundation section found in Update on Service Description, The Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, Subpart I).

### **Populations at Greatest Risk of Maltreatment**

The reasoning used to identify populations at greatest risk of maltreatment are the same as explained in the 2015-2019 CFSP. CWS uses qualitative and quantitative data (qualitative assurance case reviews, client specific data, and information gathered from committees or stakeholders) to pinpoint the population at the greatest risk of maltreatment. Information used to identify at-risk populations, specifically those that may benefit from prevention services, is acquired from several sources including:

- Critical Incident Reports
- Placement Needs Assessment
- The Statewide Assessment, which is an evaluation of organization and community needs that CWS prepared for the 2017 CFSR.
- CAPSS, which is used to collect case related service delivery information and demographic
- Quality Assurance Reviews (QAR) conducted jointly with Center for Child and Family Studies at the University of South Carolina.

Various committees and organizations—including the Children’s Trust of South Carolina, Citizens Review Panel, Children Justice Act Taskforce, Foster Care Review Board, Operations Leadership Team, Child Welfare Improvement Teams, as well as providers and other organizations—review research and interpret data from several sources and have identified the following as populations most at risk of maltreatment:

- Children ages three and under (0-3) in neglect cases
- Children ages three and under (0-3) with caregivers who are substance abusers
- Children ages three and under (0-3) in physical abuse cases

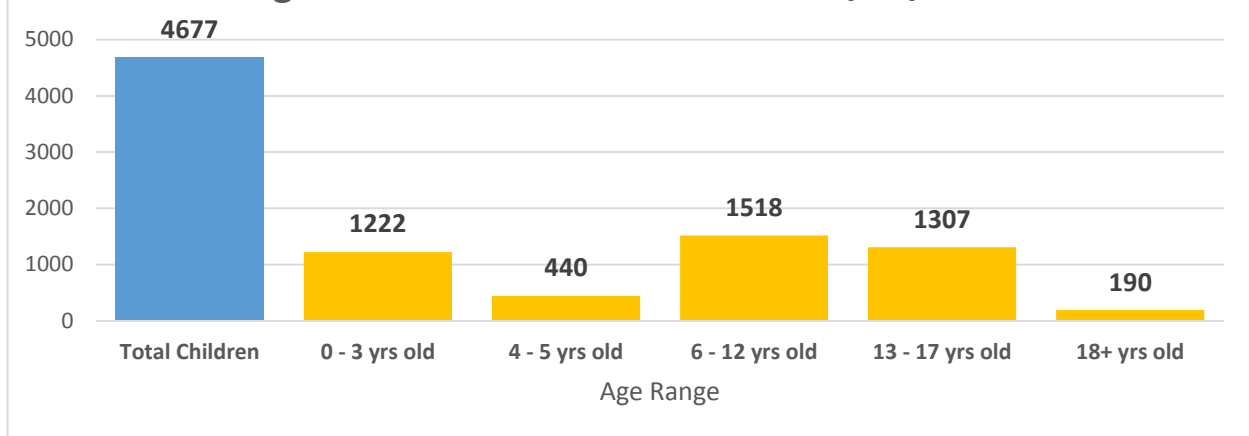
Children ages three and under (0-3) with caregivers who extended period of family instability

### **Children currently in Foster Care by Age Range**

Office of Accountability, Data & Research

**Source:** CAPSS Data effective May 24, 2018

## Age of Youth in Foster Care as of 5/24/2018



From Federal Fiscal Year (FFY) 2014 through FFY 2017 and continuing into FFY 2018 (through May 24, 2018), the top 4 reasons children ages 0-3 come into Foster Care are Neglect, Physical Abuse, Parental Drug Abuse and Family Instability. The 5<sup>th</sup> reason for children age 0-3 coming into Foster Care has changed several times during this period. In FFY 2014 the 5<sup>th</sup> reason was Inadequate Housing, in FFYs 2015 and 2016, the 5<sup>th</sup> reason was Parental Alcohol Abuse and in FFY 2017 the 5<sup>th</sup> reason was Sexual Abuse. For FFY 2018 (October 1, 2017 through May 24, 2018), the 5<sup>th</sup> reason is Inadequate Housing with 30 cases to date coming into Foster Care for that reason compared to 18 for Sexual Abuse and 14 for Parental Alcohol Abuse. The following chart and graph presents data on the reasons why children age 0-3 came into Foster Care.

### Reasons Children Ages Birth through 3 yrs. old Entered Foster Care

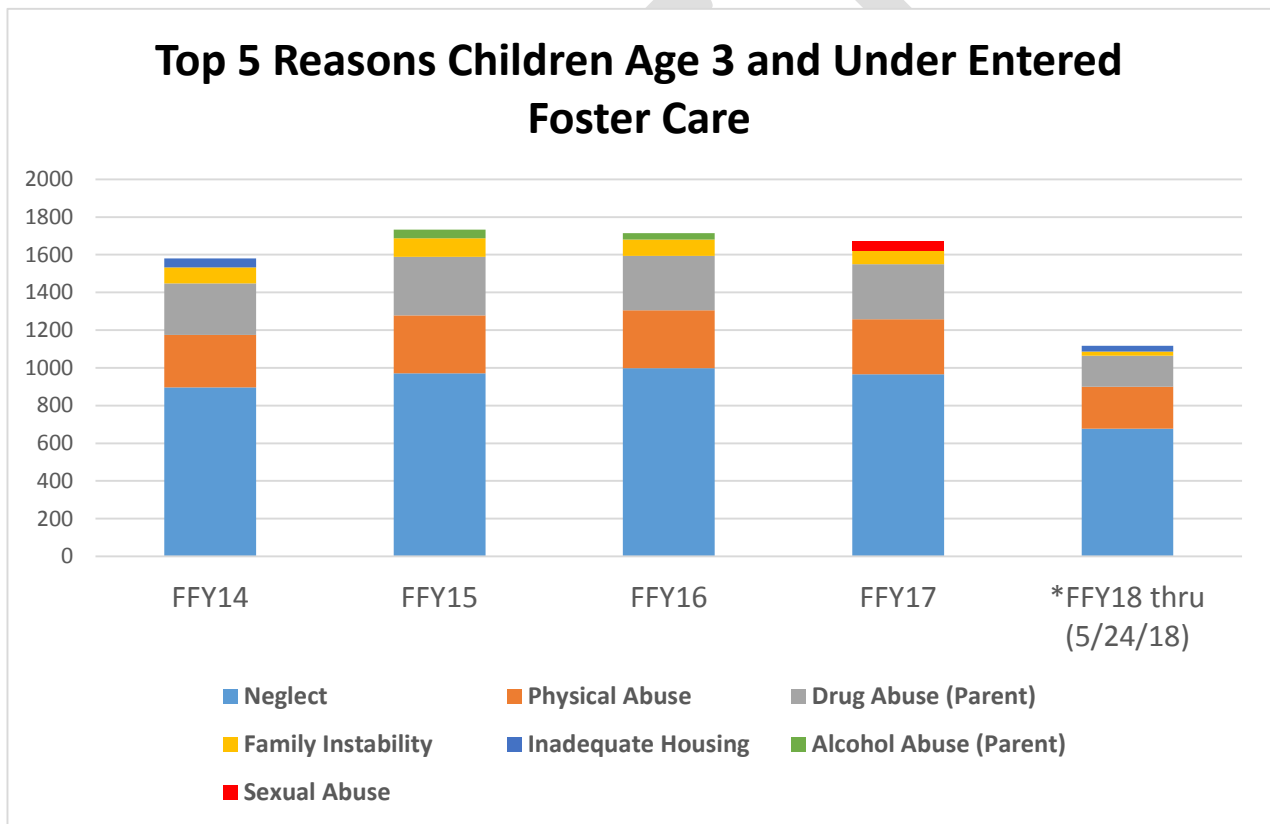
Office of Accountability, Data & Research

**Source:** CAPSS Data effective May 24, 2018

**Data Note:** \*Data for FFY18 is not complete as this report was produced prior to the end of the 2018 Fiscal Year. FFY18 data is current through 5/24/2018. \*  
The Top 5 for each year are highlighted.

Reasons Entered Care (Ages birth through Age 3)	Total	FFY14	FFY15	FFY16	FFY17	*FFY18 thru (5/24/18)
Neglect	4510	897	971	998	966	678
Physical Abuse	1407	278	308	308	292	221
Drug Abuse (Parent)	1328	273	310	288	291	166
Family Instability	364	85	99	86	72	22
Inadequate Housing	203	47	45	33	48	30
Sexual Abuse	173	37	34	33	51	18
Alcohol Abuse (Parent)	141	29	46	34	18	14
Lack of Housing (Homeless)	122	31	32	24	22	13
Incarceration of Parent(s)	99	27	22	14	19	17
Abandonment	81	18	21	15	16	11
Drug Abuse (Child)	66	17	15	16	9	9
Lack of Employment (Parent)	55	13	19	9	10	4
Caretaker Disabling Condition	41	9	9	13	4	6
Alcohol Abuse (Child)	40	14	6	8	6	6

Voluntary Placement (Non-CPS)	25	10	7	4	2	2
Hospitalization of Parent	21	4	1	11	2	3
Child's Disability	16	0	5	5	5	1
Death of Parent(s)	12	3	1	2	4	2
Child Born to Foster Child	8	2	2	2	2	0
Child's Behavior Problem	6	1	3	0	1	1
Relinquishment (Other)	4	0	3	0	0	1
Relinquishment (At Birth)	4	2	1	1	0	0
24-hr Medical Hold (Child)	2	0	1	1	0	0
Runaway	1	1	0	0	0	0
Pregnancy (Of the Child)	1	0	0	0	1	0
Exploitation (Non-Sexual)	1	0	1	0	0	0



**Children Included in a CPS Investigation/Assessment Who Were Under the Age of 5 on the Date the Report was Accepted for Investigation - Reports Accepted During FFY 2012 through (partial) FFY 2018 (May 24, 2018)**

Office of Accountability, Data & Research

Source: CAPSS Data effective May 24, 2018

**Data Note:** \*Data for FFY18 is not complete as this report was produced prior to the end of the 2018 Federal Fiscal Year. FFY18 data is current through 5/24/2018. \*

Year	Children Under 5 Years Old Who Were Included in an Investigation	Age of Children on Date Report Accepted for Investigation						Total Children Under Age 5
		Infants	1 Year olds	2-Year-old	3-Year-old	4-Year-old	Unborn	
FFY 2018 through (May 24, 2018)	# of Children Under 5 Included in a CPS Investigation	3002	1974	1979	2144	2137	307	11543
	# of Children Under 5 Included in a FOUNDED CPS Investigation	1429	718	653	678	660	231	4369
	% of Children Under 5 Included in a FOUNDED CPS Investigation	48%	36%	33%	32%	31%	75%	38%
FFY 2017	# of Children Under 5 Included in a CPS Investigation	4708	2994	2951	2996	3102	683	17434
	# of Children Under 5 Included in a FOUNDED CPS Investigation	2384	1330	1243	1143	1139	523	7762
	% of Children Under 5 Included in a FOUNDED CPS Investigation	51%	44%	42%	38%	37%	77%	45%
FFY 2016	# of Children Under 5 Included in a CPS Investigation	4142	2773	2615	2577	2777	525	15409
	# of Children Under 5 Included in a FOUNDED CPS Investigation	2426	1343	1245	1114	1203	423	7754
	% of Children Under 5 Included in a FOUNDED CPS Investigation	59%	48%	48%	43%	43%	81%	50%
FFY 2015	# of Children Under 5 Included in a CPS Investigation	3605	2164	2193	2265	2230	396	12853
	# of Children Under 5 Included in a FOUNDED CPS Investigation	2188	1079	1052	1049	977	305	6650

	% of Children Under 5 Included in a FOUNDED CPS Investigation	61%	50%	48%	46%	44%	77%	52%
FFY 2014	# of Children Under 5 Included in a CPS Investigation	2651	1702	1620	1705	1834	317	9829
	# of Children Under 5 Included in a FOUNDED CPS Investigation	1733	965	879	869	930	253	5629
	% of Children Under 5 Included in a FOUNDED CPS Investigation	65%	57%	54%	51%	51%	80%	57%
FFY 2013	# of Children Under 5 Included in a CPS Investigation	2270	1367	1322	1425	1393	256	8033
	# of Children Under 5 Included in a FOUNDED CPS Investigation	1479	820	754	732	727	225	4737
	% of Children Under 5 Included in a FOUNDED CPS Investigation	65%	60%	57%	51%	52%	88%	59%
FFY 2012	# of Children Under 5 Included in a CPS Investigation	2364	1542	1592	1684	1738	289	9209
	# of Children Under 5 Included in a FOUNDED CPS Investigation	1457	804	794	824	814	244	4937
	% of Children Under 5 Included in a FOUNDED CPS Investigation	62%	52%	50%	49%	47%	84%	54%

**Services for Children under the Age of Five**

Children age 5 and under have benefited from targeted improvement efforts in adoptions. For the period of October 1, 2011 through May 25, 2018, DSS has finalized 3,342 adoptions and 1,727 or 52% of those finalized adoptions have been children age 5 and under.

**Adoption Finalizations by Child Age Group for FFY 2012 through May 25, 2018**

Office of Accountability, Data & Research



Source: CAPSS Data effective May 25, 2018

**Data Note:** \*Data for FFY18 is not complete as this report was produced prior to the end of the 2018 Federal Fiscal Year. FFY18 data is current through 5/25/2018. \*

FFY	Number of Finalizations	Age Group									
		0-2 yrs.		3-5 yrs.		6-9 yrs.		10-13 yrs.		14 yrs.+	
		#	%	#	%	#	%	#	%	#	%
<b>Total FFY 2012 thru 5/25/2018</b>	<b>3342</b>	<b>875</b>	<b>26%</b>	<b>852</b>	<b>25%</b>	<b>763</b>	<b>23%</b>	<b>485</b>	<b>15%</b>	<b>367</b>	<b>11%</b>
<b>2018 (thru 5/25/2018)</b>	261	57	22%	65	25%	66	25%	41	16%	32	12%
<b>2017</b>	494	128	26%	143	29%	104	21%	64	13%	55	11%
<b>2016</b>	433	116	27%	106	24%	100	23%	69	16%	42	10%
<b>2015</b>	409	122	30%	108	26%	87	21%	42	10%	50	12%
<b>2014</b>	453	117	26%	93	21%	91	20%	82	18%	70	15%
<b>2013</b>	510	134	26%	115	23%	134	26%	69	14%	58	11%
<b>2012</b>	782	201	26%	222	28%	181	23%	118	15%	60	8%

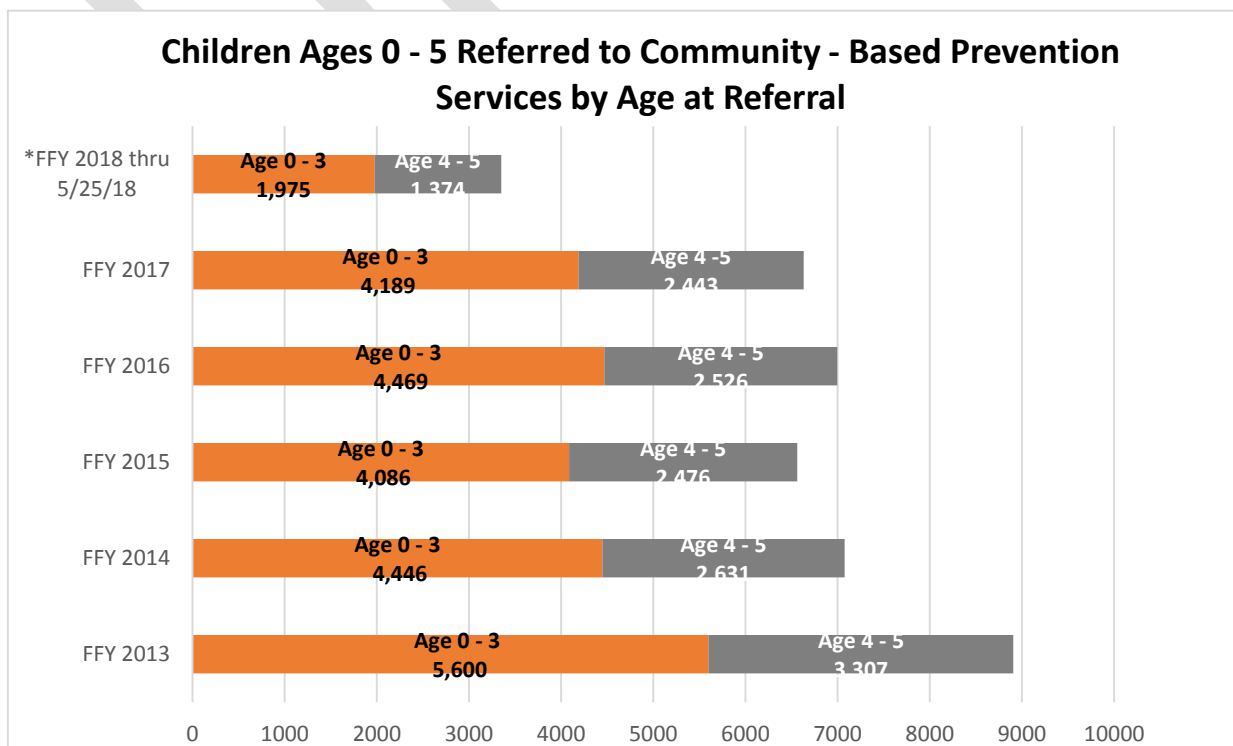
**Community-Based Prevention Services (CBPS)**

**Children Ages 0 - 5 Referred to Community - Based Prevention Services by Age at Referral**

Office of Accountability, Data & Research

Source: CAPSS Data effective May 25, 2018

**Data Note:** \*Data for FFY18 is not complete as this report was produced prior to the end of the 2018 Federal Fiscal Year. FFY18 data is current through 5/25/2018. \*



As displayed in the chart above, a total of 24,765 children ages 0-3 were referred to Community- Based Prevention Services from October 1, 2012 o May 25, 2018. Also, 14,757 children ages 4-5 years old received CBPS during the same time period. Numbers of children age 0-3 referred to and served by CBPS declined from FFY 2013 through FFY2015 but increased in FFY 2016 but declined in FFY2017. There are seven (7) months available for service provision in FFY 2018 and if current trends continue FFY 2018 numbers for 0-3 will decrease to the lowest level in this time period.

### **Services for Children Adopted from Other Countries**

The SCDSS does not directly provide services for children adopted from other countries. However, there are providers across South Carolina that do. Providers for International adoptions require pre- and post-adoption visits and reports at varying intervals depending upon the country. At a minimum, agencies may require an arrival visit (within first two weeks of being home) and at least 3 additional reports depending on the agency, but most countries require more than that. At Bethany Christian Services of South Carolina, for example, families are required to complete a Family Care Plan of resources that they need to utilize upon their return to the US. Bethany will have them complete a minimum of 30 hours of training and preparation prior to travel as well and complete a post adoption depression screening with families at every post placement visit. Bethany staff are trained and provide ongoing support to families at least until the post placement supervision is complete and longer when needed. In conclusion, most providers will link families to resources as needed for adoptions pre- and post-adoption.

## **PROGRAM SUPPORT**

### **Staff Training**

South Carolina continued its commitment to long-term, training/program support to its Child Welfare staff. The long-range goal of the Department's training and technical assistance is to promote individual development and advancement through programs designed to build and expand professional skills and knowledge. Per the SCDSS Human Services Policy Manual: "Each Human Service worker and Supervisor will be required to obtain twenty (20) hours of Child Welfare training per year to maintain Child Welfare Certification."

In the 2019 APSR Update to The Targeted Training Plan, many of the training activities in the Targeted Training Plan are provided for the SCDSS staff. Training is provided by the state for new and for veteran staff on an ongoing basis. Information is also available on the CFSR 3, Statewide Assessment, submitted to the Children's Bureau on 1/31/2017, Systemic Factors, Items 26 and 27, Pages 80-94. These initial and ongoing training activities were designed and implemented to ensure that the SCDSS staff has the knowledge and skills needed to carry out their duties. This includes training in Child Welfare Policies and Procedures and training in support of strategies designed to accomplish the state's Child Welfare Goals and Objectives.

The training activities from Child Welfare Basic Training, Child Welfare Legal Basic Training, Basic Adoption Specialist Training, and for ongoing professional development/continuing education training activities, addressed the services provided under both parts of Title IV-B and Title IV-E of the Social Security Act.

Nearly all the SCDSS Child Welfare training activities for the SCDSS staff have been provided through contracts with training providers, including the University of South Carolina, Center for Child and Family Studies (CCFS) and the Children's Law Center (CLC), and through non-profit organizations.

### FFY 2018 – Training and Technical Assistance Provided to Support SCDSS Staff in Counties and Regions

#### Child Welfare Basic Training

Information describing the SCDSS Child Welfare Basic Training has been included in the 2017 APSR, submitted to the Children's Bureau on 6/30/16, on Pages 141-142. The information and analysis referenced there remains accurate. The University of South Carolina, Center for Child and Family Studies (CCFS) continued to assist the SCDSS in providing the Child Welfare Basic Training Course to all new Child Welfare Caseworkers to become certified to carry caseloads. The CCFS will continue in this role during FFY 2019. More information on the Child Welfare Basic Training has also been included in the SC CFSR 3 Statewide Assessment, submitted to the Children's Bureau on 01/31/2017, Item 27 on Pages 80-85. This information gives details on the process of going through the training, carrying a caseload during Initial Training, and how training is tracked and graded.

#### Child Welfare Basic Delivery

Child Welfare Basic Training Session #:	Training Dates:	Capacity	Enrolled	Completed*
Session 17-08	Online Phase: May 8- May 26, 2017 In-class Phase: May 30-June 2; June 5-7; June 13-15; June 21-23; June 26-29; July 10-11, 2017	24	24	24
Session 17-09	Online Phase: May 22- June 9, 2017 In-class Phase: June 12-16; June 19-20; June 26-28; July 10-14; July 17-18; July 24-25, 2017	24	22	20
Session 17-10	Online Phase: June 5- June 23, 2017 In-class Phase: June 27-30; July 10-12; July 18-20; July 25-28; July 31-August 2; August 8-9, 2017	14	14	14
Session 17-11	Online Phase: June 19- July 7, 2017 In-class Phase: July 10-14; July 17-18; July 24-26; July 31-August 4; August 7-8; August 14-15, 2017	24	24	24
Session 17-12	Online Phase: July 3- July 21, 2017 In-class Phase: July 26-28; July 31-August 3; August 9-11; August 16-18; August 28-31; September 18-19, 2017	24	24	24
Session 17-13	Online Phase: July 24- August 11, 2017 In-class Phase: August 14-18; August 28-29; September 5-7; September 19-22; September 24-25; October 3-4, 2017	24	24	21

Session 17-14	Online Phase: August 14- September 1, 2017 In-class Phase: September 5-7; September 18-21; September 27-29; October 4-6; October 9-12; October 19-20, 2017	24	25	25
Session 17-15	Online Phase: August 28- September 15, 2017 In-class Phase: September 18-22; September 25-26; October 2-4; October 9-13; October 16-17; October 23-24, 2017	16	17	17
Session 17-16	Online Phase: September 11- September 29, 2017 In-class Phase: October 2-6; October 9-10; October 16-18; October 23-27; October 30-31; November 6-7, 2017	24	24	23
Session 17-17	Online Phase: September 25- October 13, 2017 In-class Phase: October 16-20; October 23-24; October 30-November 1; November 6-9; November 13-15; November 21-22, 2017	28	28	24
Session 17-18	Online Phase: October 9- October 27, 2017 In-class Phase: October 30 – November 3; November 6-7; November 13-15; November 20-22; November 27-30; December 6-7, 2017	24	23	21
Session 17-19	Online Phase: November 6- November 24, 2017 In-class Phase: November 27- December 1; December 4-5; December 11-13, 2017; January 2-4; January 8-11; January 18-19, 2018	24	24	23
Session 18-01	Online Phase: December 11- December 29, 2017 In-class Phase: January 2-4; January 8-11; January 17-19; January 24-26; January 29-February 1; February 7-8, 2018	16	16	15
Session 18-02	Online Phase: December 18- January 5, 2018 In-class Phase: January 16-19; January 22-24; January 30 – February 1; February 6-9; February 12-14; February 21-22, 2018	24	24	22
Session 18-03	Online Phase: January 8- January 26, 2018	24	25	23

	In-class Phase: January 29-February 2; February 5-6; February 12-14; February 20-23; February 26-28; March 6-7, 2018			
Session 18-04	Online Phase: January 22- February 9, 2018 In-class Phase: February 12-16; February 20-21; February 27-March 1; March 6-9; March 12-14; March 22- 23, 2018	28	29	27
Session 18-05	Online Phase: February 12- March 2, 2018 In-class Phase: March 5-9; March 12- 13; March 20-22; March 27-30; April 9-11; April 17-18, 2018	24	24	N/A
Session 18-06	Online Phase: February 26- March 16, 2018 In-class Phase: March 19-22; March 26-28; April 9-11; April 16-20; April 23- 24; April 30 – May 1, 2018	24	24	N/A
Session 18-07	Online Phase: March 19- April 6, 2018 In-class Phase: April 9-13; April 16-17; April 23-25; April 30-May 4; May 7-8; May 15-16, 2018	28	28	N/A
Session 18-08	Online Phase: March 26- April 13, 2018 In-class Phase: April 16-20; April 23- 24; April 30-May 2; May 7-9; May 14- 17; May 23-24, 2018	16	16	N/A
Session 18-09	Online Phase: April 23- May 11, 2018 In-class Phase: May 16-18; May 21-24; June 4-6; June 11-15; June 18-19; June 25-26, 2018	24	24	N/A
Session 18-10	Online Phase: May 14- June 1, 2018 In-class Phase: June 4-8; June 11-12; June 18-20; June 25-29; July 9-10; July 16-17, 2018	24	N/A	N/A
Session 18-11	Online Phase: May 14- June 1, 2018 In-class Phase: June 4-8; June 11-12; June 18-20; June 25-29; July 9-10; July 16-17, 2018	28	N/A	N/A
Total number of participants		582	527	411

\*Denotes individuals who completed training, does reflect pass/fail.

### Child Welfare Legal Basic Training

The University of South Carolina, Children's Law Center (CLC) provided this post-Certification four (4) days of Initial Training. The training involved two (2) days of presentations on the legal system and

related responsibilities. During the final two (2) days of the training session, staff participated in mock hearings with a retired Family Court Judge and Attorneys. Each staff member testified and was cross-examined and received personalized feedback.

### **Adoptions Specialist Basic Training**

Adoption Specialist Training is designed for new Adoption Specialists. Completion of this training was part of the requirements for certification as an Adoptions Investigator. This certification was separate from Child Welfare Certification. Adoption Specialist Training consisted of three (3) units delivered over the course of five (5) weeks to allow for application of learning in the field. The first unit covered risk and safety, maltreatment typologies, and other essential topics for new Agency workers. The second unit focused on concurrent planning. The third unit focused on recruitment of families and placement of children. The training concluded with a final exam.

### **Ongoing Trainings / Technical Assistance**

Each of the Goals and Objectives in the CFSP/APSR were addressed by training activities. Nearly all the SCDSS Child Welfare training activities for the SCDSS staff have been provided through contracts with training providers, including the University of South Carolina, Center for Child and Family Studies (CCFS) and the Children's Law Center (CLC), and through non-profit organizations. Listed below are the primary training activities provided to the SCDSS staff in Counties and Regions in FFY 2018 in support of the Goals and Objectives of the CFSP/APSR.

#### **Training Activities in Support of Goal 1:**

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

#### **Objective 2- CFSR 3 Safety Outcome 2.**

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

**Title:** B-SMART: Writing Effective Plans to Protect Children

**Syllabus:** This one-day training will take you through the case planning process, from case determination to development with the family. You will learn a way of writing behavioral objectives that is based on core principles of ensuring the safety of children and building on the protective capacities of caregivers. The objectives will "B-SMART": Behavioral, Specific, Measurable, Achievable, Relevant and Time-limited.

**Title:** Sharpening Your Skills: Writing Behavioral Objectives

**Syllabus:** Treatment plans are developed with families to improve family functioning, eliminate safety threats, and reduce risk. How do you shift the focus of treatment plans from service compliance to behavioral change? In this training, we will focus on recognizing the difference between service compliance and behavioral change. Participants will develop behavior-based treatment plans that enhance protective capacities and clearly identify the changes that must occur within the family.

**Title:** Sharpening Your Skills: Safety Planning

**Syllabus:** Join us to learn the ins and outs of writing safety plans to ensure the safety of children. Do you know who can and cannot be used as a protector on a safety plan? Were you aware that the term *alternative caregiver* is no longer appropriate—*kinship caregiver* should be used? We will discuss when to implement a safety plan, how to accurately complete the Safety Plan form, and most importantly the use of safety plans to control the safety threat. Opportunities will be provided to practice and receive feedback to enhance your skills and abilities to use the safety plan.

**Training Activities in Support of Goal 3:**

**Children will have meaningful and lifelong connections with family and in community.**

**Objective 2/ Progress Measure 2-Permanency Outcome2**

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

**Title:** Multiethnic Placement Act (MEPA) Online Training

**Syllabus:** Complying with MEPA (Multiethnic Placement Act) is an important part of assuring that foster and adoptive children have a timely path to permanency. It also contributes to their overall positive well-being. The Act prohibits discrimination based on race, color and national origin (RCNC) when selecting a child's placement and requires states to diligently recruit foster and adoptive families.

**Title:** Indian Child Welfare Act (ICWA) Online Training

**Syllabus:** The Indian Child Welfare Act (ICWA) is an important federal law to protect children who are eligible for membership in a federally recognized Native American or Alaska Native tribe. This online training will engage you to better understand and follow the law. Caseworkers have an important role throughout the casework process to inquire about tribal affiliation and follow specific steps if ICWA applies.

**Training Activities in Support of Goal 4:**

**Build a system capacity to support safe and thriving children in lifelong families.**

**Objective 2 / Progress Measure 2**

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

**Title:** Nuts and Bolts of Effective Supervision and Leadership for Current Leaders

**Syllabus:** This training builds upon the knowledge and skills that current supervisors throughout the agency have from their own experiences and allows them opportunities to critically reflect on the techniques and styles that they use, and how to better hone those skills for their unit. It is not specific to any one program area; supervisors from child welfare to financial services can benefit from this training.

**Title:** Leadership Academy for Middle Managers

**Syllabus:** The Leadership Academy for Supervisors (LAS) is designed for motivated supervisors who are ready to become motivated leaders in their unit, their agency, and their community. Developed by the

National Child Welfare Workforce Institute, LAS is an online curriculum that uses a strengths-based model to develop leadership competencies across all child welfare program areas. This initiative supports supervisors as leaders of practice change.

The curriculum also incorporates periodic face-to-face meetings called learning networks (LASLN) that supplement the online learning and help build a supportive peer community of supervisors across counties. Learning modules include:

- Foundations of Leadership
- Leading in Context: Building Collaborative Efforts
- Leading People: Workforce Development
- Leading for Results: Accountability
- Leading Systems Change: Goal-Setting

**Title:** Leading People: Supporting New Child Welfare Practitioners for Success

**Syllabus:** This half-day training emphasizes the importance of Leading People based upon the National Child Welfare Workforce Institute Leadership Model, discusses the role of supervisors in supporting new workers, and provides an overview of the format of training and the communication efforts implemented to close the feedback loop between training and the county office. In addition, supervisors will become familiar with the design of Child Welfare Basic and their role in reinforcing content as well as promoting the transfer of learning. Supervisors will receive clarity regarding progress reports that are provided and the deadline dates, the final grade, as well as the purpose of the mapping conducted by supervisors. Supervisors will gain enhanced understanding of how to utilize the mapping with their new worker to discuss job expectations, identify strengths and areas of challenges for the new worker, and develop next steps to enhance skills and on-the-job performance.

### **Objective 3 / Progress Measure 3**

**Strengthen Workforce development through hiring, retention, and training and support efforts to sustain consistency in provision of critical services that promote safety, permanency and well-being for children involved with the SCDSS.**

**Title:** Title IV-E Online Training

**Syllabus:** Knowledge of Title IV-E, the relevance to casework practice, and the impact on child welfare is significant for all child welfare staff. Gathering information to determine if youth in foster care are eligible for Title IV-E funding to meet recurring needs is a function that crosses all program areas. Policy and procedural timeframes and processes will be discussed that must be met by staff to be compliant with submitting applications timely and ensuring all information necessary to determine eligibility is provided. Participants will complete interactive modules which emphasize understanding the varying fields on the IV-E application and the differing ways to gather information to complete the application.



### **Continuous Quality Improvement (CQI) and Quality Assurance (QA)**

Since the submission of the 2017 APSR, the SCDSS has worked with the UofSC, Center for Child and Family Studies to provide Quality Assurance trainings to SCDSS Regional Directors, County Directors, Program Coordinators, Supervisors and Performance Coaches.

This technical assistance addressed CFSP/APSR Goal 4, Objective 4, "Establish and Maintain a Continuous Quality Improvement (CQI) System." See below in Training Activities for specific training activities addressing CQI development.

### **Healthcare Oversight and Coordination Plan (HCOCP)**

In accordance with The Child and Family Services Improvement and Innovation Act (P.L.-112-34)- section 422 (b) (15) (A) of the Social Security Act, the SCDSS has worked diligently with other state partners and private provider agencies to advance several strategies to support implementation of the Health Care Oversight and Coordination Plan (HCOCP).

Goal 2, Objective 2, children will thrive while in the SCDSS custody, Ensure the physical and mental health needs of children (including dental health), are addressed.

One of the major foundational pieces of the HCOCP has been the prospective consent (before the medication is given) for psychotropic medications in Psychiatric Residential Treatment Facilities (PRTFs) statewide. The current procedures utilizing the SCDSS Clinical Team to review requests prospectively to prescribe psychotropic medications in the PRTFs in South Carolina are fully prospective, except in the cases of emergencies or the need for Pro Re Nata medications.

A Notification Regarding Psychotropic Medication form is completed by the treatment provider for each of the following circumstances:

- New medication initiation
- Medication discontinuation
- Titration of a medication outside the dosage range previously agreed upon
- Continuation of a medication started 6+ months ago
- Emergency medication administration
- Continuation of medications at time of admission to a congregate care facility

#### Ongoing / Updates:

- The Medication consent process continues to be a standard practice between the SCDSS and PRTF programs to provide oversight for medication changes for youth in PRTF settings.
- The Medication Administration Records for youth in PRTF settings continues to be collected monthly and accessed by consulting psychiatrist.
- The SCDSS is working on the development of a data sharing agreement with DHHS to gain access to data that is related to all prescribed psychotropic medication for youth in foster care.

2017-2018 Healthcare Oversight Training Dates

Training for IFCCS and Foster Care staff and caseworkers	June 16, 22, 29, July 21, 28, August 25, 29, 30, and November 16, 2017
Training for Foster Parents, Group Homes, GALs, and RCCASA	September 7, 15, November 1, 2017, January 28, February 16, March 7, 23, 29, April 9, 12, 19, and 27, 2018
Future training on Healthcare Oversight for Youth in Foster Care	May 18, 24, 25, and 31, June 6, 2018

**Coaching and Mentoring Support for SCDSS Supervisors / Casey Family Programs**

During FFY 2017, Casey Family Programs provided ongoing support in the area of coaching and mentoring to Supervisors in Spartanburg County. This technical assistance addressed Goal 4, Objective 3, Strengthen Workforce development through hiring, retention, and training and support efforts to sustain consistency in provision of critical services that promote safety, permanency and well-being for children involved with the SCDSS. In addition to Spartanburg County, Casey Family Programs is preparing to provide ongoing support and mentoring to Charleston County’s leadership team. The focus of this work will encompass implementing and sustaining the county’s organizational health. This work is slated to begin in the summer of 2018. More opportunities for coaching and mentoring support will be available in additional counties during FFY 2018.

**SCDSS Child Welfare Casework Practice Model**

SCDSS began work on developing a Casework Practice Model during FFY 2017. A Casework Practice Model Framework was developed and work is ongoing to complete a full practice model to guide casework practice in South Carolina. In collaboration with Chapin Hall at the University of Chicago, work will begin summer of 2018 to implement a model of case work practice with fidelity.

**Independent Living Unit**

During FFY 2018, the SCDSS Regional Independent Living Advocates:

- offered technical assistance to SCDSS County staff through group training and one-on-one coaching;
- assisted with Transition Planning Meetings;
- monitored and reviewed the CAPSS reports for NYTD data, Transition Planning Meetings, Domain 8 of the Child Assessment;
- provided updates and resources/tools for Caseworkers.

**Title IV-E Training-Preventing Sex Trafficking**

Training of Caseworkers and Supervisors was provided in the 3<sup>rd</sup> quarter of FFY 2017.

**Indian Child Welfare Act (ICWA)**

Through quarterly meetings with the Catawba Indian Nation (CIN) to inform SCDSS on non-compliance issues with ICWA, the Agency learned of technical assistance that was required to improve compliance in specific Counties, and possibly statewide. The Office of General Counsel (OGC) in addition to planned technical assistance on ICWA, also provided technical assistance to Regional Attorneys as identified in the weekly calls and/or at the quarterly SCDSS-Catawba Indian Nation Quarterly Workgroup Meetings. See the 2018 APSR, Consultation and Coordination between States and Tribes, Pages 75-78 for information on the Quarterly Workgroup Meetings. Additionally, technical assistance was provided to County Directors when compliance issues were raised by the CIN and requested by the County Directors and Supervisors.

**The National Adoption Competency Mental Health Initiative (NTI)**

The National Adoption Competency Mental Health Training (NTI) is a web-based training aimed at equipping child welfare professionals and mental health practitioners for addressing the mental health needs of children, youth and their families which are moving toward, or have achieved, permanency through adoption and guardianship. South Carolina is 1 of 8 states to take a part in the NTI pilot project. The training consists of Phase 1 – The Child Welfare Curriculum and Phase 2 – The Mental Health Curriculum. Phase 1 of the training included SCDSS child welfare staff and our private provider agencies partners. 434 Staff completed the training during the pilot representing an 81% completion rate. Our State Implementation Team set a completion rate goal of 85%. The chart below shows the training and work experiences of participants.

**Participant work and training experiences**

	Worker		Super	
	Enrollees (N=383)	Completers (N=319)	Enrollees (n=155)	Completers (n=115)
<b>Agency Type</b>				
State	77.50%	79.50%	72.70%	76.80%
County	*	*	*	*
Private	13.60%	13.80%	20.80%	20.50%
Other	*	*	*	*
<b>NTI Training Arrangements</b>				
Required to complete VTI	93.50%	95.90%	82.50%	15.70%
Time Provided	90.30%	92.40%	94.20%	94.80%
Prior Adoption Training	21.50%	24.30%	24.20%	27.40%
<b>Work Experience</b>				

<b>Child Welfare Experience (Years)</b>	6.8 (7.7)	7.1 (8.0)	15 (9.2)	14.7 (8.7)
<b>Adoption/Guardianship Experience (Years)</b>	4.7 (6.1)	5.0 (6.3)	11 (8.5)	11.9 (9.0)
<b>Supervisory Experience (Years)</b>	-	-	7.5 (7.5)	6.8 (7.0)
<b>Number Supervisees</b>	-	-	12	11.5 (38)

\*Cells marked with an asterisk are masked due to a sample size < 10

The core of NTI addresses the permanency needs of children to achieve better outcomes for both families and children. The table below shows the effectiveness of the training and knowledge gains during pre-test and post-test.

**Percentage of Module Pre-Tests and Post-Tests with Scores of 75% or Greater**

Module	WORKER (n=366)		SUPERVISOR (n=135)	
	PRE-Tests > 75%	POST-Tests >75%	PRE-Tests >75%	POST-Tests >75%
1. Case for Adoption MH Competency	39%	85%	45%	84%
2. Understanding MH Needs of Children/Youth	45%	92%	58%	95%
3. Enhancing Attachment and Bonding	21%	86%	22%	84%
4. How Race, Ethnicity, Culture, and Diversity Impact Adoption Experience	32%	92%	41%	92%
5. Impact of Loss and Grief	16%	92%	8%	87%
6. Impact of Early/Ongoing Trauma	54%	95%	68%	98%
7. Positive Identity Formation	37%	91%	51%	92%
8. Promoting Family Stability and Preservation	27%	85%	29%	91%

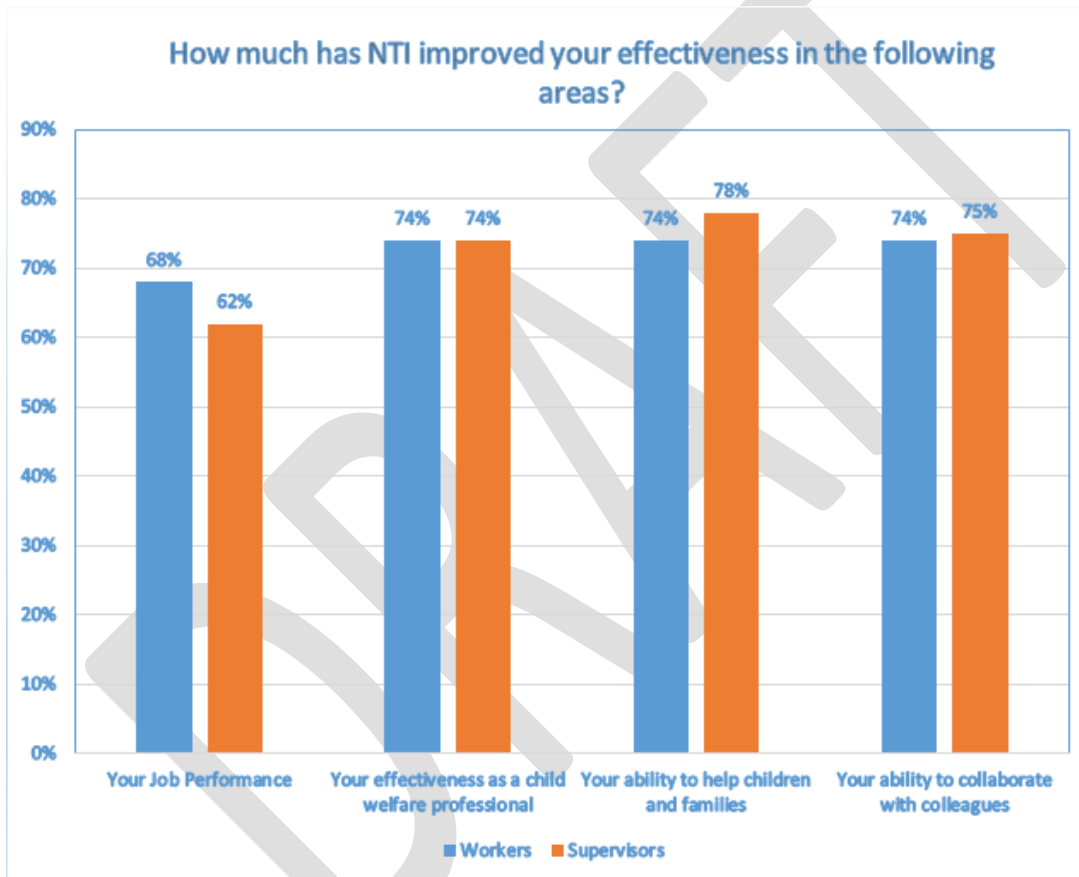
\*\*Note the percentages are based on individual users for each module.

**OVERALL OBSERVATIONS:**

- Module 6 had the highest PRE-test scores (perhaps the easiest/most familiar content);

- Module 5 had the lowest PRE-test scores (perhaps less familiar content or more challenging test items);

Sustainability efforts include utilizing NTI as a core foundation for child welfare safety, permanency and well-being issues within the agency. Due to the outcome data and the positive experiences of focus groups after the Child Welfare pilot curriculum, South Carolina has decided to utilize this curriculum as foundational training for the child welfare workforce. During 2018 all existing child welfare workers will be enrolled to complete the 20hr on-line curriculum and new hires will be assigned the training prior to attending Child Welfare Basic training. Thus, NTI will be utilize as a building block to supplement our current Child Welfare Curriculum. The following graph shows the effectiveness and value of NTI for workers in their work duties.



**FFY 2019 – TRAINING AND TECHNICAL ASSISTANCE TO BE PROVIDED TO SCDSS STAFF IN COUNTIES AND REGIONS**

All the training and technical assistance activities listed immediately above will continue to be provided in FFY 2018-2019. Listed below are other primary training and technical activities that will be provided in FFY 2018-2019 in support of the Goals and Objectives of the CFSP/APSR.

**CAPTA-Creating a Plan of Safe Care**

In accordance with PL 113-183 and CARA-PL 114-198, the SCDSS in collaboration with UofSC, CCFS, will provide training on the policies and procedures related to Creating a Plan of Safe Care to the SCDSS

leadership staff. Leadership staff will then return to their offices and train their Caseworkers and Supervisors in FFY 2018-2019.

### **CAPTA-Justice for Victims of Trafficking Act**

In accordance with PL 114-22 and in collaboration with the UofSC CCFS, the SCDSS's leadership staff will receive training on the policies and procedures related to the Justice for Victims of Trafficking Act. Leadership staff will then provide training to their Caseworkers and Supervisors.

### **FFY 2019 Technical Assistance and Capacity Building Needs the State Anticipates**

#### **CFSR 3 Program Improvement Plan**

It is anticipated that the SCDSS will need the Capacity Building Center for States to support the implementation of the CFSR 3 PIP through providing a Program Improvement Consultant.

#### **Office of General Counsel**

OGC continues to accept assistance from Spartan Technology for LCMS training, program enhancements, and technical support. LCMS assists county legal offices with case management, document preparation, and docket preparation. LCMS also assists program staff with document access and assists state operational staff with state and federal law compliance and reporting.

#### **Continuous Quality Improvement**

To accomplish the larger goals and intent of a CQI system, the SCDSS recently began an assessment process with the Capacity Building Center for States which will continue into FFY 2019.

## **CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES**

### **State Plan for Ongoing Consultation and Coordination**

The Catawba Indian Nation (CIN) is the only Federally-recognized tribe in South Carolina. Since the submission of the 2018 APSR, the state has met and continues to meet regularly with representatives of the CIN. Throughout the year representatives of the Department of Social Services (DSS) and the CIN have met for consultation and collaboration. There have been two such meetings since the submission of the 2018 APSR.

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

Attending these meetings were the CIN General Counsel, CIN ICWA Representative, CIN Social Services Family Therapist, CIN Social Services Director, DSS Regional ICWA Experts, DSS Office of General Counsel, DSS Families First, DSS Foster Home Licensing, DSS Adoptions, DSS Foster Family Recruitment, DSS Independent Living, DSS Policy, DSS CQI and DSS Deputy State Director for Child Welfare.

Due to staff turnover at CIN Social Services, the weekly conference calls between DSS staff and the CIN Social Services Director have been put on hiatus until the CIN hires a new Social Services Director. The position of CIN Social Services Director has been vacated twice since the submission of the 2018 APSR. In addition, the Deputy State Director of Child Welfare wants to hold periodic meetings with the CIN Social Services Director as she does with other stakeholder groups. These meetings will continue when CIN appoints a new Social Services Director.

Each region identified an ICWA liaison, and they are referred to as SCDSS Regional ICWA Experts. A continuing aspect of the collaboration between DSS and CIN is the sharing of data. Each month DSS supplies CIN with a report generated from the DSS CAPSS (Child and Adult Protective Services System), South Carolina's SACWIS, listing all persons listed in CAPSS who had a service open for one day or more in the previous month and a tribal affiliation listed as Catawba Indian Nation. This report allows CIN to see a list of all children and families involved with DSS who are members of or eligible for membership in the CIN so they can inquire with the county office if the tribe has not been notified of DSS involvement with the child as required by DSS policy. DSS policy states as soon as possible after the agency gathers information that the child is a member of or eligible for membership in a federally recognized tribe the worker contacts the tribal ICWA representative for the purpose of coordinating the investigation and possible placement with tribal authorities should it become necessary to remove the child from the home.

### **Outcomes of Collaboration**

In one of these meetings held on January 30, 2018, it was made known some agency staff at the county level incorrectly believed the sharing of information on an Indian child's case with the tribe was a violation of the family's right to privacy. CIN Social Services noted that in several cases when they inquired with the county office regarding a Catawba family who was involved with DSS they were told the family has a right to privacy and DSS could share nothing with them. Because of this discussion, the quarterly meeting of the DSS – CIN were reconvened with new membership. The first goal of this group is to increase ICWA awareness among frontline caseworkers and supervisors.

The meetings of the DSS-CIN Workgroup also provided opportunities for the CIN to share current challenges to CIN involvement in cases with CIN children and families, which led to the opportunities for the DSS to address the concerns of the CIN in specific cases.

Also because of this meeting, the plan was developed to have at least one ICWA expert assigned to each Region. Regional Directors were asked to appoint at least one staff person from their regional to serve in this capacity. These individuals completed the ICWA on line training and will attend the quarterly CIN – DSS workgroup meetings.

### **Completed Activities**

This goal is to be achieved by the following steps: Continue holding quarterly meetings of the DSS – CIN workgroup. Included in this workgroup will be each region's ICWA Expert(s). The Regional Experts will provide the frontline staff and supervisors in the county a staff person closer to them to contact with their ICWA questions rather than going directly to the State Office. DSS in collaboration with the University of South Carolina's Center for Child and Family Studies and the Catawba Indian Nation have developed an on-line ICWA training module for frontline caseworkers and supervisors. The DSS ICWA

Regional Experts have completed this training along with staff from Regions 1 and 2. This training will continue to be rolled out region by region including state office staff through this Federal Fiscal Year. The goal of this training is to give casework staff a basic understanding of what is required by ICWA

The ICWA on-line training module addresses the following topics: Catawba Indian Nation and Native American culture and history, ICWA requirements including the ICWA Final Rule, 25 CFR Part 23 and DSS Policies and Procedures for ICWA compliance including requirements to involve the tribe before ICWA required tribal involvement. The ICWA on-line training will continue throughout this Fiscal Year with Region 3 and State Office staff being trained in June and July, Region 4 in July and August and Region 5 August and September.

### **Monitoring ICWA Compliance**

Since the submission of the 2018 APSR DSS continues to monitor its compliance through meetings with CIN.

Now, DSS does not have quantitative data related to its ICWA compliance. The State of South Carolina has included in the Bench Book that Family Court Judges use as a resource a section on ICWA. This section reminds Family Court Judges that ICWA applies to child custody cases involving Indian Children and that ICWA is federal legislation designed to protect the best interests of Indian Children and promote the stability of Native American tribes. The ICWA notes in the Bench Book also instruct judges that ICWA inquiries should begin at the beginning of a case and continue throughout the life of a case to avoid a case being reversed.

### **Tribal Placement Preferences**

The Catawba Indian Nation representatives continue to state, they have a very strong preference for children and youth to remain in their own homes or in the homes of family or friends in the Tribe, when they become involved with the SCDSS, if that is in the child or youth's best interest. DSS staff have received training on these Tribal preferences. DSS' Statewide Foster Adoptive Home Recruitment Coordinator will work with CIN Social Services and the South Carolina Commission on Minority Affairs to recruit Native American Foster and Adoptive Homes both CIN and other state recognized tribes along with non-tribal families who are sensitive to Native American culture.

### **Active Efforts to Prevent Break up of Indian Families**

DSS seeks to provide Family Preservation Services to all families in SC, including families of the Catawba Indian Nation, to prevent the breakup of the family. The state actively seeks to locate a kinship caregiver as the priority for placement of the child. The state employs Seneca Family of Agencies search functions to locate possible kinship caregivers. When removal from the home becomes necessary and placement into foster care becomes necessary for the CIN child, the state has endeavored to find a Kinship Caregiver and license that family as a Foster Family for the child. These services are also provided to non-Indian children.

### **Providing Child Welfare Services and Protections for Tribal Children**



Since the submission of the 2018 APSR, there have been no changes in the arrangements for providing all required services and protection for tribal children and families. The CIN does not have a tribal court system so Catawba children who come into custody remain with DSS. For Indian children, as well as Non-Indian children in SC, there are pre-placement preventive services available statewide for children who are at-risk of entering foster care, to remain safely with their families when possible. In addition, there are services available statewide for Indian and Non-Indian children in Foster Care which facilitate reunification with their families, when safe and appropriate.

### **Specific Steps Outlined in 2015-2019 CFSP to Improve or Maintain ICWA Compliance**

The following are Action Steps in the CFSP/APSR Update to the Plan for Improvement to maintain and improve compliance with ICWA requirements:

- Goal 2, Objective 2, Strategies 18 and 19, 2.2.18 and 2.2.19, for information related to identifying children who are members of or are eligible for membership in a Tribe.
- Goal 3, Objective 1, Strategies 2 and 3, 3.1.2 and 3.1.3, for information related to Native American Foster and Adoptive Family Diligent Recruitment.
- Goal 4, Objective 3, Strategies 4-6, 4.3.4, 4.3.5, 4.3.6, for information related to involving CIN Social Services Director in all possible Child Welfare Services stakeholders meetings in South Carolina, and providing training for SCDSS staff. This involves training for State, Region, and County leadership and front-line Caseworkers and Supervisors, on ICWA compliance and compliance with SCDSS Policy and Procedures, and Native American and CIN history and cultural competence. This is currently taking place.

### **Planned Changes to Laws, Policies and Procedures**

Now, there are no planned changes to laws, policies, procedures and communication strategies.

### **Discussions with CIN Regarding CFCIP**

See 2019 APSR Chafee Foster Care Independence Program for information on discussions with Catawba Indian Nation (CIN) on Chafee Foster Care Independence Program (CFCIP).

### **Exchange of APSRs**

As with the 2015-2019 CFSP, 2016 APSR, 2017 APSR and 2018 APSR the State and Catawba Indian Nation, the only Federally recognized tribe in South Carolina, will exchange copies of their 2019 APSRs via e-mail following submission to the Children's Bureau. The State and Tribe have committed to continuing this form of sharing these documents.

## **MONTHLY CASEWORKER VISIT FORMULA GRANTS**

(Submitted in December annually)

## **ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS**

### **Use of Adoption and Legal Guardianship Incentive funds.**

#### **The Seneca Family of Agencies**

The SCDSS contracted with the Seneca Family of Agencies, to support the requirements of the Family Finding Initiative. The Seneca Family of Agencies conducted manual searches of public records, to find and identify possible relatives of children in care. Search requests were submitted through a secure link on the Seneca Family of Agencies' website. Upon receipt of requests for family finding searches, the Seneca Family of Agencies assigned an experienced search agent to conduct a manual search, and then provided a report back to the SCDSS that included: addresses and listed phone numbers for the subject, possible relatives and associates of the subject with their addresses and listed phone numbers, and any neighbors with listed phone numbers of the subject's most recent address.

#### **The Foster Care Review Board / The Heart Gallery**

To meet the ongoing goals related to increasing finalized adoptions of legally free children, the SCDSS partnered with The South Carolina Heart Gallery (SCHG) to provide: enhanced, targeted recruitment; and through the Statewide Adoptions Recruitment Coordinator, enhanced coordination, communication, and participation in quarterly state Adoptions Partners collaborative meetings. The Heart Gallery is a national program that uses the power of photography to help find homes for legally free children lingering in foster care. Through community exhibits and an Internet photo display, this recruitment tool continued to increase public awareness of the need for adoptive families. The Heart Gallery photographers volunteered their time and talents to create unique portraits showcasing these children. The portraits continued to be displayed at various locations around the state, throughout the year.

The SCHG provided intensive child-specific recruitment efforts, including community exhibitions and photographic internet campaigns. The SCHG targeted specialized populations, geographic areas and faith communities, etc., to find homes for legally-free children lingering in foster care. The Department contracted with the FCRB for the SC Heart Gallery to be administered and supported by the Foster Care Review Board. The SCHG program staff worked with the SCDSS Regional Adoption Services staff to arrange photography sessions as needed, plan community exhibits, track and respond to any resulting inquiries from interested families, and provide targeted, child-specific recruitment and family engagement.

#### **The SC Foster Parent Association Heartfelt Calling**

Heartfelt Calling, developed by the SC Foster Parent Association (SCFPA), provided expedited responses to inquiries about fostering and adoption. Heartfelt Calling developed a new website ([www.heartfeltccalling.org](http://www.heartfeltccalling.org)) and implemented a separate and specific toll-free number for recruitment purposes. This provided one consistent entry point into the SCDSS system for all potential Foster Families. In the past, potential Foster Parents who did not receive responses or who received greatly delayed responses to inquiries, have either gone to other organizations to find children or have given up and lost interest altogether. To address this concern, the SCFPA developed its recruitment program,

Heartfelt Calling. Heartfelt Calling provided consistency and follow-up from first contact through pre-service training.

In addition to a quick response, because consistency and continuity in recruitment of Foster and Adoptive Parents has a significant role in turning inquiries into licensed Foster and/or Adoptive Homes, the SCFPA created a position for a person experienced in child welfare to respond daily to phone calls, e-mails, and any other form of inquiry about possible Foster Parenting. The Recruitment Coordinator could answer inquiries in one working day, and answered questions regarding foster care and adoption of children in SCDSS custody. In true collaboration, the Recruitment Coordinator sent the application packet, or other appropriate information to each inquirer within one working day, notified the appropriate SCDSS office, and followed up to ensure that connections were made and the process moved along.

### **American Public Human Service Association**

SCDSS has entered into a MOU with APHSA to implement, through a national web-based system, the real-time electronic exchange of case files between and among the 52 states and jurisdictions that are members of the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC).

### **Emergency Placement**

Adoption Incentive funds were used for emergency placements of children in Foster Care.

### **Contracted Training Activities**

Some training activities that addressed Foster and Adoptive Parent recruitment, initial training, and ongoing training were partially funded by Adoption Incentive Grant funds.

### **Changes to how the state plans to use Adoption and Legal Guardianship Incentive funds**

There are no planned changes now as to how the Adoption and Legal Guardianship Incentive funds will be expended.

### **Timely Use of Adoption Incentive Payments Funds**

During FFY 2018, the state did not encounter any issues or challenges in expending Adoption Incentive Payments funds in a timely manner. At this time, no challenges or issues are anticipated during FFY 2019.

## CHILD WELFARE WAIVER DEMONSTRATION ACTIVITIES (NOT APPLICABLE)

### QUALITY ASSURANCE SYSTEM

South Carolina law and Human Services policy required a review of child welfare practice in each South Carolina Department of Social Services (SCDSS) County Office at least once every five years. For the period under review, the SCDSS addressed the policy in the following manner:

1. South Carolina Child Welfare Services (CWS) conducted, annually, statewide (46) onsite case record reviews of Foster Care and Family Preservation Cases, known as the Quality Assurance Reviews (QAR).
2. The reviews provided a means of assessing and reporting the status of the Child and Family System performance indicators across counties, and for the state. Each review lasted one week.

During the PUR, South Carolina's Child Welfare Policy Manual did not have policies and procedures for Quality Assurance or a Continuous Quality Improvement System, beyond the case record reviews mandated under State law. A draft Quality Assurance System/CQI policy was in development during the PUR in the 2015CY and the 2016CY.

South Carolina's process for assessing and improving performance, and for meeting standards that promoted quality outcomes for children are the annual Quality Assurance Case Reviews of Foster Care and Family Preservation Cases.

Trained reviewers reviewed 811 cases in the 2015CY and 835 in the 2016CY. The QAR process was staffed by University of South Carolina, Center for Child and Family Studies reviewers and researchers. Support for chartering teams, planning improvements and performance monitoring was provided by the Continuous Quality Improvement Director. Improvement monitoring and resource allocation for program improvement activities were provided by the SCDSS Regional Offices.

For the Period Under Review, the QAR process operated statewide in the following manner:

1. Case record reviews were conducted annually using the CFSR 2 and the CFSR 3 Federal Onsite Review Instrument (OSRI) to capture required data and review information.
2. A detailed sampling process was used to select cases for review.
3. Teams examined case files, reviewed administrative data, and conducted interviews with key persons from the case (caseworker, foster parent, biological parent, and child).
4. Child Safety Concerns- In rare circumstances, a concern about a child's safety or an employee's behavior was identified while reviewing a case and the case was staffed immediately by Quality Assurance Review and County leadership.
5. The written report resulting from this review provided feedback to the SCDSS County Office about best-case practice, affirming areas of strength as well as identifying those areas where strengthening was needed.
6. Regional and County leadership teams addressed the items they would like reconsidered for scoring with Review leadership.

7. Regional and County leadership were provided with supplemental information (trend analysis); a comparison chart (last review to current review); and debriefing reports (individual case instrument(s).
8. The trend analysis described case notes from items where over 50% of the applicable cases were rated as Area Needing Improvement. Trend analysis summarizes themes specific to practice and systemic needs observed in the County to support identifying areas of focus for practice improvement(s).
9. Upon request, County Offices were provided technical assistance from the Office of Data, Research, and Accountability, and from the University of South Carolina, Center for Child and Family Studies to understand the County's ratings and performance on the review instrument.
10. Upon request, Regional and County offices were provided technical assistance from the Continuous Quality Improvement Director in the use of a simple problem-solving methodology or the CQI cycle (define problem; verify problems, write problem statement, look for root causes, develop solutions) to support County improvement planning.
11. County Offices were required to create and submit to Regional leadership written Improvement Plans with action steps using review and administrative data on County performance.
12. Regional Offices deployed resources and requested support from Regional Performance Coaches for coaching, modeling, mentoring to support improvement activities.

The SCDSS engaged in the following Quality Assurance practices, during the Period Under Review:

1. Targeted case reads in the following areas:
  - Child Deaths and Serious Injuries;
  - Inter-rater Reliability review to assess the consistency of decision-making at the Hub and County hotlines with Casey Family Programs;
  - Critical Incident reporting and subsequent reviews;
  - Appeals for Out-of-Home Abuse and Neglect (OHAN) Cases;
  - Intake Leadership reviews to determine if proposed substantiated findings of abuse and/or neglect met the statutory definition of abuse or neglect and the related documentation was accurate and sufficient to meet the legal standard for substantiation;
  - Supervisory case reviews conducted at the time of closure or transfer, and quarterly for ongoing cases, to monitor compliance with policy, ensure accurate data entry, and improve performance;
  - Judicial Permanency Reviews (Cold Case Project);
  - Permanency Roundtables;
  - State Child Fatality Advisory Committee case reviews.
2. Outcomes, service response and performance data monitoring:
  - QARS, weekly and monthly automated information system reports produced by Office of Data, Research and Accountability.
3. Meetings to discuss safety, permanency, and well-being data:
  - State and Regional SCDSS leadership met regularly to discuss current trends and improvement opportunities, and to identify strategies for improving systems, practice, and outcomes. Practice standards were discussed to ensure the standards were interpreted correctly and communicated consistently to field staff in supervisory meetings.

4. Feedback Meetings with internal and external stakeholders (State and County): Shared information of activities to obtain feedback on how stakeholders experience SCDSS practice and make recommendations for improvements. The following meetings were held with stakeholders:
  - Palmetto Power or P2 (Permanency, Well-being Statewide Stakeholder Meetings);
  - Palmetto Power for Providers or P3 (Permanency, Well-being Regional Provider Meetings);
  - Supervisor Summits (Internal Statewide Supervisor Meetings);
  - Practice model stakeholder meetings (Regional);
  - Children Justice Act Meetings (statewide);
  - Statewide Child Welfare Improvement Team;
  - Developing County Child Welfare Improvement Teams (local);
  - Foster Parent Association Conference (statewide);
  - CFSP Stakeholder Meetings (statewide).
5. Using feedback and information to address local and regional practice concerns:
  - State, Region, and worker-specific automated information system data reports (provided to supervisors, managers, and administrators, statewide, to provide information on case specific application of standards, such as Weekly CPS Open Treatment Services Open 9 Months or More with No Legal Action and CPS Investigations Initial Contact);
  - State Child Fatality Advisory Committee Report;
  - Trending constituent concerns for Child Welfare Services report;
  - South Carolina Foster Care Review Board Report;
  - Court Liaison Monthly Reports;
  - Citizen Review Panel reports and recommendations;
  - Weekly Caseload Report;
  - Foster Care Review Board (FCRB) hearings conducted within six months of out-of-home placement and at least every six months thereafter to determine whether reasonable efforts have been made toward permanency, and to recommend actions that needed to be taken by the Foster Care caseworker and other members of the Child Welfare Team.
  - Stakeholder Surveys:
    - Foster Parent leadership survey (administered by SCDSS leadership in 2015);
    - Foster Parent customer satisfaction survey (administered by Foster Parent Association in 2015);
    - SCDSS Staff satisfaction surveys (administered by SCDSS in 2016);
    - SCDSS QA/CQI System Survey (administered by USC School of Social Work/ SCDSS leaders to 48 CWS leaders.
6. Teaming with internal and external stakeholders:
  - Problem-solved for performance improvement in local child welfare practice (Child Welfare Improvement Teams).
7. Improvement planning using QARs and automated information system data:
  - Developed action plans designed to improve safety, permanency, and wellbeing performance.

In addition to the above-mentioned Quality Assurance practices, reports to inform QA and CQI processes were published and distributed internally and externally. For example:

- Annual statewide QAR results were aggregated and distributed following verification. QAR results are also distributed to county offices by the Office of Data, Research, and Accountability;
- The following package was shared with Statewide, Regional, and, most importantly, County Teams:
  - QAR Report;
  - County QAR Summary Case Notes (Trend Analysis);
  - Comparison Chart (Year to Year);
  - Debriefing Case Reports;
  - Data dashboard reports were available to administrative and supervisory staff statewide, and were updated weekly.

Safety and permanency outcome data reports were available to internal stakeholders through an internal Accountability Data and Research dashboard with performance indicators. Automated information system data reports (SACWIS) were used routinely by staff for management, supervision, and quality improvement. Every Sunday, PUSH reports were e-mailed to the SCDSS State and County Office management and supervisors for weekly QA/CQI work, such as monthly meetings with supervisors, unit meetings, and management meetings. The following were some of the weekly reports:

- Weekly CPS Investigations Measurements/Indicators;
- Weekly CPS Treatments Measurements/Indicators;
- Weekly CPS Open Treatment by Worker/Indicators;
- Weekly Foster Care Measurements/Indicators;
- Weekly Open Foster Care Services by Worker/Indicators;
- Weekly CPS Open Treatment Services Open 9 Months or More with No Legal Action/Indicators;
- Weekly FC Permanency Plan Hearings Measurements;
- Summary of the weekly CPS Investigations Determinations without Supervisor Staffing;
- Weekly TPR Hearings Summary/Indicators;
- Weekly TPR Hearings Summary by Worker/Indicators;
- Weekly CPS Investigations Initial Contact Summary;
- Weekly CPS Investigations Initial Contact Summary;
- Weekly Caseload Report.

During the PUR, the SCDSS ensured that results from the QARs were aggregated and disseminated in a timely manner to staff and stakeholders, so that data could be used to inform and improve case practice and outcomes monitoring. The QAR data could be linked to administrative data to explore the relationship of casework practices to outcomes. Data was regularly aggregated at multiple levels (ex. Caseworker, Regions, Counties) consistent with the sample design and level of reliability for the review. Aggregated data reports and written summary findings and analyses were readily available to staff and stakeholders. Caseworkers and supervisors received their case-specific findings (ex., the case review instrument) promptly, following the completion of case review activities. Each month, Regional Directors met with their SCDSS County Directors to review monthly management reports discussing county-level trends and common outcomes that needed improvement across counties.

During the PUR, beginning in the first quarter of the 2016CY, for the South Carolina Department of Social Services, the task of building processes, championing a Continuous Quality Improvement approach and setting clear directions and expectations for outcomes was the task of the CWS Leadership team (CWS Deputy Director; Child Welfare Operations Director; Director of Policy and Programs; Continuous Quality

Improvement Director; five (5) Regional CWS Directors; Performance Coaches; and one (1) Region 1 Data Analyst.

The CWS disseminated data but did not in use the data in a consistent way or in supporting how the data could be used broadly. The CWS had a clear mandate to use data for decision-making and was transparent in sharing its findings. Data across the breadth of program responsibility was shared. Moving forward after the PUR, the CWS could vastly improve the sharing of data in nontraditional ways (web, dashboards, etc.), but it has consistently produced regular reports that have broad internal and external distribution. Data utilization may still need broader support to increase consistency and accuracy of data use.

The CWS performance data was routinely extracted from agency data sets, and the CWS had mechanisms in place that generally supported data requests and ad hoc reporting. There will be opportunities to improve timeliness and responsiveness to requests or to ensure that data pulls match the data request or need. Programmatic staff had some ability to obtain data to support their needs, but issues of timeliness or lack of knowledge regarding data storage or date elements deterred their requests for ad hoc reports that could have improved program quality. There was often some confusion about methodology when counts or other indicators vary across similar reports. Data entry was reasonably straightforward, and workers could enter data from remote locations as time permitted, but there were needs to strengthen the data entry. For example, systems have not been intentionally designed to make data entry easy, so workarounds were common, but workers adapted to this. Systems share some data with other systems, but duplicate data entry still was an issue in some places. Service providers have been gaining more access to the Child and Adult Protective Services System (CAPSS) portals for data entry or case management.

CWS was in the early stages of developing a CQI training approach. During the PUR, the Agency has utilized existing training resources and offered a basic, introductory training addressing general CQI concepts to staff, delivered at County Director meetings and Supervisor trainings. Even though the CFSR orientation was available, CWS needed to strengthen training to build the necessary knowledge or skills for staff to use data in their work and to fill a range of specific roles in the CQI process. Discussions with SCDSS caseworkers and supervisors revealed that staff felt minimally prepared to assume team roles and needed more technical assistance to support team functioning.

During the PUR, stakeholder roles in QA/CQI activities were not clearly articulated. The CWS needed to strengthen the understanding and commitment to stakeholder engagement as essential to improvements of practice or outcomes, and it needed to be more inclusive of certain stakeholder groups like foster parents, young people, and biological parents. The CWS needed to strengthen its skills in facilitating stakeholder input or limited resources to support the effort. Stakeholders often stated that they felt like their participation had little impact.

During the PUR, there was uneven distribution of the CQI teams across the CWS at the county and at the State level. CWS was in the early stages of implementing a CQI teaming structure. Local CQI teams were in various stages of early development as part of a phased plan to expand implementation throughout CWS over a period. Staff participation was often limited to SCDSS Regional and county CWS management charged with launching the process. A familiar community-based provider or foster parent



who frequently was called upon to partner on local initiatives exclusively represented stakeholder involvement on several county teams

There was only a beginning structure to the teaming process at this stage—state and local teams made efforts to hold meetings regularly, but implementation was sporadic.

During the PUR, the CWS identified, and implemented, other strategies to communicate quality expectations for QA/CQI system development, including:

- incorporating expectations into training for new workers, existing staff, and Foster Parents;
- quality expectations in staff performance evaluations;
- quality expectations in budgets;
- quality standards in licensing procedures;
- quality expectations and standards in provider contracts;
- increased use of staff and stakeholders as reviewers.

The CWS identified, and implemented, a unified system for action planning at the local level that would have increased leadership and staff capacity to:

- move beyond just collecting and analyzing data;
- set expectations and support efforts to use data to adjust practices and systems;
- actively engage stakeholders in action planning;
- start with small, doable experiments rather than grand projects;
- follow up and adjust.

During the PUR, Regional Directors, County Directors, Program Coordinators, and Supervisors were figuring out how to incorporate evidence into CWS's practice decision-making. There was a desire to use evidence, and local leaders began efforts to gather data, conduct analysis, and explore using evidence. CWS monthly management report includes the following:

- investigations: timely initiation of investigations;
- timely completion of investigations;
- closed treatment with no new indicated intakes within 12 months;
- Time in CPS Treatment;
- Treatment services open 9+ months;
- Treatment Face to Face; Re-Entry Rate;
- Timeliness of Permanency;
- Timeliness of Finalized Adoptions;
- Children Legally Freed for adoption;
- Timely Removal Merit Hearing;
- Permanency Hearing;
- Foster Children Placed in County of Origin;
- Foster Care Face to Face; Caseloads over 50.

#### **Future plans for enhancing QA/CQI**

In the spring of the 2016CY, the CQI Director submitted a draft QA/CQI policy and procedure to the Children's Law Center and CWS Policy Office as a part of a "multi-year, collaborative project to update and reorganize the SCDSS's Child Welfare Policies". The draft policy included the following content: Continuous Quality Improvement efforts that include: use of a Practice Model; focusing on child and family outcomes while fostering positive change; providing tools, expertise, resources, and training to support the quest for innovative improvements; and promoting expert casework;

Performance standards aligning with Federal Child and Family Service Review Outcomes are adopted to manage service performance in the areas of child safety, permanency, and child and family well-being;

- Regional Directors, County Directors, Program Coordinators, Supervisors, Regional Foster Family & Licensing Support Unit, State Licensing Unit, and Intake Hubs use child welfare data collected from quantitative and qualitative sources to inform policy and practice improvements through results-oriented management;
- Quality Assurance (QA) and Continuous Quality Improvement (CQI) efforts engage staff (internal stakeholders) from all program areas and levels of authority as well as local community improvement teams (external stakeholders);
- Engage in Quality Improvement Process: use data for decisions to improve policies, programs and outcomes; manage change with agreed upon process for change (CQI Cycle); seek the involvement of others including frontline staff and external constituencies; create a rewards-based environment for improvement culture; schedule regular data meeting.

This extensive policy project began early the 2016CY and is expected to be completed by the spring of the 2017CY. Actual implementation of the CQI Policy and Procedures will require opportunities for a broader cross section of Agency staff and stakeholders to provide input. During the PUR, at the county level, there was little awareness of the existence of a CQI Policy and Procedures and of the basic elements and purpose of the CQI system.

The Agency will have to provide technical assistance to execute policies and procedures that articulate staff participation and roles in CQI activities. Although staff participation was beginning, it was narrowly defined within distinct roles and only present in some phases of the CQI process. CWS will need to strengthen the understanding that staff engagement plays an essential role in performance improvement and to enhance skills in facilitating meetings to encourage staff participation.

In the summer of the 2016CY, using workgroups of internal and external stakeholders, the CWS developed a Practice Model framework. The framework was one-page document developed to outline the values and principles that underlie CWS's approach to practice and specific approaches and techniques considered fundamental to achieving desired outcomes for children and families.

The framework will be the outline for building a fully-developed practice model with training and implementation activities. The CWS has been in the early stages of development and implementation of a full practice model. The Practice Model framework was developed by workgroups of frontline, Regional, State Office staff, and Child Welfare Services System stakeholders. The full development and implementation of the practice model in the 2019CY will support CWS's efforts to align mission, vision, values, policies, and practice. Although individual case reviews occur due to pressing safety and permanency issues, South Carolina has not yet developed and implemented a process for routine review

of overall casework practice using tools measuring fidelity to a practice model, but is in the early planning stages of doing so.

During the PUR, the CWS identified strengths and needs through the QARs, analysis of administrative process and outcome data in our Statewide Automated Child Welfare Information System (CAPSS), and all the quality assurance activities referenced above. Strengths and needs were explored through qualitative and quantitative data that complement the staff's understanding of what was happening in practice and policy.

Under the leadership of the new Child Welfare Operations Director, the CWS adopted a structure for bringing together ad hoc CQI teams (workgroups) adopted from Casey Family Programs to use the problem-solving process (CQI Cycle). Adopted in June 2016, Charters were developed and teams supported by the CQI Director with designated sponsors; leads; core teams; background; logistics; goals; deliverables; and schedule.

In the summer and fall of the 2016CY, CWS used Chartered workgroups of external and internal stakeholders to develop the practice model framework and to develop implementation plans for the five areas of the Child Welfare Services System reform addressed in the Michelle H. consent decree: 1) caseload limits; 2) visitation; 3) investigations of suspected abuse and neglect for Foster Care; 4) health care screens and treatment services; 5) placement needs.

The SC CFSR process evaluated the adequacy and quality of services provided under the CFSP. South Carolina has used the Federal CFSR instrument since the first round. Each revision of the instrument has been incorporated into the state's process. South Carolina conducted the QARs per the Federal definitions and instructions for all Items and Outcomes. The CWS progress was also measured through external oversight, evaluations, and now settled class action litigation. The recently settled Michelle H. consent decree requires CWS to make major systemic reforms in 1) caseload limits; 2) visitation; 3) investigations of suspected abuse and neglect for Foster Care; 4) health care screens and treatment services; 5) placement needs. This monitored process has and will continue to help the SCDSS and specifically the CWS evaluate implemented changes in the CWS programs and practices.

During FFY 2015, South Carolina began receiving support and technical assistance from the Capacity Building Collaborative to support the work of enhancing the Continuous Quality Improvement (CQI) efforts within the state. As noted in Goal 4 of the CFSP, the state seeks to strengthen all five core components of a CQI system as identified in ACFY-CB-IM-12-07. The expertise available through the Collaborative has been obtained to guide system implementation.

The CWS State and Regional leadership also used other available tools to review and analyze the South Carolina Child Welfare Services System over time. These tools provided state and national data on the number of children in the Child Welfare Services System, trends in Foster Care caseloads, and well-being outcomes. An example of SCDSS's statewide outcome data is available on the nonprofit website [www.fosteringcourtimprovement.org](http://www.fosteringcourtimprovement.org). This tool, used by the SCDSS State Office and County Office leadership, uses a software program that brings together Adoption and Foster Care Analysis and Reporting System (AFCARS) submissions that SCDSS is required to submit to the federal government every six months into a longitudinal view of the children in Foster Care.

The same website brings together National Child Abuse and Neglect Data System (NCANDS) child-level data, as reported annually by nearly all states, into reports on the safety of children at risk of Foster Care placement. Reports are organized by judicial district, county, and child **WELFARE REGION AND USED TO FACILITATE** discussions around permanency. Additionally, reports are organized by entry, in-care, and exit cohorts.

During the PUR, the CWS's internal data dashboard was available to SCDSS County Directors and supervisors statewide and included dashboards on focus areas like, Foster Care Re-entries and TPR Timeliness. This data could be analyzed at the State, Region or caseworker level.

During the PUR in the 2016 CY, the CWS joined The Center for State Foster Care and Adoption Data run by Chapin Hall at the University of Chicago. The Center's Fred Wulczyn, a Chapin Hall Research Fellow who cofounded the center and serves as its director, came to South Carolina to provide training and technical assistance to the CWS leadership on the features of the new web tool. The Center built a longitudinal database from South Carolina's administrative child welfare records for the SCDSS to utilize. South Carolina now has the capacity to monitor and analyze CWS system performance in the following areas:

- Key child welfare Outcomes such as time to permanency, placement stability, and re-entry into care;
- Outcomes at the state, region, county, and provider agency level;
- Outcomes from the aggregate to the individual child level;
- Service patterns based on historical trends to assist in identifying future needs;
- The impact of service and policy innovations;
- Performance goals to assist in monitoring progress;
- Outcome measures that are linked to financial decision-making.

The SCDSS believes in continuous improvement and recognizes that data-driven strategies and appropriate analyses are necessary for improved outcomes for children and families. There is, however, a lack of consistency in CQI methodologies, and while expertise is maturing, it is not yet available system wide. Some momentum is building, but learning may be localized, thus delaying integrated implementation across the Agency.

Elements of best practice do occur in "pockets", as the efforts of early adopters, or as part of a planned rollout of evidence informed strategies, like Signs of Safety. Opportunities for improvement include a more in-depth and authentic search for root causes before solutions are adopted or imposed and more widespread and sustained efforts toward performance improvement. The Agency will need to focus on skill development to strengthen CQI concepts, ways of thinking, and problem solving among staff at all levels.

The SCDSS is making positive strides to move toward a results focused Quality Assurance System. Based on the available qualitative and quantitative data and our analysis of the data that is presented in this section, this item is recommended as an Area Needing Improvement

#### **Plans to increase or decrease the number of cases reviewed**

In 2017, 446 cases were reviewed; 185: FP; 45: CBPS 216: FC were reviewed. Of these cases, 51: FP, 9: CBPS, and 40: FC were reviewed as part of the CFSR.

In 2018, a minimum of 13 counties will be reviewed as a third of the counties left outside of the 10 PIP counties. The 10 PIP counties will also be reviewed according to the measurement plan submitted in 2018. This could cause the number of regular QA/CQI case review counties to be higher than 13, depending upon the start date. In one PIP round, there will be 40 FC, 51 IH, 9 CBPS, for a total of 100 Cases. The regular QA/CQI cases will get as close to 20 cases as possible, 10 FC, 8 IH, and 2 CBPS. If there are no CBPS cases, 2 more IH cases will be sampled.

The plan is for one-third of the state's counties during the calendar year of 2018 to have Quality Assurance/Continuous Quality Improvement case reviews. This would leave 36 counties, outside of the 10 Program Improvement Plan Counties, to be divided by the 3-year time period, which would leave 12 full county reviews for each calendar year. Each Regular County QA/CQI Review will have approximately twenty (20) cases reviewed, for a total of approximately 2400 cases. Once the CFSR 3 Program Improvement Plan for case reviews begin in FFY 2018, there will be an additional ten (10) counties reviewed during FFY 2018, with the number of times depending upon when the case review PIP begins. This would add an additional 100 case reviews each time a PIP case review occurs. The Quality Assurance Review Team will review Child Protective Services, Family Preservation, Foster Care, Adoption, and Community-Based Prevention Services cases.

## **CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) PLAN**

**Significant changes from the state's previously approved CAPTA plan in how the state proposes to use CAPTA funds.**

**Program Area #2: A. Creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations**

The only change in the use of CAPTA funds that the state proposes is to use a maximum of \$10,000 to develop online training modules. These training modules would provide training on PL 111-320 and PL 114-198 Comprehensive Addiction and Recovery Act. The training would be focused on the requirements for Creating a Plan of Safe Care for Drug-Affected Infants and providing services to the infant and affected mother/caregiver, for relevant health care professionals. The training would focus on the laws, SC Legislation, Health Care Providers Referral/Reporting Protocol Guidelines, and SCDSS Policies and Procedures.

**Utilization of CAPTA State Grant funds in FFY 2017, alone or in combination with other federal funds**

Since the submission of the 2017 APSR, the state is reporting no significant changes of the Program Areas for its use of CAPTA Funds. The following information describes how CAPTA funds were specifically used in those Program Areas.

Program Area #2: A. Creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations

### **South Carolina Child Fatality Review Teams/Children's Health and Safety Councils**

The SCDSS used CAPTA funds through a contract with SC Department of Health and Environmental Control (DHEC) to hire a Child Fatality and Injury Prevention Program Specialist to coordinate and facilitate child fatality review processes at the state level through an established State Child Fatality Advisory Committee (SCFAC). The purpose of the SCFAC is to decrease child deaths in South Carolina. The goal is to use a multidisciplinary approach to review the causes of deaths in children, birth to seventeen (17) years of age, to gain a better understanding of each death's circumstances. Recognizing child death risk factors should enable better use of existing resources and creation of new practices to protect the children in South Carolina.

The SCDSS, by Policy, reviews all cases where the child or family may have been known to the agency prior to and since the child's death and participates in the state review. The purpose of reviewing deaths of children known to the SCDSS is to have a candid, systematic and confidential analysis of these cases, to give the SCDSS administrators information to strengthen and improve Child Welfare Services to the children and families of this state.

Between the years of 2008 and 2015, the SCFAC has been assigned 1,581 child death cases for review and has completed reviews of 1,209 cases. The State Child Fatality Committee met six (6) times per state fiscal year (July 1, 2016 to June 30, 2017) to review deaths involving children age seventeen (17) and younger that were unexpected, unexplained, suspicious or criminal in nature. During SFY2016, the SCFAC membership completed a total of 201 case reviews from the 2008-2015 data years. (SCFAC 2016 Annual Report).

A review by the SCFAC determined the manner of death in the following categories: Accidental (87 cases), Homicide (15 cases), Natural (23 cases), and Undetermined (76 cases). All Suicide cases are currently under further review, pending receipt of additional information, and should be included in the next years' statistics.

The SCFAC continued to identify unsafe sleep as being a major causal factor in child deaths with 127 deaths or 64% of the total deaths reviewed during SFY2016 attributable to unsafe sleeping conditions. The issue of unsafe sleeping conditions was a factor among 92.5% (123 out of 133) of children under the age of 12 months. In SFY2016, the SCFAC began review of thirty-five (35) or 9.4% of these child death cases and will continue in-depth review during SFY2017.

The following recommendations were made in 2016 by SCDSS, SCDHEC and SCFAC.

#### **Recommendation #1: Unsafe sleeping conditions**

Due to the high percentage (92%) of fatalities due to unsafe sleeping conditions among infants (less than twelve 12 months old), we recommend that the S.C. General Assembly make unsafe sleep a legislative priority by allocating fiscal resources to support:

- a) A coordinated media campaign designed to reinforce a common, clear and unified message around safe sleep, including ABC (alone, on their back and in a crib) messaging; and
- b) Primary prevention strategies designed to reach parents, grandparents, family members, caregivers, and health care professionals with current evidence-based information on safe sleeping practices to mitigate misinformation leading to death. Common themes of misinformation include elevating the head for reflux, recommending cold medication to children too young for the packaged instructions, and positioning recommendations conflicting with safe sleeping practices;
- c) Collaboration with the Safe Sleep Coalition through Children's Trust of South Carolina and the South Carolina Birth Outcomes Initiative.

To aid in this effort, beginning in SFY2017, the SCFAC will begin documenting information related to various classes of unsafe sleep (e.g., surface, bedding, position, co-sleeping and use of commercial positioning products) during its case review process.

#### **Recommendation #2: Water safety**

Given that the SCFAC has found twenty-four (24) of the seventy-four (74) child fatalities were due to drowning, it recommends that the S.C. General Assembly make water safety a legislative priority by allocating fiscal resources to support:

- a) A coordinated media campaign designed to help raise public consciousness of the importance of water safety, especially the prevention of unintended drowning/submersions;
- b) Primary prevention strategies, including swim and water survival classes, life jacket loaner boards and boating safety instruction designed to reach children, youth, parents, grandparents, and family members; and
- c) Allocate fines from unsatisfactory public pool inspections to strengthen primary prevention efforts, including the South Carolina Water Safety Coalition.

#### **Recommendation #3: Unsecured firearms**

Given that the SCFAC has found that eleven (11) of the seventy-four (74) child fatalities were due to non-secured firearms, it recommends that the S.C. General Assembly make firearm security a legislative priority by allocating fiscal resources to support:

- a) A coordinated media campaign designed to help raise public consciousness regarding safe firearm handling and storage messaging; and
- (b) Primary prevention strategies designed to reach children, youth, teenagers, parents, grandparents, and family members and that encourage firearm owners to embrace the importance of proper firearm handling, use of cable-style gunlocks, and adequate storage that is out of sight and out of reach.

#### **Recommendation #4: Transportation safety**

Based on the information shared by the SC Department of Public Safety related to twenty-one (21) motor vehicle fatalities among individuals seventeen (17) years old and younger, the SCFAC recommends that the S.C. General Assembly make the issue of motor vehicle injuries involving children a legislative priority by allocating fiscal resources to support:

- a) A coordinated media campaign designed to help raise public consciousness of best practices and various transportation safety-related laws;
- b) Expanding primary prevention strategies designed to reach teenagers, parents and caregivers, such as School Transportation Safety Observations to improve safety and child safety restraint utilization and “Alive at 25” to educate youth about the dangers of driving.;
- c) Adoption of the CDC's recommendations found in the Prevention Status Report (PSR) related to best practices for a child passenger restraint law, graduated drivers licensing, learner permit age, learner's permit holding period, young passenger restrictions, unrestricted licensure age, and ignition interlock system.

**(4) Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response.**

South Carolina has continued with Community-Based Prevention Services (CBPS), which began in January 2012. This program served as the South Carolina Department of Social Services' (SCDSS) alternative response program. The SCDSS used the Safety and Risk Matrix to assess intakes made to the Abuse and Neglect Hotline. Accepted intakes were assigned to investigation if safety or high-risk issues were present. Referral to CBPS was only for those cases in which the intake and resulting matrix assessment indicated low to moderate risk. These cases were not accepted by the Agency for investigation. Community-Based Prevention Services was a contracted service with private providers and an interface for assessments and dictation which was populated in the Statewide Automated Child Welfare Information System (SACWIS; also known as CAPSS in South Carolina).

Referrals and screened-in referrals continued to increase in FFY 2016 as South Carolina operationalized Regional Intake Hubs in a multi-year project. The implementation of Regional Intake Staff and centralized intake practice and leadership was designed to increase the consistency of Intake decisions across the state related to evaluation and assignment of CPS complaints.

The children in families referred for CBPS were reported in Federal Fiscal Year (FFY) 2016 NCANDS data submission with a disposition of alternative response non-victim and the NCANDS category of “other” maltreatment type.

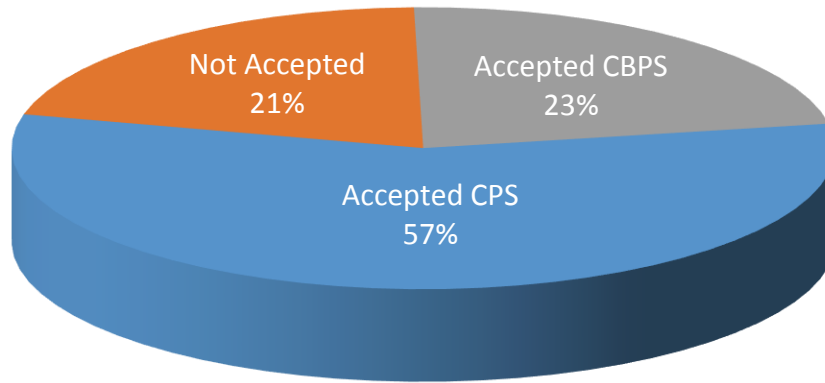
SFY	# Intakes	CPS Intakes				CBPS Intakes	
		Accepted	% Accepted	Not Accepted	% Not Accepted	Accepted	% Accepted
2015	35,068	19,781	56%	6,609	19%	8,673	25%
2016	43,923	24,978	57%	9,425	21%	9,515	22%
2017	46,525	26,347	57%	9,667	21%	10,505	23%
2018	53,962	36,309	67%	9,993	19%	7,657	14%



**State Fiscal Year 2017 (July 2016 - June 2017)**

**CPS Intake Decisions**

Source: CAPSS effective June 13, 2018 / ADR

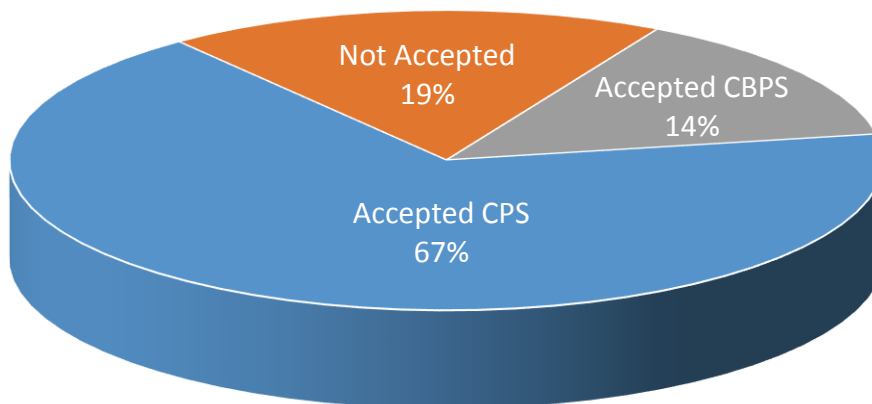


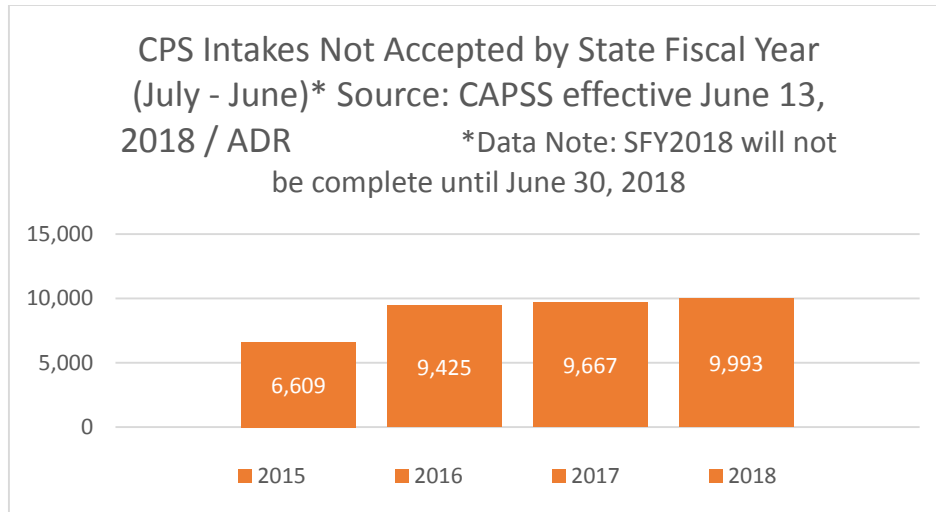
**State Fiscal Year 2018 (July 2017 - June 2018)**

**CPS Intake Decisions**

Source: CAPSS effective June 13, 2018 / ADR

Data Note: State Fiscal Year 2018 will not be complete until June 30, 2018. Data is incomplete





**11) Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parent and professionals to prevent and treat child abuse and neglect at the neighborhood level.**

For FFY 2016 FFY, CAPTA funds were used for spreading the message of Child Abuse Prevention through the Children’s Trust of South Carolina. Children’s Trust of South Carolina grew the Prevent Child Abuse South Carolina Prevention Partner network to fifty-three (53) organizations. The purpose of the network is to increase awareness for Child Abuse Prevention Month with consistent messaging and materials.

Children’s Trust will be recruiting additional members and stewarding existing members and will host a partner meeting over the summer or early fall to wrap up CAP Month 2017 and discuss plans for 2018.

**Children’s Trust Activities**

Children’s Trust updated and enhanced the resources available for Child Abuse Prevention Month Activities, including:

*Keeping Kids Safe Booklet:* a new resource created by Children’s Trust that combined several of its existing safety brochures into one booklet. The information covers protective factors, safe sleep, Daniel’s law, hypothermia, water safety, child passenger safety and more. Children’s Trust ordered 20,000 booklets and over half were distributed during the month of April to partners and at Children’s Trust events and trainings.

*Child Abuse Prevention Month Toolkit (15-pages):* available to all Children’s Trust grantees and shared digitally on [scchildren.org](http://scchildren.org). The Toolkit included information on the Protective Factor Framework; an overview of the data available on adverse childhood experiences, state child abuse and neglect statistics and KIDS COUNT; an overview of awareness materials (posters, fact sheets and cards) available for download; and tips for how to use pinwheels. The Toolkit also included messaging samples: news release, proclamations, editorial, newsletter content, speaking points, letter to supporters and social media posts.

*Website at [scchildren.org/CAPmonth](http://scchildren.org/CAPmonth):* refreshed with a new design and served as a web hub for all CAP month information, including the toolkit, fliers, posters, social media, stats and the Protective Factor Framework. It housed information on Prevent Child Abuse South Carolina membership and partners and how to participate in Pinwheels for Prevention. Children's Trust also provided dedicated webpages to all county-wide cap month initiatives (Greenville, Pickens and Spartanburg) and recognized those communities who passed proclamations. The website featured a portal for organizations to share their community prevention events and highlighted national resources, available in English and Spanish, for those looking for suggested activities for parents, communities and prevention professionals.

*Print collaterals:* included yard signs, flier, posters, coloring activity sheets, stickers and CAP Month rack cards.

### **Pinwheels for Prevention Highlights**

- Over 40,000 pinwheels were distributed across the state.
- Each Department of Social Service County Office received pinwheels, supporting signage and parent messaging materials.
- Over 2,000 pinwheel lapel pins were distributed across the state.
- Children's Trust partnered with Blue Cross Blue Shield to have pinwheels at their local office location.

### **Child Abuse Prevention Month Partner Activities**

The following is a sampling of the partner activities and CAP events across the state:

- Greenville First Steps (Greenville) hosted their annual community event Walk for Prevention and participated in Celebration Sunday.
- Carolina Health Centers (Greenwood), serving a six-county area, hosted a Family Fun Day for their home visiting families and engaged children to color pinwheels to display in the local pediatric practice.
- Hope Center for Children (Spartanburg) hosted one of the Children's Trust Protective Factors trainings. Planted a pinwheel garden with the City of Spartanburg at their annual Music on Main event.
- Parenting Place (Easley) co-hosted a stakeholder luncheon with partners including Pickens County DSS, planted pinwheels with the Clemson police department, participated at the Pickens Azalea Festival and the Ride for the Child.
- Pickens County First Steps (Pickens) co-hosted a stakeholder luncheon with partners including Pickens County SCDSS, planted pinwheels with the Clemson Police Departments and hosted a mandated reporting training.
- Hopeful Horizons (Beaufort) planted pinwheel gardens at local office locations and pediatric offices. They participated in "Darkness to Light" trainings and the April 7 "Take Back the Night" event.
- Oconee County First Steps (Oconee) participated in the Child Abuse Prevention Month for the first time this year. They planted over 10,000 pinwheels alone! Director, Marie Dunnam brought the whole community together including schools, churches, law enforcement, libraries, etc. and covered the town in blue and silver pinwheels.

- Children's Trust Grantees – Children's Trust provided pinwheels to grantees. Home Visiting grantees took their CAP Month participation to the next level by hosting a social media contest.

### **Social Engagement**

Children's Trust launched a new social media campaign with #Good4SCKids. The #Good4SCKids became a key component of CAP Month.

Children's Trust encouraged people to change their social media profile pictures and banner photos to branded Children's Trust, Child Abuse Prevention America and Child Abuse Prevention Month photos. Many individuals and organizations across the state used our profile picture of a pinwheel.

### **Child Abuse Prevention Month and Beyond**

Children's Trust has begun planning for 2018 Child Abuse Prevention Month, seeking feedback for key stakeholder to increase awareness efforts.

Children's Trust will seek Prevention Partner feedback from via an online survey to plan for 2018.

Children's Trust's Community Prevention Coordinator will be reaching out to current and new prevention partners with education and training opportunities and with ideas on how to use Pinwheels for Prevention.

### **Developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies**

#### **Support of CAPTA Citizen Review Panels**

The University of South Carolina, Center for Child and Family Studies (CCFS) in the College of Social Work assisted the South Carolina Department of Social Services (SCDSS) with facilitation of the three (3) South Carolina Citizen Review Panels (CRP). Those services were funded by The Child Abuse Prevention and Treatment Act (CAPTA). While the establishment of the CRP is required under CAPTA, the state recognizes that the panels provide a unique opportunity for collaboration and community support, voices full support for the panels, and values their input.

The goal for the CRP is to work collaboratively with the SCDSS to effect change wherever is possible and to lay the ground work for future improvements to the Child Protective Service System at the state and local levels. This is achieved by submitting recommendations from each area panel chairperson through collaboration with other community partners who determine annually the trends issues needing to be addressed to protect some of our most vulnerable citizens-the children of South Carolina.

Highlights of the CRP's work in 2016:

- Child Fatalities: The CRP continued to monitor child fatalities in South Carolina, legislative efforts to reform reporting requirements, and the SCDSS's efforts to revise internal processes for child death reviews.

- Community Based Prevention Services (CBPS): The CRP continued to receive updates on the progress of the CBPS workgroup exploring options for improving this service delivery system.
- Independent Living: The CRP monitored the agency's response to its recommendations regarding the full use of funds for youth services and the development of transition plans for all youth in a timely manner.
- Kinship Care: The SCDSS has been developing policies and procedures with interest in licensing kin providers and subsidizing guardianship. The CRP is participating on committees to assist with this effort.
- Child Abuse Prevention Month Activities: The CRP offered and sponsored a variety of events to promote awareness of child abuse, including a volunteer summit and several trainings on general child abuse awareness and mandated reporter responsibilities.
- The SCDSS Staff Morale: The CRP monitored the annual SCDSS satisfaction survey results and staff-related agency initiatives designed to address issues identified through this survey.
- Michelle H. Federal Law Suit Settlement: A settlement agreement in this case was negotiated in 2016 and the Judge signed the order to begin addressing the issues identified in the settlement agreement. The CRP continued to monitor progress and strategically plan to contribute works that assists the SCDSS in meeting settlement requirements.
- Legislative Changes: The CRP monitored several legislative changes proposed in 2016 including bills focusing on household limits on the number of foster children in each foster home, sex trafficking prevention and strengthening families, and changes to the Haven for Abandoned Babies Act.
- Foster Care Licensing: The CRP is examining the foster care licensing programs to assess opportunities for streamlining work in this area.
- Family Engagement Program: The CRP examined the benefits and challenges of this Program.
- ACEs Training: The CRP sponsored several regional trainings on Adverse Childhood Experiences (ACEs) to make the public aware of this reality for many children in SC.
- National CRP Conference: Six CRP members and the CRP Coordinator attended the conference in Phoenix, Arizona.
- The 2016 CRP Annual Report and the state's response are attached as separate documents to the 2018 APSR.

### **Amendments to CAPTA, Justice for Victims of Trafficking Act of 2015**

Since the submission of the 2018 APSR, the South Carolina legislature has considered certain CAPTA-related legislation.

**House Bill 3701** amends Section 63-7-20(6) of the South Carolina Code to include all child victims of sex trafficking to the definition of "child abuse or neglect." Under this legislation, a child victim of sex trafficking is a victim of abuse or neglect regardless of whether the perpetrator is a parent, guardian, or other person acting *in loco parentis*. The bill was passed by the state legislature and became effective spring of 2018.

The SCDSS has developed policy and procedures for Intake to assist in the identification and assessment of children/youth who are known or suspected to be victims of human sex trafficking, and for providing services to the children/youth. The proposed policy and procedures is being reviewed by the SCDSS Leadership.

The Implementation Team collaborated with the SC Attorney General's Human Trafficking Task Force, Direct Services Workgroup, for the development of best practice services and criteria for providers of those best practices. This work and recommendations are not complete.

The state's SACWIS, Child and Adult Prevention Services System (CAPSS) has identified what is needed to meet the requirements of PL 114-22, and is waiting for Leadership approval to implement the additions/revisions to the CAPSS.

The state is not able to submit the Governor's Assurance Statement and is not able to demonstrate compliance with the amendments relating to trafficking by 6/30/2017. The state is submitting a Program Improvement Plan to complete the implementation of the requirements by 6/30/2018. The Program Improvement Plan is attached in Appendix H.

### **Amendments to CAPTA made by P.L. 114-198, The Comprehensive Addiction and Recovery Act of 2016 (CARA)**

The Implementation Plan for the requirements of CARA PL 114-198 was added to the implementation action steps of CAPTA PIP, Creating a Plan of Safe Care action steps for PL 111-320, and both were concurrently being implemented. A Multi-disciplinary CAPTA PIP and CARA Team was created with broad representation of both internal and external stakeholders.

A draft protocol and guidance was developed by the CAPTA Medical Workgroup to assist healthcare professionals with knowing when to refer and report, has been submitted to the SCDSS Leadership for approval.

A draft of required policies and procedures for case management and providing services for newborn and mother / caregiver are being reviewed by the SCDSS Leadership.

Initial decisions about what CAPSS changes are needed have been made, but additional discussion is needed with regard to providing services to newborn and mother/caregiver when the mother/caregiver is compliant with treatment and there is not a finding of abuse and neglect by CPS Investigations.

### **Changes to laws relating to the requirements of the CARA, PL 114-198**

**Senate Bill 447 and House Bill 3823** amend Section 63-7-310 of the South Carolina Code to mandate the reporting by health care professionals of substance-exposed infants. These bills are substantively like each other and have passed their respective legislative bodies. A conference committee is working to reconcile the two versions into a single version to be submitted to the Governor.

Changes to policies or procedures relating to the requirements of the CARA, PL 114-198

To date there have been no changes to policies and procedures relating to the requirements of the CARA PL 114-198. The proposed changes to policies and procedures are being reviewed by the SCDSS Leadership for approval.

### **Multi-disciplinary outreach, consultation or coordination taken to support implementation**

The stakeholders listed below accepted the invitation to collaborate on the CAPTA Program Improvement Plan Team for PL 111-320. These stakeholders continued the Implementation Team as the CARA Amendments PL 114-198 requirements were added to the CAPTA PIP Implementation Plan.

- American Academy of Pediatricians
- SC Children’s Hospital Collaborative
- SC Department of Health and Human Services, Health Policy, SBIRT Program
- Greenville Hospital System
- American Society of Addiction Medicine, American Academy of Family Physicians
- NOFAS- National Organization for Fetal Alcohol Syndrome, SC Fetal Alcohol Syndrome Disorder Collaborative
- Children and Family Futures- National Center on Substance Abuse and Child Welfare
- SC Children’s Trust-Visiting Nurse Program
- SC Department of Alcohol and Other Drug Abuse Services
- Community-Based Prevention Services
- Neonatal Consortium (NICU)
- Neonatology Consortium, SC Maternal Children’s Neonatal Testing,
- Family Futures, National Center for Substance Abuse and Child Welfare
- SC Department of Health and Environmental Control- SC Early Childhood Comprehensive System
- SC Hospital Association
- SC OB/GYN Association.
- American Academy of Family Physicians
- Select Health (Managed Care Provider)
- SCDSS Liaison for Medicaid
- SC Department of Health and Human Services – Birth Outcomes Initiative
- Palmetto Healthy Start of the Lowcountry
- Medical University of South Carolina (MUSC) Infant Mortality
- SC Law Enforcement Division (SLED)
- Greenville County (SC) Sheriff’s Dept.
- North Charleston (SC) Police Dept.
- Family Futures Project and National Center for Substance and Child Welfare
- Emergency Medical Directors

**Role of the agencies involved in ensuring effective implementation of the CARA requirements.**

The Medical Workgroup led in the development the Referral/Reporting Protocol Guidelines for Health Care Providers.

The CAPTA PIP/CARA Implementation Team collaborated on developing the proposed revised Mandated Reporter legislation introduced to the SC Legislature in the Jan-May 2017 Session. Stakeholders also provided support in the effort to communicate the importance of the proposed revision to SC Legislators.

Procedures developed to monitor plans of safe care, to determine whether and in what manner local entities are providing referrals to and delivery of appropriate services for substance-exposed infants and affected family members and caregivers.

The SCDSS will utilize the Agency's CAPSS Data System to track the Plans of Safe Care and the outcomes of the Plans' services. The SCDSS plans to utilize the family's personal and professional safety network to ensure the referral and delivery of services.

The state is not able to submit the Governor's Assurance Statement and is not able to demonstrate compliance with the amendments relating to the CARA by 6/30/2017. The state is submitting a Program Improvement Plan to complete the implementation of the requirements by 6/30/2018. The Program Improvement Plan is attached Appendix H.

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## CHAFEE FOSTER CARE INDEPENDENCE PROGRAM

### Independent Living Services

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

The goal of the South Carolina Independent Living Program is to provide the developmental skills necessary for Youth in Foster Care to live healthy, productive, self-sufficient and responsible adult lives. The purposes of these services are to provide youth in Foster Care with opportunities to learn needed independent living skills and to increase the likelihood of a successful transition from the Foster Care System.

Through the Child Assessment in the Child and Adult Protective Services System (CAPSS), and through the administration of a life skills assessment, such as the Casey Life Skills Assessment (CLSA), the youths' Independent Living (IL) Goals are based on the specific life-skills needs of the youth. Each youth is assessed on an annual basis. These Independent Living Goals and the goal-related services are offered concurrently with the youth's Permanency Goals, regardless of their Permanency Plan(s).

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

### Specific accomplishments since the submission of the 2015-2019 CFSP and subsequent APSRs



\*See also accomplishments identified in the CFSP/APSR Update to the Plan for Improvement, Goal 4, Objectives 5-15.

- Continued developing the IL Procedure Manual;
- Continued to participate in the development of the revision of the SCDSS Human Services Policy Manual related to Independent Living Services;
- Collaborated with Eckerd Corp for youth employment opportunities;
- Participated in the NYTD Constituency Group;
- Collaborated with the SC YEA! State Coalition for Youth Empowerment and Access that addresses equal opportunities for all students;
- Participated on the State and Regional Human Trafficking Task Force;
- Collaborated with ABLE South Carolina and the Equip Peer Support Groups for youth with special needs;
- Continued to create partnerships with local vendors which promoted Independent Living skills, leadership skills, employment skills, education and social skills;
- The IL staff conducted training throughout the year to Group Home Providers, the Foster Parent Association meetings, partners, Guardian ad Litem volunteers, and the SCDSS staff;
- Partnership with the South Carolina Campaign to Prevent Teen Pregnancy over the course of five years to strengthen the Agency's capacity to reduce teen pregnancy and to promote adolescent and teen sexual health.

The SCDSS Regional IL Advocates:

- Offered technical assistance to SCDSS County staff through group training and one-on-one coaching;
- Assisted with Transition Planning Meetings;
- Monitored and reviewed the CAPSS reports for NYTD data, Transition Planning Meetings, and Independent Living goals in Domain 8 of the Child Assessment;
- Provided updates and resources/tools for Caseworkers;
- Outreach efforts directly to youth to help ensure access to and understanding of IL Services;
- Served on partnering agency and non-profit boards and committees to promote access to services benefitting transitioning youth;
- Worked in partnership with SC Campaign to Prevent Teen Pregnancy to build capacity for agency providers to utilize evidence-based curricula with youth in Foster Care;
- Presented at the SC Foster Parent Association Conference held on April 7, 2017;
- Supported GOALL (Go Out And Learn Life) youth in collaboration with PAFCAF – Building Bridges on April 20, 2018;
- Worked with IT to create a new PUSH report identifying youth within IL age demographic (informed practice).

**Accomplishments related to the 8 CFCIP Program Purposes, not in the Update to the Plan for Improvement, since submission of 2015-2019 CFSP and subsequent APSRs.**

- Collaborations with local agencies to decrease homelessness amongst youth transitioning from foster care - Purposes
- Employment support services (Workforce Innovation and Opportunity Act (WIOA) referral, Job Corps, and Vocational Rehabilitation) - Purposes 1, 2, 5, 7, 8
- Improved access for youth to Special Needs Services (ableSC, Vocational Rehabilitation, Department of Disability and Special Needs, Department of Mental Health, Leaphart Place)- Purposes 1, 2, 3, 4, 5, 6, 7, 8
- Mentoring services/expenses- Began partnership with Fostering Great Ideas in the Northwest SC, analyzing the tools and resources needed to expand the program in other regions - Purposes 1, 2, 4, 5, 7, 8
- The Identity Theft Coordinator is now able to access, review and resolve discrepancies on youth credit reports.
- Helped facilitate passing of legislature allowing youth in foster care to obtain a driver's license
- Developed strong partnerships with agencies and organizations enable us to serve our youth towards greater well-being outcomes in normalcy, academic success, employment readiness and financial literacy & stability- educational consultants, financial literacy coaches, mentors, and workforce development.
- Assisted in composing the Youth Plan and Community Impact Plan with The United Way of The Midlands Youth in Transition Initiative

**Planned activities for FFY 2019**

- Collaborate with Clemson University Youth Learning Institute to provide Leadership and Sibling Retreats.
- Update basic Child Welfare Basic training for IL through the University of South Carolina, Center for Child and Family Studies.
- The SCDSS IL Advocates will continue to provide training to the Foster Parents statewide.
- The SCDSS IL Team will continue to provide training to Agency staff on proper procedure for conducting and documenting the IL needs assessment through coaching and providing technical assistance, and information handouts.
- The Chafee Independent Living Program will continue to work with the SCDSS CAPSS Team to resolve all CAPSS issues related to Independent Living and NYTD.
- The IL Team will provide a Graduation Ceremony to commemorate the accomplishments of youth graduating high school, and any post-secondary education.
- The IL Team will provide Quarterly Independent Living Advisory Committee Meetings with stakeholders and community partners.
- The IL Team provide training for Agency staff and youth in Foster Care on Identity Theft and credit reporting.
- The IL Team will provide Financial Literacy Workshops for young adults receiving housing assistance.
- Create a centralized Independent Living Business Office to ensure funds are being dispersed in a timely manner.

- Implement county transition specialists, who provide intensive transition planning and life skills development for older youth, support training of staff and providers, and document IL services timely and accurately.
- Integrate technology into daily work to meet youth where they are, engage their awareness and ensure access to Independent Living services.
- Restructure county youth groups and host regional youth conferences to train youth in life skills and IL services.

### **The state's plan for FFY 2019 to inform stakeholders and others of the NYTD Review for the state**

The NYTD Review will be shared, as updated, with stakeholders in the Independent Living Advisory Committee Meetings, at the SCDSS Stakeholders Meetings, at the State Youth Advisory Board (GOALL) Meetings, and through electronic copies if requested. The NYTD Review will also be shared with Agency staff. The CFCIP staff will also share this information in their Region/County trainings with Agency staff, providers, and community partners/stakeholders.

### **How the state informed and involved partners, tribes, courts and other stakeholders related to NYTD data**

The state's response is the same information as provided in the state's plan for FFY 2019.

### **How the state improved NYTD data collection, based on the plan outlined in the 2015-2019 CFSP and subsequent APSR submissions or NYTD Review**

During the period, July 1, 2017 through June 30, 2018, the NYTD Survey Team completed the surveys of 17-year olds in Cohort 3 who turned 17 between October 1, 2016 and September 30, 2017. In August 2017, the USC NYTD Survey Team staff met with the SCDSS Independent Living (IL) Team to revise the state-developed questions for the Cohort 2, 21-year-old survey. Additional questions about health care and education access were included. On October 1, 2017, the NYTD Survey Team began the survey of 21-year-old youth in Cohort 2. The survey administration for the 21-year olds will continue through September 30, 2018. Currently, preparations for the Cohort 3, 19-year-old survey are underway with an anticipated final survey to be completed by summer 2018. Data collection for the Cohort 3, 19-year-old survey will begin October 1, 2018.

The UofSC NYTD team met with the SCDSS IL Advisory Committee in October 2017 to share preliminary findings on housing and homelessness from the Cohort 2, 19 year old survey. A summary report and infographic of findings from this wave of data collection was sent to the IL team in March 2018. Qualitative data from the surveys have also been analyzed and a report is under development. A final report of Cohort 2's data across all waves will be drafted by December 2018. Analysis of the Cohort 3, 17 year old survey will begin in late April/early May 2018. A preliminary report of the findings will be available in the fall of 2018. A meeting to discuss findings from past waves of data collection along with any implications for service delivery and training has yet to be determined.

The UofSC NYTD team is currently finding ways to enhance communication with youth who take the survey. The team is exploring improvements to their Facebook page, new topics to add to the monthly listserv, and other opportunities to reach youth. By the end of FY2018, the UofSC NYTD team will begin exploring the previously collected data in more depth, including linking data from CAPSS with the NYTD

survey. The UofSC NYTD team will also be exploring new ways to communicate findings with youth and the DSS IL team.

Other outreach activities provided by the UofSC NYTD Survey Team included:

- Networked with partners at the SCDSS IL Advisory Committee meetings (JUL, OCT, JAN);
- Provided NYTD youth and adult brochures and handout on the NYTD Survey Process;
- Announcement of the launch of the 2017-2018 survey of the second cohort of 21-year-old youth to partners at the SCDSS IL Advisory Committee meeting (OCT);
- Provided the SC NYTD youth listserv article: SC NYTD 2017-2018 Survey of 21-Year-Old Youth Begins October 1!
- Reached out to the South Carolina Foster Parent Association (SCFPA) for posting on the SCFPA website of the launch announcement for the launch of the 21-year-old survey.

**How the state has used these data and any other available data in consultation with youth and other stakeholders to improve service delivery in the last year.**

NYTD team trained staff, administration, community partners and care providers in understanding and utilizing NYTD data to inform practice and assess quality of services provided. This was accomplished through weekly Human Service Leaders conference calls, Palmetto Association for Children and Families, SC Foster Parent Association, & the Independent Living Advisory Committee.

In reference to engaging youth from State Youth Advisory Board (GOALL) in transition planning, SCDSS IL has revised the assessment tool (formerly known as PATTY Form 30206 to Transition Planning Form 30206) to include more comprehensive planning and collaboration with the youth, and requested the form to be placed on SCDSS Server "Master Forms Index". In addition, the IL team has reached out to provide training to community partners, care providers, guardians ad litem, and other adult support systems for youth on the importance of transition planning.

**Collaboration with Youth and Other Programs**

- The IL team will continue to develop programming that promotes youth-adult partnerships to support sustained youth engagement efforts and strengthen programs through training youth to advocate for themselves and others, identify adult supports in their lives, and make meaningful connections
- The IL team will continue to provide and encourage multiple opportunities for youth to develop, master, and apply critical skills, including life and leadership skills through independent living leadership training
- All youth in foster care, ages 13 and up, will continue to participate in collaborative case planning and transition planning per agency policy in compliance with federal legislation
- The IL team will continue efforts to use technology and social media to engage youth in program planning and policy development

**Activities in FFY 2018 and FFY 2019 to involve youth/ young adults in the CFCIP, CFSR, NYTD, and other related agency efforts.**

The IL Team will:

- Continue to meet with the Independent Living Youth Association to seek input on policy and programming,
- Continue to meet with the State Youth Advisory Board (GOALL) to seek input on policy and programming,
- Continue to extend the invitation to youth to participate in the IL Advisory Committee Meetings,
- Promote youth/young adult Independent Living Conferences/regional trainings,
- Strive to increase peer support amongst young adults formerly in foster care.

**Activities in FFY 2018 and FFY 2019 to involve the public and private sectors in helping adolescents in Foster Care achieve independence.**

The SCDSS Independent Living Program will continue to partner with:

- the UofSC Center for Child and Family Studies staff; Children’s Law Center, the SC Foster Parent Association; the Palmetto Association For Children and Families; Group Care Providers; SC Department of Motor Vehicles, the SC Department of Education, the SC Department of Mental Health, the SC Department of Health and Environmental Control (Adolescent Health), the SC Department of Health and Human Services (Medicaid), the State Governor’s Office (the Foster Care Review Board and the Guardian ad Litem programs); SC Equality; the Department of Juvenile Justice; Columbia and Charleston Urban Leagues; Job Corp; AbleSC; State Alliance for Adolescent Sexual Health (SAASH), SC Center for Fathers and Families, Clemson University Youth Learning Institute; Sisters of Charity; Transitions Homeless Shelter, Sexual Trauma Services of the Midlands, South Carolina Citizen Review Panel; SC Campaign to Prevent Teen Pregnancy, United Way of the Midlands, SC Human Trafficking Task Workforce Development, and Federal NYTD Constituency Group.
- The South Carolina Foster Parent Association (SCFPA) will continue a contractual agreement with the SCDSS to provide “Household Showers” for youth who will transition from Foster Care, or “Dorm Showers” for college-bound youth. The SCFPA will continue the “On the Road Again Program” to provide donated vehicles to youth in Foster Care. They will also continue to provide care packages to college students through the Pack-A-SACK program, and laptop computer bundles for 11<sup>th</sup>-12<sup>th</sup> grade high school and college students.
- The University of South Carolina, Center for Child and Family Studies will continue a contractual agreement to provide the NYTD Survey for youth in transition.
- The Clemson University Youth Learning Institute (YLI) contractually provided and will continue with the SCDSS to provide training opportunities in camp and retreat settings for youth, and youth empowerment conferences. The YLI staff worked with the SC CFCIP to develop curriculum that met NYTD guidelines.
- The Urban League “Level Up Program” prepared youth in Foster Care with introductory employment skills and Independent Living skills throughout the year, to include six (6) weeks of paid summer employment. The Level Up Program is a project undertaken in conjunction with the Columbia Urban League, to address job readiness, and offer a youth curriculum encompassing employment and career, individualized counseling, transportation, and mentoring. This will continue to be provided in FFY 2019.

**Activities in FFY 2018 and FFY 2019 to coordinate services with “other federal and state programs for youth: abstinence programs; local housing programs; programs for disabled youth (especially**

**sheltered workshops); and school-to-work programs offered by high schools or local workforce agencies.**

- Several Group Care facilities have “Independent Living” cottages designed to assist youth in the transition out of Foster Care.
- Community shelters and SCDJJ participated on the IL Advisory Committee, which meets quarterly to advise the Agency on youth access to IL services, education and employment opportunities and community resources.
- The Chafee Foster Care Independence Program:
  - has been discussing options for young adult transitional living programs in order to decrease occurrences of homelessness and becoming victims of human trafficking, including sex trafficking. We will continue to seek partnerships in the community for opportunities to create and build transitional living programs;
  - Will continue referrals to transitional housing facilities, such as Leaphart Place and MIRCI home for youth/young adults in transition, for youth with disabilities or special needs
  - will continue its partnership with SC Vocational Rehabilitation to assist in placing youth with disabilities and developmental barriers to employment;
  - will continue its partnership with Job Corps to provide additional education and career choices for youth.
  - will continue its partnership with SCWorks to provide access to WIOA funds ;
  - will continue to collaborate with the South Carolina Interagency Coalition for the Homeless Committee Meetings;
  - will continue to coordinate with the youth program at the Transitions Homeless Shelter;
  - will continue to coordinate with United Way Youth In Transition Committee;
  - continue to explore community options for homeless youth and opportunities to create partnerships;
  - will continue its partnership with Able SC, a Center for Independent Living (CIL), an organization that offers services to empower youth with special needs and increase the successful independence. AbleSC offers a broad curriculum in activities and skills training for daily life, safety and wellbeing, customized to meet individual needs.

**Activities in FFY 2018 and FFY 2019 to collaborate with governmental or other community entities to promote a safe transition to independence by reducing the risk that youth and young adults in the child welfare system will be victims of human trafficking.**

The Chafee Foster Care Independence Program

- will continue to participate in statewide and regional task force committee meetings on human trafficking;
- is planning to help coordinate training to SCDSS staff and youth;
- will continue to explore community options to build partnerships and develop strategies to reduce the risk of youth with Foster Care experience from becoming victims of human trafficking;

- will continue to collaborate with the South Carolina Coalition Against Domestic Violence and Sexual Assault (SCCADVASA), Helping Hands Healing Hearts, Lighthouse for Life, and SWITCH to increase awareness and provide services to youth in need.

**Activities in FFY 2018 and planned for FFY 2019 to provide specific training in support of the goals and objectives of the states' CFCIP and to help stakeholders understand and address the issues confronting adolescents**

The Chafee Foster Care Independence Program training activities in FFY 2018 and to continue in FFY 2019:

- partner with the SC Campaign to Prevent Teen Pregnancy to provide an evidence-based curriculum for adult care providers and the SCDSS staff to use with youth;
- provide training to SCDSS County Business Office staff on IL services and the IL funds disbursement process
- the SCDSS Regional IL Advocates provide ongoing training to help foster parents, relative guardians, adoptive parents, workers in group homes, and caseworkers understand and address the issues confronting adolescents preparing for independent living;
- the IL Team trains Guardian ad Litem (GAL) volunteers statewide;
- Youth across the state are empowered with information provided through youth groups, peer trainings, leadership retreats, and involvement in agency meetings;
- the IL Team provides ongoing training, daily technical assistance and coaching regarding issues that youth face in general as well as case-by -case guidance to foster parents, relative guardians, adoptive parents, workers in group homes, case managers and youth
- the IL Team provides training for Department of Juvenile Justice on services available to former foster youth transitioning from incarceration and possible issues they may face.

**Consultation with Tribes**

**Consultation with each Indian tribe in the state about the programs to be carried out under the CFCIP.**

The Catawba Indian Nation is the only federally-recognized Indian tribe in South Carolina. Since the submission of the last APSR, the Chafee Foster Care Independence Program has participated in three Catawba Indian Nation-SCDSS Workgroup collaborative meetings.

**Efforts to coordinate the programs with tribes**

The CFCIP receives reports to identify SCDSS involvement with Native American youth. The SCDSS staff consult with the staff members of the Catawba Indian Nation when a youth is identified as a member of or eligible for membership in the Catawba Indian Nation.

**How the state ensures that benefits and services under the programs are made available to an Indian child**

The CFCIP continues to collaborate with the Catawba Indian Nation to ensure that any and all youth in Foster Care in South Carolina that are identified as Native American Indian are informed about the CFCIP and the benefits available to eligible youth, through the state including scholarships, housing assistance,

and medical services, and through the tribe. The Catawba Indian Nation published a booklet, A Brief History of the Catawba People, to inform youth identified as Catawba Indian of their cultural heritage and services available through the tribe.

All Chafee and ETV programs provided through the CFCIP are available to any Native American youth in Foster Care according the same eligibility criteria as non-native youth. The Catawba Indian Nation and the Agency will continue to work together to provide post-Foster Care Services for Indian youth emancipating from Foster Care after reaching the age of eighteen (18) years old. A representative of the Catawba Indian Nation is the contact for youth mentor support and can be reached through contacting the Catawba Indian Nation, Director of Social Services.

### **Concerns raised by the tribes during consultation on accessing Chafee services and how the state plans to address these concerns**

The tribe has not expressed any concerns related to accessing CHAFEE services since the submission of the last APSR.

### **Tribal request to develop an agreement to administer or supervise the CFCIP or an ETV program**

Since the submission of the 2015-2019 CFSP and subsequent APSRs, the Catawba Indian Nation has not requested an agreement to administer or supervise the CFCIP or an ETV program.

### **Education and Training Voucher Program**

Specific accomplishments and progress to establish, expand, or strengthen the state's postsecondary educational assistance program:

- During FFY 2018, the Chafee Foster Care Independence Program:
  - Worked with the SC Commission on Higher Education to promote use of the South Carolina Needs-based Grant for Foster Care Youth. The ETV and SCNBG- Foster Care Youth applicants are cross-referenced to ensure youth apply for both opportunities;
  - Collaborated with the SC Department of Education, SC Guidance Listserv (for high school guidance counselors), Carolinas Association of Collegiate Registrars and Admissions Officers (CACRAO), and with multiple SC colleges and universities;
  - In an effort to recruit, retain, and support youth in post-secondary education, has partnered with educational consulting services, Woodburn Education Services and Next Level Educational Services;
  - Distributed a brochure specifically focused on the ETV. The program is also distributed promotional materials to create a knowledge-base about ETV funding.
  - Provided other financial aid information with youth, Caseworkers, care providers, Guardians ad Litem, and adults who work with youth in our eligible population;
  - Provided training to guidance counselors and career counselors about ETV benefits;
  - Continued to focus on identifying eligible youth for ETV funding through CAPSS reports and NYTD Listserv;
  - Mailed letters to eligible youth informing them about ETV funding;



- Provided information to youth about the 4C Able Futures Camp which provided a week long summer camp for high school juniors and seniors to receive an on-campus college experience.

### **Changes in the administration of the ETV Program.**

Since the submission of the last APSR, there have no changes in the method of administering the ETV Program.

## **UPDATES TO TARGETED PLANS**

### **Foster and Adoptive Parent Diligent Recruitment Plan**

Michelle H. requires efforts by the SCDSS to attain more foster and adoptive families. To meet these requirements, a Michelle H. placement needs workgroup has been established to develop a diligent recruitment plan. Partnered with U of SC's the Center for Child and Family Studies, a placement needs assessment was conducted in 2017. This assessment, and feedback from counties, has provided specific foster care populations to target with recruitment efforts. Other than regular foster care homes these populations are: medically fragile, intensive therapeutic, large sibling groups, sex and human trafficking, 10 years and older, Native Americans, infants 0-6 weeks old, sexually abused, male teens, autistic children, LGBTQ, and bilingual foster children.

The Michelle H. workgroup is currently developing strategies to recruit based on the foster care populations. Strategies will include recruiting more medically fragile and intensive foster care homes to decrease burnout of foster parents that take on multiple levels of care of foster children. Families with larger homes and vehicles and cluster families (families within the same neighborhood or vicinity) will be recruited to help maintain sibling groups living together or near each other to continue their relationships. Community partners, meetings and events recruitment will target specific needs of foster children to better pair them with families to meet their needs. For instance, a diabetic foster child can go into a home that is already managing Diabetes. Translators and foreign language teachers will be targeted for children whose language is not or second language is English. Lastly, the recruiting of school system and medical professions for the advocacy and navigation of each respective field for children that may need these types of services.

The retention of foster parents is also crucial to have continued success with recruiting other potential foster parents. The Michelle H. workgroup is looking at strategies for training, mentoring, and customer service needs for the Child Welfare staff and foster parents. Meeting the training needs of foster parents will support them in fostering and help Child Welfare staff know where children can potentially be placed based off of the trainings each foster parent has received. Child Welfare training needs to include how to discuss a child's specific needs with potential foster families to find a match instead of placing children by availability. This training should also include customer service towards foster parents to help foster parents feel inclusive and want to continue fostering. Foster parents that have been fostering well can become mentors to other foster parents to help them navigate the Child Welfare system and how to effectively deal with certain behaviors or issues that may come up with children in their care. With better customer service, training and mentoring foster parents will then be able to recruit others they come into contact with based on their experience with the Child Welfare system.

Additionally, the Agencies recruitment coordinator in the Communications Department has developed a plan for statewide recruitment. See *Appendix C* for additional details.

### **Health Care Oversight and Coordination Plan**

See page 81.

### **Disaster Plan**

There has not been an update since the submission of last year's APSR for the State's Disaster Plan. No disasters have occurred for an updated response.

### **Training Plan**

See *Appendix D*.

## **STATISTICAL AND SUPPORTING INFORMATION**

### **Information on Child Protective Service Workforce:**

#### **Qualifications and Training**

The following are education qualifications and training requirements for entry and advancement:

#### AH35- Program Coordinator I, Band 5

- Bachelor's degree in Social Work, Psychology, Sociology, or another behavioral science.
- Bachelor's degree and one year of experience in clerical, administrative, social work, correctional, business administration or general business.

#### AH40- Program Coordinator II, Band 6

- A master's degree in social work, social welfare or behavioral science; or a master's degree in any other field and one year of professional experience in human services or social service programs; or a bachelor's degree in social work, social welfare or behavioral science and one year of professional experience in human services or social service programs; or a bachelor's degree in any other field and two years of professional experience in human services or social service programs. Selected positions may prefer supervisory experience.

#### GA40- Human Services Specialist II, Band 4

- Bachelor's degree in Social Work, Psychology, Sociology, or another behavioral science.
- Bachelor's degree and one year of experience in clerical, administrative, social work, correctional, business administration or general business.

#### GA50 - Human Services Coordinator I, Band 5

- A master's degree in social work, social welfare or behavioral science; or a master's degree in any other field and one year of professional experience in human services or social service programs; or a bachelor's degree in social work, social welfare or behavioral science and one year of professional experience in human services or social service programs; or a bachelor's degree in any other field and two years of professional experience in human services or social service programs. Selected positions may prefer supervisory experience.

The following tables present education levels and characteristics of current Intake, Screening, Assessment, and Investigation workers.

**Table 37. Staff Education Levels, FFY 2018, Quarter 3**

Position	Bachelor's or Higher	Some College/ Business or Technical	High School Graduate	N/A or Missing	Total
Human Services Specialist II	689	10	3	6	708
Human Services Coordinator I	126	2	0	0	128
Program Coordinator I	4	0	0	0	4
Program Coordinator II	8	0	0	0	8
Total	827	12	3	6	848

Source: SCEIS database (1J90, 91, 92, 93 PCA and 1E74 PCA for OHAN)

**Table 38. Staff Characteristics, FFY 2018 Quarter 3 (n=868)**

Characteristic		Total Number	Percent of Workforce
Gender	Female	738	87.02%
	Male	110	12.98%
Race/Ethnicity	Asian	1	0.11%
	Black/African American	564	66.50%
	Hispanic/Latino	18	2.12%
	White	256	30.08%
	American Indian/Alaska	2	0.23%
	Missing/unassigned	7	0.82%
Age (Median = 40)	22-29	304	35.84%
	30-39	256	30.18%
	40-49	159	18.75%
	50-59	96	11.32%
	60+	33	3.89%
	Missing	0	0.00%
Highest Education	Associate	4	0.47%
	Bachelor's	712	83.96%

	Characteristic	Total Number	Percent of Workforce
	Completed 1 yr. College, Business or Tech	3	0.35%
	Completed 2 yrs. College, Business or Tech	1	0.11%
	Completed 3 yrs. College, Business or Tech	4	0.47%
	Doctorate	2	0.23%
	High School Graduate	3	0.35%
	Master's	113	13.32%
	Missing/unassigned	6	0.70%
Position Class Title	Human Services Specialist II	708	83.49%
	Human Services Coordinator I	128	15.09%
	Program Coordinator I	4	0.47%
	Program Coordinator II	8	0.94%

Source: SCEIS database (1J90, 91, 92, 93 PCA and 1E74 PCA for OHAN)

### Training Requirements

Child Welfare caseworkers must be certified to perform CPS Investigation, Foster Care, Family Preservation, and Intake services. This includes Caseworkers that are county-based, regional, and caseworkers who receive Out-of-Home Abuse and Neglect Reports and perform an Out-of-Home CPS Investigation.

The state has established a minimum of twenty (20) hours of annual ongoing training for all Certified Child Welfare Caseworkers to maintain Certification. The Agency has not established what training activities are required within that twenty hours of ongoing training. For details related to Ongoing Training for Certified Child Welfare Caseworkers, see the 2018 APSR, Program Support Page 120 ff. and the CFSR 3 Statewide Systemic Factors, Item 27, Ongoing Training on Pages 90-94.

### Performance Appraisal System

The Employee Performance Management System (EPMS) appraisal document is officially maintained in the employee's personnel file. All performance appraisals shall be made in writing by the employee's supervisor (the rater) who has direct experience or knowledge of the work being performed. The appraisal shall be reviewed by the next higher-level supervisor (the reviewer), unless the rater is the agency head, prior to the appraisal being discussed with the employee. The reviewer may attach additional comments to the appraisal, where the reviewer may take exception to any of the rater's appraisal points. However, the reviewer may not change the appraisal completed by the rater unless it is a County Director or Regional Manager's appraisal. Whenever an employee's job responsibilities change significantly, the appraisal document should be revised to reflect the changes. The final appraisal shall bear the signature of the rater, the reviewer, and the employee. If any party refuses to sign the appraisal, a notation shall be made on the performance appraisal of this refusal. A witness (another supervisor other than the rater or reviewer) should sign on the bottom of the front page to acknowledge that the party refused to sign the appraisal.

All covered employees shall be given an annual appraisal no more than ninety (90) calendar days prior to the employee's official review date. The official review date marks the beginning of a new review period. If an employee does not receive an appraisal prior to the official review date, the employee shall receive a "successful" rating by default. A covered employee may not be issued an overall "unsuccessful" appraisal at any time during the annual review period without following the "Substandard Performance Process." All performance appraisals shall become a permanent part of the employee's official personnel file. The supervisor shall furnish the employee a copy of the performance appraisal and copies of all pertinent attachments.

The Human Resources Management Division will provide each County or Division a listing, four to six weeks in advance, of employees who are due an Annual Performance Appraisal. Nevertheless, it is the responsibility of the Supervisors to know when appraisals are due on each of their employees and to plan their schedules accordingly. Supervisors and reviewing Supervisors are responsible for ensuring that their employees' evaluations are completed in advance. This includes the preparation of the Employee's Planning Stage. These are mandatory duties of Supervisors and should be included as an essential element on each Supervisor's EPMS. Supervisors ensure that an internal procedure is established to evaluate employees under their supervision in a timely manner.

The EPMS, when used properly, is an effective management tool for communicating duties, evaluating performance, and encouraging improvement. As a result, the EPMS can have a dramatic impact on the overall quality of care and service provided by the SCDSS. The purposes of the Employee Performance Management System are:

1. to provide an accurate, objective, and constructive method to evaluate employee's performance;
2. to improve the work performance of employees in order to enhance efficiency and productivity for the South Carolina Department of Social Services;
3. to assist management in assigning work and delegating responsibilities based on a mutual understanding of the employee's skills, abilities and the requirements of the job;
4. to encourage continued growth and development of all employees;
5. to maintain a documented history of the employee's performance in order to support recommendations for performance pay increases, promotions, reassignments, transfers, demotions, and dismissals;
6. to provide for a formal method of communication between Supervisors and employees; and
7. to provide a written agreement between the employee and SCDSS identifying specific job duties, performance characteristics, and objectives on which the employee will be appraised.

### **Caseload Requirements**

As a part of the Michelle H. settlement agreement, a workload estimation study was completed focused on Child Welfare caseworkers who case manage children in foster care and OHAN investigations (Class Members). Using information from that workload estimation study, the following limits were approved by the Michelle H. Co-Monitors on December 6, 2016:

Approved Class-Member Limits (for pure caseloads):

- OHAN investigator: 1 caseworker: 8 investigations

- Foster Care caseworker: 1 caseworker: 15 children
- IFCCS caseworker: 1 caseworker: 9 children
- Adoption caseworker: 1 caseworker: 17 children
- New worker: ½ of the applicable standard for their first 6 months after completion of Child Welfare Basic

#### Approved Supervisor Limits:

- For Foster Care, IFCCS and Adoption supervisors: 1 supervisor: 5 caseworkers
- OHAN supervisors: 1 supervisor: 6 investigators

However, some county office Child Welfare caseworkers carry mixed caseloads defined as having more than one type of case that includes both class-members (foster care children under 18 years of age) and non-class members. To measure for Michelle H compliance, a methodology was created by the agency. The Caseload limits and methodologies to calculate performance for caseworkers with mixed caseloads, both Class and Non-Class Members, were approved in December 2017 by the Michelle H co-monitors. Non-Class Members include children receiving family preservation services while remaining in the home with their parent or caregiver, Adult Protective Services cases, families involved in child protective service assessments and children placed by ICPC. Performance for foster care caseworkers with mixed caseloads is calculated by adding the total number of foster care children (Class Members) they serve to the total number of families (cases) of Non-Class Members they also serve. The total number should not exceed 15 children and cases.

To provide consistency in measurement, SCDSS has been exploring the computation of caseloads across all case types including case types for non-class members. While no universally accepted formula for computing non-class caseloads exists; SCDSS Data, Research and Accountability Department developed the formulas below:

#### In County Offices

- Family Preservation, CPS, & Other Non-Foster Care Services: 1 to 12 families
- For Pure Foster Care: 1 to 15 class member children
- For Mixed Foster Care: 1:15 class member children & non-foster care families

IFCCS Offices: 1 to 9 children

Adoption Offices: 1 to 17 children

OHAN: 1 to 8 OHAN investigations

\* New workers with less than 6 months of experience after child welfare basic training were measured at ½ the caseload standard.

#### Juvenile Justice Transfers

At this time, the CAPSS system does not track transfers of Foster Children coming from and going to the Juvenile Justice System, as the child remains in the custody of the SCDSS. However, SCDSS and SCDJJ

have a Memorandum of Understanding (MOU) for the sharing of information that was signed in September 2017. With this MOU, information sharing shall be exchanged for notification purposes between SCDSS and DJJ within 24 hours of the initial referral, excluding holidays and weekends. CAPSS is creating a portal, and asking SCDJJ to reciprocate.

The Accountability, Data and Research Unit at SCDSS is coordinating with the SCDJJ using the State's integrated data warehouse to identify foster children that are within both systems.

### **Sources of Information on Child Maltreatment Deaths**

The current SCDSS Child Fatality Response and Review System was implemented on November 28, 2016. It is a formal process for responding to and reviewing child fatalities statewide. The process provides a response to child fatalities that will improve effectiveness and consistency of response to child safety, increase the timeliness and availability of information for investigations, and increased collaboration between agencies and communities in prevention efforts.

Components of the process included the following:

- Internal Child Fatality Review Committees (Rapid Response) per proviso in counties without established reviews (7-10 days of death);
- Consistent participation in counties with Coroner-led reviews: Anderson, Berkeley, Charleston, Cherokee, Greenville, Greenwood, Laurens, Pickens, Richland, Spartanburg and York;
- Child Abuse Pediatrician Consultation;
- Child Fatality Review Focused on Continuous Quality Improvement (90 days after death);
- Staff Support for Secondary Trauma (statewide consistency).

Child fatalities reviewed and responded to include the following:

- All reports of a child fatality when abuse or neglect is suspected to be the cause;
- All child fatalities if the deceased child's parents have an open investigation, foster care, family preservation, or CBPS case at the time of death;
- All child fatalities if the deceased child's parents had an investigation (indicated or unfounded), foster care, family preservation, or CBPS within the 12 months immediately preceding the child death.

At present, the protocol process does not require counties to review serious injuries. The SCDSS is currently considering revisions to the protocol process, to potentially address the review of serious injuries if they fall into the definition categories above.

### **Table 42. SC Child Fatalities resulting from Abuse/Neglect**

**Note:** These are child deaths that were investigated by DSS and determined to have resulted from abuse or neglect. These deaths have been reported, or will be reported to NCANDS in the Child File.

<b>Indicated Reports Prior to Fatalities by Year</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Indicated Reports on Family in Prior 12 months	5	4	2
Indicated Reports on Family in Prior 5 years	9	8	4

Law enforcement, the coroner, the medical examiner, and the Department of Health and Environmental Control (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 Committee for a review. The children whose deaths appear to have been a result of child maltreatment by a “person responsible for a child’s welfare,” including, but not limited to a parent, guardian, or foster parent are reported to DSS by SLED during their investigation. This list is compared to the agency SACWIS system by name, date of birth, date of death, and parents’ names to ensure there is no duplication in reporting the fatalities in the NCANDS Child and Agency files. The Agency File includes all fatalities that occurred in FFY 2017 that were not included in the Child File and were reported to SCDSS by the State Child Fatality Committee.

<b>Annual Reporting of State Education and Training Vouchers Awarded (Updated 04/16/2018)</b>		
	<b>Total ETVs Awarded</b>	<b>Number of New ETVs (no award in 3 years prior)</b>
2012-2013 School Year (July 1, 2012 to June 30, 2013)	137	84
2013-2014 School Year (July 1, 2013 to June 30, 2014)	118	65
2014-2015 School Year (July 1, 2014 to June 30, 2015)	122	58
2015-2016 School Year (July 1, 2015 to June 30, 2016)	123	59
2016-2017 School Year (July 1, 2016 to June 30, 2017)	104	50



2017-2018 School Year (July 1, 2017 to April 16, 2018)	152	33
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**Inter-Country Adoptions**

**Number of children who were adopted from other countries and entered Foster Care as a result of the disruption of a placement for adoption or a dissolution of an adoption**

The state currently needs to develop systemic provisions to collect and report the requirements of Section 422(b) (12) of the Act to include an annual report of:

- The number of children who were adopted from other countries and who entered into state custody during the FFY as a result of the disruption of a placement for adoption or the dissolution of an adoption;
- The agencies who handled the placement or the adoption;
- The plans for the child; and
- The reasons for the disruption or dissolution.

The state has developed an Implementation Plan to meet the data gathering requirements of Section 422(b) (12) of the Act by 6/30/19, and to submit an annual report by 6/30/20 of the required data.

The Implementation Plan includes:

- The development and implementation of revisions/additions to the SCDSS Human Services Policy Manual and related additions/revisions to the SCDSS CAPSS to support implementation of the needed systemic provisions;
- The determination if additions/revisions to SC Code of Laws and/or Regulations are required;
- The participation of stakeholders such as International Adoption Agencies;
- Technical Assistance from the Children’s Bureau and the Capacity Building Center for States;
- The SCDSS staff in the following Programs: Interstate Compact for Placement of Children; Child and Adult Protective Services System; Office of General Counsel; Policy; Child Welfare County and Regional Operations; Foster Family Support and Licensing; State Adoption; Data and Accountability; Child Welfare Programs and Policy;
- Inter-country adoption-related questions consistently included in Region and County Intake services and added to the CAPSS;
- The Assessment for services to add potential, unique needs of children adopted internationally;
- The determination of and providing the required training for related SCDSS and external stakeholder staff.