

South Carolina's
2020-2024
Child and Family Services Plan



Strengthening Families

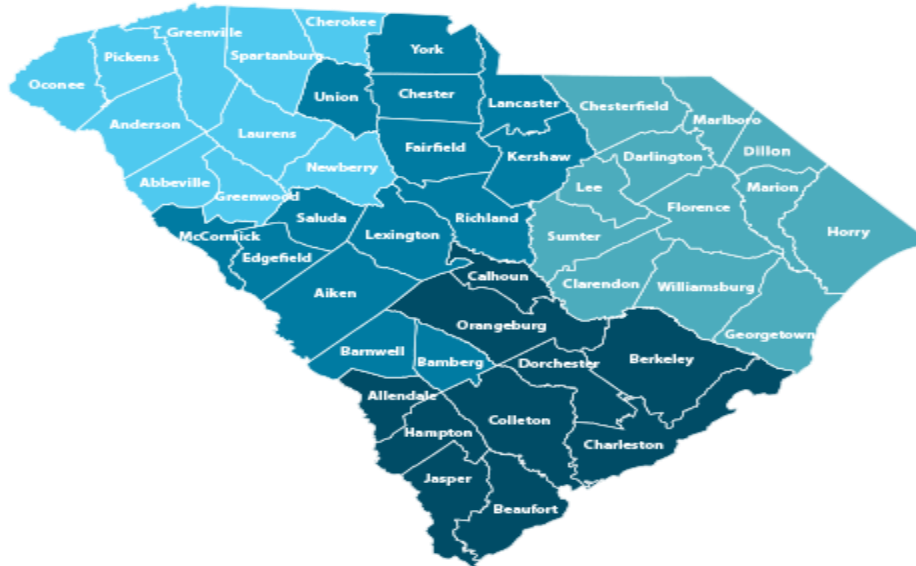
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I. COLLABORATION AND VISION

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.

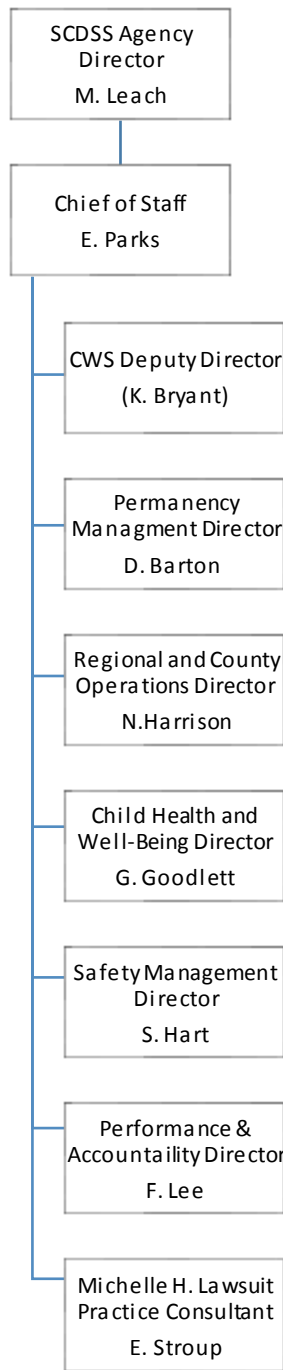


Mission: The Department's mission is to serve South Carolina by promoting safety, permanency, and well-being of children and vulnerable adults, helping individuals achieve stability and strengthening families. We do this through courage, compassion, and competence.

Values:

- **Respect: We treat all individuals with dignity, educate them of their rights and responsibilities, and honor their values and culture.**
- **Excellence: Our service delivery system and practice is based on our desire to achieve high performance, meet outcomes, and ensure accountability.**
- **Community Investment: DSS relies on formal and informal supports throughout each community to promote prevention, protection, well-being and lifelong connections.**
- **Accountability: Our decisions and actions are transparent; child and family outcomes are achieved and data is utilized to improve our practice.**

The 2020-2024 Child & Family Services Plan (CFSP) includes goals and planned activities for Federal Fiscal years 2020-2024 required to receive Federal allotments authorized under title IV-B, subparts 1 and 2, section 106 of Child Abuse and Prevent Treatment Act, Chafee Foster Care Independence Program and Education Training Voucher programs.



The organizational structure as illustrated is responsible for overseeing the Child and Family Services Plan (CFSP).

I.A. COLLABORATION

Child Welfare Services (CWS) collaborates and will continue to collaborate with internal and external stakeholders to work toward meeting the goals set out in the Child and Family Service Plan (CFSP), the Child and Family Service Review (CFSR) process, and implementation of the CFSR Program Improvement Plan (PIP). Frontline staff, supervisors, managers, and administrators coordinate with many stakeholders in the legal system, legislature, law enforcement, healthcare, education, social service, and private providers throughout the state, weekly. CWS meets frequently with stakeholders to discuss the goals and objectives of the CFSP and discuss performance to track, adjust, and plan collaboratively. Improvement efforts are being done with the collaboration of community stakeholders and all levels of CWS staff.

Examples include meetings with: South Carolina Foster Parent Association, South Carolina Children's Trust, Citizens Review Panel (CRP), Children's Justice Act Task Force, Group homes, Licensed Private Child Placing Agencies, Foster Care Review Board (FCRB) members, Foster Parents, Guardians ad Litem (GAL), Richland County Court Appointed Special Advocates (CASA), Quality Assurance staff at Center for Child and Family Studies at the University of South Carolina, and contracted providers. Many of these participants then participated in the CFSP/PSR Joint Team Planning Meetings and SCDSS Stakeholder Meetings that CWS holds annually. Engaging partners in the problem exploration and strategic planning processes has allowed the Division to strengthen conversations about improving practice and the development of a comprehensive practice improvement agenda, including *Michelle H.* consent decree, GPS Practice Model, South Carolina's CFSR Program Improvement Plan and Child and Family Service Plan (CFSP).

Stakeholder Input in the development of the 2020-2024: CWS conducts numerous informational meetings throughout the year to share information and solicit input from Stakeholders such as the CFSR Report Out in April 2018 with the Children's Bureau, CFSR PIP Workgroups, Palmetto Association for Children and Families Conference, South Carolina Foster Parent Association Conference, National Association of Social Work Spring Symposium. Additionally, stakeholder informational meetings conducted in 2019 included Feb 15, meeting to share *Michelle H.*, PIP, and FFPSA updates, April 10, *Michelle H.* Implementation Plans, and May 3, Joint Planning with the Children's Bureau. The February 2019 and April 2019 stakeholder meetings were pivotal as stakeholders were given the opportunity share feedback on how SCDSS should proceed in transforming child welfare practice given FFPSA, the PIP, and *Michelle H.* The input of youth and families were gathered through means of listening sessions by way of the GPS Practice Model and the PIP. In all strategic planning going forward, SCDSS has made the crucial to solicit input from steps to engage all service providers and Youth and Kinship Advisory Teams have been formed. The work is underway now to form a Parent Advisory Council to support and advise SCDSS in all planning efforts.

Additionally, CWS collaborated with internal and external stakeholders in the tracking and adapting of the 2020-2024 CFSP to ensure that stakeholders' voices are heard. Information is collected from stakeholders through various methods. Contract service providers attend Quarterly State Team Planning Meetings where they have an opportunity to voice their opinions or concerns on the bold new vision for implementing the Family First Prevention Services Act to support maltreatment prevention, federal finance reform and the future of the CFSR process. CWS also uses feedback from members of the Department of Mental Health, Department of Alcohol and Other Drug Abuse Services (DAODAS), Continuum of Care, Department of Health & Human Services (DHHS), Lexington/Richland Alcohol & Drug Abuse Council (LRADAC), SC Children's Advocacy Center, Children's Trust of SC, Palmetto Association for Children and Families, SC Foster Parent Association, Project Best, and SCCADVASA when reporting on strategic activities for making substantial changes to existing programs.

CWS uses the Family Group Conference Evaluation Survey results in the CQI process to provide valuable information that Family Engagement Services may use in ensuring continuous quality improvement. The Family Group Conferencing model places the family at the center of the creation of a Family Plan to address the safety, permanency, and well-being of the child(ren) in question. CWS realizes that more emphasis needs to be placed on soliciting input from families.

Considering the local administration of child welfare services, the leading collaborators with the state are the local DSS offices. Local Child Welfare Improvement Teams are chartered to involve local staff and community stakeholders in problem-solving processes designed to improve child welfare service provision in the Counties. Local improvement teams tackle significant issues like foster family support, recruitment, and retention as a part of South Carolina's permanency and wellbeing practice. At meetings, data was shared, and discussions included strengths, areas needing improvement, and areas to focus on for safety, permanency, and wellbeing practice. The feedback obtained as a result of all of these and other sessions proved invaluable and is interspersed throughout the CFSP document.

On-going collaboration and monitoring of the CFSP with stakeholders: Upon the finalization and approval by the Children's Bureau of the 2020-2024 CFSP, SCDSS intends to utilize the aforementioned meeting structures to keep key stakeholders informed and get input in the implementation of the CFSP. SCDSS will prepare a written CFSP implementation update in at each quarterly stakeholder meeting that will be disseminated and shared with all state stakeholders, including the SCDSS Youth Advisory Team and Partnering with Parents Councils. SCDSS will also share current performance data specific to the goals outlined in the South Carolina CFSP and seek out input into trends. SCDSS will then utilize any feedback received in the Annual Progress and Services Report (APSR) which will be submitted by June 30th.

I.B. VISION STATEMENT

Strengthen Families and Communities so that youth/children thrive.

The South Carolina Department of Social Services (SCDSS) is committed to reforming child welfare on behalf of families and children. Over the past few years, assessments on the child welfare system have been extensively done. Turnover in child welfare is rampant and performance in child welfare continues to not meet the desired outcomes and standards for practice. Therefore, it is understandable why the standards, policy, and procedures within South Carolina were not achieving substantial conformity in safety, permanency, and well-being the State so desperately desired.

To move forward to a robust, responsive, comprehensive, and preventative child welfare system that attends to the acute needs of families, children, and the workforce the child welfare system must be reformed in its entirety. Furthermore, the service array within the state is fragmented. Services to meet the needs of families are varied throughout the rural and urban area. To move to a 21st-century child welfare system, the State is investing in primary prevention initiatives and a care continuum that prevents entries and re-entries into the foster care system. Prevention efforts will be multi-faceted, and planning efforts are underway.

On February 15, 2019, April 10, 2019, and May 3, 2019, stakeholder meetings were conducted. Information sharing and opportunities to solicit stakeholders' input were provided. The state intends to maintain ongoing collaboration with stakeholders for implementing primary prevention strategies that will help SCDSS and stakeholders identify what is needed to prevent child abuse and neglect before it occurs. Additionally, assessing secondary and tertiary prevention

services must be considered as well. These services will target families at risk and those who've already experienced abuse or neglect.

Lastly, those individuals that either fall in the category of secondary or tertiary prevention would benefit from the care continuum the state is in the process of building and implementing. The care continuum will provide comprehensive services to meet the needs of children and most importantly their parents. To remedy the issues that lead to the Department's involvement, the child welfare workforce must have the knowledge, skills, and ability to thoroughly engage and assess the needs of children and families. The care continuum model incorporates a comprehensive service array (placement services for children and their families in the foster care system and a network of in-home and community services for families that are at risk of foster care candidacy) that matches the needs of children and families to services that will address the underlying behavioral concerns.

Thus, it is the agency's attempt to demonstrate the state's vision for child welfare in the future. South Carolina is vested in having a child welfare system that exemplifies building supports and resources in the community to prevent child maltreatment. Additionally, for those individuals that are at risk or may have experienced child abuse and neglect, there will be resources to address child abuse and neglect and equip parents/caregivers with the supports and resources reduce the likelihood of it from happening again. SCDSS believes to reduce the number of children that enter and remain in the foster system, there must be an emphasis and focus placed on prevention.

SCDSS recognizes and believes to reduce child maltreatment there must be an investment in prevention and the services that will help stabilize families to maintain the safety of children within their homes and communities. The CFR PIP along with the FFPSA Prevention and Care Continuum Workgroups demonstrate the beginning steps of this work. Therefore, the Child and Family Services Plan (CFSP) will outline the State's plan to reform the child welfare system within South Carolina. The planning efforts and interventions currently underway demonstrate the state's intention and desire to forge a new pathway of practice and service delivery within child welfare. While it is a tall and daunting task ahead, the State is ready to begin reform efforts that will better "Strengthen Families and Communities so that youth/children thrive."

II. Assessment of Current Performance in Improving Outcomes

South Carolina’s assessment of performance towards meeting the CFSP safety, permanency, wellbeing, and capacity goals, objectives and outcomes are garnered and analyzed from data found in the Final Report of Round 3 Child and Family Services Review (CFSR), Child and Family Services Review Data Profile, and Quality Assurance case reviews.

The South Carolina Child Welfare Services Division developed its 2015-2019 CFSP in 2014 to meet federal requirements. The next year, the Division experienced an almost complete turnover in the Divisional leadership responsible for the development and implementation of the CFSP objectives. During this same tumultuous period, the Division experienced a change in its regional and state leadership structure; a mammoth effort to develop implementation plans in support of meeting targets of the Michelle H. Class action lawsuit for foster care; and the 3 year project to develop a case practice model with the understanding that the poorly implemented Signs of Safety framework was our safety practice matrix but not our practice model with clearly articulated values, guiding principles, and core practices skills for South Carolina child welfare practice.

The goals for the 2015-2019 CFSP were not developed using a CQI process and therefore the strategies and theories of change were not clearly linked to root causes or an understanding of adaptive challenges, as evidenced by the current progress to improve outcomes.

In 2019, the new strategic direction for program improvement involves a much-improved framework for visioning, conducting assessments, and implementing planning processes. South Carolina is using several planning processes to develop a program improvement agenda.

These include:

- The five-year Child and Family Services Plan (CFSP)
- Family First Prevention Services Act planning
- The Child and Family Services Review (CFSR) Program Improvement Plans (PIP)
- The Child Abuse Prevention and Treatment Act (CAPTA) plan
- The Statewide Foster and Adoption Recruitment Plan
- The five-year Chaffee Independent Living Plan
- Michelle H. Implementation Plans
- GPS Practice Model Implementation Plan

The practice implementation challenges experienced in the last five years are valuable lessons learned about strategic planning and what will work to make current efforts more effective. What follows is a look back at 2015-2019 CFSP performance on safety, permanency, and wellbeing outcomes and infrastructure.

2015-2019 CFSP Goals	Key CFSP Strategies
<p>Safety: Improve the quality of risk assessment and safety management of children in Child Protective Services, Family Preservation, and Foster Care cases</p>	<ul style="list-style-type: none"> • Improve the timeliness of initiating investigations and reduce repeat maltreatment • 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 • Full, statewide implementation of the Signs of Safety (SOS) in Child Protective Services, Family

	<p>Preservation, and Foster Care cases, by the end of the FFY 2019</p> <ul style="list-style-type: none"> • Improve the quality of Intake decisions
<p>Permanency: Children will have meaningful and lifelong connections with family and in the community</p> <p>Permanency: Build administrative capacity to support safe and thriving children in lifelong families</p>	<ul style="list-style-type: none"> • Improve the permanency and stability of children in their living situations • Improve the continuity of family relationships and connections with the neighborhood community, faith, extended family, Tribe, school, and friends for children • Establish and implement caseload standards to promote the safety, permanency and well-being of children while involved with the SCDSS • 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 • 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 • Establish and maintain a Continuous Quality Improvement (CQI) System
<p>Wellbeing: Children will thrive when involved with SCDSS</p>	<ul style="list-style-type: none"> • 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 • Ensure the physical and mental health needs of children (including dental health), are addressed • 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

II.A. Child and Family Outcomes

Safety

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

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

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

Safety Strategies (objectives):

- Improve the timeliness of initiating investigations and reduce repeat maltreatment
- Improve the quality of Intake decisions

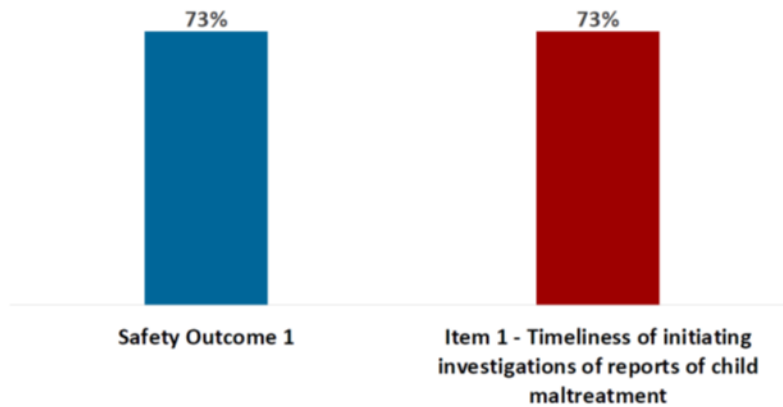
CFSR- State Outcome Performance

South Carolina is not in substantial conformity with Safety Outcome 1.

The outcome was substantially achieved in 73% of the 48 applicable cases reviewed

- South Carolina received an overall rating of Area Needing Improvement for Item 1 because 73% of the 48 applicable cases were rated as a Strength.
- Delays in timely face to face contacts with alleged victim children
- Reasons for delay were not due to circumstances beyond agency control

Safety Outcome 1 Performance



Statewide Data Indicator

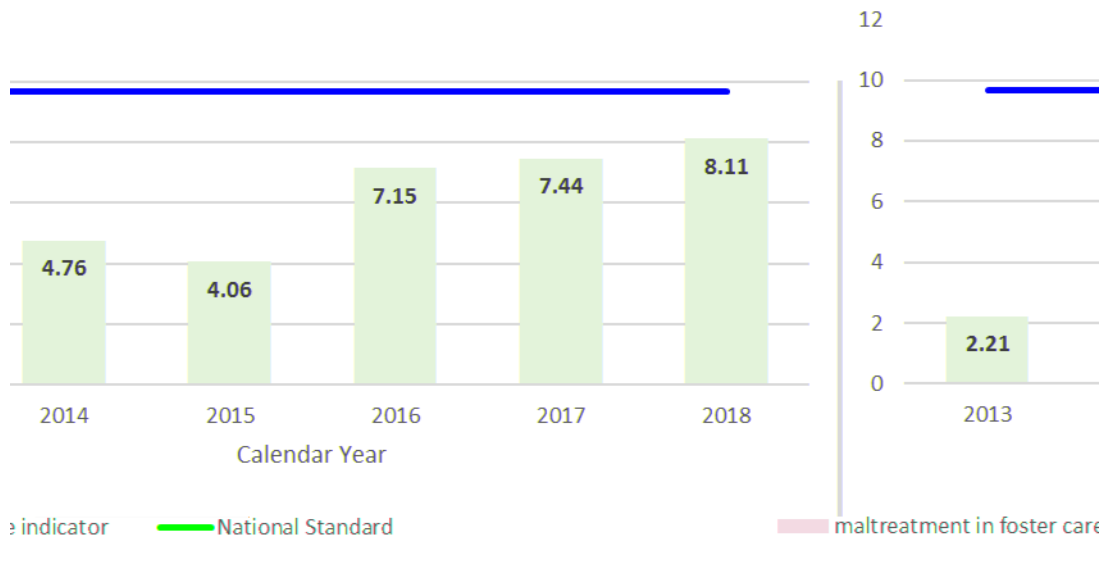
Maltreatment in care (victimizations/100, 000 days in care) -National Performance 9.67

For this indicator, a lower value is desirable.

South Carolina Performance - 8.11

South Carolina's performance is statistically better than national performance

Maltreatment in Foster Care



CAPSS data effective May 6, 2019 by Accountability, Data and Research

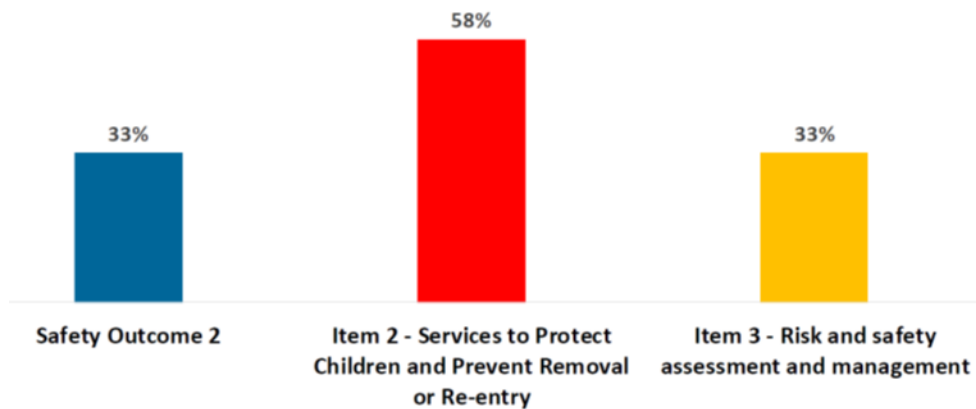
Safety Strategy

- 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

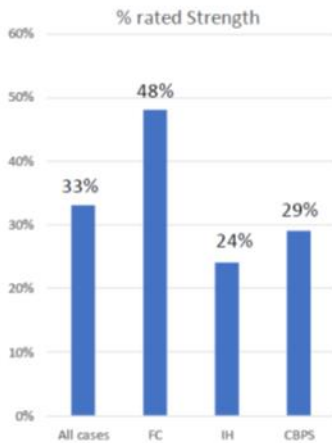
CFSR-State Outcome Performance

South Carolina is not in substantial conformity with Safety Outcome 2. The outcome was substantially achieved in 33% of the 100 cases reviewed. The outcome was substantially achieved in 48% of the 40 foster care cases, 24% of the 51 in-home services cases, and 22% of the 9 in-home services alternative/differential response cases.

Safety Outcome 2 Performance



Item 3 – Risk Assessment and Safety Management



- All cases are applicable for this item
- Initial assessment: 53% of 40 cases
- Ongoing assessment: 41% of 99 cases
- Safety planning and management: 40% of 53 cases
- With the exception of safety planning, initial and ongoing assessment were of better quality in foster care cases
- Related practice area: Items 14 and 15

Children's Bureau CFSR Report 2017

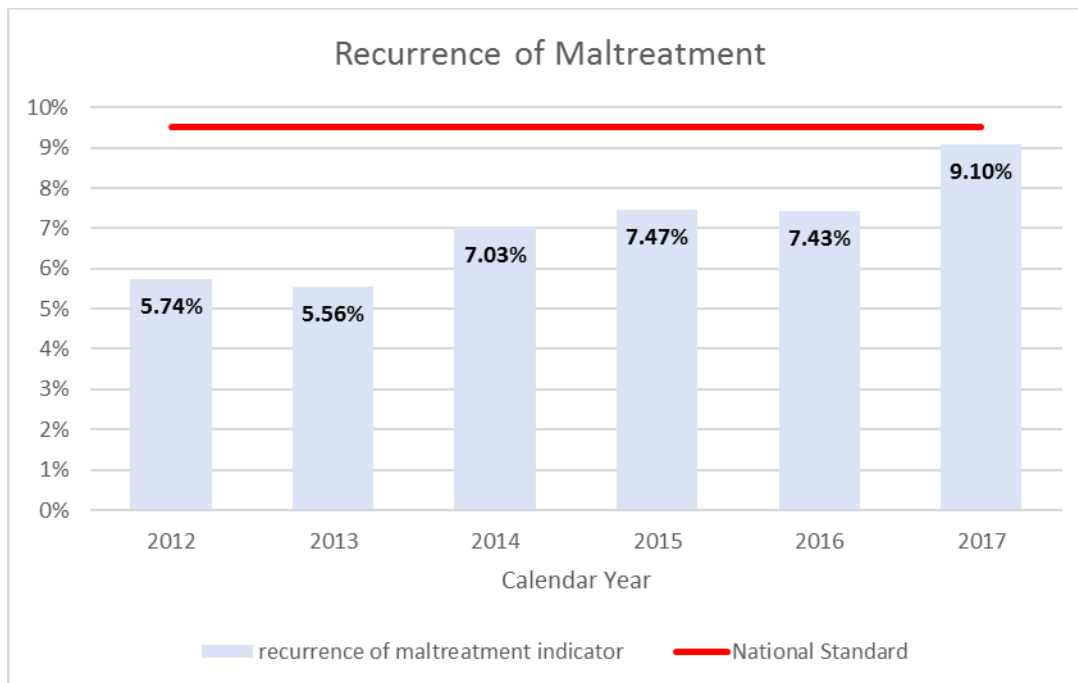
Statewide Data Indicator

Recurrence of maltreatment- National Performance: 9.5%

For this indicator, a lower value is desirable.

South Carolina Performance: 9.5%

South Carolina's performance is statistically no different than national performance

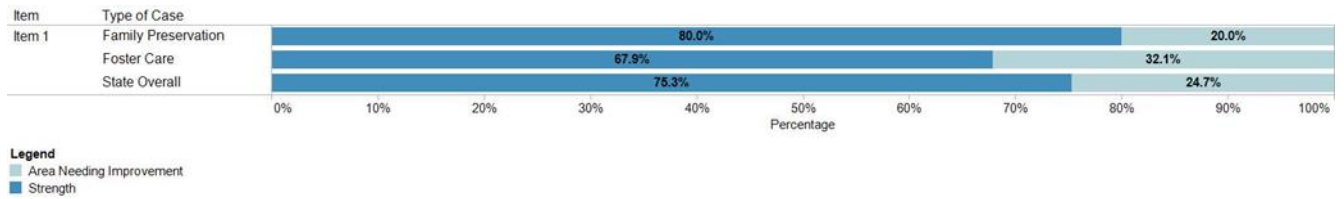


CAPSS data effective May 6, 2019 by Accountability, Data and Research

Quality Assurance Reviews

Item 1: Timeliness of investigations of reports of child maltreatment

There were 146 applicable cases for Item 1. This item had an overall rating of 75.3% strengths.

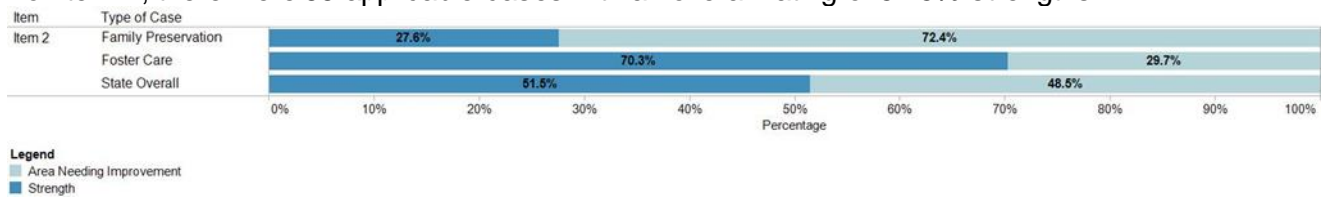


Common reasons that led to ANI ratings include:

- The agency did not make efforts to see the child within the 2-24-hour time frame
- The agency did not make initial visits in timely manner
- The agency did not investigate the maltreatment report

Item 2: Services to family to protect the child(ren) in the home and prevent removal or re-entry into foster care

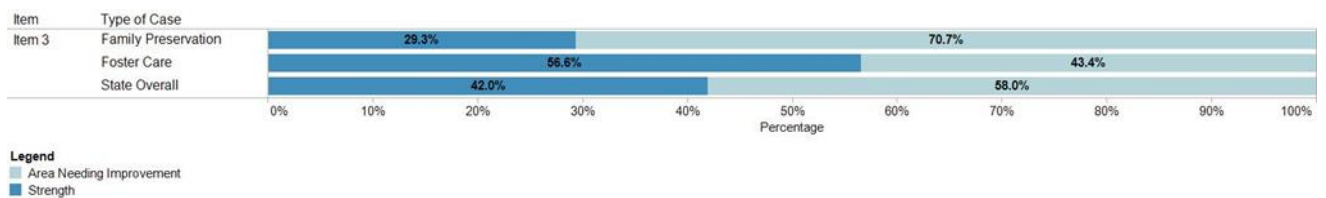
For Item 2, there were 66 applicable cases with an overall rating of 51.5% strengths.



Common services that were not provided include:

- Substance abuse services
- Background check
- Domestic violence services
- Lack of safety planning

Item 3: Risk and safety assessment and management



All 312 cases were applicable for Item 3. The overall rating for this item was 42% strengths.

Common reasons for an ANI include:

- No risk and safety assessment
- Lack of safety planning
- Lack of effort to ensure safety
- Lack of contact with provider to determine effectiveness of service
- Lack of face-to-face contact

Safety Strategy

- 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

Plan for Improvement- Safety Outcomes

Plans to improve South Carolina’s Safety Outcomes are being developed as a part of the 2019 CFSR PIP, 2019-2024 CFSP and the implementation of a new case work practice model.

Progress made to Improvement Safety Outcomes under the CFSP

Goal: Improve the Quality of Risk Assessment and Safety Management of Children in Child Protective Services, Family Preservation, and Foster Care Cases		
Measures		Benchmarks
CFSP 2015-2019	Strategy	Progress to date from QA Review
Objective 1: Using the baseline non-weighted, aggregate score of 82.6% for all non-PIP counties for Safety Outcome 1 in the Federal FFY 2013, the non-weighted, aggregate score for all counties will improve to 87.6% by end of FFY 2019 , with bench marks of 1% per year improvement.	Guided Supervision	75.3% strengths
Objective 2: Using the baseline aggregate, non-weighted score of 56.0% for all non-PIP counties for Safety Outcome 2 in the FFY 2013, the non-weighted, aggregate score for all counties will improve to 61.0% by end of FFY 2019 , with bench marks of 1% per year improvement	Family Engagement <ul style="list-style-type: none"> ▪ Family Finding (FF): ▪ Family Team Meeting (FTM) ▪ Children Conferencing (CC) ▪ Re-conferencing (RC): 	51.5% strengths. (Item 2) 42% strengths (Item 3)
Objective 3: Full, statewide implementation of the Signs of Safety (SOS) in Child Protective Services, Family Preservation, and Foster Care cases, by the end of FFY 2019. Within FFY 2015, the SOS Implementation Team will establish the criteria for full implementation of SOS, and have benchmarks for the progress toward full implementation.	Signs of Safety	Implemented
Objective 4: Improve the quality of Intake decisions. A development team will be established and set baseline data of current Intake decisions and establish a measurable objective with	Intake Hubs	Established

benchmarks within FFY 2015.		
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Permanency

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

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

Permanency Goals: Children will have meaningful and lifelong connections with family and in the community and we build administrative capacity to support safe and thriving children in lifelong families

Permanency Strategies (objectives):

- Improve the permanency and stability of children in their living situations

CFSR-State Outcome Performance

South Carolina is not in substantial conformity with Permanency Outcome 1.

The outcome was substantially achieved in 28% of the 40 applicable cases reviewed.

Permanency Outcome 1 Item Performance

Item 4. Stability of Foster Care Placement

South Carolina received an overall rating of Area Needing Improvement for Item 4 because 70% of the 40 applicable cases were rated as a Strength.

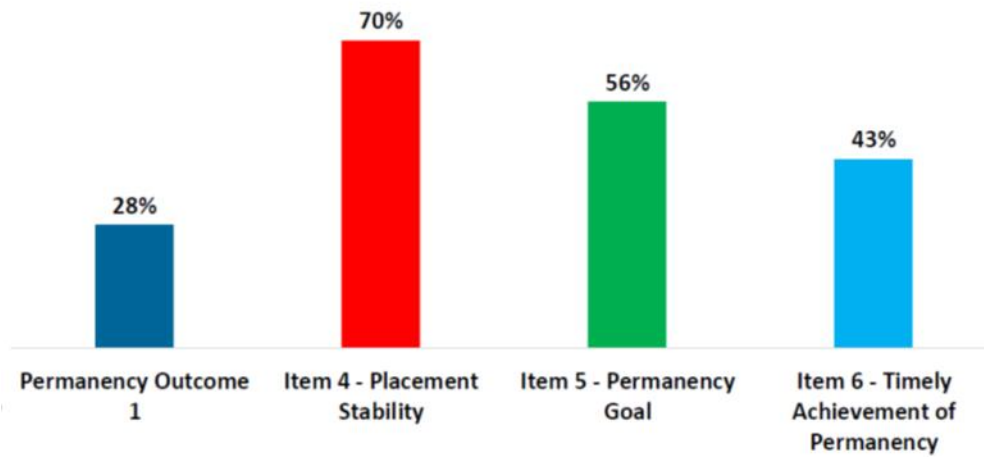
Item 5. Permanency Goal for Child

South Carolina received an overall rating of Area Needing Improvement for Item 5 because 56% of the 39 applicable cases were rated as a Strength.

Item 6. Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement

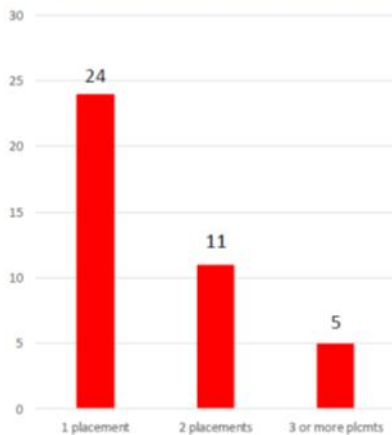
South Carolina received an overall rating of Area Needing Improvement for Item 6 because 43% of the 40 applicable cases were rated as a Strength.

Permanency Outcome 1 State Performance



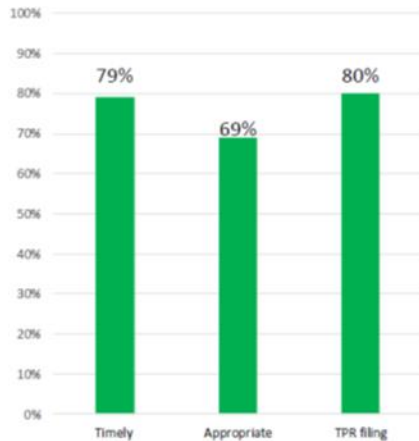
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Item 4 – Placement Stability



- 70% of cases rated as strength
- Child's current placement at the time of review was considered stable in 95% of cases
- In 31% of cases, placement changes were planned in an effort to achieve case goals or meet the needs of the child
- Primary reasons for unplanned moves:
 - Foster parent request for removal
 - Placements were temporary
- Related practice area: Item 12C and Foster Parent Recruitment and Retention

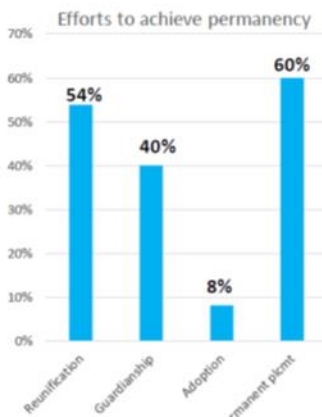
Item 5 – Permanency Goal for child



- **56% of cases rated as strength**
- **Goal Types:**
 - Reunification: 17 cases
 - Guardianship: 1 case
 - Adoption: 11 cases
 - OPPLA: 3 cases
 - Concurrent goals: 7 cases
- Initial goals are generally established timely but not always appropriate
- Focus on ongoing assessment of goal appropriateness and change goals on a timely basis
- Engage in concurrent planning early

Children's Bureau CFSR Report 2017

Item 6 – Achieving Reunification, Guardianship, Adoption or Other Planned Permanent Living Arrangement



- **43% of cases rated as strengths**
- **Court and agency related delays**
 - Court continuances
 - Delays in providing key services to parents and youth
 - Focus on compliance vs behavior changes
 - Delays in completing paperwork
 - Delays in finding permanent homes
- **Related systemic factor area: Periodic reviews and permanency planning hearings**

Children's Bureau CFSR Report 2017

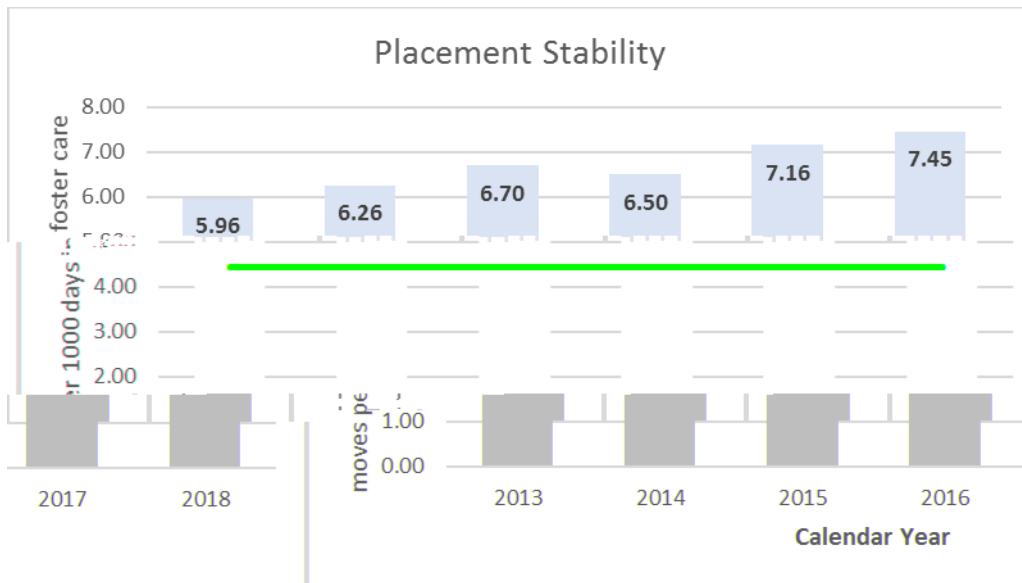
Statewide Data Indicator performance for Permanency

Placement stability (moves per 1,000 days in care) National Performance 4.44

For this indicator, a lower value is desirable.

South Carolina Performance 7.45

South Carolina's performance is statistically worse than national performance



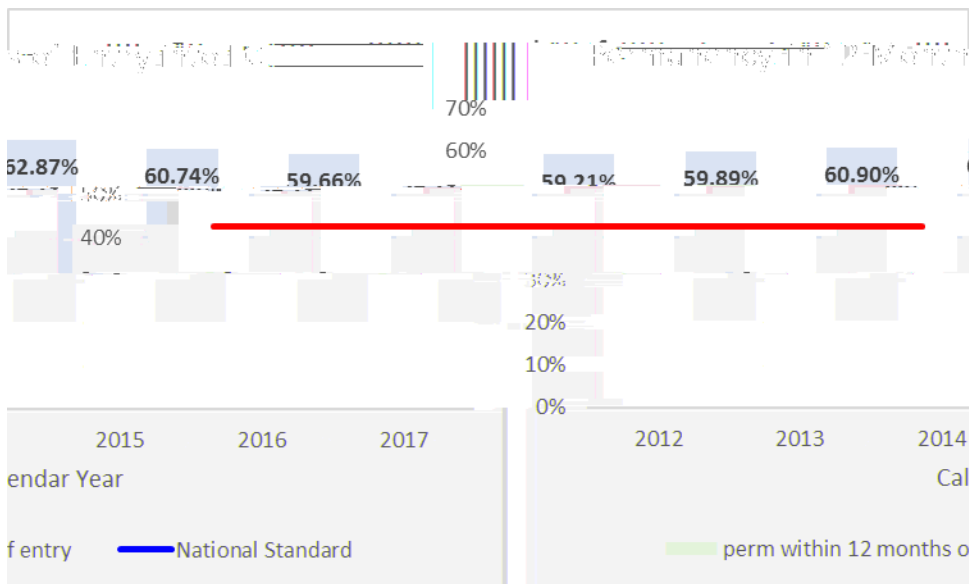
CAPSS data effective May 6, 2019 by Accountability, Data and Research

Permanency in 12 months (entries) - National Performance: 42.7%

For this indicator, a higher value is desirable.

South Carolina Performance - 52.79%

South Carolina's performance is statistically better than national performance



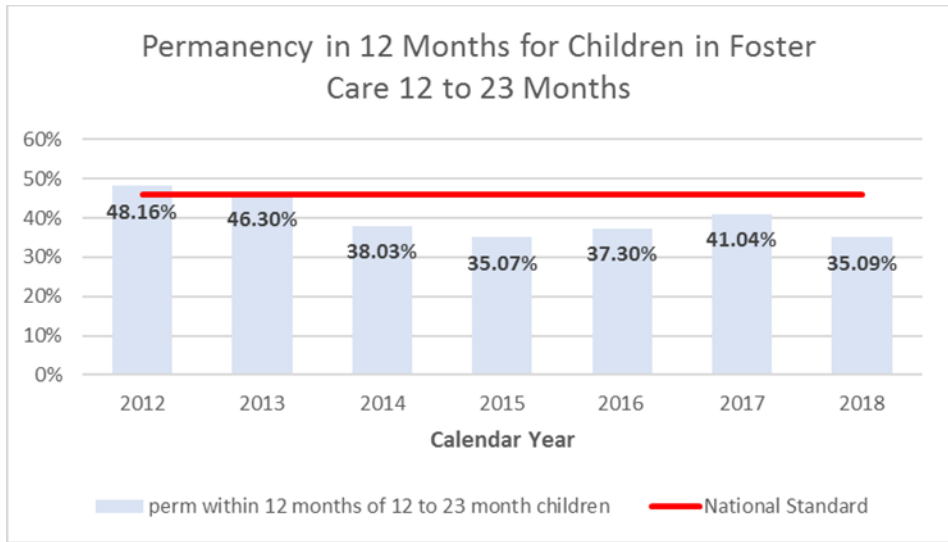
CAPSS data effective May 6, 2019 by Accountability, Data and Research

Permanency in 12 months for children in foster care 12-23 months- National Performance- 45.9%

For this indicator, a higher value is desirable

South Carolina Performance: 35.09%

South Carolina's performance is statistically worse than national performance



CAPSS data effective May 6, 2019 by Accountability, Data and Research

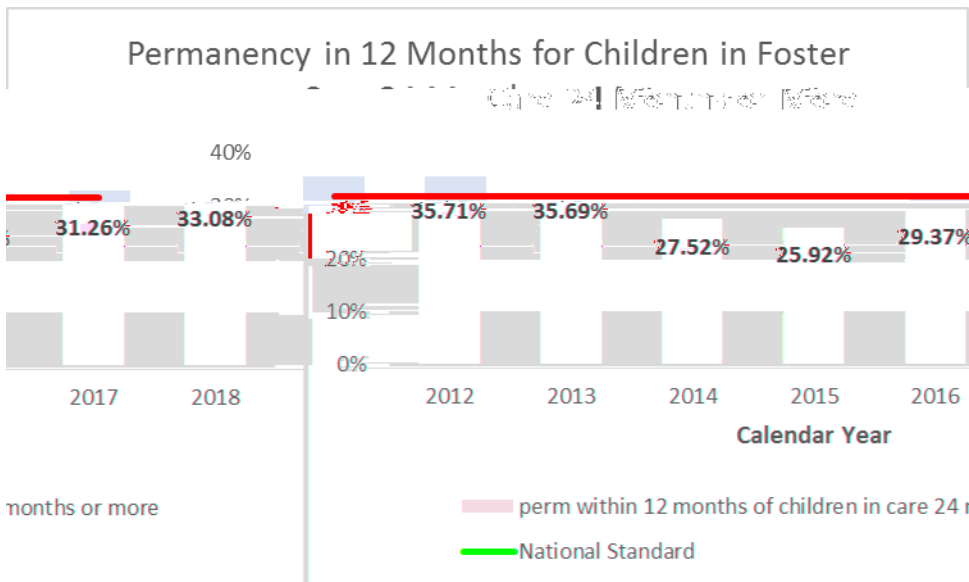
Over the past six observation periods, South Carolina has not achieved the National Standard for this indicator.

Permanency in 12 months for children in foster care 24 months or more- National Performance 31.8%

For this indicator, a higher value is desirable.

South Carolina Performance 33.08%

State's performance is statistically better than national performance



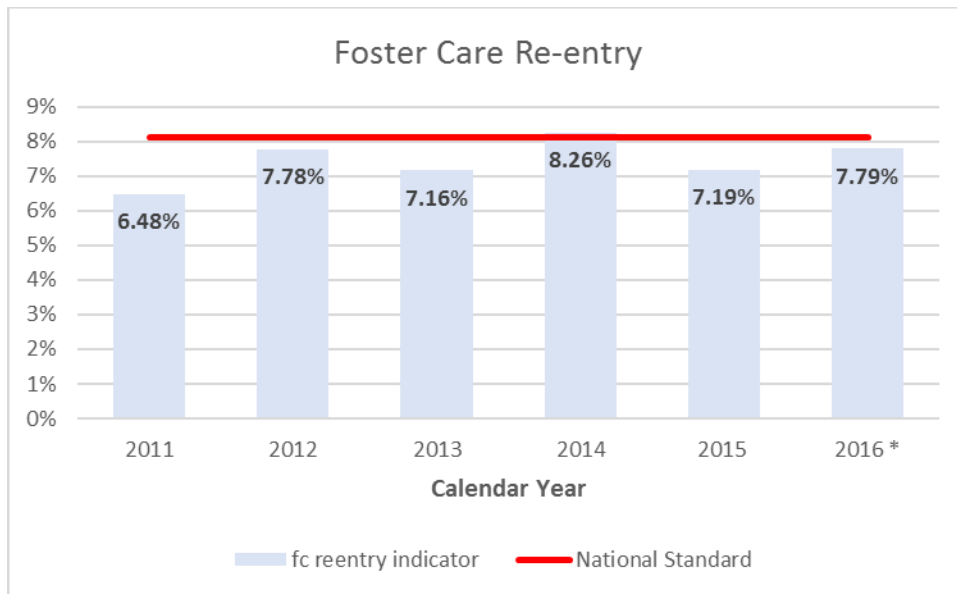
CAPSS data effective May 6, 2019 by Accountability, Data and Research

Re-entry to foster care- National Performance: 8.1%

For this indicator, a lower value is desirable.

South Carolina Performance: 7.79%

South Carolina's performance is statistically better than national performance



CAPSS data effective May 6, 2019 by Accountability, Data and Research

2017 CFSSR State Outcome Performance

South Carolina is not in substantial conformity with Permanency Outcome 2.

The outcome was substantially achieved in 41% of the 39 applicable cases reviewed.

Permanency Outcome 2 Item Performance

Item 7. Placement With Siblings

South Carolina received an overall rating of Area Needing Improvement for Item 7 because 67% of the 18 applicable cases were rated as a Strength.

Item 8. Visiting With Parents and Siblings in Foster Care

South Carolina received an overall rating of Area Needing Improvement for Item 8 because 50% of the 24 applicable cases were rated as a Strength.

In 50% of the 10 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of visitation with a sibling(s) in foster care who is/was in a different placement setting was sufficient to maintain and promote the continuity of the relationship.

Item 9. Preserving Connections

South Carolina received an overall rating of Area Needing Improvement for Item 9 because 38% of the 32 applicable cases were rated as a Strength.

Item 10. Relative Placement

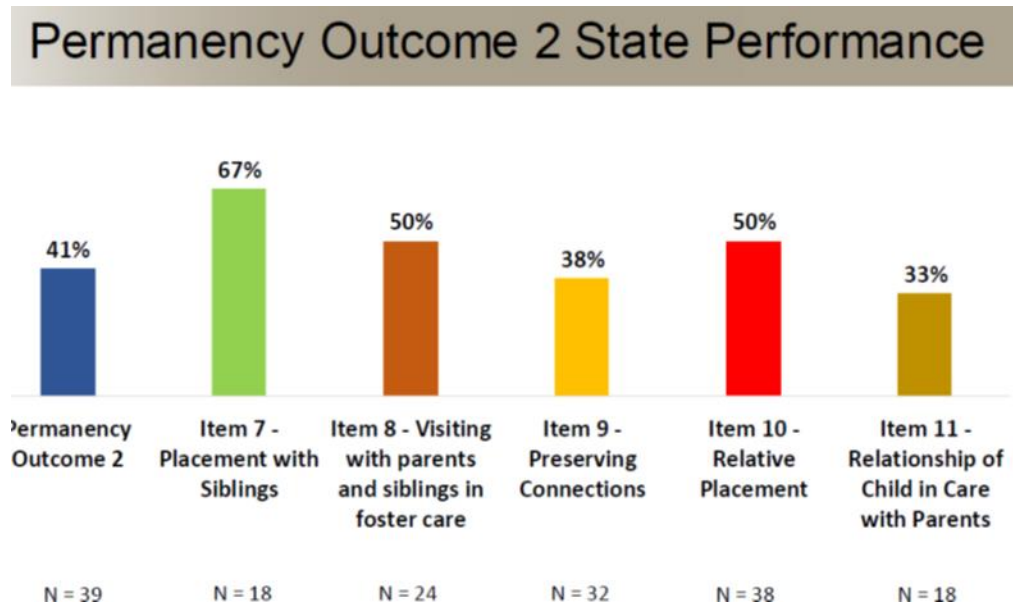
South Carolina received an overall rating of Area Needing Improvement for Item 10 because 50% of the 38 applicable cases were rated as a Strength.

Item 11. Relationship of Child in Care With Parents

South Carolina received an overall rating of Area Needing Improvement for Item 11 because 33% of the 18 applicable cases were rated as a Strength.

In 35% of the 17 applicable cases, the agency made concerted efforts to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her mother.

In 29% of the 7 applicable cases, the agency made concerted efforts to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her father



Children's Bureau CFSR Report 2017

Practice trends related to preserving connections

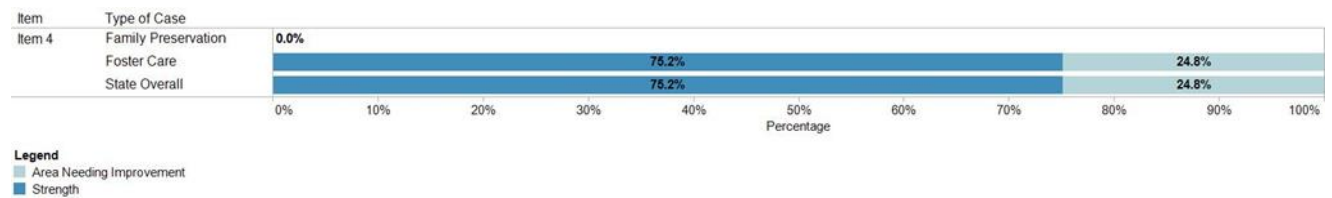
- **Item 7: Cases were rated as strengths of 67% of cases**
 - Child placed with all siblings in only 30% of applicable cases
 - Valid reasons for siblings separation evident in only 50% of applicable cases
 - Lack of initial and continuous efforts to place siblings together
- **Item 9: Cases were rated as strengths of 38% of cases**
 - Efforts to maintain child's important connections before coming into foster care
 - Impacted by child's proximity to connections and multiple placements
 - In 97% of cases, sufficient inquiry was conducted to determine tribal affiliations
- **Item 10: Cases were rated as strengths of 50% of cases**
 - Child placed with relatives in only 13% of cases but all children were stable
 - Agency made concerted efforts to identify, locate, inform and evaluate:
 - Maternal relatives in 57% of cases
 - Paternal relatives in 37% of cases

Children's Bureau CFSR Report 2017

Quality Assurance Reviews

Item 4: Stability of foster care placement

Item 4 had 145 applicable cases with an overall rating of 75.2% strengths.

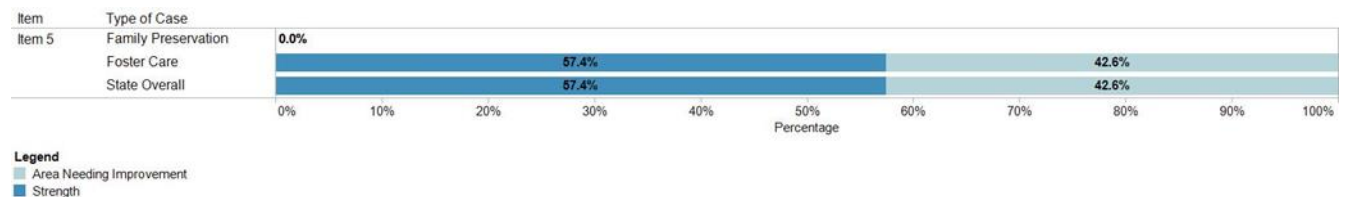


Common reasons for an ANI include:

- Capacity issues
- The placement was not stable
- Move was not done in the best interest of the child
- Placement did not meet behavioral needs of the child

Item 5: Permanency goal for child

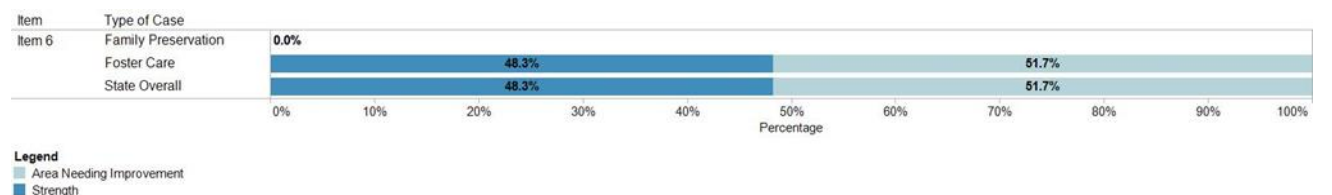
For Item 5, there were 141 applicable cases. There was an overall rating of 57.4% strengths.



Common reasons for an ANI include:

- Permanency goal not appropriate
- Permanency goal not established timely
- Agency worked on permanency goal unrelated to the established permanency goal
- The agency did not add a concurrent goal
- The agency did not file TPR in a timely manner
- Multiple court continuances
- Challenge of working on the goal of adoption due to focus on the concurrent goal of reunification

Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement



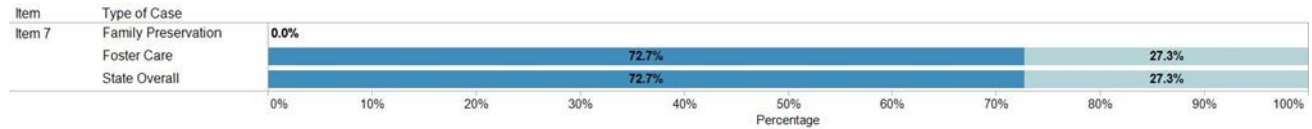
Common reasons for an ANI include:

- Permanency goal not established timely
- The agency did not make efforts to complete the goal
- The agency did not file TPR in a timely manner
- TPR not filed at all
- The agency did not assess relatives for placement

- The agency did not provide parent support services to achieve reunification
- Multiple court continuances

Item 7: Placement with siblings

Item 7 had 77 applicable cases. The overall rating for this item was 72.5% strengths.



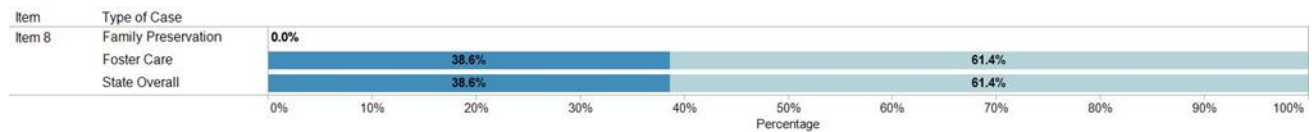
Legend
 ■ Area Needing Improvement
 ■ Strength

Common reasons for an ANI include:

- Concerted efforts not made to place siblings together
- Capacity issues prevented siblings from being placed together

Item 8: Visiting with parents and siblings in foster care

There were 88 applicable cases for Item 8 with an overall rating of 38.6% strengths



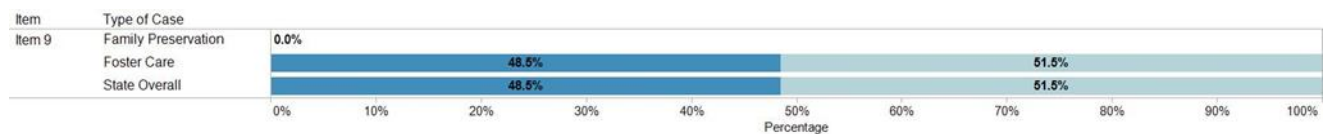
Legend
 ■ Area Needing Improvement
 ■ Strength

Common reasons for an ANI include:

- The agency did not encourage interaction between parent and child
- The agency did not provide appropriate time for interaction between the parent and child
- The agency did not provide therapeutic setting for the parent and child
- The agency did not observe visit between parent and child
- The agency had difficulties scheduling monthly visits with the parent consistently for the child due to staff turnover and high caseloads

Item 9: Preserving connections

Item 9 had 132 applicable cases and an overall rating of 48.5% strengths.



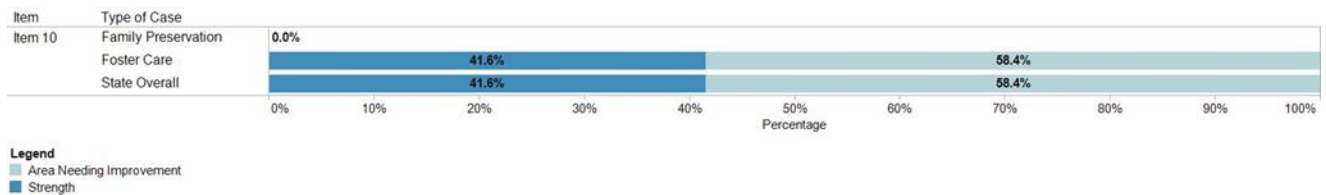
Legend
 ■ Area Needing Improvement
 ■ Strength

Common reasons for an ANI include:

- Lack of preserving connections with family and community
- Lack of transportation
- The agency did not provide notification to the tribe in accordance to ICWA

Item 10: Relative placement

For Item 10, 137 cases were applicable. There was an overall rating of 41.6% strengths

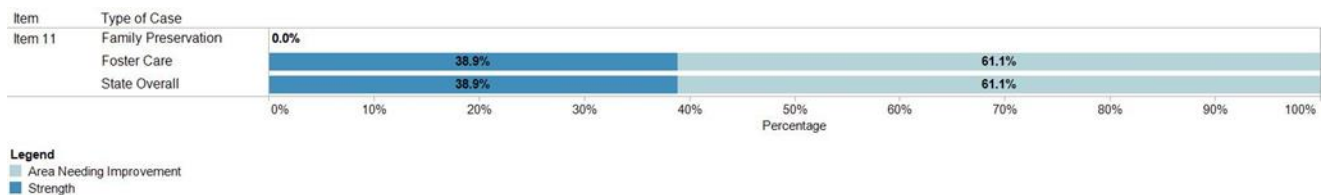


Common reasons for an ANI include:

- The agency did not identify both maternal and paternal relatives for potential placement
- Lack of agency effort to contact relatives

Item 11: Relationship of child in care with parents

A total of 72 cases were applicable for Item 11. The overall rating was 38.9% strengths.



Common reasons for an ANI include:

The agency did not invite parents to child’s appointment and activities such as:

- Medical appointments
- School and extracurricular activities
- Dental appointments

Plan for Improvement on Permanency Outcomes

Plans to improve South Carolina’s permanency outcomes are being developed as a part of the 2019 CFSP PIP, 2019-2024 CFSP and the implementation of a new case work practice model.

Goal: Children will have meaningful and lifelong connections with family and in community.		
CFSP 2015-2019	Strategy	Progress to date from QA Review
Measures		Benchmarks
Objective 1: Using the baseline non-weighted, aggregate score of 54.4% for all non-PIP counties for Permanency Outcome 1 in the FFY 2013, the non-weighted, aggregate score for all counties will improve to 59.4% by end of FFY 2019, with bench marks of 1% per year improvement.	Resource Family Team Regional Diligent Recruitment Alternative Caregiver Liaisons	75.2% strengths. (item 4) 57.4% strengths (Item 5) 48.3% strengths (Item 6)
Objective 2: Using the baseline non-weighted, aggregate score of 55.9% for all non-PIP counties for Permanency	Family Engagement	72.5% strengths (Item 7) 38.6% strengths. (Item 8) 48.5% strengths (Item 9) 41.6% strengths (Item 10) 38.9% strengths (Item 11)

Outcome 2 in the FFY 2013, the non-weighted, aggregate score for all counties will improve to 65.9% by end of FFY 2019, with bench marks of 2% per year improvement.		
Establish and implement caseload standards to promote the safety, permanency and well-being of children while involved with the SCDSS		Established This objective specifically addresses multiple items of the CFSR Instrument including but not limited to: Item 2, safety and risk assessment; Items 3 and 4, risk and safety assessment and management; Items 17-20, visiting with the child and parent(s) and assessment of needed services and monitoring of services.
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		CFSR Systemic Factor STAFF AND PROVIDER TRAINING Area Needing Improvement
Establish and maintain a Continuous Quality Improvement (CQI) System		CSFR systemic Factor Not in Substantial Conformity Area Needing Improvement

Well-Being

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

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

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

Well-Being Goal: Children will thrive when involved with SCDSS

Well-Being Strategies (objectives):

- 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

CFSR- State Outcome Performance

South Carolina is not in substantial conformity with Well-Being Outcome 1.

The outcome was substantially achieved in 18% of the 100 cases reviewed.

The outcome was substantially achieved in 30% of the 40 foster care cases, 10% of the 51 in-home services cases, and 11% of the 9 in-home services alternative/differential response cases.

Sub-Item 12A. Needs Assessment and Services to Children

- South Carolina received an overall rating of Area Needing Improvement for Item 12A because 49% of the 100 cases were rated as a Strength.

Item 12A was rated as a Strength in 55% of the 40 foster care cases, 47% of the 51 in-home services cases, and 33% of the 9 in-home services alternative/differential response cases.

Sub-Item 12B. Needs Assessment and Services to Parents

- South Carolina received an overall rating of Area Needing Improvement for Item 12B because 16% of the 88 applicable cases were rated as a Strength.
- Item 12B was rated as a Strength in 18% of the 28 applicable foster care cases, 16% of the 51 applicable in-home services cases, and 11% of the 9 applicable in-home services alternative/differential response cases.
- In 29% of the 85 applicable cases, the agency made concerted efforts both to assess and address the needs of mothers.
- In 22% of the 79 applicable cases, the agency made concerted efforts both to assess and address the needs of fathers.

Sub-Item 12C. Needs Assessment and Services to Foster Parents

- South Carolina received an overall rating of Area Needing Improvement for Item 12C because 66% of the 35 applicable foster care cases were rated as a Strength.

Wellbeing Strategy

- Ensure the physical and mental health needs of children (including dental health), are addressed

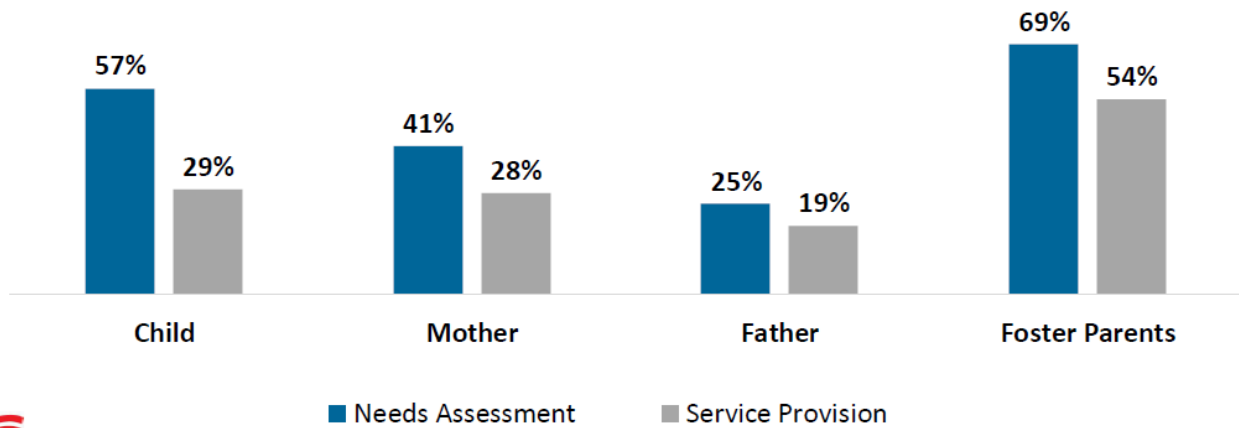
State Outcome Performance

South Carolina is not in substantial conformity with Well-Being Outcome 3.

The outcome was substantially achieved in 39% of the 88 applicable cases reviewed.

The outcome was substantially achieved in 43% of the 40 applicable foster care cases, 37% of the 41 applicable in-home services cases, and 29% of the 7 applicable in-home services alternative/differential response cases.

Item 12: Needs Assessment and Services to Child, Parents, and Foster Parents

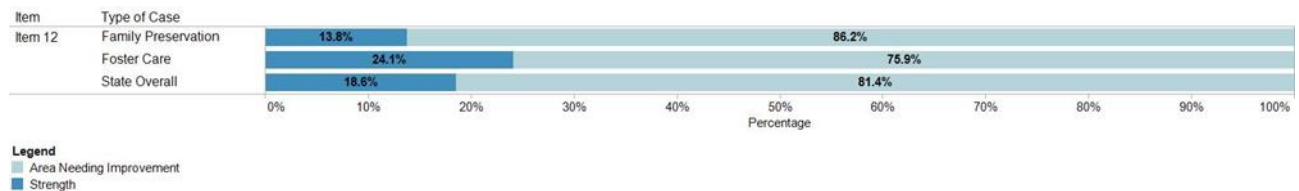


Children's Bureau CFSR Report 2017

Quality Assurance Reviews

Item 12: Needs and services of child, parents, and foster parents

All 312 were applicable for Item 12. The overall rating was 18.6% strengths.

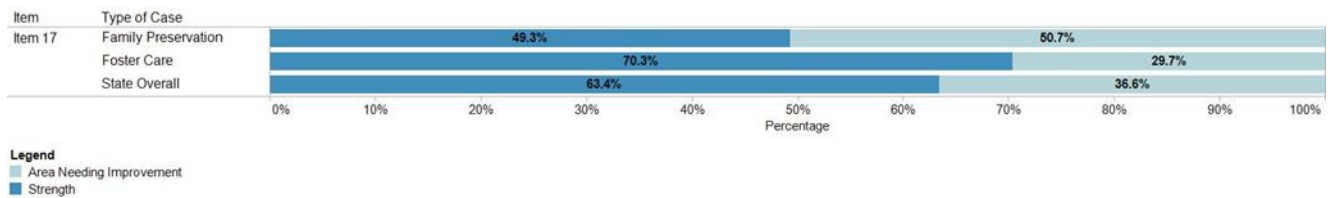


Common reasons for an ANI include:

- No initial or ongoing assessments
- No effort to provide service to the individual. Services not provided include:
- Parenting classes
- Independent living skills
- AOD treatment or classes
- Economic services
- ABC daycare vouchers
- Domestic violence victim's counseling
- Could not get in contact with the individual to provide services

Item 17: Physical health of the child

Item 17 had 216 applicable cases and an overall rating of 63.4% strengths.

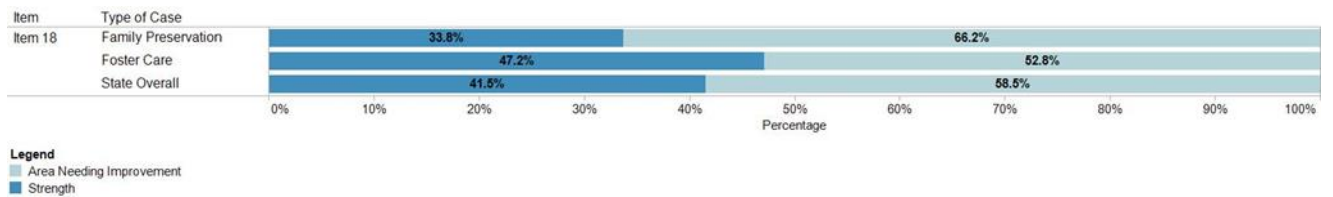


Common reasons for an ANI include:

- No physical health assessment
- No dental assessment
- No annual eye exam
- No forensic exam
- No Birth control services provided
- No Baby net assessment provided
- Lack of follow-up with medical provider
- The agency did not request medical records to assess child

Item 18: Mental/behavioral health of the child

There were 183 applicable cases for Item 18 with an overall rating of 41.5% strengths.



Common reasons for an ANI include:

- No mental health assessment
- Individual counseling
- Lack of appropriate oversight of prescription medications
- Sexual trauma therapy
- Lack of psychotropic medication monitoring

Plan for Improvement on Wellbeing Outcomes

Plans to improve South Carolina’s Wellbeing Outcomes are being developed as a part of the 2019 CFSP PIP, 2019-2024 CFSP and the implementation of a new case work practice model.

Progress made to Improve Wellbeing Outcomes under the CFSP

Goal: Children will thrive when involved with SCDSS		
Measures		Benchmarks
CFSP 2015-2019	Strategy	Progress to date from QA Review
Objective 1: Using the baseline non-weighted, aggregate score of 53.0% for all non-PIP counties for Well-Being Outcome 1 in the FFY 2013, the non-weighted,	Building Caseworker Competencies in Signs of Safety (SOS) Family Engagement Implementation	18.6% strengths (Item 12)

aggregate score for all counties will improve to 73.0% by end of the FFY 2019, with bench marks of 4% per year improvement	Engaging Noncustodial Fathers	
Objective 2: Using the baseline non-weighted, aggregate score of 59.5% for all non-PIP counties for Well-Being Outcome 3 in the FFY 2013, the non-weighted, aggregate score for all counties will improve to 79.5% by end of the FFY 2019, with bench marks of 4% per year improvement.	South Carolina Trauma Practice Initiative Increased Access to Clinical and Medical Consultations Trauma Community Response Protocol	63.4% strengths (Item 17) 41.5% strengths (Item 18)

II.B. Assessment of Systemic Factors

The statewide assessment prepared by the South Carolina Department of Social Services (DSS) was 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.

Statewide Information System

Findings from the CFSR rated Item 19 as an area needing improvement.

The SCDSS CAPSS system had processes and screens for capturing data elements and allowed users to readily identify the status, demographic characteristics, location, and goals for the placement of every child who was in Foster Care. Numerous data quality checks were in place to ensure that errors could be caught and corrected. Even though the Agency believes the data in CAPSS was accurate to a degree of reliability and confidentiality, based on our qualitative and quantitative review, an Area Needing Improvement rating is recommended because accuracy was not routinely verified. However, CAPSS data submitted to ACF was verified through the ACFARS and NCANDS files each year during the PUR to produce Federal reports. Because the Agency currently does not formally audit the data in the CAPSS system, such audits could be conducted in the future using the QA team, if so directed and resourced.

Please refer to the SC CFSR Statewide Assessment submitted January 31, 2017, pages 39-49 for the complete State response.

Plans to address Statewide Information System

The *Michelle H.* Placement Implementation Plan and Visitation Implementation Plan address several areas within the statewide information system to promote functionality statewide. Chapin Hall at the University of Chicago provided technical assistance to the SCDSS to help troubleshoot deficiencies within the statewide information system so that the SCDSS could readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or, within the immediately preceding 12 months, has been) in foster care. The Child and Adult Protective Services System (CAPSS) is undergoing continued enhancements to promote data validation of the four required data elements.

Case Review System

South Carolina is not in substantial conformity with the systemic factor of Case Review System. Two of the 5 items in this systemic factor were rated as a Strength.

- *Item 20. Written Case Plan*

South Carolina received an overall rating of Area Needing Improvement for Item 20 based on information from the statewide assessment and stakeholder interviews.

Data in the statewide assessment showed that the state is not effectively ensuring that parents are engaged in the development of case plans. Stakeholders confirmed that parent engagement varies across the state, and is not inclusive of all family members, especially fathers. The state has implemented Family Team Meetings and Family Group Conferencing as tools of engagement, but they are not available statewide. Stakeholders also said that case plans are generic and not individualized to meet the family's specific needs

- *Item 21. Periodic Reviews*

South Carolina received an overall rating of Strength for Item 21 based on information from the statewide assessment and stakeholder interviews.

Data and information in the statewide assessment showed that most periodic reviews are held timely. Periodic reviews are conducted every 6 months by the foster care review board. Stakeholders confirmed that a majority of all initial and subsequent reviews are held timely

- *Item 22. Permanency Hearings*

South Carolina received an overall rating of Strength for Item 22 based on information from the statewide assessment and stakeholder interviews.

Information in the statewide assessment and collected during interviews with stakeholders showed that permanency hearings occur every 9 months. South Carolina provided data showing that initial and ongoing permanency hearings were held timely for most of the children in foster care. Stakeholders confirmed that permanency hearings are occurring timely for all children in foster care across the state.

- *Item 23. Termination of Parental Rights*

South Carolina received an overall rating of Area Needing Improvement for Item 23 based on information from the statewide assessment.

Data and information in the statewide assessment showed that the filings of termination of parental rights (TPR) proceedings are not occurring as required consistently across the state. The state did not provide barriers or challenges to timely filing of TPR petitions.

- *Item 24. Notice of Hearings and Reviews to Caregivers*

South Carolina received an overall rating of Area Needing Improvement for Item 24 based on information from the statewide assessment and stakeholder interviews.

Information in the statewide assessment and collected during interviews with stakeholders showed that the state has a process in place to provide notice of hearings, which includes language regarding the right to be heard. However, data in the statewide assessment showed that less than half of foster parents surveyed reported always or usually being notified of hearings.

Plans to address Case Review System

CFSR PIP

Goal 2: Children will have permanency and stability in their living situations through timely reunification, guardianship/custody and/or adoption.

- Strategy 1. Prior to all merits hearings, all parties involved in the court action (county attorney, OID, parents, human service staff and supervisors, GAL) will attend a pre-merit conference to discuss the allegations of abuse/neglect, placement plan, and safety concerns to establish a shared understanding of the reasons for removal and conditions for return, leading to decreased length of stay and an increase in timely permanency so that children can safely leave the foster care system timely.
- Strategy 2. If the child's primary or concurrent permanency goal is adoption, ensure the termination of parental rights action is filed in a timely manner, as set out in South Carolina Children's Code and federal Adoption and Safe Families Act (ASFA) regulations.

Goal 4: Improve the quality and consistency of engagement, assessment of needs, case planning, case manager visits and provision of services, so that safety, permanency and well-being outcomes are achieved.

- Strategy 1. Develop, clarify and implement practices, protocols, policies, tools and training for Child and Family Team Meetings (CFTM) Target Population:
- Strategy 2: Develop, clarify and implement practices, protocols, and policies for child and family assessment, case planning, and matching service to needs and strengths.

Please refer to the SC CFSR Statewide Assessment submitted January 31, 2017, pages 49-70 for the complete state response for Items 20 - 24.

Quality Assurance System

South Carolina received an overall rating of Area Needing Improvement for Item 25 based on information from the statewide assessment and stakeholder interviews.

Information from the statewide assessment and collected during interviews with stakeholders showed that the state's quality assurance system is not functioning effectively statewide. Although the state has a statewide case record review process that evaluates the quality of services provided to children and families, the process does not have a feedback loop focused on program improvement. Additionally, the state does not have a process to share data with both internal and external stakeholders and to engage them effectively in continuous quality improvement activities.

Plans to address Quality Assurance

CFSR PIP

Goal 1: Children are protected from abuse and neglect and are safely maintained in their homes whenever possible and appropriate.

- Strategy 1: Develop, clarify, and implement policies, practices and protocols for documentation and training for timeliness of initiating investigations for reports of child maltreatment. Improve supervision and utilization of CAPSS to strengthen awareness of the critical nature and definition of timely initiation of child maltreatment reports
 - Activity 5: Conduct bi-weekly conference calls with Innovation county supervisors and Program Coordinators to review barriers and successes in a sample of cases as it relates to:

- Initial contact efforts
- Initial contact documentation

Adjust practice guidelines and policy as barriers are identified and improvements are needed.

- Strategy 2. Establish case practices that enhance delivery of “appropriate safety services” to families to prevent removal of children and continuously assess safety throughout the life of a case to reunify children as soon as threats can be mitigated and conditions for return are met
 - Activity 5: Conduct bi-weekly conference calls with Innovation county supervisors and Program Coordinators to review barriers and successes in a sample of select cases as it relates to safety service provision efforts within all program areas
- Strategy 3. Re-establish a safety intervention model to be implemented throughout the life of a case to include safety assessment (CFASP), safety planning, safety management, comprehensive child and caregiver assessments, and case planning
 - Activity 6: Conduct bi-weekly conference calls with innovation county supervisors and Program Coordinators to review barriers and successes in a sample of select cases as it relates to:
The use of the CFASP Child Safety Assessment in assessing child safety to include interviewing, documentation, observation, and records review.
- Strategy 4. Establish a safety culture that supports the GPS Case Practice Model
 - Activity 3: Host quarterly meetings with innovation county Program Coordinators for skill building and coaching to include case reviews and discussion of best practice strategies. Program Coordinators will then disseminate information shared during facilitated meetings with case managers and supervisors.

Goal 2: Children will have permanency and stability in their living situations through timely reunification, guardianship/custody and/or adoption.

- Strategy 1. Prior to all merits hearings, all parties involved in the court action (county attorney, OID, parents, human service staff and supervisors, GAL) will attend a pre-merit conference to discuss the allegations of abuse/neglect, placement plan, and safety concerns to establish a shared understanding of the reasons for removal and conditions for return, leading to decreased length of stay and an increase in timely permanency. so that children can safely leave the foster care system timely
 - Activity 6: Create an evaluation survey of the effectiveness of the pre-merit hearing conferences to be completed by all participants (attorneys, parents, GALs, OID) at the end of the meeting. The survey results will be shared with the county attorneys, Office of Indigent Defense (OID), and GALs and used to improve and strengthen the pre-merit hearing conference protocol.
 - Activity 7: Use the CAPSS data reports to monitor the number of children going home at 35/65 days to be able to evaluate if the pre-merit hearing conferences and CFTM meetings are reunifying children sooner.
 - Activity 8: Collect survey results and data and distribute the results in statewide county offices and the Bench Bar Committee. The Bench Bar Committee can use these results to help generate support to expand the use of these conferences statewide and to assess if any changes need to be made

Goal 3: Strengthen the current foster care system

- Strategy 1. Increase kinship foster care placements by identifying earlier and involving kin in the planning and placement and encouraging licensed kinship homes so that children will more likely be placed with and cared for by kin.
 - Activity 7: Develop and administer a kinship care provider survey evaluating the experience of kinship caregivers and available kinship caregiver

materials; Review recommendations from the Kinship practice advisory group and present information to SCDSS State Office for review and evaluation.

Utilize CAPSS reports on Kinship Licensed Foster Homes and CFSR reviews to determine if the home is licensed, is a child placement with kin, and to determine stability of the child. This report will give an overall view of time frames, the number of children placed with kinship providers, and licensed foster homes; Resulting data (administrative data, survey data, and recommendations from advisory group) will be used to inform future modifications to the kinship program. The Kinship Care Coordinator will distribute the surveys and then provide the results to SCDSS State Office for review and evaluation; These results and recommendations will then be sent to the Regional Directors, County Directors, and Foster Home Licensing Program Coordinators so that they can use it to develop and implement changes to work aids, policy, and address concerns. Observe a sample of merits and permanency planning hearings, utilize the Child Law data system to track EPIC items and provide feedback to DSS attorneys, case managers, OID attorneys, GAL attorneys and the Bench Bar Committee as to the implementation of the Best Legal Practices in Child Abuse and Neglect Cases. Identify areas, with all identified parties, needing improvement and develop and implement strategies to improve. This will be tracked in the 10 implementation counties.

- Strategy 2: Enhance foster care stability by improving placement decisions, (a joint agreement between the case manager and the regional licensing unit), foster parent training, and foster parent involvement in the reunification process to promote timely achievement of permanency for children in out-of-home placement
 - Activity 3: SCDSS Foster/Adoptive Parent Ombudsman will develop a survey to be sent to foster/adoptive parents to obtain feedback regarding training opportunities, placement decisions, and involvement with achieving timely permanency; The Ombudsman will mail/email the survey to current foster/adoptive parents and report results to SCDSS state office (Directors) to review and address concerns, areas of needed system improvement, etc. SCDSS State Office will discuss with private providers and SCFPA any training needs/opportunities expressed by the current foster and adoptive parents; Providers will explore how to provide these needs to the current foster and adoptive parents.

Goal 4: Improve the quality and consistency of assessment of needs, case planning, case manager visitation and provision of services, so that safety, permanency and well-being outcomes are achieved.

- Strategy 1. Develop, clarify and implement practices, protocols, policies, tools and training for Child and Family Team Meetings (CFTM) Target Population: 10 Innovation Counties
 - Activity 4: Identify fidelity measures and develop and implement monitoring mechanisms to track efficacy and quality of CFTMs and to evaluate its impact on preservation or reunification of the family.
- Strategy 2: Develop, clarify and implement practices, protocols, and policies for child and family assessment, case planning, and matching service to needs and strengths
 - Activity 4: Identify fidelity measures, develop and implement monitoring mechanism to track efficacy and quality of revised tool, including but not limited to case record reviews.
- Strategy 3: Adapt and implement core components of the “Quality Matters: Improving Caseworker Contact with Children, Youth and Families.

- Activity 8: Develop performance standards, measures/data, and ongoing monitoring methods for quality visitation

Goal 5: Improve the capacity of supervisors to support the values, principles, and standards of quality practice, support implementation of new practice interventions with fidelity, conduct transfer of learning activities, and apply CQI to achieve ongoing practice improvements, so that children and families achieve improved safety, permanency and well-being outcomes.

- Strategy 1: Develop and implement supervisory orientation, training and skills development activities focused on the child welfare practice model, and Department practice standards and requirements (policies), to achieve agency goals/objectives, and implement new practice strategies
 - Activity 6: Monitor, evaluate, and revise supervisor training program based on evaluations received, including evaluation surveys, pre- and post-knowledge tests, and performance coach and supervisory observations and coaching
- Strategy 2: Develop, update, and implement a supervisory case consultation model, along with training and supports, to ensure quality and consistency of case consultation.
- Strategy 3: Adopt and implement an evidence-based coaching model that is in alignment with the child welfare practice model and state reform initiatives.
 - Activity 5: Monitor, evaluate, and adjust coaching model through an implementation team of selected County supervisors, Program Coordinators, and Deputy Directors from the PIP counties and State Office Staff.
- Strategy 4: Define, train and support the role of supervisors in the CQI process.
 - Activity 1: Develop a post-QA case review debrief process that communicates strengths and areas of concern identified, as well as a process for the county to conduct practice quality assessments, and develop and implement strategies for improvement, with state and regional support.
 - Activity 3: Create a plan for feedback loops at the county, regional, and state level to make necessary, and consistent, systemic change.

Please refer to the SC CFSSR Statewide Assessment submitted January 31, 2017, pages 70-81 for the complete State response.

Staff and Provider Training

South Carolina is not in substantial conformity with the systemic factor of Staff and Provider Training. None of the items in this systemic factor was rated as a Strength.

Item 26. Initial Staff Training

South Carolina received an overall rating of Area Needing Improvement for Item 26 based on information from the statewide assessment and stakeholder interviews.

Information in the statewide assessment and collected during interviews with stakeholders showed that although the state has a training certification system in place to train new staff, case managers are required to carry caseloads before they complete initial training. There are also concerns about the quality of the training and its effectiveness in preparing staff with the skills and knowledge required for their positions. The state does not track training for private agencies

Item 27. Ongoing Staff Training

South Carolina received an overall rating of Area Needing Improvement for Item 27 based on information from the statewide assessment and stakeholder interviews.

Information from the statewide assessment and stakeholder interviews showed that the state's staff and provider training system does not have a process in place for tracking ongoing training for case managers, supervisors, and contracted providers. There is no formalized mechanism to identify individual training needs. The state was not able to provide data regarding the effectiveness of training, and stakeholder feedback was mixed as to the effectiveness of the training in meeting the ongoing needs of staff

Item 28. Foster and Adoptive Parent Training

South Carolina received an overall rating of Area Needing Improvement for Item 28 based on information from the statewide assessment and stakeholder interviews.

Information in the statewide assessment and collected during interviews with stakeholders showed that although initial and ongoing training requirements are in place for foster and adoptive parents and approved facilities staff, the state does not have a tracking mechanism to ensure that training requirements are met. Stakeholders reported that the training may not adequately prepare foster and adoptive parents with sufficient skills and knowledge to fulfill their roles. Training on caring for children with special needs, children ages 0-5, older youth, and those children who identify themselves as LGBTQ were identified as needed.

Plan to improve Staff and Provider Training

CFSR PIP

Goal 5: Improve the capacity of supervisors to support the values, principles, and standards of quality practice, support implementation of new practice interventions with fidelity, conduct transfer of learning activities, and apply CQI to achieve ongoing practice improvements, so that children and families achieve improved safety, permanency and well-being outcomes.

- Strategy 1: Develop and implement supervisory orientation, training and skills development activities focused on the child welfare practice model, and Department practice standards and requirements (policies), to achieve agency goals/objectives, and implement new practice strategies
- Strategy 2: Develop, update, and implement a supervisory case consultation model, along with training and supports, to ensure quality and consistency of case consultation.
- Strategy 3: Adopt and implement an evidence-based coaching model that is in alignment with the child welfare practice model and state reform initiatives.

Goal 5: Improve the capacity of supervisors to support the values, principles, and standards of quality practice, support implementation of new practice interventions with fidelity, conduct transfer of learning activities, and apply CQI to achieve ongoing practice improvements, so that children and families achieve improved safety, permanency and well-being outcomes.

- Strategy 4: Define, train and support the role of supervisors in the CQI process.
 - Activity 1: Develop a post-QA case review debrief process that communicates strengths and areas of concern identified, as well as a process for the county to conduct practice quality assessments, and develop and implement strategies for improvement, with state and regional support.
 - Activity 2: Develop a plan to monitor implementation and provide county supports.
 - Activity 3: Create a plan for feedback loops at the county, regional, and state level to make necessary, and consistent, systemic change.

- Activity 4: Develop and deliver the tools, policies, education, and communication materials necessary for implementation of the review debrief process.
- Activity 5: Implement post-case review debrief in the 10 PIP counties.
- Activity 6: Monitor, evaluate, and revise, based on feedback

Please refer to the NYS CFSR Statewide Assessment submitted April 14, 2016, pages 70-86 for the complete state response for Items 26-28.

Service Array and Resource Development

South Carolina is not in substantial conformity with the systemic factor of Service Array and Resource Development. None of the items in this systemic factor was rated as a Strength.

Item 29. Array of Services

South Carolina received an overall rating of Area Needing Improvement for Item 29 based on information from the statewide assessment and stakeholder interviews.

Information from the statewide assessment and collected during interviews with stakeholders showed that although the state has an adequate array of services, there were significant differences between the services offered in the metro areas and those available within the rural areas of the state. There were gaps and waitlists for transportation, mental health services, domestic violence services, housing for youth transitioning out of care, independent living services, services for children and parents who have special needs, services to families providing kinship care services, substance abuse services, and services for families whose first language is not English. Some stakeholders also noted that in different parts of the state, parents may have difficulty accessing services due to payment issues, which affected their abilities to safely maintain their children in their homes or to work toward reunification.

Item 30. Individualizing Services

South Carolina received an overall rating of Area Needing Improvement for Item 30 based on information from the statewide assessment and stakeholder interviews.

Information in the statewide assessment and gathered during interviews with stakeholders showed challenges in providing individualized services across the state due to a lack of available resources. Limited access to some services results in generic case plans that do not meet the unique needs of families. Families are referred to services that are available rather than the services that are needed.

Plan to Improve Service Array

CFSR PIP

Goal 4: Improve the quality and consistency of assessment of needs, case planning, case manager visitation and provision of services, so that safety, permanency, and well-being outcomes are achieved.

- Strategy 5: Increase the knowledge and awareness of existing services, how to access them and how to match services to needs.
 - Activity 1: Create a user-friendly database which is updated on a regular basis
 - Activity 2: Conduct quarterly lunch and learn webinars

Agency Responsiveness to the Community

South Carolina is in substantial conformity with the systemic factor of Agency Responsiveness to the Community. One of the items in this systemic factor was rated as a Strength.

Item 31. State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR
South Carolina received an overall rating of Strength for Item 31 based on information from the statewide assessment and stakeholder interviews.

Information in the statewide assessment showed that the state engages with numerous stakeholder groups to discuss and develop the state's strategic plan. Stakeholders confirmed that they attend stakeholder meetings and have the opportunity to provide input.

Item 32. Coordination of CFSP Services with Other Federal Programs

South Carolina received an overall rating of Area Needing Improvement for Item 32 based on information from the statewide assessment and stakeholder interviews.

Information in the statewide assessment and collected during interviews with stakeholders showed challenges in coordinating with other federal programs. With the exception of Medicaid, the state was unable to provide data or information to demonstrate its efforts to coordinate with other federally funded programs. Stakeholders provided inconsistent information regarding such coordination.

Please refer to the SC CFSR Statewide Assessment submitted January 31, 2017, pages 149-168 for the complete state response for Items 31 and 32.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33. Standards Applied Equally

South Carolina received an overall rating of Strength for Item 33 based on information from the statewide assessment and stakeholder interviews.

Information in the statewide assessment and collected during interviews with stakeholders showed that the state is ensuring that state standards are applied to all licensed or approved foster homes and child care institutions receiving title IV-E or IV-B funds. Monitoring processes are in place to ensure that standards are being met

Item 36. State Use of Cross-Jurisdictional Resources for Permanent Placements

South Carolina received an overall rating of Area Needing Improvement for Item 36 based on information from the statewide assessment.

Information in the statewide assessment showed that there is not an effective process in place to utilize cross-jurisdictional resources to support the permanent placement of waiting children. The state does not track the timeliness of completion of foster or adoptive home studies requested by other states.

Plan to improve Foster and Adoptive Parent Licensing, Recruitment, and Retention

South Carolina Department of Social Services Foster and Adoptive Parent Diligent Recruitment Plan 2020-2024 (*attached*)

Please refer to the SC CFSR Statewide Assessment submitted January 31, 2017, pages 168-174 for the complete state response for Items 31 and 32.

III. PLAN FOR ENACTING THE STATE'S VISION

Child & Family Services Plan (CFSP)

The state recognizes year one and year two of the CFSP will be heavily focused on the implementation of the Casework Practice Model, the Program Improvement Plan, the *Michelle H.* Final Settlement Agreement (FSA) and the planning for Family First Prevention Services Act (FFPSA). The FFPSA workgroups will meet at a minimum monthly and workgroup membership will include services providers, legal/judicial representatives, experts in prevention, parents, youth, and the department of social services staff members (state and local level). Fortunately for SCDSS, the combined efforts and work required to implement FFPSA overlaps with the Casework Practice Model, the PIP and the Michelle H. FSA for primary prevention and developing a comprehensive service array for families and youth. While the state has requested a legislative two-year delay for FFPSA, within this two-year window of time, the foundational work for implementing the FFPSA will be done by focusing on key practice standards and developing a comprehensive service array. Planning work will consist of assessing the needs within the state for prevention and developing an action plan to implement services and resources to operationalize the key provisions of FFPSA related to family preservation and foster care. These 2 years are critical, as major foundational changes will occur within year "1" (2019-2020) and year "2" (2020-2021) of the CFSP. Below is an overview of the work that is occurring now and is underway.

Casework Practice Model

With the assistance of Chapin Hall, the state has created a GPS Practice Model for South Carolina. Before any system or practice change can be done, the state recognized the need to establish values, principles, core practice standards and expectations for how the SCDSS will operate and partner with families and other stakeholders in child welfare services. In FY 2021, implementation will begin for the GPS Practice Model. Implementation of the GPS Practice Model will be a massive undertaking for the state. Chapin Hall and SCDSS have laid out several steps for implementation. The plan begins with the establishment of a governance structure comprised of an implementation team (steering committee) and key system pillar representatives from communications, continuous quality improvement, information technology, policy, fiscal, training, human resources, and workforce (including representatives from investigations, foster care, family preservation, adoptions, and external stakeholders). Establishing clear values, principles, and core practice standards around engagement, teaming, functional assessment, planning, intervening, and tracking & adapting the GPS Practice Model work will take a considerable amount of time for the state to implement (estimation 18 months).

Program Improvement Plan (PIP)

Once the PIP is approved, the State will be responsible for implementing all activities contained in the PIP, including its goals, primary strategies, action steps, benchmarks, and the measurement plan. The PIP implementation period is 2 years, and that work will occur in FY 2019-2020 and FY 2020-2021. The PIP is focused on assessment, engagement, permanency/courts, and supervision as the key cross-cutting practice areas. As mentioned earlier, the move towards prevention requires the state to spend a considerable amount of time addressing key practice component areas. The 2017 Child and Family Services Review Final Report identified significant practice issues that impact the state's ability to achieve substantial conformity within safety, permanency, and well-being.

Michelle H. Final Settlement Agreement (FSA)

The state drafted implementation plans to address areas of improvement. Each implementation plan was approved by court monitors assigned to report the state's progress to the court. As of this date, all implementation plans have been approved. The state will focus on five (5) major areas for improvement of the child welfare system:

- Caseload limits
- Visitation (case manager, siblings, parent-child)
- Maltreatment in care
- Placement resources
- Physical and behavioral health care coordination

The current work in Out-of-Home Abuse and Neglect (OHAN) is designed to strengthen intake and the investigative practices related to reports of abuse/neglect in out-of-home placements. The work in health care is focused on the timely assessment and addressing the health care needs of children in foster care. The current work in placement is designed to establish a kin-first culture and provide a placement and service array to meet the diverse needs of children in out-of-home placement. The visitation work preserves the continuity of family relationships for children in out-of-home care and enhances the quality of visits between case managers and children. Lastly, there is work underway that focuses on caseloads. The purpose of this work is to establish a well-qualified, stable workforce with manageable caseloads and workloads.

CFSP Goals Years 3-5

The following strategic planning goals for the CFSP will focus on FY 2021-2022 (year 3), FY 2022-2023 (year 4), FY 2023-2024 (year 5). Starting October 1, 2021, the state will be implementing FFPSA. Herein, the goals outlined for years 3, 4, and 5 demonstrate casework practice that supports the continued operationalization of practice changes for preventing entry and re-entries into the foster care system and a comprehensive service array that supports families and children with the necessary supports to reduce and/or eliminate child maltreatment and strengthen families.

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

Rationale: Results of the CFRS-PIP identified a salient need for the enhancement of prevention and intervention resources to prevent the occurrence and recurrence of childhood maltreatment, reduce out-of-home placement, and improve the overall well-being of the children and families of South Carolina. Data from focus groups conducted with front line staff provided information about the challenges of accessing available services. Front line staff revealed a limited knowledge of services available in their counties and even less knowledge of services available in other counties where children on their caseload might be placed. This leads to difficulty in identifying services for families. This, however, leads to uncertainty about the quality of services and impedes the ability to individualize services to meet needs. Staff also indicated the common challenges to parents accessing the available services for which they were referred were long waitlists, transportation, and cost. Front-line staff described the need for help with obtaining information about services and access to services, which is not consistently available in counties. Judges and court representatives reported that there is generally a lack of services to assist parents, a lack of quality services to assist parents, and that they see the same services in every case plan. They believe that some children could be kept safely at home if up-

front services were provided to prevent placement. They also reported that the lack of access to services creates delays in achieving permanency.

To assist families with access to services, Medicaid funding streams will be examined so parents will not be responsible for paying for services. As the state improves understanding of needs and services, it is necessary to determine how best to shift resources from existing services that lack quality and do not meet the needs of children and families to services that are evidence-informed and better suited to the needs of children and families we serve. DSS will first evaluate existing DSS funded, Medicaid funded, and other funded services and then will review “legacy” contracts to determine what revisions need to be made in the existing service array. Using CFSP reviews as a guide for services that were needed but not provided, DSS will address service array gaps. Any expansion of services will be budget neutral and will be created by rebalancing existing services. Concurrently, DSS will promote knowledge and awareness about existing high-quality services for case managers and supervisors through peer learning webinars. To sustain individualized service planning, a statewide database will be developed so that case managers will have access to up-to-date information on access to services, how to make referrals, and availability of the services.

To address the need for more service provision, the state will take a two-pronged approach: 1) review and rebalance contracts to address gaps in the service array and 2) train case managers on what services are available that they may not be aware of through quarterly webinars in the 10 Implementation Counties. These statewide webinars will focus on accessing services that QA reviews are needed, but not often provided. For example, transportation is often a barrier for families seeking services. Staff in the Office of Child Health and Well-Being will research ways to access atypical sources of transportation such as private non-profit programs in rural areas, Medicaid medical appointment transportation services, Select Health resources such as Uber codes that can be used in rural areas, and others. The webinar will focus on services that local staff may not be aware of, who qualify for those services, and how to make successful referrals. The goal of this intervention is to share the results of the time-consuming research to make case managers’ role in the process easier. A goal of the CFSP will be expanding this work to create similar webinars that can be shared with stakeholders such as attorneys who represent parents, judges, and court personnel.

Objective 1: Develop and implement a comprehensive family preservation program aimed at the stabilization of the family unit.

Outcome: An observable reduction in unnecessary out-of-home placements and the duration of family preservation cases.

Measure of Progress:

- Reduce the number of children are part of in-home cases but placed in kinship/relative care
- Reduce the amount of time that children who are part of in-home cases are out of their home of care
- Reduce the life of family preservation cases through appropriate and safe case closure

Monitoring Plan:

Ongoing monitoring of progress toward the identified measures will be done through the analysis of CAPSS system data through annual reviews by SCDSS staff and data analysis partners.

Intervention 1: Continuous assessment and enhancement of safety and family preservation decision-making and practice framework aligned with strategies for improving assessment, engagement, safety and case planning, and provision of services.

Rationale: During the PIP monitoring period the State is monitoring and refining practice in the family preservation. During this time, the State will understand Family lessons learned as they relate to family preservation, thus enabling the state to incorporate feedback for future program modification and improvement.

Benchmarks:

- End of Year 1
 - Train PIP county DSS staff and caseworkers on new family preservation and safety practice, policy, and procedure.
- End of Year 2
 - Improved ability to identify the duration and number of children who are placed with alternative caregivers.
- End of Year 3
 - Establish a baseline from Year 2 data
 - Refinement of assessment, engagement, service planning, and safety components of the family preservation and safety framework and practice guidelines.
 - Train all DSS staff and caseworkers on new family preservation and safety practice, policy, and procedure.
- End of Year 4 & 5
 - Measures for improvement will be established based on year 3 data.

Intervention 2: Expand statewide community-based, collaborative programs that support the inclusion and engagement of families.

Rationale: Planning is underway to operationalize FFPSA, but the State recognizes that ongoing work and planning will need to be done to promote a comprehensive service array. Once FFPSA is implemented in the state, the expansion of community-based and collaborative programs will provide a robust service array within the state.

Benchmarks

- End of Year 1
 - Engagement of community providers to identify and select evidence-based practices.
- End of Year 2
 - Develop service eligibility criteria and mapping of evidence-based services across the state.
- End of Year 3
 - Caseworkers will be trained on how to utilize available community-based programs and the identification of evidence-based services across the state.
- End of Year 4
 - Maintain collaborative partnerships in ways that best support families

Objective 2: Address the physical, mental, and dental health needs of children in out-of-home care and family preservation cases

Outcome: Improved well-being outcomes of children through the improved accessibility and utilization of physical, behavioral, and dental services.

Measure of Progress:

- Achieve a 15% reduction in psychiatric residential treatment facility (PRTF) placements
- Achieve a 10% reduction in out-of-home placements that are not a PRTF
- Align out-of-home care with Michelle H healthcare implementation plan
- Family preservation cases demonstrate a 1% increase in services received in a timely manner

Monitoring Plan:

Ongoing monitoring of progress toward the identified measures will be done through the analysis of CAPSS system data and through annual quality assurance reviews by SCDSS staff and data analysis partners.

Intervention 1: Rebalance current contracts and identification of alternative funding mechanisms to enhance access to care.

Rationale: The rebalancing of current contracts as committed to by the state in the CSFR-PIP will enable children and families to receive service at little to no cost. This address access to care issues and reduce the progression of physical, mental, or dental related problems that may contribute to out of home placements.

Benchmarks:

- End of Year 1
 - Contracts will be evaluated and modified to allow for the rebalancing of funding to cover services that address the unique needs of children and families
- End of Year 2
 - Funding will be allocated to support the implementation and utilization of previously inaccessible services to children and families at little or no cost
- End of Year 3
 - Develop a plan to sustain services and continuously monitor based on family needs.
- End of Year 4 & %
 - Benchmarks will be developed based on year 3 data

Intervention 2: Establish a comprehensive service array matrix that meets the unique needs of children and families

Rationale: As identified in the CFSR-PIP, the current service array is limited and impacts the overall well-being of children and families. Improvement of the service array a core component of the CFSR-PIP commitments and will be monitored and developed during the review period.

Benchmarks:

- End of Year 2
 - A list of preferred providers by region will be available for caseworker use to ensure timely access to care
- End of Year 3
 - Children and families will be able to access preventative and intervention services within an expedited timeframe

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

Rationale: SCDSS used the CFSR-PIP to identify a need to improve our court involvement and develop a statewide system to identify and address those children who have been in foster care for over 24 months or at risk for remaining in foster care for longer than 24 months. These two objectives will assist in obtaining timely permanency for those children who are in the foster care system in the State of South Carolina. By focusing on these two areas SCDSS will see a change to the Permanency Outcome 1 in the CFSR reviews.

OBJECTIVE 1: To improve court involvement to result in timely permanency statewide

RATIONALE: To analyze data focused on establishing and achieving permanency goals, SCDSS analyzed CAPSS data, CFSR data, Legal Case Management System (LCMS) data, court data and data from focus groups of frontline staff, judges, guardians ad litem, parents' attorneys, and attorneys representing the agency.

Data from the CFSR reviews highlighted the delays in the court process and court continuances and how that impacts adoptions. The Child Welfare System does well in establishing the permanency goals in a timely manner (79% of the goals were established timely and 69% of those goals were appropriate for the child per case reviews). The child welfare system in South Carolina is struggling to achieve those goals.

OUTCOME:

This objective will impact the Permanency Outcome 1 and aligns with all three areas: placement stability, establishing an appropriate goal timely, and achieving the goal timely.

MEASURES OF PROGRESS:

In order to measure the state's progress SCDSS will see an increase of timely hearings by 10% over the five-year span, an increase of children returning to their parents' custody or to relatives between 35 and 35 to 65 days (As of June 17, 2019, SCDSS sees an average of 12.8% of cases that either reunify with their parent(s) or leave custody to a relative within 35 days. Those leaving to reunification or custody to a relative within 35-60 days is 3.1%. SCDSS is in need of improving these percentages over the next five years. The agency will be able to track the validity of this strategy if the percentage of children leaving the foster care system to either their parents' care or into a kinship care arrangement increases by day 35 and between days 35 to 65 by 10% over the five years) by 10% over the five year span, participation by all involved parties spread to all 46 counties and a minimum of a 2% participation in the meetings on a yearly basis, and the development, implementation, and used a tracking system for monitoring court hearings/TPR submissions.

MONITORING PLAN:

A three-prong approach is being developed to improve the legal system's ability to positively impact a child's permanency: (1) decreasing the amount of time from entry into foster care to a completed merit/removal hearing for timelier reunification and/or guardianship to occur, (2) ensuring that those children whose primary or concurrent permanency goal is adoption, have termination actions filed timely and (3) legal and judicial system will promote quality hearings by encouraging the engagement of parties at the merits and permanency planning hearings.

During the latter part of 2018, the Court-Time subcommittee of the Bench-Bar Committee explored the idea of having mandatory pre-merits conferences with those individuals involved in the legal action. Ideally, this conference would be a face-to-face conference but maybe held virtually using the various technologies available today. The case managers and their supervisors (both assessment and foster care), agency attorneys, parents/caregivers and their attorneys, and the GALs or their representatives (Program Coordinator or Attorney) would be the required participants. The goal of the meeting would be to arrive at a consensus of the services that a family could benefit from receiving based on the identified safety threats and diminished caregiver protective capacities, how best to make those services available, and how to reduce the safety concerns so that the child(ren) may return home. This meeting would also consider what barriers, such as incomplete investigations, there may be to that are preventing the cases from going forward in court the next week and what can be done to remove those barriers.

With this strategy, it is the belief that the time of entry into foster care to a completed merit hearing will be reduced from 88 days to approximately 35 days. It is the belief that this multi-disciplinary conference, coupled with the agency conducting Child and Family Team Meetings prior to this meeting taking place (as described more fully in Goal 3), will result in a number of children being able to leave the foster care system at or before the merits hearing and either being placed back into the care of their parents with services in place or into kinship care. The agency will be able to track the validity of this strategy if the percentage of children leaving the foster care system to either their parents' care or into a kinship care arrangement increases by day 35 and between days 35 to 65.

There is currently a report in the LCMS that tracks the progress of the termination action but the triggering event which places the child on the report is the filing of the action, not the completion of the permanency hearing that required the filing. This report is being modified so that when the outcome of a permanency planning hearing is entered into the system (which, by policy, is within 24 hours of the event), a "pop up" will happen that will ask whether either the primary or concurrent plan was adoption. If answered "yes" then that child will immediately appear on the report and will be color-coded either green, yellow, or red. Green would mean that the attorneys must file the termination action within 30 days or more; yellow within 29 to 16 days; red means that the filing is due within 15 days or is overdue. Once the action is filed, the colors will reflect how close to the 120 days requirement individual cases are for a final hearing to be completed. The job duties of each managing attorney are being modified to require that this report be download and distributed to all legal staff members and human service supervisors and program coordinators.

The CIP program, along with the SC Family Court Bench Bar Committee, chose a goal of Engaged Participation in Court (EPIC) to improve time to permanency for children by enhancing the quality of hearings. SC utilized not only the SC Children's Code but the best practices identified from the National Council of Juvenile Family Court's (NCJFC) Enhanced Resource Guidelines: Improving Court Practice in Child Abuse and Neglect Cases. An administrative order from the Chief Justice in SC ordered that all courts are to use **Best Legal Practices in Child Abuse and Neglect Cases** as a guide in family court. SC chose the following indicators for quality hearing measurements:

- Participation of all parties: parents, parent's attorneys, DSS attorney and case manager, GAL for the child and their attorney, judges, and youth, when possible
- Reasonable efforts should be made to discuss the specific efforts made to effectuate the permanency goal for each unique family and whether they were reasonable

- Judges will inquire of all parties as to their complete understanding of the placement/treatment plan and services identified for timely reunification of the family
- Visitation will be addressed with increasing levels of unsupervised visitation occurring as the safety threats are remediated, diminished caregiver protective capacities are enhanced or services are put in place for enhanced caregiver protective capacity
- Youth are present at a minimum of when the plan is Other Planned Permanent Living Arrangement (OPPLA) and are afforded the opportunity to be heard by the court

The CIP court liaison database was enhanced to allow the court liaison to have a structured court observation tool for the removal and the merits and the permanency planning hearings. Court observation data was collected for three months prior to the training and implementation of seven pilot counties. One of the observation results, in not only the baseline data but also following the implementation, was that counties struggle with identifying clear reasonable efforts both in the removal action as well as to the permanency planning hearings. Judges, and often defendant's attorneys, are not challenging the agency as to what specific reasonable efforts have been completed by the agency in order to prevent removal or to effectuate an alternate permanency plan. Additionally, visitation is not being transitioned to unsupervised as the family begins services.

To make the goal of enhanced participation in court sustainable, the Bench Bar Committee enhanced the SC Best Legal Practice for Child Abuse and Neglect (CA&N) Cases Guide which was approved and supported by the SC Chief Justice. This document is a guide to quality hearings for every aspect for CA&N cases that reach the courts. The document requires all participants involved in court cases to receive training on quality hearings and expectations of the court. The Bench Bar Committee, and subsequent workgroups, will analyze various data as collected by the court liaisons during appearances in court regarding quality hearings and develop collaborative strategies to enhance quality hearings.

The theory that quality hearings will support improved outcomes is also supported by the focus groups. These groups indicated a lack of communication of the parties prior to court hearing had an adverse impact on the hearing quality and readiness of all parties. Taking this one step further, the thought is that if there is a lack of communication prior to the hearing, quality participation will be impacted by this lack of preparation of the parties. Data showed that hearings where DSS, parents, their attorneys, youth, their GAL and GAL attorney were present and prepared to engage actively with the judge, did improve the quality of the hearing. Unfortunately, the CIP data system does not correlate with DSS data and does not currently link to specific cases. Thus, correlation to length of time to permanency for specific child/youth has not been able to be obtained to this point. One of the five-year goals for the Child Law Center/CIP is that the Child Law data system and the DSS CAPSS data would be able to link the two for concrete correlation studies.

The state plans to review CFSR data, CAPSS data, and the tracking system for monitoring court hearings/TPR submissions in order to monitor the progress of this objective.

INTERVENTION 1: Prior to all merits hearings, all parties (e.g., county attorneys, parents, OID, GAL, county staff) involved in the court action will attend a pre-merit conference to discuss the allegations of abuse/neglect, placement plan, and safety concerns so that children can safely leave the foster care system timely.

RATIONALE:

In reviewing data from the CAPSS system, the state-wide average was 88 days from entry to completed hearing for children who were in the foster care system on February 1, 2019, had a completed merits hearing, and were still in care. A “completed merit hearing” is one defined as having the statutorily required findings regarding abuse and neglect and a court-approved placement plan. The placement plan includes what services the parent(s) need to complete, frequency of visitation between parent and child(ren), the child(ren)’s treatment needs, placement needs of the child(ren), and what safety issues need to be addressed for the child(ren) to safely return to their parents’ custody. It is imperative that either parent have an agreed placement plan (between the parents and the agency) or there is a court-ordered placement plan as this provides a “road map” to the parent as to how he or she may regain custody of his/her child. Ideally, such a placement plan would be put in place at the first merit hearing, which must, by state statute, be held within 35 days of a child coming into the foster care system.

In examining data from the Court Liaison Program and LCMS, the top reason that merit hearings are continued is that the parties are not in agreement with a placement plan, which results in the merits hearing being continued for a trial. To help determine what prevents cases from moving forward, the various participants to the legal process (e.g., judges, parents’ attorneys, GAL attorneys, and agency attorneys) were surveyed in May 2018. By a 2:1 margin, the judges, attorneys for the parents, and the GALs did not believe there was adequate communication from the attorneys for SCDSS to the other participants. In addition, to assist in the preparation of this plan, two focus groups were held on January 25, 2019, with Family Court Judges and other state-level representatives of the child welfare system in one group and child welfare system attorneys and GAL County Program directors in the other group. These groups also noted the lack of communication between all child welfare participants prior to the day of court and how that negatively impacts the ability of families to make progress. Without discussions prior to the first call, it is extremely difficult for parties to agree on services that would benefit children and parents in achieving permanency in a timely manner as there is hesitancy of some parents to begin services without an agreed upon or court approved placement plan.

BENCHMARKS:

As of June 17, 2019, SCDSS sees an average of 12.8% of cases that either reunify with their parent(s) or leave custody to a relative within 35 days. Those leaving to reunification or custody to a relative within 35-60 days is 3.1%. SCDSS is in need of improving these percentages over the next five years. The agency will be able to track the validity of this strategy if the percentage of children leaving the foster care system to either their parents’ care or into a kinship care arrangement increases by day 35 and between days 35 to 65 by 10% over the five years.

End of Year 3:

- Pre-merits conferences will be implemented in 20 counties
- 3% of all scheduled merits hearings will have the pre-merits conference.
- 2.5% of all children who enter foster care will leave care by day 35 or between days 35 to 65 to a relative placement or reunification.

End of Year 4:

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

End of Year 5:

- Pre-merits conferences will be implemented in 46 counties
- 4% of scheduled merits hearings will have the pre-merits conference.
- 4% of all children who enter foster care will leave care by day 35 or between days 35 to 65 to a relative placement or reunification.

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

RATIONALE:

In examining data from 2017, in cases where TPRs are filed, only 18% of those were filed within 60 days of a completed permanency planning hearing. This is important as state law requires the agency to file a termination action within 60 days of receipt of an Order approving a permanent plan, primary or concurrent, of adoption. State law further requires that once a termination action is filed, a merits hearing must be held within 120 days. If the mandates of state law are complied with, South Carolina will be in compliance with the ASFA requirement that termination actions be filed on children who have been in foster care for 15 of the past 22 months.

BENCHMARKS:

In addition to the report in LCMS being modified, the CAPSS report, Foster Care Permanency Plan and Legal Actions Report, has been modified to reflect whether a termination action has been filed. This report is distributed to human service staff managers and supervising attorneys.

End of Year 3:

- There will be a 2.5% increase in TPR complaints filed timely and TPR hearings held in the required amount of time.

End of Year 4:

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

End of Year 5:

- There will be a 4% increase in TPR complaints filed timely and TPR hearings held in the required amount of time.

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

RATIONALE:

The SC Court Improvement Project (CIP) has worked with the SC Family Courts and DSS to assess quality hearings and their impact on the permanency for children in foster care. National data has shown the engagement of all parties including: the parents and their attorney, the agency case manager and legal team, the GAL and their legal representative, the youth, and the judges have a positive impact on the quality and positive outcomes for the child/youth.

Four studies have shown that the breadth of discussion (e.g., greater involvement of parents regarding more topics) have a positive impact on timely permanency, whether that was reunification or adoption (Bohannon, Nevers, & Summers, 2015; Summers & Gatowski, 2018; Summers et al., 2017; Summers, 2017). At the same time, national data shows timely hearings alone have not proven to be as significant a factor in timely permanency for children (Macgill & Summers, 2014).

This can be said for SC as well. While SC has struggled with reunification or timely permanency, especially for older youth, the state's rate of completed permanency planning hearings being held timely (for SC the practice is at 9 months in care) has consistently been 90% or better for a number of years. The federal Adoption and Safe Families Act (ASFA) standard require permanency planning hearings to be held within twelve months of the child entering care. Monitoring and planning for this were accomplished by DSS putting in place a monitoring report through LCMS that assists in the identification of any case where the permanency planning hearing is beyond the nine-months. The case is then called to the attention of the county attorney and foster care staff and steps are taken to ensure hearings are scheduled. While SC desires to continue to have a high rate of permanency planning hearings held timely, our new focus will not only be timely hearings but improved quality and depth of discussion as to reasonable efforts and other key issues to achieve the permanent goal for the child and family.

BENCHMARKS:

End of Year 3:

- Participation by all parties and required conferences will be implemented in 20 counties
- 3% of all scheduled hearings will have CFTMs prior to the permanency planning hearing with and pre-merits conferences will be held.

End of Year 4:

- Participation by all parties and required conferences will be implemented in 20 counties
- 3% of all scheduled hearings will have CFTMs prior to the permanency planning hearing with and pre-merits conferences will be held.

End of Year 5:

- Participation by all parties and required conferences will be implemented in 20 counties
- 4% of all scheduled hearings will have CFTMs prior to the permanency planning hearing with and pre-merits conferences will be held.

OBJECTIVE 2: Develop a statewide system to address the best legal plan, placement, and/or available resources for children who have been in foster care system for longer than 24 months and to prevent those at risk for remaining in foster care longer than 24 months.

RATIONALE:

To analyze data focused on children who have remained in the foster care system for longer than 24 months and/or at risk for remaining in foster care for longer than 24 months, SCDSS analyzed CAPSS data, most recent AFCARs data, and national research.

The most current AFCARs (2017) data completed shows that the number of children in foster care as of September 30, 2017, was 442,995 nationwide. Of this number 269,690 entered

foster care in the 2017 fiscal year and 247,631 exited foster care. The total number served by foster care was 690,548. There were 123,437 children waiting to be adopted at the end of the fiscal year. The number waiting to be adopted whom parental rights had been terminated on was 69,525 and there was 59,430 adopted with public child welfare agency involvement.

Of the children in foster care nationwide at the end of the fiscal year, 48% had been in care 0-11 months, while 25% were in care 12-23 months, and 28% were in care for 24 months to over 5 years. Of those 42% were 0-5 years old, 36% were 6-12 years old, and 24% were 13-20 years old. Of the children that exited foster care at the end of the fiscal year, 43% were in care 0-11 months, 30% were in care 12-23 months, and 28% were in care 24 months to over 5 years. Of those 41% were 0-5 years old, 31% 6-12 years old, and 28% 13-20 years old. Over 50% were discharged to reunification or living with other relatives, 24% were adopted, 8% emancipated, 10% to guardianship, and 1% transferred to another agency. The mean age at exit was 8.7 years old and the mean time in care was 19.2 months. The data also shows that 21% of the children are of African American race, 46% white, 7% two or more races, and 21% Hispanic (any race).

Current SCDSS data shows that there are 4,620 children in the foster care system. Of this number 2,324 child have been in care 0-11 months, 1,105 children in care 12-23 months, and 1,191 children in care for 24 months or longer. The percentage breakdown for the numbers given above are: 50.30% were in care for 0-11 months, 23.92% were in care for 12-23 months, and 25.78% were in care for 24 months or longer.

SCDSS data for the past two federal fiscal years showed that 1,298 children exited foster care after 24 months. Of this total 146 children were 0-5 years old, 172 children were 6-12 years old, 67 children were 13-17 years old, and 103 children were 18 and older.

Of the 1,298 children that exited foster care after 24 months, the three biggest reasons were adoption (327 cases), reached the age of majority (90 cases), and returned to the custody of parent/guardian (42 cases). Living with other relatives and guardianship compromised of only 23 cases.

Therefore, comparing South Carolina's numbers to those of the national average shows that South Carolina needs to develop a statewide system to determine the best legal plan, placement, and/or available resources for children who have been in foster care system for longer than 24 months and to prevent those at risk for remaining in foster care longer than 24 months.

OUTCOME:

This objective will impact the Permanency Outcome 1 and aligns with all three areas of placement stability, establishing an appropriate goal timely, and achieving the goal timely.

MEASURES OF PROGRESS:

Over the next five years, SCDSS will decrease the number of children remaining in foster care for longer than 24 months as well as those who are at risk for remaining in care for longer than 24 months by 10%.

MONITORING PLAN:

By revamping and expanding the FTMs and FGCs and renaming them to Child and Family Team Meetings (CFTM), SCDSS can use these meetings to help identify missing parents, kin, engage the families, develop a family-based, family-informed, co-created safety and service

plan that addresses safety needs that must be met, reduced or controlled before the child(ren) could be returned, treatment services to address any child's needs and the diminished caregiver protective capacities, best legal plans (especially for youth aged 16 and 17 years who have a goal of adoption and do not have an identified adoptive resource or desire to be adopted (South Carolina's age of consent is 14 years), or those who have been in foster care for longer than 24 months or those at risk for remaining in care longer than 24 months), and placement needs of the child(ren) (placement within the home community, with siblings, relatives, etc.). The CFTMs will be held within the first 72 hours of a child entering care, before the pre-merits hearing conference, and prior to all permanency planning hearings. By doing this, the CFTM will assist the agency in achieving timely permanency for the child(ren) who are involved in the foster care system.

SCDSS will develop and implement a training, coaching, and mentoring plan for the CFTM process for new and existing case managers and supervisors that will train them on how to conduct a CFTM and that will also include and empower case managers and supervisors to use their comprehensive assessment information, involve absent parents (especially fathers), involve incarcerated parents, to know how to have difficult conversations with families, and change their values, beliefs, and culture of involving all parents, kin, identified supports, youth, and best legal plan. Part of the coaching portion will include mentoring of SCDSS staff by the Family Engagement Service Coordinator. With this training and coaching, case managers and their supervisors will be empowered to conduct CFTMs without the Family Engagement Service Coordinator, thus developing the agency's internal capacity. This approach will strengthen the child welfare system and promote the timely achievement of permanency by regularly and concertedly incorporating relatives, stakeholders, youth, and others involved in the case.

SCDSS currently has Kinship Care Coordinators and a Kinship Care Navigator that are available to provide support and guidance to the case managers and their supervisors. Currently, the Kinship Care Coordinators assist the families that have obtained guardianship or unlicensed placement of a relative in obtaining services within the community. They are divided up among the regions. To ensure better outcomes of kinship licensed placements, the role of the Kinship Care Coordinators and Kinship Navigator will be expanded to support licensing of additional kin homes. Currently, SCDSS does not have any provisional licensure options and to allow this, changes will have to be made to the current state statute and regulations.

In order to measure the progress of this objective, SCDSS will review CFSR data, CAPSS data, and AFCAR data. The agency will also review any surveys received by families, youth, service providers, and fidelity studies.

<p>INTERVENTION 1: Use the revamped and renamed Child and Family Team Meetings (CFTM) to address those children who have been in foster care longer than 24 months and those who are at risk for remaining in foster care longer than 24 months.</p>

RATIONALE:

Currently, SCDSS under-utilizes family engagement service array (family finding, FTM, and FGC) at key decision-making points in the life of the case, which leads to the untimely achievement of permanency, poor legal plan decisions, placement instability, and lack of kin involvement. As of April 2019, 92 FTM's, 87 front end FGC's, 97 back end FGC's, 10 follow up FGC, and 530 family finding activities have been conducted statewide. This weakens the foster care system instead of strengthening it.

BENCHMARKS:

End of Year 3:

- Surveys regarding the CFTM meeting will be sent to 10% of parties involved in the CFTMs.
- 2.5% decrease in the total number of children who have been in care for longer than 24 months or at risk for being in care for longer than 24 months.
- 2% of all children ages 16 and 17 will have a CFTM by the end of year 3.

End of Year 4:

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

End of Year 5:

- Surveys regarding the CFTM meeting will be sent to 10% of parties involved in the CFTMs.
- 4% decrease in the total number of children who have been in care for longer than 24 months or at risk for being in care for longer than 24 months.
- 5% of all children ages 16 and 17 will have a CFTM by the end of year 5.

INTERVENTION 2: Enhance foster care stability by improving placement decisions, licensed kinship foster homes, foster parent training, and foster parent involvement in the family reunification process to promote the timely achievement of permanency for children any in out-of-home placement.

RATIONALE:

Once children are removed from their homes, the children, siblings, parents, and caregivers are not adequately engaged when determining and updating appropriate permanency goals; therefore, creating a lack of parental involvement and children not achieving timely permanency. In addition, due to lack of placement resources (including assessment of relatives), children cannot always be placed in the most appropriate placement which results in separation of siblings, loss of family and community connections, and reduced frequency and quality of visits.

CAPSS data revealed that children are most likely to experience a placement move within six months of entering care. The likelihood of a placement move continues to drop until about 31 months in care and then begins to rise again. Of all children who experience placement moves, 55% of them occur within the first 30 days in care and 75% of first placement moves come within the first 90 days. Foster Home placements are the most unstable placements averaging around 55% of the children placed in a foster home experiencing a placement move compared to 50% of the children in congregate care and only 21% of the children in a kinship home experiencing a placement move.

SCDSS also reviewed the findings from the Placement Needs Assessment Baseline Study Final Report, which was conducted for Michelle H. This report had several key findings. The placement process is not being driven by meeting the needs of the child; rather, it is often on based on willingness to accept the child via a Universal Application form (a standardized form that provides some information regarding the child but not all the needed information to make a

fully informed decision). Additionally, many of the children currently placed in congregate care (nearly 1,000 children which is about 22-23% of the foster care population) and in intensive foster care could have their needs met in a conventional family foster home should one be available.

The findings from the Placement Needs Assessment was largely supported by focus group data with frontline staff. Staff indicated that initial placements lack the assessments needed for placement stability. They also discussed the lack of a working relationship between foster care workers and licensing workers, which can impact placement decision-making. Frontline staff described a lack of understanding by foster parents about 'normal' childhood behaviors and behaviors that occur from the result of trauma and, likewise, how to manage those behaviors. Their lack of understanding related to child trauma and typical childhood behaviors often results in placement moves.

Placement decisions based on availability and not based on child needs leads to separation of siblings, placement outside of the community, county, school, and social peer group and increased placement disruption. Oftentimes these placements are not able to meet the child's or children's needs leading to the child or children having to be moved. The lack of training on trauma, permanency goals, and the foster parents' role as a support for parents in the reunification process has caused the lack of stability for foster children to rise, as well.

Currently, there is no formal way that SCDSS gathers feedback from their foster/adoptive parents in regard to their involvement in timely permanency decisions, placement decisions, and/or training opportunities. SCDSS will develop a survey that will be sent to foster and adoptive parents to obtain their feedback. This survey will be sent by our Statewide Foster/Adoptive Parent Recruiter/Ombudsman for Foster/Adoptive Parents on a quarterly basis. The Statewide Recruiter would then gather the data and feedback and share this information with the Director of Permanency, Director of County Operations, CQI, Director of CPS & Group Home Licensing, Office of Permanency Management, Regional Adoption Administrators, Regional Directors, and other stakeholders, as instructed. SCDSS would use this information to increase training opportunities, address concerns, and ensure that foster/adoptive parents are involved in permanency discussions.

Current data shows that there are 2,768 siblings in foster care. Of this number 1,012 are placed with all of their siblings also in foster care (36.6%), 602 are placed with some, but not all, of their siblings (21.7%), and 1,154 are not placed with any of their siblings in foster care (41.7%). The lack of tracking and monitoring of the agency's ongoing and concerted efforts to reunify siblings on a regular basis and poor communication between frontline staff and licensing workers has caused issues in trying to find placement for siblings together, as well.

The number of licensed kinship foster homes in South Carolina has decreased by 50% from 2011-2018. There are various reasons as to why this decrease has occurred: (1) due to regulatory and state statutes, the process to license kinship homes as foster homes is the same as for non-relatives, (2) the general length of time it takes for a home to become a licensed foster home in South Carolina is 120 days from the date the application is signed, (3) SCDSS is not able to issue a provisional license and (4) current state statutes state that a child in foster care must be placed in a licensed facility or must be court ordered to be placed in an unlicensed facility. If children are court ordered into an unlicensed home, then the agency is not able to provide monetary assistance. Furthermore, information obtained from the case manager focus groups revealed that many case managers do not understand the difference between licensed kinship care (paid) and kinship custody (unpaid). Also, many case managers have a bias against family members and find it easier (believes that the family did nothing to prevent the

neglect/abuse, it takes more work to locate, identify, and license a relative) to place the child(ren) with non-relatives in licensed foster homes. Due to the factors stated above, many kin choose to take unpaid guardianship of the child or children.

BENCHMARKS:

End of Year 3:

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

End of Year 4:

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

End of Year 5:

- 2% increase in placement stability.
- 2% of placements will be with Kinship providers.
- An increase of 2% in Kinship Foster Home Licenses.
- An increase of 2% of placements with siblings and within the child's home community.
- An increase of 2% of foster parents' involvement with safety, well-being, and permanency planning.
- SCDSS will adopt and implement an evidence and trauma informed training
- SCDSS will be able to implement provisional licensures for kinship foster homes with a change made to statutory and regulatory changes
- Surveys sent to no less than 5% of the current foster parents inquiring about their training needs and involvement in the permanency planning of their foster child.

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

RATIONALE:

A culture of safety demands continuous learning throughout a system and SCDSS is committed to becoming better informed and better prepared to make quality decisions for and with children and families across South Carolina. To this end, SCDSS will implement a new structured decision-making tool that will guide practitioners to collect quality information about children and families and assist them in making consistent and supported decisions throughout the life of a

case. SCDSS will explore the need for the addition of a new avenue for Intake response to function alongside the existing Child Protective Services Investigation and Community Based Prevention Services pathways. With a Triple Response approach, SCDSS could offer an array of responses, shifting the focus for many families from a traditional punitive approach to one that allows practitioners to connect families to services and prevent likely future harms. Lastly, SCDSS is committed to critically analyzing child fatality and near fatality data with the goal of identifying current practice issues sharing that data with those responsible for making practice and policy changes. Over the next five years, SCDSS will commit to collecting and analyzing the current system, identifying areas of concern, and implementing changes that will build a culture of learning, thus a culture of safety.

OBJECTIVE 1: Improve the initial and ongoing assessments of safety and risk to children, to protect children in the home and prevent unnecessary removals.

RATIONALE: SCDSS is committed to improving assessments, as they impact case planning and service provision, ultimately increasing the likelihood that families receive services that match correctly identified needs allowing children to remain safely in their homes. By updating assessment tools, providing effective training around the use of the tools, encouraging the use of critical thinking and engagement skills, improving staff knowledge of risk and safety, and improving staff skills in assessments and case planning, staff will be better equipped and able to work effectively with families. A safety culture that is grounded in the belief that families can change and that children do best in their own homes will be needed to accomplish this objective.

OUTCOME:

An increased number of children will be able to remain in their own homes and removal rates and placement needs will be reduced.

MEASURE OF PROGRESS:

The number of foster care entries will decrease from an average of 347 placements within a 12-month span of June 2018 to May 2019.

The number of kinship care placements will decrease from an average of 65 placements within a 12-month span of June 2018 to May 2019.

MONITORING PLAN:

To monitor the plan, CFSR quality assurance reviews will assess the initial and ongoing safety and risk needs for children. UofSC QA will also conduct annual Intake Hub reviews and strategic intake reviews, as needed. SCDSS will monitor foster care and kinship care entry data for the duration of the 5-year monitoring period.

INTERVENTION 1: Continue to assess for safety throughout the life of a case through the statewide use of the structured decision-making tools and the consistent practice around case planning.

RATIONALE: The implementation of our statewide Intake Hub system resulted in an increase of referrals to our Intake Hotline. Our current intake screening tool is outdated and unable to give us the kind of information that is needed to accurately screen cases for services. It was

created based on risk assessment tools from the 1990s. There is a need for an evidence-based Intake Screening tool to increase consistency and validity for our referral and case decisions so that the reduction of child maltreatment and improved permanency will occur.

SC DSS is in the process of implementing the Intake and Screening (evidenced –researched) Structured Decision making (SDM) tool for the purpose of accurately identifying families at high risk for maltreatment and ultimately effectively delivering services appropriate to the needs of children and families. In addition to the SDM Intake Screening tool, the full suite of SDM case management tools will be researched for implementation. Those tools include: the Safety Assessment, Risk Assessment, Case Planning, Reunification Assessment, and the Risk Reassessment tools. By implementing the full suite of SDM case management tools; we believe we will be able to assist case managers in screening and assessing cases so that decisions are made with families to better meet their needs, safely keep children in their own homes, reduce the need for placements and reduce maltreatment.

BENCHMARKS:

- End of Year 3
 - Statewide implementation of the Intake Screening Tool
- End of Year 4
 - Readiness assessment for the full suite of tools is complete
- End of Year 5
 - Begin development of the Safety Assessment and Risk Assessment Tools in conjunction with the NCCD.

INTERVENTION 2: Evaluate, develop, and implement a triple response system for intake and investigation

RATIONALE:

In working toward improving the Safety Culture in SC, we need to change our practice of only offering a traditional CPS investigation to families who screen in for Child Abuse and Neglect concerns. Thus, a triple response system will be explored for implementation. The triple response system will allow for cases to go down one of three paths, once an intake is received. For high risk, serious abuse and neglect cases, a traditional CPS track will be chosen, for cases such as neglect, Plan of Safe Care and moderate to low risk cases where the focus is on assessment, services and prevention, an alternative track called Family Assessment Response will be chosen that will not result in a finding but focus on connecting families to community services to prevent further child abuse and neglect involvement. A third response will include our Community Based Prevention Service program for cases that screen out but could benefit from a voluntary service approach.

BENCHMARKS:

- End of Year 1
 - Conduct baseline data collection of reunification timeliness and utilization of community services
 - Complete an overall readiness assessment for a triple response system to include an analysis of statewide data including referral rates

- Partner with Casey Family Programs and prepare to present the budgetary and statutory analysis including expected impacts and needs to the legislature
 - Conduct peer to peer consultation with other states
- End of Year 2
 - Develop a pilot plan to include selecting a pilot county.
- End of Year 3
 - Implement triple response in the pilot county
- End of Year 4
 - Collect data for lessons learned from the pilot
 - Complete readiness assessment for statewide implementation
 - Create a statewide implementation plan
- End of Year 5
 - Begin statewide implementation

OBJECTIVE 2: Improve child fatality data collection and analysis to better inform internal and external partners around child fatalities due to maltreatment in South Carolina such that practice changes and prevention efforts can be implemented

RATIONALE:

SCDSS currently has no set process for using data to learn about and implement better case practice to prevent child fatalities due to maltreatment. In an effort to better understand the causes of child fatalities in South Carolina and effective methods to prevent them, SCDSS must gather and analyze critical data from fatalities and near fatalities and provide that data. In response, SCDSS will be better equipped to allocate prevention efforts, inform our internal and external partners, and implement best case practices around assessing and reviewing child fatalities.

OUTCOME:

SCDSS staff will be better informed regarding child fatalities as well as risk factors that surround child deaths due to maltreatment across the state and in their regions.

MEASURES OF PROGRESS:

- Level of engagement in the created feedback loop.
- Number of annual data town halls will be held throughout the state

MONITORING PLAN:

The SCDSS Child Fatality Unit will develop a plan for holding data town halls throughout the state to ensure all regions and external partners are adequately informed.

INTERVENTION 1: Collect quality data around child fatalities occurring in South Carolina and share lessons learned from child fatality reviews with internal and external partners.

RATIONALE:

Collecting and tracking data will assist South Carolina in establishing an accurate baseline for fatalities due to maltreatment, risk factors surrounding fatalities due to maltreatment, and trends to better allocate prevention resources and training opportunities. Once adequate data is collected regarding child fatalities in South Carolina, SCDSS can work to prevent fatalities due

to maltreatment by informing those who can effect change. This information will be critical in the allocation of resources, training, and community conversations that will lead to targeted prevention efforts and a reduction in fatalities.

BENCHMARKS:

- End of Year 1
 - Creating a process by which data will be analyzed and themes will be identified
 - Five years of baseline data will be collected and analyzed
 - Adopting national standards for local CDR data collection
- End of Year 2
 - Creation of a data collection systems to include intake, quality assurance, and data output
- End of Year 3
 - We will look to develop appropriate benchmarks for Year 3 based on Year 1 and Year 2.
- End of Year 4
 - A data-sharing plan will be developed by the Child Fatality Unit to ensure county and regional staff are informed regarding child fatalities due to maltreatment.
 - We will look to develop appropriate benchmarks for Year 4 based on Year 1, Year 2, and Year 3.
- End of Year 5
 - The Child Fatality Unit will hold annual data town halls throughout the state to inform county and regional staff on child fatalities due to maltreatment.
 - We will look to develop appropriate benchmarks for Year 5 based prior years.

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

RATIONALE: The 2017 CFSR Final Report findings on systemic factors stated that South Carolina is not in substantial conformity with the systemic factor of Quality Assurance System. Information from the statewide assessment and collected during interviews with stakeholders showed that the state’s quality assurance system is not functioning effectively statewide. Although the state has a statewide case record review process that evaluates the quality of services provided to children and families, the process does not have a feedback loop focused on program improvement. Additionally, the state does not have a process to share data with both internal and external stakeholders and to engage them effectively in continuous quality improvement activities. (CFSR Final Report, 2017).

DSS will need to improve the functioning of the following Quality Assurance feedback loops focused on program improvement, including receipt by caseworkers, supervisors, regional directors, and program managers of timely data in reports aligned with program goals and objectives; meetings between quality assurance staff and County teams to debrief QA review findings and discuss practice issues; QA staff practice of reporting the results of interviews or surveys to quality improvement teams; the practice of quality assurance staff meeting with regional management, community stakeholders, and program managers to present and discuss the results of their reviews; and the development and monitoring of specific, written improvement plans that are monitored by QA staff.

Currently, DSS does not have a fully functional statewide teaming structure in place to support the active involvement of staff and stakeholders in the division's CQI processes. We do have 46 Child Welfare Improvement Teams (CWIT) functioning in the Counties, however, we do not have functioning regional teams or a State Office team. Also, the CQI teaming structure has not been described in a developed CQI plan and therefore does not specify the flow of information or communication between various levels of CQI teams

Staff at all levels (i.e., caseworkers, supervisors, agency management/leadership, et al.) currently have limited opportunities to participate in established CQI activities, such as membership on CQI teams/committees, involvement in case record reviews, data analysis, and in contributing to action/improvement planning and monitoring activities.

Stakeholders (i.e., private providers, youth, parents, foster/adoptive parents, community providers, et al.) currently have limited opportunities to participate in established CQI activities, such as membership on CQI teams/committees, involvement in case record reviews, data analysis, and in contributing to action/improvement planning and monitoring activities.

DSS will need to develop an effective teaming structure that lays the foundation for the establishment of a shared sense of community among participants about key CQI tasks and responsibilities and helps ensure that CQI teams meet regularly, using an established agenda that includes data review and focuses on solving problems and improving outcomes.

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

OUTCOME: Staff and stakeholders are meeting in teams throughout the state to use timely outcomes data to guide practice and systems improvements.

MEASURES OF PROGRESS:

Quantitative Measures

- #Staff receive formal, introductory, ongoing, and specialized training specific to their roles and responsibilities in the agency's CQI process.
- #Staff receives role-specific training on the skills and abilities needed to participate in the Child Welfare Improvement teams at the County, Regional, and State level.
- #Child, youth, family, and stakeholder representatives receive training on the skills and abilities specific to their roles in the CQI process.
- # of staff who have the opportunity to participate in established CQI activities
- #Stakeholders (i.e., private providers, youth, parents, foster/adoptive parents, community providers, et al.) have the opportunity to participate in established CQI activities
- #CQI teams meet regularly, using an established agenda that includes data review and focuses on solving problems and improving outcomes
- #Staff receive training, preparation, and support on the use of data, including how to analyze and interpret data, connect data to practice, and identify trends and key learnings

Qualitative Measures

- Number of CQI Self-Assessment Instrument completed with 3 or 4 instrument rating in teaming structure Item

Domain: Essential CQI Functional Components Subdomain: Foundational Administrative Structure to Oversee and Implement CQI

To be consistent – if you are also focusing on improving feedback loops how would you measure this?

3 = Good Capacity 4 = Excellent Capacity

MONITORING PLAN:

Ongoing monitoring of progress toward the identified measures will be done through a CQI logic model and an annual CQI self-assessment.

INTERVENTION 1: Develop a Formal CQI Plan with program improvement feedback loops

RATIONALE: A critical first step to SCDSS CWS building a solid CQI foundation lies in the development of a CQI plan with feedback loops that all CWS staff, as well as key stakeholders, are fully aware of, understand, and embrace. This CQI plan will be comprehensive and provide an overarching framework and set of principles that are aligned with GPS Practice Model values and provide the underpinning to the state’s CQI model, as well as a defined systematic CQI learning and improvement cycle and feedback loops. The CQI plan will facilitate SCDSS CWS staff and stakeholders’ understanding, from the counties to the State Office, of the purpose and scope of SCDSS CWS’s improved CQI system, and their roles in the various CQI activities. It is important that counties are given the opportunity early in the process to provide input into the development of the CQI plan. The CQI plan should emphasize the importance of using data to inform division decision-making and provide guidance detailing the types of data available and how such data is to be used toward making sustainable programmatic improvements.

BENCHMARKS:

- End of Year 1
 - Workgroup executes a written CQI Plan, that includes:
 - the purpose and scope of CQI activities, an overview of the division’s approach to CQI
 - the division’s CQI teaming structure with opportunities and roles for staff and stakeholders in the development of the CQI plan and in CQI activities
 - a description of how data is to be collected, used, shared, and monitored throughout the division
 - a description of the division’s processes for case record review, including sampling requirements
 - a defined improvement cycle and divisional feedback loops for program improvement
 - protocols and timeframes for meetings of CQI teams and reporting of results

INTERVENTION 2: Create a state level child welfare improvement team (CWIT), 4 regional and improve the functioning of 46 county-level child teams that include a broad range of staff and stakeholders and represent all program areas.

RATIONALE: A well-designed and implemented teaming structure will facilitate a shared sense of community throughout the child welfare community by ensuring that staff and stakeholders have the opportunity to participate actively in the division's CQI processes. A teaming structure will help facilitate the standardized sharing of quality data and information throughout the division, which, will in turn, foster meaningful communication and dialogue that can then be acted upon to improve outcomes.

BENCHMARKS:

- End of Year 2
 - County CWIT Teams fully functional and operating in each of the 46 South Carolina counties
- End of Year 3
 - Fully functional Regional CWIT Teams
- End of Year 5

III.A STAFF TRAINING, TECHNICAL ASSISTANCE AND EVALUATION

▪ *Staff Training*

SCDSS Training Department and Child Welfare Services maintain monthly contact to discuss training needs. SCDSS requested assistance with the development of a child welfare training plan from Chapin Hall at the University of Chicago. The training plan will utilize the existing Learning Management System (LMS) to track the Professional Development Tracks for all child welfare staff. In addition to the Professional Development Tracks, SCDSS is researching and developing supplemental courses that child welfare staff can enroll in for additional skill building. SCDSS and Chapin Hall both agreed to pause work towards the child welfare training plan until the Casework Practice Model was completed as the strategic direction and standardizing the core knowledge, skills and competencies of a high functioning workforce were aligned and grounded within the values and principles of the Casework Practice Model.

All concurrent planning activities (the Casework Practice Model, *Michelle H.*, FFPSA, PIP, and the CFSP) will incorporate training for staff, and most importantly coaching as a part of the implementation. It is through these various planning activities SCDSS is engaged in, SCDSS is able to keep abreast of emerging training needs.

▪ *Technical Assistance*

The State currently is receiving technical assistance from the Capacity Building Center for States and the Capacity Building Center for Courts, by way of the Children's Bureau. The Capacity Building Center for the States and Courts both provided technical assistance for PIP development. Additionally, the Capacity Building Center for States has been instrumental in assisting the state with building a CQI system increasing the State's capacity in understanding data analysis to build a culture around data-driven decision-making. Fortunately, many of the planning activities *Michelle H.* is focused on is duplicative to the PIP cross-cutting themes. The PIP cross-cutting themes and three *Michelle H.* implementation plans that address visitation, Out-of-Home Abuse and Neglect (OHAN), and placement overlap. As a result, the PIP and *Michelle H.* will leverage technical assistance from the Capacity Building Center to support the implementation in these areas.

As identified in the PIP, the State utilizing consultants to assist with program improvement efforts. The Children's Research Center is supporting the State currently with the development and implementation of Structured Decision-Making (SDM) tools for staff. The use of SDM tools

will help increase the accuracy and consistency from intake to case closure. Thus, removing subjectivity in decision-making for assessing and when to provide services to children/families.

The Capacity Building Center for States will provide technical assistance in building a family preservation decision making and practice framework that will be aligned with strategies for improving assessment, engagement, and safety and case planning, and provision of services. The State recognizes the need to reduce the influx of family preservation cases. Therefore, there needs to understand what cases are being assigned to family preservation and why family preservation cases linger so long. Understanding the current landscape of family preservation will help to shape the best practice guidelines to successfully operationalize FFPSA.

As outlined in the PIP, the state needs additional support to improve caseworker contact with children, youth, and families. The Capacity Building Center for States will provide technical assistance on practice tips that aligned with the Casework Practice Model to promote not only frequent contact but most importantly quality. Engagement is the hallmark to good casework practice, and improving on this key practice will help to increase performance dramatically.

Next, the State will need assistance in implementing a supervisory training and coaching program. The Capacity Building Center will provide technical assistance to enhance supervisory practice at the SCDSS. SCDSS understands for sustainability to be maintained the drivers are front-line supervisors. A coaching model is needed to support and maintain the best casework practice. As with engagement, supervision is a major component to improve performance across all outcome areas of safety, permanency, and well-being.

As stated earlier, Chapin Hall at the University of Chicago is assisting the State with implementing the Casework Practice Model and a training plan. The training plan will utilize the existing Learning Management System (LMS) to track the Professional Development Tracks for all child welfare staff. In addition to the Professional Development Tracks, SCDSS is researching and developing supplemental courses that child welfare staff can enroll in for additional skill building.

Lastly, Casey Family Programs is assisting state leadership in creating a healthy organizational culture. Two major areas Casey Family Programs is continuing to assist state leadership with is communication and creating clarity. The work with Chapin Hall and Casey Family Programs will continue to strengthen the agency's efforts with engagement, communication, and clarity for frontline staff, supervisors, courts, and state stakeholders.

- *Evaluation and research activities*

SCDSS is engaged in programmatic planning for FFPSA along with stakeholders and providers. While there are prevention services and resources within the state, the state must assess and inventory them. Second, SCDSS will compare the current in-state service array with Title IV-E approved services. Additionally, SCDSS will match services with the geographic needs for the state and for any existing service within the state that is not on the Clearinghouse's approved list, SCDSS review will literature to identify if any evidence-based service met the varying thresholds for the eligibility criteria.

III.B. IMPLEMENTATION SUPPORTS

To promote successful implementation of the department's goals and objectives, the main challenge SCDSS anticipates is managing the multiple planning efforts that are underway with the current staff. While SCDSS has solidified an implementation plan to address staff turnover, the agency must be conscientious in leveraging staff to meet the various planning initiatives

underway. As mentioned earlier, SCDSS has the support of Casey Family Programs, the CBC for States, the CBC for Courts, Chapin Hall at the University of Chicago, and the Children's Research Center to help guide and oversee the concurrent planning activities the State has underway.

IV. SERVICES

IV.A. CHILD AND FAMILY SERVICES CONTINUUM

To move towards the vision, the state would need a comprehensive array of services that will support primary prevention and secondary/tertiary prevent entry/re-entries into the foster care system. Moreover, a continuum of foster care services/resources must be in place to reduce the length of time in foster care to support children/youth, parents, and relatives. SCDSS CFSR Final Report (2017) noted, “although there is an adequate array of services in the state, many of these services are not accessible in certain jurisdictions, especially in the rural areas.

Additionally, when services are not accessible to children and families, services cannot be individualized to meet their identified needs, which may result in a child or family being provided with generalized services that are available in the community rather than services that are truly individualized to the needs of the child and family” (p.4). Moreover, transportation and parents paying for services creates additional challenges. (SCDSS CFSR Final Report, 2017).

IV.B. SERVICE COORDINATION

- To support the child and family services continuum, planning efforts are underway to ensure SCDSS to meet the vision that is articulated by the Children’s Bureau. Currently, SCDSS is assessing the current service array that is available to determine if it will meet the Clearinghouse’s approved list of services. Over the next five years, SCDSS has aligned concurrent planning activities to address child abuse and neglect prevention, intervention, and treatment services and foster care; foster preservation services; family support services; and services to support reunification, adoption, kinship care, independent living, and services for other permanent living arrangements.
- To support implementation and planning efforts SCDSS has partnered with providers and key stakeholders. SCDSS has chartered two FFPSA workgroups and planning efforts are underway to operationalize prevention services and the care continuum services array (foster care and those at risk of foster care). It is through implementation, SCDSS, providers, and key stakeholders are aware of the services that are necessary to build a comprehensive child and family services continuum that address the needs of children and families from the initial onset of case origination to case closure/termination.
- SCDSS was deliberate in the teaming for FFPSA. To be successful in implementing FFPSA, SCDSS intentionally chartered the teaming structure with individuals from economic services, tribal representatives, community-based public and private providers, substance abuse providers, domestic violence providers, judicial partners, and etc. On February 15, 2019, SCDSS shared its intention to partner with key stakeholders to implement FFPSA, and SCDSS is honored that many stakeholders volunteered to partner and assist SCDSS with implementation and planning. However, the SCDSS continues to work towards building a youth and parent advisory group.
- The State collaborates with the Children’s Trust, Community-Based Child Abuse Prevention (CBCAP), through various prevention efforts. The Children’s Trust provides ongoing staff training, primary prevention services for parents, and outreach education prevention services throughout the state. The Children’s Trust is a key stakeholder for the SCDSS and has worked with the Department to help plan stakeholder meetings and is a member of the FFPSA’s prevention workgroup. The Children’s Justice Act (CJA) collaborates ongoingly with the SCDSS to improve the investigation, prosecution and judicial handling of cases of child abuse and neglect. SCDSS and CJA collaborate on ways to improve safety for children and families. CJA is a key stakeholder and continues to work alongside SCDSS on planning efforts underway. Lastly, the Court Improvement

Project (CIP) has partnered with the SCDSS in all planning efforts for the CFSP and the PIP. The CIP was instrumental in identifying permanency goals and leveraging the judicial systems to support ongoing improvement and collaboration with SCDSS. SCDSS and CIP are partnering to improve participation in the court for all parties involved. Thus, it was through the partnerships between the CIP and SCDSS that focus on the judicial systems got done.

IV.C. SERVICE DESCRIPTION

The SCDSS has an array of services aimed at assessing the strengths and needs of children and families, to create a safe home environment, enable children to remain safely in their home when possible, and assist the children in foster and adoptive placements achieve permanency. SCDSS recognizes there are both strengths and weaknesses associated with the extent service array and are dedicated toward the expansion of strengths and improvement of identified weaknesses. With the passing of the Family First Prevention Services Act (FFPSA), the Department intends to move toward to the expansion of its service array through the utilization of Title IV-E funding.

With regard to specific strengths and weaknesses, key findings in the 2017 CFSR define the negative impacts on safety, permanency and well-being outcomes for children and families due to the **lack of availability and access to services**, at both systemic and individual case levels. The Service Array systemic factor was not in substantial conformity and performance on Item 12: Needs and Services of Child, Parents and Foster Parents was the lowest performing item in the state with only 18% of cases rated a Strength. The most problematic performance was assessing needs and providing services to parents with only 16% of the cases rated a Strength. In order to better understand the Service Array and provision of services, the state analyzed a 2017 statewide service array study conducted for Michelle H., data from applicable items in the CFSR, as well as, historic and ongoing QA reviews, and data from focus groups of front-line staff, and judges/courts representatives that were conducted in January of 2019.

The service array study revealed services that are more commonly available throughout the state such as education services, head start, primary child health care, dental care, and court-appointed advocates. The study also highlighted service gaps such as post-prison transition services, supervised visitation, respite, kinship placements, services for survivors of sex trafficking, residential services for substance abuse, and inpatient mental health services for both adults and children. The study did not include questions on services specific to ensuring child safety, so there is a need for additional data to better understand the availability and access to safety-related services. For some services, the study revealed that even though services were available, there was a lack of knowledge and awareness about the services and how to access them such as residential treatment services for substance abuse that are funded by DSS in a statewide contract and inpatient mental health services for children funded by Medicaid. This lack of awareness indicated that efforts are needed to provide information to case managers, supervisors, and courts so that they can make better decisions about services.

In examining service needs identified in the CFSR, the service needs of parents included: parenting classes, mental health assessments, alcohol and other drug abuse treatment, and family counseling. The service needs for children included: mental health services, forensic interviews, trauma-focused therapy, sexual health education, and independent living skills.

IV.D. STEPHANIE TUBBS JONES CHILD WELFARE SERVICES PROGRAM (TITLE IV-B, SUBPART 1)

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. Listed below is an array of services in the state that contacted that are funded by Title IV-B. While there are some direct services that are contracted, 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 SC

The Children's Trust of South Carolina will provide the Strengthening Families Program, to families in South Carolina. Strengthening Families Program (SFP) is an evidence-based prevention program for parents and children ages 6-11 in high-risk families. SCDSS 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.

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 continue to expand its 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.

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, including refresher 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, stakeholders, and foster and adoptive parent 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. 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' four 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.

The SCFPA will provide approximately 100 eligible youth (11th and 12th grade High School students and College Students) laptop computers or laptop computer bundles. The 11th and 12th 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, 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 that 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 the 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 adoptive parents contact SCFPA. 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 that 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 that 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.

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 the 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.

IV.E. SERVICES FOR CHILDREN ADOPTED FROM OTHER COUNTRIES

On August 15, 2018, The Interstate Compact on the Placement of Children (ICPC) Unit of SCDSS no longer was involved with reviewing and approving international adoptive home studies. Due to this SCDSS has to develop a way in which to track children who have been adopted from other countries and now come to the attention of SCDSS by a report of abuse and/or neglect nor are there any official post-legal services at this time.

SCDSS currently does not provide any related services to children adopted from other countries. SCDSS will be reviewing and revising its current policy and procedures to address post-legal services for families who have adopted children from other countries. It is important to note that there are multiple private agencies that work with international adoptions and offer post-legal services, however, they are not contracted or endorsed by SCDSS.

Furthermore, DSS currently does not have a system in place to track those who were adopted from other countries that become involved with the agency for abuse and/or neglect. DSS has recently requested assistance from its Division of Technology Services (CAPSS support) to add a way to track children who have been adopted in the CAPSS system. The Division of Technology Services will start working on developing the above requested item in the near future. The permanency division within DSS has requested that this proposed request not only capture those adopted from other countries but those adopted through foster care and private domestic adoptions as well.

IV.F. SERVICES FOR CHILDREN UNDER THE AGE OF FIVE

SCDSS has initiated a proposal to establish a statewide community-based approach to coordinate the development, implementation, and monitoring of the plan of safe care for substance affected infants, mothers and other caregivers who come to the attention of Child Protective Services. Under this proposal, SCDSS child welfare staff and community service providers will provide case management, referral and linkage, assessment and screening, concrete aid, education and services, and recovery supports to children and families during pregnancy and up to one year after birth. While there are some direct services that are contracted, 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.

BabyNet

BabyNet is the state's early intervention agency for children birth to three years of age that falls under Part C of the Individuals with Disabilities Education Act (IDEA) (Public Law. 108-446). As required by the CAPTA 2003 reauthorization, and in recognition of the special needs of child abuse and neglect victims, these children and any known child suspected of having developmental delays, are referred to BabyNet for developmental assessments. BabyNet provides services to children in foster care that meets the state eligibility criteria under Part C of IDEA. As a federal entitlement program, services listed on the Individualized Family Service Plan are based on the needs of the family to help address the child's unique strengths and needs.

Services include, but are not limited to: Assistive technology devices and services, Audiology services, Family training, counseling, and home visits, Health services, Medical services, Nursing services, Nutrition services, Occupational therapy, Physical therapy, Psychological services, service coordination services, Sign language and cued language, Social work services, Special instruction, Speech-language pathology services, Transportation and related costs and Vision services. Health, medical, nursing, and transportation services are only provided to the extent needed to allow parent and child to participate in the other services. As a program that is regulated by the Elementary and Secondary Education Act (now Every Student Succeeds Act), all services provided by BabyNet must meet the definition of evidence-based. The Every Student Succeeds Act defines evidence-based as a program or service which demonstrates a statistically significant effect on improving student outcomes or other relevant outcomes based on evidence from at least one well-designed and well-implemented experimental study, or demonstrates a rationale based on high quality research findings or positive evaluation that such activity is likely to improve student outcomes or other relevant outcomes; and includes ongoing efforts to examine the effects of such activity.

BabyNet measures the effectiveness of these programs at entry and exit. The progress of all eligible children receiving at least six (6) months of early intervention services is rated on the Early Childhood Outcomes as required by the U.S. Department of Education, Office of Special Education Programs. These outcomes measure the extent to which children receiving Part C services demonstrated progress and the extent to which they achieve functioning similar to same-aged peers in developing and maintaining positive social-emotional relationships with adults and same-aged peers; acquire and use knowledge and skills and use appropriate behaviors to meet their needs. In addition, all children with an Individualized Family Service Plan must be periodically re-assessed using developmentally appropriate instruments to monitor progress on individualized functional goals.

The Office of Health and Well-Being are currently tracking BabyNet. In the past, caseworkers were responsible for the referrals and the updates on children receiving BabyNet services. Caseworkers still make the referrals and all the regions are responsible for sending the updated forms to a worker in the Office of Health and Well-Being. This process was recently changed to allow for more continuity and accountability in ensuring services are being received.

South Carolina Voucher Program

The South Carolina Voucher Program provides childcare assistance, if funding is available, for families that have an open child protective services case, family preservation case, or for a child in an open foster care (FC) case. Children in Intensive Foster Care and Clinical Services

(IFCCS) have also been approved on a case-by-case basis. Pre-adoptive parents may receive childcare while in the process of adopting a child from SCDSS custody if all other eligibility criteria are met. However, once the adoption is finalized, the SC Voucher Program is not able to provide childcare through this category. A child in Foster Care, who otherwise meets the Program criteria, is eligible for childcare through age twelve (12) years old. However, a child thirteen (13) years old through age eighteen (18), who should not be left unsupervised or who has developmental, emotional concerns or other special needs, may qualify for childcare after the age of twelve (12) years old.

In order for a foster parent to receive benefits from the SC Voucher Program, the Foster Parent must be employed, in school/training, or disabled.

A foster parent may receive childcare assistance for the baby of a child in custody when the SCDSS does not have custody of the baby. The baby is eligible if the mother (child in foster care) remained in foster care and the child resides in the mother's custody. In addition, the mother must be attending school or employed.

Head Start

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

There are three options: center-based, home-based, and family childcare options. The center-based option delivers a full range of services that are educational and developmental that are delivered in a classroom setting. The home-based setting consists of home visitors once a week working with parents and their children. Together, the home visitor and parents watch and think about the child. They plan ways to help the child learn using parent-child interactions, daily routines, and household materials. A small group of children, parents, and their home visitors also get together on a monthly basis for group socialization. The family childcare program option delivers the full range of educational and child development services. They are primarily delivered by a family child care provider in their home or other family-like settings.

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

First Steps

Since inception, First Steps has helped young children in all 46 counties by offering school readiness services to families designed to:

- Improve children's health and well-being (pre-natal to age 5);
- Support parents in their goal to serve as their children's first and best teachers;
- Provide parents with easy access to needed early interventions for children with unique development needs;
- Help parents access quality childcare for their young children;
- Promote early education programs and quality pre-kindergarten choices for families;
- Help parents transition their rising kindergarteners into school.

A First Steps Partnership serves each county in South Carolina responsible for meeting local needs and identifying collaborative opportunities to help SC's youngest learners.

Parent-Child Interaction Therapy (PCIT)

Parent-Child Interaction Therapy (PCIT) is an evidence-based, family-centered treatment program that provides parents with effective skills for managing and improving their child's behavior. This program also helps improve relationships between parents and their children. Children ages 2-7 with disruptive behavior disorders, affected by abuse/neglect, who are or have been in foster care, or recently adopted or in pre-adoptive placements are eligible for PCIT.

During the sessions, parent and child are together with a specially trained therapist. The therapist coach parents, helping them learn and practice skills from behind a one-way mirror. Sessions are weekly for 12-14 weeks.

Help Me Grow

Help Me Grow is a program that links families to existing, community-based resources and services for children at-risk for developmental, behavioral, or learning problems. This is a free resource that is available to parents of children birth to five years old who reside in Anderson, Greenville, Laurens, Oconee, Pickens, Spartanburg, Charleston, Berkeley, Dorchester, Beaufort, Jasper, and Colleton counties.

Help Me Grow supports parents by connecting them with the help they need. Developmental screenings are offered through an Ages and Stages Questionnaire (ASQ) free of charge for children ages one month to 5.5 years old. The program also offers information on general child development and parenting topics, referrals to community resources such as early intervention agencies, and developmental activities for parents to do at home to enhance their child's developmental progress. A child development expert who offers a free, confidential assessment of each child's needs delivers these services.

The Incredible Years

The Incredible Years Series is a set of interlocking, comprehensive, and developmentally based programs targeting parents, teachers, and children. The training programs are guided by developmental theory on the role of multiple interacting risks and protective factors in the development of conduct problems. The programs are designed to work jointly to promote emotional, social, and academic competence and to prevent, reduce, and treat behavioral and emotional problems in young children.

The Classroom Dinosaur Child Prevention Program covers three age levels, beginning in preschool through 2nd grade (3-8 years). Classroom lesson plans are delivered by the teacher to strengthen children's social and emotional competencies, such as understanding and communicating feelings, using effective problem-solving strategies, managing anger, practicing friendship and conversational skills, and behaving appropriately in the classroom.

Beginnings SC

Beginnings SC's goal is to ensure that every SC Child who is deaf or hard of hearing will reach their fullest potential. SCDSS refer foster children for hearing screenings to Beginnings SC through a collaborative with the University of South Carolina. Their early intervention screenings are essential to identifying hearing loss and are free of charge.

Maternal Infant and Early Childhood Home Visiting

Children's Trust administers the federal investment in home visiting for South Carolina – the Maternal Infant and Early Childhood Home Visiting (MIECHV) program. Children's Trust help determine which models to use and where the need is the greatest, and work hand-in-hand with our partners guiding them through the technical aspects of delivering evidence-based programs, providing coaching and technical assistance.

The home visiting specialists assist mothers and their young children with a wide range of issues – including health concerns, developmental milestones, safety environment, school preparedness, and economic self-sufficiency – during home visits and pediatric visits. Home visitors generally have a background in nursing, social work, or child development.

Children's Trust supports three evidence-based home visiting models – Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. Many of the program models serve at-risk, low-income mothers.

Permanency Pathways for Children Under Five

South Carolina will continue to actively work on placing children ages 0-5 in the least restrictive, most family-like settings unless they meet certain exceptions set forth in the policy. South Carolina has been successful in this work and currently, there are no children ages 0-5 placed in non-family-like settings except those who meet one of the exceptions. One of the challenges that South Carolina is still experiencing is the lack of foster homes within the child's county of origin. This impacts frequent and quality visitation between parents, children, and siblings.

With the Family First Prevention Services Act, it is crucial that South Carolina shift their focus to placing children of any age in the home of kin and especially those 0-5 years of age. It is important for the children to be able to bond with their family of origin and to maintain that familial bond. Data shows that children who are placed with kin have more placement stability. South Carolina currently is revamping and strengthening Family Team Meetings (FTM) and Family Group Conferences (FGC) to assist in identifying possible kinship placements and/or services and safety items that need to be addressed and reduced in order for the children to reunify with their birth parents.

If the children are unable to reunify with their parents and/or there is no kinship provider, then it is crucial to have an array of foster homes within the county in which the child was removed. Children that are matched well initially, tend to fare well in foster care, and in some cases that the foster placement will adopt. Through data analysis and working with outside consultants, the agency is identifying counties where there is an insufficient number of foster home providers. Through this work, diligent recruitment plans will be developed. Counties that identify a deficiency of foster homes for children ages 0-5 will develop strategies to address this need.

South Carolina will continue to develop more specific strategies to move children ages 0-5 to permanency sooner. Priorities will be to: develop and/or enhance established programs by revamping the FTM and FGC meetings, increase kinship licensed foster homes, develop diligent county specific recruitment plans, develop and implement training to staff on quality visitation for parents, children and siblings, train foster parents/staff on shared parenting, and develop and implement Kinship Care training to staff and family group conferencing partners. South Carolina will continue to correspond with other jurisdictions on additional promising practice to improve timeliness to permanency for children ages 0-5 years.

Children age 5 and under have benefited from targeted improvement efforts in adoptions. Adoptions will need to focus more on recruitment of kin to increase the number of adoptions for

all children, but especially for children 0-5. The agency will require each adoption director to report quarterly to the division director all attempts to identify an adoptive resource for these children. Recruitment strategies are included in the Foster and Adoptive Parent Recruitment section of this report. Adoption specialists are available to discuss children awaiting adoption with approved prospective adoptive families and to encourage families to consider children who are older or have developmental delays.

SCDSS continues to recognize that their foster parents adopt approximately 65% of all children adopted from foster care. Thus, an emphasis has been placed on the recruitment and retention of foster parents. Concurrent planning to identify a pre-adoptive family as early as possible into the child's placement into foster care is encouraged so the child could have earlier stability in their permanent placement when reunification was not likely.

The plan to monitor these children is through the CAPSS system and to have each adoption director to report regularly to the division director all attempts at locating an adoptive resource for the child. Recruitment of an adoptive family for these children will be on Adopt-Us-Kids, State Seedlings, Heart Gallery, Foster Parent Association and all forms of state child-specific recruitment activities.

The goal is clearly stated to all aspects of the agency, court system, GAL and Foster Care Review Board (FCRB) to assist in any aspect of increasing permanency that falls within their venue. The SCDSS is monitoring court continuances, filling of Termination of Parental Right Actions, developing Pre-Merit conferences to avoid court hearings being continued; Judges and the Courts are assisting by providing additional court time; GALs are supporting the agency's request not to allow for court cases to be continued by the family's attorney; assistance is provided in ensuring home studies and children's background summaries are completed timely; and judges/courts are providing the agency with Adoption Day Hearings to allow for as many children as possible to be addressed.

SCDSS does not anticipate a large number of children under five to have a delay in their permanency. The agency has a specialized program for the medically fragile children to ensure they are followed closely for multiple medical, developmental or psychological issues by specialized social work staff who have lower caseloads and receive clinical support from the state's psychiatrist and from the child's medical team.

In looking forward, the agency will continue to monitor through the agency SACWIS system the number of children under five years of age who enter foster care. Monthly reports draw attention to children who do not have a permanent plan accomplished within nine months of entering care and indicate the age of children legally free for more than 90 days.

The agency emphasizes to foster parents the importance of developing a relationship with the birth family when possible and to act as a resource family or a peer-to-peer role model to the birth family. The goal is to provide the child, who may be reunified with birth family, with a relationship that allows for ongoing contact and support to the family from their foster parents. Should the parent's rights be terminated, the goal would be for the relationship to allow the child to have first-hand knowledge of the birth parents and the medical and social information as the child grows into adulthood.

SCDSS is monitoring all children in the foster care system to ensure they receive permanency more expediently than in the past. Emphasis has always been and will always be on moving

the younger children to permanency as quickly as possible, and traditionally, the children under the age of five years have reached permanency quicker than the older children in the foster care system. SCDSS will continue efforts of ensuring the children in this population are measured and their plans are closely monitored to enhance the services needed to achieve permanency.

SCDSS and the state foster parent association provide training for workers and foster parents on medically fragile children. Additionally, the UofSC medical school has a special interest in the medically fragile and offer specific training related to caring for these children for foster parents and workers.

County staff is emphasizing the importance of reunification to families immediately upon removal, implement a Family Group Conference, and ask for court intervention when the parent is not complying with the treatment plan. The concurrent plan is to be changed to the primary plan and the case fast-tracked to monitor the outcome of the plan in a timely manner. These are monitored by monthly dash reports, conferences with country directors, meetings by the deputy director with the legal staff, and contacts with all agency involved parties such as GAL, FCRB and court administration when needed to set priorities or resolve conflicts within the cases.

Services planned for children under the age of five with developmental delays include:

- Assessment of the children reflected in the numbers in the above charts to determine which special needs may be causing a delay in adoptive placements and thus the child's ability to reach permanency. Steps include:
 - Research all children by name and length of time in care in the population under age 5
 - Hold a Permanency Roundtable for these children
 - Determine how many are members of a larger sibling group to determine if that has had an impact on the length of time in care
 - Determine the number of children's whose legal status is on appeal
- Referrals for services to enhance developmental capacities. Steps include:
 - Determine through the Permanency Roundtables if the children are receiving the services needed to address their particular need
 - Identify any service needs that are not being met and identify a resource to assist with meeting the needs
- Referrals for Family Strengthening and Support for either the biological parent, relative or adoptive parent to enhancement timely placements. Steps include:
 - Ensuring that all relatives have been sought and evaluated for potential placement
 - If Medicaid Waivers or other funding sources could assist in the family in meeting the child's special needs
- Referrals for adoption recruitment that are more specific to the needs of the child:
 - SCFPA has developed a contractual position with the agency to assist the foster parent with considering adoption for a child that perhaps in the past they were hesitant to adopt
 - Heart Gallery has also entered into a contractual agreement with the agency to assist in specialized recruitment activities for a number of hard-to-place children. They have also contracted to complete home studies on families who inquire about a specific child

- GAL, Children Come First, and Foster Care Review Board will all work collaboratively in efforts to identify an adoptive family for these children
- Ensuring that recruitment referrals to national exchanges such as AdoptUSKids are completed as early as possible for every child who does not have an available identified adoptive family.

The agency has developed protocol to staff every child's case with a plan of reunification at six months and to address barriers to reunification that would prevent the completion of that plan by 12 months. Once the barriers are identified, if there are services that could enhance the family's behavioral changes within an additional three months, they must be implemented. If at nine months the situation is not showing marked improvement, a Permanency Planning Hearing is to be held and the plan for the child changed to TPR and adoption when appropriate. Full disclosure at the Family Group Conference is a must and key to helping parents and extended family members understand the importance of permanency for the children.

The SCFPA provides training on developmental milestones for foster parents. UofSC Training Center provides a course for staff on Developmental Milestones and recognizing developmental delays in children

- SC Foster Parent Association has a contract with the agency to provide pre-licensure training as well as ongoing training to foster parents throughout the year. Each year, statewide foster parent association training is held, and multiple topics are available for foster parents and DSS staff to attend.
- SC Association of Children's Homes and Family Services provides training for state public and private foster homes as well as group homes and institutions in SC.
- Each Certified Placing Agency provides additional training for therapeutic foster parents who provide care for medically or emotionally fragile children.
- Children's Trust, UofSC Medical Center and Children's Law Center each have yearly conferences that multi-disciplinary speakers attend to address a different dynamic for special needs children. Topics such as brain injuries, Fetal Alcohol Spectrum Disorders, and Autism are examples of topics addressed in past conferences. Both professional staff and foster parents may attend these conferences.

SCDSS, SCFPA, SCHG, GAL, and SCFCRB will all work collaboratively in efforts to identify an adoptive family for these children. Children in this age group for whom the plan is reunification will also receive priority with the agency. Baby Net, SC Department of Education, Head Start, Department of Disability and Special Needs (DDSN) and DHEC are all providers of services that work closely with SCDSS to ensure the agency is meeting the developmental needs of the children in agency custody.

Training has been developed to encourage worker understanding of the importance of permanency and stability on the development of the child five years of age and younger. SCDSS training partners, UofSC, and the SC Foster Parent Association, have existing training curriculum for both foster parents and workers on the developmental milestones of children as well as the lags in development that should receive the attention of a developmental specialist. SCDSS also has been including trauma-informed practice and the effects of trauma on children, including developmental delays, in training for staff and foster parents.

IV.G. EFFORTS TO TRACK AND PREVENT CHILD MALTREATMENT DEATHS

SCDSS has developed a database to track all child fatalities occurring in South Carolina that SCDSS is made aware of. This database allows for data collection around fatality trends in age, ethnicity, region, and contributing factors, as well as monitors the overall health and gaps in the Agency's response through tracking of screening decisions and determinations. The database also serves as one method of tracking for NCANDS Child Fatality reporting, with the data collected by the SCDSS Child Fatality Unit being compared to data collected from CAPSS. This dual-level review process will be implemented going forward as one strategy to ensure accuracy in NCANDS reporting. SCDSS's Child Fatality Unit has begun a partnership with the SC Coroner's Association and the National Center for Child Fatality Review and Prevention to enhance the frequency, reach, and efficacy of Child Death Reviews in South Carolina as part of the second strategy to enhance the accuracy of child fatality investigations and NCANDS data reporting. SCDSS's Child Fatality Unit has identified unsafe sleep and suicide as recurring causes of child fatalities in South Carolina. In partnership with SCDSS Staff Development and Training, the Child Fatality Unit has developed a Safe Sleep web-based training module to be available as part of required ongoing training for SCDSS staff. A Suicide module will be developed as well.

IV.H. PROMOTING SAFE AND STABLE FAMILIES (PSSF) (TITLE IV-B, SUBPART 2)

Family Preservation/Family Support

The SCDSS currently has an array of services that derive funding from Title IV-B, subpart 2, which focus on family reunification, adoption promotion, and support services. However, the SCDSS does not currently fund family preservation or support services using Title IV-B, subpart 2. During the 2020-2024 CFSP period, the SCDSS will leverage Subpart 2 funding to expand the Children's Trust contract described in the previous section. The Children's Trust provides the Strengthening Families Program to 24 counties and in CY 16-17 served 536 families across the state. This program serves families with children ages 6 to 11 to improve social skills, relationships, and school performance. In addition to expanding the number of counties and families reached by the Children's Trust contract, the SCDSS will be expanding its family support and preservation service array to prevent maltreatment and preserve the family unit whenever safe and possible.

Adoption Promotion and Support Services

Adoption services are provided to children in the custody of the state that are in need of permanence through adoption, to adoptive families during and after finalization of an adoption, as well as to birth parents who wish to make a voluntary plan for their child. Adoption workers are located in seven regional offices (within the five regions) to concentrate on adoption activities for all counties. This staff respond to and provide services to birth families who wish to make an adoption plan for their children; prepare children for the adoption experience; recruit and prepare adoptive families; and provide pre-placement, placement and post-placement adoption services to families and their children.

The service delivery between the county foster care units and the regional adoption offices will continue to be coordinated by holding regularly scheduled staffing. The county may refer a child for adoption services at any point in the case.

A concurrent planning staffing will be held within 60 days of the child's entry into care. If at that point or any point in the foster care case, the parent appears to be failing to meet the treatment plan, adoption services will begin. Adoptions will simultaneously work with the child toward a

family connection that may lead to adoption to ensure timeliness in the achievement of a permanent plan. During this pre-TPR status, the adoption services staff and the county foster care staff is working as a team to provide services to the family and child to ensure permanency (enduring safety). Concurrent planning will also include an assessment of the child's therapeutic needs, and if indicated, the child may also receive intensive foster care and clinical services.

The agency provides financial support to stabilize adoptions through supportive services such a placement/permanency planning and to assist staff in developing a plan that would bring these children to permanence. Medicaid coverage for all children eligible for adoption assistance will be provided. The Medicaid coverage is dependent on applicable state policy and the special needs of the child. Services such as medical, psychological, and psychiatric services (including counseling, residential and hospitalization services) are available to support the adoptive placement.

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

Adoption Subsidy Assistance

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

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

The Adoption Subsidy Assistance Unit strives to:

- Provide Adoption Subsidy Assistance determinations to regional adoption offices in a timely manner to enable adoptive placements when available;
- Verify and process adoption subsidy agreements for payment to adoptive families to be received in the month following placement;
- Provide assistance to parents and agency staff in a timely manner in regard to their questions about monthly subsidy and medical subsidy;
- Process medical subsidy reimbursement requests in a timely manner;

- Make sure that all adoption subsidy payments are in compliance with the applicable regulations;
- Obtain necessary documentation from adoptive families, regional offices, and other agencies, and submit to the appropriate state agency to establish Medicaid for the child.

Adoption Tax Credit

All persons who adopt a child from state custody and qualified persons who adopt a child through a private action or agency will be mailed a letter after the adoption is finalized informing them of both the federal adoption tax credit and the state tax deduction. The appropriate regional adoption office mails letters for agency adoptions, and the state office mails letters for private adoptions.

IV.I. ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE FUNDS

Currently, SCDSS uses the Adoption Incentive funds to pay for the following items that assist in promoting timely permanency for children in foster care.

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), who is supervised the Foster Care Review Board, 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) 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 the first contact through pre-service training.

In addition to a quick response, because consistency and continuity in recruitment of Foster and Adoptive Parents have 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.

Also, they provide family support and post legal adoption activities to families that are currently going through the adoption approval process, approved and awaiting placement of the child, those with a child placed with them, and to those who have finalized their adoptions.

Other Items

Assistance to adoptive and foster families to comply with fire regulations/codes, i.e. smoke detectors, fire extinguishers, carbon monoxide detectors, etc.

Adoption Incentive Payments

Adoption Subsidy payments to the adoptive families who adopt foster children from SCDSS and who meet the eligibility requirements.

Administrative Costs

SCDSS used money from the Adoption and Legal Guardianship Incentive funds to use towards items such as beds, cribs, and smoke detectors that were needed to license or approve a foster and/or adoptive family home. Additionally, cost identified coincides with foster family home recruitment that moves onto adoptive placements.

Changes to State's Plans to Use Adoption and Legal Guardianship Incentive

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

SCDSS does not suspect there will be any issue in using the Adoption Incentive Payments as required in 36 months. Currently, there is \$184,950 remaining from the fiscal year 2017 adoption incentive funds and \$180,000 from the fiscal year 2018.

IV.J. ADOPTION SAVINGS

The adoption saving calculations are used to determine the impact of the applicable child eligibility criteria that was implemented by federal legislation in 2010. The applicable child eligibility criteria de-links AFDC in determining a child's eligibility status. Children who would have been otherwise deemed eligible for State Supplemental Benefits may be determined IV-E eligible based on the applicable child criteria which ultimately results in savings for the State. Please note that when a child is determined IV-E eligible for adoption assistance, the funding is not 100% federal dollars. Funding is allocated into a blending combination of funds that consists approximately of 70% federal and 30% State dollars. Therefore, the use of the adoption savings calculation methodology is essential in determining the overall projected savings.

Initially, the eligibility criteria for an applicable child were set to phase in all children as applicable by 2024. However, as a result of the Family First Prevention Services Act signed into law on February 9, 2018, this legislation revised the eligibility criteria to re-link adoption assistance to AFDC for children under age 2 until 2024. This revision has resulted in all children becoming applicable in 2025. Below is a chart that shows the applicable age criteria and year that the applicable criteria went or will go into effect.

Federal Fiscal Year	The applicable age is:
2010	16
2011	14
2012	12
2013	10
2014	8
2015	6
2016	4
2017-2023	2
2024	2 (or in the case of a child for whom an adoption assistance agreement is entered into under this section on or after July 1, 2024, any age)
2025 or thereafter	any age

Note: Applicable status alone does not qualify a child for IV-E eligibility.

IV.K. ADOPTION SAVINGS METHODOLOGY

SCDSS uses the CB Method in determining adoption subsidy. This consists of reviewing a sample of cases and determining if children that are determined IV-E eligible would still be eligible without the applicable status.

IV.L. ADOPTION SAVINGS EXPENDITURES

SCDSS does not anticipate any issues with spending the adoption savings monies during the 2020-2024 CFSP. Currently, there is \$184,950 remaining from the fiscal year 2017 adoption incentive funds and \$180,000 from the fiscal year 2018. SCDSS is planning to use this remaining money within the required 36-month time frame.

SCDSS does not anticipate any issues or challenges in expending Adoption Incentive Payment funds within the 36-month time frame as required.

IV.M. SERVICE DECISION-MAKING PROCESS FOR FAMILY SUPPORT SERVICES

During the 2020-2024 CFSP period, the SCDSS will seek to leverage approximately 20% of Title IV-B Subpart 2 funding to expand existing family preservation and support contracts. Community-based agencies and organizations that are selected to provide family preservation and/or support services will be required to utilize evidence-based programs that require compliance with model fidelity. Required compliance with model fidelity will ensure that children and families receiving services will experience the most efficacious outcomes. The organizations will be required to be housed within communities that they serve as a way to build

connections within the community and target specific populations that are in need of individualized services.

IV.N. POPULATIONS AT GREATEST RISK OF MALTREATMENT

The SCDSS has identified children ages five and under (0-5) as being the population at greatest risk of maltreatment for FFY 2018. Children age five and under (0-5) have trended at an average of 38% of the total number of children in Foster Care in South Carolina during FFY 2018. Children ages 0-5 are the highest population in care. Children ages six through twelve (6-12) average an entry rate of 32% and children age thirteen through seventeen (13-17) now average 26%, a slight increase of 1% from the data reported in the 2018 APSR. The smallest percentages of children in care during FFY 2018 were youth ages eighteen through twenty (18-20) who averaged 5% of total foster care entries for the state.

The following graph presents data on children in foster care by age group and year:

Age Gr	FFY14	FFY15	FFY16	FFY17	FFY18
0-3 years old	26%	27%	26%	27%	27%
4-5 years old	11%	11%	10%	11%	11%
6-12 years old	32%	32%	32%	32%	32%
13-17 years old	25%	25%	25%	25%	26%
18-21 years old	7%	5%	6%	5%	5%
	100%	100%	100%	100%	100%

IV.O. MONTHLY CASEWORKER VISIT FORMULA GRANTS AND STANDARDS FOR CASEWORKER VISITS

Regional Directors, County Directors, and Supervisors will communicate in staff meetings, staff huddles the requirements of the law and agency policy to strengthened leadership practice in reinforcing the importance of monthly face-to-face casework contacts by using batch analysis reports, human service dashboard reports, and case review findings to help staff meet benchmarks and understand quality visit requirements. In the SC system reform work with *Michelle H.* and the CFSR, there is a high interest in improving supervisor staffing with case managers and helping supervisors be better coaches and mentors.

Regional and County Directors are holding supervisors accountable for conducting consistent staff meetings and huddles to discuss case activity including action steps to visit foster children; focusing on outcomes for the monthly visits, reviewing of dictation to assess quality of visit, and regularly using data reports such as, human services dashboards, batch analysis reports and push reports to assess if staff are timely for completing tasks.

Regional Directors, County Directors, and Supervisors communicate in staff meetings/huddles the requirements of the law, child welfare services visitation policy, and leadership will be strengthened to reinforce the importance of monthly face-to-face casework contacts by using batch analysis reports, human service dashboard reports, supervisory case reviews, and case review findings to help staff meet benchmarks and understand visits requirements. In system reform work with *Michelle H.* and the CFSR, there is a high interest in improving supervisor staffing with case managers and helping supervisors be better coaches and mentors.

Regional and County Directors are holding supervisors accountable for conducting regular staff meetings to discuss case activity including action to visit foster children; focusing on outcomes

for the monthly visits, reviewing dictation to see quality of visit, and regularly using human services dashboards, batch analysis reports and push reports to assess if staff are timely completing tasks.

Supervisors will work with caseworkers to ensure that they clearly understand the required tasks that comprise a face-to-face contact with a foster child on their caseload and the importance of timely and quality documentation of their interaction with foster children on their workload (Documentation of monthly contacts must be entered into CAPSS prior to the end of each month 510.4 Case Planning & Management Procedures: 3. Monthly & Ongoing Case Planning Child Contacts).

Caseworkers at their best, when supported and supervised, are working to improve practice in meeting with children and families to monitor children's safety and well-being; assessing the ongoing service needs of children, families and foster parents; engaging biological and foster parents in developing case plans; assessing permanency options for the child; monitoring family progress toward established goals; and ensuring that children and parents are receiving necessary services.

Over the next five years, the Monthly Caseworker Visit Grant will be utilized continuously to enhance and improve the quality of case manager visits. The State is moving forward with Structured-Decision Making Tools to help with consistency around decision-making, and the combined efforts of *Michelle H.* and the PIP focused specifically on improving engagement. All of these joint efforts will help to improve the quality and consistency of case manager visits.

V. CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

The Catawba Indian Nation (CIN) is the only Federally recognized tribe in South Carolina. SCDSS meets regularly with representatives of the CIN for consultation and collaboration. These meetings are conducted on a quarterly basis.

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. In these meetings, areas of concern, barriers to ICWA compliance, and ways to overcome will be discussed.

Those invited to attend these meetings are: SCDSS the Deputy State Director for Child Welfare Services, Director of the Child Welfare Services Division of Permanency Management, SCDSS Regional ICWA Liaisons, SCDSS State Office ICWA Liaison, SCDSS Child Welfare Services Division of Performance Management and Accountability, SCDSS Office of General Counsel, staff from various SCDSS county offices, University of South Carolina Center for Child and Family Studies, University of South Carolina Children's Law Center, SCDSS Foster and Adoptive Family Licensing, SCDSS Foster and Adoptive Family Recruitment, SCDSS State Office Division of Adoptions staff, SCDSS State Office Chafee Foster Care Program staff, SCDSS Child and Adult Protect Services System Staff (CAPSS), and the staff from the CIN Social Services Department and the CIN General Counsel. CIN Collaboration Workgroup has been instrumental in securing an ICWA Liaison in each region of the state that will continue in the following years. Each region has an identified ICWA liaison, and they are referred to as SCDSS Regional ICWA Experts. The ICWA Liaison serves as a point of contact for agencies to promote compliance with ICWA regulations. Lastly, the ICWA Liaison disseminates information to caseworkers of online training and resources.

Ongoing Coordination and Collaboration

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've 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 that as soon as possible after the agency gathers information that the child is a member of or eligible for membership in a federally recognized tribe the worker contacts the tribal ICWA representative for the purpose of coordinating the investigation and possible placement with tribal authorities should it become necessary to remove the child from the home.

SCDSS plans to continue holding quarterly meetings of the DSS – CIN workgroup. Included in this workgroup will be each region's ICWA Liaison. The Regional Liaisons will provide the frontline staff and supervisors in the county a staff person closest 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 has developed an on-line ICWA training module for frontline caseworkers and supervisors. The online training model has now been moved to be under DSS's internal training division for them to maintain updates and registration of workers to review it. The DSS ICWA Regional Liaisons have completed this training along with staff from all the regions. The goal of this training is to give casework staff a basic understanding of what is required by ICWA.

Providing Child Welfare Services and Protections for Tribal Children

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.

Monitoring ICWA Compliance

SCDSS continues to monitor its compliance with ICWA through meetings with CIN. SCDSS 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.

The South Carolina Court Improvement Project (CIP) Court Liaison Data System tracks the number of cases with ICWA involvement. The CIP Data System records if the child involved in the case is from a Federally recognized tribe and if the ICWA Representatives were notified. In addition, the SCDSS LCMS (Legal Case Management System), has an ICWA Legal Notice template for use by SCDSS legal staff. The LCMS system also has a place to enter tribal enrollment information. The SCDSS Child and Adult Protective Services System (CAPSS) also record demographic data on Native American Affiliation and Tribal Affiliation and each month two reports are generated from this data in CAPSS, one shows children who are affiliated with the Catawba Indian Nation and the other lists children who are affiliated with Federally-recognized tribes other than Catawba. This information is shared with Regional Directors, Regional ICWA Liaisons, and the Office of General Counsel for the purposes of ensuring county staff is complying with ICWA policy. The report on children who are affiliated with the Catawba Indian Nation (CIN) is also shared with the CIN ICWA Representative.

The South Carolina Court Improvement Program will continue to monitor the number of children with ICWA involvement that are involved with the court system.

Exchange of 2020-2024 CFSP and Subsequent APSRs

After the finalization of the 2020-2024 CFSP, the South Carolina Department of Social Services (SCDSS) Division of Performance Management and Accountability will coordinate with the State Office ICWA Liaison the exchange of CFSPs with the Catawba Indian Nation (CIN). Each year after the Annual Progress and Services Report (APSR) is finalized; the SCDSS Division of Performance Management and Accountability will coordinate with the State Office ICWA Liaison the exchange of APSRs with the CIN. This exchange will take place through email with the State Office ICWA Liaison emailing a copy of the finalized CFSP and APSRs to the CIN Social Services Director or designee and requesting that the CIN send a copy of their CFSP and APSRs to the appropriate SCDSS staff. In addition, the finalized CFSP and subsequent APSRs will be available to the public on the SCDSS website. The State and Tribe have committed to continuing this form of sharing these documents.

VI. JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD (THE CHAFEE PROGRAM)

VI.A. AGENCY ADMINISTRATING CHAFEE

The South Carolina Department of Social Services (SCDSS) is the designated state agency that administers, supervises, and oversees the John H. Chafee Foster Care Program for Successful Transition to Adulthood, and the Education and Training Voucher (ETV) Program.

VI.B. DESCRIPTION OF PROGRAM DESIGN AND DELIVERY

A goal of the South Carolina Chafee 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 skills to increase the likelihood of a successful transition from the Foster Care System into adulthood.

Another goal of the South Carolina Chafee Program is to ensure the developmental skills necessary for Youth in Foster Care to live healthy, productive, self-sufficient and responsible adult lives as guided by the principles of Positive Youth Development. The purposes of these services are to provide youth in Foster Care with opportunities to learn needed skills to increase the likelihood of a successful transition from the Foster Care System into adulthood. Services will assist youth in obtaining a high school diploma and post-secondary education, career exploration, vocational training, job placement and retention, training and opportunities to practice daily living skills (such as financial literacy training and driving instruction), substance abuse prevention, and preventive health activities (including smoking avoidance, nutrition education, and pregnancy prevention). The Chafee Program also helps youth achieve meaningful, permanent connections with a caring adult; engage in age or developmentally appropriate activities, positive youth development, and experiential learning that reflects what their peers in intact families' experience; provides financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency. It assures that program participants recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood. Education and Training Vouchers are made available for post-secondary education and training, including youths who have aged out of foster care. The Chafee Program ensures children who are likely to remain in foster care until 18 years of age have regular, ongoing opportunities to engage in age or developmentally appropriate activities.

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' Goals for Successful Transition to Adulthood (STA) are based on the specific life-skills needs of the youth. Each youth is assessed on an annual basis. These STA Goals and the goal-related services are offered concurrently with the youth's Permanency Goals, regardless of their Permanency Plan(s).

Youth ages 14-17 years old in the Department's custody are eligible for Chafee funds. Youth that left the Foster Care System after reaching age 18, and those who have signed a Voluntary Aftercare Placement Agreement, are eligible for Chafee funds. Youth who left Foster Care to reunification at age 14 or above, 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 Transition Planning Form (formerly P.A.T.T.Y.) that is completed in a joint teaming process between the youth, foster care worker, and those invited by the youth who will be providing support to them. Transition planning is used to assist the youth in thinking about, engaging adults, funding opportunities, and skills needed to start to transition into adulthood. Transitional planning is especially targeted 90 days before the foster youth's 17th and 18th birthdays and prior to leaving care.

Implementation of life skills-building services are provided by foster care providers, SCDSS partners, community organizations, vendors, and SCDSS case management staff and through Chafee Program retreats and workshops. Life skills services through contracted partners, community organizations and statewide vendors include preparation for and assistance in obtaining and maintaining employment through the Columbia Urban League's Level Up Program, Workforce Innovation and Opportunity Act program referrals, and SC Foster Parent Association's (SCFPA) On The Road Again vehicle donation program; support for college students through SCFPA's Computer Bundle program and Dorm Shower program as well as education consultant vendors preparing youth for academic success; establishment of safe and stable housing is offered through SCFPA's Household Shower program, financial literacy workshops through statewide vendors, and "reality check of being on your own" skills-building workshops Leadership Retreats hosted by Clemson Youth Learning Institute (YLI); YLI also continues to host Sibling Retreats to strengthen bonds between sibling groups, including those who are not in foster care. The Chafee program also collaborates with the United Way Youth in Transition (YIT) program to prevent homelessness and with able South Carolina to support young adults with special needs access community services.

John H. Chafee Program CFSP FFY 2020-2024 Goals:

SCDSS plans to continue their work with the following agencies so that current and former foster youth are able to obtain, sustain, and grow as responsible adults.

- 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.
- Continue to provide funds for transitional services.
- Create a directive memo and policy for the referral process to SCDEW, WIOA/SCWorks to streamline referral process, tracking services, and increase enrollment.
- Increase participation of youth in transition in policy and program improvement
- Full implementation of the credit reporting requirements for youth in foster care.

VI.C. DETERMINING ELIGIBILITY FOR BENEFITS AND SERVICES

In determining eligibility for a current or former foster youth SCDSS has a funding request form that staff, community partners, and families/youth need to complete and send into the John H. Chafee staff (IL Advocate). Funding Request for Independent Living Services (SCDSS Form 30198) is available in the SCDSS Master Form index and can be printed, emailed, scanned, or faxed to whoever needs it. The SCDSS IL Advocate once in receipt of the request reviews the form, submitted documentation, CAPSS, and the child assessment (Domain 8) to determine if the youth is eligible for services and if so, is the request also eligible. Once the determination is made and the request is approved funds are sent for disbursement. Eligibility for children under the age of 14 will be made on a case by case basis and if they fit into the criteria provided by federal guidelines.

Yearly, the IL Advocates review and update the John H. Chafee Guidebook to determine if the funding requests need to be changed, expanded upon, and/or decreased. Input is gained from youth, families, community partners, SCDSS staff, and state/federal guidelines in consideration of any changes.

The SCDSS IL Advocates:

- Offer technical assistance to SCDSS County staff through group training and one-on-one coaching;
- Assist with Transition Planning Meetings;
- Monitor and review the CAPSS reports for NYTD data, Transition Planning Meetings, and Independent Living goals in Domain 8 of the Child Assessment;
- Provide updates and resources/tools for Caseworkers;

- Outreach efforts directly to youth to help ensure access to and understanding of IL Services;
- Serve on partnering agency and non-profit boards and committees to promote access to services benefitting transitioning youth;
- Reviewing and approving Chafee and ETV funding requests for current and former foster youth who are eligible;
- Participate in any evaluations, surveys, pilot programs encouraged and required by state and federal governments (**Cooperation in National Evaluations**).

Program Purposes (includes Serving Youth of Various Ages and Stages)

- 1) The John H. Chafee Foster Care Program For Successful Transition to Adulthood is offered to all eligible youth across the state and from out of state no matter of their economic, political, social, or educational level. The program serves all eligible youth the same way and all requirements are the same no matter who the child is when attempting to access the funds. Services Provided: Provide support who have experienced foster care at age 14 or older in their transition to adulthood through transitional services such as assistance with employment, obtaining high school diploma, career exploration, postsecondary education, vocational training, job placement, and daily living skills. SCDSS IL Advocates will provide these opportunities through funding, training, work with other agencies, community partners, and families. The John H. Chafee program is currently funding services for the following:
 - Life skill classes
 - Non-school sponsored activities
 - Participation in school-sponsored activities
 - Camps that provide at least one NYTD categories
 - Other community leadership/scholar programs that will provide youth with opportunities to develop academic goals, workforce training, and life skills, or diversity and cultural sensitivity skills
 - Adult education services that include: GED program cost, tutoring, study skills, non-ETV college coursework, non-ETV vocational coursework, alternative educational programs
 - Education support services that include tutoring, summer school, books and supplies for specialized classes, expenses for school-sponsored educational field trips, birth certificates, senior expenses, computer for college or GED
 - Graduate Awards
 - Pre-college expenses
 - Special Recognition (scholar programs, attendance at youth conferences, etc.)
 - Transportation (assistance with car insurance and repairs, home visits from college, transportation to work or school, driver's education, driver's license)
 - Employment services (uniforms, footwear, interview clothes, childcare, licensure, etc.)

- 2) Help children who have experienced foster care at 14 or older to achieve meaningful, permanent connections with a caring adult. When a child turns 14 and every year after or immediately after entering foster care SCDSS works with the youth on developing a transition plan that includes identifying adults who are willing to provide a supportive role in their life. That adult or adults are invited to discuss the child's transition goals with SCDSS and youth at the time of development.

- 3) Assist children who have experienced foster care at 14 or older to engage in age or developmentally appropriate activities, positive youth development, and experiential learning that reflects what their peers in intact families' experience

SCDSS assists youth in foster care who are within the age range to engage in the above activities by providing the services listed under number 1. Furthermore, SCDSS uses the transition plan to also discuss how they can engage in age or developmentally appropriate activities, youth development opportunities, and experiential learning chances.

- 4) Provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care youth between the ages of 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and personal responsibility while transitioning into adulthood.

SCDSS provides all the items listed in number 1 to former foster youth between the ages of 18 and 21 years old. Furthermore, housing and transition expenses are also available to former foster youth within this age range. SCDSS is currently providing money for furniture, deposits for utilities, graduate rent assistance for 6 months, rental application fees, and rental deposit. The SCFPA also provides youth with a home shower in which they assist with purchases normal household items like plates, cups, silverware, pots, and pans, etc.

Interim housing assistance for former foster youth who are in college is also available. This assistance is used assist youth in finding a place to stay during the breaks from college. SCDSS also offers a time-limited emergency assistance for youth who are homeless or at risk of being homelessness while locating more stable housing arrangements.

All former foster youth who are seeking services SCDSS requires a new transition plan to be developed and the aftercare workers to make contact with the youth to ensure they are learning the skills they need to be self-sufficient and being personally responsible.

- 5) Make available vouchers for education and training, including postsecondary training and education to youth who aged out of foster care.

All vouchers for education and training are available to youth have left foster care for reunification on or after the age of 14, youth who left foster care after the age of 18, those in Voluntary Aftercare Placement, and for children in adoption preservation services who are 14 to 18 years old. For ETV vouchers the above youth may continue to receive these until the age of 26 or for 5 years whichever comes first.

- 6) Provide services mentioned above to children who, after attaining the age of 16 years of age, have left foster care for kinship guardianship or adoption

SCDSS provides all of the vouchers except housing and transition services to those who left foster care on or after 16 years old to kinship guardianship and/or adoption.

- 7) Ensure that children who are likely to remain in foster care until the age of 18 years of age have regular, ongoing opportunities to engage in age or developmentally appropriate activities.

SCDSS will consider providing foster youth younger than 14 years of age on a case-by-case basis and meet eligibility requirements. SCDSS currently starts meeting with youth to discuss transitioning to adulthood at the age of 14.

It is important to note that Chafee and ETV funds are available for children who were foster youth in other states in accordance with federal and/or state guidelines.

Currently, SCDSS' youth group, GOALL (Go out and Learn Life), was dissolved when UofSC no longer was overseeing and coordinating this group. At this time, SCDSS is in the process of revamping and restarting this program (under a new name: Youth Advisory Panel) and the John H. Chafee staff within the agency will run it.

VI.D. COLLABORATION WITH OTHER PRIVATE AND PUBLIC AGENCIES

The John H. Chafee Program works with various agencies within the private and public sectors to ensure the youth's transition to adulthood is successful. SCDSS IL Advocates plan to continue their work with the following agencies:

- 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 Urban League; 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; United Way of the Midlands, SC Human Trafficking Task Workforce Development, FDIC, and Federal NYTD Constituency Group.
- Created partnership with Midlands Technical College to implement a program to support youth in transition attending technical college with the hope of replicating statewide through the South Carolina Technical College Association.
- 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 11th-12th 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.

VI.E. CHAFEE TRAINING

Over the next five years, the John H. Chafee staff plans to conduct training on Chafee and ETV funds, the importance of transition plans, and the need to develop strong independent living skills that promote a foster youth in becoming self-sufficient, and daily living skills. The majority of training will be free and conducted by the SCDSS IL Advocates. The SC Foster Parent Association will also aid in conducting trainings to DSS workers, Foster/Adoptive Parents, and stakeholders.

The following is a list of the proposed training/access to information proposed/planned by the John H. Chafee program.

- Develop frequent webinar training that will be for SCDSS Child Welfare Staff that will be placed in the LMS system. This webinar will be required for all staff to view when released and then for all new workers. It will then be available for workers to review as they have questions. The webinar will address Chafee and ETV funds availability, requirements, NYTD, Transition Planning, and documentation.
- Host yearly training on the above mention information to stakeholders, foster and adoptive parents, and other interested parties.
- Conduct training to organizations, agencies, DSS offices, local foster parent associations, and other interested parties as asked to do so.
- Develop a webinar that will be geared for foster youth, former foster youth, foster and adoptive parents, kinship providers, and outside agencies that will be placed on the SCDSS webpage under the John H. Chafee Program that can be accessed 24 hours daily.

VI.F. NYTD

The federal government requires all states to conduct a survey of youth in foster care in the NYTD baseline and follow-up populations. Each state is permitted to administer the survey in their preferred administrative format. A standardized methodology between states is not enforced and the outcomes information is considered a data collection and not “research data.” The SCDSS has partnered with the UofSC Center for Child and Family Studies (CCFS) to administer the NYTD outcomes data collection in South Carolina. The research team at CCFS has developed a research study that involves a rigorous methodology that incorporates the NYTD questions, as well as state-specific questions related to participants’ experiences of the transition out of foster care. The quantitative and qualitative data collected through the SC NYTD survey provides a comprehensive understanding of youth’s experiences as they transition out of foster care.

The research team is led by a research faculty member and consists of research associates who possess graduate degrees, graduate students pursuing their master’s in social work, and program assistants with experience in the child welfare system. The experience of the research team promotes high-quality data acquired through a rigorous methodology. The research study has been approved by the University of South Carolina Institutional Review Board (IRB), which reviews all research studies at the university to ensure that each study is ethical, protects the rights and welfare of research participants, and is of sound methodology. The high-quality data collected thus far has been successful due to the nationally recognized youth-centered methodology. During the FFYs 2020-2024, the SC NYTD research team will continue to meet the federal compliance rate for the NYTD outcomes data collection, using its rigorous research methodology.

SCDSS and UofSC are exploring ways to make the survey process easier and keep youth engaged. We are trying to convey the message that SC NYTD is here for the youth and wants to hear from them. This underlying message is embedded in the revised survey, how results are presented, and our engagement strategies.

For the actual survey, we have made a few updates to our data collection procedures:

- We have improved our data collection process to allow for youth to take the survey by phone, computer, mobile device, paper, and in-person.
- We have revamped our survey contact and announcement procedures. Now youth will receive a postcard with a survey link and QR code announcing the new data collection period. This allows youth to take the survey upon receipt and youth have the option to schedule the survey via phone, paper, or in-person if needed.
- The survey is promoted via our website, Facebook page, partners' websites and Facebook pages, and listserv.
- Social media outreach – Survey announcements are made on our Facebook page and we have contacted youth about the survey directly through Facebook Messenger.
- Phone calls and e-mails – Phone calls are made directly to the last known phone number for each youth. Likewise, in addition to the listserv announcements, youth are contacted directly via e-mail. We also regularly search CAPSS and contact caseworkers for updated contact information. Secondary contacts are also used as a resource to find youth.
- Two giveaways are held each reporting period to encourage youth to complete the survey.

The biggest changes SCDSS and UofSC have made (and are continuing to make) focus on engagement and retention. This has been a challenge due to the highly transient population we serve, as well as organizational factors at UofSC and SCDSS that have impacted engagement. Our plans to improve participant engagement and recruitment are as follows:

- Our new NYTD website was launched on June 4, 2019 – the website has a variety of resources for youth and their caregivers. It also serves as a connection point to keep youth abreast of NYTD survey updates. We are also looking at more interactive ways to engage youth through the website (e.g., interactive data/results display, polls, and mini-podcasts).
- NYTD Facebook Page – The Facebook Page was officially re-launched in March 2019. The Facebook page will serve as another tool to engage youth and keep them updated on the resources needed. We will also make the page interactive by having polls and giveaways from time to time. We are also exploring having private groups for each cohort to increase interaction with youth.
- NYTD Listservs – We have bi-monthly listservs that promote resources and community partners available to help NYTD youth in need. The Listserv is also used to announce new survey periods. There is a general NYTD listserv and then Cohort and reporting period specific listservs.
- Updated contact information – Maintaining current contact information has been a challenge for us. To help, we have taken a three-step approach:
 - Contact information updates are requested every quarter via our listserv and Facebook. A permanent link to update contact information is on our website's home page and in the footer. Youth are asked to update mailing addresses, phone numbers, e-mail addresses, social media accounts, and give a secondary contact. Quarterly giveaways are held as an additional incentive for youth to keep us updated.

- Emphasize the need for update contact information – We have given one presentation to County Directors about NYTD and the need to keep youth’s contact information up to date. There are other projects in progress, such as NYTD promotional materials and a possible webinar on the Chaffee Program/NYTD.
- Our administrative form is now available online for viewing and signing. Youth are asked to sign the administrative form at age 18. Signing this form allows us to mine contact information from programs such as Medicaid, SNAP, and TANF.

SCDSS and the University of South Carolina will continue to provide updates to the NYTD results to youth, families, private and public agencies, stakeholders, and other community partners. This information will be used to assess what areas the agency needs to improve.

VI.G. SERVING YOUTH ACROSS THE STATE

SCDSS currently works with youth and other programs that target our youth in assisting them to develop the necessary skills to become self-sufficient and responsible adults upon their exit from the foster care system. There is no difference across the state on what youth are served or how they are served (since there is no difference there is no relevant data or other sources to provide). The IL Advocates will do this by:

- 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 14 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.

VII. EDUCATION AND TRAINING VOUCHERS (ETV) PROGRAM

Education and Training Vouchers have been provided to foster youth pursuing post-secondary education in an approved educational program. Only youth in the custody of the Department, with independent living goals as a part of their case plan, youth who were in custody of the SCDSS at 18 years of age, children who left custody on or after the age of 14 total reunification (done on a case by case basis), and youth adopted or exit to kinship/guardianship on or after the 16th birthday, are eligible for these funds. Youth continue to be eligible to apply for ETV funds until age 26 if they have not received ETV funds for 5 years, enrolled in a college or technical school, and are making satisfactory progress within their school of choice. Youth will continue to be awarded up to \$5,000 per year through the Education and Training Voucher Program.

SCDSS IL Advocates will process the application for ETV funds in the same manner as for Chafee services. The youth, family, worker, outside agency, or anyone assisting the youth will need to also provide a copy of the FASA award letter, cost of the postsecondary education facility, and acceptance letter. This information will be used to determine how much ETV funding is needed by the youth in order for them to obtain their postsecondary education. The IL Advocates will track all new ETV applicants and those awarded ETV funds for each school year and will provide those numbers in the yearly reports provided to all required entities. This information is tracked by the IL unit at SCDSS through an excel spreadsheet and a copy of the approved request being kept on file. It will be reported yearly in the APSR.

ETV recipients for 2017-2018 School Year:

Total 153, New 36

ETV recipients for the 2018-2019 School Year:

Total 93, New 56

The IL Advocates have been working with various colleges/community colleges and/or agencies that are able to provide assistance to those receiving postsecondary education. SCDSS will continue to work with the below-mentioned agencies to ensure all foster youth and former foster youth are able to achieve postsecondary goals.

- Work with the SC Commission on Higher Education to promote the 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;
- Collaborate 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, SCDSS has partnered with educational consulting services, Woodburn Education Services, and Next Level Educational Services. These services provide guidance to students starting in high school and through the processes of college matriculation. Services include tutoring, SAT/ACT preparation, FAFSA assistance, college application, financial aid application/explanation, interest inventories for selection of major and more.
- Distribute a brochure specifically focused on the ETV. The program is also distributed promotional materials to create a knowledge-base about ETV funding.
- Provide other financial aid information with youth, Caseworkers, care providers, Guardians ad Litem, and adults who work with youth in our eligible population;

- Provide training to guidance counselors and career counselors about ETV benefits;
- Continue to focus on identifying eligible youth for ETV funding through CAPSS reports and NYTD Listserv;
- Mail letters to eligible youth informing them about ETV funding;
- Provide 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.
- Work with Midlands Technical College to implement a program to support youth in transition attending technical college with the hope of replicating statewide through the South Carolina Technical College Association.

VII.A. CONSULTATION WITH TRIBES

The Catawba Indian Nation (CIN) is the only federally recognized Indian tribe in South Carolina. The Chafee Foster Care Independence Program is an active partner in the quarterly meetings held between CIN and SCDSS. The purpose of these meetings is to discuss concerns, ongoing efforts, changes to services offered, and to ensure compliance with ICWA.

The Chafee Program receives reports to identify SCDSS involvement with Native American youth. The SCDSS staff consults 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.

The Chafee Program will 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 Chafee Program 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 Chafee Program are available to any Native American youth in Foster Care according to the same eligibility criteria as non-native youth. The Catawba Indian Nation and the Agency will 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.

Currently, there are no barriers or concerns from CIN regarding Chafee services. If a concern is raised SCDSS and CIN will discuss the concern and come to a solution on how to handle the issue.

The Catawba Indian Nation has not requested an agreement to administer or supervise the Chafee Program or an ETV program. However, if they do request to administer or supervise the Chafee Program and ETV program, SCDSS will negotiate as instructed to do so per the guidelines set forth.

VIII. TARGETED PLANS WITHIN THE 2020-2024 CFSP

VIII.A. FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN

SCDSS foster and adoptive diligent recruitment demonstrate the State's intent to diligently recruit foster and adoptive families that reflect the ethnic and racial diversity of children in the state. Additionally, the plan reflects activities the State's intends to implement over the next five years to promote foster and adoptive homes that meet the needs of the infants, children, youth, and young adults served by the SCDSS. (See Attachment Targeted Plans: Foster and Adoptive Parent Diligent Recruitment Plan and Timeline)

VIII.B. HEALTH CARE OVERSIGHT AND COORDINATION PLAN

Michelle H. Health Care Implementation Plan makes several enhancements to the current practice of medical, mental, and dental health care initial screenings. Currently, initial medical assessments should be scheduled within one business day and a comprehensive medical assessment should occur within 30 days. An initial mental health assessment is scheduled within one business day and should occur within three business days of the child entering foster care. A dental health assessment is scheduled within 14 days of a child entering care. Follow up screenings and periodic visits are not identified in the policy.

In the Health Care Implementation plan, all children entering foster care will have an initial health screening by a trained SCDSS case manager within 48 hours of entering care. This initial health screening includes a series of questions designed to identify urgent medical needs requiring immediate attention and those that can wait for a scheduled well-child visit within 30 days. The initial health screening includes a brief trauma screen and a sex trafficking screen for each child. The trauma screening will be used to determine if a child needs to be assessed further by a mental health professional to address the emotional trauma associated with the child's maltreatment and removal from the home.

Currently, foster parents or residential staff primarily handle follow up care, with reports back to the DSS case manager during monthly visits. There is no systematic way to follow up on recommended care. Going forward, SCDSS has designed a new care coordination model with a staff of six nurses who will record follow up needs from after-visit summaries and screening results. These will be tracked with dates for completion until follow up is completed.

Medical information will be shared and updated through coordination with staff at the single managed care organization for children in foster care, Select Health. As part of the Health Care Implementation Plan and Care Coordination Addendum, Select Health is creating a dedicated foster care unit of 19 additional staff including nurse care managers and care connectors. Enhancements have also been implemented to the consent procedures for routine medical care and psychotropic medication. Foster parents and residential staff now have required training prior to being able to consent to routine care for children in foster care.

Additionally, as part of the Health Care Implementation Plan, the Foster Care Health Advisory Committee, with representation from private and public medical professionals, behavioral health providers, foster parents and child placing agencies, has developed preferred provider standards for primary care and behavioral health providers. The Medical University of South Carolina will support these providers through a learning collaborative and technical assistance. Children in foster care will be encouraged to see a preferred provider to enhance the integration of care and follow up with SCDSS nurses and case managers.

Psychotropic medication is monitored through regular reporting from South Carolina's Medicaid agency, DHHS. DHHS provides a "red flag" report of children on four or more psychotropic medications, children under the age of six on any psychotropic medication, and any child on an antipsychotic. These "red flag" reports are then staffed with regional clinical specialists who recommend follow up care with medical professionals such as psychiatrists to determine if the "red flag" can be addressed.

As mentioned above, the Foster Care Health Advisory Committee has representation from private and public medical professionals, behavioral health providers, foster parents and child placing agencies. Currently, a nurse practitioner and a pediatrician serve on the FCHAC. Both have been instrumental in assisting SCDSS in understanding best practices for children in foster care. For example, while the American Academy of Pediatrics recommends periodic well-child visits for typically developing children, *Fostering Health: Health Care for Children and Adolescents in Foster Care, 2nd Edition*, recommends a more robust schedule for children in foster care due to the numerous risk factors they encounter. With the advice of medical professionals on the Foster Care Health Advisory Committee, SCDSS adopted monthly visits up to six months of age and semiannual visits beyond two years of age through adolescence. SCDSS has also developed a data tracking methodology to implement this practice statewide.

With respect to procedures and protocols that ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities and placed in settings that are not foster family homes, SCDSS reviewed and reported on existing South Carolina Department of Health and Human Services (SCDHHS) and SCDSS policies surrounding the prevention of inappropriate diagnosis and placement of children and youth. SCDSS has also been actively working to place children ages 0-5 in the least restrictive, most family-like settings, unless certain exceptions set forth in policy are met. SCDSS has been successful in this work and there are currently no children ages 0-5 placed in non-family-like settings, except those who meet qualifying exceptions. SCDSS has identified a statewide service array for children aged 0-5 and partnered with the South Carolina Infant Mental Health Association to advocate for the expansion of mental health services for infant and early childhood mental health.

To ensure that youth have health insurance information, youth who are aging out of foster care are given information about their eligibility for Medicaid coverage until age 26. As part of the National Youth in Transition survey, they are informed at age 17, 19, and 21. The survey contains a prompt and resource packet when they receive their incentive for completing the survey. If a young person would like to sign up for Medicaid, the young person is referred to the Palmetto Project, an organization that can help complete eligibility paperwork. (See Attachment Targeted Plans II: Health Care Oversight and Coordination Plan).

VIII.C. DISASTER PLAN

The SCDSS maintains a Disaster Plan outlining the procedure in case of a disaster. The plan includes the care of unattended children and the continuity of agency services. During the past five years, SCDSS has activated the Emergency Preparedness Plan during hurricane seasons. There were no edits to the plan resulting from the exercises. (See Attachment Targeted Plans III: South Carolina Department of Social Services Disaster Plan).

VIII.D. TRAINING PLAN

The SCDSS Child Welfare Training Plan is attached. (See Attachment Targeted Plans IV: South Carolina Department Training Plan).

IX. FINANCIAL INFORMATION

IX.A. TITLE IV-B SUBPART 2

Over the past two years, programs funded by IV-B Subpart 2 Family Reunification were not renewed. Two contracts have ended, The Nurturing Center and Parents Anonymous (dba FamilyCorps). With these contracts not being renewed for funding, the Time-Limited Reunification category of Promoting Safe and Stable Families have fallen below the required use of 20% of the funds.

For 2020-2024, SCDSS will continue to build Time-Limited Reunification Services by contracting services that are evidenced-based and can serve multiple counties within the state. SCDSS will continue to assess all services being funded with IV-B Subpart 2 for evidenced-based standards and what counties are being served. To continue to meet the needs of children and families, SCDSS will continue to find and develop new services with service providers across the state.