South Carolina Department of Social Services Annual Progress and Services Report (APSR)

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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 four (4) regions that encompass 46 counties across the state. Within SCDSS, the Division of Child Welfare Services (CWS) is the office responsible for state level administration and oversight of (1) adoption (2) child protective services (3) child abuse and neglect prevention (4) kinship and foster care (5) licensing foster homes and group homes and (6) family preservation 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 Annual Progress & Services Report (APSR) includes goals and activities for Federal Fiscal years 2021-2022 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.

SCDSS State Director — M. Leach

- CWS Deputy State Director — K. Bryant
  - Safety Management Director — C. Gainey
  - Permanency Management Director — D. Barton
  - Child Health and Well-Being Director — G. Goodlett
  - CWS Operations — N. Harrison
- Chief of Staff — E. Parks
  - Performance and Accountability Director — M. Creech
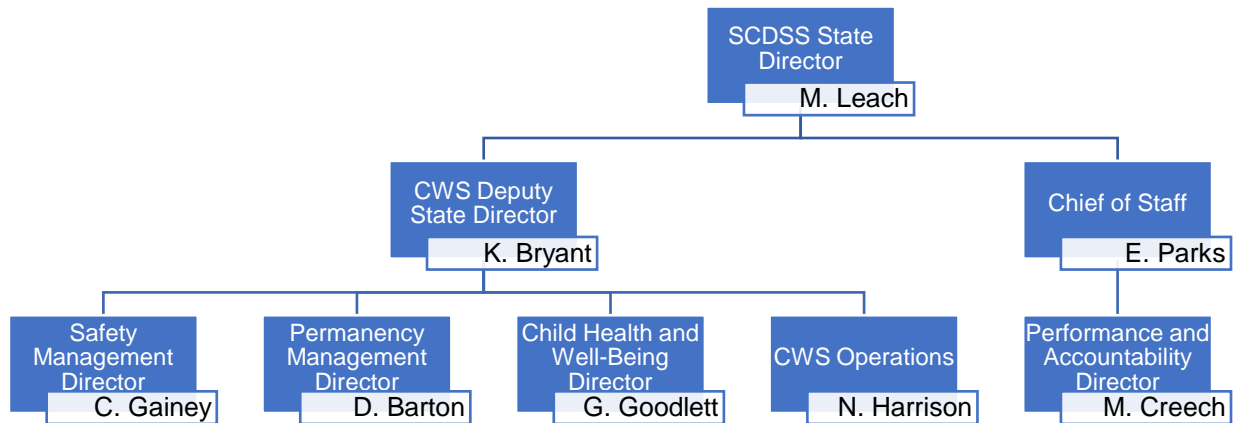
1. Collaboration

Since the submission of the 2020-2024 Child and Family Service Plan, the South Carolina Department of Social Services (SCDSS) has engaged in several collaborative efforts with stakeholders. Child Welfare Services (CWS) has collaborated with internal and external stakeholders on meeting the goals set out in the Child and Family Service Plan (CFSP), the Child and Family Service Review (CFSR) process, Family First Prevention Services Act (FFPSA), the Michelle H. Final Settlement Agreement (Michelle H.), and the implementation of the CFSR Program Improvement Plan (PIP). Frontline case managers, supervisors, managers, and administrators continue to coordinate with many stakeholders in the legal system, legislature, law enforcement, healthcare, education, social services, and private providers throughout the state, on an at least weekly basis. 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, Congregate Care Facilities, 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 and Training staff at the Center for Child and Family Studies at the University of South Carolina, and contracted providers. Many of these participants participated in the CFSP/APSR Joint Team Planning Meetings and SCDSS Information Sharing & Feedback Meetings that CWS holds annually. Engaging partners in the problem exploration and strategic planning processes have allowed CWS to strengthen conversations about improving practice and the development of SCDSS' five-year strategic plan, which includes the Michelle H. Final Consent Agreement, GPS Practice Model, South Carolina's CFSR Program Improvement Plan and Child and Family Service Plan (CFSP), and Family First Prevention Services Act.

Stakeholder Input in the Development of the 2020-2021 APSR: CWS conducted numerous meetings and events throughout the year to share information and solicit input from community stakeholders. Examples of informational meetings and events include Foster Parent Town Hall

Meetings, Regional Community Forums, All Pro Dads "No More Orphans" events, CFSR PIP Workgroups, Court Improvement Project, Children's Trust, Community-Based Child Abuse Prevention (CBCAP) lead agency, CQI Regional Meetings, Foster Health Advisory Committee, Governor's Juvenile Justice Advisory Council (GJJAC) System Improvement Committee, Kinship Advisory Committee, Youth Engagement Advisory (YEA!) Council, Children's Justice Act Meetings, Bench Bar Meetings, FFPSA Provider Calls, FFPSA Implementation Committees, SCDSS County Director Meetings, SC Federation of Families (Parent Advisory Committee), South Carolina Foster Parent Association, GPS Steering Committee and GPS Implementation Workgroups, GPS Development Workgroups (External and Internal), DSS-DJJ Crossover Subcommittee, Docketing Committee for the Family Court System, Child Justice Task Force, and the Palmetto Association for Children and Families Conference. Due to COVID-19, the South Carolina Foster Parent Association Conference and National Association of Social Work Spring Symposium will be held later in the year. The agencies listed above are representative of the breadth of agencies invited to Information Sharing and Feedback meetings.

While there have been ongoing targeted and coordinated engagement across the state, SCDSS hosted two Information Sharing & Feedback Meetings for stakeholders to attend. These events – December 11, 2020 and April 23, 2021 – were strategically planned to serve as a vehicle to convene and update partners, engage stakeholders in conversations around current practice, promote planning and improvement efforts, and determine the services and supports that will further the State's vision and lead to improvements in the outcomes of safety, permanency, and well-being. The following attended the Joint Planning Meeting in April: seventy-seven providers of services to children and families, five parents with lived experience with the child welfare system, eight mandated reporters, thirty-two current or former recipients of foster care, and nine caregivers including foster parents, adoptive parents, and kinship caregivers.

Each year, SCDSS exchanges the Child & Family Services Plan and the Annual Progress and Services Report with the Catawba Indian Nation. Additionally, the Catawba Indian Nation shares their plan with SCDSS. SCDSS has a representative from the agency to serve as a liaison to the Catawba Indian Nation. The liaison participates in all meetings with SCDSS and the Catawba Indian Nation. Lastly, SCDSS consults with the Catawba Indian Nation through Bench Bar Meetings. Active participation and communication are made with the Catawba Indian Nation to promote ongoing collaboration with strategic initiatives.

Collaboration with the Legal and Judicial Community: Currently, SCDSS collaborates and provides input on several committees which promote ongoing collaboration with the legal and judicial community, including the Court Improvement Project (CIP). SCDSS engages the legal and judicial community through the SCDSS-DJJ Crossover Subcommittee, Family Court Bench Bar Committee, Children Justice Task Force, and the Docketing Committee for the Family Court System. These committees are dedicated to partnering with SCDSS on improving outcomes in safety, permanency, and well-being. Additionally, CIP has continued to partner and provide input in the development and implementation of the Program Improvement Plan and the Child and Family Services Plan. The legal and judicial community, including CIP, participated in the Information Sharing & Feedback Meetings held on December 11, 2020, and April 23, 2021.

Collaboration with the Family and Youth Voice: On August 1, 2019, the Administration for Children and Families (ACF) released informational memo ACYF-CB-IM-19-03 regarding the inclusion of family and youth voices. The memo stressed that the family and youth voice are

"critical to a well-functioning child welfare system" and served as a call to action for state child welfare agencies, dependency courts, and court improvement programs to ensure that these voices are central to child welfare strategic planning and improvement efforts. SCDSS recognizes the importance of family and youth engagement and is committed to their inclusion and feedback at all levels. Demonstrating this commitment, SCDSS rolled out its new GPS Practice Model which takes a family centered stance and embraces the inclusion and engagement of youth and families. SCDSS continues to work diligently to promote the inclusion of youth and families within all strategic initiatives. SCDSS continues to work hard to shift the mindset of the agency to one that emphasizes including youth and family voices at all strategic planning, improvement, and decision-making stages which lessens the "us vs. them" culture. This shift promotes improvement in safety, permanency, and well-being outcomes, as well as lead to a potential oversight in issues that are relevant to the youth and families touched by the child welfare system. To mitigate these challenges SCDSS has chartered a Youth Advisory Council and a Kinship Advisory Committee. The Kinship Advisory Committee is active and instrumental in providing guidance on how to better support kinship families. The Youth Advisory Council was reported to be beginning to gain momentum last year, however, is currently fully operational. Thirty-two members of the Youth Advisory Council recently provided input to stakeholders and partners at the Joint Planning meeting on April 23, 2021.

Additionally, SCDSS has contracted with SC Federation of Families to recruit birth parents to participate in agency-wide initiatives and to provide reimbursement for mileage and stipends for youth and families to attend meetings (workgroups). As part of this contract, SC Federation of Families completes training for workgroup members to increase capacity on how to effectively partner with youth and families systemically. SCDSS received training from the SC Federation of Families in 2020 and has begun integrating parents and youth voice into several of its FFPSA, practice model, and various other workgroups and initiatives.

The Capacity Building Center for State has also provided specific technical assistance and coaching to SCDSS, parents with lived experience, and youth in advance of the Winter 202 Information Sharing and Feedback Meeting, as parents and youth were invited to share their experiences with the child welfare system. In the Winter 2020 Information Sharing and Feedback Meeting, SCDSS invited five parents with lived experience with child welfare system and two attended. SCDSS invited fourteen parents with lived experience with the child welfare system to the 2021 Joint Planning Meeting and five attended. SCDSS believes the participation of youth and family will serve to assist in the transformation and improvement of South Carolina's current child welfare system. With that said, SCDSS wants to promote partnership and taking the voices of youth and families into consideration during decision-making.

Thriving Families, Safer Children
South Carolina is proud to be engaged in Thriving Families, Safer Children – a new concept that will work across the public, private and philanthropic sectors to help South Carolina create more just and equitable systems to benefit all children and families through breaking harmful multigenerational cycles of trauma and poverty. Thriving Families; Safer Children will partner with family-serving federal agencies, diverse non-profits and community stakeholders, including families with real life-experience with the system , to help develop the approaches, supports, resources, and services to meet the unique needs of families while helping families thrive.

Thriving Families hopes to incorporate many transformational aspects to achieve the creation of a larger child and family well-being system that reaches beyond the child welfare agency and moves upstream and helps families thrive, rather than the traditional, reactive, and punitive child protection approach.; is holistic and inclusive of robust community-based interventions and services available for all families, regardless of race, ethnicity, and socioeconomic status; takes into consideration social determinants of health and adjusts resource flows and accountability metrics to be focused on the safety and well-being of children and families, and; promotes policy and practice reform, especially those currently in place that may be inadvertently putting individuals of color or those living in poverty at a disadvantage.

During the last year South Carolina has been engaged in a series of meetings with a variety of stakeholders to develop a framework for what Thriving Families will consist of within the state, and how the vision will be executed. South Carolina has conducted an initial round of focus groups and is now moving into a stage of selecting initial communities to participate in this work in a small test of change context, while also forming the TFSC Steering Committee for the state. This effort is not about surface-level change or simply doing more of the same things that got us here in the first place; it is about transforming individual mindsets and embracing systems change at all levels, across all sectors (government, private, philanthropic, non-profit), to create a holistic Child and Family Well-being System.

Stakeholder Involvement in Assessment of Agency Strengths and Areas Needing Improvement: SCDSS is increasing its practice of, and capacity for, involving youth and family input by collecting data to assess the quality of its services and the outcomes achieved for children, youth and families. Gathering input from youth and families on their experience of agency practice, is an emerging part of the agency's CQI data collection framework and process. SCDSS qualitative case reviews involve interviews with the children and families being served, and their input helps determine the effectiveness of child welfare services. The emphasis on listening to children and families as part of the review process reflects a practice of involving families in the process of planning and delivering services. SCDSS is reshaping the mindset to not merely see families served as clients to whom things are provided, but to consider youth and families as active consumers whose strengths and needs should help drive SCDSS's practice. Consequently, in addition to qualitative case reviews, the agency uses a variety of opportunities to obtain input from the youth and families served by the child welfare system. These include:

- Parental and youth invitations to three strategic planning stakeholder meetings
- Kinship Advisory Panel which discusses strengths, challenges, and opportunities to improve kinship care practice for the agency
- Kinship caregivers PIP Permanency Sub-work group for Kinship Care/Placement
- Parents and Family Voice workgroup meetings
- Joint Planning meetings
- Joint Planning surveys
- Bench Bar Committee
- Grievance/complaint mechanisms
- Chafee and ETV program Open Forums
- Chafee and ETV program Youth Voice Transition Workshops
- Chafee and ETV program Youth Leadership Conferences

2. Update to the Assessment of Current Performance in Improving Outcomes

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

South Carolina was found to not be in substantial conformity on this outcome during the 2017 CFSR, with the outcome achieved in 73% of applicable cases reviewed.

Item One: Were the agency's responses to all child maltreatment reports initiated, and all face-to-face contact with the children made, within time frames established by agency policies or state statutes.

Measure of Progress

Baseline[1]	CFSR[2]	Internal Data[3]	Target Goal
72.9%	72.0%	87.3%	81%

The significant gap between CFSR data and SCDSS internal data may be attributed to internal measurements of initial contact. Case managers must select an action code and a recipient of that action code. If a case manager selects all recipients, but did not document seeing the child, it would be coded as making timely initial contact on an internal report but would receive a rating of Area Needing Improvement (ANI) on the qualitative CFSR Review.

Additionally, SCDSS updated and published Child Welfare Services Investigations Policy in August of 2020 to clearly define what it means to initiate a report of suspected maltreatment timely; however, internal data reports have not been successfully updated to best align with policy. The SCDSS Office of Safety Management is currently reviewing internal data reports to determine how to best measure policy in our data reports.

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

South Carolina was found to not be in substantial conformity on this outcome during the 2017 CFSR, with the outcome achieved in 33% of applicable cases reviewed.

Item Two: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care

Measure of Progress

Baseline[1]	CFSR[2]	Target Goal
57.5%	35.4%	67%

Due to SCDSS's inability to measure performance on this measure through quantitative data, the SCDSS Office of Safety Management has begun working with the Office of Quality Assurance and Continuous Quality Improvement to conduct internal reviews. The Office of Safety Management will continue to coordinate with the Office of Quality Assurance and Continuous

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[1] PUR: 04/01/2017-09/30/2017
[2] Data Source: Onsite Monitoring System (PUR: 07/01/2019-06/30/2020)
[3] Data Source: SCDSS SACWIS System – CAPSS (PUR: 07/01/2019-05/31/2020)

Quality Improvement to communicate results from these reviews with case managers and other county staff in order to identify and address barriers to identifying and implementing safety services. Additionally, the Office of Safety Management is working to define and develop a safety intervention model which will consider the scale of safety and risk to include utilizing informal and formal safety support services.

Item Three: Risk and Safety Assessment and Management

Measure of Progress

Baseline[1]	CFSR[2]	Internal Data[3]	Target Goal
33.3%	31.8%	21.8%	39%
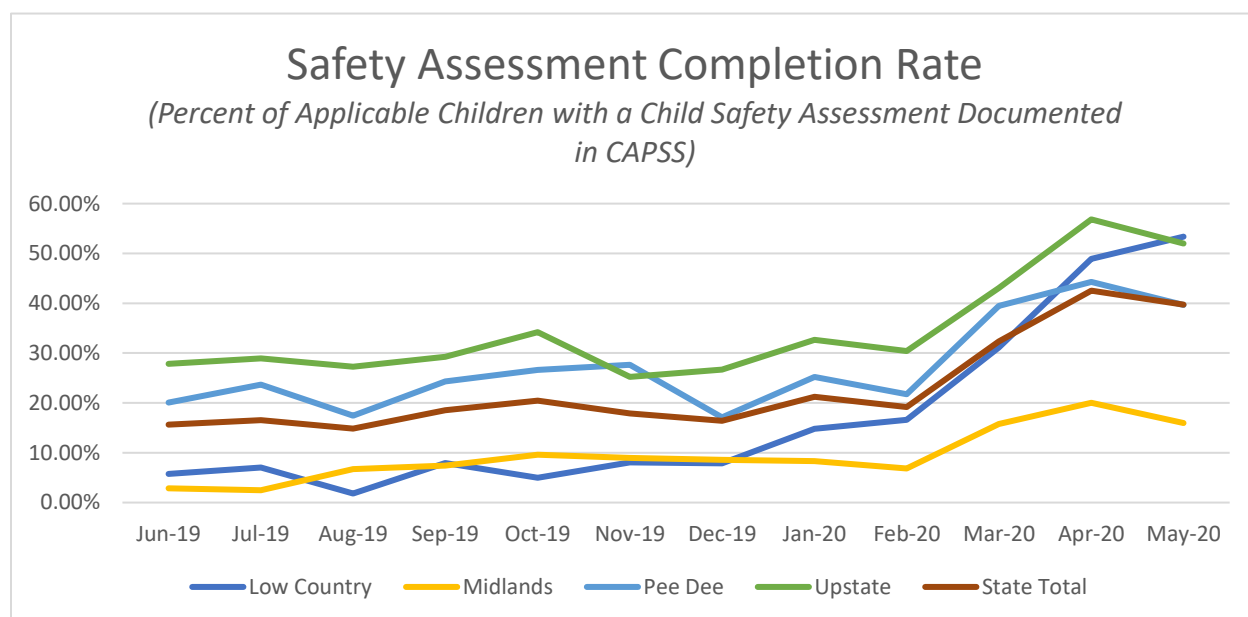
Overall, child safety assessment rates are increasing dramatically statewide. The statewide rate of completion during the PUR[4] was 21.8%, however the current rate is 39.7%. SCDSS has seen a 154.5% increase across the PUR (from 15.6% to 39.7%). SCDSS is implementing a new comprehensive assessment, the Family Advocacy and Support Tool (FAST). The FAST includes 16 safety items to be completed during initial contact with the family.

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

South Carolina was found to not be in substantial conformity on this outcome during the 2017 CFSR, with the outcome achieved in 28% of applicable cases reviewed.

Item Four: Stability of Foster Care Placement

Baseline[1]	CFSR[2]	Target Goal
70%	72.7%	79%

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[4] Period Under Review

SCDSS has two measures for placement stability. The primary measure that is most pertinent to this report mimics the measure used in the CSFR Profile and accompanying documents. That measure examines placement moves per 1,000 days in care in the first 12 months after entry.

Though SCDSS does produce information more current than the CFSR 3 Data Profile, it is used to help the field to identify improvement opportunities. However, the analysis below uses information issued by the Children's Bureau.

While SCDSS's placement stability is higher than the national performance at 4.44; SCDSS has seen a reduction using the latest performance from South Carolina, CFSR 3 Data Profile (February 2021). The information from 19B20A shows a placement stability rate of 8.53 (and when adjusted for risk shows a range of 8.27-8.81). The latest information from 20A20B shows a rate of 7.17 with a range of 6.91-7.43 when adjusted for risk.

The data below helps to identify populations with higher placement moves per 1,000 days. In general, younger children move less than children and youth who are in middle school or are in their teens. In general, persons of color have higher placement moves per 1,000 days than children who are white. SCDSS has also observed using analyses from CHAPIN Hall's website that children and youth in kinship care typically move less.

However not all children and youth improved in their placement stability rate (i.e. had fewer moves). In fact, youth who are 11-16 and 17 years have more moves.

Observed Performance on Permanency Indicators – Placement Stability					
	Moves per 1000 Days			Percent of Total (days in care)	Percent of Total (moves)
Entry Age	18A18B	19A19B	20A20B	20A20B	20A20B
Total	**6.70**	**7.84**	**7.33**	**100.0%**	**100.0%**
0 - 3 Months	2.38	2.26	2.06	10.2%	2.9%
4 - 11 Months	3.81	4.36	3.55	4.3%	2.1%
< 1 Year subtotal	**2.93**	**3.03**	**2.50**	**14.5%**	**5.0%**
1 - 5 Years	6.31	7.06	5.72	29.4%	22.9%
6 - 10 Years	7.57	8.84	8.08	21.5%	23.7%
11 - 16 Years	8.19	9.82	9.99	32.3%	44.0%
17 Years	8.93	7.93	14.10	2.3%	4.4%
Race/Ethnicity					
American Indian/Alaskan Native	4.14	0.00	0.00	0.0%	0.0%
Asian	8.26	0.00	0.00	0.0%	0.0%
Black or African American	7.71	9.40	8.17	34.1%	38.0%
Native Hawaiian/Other Pacific Islander	7.90	22.83	3.01	0.1%	0.0%
Hispanic (of any race)	7.96	6.33	7.06	5.4%	5.2%
White	6.04	6.93	6.80	50.7%	47.0%
Two or More Races	4.51	7.97	6.91	4.0%	3.8%
Unknown/Unable to Determine	6.06	7.95	7.55	5.6%	5.8%
Missing Race/Ethnicity Data	0.00	39.47	13.09	0.1%	0.2%

SCDSS has a secondary placement stability measure as determined and monitored through the Michelle H. settlement agreement[5]. The settlement agreement requires the placement instability rate to be less than or equal to 3.37 for all children in the monitored population in foster care for eight days or more during the twelve-month period. SCDSS has seen a modest decline from 4.3 during October 2018 through September 2019 to 4.17 during October 2019 through September 2020.

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[5] Per the Michelle H. settlement agreement, "placement instability" is defined as the rate of placement moves per 1,000 days of foster care. "Placement moves" is defined as changes in foster care placements, limited to the following circumstances: the move was not temporary or the children did not return to the placement, the move was not the original removal episode, or the length of stay in foster care was greater than seven days. The population is limited to all children and youth who experienced at least one placement move during the year.

Item Five: Permanency Goal for Child

Baseline[1]	CFSR[2]	Target Goal
56.4%	54.5%	66%

This goal was met during the reporting period of December 1, 2019 – May 31, 2020 where 67.5% of the applicable cases (27/40) were rated as a strength.

SCDSS maintains three plans – the court-ordered plan, recommended plan which is often used prior to court, and concurrent plan where applicable – for children in foster care in its system of record. The below table represents the distribution of permanency goals for children in foster care during 2020.

Permanency Goals for Children in Foster Care Calendar Year 2020[6]		
Court Ordered Plan	**Number of Foster Children**	**Percent**
Termination of Parental Right and Adoption	1,416	36%
Not Yet Established	1,199	30%
Reunification	897	23%
Another Planned Permanent Living Arrangement	138	4%
Extension for Reunification	140	4%
Legal Custody or Guardianship	149	4%
(blank)		0%
Grand Total	**3,939**	**100%**

Item Six: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement

Baseline[1]	CFSR[2]	Target Goal
42.5%	29.9%	52%

This goal was met during the November 1, 2019 – April 30, 2020 reporting period where 57.5% (23/40) of the applicable cases were rated a strength.

Time to Achieve Reunification
SCDSS measures time to achieve reunification by tracking all children under the age of 18 who were reunified with their parent(s) or caretaker(s) at the time of discharge from foster care and had been in care for 8 days or more. It then calculates the percentage of children who were reunified within 12 months from the date of their latest removal. In calendar year 2019, more than 80% of the reunifications of foster care children were achieved within 12 months. In calendar year 2020, reunification within 12 months dropped to 72%, 8% less than the previous year. During calendar year 2020, many courts were closed for several months due to the COVID-19 pandemic.

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[6] Data extract date: 01/03/2021. Data set is limited to children and youth in care under 18 years.

Percent of Timely Reunifcations
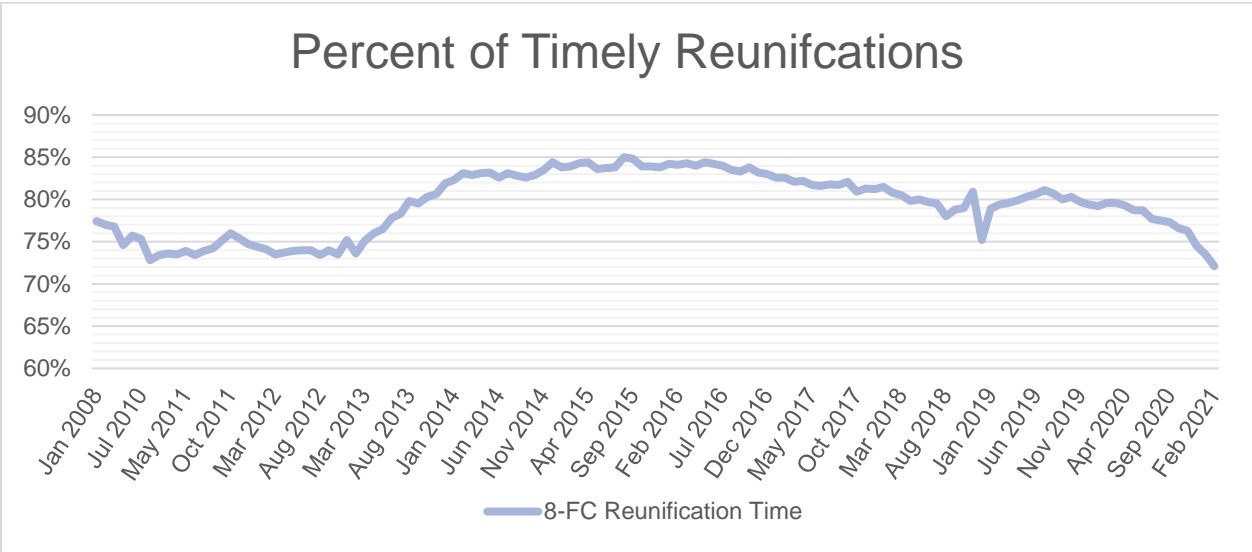
Time to Achieve Adoption

SCDSS tracks all children who left foster care due to a finalized adoption during the reporting year. Those who left foster care within 24 months from the date of their latest removal from home are considered timely. In calendar year 2019, 22.5% of adoptions were considered timely. However, in year 2020, 15.8% of adoptions were considered timely, 6% less than the previous year. It is important to note the appeals process accounts for many delays in adoption finalizations in typical years. During calendar year 2020, many courts were closed for several months due to the COVID-19 pandemic.

Percent of Adoptions Finalized Timely	
End of Calendar Year 2019	22.5%
End of Calendar Year 2020	15.8%
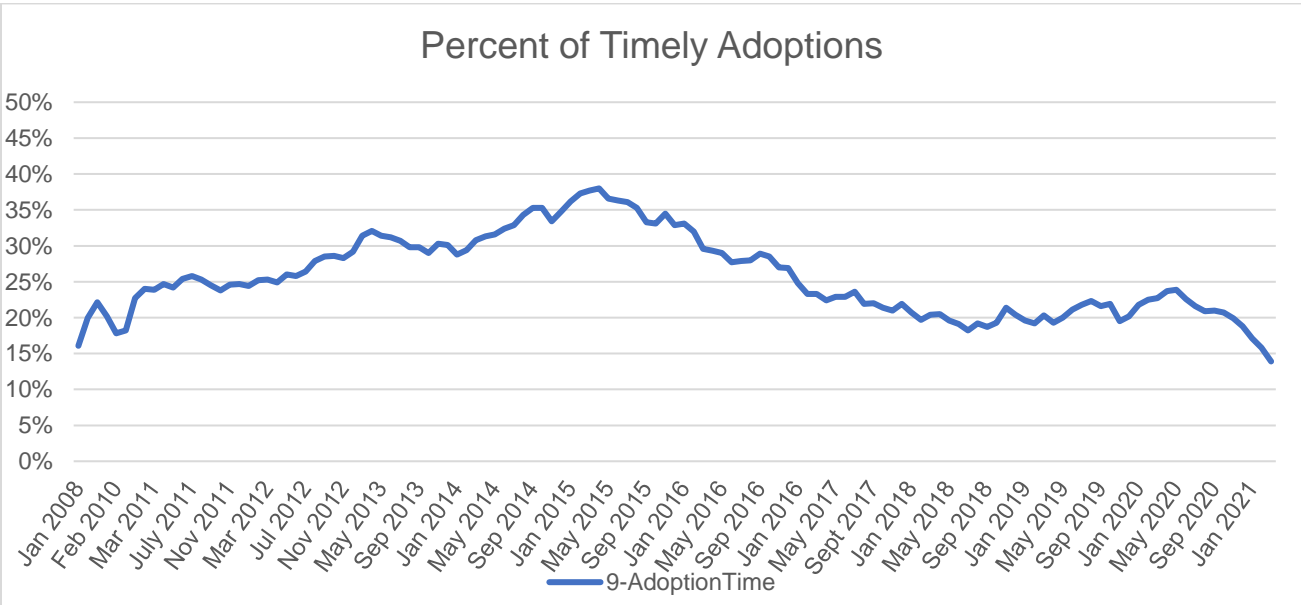
Percent of Timely Adoptions

Permanency Outcome 2

The continuity of family relationships and connections is preserved for children.

South Carolina was found to not be in substantial conformity on this outcome during the 2017 CFSR, with the outcome achieved in 41% of applicable cases reviewed.

Item Seven: Placement With Siblings

Baseline[1]	CFSR[2]	Target Goal
66.7%	57.5%	NA

SCDSS tracks children and youth at initial placement and children and youth in their most current placement monthly to monitor sibling placement trends.

The first set of metrics focuses on sibling placements at initial placement, examining the number and percentage of children and youth in care who are placed with at least one sibling. SCDSS also examines the number and percentage of children and youth in care who are placed with all their siblings. Captured in the chart below, SCDSS has increased the percentage of children and youth placed with at least one sibling at initial placement.

Children Placed with at Least One Sibling in Initial Placement
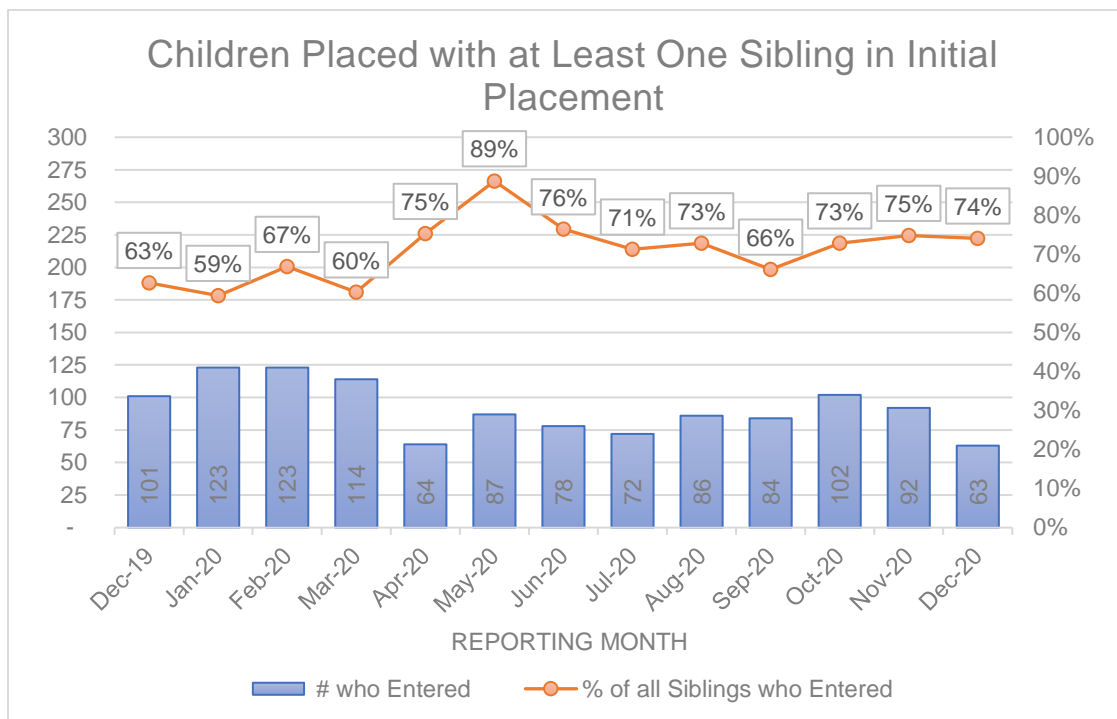
Placement with all siblings has also improved in this measure.

Children Placed with ALL Siblings in Initial Placement

Reporting Month	# who Entered	% of all Siblings who Entered
Dec-19	47	29%
Jan-20	65	31%
Feb-20	78	42%
Mar-20	62	33%
Apr-20	37	44%
May-20	62	63%
Jun-20	43	42%
Jul-20	49	49%
Aug-20	47	40%
Sep-20	44	35%
Oct-20	68	49%
Nov-20	80	65%
Dec-20	39	46%
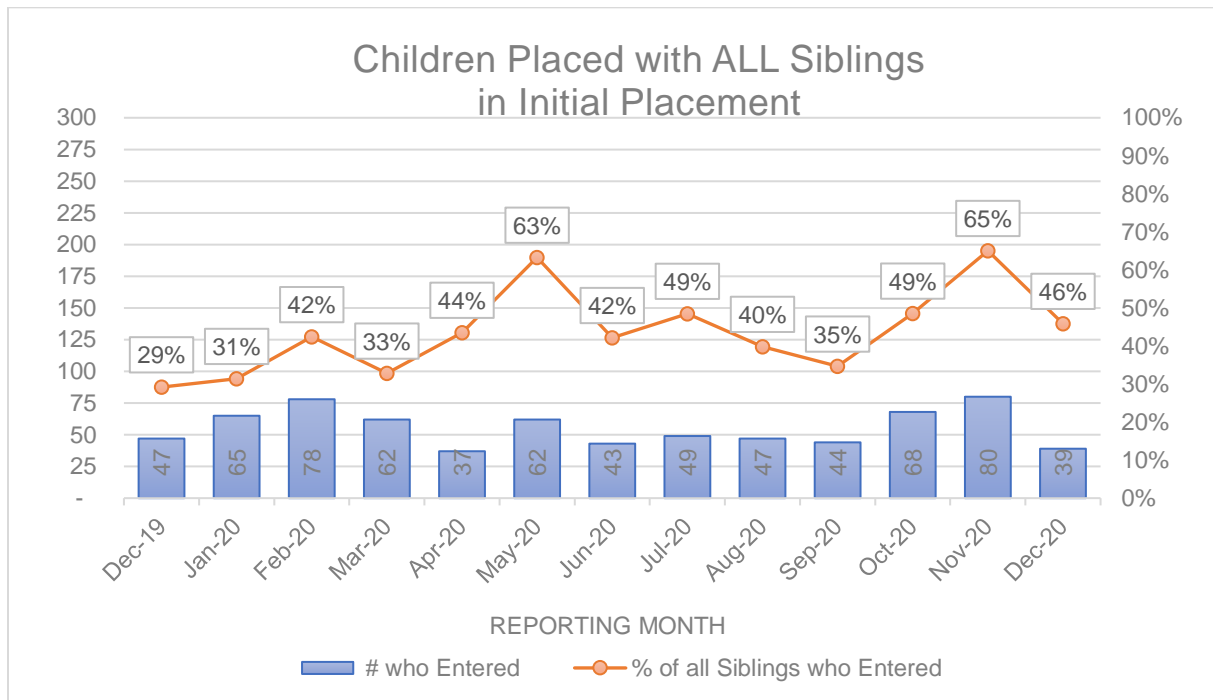
SCDSS tracks monthly sibling placement trends for children and youth in their most current placement, recognizing family-like placements may not always be available to sibling groups at entry. Change in percentages and absolute numbers has been mixed, as evidenced by the below chart and table. However, SCDSS has seen modest increases in placements for all siblings.
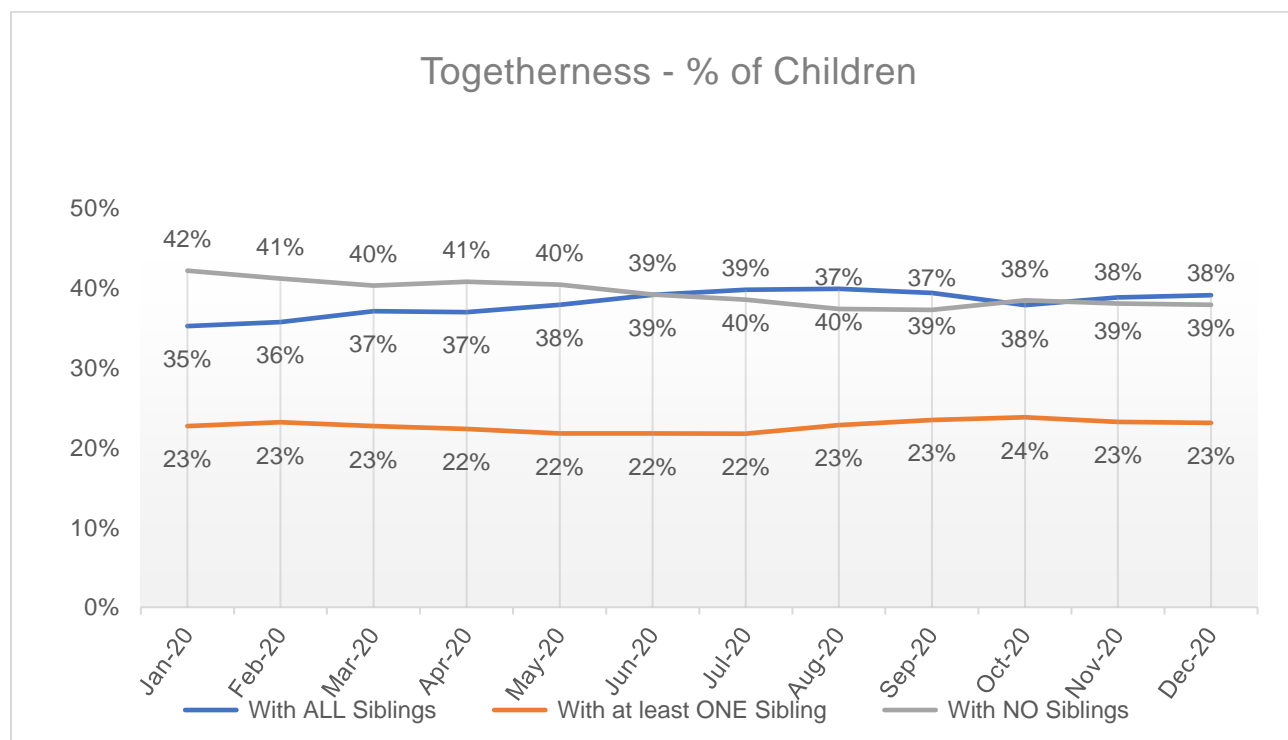
Togetherness - % of Children

Month	With ALL Siblings	With at least ONE Sibling	With NO Siblings
Jan-20	35%	23%	42%
Feb-20	36%	23%	41%
Mar-20	37%	23%	40%
Apr-20	37%	22%	41%
May-20	38%	22%	40%
Jun-20	39%	22%	39%
Jul-20	40%	22%	39%
Aug-20	40%	23%	37%
Sep-20	39%	23%	37%
Oct-20	38%	24%	38%
Nov-20	39%	23%	38%
Dec-20	39%	23%	38%

Togetherness Category	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
With ALL Siblings	934	952	978	1,016	1,013	1,015	1,021	1,000	968	922	945	943
With at least ONE Sibling	602	617	598	614	582	565	558	572	577	580	566	557
With NO Siblings	1,118	1,097	1,063	1,120	1,080	1,016	989	937	916	937	927	914
STATE TOTAL	**2,654**	**2,666**	**2,639**	**2,750**	**2,675**	**2,596**	**2,568**	**2,509**	**2,461**	**2,439**	**2,438**	**2,414**
Togetherness Category	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
With ALL Siblings	35%	36%	37%	37%	38%	39%	40%	40%	39%	38%	39%	39%
With at least ONE Sibling	23%	23%	23%	22%	22%	22%	22%	23%	23%	24%	23%	23%
With NO Siblings	42%	41%	40%	41%	40%	39%	39%	37%	37%	38%	38%	38%

Item Eight: Visiting With Parents and Siblings in Foster Care

Baseline[1]	CFSR[2]	Target Goal
50%	41.9%	NA

SCDSS works to preserve connections between siblings through sibling visitation for those siblings who are not placed together and through parent visitation. Monthly sibling visits for all siblings not living together should be completed at least once monthly unless there is an exception including but not limited to as the visit is not in the best interest of one or more of the siblings. Data is compiled through twice-a-year reviews in March and September.

SCDSS performance suffered during March and September 2020 with the onset of the COVID-19 stay-at-home orders issued in the middle of March 2020, continuing throughout the year.

Time Period	Sept 2018 (MP4)	March 2019 (MP5)	Sept 2019 (MP6)	March 2020 (MP7)	Sept 2020 (MP8)
Percentage of Cases with Documented Sibling Visit	42%	48%	59%	45%	36%

SCDSS offers in-person visitation twice each month with the parent(s) with whom reunification is sought, unless there is an exception, including but not limited to a court order prohibiting visitation or limiting visitation to less frequently than twice every month. Data is compiled through twice-yearly reviews (March and September).

While children and youth should see parents as much as possible, SCDSS also recognizes that more parents and youth are having contact at least once a month.

Time Period	Sept 2018 (MP4)	March 2019 (MP5)	Sept 2019 (MP6)	March 2020 (MP7)	Sept 2020 (MP8)
Percentage of Cases with Documented Twice Monthly Parent/Child Visits	7%	12%	13%	10%	13%
Percentage of Cases Where All Parents Had At Least 1 Visit	NA	NA	44%	35%	13%

In August 2019, SCDSS pushed out new screens in CAPSS[7] to better capture visitation. In a review of the data from CAPSS, data continues to be entered incorrectly. In response, SCDSS developed training detailing how to utilize the new additions to CAPSS for capturing family visitation and developed quality documentation training detailing how to document family visitation and case manager contacts. These trainings were provided to supervisors and case managers. SCDSS also has cadenced the data from CAPSS screens by surveying staff, hosting focus groups with frontline staff to gather feedback on improvements to be made, and the process supervisors utilize to review CAPSS and provide guidance to case managers regarding family visitation and case manager contacts.

SCDSS also believes living with kin helps preserve connections. SCDSS has focused on increasing kin placements with good results as evidenced by the data on kinship placements.[8]

Item Nine: Preserving Connections

Baseline[1]	CFSR[2]	Target Goal
37.5%	51.6%	NA

SCDSS tracks several measures to focus efforts on preserving connections including but not limited to sibling placements[9], children and youth who are placed in their county-of-origin (with a secondary measure looking at placements in the region-of-origin); sibling visitation for sibling groups and who are not placed together; parent visitation; and the increase in the use of kinship placements[8].

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[7] SCDSS's system of record
[8] Refer to page 17 for relevant data on kinship placements.
[9] Refer to page 13 for additional relevant data on sibling placements.

SCDSS has made modest growth in the percentage of children placed within the county-of-origin.

Data from CAPSS as of	All Children in Foster Care (Under 18)	Number in Same Region	Percent in Same Region	Number in Same County	Percent in Same County
2/1/2020	4,373	3,276	75%	1,364	31%
3/1/2020	4,365	3,313	76%	1,359	31%
4/1/2020	4,386	3,293	75%	1,367	31%
5/1/2020	4,410	3,299	75%	1,379	31%
6/1/2020	4,319	3,218	75%	1,347	31%
7/1/2020	4,237	3,162	75%	1,330	31%
8/1/2020	4,209	3,135	74%	1,326	32%
9/1/2020	4,167	3,071	74%	1,319	32%
10/1/2020	4,114	3,041	74%	1,296	32%
11/1/2020	4,075	2,993	73%	1,267	31%
12/1/2020	4,049	2,965	73%	1,279	32%
1/1/2021	3,937	2,879	73%	1,244	32%[10]

In August 2019, SCDSS pushed out new CAPSS[7] screens to better capture visitation. In a review of the data from CAPSS, data continues to be entered incorrectly. In response, SCDSS developed training detailing how to utilize the new additions to CAPSS for capturing family visitation and developed quality documentation training detailing how to document family visitation and case manager contacts. These trainings were provided to supervisors and case managers. SCDSS also has cadenced the data from CAPSS screens by surveying staff, hosting focus groups with frontline staff to gather feedback on improvements to be made, and the process supervisors utilize to review CAPSS and provide guidance to case managers regarding family visitation and case manager contacts.

SCDSS also believes living with kin helps preserve connections. SCDSS has focused on increasing kin placements with good results as evidenced by the data on kinship placements[8].

Item Ten: Relative Placement

Baseline[1]	CFSR[2]	Target Goal
50%	47.4%	NA

In the past calendar year, SCDSS focused on increasing placements with relatives. To increase placement with relatives, a number of practice changes were made. SCDSS has provided on-going training regarding the importance of kinship placements, instituted provisional foster home licenses and waivers for non-safety requirements for kinship providers, developed a kinship care policy and tip sheet available to all staff, and provides funding to kinship providers through the kinship navigator grant. In July 2020, SCDSS shifted the responsibility of licensing all non-kin foster homes to Child Placing Agencies contracted by SCDSS. This shift allowed SCDSS Regional Foster Home Licensing and Support Unit to work on licensing kin and fictive kinship foster home applications.

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[10] This report, in its current format, began in February 2020.

SCDSS tracks progress through several measures, including monthly analysis of the number and percent of children and youth who are placed with kin. Overall, it defines kinship care to include:

- Foster Home (Relative)
- Adoptive Home (Relative)
- Court Ordered Unlicensed Relative
- Court Ordered Unlicensed Non-Relative (Fictive Kin)
- Court Ordered Parent

While there is a large focus on moving children in foster care to kinship placements, SCDSS seeks kinship placements for all children in its child welfare system. The below graph for January 2021 shows the number and proportions of children and youth placed with kin.

Kinship Placement by Service Type

- Other Child Welfare Services, 121, 4%
- ICPC - SC Receiving State, 5, 0%
- Foster Care Services, 147, 5%
- Family Preservation, 616, 23%
- CPS Investigations, 1,847, 68%

[11]

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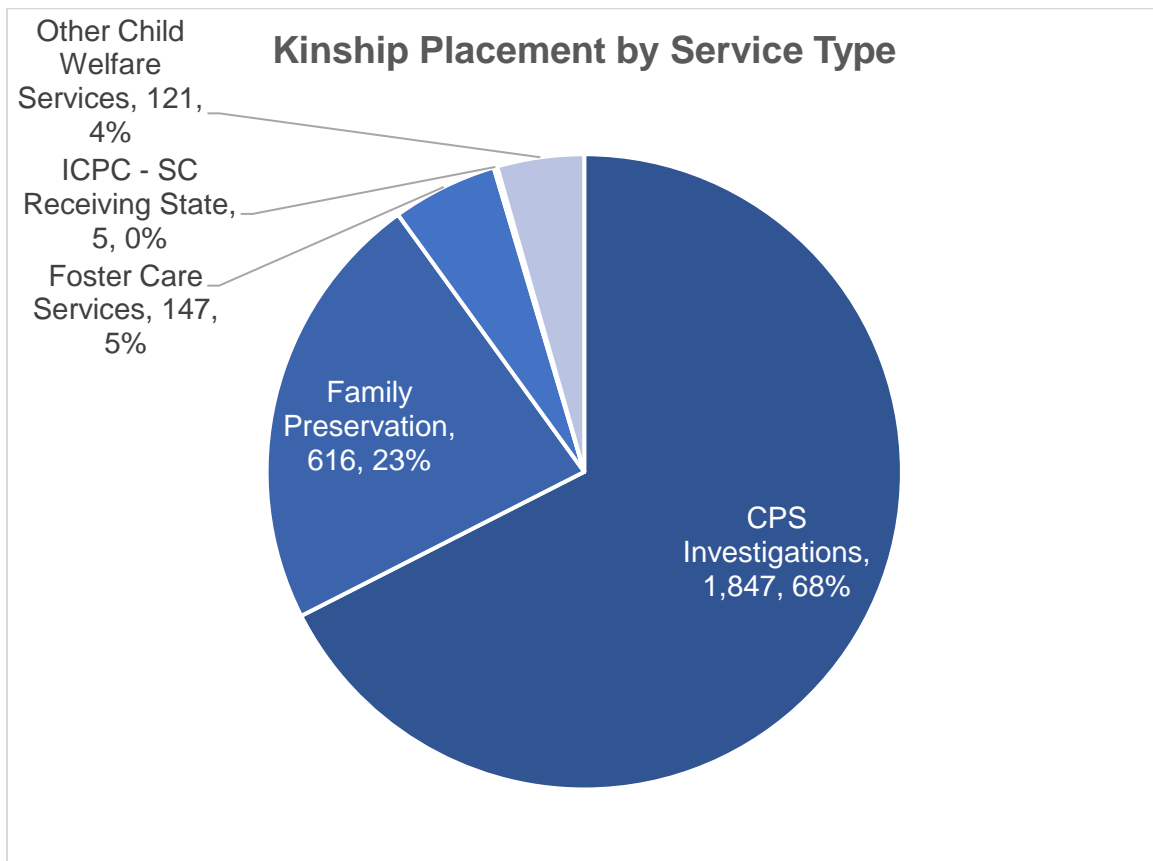
[11] Of these placements, 5% or 125 were licensed.

As evidenced in the below chart, SCDSS has increased the percentage share of kinship placements for children under 18 years in care.

Placements Trend (Jan 2020 - May 2021)

Pct of All Placements

Family-Like: 72% 73% 72% 72% 71% 72% 71% 71% 71% 72% 72% 72% 71% 70% 71% 70% 70%

Congregate Care: 18% 18% 18% 18% 17% 17% 17% 16% 16% 16% 15% 15% 15% 14% 15% 14% 14%

Kinship: 9% 9% 9% 10% 11% 11% 12% 12% 12% 12% 13% 13% 14% 14% 14% 14% 15%

Months: Jan 2020, Feb 2020, Mar 2020, Apr 2020, May 2020, Jun 2020, Jul 2020, Aug 2020, Sep 2020, Oct 2020, Nov 2020, Dec 2020, Jan 2021, Feb 2021, Mar 2021, Apr 2021, May 2021

Legend: Kinship — Congregate Care — Family-Like

In May 2021, though outside of the period under review primarily being used for this report, kinship placements exceeded the total and percentage share compared to placements in congregate care.

Placement Type	May 2021	
Kinship Total	**615**	**15%**
Family-Like Total	**2,813**	**70%**
foster home	1,754	44%
pre-adoptive or adoptive	195	5%
therapeutic foster home	864	21%
Congregate Care Total	**579**	**14%**
congregate care	498	12%
emergency shelter		0%
residential treatment facility	81	2%
Other Total	**19**	**0%**
correctional facility	1	0%
DJJ	10	0%
hospital	8	0%
school or college		0%
All Placements	**4,026**	**100%**

SCDSS monitored its increased kinship licenses for children in care and has seen the number more than double. It also tracks provisional, or temporary, kinship licenses.

Data from CAPSS as of	Total Licensed Kin Foster Homes	Total Licensed Kin Temporary (provisional) Foster Homes
1/31/2020	40	2
2/29/2020	46	7
3/31/2020	47	*
4/30/2020	59	31
5/31/2020	69	33
6/30/2020	73	48
7/31/2020	82	64
8/31/2020	88	70
9/30/2020	96	69
10/31/2020	118	53
11/30/2020	135	64
12/31/2020	145	61
1/31/2021	156	65
02/28/2021	159	74
03/31/2021	165	83

Item Eleven: Relationship of Child in Care With Parents

Baseline[1]	CFSR[2]	Target Goal
33.3%	26.7%	NA

SCDSS offers in-person visitation twice each month with the parent(s) with whom reunification is sought, unless there is an exception, including but not limited to a court order prohibiting visitation or limiting visitation to less frequently than twice every month. Data is compiled through twice-yearly reviews (March and September).

While children and youth should see parents as much as possible, SCDSS also recognizes that more parents and youth are having contact at least once a month.

Time Period	Sept 2018 (MP4)	March 2019 (MP5)	Sept 2019 (MP6)	March 2020 (MP7)	Sept 2020 (MP8)
Percentage of Cases with Documented Twice Monthly Parent/Child Visits	7%	12%	13%	10%	13%
Percentage of Cases Where All Parents Had At Least 1 Visit	NA	NA	44%	35%	13%

In August 2019, SCDSS pushed out new screens in CAPSS[7] to better capture visitation. In a review of the data from CAPSS, data continues to be entered incorrectly. In response, SCDSS developed training detailing how to utilize the new additions to CAPSS for capturing family

visitation and developed quality documentation training detailing how to document family visitation and case manager contacts. These trainings were provided to supervisors and case managers. SCDSS also has cadenced the data from CAPSS screens by surveying staff, hosting focus groups with frontline staff to gather feedback on improvements to be made, and the process supervisors utilize to review CAPSS and provide guide to case managers regarding family visitation and case manager contacts.

SCDSS also believes living with kin helps preserve connections. SCDSS has focused on increasing kin placements with good results as evidenced by the data on kinship placements[8].

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

South Carolina was found to not be in substantial conformity on this outcome during the 2017 CFSR, with the outcome achieved in 18% of applicable cases reviewed.

Item Twelve: Needs and Services of Child, Parents, and Foster Parents

Baseline[1]	CFSR[2]	Target Goal
18%	18.2%	22%

SCDSS ensures the health care needs of children through collaborative relationships with the state SC Department of Health and Human Services (SC DHHS), managed-care organizations such as Select Health, and healthcare providers throughout the state. The chart below shows the vast array of primary health and mental health encounters as well as follow-up care. SCDSS has recently rolled out a portal (CAIP) which will allow foster parents to update the health and educational needs and visits of foster children.

Encounter Date	January 1, 2020 – December 31, 2020		
Encounter Category	**Encounter Type**	**Number**	**Percent**
Behavioral Health	Comprehensive Assessment	135	1%
Behavioral Health	Comprehensive Mental Health	58	0%
Behavioral Health	Crisis Evaluation	10	0%
Behavioral Health	Diagnostic Assessment	533	3%
Behavioral Health	Emergency Room Visit	14	0%
Behavioral Health	Follow-Up	84	1%
Behavioral Health	Initial Mental Health Assessment	1,153	8%
Behavioral Health	Medication	201	1%
Behavioral Health	Ongoing Counseling	304	2%
Behavioral Health	Psych Evaluation	90	1%
Behavioral Health	Trauma Assessment	16	0%
Behavioral Health	Trauma History	4	0%
Behavioral Health	Trauma Screening	4	0%
Behavioral Health Total		**2,606**	**17%**
Dental	Follow-Up	345	2%
Dental	Initial Dental Screening	1,307	9%
Dental	Oral Exam/Cleaning	2,115	14%
Dental	Specialist	1	0%
Dental	Surgery	69	0%

Dental Total		**3,837**	**25%**
Hearing	Evaluation	41	0%
Hearing	Follow-Up	8	0%
Hearing	Surgery	1	0%
Hearing Total		**50**	**0%**
Medical	Consultation/Referral	203	1%
Medical	Emergency Room Visit	132	1%
Medical	EPSDT - 12 months - 14 months	1	0%
Medical	Follow-Up from a Prior Medical Visit	774	5%
Medical	Forensic Interview	33	0%
Medical	Forensic Medical Exam	37	0%
Medical	Immunization	164	1%
Medical	Initial Medical Screening	4	0%
Medical	Initial Well-Child Visit	1,520	10%
Medical	Medication Management	2	0%
Medical	Ongoing Well-Child Visit	4,249	28%
Medical	Physical (Non-Well Child Visit)	101	1%
Medical	Physical Therapy	4	0%
Medical	Sick Visit	743	5%
Medical	Specialist	2	0%
Medical	Surgery	34	0%
Medical Total		**8,003**	**52%**
Occupational Therapy	Evaluation	15	0%
Occupational Therapy	Follow-Up	1	0%
Occupational Therapy	Ongoing Therapy	19	0%
Occupational Therapy Total		**35**	**0%**
Physical Therapy	Evaluation	17	0%
Physical Therapy	Follow-Up	3	0%
Physical Therapy	Ongoing Therapy	20	0%
Physical Therapy Total		**40**	**0%**
Speech	Evaluation	18	0%
Speech	Follow-Up	1	0%
Speech	Ongoing Therapy	17	0%
Speech Total		**36**	**0%**
Vision	Evaluation	615	4%
Vision	Follow-Up	76	0%
Vision	Surgery	2	0%
Vision Total		**693**	**5%**
Grand Total		**15,300**	**100%**

Services Planning

While SCDSS does not capture services in CAPSS outside of dictation, for the purposes of FFPSA and to better assess the need of services and capture those services that are provided to families, SCDSS is building a portal for providers to enter system information. This system should be tested and launched in late summer of 2021.

Since early 2021, SCDSS has continued to engage private providers to develop and improve timely access to community-based services, including by convening several workgroups of private providers monthly. During these meetings and in individual settings, information is provided allowing providers to bill Medicaid for new or existing services. This technical assistance includes using non-clinical codes such as z-codes and the diagnostic manual for infant and early childhood DC:0-5. The benefits of these codes are that they can help provide Medicaid-funded services for adults and can be billed through the child because of the needs or experiences their children have had. Training for clinicians on interventions for infants and very young children is also provided.

SCDSS staff has provided technical assistance to assist providers in navigating the rehabilitative behavioral health services (RBHS) moratorium. SC DHHS created an enrollment exception process for child placing agencies (CPAs) so that CPAs could enroll in Medicaid and become providers. SCDSS has also partnered with community providers that help expedite emergency diagnostic assessments and crisis services within two business days.

With respect to funding, SCDSS issued a request for proposals and awarded seven grants to assist providers in building capacity for intensive in-home evidence-based services for placement stabilization, reunification, and prevention purposes. SCDSS began piloting HOMEBUILDERS in Richland County in late April 2021. Additional funding has been provided with six awards to assist providers in transitioning to qualified residential treatment providers (QRTP).

SCDSS engaged national technical assistance through the Building Bridges Initiative to assist both residential and community providers in developing and implementing best practices to transition to a true continuum of care of home and community-based services. SCDSS has also provided information to providers about federal grants to assist with capacity building for evidence-based programs through the federal Substance Abuse and Mental Health Services Administration.

Finally, SCDSS has published and met with providers about the new Family Centered Community Support Services (formerly Community Based Prevention Services) to assist providers in identifying ways to align services that would support a comprehensive continuum of services and continuity of care.

SCDSS is also improving access to services through its new Service Resource Database housed on its intranet and accessible by case managers and leadership. The Service Resource Database is a user-friendly database designed to help find services for children, youth, and families across the state. This tool is designed to meet two goals:
- Help DSS staff locate services that should be used to strengthen families.
- Document services that are missing so that we can gather data to take to our partners to bridge gaps in the service array.

Through this documentation of missing services, case managers and leadership can note the type of service needed and the location of the needed service. Using that information, SCDSS can help address service array deserts.

Assessment of Services

SCDSS is in the process of launching its new assessment tools: the Child and Adolescent Needs and Strengths (CANS) tool and The Family Advocacy and Support (FAST) tool. These tools are used as decision support in the field and will guide the assessment of safety, strengths, needs and ultimately support the identification of appropriate services for families. The Department hired Assessment and Planning Coordinators to conduct the CANS/FAST training. So far, approximately 76% of supervisors and 39% of case managers have been trained on FAST/CANS in the PIP counties. Implementation of the tool will begin July 2021, with a phased roll out and culminate in October 2021.

Prior to the decision to incorporate FAST/CANS, SCDSS used a tool that captured information on whether the case manager completed an assessment, but the tool did not capture fields that could be incorporated into reports.

Below is a chart showing trends on the percentage of children with a completed safety assessment.
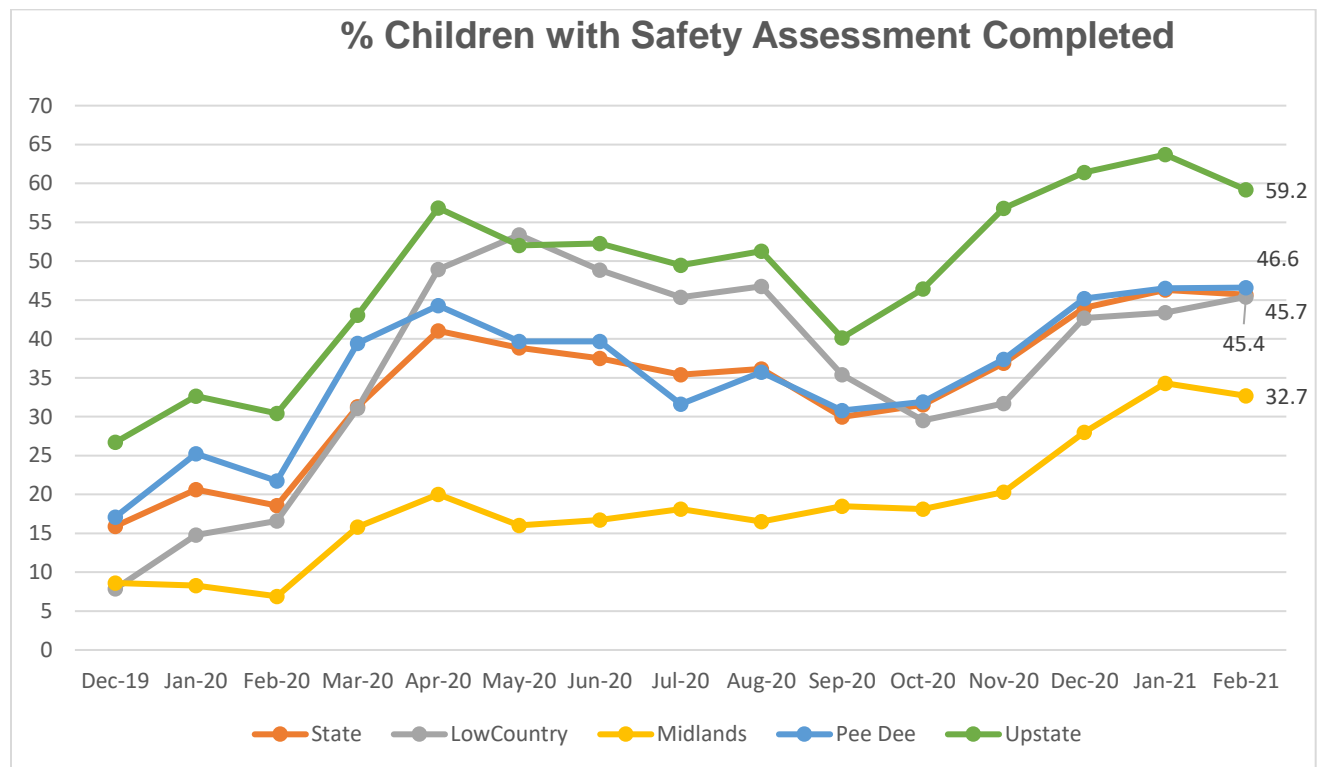
Item Thirteen: Child and Family Involvement in Case Planning

Baseline[1]	CFSR[2]	Target Goal
29.8%	30.7%	35%

SCDSS began implementing Child and Family Team Meetings in June of 2020. As of January 2021, Child and Family Team Meetings are being held statewide in both foster care and family preservation cases. The goal of Child and Family Team Meetings is to involve family, youth and other supports in case planning and decision making. Thus far, 952 Child and Family Team Meetings have been held statewide. The initial Child and Family Team Meeting in Foster Care cases is held within one business day of a child being removed from the home. This meeting is held to begin building the family team that will support decision making about the care and protection of the child throughout their involvement with the department. Subsequent meetings are held throughout the life of the case and at critical decision-making points. The 30-Day meeting is held before the pre-merits court hearing to complete the family's plan.

Each Child and Family Team Meeting is designed to actively involve families in making decisions about the care and protection of their children. Agenda items include placement, visitation, strengths, needs, services and agency concerns. The family's voice is paramount in the Child and Family Teaming process. At the beginning of each meeting, the family is asked to tell their story. The family story is designed to give family team members the floor and set the precedent that each meeting is the family's meeting, rather than being agency led.

Since June of 2020, 84% Child and Family Team meetings have had family and kinship attendance and 11% of meetings had youth attendance. According to the family team survey results, 85% of family team members feel that participants had a say in the team's decisions and input into the Family Permanency Plan. The Department continues to work diligently to increase both family and youth involvement in Child and Family Team Meetings. One Child and Family Team Meeting that has proven to be particularly effective in diverting children from entering care is the Pre-Removal CFTM. This meeting is held anytime a Case Manager plans to file an ex parte order. The facilitator leads the team in problem solving, identifying supports, needs, and exploring placement options. Thus far, 64% of these meetings have culminated with a plan and prevented the child's removal.

Table 17. Do you feel all participants had a say in the team's decisions and that you had input into the Family Permanency Plan's Recommendations?		
	Frequency	**Percent**
Yes, completely	73	73%
A lot	12	12%
A little	9	9%
Not at all	4	4%
Missing	2	2%
Total	**100**	**100%**

Pre-Removal CFTM Data (June 2020 – March 2021)			
Region	**Number of Meetings Held**	**Number of Prevented Removals/Disruptions**	**Percentage**
Upstate	17	10	59%
Midlands	30	19	63%
Pee Dee	10	5	50%
Low Country	10	9	90%
TOTAL	**67**	**43**	**64%**

Item Fourteen: Caseworker Visits with Children

Baseline[1]	**CFSR**[2]	**Target Goal**
54%	57.9%	60%

Foster Care

SCDSS consistently makes required face to face contacts between case managers and children in care, typically ranging between 95% to 97% of all children with most of those contacts made in the home. Because of COVID-19 and the subsequent stay-at-home orders, SCDSS saw a dip in visits in the home, particularly in April and May of 2020.

Face to Face Contacts: Case Managers to Children in Care

Percent Face to Face Contacts: Case Managers to Children in Care
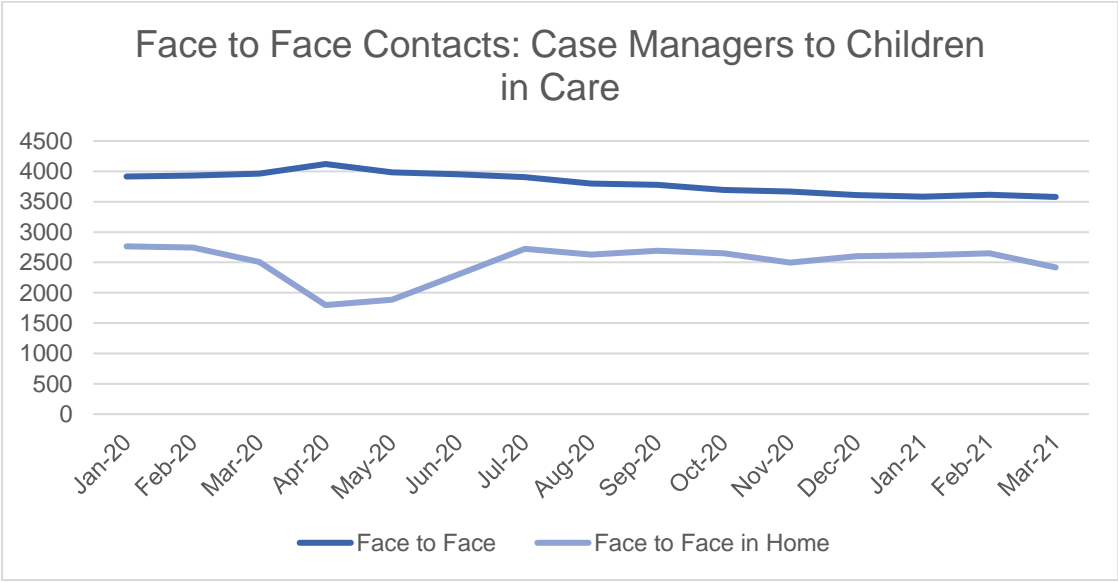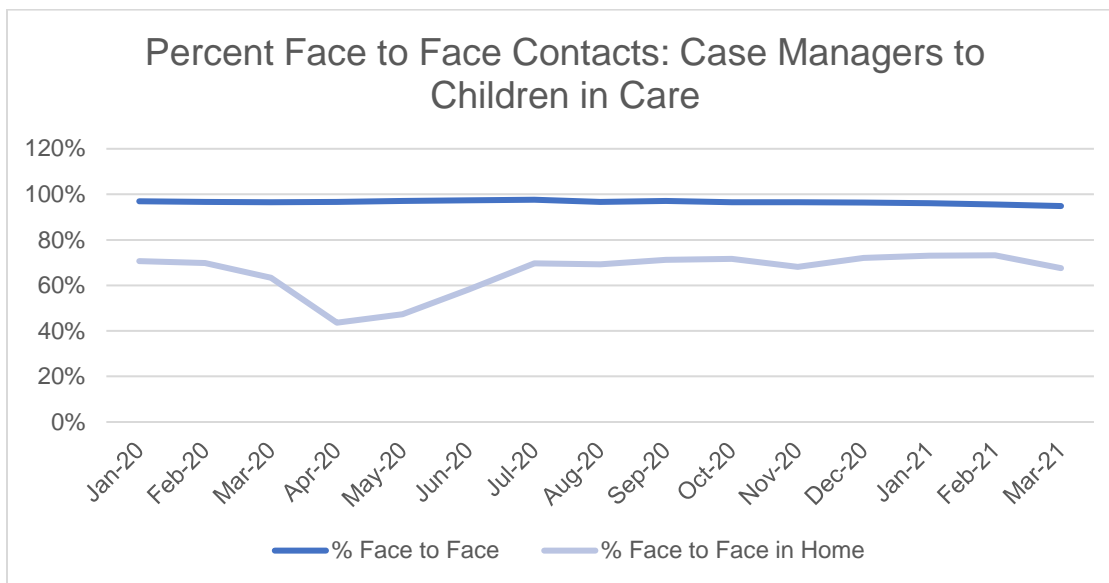
Family Preservation Cases

SCDSS measures face to face contacts monthly between case managers and children in family preservation cases. The below table uses information as of April 2021. Most children with an open family preservation case (84%) had a face to face contact in the previous month.

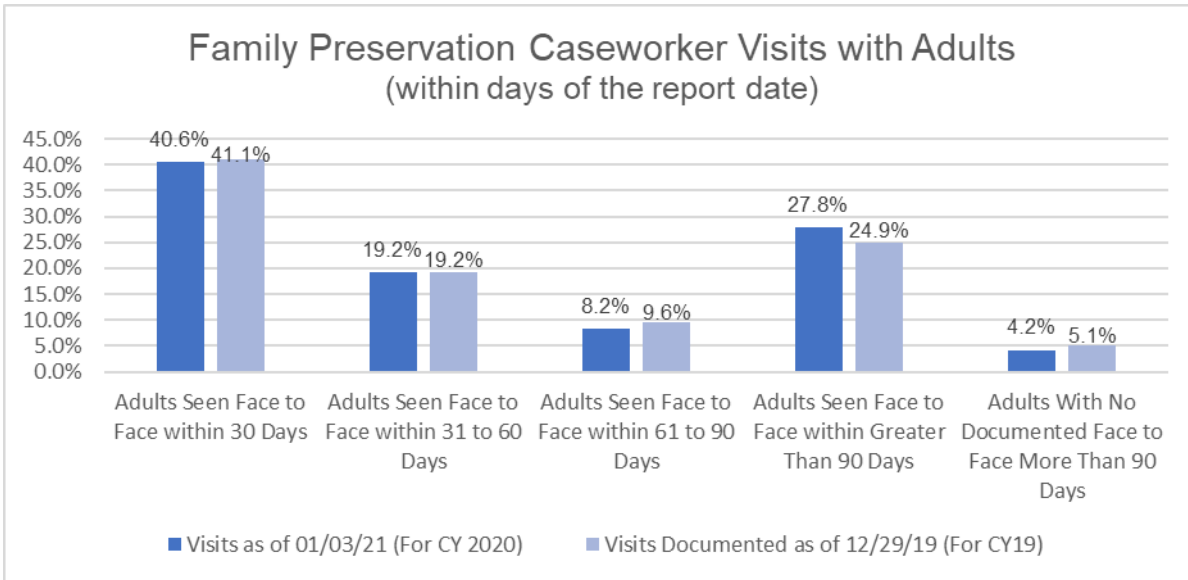| Total children with an open family preservation line 30 or more days	13,117	
Children with a FTF Contact in the Previous Month	11,007	84%
Children with an Attempted Contact	275	2%
Children with a Collateral Contact in Previous Month	438	3%
Children with No Contact in Previous Month	1,397	11%

A detailed report is sent to the field outlining differences across the regions and offices. It also provides listings of family preservation cases where no contact has been made.

Item Fifteen: Caseworker Visits with Parents

Baseline[1]	CFSR[2]	Target Goal
25.3%	21.8%	31%

SCDSS has weekly case management reports through CAPSS which analyze case manager visits with adults 18 years and over[12] in open family preservation cases. While these reports do not specifically focus on the guardians in the case; these reports do provide insights through points in time to help measure change. Using two points in time to represent the end of Calendar Year 2020 and Calendar Year 2019; SCDSS provided a snapshot of those visits in the below chart. Calendar Year 2020, of course, encompassed the onset of COVID-19 where stay at home orders did not allow for face to face visits or families felt uncomfortable to have face to face visits. To the extent possible, SCDSS did conduct virtual visits.

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[12] Parents, grandparents, older adult children, and other family members are counted

Family Preservation Caseworker Visits with Adults
(within days of the report date)

■ Visits as of 01/03/21 (For CY 2020)   ■ Visits Documented as of 12/29/19 (For CY19)

[13]

Well-Being Outcome 2

Children receive appropriate services to meet their educational needs.

South Carolina was found to be in substantial conformity on this outcome during the 2017 CFSR, with the outcome achieved in 68% of applicable cases reviewed.

Item Sixteen: Educational Needs of the Child

Baseline[1]	CFSR[2]	Target Goal
68.3%	66.0%	NA

SCDSS tracks information on the educational status of children and youth in care. Information that it collects in CAPSS7 which includes the school, class placement, and educational attainment. Dictation and linked files include additional information which can be obtained only by qualitative case reviews such as through the CFSR.

While case managers during their face to face with children and their providers inquire on the progress of children, much of that information is not captured outside of reviews. SCDSS now has an innovative portal which allows foster parents and other providers to enter information on the child's progress in school. Recently rolled out in calendar year 2021, the portal includes a required training prior to the foster parent entering information into the system. Because this is a new portal, there is no information yet to report.

For this report, SCDSS performed an analysis on the class placement for school-aged children ages 5 to 17 years.

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[13] Data Source: CAPSS Batch Report SC130_R03 date 12/29/2019 and 01/03/2021
Please note that all adults (parents, grandparents, adult children, etc.) listed in family preservation are included in the report and thus percentages may not reflect just the guardians
Data was extracted from the available reports to reflect the end of the calendar years

Children and Youth in Foster Care	5 Years		6 Years		7-12 Years		13-17 Years		Totals
Mainstream	51	26%	76	42%	525	47%	592	47%	**1,165**
Missing Information	139	70%	91	50%	479	43%	456	36%	**1,244**
Learning Disabled	2	1%	5	3%	37	3%	56	4%	**100**
Other	4	2%	4	2%	21	2%	63	5%	**92**
Resource	1	1%	1	1%	27	2%	54	4%	**83**
Emotional Handicap	0	0%	1	1%	8	1%	12	1%	**21**
Homebased	2	1%	3	2%	4	0%	9	1%	**18**
Homebound	0	0%	0	0%	3	0%	14	1%	**17**
Educable Mentally Handicapped	0	0%	1	1%	8	1%	5	0%	**14**
Total	**199**	**100%**	**182**	**100%**	**1,112**	**100%**	**1,261**	**100%**	

SCDSS recognizes it must encourage case managers to enter information since significant percentages of children are missing data documented in CAPSS. However, the data, where present, can assist SCDSS in identifying children in need of additional educational supports. SCDSS also recognizes the need for additional analyses on the educational attainment to the age of the children.

Based on quality assurance reviews, SCDSS saw a 4.5% increase in meeting the educational needs of children between calendar years 2019 and 2020, as 62.11% of cases reviewed were rated a strength in 2019 and 65.92% in 2020.

Well-Being Outcome 3
Children receive appropriate services to meet their educational needs.

South Carolina was found to not be in substantial conformity on this outcome during the 2017 CFSR, with the outcome achieved in 39% of applicable cases reviewed.

Item Seventeen: Physical Health of the Child

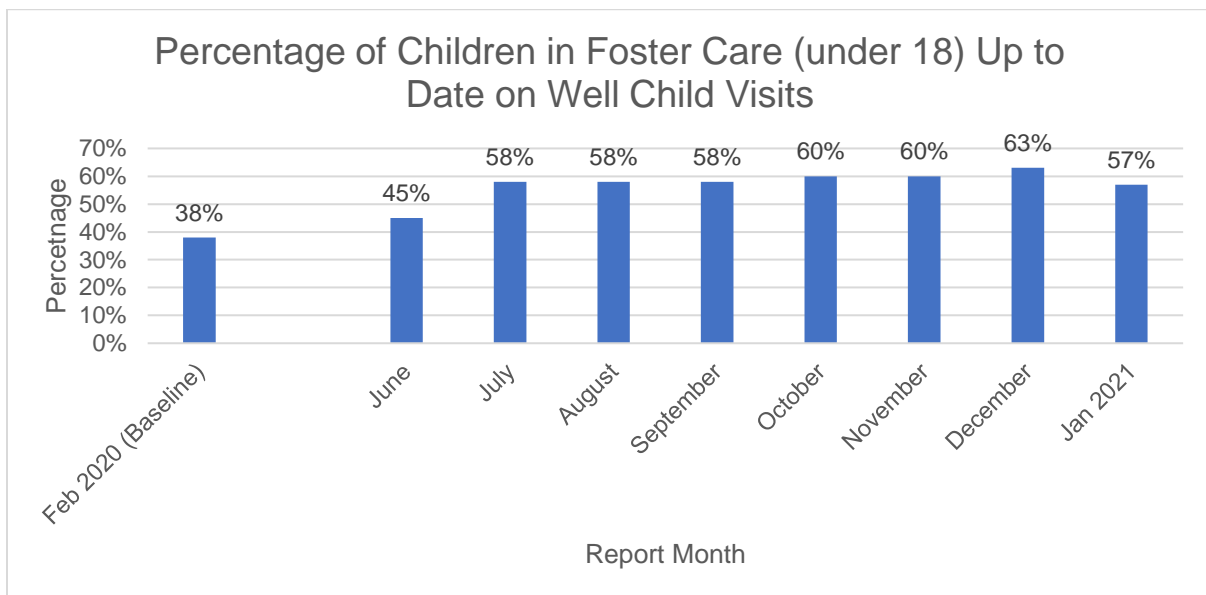| Baseline[1]	CFSR[2]	Target Goal
64.4%	58.0%	NA

Health Care Trend Information
The Health and Well Being teams became fully staffed by April 2020. With the onset of COVID-19 beginning in the second week of March, staff had to focus on COVID-19 mission-critical tasks including outreach to children and foster families as well as an increased focus on locating placements for children. Additionally, data may have been impacted as staff in the field as well as the Health and Well-Being teams began working from home. Furthermore, claims data from SC DHHS and/or Select Health may have been impacted by COVID-19 as some providers closed

while other providers shifted their workforce to remote work. SC DHHS believes claims data could have a longer lag in data entry or could be missing in some of its datasets.
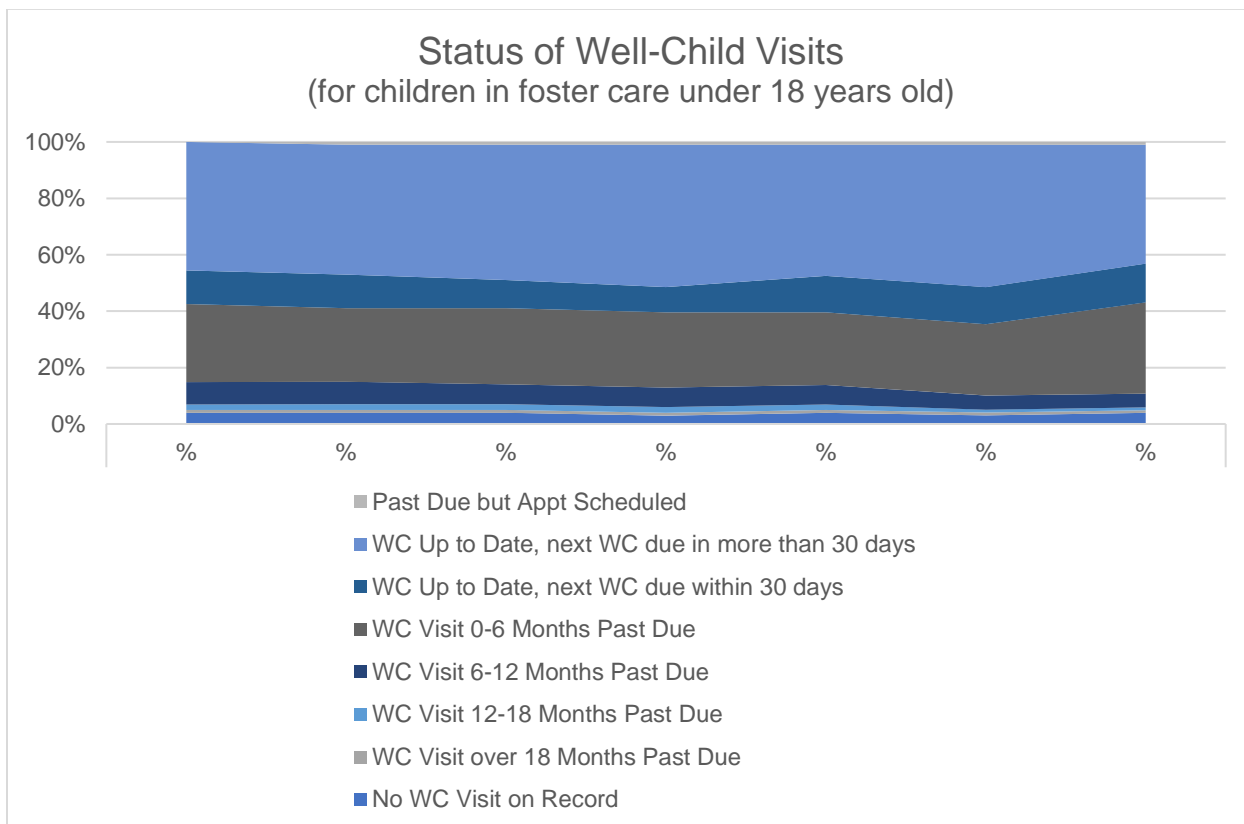
To improve its performance, SCDSS has

1. Created a CAPSS[7] report that tracks the latest well child visit entered in CAPSS and, based on the periodicity schedule and the child's age, estimates the date for the next required well child visit. This report is an action step agreed upon in the Joint Agreement on Immediate Treatment Needs.

2. Requested and receives monthly data from SC DHHS and Select Health on children in its care with the latest well child date that is in the claims datasets. There are lags in the claims data through SC DHHS and not every child in DSS custody is on Medicaid and thus, would not be captured in these monthly extracts. However, these monthly extracts still aid SCDSS in its evaluation of the completeness of its CAPSS data entry and supplements the CAPSS data entry. These monthly extracts further aid SCDSS in estimating both the number of visits that are past due and how long the well child visit is past due. This information is incorporated into monthly actionable data used by the field.

3. The snapshots and the trend charts below pull data first from CAPSS ongoing extracts. If CAPSS data is missing, then data from SC DHHS or Select Health is pulled for children on Medicaid. By combining the information, SCDSS has a more accurate picture showing the status of well child visits. SCDSS completed a significant "cleanup" operation on missing Medicaid numbers in CAPSS during March 2020 and now has a monthly process to review any new CAPSS records where the Medicaid number is missing. However, there may be some records that, despite the inclusion of other identifiers, SC DHHS or Select Health was unable to match the children and youth to their claims system. When this occurs, SCDSS completes further analysis to determine the reason there is not a match.

Percentage of Children in Foster Care (under 18) Up to Date on Well Child Visits

Feb 2020 (Baseline): 38%
June: 45%
July: 58%
August: 58%
September: 58%
October: 60%
November: 60%
December: 63%
Jan 2021: 57%

Report Month

Percentage of Children in Foster Care (under 18) with no Well Child Visit on Record
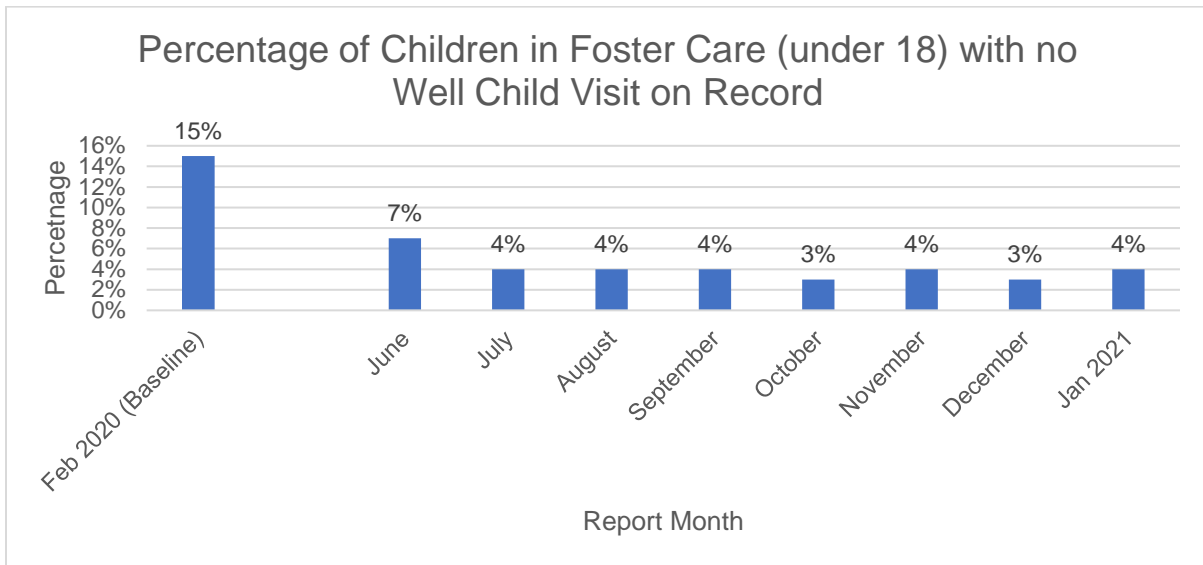
14

The below chart and detailed table represent progress from July 2020 to present. As shown, children who have an up-to-date well-child visit consistently constitutes over 50% of the data set each month.


Status of Well-Child Visits
(for children in foster care under 18 years old)

- Past Due but Appt Scheduled
- WC Up to Date, next WC due in more than 30 days
- WC Up to Date, next WC due within 30 days
- WC Visit 0-6 Months Past Due
- WC Visit 6-12 Months Past Due
- WC Visit 12-18 Months Past Due
- WC Visit over 18 Months Past Due
- No WC Visit on Record

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14 Statistics reflect children under 18 years who have been in care for 30 days or more. Children who are no longer in care are not included. The graphs depict the increased percentages of children in foster care with up-to-date well-child visits and the decreased percentages of children and youth with no well-child visit on record. January 2021 reporting of December 2020 data may not be final and may be impacted by holidays, lag in claims data, and delayed CAPSS entry.

	Jun 2020	Jul 2020	Aug 2020	Sept 2020	Oct 2020	Nov 2020	Dec 2020
No Visit on Record	153	159	141	119	141	113	142
	4%	4%	4%	3%	4%	3%	4%
Visit Over 18 Months Past Due	32	29	24	26	24	26	21
	1%	1%	1%	1%	1%	1%	1%
Visit 12-18 Months Past Due	66	61	65	59	69	49	51
	2%	2%	2%	2%	2%	1%	1%
Visit 6-12 Months Past Due	332	332	292	269	272	200	172
	8%	8%	7%	7%	7%	5%	5%
Visit 0-6 Months Past Due	1,148	1,060	1,088	1,043	1,021	961	1,232
	28%	26%	27%	27%	26%	25%	33%
Up to Date, Next Well-Child due within 30 Days	465	481	397	365	497	513	515
	12%	12%	10%	9%	13%	13%	14%
Up to Date, next Well-Child Due in More than 30 Days	1,838	1,830	1,912	1,997	806	1,923	1,599
	46%	46%	48%	51%	47%	50%	43%
Past Due but Appointment Scheduled	0	49	44	40	49	40	29
	0%	1%	1%	1%	1%	1%	1%
Total	**4,034**	**4,001**	**3,963**	**3,918**	**3,879**	**3,825**	**3,761**

Developmental Assessments within 30 Days and 45 Days

Most children 36 months and under who enter care are referred to SC DHHS for developmental assessments.

Percent BabyNet Referred
(Referral Report Dates July 27 to December 21 2020)
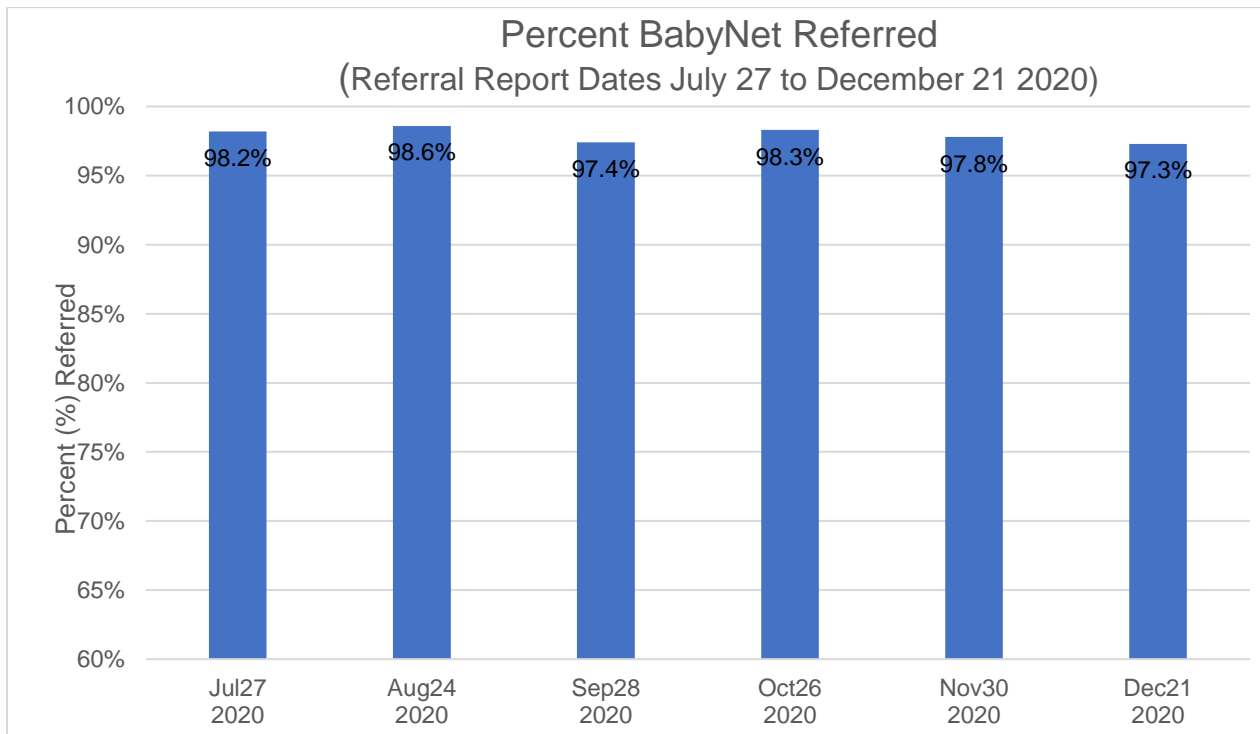
While SCDSS recognizes most children are referred to BabyNet services, those referrals are not always timely. Therefore, SCDSS continues to monitor and improve the timeliness of these referrals.
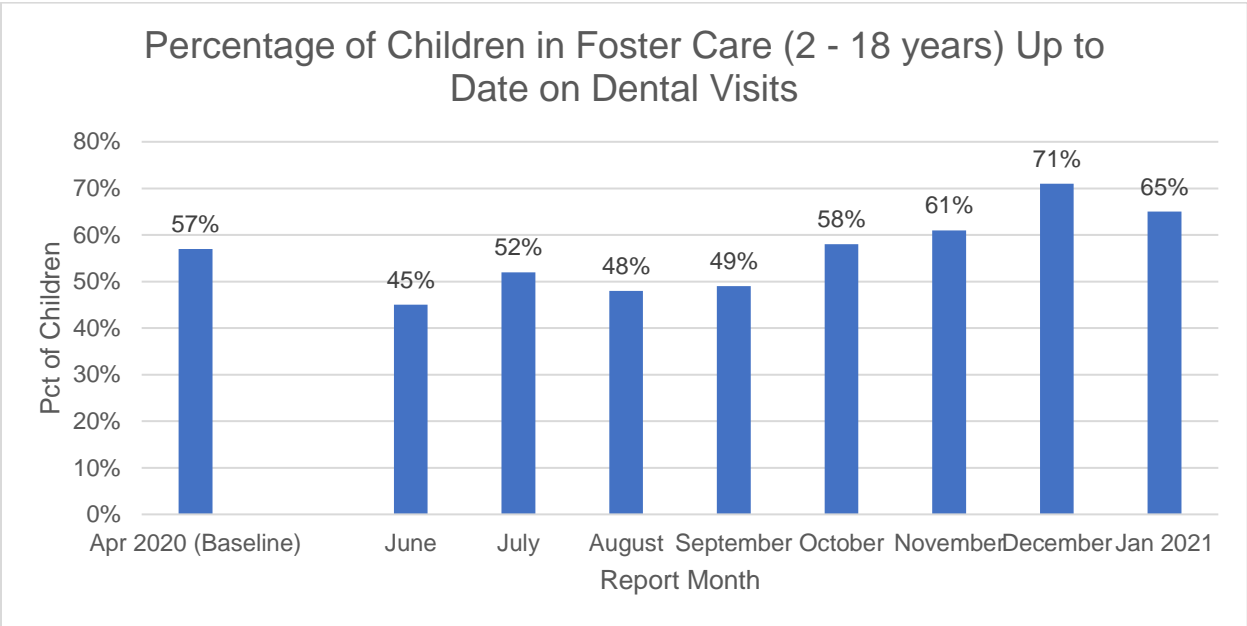

Percent Timely BabyNet Referrals Within 30 and 45 Days
(July 27 2020 to December 21 2020)
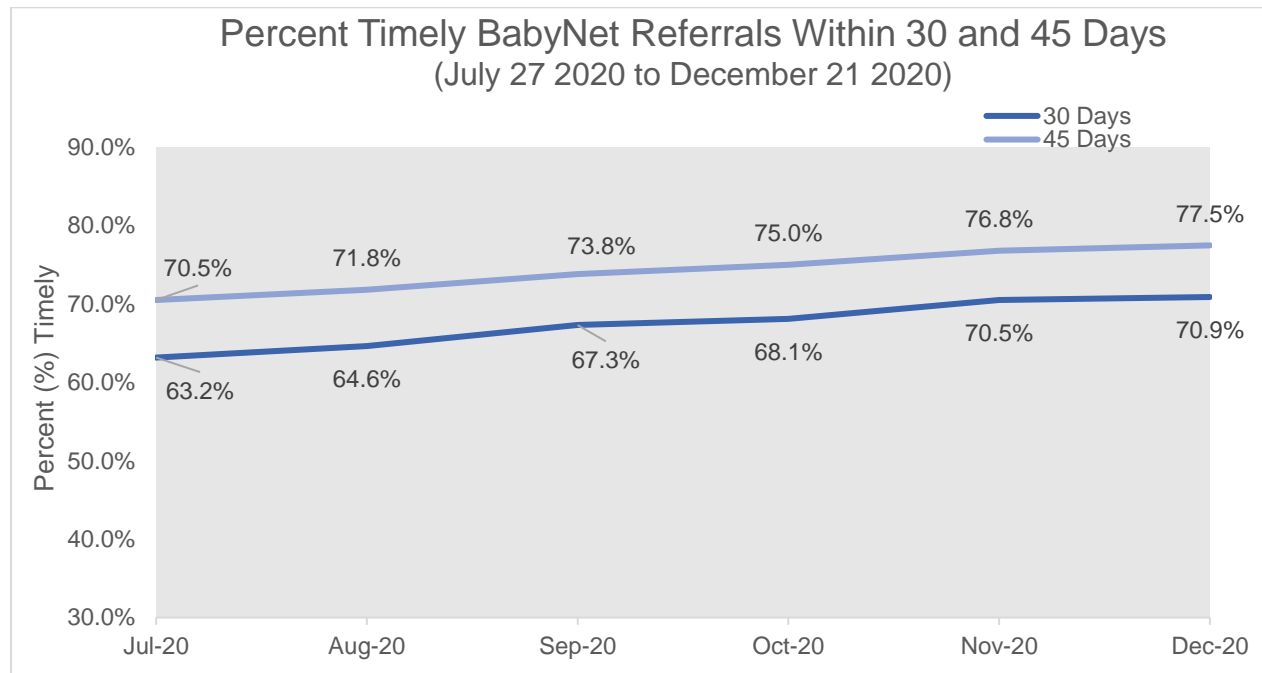
Dental Examinations

To improve performance, SCDSS requested and received monthly data from SC DHHS on children in its care with the latest dental visit date that is in the claim's dataset beginning with a SCDSS extract of its children for March 2020. While there are lags in the claims data through SC DHHS and not every child is on Medicaid; these monthly extracts will aid SCDSS in its evaluation on the completeness of its CAPSS data entry. The monthly extracts further aid SCDSS in estimating the visits that are past due and by how long those visits are past due. With this data, SCDSS can prioritize its work.
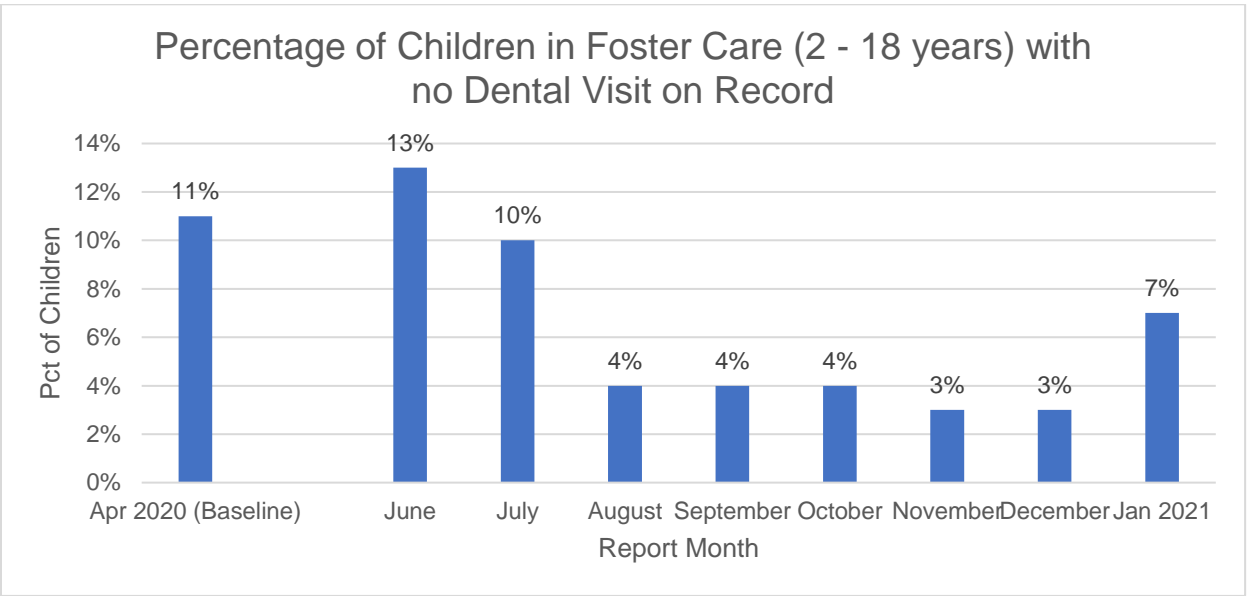
The first dental visit analysis was created on April 20, 2020, based on children in foster care on March 16, 2020. All others were created based on children in care as of the first of the month.

Dental visits are calculated for children between the ages of 2 and 18 who have been in foster care for at least 30 days at the time of analysis.

The following graphs depict the increased percentages of children in foster care with up to date dental visits and the decreased percentages of children and youth with no dental visit on record.

Percentage of Children in Foster Care (2 - 18 years) Up to Date on Dental Visits

15

Percentage of Children in Foster Care (2 - 18 years) with no Dental Visit on Record
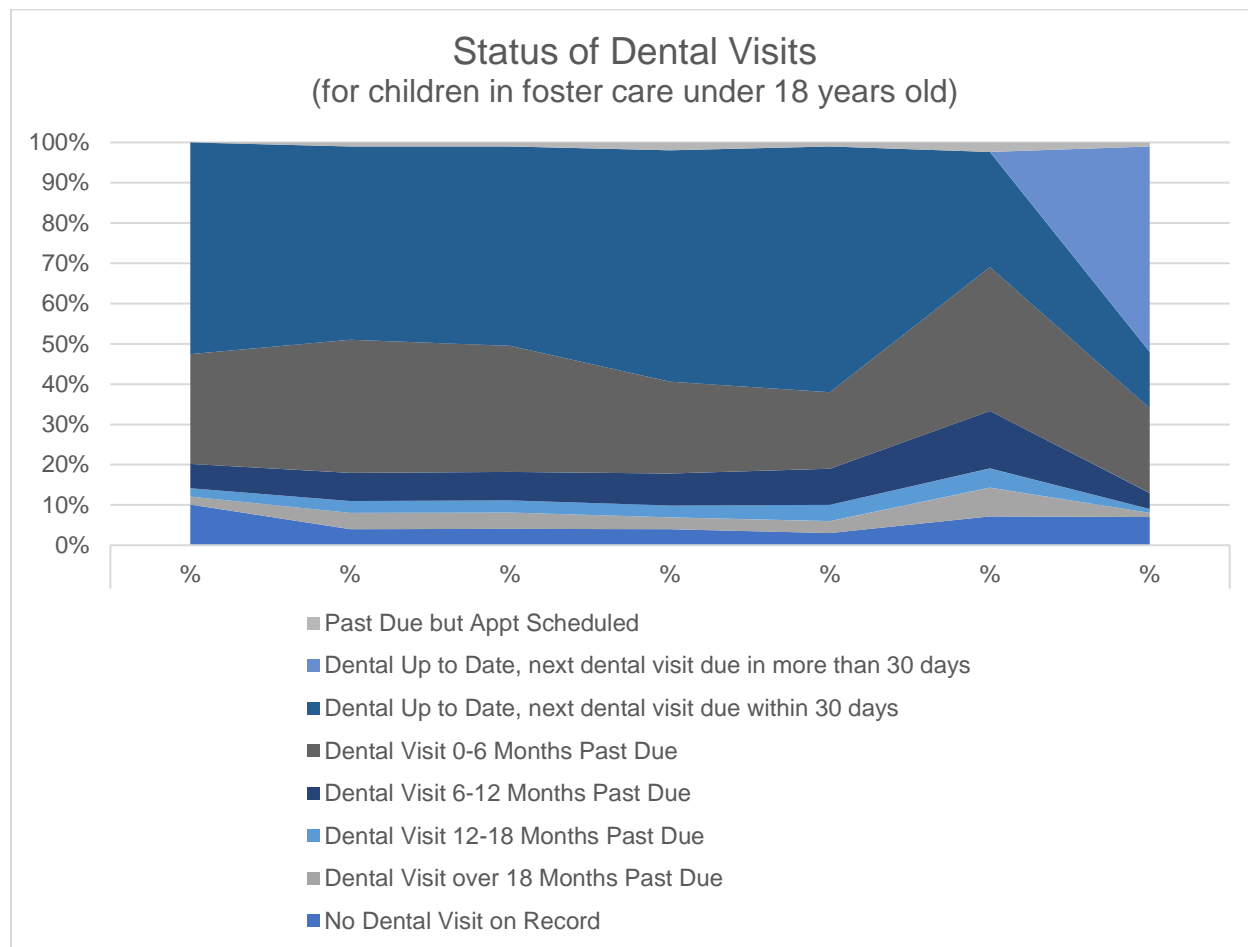
15 January 2021 reporting of December 2020 data may not be final and may be impacted by holidays, lag in claims data, and delayed CAPSS entry.

35

The below chart and detailed table represent progress from July 2020 to present.

Status of Dental Visits
(for children in foster care under 18 years old)

Legend:
- Past Due but Appt Scheduled
- Dental Up to Date, next dental visit due in more than 30 days
- Dental Up to Date, next dental visit due within 30 days
- Dental Visit 0-6 Months Past Due
- Dental Visit 6-12 Months Past Due
- Dental Visit 12-18 Months Past Due
- Dental Visit over 18 Months Past Due
- No Dental Visit on Record

	Jun 2020	Jul 2020	Aug 2020	Sept 2020	Oct 2020	Nov 2020	Dec 2020
No Visit on Record	363	134	152	130	117	93	223
	10%	4%	4%	4%	3%	3%	7%
Visit Over 18 Months Past Due	82	140	124	100	116	95	45
	2%	4%	4%	3%	3%	3%	1%
Visit 12-18 Months Past Due	73	106	107	104	119	76	43
	2%	3%	3%	3%	4%	2%	1%
Visit 6-12 Months Past Due	207	261	244	264	311	202	145
	6%	7%	7%	8%	9%	6%	4%
Visit 0-6 Months Past Due	961	1,151	1,081	772	637	489	676
	27%	33%	31%	23%	19%	15%	21%
Up to Date, Next Well-Child due within 30 Days	1,826	1,672	1,702	1,998	2,071	399	464
							14%
Up to Date, next Well-Child Due in More than 30 Days	52%	48%	49%	58%	61%	12%	1,674
							51%
Past Due but Appointment Scheduled	0	33	50	55	27	21	19
	0%	1%	1%	2%	1%	1%	1%
Total	**3,512**	**3,497**	**3,460**	**3,423**	**3,398**	**3,349**	**3,289**

Follow-up Care

SCDSS tracks the timeliness and completion of comprehensive assessments for all children in foster care as of January 1, 2020 and thereafter. Through those comprehensive assessments, SCDSS identifies any immediate treatment needs from the after-visit summaries. If the after-visit summary indicates an immediate treatment need, SCDSS flags the encounter with an "immediate treatment need" indicator in CAPSS.

SCDSS recognizes this process may not be capturing all necessary follow-ups. While SCDSS has established robust processes for well-child visits and dental visits that provides detailed information to the well-being teams and to the field on late or missed well-child and dental visits, it recognizes that other processes need to be established for other types of follow-up care.

Additionally, healthcare is complex, particularly when it comes to interpreting medical information from providers. Part of the challenge has been not only improving the timeliness and accuracy of medical encounters in CAPSS but also working towards the proper interpretation of the medical information and its proper coding. Having nurses and trained clinicians on board has aided in those efforts but SCDSS recognizes it still has work in this area. A separate challenge has been attempting to segregate the information into categories which may require different processes.

However, in 2020, SCDSS worked especially hard to update CAPSS so that CAPSS can be used as both an informational and management tool to manage the care of foster children. While SCDSS may not have all the information coded to easily extract follow-up care, foster children are receiving medical attention. The chart below shows the depth and breadth of the health encounters documented in CAPSS. This data has been filtered for only encounters that occurred in 2020 and is for all children in care up to January 1, 2021. Many category types of encounters imply follow-up care.

January 1, 2020 – December 31, 2020			
Encounter Category	**Encounter Type**	**Number**	**Percent**
Dental	Follow-Up	345	2%
Dental	Initial Dental Screening	1,307	9%
Dental	Oral Exam/Cleaning	2,115	14%
Dental	Specialist	1	0%
Dental	Surgery	69	0%
Dental Total		**3,837**	**25%**
Hearing	Evaluation	41	0%
Hearing	Follow-Up	8	0%
Hearing	Surgery	1	0%
Hearing Total		**50**	**0%**
Medical	Consultation/Referral	203	1%
Medical	Emergency Room Visit	132	1%
Medical	EPSDT - 12 months - 14 months	1	0%
Medical	Follow-Up from a Prior Medical Visit	774	5%
Medical	Forensic Interview	33	0%
Medical	Forensic Medical Exam	37	0%
Medical	Immunization	164	1%
Medical	Initial Medical Screening	4	0%
Medical	Initial Well-Child Visit	1,520	10%
Medical	Medication Management	2	0%
Medical	Ongoing Well-Child Visit	4,249	28%
Medical	Physical (Non-Well Child Visit)	101	1%
Medical	Physical Therapy	4	0%
Medical	Sick Visit	743	5%
Medical	Specialist	2	0%
Medical	Surgery	34	0%
Medical Total		**8,003**	**52%**
Occupational Therapy	Evaluation	15	0%
Occupational Therapy	Follow-Up	1	0%
Occupational Therapy	Ongoing Therapy	19	0%
Occupational Therapy Total		**35**	**0%**
Physical Therapy	Evaluation	17	0%
Physical Therapy	Follow-Up	3	0%
Physical Therapy	Ongoing Therapy	20	0%
Physical Therapy Total		**40**	**0%**
Speech	Evaluation	18	0%
Speech	Follow-Up	1	0%
Speech	Ongoing Therapy	17	0%
Speech Total		**36**	**0%**
Vision	Evaluation	615	4%
Vision	Follow-Up	76	0%
Vision	Surgery	2	0%
Vision Total		**693**	**5%**
Grand Total		**15,300**	**100%**

Item Eighteen: Mental/Behavioral Health of the Child

Baseline[1]	CFSR[2]	Target Goal
25.4%	36.9%	NA

CANS/FAST for Mental and Behavioral Health Needs

After implementation, the CANS/FAST assessment tools will be used to identify behavioral needs of children and families. Through the FAST/CANS assessment, questions will identify children and youth in need of a comprehensive mental health assessment. Any rating on the Emotional/Behavioral question of a 1, 2, or 3 will trigger the case manager to refer for a full mental health assessment. The CANS/FAST will also be used to evaluate trauma history as well as strengths and needs of the child or youth. The item ratings will support SCDSS staff in determining services that meet the needs outlined in the assessment results.

Psychotropic Medication Oversight

In 2015, SCDSS began training providers and staff on oversight of psychotropic medication. This training was developed to teach the appropriate use of psychotropic medications and promote safe and effective use of those medications. Some studies show 3 to 11 times higher rates of psychotropic medication use for children in child welfare versus those in general. Thus far SCDSS has trained 3,413 Foster Parents, 123 group care providers, 1,316 clinical specialists and psychiatrists on appropriate use of psychotropic medication.

Encounter Date		January 1, 2020 – December 31, 2020	
Encounter Category	**Encounter Type**	**Number**	**Percent**
Behavioral Health	Initial Mental Health Assessment	1,153	44%
Behavioral Health	Diagnostic Assessment	533	20%
Behavioral Health	Ongoing Counseling	304	12%
Behavioral Health	Medication	201	8%
Behavioral Health	Comprehensive Assessment	135	5%
Behavioral Health	Psych Evaluation	90	3%
Behavioral Health	Follow-Up	84	3%
Behavioral Health	Comprehensive Mental Health	58	2%
Behavioral Health	Trauma Assessment	16	1%
Behavioral Health	Emergency Room Visit	14	1%
Behavioral Health	Crisis Evaluation	10	0%
Behavioral Health	Trauma History	4	0%
Behavioral Health	Trauma Screening	4	0%
Behavioral Health Total		**2,606**	**100%**

Statewide Information System Item Performance

South Carolina was found to not be in substantial conformity on this factor during the 2017 CFSR as the one item in this systemic factor was rated as an Area Needing Improvement.

Item Nineteen: Statewide Information System

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can 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?

SCDSS believes the statewide information system functions consistently and, at a minimum, the state can 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.

SCDSS has several quality improvement practices in place which aid in the improvement of key elements in CAPSS. Those practice include but are not limited to:

- Reports generated by CAPSS Division of Technology Services or SCDSS's Accountability, Data, and Research (ADR) team which highlight inconsistencies in data and/or missing information. Those reports, while targeted to case managers, include leadership in distribution.

- Staff in ADR regularly send out emails directly to case managers when data appears inconsistent.

- Staff in ADR and DTS provide trainings on reports and work with case managers and leadership to improve use.

- SCDSS has centralized some data entry for key information such as placements beyond the initial placement as well as health information.

- CAPSS information is consistently used for a vast array of purposes and is a tool for case managers and leadership. However, practitioners outside SCDSS also use CAPSS where data fields are compared to dictation and to linked files. Some of these external parties include but are not limited to the University of South Carolina reviewers and the Michelle H. co-monitoring staff who regularly use CAPSS to verify information.

Case Review System Item Performance

South Carolina was found to not be in substantial conformity on this factor during the 2017 CFSR as three of the five items in this systemic factor were rated as an Area Needing Improvement.

Item Twenty: Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

The state's case review process of cases reviewed in 2020 revealed the state's percentage of strengths was 29.9% with 116 strength cases of the applicable 388 cases for the item that rates whether plans were developed jointly with the child and parents as required

Item Twenty-One: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

SC Department of Children's Advocacy Foster Care Review Board (FCRB) is contracted to complete periodic reviews of SCDSS's foster care cases. These reviews are completed on children in foster care for 6 months or longer. From October 1, 2019 through September 30, 2020, 3,374 cases were reviewed, and another 3,080 reviews were not conducted. This represents over 85% of cases not receiving timely reviews. It is important to note that of the 3,080 cases not reviewed 2,628 of them were due to COVID-19 and FCRB not having the technology to do virtual meetings.

FCRB meetings occurred as according to contract until March 20, 2020, when state government offices including both SCDSS offices and FCRB office, were reduced to limited capacity and closed to the public due to the global pandemic. Upcoming reviews were cancelled in an effort to develop a plan for review hearings to continue to occur despite office closures. FCRB meetings resumed statewide from June 15, 2020 – June 29, 2020 in the form of paper reviews. SCDSS and FCRB worked together to build necessary technology for virtual hearings to occur. The meetings were postponed a second time to develop a plan for the meetings to be hosted via the WebEx virtual platform. FCRB meetings resumed virtually on September 28, 2020 and have continued to present.

The below table represents the number of reviews completed for 2020.

	Meetings Held	Children Scheduled	Cases Scheduled
Jan 2020	36	599	348
Feb 2020	39	660	384
Mar 2020	37	667	388
Apr 2020	41	695	435
May 2020	0	0	0
Jun 2020	14	217	125
Jul 2020	0	0	0
Aug 2020	0	0	0
Sep 2020	0	0	0
Oct 2020	44	719	440
Nov 2020	33	497	297
Dec 2020	29	404	234
Total	**273**	**4,458**	**2,651**

Item Twenty-Two: Permanency Hearings

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

SCDSS currently conducts permanency planning hearings at the nine-month mark. This schedule allows the hearing to occur timely even when continued or delayed. 4,554 permanency hearings have been conducted from January 1, 2020 through May 31, 2021. The Court Liaison Program with Children's Law Center tracks this as well as other court hearings.

The below table represents all hearings by Circuit Court system.

Circuit	Hearings	Untimely	Percent Untimely	Cases Opened	Cases Closed	Children with Closed Cases	New EPCs	Merits	Judicial Reviews	Permanency Planning Hearings	Motions	Continuances
1	337	57	16.9%	59	125	244	60	108	32	130	7	90
2	605	53	8.8%	43	165	344	54	207	115	223	6	258
3	362	53	14.6%	51	90	165	61	116	26	157	2	95
4	493	46	9.3%	62	273	549	80	172	40	197	4	157
5	1,541	339	22.0%	208	330	671	352	614	120	403	52	698
6	329	51	15.5%	37	113	255	44	102	33	145	5	128
7	1,075	129	12.0%	95	457	895	159	326	9	544	37	395
8	707	94	13.3%	81	245	500	111	254	26	305	10	217
9	1,295	264	20.4%	191	381	690	317	446	68	430	32	481
10	723	99	13.7%	116	263	504	126	203	22	341	31	168
11	838	194	23.2%	70	181	369	102	337	69	313	17	491
12	461	42	9.1%	68	179	323	87	145	72	150	7	148
13	1,459	278	19.1%	183	617	1,069	265	545	30	582	37	441
14	336	54	16.1%	46	90	166	66	119	35	111	5	116
15	781	91	11.7%	106	556	1,030	157	218	37	358	11	245
16	556	72	12.9%	74	225	440	87	239	55	165	10	206
Total	11,898	1,916	16.1%	1,490	4,290	8,214	2,128	4,151	789	4,554	273	4,334

Item Twenty-Three: Termination of Parental Rights
How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

In calendar year 2020, 343 Termination of Parental Rights (TPR) petitions were filed. While SCDSS has worked to improve the way in which TPR petitions are tracked, in order to determine how many were not filed in a timely manner for the year SCDSS would need to manually count all cases noted to not have a TPR petition filed in the legal case management system. SCDSS recognized the need to hold future discussions on improving the process for tracking and monitoring this data set.

SCDSS updated the legal case management system to track TPR actions. The system records the filing date of the last order and color codes action alerts. A yellow date highlighted indicates nearing the deadline for completion and a red date highlighted indicates a delay or missed deadline. Lastly, the system also provides the timeframe it took to achieve adoption.

Item Twenty-Four: Notice of Hearings and Reviews to Caregivers
How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

Currently, SCDSS does not have formal data regarding caregivers receiving notices of hearings and reviews. SCDSS is exploring ways in which to obtain formal data for future planning and reports. Considerations include tracking during CFSR reviews as part of the extra question set or the development of a tracking mechanism within CAPSS.

SCDSS surveyed a small sample of caregivers of children about receiving notices regarding hearings and reviews during the Joint Planning pre-meeting survey. 75% of respondents recalled receiving a notice of court proceedings for children in their care. Further, 63% indicated that if they had questions about those hearings, they were answered or explained.

Quality Assurance Item Performance
South Carolina was found to not be in substantial conformity on this factor during the 2017 CFSR as the one item in this systemic factor was rated as an Area Needing Improvement.

Item Twenty-Five: Quality Assurance System
How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

South Carolina reviews all 46 counties at least once every five years per the legislative requirements. At the end of the reviews, all counties are provided a final report that is also published on the agency's website where review reports are made public dating back to 2004. At the end of the reviews, the results of the assessments and needed services to support children and families are identified. That information in shared with the counties and Child Welfare Operations to help establish a system to better individualize services to meet the needs of the families. As the state has worked to increase access to and knowledge around existing services, this information was included in the establishment of an online service array system and this program area is informed of services that were needed but not provided to the families because of the reviews. Individualizing services is also a key component of the practice model.

South Carolina has an advanced data analysis system to evaluate program improvement measures. A mixed-method approach is used to analyze the quantitative and qualitative data from the reviews. This information is disseminated on the county, regional, and state level to discuss trends, barriers, and steps for continuous improvement as well as needed action steps to meet the identified goals.

Staff and Provider Training Item Performance
South Carolina was found to not be in substantial conformity on this factor during the 2017 CFSR as all of the items in this systemic factor were rated as an Area Needing Improvement.

Item Twenty-Six: Initial Staff Training
How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the Child and Family Services Plan (CFSP) that includes the basic skills and knowledge required for their positions?

Survey data indicate that 91% of staff believe the initial training provides them with confidence in their ability to perform the basic tasks associated with their position. Additionally, 89% of staff were satisfied in the quality of the initial training.[16]

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[16] Data represents all cohorts of Child Welfare Basic during calendar year 2020.

Item Twenty-Seven: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

While SCDSS provided ongoing training to child welfare staff and contracted providers on a variety of topics, the absence of formalized guidance in policy and contractual expectations coupled with limited systemic coordination led to a lack of uniformity in post-training evaluations and quantitative measures needed to gauge performance on this measure.

SCDSS's Staff Development and Training (SD&T) recognized this issue and has moved to implement policies, procedures, and contractual expectations to meet this item in calendar year 2021. SD&T has been heavily involved in the implementation, planning, and launch of all training initiatives rolled out in 2021 and SD&T is working toward having all training and coaching coordinated through the department so that training purpose, objectives, and attendance is verified through our Learning Management System. SD&T has collaborated with SCDSS's continuous quality improvement team to develop a standardized four-level training evaluation for every course delivery conducted.

SCDSS is developing field observation tools which allow the agency to measure transfer of learning from training to practice and to assess competencies. Additionally, SCDSS will deploy assessments measuring fidelity to quality practice as defined in our Guiding Principles and Standards (GPS) Practice Model. These efforts will allow SCDSS to comprehensively measure the effectiveness of the ongoing training program.

Item Twenty-Eight: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

SCDSS has contracted with the South Carolina Foster Parent Association to provide pre-service and continuing education training offered to any foster parent or child placing agency who wishes to participate. In calendar year 2020, 2,513 people attended pre-service training and 532 re-certification trainings were offered.

Additionally, surveys were collected at the end of the pre-service and re-certification trainings. A review of the survey data showed over 80% of respondents found the trainings to be good and useful.

In August 2020, South Carolina Foster Parent Association launched a learning management system known as SCFPALMS. Since launching, 3,244 users have sign up and 5,541 training certificates have been awarded.

Service Array and Resource Development Item Performance

South Carolina was found to not be in substantial conformity on this factor during the 2017 CFSR as all of the items in this systemic factor were rated as an Area Needing Improvement.

Item Twenty-Nine: Array of Services

How well is the services array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions

- Services that assess strengths and needs of children and families to determine other service needs *(case managers)*
- Services that address the needs of families in addition to individual children in order to create a safe home environment
- Services that enable children to remain safely with their parents when reasonable
- Services that help children in foster and adoptive placements achieve permanency

Since the start of 2021, SCDSS has continued to engage private providers to develop and improve timely access to community-based services. Several workgroups involving private providers meet monthly. During these meetings and in individual settings, information is provided so that providers can bill Medicaid for new or existing services. This technical assistance includes using non-clinical codes such as z-codes and the diagnostic manual for infant and early childhood DC:0-5. This also includes training for clinicians on interventions for infants and very young children. The benefits of these codes are that they can help provide Medicaid funded services for adults. These services can be billed through the child because of the needs or experiences their children have had.

SCDSS staff has also provided technical assistance to assist providers in navigating the rehabilitative behavioral health services (RBHS) moratorium. SCDHHS created an enrollment exception process for child placing agencies (CPAs) so that CPAs could enroll in Medicaid and become providers. SCDSS has also partnered with community providers that help expedite emergency diagnostic assessments and crisis services within two business days.

With respect to funding, SCDSS has issued a request for proposals and awarded seven grants to assist providers in building capacity for intensive in-home evidence-based services for placement stabilization, reunification, and prevention purposes. The week of April 26 HOMEBUILDERS will be piloted in Richland County. Additional funding has been provided with six awards to assist providers in transitioning to qualified residential treatment providers (QRTP).

SCDSS has engaged national technical assistance through the Building Bridges Initiative to assist both residential and community providers in developing and implementing best practices to transition to a true continuum of care of home and community-based services. SCDSS has also provided information to providers about federal grants to assist with capacity building for evidence-based programs through the federal Substance Abuse and Mental Health Services Administration.

Finally, SCDSS has published and met with providers about the new Family Centered Community Support Services (formerly Community Based Prevention Services) to assist providers in identifying ways to align services that would support a comprehensive continuum of services and continuity of care.

SCDSS is also improving access to services through its new Service Resource Database housed on its intranet and accessible by case managers and leadership. The Service Resource Database

is a user-friendly database designed to help find services for children, youth, and families across the state. This tool is designed to meet two goals:

- Help any DSS staff locate services that should be used to strengthen families

- Document services that are missing so that we can gather data to take to our partners to bridge gaps in the service array.

Through this documentation of missing services, case managers and leadership can note the type of service needed and the location of the needed service. Using that information, SCDSS can help address service array deserts.

Item Thirty: Individualizing Services

What statewide information and data are currently used by the state to show whether the service array is developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding, as examples of how the unique needs of children and families are met by the agency?

The qualitative analysis of the quality assurance reviews identifies services needed but not provided to families. This information, along with information concerning a lack of assessments, is discussed in QA Summary Notes and in county-specific debriefings. The State CQI workgroup has developed an ongoing regional post-QA review debriefing process with PIP counties beginning in October 2020 and expanding to include all counties starting in June 2021. This process has evolved from mapping cases to determine areas of strength and needed improvement to the start of regional improvement plans focused on actionable steps to improve practice.

Performance coaches are part of the debriefing and planning process to ensure case managers are conducting appropriate assessment to individual services to families. These activities are further supported by a statewide service array database established by the Office of Child Health and Well- Being. This database is updated as new services are identified. In addition, a survey has been developed to capture information regarding the need for additional services. County-level lunch-and-learn events have also been conducted to increase awareness of available services and gain additional local feedback.

Agency Responsiveness to the Community Item Performance

South Carolina was found to be in substantial conformity on this factor during the 2017 CFSR as one of the two items in this systemic factor were rated as an Area Needing Improvement.

Item Thirty-One: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

How well is the agency responsiveness to the community system functioning statewide to ensure that, in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

SCDSS held two statewide joint planning events since last year's APSR. During the Winter Stakeholder Event, stakeholders were invited to hear updates on Thriving Families, Safer Children and to hear from the Youth Advisory and Birth Parent Panels. During the Joint Planning Meeting, SCDSS invited to over 250 stakeholders from across the state and across roles, including 217 providers of services to children and families, 14 parents with lived experience with

the child welfare system, 10 mandated reporters, 33 current or former recipients of foster care, and 13 caregivers, including foster parents, adoptive parents, and kinship caregivers. SCDSS used the RSVP process to survey invitees around topics they wished to share more about during the event. Over 100 stakeholders attended the virtual event and break-out sessions to further engage in conversations and share feedback around current practice. Information gathered from these events and the survey was used to inform the planned activities in this APSR.

Item Thirty-Two: Coordination of CFSP Services with Other Federal Programs
What statewide information and data are currently used by the state to show whether the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

SCDSS has engaged in partnership with various child- and family-serving agencies around building a service array and child well-being system in South Carolina in large part through the development of the Families First Prevention Services Act (FFPSA) Plan. Please refer to page 54 for additional details about SCDSS's engagement of partners, assessment of the service array, and the coordination of services in development of the plan.

Foster and Adoptive Parent Licensing, Recruitment, and Retention Item Performance

South Carolina was found to not be in substantial conformity on this factor during the 2017 CFSR as two of the four items in this systemic factor were rated as an Area Needing Improvement.

Item Thirty-Three: Standards Applied Equally
How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-B or IV-E funds?

SCDSS requires all institutions and foster homes to meet all the requirements to obtain their initial licensure and prelicensure. There are times after the initial licensing has occurred that a foster home may obtain a waiver, including but not limited moving to a new home or marriage. If a waiver is issued, it is temporary, and all requirements must be met prior to the expiration of the waiver.

Item Thirty-Four: Requirements for Criminal Background Checks
How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Prior to approval as a licensed foster home or an adoptive home, SCDSS requires all required background checks to be conducted. All applicants must obtain FBI Fingerprints, South Carolina Law Enforcement Division (SLED) Checks, Central Registry Checks, South Carolina Sex Offender Registry and National Sex Offender Registry checks.

All household members age 18 and older must complete FBI fingerprints, SLED, SC Central Registry, and both sex offender checks. Children in the home who are 12 and older are required to have the sex offender checks completed. Furthermore, if the family has not resided in South Carolina for the most recent 5 years, a check is completed of the central registry for child abuse and neglect in all states that anyone age 18 and older has lived.

*Item Thirty-Five:* Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

SCDSS has enacted several practices and tools to improve the licensing, recruitment, and retention system.

- **Foster Home Needs Report:** Quarterly, SCDSS publishes on its website an enhanced foster home needs report, which compares the county of origin for children and youth in its care to the county of placement. It also examines the racial composition, age, and siblings to further estimate the need based on current demographics.

  Based on data from the end of Calendar Year 2020, South Carolina needed 2,356 family-like placements[17].

  The below charts show the need by race and age.
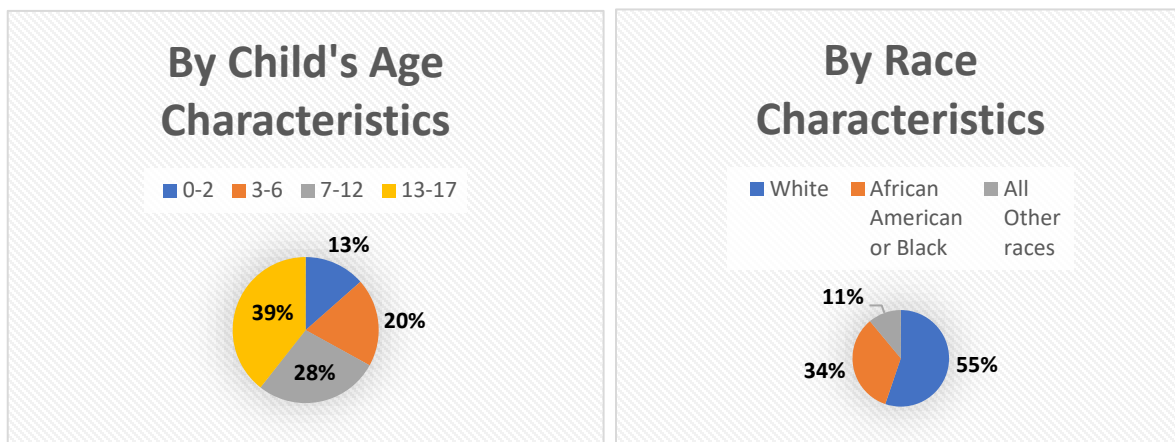
- **Data-Drive Discussions:** SCDSS has presented its methodology and described the children most in need of foster homes to the Foster Home Association, child placing agencies, and congregate care providers.

- **Foster Home Surveys:** Annually SCDSS surveys all foster homes to better understand the training and ongoing support needs of foster parents.

- **Town Halls:** SCDSS conducts periodic town halls with foster home providers to hear and address their concerns.

- **Data Analysis of Foster Children and Foster Homes by Race:** SCDSS examined the racial composition of its children in care to the availability of foster homes. The table below shows that with a few exceptions the racial composition appears to be in alignment. Data represents the end of December 2020.

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[17] A home can serve as placement to multiple children at a point in time.

Race	Foster Children	Percent	Foster Homes	Percent
White	2,169	55%	1,573	55%
Black or African American	1,306	33%	1,157	40%
Unknown/Multi-Racial/Other Race Unknown	215	5%	11	0%
Multi-Racial	194	5%	112	4%
Declined	46	1%	3	0%
American Indian/Alaskan Native	5	0%	7	0%
Asian	4	0%	1	0%
Total	3,939		2,864	

- **Closure Surveys:** To improve retention, SCDSS surveys all closed foster homes to learn why they decided to no longer foster. In addition, questions are designed to help gauge any concerns and needs that were not addressed.

   Below is a summary of the closed foster home survey results.[18]

Length of Time Open		
6 Months or Less	5	9.3%
7 to 11 Months	8	14.8%
1 to 3 Years	28	51.9%
4 to 6 Years	9	16.7%
7 or More Years	4	7.4%
Total	54	100%

Motivation to Begin Fostering		
Wanted to Give Back or Make a Difference	36	44.4%
Former Fostering Experience	1	1.2%
Spiritual or Religious Reason	18	22.2%
Interested in Adoption	19	23.5%
Other	7	8.6%
Total	81	100%

Primary Reason for Discontinuing Fostering		
Adoption Finalized	11	20.8%
Change in Family Circumstances	16	30.2%
Burn Out	6	11.3%
Moved Out of State or Area	4	7.5%
Dissatisfaction with the Agency	2	3.8%
Other	14	26.4%
Total	53	100%

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[18] Responses received October 16-27 2020

Confidence in Capabilities to Meet the Needs of the Child(ren) Placed in Home		
Very Confident	25	48.1%
Confident	24	46.2%
Not Very Confident	2	3.8%
Not At All Confident	1	1.9%
Total	**52**	**100%**

SCDSS Consideration of Wishes and Capabilities Before Placement of Child(ren)		
Strongly Agree	18	34.6%
Agree	25	48.1%
Disagree	8	15.4%
Strongly Disagree	1	1.9%
Total	**52**	**100%**

Receipt of Information That Helped Meet Needs of Child(ren) Placed in Home								
	Behavioral		Medical		Developmental		Educational	
Strongly Agree	3	5.8%	2	3.8%	3	5.8%	3	5.8%
Agree	26	50.0%	28	53.8%	24	46.2%	29	55.8
Disagree	16	30.8%	19	36.5%	19	36.5%	17	32.7%
Strongly Disagree	7	13.5%	3	5.8%	6	11.5	3	5.8%
Total	**52**	**100%**	**52**	**100%**	**52**	**100%**	**52**	**100%**

Training That Helped Meet the Needs of Child(ren) Placed in Home Was Offered		
Strongly Agree	12	23.1%
Agree	32	61.5%
Disagree	6	11.5%
Strongly Disagree	2	3.8%
Total	**52**	**100%**

Support Services That Helped Meet the Needs of Child(ren) Placed in Home Was Offered		
Strongly Agree	6	11.5%
Agree	31	59.6%
Disagree	10	19.2%
Strongly Disagree	5	9.6%
Total	**52**	**100%**

Questions/Concerns Asked to SCDSS Were Responded to in a Timely Manner		
Strongly Agree	6	11.5%
Agree	27	51.9%
Disagree	14	26.9%
Strongly Disagree	5	9.6%
Total	**52**	**100%**

Consistently Informed about Decisions and Other Issues Affecting Child(ren) Planed in Home		
Strongly Agree	5	9.6%
Agree	18	34.6%
Disagree	12	40.4%
Strongly Disagree	8	15.4%
Total	**52**	**100%**

SCDSS Considered Input When Making Decisions about Permanency Plan for Child(ren) Placed in Home		
Strongly Agree	5	9.8%
Agree	25	49.0%
Disagree	15	29.4%
Strongly Disagree	6	11.8%
Total	**51**	**100%**

Relationship Ratings														
	Foster Care Managers		Placement Unit Coordinators		Family Support Coordinators (Licensing)		Adoption Specialists		Biological Families		Guardians ad Litem / CASA		Local Foster Parent Association	
Strongly Favorable	10	19%	15	29%	24	46%	16	31%	1	2%	13	25%	13	25%
Favorable	32	62%	22	42%	22	42%	11	21%	20	38%	21	40%	25	48%
Unfavorable	4	8%	5	10%	5	10%	0	0%	9	17%	7	13%	1	2%
Extremely Unfavorable	3	6%	0	0%	1	2%	3	6%	4	8%	2	4%	0	0%
Non-Existent	3	6%	8	15%	0	0%	16	31%	18	35%	9	17%	11	21%
Total	**52**	100%	**50**	100%	**52**	100%	**46**	100%	**52**	100%	**52**	100%	**50**	100%

Did SCDSS Offer Services to Try to Convince You to Keep Your Foster Home Open		
Yes	6	11.5%
No	46	88.5%
Total	**52**	**100%**

Item Thirty-Six: State Use of Cross-Jurisdictional Resources for Permanent Placements
How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

During 2020 and despite the impact of COVID-19, SCDSS focused on increasing its infrastructure of homes so that children and youth could be moved to more family like settings. SCDSS enhanced collaboration with Child Placing Agencies to license non-kin foster homes so that SCDSS could focus its resources on licensing kin and fictive kin. SCDSS was also able to

increase the number of children in family like placement settings, decreased our use of congregate care, and increased our licensed kinship foster homes. With these efforts in place, 4,848 inquiries were received, and 1,828 applications were completed for foster and adoptive homes. This is a small increase from previous year despite the impacts of COVID-19. SCDSS also finalized 467 adoptions in 2020.

LICENSED FOSTER HOMES

Date	Licensed Foster Homes
1/1/2020	4272
2/1/2020	4260
3/1/2020	4275
4/1/2020	4286
5/1/2020	4273
6/1/2020	4292
7/1/2020	4273
8/1/2020	4272
9/1/2020	4211
10/1/2020	4240
11/1/2020	4280
12/1/2020	4283
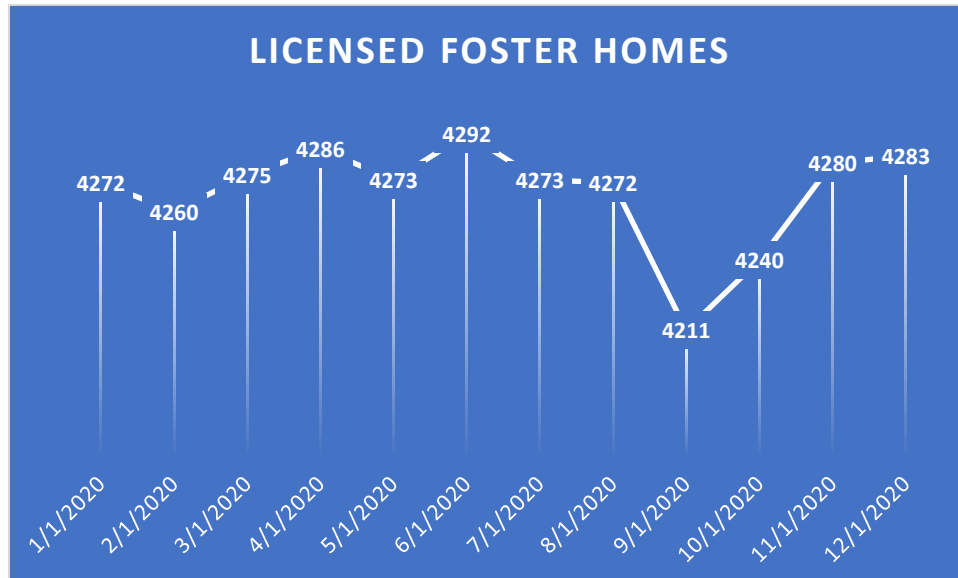
Furthermore, during 2020 SCDSS worked with Child Placing Agencies, South Carolina Foster Parent Association and South Carolina Heart Gallery to revise our Foster and Adoptive Home Diligent Recruitment Plan. More details regarding the Foster and Adoptive Home Diligent Recruitment Plan can be found on page 140 of this report.

3. Update to the Plan for Enacting the State's Vision & Progress Made to Improve Outcomes

Update to the Plan for Enacting the State's Vision

Child & Family Services Plan (CFSP)
SCDSS recognizes Year 1 and Year 2 of the CFSP will be heavily focused on the implementation of the GPS Practice Model, CFSR Program Improvement Plan (PIP), the Michelle H. Final Settlement Agreement and the planning for Family First Prevention Services Act (FFPSA). The FFPSA workgroups which include service providers, legal/judicial representatives, experts in prevention, parents, youth, and SCDSS staff members (state and local level), meet at a minimum monthly. The combined efforts and work required to implement FFPSA overlaps with the implementation of the Guiding Principles & Standards (GPS) Practice Model, the PIP, 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 the two-year window of time, the foundational work for implementing the FFPSA is focusing on key practice standards and developing a comprehensive service array. Planning work consists 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. Below is an update of the work which has taken place in Year 2 of the CFSP.

GPS Practice Model
With the assistance of Chapin Hall, the state 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.

The GPS Practice Model communicates SCDSS's formalized child welfare practice standards and expectations for day-to-day case practice with families and interactions among staff members. The model includes vision and values, guiding principles, core practice skills like engagement and functional assessment and our practice model outcomes.

In February 2020, SCDSS launched its formal implementation of the GPS Practice Model for Child Welfare Services and held an Initial Implementation Kick-Off Meeting. A key part of GPS implementation is the publication and sharing of the GPS model with the community and stakeholders.

The published GPS model is now available on our SCDSS Website under Child Welfare Services Transformation and the following documents are provided to SCDSS staff to support use of the Model in their practice.

- Supervisor Practice Profiles
- Case manager Practice Profiles
- GPS Practice Model
- GPS User Guide
- GPS Core Practice Skills
- GPS Quick Reference

Program Improvement Plan (PIP)
The CFSR Program Improvement Plan (PIP) is focused on safety provision, engagement, permanency/courts, and supervision as key cross-cutting practice areas. The move towards prevention requires focus on addressing key practice 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.

SCDSS continues to engage in regular communication with the regional Children's Bureau team around implementing activities and progress toward outcomes. While SCDSS has made great strides in both respects, the state was approved for additional time to complete several activities during CFSP Year 2.

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. The state has been working diligently to complete the requirement of each plan. The state focuses 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, and physical

and behavioral health care coordination. Listed below is the progress made within each of the Michelle H. implementation plans.

Workload Implementation Plan: To increase retention of child welfare staff, SCDSS has finalized development of case manager and supervisor competencies to be assessed from the interview stage of employment and throughout. These competencies are connected to each job duty on an employee's position description. Implementation of this process will aid in selecting employees who are more likely to remain in child welfare. "Stay" surveys and interviews continue to be utilized to identify retention determinants during a case manager's first year of employment in child welfare. The SCDSS Workforce Developer continues to lead the work of a partnership with public universities in South Carolina to increase recruitment of social work graduates. The University of South Carolina and their upstate campus, Winthrop University, and SC State are members of this partnership and held a Title IV-E Tuition Assistance Program Kickoff meeting on June 4, 2021.

Visitation Implementation Plan: Distribution of 2-in-1 tablets for child welfare case managers occurred statewide to aid in timely and accurate documentation of case manager actions. Policies and work aids have been published to provide practice guidelines for case manager contacts with children, youth, parents, caregivers and foster parents. These policies include an outline of the expectations for quality documentation of case manager contacts. A two-part training on quality documentation was developed and delivered to supervisors and case managers throughout the past year. This training will continue to be required as new staff are on-boarded. Training for visitation coaching is in development and will be aligned with the Coach Approach training model for supervisors, and the GPS practice profile for parent-child visitation. U of SC has completed development of the Quality Matters training curriculum designed to increase skills around contacts case managers have with children, youth, parents, caregivers and foster parents. The Child and Adult Information Portal (CAIP) has been built and is interfaced with the SCDSS child welfare database system. This portal was created to enable foster care providers to enter electronic information regarding visitation, education and medical care for foster children. SCDSS staff training for the portal was delivered in January and February 2021. Training for foster care providers began on February 15, 2021. As providers complete the training, they each receive a user account and access to the portal. For visitation, providers can enter details of visits they help facilitate between foster children and their parent, siblings, extended family and other important connections.

Out of Home Abuse & Neglect Implementation Plan: The Out-of-Home Abuse and Neglect (OHAN) Investigations unit is part of the Office of Safety Management and is responsible for investigating child abuse and neglect that occurs in foster care placements or at childcare facilities. OHAN has completed all implementation plan items. Performance data for the period of April 1, 2020 through September 30, 2020 reflect improvement in timely initiation of investigations, which includes making face-to-face contact with all alleged victim children within 24-hours of the referral; timely closure of investigations; and appropriateness of decisions to unfound the allegations.

Placement Implementation Plan: As of March 2021, Child and Family Teaming was fully implemented statewide as a method of building internal capacity to engage families and community partners. Training is currently underway for adoption of new child welfare

assessment tools designed to support effective interventions focused on entire families rather than single individuals and to identify service needs for children placed in foster care. These tools are known as the Family Advocacy and Support Tool (FAST) and the Child and Adolescent Needs and Strengths (CANS).

Healthcare Implementation Plan: The Service Resource Database has been created to aid case managers in identifying and connecting families to statewide health, dental and behavioral health resources. This database also incorporates a system of inquiry or request permitting the user the ability to enter information regarding a needed service which is not found but which needs to be accessed. Additionally, SCDSS, Select Health of SC and MUSC have partnered to bring the ECHO model for tele-mentoring to South Carolina. This model uses a hub-and-spoke knowledge-sharing approach where expert teams lead virtual clinics, amplifying the capacity for providers to deliver best-in-practice care to the foster children of South Carolina. Eight presentations have been delivered to providers since January 2021 and will continue through Spring of 2022. The Child and Adult Information Portal (CAIP) described in the Visitation Plan section will allow foster care providers to easily enter information and upload documents related to medical, dental and behavioral health care provided to foster children/youth. Foster care providers are also able to enter upcoming appointments in CAIP.

Family First Prevention Services Act (FFPSA)
On July 12, 2019, SCDSS convened the first meeting of its Title IV-E prevention services workgroup with representation from the Department of Mental Health (DMH), First Steps, Child Advocacy Centers, Project Best, Department of Alcohol and Other Drug Abuse Services (DAODAS), South Carolina Primary Health Care Association (SCPHCA), Department of Health and Human Services (SC DHHS), Department of Education (DOE), National Youth Advocate Program (NYAP), South Carolina Youth Advocate Program (SCYAP), Justice Works Behavioral Health Services, Carolina Youth Development Center (CYDC), SAFY, South Carolina Infant Childhood Mental Health Association (SCIMHA), Behavioral Health Services Association (BHSA; County 301s), Citizens Review Panel (CRP), A Child's Haven, Epworth Children's Home, the Palmetto Association for Children and Families (PAFCAF), and the SC Children's Trust. In addition to the previously mentioned organizations, SCDSS has added kin caregivers and birthparents of children with lived experience in the SC child welfare system to serve in an advisory capacity to this group. The workgroup is responsible for assisting the agency in enhancing its service array through the identification and selection of IV-E eligible EBPs across the state. The group has reviewed relevant data (i.e. Medicaid, CCWIS, and provider data, along with case typology) to help narrow down the state's definition of candidacy and candidacy characteristics.

SCDSS partnered with the U of SC's Institute of Families in Society and the South Carolina Department of Licensing, Labor, and Regulation (SCLLR) to develop and disseminate a survey to help SCDSS better understand the landscape of evidence-based practices, provider readiness, and provider self-efficacy with evidence-based practices across the state. On 2/22/2020, the SCLLR disseminated the survey via email, to all licensed professional counselors, marriage and family therapists, social workers, psychologist, psycho-educational specialists, addiction counselors, and physicians. Subsequently, SCDSS, PAFCAF, and the BHSA made their network providers aware of the survey. The survey closed on 3/15/2020 and received over

2400+ unique responses, around 1400+ served children and families, whereas, the remainder served all other populations (e.g. adults, elderly). The resulting data indicated the presence of a number of IV-E approved EBPs in present across the state (e.g. TF-CBT, FFT, MI, PCIT, PAT, etc.). Additional findings revealed common challenges associated with the implementation of EBPs within the provider community. These findings will help to inform a grant writing process and EBP sustainability plan.

SCDSS continues to work on the development of practice guidelines, policy, reimbursement methodology, budgets, service selection and mapping, provider qualifications, and defining eligible candidates for services.

Goal 1

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

Measure of Progress

Progress on goal one is measured by a reduction in the recurrence of child maltreatment – as shown via the Statewide Data Indicators – and improved performance on preventing removals – monitored via CFSR Item 2.

South Carolina Department of Social Services' risk standardized performance[19] on recurrence of maltreatment continues to increase[20] over time.

RECURRENCE OF MALTREATMENT
▼ A **lower** RSP value is desirable.
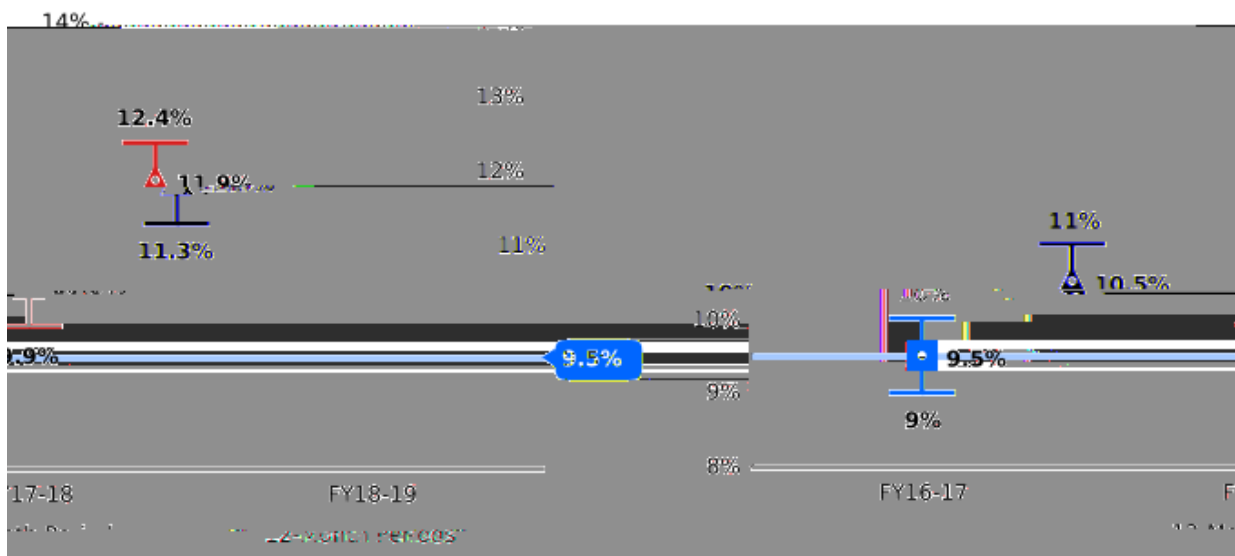
Between FFY 2019 and FFY 2020, SCDSS's performance on preventing removals decreased by 1.6 percentage points. See "Progress Measures" table below for specific data points.

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[19] RSP is used to assess state performance on the CFSR statewide data indicators compared to national performance. RSP accounts for some of the factors that influence performance on the indicators over which states have little control. One example is the ages of children in care; children of different ages have different likelihoods of experiencing an outcome (e.g., achieving permanency), regardless of the quality of care a state provides. Accounting for such factors allows for a more fair comparison of each state's performance relative to the national performance.

[20] On this measure, a lower risk standardized performance value is desirable.

Objective 1
Develop and implement a comprehensive service array aimed at the stabilization of the family unit.

Revision
Objective 1 was modified to align with intent of the goal – to expand services and engagement for children and families involved in the South Carolina child welfare system and to align with FFPSA.[21]

Intervention 1
Expand statewide community-based, collaborative programs that support the inclusion and engagement of families

Update on Progress Made
Year 2 Progress Benchmark
Develop service eligibility criteria and mapping of evidence-based services across the state

This intervention focuses on the expansion of community-based, collaborative programs that support the inclusion and engagement of families. The focus of this intervention was to assist with operationalization of FFPSA and the expansion the Department's service array. SCDSS continues to make significant progress on its end of year benchmarks. SCDSS convened its services workgroup with representation from the Department of Mental Health (DMH), First Steps, Child Advocacy Centers (CACs), Project Best, Department of Alcohol and Other Drug Abuse Services (DAODAS), South Carolina Primary Health Care Association (SCPHCA), Department of Health and Human Services (DHHS), Department of Education (DOE), National Youth Advocate Program (NYAP), South Carolina Youth Advocate Program (SCYAP), Justice Works Behavioral Health Services, Carolina Youth Development Center (CYDC), SAFY, South Carolina Infant Childhood Mental Health Association (SCIMHA), Behavioral Health Services Association (BHSA; County 301s), Citizens Review Panel (CRP), A Child's Haven, Epworth Children's Home, the Palmetto Association for Children and Families (PAFCAF), Youth Advocate Program (YAP), A Child's Haven, private practitioners, and the SC Children's Trust. In addition to the previously mentioned organizations, the Department has added kin caregivers, youth, and birthparents with lived experience involving the SC child welfare system to serve in an advisory capacity to this group.

The workgroup has continued to be responsible for assisting the Department in enhancing its service array through the identification and selection of IV-E eligible EBPs and services across the state. A subgroup of this larger cohort has been responsible for the development of several scopes of work for Evidence-Based Practices, Capacity Building Grants, Family-Centered Community Support Services, and Non-Evidence-Based and Concrete Services. A part of this work includes the development of standardized service definitions and provider qualifications to render specific services.

Work completed in partnership with Dr. Cheri Shapiro, Director, Center for Excellence and Evidence-Based Practices at the University of South Carolina focused on surveying the landscape of evidence-based practices across the state assisted our shared child and family serving system in understanding the placement and prevalence of EBPs and other clinical services in SC.

Complementary work has also been completed to assist case managers in identifying and

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[21] See the FFPSA section on page 54 for information related to the FFPSA workgroup and implementation.

locating services and resources across the state. This work has been operationalized thought development and implementation of the crowdsourced *EASE Service Array Database*. The database has assisted the Department in identifying additional service gaps which will serve to inform us where service deserts and gaps are within the state. Using this information, we can better plan to build capacity of needed services in needed areas.

The Department also developed a working draft of its service array and resource guide for case managers to better understand the which children and families are eligible for certain services and which funding streams can be leveraged for specific interventions and case types. This document also outlines what resources (i.e. ETV, Kinship supports, etc.) can be used to support different populations.

Objective 2

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

Intervention 1

Rebalance current contracts and identification of alternative funding mechanisms to enhance access to care

Update on Progress Made

Year 2 Progress Benchmark

Funding will be allocated to support the implementation and utilization of previously inaccessible services to children and families at little or no cost

Intervention 2 states that SCDSS will rebalance current contracts and identify alternate funding mechanisms to enhance access to care. SCDSS has met its year 2 benchmark to evaluate and rebalance contracts but notes that contract rebalancing should be an ongoing process. Secondly, the focus of this year's work was to ensure access to previously inaccessible services. Evidence of completion of year 2 benchmark can be found in SCDSS current transition from a purchased engagement service to a casework best practice (intervention 4 progress for updates) and CFTM implementation status. Additionally, development of a scope of work for comprehensive services available to all DSS involved cases, as well as the development of a new community-based services program for cases that do not rise to the level of departmental involvement but could benefit from intervention. SCDSS is also closely partnering with and supporting providers seeking to expand their services that are funded with public, private, and philanthropic dollars.

This has included providing capacity building grants for evidence-based practices that have not been present in SC's service array. Providers have been trained on HOMEBUILDERS Intensive Family Preservation Services, Brief Strategic Family Therapy, and the state is implementing the Safe Baby Court intervention. These services are funded through FFTA and other funding sources by either SCDSS or it's community partners. Financing the capacity building of this work will enable long-term sustainability and shifting of state funds to prevention rather than child welfare intervention (foster care). Additional information can be found on page 106 of this report.

Intervention 2

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

Update on Progress Made

Year 2 Progress Benchmark

A list of preferred providers by region will be available for caseworker use to ensure

timely access to care

Intervention 3 states that SCDSS will establish a service array matrix that meets the unique needs of children and families. The year two benchmark for this goal was to develop a list of preferred providers by region for caseworker utilization to ensure timely access to care. Evidence of this completion can be seen through the development and utilization of the SCDSS EASE Service Array Database. This database was developed in partnership with the Medical University of South Carolina and informed by crowdsourcing from caseworkers, community services surveys, and identification of evidence-based services across the state. In addition to the completion of this work, the Department has also partnered with the South Carolina Primary Healthcare Association (SCPHA) which is the state's association for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) to ensure timely access to care for children who have recently entered foster care. These preferred providers expedite initial medical screenings for foster children.

Intervention 3

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.

Update on Progress Made

Year 2 Progress Benchmark
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 of 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

Intervention 4 for Goal 1. SCDSS strongly believes in the power of family and youth voice, meaningful partnership with stakeholders throughout the life of the case, and that through development of a child and family team that we can improve safety, well-being, and permanency outcomes. The South Carolina Department of Social Services began implementing internal Child and Family Team Meetings beginning in June of 2020. Previously, a contracted partner, NYAP, provided Family Group Conferences and Family Team Meetings on the front end of cases. The roll out began with pilot counties which informed our process and implementation for the next phases. Greenville and Horry counties implemented on June 1st, followed by Pickens, York, Chesterfield, Berkeley, and Jasper on July 6th and finally Newberry, Fairfield, and Aiken on August 10th. As of January 2021, we are fully implemented in all 4 regions of the state for Foster Care and Family Preservation cases. Our contract with NYAP officially ended in March of 2021. We have 35 of 39 positions filled and we are working diligently to fill the last 4.

As of May 1st, internal facilitators have held over 952 Child and Family Team Meetings. The initial Child and Family Team Meeting is held within 1 business day of a child being removed from the home and then at various points throughout the life of the case. One meeting that has proven to be particularly effective at diverting children from entering care is our Pre-Removal CFTM. This meeting is held anytime a Case Manager plans to file an Ex Parte order. The facilitator leads the team in problem solving, identifying supports, needs and placement options. Thus far, 64% of these meetings have culminated with a plan and prevented the child's removal, that's over 60 children over the last year that have not entered care due to the implementation of these meetings.

Survey Results: Our participant survey points to more positive outcomes of Child and

Family Team Meetings. **Since June of 2020, we have seen a 32% <u>return rate</u> on CFTM surveys** (goal was 10% of meetings would have a survey sent). 84% of participants feel that the meeting addresses the needs of the family. 90% reported that the CFTM addressed concerns related to the child. 85% reported feeling heard, respected and supported throughout the meeting. 85% reported feeling that they had say in their family's plan. 91% said they understood the concerns of DSS after the meeting, even if they disagreed with them. 92% reported that they would recommend a child and family team meeting to other families. (See full survey report below)

Coaching and Training: For the past several months, coaches have worked with facilitators, supervisors and case managers across the state to improve their facilitation skills and ensure fidelity to our CFTM model. Additionally, the coaching team has overhauled the CFTM training to be more user friendly and less didactic. The leadership team has worked closely with the SC provider network, Foster Care association, attorneys and other stakeholders to ensure they are trained in the CFTM process to recognize the benefits and understand their role in the meeting.

Goal 1 Progress: Year 2 Reporting

***Objective 1* for Goal 1** was modified to align with intent of the goal which is to expand services and engagement for children and families involved in the South Carolina Child Welfare System and align with FFPSA.

Intervention 1: This intervention focuses on the expansion of community-based, collaborative programs that support the inclusion and engagement of families. The focus of this intervention was to assist with operationalization of FFPSA and the expansion the Department's service array. SCDSS continues to make significant progress on its end of year benchmarks. SCDSS convened its services workgroup with representation from the Department of Mental Health (DMH), First Steps, Child Advocacy Centers (CACs), Project Best, Department of Alcohol and Other Drug Abuse Services (DAODAS), South Carolina Primary Health Care Association (SCPHCA), Department of Health and Human Services (SC DHHS), Department of Education (DOE), National Youth Advocate Program (NYAP), South Carolina Youth Advocate Program (SCYAP), Justice Works Behavioral Health Services, Carolina Youth Development Center (CYDC), SAFY, South Carolina Infant Childhood Mental Health Association (SCIMHA), Behavioral Health Services Association (BHSA; County 301s), Citizens Review Panel (CRP), A Child's Haven, Epworth Children's Home, the Palmetto Association for Children and Families (PAFCAF), Youth Advocate Program (YAP), A Child's Haven, private practitioners, and the SC Children's Trust. In addition to the previously mentioned organizations, the Department has added kin caregivers, youth, and birthparents with lived experience involving the SC child welfare system to serve in an advisory capacity to this group.

The workgroup has continued to be responsible for assisting the Department in enhancing its service array through the identification and selection of IV-E eligible EBPs and services across the state. A subgroup of this larger cohort has been responsible for the development of several scopes of work for Evidence-Based Practices, Capacity Building Grants, Family-Centered Community Support Services, and Non-Evidence-Based and Concrete Services. A part of this work includes the development of standardized service definitions and provider qualifications to render specific services.

Work completed in partnership with Dr. Cheri Shapiro, Director, Center for Excellence and Evidence-Based Practices at the University of South Carolina focused on surveying the landscape of evidence-based practices across the state assisted our shared child and family serving system in understanding the placement and prevalence of EBPs and other clinical

services in SC.

Complementary work has also been completed to assist case managers in identifying and locating services and resources across the state. This work has been operationalized thought development and implementation of the crowdsourced *EASE Service Array Database*. The database has assisted the Department in identifying additional service gaps which will serve to inform us where service deserts and gaps are within the state. Using this information, we can better plan to build capacity of needed services in needed areas.

The Department has also developed a working draft of its service array and resource guide for case managers to better understand the which children and families are eligible for certain services and which funding streams can be leveraged for specific interventions and case types. This document also outlines what resources (i.e. ETV, Kinship supports, etc.) can be used to support different populations.

Intervention 2 states that SCDSS will rebalance current contracts and identify alternate funding mechanisms to enhance access to care. SCDSS has met its year 2 benchmark to evaluate and rebalance contracts but notes that contract rebalancing should be an ongoing process. Secondly, the focus of this year's work was to ensure access to previously inaccessible services. Evidence of completion of year 2 benchmark can be found in SCDSS current transition from a purchased engagement service to a casework best practice (intervention 4 progress for updates) and CFTM implementation status. Additionally, development of a scope of work for comprehensive services available to all DSS involved cases, as well as the development of a new community-based services program for cases that do not rise to the level of departmental involvement but could benefit from intervention. SCDSS is also closely partnering with and supporting providers seeking to expand their services that are funded with public, private, and philanthropic dollars.

This has included providing capacity building grants for evidence-based practices that have not been present in SC's service array. Providers have been trained on HOMEBUILDERS Intensive Family Preservation Services, Brief Strategic Family Therapy, and the state is implementing the SAFE BABY COURT intervention. These services are funded through FFTA and other funding sources by either SCDSS or it's community partners. Financing the capacity building of this work will enable long-term sustainability and shifting of state funds to prevention rather than child welfare intervention (foster care). Additional information can be found on page 106 of this report.

Intervention 3 states that SCDSS will establish a service array matrix that meets the unique needs of children and families. The year two benchmark for this goal was to develop a list of preferred providers by region for caseworker utilization to ensure timely access to care. Evidence of this completion can be seen through the development and utilization of the SCDSS *EASE Service Array Database*. This database was developed in partnership with the Medical University of South Carolina and informed by crowdsourcing from caseworkers, community services surveys, and identification of evidence-based services across the state. In addition to the completion of this work, the Department has also partnered with the South Carolina Primary Healthcare Association (SCPHA) which is the state's association for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) to ensure timely access to care for children who have recently entered foster care. These preferred providers expedite initial medical screenings for foster children.

Intervention 4 for Goal 1. SCDSS strongly believes in the power of family and youth voice, meaningful partnership with stakeholders throughout the life of the case, and that through development of a child and family team that we can improve safety, well-being, and permanency

outcomes. The South Carolina Department of Social Services began implementing internal Child and Family Team Meetings beginning in June of 2020. Previously, a contracted partner, NYAP, provided Family Group Conferences and Family Team Meetings on the front end of cases. The roll out began with pilot counties which informed our process and implementation for the next phases. Greenville and Horry counties implemented on June 1st, followed by Pickens, York, Chesterfield, Berkeley, and Jasper on July 6th and finally Newberry, Fairfield, and Aiken on August 10th. As of January 2021, we are fully implemented in all 4 regions of the state for Foster Care and Family Preservation cases. Our contract with NYAP officially ended in March of 2021. SCDS has 35 of 39 positions filled and is working diligently to fill the last 4.

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Survey Results: Our participant survey points to more positive outcomes of Child and Family Team Meetings. **Since June of 2020, we have seen a 32% return rate on CFTM surveys** (goal was 10% of meetings would have a survey sent). 84% of participants feel that the meeting addresses the needs of the family. 90% reported that the CFTM addressed concerns related to the child. 85% reported feeling heard, respected and supported throughout the meeting. 85% reported feeling that they had say in their family's plan. 91% said they understood the concerns of DSS after the meeting, even if they disagreed with them. 92% reported that they would recommend a child and family team meeting to other families. (See full survey report below)

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Implementation Update:

Region	Staff Onboarded	Referral Assumption for Foster Care	Referral Assumption for Family Preservation
Upstate	9 of 10 positions filled	11/2/20	1/1/21
Midlands	8 of 10 positions filled	9/1/20	10/1/20
Pee Dee	8 of 8 positions filled	10/1/20	11/1/20
Low Country	8 of 9 positions filled	1/4/21	3/1/21
State Office	2 of 2 positions filled	N/A	N/A

Pre-Removal Data[22]

Region	Number of Meetings Held	Number of Prevented Removals / Disruptions	Percentage
Upstate	17	10	59%
Midlands	30	19	63%
Pee Dee	10	5	50%
Low Country	10	9	90%
Total	**67**	**43**	**64%**

Foster Care Meeting Data[23]

Region	Date of Assumption	Meetings Held	Meetings Cancelled	Child Attendance
Upstate	11/02/2020	391	22	4.7%
Midlands	09/01/2020	225	38	14%
Pee Dee	10/01/2020	205	27	3.4%
Low Country	01/04/2021	131	9	NA
Total		**952**	**96**	

Survey Results

Overall, how well did this CFTM address the concerns for this child(ren)?		
Yes, completely	63	63%
A lot	27	27%
A little	7	7%
Not at all	3	3%
Total	**100**	**100%**
Overall, how much do you think the CFTM helped to address the concerns of this family?		
Yes, completely	53	53%
A lot	31	31%
A little	11	11%
Not at all	4	4%
Total	**100**	**100%**
Did the case manager and facilitator meet with the family to prepare them for the CFTM?		
Yes, completely	48	48%
A lot	20	20%
A little	13	13%
Not at all	16	16%
Missing	3	3%
Total	**100**	**100%**

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[22] June 2020 to March 2021
[23] June 2020 to March 2021

Was the CFTM scheduled at the family's desired location and time?		
Yes, completely	71	71%
A lot	16	16%
A little	7	7%
Not at all	1	1%
Missing	5	5%
Total	**100**	**100%**
Did the case manager or facilitator ask the family's identified support system to attend and participate in the CFTM?		
Yes, completely	80	80%
A lot	10	10%
A little	3	3%
Not at all	3	3%
Missing	4	4%
Total	**100**	**100%**
Did the case manager or facilitator inquire about the family's culture and use this information to brainstorm and develop the plan?		
Yes, completely	50	50%
A lot	26	26%
A little	15	15%
Not at all	5	5%
Missing	4	4%
Total	**100**	**100%**
Were the family's strengths and needs (as identified during the CANS/FAST assessment) discussed and used in the brainstorming and planning?		
Yes, completely	64	64%
A lot	21	21%
A little	8	8%
Not at all	4	4%
Missing	3	3%
Total	**100**	**100%**

Goal 2

Strengthen permanency services to promote timely reunification, guardianship, or adoption

Measure of Progress

Progress on goal two is measured by an increase in risk standardized performance[24] of permanency in 12 months and placement stability – as shown via the Statewide Data Indicators – and improved performance on foster care placement stability, permanency goal for the child, and achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement – monitored via CFSR Items 4, 5, and 6 respectively.

South Carolina Department of Social Services' risk standardized performance on permanency in 12 months continues to increase[25] across monitoring periods.

PERMANENCY IN 12 MONTHS (12 - 23 MOS)

▲ A **higher** RSP value is desirable.

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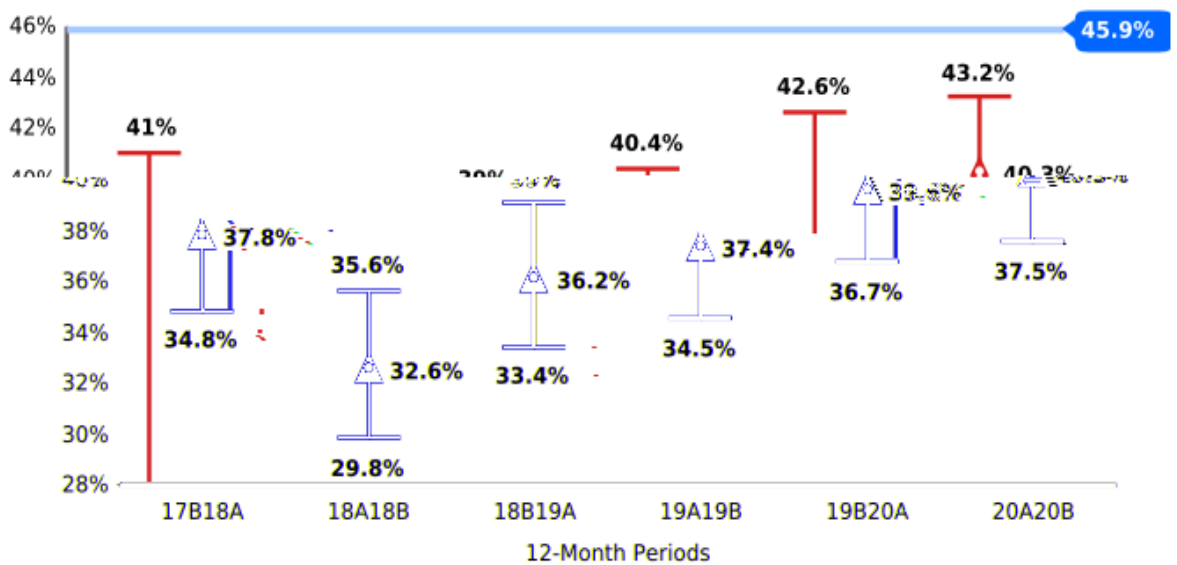
[24] RSP is used to assess state performance on the CFSR statewide data indicators compared to national performance. RSP accounts for some of the factors that influence performance on the indicators over which states have little control. One example is the ages of children in care; children of different ages have different likelihoods of experiencing an outcome (e.g., achieving permanency), regardless of the quality of care a state provides. Accounting for such factors allows for a more fair comparison of each state's performance relative to the national performance.

[25] On this measure, a higher risk standardized performance value is desired.

South Carolina Department of Social Services' risk standardized performance on placement stability continued to increase across monitoring periods until the most recent monitoring period, which saw a substantial increase[25] in placement stability.

PLACEMENT STABILITY (MOVES/1,000 DAYS IN CARE)

▼ A **lower** RSP value is desirable.
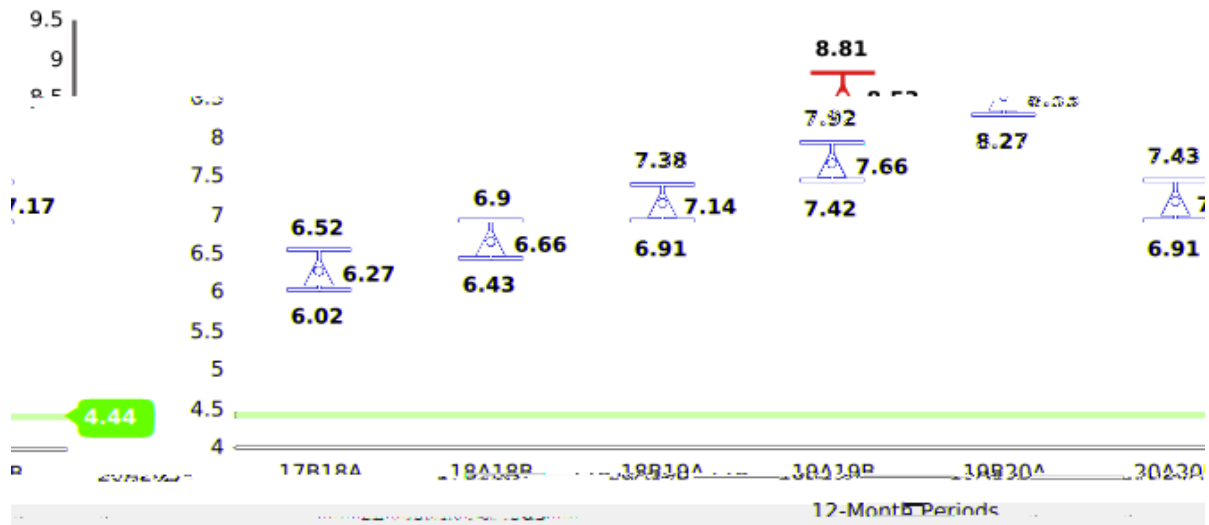
Between FFY 2019 and FFY 2020, SCDSS's performance on foster care placement stability increased by 10.3%, performance on permanency goals for the child decreased by 2.7%, and performance on achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement decreased by 22.1%. See "Progress Measures" table below for specific data points.

Objective 1
To improve court involvement to result in timely permanency statewide

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.

Update on Progress Made
Progress benchmarks begin in Year 3. See Goal 2's Year 2 Reporting section below.

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**.**

Update on Progress Made
Progress benchmarks begin in Year 3. See Goal 2's Year 2 Reporting section below.

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

Update on Progress Made
Progress benchmarks begin in Year 3. See Goal 2's Year 2 Reporting section below.

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.

Intervention 1

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.

Update on Progress Made

Progress benchmarks begin in Year 3. See Goal 2's Year 2 Reporting section below.

Goal 2 Progress: Year 2 Reporting

The objectives and interventions found in Goal 2 of the CFSP were developed to further expand upon SCDSS's CFSR PIP Goals 2 and 3, which are dedicated to enhancing performance with the permanency outcomes areas (Permanency Outcome 1: Children have permanency and stability in their living situations and Permanency Outcome 2: The continuity of family relationships and connections is preserved for children). To improve Permanency Outcome 1, the Office of Permanency Management formed workgroups that identified barriers and solutions resulting in reducing safety concerns while continuing to maintain the focus on achieving timely permanency and the optimal well-being of the children and family unit. The agency planned to deliver training on the Pre-Merits Hearing Conference will be provided to all SCDSS staff, SCDSS attorneys, Office of Indigent Defense (OID) attorneys, and guardians ad litem (GAL) and their attorneys. While the training was slated to begin in March or April, it was delayed due to the COVID-19 pandemic.

To improve Permanency Outcome 1, the SCDSS trained child welfare staff, SCDSS attorneys, Office of Indigent Defense (OID) attorneys, and guardians ad litem (GAL) and their attorneys regarding Pre-Merits Hearing Conferences. During the trainings, it was stressed that trained participants and parents would be the required participants in the conferences.

After implementation of the Pre-Merits Hearing Conferences, SCDSS conducted focus groups to obtain feedback from the participants and a survey was developed to be completed at the end of all Pre-Merits Hearing Conferences.

Pre-Merits Hearing Conferences are being conducted statewide as of Mary 2021, thus SCDSS is ahead of scheduled benchmarks for Goal 2 Objective 1, Intervention 1 and 3.

Calendar year 2020 was a challenging year for SCDSS's child welfare system. Due to mandatory closures and stay-at-home orders causing delays in court hearings, timely permanency was negatively impacted. Despite obstacles, SCDSS was able to maintain pre-pandemic numbers and percentages regarding children leaving care within 35-60 days. The following data shows the number and percentage of children returned home who entered foster within the prior twelve months.

Children Returned Home[26]										
Region	Entered Care in Last 12 Months	Returned Home		Within 3 Days		Within 5 Days		Within 35 Days		Within 35-60 Dyas	
Low Country	499	107	21.4%	15	3.0%	36	7.2%	81	16.2%	9	1.8%
Midlands	831	235	28.3%	39	4.7%	66	7.9%	114	13.7%	32	3.9%
Pee Dee	562	128	22.8%	14	2.5%	30	5.3%	60	10.7%	21	3.7%
Upstate	828	165	19.9%	22	2.7%	47	5.7%	85	10.3%	29	3.5%
Total	2720	635	23.3%	90	3.3%	179	6.6%	340	12.5%	91	3.3%

SCDSS has continued to collaborate with the Court Improvement Program (CIP) to embed the need for quality hearings within all court practices. The CIP and SCDSS have trained all DSS attorneys, judges, GAL attorneys, and OID attorneys on the Best Legal Practices in Child Abuse and Neglect Case. SCDSS staff who are hired attend legal training where Best Legal Practices in Child Abuse and Neglect Cases is embedded within the training. SCDSS will be rolling out a "Lunch and Learn" training regarding the Best Legal Practices in Child Abuse and Neglect Case will be discussed for the different types of court hearings for all SCDSS staff and supervisors.

To promote timely permanency for children who have a primary or concurrent plan of adoption, SCDSS is utilizing the legal case management system (LCMS) to track those children who have a filed or who are in need of a filed Termination of Parental Rights (TPR) action. This report is color-coded and distributed to SCDSS attorneys, front-line staff who supervise foster care and adoptions, and adoptions administrators by the 5th of each month. IN 2020, 343 TPR petitions were filed despite the court closures due to the COVID-19 pandemic.

Strategies and activities outlined in Goal 3 of SCDSS's CFSR PIP are designed to strengthen kinship practice to improve placement stability and improve Permanency Outcome 2.

Within the past year, SCDSS has developed a kinship care training and has trained SCDSS child welfare staff, attorneys, and foster home licensing personal. This training is conducted on a quarterly basis and has a pre and post-test incorporated within it, which allows for SCDSS to measure knowledge, skills, and abilities surrounding kinship care.

Throughout 2020, SCDSS implemented kinship policy, including user-friendly tip-sheets for child welfare case managers. Emergency kinship regulations became permanency and SCDSS implemented updated placement policies which guide practice around how and when to search for a foster care placement with a non-kin provider. The Office of Permanency Management also conducted trainings with staff on the new procedures.

SCDSS surveyed current foster parents about their training needs, levels of support, communication, and areas of improvement, the results of which were shared with SCDSS leadership and stakeholders and will be used to inform future trainings for foster parents.

SCDSS child welfare case managers, regional foster home licensing offices, and members of the Well-Being teams hold monthly staffings to discuss children placed in congregate care settings, separated from their siblings, and placed out of their county-of-origin. These staffings have helped decrease the number of children in congregate care settings and to reunify siblings. For the first time in SCDSS history, the use of family-like settings and kinship placements is higher than congregate care placements.

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[26] Date of data pull: June 14, 2021.

Goal 3

Develop and enhance safety practices to build a safety culture that protects children and strengthens parental capacity.

Measure of Progress

Progress on goal three is measured by an reduction in risk standardized performance[27] of recurrence of maltreatment and maltreatment in care – as shown via the Statewide Data Indicators – and improved performance on timeliness of initiating investigations of reports of child maltreatment, services to family to protect child(ren) in the home and prevent removal or re-entry Into foster care, and risk and safety assessment and management – monitored via CFSR Items 1, 2, and 3 respectively.

South Carolina Department of Social Services' risk standardized performance on recurrence of maltreatment continues to increase[28] over time.

RECURRENCE OF MALTREATMENT
▼ A **lower** RSP value is desirable.
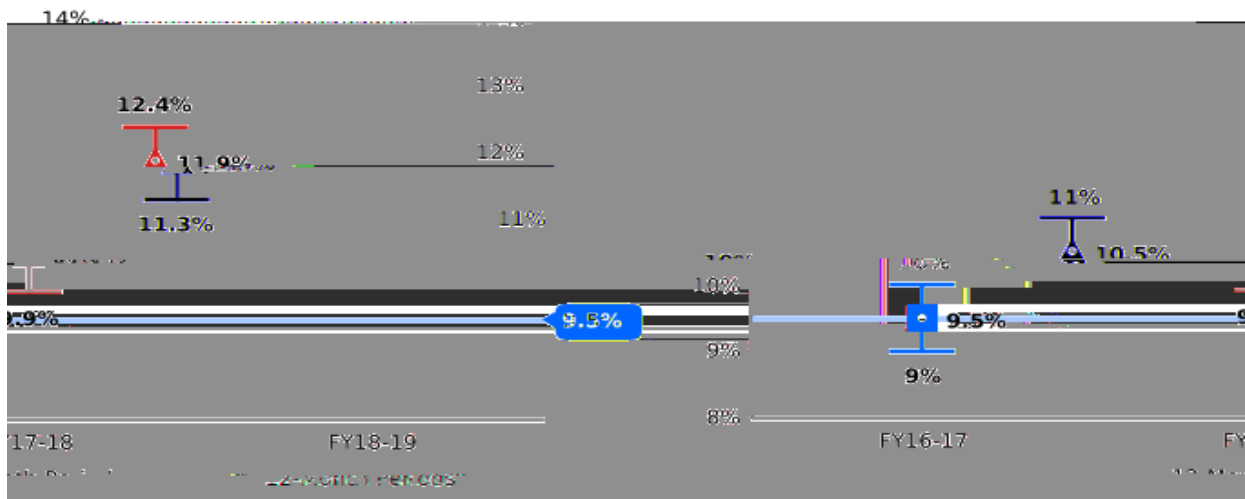
South Carolina Department of Social Services' risk standardized performance on maltreatment in care continues to increase [29]over time.

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[27] RSP is used to assess state performance on the CFSR statewide data indicators compared to national performance. RSP accounts for some of the factors that influence performance on the indicators over which states have little control. One example is the ages of children in care; children of different ages have different likelihoods of experiencing an outcome (e.g., achieving permanency), regardless of the quality of care a state provides. Accounting for such factors allows for a more fair comparison of each state's performance relative to the national performance.

[28] On this measure, a lower risk standardized performance value is desired.

[29] On this measure, a lower risk standardized performance value is desired.

MALTREATMENT IN CARE (VICTIMIZATIONS/100,000 DAYS IN CARE)

▼ A **lower** RSP value is desirable.
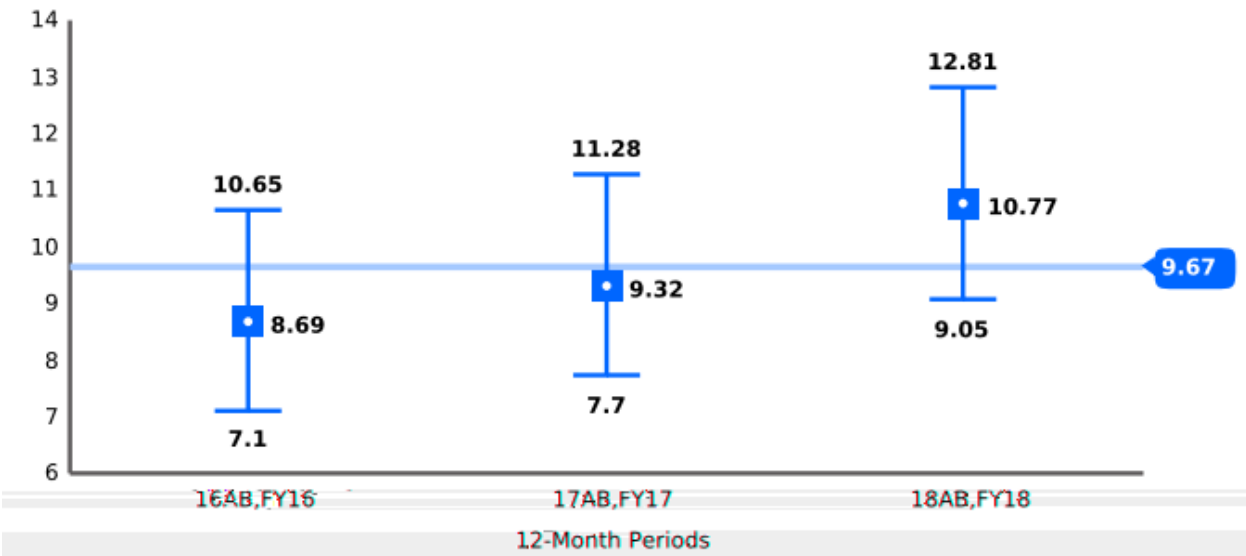
Between FFY 2019 and FFY 2020, SCDSS's performance on timeliness of initiating investigations of reports of child maltreatment increased by 8.6%, performance on services to family to protect child(ren) in the home and prevent removal or re-entry Into foster care decreased by 1.6%, and performance on risk and safety assessment and management increased by 3.4%. See "Progress Measures" table below for specific data points.

Objective 1

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

Intervention 1

Continue to assess for safety throughout the life of a case through the use of the structured decision-making tool at intake and the consistent practice around case planning using the identified case planning tool.

Update on Progress Made

Progress benchmarks begin in Year 3.

Intervention 2

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

Update on Progress Made

Year 2 Progress Benchmark

Improve ability to identify the duration and number of children who are placed with alternative caregivers.

SCDSS engaged in foundational work in partnership with the Capacity Building Center for States to define, develop, and implement a cohesive and holistic Safety Intervention Model. This framework will guide SCDSS's safety practice and decision-making and is integrated with the use of SCDSS's Family Advocacy and Support Tool (FAST). This model is designed to guide child welfare staff's understanding that safety and risk occur along a scale and will further help define and develop appropriate interventions so SCDSS can closely monitor the number of children who are able to be maintained safety in the home. Additionally, the Safety Intervention Model will look

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at identifying conditions for return early in the life of the case so we can help families achieve safety and permanency as efficiently as possible.

SCDSS created a kinship placement tab in CAPSS designed to capture and track kinship placements across investigations and family preservation cases statewide. Additionally, SCDSS created easy-to-use guidance on how to use the new tab.

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

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.

Update on Progress Made

Year 2 Progress Benchmark
Creation of a data collection system to include intake, quality assurance, and data output

SCDSS's Child Fatality Unit created a database of non-attended child fatalities in Year 1. During Year 2, SCDSS worked to refine the database to include useful variables and automated reports. These reports are currently in use and allow SCDSS to monitor its response to child fatalities, uncover and respond to screening trends, and report to stakeholders when needed.

Updated Year 3 Progress Benchmark
SCDSS committed to creating an appropriate benchmark for Year 3 using prior progress and data collected in Years 1 and 2.

SCDSS will analyze data on trends in SCDSS's child fatality response and share findings with appropriate child welfare leadership for tracking and adapting.

Goal 4

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

Measure of Progress

Goal 4 is foundational to goals 1 through 3, thus progress is reflected through progress on those goals.

Objective 1

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

Intervention 1

Develop a Formal CQI Plan with program improvement feedback loops

Update on Progress Made

SCDSS completed this intervention in Year 1.

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.

Year 2 Progress Benchmark

County CWIT Teams are fully functional and operating in each of the 46 South Carolina counties as directed by Child Welfare Operations

SCDSS is in the process of developing a fully functional statewide teaming structure to support the active involvement of staff and stakeholders in the division's CQI processes. While Child Welfare Improvement Teams (CWIT) are functioning in all 46 counties, the agency is in the process of creating a regional CQI structure as it continues to build capacity in the state office team. Also in development, is the state's CQI plan and process to detail levels of engagement and communication.

Staff at all levels (i.e., caseworkers, supervisors, agency management/leadership, et al.) have increased opportunities to participate in established CQI activities, such presentation of results and trends post-review, participation in regional CQI meetings, and participation in the development of action plans for targeted improvement. DSS is actively increasing the involvement stakeholders (i.e., private providers, youth, parents, foster/adoptive parents, community providers, et al.) to contribute to action/improvement planning and monitoring activities.

SCDSS has laid the foundation for the development of an effective teaming structure will help shape a shared sense of community among participants on key CQI tasks and responsibilities and ensure CQI teams meet regularly, using an established agenda that includes data review and focuses on solving problems and improving outcomes.

Progress Measures

Progress measures are monitored using reports on the Child and Family Services Review (CFSR) Information Portal's Online Monitoring System (OMS). The below data represents the change in statewide case – both PIP-monitored and non-PIP-monitored – reviews using the Onsite Review Tool. SCDSS has improved on eight of the ten monitored CFSR items.

Item	Description	2019[30]	2020[31]	Change
1	Timeliness of Initiating Investigations of Reports of Child Maltreatment *Were the agency's responses to all accepted child maltreatment reports initiated, and face-to-face contact with the child(ren) made, within time frames established by agency policies or state statutes?*	63.4%	72.0%	8.6%
2	Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care *Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?*	37.0%	35.4%	-1.6%
3	Risk and Safety Assessment and Management *Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care?*	28.4%	31.8%	3.4%
4	Stability of Foster Care Placement *Is the child in foster care in a stable placement and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goal(s)?*	62.4%	72.7%	10.3%
5	Permanency Goal for Child *Did the agency establish appropriate permanency goals for the child in a timely manner?*	57.2%	54.5%	-2.7%
6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement *Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?*	51.9%	29.9%	-22.1%
12	Needs and Services of Child, Parents, and Foster Parents *Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?*	12.7%	18.2%	5.5%
13	Child and Family Involvement in Case Planning *Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?*	22.9%	30.7%	7.7%
14	Caseworker Visits With Child *Were the frequency and quality of visits between caseworkers and child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?*	51.7%	57.9%	6.2%
15	Caseworker Visits With Parents *Were the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?*	17.1%	21.8%	4.7%

[30] PUR: Jul 01 2018 – Jun 30 2019. Data set limited to approved and final cases only.
[31] PUR: Jul 01 2019 – Jun 30 2020. Data set limited to approved and final cases only.

Implementation and Program Supports

Currently, SCDSS has several strategic initiatives that are actively in planning and implementation stages. SCDSS was deliberate in aligning all strategic initiatives (FFPSA, the GPS Practice Model, and the Michelle H. FSA) with the CFSR PIP and CFSP. Moreover, SCDSS is dually utilizing program supports across all strategic initiatives for effective collaboration.

SCDSS has numerous consultants supporting child welfare services and helping to address duplication and better coordination. SCDSS is currently receiving implementation and program supports from Casey Family Programs, Chapin Hall of Chicago, Annie E. Casey Foundation, the Capacity Building Center for States, the University of Kentucky, Affinità Consulting, and the National Council on Crime & Delinquency (NCCD).

Below is a list of the SCDSS' training and technical assistance provided to the state to promote the achievement of CFSP/CFSR goals and objectives since the submission of the 2020-2024 CFSP. For Year 2, the state has received the following technical assistance and training on the following:

- Casey Family Programs has guided the agency with working with state leadership in creating a healthy organizational culture. Two major areas Casey Family Programs has focused on is assisting state leadership with communication and creating clarity. Stakeholders commended SCDSS for presenting critical information on the major areas of work that are currently underway. The work with Chapin Hall and Casey Family Programs continues to strengthen the agency's efforts with engagement, communication, and clarity for frontline staff, supervisors, courts, and state stakeholders.

- Chapin Hall has assisted SCDSS in the development of the GPS Practice Model and now are supporting the implementation teams with the implementation of the GPS Practice Model across the organization. Additionally, Chapin Hall is also providing technical assistance around the implementation of the Child & Family Team Meetings.

- The Annie E. Casey Foundation is assisting SCDSS with enhancing the Kinship Care Program, Chafee Program, and maximizing Title IV-E penetration rate. This work is being done in partnership with New Allies.

- The Capacity Building Center (CBC) for States has continued to work with SCDSS through PIP approval, the 2018-2019 Final Report, and 2020-2024 CFSP approval. Additionally, the CBC is supporting SCDSS with implementation of the PIP and the development of the APSR. PIP implementation includes five projects: organization change management and implementation, service array, continuous quality improvement (CQI), in-home services, and strengthening supervision. In addition to the projects listed, the CBC has continued to facilitate peer learning calls with other states.

- The Praed Foundation is providing technical assistance to SCDSS on the safety work in child welfare services. The assessment tools and practice that frontline professionals currently use to investigate and assess the overall safety/risk needs of families are being enhanced. The agency is in the process of implementing the Family Advocacy and Support Tool (FAST) and the Child and Adolescent Needs and Strengths (CANS) to replace the current Child Family Assessment and Service Plan (CFASP).

- Affinità Consulting is providing technical assistance to SCDSS Staff Development and Training (SD&T) and the Child and Family Studies at the University of South Carolina with an upgrade to the current certification training delivered to front-line child welfare professionals. There is also work and support dedicated to front-line supervisors. Certification training for front-line supervisors is now being developed before the roll-out of certification training for front-line professionals. In addition to child welfare training, Affinità Consulting has provided technical assistance support on mapping the current structure of CFSR quality assurance reviews.

  SCDSS has included in the workforce development strategy, the formation of a University Partnership. Students from designated in-state public universities, who are pursuing the Bachelor of Social Work degree, and have been accepted into the program, will be able to utilize a Title-IV-E Tuition-Stipend award. Upon completion of the internship/field placement with DSS, the students will commit to employment with the agency. In order to establish the Title-IV E-Tuition-Stipend program and University Partnership, SCDSS contracted with Affinità Consulting. With their subject-matter expertise along with the work of the newly hired human resources workforce developer and the university partners, the program development is underway. Workgroups include fiscal, internship, program, and recruitment. The anticipated pilot program roll-out is January 2022. The desired outcome is a shared partnership ultimately resulting in the safety, permanency, and well-being of children and families, through the strategic development of a professional workforce.

  Lastly, because training is intertwined with all strategic initiatives, Affinità Consulting has assisted with mapping the sequencing of training deliverables to help ease the planning and implementation of all work efforts.

- Evident Change, formerly known as The National Center on Crime & Delinquency (NCCD), supported SCDSS's work to monitor and update the Structured Decision Making (SDM) Intake Screening and Response Tool. Additionally, SCDSS engaged in efforts with Evident Change to create a web-based reporting program designed to help frontline child welfare services staff use data to manage their caseloads more efficiently and effectively. This tools amplifies the agency's overarching goal of creating a work culture dedicated to continuous quality improvement and allows case managers to focus most of their time serving the needs of children and families on their caseloads. Safe Measures is an easy-to-use application which utilizes data entered into CAPSS to create real-time interactive dashboards to show case managers what work they need to do and what work has been completed. The pilot engaged nearly 100 investigations and family preservation staff.

SCDSS will continue to utilize technical assistance providers to support planning and implementation work that is underway. SCDSS will continue to hold consultant meetings to identify duplication as there are many technical assistance providers the state currently has in the child welfare services division. New Allies' work in hosting consultant meetings has allowed SCDSS and technical assistance consultants the ability to determine where there are gaps where the opportunity exist to appropriately adjust work efforts to avoid duplication. Because of the consultant debriefing, duplication was identified with supervision among two consultant groups. Now, both agencies are working together to better meet the needs for the strengthening supervision initiative. Similarly, better collaboration is taking place with enhancing the safety

framework within child welfare services. The Praed Foundation and the CBC are assisting the agency in working to implement a safety framework within child welfare services.

Technical assistance providers will continue to be utilized for implementation supports across both the CFSR PIP and CFSP. SCDSS was intentional in aligning work efforts across strategic initiatives and the agency is now leveraging technical assistance in the same way. SCDSS has secured technical assistance support for all strategic efforts in the CFSP and the first two years of work in the five-year plan belong to the PIP. The goals contained in the CFSP and the PIP have dedicated consultants assigned to provide technical assistance.

SCDSS continues to leverage technical assistance support from Casey Family Programs (CFP) with assisting State Office Leadership and County Leadership in creating a healthy organizational culture. CFP continues providing technical assistance on how to better communicate across the organization structure to create consistent clarity. Continuing to strengthen the organizational culture externally and internally will support SCDSS in the achievement of CFSP/CFSR goals and objectives of the 2020-2024 CFSP.

Lastly, SCDSS continues to work with Accountability, Data, and Research (ADR), the Capacity Building Center for States (CBC), Center of Child and Family Studies at the University of South Carolina to enhance the evaluation and management systems to support the goals and objectives in the CFSP. Currently, SCDSS had taken the initiative to schedule monthly meetings to address and troubleshoot any barriers in achieving the goals and objectives in both the CFSP and CFSR PIP. Additionally, the CBC is providing a brief service entitled "Building Capacity for Change, Implementation Monitoring, Evaluation, and Applying Findings." This service is critical in helping SCDSS track and adapt performance as strategic initiatives are implemented. As strategic initiatives (Michelle H. FSA, GPS Practice Model, CFSR PIP, CFSP, and FFPSA) are implemented, SCDSS will enhance skills and staff capacity around monitoring, evaluation, and applying findings.

4. Quality Assurance System

The Quality Assurance (QA)/Continuous Quality Improvement (CQI) system is functioning to support practice improvement in South Carolina.

In 2016, child welfare services (CWS) completed a CQI Self-Assessment Instrument developed by the Capacity Building Center for States (CBC), the Children's Bureau's Technical Assistance body. While many areas of strength were noted, several areas for improvement were also identified. CWS has worked over the last several years with the CBC to enhance our CQI system, better assess the implementation of the 5-year plan and support the development of a new practice model.

Areas needing improvement included CWS's foundational administrative structure to oversee and implement CQI as well as agency feedback loops for ongoing communications and accountability. The assessment also revealed a need for communication linkages between different levels of the agency as well as a comprehensive written CQI plan developed with staff and stakeholder involvement. CWS developed a Theory of Change in conjunction with the CBC and agency stakeholders and presented this theory to agency leadership. In 2019, joint work with the CBC continued to develop CQI policies and processes.

The following summary reflects South Carolina's CQI system status in Year 2 and moving forward:

Foundational Requirement

SCDSS provides services in four (4) 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

A culture of Continuous Quality Improvement is desired, expected and supported by our agency's leadership in order to establish and maintain a level of professional service that produces the best performance outcomes. The agency has developed and placed on its Learning Management system a basic CQI training course for all agency staff, which is mandatory for all new hires.

South Carolina law requires SCDSS to do quality assurance case reviews of County child welfare system performance and practice at least once every five years. In reality, the current review cycle results in counties being reviewed approximately every three years. This cycle is supplemented by the additional reviews required by the PIP and the Michelle H. Settlement Agreement. A plan is currently in development that would reduce the cycle time to approximately two years or less.

For regional & County practice, the feedback provided is used to determine underlying conditions for performance and to develop action plans, if warranted, which can include the implementation of new or enhanced strategies.

Monitoring of SCDSS CWS county practice is done through CWS 's regional offices with support from the CWS State Office. CWS regional office and CWS State Office staff review performance data, complaints, and fatalities for the purpose of analyzing trends and identifying areas of strength and areas needing improvement. Additionally, quality case record reviews are performed to promote quality case work practice.

In year 2, SCDSS has continued progress toward increasing CWS staff capacity to visualize, understand, and utilize data for CQI and performance management. A goal for Year 3 is to better organize and increase the quality and volume of internal technical assistance provided to state, regional, and County staff and continue partnering with the CBC using their Change and Implementation in Practice Series brief.

Quality Data Collection

SC CWS continues our focus on gathering analyzing data and transforming it into better, more meaningful information.

- Quantitative Data:
    - CAPSS continues to be updated and improved to meet information needs of the Division
    - Information from CAPSS system is used to monitor compliance with federal and state statutes and regulations and CWS service responses
    - Numerous data reports are available to Region/County staff for the purpose of updating and correcting child specific information in CAPSS
- Qualitative Data:
    - CWS collects data through quality case record reviews which are made available to SCDSS County Offices and regional staff

- CWS continues to host and provide opportunities listen to and involve the agency's clients in assessing quality, as well as obtain input from external stakeholders in the community.

Case Review Process

The Center for Child and Family Studies (CCFS) at the University of South Carolina continues to assist SCDSS in conducting its Quality Assurance (QA) Review Process. CCFS staff members are the primary reviewers; however, SCDSS county or state office staff members are included on the review teams. DSS leadership prioritizes which reviews are conducted within the limits of the budget and staffing.

Five QA Review Types Conducted by CCFS

1. *County QA Reviews* include a random sample of Child Welfare cases from Family Preservation, Community-based Prevention Services (CBPS), and Foster Care in counties scheduled for review.

2. *Program Improvement Plan (PIP) Reviews* conducted in accordance with the federally approved Program Improvement Plan. One hundred cases from the ten counties included in the PIP review process are reviewed.

3. Intake has implemented a number of quality assurance processes such as monthly intake reviews for all case managers and decision reviews for all supervisors. Additionally, a comprehensive CQI plan is in development that will pull together all individual quality assurance activities into one plan and will also include how that information will be used system-wide to improve intake practice.

4. Reviews used to measure compliance for the Michelle H Lawsuit. These case reviews include but are not limited to: *Out of Home Abuse and Neglect (OHAN), Sibling Visitations, and Parent Visitations QA Reviews*. Appropriate data universes, statistically random samples and resulting analyses are jointly determined by SCDSS, University of SC, and the federal court monitors

5. *Strategic QA Reviews* are conducted for various continuous quality improvement projects.

Child Welfare QA Reviews Using the Federal Onsite State Review Instrument (OSRI)

County QA Reviews, PIP QA Reviews, and Strategic QA Reviews are conducted using the federal *Onsite State Review Instrument* (OSRI).

- County QA reviews are conducted as prioritized by the SCDSS leadership. Reviews are conducted off site in Columbia using CAPSS data, case files, and stakeholder interviews. Each county receives a full report of the findings. SCDSS posts the final report on the DSS website.
- PIP QA reviews are conducted twice a year (November through April and May through October) One hundred cases are reviewed from the 10 PIP counties according to the federally approved criteria. Reviews are conducted off site in Columbia using CAPSS data, case files, and stakeholder interviews. Reports are provided to the SCDSS QA Director, and to the DSS Director of Data, Accountability, and Research according to federally negotiated PIP requirements.

Strategic QA Reviews are conducted when prioritized by DSS for mutually agreed upon continuous quality improvement projects. A sampling strategy is approved by DSS and CCFS will select the sample for inclusion in the strategic review. These reviews are conducted using the OSRI or a supplemental review instrument as appropriate to the project. These reviews are conducted using CAPSS data, case files, and stakeholder interviews. Summary results for the Strategic Reviews are shared with appropriate DSS staff.

As mentioned above, practice-focused data and case review results are used by the SCDSS regional and county offices to inform planning, monitoring, and adjustment at the local level.

Analysis and Dissemination of Quality Data
CWS continues to disseminate the following performance data:

This information is used to assess compliance with state and federal statutes, regulations, and case practice related to safety, permanency and well-being, inform training and technical assistance needs, and evaluate the effectiveness of current policy and strategy.
1. *Quality Assurance Review Reports* – each of the 46 counties bi-annually
2. *Batch* – These reports are recurring reports generated by CAPSS, daily, weekly or monthly
3. *Push Reports* – Reports Generated by CAPSS and emailed out Sunday Evening to those who are signed up to receive these. Every report will be sent out with their corresponding CAPSS Batch report number (i.e. SC170-R01). Every Push Report can also be located in CAPSS. These are the reports designed to review at the beginning of each week to ensure data is accurate and to monitor practice on a weekly basis. These are some of the most important reporting measures to ensure accuracy and quality of practice.
4. *Batch Analysis Reports* – These are similar "Push Reports" but show which children had no service activity, Late Permanency Planning Hearings, etc.
5. *HS Dashboard Reports* point to 14 key measures that predict positive or negative outcomes for children and families.

Beginning in Year 2, CSW is planning for the following changes/improvements
- Regional, as opposed to County - focused case review protocol
- Statewide, uniform protocol and template for action planning
- Better on-going monitoring of Regional action plans coordinated by the State office
- Formalizing multidirectional feedback loops about QA findings and action plans

Feedback to Stakeholders
SCDSS continues to provide a variety of opportunities to share information and receive feedback including:
- Regional Office CQI quarterly meetings in each Region (launched in Year 2)
- Stakeholder meetings, town halls and listening sessions
- Listening sessions hosted regionally to gather and share information about CWS performance
- Citizens Review Panel

Children's Justice Act Committees
- Intentionally rolling out key changes to policy and practice to stakeholders through stakeholder communication plans

5. Update on the Service Descriptions

Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1)

SCDSS will continue to use Title IV-B Subpart 1 funds to promote and protect the welfare of all children with the provisions of child abuse and neglect prevention, intervention and treatment services; foster care; and services to promote permanency and independent living.

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

Generally, most of the funds from Title IV-B, Subpart 1 are used to assist with funding contract providers, however, some of the funds from this pool has been used to provide adoption and foster care stabilization (respite care), pre and post adoption services (psychological evaluations), and for medical services and supplies to assist with adoption and foster care related cases. These services are important so that the children that are in foster care achieve and/or maintain permanency in a timely manner.

SC Foster Parent Association

The South Carolina Foster Parent Association (SCFPA) will support the SCDSS mission: Serve South Carolina by promoting the safety, permanency, and well-being of children and vulnerable adults, helping individuals achieve stability and strengthening families. SCFPA will partner with SCDSS 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 SCDSS 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 and Adoptive Home Applicants
- Adoption Specific training for Adoptive Home Applicants
- Recruitment of Foster and Adoptive Families
- Continuing Education for Licensed Foster Parents
- Support of Licensed Foster Parents including Kinship Caregivers
- Transition Support for Children in Foster Care

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 and adoptive parent. The SCFPA will provide pre-service training to persons who apply to be foster and adoptive parents. Applicants will receive a minimum of 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 and adoptive parents' knowledge of the South Carolina Child Welfare system and the role of foster and adoptive parents

in it and give prospective foster and adoptive parents an understanding of childhood trauma and the behavioral and medical health care needs of children who are in foster care. The SCFPA will host at least one event per month to attract and inform persons who are interested in becoming foster/adoptive parents.

In addition to other topics specified by DSS, the SCFPA will provide ongoing training to licensed foster parents, which will include 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 training on Another Planned Permanent Living Arrangement (APPLA) and transition planning for older youth. The SCFPA will also provide training or supportive services to foster and adoptive parents on visitation, shared parenting, health care oversight and psychotropic medications, and monthly support groups. SCFPA will offer at least once per year in each of DSS' five regions training on trauma reaction and how it may be manifested throughout a child's development. Trauma reaction training will be open to both pre- and post-adoptive parents.

The SCFPA and SCDSS 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 and Adoptive Parents to their membership so Kinship Caregivers and Adoptive Parents can receive the same training and peer support as licensed providers.

SCFPA will provide college and adult education or 11th and 12th grade (if their high school does not provide one for them) students with chrome books or laptop computer bundles. The Adult Education and 11th and 12th grade High School (If they qualify) students will receive a chrome book and 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 John H. Chafee Program staff. Along with the computers, the SCFPA will also provide youth with a College/Household shower. Under this program, the youth/young adult or their case manager can provide a list of items for review and eligible items can be purchased with the approval of the John H. Chafee Program staff. For Youth moving into their own housing the SCFPA will provide a household shower that will provide the youth the needed items that one would need to live independently, i.e. pots and pans, shower curtain, silver ware, brooms, etc. Youth with special needs or who have reunified with their family are only eligible for bedroom and bathroom items. SCFPA provides baby/dependent care bundles for pregnant or parenting foster youth. A list of items needs can be furnished for review and purchased upon approval of the John H. Chafee Program Staff. SCFPA works with our John H. Chafee Program staff to support our Youth Engagement Program. SCFPA will provide the pre-approved eligible services and support that assist our Youth Council Projects. Furthermore, the SCFPA also operates a program called On the Road Again. This program takes cars donated to them ensures that they are operating safely and will donate the car to a youth in foster care who is starting to transition out of care.

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 states and jurisdictions that are members of the Association of Administrators of the Interstate Compact for the Placement of Children (AAICPC). The purpose of the NEICE is to

streamline the ICPC administrative process to achieve improved and less costly service delivery. The NEICE system is designed to collect, track and report uniform interstate data, exchange case files between states in real time and provide timely communications and placement decisions regarding interstate placements. The NEICE system also allows states to process ICPC cases from their state child welfare system and transmit the documents in conformance with National Information Exchange Model (NIEM) standards to other states. The NEICE system supports best practices and provides cost savings by reducing postal charges and other paper-based expenses when making an interstate placement of a child.

S.C. Department of Children's Advocacy – Guardian Ad Litem Program
The Guardian Ad Litem program is to serve as the child's voice in court. DSS provides for the training for the volunteers and attorneys who serve to represent the child in all court proceedings. The volunteers and attorneys in all counties except Richland are governed by the Department of Child's Advocacy. Richland County is governed by CASA.

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

The Heart Gallery will arrange a minimum of eight photo sessions – at minimum 2 sessions per region. Individual photo sessions in lieu of group sessions for any foster child is allowed when requested by DSS. 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 arrange a minimum of 40 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 include 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.

The Heart Gallery shall maintain a dedicated database to track and manage inquiries and intakes for families. The Heart Gallery will respond to telephone or website inquiries within three working days of receipt of inquiry and shall make a minimum of two (2) attempts to contact the inquirer. If the interested person or family is not approved The Heart Gallery will provide the interested parties information of the agency contracted to process the applications for DSS if they are residents of South Carolina. If the interested party is a resident of another state, the Heart Gallery will instruct the inquirer of their need to become an approved adoptive provider in their home state. If the family is already approved to adoption, Heart Gallery will obtain the home study to pre-screen the family as a possible match.

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.

Children's Trust of South Carolina

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

The Children's Trust of South Carolina will continue to provide relevant, timely and appropriate offerings in all areas across the state. While the Children's Trust of South Carolina has various functions, the SCDSS contracted with them primarily to 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 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 provided 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 has continuously been working on a public relations campaign to ensure the prevention message is shared across the entire state along with publishing an online calendar and promoting prevention events throughout the state.

The Children's Trust of South Carolina will also maintain a website to reach child-serving professionals with the prevention message. The Department has monthly meetings with Children's Trust of SC to cadence the referrals and enhance partnerships at the local level.

Medical University Hospital

The Medical University Hospital Authority continues to provide a primary care practice and care coordination with integrated behavioral health services for children in foster care. Services under this contract continue provide care coordination/support and education and training to foster parents, adoptive parents, and SCDSS staff to better serve children with medically complex needs, and their families. This contract also provides social work and counseling services to include interfacing with the foster family, community agencies, the medical community, and SCDSS. It also provides care coordination to support foster families and assist in the recruitment of foster families

In addition to these activities, the Medical University Hospital is assisting with subject matter expertise in the implementation of Project ECHO, a nationally recognized training model for primary care providers who see children and youth in foster care. Support for this series has also been provided by Select Health of South Carolina. Participating practitioners include physicians, nurse practitioners, nurse care managers, and other members of the community of child welfare advocates. Clinics started in January and continue to have interest and high attendance. The ECHO model encourages a cohort to build a cohesive team, to make professional connections to reach out to each other when questions arise.

Services for Children Adopted from Other Countries

SCDSS currently provides information for private services, i.e. trauma informed counselors, contact information for those qualified to assist with educational related issues, in home services, etc., to any family who has adopted a child, i.e. private domestic adoptions, inter-country adoptions, and foster care adoptions, who contacts the agency regarding possible services for adoption preservation.

Regarding adoption preservation placement and intensive in-home services, SCDSS generally only offers these services to families that adopted their child through the SCDSS Foster Care System. However, Adoption Preservation Services (Placement and Intensive In-home) through SCDSS for those who adopted from other countries is assessed on a case by case basis and approved by the Division of Permanency Management Director.

Services for Children Under the Age of Five (section 422(b)(18) of the Act)

Recognizing children under five as a critically vulnerable population, SCDSS continues to require enhanced monitoring, assessment, and referrals for families with children under the age of five.

Assessment and Developmental Needs of Vulnerable Children under Five

South Carolina Child and Adolescent Needs and Strengths

SCDSS's Child and Adolescent Needs and Strengths (CANS) tool features an Early Childhood domain, which assesses children under five on a variety of challenges, functioning, risk behaviors and factors, cultural factors, strengths, and caregiver resources and needs. This data set will assist the case manager and family jointly determine service planning goals. Assessing infants and young children requires special attention to the child's relationship with his or her caregiver. Rather than using an older child assessment lens, the Early Childhood Domain 0-5 section assesses the unique ways in which needs and strengths play out in the lives of very young children. The domains contained within this module are attuned to the unique presentation of behavioral health and functional presentation of children in this age range which is critical to appropriate and effective needs/strengths identification as children in this age group manifest behavioral, attachment, and function impairments in ways that are divergent with other age groups.

The specific domains within the module evaluate impulsivity/hyperactivity, depression, anxiety, opposition, attachment issues, regulatory issues, atypical behaviors, sleep, family functioning, early education, social and emotional functioning, developmental/intellectual, medical/physical, self-harm, exploitation, prenatal care, exposure, labor and delivery, birth weight, failure to thrive, cultural factors, natural supports, interpersonal dynamics, adaptability and persistence, and other relevant items are assessed. These nuanced items can help identify any developmental concerns in a timely manner which will result in earlier intervention and needs identification.

Update: The CANs 0 – 5 module guides this work with our 0 – 5 population by focusing on the needs and strengths of the child and family. It prioritizes which of the child's needs is most important to address in treatment. Additionally, it addresses the following areas to include: challenges, functioning, risk behaviors and factors, cultural factors, strengths, needs and caregiver resources. It measures change every six-month by concentrating on those areas

and allows for the case manager to continually evaluate the family and child moving to better outcomes and shorter stays in foster care.

BabyNet
BabyNet is South Carolina's interagency early intervention system for infants and toddlers under three years of age with developmental delays, or who have conditions associated with developmental delays. BabyNet will evaluate the child at no cost to determine if they may be eligible for services, then matches the special needs of infants and toddlers who have developmental delays with the professional resources available within the community. Services are provided in everyday routines, activities and places relevant to the life of the family. BabyNet is funded and regulated through the Individuals with Disabilities Education Act and managed through South Carolina Department of Health and Human Services.

During 2021, SCDSS updated CPS Investigations policy to require BabyNet referrals with for families with children under the age of three years old within 2 business days of receiving an applicable investigation. This represents a change from requiring BabyNet referrals upon case substantiation. The prior process was designed such that families whose cases were not substantiated for child maltreatment did not receive a referral to this free and voluntary service.

SCDSS has also dedicated a position to focus on process improvement and ensuring timely referral to BabyNet services and solving any technical or adaptive challenges associate with centralizing the referral and follow up process.

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 case. Children with therapeutic needs 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 years old. However, children thirteen years old through age eighteen, 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 years old. For a foster parent to receive benefits from the SC Voucher Program, the Foster Parent must be employed, in school/training, or disabled.

In March 2021, SCDSS implemented a streamlined process for assisting foster parents in receiving childcare assistance. At the time of placement, SCDSS's placement unit asks if childcare is needed and once confirmed, SCDSS staff completes the application and submits to the South Carolina Voucher Program on the foster parent's behalf.

Children and youth in foster care may receive childcare assistance for their children when SCDSS does not have custody. The baby is eligible if the mother remains in foster care, the child resides in the mother's custody, and the mother is attending school or employed.

Head Start
Head Start is a free program for young children in 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 childcare 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.

Parents as Teachers
Parents as Teachers (PAT) is a home-visiting parent education program that teaches new and expectant parents skills intended to promote positive child development and prevent child maltreatment. PAT aims to increase parent knowledge of early childhood development, improve parenting practices, promote early detection of developmental delays and health issues, prevent child abuse and neglect, and increase school readiness and success. The PAT model includes four core components: personal home visits, supportive group connection events, child health and developmental screenings, and community resource networks. PAT is designed so that it can be delivered to diverse families with diverse needs, although PAT sites typically target families with specific risk factors such as:

- Young Parents - Youth who are pregnant or parenting under the age of 21.

- Child with a disability or chronic health condition – The child has a significant delay, disability, or condition that impacts developmental domains and/or effects overall family well-being.
- Parent with a disability or chronic health condition – A parent has a physical or cognitive impairment (disability or chronic health condition) that substantially limits their ability to parent as determined by the parent or by the parent educator,
- Parent with mental health issue(s) – A parent has a thought, mood, or behavioral disorder (or some combination) associated with distress and/or impaired functioning, as determined by parent report, positive screening, or a diagnosis.
- High school diploma or equivalency not attained – Parent did not complete high school or pass an equivalency exam and is not currently enrolled.
- Low income – Family is eligible for free and reduced lunches, public housing, childcare subsidy, WIC, food stamps/SNAP, TANF, Head Start/Early Head Start, and/or Medicaid.
- Recent immigrant or refugee family – One or both parents are foreign-born and entered the country within the past five years.) This does not include those from Puerto Rico, Guam, and the U.S. Virgin Islands.
- Substance use disorder – Parent persistently has used or is currently using substances despite negative social, interpersonal, legal, medical, or other consequence. Affiliates have discretion in determining how far back in time is relevant in terms of current impact on parenting, family well-being, or the parent-child relationship. PATNC recommends including this as a risk factor if substance abuse has occurred at any point during the enrolled child's lifetime (including prenatal).
- Foster care or other temporary caregiver – Child or young parent is in foster care, has court-appointed legal guardians or is living in some other temporary caregiver condition
- Child abuse or neglect – Reported or substantiated abuse/neglect of child or sibling, including but not limited to a current or recent open case with the child welfare system for any reason.
- Parent incarcerated during the child's lifetime – Parent(s) is or was incarcerated in federal or state prison or local jail, halfway house or is part of a boot camp or weekend program requiring overnight stays during the child's lifetime.
- Housing instability – Individuals who are homeless lack fixed, regular, and adequate nighttime residences, including those who share others homes due to loss of housing or economic hardship; live in motels, hotels, or camping grounds due to lack of adequate alternative accommodations; reside in emergency or transitional shelters; or reside in public or private placed not designed for or used as regular sleeping accommodations.
- Very low birth weight and preterm birth – The child's birthweight is under 1500 grams or 3.3 pounds and the child was born less than 37 weeks gestation for children under the age of 2.
- Death in the immediate family – The death of the child, parent/guardian, or sibling. Affiliates have discretion in determining how far back in time is relevant. PATNC recommends including this as a risk factor if a death in the immediate family has occurred at any point during the enrolled child's lifetime (including prenatal).

- Intimate partner violence – Parent/guardian is a survivor of intimate partner violence per self-report, positive screening, or court proceedings. This includes physical, sexual, and psychological violence. Economic coercion against a current or former intimate partner is also included. PATNC recommends including this as a risk factor if intimate partner violence has occurred during the child's lifetime (including prenatal)
- Military deployment – Parent/guardian is planning for deployment, currently deployed, or within two years of returning from a deployment as an active duty member of the armed forces.

Families can begin the program prenatally and continue through when their child enters kindergarten. Services are offered on a biweekly or monthly basis, depending on family needs. Sessions are typically held for one hour in the family's home, but can also be delivered in schools, childcare centers, or other community spaces. Each participant is assigned a parent educator who must have a high school degree or GED with two or more years' experience working with children and parents. Parent educators must also attend five days of PAT training.

When COVID-19 hit the PAT was able to quickly pivot to a virtual model of service delivery. Virtual service delivery was outlined, and guidance provided from the PAT National Center (PATNC) "virtual service delivery" "virtual personal visits") refers both to services delivered through interactive video conferencing technology and phone calls.

Regardless of which type of virtual personal visit is delivered, the purpose of the virtual personal visit is to continue to support families through the delivery of the PAT model with all three areas of emphasis: development-centered parenting, parent-child interaction, and family well-being. All virtual visits should continue to be planned and documented using PAT model guidance and records.

PATNC has released multiple Technical Briefs on service delivery during COVID-19 and has held several webinars with state affiliate offices and affiliates providing service. In addition, PATNC is part of the steering committee that developed and offers ongoing support to a wide range of home visiting models; Rapid Response to Home Visiting.

Attachment Bio-Behavioral Catch-up
Attachment Bio-Behavioral Catch-Up (ABC) is an evidence-based intervention that aims to help caregivers nurture and respond sensitively to their infants and toddlers to foster their development and form strong and healthy relationships. ABC coaches are available in the Charleston, Columbia, Aiken, Rock Hill, and Greenwood areas.

SCDSS has worked with local county staff and cross-sector partners to increase community awareness of ABC across the state. State office has also assisted county offices in cadencing referrals where services are available. This attention has led to maximization of ABC caseloads for eligible children and families.

Parent-Child Interaction Therapy
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.

Reinforcing its commitment to PCIT, the Department has partnered with SC Department of Mental Health's Division of Child and Family Services (SCDMH-CAF) to educate cross-sector partners on the benefits of PCIT and costs associated with building capacity around this intervention. PCIT has also been a subject of the SCDSS Lunch and Learns for frontline staff. We have also included PCIT in the state's Title IV-E Prevention plan as an eligible well-supported practice

"Bridging the Gap" Transitioning Families from ABC to PCIT
The Department, in partnership with SC First Steps and the Duke endowment, and Doris Duke Foundation have explored the feasibility and implications of bridging early intervention ABC services with PCIT. In the spring of 2021, SC First Steps was awarded philanthropic funds to implement this pilot. Currently, half of the nearly 14,000 children served in Family Preservation Services (FPS) are ages 6 and under. These families need access to in-home parenting skills programs that empower them to set and achieve goals that will keep their children safe, prevent loss of custody, support their child's development, and improve family functioning. SCDSS and its county offices will collaborate with local First Steps organizations that have demonstrated capacity for operating evidence-based home visiting programs to serve at least 250 FPS families with children ages 0 – 6 during each year of the project, targeting SC counties where there are large numbers, or high prevalence, of FPS cases involving young children. This collaboration will include family referral, participation in Child and Family Teams, and information sharing with client consent, as well as the sharing of de-identified data for project evaluation. This endeavor will ensure timely access to care and transitional interventions to enhance clinical efficacy and improve long-term post-clinical outcomes.

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.

Safe Baby Court
The Department is actively working with national consultants and cross-sector partners to stand up Safe Baby Courts in SC. The ZERO TO THREE Safe Babies Court Team™ approach transforms child welfare into the practice of child "well-being" by using the science of early childhood development to meet the urgent needs of infants and toddlers. The model brings together child welfare professionals, the court system, children's advocacy professionals and other community agencies to operate a team to support families with a focus on advancing health and well-being. SBC Teams seek to increase awareness among those who work with maltreated infants and toddlers about the negative impact of abuse and neglect on very young children, and their families. The SBC approach leads to changes in local systems that improve outcomes and prevent future court involvement in the lives of very young children. With leadership from local judges, SBC Teams work to create an environment of change that alters the trajectory for infants and toddlers in foster care and helps provide families a support team that will embrace them and provide targeted and timely services.

Update: South Carolina Infant Mental Health Association received a grant from Zero to Three in October 2020 to implement Safe Babies Court Team approach in South Carolina. Currently, Safe Babies Court Teams are being established and implemented in the following counties:

- Richland
- Spartanburg
- Laurens
- Orangeburg

The Richland county site will tentatively begin cases mid-September 2021. The Spartanburg county site is continuing implementation by building partnerships with the Judicial team, which is one of the number one 12 components of SBC (see the attachment). The Laurens county site will tentatively begin cases mid-late September 2021. The Orangeburg county site is in the early stages of implementation and currently seeking to hire a Community Coordinator who will lead the implementation of SBC in partnership with the judicial team. A Judge has been identified to lead SBC.

SBC can help reduce the time children between the ages of 0-3 spend in foster care because attachment relationships are nurtured and protected based on the key activities of SBCT (see core component attachment and logic model). Additionally, it reduces repeat maltreatment and helps children exit foster care more quickly.

National data on the benefits of SBC: https://www.air.org/project/changing-trajectories-children-foster-care-safe-babies-court-team-evaluation

Endorsement and ZERO TO THREE Memberships
SCDSS has partnered with the South Carolina Infant and Early Mental Health Association (SCIEMHA) to provide SCDSS staff with the opportunity to explore the Endorsement® processes and provide membership in SCIEMHA/ZTT.

Endorsement® provides recognition of specialized knowledge and expertise in professionals working with or on behalf of pregnant women, children, birth through six, and their families. Endorsement® is meant to honor professionals who apply infant & early childhood mental health (IECMH) principles to their practice and is granted through documentation and verification of the required specialized education, work, in-service training, and reflective supervision/consultation (RSC) experiences. Endorsement® is not a license, but an overlay to complement a professional license and/or other credential.

The Infant Mental Health Endorsement® (IMH-E®) system is one of the first and most comprehensive efforts to identify best practice competencies across disciplines and practice settings, offering multiple career pathways for professional development in the infant, early childhood and family field.

The Early Childhood Mental Health Endorsement (ECMH-E®) is a workforce development initiative with the potential to positively impact the depth and breadth of knowledge, understanding and skills of early childhood mental health professionals across multiple disciplines and service sectors.

Update:

Number of unique registrations for Endorsement events from DSS employees October 1, 2020 – August 25, 2021	
Total Number of Unique Registrations	24
Number of DSS employees currently registered for Endorsement®	1*
Number of DSS employees enrolled in the Reflective Supervision Learning Collaborative	1*

Same person

Total Endorsements Earned	
Early Head Start	1
IECMH Consultants	2
Part C	2
Teaching/Faculty	2
Program Administrators	3
Mental Health Counselors	3
Home Visiting programs (direct service and supervisors)	12
Early Care and Education Service Providers (direct service and supervisors)	19
Total Professionals who Have Earned Endorsement	**44**

We currently do not have any quantitative data on the impact of Endorsement® on children and families. SCIMHA is currently contracted with the University of South Carolina to evaluate the Endorsement® process for professionals. We expect to have enough data to analyze in the next year. SCIMHA launched the Endorsement® in 2017, so the process is still fairly new in South Carolina. Our vision is all child and family serving professionals will utilize the IECMH competencies outlined in the Endorsement® process to create a unified set of standards amongst all disciplines.

Facilitating Attuned Interactions (FAN)
SCDSS has partnered with the South Carolina Infant and Early Mental Health Association (SCIEMHA) to allow for cross-sector partners and SCDSS staff to participate in Facilitating Attuned Interactions training. The FAN approach serves as a framework for parent engagement and reflective practice in work with young children and families. The FAN focuses on parent and caregiver urgent concerns and helps practitioners tailor responses to match what parents and caregivers need most in the moment. The FAN also helps practitioners recognize how their own internal sense of regulation/dysregulation affects their ability to be fully present with a family. This training will offer strategies to help practitioners feel balanced in activating/high risk situations. The FAN provides an approach to reflective practice that can be used by staff and supervisors by using the ARC of Engagement to structure staff/supervision and promotes collaboration throughout.

Update: SCIMHA's FAN Training Initiative

Working within the child welfare system can be very intense and overwhelming at times and, in many cases, causes workers to feel stressed, fatigued, and burned out. Staff also face the challenges of building relationships with families because of the negative stigmas that have been placed upon the Child Welfare System. The Facilitating Attuned Interaction Training

positively impacts children, families, and professionals working within the child welfare. FAN tools ensure that practitioners are able to read cues from parents and caregivers effectively and provide participants of the FAN training with skills and methods of self-awareness and self-regulation to help pick up on their own cues and feelings. The training is not limited to direct service staff of child welfare but has also proven to help build healthier relationships in a wide range of settings, including those professionals who serve in supervisory roles. The ultimate goal of the FAN training is to strengthen the provider parent/caregiver relationship resulting in parents who are attuned to their children and ready to try new approaches to relating to them.

SCIMHA successfully launched their first FAN training in February of 2021, led by FAN Trainers Liz Szarkowski and Sheniqua Scott. With over 25 participants, the training included 15 staff members from South Carolina's Department of Social Services. SCIMHA also plans to host two additional trainings this year. FAN Training cohort two will be held on August 30th and September 1st, and cohort three training is scheduled to take place on September 20th and 23rd.

Thus far, SCIMHA has partnered with several organizations to provide FAN training to professionals within those organizations. Those partners included the South Carolina Program for Infant and Toddler Care, SC Easterseals, South Carolina Safe Babies Court, The Department of Mental Health, SC First Steps, Beyond Abuse Child Advocacy Center, Spartanburg County Child Advocacy Center, the Department of Social Services, and some private practice therapists.

Permanency Pathways
SCDSS has been monitoring the number of children entering the foster care system, ages, and reason for entry. Using this data, the agency can hold discussions, track trends, focus on prevention services, service array, and permanency for all children that are in the foster care system. Below is a table of children and youth in foster care.

Age Group	# of Children	% of Children[32]
0-5	1,362	33.58%
6-12	1,278	31.51%
13-17	1,251	30.84%
18-21	165	4.07%
Total	**4,056**	

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[32] Data set: Calendar year 2020

There were 1,362 children age 0 – 5 in Foster Care on December 31, 2020. Below are the reasons for entry.

Entry Reason[33]	Total	Percentage
Abandonment	32	1.6%
Alcohol Abuse (Child)	9	0.5%
Alcohol Abuse (Parent)	26	1.3%
Caretaker Disabling Condition	17	0.9%
Child Born to Foster Child	1	0.1%
Child's Disability	4	0.2%
Death of Parent(s)	4	0.2%
Drug Abuse (Child)	16	0.8%
Drug Abuse (Parent)	337	16.9%
Family Instability	59	3.0%
Hospitalization of Parent	11	0.6%
Inadequate Housing	41	2.1%
Incarceration of Parent(s)	26	1.3%
Lack of Employment (Parent)	10	0.5%
Lack of Housing (Homeless)	33	1.7%
Neglect	1,049	52.5%
Physical Abuse	275	13.8%
Relinquishment (At Birth)	2	0.1%
Relinquishment (Other)	1	0.1%
Sexual Abuse	41	2.1%
Voluntary Placement (Non-CPS)	4	0.2%

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 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.

County staff shall emphasize the importance of reunification to families immediately upon removal; implement a Child and Family Team Meeting; and request for court intervention when the parent is not complying with the family service 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 county 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.

The agency has developed a 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

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[33] The total is greater than the number of children due to some cases having multiple reasons for entry into foster care.

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 Child and Family Team Meetings is necessary and key to helping parents and extended family members understand the importance of permanency for the children.

The agency emphasizes to foster parents the importance of developing a relationship with the birth family for them to act as a resource family or a peer-to-peer role model. The goal is to provide the child, who may be reunified with the birth family, with a relationship, which 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 continues to work on placing all children ages 0 – 5 in the least restrictive, most family-like settings unless they meet certain exceptions set forth in policy. SCDSS 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 SCDSS is experiencing is the lack of foster homes within the child's county of origin which impacts frequent and quality visitation between parents, children, and siblings.

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 the event their permanency goal change to adoption, it is likely that foster placement will adopt. SCDSS has implemented changes to our placement of children. When a child needs a non-kin placement, the case manager must provide documentation that all efforts to identify a possible kin or non-kin placement has occurred. The Regional Placement Units which are part of our Regional Foster Home Licensing Units must complete a diligent effort track form showing all their attempts to keep the child within their home county, community, and with their siblings. Furthermore, for all children placed in congregate care, separated from siblings, and placed outside of their home county monthly staffing's are to occur to discuss services needed to include placement options.

SCDSS will continue to enhance our specific strategies to move children ages 0 – 5 to permanency sooner. Priorities will be to enhance our diligent county specific recruitment plans, enhance training to staff on quality visitation for parents, children and siblings, continue to train foster parents/staff on shared parenting, preventive services, and the importance of placing with kinship care providers. South Carolina will continue to correspond with other jurisdictions on additional promising practice to improve timeliness to permanency for children ages 0 – 5 years.

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 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.

The South Carolina Foster Parent Association (SCFPA) provides training on developmental milestones for foster parents. These trainings are also available for agency staff to attend as well. Below are some of the responsibilities of our partnering agencies:

- SCFPA has a contract with the agency to provide pre-licensure training as well as ongoing training to foster parents throughout the year.
  - o Each year, statewide foster parent association training is held, and multiple topics are available for foster parents and DSS staff to attend.
- The 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.
  - o Each certified placing agency provides additional training for therapeutic foster parents who provide care for medically or emotionally fragile children.
- Children's Trust, USC Medical Center and Children's Law Center each have yearly conferences that multi-disciplinary speakers attend to address a different dynamic for special needs children.
  - o 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.

Training for the children who are deemed medically fragile is provided by various providers. The licensing agency as well as USC Medical School and the Palmetto Hospital have a special interest in the medically fragile children and offer specific training related to caring for these children.

The agency has a specialized program for the medically fragile children to ensure they are followed closely for multiple medical, developmental or psychological issues receiving clinical support from the Office of Child Health and Well-Being and from the child's medical team.

SCDSS has targeted the zero-five (0 – 5) population with preventive services through collaboration with the Children's Trust of South Carolina (CTSC) and other state and non-profit partners with services such as BabyNet and Strengthening Families Program.

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 permanency (reunification, adoption, guardianship). Steps include:
  - o Research all children by name and length of time in care for the population under age 5
  - o 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
  - o Determine the number of children's whose legal status is on appeal
- Referrals for services to enhance developmental capacities. Steps include:
  - o Determine through agency documentation and gathered records if the children are receiving the services needed to address their need

- o Identify any service needs that are not being met and identify a resource to assist with meeting the need
- Referrals for Family Strengthening and Support for either the biological parent, relative or adoptive parent to enhance timely placements. Steps include:
  - o Ensuring that all relatives have been sought and evaluated for potential placement
  - o 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:
  - o 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.
  - o 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.
  - o GAL and Foster Care Review Board will all work collaboratively in efforts to identify an adoptive family for these children.
  - o Ensuring that recruitment referrals to national exchanges such as AdoptUSKids are completed as early as possible for every child who does not have an identified adoptive family.

Children age five (5) and under have benefited from targeted improvement efforts in adoptions. Over 50% of all finalized adoptions are for children 0-5 years old. SCDSS recognizes that foster parents adopt approximately 75% 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 is not likely.

The agency will continue to monitor, through CAPSS, 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 will require each Adoption Administrator to report to the Regional Director all attempts to local 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.

The plan is to monitor these children is through CAPSS and to have each Adoption Administrator report regularly to the Regional 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 as listed in the Foster and Adoptive Parent Recruitment and Retention Plan.

In the past, the goal was 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 fell

within their venue. The SCDSS's attorneys' supervision and appointing authority was changed; Judges assisted by providing additional court time; GALs were asked to support the agency's request not to allow for court cases to be continued by the family's attorney; assistance was provided in ensuring home studies and children's background summaries were completed timely; and judges provided the agency with Adoption Day Hearings to allow for as many children as possible to be addressed. Due to COVID-19, allotted court time decreased as the courts were closed to in person hearings and had to transition to web-based teleconferences. Many hearings were continued due to the complexity of the case and the court not being comfortable conducting via the web.

By the summer of 2021, SCDSS is anticipating contracting with the private adoption agencies within the state to assist in identifying adoptive homes for our older foster care youth, sibling groups, who have at least one older youth in them, and children with complex medical needs, which can include children under the age of five (5).

Calendar Year 2020		
	0-5	**6-17**
Number of Adoptions	235	229
Percent of 0-17 Adoptions	51%	49%
Percent of all Adoptions	50%	49%
Total	**466[34]**	

Child Age at Adoption Finalization			
Calendar Year 2020			
Adoption Age	**Number**	**% of 0-5 Adoptions**	**% of all Adoptions**
0	9	4%	2%
1	30	13%	6%
2	68	29%	15%
3	51	22%	11%
4	45	19%	10%
5	32	14%	7%

SCDSS does not anticipate many children under five to have a delay in their permanency, whether it is reunification, guardianship or adoption.

Efforts to Track and Prevent Child Maltreatment Deaths

South Carolina is a mandatory reporting state, per statute, and all deaths that are suspected to be the result of child maltreatment must be reported to SCDSS via Intake. Intake's Structured Decision-Making (SDM) tool contains a threshold for suspicious death of a child with specific guidelines on how to determine if maltreatment is suspected. This screening decision is closely monitored by the Child Fatality Unit with each referral regarding the suspicious death of a child is logged by this unit, to track responses and identify trends in the screening process. This data is periodically provided to Intake for ongoing quality

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[34] 2 of the 466 total children were adopted at age 18 or older.

improvement. Additionally, during quarter four of 2020, the Child Fatality Unit provided several trainings to child welfare staff responsible for receiving referrals regarding child deaths. This training provided screening guidance on questions to ask reporters and information to consider when determining if an allegation meets screening thresholds and was provided to an audience of just over 250 intake and on-call case managers, supervisors, program coordinators, and county directors. The Child Fatality Unit completed an analysis of child fatality referral screening following the screening training in Q3 and noticed a 25% increase in correctly screened intakes in the 4 months following the training over the preceding year. SCDSS has seen a 16.7% reduction in improperly screened child maltreatment death intakes between 2019 and 2020 and a further 16% reduction between 2020 and 2021, meaning SCDSS is less likely to investigate a non-suspicious death.

SCDSS has recently created an automated notification when a death of a child referral is screened by Intake. This notification is sent to SCDSS leadership for tracking as well as to county directors for response.

SCDSS has updated policy which guides our child fatality response including mandating participation in a multi-disciplinary child death review. These reviews serve multiple purposes including gathering additional information from investigatory partners and establishing next steps for each investigatory partner. This updated guidance helps SCDSS more accurately determine child maltreatment death cases.

If maltreatment is found to have caused or contributed to the death, the information is entered in CAPSS and reported to the National Child Abuse and Neglect Data System (NCANDS) annually and is published via SCDSS's public-facing child maltreatment death dashboard which SCDSS reported the re-design of in last year's APSR.

Believing having additional data on child deaths is an integral step in preventing child maltreatment deaths, SCDSS continues to track preventable deaths, engage in state and local multi-disciplinary review teams, and innovate its internal review process.

SCDSS serves on the State Child Fatality Advisory Committee (SCFAC) and in late 2020, SCDSS led an initiative to begin analyzing state-level data to determine areas requiring greater exploration, followed by an intensive review of systemic factors contributing to a particular data point (i.e., an increase in suicide deaths, an increase in deaths in a particular geographical region).

SCDSS launched and trained policies which guide the updated internal review process in late 2020, with technical support from the University of Kentucky and the National Partnership on Child Safety (NPCS). In 2021, SCDSS began reviewing child deaths through a systemic lens. This data, which serves as a root cause analysis of systemic gaps, rather than a review limited to the death itself, is then provided to the child welfare program lead responsible for designing programming. Recognizing that child maltreatment fatalities are low base-rate events, NPCS has provided a data-sharing channel for partner jurisdictions to share de-identified data as a research tool. Once this process is finalized through an updated data-use agreement, SCDSS will be able to apply learnings from not only its child fatality dataset, but other participating partner jurisdictions. This data sharing is expected to begin in the upcoming year.

Supplemental Funding to Prevent, Prepare for, or Respond to, Coronavirus Disease 2019 (COVID-19)

The agency has utilized the IV-B, subpart 1 CARES Act funding for the purchase of laptops and related supplies, in order to maintain the safety and oversight of children and families. Funds were also used to provide care for foster children who had to be quarantined due to exposure to COVID-19. The agency has utilized the IV-B, subpart 1 CARES Act funding for the purchase of laptops and related supplies in order to maintain the safety and oversight of children and families. Funds were also used to provide care for foster children who had to be quarantined due to exposure to COVID-19. At the onset of the pandemic it was crucial for child welfare personnel and service providers to have the tools and equipment needed to safely visit children/youth in their family and/or foster home environments, when and however much needed and in those situations where in-person contact were not possible, it was just as critical to have technological supports to remain in contact remotely. Therefore, the agency used funds to purchase tablets/laptops, expanded bandwidth to support the spike in staff working remotely, upgraded cell phone plans to allow use of hot spots for staff working remotely, and secured virtual technological tools (i.e. Adobe Pro, Microsoft Teams, GoToTraining, Virtual Desk Interface, etc.), all of which allowed staff to effectively and seamlessly work remotely while offices were closed due to COVID. Lastly, the agency used funds to stabilize and redeem placements for children currently placed out of county or to make available an in-county alternative to an out-of-county placement for those children and youth in foster care who had been exposed to coronavirus. The remaining funds will be used on similar activities and other allowable emergency related activities. The remaining funds will be used on similar activities and other allowable emergency related activities.

MaryLee Allen Promoting Safe and Stable Families (PSSF) (title IV-B, subpart 2)

During this reporting period, 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 were required to be housed within communities that they serve as a way to build connections within the community and target specific populations that need individualized services

Family Preservation / Family Support

Columbia Urban League

DSS contracts with the Columbia Urban League to provide the LEVEL UP Program. The LEVEL UP Program shall recruit, assess, develop individualized case plans, train, and employ a total of 300 eligible youth. The breakdown for services to youth shall be as follows: fifty percent (50%) Foster Care/Aftercare Chafee eligible youth and fifty percent (50%) Family Preservation youth. The LEVEL UP Program shall only serve youth between the ages of 15 until 21st birthday.

LEVEL UP shall utilize the Job Shadowing Online Program and Life Path online 17 modules to provide a variety of tailored workshops and assessments in the areas of academic, employment training, life skills, personal health, housing, financial literacy, and network building support

services through in-house and referral resources for each LEVEL UP client during enrollment of the program. The goal of LEVEL UP is to equip each client with the necessary skills to make a smooth transition from their current state to independent living, permanency, and adoption options. The program is designed to be administered through virtual platform and can serve the youth in all counties across the state.

The LEVEL UP program shall assist DSS meet youths' independent living goals by focusing on the following components: job skills, money management, housekeeping, housing, transportation, education planning, emergency and safety skills, knowledge of community resources, and interpersonal skills.

Additionally, the LEVEL UP program shall assist program participants with developing resumes, completing mock job applications, learning how to budget, and defining career goals for transitioning out of foster care.

It is the obligation of the Columbia Urban League to recruit, assess, and develop individualized case plans for each LEVEL UP client within 30 days of the youth entering the program. Level Up staff and the youth must sign the individualized case plan. Individual plans must be reviewed and updated every three (3) months and must be part of the youth's file. The Columbia Urban League shall operate four major program components. Those activities shall include transitional support services, Pre-Employment Readiness Academy, Career Cruising, and Work Experience.

Program staff shall coordinate participant services, monthly virtual workshops, and other activities that focus on the areas of critical needs. The LEVEL UP staff shall incorporate an Older Youth Transition Specialist (OYTS) who shall work with older youth (17-21) on the verge of transitioning out of care and must focus on the following areas: Securing Housing, Money Management & Establishing Credit, Career Development, Building Supportive Relationships, and Connections, Pursuing Educational and Vocational Opportunities, Finding and Maintaining Employment, Maintaining Health and Wellness, and Transportation. The OYTS shall assist participants with the development of their own independent living transition plan and provide training, workshops and other resources needed to help youth make a positive and successful transition into adulthood. All trainings and workshops must be evidenced-based material targeting NYTD categories.

The support services activities shall consist of support services in the 14 categories by the National Youth Transition Database (NYTD) that focus on areas of critical need. These areas consist of the following:

- Successful Transition to Adulthood Needs Assessment
- Academic Support
- Post-Secondary Education Support
- Career Preparation
- Employment
- Budget and Financial Management,
- Housing Education and Home Management
- Health and Risk Prevention
- Family Support and Healthy Marriage Education
- Mentoring

Columbia Urban League Program will utilize the licensed program: Job Shadowing and Life Path online program to implement the four components of their program: transitional support services, Pre- Employment Readiness Academy, Career Cruising, and Work Experience.

Career Cruising shall be offered to all participants to assist in the discovery of skills, abilities and learning preferences and the use that information to identify suitable career options. Participants shall complete career matchmaker assessments, explore a career profile, view multimedia interviews, explore schools, create a portfolio and resume.

Pre-Employment Readiness Academy shall prepare participants to effectively and successfully complete the work experience component of the program. The work experience component of the program shall include workshop sessions on Program Goals and Objectives, Code of Conduct, Dressing for Work, Office Etiquette, Office Communication, Conflict Resolution, Resume Development, Work Ethics, 21Century Skills and other relevant topics.

The Work Experience component of this contract is contingent of CDC guidelines and South Carolina State of Emergency status (this past year the work experience component was not utilized due to the COVID-19 pandemic). It is the purpose of the program, once completed, the youth will be able to search, obtain, and maintain employment with the skills and lessons learned through the Columbia Urban League Level Up program. If the state is no longer in a state of emergency, and youth are able to safely gain work experience, then the Level Up Program will assist with job search, resume building, application process, interview preparation, and maintaining the offered the job. The Level Up Program staff will be assigned to a working youth and monitor progress to encourage employability. This includes weekly contacts, verifying on-going employment, and providing additional skill workshops to maintain employment as concerns are identified.

The Level Up Program will connect participants to supportive resources such as chrome-books and internet hot spot provided through the government assistance. Columbia Urban League Level Up program provide the leased Chrome-books to participants who need access to computers to participate in the program and did not receive a Department of Education issued Chromebook through the Cares Act.

S.C. Department of Children's Advocacy – South Carolina Heart Gallery Foundation
For information on the South Carolina Heart Gallery Foundation see the S.C. Department of Children's Advocacy-South Carolina Heart Gallery Foundation section found in Update on Service Description, The Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, Subpart I).

Family Reunification

SCDSS partners with multiple agencies that provide services to promote family reunification efforts. These agencies are not paid for through contracts established with the agency.

S.C. Department of Children's Advocacy – South Carolina Foster Care Review Board
The South Carolina Foster Care Review Board (FCRB) is a Division of the South Carolina Department of Administration designated by South Carolina law [Section 63-11-700 et. Seq. Code of Laws of South Carolina (Supp. 1996)] to review Foster Care cases every 6 months. The review is the time where the principal parties to a Foster Care case and in a child's life can discuss the case plan, the progress being made toward the resolution of the conditions which necessitated

the child's removal from the home and placement in Foster Care, the achievement of treatment goals and to formulate the Review Board's plan for achieving permanency for the child.

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

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

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

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

Adoption Promotion and Support Services

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

Service Decision-Making process for Family Support Services
National Youth Advocate Program (NYAP)
In the past SCDSS has partnered with the National Youth Advocate Program (NYAP) to provide family group conferencing and team meetings to facilitate communication and empower families to participate in the decision-making process regarding the child's well-

being. To fund these efforts SCDSS leverages Title IV-E funds for eligible children and state dollars for family preservation cases. Over the past 15 months, SCDSS has transitioned away from this contracted service through NYAP as it implemented its internally governed child and family teaming structure. This will be the final reporting period that includes this contract.

During the 2020-2021 reporting period, 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 were required to be housed within communities that they serve to build connections within the community and target specific populations that are in need of individualized services.

During this reporting period, SCDSS received Supplemental funding to support Promoting Safe and Stable Families through Division X Supporting Youth and Families through the Pandemic Act. This was used to provide "Safe Sleep Kits" to our families as these kits provide the essentials to help families create a safe sleep environment for their infants and reduce the risk of Sudden Infant Death Syndrome (SIDS). Additionally, we are working to develop plans to kickstart our Qualified Provider List (QPL) for the purposes of expediting the process of building our state's capacity to provide quality community-based family support; starting with potentially supporting development of a statewide Intensive in Home program.

Populations at Greatest Risk of Maltreatment (section 432(a)(10) of the Act)
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.

Kinship Navigator Funding (title IV-B, subpart 2)
SCDSS received title IV-B, subpart 2 funding to enhance the Kinship Navigator program in FY19 and FY20. SCDSS has utilized funds in following areas:

1. In collaboration with the Children's Alliance, a contract was developed to implement the Caring for Our Own "Train the Trainer Program" to a cohort that will provide a strengths-based approach to help kinship caregivers look at the qualities and resources they have to take care of themselves and the children. Due to the COVID-19 pandemic, this training was held virtually in August 2020. 12 Facilitators were trained to provide this training/support group to our kinship families statewide. Implementation of this training began December 2020.

a. Training/support group sessions were held in December 2020, January 2021, April 2021 and May 2021 and are scheduled for June and July 2021. These training will be ongoing.

b. Several kinship caregiver booklets and journals have been purchased for these families that include a wealth of information as it relates to services, the role of the Child Welfare system and transactional reactions of parents, kinship caregivers and children.

c. Since implementation of this training, the agency has served over 16 families who are currently involved with the agency and plans for this to increase with increase facilitator capacity.

2. Kinship caregiver support groups are still being held in the Tri-County area (Charleston, Berkeley, & Dorchester County) and Richland County. Since the expansion of these support groups in Greenville and Florence County areas in May 1, 2020, kinship caregivers from other counties participate in these support groups as well. Due to the COVID-19 pandemic these virtual support groups are being held virtually instead of in-person. During these support groups that are being held, kinship caregivers are made aware of the various resources within their respective communities. Lastly, kinship caregivers are given the opportunity to share experiences with other kinship caregivers who need support and guidance while caring for their relatives.

3. The Kinship Care Advisory Panel was established in July 2019. Meetings are held monthly for approximately two hours. These meetings include kinship caregivers, partners and kinship care coordinators to identify needs of kinship caregivers and practice improvement. The primary functions of the panel are as follows: Ambassadors and advocates for kinship caregivers, increase awareness of kinship care support available to caregivers, and assist the kinship care department in improving the services provided to kinship caregivers.

4. On April 1, 2020, SCDSS contracted with HALOS to partner with providers on enhancing their capacity to develop a comprehensive kinship navigator program. With this contract, HALOS has provided statewide kinship support services to kinship caregivers who have been experiencing a crisis situation and providing needed supports so children can remain in the home of kinship caregivers. Kinship support services include the following:
   a. Childcare
   b. Funds for food
   c. Funds for clothing
   d. Funds for legal support
   e. Funds for home repairs, beds, smoke detectors, alarms, etc
   f. Disaster relief due to the current pandemic of COVID-19
   g. Linking kinship caregivers to federal benefits i.e., SNAP, Head Start and Child-Only TANF benefits

Since October 1, 2020, the South Carolina Department of Social Services began providing these kinship support services. To include kinship families served by HALOS and SCDSS, a total estimate of over 400 kinship families have received concrete support services.
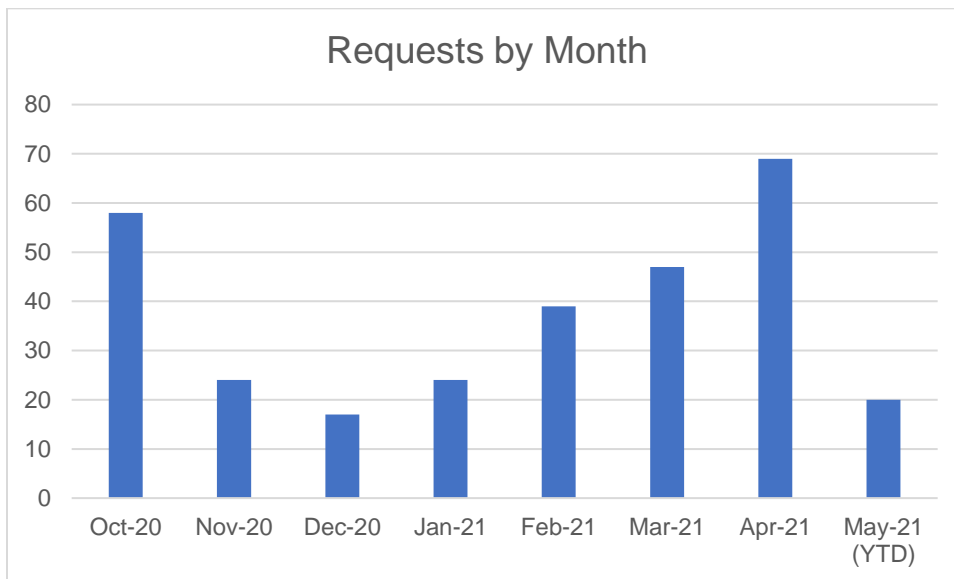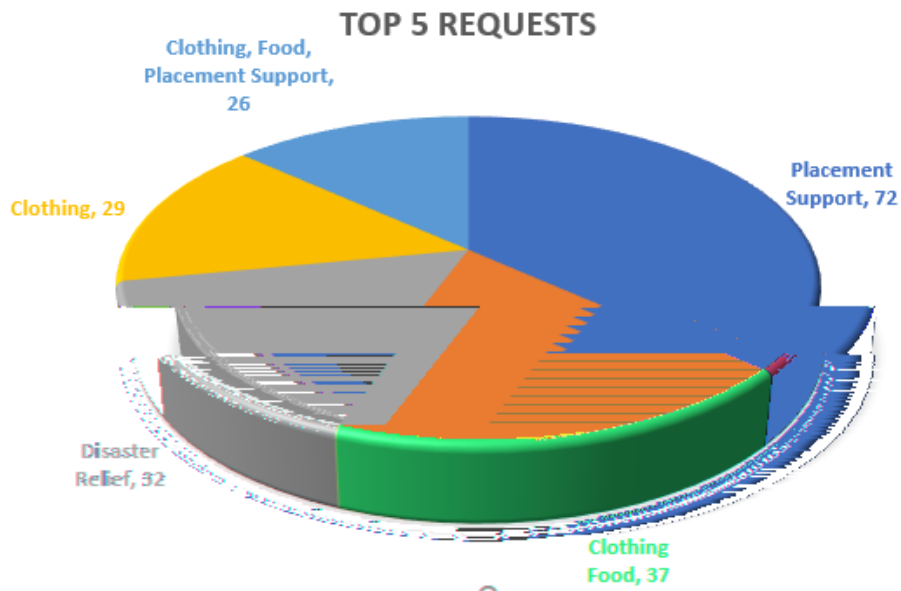
The agency continues to contract will HALOS on capacity-building of developing a statewide comprehensive kinship navigator program:

- An external website and a 1-800 number for kinship families awareness and to access resources.
- Evaluation activities:
  - HALOS has also consulted with Child Trends to begin evaluation implementation of the Kinship Navigator program for South Carolina.
  - Voices of Kinship Caregivers during the Pandemic: Beginning August 2020 and ending April 2021, HALOS also worked with a research scientist to conduct a participatory, which was mostly a qualitative evaluation of the Kinship Navigator program.
- Legal aid support services are being offered to kinship families
- Annual Kinship Conference
- Provider partner meetings are being held for expansion
- Kinship Navigator manual is being developed to train other partners on providing kinship navigation services.
- Kinship Advisory Panel continues to meet monthly to promote kinship practice improvement efforts and implementation of kinship navigator services.

The agency continues to have a Kinship Navigator Contract Coordinator. The primary responsibility of this position is to monitor every aspect of the Kinship Navigator Grant and provide oversight to vendors that are providing services as outlined in their Scope of Work. The Kinship Navigator Contract Coordinator also process concrete supports for the state's kinship families.

Since October 1, 2020, DSS has provided the following assistance from the Kinship Navigator Grant it has received:

$ Per Month by County								
County	OCT-20	NOV-20	DEC-20	JAN-21	FEB-21	MAR-21	APR-21	May-21 (MTD)
Abbeville			700.00				3,339.00	
Aiken	2,595.69	600.00	1,503.95	400.00	3,191.70	1,200.00		1,600.00
Anderson	3,190.00	1,300.00		600.00		1,000.00	6,010.00	
Barnwell					902.47			
Beaufort					712.00			
Berkeley					1,000.00	1,000.00	200.00	400.00
Calhoun							1,000.00	
Charleston	627.90				532.97	1,000.00		300.00
Cherokee				2,000.00		1,000.00	1,000.00	1,000.00
Chesterfield						1,000.00	4,200.00	
Clarendon	300.00	200.00			1,000.00		400.00	
Darlington	1,000.00			1,000.00	1,000.00		4,000.00	
Dillon						2,000.00		
Dorchester								100.00
Florence	7,400.00	1,100.00	1,000.00		3,000.00	9,000.00	3,000.00	
Georgetown				1,000.00				
Greenville	2,734.70	178.00	1,000.00	603.00	1,638.00	5,000.00	1,000.00	1,000.00
Greenwood				279.33				
Jasper				1,000.00				
Kershaw	1,000.00			1,000.00		1,000.00	415.76	
Lancaster		1,489.00	1,325.00	600.00	1,000.00	4,000.00	5,200.00	605.00
Laurens	500.00						60.00	800.00
Lexington	3,213.04	700.00	375.19	84.13	2,200.00			50.00
Marion		1,000.00					1,000.00	
Marlboro		300.00	2,000.00	1,000.00	1,000.00	1,696.00	1,000.00	
McCormick				900.00	700.00			
Oconee	2,379.82	400.00			800.00	1,399.79	3,900.00	
Orangeburg	250.00						300.00	1,000.00
Pickens	515.43		1,000.00		1,235.00			
Richland	9,556.56	3,400.00	2,000.00	5,000.00	3,267.37	4,905.19	3,640.64	2,180.00
Saluda							1,000.00	
Spartanburg	300.00			1,000.00	1,000.00	4,632.14	7,600.00	1,000.00
Sumter					400.00		7,600.00	
Williamsburg		400.00						
York	2,000.00	800.00	1,000.00	737.20			1,000.00	
Out of State	400.00	1,000.00	1,821.22		1,900.00		200.00	
Total	$37,963.14	$12,867.00	$13,725.36	$17,203.66	$26,479.51	$39,833.12	$57,065.40	$10,035.00

TOP 5 REQUESTS

Clothing, Food, Placement Support, 26
Clothing, 29
Placement Support, 72
Disaster Relief, 32
Clothing Food, 37

Requests by Month

Total Requests YTD	298
Total Requested Dollars YTD	$215,172.19
Average Dollar per Request YTD	$724.49

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

The following data on monthly caseworker visits for FY 2021 was submitted to the Children's Bureau's Regional Office.

Monthly Caseworker Visit Formula Grants Report

The report below from CAPSS, the State's Automated Child Welfare Information System compiled by the SCDSS Accountability, Data, and Research Unit, shows that the South Carolina Department of Social Services (SCDSS) achieved a total of 96.7% of the total visits that would be made if each child were visited once per month for Federal Fiscal Year 2019-2020 (above the required compliance of 95%).

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The report below also highlights that SCDSS achieved a total of 64.0% of the total number of monthly visits made by caseworkers to children in foster care in the child's residence, exceeding the required compliance of at least 50%.

Face-to-face Visits with Children in Foster Care[35]
The total number of visits made by caseworkers on a monthly basis to children in foster care during a fiscal year must not be less than 95 percent of the total number of such visits that would occur if each child were visited once every month while in care.

Children	Monthly Caseworker Visits	Completed Visits	Visits Months in the Residence	% of Visits on a Monthly Basis	% of Visits in the Residence
6,506	47,336	48,944	30,316	96.7%	64.0%

Monthly caseworker Visits with Children
Leadership in South Carolina recognizes the critical importance of caseworker visits to conduct assessments and make decisions at the individual and family level and thus, have been working to systemically improve and strengthen the quality and frequency of caseworker visits despite the COVID-19 pandemic during Federal Fiscal Year 19-20. The visits grant has been used to improve the quality of caseworker visits by leadership messaging accountability, data analysis, infrastructure improvements, and practice accountability.

To ensure that statutory performance standards are met, the agency has major reform work in process to solidify and improve agency values, practice, infrastructure and CQI around caseworker visits (*Michelle H. Consent* decree, Child and Family Services Review, and the implementation of the new casework practice model). Along with stipulated visitation frequencies, policy also requires that children are visited no less than is needed to assess their progress and ensure their needs are met.

- As of May 2021, updated case manager contact (visit) policies and work-aids for a child, parent, and caregiver have been published to the Child Welfare Services Policy Manual. The policies and work-aids detail the frequency, assessment requirements and documentation expectations of case manager contacts with each party (child, parent, caregiver). The policies and work aids are inclusive of the core components of the "Quality Matters: Improving Caseworker Contact with Children, Youth and Families".
- Quality Contacts Training for Supervisors will begin June 2021 and will be subsequently followed by Quality Contacts Training for Case Managers.
- As of February 2021, SCDSS started the process of documentation reviews of case manager contacts with a child and case manager contacts with a parent(s) by Child Welfare Leadership for Foster Care and Family Preservation cases. This process allows all levels of Child Welfare leadership within the county to review a case manager contact monthly to see how case manager contacts are being documented in the Child Welfare System each month. County Child Welfare Leadership are able to gather trends related to documentation of case manager contacts as well as provide feedback and guidance to staff.

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[35] Period Under Review: October 1 2019 to September 30 2020. Effective 20201207 / ADR

- An update was added to our child welfare system as an alert to a case manager when documenting a contact with a child to ensure that all the essential elements of a contact are captured in their documentation.

Additional Services Information

Adoption and Legal Guardianship Incentive Payments (section 473A of the Act)

SCDSS completes the SF-425 by December 30th of each year. Currently, SCDSS has the following amounts available in the Adoption and Legal Guardianship Incentive Funds for FFY's 2018, 2019 and 2020: $575,570. SCDSS has not been awarded FFY 2021 adoption incentive funds at the time of the writing of this report. SCDSS anticipates using the funds allotted for 2018 by September 30, 2021, 2019 funds by September 30, 2022, and 2020 funds by September 30, 2023 at the latest.

Changes to How the State Plans to Use Adoption and Legal Guardianship Incentive Funds

SCDSS is using the Adoption and Legal Guardianship Incentive funds to help with covering the cost of Adoption Preservation Placements for children who were adopted from SC foster care.

SCDSS is also considering using some of the incentive funds to aid in retention of foster and adoptive families and to conduct child/adoptive family matching recruitment events.

Timely Use of Adoption Incentive Payments Funds

South Carolina has not encountered any issues or challenges in expending Adoption Incentive Payments funds in a timely manner. At this time, no challenges or issues are anticipated during upcoming FFY.

Adoption Savings (section 473(a)(8) of the Act)

SCDSS uses the CB Method in determining adoption savings expenditure. This method has not changed and SCDSS does not plan to change the method in determining adoption savings expenditure. The process consists of reviewing a sample of cases and determining if children that are determined Title IV-E eligible would still be eligible without the applicable status.

For FFY 2020, SCDSS reported no additional expenditures from the adoption savings (see CB Form-496 Part 4 submitted in October 2020). Since the submission of 2020-2024 CFSP, SCDSS has not used any funds from the adoption savings. Currently, SCDSS has $11,110,451 million in unused adoption savings money. SCDSS is planning to use the unused monies to implement the following: A five year contract estimated to spend over $2 million for an agency to use an evidence-based program to provide support and case management services for adoption preservation services and another five year contract estimated to spend over $300,000 in recruitment efforts for children ages 12 and older, sibling groups, and children or youth with complex medical needs with private adoption agencies licensed in South Carolina. These contracts will be issued in the summer of 2021.

It is important to note that budget constraints stemming from the adverse revenue effects created by the pandemic are going to hinder SCDSS's ability to make any meaningful progress in reducing the accumulated savings obligation for the next several cycles.

Family First Prevention Services Act Transition Grants
FFPSA and FFTA Overview
On December 19th 2019, the Federal House and Senate passed the bipartisan budget agreement to fund the federal government for the remainder of Fiscal Year 2020. H.R. 1865 the Further Consolidated Appropriations Act, 2020 was signed into law by President Trump on December 20th, 2019. Shortly thereafter, the Association for Children and Families (ACF) released a program instruction (ACYF-CB-PI-20-04) to provide states with the relevant information needed to apply for FFTA grant funding. Total funding for the FFTA Grant is $500M; it was estimated that South Carolina would receive $8.6 million to assist in transitioning toward FFTA.

In 2020, SCDSS submitted its application for the FFTA funds which resulted in the Department acquiring its allotted funds under the act. Using these funds, the Department intends to explore transitional initiatives including, but not limited to:
- Grants for transition to QRTP
- Grants for capacity building of EBPs included in our prevention
- Contract with a vendor to assist in technology changes
- Contract with a vendor to assist in FFPSA rigorous evaluation strategy and overall CQI process
- Contract with a vendor to assist in programmatic evaluation post-implementation, development and implementation of a transitional pilot program to expand Departmental service array and improve access to evidence-based practices.

Analysis on Pilot Sites as of August 2021
South Carolina Department of Social Services is currenting implementing pilot sites with two evidence-based programs (EBP): BSFT and Homebuilders. While SCDSS's system of record has not yet been fully developed to capture the information for these two EBPs and future EBPs, SCDSS has been capturing information on those pilot sites in excel spreadsheets. Data is reviewed bi-weekly with the providers for the purposes of continuous quality improvement, to aid in understanding the implementation of the programs, to capture barriers through the discussions and to decide and /or include, where necessary, additional information for a more informed understanding of the programs and to inform the IT development in CAPSS.

Brief-Strategic Family Therapy (BFST)
As of August 2021, BSFT engaged 85 children in 50 family preservation open cases for 3 sites: Dorchester – Charleston, Greenville, and Spartanburg. Given that this is a new program that is still hiring staff and is engaging in outreach to the DSS offices, not all sites had children accepted for treatment into the program. Of the 85 children, 1 child (1%) was in a closed case, 12% had "declined", 1% was "no" (which may be a derivation of declined), 24% had a "no response", 2% were "pending", an additional 1% will be "re-engaged", 25% were "yes", and 33% had missing information. It should be noted that because this data is so new, SCDSS need to further vet this information so that each of these categories are carefully defined and understood.

Of the 25% who were "yes"; there were 20 children in 14 cases that were managed by Dorchester – Charleston and Spartanburg.

As part of its examination, SCDSS compared the age groups, gender, and race of the children where the provider accepted ("Yes") to all other provider accepted occurrences. It should be further noted that the BSFT data had to be linked to the person file associated with the family preservation case. Because of some missing data, not all the information outlined in the BSFT excel tracking spreadsheet could be linked to the family preservation case, however this will be corrected once CAPSS is built out and the data is directly entered into SCDSS's system of record. With further cleanup and increased cell sizes, SCDSS would want to compare the various categories but feels that it is too early in the evolution of this data.

In reviewing the data, the comparisons were very similar for ages 7-12 and 13-17. There was only 1 youth who was 18 years old and that could be a timing issue in the data. There were some differences in the younger age groups. There were also similar percentages by gender. The most striking differences were by race however there were issues with cleaning the data, linking the information to CAPSS and in interpretation of the acceptance category and therefore there should not be any conclusive interpretations of this information.

Characteristic	Where Provider accepted "Other"	Where Provider accepted "Yes"
Age Group		
0-2	10	0
3-6	18	26
7-12	42	46
13-17	26	26
18	4	3
Gender		
Male	60	49
Female	40	51
Race		
Black or African American	22	40
Multi-racial	2	9
Unknown - Multi-racial	14	6
White	62	46

SCDSS also examined the months that the family preservation case was open. Since some of the responses were "pending", "no response", to be "re-engaged", and missing; more newer cases fell into "Other" especially for the newest 1-3 months open category.

Months open	Provider accepted "Other"	Provider accepted "Yes"	Total
1 - 3 months	13	1	14
4 - 6 months	7	6	13
7 - 9 months	8	2	10
10 - 12 months	0	2	2
Over 12 months	4	7	11
Total	32	18	50

Homebuilders

As of August 2021, Homebuilders engaged 14 children in 12 family preservation open cases for 2 sites: Richland and Greenville. Given that this is a new program that is still hiring staff and is engaging in outreach to the DSS offices, not all sites had children accepted for treatment into the program. Of the 14 children, 1 or 7% had "declined", 8 or 57% was "no" (which may be a derivation of declined), 2 or 14% were "yes", and 3 or 21% had missing information. Ages of the 14 children ranged from age 4 to 17 years with 0 children in the 0-2 years category, 2 children ages 3-6 years, 5 children ages 7-12 years, and 7 youth who were 13-17 years. Of the 2 children who were accepted into the program, they were in the category of 13-17 years.

Of the 14% who were "yes"; there were 2 children from 1 case that were managed by Richland. Both children from this 1 case had a referral type of "Prevention". (The other possible referral type was "Reunification".)

Because of the low cell sizes and issues with linking to CAPSS, not all the information outlined in the Homebuilders excel tracking spreadsheet could be linked to the family preservation cases in CAPSS, however this will be corrected once CAPSS is built out and the information is directly entered into the system of record. With further cleanup and increased cell sizes, SCDSS would want to compare the various categories but feels that it is too early in the evolution of this data.

FFTA Funded Projects

Assessments FAST/ CANS

As the Department prepares for the deployment of our new assessment tools the Family Advocacy and Support Tool (FAST) and the Child and Adolescent Needs and Strengths (CANS) the Department has partnered with the Praed Foundation to assist with the statewide roll out of training for our staff on these tools. Implementation of the FAST/CANS will help simplify our work with children, youth, and families. With the utilization of these assessment tools, we will have a standardized process for assessing needs and strengths and assisting case managers with appropriately matching service to need.

Capacity Building for Evidence-Based Practices

The Department remains committed to connecting children and families with the most evidence-based and effective interventions. To fulfill this commitment, the Department will assist its service provider partners in developing their capacity to deliver evidence-based practices. After careful evaluation of relevant data (i.e. case typologies, behavioral diagnoses, and other characteristics of children entering care) the Department believes the following IV-E clearinghouse "well-supported" interventions will assist in strengthening family's protective factors, parenting capabilities, and ultimately reducing the number of children in care. We have selected three well supported interventions to aid in our capacity building efforts:

- Brief Strategic Family Therapy
- Functional Family Therapy
- Homebuilders – Intensive Family Preservation and Reunification Services

These interventions selected for capacity building are being strategically established across the state to ensure adequate network capacity and equal access for children and families in

rural areas. Additionally, the selected interventions operate from a framework that recognizes the importance of service provision in the most naturalistic settings (in the home). The Department has currently award 9 capacity building grants throughout the state to begin ramping up our ability to implement evidence-based practices to all children and families in South Carolina. Provider Partners have begun training efforts with the purveyors of the EBPs and the onboarding of staff to ensure adherence to implementation timeline and efficacy of services.

Prevention Program Development

The Department has leveraged the funds provided by FFTA as evidenced by partnering with technical assistance providers to continue to assist with the development and finalization of the Title IV-E prevention plan, EBP evaluation and spending related to provision of services. Through our partnerships with Chapin Hall, The Center, and Annie E. Casey foundation we have been able to complete numerous projects from the selection and finalization of EBP service rates, and to aid in the finalization of our centralized business process for all service array work.

Program Administration

The Department has onboarded a dedicated staff member to assist in grant administration, FFPSA implementation, provider enrollment, provider requirements, and assisting the project manager with other implementation efforts. With the hiring of this staff, we had been able to ensure that all aspects and nuances of implementation are well managed, and that each project is afforded the attention that is needed. The Program Coordinator position also assist with management and troubleshooting providers/constituent issues with QPL service/ (other service array demands).

Financing Service Provision

Thanks to FFTA, the Department has the ability to pilot the provision of services for non-custodial cases and address the fiscal constraints associated with financing them. The Department will pilot this process beginning in spring of 2021 with statewide FFPSA implementation in October of 2021. This will allow the Department to gradually increase its IV-E claiming under FFPSA beginning in late 2021.

Workforce Development

As SCDSS plans to support the growth and development of its social services workforce, it is critical to cultivate leaders, managers, supervisors and case workers in having the mindset and skill set to provide effective coaching. Coaching as a core competency to lead change and support learning and innovation at all levels. Strengthening the professional's ability to implement adaptive leadership and the coach approach framework is a workforce development strategy for sustaining quality social services implementation and systems change. Coaching is being utilized in child welfare work situations, at all levels of the system, to focus on specific skills and abilities to reach specific outcomes, enhance performance and to develop deeper levels of critical thinking. This will ultimately have an impact on effective service planning, family engagement, identification of appropriate services, and prevention outcomes. Therefore, SCDSS will use a small percentage of FFTA funds to enhance the current skill and capability of its workforce. This initiative will be supported for three years, beginning in Y1 and ending in Y3.

Technology

Both the prevention and QRTP provisions of FFPSA will require specific CCWIS modification for effective program administration. The Department has partnered with contractors to assist in modification of its CCWIS system. This includes modification that would enable providers to enter monthly progress notes into the client case record, track QRTP placements, and assist in the referral to service and reimbursement process.

Qualified Residential Treatment Programs

To prepare SCDSS and private providers for the implementation of Qualified Residential Treatment Programs (QRTPs) throughout the state, we have provided our Provider partners with the opportunity to apply for financial assistance via grants to aid with their transition process. The Department received 9 Provider grant applications and awarded 7 Providers with these grant funds to expound their programs. The grant funds are related to assisting Providers with becoming accredited by an approved not-for-profit accrediting body, implementing a trauma-informed model, providing comprehensive discharge planning and after care services, and ensuring access to clinical treatment on behalf of the children served.

The Department is currently working with Annie E. Casey to develop rates for our QRTP. With there being approximately forty (40) private congregate care providers that can benefit from FFTA funds, we believe that with the development of a set rate structure for the QRTP, additional Provider Partners will gain interest in applying for funding to convert their programs.

Implementation updates under FFTA

In 2020, the Department convened a small subgroup of providers to assist in the development of a scope of work for a qualified provider listing to serve as a FFPSA pilot program and expand the Department's overall service array. This group also helped with developing standardized service definitions and corresponding provider requirements that comport with state law and qualifications set forth by other funder sources.

The Department also convened a FFPSA subgroup to assist in the development of capacity building grants for identified intensive in-home services. The group met several times through the fall to assist in drafting grant language and model standards.

In November 2020, the Department published twelve grants to build capacity around certain evidence-based practices in specified counties within each region across the state. Four were allocated to build capacity HOMEBUILDERS Intensive Family Preservation Services, four for Brief-Strategic Family Therapy (BSFT), and for Functional Family Therapy. The question/comment period for these grants ended on 11/11/2020, with the submission period closing on 11/20/2020.

In December 2020, the Department awarded and announced the grantees which were selected for the published grants. A total of five grants were awarded, three to Epworth Children's Home for HOMEBUILDERS Intensive Family Preservation Services and two to the National Youth Advocate Program for BSFT. No applications were submitted for the Pee Dee region of the state for HOMEBUILDERS grants and no applications were submitted for BSFT in the Pee Dee or Midlands regions of the state. Additional grants will be published in the Fall of 2021.

In December 2020 following the grant awards, the Department convened initial implementation groups consisting of the grantees, county staff, and other subject matter experts to plan to work through training, consumer awareness of identified services, technical and adaptive challenges. These meetings will be held on a reoccurring basis as established by need and the group members.

As of Spring 2021, seven grants have been awarded across the state for the following:

- HOMEBUILDERS Intensive Family Preservation Services – Horry, Richland, Greenville, and Charleston counties
- Brief Strategic Family Therapy – Spartanburg, Lexington, and Dorchester counties

Initial piloting of service provision began in May in certain counties and will expand to additional communities across the state as provider capacity is built.

John H. Chafee Foster Care Program for Successful Transition to Adulthood (section 477 of the Act)

Please note that many activities or workgroups were postponed due to limited access during COVID pandemic, CDC guidelines and restrictions. The primary focus of the Chafee and ETV program during this APSR was centered on supporting current and former foster youth being affected by the hardships of the pandemic. The planned activities will be evaluated as the pandemic continues to affect this population and the Chafee and ETV program will respond accordingly to the identified needs of the served population.

The Chafee Foster Care Program for Successful Transition to Adulthood (Chafee), including the Education and Training Voucher (ETV) Program, provides flexible funding to promote and support youth who have experienced foster care at age 14 or older in their transition to adulthood. As mentioned in Section A of the PI, there have been important developments to underscore the importance of youth voice including:

- ACYF-CB-IM-19-03, the Information Memorandum (IM) on "Engaging, empowering, and utilizing family and youth voice in all aspects of child welfare to drive case planning and system improvement."
- Jim Casey Youth Opportunity Initiative Activating Youth Engagement Summit. The 2-day virtual event brought together 27 state teams interested in fully operationalizing strategies on youth engagement and youth-adult partnerships with the goal of creating Action Plans to implement.
- Virtual Roundtables. In July -September 2020, CB hosted 12 "Virtual Roundtables" with Young Leaders from the across the country to hear directly about their concerns. These Virtual Roundtables engaged Young Leaders from each of the 50 States, DC and Puerto Rico and also included a roundtable with Native American youth. Over 100 young people participated in these roundtables with CB Regional Offices and state staff listening to the concerns of youth and young adults. CB issued a letter to state child welfare directors highlighting the major themes from these conversations to elevate youth voice and encourage ongoing support for young people in or aging out of the foster care system.

Chafee and ETV Transitional Services

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 Successful

Transition to Adulthood (Chafee Program), and the Education and Training Voucher (ETV) Program.

The goal of the Chafee Program is to provide the developmental skills necessary for youth and young adults in foster care to live healthy, productive, self-sufficient and responsible adult lives. The purposes of these services are to provide youth and young adults in foster care with opportunities to learn needed independent living skills and to increase the likelihood of a successful transition from the foster care system.

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

Transition Planning begins when the youth turns age 14. This plan is tracked and adapted monthly for the youth's progression and needs. Also, youth are part of a youth led and youth driven planning and assessment meeting that utilizes the Transition Plan (DSS Form 30206).

The Transition Plan Meeting is a joint planning and assessment meeting with the foster care staff, Regional Transition Specialist, and identified support system to address transition goals, such as but not limited, to educational, employment, housing, transportation, medical, financial literacy, healthy connections, obtaining and securing important documents, and safety concerns.

The Chafee Program helps support permanency to allow youth age 14 and older who have been involved with the foster care system. There are certain requirements for eligibility for those who leave foster care prior to the age of 18 to be eligible for the services.
- Youth ages 14-18 years old in the Department's custody with an open foster care service line are eligible for Chafee and ETV funds.
- Youth that left the foster care system after reaching age 18 and have not reached 21st birthday and youth who have signed a Voluntary Aftercare Placement Agreement, are eligible for Chafee and ETV funds.
- Youth that have left the foster care system after reaching age 18 and have not reached 21st birthday and who have not signed a Voluntary Aftercare Placement Agreement are eligible for Chafee and ETV funds.
- Youth who, at age 14 or older, and have not reached age 21 and have achieved reunification with the removal birth family, are eligible for Chafee and ETV funds.
- Youth who were adopted from Foster Care at age 16 or above, and those youth who were placed in Kinship Care/Guardianship placements on or after reaching the age of 16, are eligible for Chafee and ETV funds.
- Youth who have reached permanency before turning the age 18 are eligible to receive Chafee and ETV funds, with the exclusion of housing transition expenses.
- Former foster youth may be eligible for 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 Chafee and ETV programs have chartered a Youth Advisory Council. The Chafee and ETV Program conducted open forums across the state to create a platform for sharing input and concerns. Current and former foster youth/young adults were able to participate to share their

input with programming, services and policy. In addition, any youth with lived experience was able to participate in youth voice activities.

SCDSS's youth council, self-titled YEA! Youth Engagement Advocates, officially kicked off in the summer of 2020. A leadership retreat was scheduled during the summer; however, the COVID-19 pandemic forced a shift to a virtual recruitment campaign. The 2020 – 2021 board currently has 15 active members ages 14 to 26 who live across the state. The group meets virtually every third Wednesday evening to develop a platform for youth voice in the state of South Carolina. The group prides themselves on being diverse, inclusive and mission driven.

YEA! Beliefs:
- We respect the right of all young adults to be the architects of their own lives and are partners in shared decision making and permanency planning.
- We are informed and understand the impact of race and racism in the child welfare system and are committed to eliminating the racial inequities and disproportionate treatment that contribute to poor outcomes for young adults.
- We believe all young adults have inherent strengths upon which to build successful lives.
- We respect the right of all young adults to be the architects of their own lives and are partners in shared decision making and permanency planning.
- We are informed and understand the impact of race and racism in the child welfare system and are committed to eliminating the racial inequities and disproportionate treatment that contribute to poor outcomes for young adults.
- We believe all young adults have inherent strengths upon which to build successful lives.

YEA! Values:
- We believe in the power of diversity and inclusion. Together we are stronger. Our diverse races, ethnicity, family heritage, geography, gender identity, sexuality, religious beliefs and economic experiences make us uniquely prepared to lead as a collective. All voices are essential, irreplaceable, valuable, and matter to YEA!
- We value and uplift the importance of lived experience. Everyone is an expert in their own story. Together our combined histories and experience of the foster care system make us stronger and wiser.
- We believe in the power of taking chances and making mistakes. Sometimes failure leads to the biggest success. Together we are committed to gaining new awareness and skills through equitable education, empathy, remaining open-minded and a commitment to finding learnings and lessons in every opportunity.
- We support and uplift one another in our journeys. We acknowledge the role and impact we can have in one another's life. Together we stand as a community of advocates and leaders who commit to holding up and holding each other accountable, as we progress towards personal development and systemic change.

SCDSS Collaboration with Youth and Other Programs and Desired Outcomes:
- The Chafee and ETV Program 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 Chafee and ETV Program 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
- All youth in foster care, ages 16 and up, who have completed financial literacy and have access to banking accounts will be able to receive quarterly state-issued clothing allowances.
- The Chafee and ETV Program will continue efforts to use technology and social media to engage youth in program planning and policy development

Activities in FY 2021 to actively involve youth and young adults in the CFCIP, CFSR, NYTD, and other related agency efforts.

The Chafee and ETV Program has partnered with Annie E. Casey Foundation to improve youth engagement throughout the state and to design and recruit state agency members to participate in Teen/Older Youth Work Group tasked with discussing the following topics: Transition Planning, Placement process for initial and subsequent placements, Older youth case management, Volunteer Placement Agreement, Collaborative Community Support, Supervised Independent Living settings, Administrative review process, Policy, procedure, and practice.

The Listening and Led by Youth in Foster Care: Grief, Hope, and Transitions (LYGHT) program is a peer grief-support group inspired by youth in foster care and was developed to create a trauma- and grief-informed program to support the needs of youth in foster care who are grieving. LYGHT is a youth-led and youth-driven program which provides a safe space for youth in foster care to listen, talk, and offer support to one another as they cope with missing family, friends, and other important people, as well as other losses in their lives.

The Chafee and ETV Program has identified a youth engagement coordination whose role is to ensure youth voice is represented throughout program and policy development.

The Chafee and ETV Programs continue to meet with youth and young adults through the youth council to seek input on policy and programming:
- continue to extend invitations to youth to participate in the Chafee and ETV Advisory Committee Meeting
- promote youth/young adult leadership conferences/regional training;
- strive to increase peer support amongst young adults formerly in foster care; and
- extend invitations for youth to participate in groups within SCDSS and with stakeholders where they can voice their input into policy, practice, and statute changes to promote permanency for youth involved within the child welfare system.

2020-2021 Projects
- Aging Out of Care Policy Interest Meeting
- Foster Care Adoptions Workgroup
- Ongoing COVID Discussions
- Casey Anne Virtual Youth Summit
- Guiding Principles and Standards: Navigating South Carolina's Child Welfare System and the Better Together, Enhancing Practice, Transforming Lives campaign.

- Pregnant and Parenting Teen Policy
- Supporting Extension of Foster Care and testifying at House and Senate committee
- Joint Planning Meeting to discuss quality case manager visits, skills needed and received for successful transition, and biggest challenge transition to adulthood.
- Recruitment Event: Providing encouraging messages for those interested in becoming foster parents for teens and highlighting some of their interactions in a foster home
- Outreach media campaign for the benefits of the Consolidated Appropriations Act 2021.
- Focus Group discussing desired assistance through the Consolidated Appropriations Act 2021

Specific accomplishments since the submission of the 2020-2024 CFSP
- Implemented program changes as mandated by the Family First Prevention Services Act by revising policy, creating publications to reflect the policy changes, training agency staff and stakeholders on the program benefits.
- Continued collaboration with United Way Youth in Transition Committee, which consists of more than 40 agencies (see attachment), SC Inter-Agency Homelessness, Regional Continuum of Care Agencies, etc.
- Collaborated with Urban League for youth employment opportunities;
- Participated in the NYTD Constituency Group;
- Participated in the State and Regional Human Trafficking Task Force;
- Continued to create partnerships with local vendors which promoted successful transitional living skills, leadership skills, employment skills, education, and social skills;
- The Chafee and ETV Program staff conducted training throughout the year to Group Home Providers, the Foster Parent Association meetings, partners, Guardian ad Litem volunteers, and the SCDSS staff;
- Working with SCDEW, WIOA/SCWorks to streamline the referral process, tracking services, and increase enrollment.
- Submitted policy for Credit Reporting and updated credit reporting forms.
- Began working with FDIC on providing a Financial Literacy Curriculum (Money Smart) using the web-based learning system through the FDIC and had a discussion with the FDIC about involving the banks within the state to offer this course for our youth throughout the state.
- Restructured the Chafee and ETV Program to improve supportive roles for the state agency, county case managers, foster youth and young adults, SC providers, and community providers. The SCDSS Chafee and ETV Program staff includes (1) Chafee and ETV program Director, (4) Regional Transition Specialists, (2) Chafee/ETV Financial Specialists, (1) Identify Theft Coordinator, (1) Youth Engagement Coordinator, (2) Aftercare Transition Specialist, and (1) ETV Specialist.
- Aftercare Transition Specialist will provide continued to support former foster youth with transition services and provide connection to the Chafee and ETV program
- All Chafee and ETV staff continue to offer technical assistance to SCDSS County staff through group training and one-on-one coaching;
- Assisted with Transition Planning Meetings;
- Monitored and reviewed the CAPSS reports for NYTD data, Transition Planning Meetings, and Successful Transitional Goals in Domain 8 of the Child Assessment;

- Provided updates and resources/tools for Case Managers;
- Outreach efforts directly to youth to help ensure access to and understanding of supportive transitional to adulthood services;
- Served on partnering agency and non-profit boards and committees to promote access to services benefitting transitioning youth;
- Collaborated with local agencies to decrease homelessness amongst youth transitioning from foster care
- Utilized employment support services (Workforce Innovation and Opportunity Act (WIOA) referral, Job Corps, and Vocational Rehabilitation)
- Improved access for youth to Special Needs Services (AbleSC, Vocational Rehabilitation, Department of Disability and Special Needs, Department of Mental Health, Leaphart Place)
- The Identity Theft Coordinator continues to access, review, and resolve discrepancies on youth credit reports.
- Developed strong partnerships with agencies and organizations which enable us to serve our youth towards greater well-being outcomes in normalcy, academic success, employment readiness, and financial literacy & stability-educational consultants, financial literacy coaches, mentors, and workforce development.
- Continue to support the Youth Plan and Community Impact Plan with The United Way of The Midlands Youth in Transition Initiative
- Continue to engage with potential community partners that have the capacity or potential capacity to support transitional living services to better serve transitioning youth aging out of care and adding an additional case management support to ensure achieving transitional success.
- Introduced legislation to implement Extension of Foster Care Program. There is a state funded Extension of Foster Care through the Voluntary Placement Agreement. Approved legislation will allow for the expansion of the program, services, and funding for older youth age 18-21 who request to remain in DSS custody and care. Testimony from YEA! supported the implementation.

Planned activities for FFY 2022
- Continue to review current state policy and amend any barriers from providing transitional support in accordance with the federal program guidelines
- Re-Submit legislation to implement Extension of Foster Care Program. There is a state funded Extension of Foster Care through the Voluntary Placement Agreement. Approved legislation will allow for the expansion of the program, services, and funding for older youth age 18-21 who request to remain in DSS custody and care.
- Develop state policy, licensing and placement regulations for transitional youth age 17 until age 21 in various care settings.
- Update basic Child Welfare Basic training for Chafee and ETV transition skills through the Center for Child and Family Studies at the University of South Carolina.
- Create statewide webinar training for Chafee and ETV Program through the SCDSS Staff and Development Training Department.

- Create statewide adolescent brain development training for child welfare professionals to improve relationships with this population from the beginning of the case and enhanced throughout the life of a case until successful transition from foster care is achieved.
- The SCDSS Chafee and ETV Program will continue to provide training to the Foster Parents statewide.
- The SCDSS Chafee and ETV Program will continue to provide training to Agency staff on proper procedure for conducting and documenting the transition needs assessment through coaching and providing technical assistance, and information handouts.
- The Chafee and ETV Program will continue to work with the SCDSS CAPSS Team to resolve all CAPSS issues related to the Chafee and ETV program and NYTD.
- The Chafee and ETV Program will collaborate with the SCDSS CAPSS Team to create a Chafee and ETV Service Line to capture all things related to transitioning into adulthood, such as but not limited to Chafee and ETV requests, transition planning, financial literacy, educational and employment status, and NYTD funded and non-funded services
- The Chafee and ETV Program will provide a Graduation Ceremony to commemorate the accomplishments of youth graduating high school and any post-secondary education.
- The Chafee and ETV Program will provide Quarterly Advisory Committee Meetings with stakeholders and community partners.
- The Chafee and ETV Program provide training for Agency staff and youth in Foster Care on Identity Theft and credit reporting.
- The Chafee and ETV Program will provide Financial Literacy Workshops for young adults receiving housing assistance.
- Create a centralized Chafee and ETV Business Office to ensure funds are being dispersed in a timely manner.
- Implement county aftercare case managers, who provide intensive transition planning and life skills development for older youth, support training of staff and providers, and document transition to adulthood services timely and accurately.
- Integrate technology into daily work to meet youth where they are, engage their awareness and ensure access to transition to adulthood services.
- Restructure county youth voice groups and host regional youth conferences to train youth in life skills and transition to adulthood services.
- Continue to provide funds for transitional services.
- Create a directive memo and policy for the referral process to SCDEW, WIOA/SCWorks to streamline the referral process, tracking services, and increase enrollment.
- Create a partnership with local HUD offices to enter MOU for submitting grant applications for housing vouchers for former foster youth in need of housing stability.
- Increase participation of youth in transition in policy and program improvement
- Full implementation of the credit reporting requirements for youth in foster care.
- Create a youth version Chafee and ETV guidebook.

The state's plan for FFY 2021 and 2022 to inform stakeholders and others of the NYTD Review for the state:
The NYTD Review will be shared, as updated, with stakeholders in the Chafee and ETV Program Advisory Committee Meetings, at the SCDSS Information Sharing & Feedback Meetings, and through electronic copies, if requested. The NYTD Review will also be shared with agency

staff. Also, the CFCIP staff will share the NYTD Review in their Region and provide training for SCDSS staff, providers, and community partners/stakeholders.

How the state informed and involved partners, tribes, courts and other stakeholders related to NYTD data:
Same as above.

How the state improved NYTD data collection, based on the plan outlined in the 2020-2024 CFSP or NYTD Review:
During the period of July 1, 2020 through June 30, 2021, the UofSC NYTD Team completed surveys of 17-year-olds in Cohort 4 (from July 1 – September 30, 2020) and 21-year-olds in Cohort 3 (October 1, 2020 – June 30, 2021). The NYTD team will continue to survey youth in Cohort 3 until September 30, 2021.

South Carolina was determined to be in compliance for the 2020A submission period. 2020B National Youth in Transition Database (NYTD) Report - Initial Determination of Compliance. South Carolina's 2020B NYTD file submission is dated 11/20/2020. While this was later than the due date established in regulation, a federal system outage affected the agency's ability to submit the data timely. Therefore, ACF will accept your NYTD submission as timely and will not apply a penalty for late submission of data. Based on our review of the 2020B data file submitted by South Carolina, ACF has determined that the state is in compliance with NYTD requirements for the period ending September 30, 2020.

The second data collection period for surveying the 21-year-old young adults began on April 1 and ends on September 30, 2021. USC developed a spreadsheet for this reporting period similar to previous cohorts to outline steps taken to locate survey participants and secure their participation in the first data collection period. USC meet with SCDSS team at least monthly to share this spreadsheet, discuss progress, and identify support needed. Meetings became weekly as the end of the survey window was approaching.

UofSC NYTD has been out of compliance with the collection of required survey data to satisfy the most recent cohort and this is being addressed by SCDSS and UofSC NYTD team. UofSC NYTD will participate in youth engagement training to enhance their efforts to remain in compliance. UofSC NYTD team will complete a monthly report on the status of each cohort with a listing of the youth whom they are having difficulty locating; in addition to regular standing meetings would be helpful to discuss problems with securing the interviews, and address front end the problems so that we (SCDSS and UofSC NYTD team) can address those problems before time runs out.

The UofSC NTYD team has enhanced its outreach efforts including a new website, revamped Facebook page, e-birthday cards, and bi-monthly listservs. In addition to the bi-monthly listservs, NYTD youth are asked to update their contact information quarterly and engage with the NYTD website and resources for a chance to win a small incentive. Currently, these enhanced communication efforts are focused on youth in Cohort 4 who will take the survey again beginning October 2021. Additionally, with all our outreach and communication efforts, we encouraged the youth to stay connected with UofSC NYTD team and the SCDSS Chafee team. UofSC NYTD team also tries to regularly connect youth to the Chafee program via their annual booklet of benefits, their new Facebook page, and the helpline e-mail address.

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

- Provided NYTD youth and adult brochures and handout on the NYTD Survey Process;
- Reached out to the South Carolina Foster Parent Association (SCFPA) for posting on the SCFPA website of the launch announcement for the launch of the survey.
- Check of TANF, DMV/DL, Medicaid, and SNAP programs to find youth to complete the surveys.
- Home visits to youth who had not completed the survey.
- Networked on social media, telephone, and email regarding surveys.

The agency will reevaluate its current contract with the partnering agency to assess its limitations and develop an enhanced engagement approach to properly connect with the population for each upcoming cohort. SCDSS desires to have the source of the NYTD survey contract also become instrumental in the youth council development and maintenance. This includes supporting regional youth council meetings, providing monthly NYTD workshops, and leadership conferences. SCDSS desires to have the source of the NYTD survey build a relationship with this population to ensure this population to cooperate. The importance of NYTD is in our training and it is discussed in our transition plan meetings. But if the youth does not feel any connection, they will not participate, regardless of how much incentive you provide.

How the state has used these data and any other available data in consultation with youth and other stakeholders to improve service delivery in the last year:
NYTD team trained staff, administration, community partners, and care providers in understanding and utilizing NYTD data to inform practice and assess the quality of services provided. This was accomplished through Human Service Leaders conference calls, Palmetto Association for Children and Families, SC Foster Parent Association, and the Chafee and ETV Advisory Committee.

Engaging youth from State Youth Advisory Board (YEA! Youth Engagement Advocates) in transition planning, SCDSS Chafee and ETV Program have revised the assessment tool (Transition Planning Meeting Form 30206) to include more comprehensive planning and collaboration with the youth and requested the form to be placed on SCDSS Server "Master Forms Index". Additionally, the Chafee and ETV Program has reached out to provide training to community partners, care providers, GALs, and other adult support systems for youth on the importance of transition planning.

Homelessness Among Transition-Aged Youth: Results from the First Two Cohorts of the National Youth in Transition Database was presented by Center for Child and Family Studies at the University of South Carolina and SCDSS Chafee and ETV program in June 2020. Permanent, stable housing for young adults after care has implications for outcomes related to education, financial stability, and psychosocial functioning. To support youth in their need for permanent permanency post-care, it is important that CWAs consider data-driven methods to understand the factors related to a successful transition. One-way CWAs can better understand the experiences of young adults during the transition period and how agency policies and practices are associated with these experiences is by pairing data from the National Youth in Transition Database (NYTD) with their own administrative data on youth in care. The purpose of this study was to examine possible individual-level and care-related contributors to homelessness among young adults formerly in foster care in South Carolina.

Activities in FFY 2022 to involve the public and private sectors in helping adolescents in Foster Care achieve independence

The SCDSS Chafee Program will continue to partner with:

- Staff at the Center for Child and Family Studies at the University of South Carolina
- 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 SC Department of Children's Advocacy (the Foster Care Review Board and the Guardian ad Litem programs)
- SC Equality; the Department of Juvenile Justice
- Columbia Urban League
- Job Corps
- AbleSC
- State Alliance for Adolescent Sexual Health (SAASH)
- SC Center for Fathers and Families
- 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

The South Carolina Foster Parent Association (SCFPA) will continue a contractual agreement with the SCDSS to provide youth with a Chromebook for 11th or 12th graders in a high school setting without access to technology support or for those pursuing a GED. The SCDSSS will continue to provide youth with a laptop bundle for those who are pursuing post-secondary education. They will also continue to provide care packages to college students through the Pack-A-SACK program. The SCFPA will also provide "Household Essential Bundle" for youth who will transition from Foster Care, or "Dorm Essential Bundle" for college-bound youth. The SCFPA will also provide "Dependent Essential Bundle" for pregnant and parenting youth. This bundle was introduced to the SCFPA contract as a result of the YEA! Subcommittee Pregnant and Parenting Youth. The SCFPA will additionally support the agency's efforts to enhance youth engagement by supporting the YEA! and other activities deemed necessary by the Chafee and ETV program. The SCFPA will continue the "On the Road Again Program" to provide donated vehicles to youth in Foster Care.

The Center for Child and Family Studies at the University of South Carolina will continue a contractual agreement to provide the NYTD Survey for youth in transition.

Lastly, the Urban League "Level Up Program" prepared youth in Foster Care with introductory employment skills and Independent Living skills throughout the year, to include six (6) weeks of paid summer employment. The Level Up Program is a project undertaken in conjunction with the Columbia Urban League, to address job readiness, and offer a youth curriculum encompassing employment and career, individualized counseling, transportation, and mentoring. This will continue to be provided in FFY 2021. Due to COVID, program description had to be redesigned to remain in compliance with the CDC guidelines, and the "Level Up Program" was implemented on virtual platform to ensure employability was accessible when the restrictions were lifted, and the economy began its regrowth.

Activities in FFY 2021 to coordinate services with "other federal and state programs for youth": abstinence programs; local housing programs; programs for disabled youth (especially sheltered workshops); and school-to-work programs offered by high schools or local workforce agencies

- In July 2019, the U.S. Department of Housing & Urban Development announced the "Foster Youth to Independence" (FYI) Voucher Program. On October 6, 2020 a new notice from HUD was released updating the program requirements for new funding under the initiative. The FYI Voucher Program provides eligible young adults with a housing voucher to assist in the prevention of homelessness among young adults with foster care histories.
- In order to receive a voucher, the child welfare agency must ensure the provision of supportive services for the duration of the voucher. While the FYI Voucher Program operates in most states at the community level, it is important that state child welfare agencies support and facilitate conversations to assist in implementation of this initiative. As part of the update on the coordination of Chafee services with other federal and state programs, provide information on the state's efforts to support and facilitate the coordination of child welfare agencies and Public Housing Authorities to utilize FYI vouchers.
- Several Congregate Care facilities have "Independent Living" cottages designed to assist youth in the transition out of Foster Care. SC Providers and SCDSS Agency is collaborating to create a statewide standard transitional program.
- Collaborate efforts with Community organizations, shelters, mental health agencies, SCDJJ, other state agencies to address youth access to transitional supportive services, education, and employment opportunities and community resources.
- Working with the FDIC to provide a financial literacy (Money Start) program for foster youth throughout the state by partnering with various banks to offer the classes.

The Chafee Foster Care Independence Program
The Chafee State Office Unit has been discussing options for young adult transitional living programs in order to decrease occurrences of homelessness and becoming victims of human trafficking, including sex trafficking. We will continue to seek partnerships in the community for opportunities to create and build transitional living programs;

- The Chafee State Office Unit will continue to make referrals to transitional housing facilities, such as Leaphart Place and MIRCI home for youth/young adults in transition, for youth with disabilities or special needs
- The Chafee State Office Unit will continue its partnership with SC Vocational Rehabilitation to assist in placing youth with disabilities and developmental barriers to employment.

- The Chafee State Office Unit will continue its partnership with Job Corps to provide additional education and career choices for youth.
- The Chafee State Office Unit will continue its partnership with SCWorks to provide access to WIOA funds.
- The Chafee State Office Unit will continue to collaborate with the South Carolina Interagency Coalition for the Homeless Committee Meetings.
- The Chafee Transitional Specialist will continue to coordinate with the youth program at the Transitions Homeless Shelter.
- The Chafee State Office Unit will continue to coordinate with United Way Youth in Transition Committee.
- The Chafee Transitional Specialist and Chafee State Office Unit will continue to explore community options for homeless youth and opportunities to create partnerships.
- The Chafee Program Director will continue to work with local housing authorities to create MOU's to obtain the vouchers for youth transitioning out of foster care.
- The Chafee State Office Unit will continue its partnership with Able SC, a Center for Independent Living (CIL), and an organization that offers services to empower youth with special needs and increase successful independence. AbleSC offers a broad curriculum in activities and skills training for daily life, safety and wellbeing, customized to meet individual needs.

Activities in FFY 2021 to collaborate with governmental or other community entities to promote a safe transition to independence by reducing the risk that youth and young adults in the child welfare system will be victims of human trafficking
The Chafee Foster Care Independence Program:
- will continue to participate in statewide and regional task force committee meetings on human trafficking;
- is planning to help coordinate training to SCDSS staff and youth;
- will continue to explore community options to build partnerships and develop strategies to reduce the risk of youth with Foster Care experience from becoming victims of human trafficking; and
- will continue to collaborate with the South Carolina Coalition Against Domestic Violence and Sexual Assault (SCCADVASA), Helping Hands Healing Hearts, Lighthouse for Life, and SWITCH to increase awareness and provide services to youth in need.

Activities in FFY 2021 to provide specific training in support of the goals and objectives of the states' CFCIP and to help stakeholders understand and address the issues confronting adolescents
The Chafee and ETV Program training activities in FFY 2021:
- The Chafee and ETV Program will continue to provide training to SCDSS County Business Office staff on transitional supportive services and the funds disbursement process
- The SCDSS Regional Transition Specialists will continue to provide ongoing training to help foster parents, relative guardians, adoptive parents, workers in group homes, and caseworkers understand and address the issues confronting adolescents preparing for successful transition to adulthood;

- The Chafee and ETV Program will continue to train Guardian ad Litem (GAL) volunteers statewide;
- The Chafee and ETV Program will continue to encourage and empower youth across South Carolina with information provided through youth groups, peer training, leadership retreats, and involvement in agency meetings;
- The Chafee and ETV Program will continue to provide ongoing training, daily technical assistance, and coaching regarding issues that youth face in general as well as case-by-case guidance to foster parents, relative guardians, adoptive parents, workers in group homes, case managers and youth
- The Chafee and ETV Program will continue to provide training for SCDJJ on services available to former foster youth transitioning from incarceration and possible issues they may face.
- The Chafee and ETV Program will continue the partnership with the South Carolina Technical College Association to implement a program to support youth in transition attending technical college.
- The Chafee and ETV Program will continue the partnership with the FDIC to provide financial literacy (Money Smart) training.

Stimulus Financial Award

Award	Amount	Expiration Date
Total Chafee Award	$3,642,774	October 1, 2020 to September 30, 2022
Total ETV Award	$529,473	October 1, 2020 to September 30, 2022

Chafee Supportive Assistance

The additional Chafee grant provides a flexible source of funding which can be used to provide immediate, critically needed, direct financial assistance to young people who experienced foster care at age 14 or older and who have not yet attained age 27. Funding under this program can be used as an opportunity to support young people's resilience and to create opportunities for economic, social and educational success for youth and young adults. The SCDSS Chafee and ETV Program will continually assess the needs of young adults and make financial adjustments to support direct financial assistance to this population.

The one-time stimulus payment is categorized as "Tested Benefits" which are not taxable. In that context, TANF payments, SNAP benefits, and SSI payments are not treated as taxable income because they are means-tested. Chafee is a subset of Title IV-E foster care funds, which are means-tested and therefore should not be taxable. South Carolina has identified these payments as "pandemic assistance" and eligibility is verified by SCDSS through the CAPSS ID. The young person either signs the attestation statement or provides verbal consent declaring they need the funds to meet their needs.

The General Welfare Exclusion supports the South Carolina process for distributing one-time stimulus payments. While there is no code section excluding governmental welfare benefits or subsidies from gross income, several courts have recognized the existence of a general welfare exclusion. Under this doctrine, payments made from a general welfare fund in the interest of the general welfare and based upon a demonstration of need by the recipient are excluded from gross income. The Service also has taken the position that a limited general welfare exclusion excludes payments under governmental social benefit programs for the promotion of the general welfare

from a recipient's gross income. To qualify under the exclusion, the payments must: (1) be made to an individual under a governmental program; (2) be for the promotion of the general welfare (that is, based on need); and (3) not represent compensation for services. Payments to businesses, including sole proprietorships, generally do not qualify under the general welfare exclusion because the payments are not based on individual or family needs. § 7:192. General welfare exclusion, 1 Mertens Law of Fed. Income Tax'n § 7:192.

The South Carolina Chafee and ETV Program will provide unrestricted one-time or monthly direct financial assistance to youth and young adults to assist in meeting their needs during the pandemic. One-time direct stimulus check will be released to young people who have reached age of majority while in SCDSS care. One-time direct stimulus checks will also be released to those who experienced a failed permanency and adoption, victims of DMV, HLSTV, and sexual assault. The one-time award will be in the amount of $1,200 plus $300 for each dependent and direct stimulus checks will be released to current foster youth ages 14-17 in various amounts based on age ranging from $300-$1,000.

The South Carolina Chafee and ETV Program will provide targeted payments and supports to allow youth/young adults to stabilize, remain safe, ensure health and well-being during the COVID-19 pandemic and public health emergency. The South Carolina Chafee and ETV Program will reduce or remove barriers including assisting youth in completing action plans and case plans, submit receipts, or other documentation as a condition of receiving the assistance.

Targeted support for housing stability includes rental security and utility deposit, application fee, furniture ($2,000), referral to South Carolina Foster Parent Association household bundle (up to $800), referral to South Carolina Foster Parent Association dependent bundle (up to $500), and rental payments to landlords or to the youth as a reimbursement up to the $5,000 allotment. Emergency Hotel Extended Stay payments will be released to direct vendors or to youth as reimbursement until housing is secured. Payments will also be released to support maintaining utility access, such as cell phone, water, gas, electric, and internet access.

The Agency provided a memo to providers informing that current foster youth are eligible to remain in care until Sept 30, 2021. Case managers will continue to inform current foster youth of the allowance to remain in care at transition plan meetings. The Chafee and ETV program will process additional payments to providers who have extended placement for those who have turned age 21 during the pandemic and need additional support to transition into adulthood. The Program will support the Agency's efforts to update the current Voluntary Placement Agreement and its process. The Agency will design a provisional plan to increase foster home placement for this population, a provisional plan to approve SIL settings, and a provision plan for mass exodus when waivers expire. The SCDSS agency will also collaborate with county HUD programs, state and local housing organizations, and connect the young people to available resources for additional government assistance.

Targeted support for transportation stability includes releasing up to $4,000 to cover expenses including: gas allotments, Uber/Lyft payments, paying for public bus passes, purchasing bicycles with helmets and locks, and providing funding for driver's education, driver's license fees, car payments, full car insurance policies, car repairs, vehicle taxes, and license fees.

Targeted support for employment includes funding work clothes or uniforms to maintain or seek new employment participation in vocational programs, participation in job skills training, certification programs, licensure, and any tools and supplies needed to complete a program.

Targeted support for academic activities to address learning loss through evidence-based interventions, summer enrichment programs, and comprehensive after-school programs. Support also includes technology/computer access, recovery course aid, normalcy/ developmental age appropriate activities and support. The Chafee and ETV program will also celebrate young people for achieving academic goals throughout the pandemic with graduation financial award and gift boxes.

Funding will also be provided through targeted support for needed resources to stabilize health and well-being and to access peer support and mentors. Nutrition support will be released. Additionally, funding will be used to support pandemic-specific needs including covering medical expenses not covered by Medicaid such as COVID-19 testing, COVID-19 treatment, personal protective equipment, social isolation, school-related technology needs, and child-care. The Chafee and ETV program will also consider any additional expenses lost or incurred due to COVID-19 exposure.

The Education Training Voucher allotment has increased from $5,000 to $12,000. ETV funding will be used for advanced degrees, as well as qualifying vocational education, and Associate's and bachelor's degree programs. Therefore, funding may be used to assist young people in attending law school, a master's degree, or doctoral programs. The additional funding does not waive or modify the requirement that a youth may participate in the program for no more than 5 years, whether consecutive or not.

The Chafee and ETV program will recalculate ETV formula to maximize award and connect with post-secondary institutions to update cost of attendance. The program will ensure institution expenses (tuition, room board, fees, books, supplies, course required equipment, meal plan) and supportive expenses (housing, transportation, technology, tutoring, meals) are assessed for maximum award. Payments will either go to school to support outstanding balance or to the young person as supportive expenses.

The Chafee and ETV program will provide support for youth to explore educational opportunities, providing support for activities to address learning loss through evidence-based interventions, summer enrichment programs, and comprehensive afterschool programs. The Chafee and ETV program will contact young people who have graduated high school or GED programs to discuss higher education goals and share the ETV Stimulus flyer to recruit new applicants. The Chafee and ETV program will waive the requirement making satisfactory progress toward completing a program if a youth is unable to do so due to the COVID-19 public health emergency and offer a Pandemic Technology Support stipend necessary for virtual education. The Chafee and ETV program will assist the young people with eliminating any outstanding balances preventing further post-secondary education and any expenses youth incurred while pursuing post-secondary education such as student debt.

The Chafee and ETV program will target pandemic technology supportive expenses, to include but not limited to laptops or other technology necessary for virtual education, earphones, items needed to create a learning space, supplies, and tools for internet access (ex: broadband internet access, cell phone data cards, WIFI extenders).

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The Chafee and ETV program will release notification to higher education institutions about ETV award and assistance with providing timely and current balance statement and updating cost of attendance. The Chafee and ETV program will also send flyers to financial aid offices to increase program awareness coordinate with the Department of Education to identify a process for paying student debt. The program will support additional expenses incurred related to the required public awareness campaign, as well as efforts to reach a broader group of youth who are eligible for services or financial assistance through Chafee funding. The Chafee and ETV program will help pay salaries of agency staff who administer and oversee emergency assistance for youth, including fiscal staff responsible for generating and issuing payments paid for the Chafee program. The Chafee and ETV program will support maintenance payments and case management costs for youth who are not title IV-E eligible, non-Title IV-E eligible remain in care, and re-entry expenses.

The Chafee and ETV program will support expenses to establish websites, hotlines, and other mechanisms to track and provide information on assistance requests. The Chafee and ETV program will support expenses for the agency to incorporate youth-administrated debit cards into existing contract and will support expenses for the agency to incorporate direct deposits into existing CAPSS system.

The Chafee and ETV program will expand partnering with established organizations in each region to provide transition support and services. Partnership expansion will also include grant proposals, extending and amending current contracts and MOAs, expanding contracts with service providers or vendors currently working with youth and young adults formerly in foster care to provide services to provide outreach, service navigation, mentoring, and peer support. The Chafee and ETV program is considering partnership with national and state organizations to assist young adults, including activities relating to locating youth, outreach and marketing. The Chafee and ETV program recognizes investing in these strategies to build youth engagement into the agency's implementation infrastructure from the start and lay the groundwork for sustained youth engagement after the COVID-19 pandemic. The agency will need to assess sustainability to support partnership extensions after the stimulus funds are exhausted.

South Carolina Foster Parent Association (SCFPA) will support the Chafee and ETV program by purchasing gift cards, graduation items, and YEA! support items and will continue to provide support bundles and computers. The Chafee and ETV program will increase contract allotment to support the efforts to stabilize young people affected by the pandemic. The Chafee and ETV program will increase collaborative efforts with University of South Carolina to support this NYTD cohort and contributing outreach efforts for former foster youth.

The Chafee and ETV program will partner with the Annie E Casey foundation and MaddyDay foundation to co-design Professional Development Training Integrating Adolescent Brain Development into Child Welfare Practice with Older youth Developing Transformational Relationships with Older Youth from Foster Care, Coaching with Youth in Foster Care, Transition Planning, Integration and Sustainability Consulting. The Chafee/ETV unit will also receive additional Professional Development: Assessing Needs, Service Navigation, Crisis Intervention, and Motivational Interviewing.

The Chafee and ETV program will expand partnering with PACAF to improve transition support services for each region and identify partners interested in offering transition support services to

older populations and submit a Transition Service Navigation Grant Proposal for agency approval. The Chafee and ETV program will engage current providers to target certain transition interventions and set meetings with providers. The Chafee and ETV program will begin Regional Services Mapping by submitting Requests for Information on the SCDSS Procurement website. The Chafee and ETV program will support current providers converting or adding a supervised independent living program change order to increase placement options for young people.

The Chafee and ETV program will continue to engage with YEA! Council Members to assure outreach, service navigation, and financial support is targeted and will continue to invite young adult to sign up to receive ongoing notifications, as this approach will also support NYTD survey efforts. The Chafee and ETV program will continue to invite young adult to share experience and provide input in SCDSS's stakeholder meetings and organize ongoing Virtual Town Hall meetings in each region with youth co-leading events.

The program will support additional YEA! peer leadership opportunities by creating youth messaging to discussing hardships around the COVID-19 pandemic and how SCDSS can help stabilize their transition into adulthood, providing internship opportunities for lived-experience youth advocates, and making agency adjustments based on youth input. The Chafee and ETV program will also coordinate with Annie E Casey and QI for survey creation, distribution, and analyzing data.

The Chafee and ETV program is committed to offering Youth Engagement Support, employing youth and young adults at the agency level and as part of our contracted staff to provide outreach and support to fellow youth and young adults. The Chafee and ETV Program will support leadership growth opportunities and arrange town hall meetings, support group meetings, outreach programs, provide navigation services, and serve as a COVID-19 liaison. The Chafee and ETV Program will partner with providers which provide or are interested in youth council services.

The Chafee and ETV program will strengthen the recruitment and maintenance of YEA! by utilizing funds to purchase promotional items to recruit new members, compensating youth and young adults for "listening sessions" on program development and policy change, and celebrating members for contributions to improving child welfare programs. Survey youth and young adults for QI Report. The Chafee and ETV Program will invest in developing a Financial Literacy Program for youth and young adults. The Chafee and ETV Program will order FosterClub binders to support transitional youth.

The Chafee and ETV Program will connect with young people to identify immediate needs and preference of support and distribution and will host a virtual town hall, call, email, letter, text, social media, encourage word of mouth, provider connections, and mail notices to last known address. The Chafee and ETV Program mailed letters and flyers to last known addresses of eligible youth and to community partners and providers requesting to post the flyers in their establishments. The program posted information on the stimulus program to social media platforms and updated the SCDSS website to support outreach and information about stimulus program. Additionally, the SCDSS website was updated to include an online request for more information for young people to complete.

Members of the YEA! participated in a media campaign with recorded messages of pandemic hardships and how the stimulus program can assist with stabilizing young people. The SCDSS

communication team distributed press releases providing information about the Consolidated Appropriations Act and how the agency is prepared to help stabilize young people affected by the pandemic.

The Chafee and ETV program will connect with stakeholders, foster families, and other providers to identify pathways to enhanced collaborative outreach and funding services through virtual town hall meetings, webinars, provider memos, email, and social media platforms.

The Chafee and ETV program will strengthen child welfare agency front line staff and supervisor knowledge and awareness of the stimulus program by providing direct caseworker notification. Direct memos and emails were sent to county staff providing instruction on how to connect with and inform young people of the stimulus program.

Each youth is assigned a transition specialist who discussed how the pandemic has affected their transition into adulthood and their needs. The transition specialist shares with the young person available resources and connects to community partners for additional support. This support is offer ongoing and as needed as their situation evolves.

The additional Chafee and ETV awards are tracked and accounted separately. Federal funds awarded under these grants must be expended for the purposes for which they were awarded and within the period allotted. Segregation of spending parameters are identified with a new PCA code and utilization of Chafee Cost Center and General Ledger accounts for each category. Records of requests, processed checks, transaction reference numbers, and receipt of funds are databased and accessed by the Chafee and ETV and finance teams for updated and accurate tracking.

The Chafee and ETV program will abide by the state agencies administering the Chafee program requirement to report to NYTD information about youth and young adults of any age who receive an independent living or financial service. Youth receiving assistance or services through the additional Chafee appropriation are to be included in NYTD reporting, including young people over age 21 or 23. Data field requirements will be documented outside CAPSS for those receiving NYTD services to be submitted in a NYTD report.

Award	Expenditures as of August 24, 2021	Remaining Allotment	
Chafee Award	Released $1,512,441	$ 2,130,333	
ETV Award	Released $199,323	$330,150	Pre-approved Spring ETV Award $316,695.39

Chafee Training

This training proposal focuses on building a tiered professional development approach for all staff working with teens and young adults as well as specialists who support the Chafee program within South Carolina's Department of Social Services. This work would be coordinated with the South Carolina teen and young adult workgroup as they build a set of guiding principles which will define older youth practice and grounded in the Guiding Principles and Standards: Navigating South Carolina's Child Welfare System and the Better Together, Enhancing Practice, Transforming Lives campaign. Using an implementation science lens, the activities outlined in this proposal include the development of a theory of change and a sustainability plan.

Activity 1: Integrating Adolescent Brain Development into Child Welfare Practice with Older Youth:

- Participants will learn the most recent adolescent brain science and its impact on socio-cultural development among youth in foster care
- Participants will reflect on current and new narratives related to adolescents

Activity 2: Developing Transformational Relationships with Older Youth from Foster Care:

- Participants will understand the components of transformational relationships with youth
- Participants will understand young adult patterns of engagement and practice strategies to engage youth in empowering ways
- Participants will learn how to develop working relationships with youth

Activity 3: Coaching with Youth in Foster Care:

- Participants will understand the principles and strategies of using a coaching approach with youth in foster care
- Participants will understand how a coaching approach supports the creation of transformational relationships
Participants will learn how to use coaching skills to engage youth

Activity 4: Transitional Planning:

- Participants will understand how to ensure the transition planning is youth led, youth driven, and it is strengths based.
- Participants will learn how to utilize the transition plan tool
- Participants will gain the knowledge and skills to have the ability to meet the youth on their personal level, provide support and resources, and encourage the individual to blossom into the full potential of a becoming a contributing member of society.
- Participants will gain the knowledge and skills to authentically engage with the youth to create a balance of shared partnership
- Interactions will build individual leadership and advocacy skills, authentic youth engagement

Activity 5: Concurrent Integration and Sustainability:

- Staff, supervisors, and performance coaches will integrate the knowledge and skills learned into their daily work to advance better outcomes for youth.
- Staff, supervisors, and performance coaches will co-design a theory of change and sustainability plan for integrating relationally-centered practices into their work with youth.

Further training discussions were described in the above Chafee sections.

Consultation with Tribes (section 477(b)(3)(G) of the Act)
See information provided in the Coordination between State and Tribe sections.

6. Consultation and Coordination Between States and Tribes

State Plan for Ongoing Consultation and Coordination

The Catawba Indian Nation (CIN) is the only federally recognized tribe in South Carolina. SCDSS is the entity that administers child welfare and protection services for tribal children as well as the Chafee Program. Since the submission of the CFSP, the state has met and continues to meet regularly with representatives of the CIN. Throughout the year, representatives of SCDSS and the CIN have met for consultation and collaboration.

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

Attending these meetings were the CIN General Counsel, CIN Director of Social Services, CIN ICWA Coordinator/Child Services, SCDSS State ICWA Manager, SCDSS Regional ICWA Liaisons, SCDSS Office of General Counsel, SCDSS Foster Home Licensing representative, SCDSS Adoptions representative, SCDSS Foster Family Recruitment, SCDSS John H. Chafee Representative, SCDSS Office of Performance Management & Accountability-Policy, SCDSS Director of Safety or her designated representative, SCDSS Director of Operations or her designated representative, SCDSS Assistant Director, Office of Child Health and Well-Being, and Director of Indian Affairs with the SC Commission on Minority Affairs Office.

Each region has an identified ICWA liaison, and they are referred to as SCDSS Regional ICWA Liaison. A continuing aspect of the collaboration between SCDSS and CIN is the sharing of data. Each month DSS supplies CIN with a report generated from the DSS CAPSS (Child and Adult Protective Services System), South Carolina's SACWIS, listing all persons listed in CAPSS who had a service open for one day or more in the previous month and a tribal affiliation listed as Catawba Indian Nation. This report allows CIN to see a list of all children and families involved with SCDSS who enrolled members of or are 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 SCDSS policy. SCDSS and CIN are currently in discussion of creating a secure access to our CAPSS system that will allow CIN to be notified as soon as an intake for child abuse or neglect is accepted and assigned regarding one of their tribal members. This access will also allow CIN to be able to enter information regarding visitation, medical, psychological, and other services being provided for their tribal member or those eligible for membership.

SCDSS 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 coordinating the investigation and possible placement with tribal authorities should it become necessary to remove the child from the home.

Furthermore, SCDSS State ICWA Manager participates in the monthly federal ICWA calls. During these calls, the State ICWA Manager gains information on federal requirements and updates to help support the state's continued compliance with federal ICWA statues. Also, on this call the State ICWA Manager can communicate with other child welfare agencies on ideas that could assist South Carolina with maintaining compliance with ICWA regulations and provide services that meet an identified child's best interest.

Outcomes of Collaboration
SCDSS and CIN have an open communication regarding interactions and practices between the state and tribe. SCDSS has learned of resources that are able to be provided to the CIN tribal

members to assist in keeping the family unit together. CIN has been kept aware of SCDSS's changes to our practices within child welfare.

In order to continue to see improvements in our compliance with ICWA the following steps will be continued:

- Continue holding quarterly meetings of SCDSS and CIN Collaboration Workgroup.
  - Included in this workgroup will be each region's ICWA Liaison(s).
- The Regional Liaisons will provide the frontline staff and supervisors in the county a staff person closer to them to contact with their ICWA questions rather than going directly to the State Office.
- SCDSS will continue to offer the ICWA training to all new workers.
  - The ICWA on-line training module addresses the following topics: Catawba Indian Nation and Native American culture and history, ICWA requirements including the ICWA Final Rule, 25 CFR Part 23 and SCDSS Policies and Procedures for ICWA compliance including requirements to involve the tribe before ICWA required tribal involvement. The ICWA on-line training is now available on the agency's internal training site and can be accessed by any employee at any time.

Monitoring ICWA Compliance
SCDSS does not have quantitative data related to its ICWA compliance. Monthly reports are provided showing who has been entered into our CAPSS system as having Native American affiliation. These reports are reviewed monthly and workers are notified of the need to enter the determination (enrolled, eligible for, or not eligible) of the person identified.

Regarding judicial monitoring, South Carolina has included in the Bench Bar 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 Bar 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 Program (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 records 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 Office of Performance Management & Accountability, SCDSS 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.

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

In regard to children who are members of other federally recognized tribes, SCDSS complies with the tribe's preference for the placement of their members. If SCDSS is unable to identify the placement preference of the tribe, they are consulted and presented with the active efforts completed to meet these requirements.

Active Efforts to Prevent Break up of Indian Families
SCDSS seeks to provide Family Preservation Services to all families in SC, including families of the Catawba Indian Nation, to prevent the breakup of the family. The state actively seeks to locate a kinship caregiver as the priority for placement of the child. The state is using CLEAR search functions to locate possible kinship caregivers. When removal from the home becomes necessary and placement into foster care becomes necessary for the CIN child, the state has endeavored to find a kinship caregiver and license that family as a Foster Family for the child. These services are also provided to non-Indian children.

If the child is a member of another federally recognized Native American tribe, SCDSS strives to maintain that child with their family and/or kinship provider as we do with all families and CIN children. Furthermore, SCDSS notifies all federally recognized tribes of any type of involvement they encounter with an enrolled or eligible child that is a member of a federally recognized tribe.

Providing Child Welfare Services and Protections for Tribal Children
Since the submission of the CFSR, there have been no changes in the arrangements for providing all required services and protection for tribal children and families. The only federal recognized tribe in South Carolina is the Catawba Indian Nation (CIN).

The CIN does not have a tribal court system so Catawba children who come into custody of SCDSS remain within the custody of SCDSS. When a child enters the custody of SCDSS that is a member or eligible for membership of CIN then SCDSS and CIN work together to identify the placement for the child. CIN can designate who the child is to be placed with, attends all court hearings, assist in ensuring that the treatment needs are being provided, and if the permanent plan is heading to termination of parental rights and adoption, they are able to identify who the adoptive resource is. CIN is actively involved in all the cases that involve their members or those eligible for membership.

If a child that is a member of or eligible for membership with another federally recognized tribe, SCDSS requires its staff to notify the tribe as soon as it is made known (even if the case is only in the investigation phase and there is no court action at the time). The child will remain in the custody of SCDSS until the tribe decides on whether they will be intervening in the case. If the tribe wishes to intervene then SCDSS works with the tribe to ensure that their rights are enforced.

If the tribe does not wish to intervene, they will still be allowed to participate in all meetings and court hearings as they wish.

SCDSS does not discriminate in providing services for all those involved with the agency. If they are children and families of a federally recognized tribe or non-Indian children and families, the pre-placement preventive services are available statewide to try to avoid entry into foster care and remain safely with their families. Also, statewide services for those who are in foster care are available for all to facilitate reunification with their families, when safe and appropriate.

Planned Changes to Laws, Policies and Procedures
SCDSS policy is being updated and will be reviewed by CIN prior to submitting to the policy committee for publication. The policy will also include a work aid for workers to be able to access that provides clear instructions to ensure they follow the ICWA statues and agency policies. SCDSS has also developed a standard notification form that will be used by all employees to notify federally recognized tribes that the agency is investigating or involved with a family that is either eligible for membership or are members of the tribe. This standardized form will be presented with the updated policy and upon approval will be placed into the states master form index.

Furthermore, the SCDSS State ICWA Manager will be meeting with the DSS CAPSS (Child and Adult Protective Services System) team to discuss ways to improve identification of children and/or adults who are eligible for or enrolled members of a federally recognized Native American tribe. Also, the discussion will involve plans to provide notifications to the case manager and their supervisor when a child and/or adult is identified as a possible member of a federally recognized tribe and has no determination entered into the SCDSS CAPSS system.

Currently there are no plans to change the state law regarding federally recognized tribes as they mirror federal law.

Discussions with CIN Regarding John H. Chafee Foster Care Program for Successful Transitions to Adulthood
A member of the South Carolina Department of Social Services (SCDSS) John H. Chafee Foster Care Program for Successful Transitions to Adulthood staff is invited to all meetings of the SCDSS-CIN workgroup. The staff person is in attendance to address any issues which may arise regarding an Indian youth who is affiliated with CIN and to provide the tribe with updates on services provided to youth who are eligible for the Chafee program. The John H. Chafee Foster Care Program for Successful Transitions to Adulthood is available to any child/youth who is an eligible or enrolled member of a federally recognized Native American child as long as they meet the eligibility criteria for the Chafee and ETV program. These requirements follow the federal guidelines established and have no additional requirements added to them.

Currently, Catawba Indian Nation has not requested to administer their own John H. Chafee Program for the children that are eligible for the services and are members or eligible for membership of the tribe. If they wish to start administering the John H. Chafee Program for the children who are under their supervision and meet the requirements, then SCDSS will assist CIN in learning the information needed to run the program and will stop providing the services for those children.

Exchange of APSRs

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

CAPTA State Plan Requirements and Updates

Agency policy for Plans of Safe Care has been completed, approved and published as of October 1, 2018. Statewide training for staff regarding Plans of Safe Care and the risks of alcohol and substance abuse to unborn babies was made available to child welfare staff as of November 1, 2018. On June 10, 2019, the CAPTA CARA AMENDED PIP was submitted to the Children's Bureau. Training was provided to front line staff responsible for monitoring Plans of Safe Care the policy was developed to guide case manager's through a process of assessing families affected by substance abuse, engaging community providers, and assisting the family in addressing any identified problems in a way that promotes change. Although training was provided on Plans of Safe Care, the agency recognizes the need for further training and a review of the policy for any needed revisions. SCDSS established a Safety Workgroup comprised of current case managers, supervisors, and partners to address gaps in practice to include Plans of Safe Care. In addition, SCDSS is in the process of developing a Family Permanency Plan that will be used in collaboration with families to determine strengths, needs, and appropriate services. Case managers will address substance affected infants in families as part of the Family Permanency Plan.

In April 2020, SCDSS joined with the South Carolina Department of Alcohol and Other Drug Abuse Services to employ a liaison to build competency among SCDSS staff in understanding substance abuse disorders. This includes helping to provide the families served by SCDSS affected by substance abuse, with the best available services to strengthen them.

In May of 2020, SCDSS met with the National Center on Substance Abuse and Child Welfare (NCSAW) to determine if South Carolina would be a candidate to receive In Depth Technical Assistance (IDTA) grant through SAMHSA and the Children's Bureau to develop a South Carolina Plan of Safe Care for Substance Affected Infants and those with Fetal Alcohol Spectrum Disorder (FASD). A needs assessment was done, and it was decided that SC DSS and DAODAS would partner in the application for IDTA as there was a current opening for one state to apply. SC applied in October of 2020 and was notified later that month that they were awarded the 18-24-month IDTA grant. Weekly planning calls between the SC DSS/DAODAS team and the IDTA team have occurred since October 2020 and are currently scheduled throughout the next 18 next months.

SC officially launched the technical assistance with Plans of Safe Care work through two virtual kick off meetings with stakeholders in February and March 2021. Approximately 130 stakeholders attended the meetings. An SC Executive Leadership Team was developed comprising leaders

from SC Dept. of Mental Health (SC DMH), SC Children's Hospital Association (SCHA), SC Children's Hospital Collaborative, SC Dept. of Health and Environmental Control (DHEC), University of SC Children's Law Center (USC CLC), Safe Alternatives for Family and Youth (SAFY - Community Based Services), Department of Children's Advocacy, SC Department of Health and Human Services (SC DHHS), SC Abuse Medical Response System (SCAMRS), SC DSS and SC DAODAS. This team will meet quarterly and approve recommendations submitted through the Core Team, composed of 66 participants from 45 agencies and work groups. Currently the Definitions and Pathways work group meets for 1 hour virtually the third Monday of the month, and consists of approx., 65 participants from over 30 agencies/organizations. The goal is to define what a substance affected infant is and what pathways to develop for a notification system. There is potential for several types of notifications when there is a prenatal substance exposure as well as notifications at the time of birth, as not all cases will come through SC DSS for abuse/neglect investigations.

SC has also opted for a voluntary Prenatal Plan of Safe Care and this work group is coordinated through the SC Birth Outcomes Initiative (SC BOI) Behavioral Health work group (BHW). This group meets virtually, monthly for 60-75 minutes on the fourth Friday of the month with approximately 75 members and is composed of healthcare professionals, Substance Use Treatment Providers, Mental Health, Home Visitors, Managed Care Organizations SC FASD Coalition, and others.

There is also an ad hoc workgroup that meets monthly with approximately 25 participants from early childhood providers, educators, home visitors, infant mental health, DHEC, Nurse Family Partnership, community-based services and others that focus on the early intervention and wrap around services starting prenatally and at birth.

The next work group to convene will focus on data and will meet in August 2021. The purpose of this group is to discuss coding, reporting and cross system data collection and reporting and an evaluation and outcomes measure.

Community partners and stakeholders involved in this work with SCDSS hope to transform this work from a punitive approach to addiction to one that views addiction through a public health lens with a well-being focus for substance affected infants and their families.

In 2020, CAPTA funds were used for the SC Citizen's Review Panel, enhancing the Strengthening Families program through Children's Trust, funding of the Statewide Child Fatality facilitator and the annual report through DHEC, and funding toward the managing and hosting of the Intake Screening tool through the National Council on Crime and Delinquency (NCCD)[36] Children's Resource Center and Structured Decision Making.

The Strengthening Families Program offers parenting skills for families involved with the Child Welfare system as well as those families who are involved in substance abuse treatment to prevent children from coming into the child welfare system. The funding of the statewide fatality committee team facilitator and completion of the Statewide Fatality Report represents a collaboration between several agencies in an effort to share lessons learned from all child fatalities in the state, not just fatalities in child welfare families. The Structured Decision-Making

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[36] NCCD is now known as Evident Change

tool was implemented to assist the state in making more informed referral decisions and better assessing the need for ongoing investigations during the intake process.

South Carolina DSS is in the early stages of planning for use of Supplemental CAPTA Funding (American Rescue Plan). However, DSS is committed to using these funds to support transformational efforts underway. As such, DSS is considering use of funds to expand on current work with the Praed Foundation by providing assessment integration coaching to members of the well-being team and frontline management, enhancing the scope of FFPSA support to include developing legal resources for our judicial partners, and securing support to assist with developing a CAPSS intake tracking mechanism and/or web-based interface which would allow reporters to see the status of referrals. Additionally, the Agency is considering use of funds to work with an external branding and marketing company to support the rebranding of child welfare services, specifically around Better Together and the GPS Practice Model, developing unified messaging that:

- Ensures everyone who interacts with our work understands our goals, the work, and how the work helps us to reach our goals.
- Moves beyond sharing our mission statement or using jargon language to describe the day to day work; going from awareness to action requires sharing our "why" – why our leaders serve in this way, why others should care, and why we are an important asset to the community!

Appendix A: Annual Citizen Review Panel Report

SCDSS received the Citizens Review Panel (CRP) 2019 Annual Report – the most recent report – and a compilation of recommendations from the Low Country, Midlands and Upstate panels. SCDSS is excited to continue to work with the CRP to ensure the safety, permanency and well-being of children. SCDSS looks forward to continued collaboration with the CRP toward improvement of the child welfare system. A copy of this report is attached to this APSR as Appendix A.

The following are the CRP's recommendations and the SCDSS responses to these recommendations:

Citizen Review Panel Recommendations
1. *That SCDSS review the letters from Beaufort County DSS to their non-offending/victim parents to explain their services to clients with a domestic violence case to consider use statewide.*

   SCDSS Response:

   SCDSS will review their policies, procedures, and practice standards related to non-offending/victim parents and where necessary, revise to enhance clarity for the field. SCDSS policies will continue to be available online. SCDSS will continue to collaborate with the CRP regarding this effort.

2. *In the 2019 Annual Report, the Lowcountry Panel made seven recommendations pertaining to domestic violence with a focus on keeping children safe and together with the nonoffending/victim parent. We request an update on any progress made.*

SCDSS Response:

SCDSS is in the process of updating child welfare services' policies, procedures, and practice standards. Policy related to domestic violence must be written in collaboration and consideration with all policy. Child Protective Services (CPS) intake policies are published and now the agency is working to finalize policies for CPS investigations. SCDSS policies will continue to be available online. SCDSS will continue to collaborate with the CRP regarding this effort.

3. *That SCDSS continues to develop a collaborative relationship with community stakeholders, which can aid in increasing and maintaining a positive image in the community. Continuously, it is recommended that a volunteer program is established to engage the public in efforts to assist youth involved in the child welfare system.*

SCDSS Response:

SCDSS is steadfast in its commitment to developing collaborative relationships with community stakeholders. SCDSS has several advisory groups to aid the agency in strategic and programmatic planning. Currently, SCDSS has chartered the following groups:

- Child Welfare Advisory Group
- Youth Advisory Council
- In 2020, SCDSS with support from the Annie E. Casey Foundation, formed the Youth Empowerment Advisory (YEA!) Council
- Kinship Advisory Group, and
- a Private Provider Advisory Group (a subgroup of the Child Welfare Advisory Group)

4. *SCDSS will continue to develop collaborative relationships with community stakeholders to better assist children and youth that are involved within the child welfare system.*

   That SCDSS continues its efforts in training its staff and promoting a culture that provides the highest level of service to kinship care families. It is also recommended that outreach is done beyond the awareness of caregivers, but to the larger community to educate on best practices in servicing kinship caregivers and the children in their care.

SCDSS Response:

SCDSS will continue to be responsive in efforts for training staff to promote the highest level of service to kinship care families. Kinship care training has been developed and delivered statewide to current SCDSS case managers and supervisors, which explains the differences between kinship guardianship and kinship foster home licensing and applicable legislation. Additionally, the training's focus is to highlight the added benefits of kinship for children in out-of-home care and provide additional understanding around trauma and how placing with kin lessens many harmful effects for children in the foster care system.

5. *That SCDSS establish a stand-alone, child-centered policy on domestic violence, to include measures that will keep children safe and together with the non-offending/victim parent. Additionally, it is recommended that SCDSS collaborate with domestic violence professionals who serve as liaisons to the agency and the South Carolina Coalition Against Domestic*

Violence and Sexual Assault to provide effective and efficient services to families who experience domestic violence.

SCDSS Response:

SCDSS is in the process of updating child welfare services' policies, procedures, and practice standards. Policy related to domestic violence must be written in collaboration and consideration with all policy. Child Protective Services (CPS) intake policies are published and now the agency is working to finalize policies for CPS investigations. SCDSS policies will continue to be available online. SCDSS will continue to collaborate with the CRP regarding this effort.

6. *That SCDSS continue its efforts to improve the treatment planning process, with a particular focus on the involvement of families in developing the plan.*

SCDSS Response:

Human Services Policy, Chapter 5, Foster Care & Permanency Planning, Section 510.4 mandates the case managers shall review the status of the case plan monthly and shall update the plan at any time if the need for a change is identified. The results of the progress review shall be documented in the child's case plan and CAPSS dictation. The case planning meeting shall include the family, the child (if appropriate or in all cases if the child is 14 or older), and, if the child is 14 or older, and support persons identified by the child and not rejected by the agency (see above for procedures related to the involvement of child/support persons). The meeting shall be a comprehensive review of the case plan and the monthly monitoring of case activities, and shall include the following topics, if applicable:

- whether the child's placement in foster care remains necessary and appropriate,
- the child's safety in the placement,
- the child's permanency plan status (at least every 6 months),
- sibling connections (see Section 510.5),
- any reduced safety threats in the home (when reunification is the plan),
- changes in behavior that have occurred in the family members over time that are needed to create a safe environment for the child and identification of the required changes that have not been demonstrated at the time of the evaluation (when reunification is the plan);
- observable behaviors of the child in foster care when behaviors are resulting in disruptions in placement or educational stability,
- any child involved with the juvenile justice system (see Section 550.2),
- effectiveness of current services,
- current actions to locate absent parents, relatives, or fictive kin (see Section 510.3),
- the child's transition to adulthood, beginning no later than age 14.

In addition, SCDSS is implementing a comprehensive assessment which will require case managers to engage families in the assessment process. This assessment drives the family's Family Permanency Plan (formerly known as the treatment plan). Being engaged in the assessment process will help them to better understand the planning process and be more engaged in their Family Permanency Plan. Implementation begins in July 2021.

Updates to Targeted Plans within the 2020-2024 CFSP

Appendix B: Foster and Adoptive Parent Diligent Recruitment Plan

SCDSS is not requesting any change to our Foster and Adoptive Diligent Recruitment Plan. SCDSS's Foster and Adoptive Parent Diligent Recruitment Plan is attached as Appendix B.

In 2020, SCDSS revisited our Foster and Adoptive Parent Diligent Recruitment Plan. SCDSS worked with our licensed Child Placing Agencies to develop a new comprehensive plan that maximize our efforts to recruit and license foster homes for our current needs. The new plan was finalized and updated in March 2021.

Calendar year 2020 presented difficulties in recruiting and retaining foster and adoptive homes due to COVID-19. Collectively, SCDSS and our community partners had to recruit and retain foster and adoptive homes through virtual platforms while also trying to comply with the guidelines issued by state and federal authorities. Fifty recruitment and retention events were conducted last year and a total of 4,848 inquiries were received and 1,828 applications were completed. Despite the challenges the total number of inquiries and completed applications a small increase was seen.

SCDSS continues to work with our licensed Child Placing Agencies, South Carolina Foster Parent Association, and SC Heart Gallery to recruit potential foster, adoptive, and kinship providers. With the assistance of these stakeholders SCDSS is actively promoting the following targets:

1. Increase the number of licensed kinship placements
2. Focus on child-specific recruitment efforts based on current need
    a. Non-Kin Foster Homes
    b. Therapeutic Foster Homes
    c. Foster Homes for Sibling Groups
    d. Foster Homes for Teens
    e. Foster Homes for Victims of Sex Trafficking
3. Increase retention by improving relationships with current foster families

SCDSS Adoptions will continue with their diligent recruitment efforts. Adoptions has child specific and generalized recruitment efforts. Adoptions is not currently accepting applications to adopt children ages 0 – 5 years of age due to having a large number of approved adoptive families waiting for that age range. The Regional Adoption Offices utilize child-specific (one-on-one individualized plan for a child based on the child's specific needs) recruitment strategies which engages both youth and families together and allowing both the opportunity to take an active role in the selection process. Furthermore, SCDSS State Office Adoptions has implemented a centralized recruitment effort where home studies are reviewed and those who are a possible match for a child on active recruitment is forwarded to the Adoption Specialist for review. In 2020, 467 adoption finalizations occurred.

Successful Outcomes:

Total Statewide Inquiries				
Region	**Foster Home Inquiries**	**Adoption Inquiries**	**Kinship Inquiries**	**Total Inquiries**
Upstate	1053	271	45	1369
Midlands	1184	313	16	1513
Low Country	802	194	20	1016
Pee Dee	776	156	18	950
Total	**3,815**	**934**	**99**	**4,848**

Statewide Program Area Inquiries and Completed Applications			
Program Area (Statewide)	**Total Inquiries**	**Completed Applications**	**Percent of Inquiries Resulting in Completed Applications**
Foster Care	3,815	1,103	28.9%
Adoption	934	651	69.7%
Kinship	99	74	74.7%
Total	**4,848**	**1,828**	**37.7%**

Referral Source Analysis of Licensed Homes					
Referral Source	**Upstate Region**	**Midlands Region**	**Lowcountry Region**	**Pee Dee Region**	**Total**
Friends/Family of FP	46	26	19	18	109
Social Media/Website	12	15	10	7	44
ICPC/Kinship	50	26	8	17	101
Online search	27	23	15	11	76
All Pro Dad	6	1	1	3	11
Event	3	1	1	1	6
Other Agency	32	19	10	6	67
Awareness of Need	8	2	2	1	13
Radio/TV	1	0	1	1	3
Church	7	3	3	3	16
Caseworker	1	1	3	1	6
DSS	14	6	11	10	41
Banner	0	0	0	1	1
Collateral	0	1	0	0	1
Yard Sign	2	0	0	0	2
Total	**209**	**124**	**84**	**80**	**497[37]**

Appendix C: Health Care Oversight and Coordination Plan

SCDSS collected health care data in early 2021 and provided a summary to the Court as ordered for the *Michelle H.* Settlement Agreement. Statistics included children under the age of 18 who had been in foster care for 30 days or more at the time of the analysis. In February 2020, baseline data indicated that 38% of children were up to date on their well- child visits based on the APA guidelines for children in foster care. In January 2021, 57%   of children

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[37] Of the 497 homes licensed in 2020, 26 have closed.

were up to date. Further, DSS was able to reduce the percentage of children with no well-child visit on record from 15% in February 2020 to 4% in January 2021. It is noteworthy that as of the data collection, 92% of children in foster care had received a well-child visit in the past year. According to the APA, 2020 was a year where compliance with well-child visits across the country declined due to COVID-19. However, the Department was able to significantly improve compliance for children in foster care for the same timeframe. Dental care was also impacted by COVID-19, but data collected in early 2021 on children between the ages of 2 and 18 who had been in foster care for at least 30 days at the time of the analysis indicated that 77% of foster children had received dental care within the past year. 65% of children were up-to-date on dental visits in January 2021.

The approved Heath Care Oversight Plan Health Plan Addendum is attached as Appendix C.

Appendix D: Disaster Response Plan

As part of the foster home licensure process, providers are required to submit a disaster preparedness plan to be approved by SCDSS prior to approval of the license and updated as part of the renewal process. The plan shall include:

- flexible and appropriate responses to various scenarios
- additional considerations for medically fragile children
- plans for compliance with mandatory evacuation orders
- identification of an approved local shelter or, if the plan is to evacuate to a residence, steps for ensuring child safety and continued communication with SCDSS

During hurricane season, SCDSS group home and Child Placing Agency licensing remind providers of the emergency protocol including steps to take before evacuating, upon arrival at the evacuation site, and upon safe return.

SCDSS's disaster response plan is attached as Appendix D.

Appendix E: Training Plan

SDCDSS updates the training plan annually in an effort to support initiatives outlined in this plan. SCDSS's updated training plan is attached as Appendix E.

Statistical and Supporting Information

CAPTA Annual State Report Items

Information on Child Protective Services Workforce
Qualifications and Training

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

Department of Social Services Classification Plan			
Official Title	Band	State Minimum Requirements	Agency Minimum Requirements

Program Coordinator I - (AH35)	5	Bachelor's Degree and Relevant Experience	Master's Degree and one (1) year of professional experience in social services programs, correctional, education, business administration, general administrative management, or relevant program experience; or a Bachelor's Degree and two (2) years of professional experience in social services programs, correctional, education, business administration, general administrative management, or relevant program experience.
Program Coordinator II - (AH40)	6	Bachelor's Degree and Relevant Experience	Master's Degree and two (2) years of professional experience in social services programs, correctional, education, business administration, general administrative management, or relevant program experience; or a Bachelor's Degree and three (3) years of professional experience in social services programs, correctional, education, business administration, general administrative management, or relevant program experience.
Caseworker II - (GA15)	5	Bachelor's Degree and professional experience in human services or social services programs.	Master's Degree in Social Work, Social Welfare or Behavioral Science; or a Master's Degree in any other field and one (1) year of professional experience in human services or social service programs; or a Bachelor's Degree in social work, social welfare or behavioral science and one (1) year of professional experience in human services or social service programs; or a Bachelor's Degree in any other field and two (2) years of professional experience in human services or social service programs. Selected positions may prefer supervisory experience.
Caseworker III - (GA16)	6	Bachelor's Degree and professional experience in human services or social services programs.	A Master's Degree in social work, social welfare, or behavioral science and one (1) year of professional experience in human services or social service programs; or a Master's Degree in any other field and two (2) years of professional experience in human services or social service programs; or a Bachelor's Degree in social work, social welfare, or behavioral science and two (2) years of professional experience in human services or social service programs; or a Bachelor's Degree in any other field and three (3) years of professional experience in human services or social service programs. Selected positions may prefer supervisory experience.

Caseworker I - (GA14)	4	High school diploma and relevant program experience. Bachelor's Degree may be substituted for the required program experience.	Bachelor's Degree in Social Work, Psychology or another behavioral science.

Staff Education Levels (FFY 2021)					
Position	**Bachelors or Higher**	**Some College / Business Technical**	**High School Graduate**	**N/A or Missing**	**Total**
Caseworker I - (GA14)	794	6	1	0	**801**
Caseworker II - (GA15)	164	0	0	0	**164**
Caseworker III - (GA16)	38	0	0	0	**38**
Program Coordinator I - (AH35)	4	0	0	0	**4**
Program Coordinator II - (AH40)	11	1	0	0	**12**
Total	**1,011**	**7**	**1**	**0**	**1,019**

Source: SCEIS database

Staff characteristics (FFY 2021)			
Characteristics		**Total Number**	**Percent of Workforce**
Gender	Female	900	88.32%
	Male	119	11.68%
Race/Ethnicity	Asian	1	0.10%
	Black/African American	685	67.22%
	Hispanic/Latino	14	1.37%
	White	314	30.81%
	American Indian/Alaskan	2	0.20%
	Missing/Unassigned	3	0.29%
Age	22-29	362	35.53%
	30-39	297	29.15%
	40-49	202	19.82%

	50-59	128	12.56%
	60+	28	2.75%
	Missing	2	0.20%
Highest Education	Associate	2	0.20%
	Bachelor's	879	86.09%
	Completed 1 year of college, business, or tech	1	0.10%
	Completed 2 years of college, business or tech	1	0.10%
	Completed 3 years of college, business or tech	3	0.29%
	Doctorate	2	0.20%
	High School Graduate	1	0.10%
	Master's	127	12.44%
	Missing/Unassigned	5	0.49%
Position Class Title	Caseworker I- (GA14)	801	78.61%
	Caseworker II- (GA15)	164	16.09%
	Caseworker III- (GA16)	38	3.73%
	Program Coordinator I - (AH35)	4	0.39%
	Program Coordinator II - (AH40)	12	1.18%
Source: SCEIS database			

Information on caseload and workload requirements

Pure Caseloads:

- OHAN investigator: 1 caseworker: 8 investigations
- Foster Care caseworker: 1 caseworker: 15 children
- Adoption caseworker: 1 caseworker: 15 children
- New worker: ½ of the applicable standard for their first 6 months after completion of Child Welfare Certification

Supervisor Workload:

- Foster Care Supervisor, 1 supervisor: 5 caseworkers
- Adoption Supervisor, 1 supervisor: 5 caseworkers
- OHAN Supervisor, 1 supervisor: 5 caseworkers

Mixed Caseloads:

- Family Preservation, CPS, & Other Non-Foster Care Services: 1 to 12 families
- For Pure Foster Care: 1 to 15 class member children
- For Mixed Foster Care: 1:15 class member children & non-foster care families

Mixed caseloads are defined as having more than one type of case that includes both class-members (foster care children under 18 years of age) and non-class members.

Juvenile Justice Transfers
SCDSS tracks involvement with the Department of Juvenile Justice in several metrics.

Working with the field and through an innovative portal with the SC Dept of Justice, SCDSS looks at involvement with SCDJJ across all its service lines. Using a report for 1-

1-2021, the below displays the unduplicated number of Persons where DJJ Involvement was active on the report day and the Person is an active Recipient in any Service that is open on the report date. These services may have been case managed by multiple Workers and therefore the person may be counted for multiple Workers, Offices and/or Regions. While there appears to be greater involvement with SCDJJ for children in foster care, SCDSS believes that is more of a reporting anomaly because of the focus of the Michelle H Lawsuit on children in foster care and involvement with SCDJJ.

Unduplicated Person Count	Adoptive Services	Foster Care Services	Family Preservation Services	Investigations Services	Other Services
213	12	134	69	27	23

SCDSS also tracks through its system of record (CAPSS), the children and youth in care who are placed in a DJJ facility. The chart below shows trends for children and youth placed in a DJJ facility

The current census in CAPSS for all children and youth who are placed in a DJJ facility remains in single digits or low teens with no discernable trends. Additionally, those children and youth make up a small proportion of the overall population in foster care.

Date	Children and youth in Foster Care (Under 18 years of age)	Foster Care children and youth in DJJ placements obtained through CAPSS Extracts
30-Apr-21	4,026	10
31-Mar-21	3,978	10
28-Feb-21	4,013	9
31-Jan-21	3,975	10
31-Dec-20	3,939	12
30-Nov-20	4,049	12
31-Oct-20	4,073	12
30-Sep-20	4,112	8
31-Aug-20	4,167	10
31-Jul-20	4,213	14
30-Jun-20	4,236	11
31-May-20	4,318	8
30-Apr-20	4,409	16
31-Mar-20	4,385	12
29-Feb-20	4,365	12
31-Jan-20	4,377	14

Finally, SCDSS creates an overlap report with SCDJJ quarterly where it creates an extract of all children and youth in care at a point in time and sends that extract securely to SCDJJ. SCDJJ performs a match for SCDSS.

Children with DJJ involvement in Foster Care Services as of 12-2020[38]		
Question	Number	Percent
Does this child have an open service or was case managed by DJJ in December 2020?	161	9%
Has this child EVER had an open service or case managed by DJJ?	378	21%

Education and Training Vouchers (ETV) Program (section 477(i) of the Act)

SCDSS is the only agency that authorizes ETV vouchers. These vouchers are used to assist current foster youth, former foster youth (those that aged out of foster care, reunified with family on or after their 14th birthday, and left care for kinship/guardianship or adoption on or after their 16th birthday) who are enrolled in a post-secondary school that will allow them to become independent and responsible adults. These funds are awarded based on need up to $5,000 a year for 5 years or the age of 26 years old, whichever comes first.   Specific accomplishments and progress to establish, expand, or strengthen the state's postsecondary educational assistance program:

During FFY 2021, the Education and Training Vouchers (ETV) Program:

- Worked 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
- Collaborated with the SC Department of Education, SC Guidance Listserv (for high school guidance counselors), Carolinas Association of Collegiate Registrars and Admissions Officers (CACRAO), and with multiple SC colleges and universities
- To recruit, retain, and support youth in post-secondary education, has partnered with educational consulting services that are available within the community. 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
- Distributed a brochure specifically focused on the ETV.
- The program is also distributed promotional material to create a knowledge base about ETV funding
- Provided other financial aid information with youth, Caseworkers, care providers, Guardians ad Litem, and adults who work with youth in our eligible population
- Provided training to guidance counselors and career counselors about ETV benefits

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[38] Based on a point-in-time extract and match with DJJ

- Continued to focus on identifying eligible youth for ETV funding through CAPSS reports and NYTD listserv
- Mailed letters to eligible youth informing them about ETV funding
- Maintained 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
- Continued to utilize calculation tool to award ETV to those who are eligible that would utilize the full $5,000. This calculation tool is utilized to ensure that the awarded ETV funds does not exceed the allowable allotment but also maximizes the availability to award up to the $5,000 limit. The total student debt is the amount that is awarded to the student by the ETV program. We ensure that the total institution balance is zero before releasing any remaining ETV award funds to help support their post-secondary education, such as computer, transportation, and housing support for youth under the age of 26
- If the full ETV award is needed for tuition, then the Chafee funds are utilized for supportive expenses for individuals under the age of 21. Supportive expenses include a computer and transportation resources during enrollment

To date, the Chafee program staff has had the following ETV recipients:

School Year	Total Awards	New Awards
2018-2019	106	88
2019-2020	90	68
2020-2021	95	54

The ETV Program has been revised to maximize ETV award to provide funding to support youth achieving post-secondary education. Institution expenses supports tuition, books, fees, room, and board costs while attending post-secondary education. The approved, supportive expenses include off campus living expenses, transportation, nutritional support, specialty equipment, and personal expenses accumulated during the time of enrollment.

The ETV Program has approved the release of ETV funds for enrollment of established vocational programs that will lead to secured employment. The ETV Program has created a more detailed application process that outlines participation commitment. The release of funds has been improved to release direct payments to schools that provide a vendor code.

The ETV Program has employed an ETV State Program Coordinator to assist the youth age 17 and older to support achieving post-secondary education through the following responsibilities:

- Research and identify post-secondary, vocational programs, scholarships, and grants.
- Encourage young people to higher education, academic guidance, career planning, identifying the best program for their individual needs, and to maintain support along the way. Examines the strengths of a student and then recommend schools and career options that utilize their talents and interests.
- Advise potential ETV recipients about college entrance process, assess student academic progress, and ensures that each student meets the academic and registration requirements for selected. Assist with admissions to help with the completion of required

documents, such as college essays and financial aid paperwork. Develop programs to teach students and resource parents about the college admissions process.

- Complete all state ETV applications to process funding requests for post-secondary education. Ensures that ETV funds are transferred to proper institution and to the youth for academic support. Ensures the release of ETV funds are within federal compliance.
- Maintains record in DSS database to track funding transfers and post-secondary success.
- Create and Manage state-wide academic transition workshops that solely focuses on post-secondary and vocational options. These academic transition workshops will promote developing skills that will support educational transition process from secondary to post-secondary, to include but not be limited to academic and career assessment, identify best fitted programs, maximizing financial aid/scholarships and grants. Arrange college personnel to visit to talk about college entrance and the college experience. Arrange for students to visit local colleges.
- Connect with academic institutions and collaborate with efforts to establish and maintain academic support for transitioning youth. Serve on Post-Secondary Education focused committees throughout the state. Connect with Secondary Institutions to promote ETV opportunities for foster youth. Connect with educational institutions and schools, and in some cases parents and students, in solving problems that are education related. Connects with institutions and vocational programs to be knowledgeable of available programs and strengthening networking.
- Identify any additional resources needed to maintain that enrollment if barriers are presented.

The ETV Award is based on the information provided on the student's financial aid award letter. In most cases, the students can access their financial award letter online in their student portal. Typically, the financial aid award letter will include the students cost of attendance (COA). If it doesn't, then the school's website would generally have the breakdown of COA. The ETV Award is determined by taking the students COA and subtracting the financial aid awarded to the student, identified as the unmet need. SC utilizes the ETV formula to calculate expenses (COA) in two categories: Institution Expenses [39] and Supportive Expenses[40].

The supportive expenses are only calculated for the duration of enrollment. The formula also identifies any grants and scholarships awarded to the youth. School loans or work study programs are not calculated in the formula. The remaining balance is the unmet need. The ETV Award is up to $5000 per academic year released as $2500 per semester. The funds are sent to the institution to ensure $0 balance. Any remaining award balance is sent to the young adult as Supportive Expenses. The computer is ordered through the SCFPA to ensure rapid release. The young adult provides their lease agreement and the amount of rent times the months of enrollment is calculated in lieu of the young person staying on campus in the dorm room.

The ETV Award is calculated for the academic year, and in order for the spring semester to be released, the young person has to provide their previous semester grades and financial statement from the school showing enrollment and cost of that semester. If the young person

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[39] Tuition, books, feed, room and board
[40] Technology support, transportation, meals, supplies, children (until ABC voucher), and housing

has low academic standing, then the ETV Program Coordinator works with the young person to discuss barriers and identify a plan to improve their grades.

The Chafee and ETV program gathered research from other state ETV programs helped improve our efforts, including Virginia, Texas, Michigan, California, Nevada, Ohio, Rhode Island, Tennessee, and Washington. Chafee and ETV program also spoke with young people to discover barriers of continuing post-secondary education, which was in part due to limited supportive services. The young people had to work multiple jobs to pay for school and could not focus on school to be successful. It is vital to be able to provide funding for supportive expenses as equal as the institution expenses.

Inter-Country Adoptions

SCDSS developed a tracking system to identify children who were adopted from other countries that become involved with SCDDSS and it was implemented statewide in July 2020. Additionally, the agency expanded the collection field to include children who were adopted through foster care and private domestic adoptions as well.

SCDSS shows that from January 1, 2020-December 31, 2020 that 127 reports (please note that some of the reports are the same family or a congregate care facility) of child abuse and/or neglect were received (including Out of Home Abuse and Neglect reports) that involve children who were adopted. Upon reviewing the report, 44 children have or had a foster care service line opened in 2020 and 21 had opened family preservation service lines. Of the 44 children, 16 of the foster care service lines were closed in 2020 and 2 closed in early 2021. Of the 21 children with family preservation service lines, 4 cases were closed in 2020 and 6 were closed in early 2021. When reviewing this data, the adoptive children were either adopted through foster care (South Carolina or other states) or were a private domestic adoption. Per this report SCDSS were not involved with children who were adopted internationally.

Monthly Caseworker Visit Data

The following data on monthly caseworker visits for FY 2021 was submitted to the Children's Bureau's Regional Office.

Monthly Caseworker Visit Formula Grants Report
The report below from CAPSS, the State's Automated Child Welfare Information System compiled by the SCDSS Accountability, Data, and Research Unit, shows that the South Carolina Department of Social Services (SCDSS) achieved a total of 96.7% of the total visits that would be made if each child were visited once per month for Federal Fiscal Year 2019-2020 (above the required compliance of 95%).

The report below also highlights that SCDSS achieved a total of 64.0% of the total number of monthly visits made by caseworkers to children in foster care in the child's residence, exceeding the required compliance of at least 50%.

Face-to-face Visits with Children in Foster Care[41]

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[41] Period Under Review: October 1 2019 to September 30 2020. Effective 20201207 / ADR

The total number of visits made by caseworkers on a monthly basis to children in foster care during a fiscal year must not be less than 95 percent of the total number of such visits that would occur if each child were visited once every month while in care.

# Children	Monthly Caseworker Visits	# Complete Calendar Visits	# Visits Months in the Residence	% of Visits on a Monthly Basis	% of Visits in the Residence
6,506	47,336	48,944	30,316	96.7%	64.0%

Monthly caseworker visits with Children

Leadership in South Carolina recognizes the critical importance of caseworker visits to conduct assessments and make decisions at the individual and family level and thus, have been working to systemically improve and strengthen the quality and frequency of caseworker visits despite the COVID-19 pandemic during Federal Fiscal Year 19-20. The visits grant has been used to improve the quality of caseworker visits by leadership messaging accountability, data analysis, infrastructure improvements, and practice accountability.

To ensure that statutory performance standards are met, the agency has major reform work in process to solidify and improve agency values, practice, infrastructure and CQI around caseworker visits (*Michelle H. Consent* decree, Child and Family Services Review, and the implementation of the new casework practice model). Along with stipulated visitation frequencies, policy also requires that children are visited no less than is needed to assess their progress and ensure their needs are met.

- As of May 2021, updated case manager contact (visit) policies and work-aids for a child, parent, and caregiver have been published to the Child Welfare Services Policy Manual. The policies and work-aids detail the frequency, assessment requirements and documentation expectations of case manager contacts with each party (child, parent, caregiver). The policies and work aids are inclusive of the core components of the "Quality Matters: Improving Caseworker Contact with Children, Youth and Families".
- Quality Contacts Training for Supervisors will begin June 2021 and will be subsequently followed by Quality Contacts Training for Case Managers.
- As of February 2021, we have started the process of documentation reviews of case manager contacts with a child and case manager contacts with a parent(s) by Child Welfare Leadership for Foster Care and Family Preservation cases. This process allows all levels of Child Welfare leadership within the county to review a case manager contact monthly to see how case manager contacts are being documented in the Child Welfare System each month. County Child Welfare Leadership are able to gather trends related to documentation of case manager contacts as well as provide feedback and guidance to staff.
- An update was added to our child welfare system as an alert to a case manager when documenting a contact with a child to ensure that all the essential elements of a contact are captured in their documentation.

Financial Information

The CFS-101 Parts I, II, and III are submitted as an appendix to this report.

- The amount spent for childcare, foster care, and adoption assistance payments in 2005 by SCDSS was $951,924.
- The amount of state expenditures of non-federal funds for foster care maintenance payments for 2005 was $317,308.
- South Carolina's 1992 base year amount for state and local share expenditures were $713,000 while 2018's amount was $8,834,714.
- South Carolina's Title IV-B Part I expenditures for childcare, foster care, and adoption assistance for FY2022 is $0.

Hosting

The APSR will be hosted on SCDSS's website: https://dss.sc.gov/about/data-and-resources/child-welfare-services-federal-reporting/

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