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

Table of Contents

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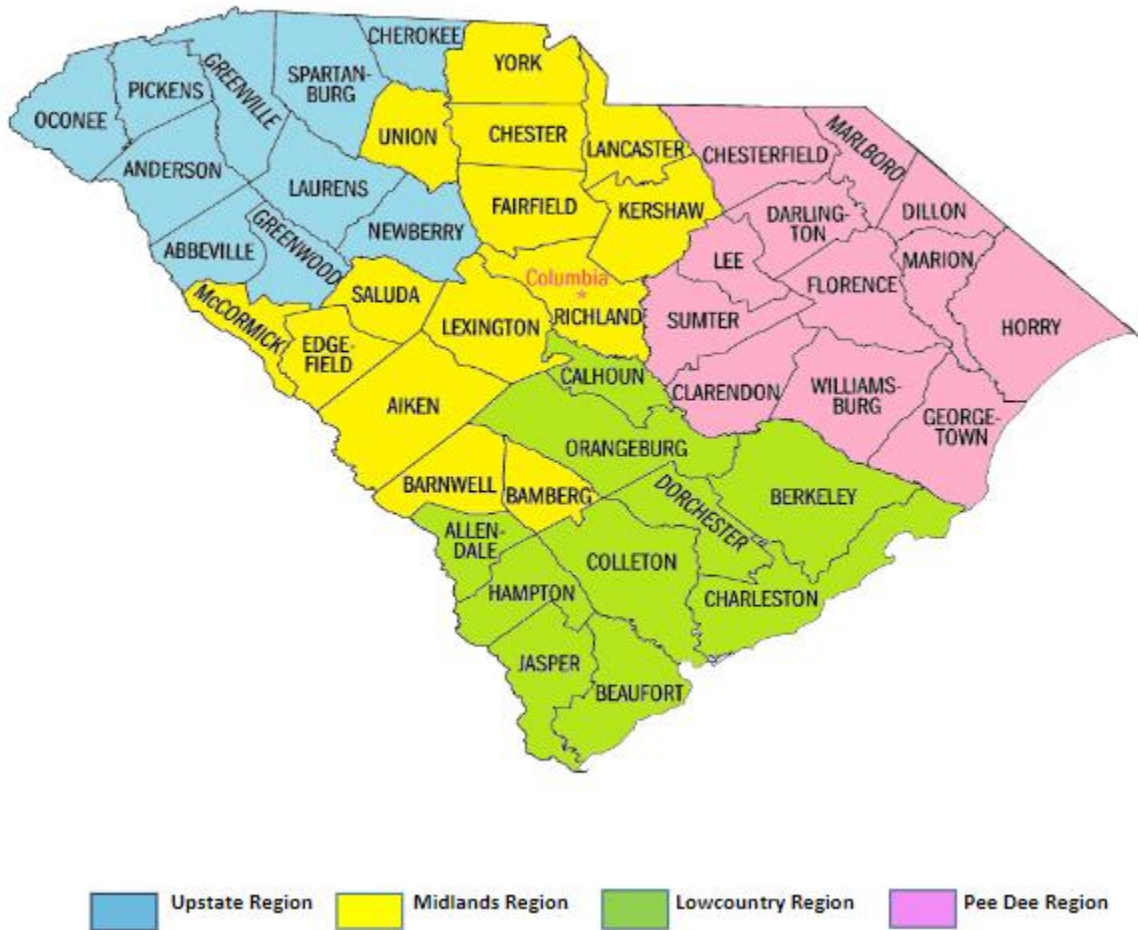
Mission
The Department's mission is to serve South Carolina by promoting safety, permanency, and wellbeing of children and vulnerable adults, helping individuals achieve stability and strengthening families. We do this through courage, compassion, and competence.

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 2022-2023 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

Chief Deputy Director of Agency Development & Innovation
E. Medere

CWS Deputy State Director
K. Bryant

Strategic Planning & Innovation Director
M. Creech

Permanency Management Director
D. Barton

Safety Management Director
C. Gainey

Child Welfare Operations Director
N. Harrison

Family & Community Services & Strategic Projects
L. Tinman

Child Health and Well-Being Director
T. Nix (acting)

Child Welfare Services Administration Director
P. Hawkins

1. Collaboration

Stakeholder Input in the Development of the 2022-2023 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 Court Improvement Project, 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 Board Meetings and Conference.

Over the last year, South Carolina Department of Social Services has integrated organic joint planning efforts into program development including strategic planning sessions, policy development, and root cause analysis. SCDSS hosted a joint strategic planning event in February 2022, consisting of six sessions for SCDSS staff, SCDSS county leadership, SCDSS state office leadership, youth, kinship caregivers, and parents. This event was a part of the strategic planning meeting sequence designed to serve as a vehicle to convene and 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. SCDSS utilized this event to develop a set of strategies for 2022-2023 to further the State's vision and goals.

Further SCDSS has updated the policy development process to engage those impacted from the very first stages and throughout the vetting stages. This critical step allows SCDSS to create policies and practices responsive to the children and families we serve. Moving forward, as policies are revised or created, SCDSS will contemplate who is impacted and representatives from those groups in the policy development and feedback process. Lastly, SCDSS has begun the first phase of stakeholder engagement in root cause analysis – SCDSS staff. Through a series of feedback surveys on current processes, Spaced Education, and Safe Systems Analysis, SCDSS is engaging those responsible for implementing policies and practice guidance in feedback loops designed to inform and shape continuing efforts to improve the system. The Department plans to expand engagement and joint planning efforts in the future by continuing to build feedback-sharing opportunities across the system.

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 July 30, 2021, October 22, 2021, February 4, 2022, and May 20, 2022.

Collaboration with the Family and Youth Voice

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 shift the mindset of the agency to one that emphasizes including youth and family voices at all strategic planning, improvement, and decision-making stages. This shift promotes improvement in safety, permanency, and well-being outcomes. 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. Additionally, SCDSS has contracted with HALOS and the 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. 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.

Since engagement in this effort, South Carolina 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 also conducted an initial round of focus groups to hear from community about the differing needs across the state. In early 2022, South Carolina established a new structure for this work to include a Steering Committee (made up of 50% youth and parents with lived experience and 50% system stakeholders/agency partners) and an Advisory Committee consisting of SC stakeholders and national technical assistance foundation partners. The Steering Committee is current discussing the criteria by which communities should be selected to engage in this work and the application/selection process.

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. In March of 2022, SCDSS hired for a new position, Community Trust Liaison. This role works to build better relationships between SCDSS and the community in all program areas by engaging clients, staff, and those with lived experience to identify and address needs in South Carolina communities. 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.

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 strategic planning stakeholder meetings
- Kinship Advisory Panel which discusses strengths, challenges, and opportunities to improve kinship care practice for the agency
- Parents and Family Voice workgroup meetings

- 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
- Child Welfare Strategic Planning Meetings
- Racial Equity committee/workgroup
- Thriving Families Steering Committee

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.

Baseline[1]	CFSR[2]	Internal Data[3]	Target Goal
72.9%	65.9%	50.3%	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.

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. In May of 2022, internal data reports were redesigned and implementation of these reports in CAPSS[4] is in process. To reinforce the concepts of the updated investigations policy, SCSDS held 11 refresher trainings during 2021 to cover initial contact and investigations practice, policy, and procedure. An additional 3 refresher trainings have been held in 2022.

During February of 2022 SCDSS launched a learning model designed and tested by Harvard University to test current knowledge and transfer new knowledge in small

---

[1] PUR: 04/01/2017-09/30/2017
[2] Data Source: Onsite Monitoring System (PUR: 07/01/2020-12/31/2021)
[3] Data Source: SCDSS SACWIS System – CAPSS (PUR: 07/01/2020-04/31/2021)
[4] SCDSS's system of record

chunks. This learning module, titled Spaced Education: Safety Assessment and Response was developed to assess and transfer knowledge surrounding assessing for and responding to child safety, including the timeliness of initial contact. The results were shared with Child Welfare leadership, Regional directors, and County directors to inform of knowledge gaps and training opportunities to promote best practices that align with SCDSS policies. The data from Spaced Education is being tracked and monitored for performance improvement by the Office of Strategic Planning and Innovation at SCDSS. This feedback loop will be continued with additional iterations of Spaced Education planned to reassess these concepts.

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 ReEntry into Foster Care

Baseline[1]	CFSR[2]	Target Goal
57.5%	31.8%	67%

SCDSS has implemented 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 and is used to guide safety response. The FAST was implemented in phases, beginning in July 2021 and implementation completed in October of 2021. The completion of the FAST implementation provides structured guidance to staff making child safety decisions and responses.

During February of 2022 SCDSS launched a learning model designed and tested by Harvard University to test current knowledge and transfer new knowledge in small chunks. This learning module, titled Spaced Education: Safety Assessment and Response was developed to assess and transfer knowledge surrounding assessing for and responding to child safety, including safety services concepts. The results were shared with Child Welfare leadership, Regional directors, and County directors to inform of knowledge gaps and training opportunities to promote best practices that align with SCDSS policies. The data from Spaced Education is being tracked and monitored for performance improvement by the Office of Strategic Planning and Innovation at SCDSS. This feedback loop will be continued with additional iterations of Spaced Education planned to reassess these concepts.

SCDSS is currently developing a safety intervention model that will provide staff with a reference guide for safety assessment and response throughout the life of a case. This safety model will detail the case flow process and the actions that occur at each stage of the case. The safety model will place a heavy emphasis on how to identify my safety threats and how to determine the least intrusive response, while promoting the practice of assessing continually for safety. The safety intervention model will connect agency

assessment tools (FAST) and policy to show how they work together to establish safety and strengthen families. The Office of Safety Management began hosting "Safety Talks" in 2022 to provide support in implementing concepts of the safety intervention model, including guidance around how to apply the updated investigations and safety policies guidance.

Item Three: Risk and Safety Assessment and Management

Baseline[1]	CFSR[2]	Target Goal
33.3%	24.1%	39%

SCDSS has implemented 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 and is used to guide safety response. The FAST was implemented in phases, beginning in July 2021 and implementation completed in October of 2021. Internal reports were updated in November 2021 to best align with the FAST requirements. SCDSS has an assessment and planning coordinator focused solely on practice with the FAST and provides coaching to counties based on gaps in practice identified in reviewing the FAST CAPSS reports. SCDSS continues to host FAST/CANS calls to reinforce safety assessment best practice steps and to address practice issues as they emerge. Additionally, SCDSS is working with the PRAED Foundation to implement a FAST refresher training and ongoing FAST/CANS calls.

From November of 2021 to April of 2022, FAST completion rates increased from an average of 62% to 71%. This represents a 15% increase in FAST completions in the six-month period.

Initial Safety Assessment Completion Rate
(Percent of applicable children with a FAST documented in CAPSS)
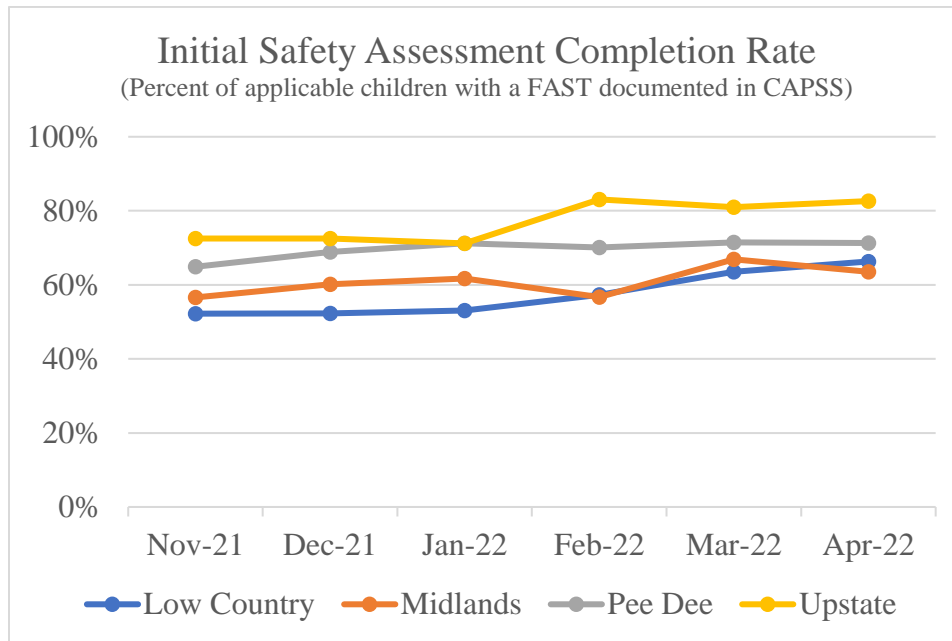
During February of 2022 SCDSS launched a learning model designed and tested by Harvard University to test current knowledge and transfer new knowledge in small chunks. This learning module, titled Spaced Education: Safety Assessment and Response was developed to assess and transfer knowledge surrounding assessing for and responding to child safety, including utilizing the FAST. The results were shared with Child Welfare leadership, Regional directors, and County directors to inform of knowledge gaps and training opportunities to promote best practices that align with SCDSS policies. The data from Spaced Education is being tracked and monitored for performance improvement by the Office of Strategic Planning and Innovation at SCDSS. This feedback loop will be continued with additional iterations of Spaced Education planned to reassess these concepts.

SCDSS is currently developing a safety intervention model that will provide staff with a reference guide for safety assessment and response throughout the life of a case. This safety model will detail the case flow process and the actions that occur at each stage of the case. The safety model will place a heavy emphasis on how to identify my safety threats and how to determine the least intrusive response, while promoting the practice of assessing continually for safety. The safety intervention model will connect agency assessment tools (FAST) and policy to show how they work together to establish safety and strengthen families. The Office of Safety Management began hosting "Safety Talks" in 2022 to provide support in implementing concepts of the safety intervention model, including guidance around how to apply the updated investigations and safety policies guidance.

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
33.3%	69.4%	79%

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.

SCDSS's placement stability is higher than the national performance at 4.44. The information from 20B21A shows a placement stability rate of 7.79 (and when adjusted for risk shows a range of 7.47-7.79). The latest information from 21A21B shows a rate of

9.03 with a range of 8.72-9.36 when adjusted for risk. The state's observed performance for the latest 21A21B data shows a rate of 9.46.

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

Of all children who enter care in a 12-month period, what is the rate of placement moves, per 1,000 days of foster care?

▼ A **lower** observed performance value is desirable.
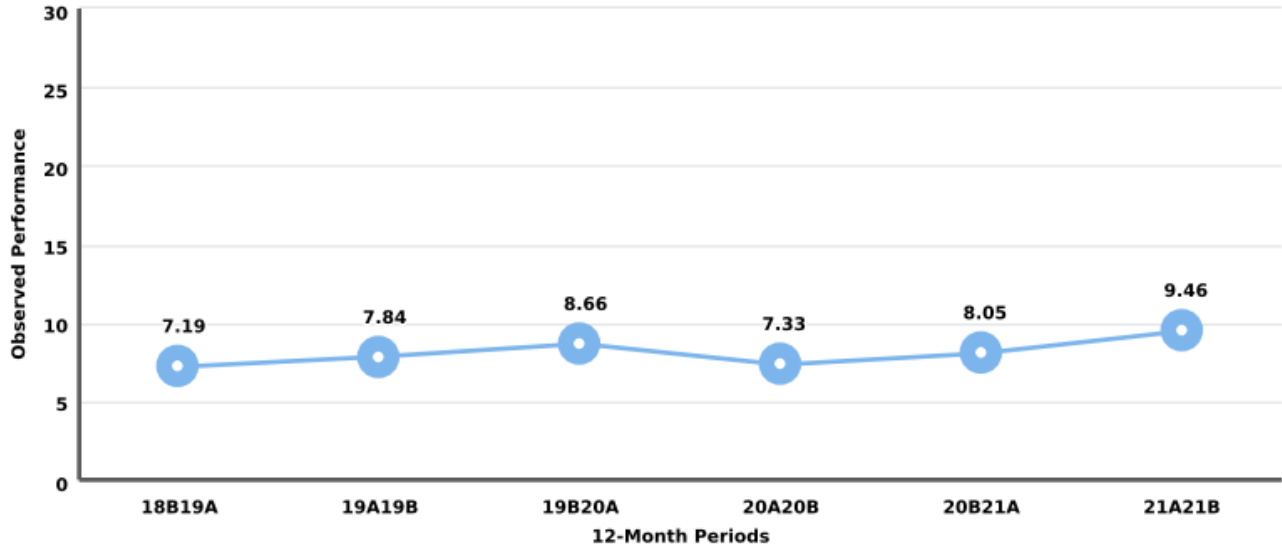
The data below helps to identify populations with higher placement moves per 1,000 days. In general, younger children move less than children and youth who are in middle school or are in their teens. In general, persons of color have higher placement moves per 1,000 days than children who are white.

Observed Performance on Permanency Indicators - Placement Stability					
	Moves per 1000 Days			Percent of Total (days in care)	Percent of Total (moves)
Entry Age	19A19B	20A20B	21A21B	20A20B	20A20B
Total	7.84	7.33	9.46	100.0%	100.0%
0 - 3 Months	2.26	2.06	3.05	9.6%	3.1%
4 - 11 Months	4.36	3.55	4.41	5.5%	2.6%
< 1 Year subtotal	3.03	2.50	3.55	15.09%	5.66%
1 - 5 Years	7.06	5.72	6.38	24.4%	16.5%
6 - 10 Years	8.84	8.08	7.63	22.8%	18.4%
11 - 16 Years	9.82	9.99	15.05	34.4%	54.7%
17 Years	7.93	14.10	13.72	3.3%	4.8%
Race/Ethnicity					
American Indian/Alaskan Native	0.00	0.00	23.47	0.1%	0.3%
Asian	0.00	0.00	0.00	0.0%	0.0%

Black or African American	9.40	8.17	9.94	35.5%	37.3%
Native Hawaiian/Other Pacific Islander	22.83	3.01	4.50	0.1%	0.0%
Hispanic (of any race)	6.33	7.06	10.27	5.8%	6.3%
White	6.93	6.80	9.32	48.2%	47.5%
Two or More	7.97	6.91	9.68	4.0%	4.1%
Unknown/Unable to Determine	7.95	7.55	6.74	6.3%	4.5%
Missing Race/Ethnicity Data	39.47	13.09	7.52	0.1%	0.1%

SCDSS has a secondary placement stability measure as determined and monitored through the Michelle H. settlement agreement. The settlement agreement requires the placement instability rate to be less than or equal to 3.37 for all children and youth under 18 years in foster care for eight days or more during the twelve-month period. SCDSS had seen a modest decline from 4.3 during October 2018 through September 2019 to 4.2 during October 2019 through September 2020. Unfortunately, during the period from October 2020 through September 2021, DSS witnessed an increase to 4.86.

SCDSS is working on ways in which to increase our stability rate for children in foster care. SCDSS now conducts Placement CFTM's when a provider asks for the child to be moved, the child is at risk for an overnight office stay, or going from temporary placement to temporary placement. These Placement CFTM involve the child, family, provider, Well-Being Team, Case Manager, and our Placement units. In 2022, SCDSS surveyed child welfare staff regarding placement barriers and challenges. The insights from this survey were used to identify areas of opportunity to improve the placement process and increase placement stability. Results of this survey were shared with the child welfare leadership team and with many of SCDSS's placement providers to begin working towards solutions.

Item Five: Permanency Goal for Child

Baseline[1]	CFSR[2]	Target Goal
56.4%	**45.4%**	**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 2021.

Permanency Goals (Court Ordered) for Children in Foster Care

at the end of the Calendar Year 2021[5]		
Court Ordered Plan	**Number of Foster Children**	**Percent**
Not Yet Established	1680	42%
Termination of Parental Right and Adoption	1201	30%
Reunification	725	18%
Legal Custody or Guardianship	133	3%
Extension for Reunification	121	3%
Another Planned Permanent Living Arrangement	118	3%
Grand Total	3978	100%

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

Baseline[1]	**CFSR**[2]	**Target Goal**
42.5%	**27.8%**	**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.

Data from the CFSR 3 Data Profile shows a slight increase in the 21A21B Permanency in 12 Months observed performance for children who have been in care for 12 – 23 months, with an observed performance value of 34%. This is a slight increase over the 32.7% observed performance in 20B21A. The observed performance for Permanency in 12 Months for children in care 24 months or more has slightly declined in 21A21B to 33.8%, down from 35.2% in 20B21A.

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. At the end of calendar year 2020, 74.5%[6] reunifications of foster care children were achieved within 12 months. At the end of calendar year 2021, 66.5%[7] of reunifications of foster care children were achieved within 12 months. The most recent data available for March and April of 2022 show an increase with 70.1% and 70.6% of reunifications achieved within 12 months.

---

[5] Data extract date: 01/04/2022. Data set is limited to children and youth in care under 18 years.
[6] Data as of December 31, 2020
[7] Data as of December 31, 2021

Percent of Timely Reunifications
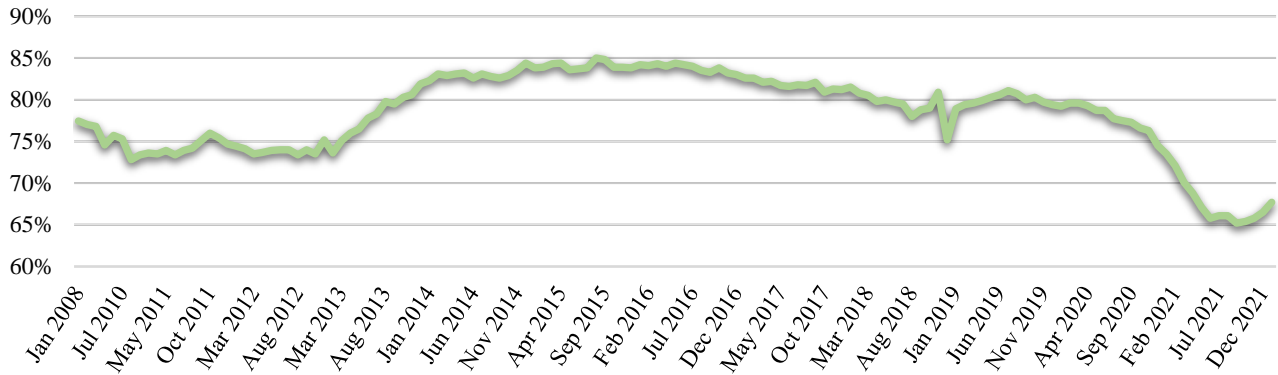
Time to Achieve Adoption

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 2020, 15.8% of adoptions were considered timely. However, in year 2021, 12.5% of adoptions were considered timely, 20.9% 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 and part of calendar year 2021, many courts were closed for several months due to the COVID-19 pandemic and many hearings that required a trial were not held virtually or delayed until they could be heard in person.

Percent of Adoptions Finalized Timely	
End of Calendar Year 2019	22.5%
End of Calendar Year 2020	15.8%
End of Calendar Year 2021	12.5%
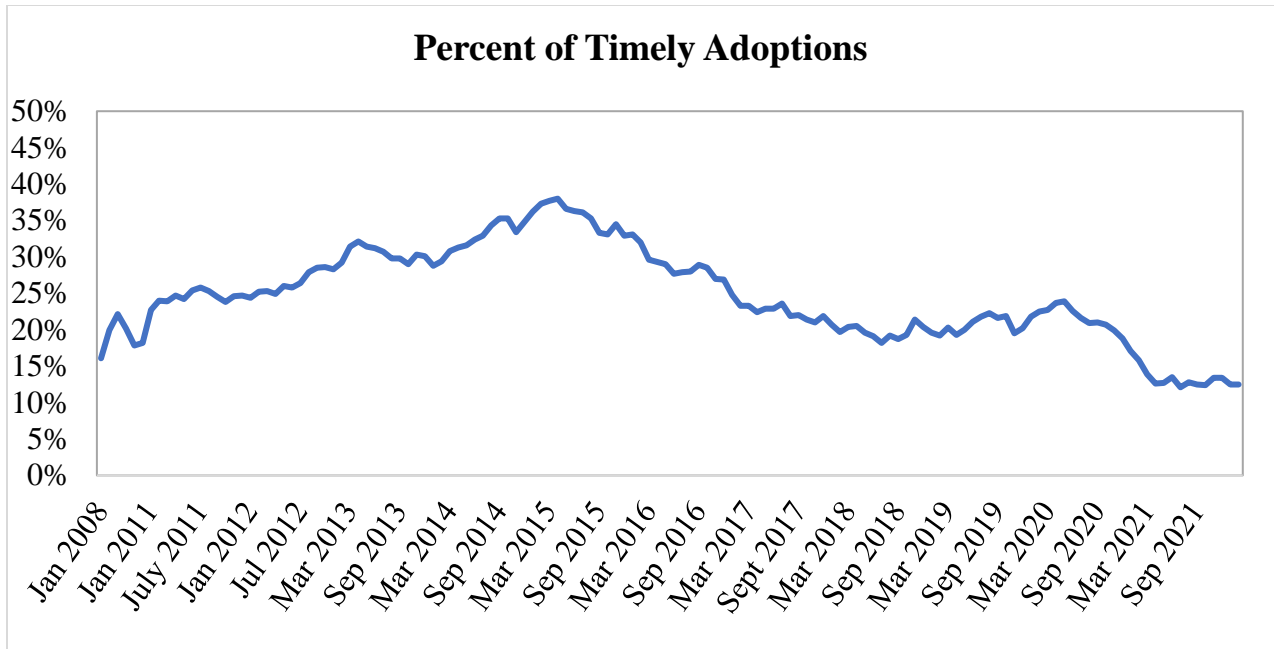
Percent of Timely Adoptions

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%	72.7%	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.

14

Children Placed with at Least One Sibling in Initial Placement

	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
# who entered	63	114	89	118	117	122	119	68	88	108	133	90	92	104
% of all siblings who entered	74%	77%	64%	75%	75%	69%	72%	62%	68%	73%	71%	79%	80%	75%
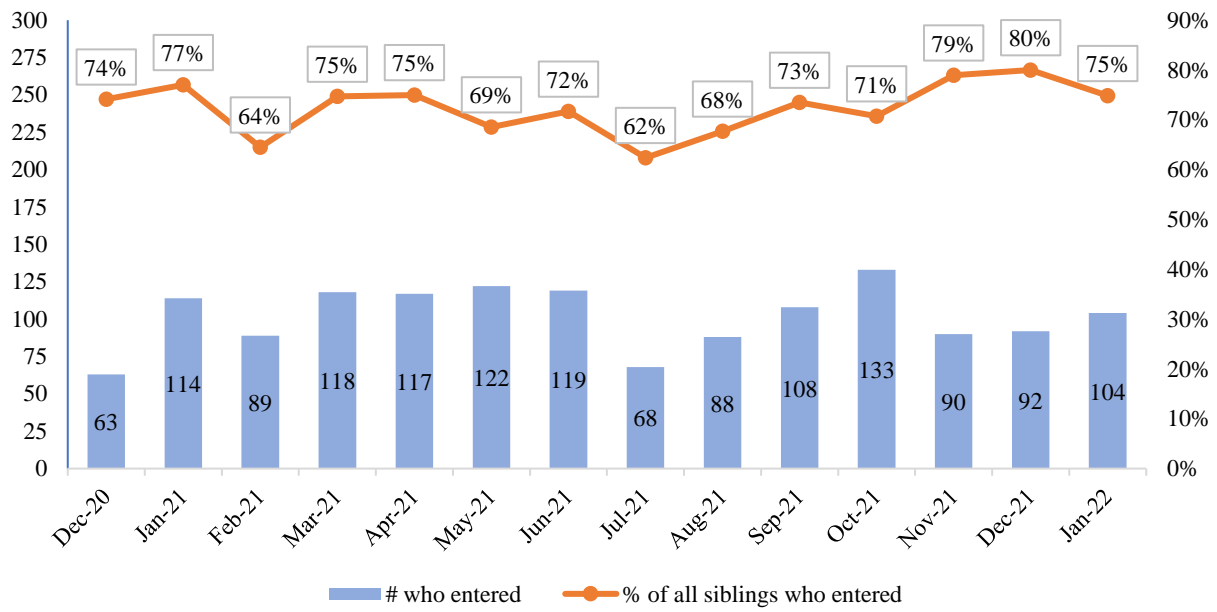
Childred Placed with ALL Siblings in Initial Placement

	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
# who entered	39	76	63	61	71	81	77	47	54	62	90	68	71	69
% of all siblings who entered	46%	51%	46%	39%	46%	46%	46%	43%	42%	42%	48%	60%	62%	50%
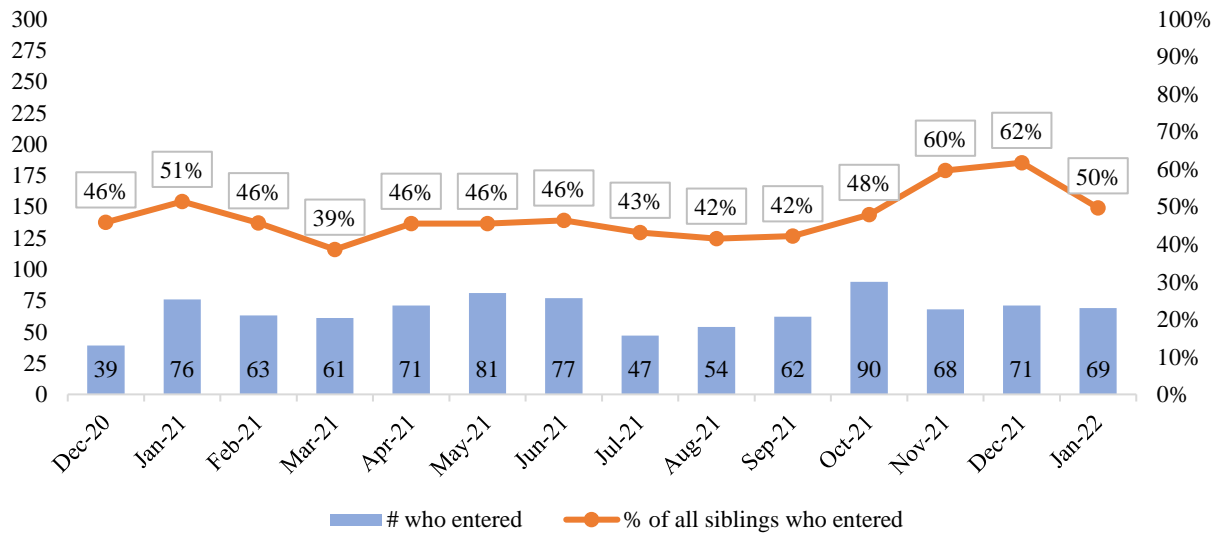
SCDSS tracks monthly sibling placement trends for children and youth in their most current placement, recognizing family-like placements may not always be available to sibling groups at entry. Change in percentages and absolute numbers has been mixed, as evidenced by the below chart and table.

Togetherness - % of Children
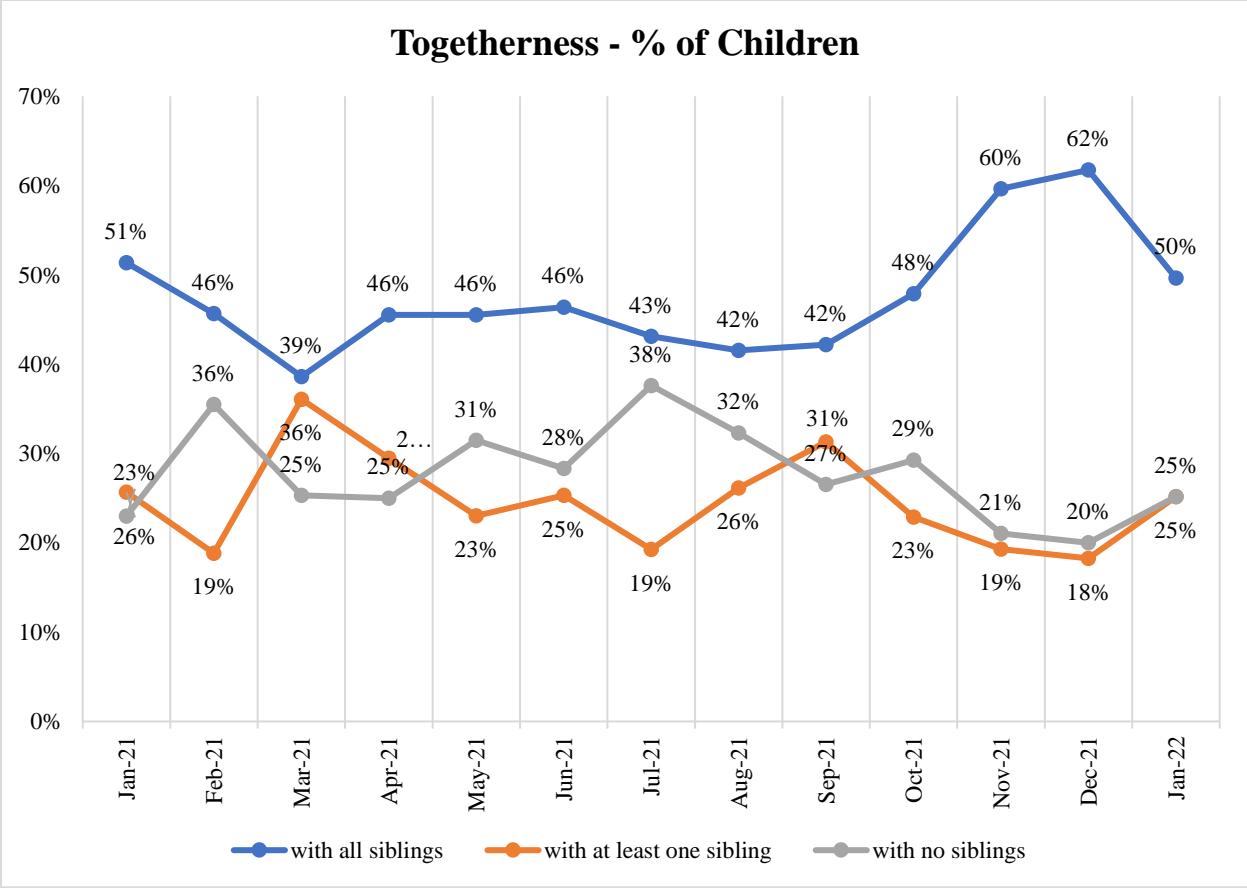
Item Eight: Visiting With Parents and Siblings in Foster Care

Baseline[1]	CFSR[2]	Target Goal
50%	**32.9%**	**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 COVID19 stay-at-home orders issued in the middle of March 2020 but have since trended upwards with the most recent September 2021 data at 50%. September 2021 is slightly down from March 2021, which was at 53%.

Time Period	2019 Sept (MP6)	2020 March (MP7)	2020 Sept (MP 8)	2021 March (MP9)	2021 Sept (MP10)
Percentage of Cases with Documented Sibling Visit	59%	45%	36%	53%	50%

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	2019 Sept (MP6)	2020 March (MP7)	2020 Sept (MP 8)	2021 March (MP9)	2021 Sept (MP10)
Percentage of Cases with Documented Twice Monthly Parent/Child Visits	13%	10%	13%	18%	17%
Percentage of Cases Where All Parents Had at Least 1 Visit	44%	35%	41%	44%	39%

In August 2019, SCDSS pushed out new screens in CAPSS 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. After gathering feedback, SCDSS updated the visitation screen based on the feedback from staff to make it more user friendly. Also, SCDSS sends out a quarterly visitation newsletter is sent out to staff with tips to improve visitation and clarify policy.

SCDSS 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]. SCDSS has also increased its efforts to ensure all staff are trained in conducting Child and Family Team meetings, to increase youth and families input into case planning and identifying permanency options while youth are in care.

---

[8] Refer to page 19 for relevant data on kinship placements.

Item Nine: Preserving Connections

Baseline[1]	CFSR[2]	Target Goal
37.5%	54.2%	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.[6]

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
1/1/2021	3,937	2,879	73%	1,244	32%
2/1/2021	3,975	2,921	73%	1,263	32%
3/1/2021	4,013	2,948	73%	1,276	32%
4/1/2021	(Alternate Methodology Used – No Data Available)				
5/1/2021	4,003	2,996	75%	1,320	33%
6/1/2021	4,070	3,056	75%	1,316	32%
7/1/2021	4,046	2,977	74%	1,305	32%
8/1/2021	4,002	2,949	74%	1,259	31%
9/1/2021	3,954	2,920	74%	1,247	32%
10/1/2021	3,992	2,960	74%	1,274	32%
11/1/2021	4,055	3,021	75%	1,296	32%
12/1/2021	4,054	2,922	72%	1,247	31%
1/1/2022	3,952	2,935	74%	1,305	33%

In August 2019, SCDSS pushed out new CAPSS 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

---

[9] Refer to page 14 for relevant data on sibling placements.

provide guidance to case managers regarding family visitation and case manager contacts. After gathering feedback, SCDSS updated the visitation screen based on the feedback from staff to make it more user friendly. Also, SCDSS sends out a quarterly visitation newsletter is sent out to staff with tips to improve visitation and clarify policy. 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[6]. SCDSS has also increased its efforts to ensure all staff are trained in conducting Child and Family Team meetings, to increase youth and families input into case planning and identifying permanency options while youth are in care.

In March of 2022, SCDSS collaborated with Annie E. Casey to pilot in nine counties family search and engagement trainings as part of our Small Test of Change initiative.

Item Ten: Relative Placement

Baseline[1]	CFSR[2]	Target Goal
50%	52.4%	NA

In 2020, SCDSS focused their efforts to increase kin/fictive kin placements by providing ongoing 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, funding to kinship providers through the kinship navigator grant, and shifted the responsibility of licensing all non-kin foster homes to Child Placing Agencies contracted by SCDSS. To date, SCDSS continues to focus on placing children in kinship homes by the continuation of the above mention practices. Since these practices have been put in place our children in kinship placements has continued to increase.

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 tables from January 2021 and January 2022 shows the number of children and youth placed with kin.

Open Service	in Unlicensed KC		in Licensed KC	
	Jan-21	Jan-22	Jan-21	Jan-22
Child Protective Services Assessment	112	182	-	-

Child Protective Services Treatment	1841	3030	3	12
Foster Care Services	529	760	78	194
ICPC - SC Receiving State	106	102	36	34
Other Child Welfare Services	5	1	-	-
Total	**2593**	**4075**	**117**	**240**

In April 2022, kinship placements exceeded the total and percentage share compared to placements in congregate care.

Placement Type	April 1, 2022	
Kinship Total	**795**	**19.8%**
Family-Like Total	**2659**	**66.1%**
foster home	1555	38.7%
pre-adoptive or adoptive	179	4.5%
therapeutic foster home	925	23.0%
Congregate Care Total	**538**	**13.4%**
congregate care	465	11.6%
residential treatment facility	73	1.8%
Other Total	**30**	**0.7%**
Correctional Facility or DJJ	10	0.3%
hospital	17	0.4%
school or college	3	0.1%
All Placements	**4022**	

SCDSS monitored its increased kinship licenses for children in care and has seen the number more than double. During calendar year 2021 there was a 42.9% increase in the total numbers of licensed kin foster homes with the number continuing to rise in the most recent data.

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
4/30/2021	169	92
5/31/2021	171	81
6/30/2021	183	56
7/31/2021	194	51
8/31/2021	199	45
9/30/2021	208	60
10/31/2021	204	91
11/30/2021	209	94
12/31/2021	220	92
1/31/2022	223	84
02/28/2022	227	78
03/31/2022	233	86

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)

In April 2022, kinship placements exceeded the total and percentage share compared to placements in congregate care.

Placement Type	April 1, 2022	
Kinship Total	**795**	**19.8%**
Family-Like Total	**2659**	**66.1%**
foster home	1555	38.7%
pre-adoptive or adoptive	179	4.5%
therapeutic foster home	925	23.0%
Congregate Care Total	**538**	**13.4%**
congregate care	465	11.6%
residential treatment facility	73	1.8%
Other Total	**30**	**0.7%**
Correctional Facility or DJJ	10	0.3%
hospital	17	0.4%
school or college	3	0.1%
All Placements	**4022**	

SCDSS monitored its increased kinship licenses for children in care and has seen the number more than double. During calendar year 2021 there was a 42.9% increase in the total numbers of licensed kin foster homes with the number continuing to rise in the most recent data.

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
4/30/2021	169	92
5/31/2021	171	81

6/30/2021	183	56
7/31/2021	194	51
8/31/2021	199	45
9/30/2021	208	60
10/31/2021	204	91
11/30/2021	209	94
12/31/2021	220	92
1/31/2022	223	84
02/28/2022	227	78
03/31/2022	233	86

Item Eleven: Relationship of Child in Care With Parents

Baseline[1]	CFSR[2]	Target Goal
33.3%	16.9%	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	2019 Sept (MP6)	2020 March (MP7)	2020 Sept (MP 8)	2021 March (MP9)	2021 Sept (MP10)
Percentage of Cases with Documented Twice Monthly Parent/Child Visits	13%	10%	13%	18%	17%
Percentage of Cases Where All Parents Had at Least 1 Visit	44%	35%	41%	44%	39%

In August 2019, SCDSS pushed out new screens in CAPSS[5] 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. After gathering feedback, SCDSS updated the visitation screen based on the

feedback from staff to make it more user friendly. Also, SCDSS sends out a quarterly visitation newsletter is sent out to staff with tips to improve visitation and clarify policy.

SCDSS 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[6]. SCDSS has also increased its efforts to ensure all staff are trained in conducting Child and Family Team meetings, to increase youth and families input into case planning and identifying permanency options while youth are in care.

SCDSS has created a contact case review process for supervisors to improve quality of contact and documentation.

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%	10.4%	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 table 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, 2021 - December 31, 2021		
Encounter Category	**Encounter Type**	**Number**	**Percent**
Behavioral Health	Comprehensive Assessment	55	0%
Behavioral Health	Comprehensive Mental Health	47	0%
Behavioral Health	Crisis Evaluation	8	0%
Behavioral Health	Diagnostic Assessment	318	2%
Behavioral Health	Emergency Room Visit	15	0%
Behavioral Health	Follow-Up	80	1%
Behavioral Health	Initial Mental Health Assessment	1122	7%
Behavioral Health	Medication	124	1%
Behavioral Health	Ongoing Counseling	331	2%
Behavioral Health	Psych Evaluation	81	1%
Behavioral Health	Trauma Assessment	40	0%
Behavioral Health	Trauma Screening	3	0%

Behavioral Health Total		2224	15%
Dental	Follow-Up	337	2%
Dental	Initial Dental Screening	1134	8%
Dental	Oral Exam/Cleaning	2735	18%
Dental	Specialist	48	0%
Dental	Surgery	57	0%
Dental Total		**4311**	**29%**
Hearing	Evaluation	25	0%
Hearing	Follow-Up	17	0%
Hearing	Surgery	1	0%
Hearing Total		**43**	**0%**
Medical	Consultation/ Referral	100	1%
Medical	Emergency Room Visit	171	1%
Medical	Follow-Up from a Prior Medical Visit	556	4%
Medical	Forensic Interview	30	0%
Medical	Forensic Medical Exam	27	0%
Medical	Immunization	138	1%
Medical	Initial Medical Screening	3	0%
Medical	Initial Well-Child Visit	1439	10%
Medical	Medication Management	177	1%
Medical	Ongoing Well-Child Visit	3768	25%
Medical	Physical (Non-Well Child Visit)	56	0%
Medical	Post-Surgery	8	0%
Medical	Sick Visit	814	5%
Medical	Specialist	295	2%
Medical	Surgery	29	0%
Medical Total		**7611**	**51%**
Occupational Therapy	Evaluation	15	0%
Occupational Therapy	Follow-Up	2	0%
Occupational Therapy	Ongoing Therapy	42	0%
Occupational Therapy Total		**59**	**0%**
Physical Therapy	Evaluation	12	0%
Physical Therapy	Follow-Up	8	0%
Physical Therapy	Ongoing Therapy	41	0%
Physical Therapy Total		**61**	**0%**
Speech	Evaluation	16	0%
Speech	Follow-Up	1	0%
Speech	Ongoing Therapy	22	0%
Speech Total		**39**	**0%**
Vision	Evaluation	559	4%

Vision	Follow-Up		88	1%
Vision Total			**647**	**4%**
Grand Total			**14995**	**100%**

Services Planning

SCDSS is continuing to work on developing a provider portal to capture services in CAPSS. This portal has been delayed due to staffing issues. The current timeline for the portal to be tested and launched is now Fall of 2022.

SCDSS continues 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 eight 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. Currently, Homebuilders is now available in 18 counties across the state. SCDSS just issued another request for proposal to add a Florence county Homebuilders program to the EBP array. In addition to Homebuilders, Brief Strategic Family Therapy is now implemented in 5 counties. 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.

SCDSS awarded a contract to Justice Works for the new Family Centered Community Support Services (formerly Community Based Prevention Services). This new comprehensive continuum provides an array of services to families that do not have an open DSS case. The goal of Family Centered Community Support Services is to stabilize

families and prevent involvement in the Child Welfare system by providing concrete supports and services.

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 has implemented 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. These tools were implemented in phases, beginning in July 2021 and implementation completed in October of 2021. FAST/CANS trainings were expanded in 2021 to all counties in addition to updating the training curriculum for newly hired child welfare staff to reflect the FAST/CANS implementation into practice. SCDSS has an assessment and planning coordinator focused solely on practice with the CANS and provides coaching to counties based on gaps in practice identified in reviewing the CANS CAPSS reports. SCDSS is working with the Praed Foundation to implement ongoing FAST/CANS calls. Beginning in June of 2022, the Praed Foundation will work with SCDSS child welfare supervisors on enhancing the practice of utilizing the CANS to identify functional needs and strengths of children in foster care and their families.

Item Thirteen: Child and Family Involvement in Case Planning

Baseline[1]	CFSR[2]	Target Goal
29.8%	21.9%	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. Between April 1, 2021 and March 31, 2022 there have been 1,430 foster care Child and Family Team Meetings. 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 25-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 April of 2021, 84% Child and Family Team meetings have had family and kinship attendance and 7% of meetings had youth attendance. According to the family team survey results, 73% of family team members feel that participants "completely" contributed to the team's decisions and plans, 22% feel that they had "some" contribution and 5% reported "none at all". 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. From April 1, 2021 to March 31, 2022 there were 296 Pre-Removal CFTMs facilitated by full-time facilitators. Of those, 71% culminated in a plan to prevent the child's entry into foster care.

CFTM Foster Care Referral Data 4-1-21 - 3/31/22				
Region	Referral Assumption Completed	Meetings Held	Child/Youth Attendance	Percentage of Child/Youth Attendance
Upstate	1/1/2021	583	44	7.5%
Midlands	10/1/2020	300	24	8.0%
Pee Dee	11/1/2020	310	22	7.0%
Low Country	3/1/2021	237	12	4.0%
Total		**1430**	**102**	**7.0%**

Do you believe all participants contributed to the team's decisions and plans? (Survey data 4/1/2021 - 3/31/2022)		
	Frequency	**Percent**
Completely	466	73%
Some	138	22%
Not at All	31	5%
Total	**635**	**100%**

Pre-Removal CFTM Data 4/1/2021 - 3/31/2022			
Region	**Number of Meetings Held**	**Number of Prevented Removals/Disruptions**	**Percent**
Upstate	83	45	54%
Midlands	147	112	76%
Pee Dee	34	28	82%
Low Country	32	25	78%
Total	**296**	**210**	**71%**

Item Fourteen: Caseworker Visits with Children

Baseline[1]	**CFSR[2]**	**Target Goal**
54%	**50.2%**	**60%**

Foster Care

SCDSS consistently makes required face to face contacts between case managers and children in care, typically ranging between 94% to 96% of all children with most of those contacts made in the home.

Face to Face Contacts: Case Managers to Children in Care

Percent Face to Face Contacts: Case Managers to Children in Care

Legend: —•— % Face to Face   —•— % Face to Face in Home
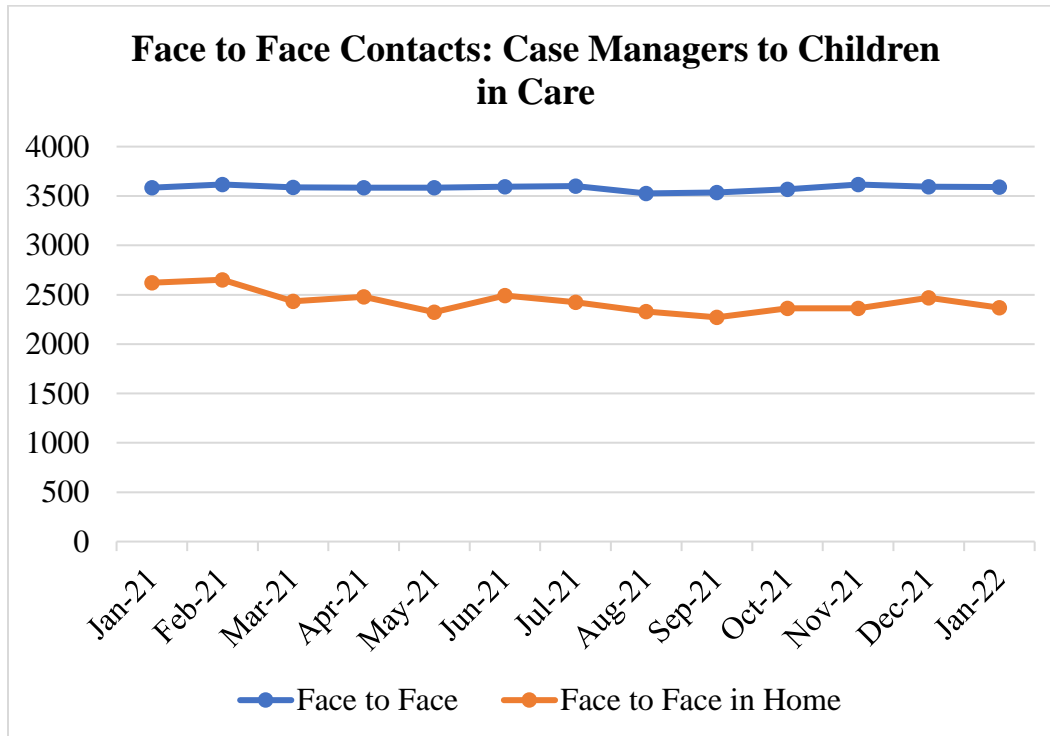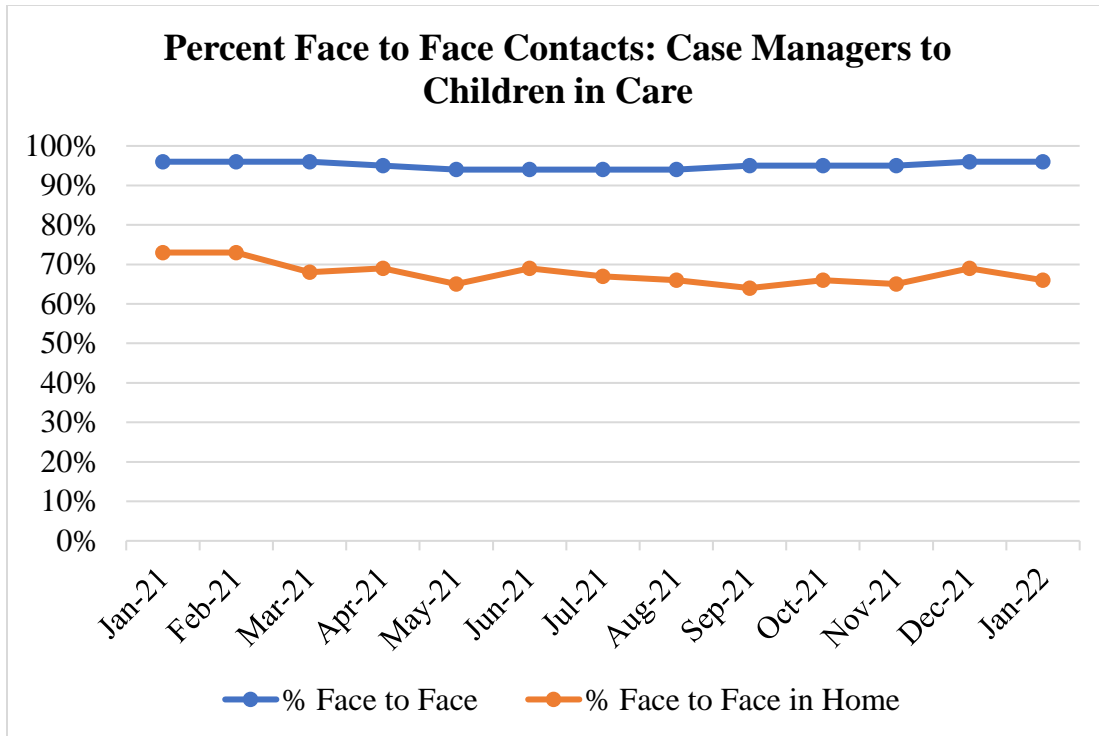
Family Preservation Cases

SCDSS measures face to face contacts monthly between case managers and children in family preservation cases. The below table uses information as of March 2022. Most children with an open family preservation case (88%) had a face to face contact in the previous month.

Total children with an open family preservation line 30 or more days	11,887	
Children with a FTF Contact in the Previous Month	10,462	88%
Children with an Attempted Contact	193	2%
Children with a Collateral Contact in Previous Month	148	1%
Children with No Contact in Previous Month	1,084	9%

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%	13.0%	31%

SCDSS has weekly case management reports through CAPSS which analyze case manager visits with adults 18 years and over[10] 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 2021 and Calendar Year 2020; 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. SCDSS has also created a contact case review process for supervisors to improve quality of contact and documentation.

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

	Adults Seen Face to Face within 30 Days	Adulst Seen Face to Face within 31 to 60 Days	Adults Seen Face to Face within 61 to 90 Days	Adults Seen Face to Face within Greater than 90 Days	Adults With No Documented Face to Face More than 90 Days
Visits as of 1/3/21 (For CY20)	40.3%	19.2%	8.2%	27.8%	4.2%
Visits as of 1/2/22 (For CY21)	43.1%	17.9%	9.1%	25.4%	4.5%
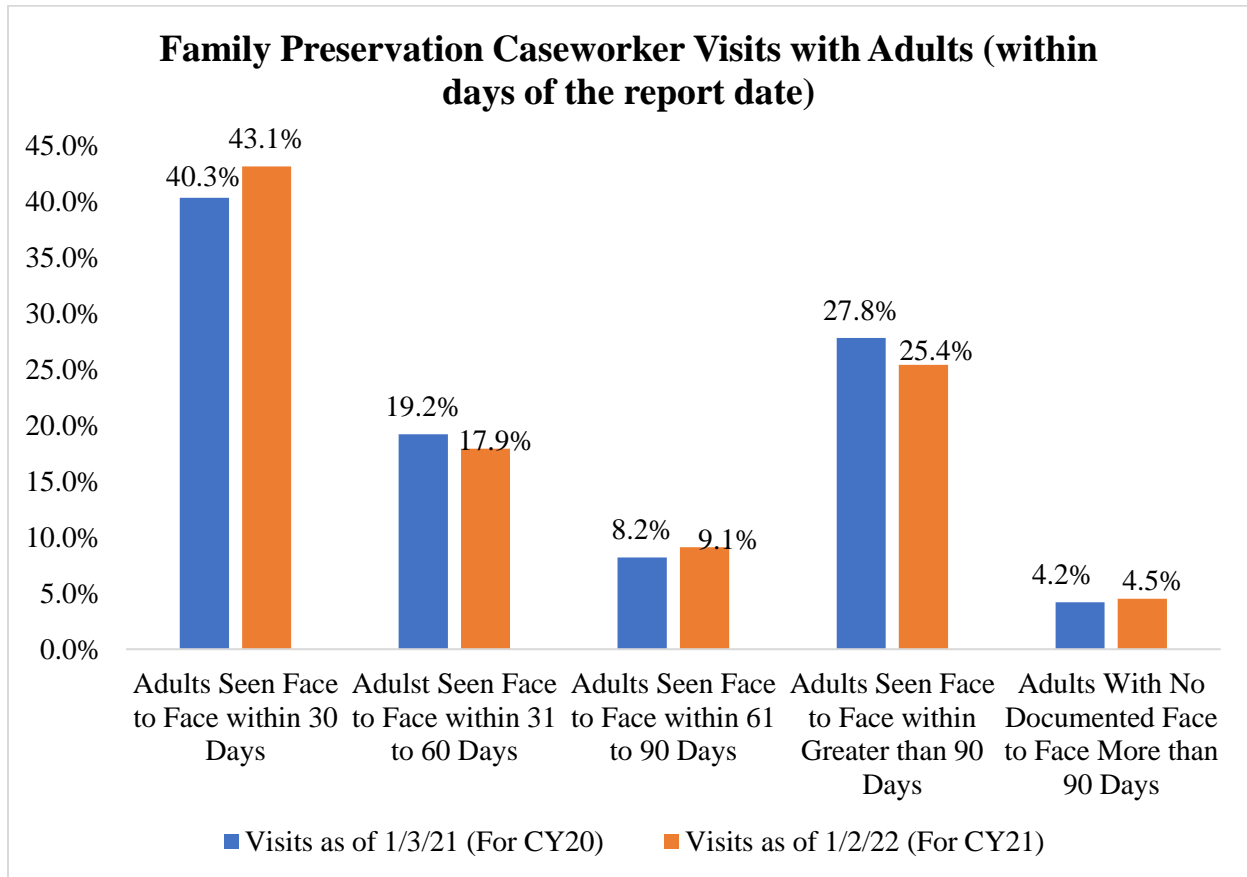
[11]

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.

---

[10] Parents, grandparents, older adult children, and other family members are counted.
[11] Data Source: CAPSS Batch Report SC130_R03 date 1/3/2021 and 1/2/2022. 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

Item Sixteen: Educational Needs of the Child

Baseline[1]	CFSR[2]	Target Goal
68.3%	62.8%	NA

SCDSS tracks information on the educational status of children and youth in care. Information that it collects in CAPSS 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. Based on quality assurance reviews, 64.67% of cases reviewed were rated a strength in meeting the educational needs of children during calendar year 2021.

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 (referred to internally as "CAIP") includes a required training prior to the foster parent entering information into the system. DSS, through a partnership with the South Carolina Foster Parent Association, tracks those trainings weekly. The CAIP provides information on not only the educational needs of the child but also health encounters, visits, and other events and special interest.

As of February 7, 2022, the CAIP provided 2,606 entries. The education category included also post education information.
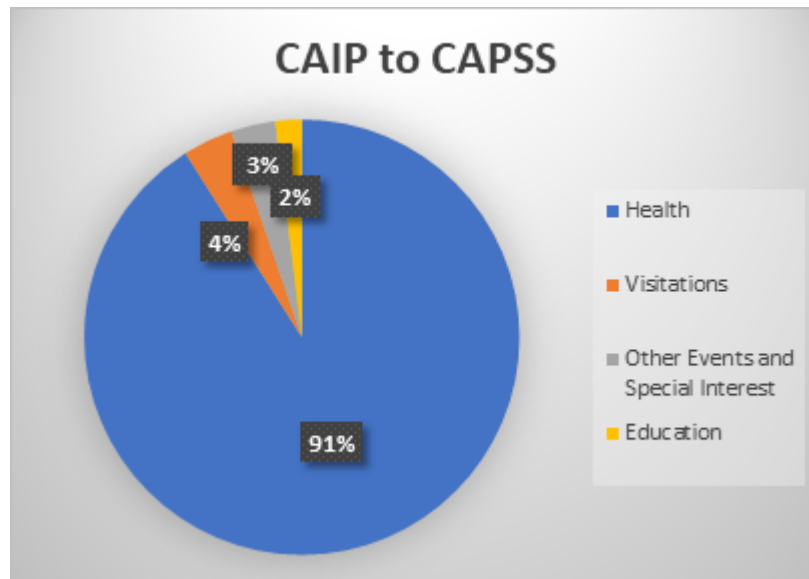
SCDSS recognizes it must encourage case managers to enter information since significant percentages of children are missing data documented in CAPSS. However, the data, where present, can assist SCDSS in identifying children in need of additional educational supports. SCDSS also recognizes the need for additional analyses on the educational attainment to the age of the children.

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

Children and Youth in Foster Care	5 Years		6 Years		7-12 Years		13-17 Years		Total	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Missing Information	177	89%	128	73%	619	57%	705	51%	1629	57%
Mainstream	12	6%	31	18%	327	30%	450	33%	820	29%
Learning Disabled (LD)	2	1%	1	1%	19	2%	45	3%	67	2%
Educable Mentally Handicapped (EMH)	1	1%			5	0%	2	0%	8	0%
Resource			1	1%	16	1%	44	3%	61	2%
Emotional Handicap (EH)					8	1%	10	1%	18	1%
Other	1	1%	2	1%	16	1%	41	3%	60	2%
Homebased			2	1%	5	0%	6	0%	13	0%
Homebound					2	0%	12	1%	14	0%
Regular Classroom	5	3%	7	4%	51	5%	47	3%	110	4%
Self-Contained Classroom	1	1%	3	2%	19	2%	13	1%	36	1%
Total	199	100%	175	100%	1087	100%	1375	100%	2836	100%

Well-Being Outcome 3
Children receive appropriate services to meet their physical health 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

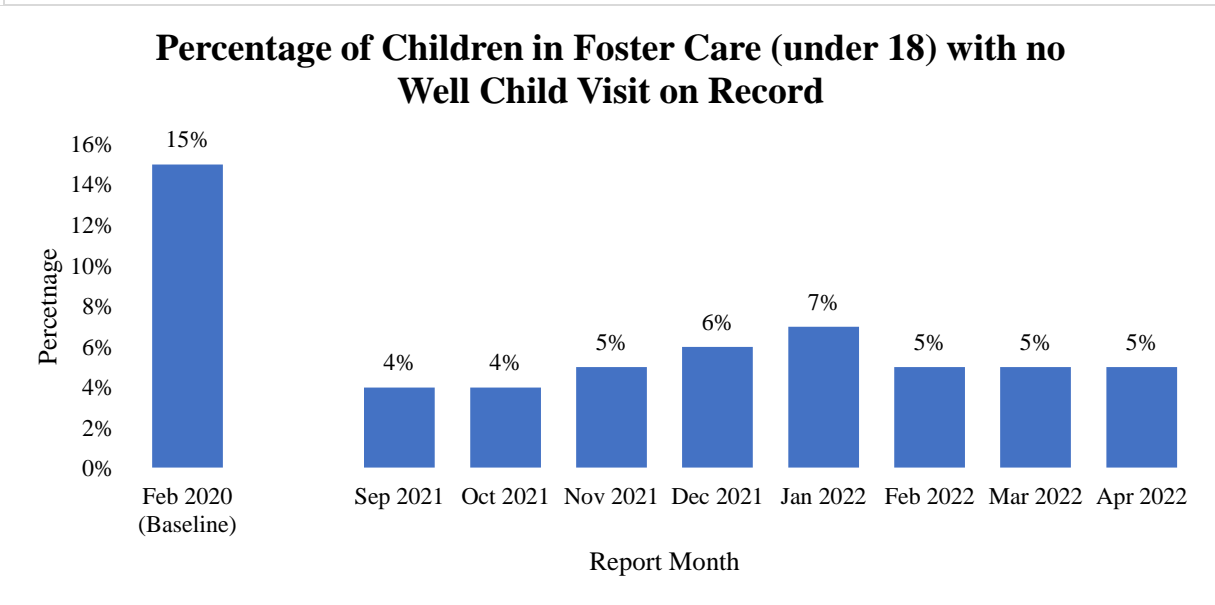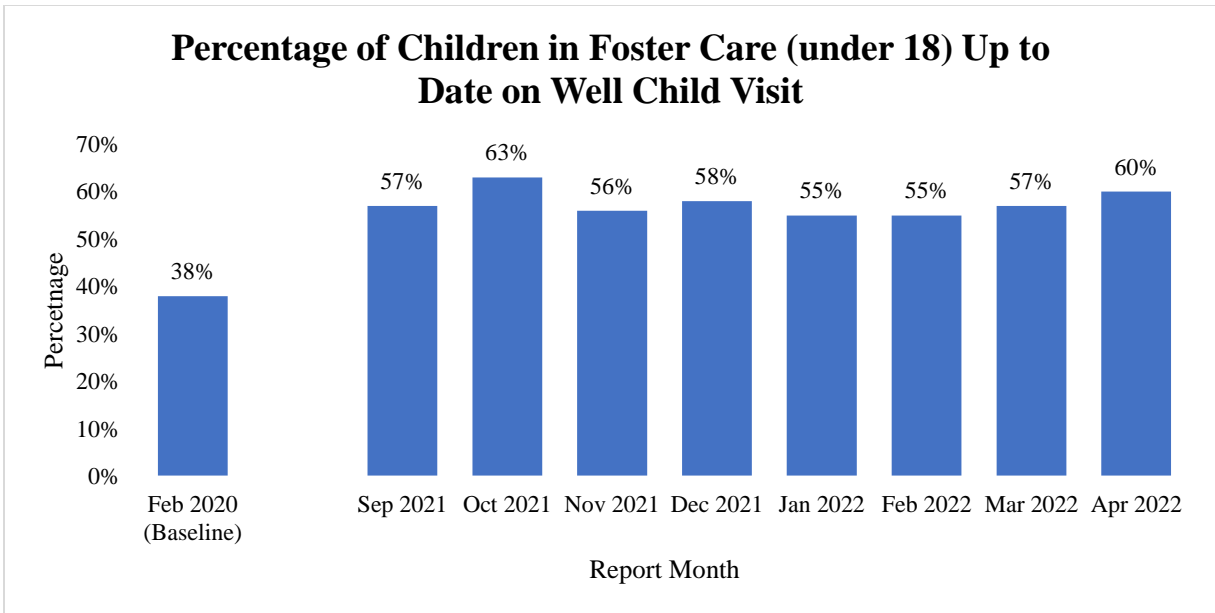| Baseline[1]	CFSR[2]	Target Goal
64.4%	**53.4%**	NA

Health Care Trend Information
The Health and Well Being teams became fully staffed by April 2020. With the onset of COVID19 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 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 Visit

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

12

The below chart and detailed table represent progress from July 2021 to present. As shown, children who have an up-to-date well-child visit consistently constitutes over 50% of the data set each month.

---

[12] 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 percentage 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.

Status of WC Visits (under 18 years of age)

Legend:
- Past Due but Appt Scheduled
- WCV Up to Date, next WCV due in more than 30 Days
- WCV Up to Date, next WCV due within 30 Days
- WCV 0-6 Months Past Due
- WCV 6-12 Months Past Due
- WCV 12-18 Months Past Due
- WCV over 18 Months Past Due
- No WCV on Record
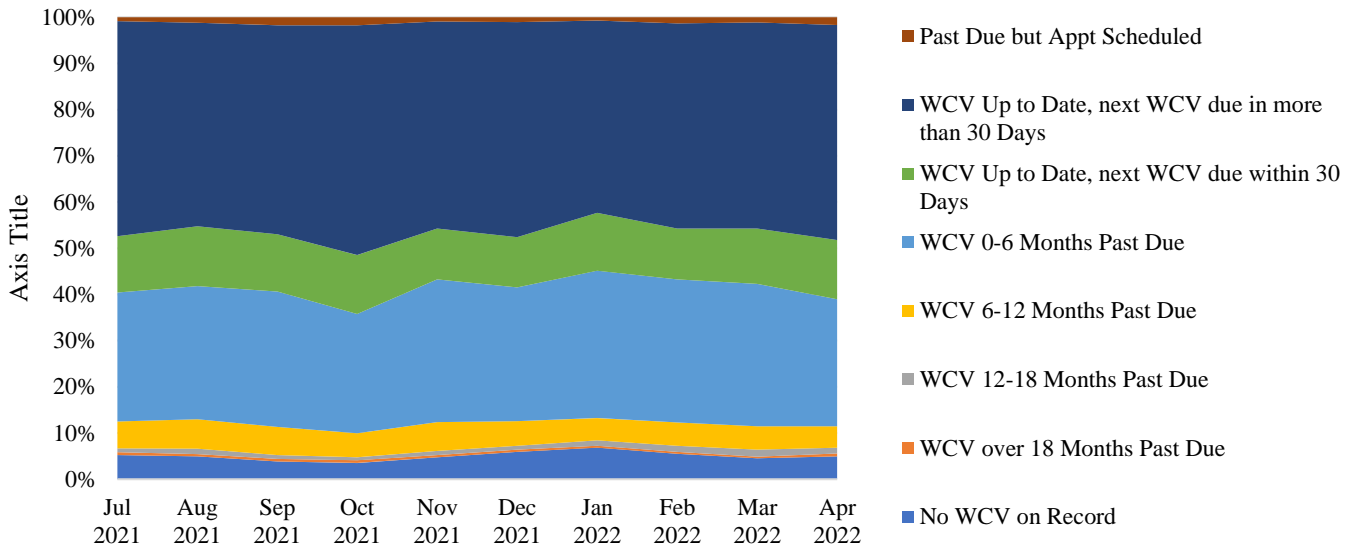
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
No Visit on Record	142	144	145	135		141	200	188	143	132	176	225
	4%	4%	4%	4%		4%	5%	5%	4%	4%	5%	6%
Visit Over 18 Months Past Due	21	16	18	17		19	24	18	21	21	18	19
	1%	0%	1%	0%		1%	1%	0%	1%	1%	0%	0%
Visit 12-18 Months Past Due	51	52	50	67		44	34	43	29	25	35	33
	1%	1%	1%	2%		1%	1%	1%	1%	1%	1%	1%
Visit 6-12 Months Past Due	172	196	192	199	Report not run in May 2021 due to incomplete data sources	201	223	241	228	194	231	202
	5%	5%	5%	5%		5%	6%	6%	6%	5%	6%	5%
Visit 0-6 Months Past Due	1,232	1,323	1,294	1,283		1,068	1,072	1,090	1,087	964	1,153	1104
	33%	35%	34%	35%		29%	28%	29%	29%	26%	31%	29%
Up to Date, Next Well-Child due within 30 Days	515	506	490	472		370	471	490	458	477	412	414
	14%	13%	13%	13%		10%	12%	13%	12%	13%	11%	11%
Up to Date, next Well-Child Due in More than 30 Days	1,599	1,492	1,573	1,484		1,839	1,789	1,667	1,679	1,858	1,671	1,775
	43%	40%	41%	40%		50%	47%	44%	45%	50%	45%	47%
Past Due but Appointment Scheduled	29	43	39	57		31	32	44	64	64	33	41
	1%	1%	1%	2%		1%	1%	1%	2%	2%	1%	1%

Total	3,761	3,772	3,801	3,714		3,713	3,845	3,781	3,709	3,735	3,729	3,813

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 19 2021 to March 28 2022)

Date	Percent
Jul19 2021	98.5%
Aug30 2021	98.1%
Sep27 2021	99.5%
Oct25 2021	98.4%
Nov22 2021	99.2%
Dec20 2021	99.1%
Jan31 2022	98.3%
Feb21 2022	96.8%
Mar28 2022	98.5%
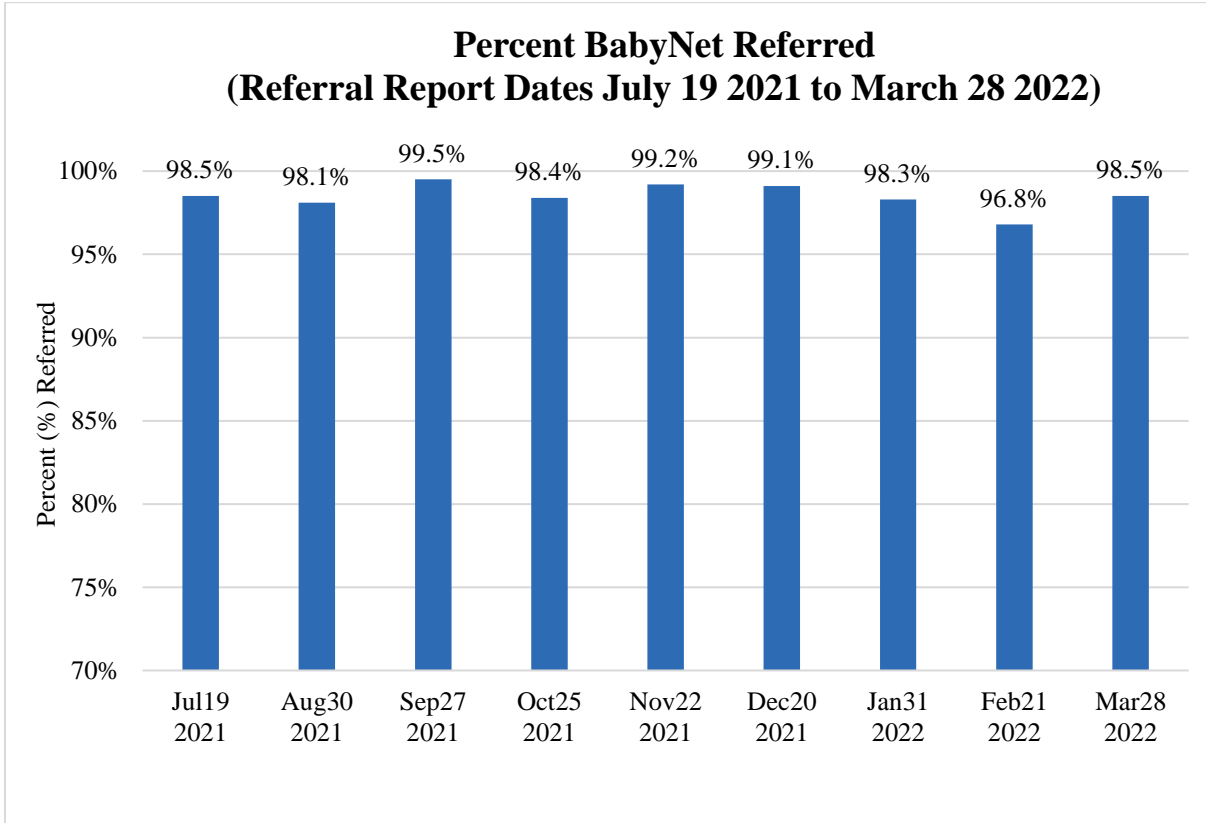
While SCDSS recognizes most children are referred to BabyNet services, those referrals are not always timely. Therefore, SCDSS continues to monitor and improve the timeliness of these referrals.

Percent BabyNet Referrals Within 30 and 45 Days
(July 2021 to March 2022)

Legend: 30 Day Timeliness, 45 Day Timeliness

45 Day Timeliness values: 81.9%, 83.1%, 83.6%, 83.5%, 84.1%, 84.5%, 86.2%, 86.5%, 86.4%

30 Day Timeliness values: 76.3%, 77.9%, 78.8%, 79.4%, 79.8%, 80.6%, 82.1%, 82.8%, 82.8%

Y-axis: Percent (%) Timely — 65%, 70%, 75%, 80%, 85%, 90%, 95%

X-axis: 21-Jul, 21-Aug, 21-Sep, 21-Oct, 21-Nov, 21-Dec, 22-Jan, 22-Feb, 22-Mar
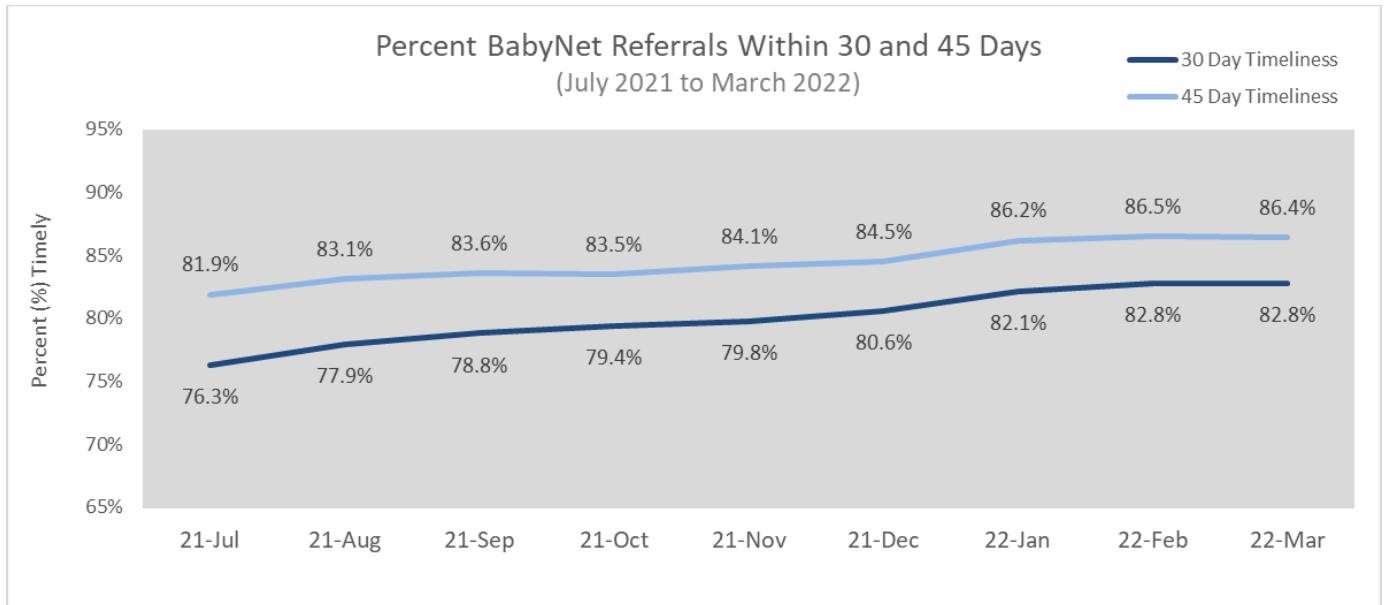
Dental Examinations

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 Visit
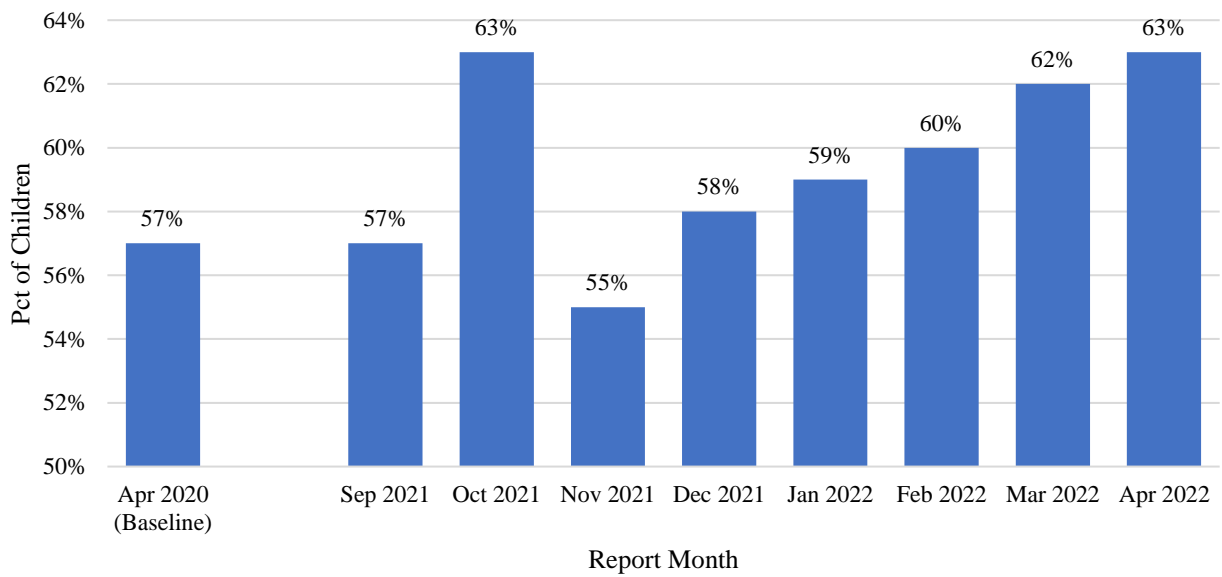
Percentage of Children in Foster Care (2 - 18 years) with no Dental Visit on Record
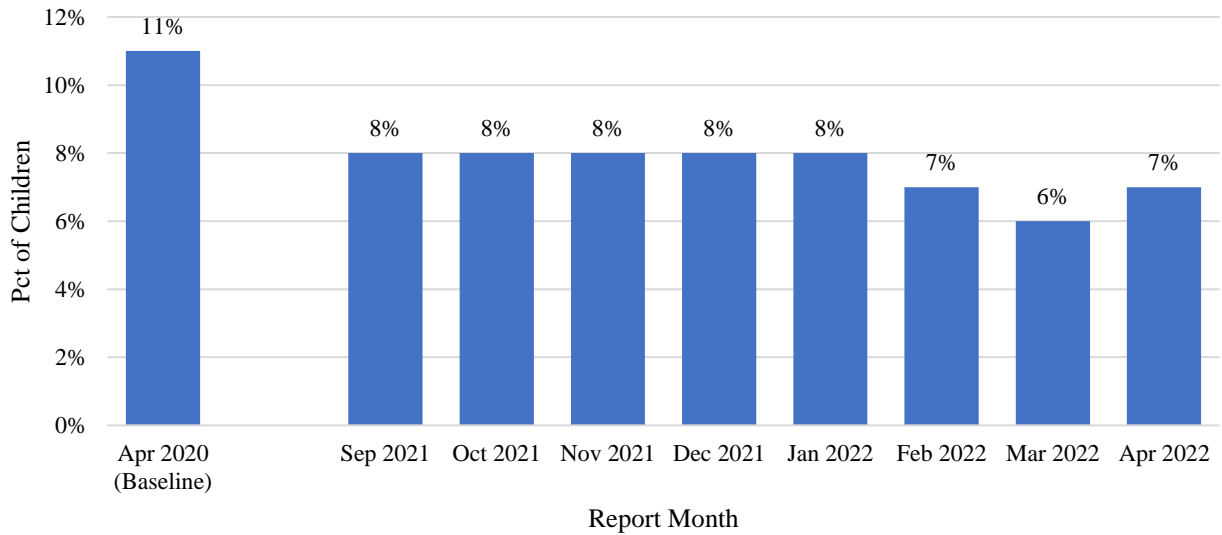
The below chart and detailed table represent progress from July 2021 to present.

Status of Dental Visits (under 18 years of age)

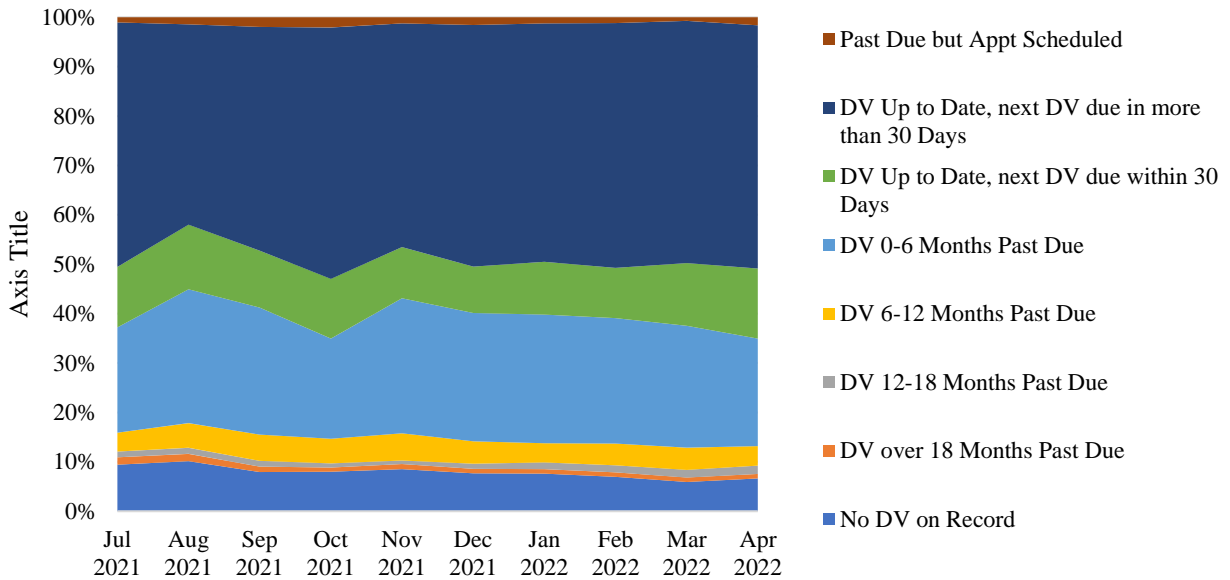|	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
No Visit on Record	223	259	257	271		227	321	337	260	264	279	258
	7%	8%	8%	8%		7%	9%	10%	8%	8%	8%	8%
Visit Over 18 Months Past Due	45	48	47	49		45	50	49	36	28	34	32
	1%	1%	1%	1%		1%	1%	1%	1%	1%	1%	1%
Visit 12-18 Months Past Due	43	52	52	58		40	40	41	37	29	25	33
	1%	2%	2%	2%		1%	1%	1%	1%	1%	1%	1%
Visit 6-12 Months Past Due	145	162	131	109		99	128	166	174	163	180	153
	4%	5%	4%	3%		3%	4%	5%	5%	5%	5%	5%
Visit 0-6 Months Past Due	676	933	848	988		671	725	902	842	671	898	875
	21%	28%	25%	30%		21%	21%	27%	26%	20%	27%	26%
Up to Date, Next Dental due within 30 Days	464	409	437	379		292	416	436	377	399	342	318
	14%	12%	13%	12%		9%	12%	13%	12%	12%	10%	9%
Up to Date, next Dental Due in More than 30 Days	1,674	1416	1,539	1,373		1,868	1,680	1,349	1,481	1,682	1,488	1,647
	51%	43%	46%	42%	Report not run in May 2021 due to incomplete data sources	57%	49%	41%	45%	51%	45%	49%
Past Due but Appointment Scheduled	19	33	31	52		25	35	47	64	68	40	52
	1%	1%	1%	2%		1%	1%	1%	2%	2%	1%	2%
Total	**3,289**	**3,312**	**3,342**	**3,279**		**3,2 67**	**3,395**	**3,327**	**3,271**	**3,304**	**3,286**	**3, 368**

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 2021 and is for all children in care up to January 1, 2022. Many category types of encounters imply follow-up care.

Encounter Date	January 1, 2021 - December 31, 2021		
Encounter Category	Encounter Type	Number	Percent
Dental	Follow-Up	337	2%
Dental	Initial Dental Screening	1134	8%
Dental	Oral Exam/Cleaning	2735	18%
Dental	Specialist	48	0%
Dental	Surgery	57	0%
Dental Total		**4311**	**29%**
Hearing	Evaluation	25	0%
Hearing	Follow-Up	17	0%
Hearing	Surgery	1	0%
Hearing Total		**43**	**0%**
Medical	Consultation/ Referral	100	1%
Medical	Emergency Room Visit	171	1%
Medical	Follow-Up from a Prior Medical Visit	556	4%

Medical	Forensic Interview	30	0%
Medical	Forensic Medical Exam	27	0%
Medical	Immunization	138	1%
Medical	Initial Medical Screening	3	0%
Medical	Initial Well-Child Visit	1,439	10%
Medical	Medication Management	177	1%
Medical	Ongoing Well-Child Visit	3,768	25%
Medical	Physical (Non-Well Child Visit)	56	0%
Medical	Post-Surgery	8	0%
Medical	Sick Visit	814	5%
Medical	Specialist	295	2%
Medical	Surgery	29	0%
Medical Total		**7611**	**51%**
Occupational Therapy	Evaluation	15	0%
Occupational Therapy	Follow-Up	2	0%
Occupational Therapy	Ongoing Therapy	42	0%
Occupational Therapy Total		**59**	**0%**
Physical Therapy	Evaluation	12	0%
Physical Therapy	Follow-Up	8	0%
Physical Therapy	Ongoing Therapy	41	0%
Physical Therapy Total		**61**	**0%**
Speech	Evaluation	16	0%
Speech	Follow-Up	1	0%
Speech	Ongoing Therapy	22	0%
Speech Total		**39**	**0%**
Vision	Evaluation	559	4%
Vision	Follow-Up	88	1%
Vision Total		**647**	**4%**
Total[13]		**12771**	**100%**

Item Eighteen: Mental/Behavioral Health of the Child

Baseline[1]	CFSR[2]	Target Goal
25.4%	**31.7%**	**NA**

CANS/FAST for Mental and Behavioral Health Needs
SCDSS has completed the implementation of the CANS/FAST assessment tools, which are used to identify behavioral needs of children and families. Through the FAST/CANS assessment, questions 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 triggers the case manager to refer for a full mental health assessment. The CANS/FAST is also used to evaluate trauma history as well as strengths and needs of the child or

---

[13] Total includes Dental, Hearing, Medical, Occupational Health, Physical Therapy, Speech, & Vision

youth. The item ratings support SCDSS staff in determining services that meet the needs outlined in the assessment results.

SCDSS is in the process of developing a CAPSS report that will alert case managers when a mental health assessment is needed in an effort to more immediately address mental health needs. Additionally, SCDSS asks at intake if there are any known mental health needs to more immediately assess and identify supports that can be recommended.

Psychotropic Medication Oversight
SCDSS has implemented over the years number of efforts to oversee safe and effective use of psychotropic medications that includes expanding on training, changes in policy and procedure, review of psychotropic data as well as informed consent process.

To expand on providing psychoeducation, in 2016 SCDSS created a Foster Parent Guide for foster parents to promote their oversight and appropriate use of these psychotropics.

In 2015, to assist SCDSS staff in being more effective advocates for child/youth in care, SCDSS started providing comprehensive training for SCDSS staff on oversight of psychotropic medications. This training was developed to promote safe and effective use of these medications. In 2021 SCDSS conducted total of Eight Health Care Oversight and psychotropic trainings for SCDSS Staff with total of 203 staff being trained. This brought total training participants since 2016 to a total of 1519. In 2016-2017 total of 123 Group home staff received Health Care Oversight and Psychotropic training. In 2018-2019, to expand on disseminating information to stake holders and clinicians for their support and advocacy, there were several trainings on Health Care Oversight and Psychotropics that included CASA: Guardian Ad Litems, Attorneys, Stake holders at South Caroline Foster Parent Association Annual Conferences and Prescribers to include pediatricians. In addition, in 2021 SCDSS with assistance of South Carolina Foster Parent Association was able to provide this training to 2779 foster parents and caregivers from different group homes bringing the total number of trained enrollees for foster parents and group care providers to 5265 since start of this training in 2019.

In 2012, the Administration for Children and Families issued an information memorandum outlining several "red flags" related to the prescribing of psychotropic medication to children in child welfare—simply stated, too many, too much, and too young. To address these issues, SCDSS implemented red flag and response mechanisms as part of their psychotropic medication oversight and monitoring systems.

In 2017 Changes were made to policy to provide red flags that would require hierarchy of approval for psychotropics. It was required that case managers are to reach out Regional Clinical Specialists for approval of psychotropics when a child age six or younger is prescribed new psychotropic or child/youth is prescribed an antipsychotic or four or more psychotropics.

In 2019 policy changes required informed consent be provided on SCDSS Form 2056, Psychotropic Informed Consent Form before administration of newly prescribed psychotropics to make sure these medications were given after appropriate consent. Informed consent on SCDSS Form 2056 requires that consenters were informed of potential risks benefits of these medications along with alternative options to include

other psychosocial interventions, before consenting to psychotropic medications. This added additional oversight and monitoring for these medications.

To remove barriers to timely care, policy changes were made to allow foster parents and some of care givers be to be designated as Secondary Medical Consenters, so they can consent at point of contact.

In 2021, Regional Clinical Specialists extended their oversight to provide consent to psychotropic not only in Psychiatric Residential Treatment Facilities but also when a child or youth is admitted to Inpatient psychiatric unit.

To provide retrospective oversight and to help review psychotropic data, in 2018 SCDSS began receiving data from Medicaid for Child/youth in care having one of above red flags for psychotropics. This data when received is shared with SCDSS Leadership, County Directors and Regional Clinical Specialists for oversight. In addition, weekly Red Flag Staffing started in 2019 that included Child/youth Case Manager, Supervisor, Regional Clinical Specialist and Psychiatric consultation to further assist in psychotropic oversight.

As of June 2019, there were 840 (out of total 4720 children/youth in care) on one or more red flag that dropped to 294 (out of 4192) as of March 2022 (drop from 18% to 7%). Further there was a shift in percent on one or more red flag. In 2019 percent child/youth on one, two and three red flags were 56.9%, 41.5 % and 1.5% with 2022 that shifted to 91.8%, 8.2% and 0% respectively. This shows decrease in three and two red flags in favor of one red flag. Also, as to individual red flags, as of June 2019 we had 462 on an antipsychotic and that number dropped to 235 in 2022, as of 6/2019 we had 94 children age six or younger on psychotropic and that number dropped to 65 and the biggest drop per data was noted on use of four or more psychotropics that went down from 659 to 18.

Red Flags Data 2019 - 2022								
	June 2019		April 2020		February 2021		March 2022	
	# of Child/Youth N=4,720	% of Child/Youth	# of Child/Youth N=4,599	% of Child/Youth	# of Child/Youth N=4,176	% of Child/Youth	# of Child/Youth N=4,192	% of Child/Youth
One Red Flag	478	56.9%	322	89.2%	285	94.1%	270	91.8%
Two Red Flags	349	41.5%	38	10.5%	18	5.9%	24	8.2%
Three Red Flags	13	1.5%	1	0.3%	0	0.0%	0	0.0%
Total	840	100%	361	100%	303	100%	294	100%

Red Flags Data 2019 - 2022				
	June 2019	April 2020	February 2021	January 2022

	# of Child/Youth	% of Child/Youth	# of Child/Youth	% of Child/Youth	# of Child/Youth	% of Child/Youth	# of Child/Youth	% of Child/Youth
Antipsychotic use	462	55%	264	73%	227	75%	235	80%
Psychotropic use age six and under	94	11%	91	25%	69	23%	65	22%
Use of 4 or more psychotropics	659	78%	46	13%	25	8%	18	6%
Total unique	**840**		**361**		**303**		**294**	

Red Flags Data 2019 - 2022			
	Number of child/youth in foster care	**# of child/youth on at least one psychotropic red flag**	**% of child/youth on at least one psychotropic red flag**
June 2019	4720	840	18%
April 2020	4599	361	9%
February 2021	4176	303	7%
January 2022	4158	294	7%

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 2021 revealed the state's percentage of strengths was 26.1% with 98 strength cases of the applicable 375 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 Division (FCRD) is contracted to complete periodic reviews of SCDSS's foster care cases. These reviews are completed on children in foster care for 4 months or longer. From October 1, 2020 through September 30, 2021, 3,713 cases were reviewed, and another 1,081 reviews were not conducted. This represents 29.1% of cases not receiving timely reviews. SCDSS has seen a 65.8% improvement in this metric since reported in last year's APSR, in which 85% of cases were reported as not receiving timely reviews.

The below table represents the number of reviews completed for FFY2020 - 2021.

	1st Qtr FFY 2020 (Oct - Dec)	**2nd Qtr FFY 2021 (Jan - Mar)**	**3rd Qtr FFY 2021 (Apr - June)**	**4th Qtr FFY 2021 (July - Sept)**
# Children Reviewed	1,319	1,378	1,276	1,549
# Reviews Held	971	854	907	981
Areas of Concern	2,363	2,598	2, 696	3,210
Adoption Delays	89	112	101	115
Policy Violations	1,497	1,468	1,652	2,152
Legal Barriers	776	970	931	929
Probable cause hearings not held	1	17	2	7
Probable cause hearings not held timely	0	31	10	7

Reviews not held timely	**1st Qtr**	**2nd Qtr**	**3rd Qtr**	**4th Qtr**
Postponed due to Inclement Weather	0	17	0	0
Continued and rescheduled due to no advance review packet or case worker not prepared	182	209	139	219
Continued and rescheduled due to interested party not invited	44	49	26	70
Continued and rescheduled due to lack of critical information	23	12	7	10
Continued and rescheduled due to no review board quorum	5	2	8	5
Continued and rescheduled due to required party absent	0	0	0	2
Continued and rescheduled due to DSS Caseworker emergency or another party to the hearing/review	0	0	0	0
FCRB staff unexpected emergency	0	5	19	0
Continued for Parties to Attend Court	0	0	2	0
Other Nonspecified Reason(s)	3	1	1	7
No Parent GAL	0	0	1	4
Key Party Requested Continue	0	2	3	4
Reviews not held due to Covid-19	0	0	0	0

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. 3,390 permanency hearings have been conducted from January 1, 2021 through December 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	659	129	20%	173	122	245	61	324	166	93	15	231
2	832	108	13%	112	122	256	37	403	196	176	20	372
3	483	92	19%	96	65	166	59	228	53	135	8	162
4	818	153	19%	233	209	436	75	441	131	160	11	263
5	1725	379	22%	368	297	585	320	777	229	302	97	671
6	560	122	22%	117	94	206	46	316	81	102	15	249
7	1571	322	21%	386	335	669	116	787	219	381	67	581
8	980	190	19%	252	210	418	105	495	135	214	31	317
9	1860	386	21%	391	290	518	313	793	340	391	22	710
10	816	201	25%	175	174	346	100	352	60	242	62	182
11	966	266	28%	118	174	337	78	481	159	213	35	489
12	644	99	15%	154	142	275	75	316	127	113	13	234
13	2067	531	26%	509	542	918	189	1075	297	437	69	561
14	431	72	17%	116	57	104	53	212	75	82	9	140
15	1127	140	12%	293	273	472	149	477	237	248	16	331
16	728	169	23%	187	186	365	82	404	122	101	19	283
Total	16267	3359		3680	3292	6316	1858	7881	2627	3390	509	5776

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 2021, 339 Termination of Parent Right (TPR) complaints were filed. There were 842 TPR hearings in which 406 were continued, 365 granted, 70 were dismissed, 6 denied and 3 were taken under advisement.

SCDSS is still monitoring the length of time that the complaint is filed after the plan has changed to TPR/Adoption and when the TPR hearing was held.

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. In June 2021, SCDSS began including supplemental questions during the CFSR reviews to track data on the notice of hearings and reviews to caregivers.

CFSR Review Supplemental Question	Yes	No	Total
Was a FCRB hearing held during the PUR?	51.9% (28)	48.2% (26)	54
Were the foster and/or adoptive parents notified of the FCRB hearing?	73.3% (22)	26.7% (8)	30

Furthermore, SCDSS tracks this information in our annual Foster Parent Survey that all licensed foster homes are asked to complete. Over half of foster parents (61%) agree or strongly agree that they are informed about upcoming court hearings in a timely manner. When comparing across years of fostering experience (see Table 26), those with less than 1 year of experience were by far the most positive (73%) with those having the most experience also feeling they are alerted about court hearings in a timely manner (65%). Those with 1 to 6 years of experience were slightly less positive with just over half responding they were alerted to court hearings in a timely manner.

Results from the 2020 survey showed 67% reporting agreement or strong agreement regarding being informed of court hearings. This agreement level decreased slightly to 61% in the 2021 survey.

> **SCDSS 2021 Foster Parent Survey Data**
> Over half of foster parents (61%) agree or strongly agree that they are informed about upcoming court hearings in a timely manner. When comparing across years of fostering experience (see Table 26), those with less than 1 year of experience were by far the most positive (73%) with those having the most experience also feeling they are alerted about court hearings in a timely manner (65%). Those with 1 to 6 years of experience were slightly less positive with just over half responding they were alerted to court hearings in a timely manner.
>
> Results from the 2020 survey showed 67% reporting agreement or strong agreement regarding being informed of court hearings. This agreement level decreased slightly to 61% in the 2021 survey.

I am informed about court hearings in a timely manner		
Strongly agree	55	13%
Agree	204	48%
Disagree	107	25%

Strongly disagree	56	13%
Total	**422**	**100%**

I am informed about court hearings in a timely manner by length of time fostering								
	Less than 1 year		1-3 years		4-6 years		7 years or more	
Strongly agree	6	9%	24	14%	14	13%	11	13%
Agree	42	64%	72	42%	49	46%	40	52%
Disagree	12	18%	49	29%	26	24%	19	25%
Strongly Disagree	6	9%	25	15%	18	17%	7	9%
Total	**66**	**100%**	**170**	**100%**	**107**	**100%**	**77**	**100%**

Notice of Foster Care Review Board Hearings
Two-thirds of foster parents (66%) agree or strongly agree that they are informed about upcoming Foster Care Review Board hearings in a timely manner. When comparing across years of fostering experience (see Table 28), those with the least and most experience were the most positive (70% & 71%). Those with 1 to 3 years of experience were the least positive (60%) about being alerted to Foster Care Review Board hearings in a timely manner.

Results from the 2020 survey showed 73% reporting agreement or strong agreement regarding being informed of Foster Care Review Board hearings. This agreement level decreased to 66% in the 2021 survey.

I am informed of Foster Care Review Board hearings in a timely manner.		
Strongly agree	62	15%
Agree	211	51%
Disagree	87	21%
Strongly disagree	57	14%
Total	**417**	**100%**

I am informed about Foster Care Review Board hearings in a timely manner by length of time fostering								
	Less than 1 year		*1-3 years*		*4-6 years*		*7 years or more*	
Strongly agree	8	13%	25	15%	17	16%	12	16%

Agree	36	57%	76	45%	56	52%	42	55%
Disagree	12	19%	39	23%	19	18%	16	21%
Strongly Disagree	7	11%	28	17%	15	14%	7	9%
Total	**63**	**100%**	**168**	**100%**	**107**	**100%**	**77**	**100%**

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 start of 2022, the state implemented a regional model whereby every county will now be reviewed every other year, which exceeds the legislative requirement. 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 continues to be coded and 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 continues to work to increase access to and knowledge around existing services, this information was included in the establishment of an online service array system. The program area is also informed of services that were needed but not provided to the families as identified in the quality assurance review process. Individualizing services is also a key component of the practice model and the need to individualize services and use the service array database are discussed at county debriefs post-review.

South Carolina continues to implement 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. As this process has moved internal to the agency, it continues to be more robust and adaptive to identified agency needs.

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?

The key objective of the Child Welfare Academy (CWA) is to actualize the South Carolina Child Welfare Services Practice Model: Guiding Principles and Standards (GPS) into all training and employee development activities. The Academy consists of courses designed for newly hired case managers, and existing staff who are seeking to increase their knowledge and skills.

Currently, the agency has two (2) Certification Trainings: 1) CWA – Pre-service certification training for case managers and supervisors which include: Adoptions, Investigations, Family Preservation, and Foster Care; and 2) CWA Intake Certification Training for Intake case manager and supervisors. For the Office of Permanency Management (Placement, Licensing, & Family Support) and Child and Family Team (CFTM), a robust training process has been developed for program areas that do not have certification process currently.

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?

SD&T continues to be involved in the implementation, planning, and launch of all training initiatives and continues 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.

During calendar year 2022, SCDSS developed field observation tools that allow the agency to measure the transfer of learning from training to practice and to assess competencies. SCDSS began utilizing the field observation tools in June 2022. 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.

Beginning in 2023, SD&T is planning to offer a Change Management Training for Child Welfare Leaders Workshop. This training will expand upon their knowledge of Adaptive Leadership and the Coach Approach and move specifically into Change Management, a leadership discipline that fosters knowledge and frameworks for addressing change. Our work together will highlight the eight steps of the change process articulated by Cohen and Kotter in The Heart of Change. Each step requires shifts in leadership practices. As these shifts are incorporated, participants will learn how to more effectively influence both individual and systemic behavior change and implement the vision with a focus on durability and sustainability.

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. From January 1, 2021 to February 28, 2022, 3,316 people attended and completed pre-service training and 823 live recertification live webinars were offered. Currently, SCFPA has 68 training topics on the SCFRALMS with 6,381 active users.

Additionally, surveys were collected at the end of the pre-service and re-certification trainings. Overall, data gathered from both surveys show a majority of the participants were satisfied with the pre-service and recertification trainings.

Survey Results:

Overall, how satisfied, or dissatisfied are you with the Heartfelt Calling training?		
Very satisfied	182	78.1%
Somewhat satisfied	37	15.9%
Neither satisfied nor dissatisfied	4	1.7%
Somewhat dissatisfied	6	2.6%
Very dissatisfied	4	1.7%
Total	**233**	**100%**

How well does Heartfelt Calling Training meet your needs?		
Extremely well	114	48.7%
Very well	87	37.2%
Somewhat well	28	12.0%
Not so well	5	2.1%
Not at all well	0	0.0%
Total	**234**	**100%**

How would you rate the quality of Heartfelt Calling training?		
Very high quality	112	48.1%
High quality	99	42.5%
Neither high nor low quality	18	7.7%
Low quality	4	1.7%
Very low quality	0	0.0%
Total	**233**	**100%**

Overall, how satisfied or dissatisfied are you with SCFPA training?		
Very satisfied	362	81.0%
Somewhat satisfied	54	12.1%
Neither satisfied nor dissatisfied	11	2.5%
Somewhat dissatisfied	6	1.3%
Very dissatisfied	14	3.1%
Total	**447**	**100%**

How well does the SCFPA training meet your needs?		
Extremely well	257	57.9%
Very well	144	32.4%
Somewhat well	36	8.1%
Not so well	7	1.6%
Not at all well	0	0.0%
Total	**444**	**100%**

How would you rate the quality of the SCFPA training?		
Very high quality	209	47.1%
High quality	192	43.2%
Neither high nor low quality	37	8.3%
Low quality	5	1.1%
Very low quality	1	0.2%
Total	**444**	**100%**

How long have you been a foster parent?		
Less than 6 months	70	16.7%
6 months to 1 year	25	6.2%
1 - 2 years	105	25.2%
3 - 5 years	57	13.6%
More than 5 years	161	38.3%
Total	**420**	**100%**

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 continue to 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. Homebuilders and Brief Strategic Family Therapy are now available across the state in each of the four regions. 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. When county reviews are complete, the tables from Items 16, 17, and 18 are placed in the county review folder so County Directors' and their staff can discuss the needed services in the specific cases and have more targeted discussion about county and regional service array options. This information is also sent to the Well-Being team at the conclusion of each-county level review. As we moved to a regional review model starting in January 2022, we also plan to have a more comprehensive discussion of service gaps in our regional meeting during the summer of 2022.

Through statewide implementation of the CANS/FAST assessment, SCDSS staff are now trained to identify needs through the assessment and match those needs to appropriate services in consultation with the family during the Child and Family Team Meeting. Regional Assessment and Planning Coordinators review the assessments and support county staff in completing the assessment appropriately. The Assessment and Planning Coordinators also provide ongoing training on the CANS/FAST assessment. Performance coaches are also involved in 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 continue 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?

Over the last year, South Carolina Department of Social Services has integrated organic joint planning efforts into program development. Information gathered through these efforts has been used to inform the planned activities in this APSR. SCDSS hosted a joint strategic planning event in February 2022, consisting of six sessions for SCDSS staff, SCDSS county leadership, SCDSS State office leadership, youth, kinship caregivers, and parents. This event was a part of the strategic planning meeting sequence designed to serve as a vehicle to convene and 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. SCDSS utilized this event to develop a set of strategies for 2022-2023 to further the State's vision and goals.

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. In March of 2022, SCDSS hired for a new position, Community Trust Liaison. This role works to build better relationships between SCDSS and the community in all program areas by engaging clients, staff, and those with lived experience to identify and address needs in South Carolina communities.

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 69 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. FBI fingerprints must be redone every 5 years from the date of the initial set. 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 2021, South Carolina needed 1,961 family-like placements[14].

The below charts show the need by race and age.
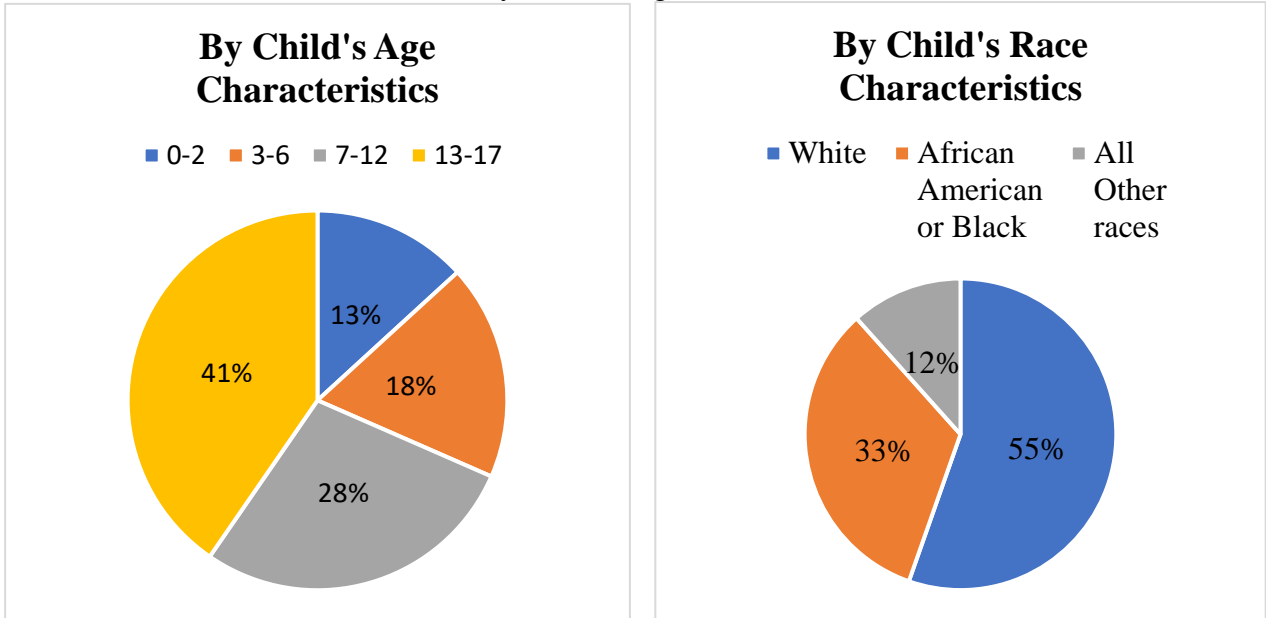
- Data-Driven Discussions: SCDSS has presented its methodology and described the children most in need of foster homes to the Foster Home Association, child placing agencies, and congregate care providers.
- Foster Home Surveys: Annually SCDSS surveys all foster homes to better understand the training and ongoing support needs of foster parents.
- 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 2021.

Race	Foster Children (Under 18 yrs.)	Percent	Foster Homes	Percent
White	1969	49%	1529	56%
Black or African American	1240	31%	1091	40%

---

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

Unknown/Multi-Racial/Other Race Unknown	544	14%	10	0%
Multi-Racial	169	4%	106	4%
Declined	47	1%	2	0%
American Indian/Alaskan Native	6	0%	8	0%
Asian/Native Hawaiian/Other Pacific Islander	3	0%	6	0%
Total	**3978**	**100%**	**2752**	**100%**

- Closure Surveys: Closure Surveys: To improve retention, SCDSS surveys all closed foster homes on a quarterly basis 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 the most recent Closure Survey Data[15]

Indicate the length of time your foster home was open.		
6 months or less	3	9.1%
7 to 11 months	0	0.0%
1 to 3 years	13	39.4%
4 to 6 years	9	27.3%
7 or more years	8	24.2%
Total	**33**	**100%**

Please indicate the region in which your foster home was located.		
Midlands	8	24.2%
Pee Dee	3	9.1%
Upstate	16	48.5%
Low Country	6	18.2%
Total	**33**	**100%**

What was your motivation to begin fostering (choose all that apply)

---

[15] Homes closed between October 2021 - December 2021.

	Frequency	Percent	Percent of Cases
Wanted to give back or make a difference	28	50%	85%
Interested in adoption	12	21%	36%
Spiritual or religious reason	9	16%	27%
Former fostering experience	6	11%	18%
Other (specify)	1	2%	35%
Total	**56**	**100%**	**169%[16]**

What was your main reason for deciding not to continue fostering?		
Adoption finalized	6	18%
Change in family circumstances	5	15%
Dissatisfaction with the agency	4	12%
Burn out	2	6%
Lack of bed space	2	6%
Transferred to another agency	1	3%
Other	13	39%
Total	**33**	**100%**

How confident were you in your capabilities to meet the needs of the child(ren) placed in your care?		
Very confident	20	60.6%
Confident	10	30.3%
Not very confident	3	9.1%
Total	**33**	**100%**

SCDSS staff considered my wishes and capabilities before placing child(ren) in my care.		
Strongly agree	8	24.2%
Agree	17	51.5%
Disagree	6	18.2%
Strongly disagree	2	6.1%
Total	**33**	**100%**

---

[16] Since this question allowed more than one response, these results have been analyzed in two ways:
- Percent is the percentage of total cases with the response (100%).
- Percentage of Cases is the percent of responses for each individual choice. A number of people chose more than one response so this shows more than a 100% response rate.

I received behavioral information about the child(ren) placed in my care that helped me meet their behavioral needs.		
Strongly agree	4	12.1%
Agree	13	39.4%
Disagree	9	27.3%
Strongly disagree	7	21.2%
Total	**33**	**100%**

I received medical information about the child(ren) placed in my care that helped me meet their medical needs.		
Strongly agree	5	15.2%
Agree	12	36.4%
Disagree	11	33.3%
Strongly disagree	5	15.2%
Total	**33**	**100%**

I received developmental information about the child(ren) placed in my care that helped me meet their developmental needs.		
Strongly agree	6	18.2%
Agree	9	27.3%
Disagree	12	36.4%
Strongly disagree	6	18.2%
Total	**33**	**100%**

I received educational information about the child(ren) placed in my care that helped me meet their educational needs.		
Strongly agree	5	15.2%
Agree	12	36.4%
Disagree	10	30.3%
Strongly disagree	5	15.2%
Total	**33**	**100%**

I was offered training that helped me meet the needs of the child(ren) placed in my care.		
Strongly agree	8	24.2%
Agree	15	45.5%

Disagree	7	21.2%
Strongly disagree	3	9.1%
Total	**33**	**100%**

I was offered support services to help me meet the needs of the child(ren) placed in my care		
Strongly agree	5	15.2%
Agree	16	48.5%
Disagree	5	15.2%
Strongly disagree	6	18.2%
Missing	1	3.0%
Total	**33**	**100%**

Rate how you would describe your relationship with Foster Care Managers.		
Strongly favorable	8	24.2%
Favorable	13	39.4%
Unfavorable	5	15.2%
Extremely unfavorable	4	12.1%
Non-existent	1	3.0%
Missing	2	6.1%
Total	**33**	**100%**

Rate how you would describe your relationship with Placement Unit Coordinators.		
Strongly favorable	13	39.4%
Favorable	7	21.2%
Unfavorable	3	9.1%
Extremely unfavorable	3	9.1%
Non-existent	3	9.1%
Missing	4	12.1%
Total	**33**	**100%**

Rate how you would describe your relationship with Family Support Coordinators (Licensing).		
Strongly favorable	12	36.4%

Favorable	11	33.3%
Unfavorable	4	12.1%
Extremely unfavorable	0	0.0%
Non-existent	4	12.1%
Missing	2	6.1%
Total	**33**	**100%**

Rate how you would describe your relationship with Adoption Specialists.		
Strongly favorable	12	36.4%
Favorable	7	21.2%
Unfavorable	2	6.1%
Extremely unfavorable	1	3.0%
Non-existent	5	15.2%
Missing	6	18.2%
Total	**33**	**100%**

Rate how you would describe your relationship with Biological Families.		
Strongly favorable	1	3.0%
Favorable	16	48.5%
Unfavorable	4	12.1%
Extremely unfavorable	1	3.0%
Non-existent	7	21.2%
Missing	4	12.1%
Total	**33**	**100%**

Rate how you would describe your relationship with Guardian ad Litem/CASA.		
Strongly favorable	12	36.4%
Favorable	9	27.3%
Unfavorable	4	12.1%
Extremely unfavorable	3	9.1%
Non-existent	2	6.1%
Missing	3	9.1%
Total	**33**	**100%**

Rate how you would describe your relationship with Local Foster Parent Association.		
Strongly favorable	8	24.2%
Favorable	12	36.4%
Unfavorable	1	3.0%
Extremely unfavorable	1	3.0%
Non-existent	8	24.2%
Missing	3	9.1%
Total	**33**	**100%**

Did anyone at SCDSS offer you services to try to convince you to keep your foster home open to fostering?		
Yes	5	15.2%
No	27	81.8%
Missing	1	3.0%
Total	**33**	**100%**

Overall, I feel the questions/concerns I asked SCDSS were responded to in a timely manner.		
Strongly agree	5	15.2%
Agree	14	42.4%
Disagree	7	21.2%
Strongly disagree	7	21.2%
Total	**33**	**100%**

Overall, I felt consistently informed about decisions and other issues affecting the child(ren) placed in my care.		
Strongly agree	5	15.2%
Agree	12	36.4%
Disagree	7	21.2%
Strongly disagree	9	27.3%
Total	**33**	**100%**

Overall, I feel that SCDSS considered my input when making decisions about the permanency plan for the child(ren) placed in my care.		
Strongly agree	4	12.1%
Agree	14	42.4%
Disagree	7	21.2%
Strongly disagree	8	24.2%
Total	**33**	**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?

CDSS is still focusing on increasing its infrastructure of homes so that children and youth could be moved to more family like settings. SCDSS continues to enhance our 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 continues to increase the number of children in family like placement settings, decreasing our use of congregate care, and increasing our licensed kinship foster homes. With these efforts in place, 3,876 inquiries were received, and 1,461 applications were completed for foster and adoptive homes. SCDSS also finalized 484 adoptions in 2021.
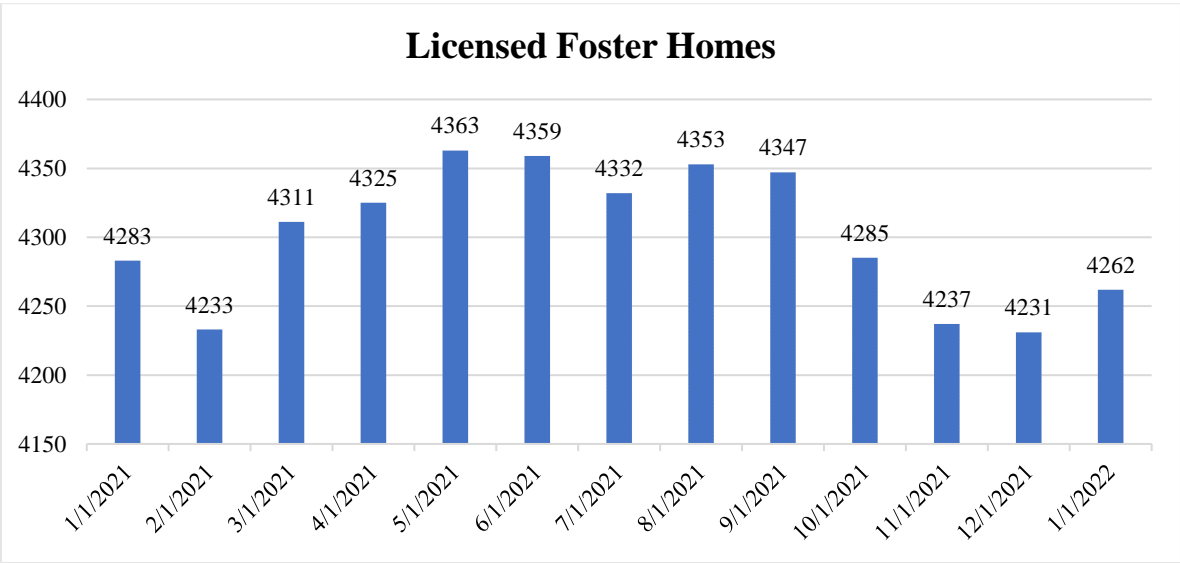
3. Update to the Plan for Enacting the State's Vision and Progress Made to Improve Outcomes

Update to the Plan for Enacting the State's Vision

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.

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: Development of the Child Welfare Academy (CWA) Training Plan has been finalized. The key objective of CWA is to actualize the agency's Guiding Principles and Standards (GPS) Practice Model into all training and employee development activities. The CWA consists of a four-level system of training.

Based on *Staying Power*! curriculum, SCDSS has developed a training outline and is currently building a training curriculum for Child Welfare leaders who conduct interviews and make hiring decisions. The training is referred to as "Destination: Retention - Hiring for The Long Haul" and is designed to guide hiring managers through the interview and selection process by focusing on employee retention. The Child Welfare BSW Scholars Tuition Assistance Program (formerly Public University Partnerships) is on track for implementation in Spring 2023. The first submission for applications will be accepted Fall 2022.

Visitation Implementation Plan: In January 2022, the agency released Quality Contacts training via the Learning Management System, creating training offerings for case managers on a continual basis. In February, a Quality Visitation Guide was published as an addendum to the agency's foster care policy for family visitation. This guide provides Child Welfare staff with a framework to maximize the potential of visitation to promote and expedite permanency for children and families. It lays out best practices that empower parents to be engaged in the lives of their children and learn new skills to increase their protective capacity. This guide will be used as the framework for future training on quality visitation.

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. Activities for the OHAN implementation plan have been completed.

Placement Implementation Plan: Implementation of a tracking and payment system for emergency placements of foster children began in January 2022. This system improvement will pave the way for agency leaders to determine the impact of placement stability and availability of targeted placement services for children in foster care. In partnership with UofSC, DSS disseminated the Grandparent Empowerment Study in late 2021 as part of research to determine available supports and resources to assist kinship caregivers. In collaboration with the Michelle H. Co-Monitors, SCDSS is undertaking a focused study of the challenges and opportunities faced in meeting the needs of youth who are involved with both DSS and DJJ. A file review was conducted in February and focus groups are currently underway with both internal and external stakeholders. The overall purpose of the review is to aid the efforts of DSS and DJJ to improve

the supports, experiences and outcomes for youth who are dually involved with both systems.

Current efforts are focused on enhancements to the Safety and Quality Response (SQ&R) process. Enhancements to SQ&R will include a systemic critical review by the Office of Strategic Planning and Innovation using the Safe Systems Improvement Tool (SSIT). Key performance indicators will be identified through data analysis of placement stability and rates of subsequent critical incidents. Additionally, a targeted plan to address overnight office stays was implemented in March 2022.

Healthcare Implementation Plan: The Health Care workgroup is applying logic models to various sectors of the health care delivery system for foster children to identify inputs, activities, outcomes and impacts of services such as telehealth, care coordination, and follow-up treatment. This work allows for review and analysis of the action steps in the Health Care Implementation Plan. An essential step in evaluating the agency's effectiveness in delivering health care services to foster children is the ability to track medical services. Work to improve data collection within CAPSS for medical and dental care provided for children in care continues to be a primary focus for nursing staff.

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.

On January 27, 2022 the Department's Title IV-E Prevention Plan was officially approved by the Children's Bureau. There are 8 evidence-based practices listed in the plan: Brief Strategic Family Therapy, Parent Child Interaction Therapy, Homebuilders, Parents as Teachers, Healthy Families America, Functional Family Therapy, Multisystemic Family Therapy, and Nurse-Family Partnership. Currently, Homebuilders is available in 18 counties in all 4 regions. Brief Strategic Family Therapy is now available in 5 counties in the Upstate and Lowcountry. The Department is partnering with the Office of First Steps to deliver Parents as Teachers to 7 counties in three regions.

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 reoccurrence 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[17] on reoccurrence of maltreatment has declined[18] from 11.9% in FFY18-19 to 10.2% in FFY19-20.

RECURRENCE OF MALTREATMENT

---

[17] 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.
[18] On this measure, a lower risk standardized performance value is desirable.
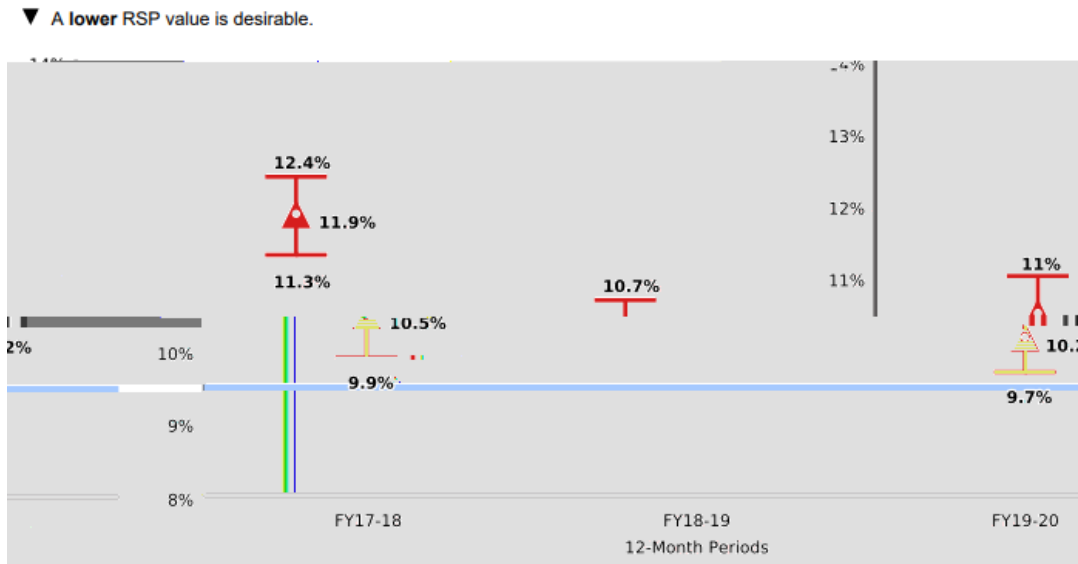
Objective 1

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.

Intervention 1

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

Year 3 progress benchmark:

- Caseworkers will be trained on how to utilize available community-based programs and the identification of evidence-based services across the state that are individualized to meet the family's need.

Intervention 1 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

71

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 continues to meet monthly to assist the Department in enhancing its service array. Four of the Department's Evidence Based Practices are now being implemented throughout the state including Homebuilders, Brief Strategic Family Therapy, Parents as Teachers and Healthy Families America. The Department is holding bi-weekly implementation meetings with providers of these evidence-based practices as well as county staff. These calls serve as a platform for providers, county level staff, state level staff, and consultants to meet and engage in an ongoing continuous quality improvement process. Discussion on this call centers around identifying barriers to implementation and brainstorming solutions. The implementation team also reviews data to create opportunities to improve the uptake of each Evidence Based Practice.

The workgroup recently worked on a scope of work for an Intensive In-Home Services contract that would provide an opportunity for the Department to add a service to the array that doesn't currently exist based on our mapping with Dr. Shapiro and the provider community. This Intensive In-Home Service has less requirements than an Evidence-Based Practice and can be utilized for Family Preservation and Foster Care cases to stabilize a placement, support reunification, or prevent a removal. The therapist would spend approximately 8-10 hours per week with the family for up to 9 weeks. The provider community has responded positively to this work.

Skills labs and trainings continue to assist Case Managers with connecting needs identified in the CANS and FAST to services available in their county. The EASE database continues to be a resource for Case Managers to utilize when they are looking for a service for their families. The Department has also released a desk guide for case managers to utilize that outlines the services that are currently being implemented from our prevention plan. The desk guide includes a decision tree to assist staff with identifying appropriate services through prompts that determine whether the client meets the qualifications for the service. Feedback about the desk guide has been positive from Case Managers and staff.

Objective 2
Address the physical, mental, and dental health needs of children in out-of- home care and family preservation cases
Intervention 2
Rebalance current contracts and identification of alternative funding mechanisms to enhance access to care
Year 3 Progress benchmark:
- Develop a plan to sustain services and continuously monitor based on family needs.

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. The Department has awarded a contract for Family Centered Community

Support Services. This provider works with families that do not have needs that rise to the level of SCDSS involvement but could benefit from extra support. This contract provides in-home supports, tutoring, and other concrete services to these families.

Several Capacity Building grants have been awarded to providers across the state to continue the capacity building of Evidence Based Practices. The Department has now awarded 3 capacity building grants for Homebuilders and 3 for Brief Strategic Family Therapy. Through a grant with the Duke Endowment and the Doris Duke foundation, the Department has teamed with the Office of First Steps to implement Parents as Teachers in 7 counties across the state. Finally, the Department is partnering with Children's Trust to pilot Healthy Families America in the Upstate.

Using the FAST/CANS assessments and CFTMs, caseworkers continuously monitor strengths and needs to determine which services would be appropriate for each family. The Department has leveraged pass thru funding from the Office of First Steps to implement a Parents as Teachers Pilot in 7 counties statewide. The Department is also partnering with Children's Trust to pilot Healthy Families America in the Upstate. The Department continues to monitor well-child and dental visits for all children who enter care, regional nurses follow up on these reports.

Intervention 3
Establish a comprehensive service array matrix that meets the unique needs of children and families
Year 3 Progress Benchmark:
- Children and families will be able to access preventative and intervention services within an expedited timeframe

Intervention 3 states that SCDSS will establish a service array matrix that meets the unique needs of children and families. Case Managers are continuing to utilize the SCDSS EASE Service Array Database to search for services in their county and region. 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.

The service array database has been utilized by caseworkers for over a year to assist with determining appropriate services for families and children. SCDSS continues to work on drafting a service array guide to include the comprehensive services available based on the needs and strengths determined in the FAST/CANS assessment.

Intervention 4: 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.

Year 3 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 for being in care for longer than 24 months.
- 2% of all children ages 16 and 17 will have a CFTM by the end of year 3.

SCDSS Completed this intervention in Year 2.

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 and by March of 2021 these meetings were facilitated by a trained facilitator in all 46 counties. 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. The Department's contract with NYAP officially ended in March of 2021. The Child and Family Team Meeting program has experienced moderate turnover and currently has 35 of 39 positions filled. The Department is working diligently to fill the last 4.

From April 1, 2021 to March 31, 2022 internal facilitators have held over 1,430 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, 71% of these meetings have culminated with a plan and prevented the child's removal.

> **Survey Results:** Our participant survey points to more positive outcomes of Child and Family Team Meetings. Since April of 2021, we have seen a 44.4% return rate on CFTM surveys (goal was 10% of meetings would have a survey sent). 73% of respondents reported that the meeting "completely" addressed the concerns of the child(ren), 23% reported "some" and 4% reported "not at all". 73% of respondents felt that the participants "completely" contributed to the team's decisions and plans, 22% reported "some" and 5% reported "not at all". 85% of respondents reported that the facilitator or case manager met with the family to prepare them for the CFTM. 97% reported that the CFTM was held at the family's desired location and time. 97% of respondents reported that the facilitator or case manager invited the families identified support system to attend and participate in the meeting. 75% of respondents reported that the family's

strengths and needs were "completely" discussed in the brainstorming and planning, 20% said "some" and 5% said "not at all".

In 2021, the Department transitioned to an internal QA system and discontinued the use of our University of South Carolina partners for this survey. The new QA director assisted with the transfer of the CFTM survey questions and the survey is now housed on Survey Monkey. Survey Monkey has proven to be easier to use for both participants and the Department. SCDSS staff can now pull the CFTM survey data in real time using a survey results link. This has allowed the CFTM program to adjust and adapt more quickly based on survey results.

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. With the support of Chapin Hall, coaches provided one on one coaching with facilitators to improve their skills. Additionally, the coaching team has overhauled the CFTM training to be more user friendly and less didactic, module 1 of the training is now completely virtual and housed in the Department's internal training system. The leadership team has worked closely with the SC provider network, Foster Care association, attorneys, courts, and other stakeholders to ensure they are trained in the CFTM process to recognize the benefits and understand their role in the meeting.

Pre-Removal CFTM Data 4/1/2021 - 3/31/2022			
Region	**Number of Meetings Held**	**Number of Prevented Removals/Disruptions**	**Percent**
Upstate	83	45	54%
Midlands	147	112	76%
Pee Dee	34	28	82%
Low Country	32	25	78%
Total	**296**	**210**	**71%**

CFTM Foster Care Referral Data 4-1-21 - 3/31/22				
Region	**Referral Assumption Completed**	**Meetings Held**	**Child/Youth Attendance**	**Percentage of Child/Youth Attendance**
Upstate	1/1/2021	583	44	7.5%
Midlands	10/1/2020	300	24	8.0%
Pee Dee	11/1/2020	310	22	7.0%

Low Country	3/1/2021	237	12	4.0%
Total		**1430**	**102**	**7.0%**

Survey Results:

CFTM Survey Results 4/1/21 - 3/31/22		
Overall, how well did this CFTM address the concerns for the child(ren)?		
Yes, completely	471	73%
Some	146	23%
Not at all	26	4%
Total	**643**	**100%**
Overall, how much do you think the CFTM helped to address the concerns of the family?		
Yes, completely	428	68%
Some	173	28%
Not at all	23	4%
Total	**624**	**100%**
Did the Facilitator or Case Manager meet with the family to prepare them for the CFTM?		
Yes, completely	450	85%
No	79	15%
Total	**529**	**100%**
Was the CFTM scheduled at the family's desired location and time?		
Yes	483	97%
No	14	3%
Total	**497**	**100%**
Did the Facilitator or Case Manager ask the family's identified support system to attend and participate in the CFTM?		
Yes	531	97%
No	17	3%
Total	**548**	**100%**
Did the Facilitator or Case Manager inquire about the family's culture and use this information to brainstorm and develop the plan?		
Yes, completely	394	63%
Some	158	25%
Not at all	75	12%
Total	**627**	**100%**

Were the family's strengths and needs discussed and used in the brainstorming and planning?		
Yes, completely	478	75%
Some	126	20%
Not at all	34	5%
Total	**638**	**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[19] 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 decreased[20] by 16.4% from 2020 to 2021 and slightly increased by 2.7% in the most recent monitoring period.

PERMANENCY IN 12 MONTHS (12 - 23 MOS)

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

---
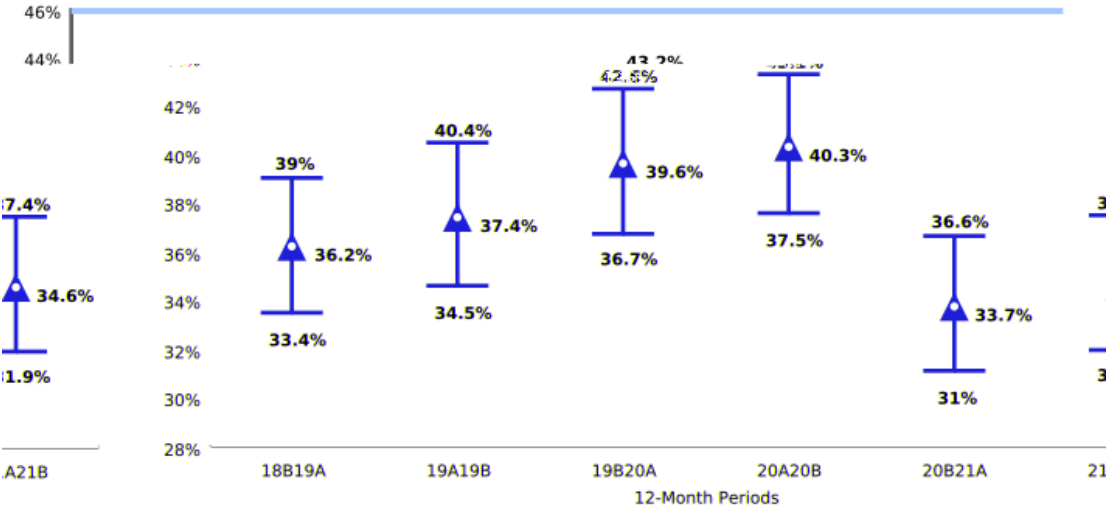
[19] RSP is used to assess state performance on the CFSR statewide data indicators compared to national performance. RSP accounts for some of the factors that influence performance on the indicators over which states have little control. One example is the ages of children in care; children of different 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 higher risk standardized performance value is desired.

South Carolina Department of Social Services' risk standardized performance on placement stability has increased[21] across the most recent monitoring periods. The most recent monitoring period has increased by 15.9% from the measuring period prior.

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

▼ A **lower** RSP value is desirable.
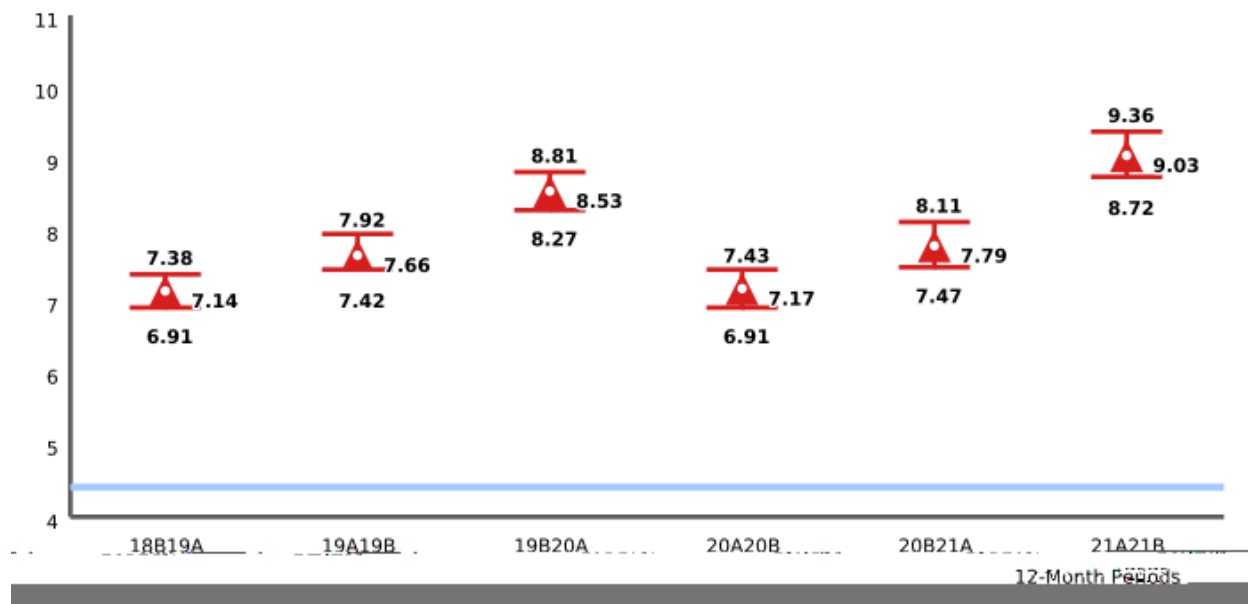
Between FFY 2020 and FFY 2021, SCDSS's performance on foster care placement stability decreased by 1.43%, performance on permanency goals for the child decreased by 14.14%, and performance on achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement decreased by 7.74%. 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
>
> **Year 3 progress benchmark:**
> - Pre-merits conferences will be implemented in 20 counties
> - 3% of all scheduled merits hearings will have the pre-merits conference.
> - 2.5% of all children who enter foster care will leave care by day 35 or between days 35 to 65 to a relative placement or reunification.
>
> 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

---

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

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.

To improve Permanency Outcome 1, the SCDSS trained child welfare staff, SCDSS attorneys, Office of Indigent Defense (OID) attorneys, and guardian 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.

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.

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 have been conducted statewide since May 2021, thus SCDSS is ahead of scheduled benchmarks for Goal 2 Objective 1, Intervention 1 and 3. SCDSS conducts Pre-merit hearing conferences in all 46 counties. The Court Improvement Program with USC Children's Law Center has been assisting SCDSS in obtaining this data. According to the data more than 3% of scheduled merit hearings have had a Pre-merit hearing conference.

In June 2021, SCDSS began including during the CFSR case reviews extra questions to track data surrounding pre-merits conferences. There has been a total of 40 cases reviewed that include the supplemental question, "Was a pre-merits hearing conference held?". Of these 40 cases, 22.5% indicated that a pre-merit hearing conference was held.

Reunification data pulled December 31, 2021 shows that of the 2,996 children who entered care in the prior 12 months, 17.3% were reunified before 35 days. This is an increase from the data provided when the Child and Family Service Plan was developed and approved. At that time, data should that 12.8% of children who entered care were reunified to their parents or leave to the custody of a relative within 35 days of entering care. This is a 4.5% increase. Of the 2,996 children who entered care in the prior 12 months, 3.47% were reunified or left care to a relative between 36-60 days. This was a small increase (less than 1%) from the original data reported in the CFSP.

Children Returned Home Calendar Year 2021

Region	Entered care in last 12 months	Returned Home		Within 3 days		Within 4-5 days		Within 6-35 days		Within 36 to 60 days		Within 60+ days	
Low Country	594	163	27.4%	26	4.5%	18	3.1%	59	10.1%	19	3.3%	41	7.0%
Midlands	904	275	30.4%	33	3.7%	32	3.5%	66	7.3%	43	4.8%	101	11.2%
Pee Dee	583	159	27.3%	15	2.6%	12	2.1%	30	5.2%	16	2.7%	86	14.8%
Upstate	915	214	23.4%	34	5.7%	22	3.7%	51	8.6%	26	4.4%	81	13.6%
Total	**2996**	**811**	**27.1%**	**108**	**3.6%**	**84**	**2.8%**	**206**	**6.9%**	**104**	**3.5%**	**309**	**10.3%**

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.

Year 3 progress benchmark:

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

A TPR complaint is required to be filed within 60 days of the signed court order designating TPR/Adoption as the child's legal plan and that the TPR hearing to be held within 120 days of the complaint being filed. To promote timely permanency for children who have a primary or concurrent plan of adoption, SCDSS and the Court Liaison program are tracking if TPR complaints are filed within 60 days of the judge ordering the plan to be TPR/Adoption and if the TPR is held within 120 days of the filed TPR complaint. This data is stricter than what is required under our state statute.

SCDSS and the Court Liaison program tracks the filing of the TPR complaint from the date the court orders the plan to be TPR/Adoption. This way of tracking is a more comprehensive tracking as it is higher than what the statue requires. In 2019, 18% of TPR's were filed within the 60-day time frame and the mean average now is over 30% are filed within 60 days of the judge ordering the plan to be TPR/Adoption. The percentage of hearings held with the 120-time frame is still low and SCDSS is working on ways to improve.

Circuit	# TPR Complaints Filed	# TPR Hearings	# TPR Hearings (continued)	# of TPRs Granted	# of TPRs Dismissed	# of TPRs Denied	# TPR Under Advisement	# TPR Hearings (pre-trial)	# TPR Hearings (pre-trial-continued)	# filed within 60 days		# Hearings within 120 days		# Motion Hearings	# Motion Hearings (continued)
1	18	15	6	4	5	0	1	12	3	3	16.7%	1	6.7%	0	0
2	15	20	8	12	2	0	0	42	7	1	6.7%	1	5.0%	0	0
3	9	19	8	12	3	0	0	9	3	2	22.2%	1	5.3%	0	0

4	11	42	22	15	3	2	0	8	0	1	9.1%	4	9.5%	0	0
5	49	65	33	25	6	1	0	26	6	19	38.8%	5	7.7%	1	0
6	11	22	15	5	1	0	0	12	3	4	36.4%	1	4.5%	0	0
7	39	65	31	30	7	0	1	44	5	18	46.2%	2	3.1%	0	0
8	22	67	30	29	6	0	0	22	3	9	40.9%	10	14.9%	0	0
9	58	119	64	47	10	0	0	8	4	27	46.6%	12	10.1%	0	0
10	21	54	18	27	2	0	0	31	3	10	47.6%	6	11.1%	0	0
11	22	28	16	12	6	1	0	15	4	10	45.5%	0	0.0%	0	0
12	15	23	11	9	5	1	0	17	0	5	33.3%	1	4.3%	0	0
13	65	201	107	80	5	1	1	64	2	15	23.1%	16	8.0%	0	0
14	16	33	11	18	3	0	0	12	2	7	43.8%	2	6.1%	0	0
15	23	46	20	19	2	0	0	2	0	19	82.6%	13	28.3%	0	0
16	5	23	14	9	4	0	0	9	1	4	80.0%	1	4.3%	0	0

Intervention 3: Improve the quality of hearings by enhancing the participation of all parties at merits and permanency hearings to promote timely permanency.
Year 3 progress benchmark:
- Participation by all parties and required conferences will be implemented in 20 counties
- 3% of all scheduled hearings will have CFTMs prior to the permanency planning hearing with and pre-merits conferences will be held.

Pre-Merits Hearing Conferences have been conducted statewide since May 2021, thus SCDSS is ahead of the Year 3 progress benchmarks. 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 25-Day meeting is held before the pre-merits court hearing to complete the family's plan.

From April 2021-March 2022, SCDSS has conducted 1,318 CFTM's. Out of these meetings, 507 (38.4%) were the 25/30 day and 58 (4.4%) were the 6-month permanency CFTM meetings. This is over the 3% requirement of this goal that meetings will be conducted prior to the permanency planning hearing and pre-merits conference. Overall, 42.86% of the CFTM's were conducted prior to the either per-merits hearing conferences or the permanency planning hearing.

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.
>
> **Year 3 progress benchmark:**
> - 2% increase in placement stability
> - 2% of placements will be with Kinship providers.
> - An increase of 2% in Kinship Foster Home Licenses.
> - An increase of 2% of placements with siblings and within the child's home community.
> - An increase of 2% of foster parents' involvement with safety, well-being, and permanency planning.
> - Development and implementation of a Supervisor Waiver to place a child in a nonrelative foster home and change in policy regarding this.
> - Surveys sent to no less than 5% of the current foster parents inquiring about their training needs and involvement in the permanency planning of their foster child.
>
> 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 conducted on a quarterly kinship caregiver training which allows us to continue to focus on our goal to increase kinship care across the state.
>
> 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 has also implemented placement CFTM's to help increase placement stability especially amount children ages 11 and older. SCDSS continues to reduce the number of children in congregate care settings and increase kinship caregivers.
>
> SCDSS has met all but the increase in placement stability. Placement stability has decreased since the submission of the APSR. Currently, SCDSS is working on ways in which to increase our stability rate for children in foster care. SCDSS now conducts Placement CFTM's when a provider asks for the child to be moved, the child is at risk for an overnight office stay or going from temporary placement to temporary placement. These Placement CFTM involve the child, family, provider, Well-Being Team, Case Manager, and our Placement units. The highest placement rate is for youth ages 11-16 years old and those 17 to 18.
>
> In 2022, SCDSS surveyed child welfare staff regarding placement barriers and challenges. The insights from this survey were used to identify areas of opportunity to improve the placement process and increase placement stability. Results of this survey

were shared with the child welfare leadership team and with many of SCDSS's placement providers to begin working towards solutions.

Observed Performance on Permanency Indicators - Placement Stability					
	Moves per 1000 Days			Percent of Total (days in care)	Percent of Total (moves)
Entry Age	19A19B	20A20B	21A21B	20A20B	20A20B
Total	**7.84**	**7.33**	**9.46**	**100.0%**	**100.0%**
0 - 3 Months	2.26	2.06	3.05	9.6%	3.1%
4 - 11 Months	4.36	3.55	4.41	5.5%	2.6%
< 1 Year subtotal	**3.03**	**2.50**	**3.55**	**15.09%**	**5.66%**
1 - 5 Years	7.06	5.72	6.38	24.4%	16.5%
6 - 10 Years	8.84	8.08	7.63	22.8%	18.4%
11 - 16 Years	9.82	9.99	15.05	34.4%	54.7%
17 Years	7.93	14.10	13.72	3.3%	4.8%

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[22] 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 has decreased[23] from the prior monitoring period by 14.3%.

---

[22] 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.

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

RECURRENCE OF MALTREATMENT

▼ A **lower** RSP value is desirable.
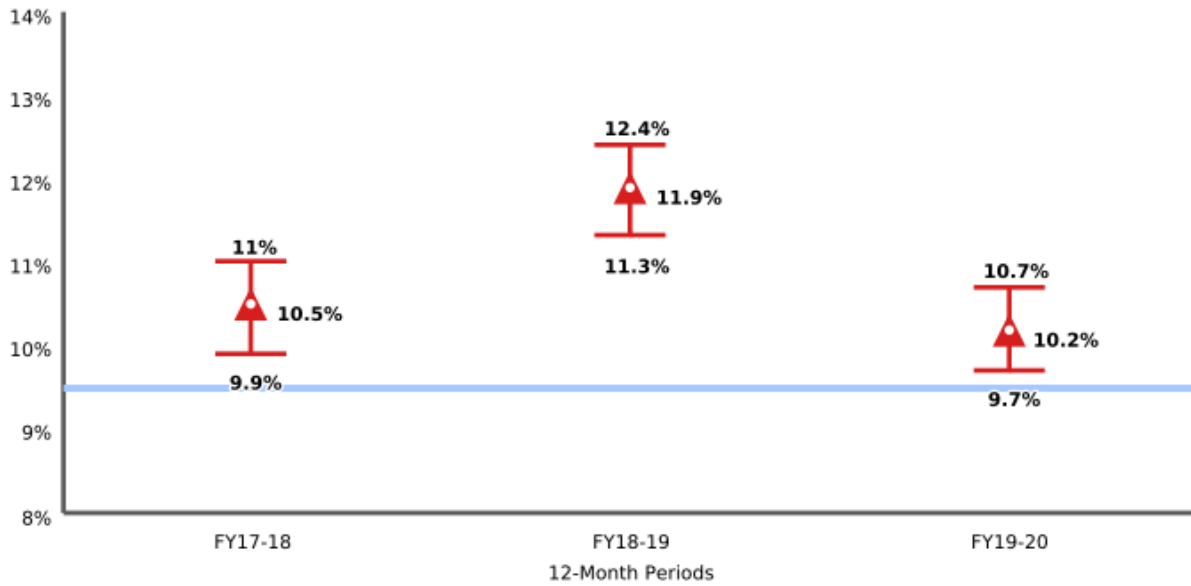
South Carolina Department of Social Services' risk standardized performance on maltreatment in care has remained relatively stable, with a 3.5% decrease[24] in performance since the prior monitoring period.

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

▼ A **lower** RSP value is desirable.

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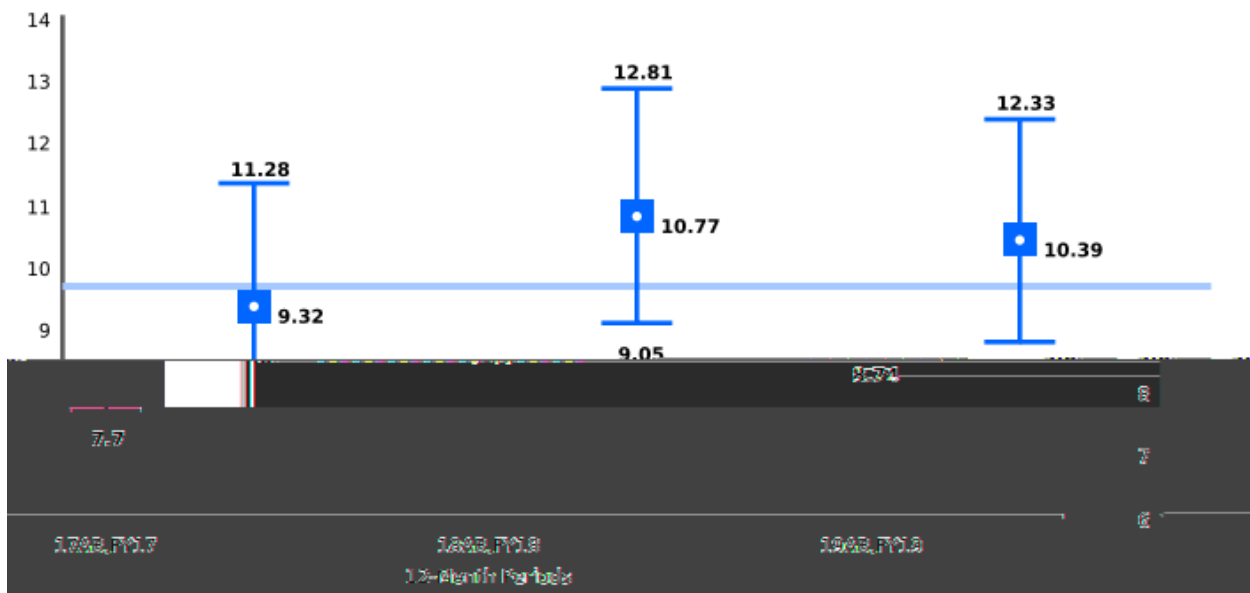
[24] On this measure, a lower risk standardized performance value is desired.

Between FFY 2020 and FFY 2021, SCDSS's performance on timeliness of initiating investigations of reports of child maltreatment decreased by 7.43%, performance on services to family to protect child(ren) in the home and prevent removal or re-entry into foster care decreased by 7.53%, and performance on risk and safety assessment and management decreased by 26.59%. 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.
> **Year 3 progress benchmark:**
> - End of Year 3: Statewide implementation of the SDM Intake Screening Tool
> - End of Year 4: Readiness assessment for the implementation of FAST
> - End of Year 5: Begin development of the FAST in conjunction with the PRAED Foundation
>
> SCDSS has completed all Year 3 progress benchmarks for this intervention. The Structured-Decision-Making (SDM) tool was implemented in 2019 by SCDSS and is used by intake to make more informed referral decisions. This tool allows for better assessing of needs during the intake process. SCDSS continues to monitor and update the SDM tool as necessary to support best practices.
>
> SCDSS engaged with the Praed Foundation to develop, design, and implement 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 and is used to guide safety response. The FAST was implemented in phases, beginning in July 2021 and implementation completed in October of 2021. Internal reports were updated in November 2021 to best align with the FAST requirements.
>
> Internal reports show a steady increase in FAST completions since implementation. From November of 2021 to April of 2022, FAST completion rates increased from an average of 62% to 71%. This represents a 15% increase in FAST completions in the six-month period.

**Initial Safety Assessment Completion Rate
(Percent of applicable children with a FAST
documented in CAPSS)**
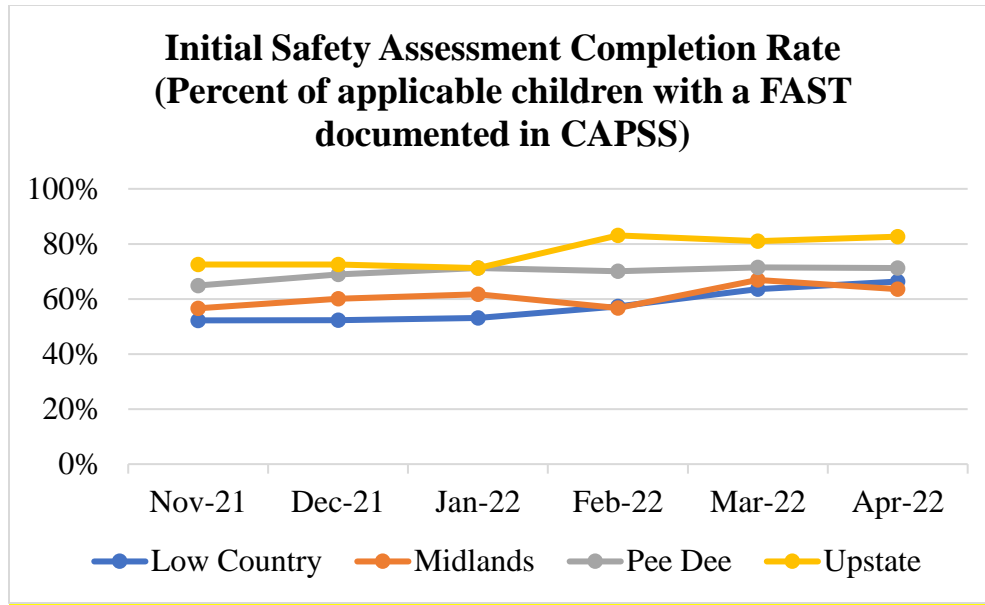
SCDSS has an assessment and planning coordinator focused solely on practice with the FAST and provides coaching to counties. SCDSS continues to host FAST/CANS calls to reinforce safety assessment best practice steps and to address practice issues as they emerge. Additionally, SCDSS is working with the PRAED Foundation to implement a FAST refresher training and ongoing FAST/CANS calls.

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.
Year 3 progress benchmarks:
- Establish a baseline from Year 2 data
- Refinement of assessment, engagement, service planning, and safety components of the family preservation and safety framework and practice guidelines.
- Train all DSS staff and caseworkers on new family preservation and safety practice, policy, and procedure.

SCDSS has engaged in foundational work in partnership with the Capacity Building Center for States to develop a cohesive and holistic safety intervention model. This safety model will detail the case flow process and the actions that occur at each stage of the case. The safety model will place a heavy emphasis on how to identify my safety threats and how to determine the least intrusive response, while promoting the practice of assessing continually for safety. This model will connect agency assessment tools (FAST), policy, and work aids to show how they work together to establish safety and strengthen families.

With the implementation of the FAST/CANS complete, SCDSS has provided structure and a framework to reinforce staff's understanding that safety and risk occur along a sale and helps staff define and develop appropriate interventions. To reinforce the safety intervention model concepts, including safety assessment and services planning, SCDSS

has held several refresher trainings. During 2021 SCDSS held 11 investigations refresher trainings that reinforced safety practice, policy, and procedure. Thus far in 2022, 3 of these trainings have been held. SCDSS continues to assess the need for training on a quarterly basis. Additionally, the training curriculum for newly hired child welfare staff has been updated to reflect the implementation of this work.

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.
    Year 3 progress benchmarks:

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

    During Year 3 SCDSS completed multiple reviews on child fatality cases with a systemic lens. There has been fifty-six (56) SCDSS employees interviewed with the intensions of learning about barriers and root causes when making decisions about families receiving services. The intent of Safe Systems Analysis process is to review SCDSS's current practices and processes to determine what changes are needed to improve practices thus reducing child maltreatment deaths. This process eliminates looking into child deaths specifically but focus on decisions, practices, processes, etc. prior to the death. Safe System Analysis explores areas of needed improvement. SCDSS continues to participate with NPCS and receives technical support from University of Kentucky. The goal is to explore data that confirms root causes of barriers so that child welfare leadership could track and adapt based on findings. SCDSS continues to track child death intakes and investigations so leadership can have data needed to determine how intakes are being screened in and how investigations are being determined.

> **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 these 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 3 Progress Benchmark: Fully functional Regional CWIT Teams

SCDSS is in the process of developing a fully functional statewide teaming structure to support the active involvement of staff and stakeholders in CQI processes. Child Welfare Improvement Teams (CWIT) are functioning in all 46 counties and SCSDS continues to make progress towards Regional CWIT Teams. During calendar year 2021, there were 121 formal CWIT meetings held across all counties. Many counties attended or hosted less formal meetings with community partners outside of the official quarterly CWIT meetings. Several County Director vacancies during 2021 contributed to the lack of participation in these meetings in some counties. Moving forward, SCDSS plans to increase oversight regarding the practice of CWIT meetings on a quarterly basis.

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 not improved on the ten monitored CFSR items.

Item	Description	2020[25]	2021[26]	% 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?*	71.22	65.93	-7.43
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?*	34.41	31.82	-7.53
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?*	32.82	24.10	-26.59

---

[25] PUR: Jul 01 2019 – Jun 30 2020. Data set limited to approved and final cases only.
[26] PUR: Jul 01 2020 – Dec 31 2021. Data set limited to approved and final cases only.

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)?*	70.45	69.44	-1.43
5	Permanency Goal for Child *Did the agency establish appropriate permanency goals for the child in a timely manner?*	52.84	45.37	-14.14
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?*	30.11	27.78	-7.74
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?*	18.46	10.44	-43.45
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?*	30.69	21.90	-28.64
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?*	56.41	50.20	-11.01
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?*	19.88	13.00	-34.61

SCDSS continues to use a variety of reports to assess performance and compliance with federal and state statutes and regulations and CWS service responses. Examples include:

- Statewide Data Indicators
- Quality Assurance Review Reports – each of the 46 counties bi-annually

- Batch – These reports are recurring reports generated by CAPSS, daily, weekly, or monthly
- 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.
- Batch Analysis Reports – These are similar "Push Reports" but show which children had no service activity, Late Permanency Planning Hearings, etc.
- HS Dashboard Reports point to 14 key measures that predict positive or negative outcomes for children and families.

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, the PRAED Foundation, Affinità Consulting, and Evident Change.

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 3, 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. SCDSS has continued to engage on the National Partnership on Child Safety, a network of nationwide child welfare jurisdictions committed to infusing safety culture throughout practice. 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.
- To support the work with Casey Family Programs, SCDSS executed a data use agreement with the University of Kentucky to launch an organizational assessment of the Department's current safety culture. SCDSS continues to work in conjunction with the University to share the results and craft a plan to fortify safety culture practice. SCDSS has engaged with ongoing technical assistance from the University to begin its safety culture work. SCDSS completed nine Safe Systems Analysis reviews, a systemic critical incident review process, which is a culture carrier for safety culture.

- 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 providing technical assistance around the implementation of the Child & Family Team Meetings, EBPs, and CQI development.
- Through partnerships with Chapin Hall, the Center, and Annie E. Casey Foundation, SCDSS is furthering the CQI process, fidelity measures, and financial structure for prevention services claiming.
- The Annie E. Casey Foundation and Fostering Great Ideas (FGI) is working with SCDSSS to support the leadership development of YEA! Members, fostering the relationship between the agency and providers and continuing to provide authentic youth engagement opportunities.
- 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 Capacity Building Center (CBC) for States has worked in partnership with SCDSS to develop a cohesive and holistic safety intervention model that will promote the practice of assessing continually for safety with a heavy emphasis on identifying safety threats and determining the least intrusive safety response.
- 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 have been enhanced through this work. The agency has completed implementation of 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). SCDSS continues to work with the Praed Foundation on enhancing the practice of utilizing the FAST and CANS to identify functional needs and strengths of children in foster care and their families.
- 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 has been developed. 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 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.

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. 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.

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) and the Capacity Building Center for States (CBC) to enhance the evaluation and management systems to support the goals and objectives in the CFSP. 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. This partnership is continuing into 2022 with a work plan to include support for CQI.

The following summary reflects South Carolina's CQI system status in Year 3 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 the new regional QA and CQI model, each county will be reviewed every other year. This model started in January 2022 with the Upstate region of the state.

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 3, SCDSS has significantly progressed toward increasing CWS staff capacity to visualize, understand, and utilize data for CQI and performance management. Each county participates in a debriefing lead by the Director of Agency Quality Assurance and CQI, the State QA Manager, and the QA data analyst. Beginning in April 2022, the Regional QA Manager

assumed the presentation responsibilities for the Director and State Manager. The presentations focus on data trends and themes, understanding of the item ratings as they relate to practice, and understanding how the CFSR process is supported by the practice model.

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
In the summer of 2021, SCDSS developed a phased plan to bring the quality assurance process internal to the agency. The quality assurance system will be fully operational without the staffing assistance from The Center for Child and Family Studies (CCFS) at the University of South Carolina starting in July 2022. In the new structure, there are four regional quality assurance managers, five review leads, five external reviewers, and 12 dedicated reviewers.

QA Review Types Conducted by SCDSS
1. County QA Reviews include a random sample of Child Welfare cases from Family Preservation 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. 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.
4. 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 regionally with every regional scheduled for review every other year. Each county receives a full report of the findings, the reviewed cases,

standard reports from the OMS and a data and trends presentation. 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.

Strategic QA Reviews are conducted when prioritized by DSS for mutually agreed upon continuous quality improvement projects. 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 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.

Since Year 2, QA and CQI made the following changes/improvements:
- Regional, as opposed to County, reviews
- Statewide, uniform protocol and template for action planning. This is currently in development in conjunction with the policy team at SCDSS
- Implementation of Regional action plans. The first one was done on safety. The subsequent ones will be completed upon the completion of the regional QA reviews.
- Formalizing multidirectional feedback loops about QA findings and action plans in collaboration with other agency areas for support

Feedback to Stakeholders
SCDSS continues to provide a variety of opportunities to share information and receive feedback including:

- Regional Office CQI meetings
- 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 Services 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. An estimated number of individuals and families served along with the geographic areas in which these programs and services are available is included in the CFS-101 form, Attachment B.

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.

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 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 for photo sessions for the children referred to Hearth Gallery to be photographed. 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
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 is to safely reduce the number of children entering care by strengthening families and the communities using proven, evidence-based approaches designed to prevent child maltreatment and ensure child well-being.

Children's Trust of South Carolina will continue to provide relevant, timely and appropriate offerings in all areas across the state. While Children's Trust of South Carolina has various functions, 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 as the agency to monitor and address any issues related to implementation and fidelity.

 During Child Abuse Prevention Month, Children's Trust provided child- and family-serving organization across the state, including all SCDSS offices with prevention messaging materials and other messaging tools to promote child abuse prevention awareness and the Protective Factor Framework. Children's Trust continues the public relations campaign to ensure the prevention message is shared across the entire state along with publishing an online calendar and promoting prevention events and learning opportunities throughout the state.

Children's Trust will also maintain a website to reach child-serving professionals with the prevention messages. The Department has monthly meetings with Children's Trust to ensure messages are relevant to the partnership.

Medical University of South Carolina (MUSC) Hospital
The Medical University of South Carolina (MUSC) 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 MUSC 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, intercountry 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.

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 assists the case manager and family jointly to 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: 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. The implementation of the CANS was completed during 2021 and SCDSS continues to assess and monitor for training needs based on gaps identified through internal reports.

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. The Department is in the process of hiring a second employee to focus on BabyNet referrals.

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.

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.

In 2021, the Department began working with the Office of First Steps to implement Connected Families. Connected Families is a new initiative that will link families involved in the child welfare system, primarily Family Preservation Services, to evidence-based home visiting parenting programs. The Department refers families who have an open Family Preservation case with young children (0-5) to Parent as Teachers (PAT) in seven counties: Berkeley, Charleston, Colleton, Lexington, Richland, Pickens, and York. PAT services include personal visits from a parent educator at least twice monthly; monthly group connections with other PAT families; screenings and assessments to identify developmental concerns; and connections to outside resources that families may need to succeed. In addition, caregivers of infants and toddlers ages 6-24 months can receive an enhanced intervention adding the Attachment and Biobehavioral Catch-Up (ABC) program to their services. Department of Mental Health (DMH) will identify staff to go through the ABC certification process and serve families referred by PAT parent educators. ABC is a 10-week home based intervention focused on supporting the attachment relationship between children and their caregivers. Through both programs models, Connected Families will integrate different components of the early childhood system to prevent child maltreatment, support child optimal development, and strengthening families. Connected Families is a collaboration among South Carolina First Steps, local First Steps partnerships, DSS, DMH, South Carolina Infant Mental Health Association, and the Parents as Teachers National Center. This initiative is funded with generous support from The Duke Endowment and the Doris Duke Charitable Foundation.

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.

The Safe Babies Court implementation began in October 2020 when South Carolina Infant Mental Health Association (SCIMHA) received a federal grant from ZERO TO THREE. In partnership with state agencies that include the Department of Social Services, Department of Mental Health, Department of Children Advocacy Center, South Carolina Network of Children's Advocacy Centers, South Carolina Judicial Courts, South Carolina Children's Law Center, South Carolina Commission on Indigent Defense and other local and state agencies, South Carolina Infant Mental Health Association is supporting implementation of Safe Babies Court cases in four counties (Spartanburg, Laurens, Richland and Orangeburg County). These sites are still in the initial implementation phase. Spartanburg, Laurens, and Richland are currently accepting SBC cases.

The Richland county SBC site began accepting SBC cases in November 2021. Richland county SBC site has received 9 referrals and currently has 4 active cases. The Spartanburg county SBC site has received 7 referrals and currently has 5 active cases. The Laurens county SBC site has received 3 referrals and currently has 1 active case and will be supporting an additional SBC case due to family relocating to Laurens. The Orangeburg county SBC site is in the early stages of implementation a Community Coordinator was hired but resigned from this position. This site is currently seeking to hire another Community Coordinator who will lead the implementation of SBC in partnership with the judicial team. A Judge has been identified to lead SBC and is dedicated to initiating this effort at the Orangeburg SBC site.

SBC is a collaborative approach amongst strong, trusting partners that 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-trajectorieschildren-foster-care-safe-babies-court-team-evaluation. SC SBC sites have been diligently developing and implementing SBC tools and resources to build capacity and supports for families. Sites have been building and leading Active Community Teams (ACT) at their sites that include community providers who are dedicated to address barriers/gaps in resources for infants, toddlers and their families, build resources to address these needs and work towards the sustainability of sites to continue to provide this approach to families in these areas. These sites have been coordinating more frequent hearings, frequent family team meetings, infant mental health services and frequent family time for these families that are essential and focuses on the child's identified needs and wrap the family with creating resources that will prevent re-entries and better permanency outcomes of these children between the ages of 0-3.

The South Carolina Safe Babies Court State Advisory Board has been hosting monthly collaborative meetings to support the sustainability of SBC, address strengths, challenges and opportunities for the improvement and advancement of SBC sites statewide. SCIMHA recently applied for Health Resources and Services Administration (HRSA) grant for the expansion of SBC in the state of South Carolina. The grant focuses on expanding promotion, prevention & intervention capacity for Safe Babies Court (EPPIC Safe Babies Courts). The goals of EPPIC Safe Babies court are the following:

- Goal 1: Increase child welfare, court professionals, and other child and family-serving professionals' capacity to positively impact infant and early childhood mental health (IECMH) with children and their families in Charleston (tri-county area) and Calhoun as well as existing SBC sites Richland, Laurens, Spartanburg, and Orangeburg County.
- Goal 2: Improve outcomes for children and families interacting with court and child welfare systems in Charleston (tri-county area) as well as existing SBC sites Richland, Laurens, Spartanburg, and Orangeburg County.

This grant application was submitted on May 4, 2022. SCIMHA is hopeful that SC will be one out of 12 sites who will be approved for expansion.

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

Endorsement and ZERO TO THREE Memberships
SCDSS has partnered with the South Carolina Infant Mental Health Association (SCIMHA) 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.

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.

Update: DSS employees are attending informational events about Endorsement (Endorsement 101 and Endorsement office hours) but no one has started the Endorsement process. The Department is considering an incentive that will drive employees to pursue endorsement. One idea would be to set an expectation that every county DSS office has a specific number of Endorsed staff to help ensure that there are employees at each site with specialized infant/toddler knowledge to support the families with very young children who are engaged with child welfare.

Facilitating Attuned Interactions (FAN)
SCDSS has partnered with the South Carolina Infant Mental Health Association (SCIMHA) 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.

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[27]
0-5	1316	32%
6-12	1238	30%
13-17	1359	33%
18+	161	4%
Total	**4074**	**100%**

There were 1,312 children age 0 – 5 in Foster Care on December 31, 2021. Below are the reasons for entry.

Reason Enter Foster Care	Ages 0-5	Ages 0-5 (%)
Abandonment	22	1%
Alcohol Abuse (Child)	5	0%
Alcohol Abuse (Parent)	32	2%
Caretaker Disabling Condition	5	0%
Child Born to Foster Child	1	0%
Child's Behavior Problem	3	0%
Death of Parent(s)	2	0%
Drug Abuse (Child)	8	1%
Drug Abuse (Parent)	235	15%
Exploitation (Non-Sexual)	1	0%

---

[27] Data set: As of February 1, 2022

Family Instability	18	1%
Hospitalization of Parent	5	0%
Inadequate Housing	21	1%
Incarceration of Parent(s)	20	1%
Lack of Employment (Parent)	2	0%
Lack of Housing (Homeless)	10	1%
Neglect	853	53%
Physical Abuse	297	19%
Pregnancy (Of the Child)	1	0%
Relinquishment (Other)	1	0%
Sexual Abuse	53	3%
Voluntary Placement (Non-CPS)	4	0%

SCDSS is monitoring all children in the foster care system to ensure they receive permanency more expediently than in the past. 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 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. 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 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.
  - 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 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 Safe Baby Court (0-3) in select counties, and other state and nonprofit 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 45% 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.

Calendar Year 2021		
	0-5	**6-17**
Number of Adoptions	230	248
Percent of 0-17 Adoptions	48%	52%
Percent of all Adoptions	48%	52%
Total	**481[28]**	

Child Age at Adoption Finalization			
Calendar Year 2021			
Adoption Age	**Number**	**% of 0-5 Adoptions**	**% of all Adoptions**
0	3	1%	1%
1	28	12%	6%
2	76	33%	16%
3	38	17%	8%
4	47	20%	10%
5	38	17%	8%

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

---

[28] 3 of the 481 children were adopted at age 18 or older.

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 AdoptUsKids, State Seedlings, Heart Gallery, Wendy's Wonderful Kids, 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.

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 Systems Transformation 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 improvement. Additionally, during quarter three of 2021, the Systems Transformation 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 50 intake staff, intake supervisors, and intake program coordinators. The Systems Transformation Unit completed an analysis of child fatality referral screening following the screening training in Q3 and noticed that 40% of the intakes screened in prior to the training were not screened correctly. However, after training the incorrect screening intakes dropped by 9%.

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.

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 February 2022, SCDSS led a state-level analysis on cases 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.

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. In addition, IV-B, subpart 1 CARES Act funding was used in enhancing the Strengthening Families program through Children's Trust.

IV-B, subpart 2 CARES/CRRSA Act Funding

The agency used IV-B, subpart 2 CARES/CRRSA (Coronavirus Response and Relief Supplemental Act) 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. Funding is also being used for supports and services to support foster parents in successfully caring for a child/youth and stabilize placements. The agency is also using a portion of this funding for a pilot for Thompson Child and Family Focus, to support teens in DSS custody who have a history of placement instability, currently are in an unstable placement, or meet a set of criteria for being high risk for placement instability; and to begin our Intensive In-Home Service program.

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 14 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 administrated 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 can 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 ongoing 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.

S.C. Department of Children's Advocacy – South Carolina Foster Care Review Board
The South Carolina Foster Care Review Division (FCRD) 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)] responsible for collaborating with volunteer Foster Care Review Boards 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 recommendation 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 must take place at least once every 6 months. South Carolina statute requires at least one local Review Board in each of South Carolina's 16 judicial districts, but most judicial districts have multiple boards.

The membership of the local review board are citizens appointed by the Governor upon the recommendation of the county Legislative Delegation as outlined in South Carolina statute and regulations. The review includes the following determinations:
- The continuing need for and the appropriateness of the current foster care placement
- Compliance with the case plan and any 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 makes their recommendation and shares it with DSS, the Family Court which has jurisdiction of the case, and the Guardian ad Litem program. FCRD staff 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

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. SCDSS has transitioned away from this contracted service through NYAP as it implemented its internally governed child and family teaming structure.

Using the FAST/CANS assessments and CFTMs, caseworkers continuously monitor strengths and needs to determine which services would be appropriate for each family. The Department has leveraged pass thru funding from the Office of First Steps to implement a Parents as Teachers Pilot in 7 counties statewide. The Department is also partnering with Children's Trust to pilot Healthy Families America in the Upstate. The Department has awarded a contract for Family Centered Community Support Services. This provider works with families that do not have needs that rise to the level of SCDSS involvement but could benefit from extra support. This contract provides in-home supports, tutoring, and other concrete services to these families.

Several Capacity Building grants have been awarded to providers across the state to continue the capacity building of Evidence Based Practices. The Department has now awarded 3 capacity building grants for Homebuilders and 3 for Brief Strategic Family Therapy. Through a grant with the Duke Endowment and the Doris Duke foundation, the Department has teamed with the Office of First Steps to implement Parents as Teachers in 7 counties across the state. Finally, the Department is partnering with Children's Trust to pilot Healthy Families America in the Upstate.

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. The most recent available data shows 32%[29] of the total number of children in Foster Care in South Carolina are under the age of 5. 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. Refer to page 100 for information on services for children under the age of five.

Kinship Navigator Funding (title IV-B, subpart 2)

SCDSS received title IV-B, subpart 2 funding to enhance the Kinship Navigator program in FY20 and FY21. SCDSS has utilized funds in following areas:

- SCDSS Kinship Program and other contracted partners continue to hold the Caring for our Own Trainings.
  - Training/support group sessions were held quarterly in 2021 and remain ongoing.
  - 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

---

[29] Data as of February 1, 2022

of the Child Welfare system and transactional reactions of parents, kinship caregivers and children.

- Kinship caregiver support groups are still being held in the Tri-County area (Charleston, Berkeley, & Dorchester County), Greenville County, Richland County and Florence County. The Kinship Support Groups are conducted both virtually and in person dependent upon the providers choosing. Since many are offering the support groups virtually the availability for families from other counties to participate has increased. Lastly, kinship caregivers are given the opportunity to share experiences with other kinship caregivers who need support and guidance while caring for their relatives.
- 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.
- SCDSS continues to contract 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:
  - o Childcare
  - o Funds for food
  - o Funds for clothing
  - o Funds for legal support
  - o Funds for home repairs, beds, smoke detectors, alarms, etc.
  - o Disaster relief due to the current pandemic of COVID-19
  - o Linking kinship caregivers to federal benefits i.e., SNAP, Head Start and ChildOnly TANF benefits
- SCDSS continues to partner with HALOS and Federation of Families to hold kinship support groups throughout the state. HALOS subcontracts with Pendleton Place and Kindred Hearts to provide these support groups in Richland and Greenville counties.

Since October 1, 2020, the South Carolina Department of Social Services began providing these kinship support services. The agency continues to contract with HALOS on capacity-building in developing a statewide comprehensive kinship navigator program:

- An external website and a 1-800 number for kinship families' awareness and to access resources.
- 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.

SCDSS provided HALO's with $50,000 to improve the safety, well-being, and placement-permanency of children living in kinship care. Kinship care refers to the care of children by relatives or, close family friends known to the child (often referred to as fictive kin). Relatives are the preferred resource for children who must be removed from their birth parents because it helps maintain the children's connections with their families, increases stability. and overall minimizes the trauma of family separation.

With the funds provided by this agreement, HALOS will separately evaluate the Success Coach and the Navigation Programs. This support will allow HALO's and Child Trends to conduct a rigorous evaluation of HALOS' navigation program to identity if the program is evidence-supported and worthy of additional evaluation to potentially became evidence-based and a model that would satisfy the federal requirements for state navigation programs.

Rigorous evaluation of HALOS' navigation program will identity if the program is evidence supported and worthy of additional evaluation to potentially became evidence-based and a model that would satisfy the federal requirements for state navigation programs.

Halos will use the funds to support two independent evaluations of HALOS' core kinship programs:

Success Coach and Navigation. To this end, HALOS shall:

- Work with Dr. Funlola Are, to continue evaluation of the Success Coach Program as part of the MUSC Community Engaged Scholars Program.
- Conduct a randomized controlled feasibility trial to compare the original Success Coach intervention with the enhanced Success Coach intervention. Dr. Are's time will be paid through the collaboration with MUSC
- Aim to conduct baseline, three, and six-month assessments. The anticipated outcome of the evaluation will demonstrate that the Success Coach Program effectively meets the targeted outcomes for families: lower caregiver distress, improvement in family resources and improvement in child behavior.

The goals are to conduct baseline, three, and six-month assessments. The anticipated outcome of the evaluation will demonstrate that the Success Coach Program effectively meets the targeted outcomes for families: lower caregiver distress, improvement in family resources and improvement in child behavior.

In FFY 2021, SCDSS provided over $200,000 in one-time direct support to kinship families and over $150,000 to our contracted partners to provided kinship navigation services and support groups to families throughout the state through the Kinship Navigator Stimulus funding.

Furthermore, SCDSS provided direct financial assistance to all kinship caregivers involved in Child Welfare who are raising children in the state of South Carolina. SCDSS provided the funds to families who needed financial support to obtain the needed following resources:

- Those who are at risk of contracting COVID-19 have access to information and resources for necessities, including food, safety supplies, and testing and treatment for COVID-19.
- Access to technology and technological supports needed for remote learning or other activities that must be carried out virtually due to the COVID-19 public health emergency.
- Health care and other assistance, including legal assistance and assistance with making alternative care plans for the children in their care if the caregivers were to become unable to continue caring for the children.
- Services to kinship families, including kinship families raising children outside of the foster care system.
- Assistance to allow children to continue safely living with kin.

SCDSS paid the following one-time direct financial assistance to Kinship Caregivers who are involved in Family Preservation and Unlicensed cases:

Child Age	Payment Amount (based on monthly board rate)	Plus (+)	Kinship Caregiver (including couple)
Age 0-5	$605		
Age 6-12	$708		$500
Age 13-20	$747		

Kinship Caregivers who are involved in Licensed cases received the following:
- $500 for Kinship Caregiver (including couple)

Overall, SCDSS sent over 2,300 checks to kinship caregivers that met the criteria stated above.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

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 95.35% of the total visits that would be made if each child were visited once per month for Federal Fiscal Year 2020-2021.

The report below also highlights that SCDSS achieved a total of 69.96% 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[30]
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.

---

[30] Period Under Review: October 1 2020 to September 30 2021.

# Children	Monthly Caseworker Visits	# Complete Calendar Visits	# Visits Months in the Residence	% of Visits on a Monthly Basis	% of Visits in the Residence
5,803	45,280	43,175	29,774	95.35%	68.96%

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".
- Fifteen training sessions were held for Quality Contacts Training for Supervisors in June and July of 2021.
- Four training sessions were held for Quality Contacts Training for Case Managers from September through December of 2021.
- 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.
- 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.

- SCDSS has created a contact case review process for supervisors to improve quality of contact and 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. SCDSS was awarded a total of $563,500 for FFY 2019, 2020, and 2021 in adoption incentive funds. Currently, SCDSS has the following amounts available in the Adoption and Legal Guardianship Incentive Funds for FFY's 2019, 2020, and 2021: $217,452.38. SCDSS has not been awarded FFY 2022 adoption incentive funds at the time of the writing of this report. SCDSS has used all the allotted funds for FFY 2019 and part of FFY 2020 allotted funds. SCDSS does not anticipate any problems using the remaining monies by the required September 30th deadlines.

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 and for other cost associated with recruitment and retention of foster and adoptive families.

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 2021, SCDSS reported no additional expenditures from the adoption savings (see CB Form-496 Part 4 submitted in October 2021). Currently, SCDSS has $19,683,541.00 in unused adoption savings money. SCDSS does expect to show expenditures from Adoption Savings when CB Form-496 Part 4 is submitted in October 2022 as SCDSS has entered into contracts for services to adoptive families and adoption recruitment that will be paid for out of this funding source.

SCDSS has issued two contracts that will be using some of the monies we have in the adoption savings account. SCDSS is still exploring what other items can be implemented to assist in spending this money.

In July 2021, SCDSS issued a contract to Flourishing Families of South Carolina to provide Adoption Preservation Services to children and families that adopted a child through SC foster care. This contract is used to provide in-home services that range in intensity level depending on the needs of the family. Flourishing Families of South

Carolina began providing services in the Fall 2021 and since the contract has been implemented 56 referrals have been made, 9 families discharged from the program, 7 declined services, 17 are still pending assessments, and 23 cases are active. The cost of this contract is a little over a million dollars a year and is renewable for 5 years.

In November 2021, SCDSS put out a fixed price bid for Adoption Recruitment Services. This contract will allow SCDSS to work with private adoption agencies licensed in SC to recruit adoptive families for our youth ages 12 and older, medically fragile, and sibling groups that are legally free for adoption and do not have an identified adoptive resource. The awarding of these contracts occurred in March 2022. These contracts can be renewed for up to 5 years and will cost roughly $150,000 a year.

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 has provided funds for transitional initiatives including:
- Grants for transition to QRTP
- Grants for capacity building of EBPs included in our prevention plan
- 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.

Currently, the Department is implementing Homebuilders in 18 counties throughout the state with two providers. Brief Strategic Family Therapy is being implemented 5 counties with two providers. The Department is partnering with the Office of First Steps to provide Parents as Teachers in 7 counties throughout the state.

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 during implementation calls 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. The Department has contracted with Chapin Hall to provide assistance in the areas of EBP implementation and CQI development.

Brief-Strategic Family Therapy (BFST)
BSFT is currently available in Dorchester, Charleston, Greenville, Spartanburg, and Lexington counties. From April 2021 – January 2022, The Department referred 232 families to BSFT. Of those 232 families, the providers accepted 102 families to begin providing services. 130 families were not accepted by the providers for various reasons including: refusal to engage, not able to contact, and not appropriate for the service. During this time period, 7 families completed the 12-week program. Unfortunately, many families dropped out after initially engaging with the service.

BSFT (April 2021 – January 2022)					
County	Avg Open Family Preservation Cases with children ages 6-17	Families Identified for BSFT	Admissions	Families Completed	Completion Percentage
Charleston	604	43	17	2	11.7%
Dorchester	208	23	10	2	20.0%
Greenville	573	21	14	0	0.0%
Spartanburg	493	145	61	3	4.9%
Totals				7	9.2%

The Department is holding bi-weekly implementation calls with providers, county staff and consultants to engage in the CQI process and identify solutions to implementation barriers. One of the barriers the Department has identified is the low completion rate for BSFT. The Department believes several factors are contributing to the completion rate including the length and voluntary nature of the service. The Department has worked diligently to train staff on BSFT and how to refer a family to this service and data shows a significant increase in referral volume. The Department continues to house this data in spreadsheets while the CAPSS build is being completed to link this data to each case. Weekly CQI calls are held to determine requirements and specifications needed to complete the CAPSS build. During these CQI calls, each Evidence-Based Practice's fidelity and outcome data is also analyzed. The FFPSA program coordinator has recently recorded promotion videos with staff and families who share their experience with the BSFT program. These videos will be released on the Department's social media sites.

Homebuilders (Epworth Children's Home)
From May 2021 to January 2022, Homebuilders received 131 referrals from SCDSS. 39 of those families were admitted and began engaging in Homebuilders in 3 counties: Richland, Greenville, and Charleston. 92 families were not accepted for the service for various reasons including inappropriate referral, failure to contact, and refusal to engage. Of the 39 families that engaged, 37% (13 families) declined or dropped out before

completion and 67% (26 families) completed the Homebuilders program. Out of the 23 families that completed the service, 89.66% were able to achieve placement prevention, stabilization, or reunification at closure.

County	Homebuilders (May 2021 – January 2022)				
	Avg Open Family Preservation Cases	Families Identified for Homebuilders	Admissions	Families Completed	Completion Percentage
Greenville	573	56	14	7	50%
Richland	726	45	16	13	81%
Charleston	604	30	9	6	67%
Totals				**26**	**67%**

The Department is holding bi-weekly implementation calls with providers, county staff and consultants to engage in the CQI process and identify solutions to implementation barriers. Overall, the Department has seen more completion success with Homebuilders. The Department believes the short but intense duration of this service may be behind this success. The number of "inappropriate referrals" for Homebuilders is quite high and the Department believes this is due to the strict qualification definition that includes imminent risk of removal. The Department has worked diligently to train staff on Homebuilders and how to refer a family to this service and data shows a significant increase in referral volume. The Department continues to house this data in spreadsheets while the CAPSS build is being completed to link this data to each case. Weekly CQI calls are held to determine requirements and specifications needed to complete the CAPSS build. During these CQI calls, each Evidence-Based Practice's fidelity and outcome data is also analyzed. The FFPSA program coordinator has recently recorded promotion videos with staff and families who share their experience with the Homebuilders program. These videos will be released on the Department's social media sites.

FFTA Funded Projects
Assessments FAST/CANS
SCDSS has implemented 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. These tools were implemented in phases, beginning in July 2021 and implementation completed in October of 2021. SCDSS is working with the Praed Foundation to implement ongoing FAST/CANS calls. Beginning in June of 2022, the Praed Foundation will work with SCDSS child welfare supervisors on enhancing the

practice of utilizing the CANS to identify functional needs and strengths of children in foster care and their families.

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 IVE 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.

Update: After careful consideration, the Department decided to hold off on the releasing a capacity building grant for Functional Family Therapy and focus our capacity building efforts and funding on two evidence-based practices: Brief Strategic Family Therapy and Homebuilders. This decision was made due to many factors including the new roll-out of Functional Family Therapy by the South Carolina Department of Juvenile Justice. SCDJJ has implemented FFT in all 46 counties across the state and the Department plans to learn from their implementation data before moving forward with our own implementation of FFT. The Department anticipates that the delivery of FFT by SCDJJ will serve dually involved youth involved in our system.

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.

Update: On January 27, 2022, the Department's Prevention Plan was approved by the Children's Bureau. The Department will continue to work with the Center for States, Chapin Hall, and the Annie E. Casey Foundation to further develop the CQI process, fidelity measures, and financial structure for prevention services claiming.

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 have 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
The Department continues to pilot the provision of services for noncustodial cases. This process began in the Spring of 2021 and continues. Statewide FFPSA implementation has not been achieved and the Department has not claimed under FFPSA yet. The Department continues to work on the infrastructure development necessary to achieve statewide development including CAPSS updates.

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 2022, eight 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, Dorchester, and Florence counties

Due to the ongoing hiring crisis and other capacity building issues, the National Youth Advocate Program has been unable to staff a team to deliver services in Florence county. The Department is working with providers to determine possible solutions to these barriers including modifying hiring criteria based on purveyor and program manager approval and revisiting compensation structure. The Department plans to evaluate financial reports from providers working with the model purveyors to revisit the exploratory rate that was set for each intervention.

On April 22, 2022 the Department released an additional grant for Homebuilders in Florence county. Analysis of the Pee Dee region, where Florence county is located, showed that overall, we do not offer as many evidence-based practices in this region of the state. Homebuilders has been successful in other areas of the state and we anticipate high utilization in the Pee Dee region as well.

FFTA Funds Update: As of April 2022, the Department has spent a total of $1,046,460 of the $8,621,729 FFTA funds awarded to the state. The Department hired a program coordinator to coordinate the implementation of FFPSA under the supervision of the Director of Family and Community Services. The Department spent $225,662 of FFTA funds on the provision of Homebuilders and $282,600 on the provision of Brief Strategic Family Therapy. $70,000 in capacity building grants were awarded to providers intending to stand up Qualified Residential Treatment Programs. The Department spent $109,301 on a contract with the University of Kentucky to implement the FAST and CANS assessment statewide. The Department spent $218,195 on a contract with a technical assistance partner to provide FFPSA implementation support.

With the remaining $7,575,269, the Department plans to continue funding Brief Strategic Family Therapy and Homebuilders statewide. Additional capacity building grants for both Evidence Based Practices have been awarded for the Pee Dee region. The Department plans to fund a third Evidence Based Practice in 2023. The Department plans to continue utilizing FFTA funds on the FAST and CANS work with the University of Kentucky. Funding has also been allocated for an internal data system build to meet FFPSA reporting requirements. The Department has also set aside some funding for additional provider grants to support the QRTP transition.

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

Please note that many activities from previous APSR were postponed due to limited access during COVID pandemic, CDC guidelines and restrictions. The primary focus of the Chafee/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/ETV Program will respond accordingly to the identified needs of the served population.

Chafee 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 South Carolina Department of Social Services and the John H. Chafee Foster Care Program for Successful Transition to Adulthood believes that youth should have the opportunities to reach and maintain successful self-sufficiency. For this purpose, the Chafee Program provides services and funding needed to enhance opportunities to learn independent living skills necessary to become self-reliant and Establishing Youth-Centered Successful Transition to Adulthood Goals.

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. The Chafee/ETV Program also helps support permanency to allow youth age 14 and older who have been involved with the foster care system.

The journey to adulthood is a critical transition for youth in foster care. It is a time when young adults learn to take on the primary responsibility for their futures and the accompanying concerns of employment, education, healthcare, transportation, housing and home management, and maintaining significant relationships with those who will continue to support and encourage them beyond the transition to independence.

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.

Transition Planning is used to identify areas in which services and skills are needed in order to make a successful transition to independence. Assisting the youth to identify and engage individuals in his or her support system is essential. Service providers, foster parents, family members, and any other individuals with whom the youth has a positive connection should be invited to participate in the transition planning meeting to develop the transition plan. Youth must also assume their responsibility in making the transition successful. This relies heavily on the youth's ability to make appropriate decisions and the ability to follow through on the objectives identified in the transition plan. Transition planning is youth led, youth driven, and it is strengths based.

Also, youth are part of a youth led and youth driven planning and assessment meeting that utilizes the Transition Plan (DSS Form 30206) for youth within 90 days of turning age 17, again within 90 days of turning age 18, and before official exit of foster care. 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/ETV Program offered a variety of funded services to support transition into adulthood. The Chafee/ETV program will assess the findings of most recent NYTD survey cohort and Division X to identify areas of needed improvement and adjust the next fiscal year of the program.

The Chafee/ETV program supports academic (secondary support) achievement with funded services for school and non-school sponsored activities, team sports, leadership

development programs, GED programs, spiritual development programs, tutoring, summer school, expenses for school sponsored educational field trips, dual enrollment fees, and books and supplies for specialized classes. The Chafee/ETV program also supports senior year with funded services for senior fees, graduation celebratory items, and senior prom package. Chromebook for 11th and 12th grade high school students if the school does not provide personal computers were awarded if needed for young person. Recognition for high school graduates (whether by diploma, certificate, or GED).

The Chafee/ETV program supports post-secondary education with funded services for Pre-college Expenses such as college applications, SAT/ACT preparation classes, and test fees. The Chafee/ETV program provides personal computer bundle for post-secondary students and college dorm room essential bundle. The Chafee/ETV program awards academic incentive for post-secondary students with at least a 3.0 GPA taking six or more credit hours and Graduate Awards for Dual Enrollment, Vocation, Technical School graduates and College graduates. The SC ETV- Education Training Voucher program awards up to $5,000 for post-secondary education until the age of 26.

The Chafee/ETV program supports Transportation goal achievement with funded services for bicycles, Driver's Educations Course, driver's license fees, insurance assistance, repair and/or maintenance, and gas allotment.

The Chafee/ETV program supports Employment goal achievement with funded services for interview clothing, uniforms and footwear to maintain employment, job skill training classes, certification courses for trades and vocational equipment, and professional attire for work or school for youth age 18 until age 21.

The Chafee/ETV program supports stabilizing Housing with funded services for utility deposits, furniture, housing essential bundle, rental application fees, rental deposit, and rental assistance for up to 6 months. Youth (ages 18-21) must be fully capable of supporting self by having a checking/savings account, completed financial literacy course, budget sheet, and secured employment. Once youth is able to show he/she can afford apartment and be responsible to pay all the expenses, then youth can apply for assistance.

ETV services
Education Training Voucher (ETV) allotment had increased from $5,000 to $12,000. ETV funding was used for advanced degrees, as well as qualifying vocational education, and Associate's and Bachelor's degree programs. Therefore, funding was used to assist young people in attending school to achieve a Master's Degree, Ph.D., or other doctoral programs. The additional funding did 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 SC ETV program has met collaboratively with other state ETV administrators and participated in webinar sessions to discuss and refine best practices for administering ETV. South Carolina has specifically collaborated with New Mexico, Texas, Georgia, California, North Carolina, and Florida in reviewing and considering how to best calculate and disburse ETV awards. These collaborations have resulted in the SC ETV program restructuring the award calculations to be based solely upon the institutions'

published Cost of Attendance, the students' individual itemized tuition statements, and the students' financial aid awards.

By restructuring the process for calculating ETV awards, the SC ETV program has effectively removed cumbersome barriers students faced in submitting funding requests. The SC ETV program no longer requires students to submit receipts, lease agreements, invoices for supportive expenses or any other additional documentation. The SC ETV application is simpler for youth and now only requires the following items: a completed application, itemized tuition statements, and financial aid award letter. The ETV State Coordinator connects with the schools and obtains their published Costs of Attendance.

The additional funding provided through Division X was utilized by the agency to address specific educational needs. The maximum potential ETV award was increased from up to $5,000 per year to up to $12,000 per year. With the restructured process for calculating ETV awards, most students were able to receive the maximum allowable award during the academic year. The ETV funding was utilized to pay traditional educational expenses, to help students reduce, and in some cases, eliminate student loan debt, and to attend vocational programs. The ETV program recalculated ETV formula maximized award and connect with post-secondary institutions to update cost of attendance (COA). Payments were submitted to school to support outstanding balance and any remaining funds were submitted to young person as supportive expenses as long it did not exceed COA.

The ETV program in SC has worked diligently to engage with potential new students, maintain connections with current students, and re-engage with former students who are still program eligible. The ETV program has focused on building relationships with the youth, to ensure needs can be addressed quickly and efficiently, and connections to additional resources can be promptly made to help students succeed in their academic endeavors.

Current foster care youth who are preparing for the transition out of high school and/or who are obtaining their GED meet individually with their transition team to evaluate and plan for appropriate next steps. In addition to conversations about life skills and the transition to adulthood, the students and their transition teams discuss post-secondary interests and options. The youth are provided detailed, written information about the ETV program, college planning, financial-aid planning, available support, and a variety of tip sheets with information about navigating the college application process and the transition to college. The ETV program provided support for youth's exploration connecting with their educational goals. The ETV program engaged with potential participants and reactivate former participants. The ETV program provided support for activities to address learning loss through evidence-based interventions summer enrichment programs and comprehensive afterschool programs. The ETV program contacted young people who have graduated high school / GED and discuss Higher Education Goals and share the ETV Stimulus flyer to recruit new applicants.

The ETV program holistically engages the youth who participate in the program. The services offered by ETV include pre-college planning, academic program review and selection assistance, enrollment support, financial planning for post-secondary education, and wrap-around support while enrolled. Prior to enrolling in post-secondary education,

the ETV program assists youth prepare for the transition by assisting with information, guidance, and resources to aid in their success with taking standardized tests (ACT, SAT, Accuplacer), applying to colleges, applying for financial aid and completing the FAFSA, and connecting with community resources as they become independent.

The ETV program works with students to select programs and schools that will be a good fit for them through individualized meetings to review and evaluate educational options while being mindful of the student's personal preferences, individual goals, and needs. The ETV program connects students to outside resources for scholarships, grants, and additional financial assistance in addition to processing ETV funding requests, to help students maximize their financial aid and minimize educational debt. Finally, the ETV program maintains contact with each grant recipient throughout the academic year through emails, phone calls, text messages, and direct mail to celebrate successes, to identify needs, to offer support and encouragement, and to assist students in connecting with both personal and academic resources throughout their academic journey.

The ETV program maintains contact with youth who are currently enrolled in post-secondary educational institutions throughout the academic year. Contact is made through phone calls, text messages, emails, and letters to keep students informed about upcoming dates, to check academic status and progress, to help identify any needs, and to ensure students have the connections to resources they may need to be successful. The ETV program works specifically with the students and the financial aid offices at their respective institutions to make sure that students' funding is maximized.

The ETV program works with case managers and community partners throughout SC to connect with non-active ETV eligible youth. An extensive and diverse media outreach campaign was employed in the last year that included social media posts, television media segments, and community flyers to publicize ETV opportunities for eligible youth. Contact information was provided, so that former foster youth could reconnect with the ETV program, evaluate potential remaining eligibility, and to develop a plan for pursuing post-secondary education. The SC YEA! members also made direct contact with their peers to help connect youth with the ETV program. The ETV program waived the requirement making satisfactory progress toward completing that program if a youth is unable to do so due to the COVID-19 public health emergency and offered Pandemic Technology Support stipend necessary for virtual education.

The ETV program assisted the young people with eliminating any outstanding balances that was preventing to further post-secondary education, and any expenses youth incurred while trying to pursue post-secondary education such as student debt.

The ETV program targeted pandemic technology supportive expense, to include but are not limited to laptops or other technology necessary for virtual education; earbuds/earphones; desks, chairs and other items needed to create a learning space; supplies such as printer paper and ink; and tools for internet access (ex: broadband internet access, cell phone data cards, WIFI extenders).

The ETV program released notification to Higher Education Institutions about ETV award and assistance with providing timely and current balance statement and updating Cost of Attendance (COA). The ETV Program also sent flyers to financial aid offices to

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 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 train state agencies, providers, and community partners on services available to former foster youth transitioning from foster care. Training will also include action steps needed to improve transition outcomes. understand and address the issues confronting adolescents preparing for successful transition to adulthood.

The Chafee/ETV Program Director and Youth State Coordinator participated in Elevating Youth Engagement Curriculum Pilot for Adult Supporters. We were able to review the Elevating Youth Engagement Pilot Curriculum have the opportunity for the curriculum development team to share new or refreshed content on youth-adult partnerships with you all and integrate your feedback on content, design, and delivery into the final version of the curriculum before it goes live on the AECF website for partners to use.

The Chafee/ETV Program will continue to attend nationwide webinars to learn improved strategies to better serve the teen/older youth population. The Chafee/ETV team till continue to share received knowledge with those who provide direct care to the teen/older youth population.

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

The Chafee/ETV Program has been committed to offering Youth Engagement Support. The Chafee/ETV Program will continue to employ youth/young adults, at the agency level and/or as part of contractor staff, to provide outreach and support to fellow youth and young adults. The Chafee/ETV Program will continue to support leadership growth opportunities and arrange Co-Chair Town Hall Meetings, Co-Chair support group meetings, and Co-chair Outreach Program. The Chafee/ETV Program will partner with current providers that already provide and are interested in youth council services. The Chafee/ETV Program will continue to partner with youth/ young adults with lived experience in child welfare to provide navigation services to fellow youth/young adults.

The Chafee/ETV Program will strengthen the recruitment and maintenance of SCDSS YEA! by utilizing funds to purchase promotional Items to recruit new YEA members and

maintain current YEA members. The Chafee/ETV Program will compensate youth/ young adults for "listening sessions" on program development and policy change. The Chafee/ETV Program will celebrate YEA members for contribution of improving SCDSS child welfare. Survey youth/ young adults for QI Report. The Chafee/ETV Program will compensate youth/ young adults' participation in Joint Planning Committee Activities. The Chafee/ETV Program will continue to invest in developing a Financial Literacy Program for youth/ young adults and #adulting guidebooks.

The Chafee/ETV Program will continue to engage with YEA! (Youth Engagement Advocates) Council Members to assure outreach, service navigation, and financial support is a targeted response. The Chafee/ETV Program will continue to invite young adults to sign up to receive ongoing notifications, as this approach will also support NYTD survey efforts. The Chafee/ETV Program will continue to invite young adult to share experience and provide input in QI round table events and Joint Planning Meetings. The Chafee/ETV Program will organize ongoing Virtual Town Hall meetings in each region with youth co-leading event. The Chafee/ETV Program will support YEA! peer leadership opportunities and create youth video/ messaging discussing Covid pandemic and its hardships and how SCDSS can help stabilize their transition into adulthood. The Chafee/ETV Program will support YEA! peer leadership opportunities and provide internship opportunities for lived experience Youth Advocates. The Chafee/ETV Program will support YEA! peer leadership by committing to making agency adjustments based on youth input. The Chafee/ETV Program will also coordinate with Annie E Casey and QI for survey creation, distribution, and analyzing data.

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. The Chafee and ETV Program will continue efforts to use technology and social media to engage youth in program planning and policy development.

The Chafee and ETV Program's vision is YEA! Members lead the youth voice initiative in South Carolina and develop meaningful initiatives to educate, support and improve the system. The Chafee and ETV Program will incorporate YEA! Mission, Vision, Norms and Values which were developed by members and ensure it reflects the diverse membership and the magnitude of the responsibility and commitment of this service to the state. The YEA! members created a Visual Brand. The brand consists of Logo designed by members, Certificates for Members, T-Shirts for members (designed by YEA!), and social media, news coverage, and public representation.

The Chafee/ETV program continues to work with the youth through the utilization of the YEA! Council to help youth increase the ability to actively engage with their peers and others to create change. The purpose of this is to also help youth find their voices and

increase their capability of advocating for themselves and others. This is done through the coaching sessions that are offered to youth twice a month. We complete surveys and polls to get feedback from each youth on different topics from projects to meeting days.

The Chafee/ETV Program first youth summer internship was occupied by a YEA! member. The internship consisted of the Youth Ambassador being a pivotal part of the agency's transformation. This youth attended all meetings, listening sessions and events with the Youth Engagement Coordinator. The Youth Ambassador was co- facilitated meetings, took notes during the meetings and provided peer to peer support for the other youth. The Youth Ambassador planned and facilitated youth led events. The Youth Ambassador contributed authentic lived experience to give the agency authentic youth voice input. The Youth Ambassador was able to get professional experience while giving the agency a youth's perspective and insight.

The Chafee/ETV Program utilizes the Hart's Ladder concept. Hart's Ladder demonstrates youth initiating, shared decision making, and youth lead along with directing. The Chafee/ETV program utilizes this ladder as a way of authentically engaging with the youth. We teach shared power between youth and adults. We ask the youth for lived experience and they are the experts in their experience. The youth not only have a seat at the table, they are assured their voices will be heard and accepted. The idea is for there to be a co-designing process. Co-design is about designing with, not for. Co-design is defined as the process that brings about challenging the imbalance of power held by individuals, who make important decisions about others' lives, livelihoods, and bodies. Often, with little to no involvement of the people who will be most impacted by those decisions. As we embark on co-designing, we are seeking to change that through prioritizing relationships, using creative tools, and building capability.

The youth involved are usually excited about this approach and they help with recruitment by peer outreach and word of mouth. In addition, the Chafee/ETV division does outreach all around the state via social media, text, call, or events. The youth love the opportunity to "sit at the table" and share their stories and expertise at listening sessions, planning meetings, and YEA! meetings. The youth are always compensated by check and or gift card for any participation. All youth who participated in YEA! Council meetings, strategic planning debriefings, coaching sessions and preparation sessions were compensated through the utilization of gift cards and/or stipends.

The youth were essential in the OYPR Campaign. The youth shared their experiences of how the pandemic was affecting their transition into adulthood. The youth suggested how to utilize the Division X funds, which resulted in a broader use of nutrition and transportation funds. The youth recorded messages encouraging their peers to reconnect with DSS to receive additional support.

The youth participate in various committees, projects, panels, and listening sessions. Ongoing committee projects include Race Equity Workgroup, Strategic Planning Workgroup, Thriving Families Workgroup, and SC Department of Juvenile Justice (DJJ) Committee.

Through authentic youth engagement, in efforts to co-design the SCDSS system with youth, the state invited YEA! members and other youth to speak with DSS officials

during Joint Planning Meetings and Michelle H. Lawsuit Workgroup to support the Better Together Campaign which outlines the agency's transformation to better serve through strength focused values. The state also invited YEA! members and other youth to speak with DSS officials during Permanency Roundtables. These sessions have led to intentional recruitment plans for teen foster homes. The youth also recorded messages for potential foster parents outlining desired traits of a foster parent for a teenager.

The Chafee/ETV Program collaborated with the YEA! Council to help identify issues through the lens of the youth with lived experiences and sponsor listening sessions. The Supervised Independent Living (SIL) Listening Sessions resulted in housing changes for the aftercare and older youth. The Visitation Listening Sessions resulted in draft policy change. The Transitional Planning Listening Sessions resulted in new development of a more detailed and accessible transitional plan for the youth. The Extension of Foster Care Listening Session resulted in legislation change.

Through authentic youth engagement, in efforts to co-design the SCDSS system with youth, youth discussed the impacts of race equity seen in care with SCDSS personnel. Youth also discussed the improvements and areas where improvements are needed. SC Department of Juvenile Justice (DJJ), Court Appointed Guardian Ad Litem (GAL) Foster Care Review (FCRB) have both reached out for input from our YEA! members to help facilitate change within their agencies.

The YEA! members have participated in Palmetto Association Children and families (PAFCAF) annual conference. The 2022 Annual Conference focused on "Expanding Horizons: Old ways won't open new doors". The YEA! members were asked to share their experience on placements and connections. The YEA! members discussed challenges with placement changes, connections lost and gained with providers, and the restrictions of childlike restrictive settings/placements.

The department is researching and looking for ways to improve the recruitment strategies of youth that fall within these categories: parenting, DJJ experience, disabled youth. There are young parents who are interested but are unable to commit to the meetings or workgroups due to their schedule or childcare issues. The Chafee/ETV Program is working with Midlands Tech to look for opportunities in which the youth could possibly get help to overcome these barriers and even complete a trade to help them enter the work force.

The Chafee/ETV program has one youth apart of the DJJ committee in which he is helping to bridge the gap and minimize the correlation between foster youth and DJJ. As it relates to DJJ and disabled youth, we have two youth that are apart of those respective groups that are being trained to help recruit for youth with this experience.

The Chafee/ETV program will utilize the YEA! Council members with lived experiences in efforts to provide support to youth in care who identify with the LGBTQI+ community. Three youth are currently being trained on how to facilitate a youth led LGBTQI+ informative training.

The most recent state project requests youth input for development and input of youth engagement in court involvement. The South Carolina Family Court Bench Bar

Committee is reviewing Best Legal Practices in Child Abuse and Neglect Cases. SC Benchmark Committee comprised of leaders from partnering agencies such as DJJ, Family Court, DSS, and GAL have expressed a desire to provide training to judges about youth engagement and have suggested a collaboration approach with our YEA! members. The committee is designing a Judicial Education Portal to provide judges access to resources, articles, and materials on this subject. The committee would like to present a panel of youth, case managers, and judges to discuss this topic with fellow judges. The committee would like a tangible product of practical tips for judges on how to engage with youth. The judges would also like direct questions drafted by youth to be asked in the court room. The Chafee/ETV Program will sponsor Listening Sessions which is open to all young people to discuss their involvement in the court room to begin planning for this desired collaboration.

The department is currently collaborating with Fostering Great Ideas® (FGI) and the Annie E. Casey foundation to support the leadership development of YEA! members. Annie E. Casey will help to foster this relationship between the agency and providers. Annie E. Casey will also continue to provide authentic youth engagement trainings to support the building of the YEA! council and youth engagement. YEA! will require support and encouragement to adopt new ways of being and doing, learn from others, and have their voices heard. The Chafee/ETV program will collaborate with FGI to support the agency move from 'expert' to coach. FGI will help YEA! Council to develop a sustainable long-term structure that utilizes Speak Up curriculum, coaching, outreach, and facilitation to reinforce YEA! programming and create a strong cohort through meaningful advocacy and regular support. Through this collaboration, we are hoping to help lived experience and professional expertise overlap while building capability.

The Chafee/ETV program's vision is YEA! expands their reputation for developing strong leaders across the region. The goals for expansion include to fortify YEA! members through regular support, training, coaching and opportunities to speak up; create meaningful impact through member lead projects, committees and appointments; establish the YEA! brand throughout the state, resulting in geographically diverse representation; and empower youth and young adults to apply for YEA! membership.

The Chafee/ETV Program will continue to develop a cohesive recruitment strategy to ensure sustainability of YEA!. the strategy will consists utilize existing youth empowerment structures to introduce young people 14+ to YEA! and align support older youth programs within DSS and communicate opportunities to transition case workers. The proposed recruitment strategy will also highlight YEA! member leadership in ongoing committee work and create training opportunities for older youth through collaboration with adolescent workers and transition specialists. The Chafee/ETV program will sponsor (four) regional listening sessions and target youth in each regional area to increase awareness of the YEA! council, learn of the achieved goals from previous council years, identify desired topics for the next council year. The summer listening sessions will serve as a recruitment strategy for new YEA! members. The listening sessions will also provide advertising opportunity for the upcoming YEA! Leadership Retreat in September 2022.

The Chafee/ETV Program has expanded its collaboration with Fostering Great Ideas® to support the development of YEA! Fostering Great Ideas® provides training and coaching to youth and DSS State Youth Engagement Coordinator. Speak Up® is a training designed for youth in foster care and alumni to learn what advocacy is, how to find their voice, and how to transform action into reform. Fostering Great Ideas® has become an essential component to the monthly YEA! meetings, trainings, coaching, and advocacy efforts. The Chafee/ETV Program will continue its partnership with Fostering Great Ideas® and invest additional resources to support its program components for the teen/older youth population.

The Chafee/ETV program utilizes publication through the agency's Newsletter to inform DSS staff of the various activities, opportunities, and accomplishments of the youth. In addition, the YEA! meetings provide a platform for the youth to get peer support for school and be introduced to organizations or people that could possibly support them in their education.

The Chafee/ETV program will continue to recognize our youth's needs, wants, and desires while participating in YEA! The Chafee/ETV program will continuously assess process and evaluate need for improvements. YEA! members were open and honest with the department about being tired, stressed or burned out from all of the projects. YEA! members and Chafee/ETV program co designed a solution and decided to create a media bundle. The YEA! members would be able to record sessions discussing various topics and utilize them in their respective areas. The pilot of this bundle was created for the Foster Care Review Board, and it was a real success. The FCRB were able to hear the youth's perspectives without the youth being inconvenienced and lead discussion on systematic change to better align their values and practice while reflecting on the youths' experiences.

The Chafee/ETV program will continue create and utilizing social media outlets to help prevent virtual burnout of youth who are actively participating in monthly meetings. The social media accounts will also provide a safe space for youth to engage with SCDSS and peers. It will also be utilized to share information with youth such as available resources through SCDSS and in the community.

Services to Support LGBTQI+ Youth
The Chafee/ETV program will utilize the YEA! Council members with lived experience to identify needed supports and resources to youth in care who identify with the LGBTQI+ community. The State Youth Engagement Coordinator will enroll in webinars and trainings on LGBTQI+ awareness training and how to facilitate youth led LGBTQI+ informative trainings. The State Youth Engagement Coordinator will map community partners and organizations that provide additional resources for the LGBTQI+ population.

Community and Youth Collaboration and Partnership
The Chafee/ETV Program will continue to expand partnering with established organizations in each region to provide transition support and services. Partnership expansion will also include grant proposals, extending/amending current contracts, and MOA. The Chafee/ETV Program will assess current programs and potential expansion of

contracts with service providers/vendors who are currently working with youth and young adults formerly in foster care to provide services through the agencies to which such youth are already connected to provide Outreach, Service Navigation, Mentoring, and Peer Support. The Chafee/ETV Program will assess capacity of additional partnership with national and state organizations to assist young adults, including activities relating to locating youth, outreach, and marketing. The Chafee/ETV Program recognizes that investing in these strategies will 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 and public health emergency. The agency will need to assess sustainability to support partnership extensions after the stimulus funds are exhausted.

The Chafee/ETV Program has expanded its collaboration with Fostering Great Ideas®. Fostering Great Ideas® is an innovative South Carolina nonprofit that restores hope to children and youth in foster care utilizing a collaborative approach with children and youth in foster care experience supporting them to increase their self-worth and supports them to reach their full potential. Fostering Great Ideas® provides emotional and academic support to teen/older youth throughout their journey in foster care in the Life Support, Tutor Match, and Aspire. Adult mentors provide ongoing emotional support and guidance to youth in foster care. Life Support® mentors commit to visiting a youth in foster care twice per month. Mentors actively listen to hopes, fears, and dreams. Tutor Match® provides quality tutors for children and youth in foster care. We offer virtual tutoring for all of SC. We are offering a summer SAT Prep course for students who will be entering 11th or 12th grade in the fall. Aspire™ encourages youth to graduate from high school and then attend and excel in college by providing accountability and support throughout their academic experience utilizing consistent meetings with our Education Advocate and peer gatherings focused on team-building, youth begin to visualize a future for themselves.

The Chafee/ETV Program will maintain contract with South Carolina Foster Parent Association (SCFPA) to continue supporting the Chafee/ETV program by purchasing gift cards (Walmart, amazon, uber, target, straight talk), graduation items, and YEA! supportive items. SCFPA will continue to provide housing support bundles for former foster youth transitioning into their own housing, transition into post-secondary residency dorm room, and for current and former foster youth expecting a child. SCFPA will continue to provide technology support with computers for those youth pursuing post-secondary education.

The Chafee/ETV program will continue its partnership 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, Motivational Interviewing, etc.

The Professional Development Training Integrating Adolescent Brain Development into Child Welfare Practice with Older Youth 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.
- Include and formative and summative evaluation component.

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 partnerships with youth.
- Include and formative and summative evaluation component.

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.
- Include and formative and summative evaluation component.

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.

The Chafee/ETV Program will continue to expand partnering with Palmetto Association for Children and Families (PACAF)/ SC Providers to improve transition support services across the state (4 regions). The Chafee/ETV Program will continue to identify partners interested in offering transition support services to older population and submit a Transition Service Navigation Grant Proposal for agency approval. The Chafee/ETV Program will review the received data of the Regional Services Mapping through the submitted Request for Information (RFI) on SCDSS Procurement website. The Chafee/ETV Program will continue to engage current providers to target certain transition interventions and offer informational webinars for providers to explore needed areas of change.

The Chafee/ETV program has been extended an invitation to participate in the KEYS Financial Literacy training in North Carolina. This training focuses on teaching financial basics and providing resource manuals and activities for youth so that they can make responsible financial decisions. The Chafee/ETV Program has also connected with SC providers to align financial literacy training. The Chafee/ETV program will sponsor financial literacy training to our county case managers, providers, and community partners to align financial literacy education.

The Chafee/ETV Program will continue to support collaboration amongst organizations and providers to increase various programs offering mentoring and coaching opportunities for current and former foster youth. Youth mentors, formally Big Brothers and Big Sisters, Boys and Girls Club are currently providing opportunities to current and former foster youth. Justice Works of the Pee Dee, Empower Me, and local chapters of the National Panhellenic Council organizations are providing opportunities and activities to current and former foster youth to prepare them for college.

The Chafee/ETV Program will continue to support collaboration to improve employment opportunities for current and former foster youth. SCDSS partnered with Columbia Urban League (CUL) Level-Up program which served more than 100 youth in 12 different counties, including Aiken, Clarendon, Fairfield, Greenville, Kershaw, Lancaster, Lexington, Marion, Richland, Spartanburg, Sumter, and York counties. The program offered an employment readiness curriculum that includes career-shadowing component, youth-focused workshop series, year-round mentoring, and participants could gain work experience during the summer season. During the pandemic, the summer work program was conducted virtually, allowing youth to patriciate in learning workshops

while at their home. In summer of 2022, the CUL will be able to provide the job placement component of their program after two years of social distancing. Current and former foster youth will be able to gain work experience for the summer and receive a work coach to improve future employability.

The Chafee/ETV Program will continue to explore community collaborations to improve employment opportunities for current and former foster youth. PATCH Career Institute that provided training for youth to further their education in a medical career. A Ripple of One concentrated their services in case managing youth and helping them gain employment and housing. This program also matched savings up to 200.00 and helped youth find paid internships. The Chafee/ETV program will continue to explore a partnership with the United Way VITA, a program that young adults could utilize to file taxes for free and receive training on tax employment responsibilities. The Chafee/ETV program will continue its partnership with Job Corps to provide additional education and career choices for youth. The Chafee/ETV program will continue its partnership with SCWorks to provide access to WIOA funds.

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
- 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.

2021-2022 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
- Organic join planning 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 2023

- 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.

Activities in FFY 2023 to involve the public and private sectors in helping adolescents in Foster Care achieve independence
The SCDSS Chafee Program will continue to partner with:
- 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
- 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 SCDSS 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 until September 30, 2022. After September 30th, the administration of the survey will be transitioned to the Independent Living team at SCDSS. 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.

Informed Service Delivery
Housing Needs
The Chafee/ETV program identified a supportive objective for young adult transitional living programs to decrease occurrences of homelessness. We will continue to seek partnerships in the community for opportunities to create and build transitional living programs.

The Chafee/ETV Program will continue to support current providers interested in converting or adding a Supervised Independent Living (SIL) program to their organization with the desired outcome of increasing supportive placement options for young people. The Chafee/ETV Program will continue to offer DSS sponsored webinars to learn the needs of this population and coordinate efforts to collaborate resources.

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. Supportive services are voluntary for the youth and may be provided by other agencies on behalf of the child welfare agency. Voucher assistance is provided for 36 months. The Chafee/ETV program recognizes that funding under the Chafee program may not be available to support the services provided to youth participating in the FYI Voucher Program due to Chafee program eligibility and age of the youth. However, to provide services as required, child welfare agencies intends to develop partnerships with housing providers, foundations, and other community

resources to secure the services needed to ensure youth are successful in obtaining and maintaining the voucher for the 36 months

The Chafee/ETV Program submitted a request to receive Technical Assistance support to enhance our efforts to improve the supportive services available to the teen/older youth population. The agency is committed to sponsor peer learning opportunities to explore a continuum of Transitional & Semi-Independent Living Housing options (or approaches) for youth transitioning from foster care. We will need assistance with exploring data gathered from our SC older youth, accessing national resources, and research. We will need assistance with connecting with current available resources, organizations, and committees to form a collaborative community approach to providing housing support services. Our current providers are interested in transforming their congregate care programs to a more transitioning support program for older teen population. It is unfamiliar territory, but our providers are interested in providing additional housing resources for the population and would benefit from assistance learning and developing what transition housing services and supports should include.

The Chafee/ETV Program will utilize technical assistance from National Center for Housing and Child Welfare (NCHCW). Ruthie White, TA from the NCHCW, will provide an orientation/overview with DSS staff regarding the SC FUP & FYI voucher process and assist with organizing housing collaboration efforts. TA from the NCHCW will provide a matrix mapping/identifying the housing authorities in SC and the voucher opportunities that exist. In May 2022, TA from the NCHCW will meet with DSS and do an orientation/overview with DSS staff regarding the SC FUP & FYI voucher process.

In May 2022, have a meeting facilitated by TA from the NCHCW between SC-DSS & SC Housing Authority. In June 2022, NCHCW provides a series of orientations/conversations with DSS, SIL program partners, and SC Housing Authorities and possible SIL program and practice models.

The Chafee/ETV program will continue to make referrals to transitional housing facilities, such as Leaphart Place and Trent Hill Supervised Independent Living Program. The Chafee/ETV program will continue to support The United Housing Transitional Program merging with Pendleton Place to offer 10 Transition Housing units to struggling youth. The Chafee/ETV program will continue to provide informational training and support the development of Asher House, a transitional housing program in Upstate Region. The Chafee/ETV program will continue to provide informational training and support to Grace Church, who had recently purchased Campus Pointe Apartments at Greenville Tech with the desire to turn this complex into transitional housing for several agencies. The Chafee/ETV program will continue to expand collaboration with organizations such as Miracle Hill, Pendleton Place, Grace Church, and Dear America Foundation.

The Chafee/ETV program will continue to collaborate with the South Carolina Interagency Coalition for the Homeless Committee, Greenville Homeless Alliance conference, and Eastern Carolina Housing Organization (ECHO). The Chafee/ETV program will continue to coordinate with the youth program at the Transitions Homeless Shelter. The Chafee/ETV program will continue to coordinate with United Way Youth in Transition Committee. The Chafee/ETV program will continue to explore community

options for homeless youth and opportunities to create partnerships. The Chafee/ETV program 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/ETV program 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. The Chafee/ETV program will continue its partnership with Mental Illness Recovery Center, Inc. (MIRCI) home for youth/young adults in transition for youth with disabilities or special needs. The Chafee/ETV program will continue its partnership with SC Vocational Rehabilitation to assist in placing youth with disabilities and developmental barriers to employment.

The Chafee/ETV program will continue to collaborate with programs that were established as a response to the pandemic, such as AOP Homeless Program, Hope Missions of the Upstate, SCStay of the Pee Dee, 180 Place of the Low Country, SC Thrive Organization, Palmetto CAP, Origin SC , Lowcountry Continuum of Care, 2nd Chance Group Home, Favor House in North Charleston, Arthur W. Christopher Recreation Center, and Low Country Orphanage.

Mental Health
The Chafee/ETV Program is collaborating with Select Health to identify and support the well-being and mental health needs of youth/ young adults. The Select Health pilot project for older youth in foster care is focusing on the 17-year-old population. The pilot project enrolling them in Select Health Care Management and providing a dedicated curriculum to educate the young people on topics pertaining to health and wellness. Select Health presented their desired pilot program to the YEA! youth council members. YEA! members provided input on how to connect with this population and helped design a flyer. This pilot will continue development and implementation for the next year.

The Chafee/ETV Program collaborated with Roads of Independence, an adolescent/young adult program of the Department of Mental Health. Roads of Independence was already working with some of our youth that were in PeeDee Region of South Carolina and extended their mental health support services to former foster youth because they recognized the stress the pandemic was causing to all youth. Roads of Independence provided peer groups as well as flexible hours for youth to reach out to their staff. They also provided a few outdoor activities to provide youth with resources to help them as they grow towards adulthood as well as activities to keep them out and active. The Chafee/ETV Program collaborated efforts and attended an informational event and was able to meet with foster youth placed in the area, provide information on the Chafee/ETV program, build community connections, and increase awareness of the needs of foster youth. The PeeDee community collaboration extended to Sumter United Ministries, emergency Shelter, The Mobile Crisis unit of the Santee-Wateree area, Nami, and Sumter County Sheriff's office.

The Chafee/ETV Program collaborated with Dougy Center: The National Grief Center for Children & Families L.Y.G.H.T. The L.Y.G.H.T. program is a peer grief support program for adolescents and young adults in SCDSS foster care. Please note that all eligible youth and young adults in foster care who reside in children's homes or foster homes are welcome to participate in the program. L.Y.G.H.T provides in-home crisis intervention, counseling, and life skills education for families whose youth entering foster care and support reunification permanency. Summer 2021 LYGHT held an annual L.Y.G.H.T. Facilitator training. The three-day training provided both virtual and in-person learning to the staff and community volunteers from six community sites throughout South Carolina. A total of 21 L.Y.G.H.T. Facilitators were trained on the model and are excited to offer the L.Y.G.H.T. program to South Carolina teens (12-16) and young adults (17-23) in foster care. Starting in September 2021, the L.Y.G.H.T. program will be offered to youth (ages 12-16) and/or young adults (age 17-23) at six community sites throughout South Carolina. Groups will begin in Fall 2021. We will meet for 1.5 hours every other week. They are located at: Epworth Children's Home (Richland County), Thornwell (Laurens County), Carolina Youth Development Center (Charleston County), Hope Center for Children (Spartanburg County), Children's Attention Home (York County), Pendleton Place (Greenville County). The Chafee/ETV program will continue to support this program and extend support to encourage expansion to other areas in the state.

Access to Medicaid for Former Foster Youth
The Chafee/ETV Program will continue its commitment to coordinate efforts with the state's Medicaid agency in efforts to provide former foster youth with information and access to resources. The Chafee/ETV Program will continue its commitment to coordinate efforts with partnering state agencies to ensure current and former foster youth have access to essential identifying documentation, such as birth certificate and social security card.

NYTD
The federal required NYTD survey is completed through outsourced contract to University of South Carolina (USC). During the period of July 1, 2021 through June 30, 2022, the USC NYTD Team completed surveys of 21-year-olds in Cohort 3 (from July 1 – September 30, 2021) and 19-year-olds in Cohort 4 (October 1, 2021 – June 30, 2022). The USC NYTD team will continue to survey youth in Cohort 4 until September 30, 2022, while transitioning administration of the survey to the Independent Living team at SCDSS.

The USC NTYD team continues to maintain a recently redesigned website, Facebook page, e-birthday cards, and bi-monthly listservs. In addition to the 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 have been taking the survey since October 2021. Additionally, with all our outreach and communication efforts, we encouraged the youth to stay connected with us and the SCDSS Chafee/ETV team. We also try to regularly connect youth to the Independent Living program via their annual booklet of benefits, and the helpline e-mail address.

Other outreach activities provided by the USC NYTD Survey Team included provided NYTD youth and adult brochures and handout on the NYTD Survey Process; check of TANF, DMV/DL, Medicaid, and SNAP programs to find youth to complete the surveys, collaborated with SCDSS Chafee/ETV staff and county case managers to jointly track and survey youth, home visits to youth who had not completed the survey, and networked on social media, telephone, and email regarding surveys.

The NYTD Review will be shared, as updated, with stakeholders in the DSS YEA! youth council 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.

In the past year, the NYTD team has primarily worked with stakeholders in SCDSS to facilitate the upcoming transfer of survey procedures to the agency, through consultation calls and the development of documentation aimed at the smooth transfer and continuous improvement of survey delivery. The NYTD survey will be conducted within state agency resources. The Chafee/ETV Team intends to expand its youth engagement division and capabilities to support NYTD outreach and federal compliance.

Extension of Care
South Carolina Department of Social Services submitted Extension of Care for legislation review. YEA! members received coaching and support in preparation for EFC campaign. YEA! members received training in strategic sharing, legislation advocacy, and media appearance preparation. YEA! members and SC providers wrote letters in support of the Extension of Care. YEA! members provided testimony in support of the EFC legislation. Extension of Care H.3509 was approved and signed on April 25, 2022. YEA! members attended a ceremonial signing at the South Carolina Governor McMaster's office on May 11, 2022.

Legislation H.3509, for the Extension of Foster Care program has been signed by Governor McMaster, but a provision was added in the House (last line of the bill) that the program will not begin until the program is funded as part of the Appropriations Bill. Both the House and Senate versions of the Appropriations Bill for FY23 include the funding needed for this program to begin operationalizing the program on July 1, 2022.

South Carolina Department of Social Services will begin program development planning and analyze current structure to assess needed resources to extend support to this population. The agency will utilize national data, fiscal analysis, Annie E Casey consulting resources, and YEA! to coordinate program design, policy, standard of practice, and community collaboration. EFC Planning is currently under way and the agency will design, prepare, and file all federal requirements with the Children's Bureau for review and approval to begin anticipated implementation in the near future.

Consultation and Coordination Between States and Tribes
This is information can be found in the section called Consultation and Coordination Between States and Tribes.

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 (Division X)

The additional Chafee grant provided a flexible source of funding that was used to provide immediate, critically needed, direct financial assistance to young people who experienced foster care at age 14 or older and has not yet attained age 27. Funding under this program was used as an opportunity to support young people's resilience and created opportunities for economic, social, and educational success for these youth/young adults. SCDSS Chafee/ETV Program continually assessed the needs of the young adults and made financial adjustments to support direct financial assistance to the young people.

One-time stimulus payments were provided. South Carolina has identified these payments as "pandemic assistance" and eligibility is verified by SCDSS utilizing CAPSS ID. The young person either signed the Attestation statement or provided verbal consent declaring that they needed the funds to meet their needs.

SCDSS Chafee/ETV Program provided unrestricted one-time or monthly direct financial assistance to youth/young adults to assist them in meeting their needs during the pandemic. One-time direct stimulus check was released to those young people who had reached age of majority while in SCDSS. One-time direct stimulus check was also released to failed permanency/adoption, victims of Domestic Violence (DMV), victims of Human, Labor, Sex Trafficking (HLSTV), and victims of sexual assault. The One-time award was in the amount of $1200 plus $300 for each dependent. The first stimulus checks began release in May 2021.

One-time direct stimulus check was also released to current foster youth ages 14-17 in various amounts based on age ranging from $300-$1000. Foster youth age 14 received $350; age 15 received $500; age 16 received $800; and age 17 received $1000. The release of these funds presented an opportunity for the young people to begin learning about financial literacy and were encouraged to open a teen bank account. It also supported the need for vital identification such has birth certificate, social security card, and picture id. These one-time direct stimulus checks for current foster youth were released in September 2021.

In November 2021, South Carolina officially extended Chafee eligibility to age 23. The Chafee/ETV Program was able to continue to offer support to youth and young adults with foster care experience that have been affected by the pandemic until their 23rd birthday.

The outbreak of the Covid-19 variant Omicron prompted the release of a second stimulus payment. Former foster youth who reached age of majority while in DSS custody and have not reached age 23 received a second stimulus check in the amount of $1500. The

additional amount was determined based on increased gas prices, increased living expenses, and reduced employment opportunities. The second stimulus check was released in December 2021.

SCDSS Chafee/ETV Program provided 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. SCDSS Chafee/ETV Program reduced barriers such as a youth complete an action plan, case plan, submit certain receipts, or other documentation as a condition of receiving the assistance.

Targeted support for housing stability included rental security deposit, utility deposit, application fee, outstanding balance and late fees, furniture, essential household bundle package, and essential dependent bundle package. Rental payments were also distributed to landlords or to the youth as a reimbursement. Emergency Hotel Extended Stay payments were released to direct vendors or to youth as reimbursement until safe housing was secured. Payments were released to support maintaining utility access, such as cell phone, water, gas, electric, and internet access. Payments either went to the vendor or to the young person as reimbursements.

The SCDSS agency provided a memo to providers informing current foster youth are eligible to remain in care during the pandemic. Case managers continued to inform current foster youth of the allowance to remain in care at transition plan meetings. The Chafee/ETV program processed additional payments to providers who have extended placement for those who have turned age 21 during the pandemic and needed additional support to transition into adulthood.

Targeted support for transportation stability was released to current and former foster youth. These expenses included completing driver's education, obtaining driver's license, license fee, gas allotment, utilizing uber/lyft, obtaining a public bus pass, and purchasing a bicycle with helmet and lock. These expenses also included car payment/note, full car insurance policy, car repairs, and vehicle tax and registration fees. The vehicle registration and insurance policy must have been in the young person's name with proof of title or registration. Payments were released to direct vendor or to the young as a reimbursement.

Targeted support for employment and increased employability included the young person receiving funds to purchase work clothes/uniforms to maintain employment or interview clothing to seek new employment. Employment expenses also included participating in vocational programs, job skills training, certification programs, licensure, and any tools and supplies needed to complete the program. Former foster youth were able to obtain desirable skills by completing programs such as CNA, Medical Assistance, Billing and Coding or Phlebotomist License.

Targeted support for academic success included activities that addressed learning loss through evidence-based interventions, summer enrichment programs, and comprehensive afterschool programs. Support also included technology/computer access, recovery course aid, and normalcy/ developmental age appropriate activities and support. The Chafee/ETV program also celebrated young people for achieving academic goals during the pandemic with graduation financial award and gift boxes.

Additional targeted support was considered for needed resources to stabilize health and well-being, to access peer support and mentors, school related technology needs, and childcare. Nutrition support was also released, and young people were connected to other government assistance in their area, such as TANF, SNAP, and ABC vouchers. Targeted support for pandemic specific needs such as medical expenses not covered by Medicaid including Covid testing, Covid treatment, PPE, cloth masks, social isolation. The Chafee/ETV program also considered any additional expenses lost or incurred due to Covid exposure.

ETV Supportive Assistance (Division X)
Education Training Voucher allotment increased from $5,000 to $12,000. ETV funding was used for advanced degrees, as well as qualifying vocational education, Associate's and Bachelor's degree programs, a Master's Degree, Ph.D., or other doctoral programs. The additional funding did 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 ETV program recalculated ETV formula to maximize award and connect with post-secondary institutions to update cost of attendance (COA). The ETV program ensured that 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. ETV award payments either went to the school to support outstanding balance, and after the balance was $0, any remaining award was released to the young person as supportive expenses, not exceeding the COA.

The ETV program provided support for youth's exploration connecting with their educational goals. The ETV program engaged with potential participants and former participants to encourage re-enrollment. The ETV program contacted young people who have graduated high school / GED and discussed Higher Education Goals and shared the ETV Stimulus flyer to recruit new applicants.

The ETV program waived the requirement making satisfactory progress toward completing that program if a young person was unable to do so due to the COVID-19 public health emergency. An assessment was completed with the young person to identify barriers and assisted with supporting efforts to improve maintenance and success of academic goals. The young person submitted a letter identifying barriers and steps to overcome those barriers to improve efforts needed for academic success.

The ETV Program coordinated with Department of Education to identify simplified process for paying student debt. The ETV program assisted the young people with eliminating any outstanding balances that was preventing to further post-secondary education, and any expenses the young person incurred while trying to pursue post-secondary education such as student debt.

The ETV program targeted pandemic technology supportive expense, to include but were not limited to laptops or other technology necessary for virtual education; earbuds/earphones; desks, chairs and other items needed to create a learning space; supplies such as printer paper and ink; and tools for internet access (ex: broadband internet access, cell phone data cards, WIFI extenders).

The ETV program released notification to Higher Education Institutions about the ETV award and requested assistance with timely providing current balance statement and updating Cost of Attendance (COA). The ETV Program also sent flyers to financial aid offices to increase program awareness.

Administrative Costs (Division X)
Chafee/ETV Program supported 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/ETV Program supported maintenance payments and case management costs for youth who are not title IV-E eligible, non-Title 4E eligible remain in care, and re-entry expenses.

The Chafee/ETV Program supported expenses to establish websites, hotlines, and other mechanisms to track and provide information on assistance requests. The Chafee/ETV Program supported expenses to design and print outreach materials to the young people, and public. Chafee/ETV Program helped pay salaries of agency temporary staff who administered and overseen emergency assistance to the youth/young people.

The Chafee/ETV Program utilized the Division X funds to increase South Carolina Foster Parent Association (SCFPA) contract allotment to support the efforts to stabilize young people affected by the pandemic. South Carolina Foster Parent Association (SCFPA) supported the Chafee/ETV program by purchasing gift cards (Walmart, amazon, uber, target, straight talk), Graduation items, and YEA! supportive items. SCFPA provided housing support bundles for former foster youth transitioning into their own housing, transitioning into post-secondary residency dorm room, and for current and former foster youth expecting a child. SCFPA provided technology support with computers for those youth pursuing post-secondary education.

Communication / Outreach Approach (Division X)
The Chafee/ETV Program hosted a focus group to learn about the needs and barriers of the young people being affected by the pandemic. National data reports were shared with the young people to conduct open discussion about the realities of South Carolina foster youth. The focus group assisted with outlining the type of services to be released to their peers.

The Chafee/ETV Program connected with young people to identify immediate needs and preference of support and distribution. Chafee/ETV program made calls, sent emails, sent texts, utilized social media, encouraged word of mouth, established provider connections, and mailed letters/notices to last known address.

The Chafee/ETV Program mailed out letters and flyers to last known addresses of eligible youth. Letters and flyers were also mailed out to community partners and providers requesting to post the flyers in their establishments. Social media was utilized with Facebook and Instagram postings about the stimulus program. SCDSS official website page was updated to support outreach and information about stimulus program. SCDSS website also created an online request form for more information for young people to complete. The online request form went directly to the Chafee/ETV Program inbox for response.

Members of the SCDSS sponsored youth council Youth Engagement Advocates (YEA!), participated in media campaign and provided recorded messages describing pandemic hardships and how the stimulus program was able to assist with stabilizing young people. Members of YEA! were also interviewed by local news outlets. Incorporating youth voice was vital to the success of outreach and supporting the needs of the young people. Incorporating youth voice also supported the agency's efforts to ensure youth were part of the stimulus program development.

SCDSS Communication Team distributed press releases providing information about the Consolidated Appropriations Act and how the agency was prepared to help stabilize the young people affected by the pandemic.

The Chafee/ETV program connected with stakeholders, foster families, and SC Providers to identify how to collaborate outreach and funding services. The Chafee/ETV program hosted a webinar to share preliminary data about the older youth's' barriers. Outreach included sending provider memos, sending updated emails, and utilizing social media Facebook and Instagram platforms.

The Chafee/ETV program strengthened child welfare agency front line staff and child welfare agency supervisors' knowledge and awareness of the stimulus program to provide outreach to young people in care by providing direct caseworker notification, emails, official memos/notices, regular updates, and requested the county offices to post flyers. Direct Memos and emails were sent to county staff who had direct access to current young people involved with DSS. The memos provided clear instructions on how to connect with young people and inform about them about the stimulus program.

The outreach presented many barriers. This population was highly mobile and did not have permanent living address and their contact information was not current. While the youth preferred communication through text, many of the phone plans were pay as you go plans and the young people heavily relied on free Wi-Fi services to retrieve and send messages. Communication had to be conducted during the availability of the young person which was often after business hours and during the weekends. The Chafee/ETV team adjusted to be available for the young people.

Incorporating Youth Voice during Division X
The Chafee/ETV Program hosted a focus group to learn about the needs and barriers of the young people being affected by the pandemic. National data reports were shared with the young people to conduct open discussion about the realities of South Carolina foster youth. The focus group assisted with outlining the type of services to be released to their peers. Housing and transportation were identified at top priority for resources. Yong people described that working minimum wage jobs, even multiple jobs, did not provide sufficient income for living expenses and transpiration. While purchasing their own vehicle was a goal, saving for this expense proved to be difficult. Young people rely on lyft and uber, but the expense of this service is more than the hourly wage. The Chafee/ETV program supported youth's request and added gas cards, uber cards, and reimbursements for lyft/uber to the stimulus program.
Members of the YEA!, participated in media campaign and provided recorded messages describing pandemic hardships and how the stimulus program was able to assist with stabilizing young people. Members of YEA! were also interviewed by local news outlets.

Incorporating youth voice was vital to the success of outreach and supporting the needs of the young people. Incorporating youth voice also supported the agency's efforts to ensure youth were part of the stimulus program development.

Our first youth summer internship was occupied by a YEA! member. The internship consisted of the Youth Ambassador being a pivotal part of the agency's transformation. This youth attended all meetings, listening sessions and events with the Youth Engagement Coordinator. The Youth Ambassador was co- facilitated meetings, took notes during the meetings and provided peer to peer support for the other youth. The Youth Ambassador planned and facilitated youth led events. The Youth Ambassador contributed authentic lived experience to give the agency authentic youth voice input. The Youth Ambassador was able to get professional experience while giving the agency a youth's perspective and insight.

In the beginning of the outreach campaign, the youth were also able to contact a hotline phone number and speak with the YEA! youth ambassador employed for the summer. This process quickly became overwhelming for the youth ambassador. While national campaigns encouraged child welfare agencies to incorporate young people to serve their fellow peers, without the proper mentoring and coaching training it could lead to exposing a young person to second hand trauma and an unhealthy need to try and help all their peers. Recognizing this as an unintended burden that it was having on the youth ambassador, the hotline phone number was removed from the outreach process.

The Chafee/ETV program held listening sessions during the pandemic to address the gap of services provided to the young people. Young people discussed that secured and stable housing was limited. YEA! members contributed to a media campaign recruiting for foster homes specializing in teens. Young people also expressed that a better transition from foster care to independence was needed but stressed the need to remove childlike institutions. The Chafee/ETV program invited the young people to co-design a proposal for Supervised Independent Living (SIL) setting. These SIL Listening Sessions resulted in housing initiatives for the aftercare and older youth. A webinar was held for SC providers to discuss the needed change for the older population and focused on improving transition support services and removing childlike restrictions. The Chafee/ETV program is also providing sponsored webinars to help providers navigate housing resources utilizing HUD, FUP, and FYI vouchers.

During the listening sessions, the young people also discussed the feeling of not being prepared to leave care and handle aspects of adult life. The Chafe/ETV Program invited youth to participate in Transitional Planning Listening Sessions. These sessions resulted in new development of a more detailed and accessible transitional plan for the youth. Youth were able to review documents and their provided input updated the form and process. YEA! members designed #adulting, which is a guide booklet to support the young person navigation through adulthood. #adulting provides tips, guide sheets, inspirational messaging for topics such as academics, housing, transportation, employment, and well-being. The youth also expressed that their DSS case managers were unable to fully support their needs. This led to the discussion of the Extension of Foster Care campaign and designing Adolescent Brain Development training.

There is extreme value in having a YEA! member participate in a paid summer internship and this opportunity will become intricated in Chafee/ETV policy and practice. Youth engagement is essential to ensure youth are part of program development and policy change, and just during a public emergency. The agency is committed to ensure that involving lived experience is part of the values, vision, and practice. The Chafee/ETV program has added a financial line item to cover expenses supporting youth engagement such as the paid internship, compensation for committees, YEA! recruitment and training.

At the end of the Division X, the Chafee/ETV Program contacted participants to assess if the funds helped their stability during the pandemic. Collected data will be shared with YEA! members and desired projects will be developed to address the results. The Chafee/ETV Program will also coordinate with Annie E Casey and QI for survey creation, distribution, and analyzing data. The Chafee/ETV program will utilize the data results to continually assess program development, policy, and planned initiatives.

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.

Application Process (Division X)

The youth was able to visit DSS website http://dss.sc.gov/ and complete a request for services through the Older Youth Pandemic Relief under the Chafee and ETV Program (formerly known as Independent Living Program) **OR** the young person was able to email our department at our email inbox independentliving@dss.sc.gov

In the beginning of the outreach campaign, the youth were also able to contact a hotline phone number and speak with the YEA! youth ambassador employed for the summer. This process quickly became overwhelming for the youth ambassador. While national campaigns encouraged child welfare agencies to incorporate young people to serve their fellow peers, without the proper mentoring and coaching training it could lead to exposing a young person to second hand trauma and an unhealthy need to try and help all their peers. Recognizing this unintended burden on the youth ambassador, the hotline phone number was removed from the outreach process.

Once contact was made with a youth person, each young person was assigned a Chafee/ETV Transition Specialist to verify eligibility. The transition specialist contacted the young person by email, call, facetime, or text to schedule an interview time. The young person described how the pandemic had affected their transition into adulthood and discussed their needs. The transition specialist discussed with the young person available resources and connected with community partners for additional support. The young person was also able to reconnect and request additional support as their situation evolved.

There were benefits of this approach offering direct contact instead of simply completing an online application. The Chafee/ETV transition specialists were able to engage with the young person, and through this engagement, the young person was able to disclose not just the monetary need but also the mental health and emotional need. It was revealed after several communications between the young person and the transition specialist, that the young person was lonely and felt isolated; not just during the pandemic, but with society because of their foster care experience. The application process evolved into a lifeline for these young people and opportunity to reconnect with the agency and the services that could be provided to their transition into adulthood.

There were barriers to engaging with former foster youth and gaining the young person's trust. The transition specialist was asking for personal information, and there was a fear of identity theft and scam. The transition specialist offered to face time the young person and share their camera to observe surrounding of the official DSS agency. Young people also had their own negative experiences with the child welfare system and did not want additional supportive resources and provided limited engagement. The most difficult barrier was the limited capacity the Chafee/ETV team had to support mental health or crisis situations of the young people. The pandemic highlighted the need for mental health assistance and the young people seemed to be in constant crisis mode due to their unstable circumstances.

Disbursement Process (Division X)

The additional Division X Chafee and ETV funds were tracked and accounted for separately from the regular Chafee/ETV allotment. Federal funds awarded under these grants were expended for the purposes for which they were awarded and within the time allotted. Segregation of spending parameters were identified with a new PCA code and utilization of Chafee Cost Center and General Ledger accounts for each category. The additional Chafee grant provided a flexible source of funding that was used to provide immediate, critically needed assistance to young people. Payment requests were completed as a batch if all possible utilizing spreadsheet/format that interfaced with the agency's Finance system. Payment was verified through check cashed authentication.

Payments were disbursed to vendor on behalf of the young person for identified services or funds were issued as a reimbursement to the young person with provided proof of payment. Checks were mailed to the young person or arrangements were made for picked up at their nearest county DSS office. If the young person was currently involved with SCDSS case management, then the funds were transferred to county office for payment to young person or identified vendor.

While the check system was the only option for the agency, it did limit the release of needed assistance. The youth needed immediate funds and the check system had a minimum of two weeks for delivery. Utilizing a check system provided tracking system for the agency, but it also increased the risks of identity theft and fraud cases for the young person. There were incidents where a check was cashed by someone other than the youth. The youth would have to submit a notarized affidavit of the alleged theft. Relaying on the mail system increased the amount of lost checks, especially since the youth did not have stable or safe mailing address. The agency had to stop payment, reissue a check, and made other arrangements for delivery. And while this was the financial process, it did not assist the youth who needed the immediate financial assistance. If checks were mailed out of state, then the agency utilized certified checks to ensure delivery.

There were incidents where the young people were discriminated against at financial intuitions. Many banks were refusing to cash the check and accused the youth of submitting a fake check. The agency had to connect with the financial institutions to verify authenticity. The banks were also holding checks for several days which lead to the young person accumulating late fees or overdraft fees while attempting to pay their expenses. This disruption or delayed of payment release resulted in eviction, interrupted services, and lapsed car insurance.

The Chafee/ETV program has analyzed the unintended effects of utilizing the check method and will invest in debit cards for young people who receives aftercare services.

Financial Literacy (Division X)
Division X brought about the need for financial literacy. Young people were unfamiliar with opening bank accounts and managing the stipends appropriately. In response, the Chafee/ETV program created a Financial Literacy program.

The Chafee Program designed a financial literacy classes for young adults so that they can receive financial education to successfully transition into adulthood. The curriculum covers the importance of budgeting and savings, gaining an understanding of credit, banking information, how to tackle debt, how to protect your identity, information on

housing, information on taxes, and how to successfully create a financial plan. The purpose of this workshop is to provide education that empowers young adults to make informed decisions in their adulthood so that they can have a strong financial foundation.

Several online programs and materials were reviewed while creating this program as well as collaboration with Annie E Casey Foundation. Visa's Financial Literacy Program was one source used which provides financial literacy games and materials. The materials and games were reviewed by the Chafee Department, BSW and MSW interns, and older foster youth.

In the payoff game, users have the choice to play the role of Alex or Jess, two up-and coming video bloggers preparing for a life-changing video competition while managing their finances and handling unexpected events. In the immersive game, developed by Visa, users help Alex or Jess make smart financial decisions within the tight three-day deadline and complete their video for the competition. After receiving feedback, it was determined that this game could be helpful for young adults 18 and older who may have poor financial habits to develop healthy financial habits so that they are better prepared for emergencies. The game was designed to be played through the source of a cell phone devices with text messages, email alerts, and social media alerts.

The Financial Literacy Workshop 101 was designed to help young adults to instill healthy financial habits to align them with long term financial stability. The workshop is broken down into three sessions covering three main subjects. The first session consists of Budgeting Basics, All About Savings, and Let's Talk Credit. Youth must complete and submit a budget analysis worksheet to receive credit for the course. This determines that the information in the course has been acknowledged and that the youth is able to create their own personal budget. The second session consists of Banking 101, How to Tackle Debt, and Protecting your Identity. Youth must open a bank account; or show that they are aware of how to open a bank account to receive credit for the course. The third session consists of Smart Housing, Get a Grip on Taxes, and Planning for your financial future. Youth must submit a financial plan with financial goals and objectives to demonstrate the overall material covered in this course has been received.

A pilot course was conducted with a few of older youth. Before the course, youth provided insight on their desired outcome of the course, identified what financial behaviors they wanted to improve and the financial skills and information they looked forward to receiving. Youth were able to engage in the first session and complete and submitted the budget worksheet. Youth also provided feedback and insight to determine if the workshop met their expectation, if the information was easy to understand, and if they looked forward to attending the second session.

The sessions completed so far have been very successful. Youth have been able to understand the differences of "needs vs. wants" along with understanding how to manage their finances. In the first session, youth have been able to engage with others to complete a budget sheet along with interacting with other youth during a breakout room to make responsible decisions that affect credit.

Although there has been success in the workshop, there has also been barriers. The barriers include the youth not being consistent with attending sessions, attending sessions late, not communicating schedule conflicts and lack of trust from DSS resources. The Chafee/ETV program will continue to invest in assessing these barriers and develop strategies to increase successful participation.

The Chafee/ETV program has been extended an invitation to participate in the KEYS Financial Literacy training in North Carolina. This training focuses on teaching financial basics and providing resource manuals and activities for youth so that they can make responsible financial decisions. The Chafee/ETV Program has also connected with SC providers to align financial literacy training. The Chafee/ETV program will sponsor financial literacy training to our county case managers, providers, and community partners to align financial literacy education.

NYTD Reporting (Division X)
State agencies administering the Chafee program are required to report to NYTD information about youth/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. The Chafee/ETV program abided the state agencies administering the Chafee program requirement to report to NYTD information about youth/young adults of any age who receive an independent living or financial service. Therefore, youth receiving assistance or services through the additional Chafee appropriation were included in NYTD reporting.
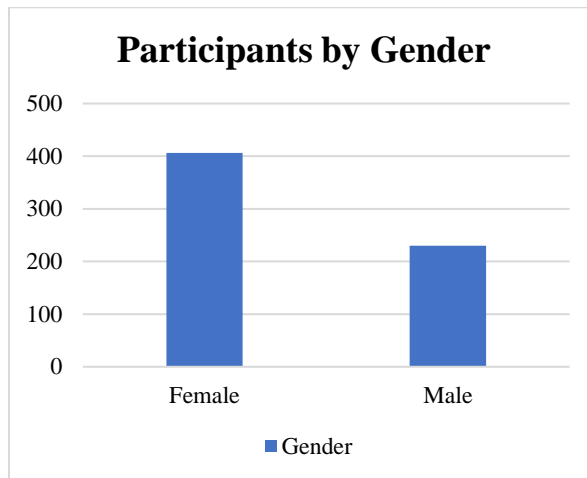
Release of Funds/ Data Summary for Division X
SCDSS did not encounter challenges or barriers in being able to use Division X supplemental funding. A proposal was developed on how the funds would be used, which was revied and approved by SCDSS Child Welfare leadership. The funds were sent directly to the SCDSS Chafee/ETV program for disbursement.

South Carolina served current and former foster youth until age 26 during the Division X stimulus program. The 66% majority of the participants were former foster youth who reached age of majority while in DSS custody.

South Carolina participants of Division X ranged from age 17 until age 26. 61% of the total participations ranged from age 18 through age 20. The largest group served was age 18 with 26% of the total participants. The percentages decreased as age increased. Participants included more females than males. Female participants were 64% and male participants 36%. Participants included a variety of self-identified races with 66% identified as minorities. 54% of participants identified as African American/Black, 4% identified as Hispanic/Latino, 6% identified as Biracial/Mixed race and 34% identified as Caucasian/White. National data suggests that former foster youth are more likely to have dependents at a younger age. There were fewer young parents being served in South

Carolina participants in Division X. Only 23% of participants had dependents or were currently pregnant at the time of application/enrollment.

Age at Application

Omits categories with frequency < 5

Age	Total
17	19
18	164
19	126
20	99
21	69
22	49
23	37
24	25
25	20
26	25

Participants by Gender

Gender	
Female	~405
Male	~230

Participants by Race

Participants by Eligibility

Participants with Dependents
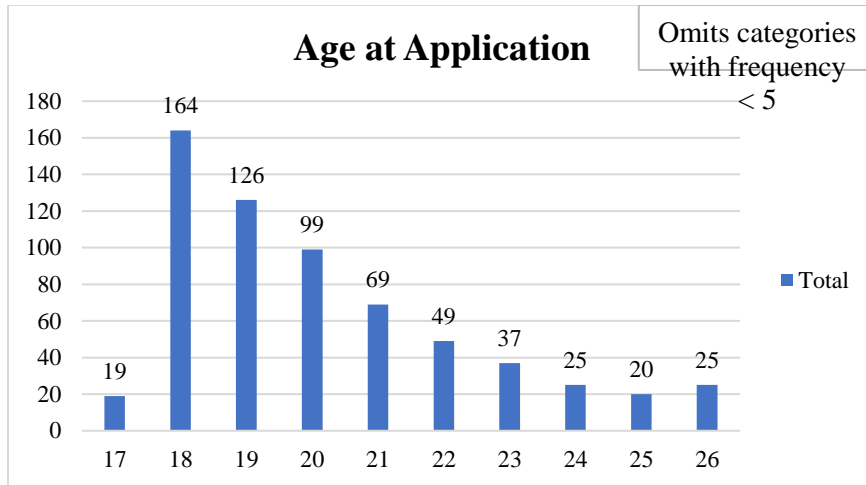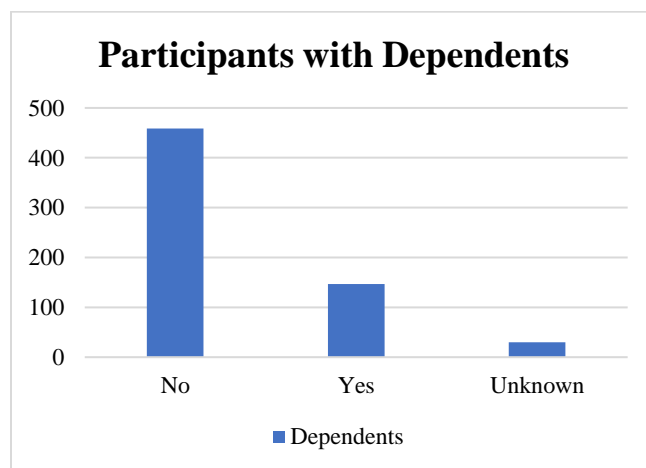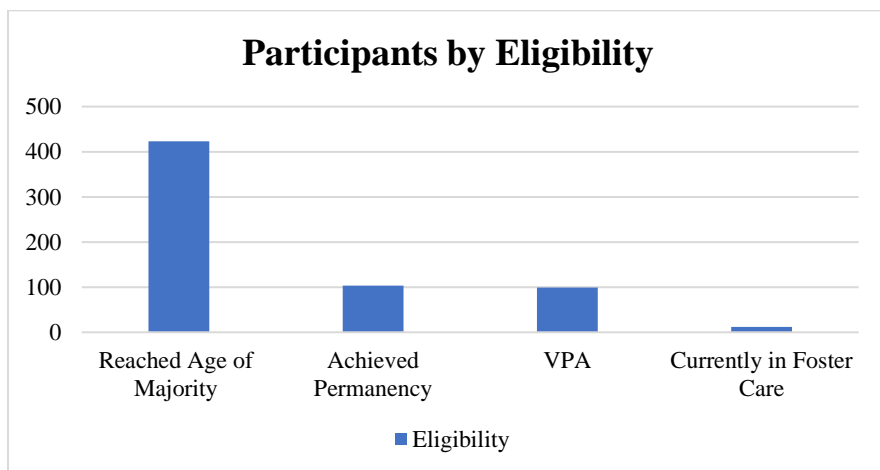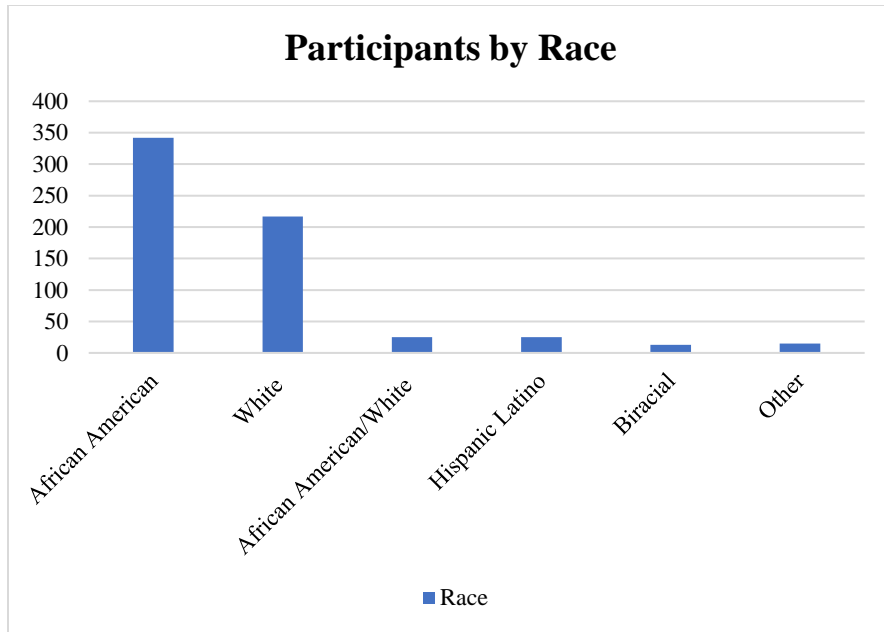
SCDSS Chafee/ETV Program provided unrestricted one-time direct financial assistance to youth/young adults to assist them in meeting their needs during the pandemic.

Stimulus award utilized 36.5% of the number of services released and 48% of the total funding amount utilized for Division X. One-time direct stimulus check was released to those young people who had reached age of majority while in SCDSS. One-time direct stimulus check was also released to failed permanency/adoption, victims of Domestic Violence (DMV), victims of Human, Labor, Sex Trafficking (HLSTV), and victims of sexual assault. The One-time award was in the amount of $1200 plus $300 for each dependent. One-time direct stimulus check was also released to current foster youth ages 14-17 in various amounts based on age ranging from $300-$1000. Foster youth age 14 received $350; age 15 received $500; age 16 received $800; and age 17 received $1000.

Targeted support for housing stability included rental security deposit, utility deposit, application fee, outstanding balance and late fees, furniture, essential household bundle package, and essential dependent bundle package. Housing support utilized 19.5% of the number of services released and 20% of the total funding amount utilized for Division X. Rental payments were also distributed to landlords or to the youth as a reimbursement. Emergency Hotel Extended Stay payments were released to direct vendors or to youth as reimbursement until safe housing was secured. Payments were released to support maintaining utility access, such as cell phone, water, gas, electric, and internet access. Payments either went to the vendor or to the young person as reimbursements.
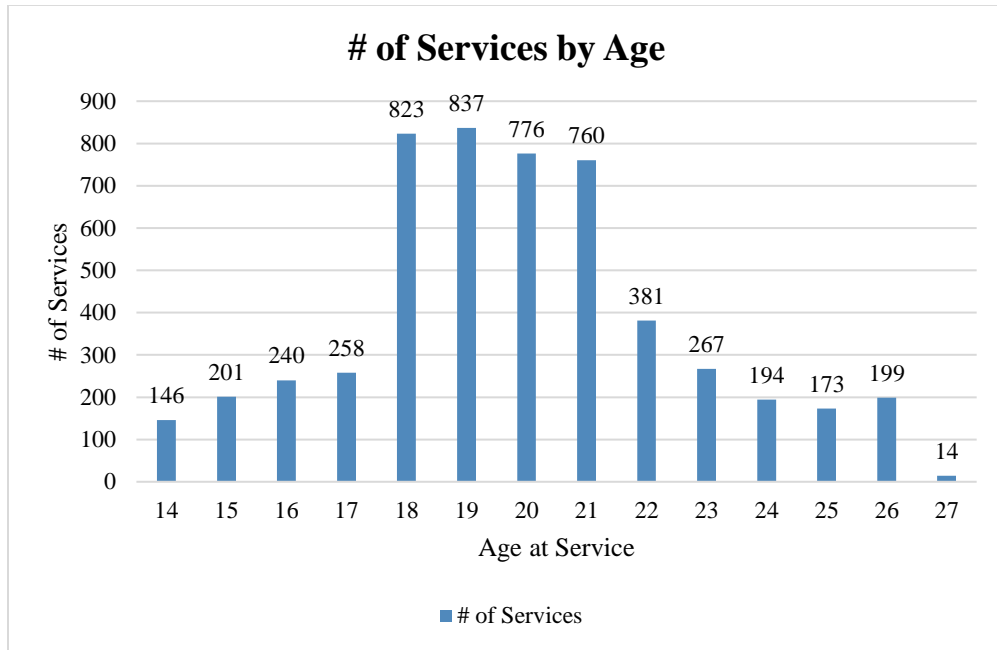
Targeted support for transportation stability was released to current and former foster youth. Transposition support utilized 26.1% of the number of services released and 18% of the total funding amount utilized for Division X. These expenses included completing driver's education, obtaining driver's license, license fee, gas allotment, utilizing uber/lyft, obtaining a public bus pass, and purchasing a bicycle with helmet and lock. These expenses also included car payment/note, full car insurance policy, car repairs, and vehicle tax and registration fees. The vehicle registration and insurance policy must have been in the young person's name with proof of title or registration. Payments were released to direct vendor or to the young as a reimbursement.

In the last two years under the Division X increase in ETV funding, the SC ETV program has awarded and disbursed ETV funding for 194 students to attend post-secondary educational institutions. These students enrolled at 76 different schools to include professional schools, technical colleges, and 4-year universities. In that time, 17 students have graduated from their programs of study earning certifications, Associates Degrees, and Bachelors Degrees. Fifteen students have utilized all five years of ETV funding eligibility, some of which completed undergraduate degrees and continued into graduate and doctoral programs.

In the 2020-2021 academic year, 111 youth received ETV awards from the SC ETV program. Of those 111 recipients, 65 were new voucher recipients and 46 were returning students who had previously received ETV funding. In the 2020-2021 academic year, 13 students completed their programs and graduated. Due to a variety of reasons, 48 of the new and returning students who did not graduate in this academic year did not return to school or pursue ETV funding in the 2021-2022 academic year.

Thus far in the 2021-2022 academic year, 138 youth have received ETV awards from the SC ETV program. Of this year's recipients, 71 are first year ETV recipients and 67 are returning students who have previously received ETV funding. Of the recipients for the

2021-2022 academic year, 4 graduated from their programs at the end of the first semester, and 12 are on track to graduate by the end of the academic year.

# of Services by Age

Category	# of Services	% of Services	Total Amount	% of Total
Academic	19	0.4%	$ 12,074.50	0%
Employment	25	0.5%	$ 4,645.79	0%
Health/well being	69	1.3%	$ 9,776.47	0%
Housing	1027	19.5%	$ 884,516.95	20%
Non-ETV Program	13	0.2%	$ 7,489.04	0%
Nutrition/Grocery Support	691	13.1%	$ 330,500.00	8%
Post-Secondary	8	0.2%	$ 2,429.00	0%
Stimulus Check	1921	36.5%	$ 2,101,400.00	48%
Transportation	1376	26.1%	$ 783,436.56	18%
VPA 21+ Board Payment	120	2.3%	$ 234,562.19	5%
Grand Total	**5269**	**100.0%**	**$ 4,370,830.50**	**100%**

of Services by Category

Legend:
- Stimulus Check
- Transportation
- Nutrition/Grocery Support
- Housing

Pie values: 254, 5%; 425, 8%; 602, 11%; 691, 13%; 1376, 26%; 1921, 37%

Other (254):
VPA 21+ Board
Payment - 120
Health and Well-
Being - 69
Employment -

Services by Category

Services by Category
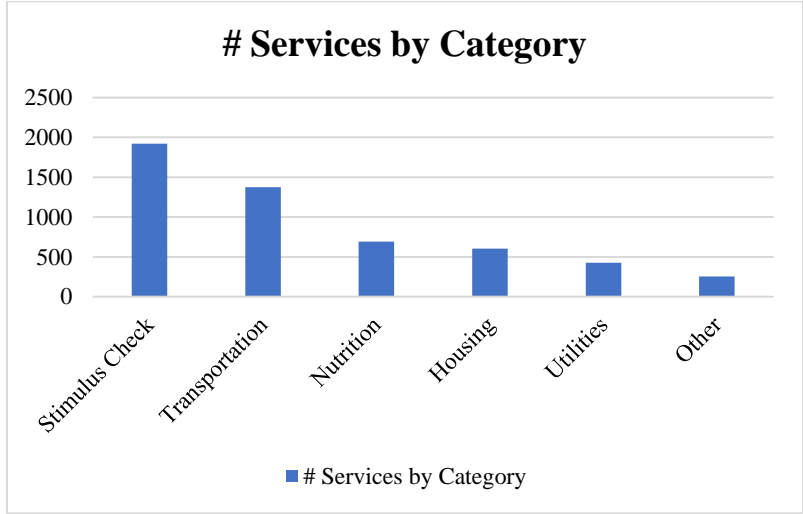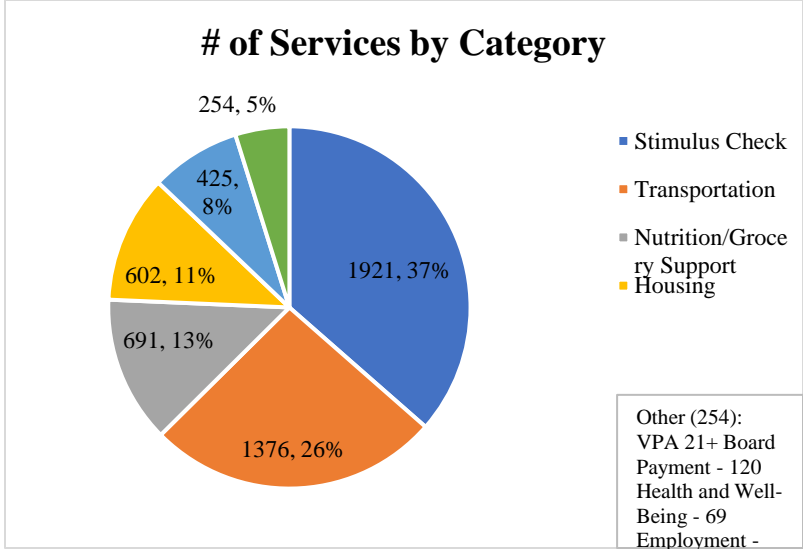
ETV Categories	# of Services	% of Services	Sum of Amount	% of Amount
ETV	**557**	**100.0%**	**$ 1,935,101.93**	**100.0%**
2020-2021	19	3.4%	$ 86,612.52	4.5%
2021-2022	8	1.4%	$ 64,094.47	3.3%
2021-2022 COA recalculation	5	0.9%	$ 21,418.08	1.1%
Fall 2020	71	12.7%	$ 165,944.34	8.6%
Fall 2020 (recalculated for fall only)	15	2.7%	$ 26,136.91	1.4%
Fall 2021	160	28.7%	$ 629,926.31	32.6%
OYPR 2020-2021	44	7.9%	$ 130,652.80	6.8%
Spring 2021	71	12.7%	$ 153,717.54	7.9%
Spring 2022	117	21.0%	$ 480,551.99	24.8%
Student Loan Payment	24	4.3%	$ 136,366.45	7.0%
Summer 2021	20	3.6%	$ 36,601.52	1.9%

Summer 2022	3	0.5%	$ 3,079.00	0.2%
Grand Total	**557**	**100.0%**	**$ 1,935,101.93**	**100.0%**

# of Services (Category - ETV)

Total Amount by Sub-Category (Category - ETV)

Other ($87,235.51):
Summer 2021 - $36,601.52
Fall 2020 (recalculated for fall only) - $26,136.91
2021-2022 COA Recalculation - $21,418.08
Summer 2022 - $3,079.00
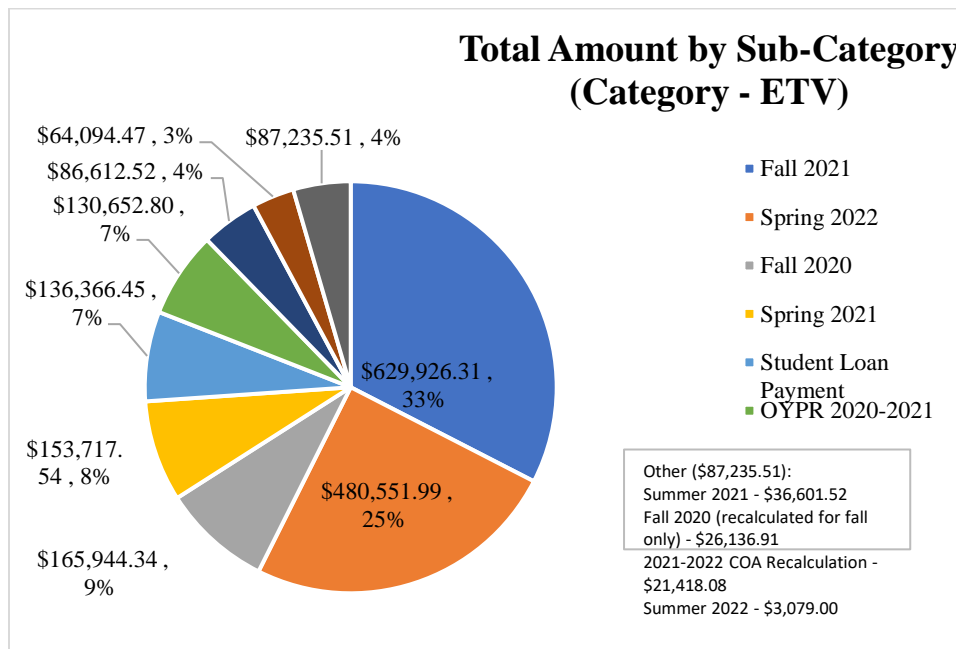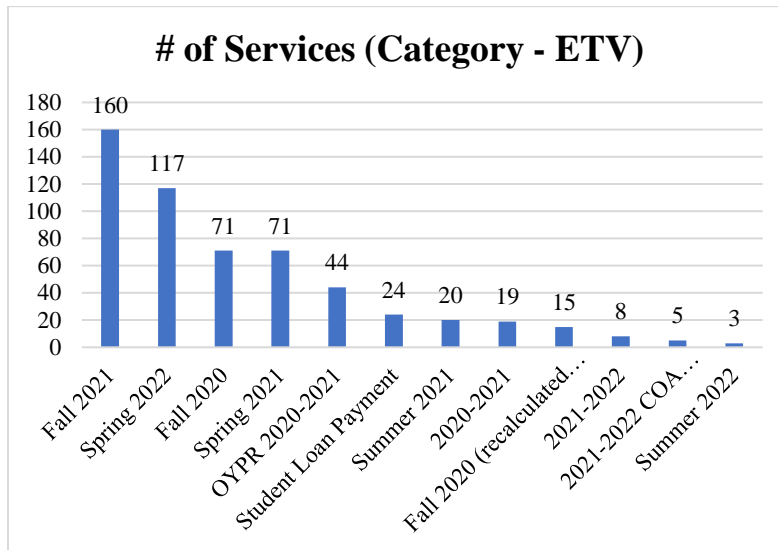
6. Consultation and Coordination Between States and Tribes

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, the 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 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 members who are part of 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.

Regarding 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 preventive services to all families in South Carolina, including families of the Catawba Indian Nation, to prevent the breakup of the family unit. 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 CIN 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 group. 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.

Section D. CAPTA State Plan Requirements Updates

In 2021, CAPTA funds were used for the SC Citizen's Review Panel, enhancing technical support, training, and prevention messaging through Children's Trust, Plans of Safe Care for Substance Exposed Infants, funding of the Statewide Child Fatality Facilitator and the annual report, and funding toward the managing and hosting of the Intake Screening tool through Evident Change and Structured Decision Making. CAPTA funds are also being used by SCDSS's Staff Development and Training team to implement an evidence-based child welfare coaching model and to fund the University of South Carolina's Mandated Reporter training and Child Abuse and Neglect Investigation training.

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 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 planning stages for use of Supplemental CAPTA Funding (American Rescue Plan). DSS is committed to using these funds to support transformational efforts. As such, DSS is planning for the use of these funds to assist in funding the Thriving Families, Safer Children initiative in collaboration with the Children's Trust, the development of the CAPSS intake tracking tool, CANS/FAST coaching support, FFPSA legal training, safe sleep kits, and training for Fathers and Families through Global Partners.

Appendix A: Citizen Review Panel

SCDSS has received the Citizens Review Panel (CRP) 2020 Annual Report – the most recent report – and a compilation of recommendations from the Low Country, Midlands, and Upstate panels. SCDSS has not yet finalized responses to these recommendations and is in the process of reviewing and responding. 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.
Citizen Review Panel Recommendations

1. The Low Country CRP recommends the South Carolina Department of Social Services remove the time limitation to apply for licensing, as many new Kinship Caregivers are possibly in crisis mode, focused on getting the children settled, and not thinking at this time of applying to be a licensed Kinship Caregiver.
2. The Low Country CRP recommends the South Carolina Department of Social Services make the path to licensing for Kinship Caregivers more accessible by taking into consideration the constraints that many Kinship Caregivers must deal with, such as no transportation, no internet service, etc.
3. The Low Country CRP recommends the South Carolina Department of Social Services provide the same monthly stipend and clothing allowance that Foster Children receive to children in Kinship Care.
4. The Low Country CRP recommends the South Carolina Department of Social Services provide the same ABC vouchers that Foster Children receive to children in Kinship Care.
5. The Low Country CRP recommends the South Carolina Department of Social Services provide WIC vouchers that Foster Children receive to children in Kinship Care.
6. The Low Country CRP recommends the South Carolina Department of Social Services provide the same access to healthcare through Medicaid that Foster Children receive to children in Kinship Care.
7. The Low Country CRP recommends the South Carolina Department of Social Services removes the requirement that the parents of the children in Kinship Care pay child support and pay back any funds received through TANF, as there is no such requirement for the parents of the children in Foster Care.
8. It is recommended that the Department of Social Services consider the presented summary around mental wellness and use a reference to review the current practices around this most relevant topic. Additionally, it is recommended that a statewide survey is conducted to gauge the current perception of mental wellness among DSS child welfare staff.
9. It is recommended that DSS make available to its staff the training module prepared by the Children's Law Center for child welfare professionals and volunteer guardians ad litem.

Plans of Safe Care for substance-Exposed Infants

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 use disorders. This includes helping to provide the families served by SCDSS affected by substance misuse, with the best available services to strengthen them.

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. SCDSS has continued efforts

receiving technical assistance through the National Center on Substance Abuse and Child Welfare (NCSAW) since October 2020. SCDSS was awarded an In-Depth Technical Assistance (IDTA) grant through SAMHSA and the Children's Bureau to develop a Plan of Safe care for Substance Affected Infant and those with Fetal 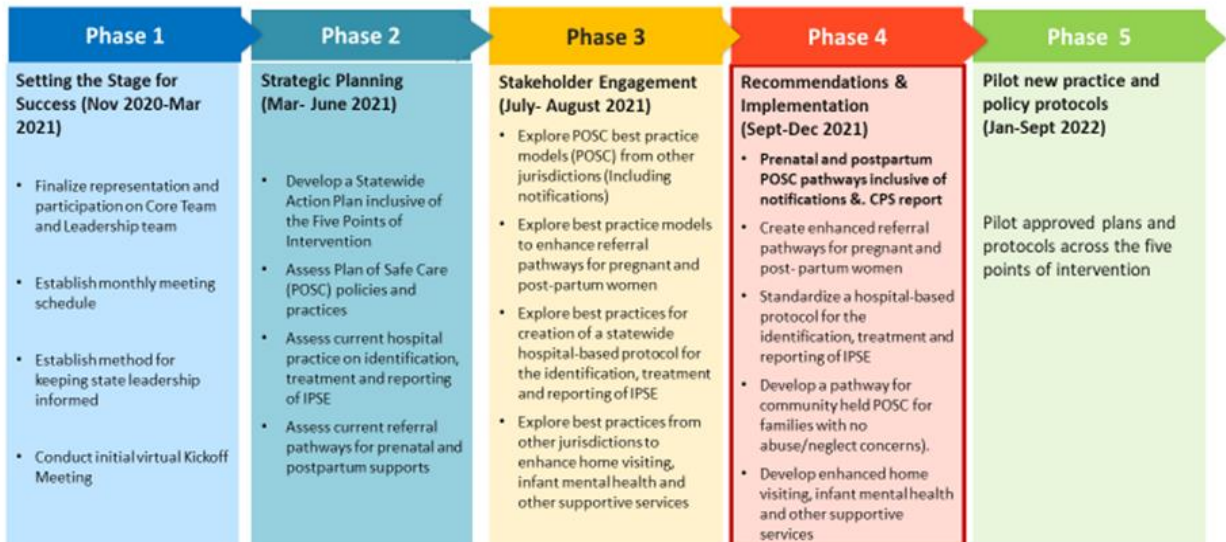Alcohol Spectrum Disorder (FASD). SC officially launched the technical assistance with Plans of Safe Care work through two virtual kick off meetings with stakeholders in February and March 2021.

Three key components to the SC approach entails: Expand and Enhance Screening, Brief Intervention, Referral to Treatment (SBIRT) Prenatal Family Wellness Support Plans, alongside 4th trimester supports.

South Carolina IDTA Scope of Work and Timeline

Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Setting the Stage for Success (Nov 2020-Mar 2021) • Finalize representation and participation on Core Team and Leadership team • Establish monthly meeting schedule • Establish method for keeping state leadership informed • Conduct initial virtual Kickoff Meeting	**Strategic Planning (Mar- June 2021)** • Develop a Statewide Action Plan inclusive of the Five Points of Intervention • Assess Plan of Safe Care (POSC) policies and practices • Assess current hospital practice on identification, treatment and reporting of IPSE • Assess current referral pathways for prenatal and postpartum supports	**Stakeholder Engagement (July- August 2021)** • Explore POSC best practice models (POSC) from other jurisdictions (Including notifications) • Explore best practice models to enhance referral pathways for pregnant and post-partum women • Explore best practices for creation of a statewide hospital-based protocol for the identification, treatment and reporting of IPSE • Explore best practices from other jurisdictions to enhance home visiting, infant mental health and other supportive services	**Recommendations & Implementation (Sept-Dec 2021)** • **Prenatal and postpartum POSC pathways inclusive of notifications &. CPS report** • Create enhanced referral pathways for pregnant and post- partum women • Standardize a hospital-based protocol for the identification, treatment and reporting of IPSE • Develop a pathway for community held POSC for families with no abuse/neglect concerns). • Develop enhanced home visiting, infant mental health and other supportive services	**Pilot new practice and policy protocols (Jan-Sept 2022)** Pilot approved plans and protocols across the five points of intervention

The SC IDTA Scope of Work Timeline shown above reflects the work has transitioned into Phase 5.

The General Counsel at DSS reviewed current statute and emphasized the desire of DSS to work for statute change to allow flexibility for decision making that is more reflective of the different needs, risk level and supports needed for families experiencing a substance use disorder. This work would include a clear definition of a "substance affected infant." Additionally, statue changes are foreseen to support flexibility to implement a public health campaign.

The SC Definitions and Pathways workgroup approach begins with education. The education focus will reach across multiple systems, create urgency for change, address stigma, and explore HRSA grant opportunities. The second phase will focus on the framework will emphasis on helping those who help themselves, flexibility vs. rigidity with a multigenerational approach. Thirdly, additional support will be provided around CAPTA notifications to clearly define lower risk populations, build safety net protocols, awareness, and consensus these efforts are solely not just a child welfare issue and acknowledge this work gracefully aligns with South Carolina's current effects with Family First Prevention Service Act. Additionally, statue changes are foreseen to support flexibility to implement a public health campaign.

South Carolina's current focus is mapping out the pilot process to launch the Prenatal Family Wellness and Support Plans combined with community care coordination. Two potential pilot sites would be integrated within Spartanburg Regional Hospital and the Medical University of South Carolina through the recently launched IMPACTT initiative.

Concurrent with Prenatal Family Wellness and Support Plan roll out, DSS will enhance compliance with postpartum CAPTA Plan of Safe Care requirements by utilizing a modified

Family Wellness and Support Plan template for postpartum Plans of Safe Care at DSS. This will entail extensive staff training utilizing E-learning modules and implementation toolkits.

Section E. 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.

In 2021, SCDSS, SCFPA, and our Child Placing Agencies conducted various recruitment and retention events across the state to recruit foster and adoptive homes that meet the current needs of SCDSS. These recruitment events were conducted in person and virtually. Most conducted the recruitments for their organization while there were some shared recruitment events between multiple agencies.

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.

Successful Outcomes:

Total Statewide Inquiries				
Region	# of Foster Home Inquiries	# of Adoption Inquiries	# of Kinship Inquiries	Total # of Inquiries
Upstate	898	185	45	1128
Midlands	959	205	57	1221
Low Country	638	148	25	811
Pee Dee	586	101	29	716
Total	**3081**	**639**	**156**	**3876**

Statewide Program Area Inquiries and Complete Applications		
Program Area	Total # of Inquiries	Completed Applications
Foster Care	3081	875
Adoption	639	523
Kinship	156	63
Total	**3876**	**1461**

Appendix C: Health Care Oversight and Coordination Plan

In 2013, the "Foster Care Advisory Committee (FCAC)" was convened, the purpose of this committee was to "champion a system of care that assures that children in foster care have timely access to and are provided appropriate medical and mental health care in a coordinated manner". SCDSS and Department of Health and Human Services (DHHS) partnered to lead the FCAC meetings on a quarterly basis. These meetings include a wide array of medical and behavioral health professionals statewide, such as the physician community of Pediatricians (representing, in part, the SC chapter of Academy of Pediatrics) and the Select Health Managed Care Organization (MCO) and other clinics, a forensic pediatrician representing the Children's Advocacy Centers (CACs), and child psychiatrists representing SCDSS and SCDMH. The FCAC also included other behavioral health professionals from the Department of Mental Health (DMH), private community-based Licensed Independent Professionals (LIPs), the Palmetto Association for Children and Families, Therapeutic Foster Care, Congregate Care and Rehabilitative Behavioral Health Services (RBHS) providers. This group was divided into three (3) sub-committees or Work Groups: Access to Care, Trauma-Informed Care, and Medical Assessment. Each of these sub-committees has been charged with making recommendations to the FCAC.

The Medical Assessment Workgroup within the FCAC was tasked with developing a Comprehensive Initial Medical Assessment Form (DSS Form 3057) to be utilized by all

physicians, SCDSS Caseworkers and caregivers statewide. This was developed but has not been utilized yet.

The Access to Care Workgroup was developed to improve communication between the SCDSS, the SCDHHS, the MCO and Providers, to include changes around billing or payment including a way to directly and expediently resolve disputes, both regarding approvals for services and reimbursement issues. These issues have been addressed and we continue to address continued room for improvement through a weekly meeting with Select Health, DSS, and DHHS.

The Trauma-Informed Workgroup was tasked with the development of a list of trauma-screening instruments. In partnership with Project Best, the team agreed to utilize the Harborview tool for this purpose. However, with the Child Adolescent Strengths and Needs tool being implemented statewide, this screening tool was set aside.

The intention or purpose of FCAC/FCHAC has been achieved and these goals/ tasks continue to be addressed in other meetings such as the weekly Select Health, DSS, DHHS meeting, PAFCAF and DSS/DMH meeting.

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 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

South Carolina has not been affected by a natural disaster since the submission of the 2022 APSR[31].

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

---

[31] As determined by FEMA declared disasters during calendar years 2021 and 2022.

- 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 reminded providers of the emergency protocol including steps to take before evacuating, upon arrival at the evacuation site, and upon safe return.

While the disaster plan was not formally deployed during 2021-2022, SCDSS provided services and support for families during the COVID-19 pandemic. Through the HALOS program, SCDSS provided direct financial assistance to kinship caregivers who are raising children in the state of South Carolina. SCDSS provided the funds to families who needed financial support to obtain the following resources:

- Those who are at risk of contracting COVID-19 have access to information and resources for necessities, including food, safety supplies, and testing and treatment for COVID-19.
- Access to technology and technological supports needed for remote learning or other activities that must be carried out virtually due to the COVID-19 public health emergency.
- Health care and other assistance, including legal assistance and assistance with making alternative care plans for the children in their care if the caregivers were to become unable to continue caring for the children.

The Office of Child Health and Well-Being focused on COVID-19 mission-critical tasks during the peak times of the pandemic, including outreach to children and foster families as well as an increased focus on locating placements for children. The agency used supplemental funding 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.

SCDSS recognizes the need to review the current Disaster Plan to determine the need for updates regarding how the agency will identify, locate, and continue the availability of services for children under State care who are displaced or adversely affected by a disaster. SCDSS plans to review and update the Disaster Plan to include these details in the coming year.

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. Changes to SCDSS's training plan are attached as Appendix E.

Section F. 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 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.
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

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.

Staff Education Levels (FFY 2022)					
Position	**Associate**	**Bachelor's or Higher**	**Some College/Business Technical**	**High School Graduate**	**Total**
CASE WORKER I - (GA14)	1	1363	1	6	**1371**
CASE WORKER II - (GA15)		355			**355**
CASE WORKER III - (GA16)		70			**70**
PROGRAM COORDINATOR I - (AH35)	1	55	1		**57**

PROGRAM COORDINATOR II - (AH40)		57	1		58
Total *Source: SCEIS database*	**2**	**1900**	**3**	**6**	**1911**

Staff Characteristics (FFY 2022)			
Characteristics		**Total Number**	**Percentage of Workforce**
Gender	Female	1716	89.80%
	Male	195	10.20%
Race/Ethnicity	American Indian/Alaska Native	3	0.16%
	Asian	3	0.16%
	Black/African American	1222	63.95%
	Hispanic/Latino	26	1.36%
	Native Hawaiian/Other Pacific Islander	1	0.05%
	Two or More Races	7	0.37%
	White	649	33.96%
Age	19-29	673	35.22%
	30-39	552	28.89%
	40-49	387	20.25%
	50-59	244	12.77%
	60+	55	2.88%
Highest Education	Associate	2	0.10%
	Bachelor's	1610	84.25%

	Completed 2yrs College, Business or Tech	1	0.05%
	Completed 3yrs College, Business or Tech	2	0.10%
	Doctorate	1	0.05%
	High School Graduate	6	0.31%
	Juris Doctorate	1	0.05%
	Master's	288	15.07%
Position Class Title	CASE WORKER I	1371	71.74%
	CASE WORKER II	355	18.58%
	CASE WORKER III	70	3.66%
	PROGRAM COORDINATOR I	57	2.98%
	PROGRAM COORDINATOR II	58	3.04%
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[32]:
- 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

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 1-1-2022, 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
324	15	179	112	75	24

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.

---

[32] 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.

Date	Children and Youth in Foster Care (Under 18 years of age)	Foster Care Children and youth in DJJ Placements Obtained through CAPSS Extracts
31-Mar-22	4022	8
28-Feb-22	3958	11
31-Jan-22	3957	11
31-Dec-21	3978	10
30-Nov-21	4074	8
31-Oct-21	4073	11
30-Sep-21	4013	8
31-Aug-21	3979	8
31-Jul-21	4030	9
30-Jun-21	4072	11
31-May-21	4096	9
30-Apr-21	4026	10
31-Mar-21	3978	10
28-Feb-21	4013	9
31-Jan-21	3975	10
31-Dec-20	3939	12
30-Nov-20	4049	12
31-Oct-20	4073	12
30-Sep-20	4112	8
31-Aug-20	4167	10
31-Jul-20	4213	14
30-Jun-20	4236	11
31-May-20	4318	8
30-Apr-20	4409	16
31-Mar-20	4385	12
29-Feb-20	4365	12
31-Jan-20	4377	14

Finally, SCDSS creates an overlap report with SCDJJ periodically 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.

Date of Match	Children with DJJ Involvement in the month	Percent DJJ Involvement in the month	Children with DJJ Involvement in the last 12 months	Percent with DJJ Involvement in the last 12 months
Sept. 30, 2021	55	3%	255	13%

Education and Training Vouchers (ETV) Program (section 477(i) of the Act)

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.

Education Training Voucher (ETV) allotment had increased from $5,000 to $12,000. ETV funding was used for advanced degrees, as well as qualifying vocational education, and Associate's and Bachelor's degree programs. Therefore, funding was used to assist young people in attending school to achieve a Master's Degree, Ph.D., or other doctoral programs. The additional funding did 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 additional funding provided through Division X was utilized by the agency to address specific educational needs. The maximum potential ETV award was increased from up to $5,000 per year to up to $12,000 per year. With the restructured process for calculating ETV awards, most students were able to receive the maximum allowable award during the academic year. The ETV funding was utilized to pay traditional educational expenses, to help students reduce, and in some cases, eliminate student loan debt, and to attend vocational programs. The ETV program recalculated ETV formula maximized award and connect with post-secondary institutions to update cost of attendance (COA). Payments were submitted to school to support outstanding balance and any remaining funds were submitted to young person as supportive expenses as long it did not exceed COA.

In the last two years under the Division X increase in ETV funding, the SC ETV program has awarded and disbursed ETV funding for 194 students to attend post-secondary educational institutions. These students enrolled at 76 different schools to include professional schools, technical colleges, and 4-year universities. In that time, 17 students have graduated from their programs of study earning certifications, Associates Degrees, and Bachelors Degrees.   Fifteen students have utilized all five years of ETV funding eligibility, some of which completed undergraduate degrees and continued into graduate and doctoral programs.

In the 2020-2021 academic year, 111 youth received ETV awards from the SC ETV program. Of those 111 recipients, 65 were new voucher recipients and 46 were returning students who had previously received ETV funding. In the 2020-2021 academic year, 13 students completed their programs and graduated. Due to a variety of reasons, 48 of the new and returning students who did not graduate in this academic year did not return to school or pursue ETV funding in the 2021-2022 academic year.

Thus far in the 2021-2022 academic year, 138 youth have received ETV awards from the SC ETV program. Of this year's recipients, 71 are first year ETV recipients and 67 are returning students who have previously received ETV funding. Of the recipients for the 2021-2022 academic year, 4 graduated from their programs at the end of the first semester, and 12 are on track to graduate by the end of the academic year.

Inter-Country Adoptions

SCDSS developed a tracking system to identify children who were adopted from other countries that become involved with SCDSS 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 from January 1, 2021-December 31, 2021 that SCDSS was involved with two families that adopted a child from another country. Neither case was determined to have any abuse or neglect and were closed within 45 days of the report being accepted.

Monthly Caseworker Visit Data

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 95.35% of the total visits that would be made if each child were visited once per month for Federal Fiscal Year 2020 - 2021 (above the required compliance of 95%).

The report below also highlights that SCDSS achieved a total of 68.96% 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 with Children in Foster Care[33]

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
5,803	45,280	43,175	29,774	95.35%	68.96%

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 20-21. The visits grant has been used to improve the quality of caseworker visits by leadership

---

[33] Period Under Review: October 1 2020 to September 30 2021.

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".
- Fifteen training sessions were held for Quality Contacts Training for Supervisors in June and July of 2021.
- Four training sessions were held for Quality Contacts Training for Case Managers from September through December of 2021.
- 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.
- 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.
- SCDSS has created a contact case review process for supervisors to improve quality of contact and documentation.

Section G. Financial Information

The CFS-101 Parts I, II, and III are submitted as 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 2020's amount was $10,943,684

- South Carolina's Title IV-B Part I expenditures for childcare, foster care, and adoption assistance for FY2020 is $0.