South Carolina Department of Social Services

2025 – 2029 Child and Family Services Plan (CFSP)

Contents

1. Collaboration and Vision

State Agency Administering the Programs

The mission of the South Carolina Department of Social Services (SCDSS) is to serve South Carolina by promoting the safety, permanency, and well-being of children and vulnerable adults, helping individuals achieve stability and strengthening families. SCDSS is responsible for the administration of funding through Titles IV-B (Subparts I and 2) and IV-E programs, the Child Abuse Prevention and Treatment Act (CAPTA), and the Chafee Foster Care Independence Program (CFCIP). SCDSS provides services in 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 adoption, child protective services, child abuse and neglect prevention, kinship and foster care, licensing foster homes and group homes, and family preservation services.
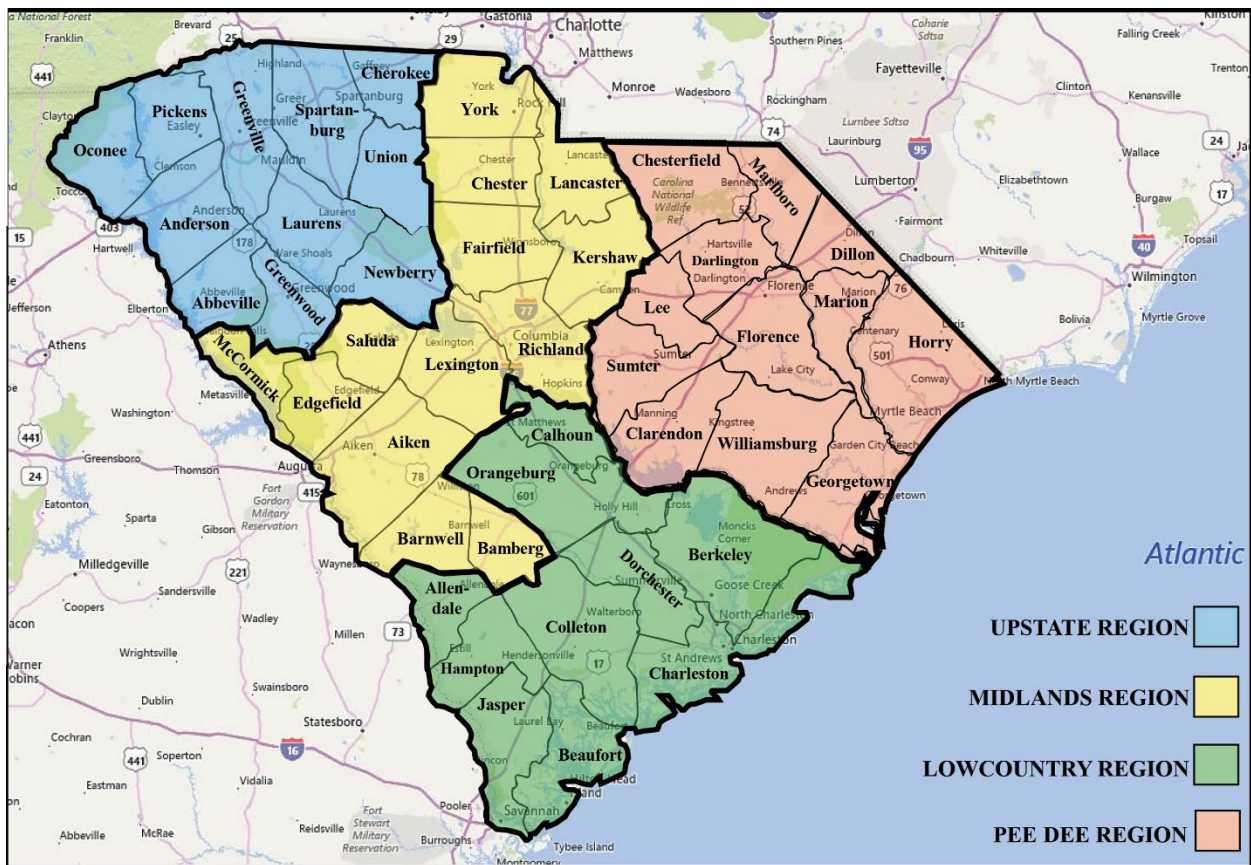
SCDSS is a cabinet agency with the State Director appointed by the Governor of South Carolina with the advice and consent of the Senate. DSS providers protective services for children (Division of Child Welfare Services) and vulnerable adults (Division of Adult Advocacy). Additionally, the agency includes the Division of Economic Services which administers the Temporary Assistance for Needy Families (TANF) program, as well as the Supplemental Nutrition Program (SNAP). The Department also administers the state's child support program through the Division of Child Support. The organizational chart below shows the structure of the offices within the Division of Child Welfare Services.

Organizational Chart:
- Michael Leach: SCDSS State Director
  - Emily Medere: Deputy Director, Child Welfare Services
    - Dawn Barton: Office of Permanency Management
    - Nikita Harrison: Child Welfare Services Operations
    - Josie Jones: Child Welfare Services Safety
    - Lauren Tinman: Family & Community Services
    - Tim Nix: Child Health & Well-Being
    - Miranda Creech: Strategic Projects & System Alignment
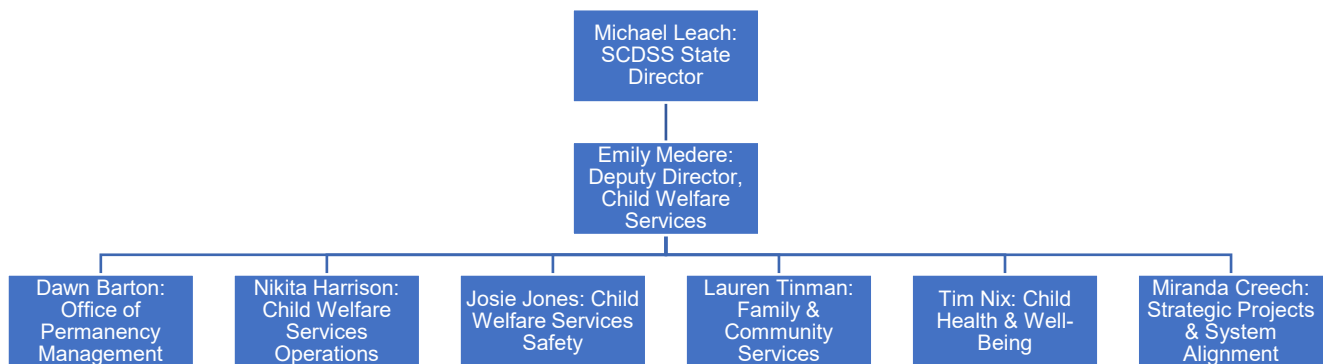
Vision and Values

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

South Carolina aims to have a child welfare system that exemplifies building supports and resources in the community to prevent child maltreatment and reduce the likelihood of maltreatment reoccurring. SCDSS believes to reduce the number of children that enter and remain in the foster system, there must be an emphasis and focus placed on prevention and strengthening families. SCDSS recognizes that to reduce child maltreatment there must be a continued investment in prevention services that will help stabilize families and safely maintain them their homes and communities. The Child and Family Services Plan (CFSP) outlines the State's plan to improve the child welfare system within South Carolina. The planning efforts and interventions currently underway demonstrate the state's intention and desire to forge a strong pathway of practice and service delivery within child welfare.

Practice Model

All training provided by the South Carolina Department of Social Services (SCDSS) are based on the SCDSS practice model, called GPS (Guiding Principles and Standards). The GPS explains the values, principles, and core skills used by staff to empower children and families to achieve the goals of safety, stability, permanency, and well-being. The GPS model serves as a road map to help practitioners arrive at desired practice model outcomes and to achieve uniform practice within the department.

Vision and Values

- Respect – We treat all individual 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 Invested – SCDSS relies on formal and informal supports throughout each community to promote the prevention of child abuse and neglect and promote child and family well-being and lifelong connections.

- Accountability – When our decisions and actions are transparent and data is utilized to improve our practice, positive outcomes for children and families are achieved.

Guiding Principles
- Family-Centered
- Trauma-Informed
- Individualized and Strengths-Based
- Culturally Responsive

Core Practice Skills
- Engagement
- Teaming
- Functional Assessment
- Planning
- Intervening
- Tracking and Adapting

Collaboration

SCDSS has focused on integrating organic internal and external stakeholder engagement in the program development and improvement processes. SCDSS recognizes the importance of engaging families, youth, and other partners and is committed to their inclusion and feedback at all levels. Demonstrating this commitment, SCDSS rolled out the GPS Practice Model, which takes a family-centered stance and embraces the inclusion and engagement of youth and families. SCDSS continues to shift the mindset of the agency to one that emphasizes including stakeholder voice at all strategic planning, improvement, and decision-making stages. The sections below highlight some of the ongoing activities that have been used to inform program improvement efforts at the Department. This is by no means an exhaustive list, as the agency has focused on integrating stakeholder voice in all areas of program development and improvement, which has led to an ongoing and continuous collaborative effort that cannot be summarized in a few pages.

Family and Youth Voice

SCDSS continues to work diligently to promote the inclusion of youth and families within all strategic initiatives. SCDSS believes the participation of youth and family assists in the transformation and improvement of South Carolina's child welfare system. Efforts over the past 5 years have focused on promoting partnership and taking the voices of youth and families into consideration during decision making.

The agency uses a variety of opportunities to obtain input from youth and families served by the child welfare system. Some of these include:

- Kinship Advisory Panel
- Youth Advisory Council
- Youth Engagement Advocates (YEA!)
- Family Voice Alliance
- Bench Bar Committee
- Peer Parents
- Grievance/complain mechanisms

- Chafee and ETV program open forums
- Child Welfare Strategic Planning meetings
- Racial Equity committee/workgroup
- Kinship support groups
- Thriving Families steering committee

Demonstrating its commitment to engaging lived experts in shaping child welfare improvement efforts, a joint strategic planning event was held in 2022, consisting of six sessions for SCDSS staff, county and 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 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 wellbeing. SCDSS utilized this event to develop a set of strategies to further the State's vision and goals. The final Strategic Plan was a product of focus groups and listening sessions to engage staff at all levels, county and state office leadership, and multiple specific sessions with youth, birth parents, and kinship caregivers. The Strategic Plan is influenced by SCDSS' Better Together philosophy and informed by the GPS Practice Model.

To further engage family voice in the work, SCDSS formed the Family Voice Alliance. This group provides a structure for implementing youth and family workgroup members across agency initiatives. This birth parent workgroup participates in agency-wide initiatives. SCDSS is able to provide reimbursement for mileage and stipends for youth and families to attend these workgroup activities. SCDSS has integrated workgroup members in several initiatives, including FFPSA and development/implementation of the practice model. Monthly meetings with this group engages various leaders at SCDSS to share their inputs on the Department's progress, data, policy, and other program improvement efforts.

Another effort underway to intentionally incorporate and engage lived experts is through the Iowa Parent Partner approach. In early 2023, SCDSS was awarded grant funding to implement this program. This approach pairs peer parents with parents whose children have been removed from the home. Those served as peers are parents who have former involvement with the child welfare system, who have achieved reunification with their children. The peer parents provide mentorship through social support, offering guidance on how to navigate the process of reunification, as well as working with the agency to ensure the family is getting needed resources and services. The overall goal of this program is to support reunification and reduce repeat incidences of child maltreatment. SCDSS is receiving regular technical assistance from the purveyor to begin mapping out implementation and completion of a readiness assessment to begin this work. The Department released a Request for Grant Application to agencies interested in partnering with SCDSS to pilot the peer parent program in the Upstate in April of 2024. The Department is currently working to finalize the award to the identified agency. Training and coaching led by the model purveyor is underway with work being done to build rapport with Greenville leadership, staff, providers, and community leaders. SCDSS is planning for the Build a Better Future training, which will be led by the model purveyor. This training is anticipated for Fall 2024 and will include Greenville staff, stakeholders, providers, and lived experience youth and adults. Full implementation of the program will come shortly after in the Fall of 2024.

SCDSS will continue its commitment to engaging lived experts in all areas of the work. The Department has made tremendous progress in the inclusion and engagement of families and will continue to emphasize including youth and family voices at all strategic planning, improvement, and decision-making stages. Through the efforts discussed above, along with many others, SCDSS is increasing its practice of, and capacity for, involving youth and family input. As a part of the agency's CQI efforts, SCDSS' qualitative case reviews involve interviews with the children and families being served. These inputs help determine the effectiveness of child welfare services. Using these qualitative and quantitative methods, SCDSS identifies strengths and areas needing improvement. The emphasis on listening to children and families as part of the review process reflects a practice of involving lived experts in the process of planning and delivering services. SCDSS is reshaping the mindset to not merely see families as clients to whom things are provided, but to consider youth and families as active consumers whose strengths and needs should help drive SCDSS practice.

Staff Engagement

SCDSS continues to engage staff in strategic initiatives, including through the development and implementation of the Strategic Plan. The Department has implemented several strategies to support and engage staff at all levels. In 2021 SCDSS launched the SC Safety Culture Survey in 2021. This survey serves as an organizational assessment examining aspects of agency culture and operations. The initial survey was conducted in 2021 and serves as a baseline benchmark of staff wellness, safety, and workplace connectedness. In early 2023 the Department was able to hire a new program manager and program coordinator position to support and further safety culture work. This team will be conducting another round of the Safety Culture Survey in the summer of 2024 to assess progress and advancement of agency culture and operations.

In addition, the Child Welfare team conducts an end of year survey for staff to gauge staff's satisfaction with their work, leadership, support, growth opportunities, communication, and numerous other measures of workplace harmony. Results of this survey are used to inform where additional staff supports may be needed.

One of the themes found through staff surveys was related to a disconnectedness from upper leadership. Recognizing this need, the Deputy State Director of Child Welfare began doing visits with staff in each county throughout the state. These county visits consist of conversations with all staff within the office in each program area, team leaders, and program area and county leadership. Discussions include office culture, barriers to quality practice, needed resources, and opportunities for improvement at the local and state office level. To further staff engagement and connectedness in the areas of program improvement, the Office of Strategic Planning and Innovation has implemented the Safe Systems Analysis (SSA) process for engaging staff to identify systemic gaps and barriers and are tracking these gaps to provide meaningful data and insights to inform solutions. Staff at all levels are engaged in the SSA process, in which they are debriefed in a non-punitive, safety science manner to discuss the systemic challenges they faced during case practice. Through this process staff are engaged through all stages of program improvement. Staff voice is informing the early stages of identifying barriers in the work, of which solutions are driven that ultimately assist to inform the Department's strategic plans.

Provider Engagement

SCDSS continues to collaborate and find ways to improve partnerships with providers through a variety of means. There are numerous ongoing workgroups that engage partners and providers. The overarching intent of these efforts is to incorporate provider voice in SCDSS policy, training, and other program development activities, leading to a more collaborative and holistic effort. The purpose of this group is to collaborate in identifying service array gaps, understanding family service needs based on data, and developing solutions. The group reviews case data, including assessment tools, to identify areas of greatest service needs. As the group collaborates, they are identifying barriers faced by SCDSS staff in getting services and supports to families, as well as looking at how families can be better engaged to inform their service needs. Discussions around solutions are held, including reviewing drafted versions of the family preservation policy and considering training needs for SCDSS staff. Initiatives like this have allowed SCDSS and providers to capitalize on services being offered by providers, to expand on these services and see how they can be adapted to fit the needs of families served by SCDSS.

SCDSS has enhanced provider engagement and collaboration through a variety of means including the continued collaboration between the Office of Child Health and Wellbeing and the SC Foster Care Affinity Group, which includes the SC Department of Health and Human Services (SCDHHS) and Select Health. Through this collaborative SCDSS and other partners have focused on expanding the understanding of data-driven interventions and improving timely access to medical care. Improvement in the timeliness of initial well-child visits was a primary focus of this group. The Affinity Group provided constant support to the SCDSS team to support the HealthCare Quality Improvement Coordinators, whose primary duty is to support improved timeliness of initial healthcare encounters. Through these combined efforts well-child visit data has improved greatly.

Another notable example of SCDSS's commitment to engaging providers is the establishment of a statewide workgroup in January 2023. This workgroup brings together providers from across South Carolina to collaborate with SCDSS in the co-creation of a new statewide service called Family Resource Connection & Preservation Services (FRCPS). FRCPS is a set of short-term, family-focused services designed to assist families by improving parenting and family functioning while ensuring the safety of children. These services are rooted in the understanding that children thrive in safe and stable families and that separating children from their families can be traumatic, often leading to lasting negative effects. By providing parents with services and supports that empower them to make positive changes, FRCPS aims to keep many children safely in their homes. This collaborative effort between SCDSS and providers demonstrates the Department's dedication to developing innovative solutions that prioritize the well-being of children and families.

In addition to the statewide workgroup, SCDSS has also initiated Provider Round Tables throughout its regions. The purpose of these South Carolina Department of Social Services Child Welfare Service Array Roundtables is to offer a platform for Child Welfare Service Array providers to unite, educate, share successes, and identify challenges in order to collaboratively create solutions. By fostering an environment of growth and improvement, these roundtables aim to enhance the quality of services provided to the communities served by SCDSS. The roundtables provide an opportunity for providers to engage in meaningful discussions, learn from each other's experiences, and develop strategies to overcome obstacles. Through these initiatives, SCDSS demonstrates its commitment to building strong partnerships with providers

and ensuring that the Child Welfare Service Array is responsive to the needs of children and families across the state.

Another innovative approach to provider engagement and collaboration initiated by SCDSS is the introduction of case consultations. These consultations bring together select counties and a number of statewide services to collaborate with providers. Recognizing that assessing the appropriateness of a service for a family can be overwhelming due to the wide range of services offered, SCDSS recently facilitated a Midlands Provider Roundtable where providers expressed support for this idea. The proposed format involves a 1-2 hour Teams meeting with representatives from each service model, providing an opportunity for case managers to present their case needs and receive feedback on which services may be suitable to assist the family. This collaborative approach not only helps identify appropriate services within the SCDSS service array but also has the potential to lead to the discovery of other community resources and relationships, as some providers offer services beyond those included in the service array. Initially, these case consultations could focus on extremely difficult cases, such as children who are in night-to-night placements and could potentially return home if appropriate services were put in place, or Family Preservation cases that have been open for an extended period without evident progress. By facilitating these case consultations, SCDSS demonstrates its commitment to working closely with providers to find the most effective solutions for the families they serve.

SCDSS will continue to engage providers through efforts similar to the above to collaborate and inform the work. The Department recognizes provider voice is crucial in building a comprehensive and effective system that will improve the outcomes of the families served the SCDSS.

Tribes
The Catawba Indian Nation (CIN) is the only federally recognized tribe in South Carolina. SCDSS continues to regularly collaborate with representatives from the CIN. SCDSS and CIN meet regularly to maintain communications, to discuss ways to improve compliance with the Indian Child Welfare Act (ICWA), and to share ways to improve coordination and 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. In addition, SCDSS shares the Child and Family Services Plan and on an annual basis shares the Annual Progress and Services Report with the tribe, who in turn share their plan with SCDSS.

Legal and Judicial Community
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's Justice Act Task Force, and the Docketing Committee for the Family Court System. These groups are dedicated to partnering with SCDSS on improving outcomes. Additionally, the CIP has continued to partner and provide input in the development and implementation of the Child and Family Services Plan, Annual Progress and Services Report, and Program Improvement Plan activities. The CIP provides monthly data reports to include data on hearings held, continuance rates and trends, and reasons for continuances. This data is broken down by the county and regional levels, providing insight into the particular challenges for each geographical area. Additionally, the CIP produces an annual report that includes an annual compilation of metrics at the regional, county, and state levels.

The Court Liaison Program, a companion program at the Children's Law Center with the CIP collaborates regularly with SCDSS. Court liaisons are positioned throughout the state to collect meaningful data that informs monthly court reports. In addition, court liaisons assist the court by providing child protection case summaries for family court judges for every child abuse and neglect hearing in the state. The court liaisons also provide case file review information to SCDSS county legal staff to alert them of items that may cause hearing delays. This data sharing has been beneficial to both the courts and SCDSS in identifying issues that impede permanency and recommending steps to address those impediments.

2. Assessment of Current Performance Outcomes

Strategic Plan Development

In February 2022 SCDSS hosted a joint strategic planning event, consisting of SCDSS staff, SCDSS county and 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 finalized the 2023-2028 Strategic Plan in late 2022 and released it to staff and partners in early 2023. The final Strategic Plan was a product of focus groups and listening sessions to engage staff at all levels, including frontline staff, county leadership, state office leadership, and multiple specific sessions with youth, birth parents, and kinship caregivers. The Strategic Plan is influenced by the Department's Better Together philosophy and informed by the GPS Practice Model.

In February 2024 SCDSS hosted the Children's Bureau team for an onsite joint planning discussion. The purpose of this convening was to discuss the vision and framework for how program improvement efforts inform the development of strategic plans, including the integration with the Child and Family Services Plan (CFSP), Statewide Assessment, and Program Improvement Plan (PIP). The Children's Bureau team presented an overview of the federal reporting process and the SCDSS team presented the Department's approach to program improvement efforts, reviewed accomplishments under the 2020-2024 CFSP, discussed barriers in the work, and considered what areas should be considered for inclusion in the 2025-2029 CFSP.

Although strategic plan and program improvement efforts are ongoing and continuous, the above examples served as an intentional time devoted to strategic planning. Through these efforts, along with the continual monitoring of performance data and needs to better support children and families SCDSS has developed the 2025-2029 CFSP to be reflective of these efforts. The work of the CFSP is supported by Child Welfare and Department leadership and is monitored through data produced both internally by the Office of Accountability, Data, and Research, as well as data from the CFSR and statewide data indicators.

Safety Outcome 1

Children are, first and foremost, protected from abuse and neglect.

Item 1: Timeliness of initiating investigations of reports of child maltreatment.

SCDSS has prioritized efforts surrounding timely investigation initiation. CFSR item 1 was selected as a key area needing improvement in the Department's program improvement plan

Maltreatment in Care
(victimizations/100,000 days in care)

9.07 NP   **14.97 RSP**

Lower value is desired

Measured as the rate of abuse or neglect per days in foster care in a 12-month period that children experienced while under the state's placement and care responsibility
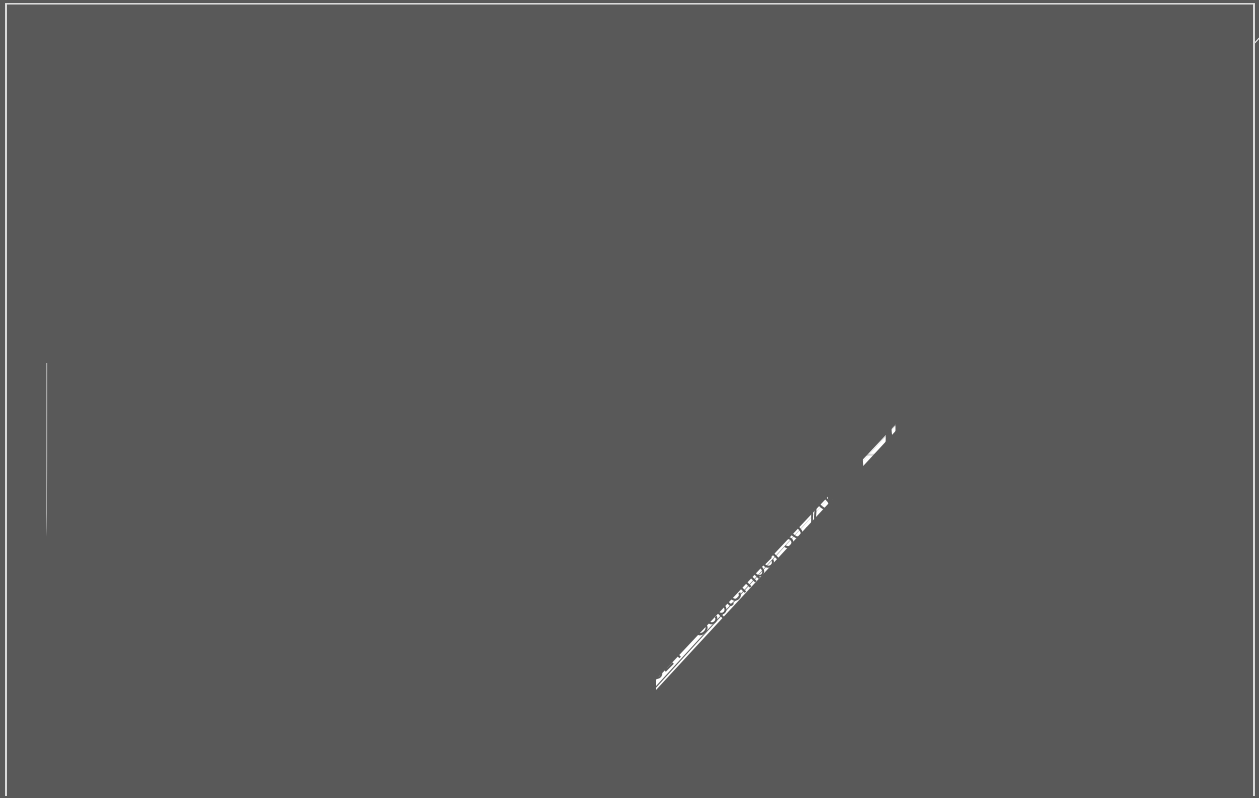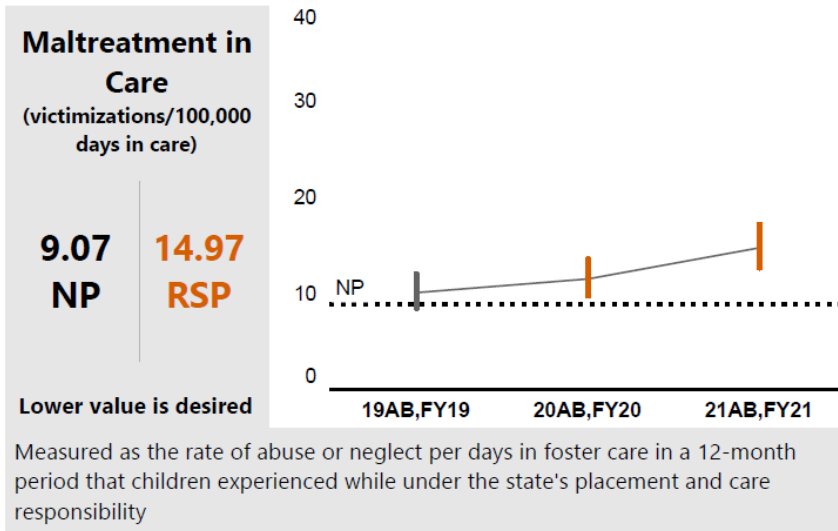
South Carolina's risk standardized performance for the recurrence of maltreatment data indicator for FY21-22 is 12.9%, indicating South Carolina is performing worse than the national average of 9.7%. A lower value is desired for this data indicator.

Recurrence of Maltreatment

9.7% NP   **12.9% RSP**

Lower value is desired

Measured as the percent of children who were the subject of a substantiated or indicated report of maltreatment in a 12-month period and who experienced subsequent maltreatment within 12 months of the initial victimization
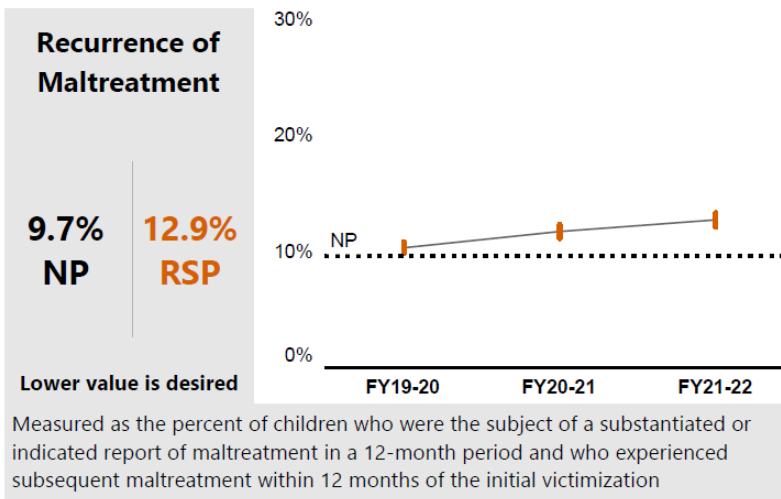
Internal Data Measures

Internal data available through SafeMeasures reveals an average initiation timeliness of 69% for calendar year 2023. This is 3% higher than the 2022 average of 66% and 19% higher than the 2020 average of 50%[1].

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[1] 2020 data timeframe of July 2020 – December 2021

Yearly Average Initiation Timeliness

[Bar chart showing Yearly Average Initiation Timeliness with y-axis from 0% to 100% in 10% increments. Bars: 2020 - 2021 at 50%, 2022 at 66%, 2023 at 69%.]

Initiation Timeliness
Source: SafeMeasures
CY 2023

[Line chart showing Initiation Timeliness from Jan-23 to Jan-24, y-axis from 0% to 100% in 10% increments. Values ranging approximately 63%-71% across the months.]
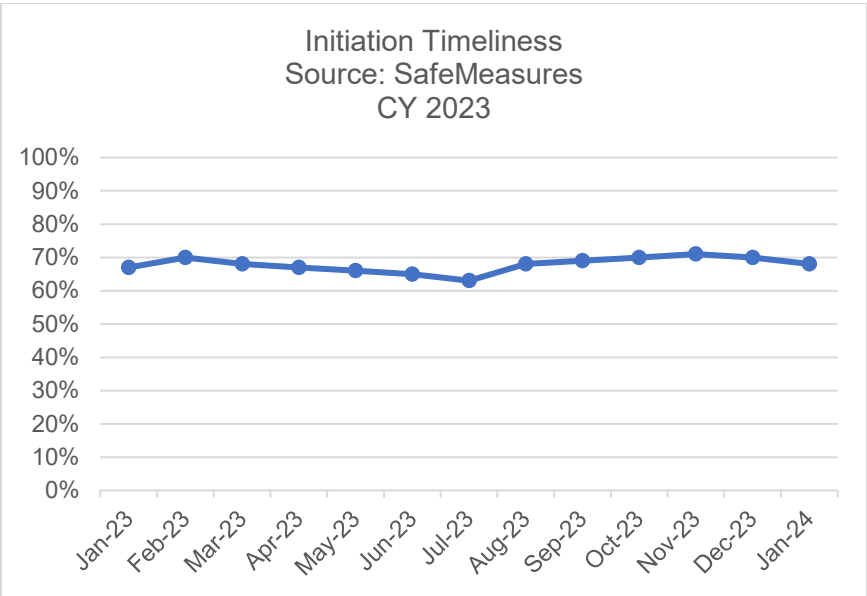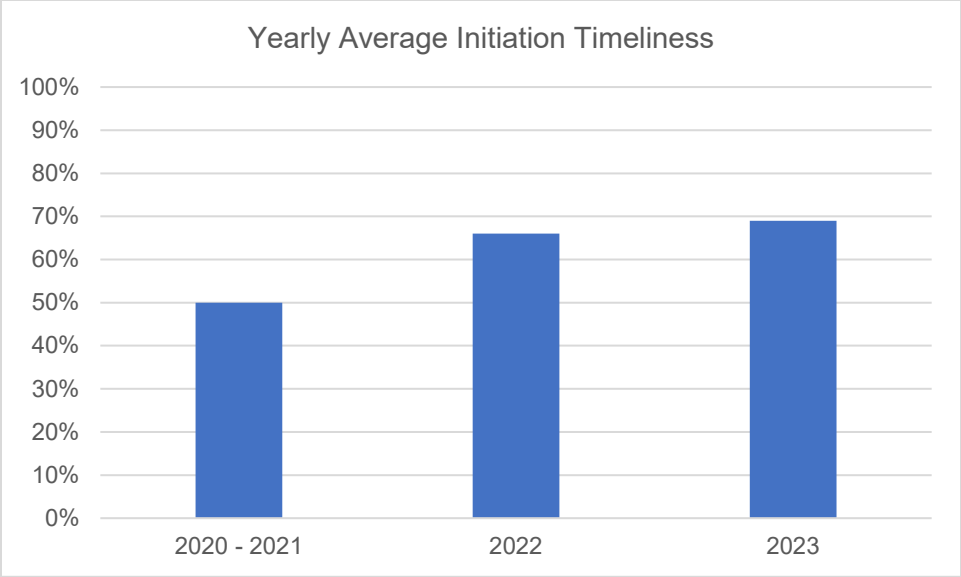
Plan for Improvement – Safety Outcome 1

In May of 2023 S.C. Code Section 63-7-920 was passed to include a tertiary response timeframe option, refining investigation initiation timeframes to include a 24 hour up to 2 business day response criteria. When an intake referral is accepted, if the allegations do not include criteria for a 0-2 hour or 2-24-hour response timeframe, but still meet the threshold to screen in for investigation, the 24 hour – 2 business day response timeframe is to be used. The addition of this response timeframe will support staff in being able to make timely contact in accordance with policy, while prioritizing response timeframes more accurately based on the concerns identified through the intake screening tool. SCDSS has updated policy and implemented trainings to reflect this updated practice and will continue to monitor performance and address any identified areas needing improvement related to this item.

Safety Outcome 2

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

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

Item 3: Risk and safety assessment and management.

SCDSS continues to prioritize efforts surrounding safety assessment and response, focusing on least restrictive safety services to address the concern and keep children in their homes whenever possible. CFSR items 2 and 3 were selected as key areas needing improvement in the Department's program improvement plan (PIP) and 2020-2024 CFSP.

The item 2 performance goal was set at 67% and the item 3 performance goal was set to 39%. These performance goals are set to align with the CFSR case review data, which utilizes the onsite review instrument (OSRI). PIP strategies and activities were implemented from September 2018 through September 2021. Following completion of PIP implementation, SCDSS entered a non-overlapping period that concluded in March of 2023. During this time, efforts were focused on the remaining CFSR items needing improvement, including items 2 and 3. SCDSS did not meet the CFSR performance goals for items 2 or 3 during this period.

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

Risk and safety assessment and management (Item 3) by measurement period
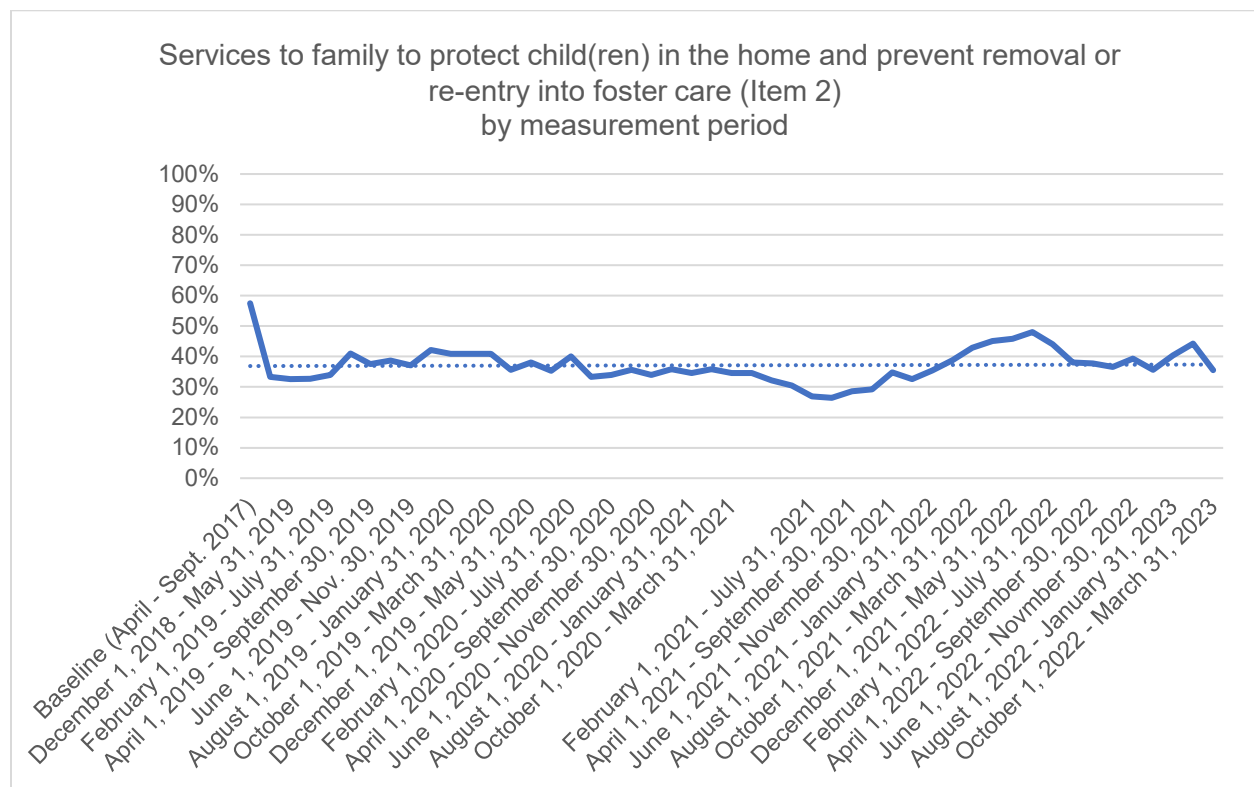
Statewide Data Indicators

South Carolina's risk standardized performance for the re-entry to foster care in 12 months data indicator for the most recent measurement period is 7.1%, indicating the state is performing worse on this measure than the national average of 5.6%. A lower value is desired for this data indicator. Please note that as of April 2024, South Carolina had not received finalized updated performance on the permanency statewide data indicators. As a result, the data for the permanency statewide data indicators is approximately one year behind.

Reentry to foster care in 12 months

▼ A **lower** RSP value is desirable.
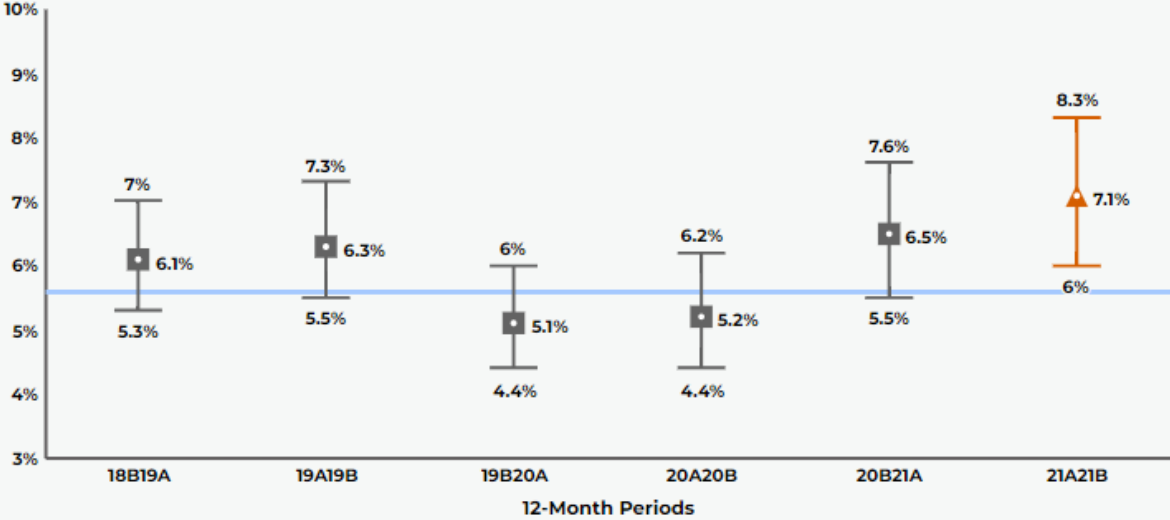
Internal Data Measures

The Family Advocacy and Support Tool (FAST) was implemented in 2021 as the decision support tool to guide the assessment of safety, strengths, and needs. Prior to the implementation of the FAST, SCDSS utilized a child safety assessment. From June 2019 – May 2020 the statewide completion rate of the child safety assessment was 39.7%. Since implementation of the FAST, SCDSS has seen a steady incline in the completion of FAST assessments. In October of 2021 the FAST completion rate was 63%. The most recent available data from January of 2024 shows a 94% completion rate. Timeliness rates have also continued to increase, with a 19% timeliness rate in October 2021 and 67% timeliness in January 2024.

FAST Completion and Timeliness
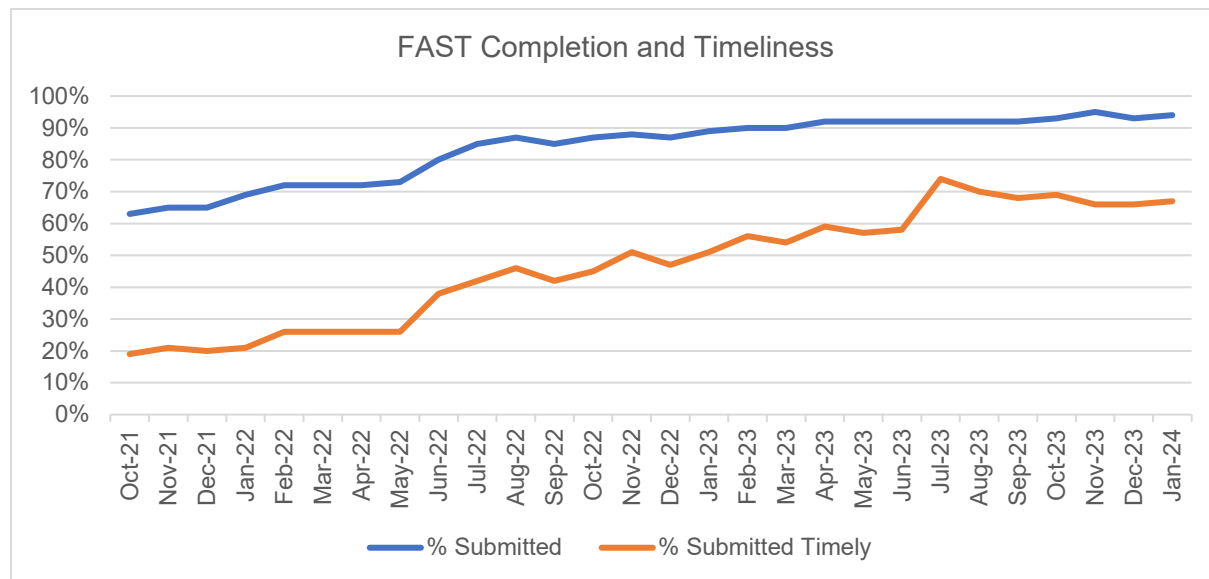
Plan for Improvement – Safety Outcome 2

Activities related to goal 1 (see pages 74-75) are intended to improve performance on the items related to safety outcome 2. This includes continued training for staff around assessment skills and establishing a clear understanding of the role of assessments in identify family needs and connecting those needs to services in a timely and efficient manner.

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

Item 4: Stability of foster care placement.

Item 5: Establishing appropriate and timely permanency goals.

Item 6: Concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangements.

CFSR items 4, 5, and 6 were selected as key areas needing improvement in the Department's program improvement plan (PIP) and 2020-2024 CFSP.

The item 4 performance goal was set at 79%, the item 5 performance goal was set at 66%, and the item 6 performance goal was set at 52%. These performance goals are set to align with the CFSR case review data, which utilizes the onsite review instrument (OSRI). PIP strategies and

activities were implemented from September 2018 through September 2021. Following completion of PIP implementation, SCDSS entered a non-overlapping period that concluded in March of 2023. During this time, efforts were focused on the remaining CFSR items needing improvement, including item 4. SCDSS did not meet the CFSR performance goal for item 4 during this period.


...surement period from December 1,

**Establishing appropriate and timely permanency goals (Item 5)
by measurement period**
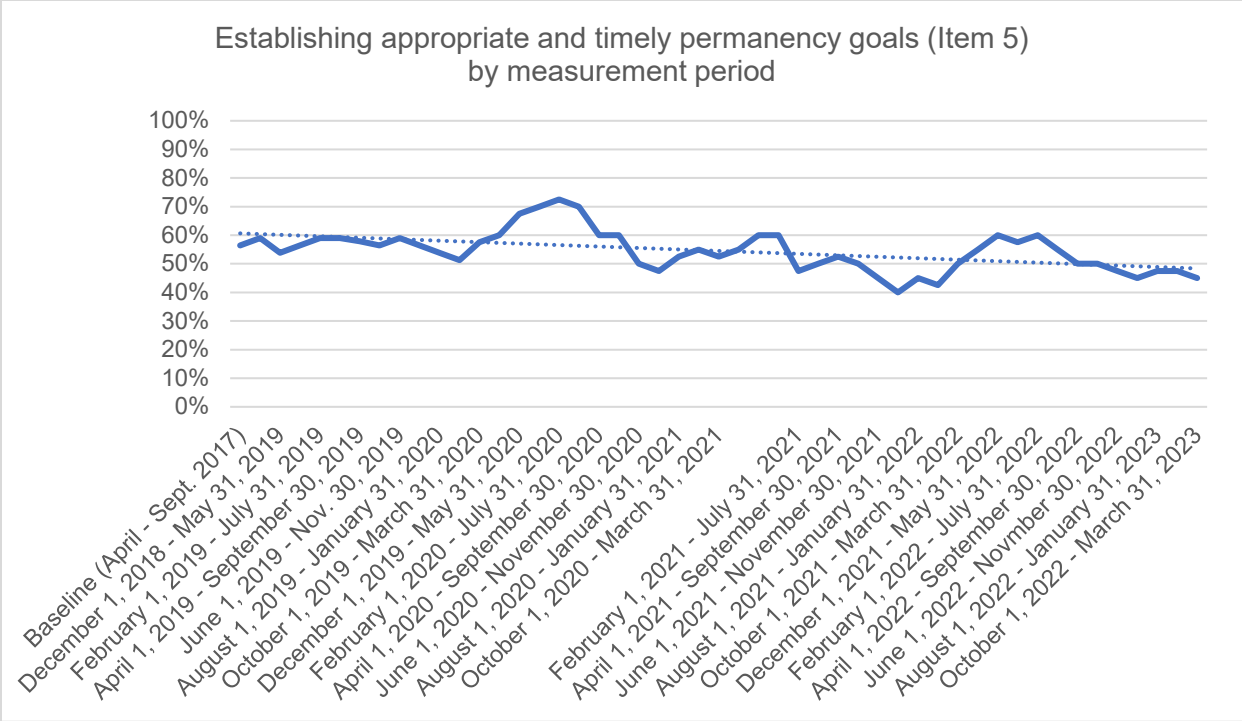
SCDSS met the item 6 performance goal during the measurement period from November 1, 2019 – April 30, 2020 with a 57.5% strength rating.
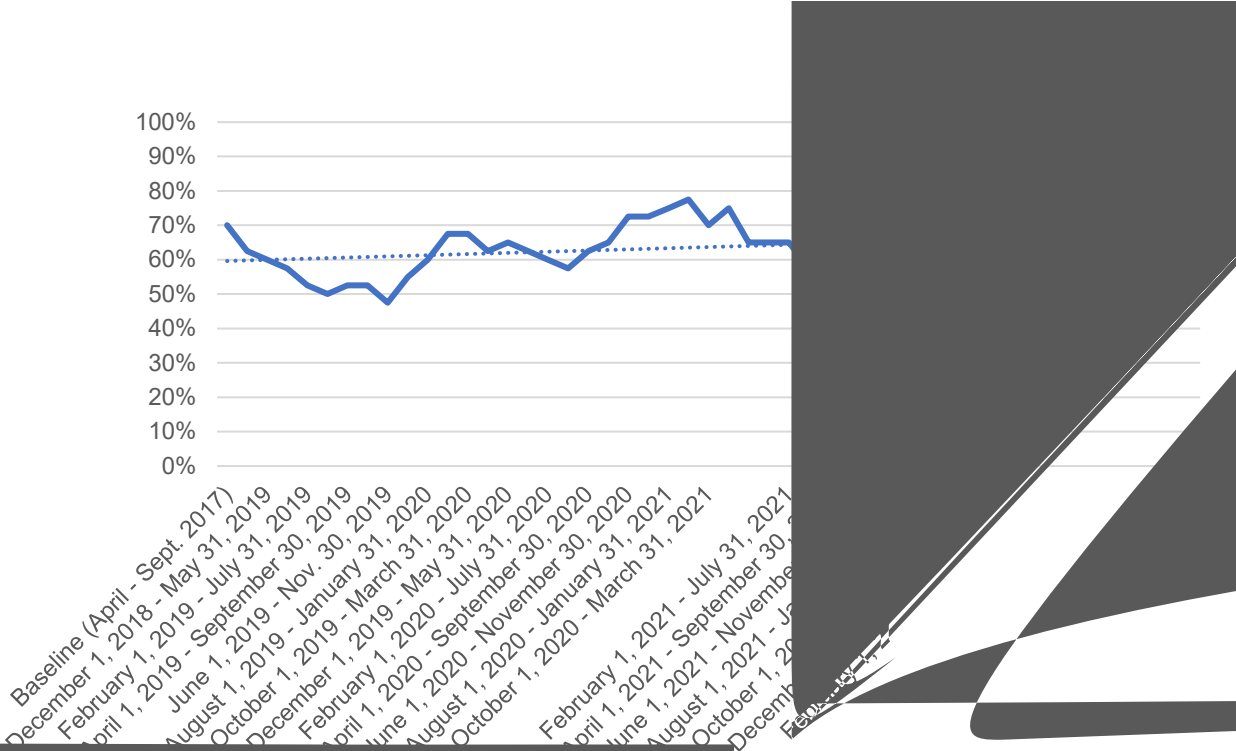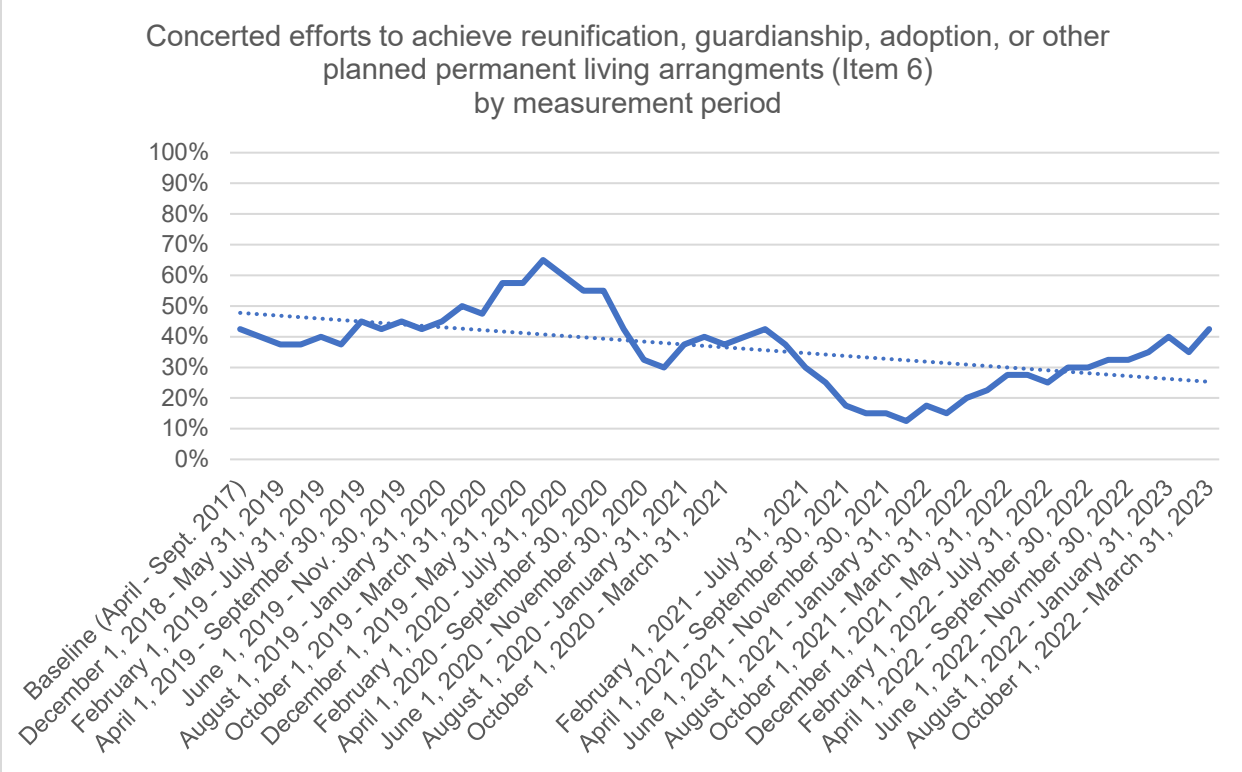
**Concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangments (Item 6)
by measurement period**

Statewide Data Indicators

South Carolina's risk standardized performance for the permanency in 12 months (entries) data indicator for the most recent measurement period is 50.9%, indicating the state is performing better on this measure than the national average of 35.2%. A higher value is desired for this data indicator. Please note that as of April 2024, South Carolina had not received finalized updated performance on the permanency statewide data indicators. As a result, the data for the permanency statewide data indicators is approximately one year behind.

Permanency in 12 months (entries)

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

12-Month Periods	18A18B	18B19A	19A19B	19B20A	20A20B	20B21A
Upper	59.8%	59.5%	59.4%	56.5%	53.5%	53.1%
RSP	58.3%	58%	57.8%	54.8%	51.6%	50.9%
Lower	56.8%	56.5%	56.2%	53.2%	49.7%	48.7%
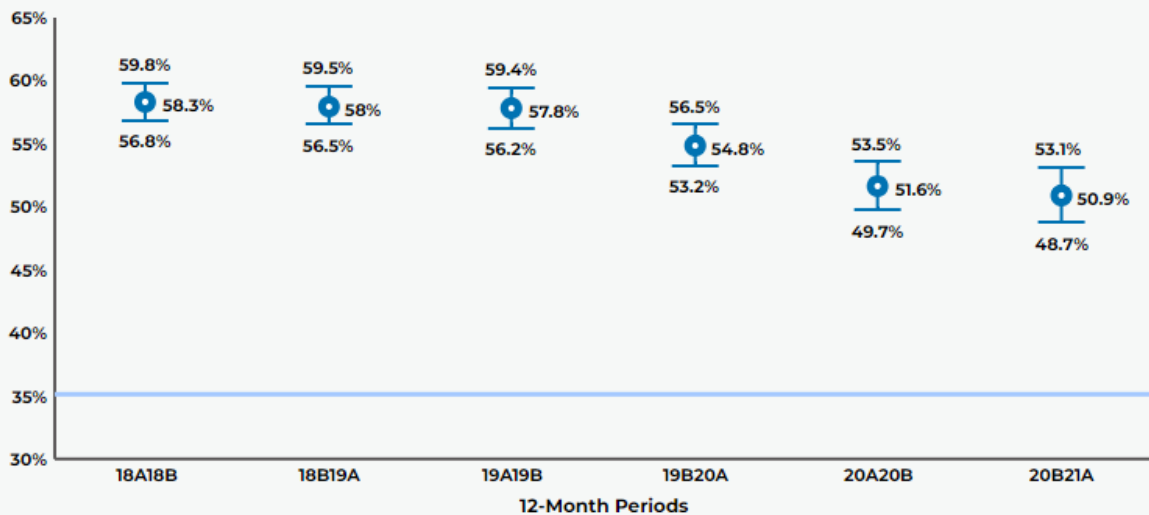
South Carolina's risk standardized performance for the permanency in 12 months (12 – 23 months) data indicator for the most recent measurement period is 38.1%, indicating the state is performing worse on this measure than the national average of 43.8%. A higher value is desired for this data indicator.

Permanency in 12 months (12 - 23 mos)

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

12-Month Periods	19B20A	20A20B	20B21A	21A21B	21B22A	22A22B
Upper	43%	43.5%	36.7%	37.6%	42.5%	41.3%
RSP	40%	40.6%	33.9%	34.7%	39.6%	38.1%
Lower	37%	37.8%	31.1%	32%	36.8%	35.1%
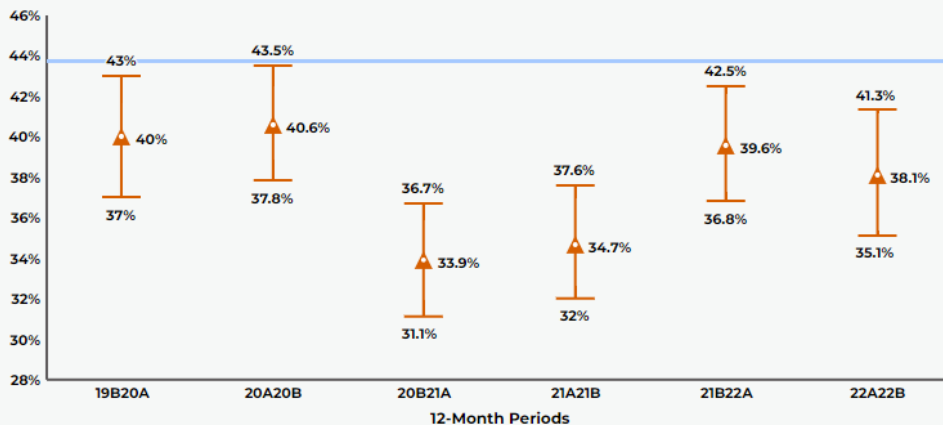
South Carolina's risk standardized performance for the permanency in 12 months (24+ months) data indicator for the most recent measurement period is 34.6%, indicating the state is performing worse on this measure than the national average of 43.8%. A higher value is desired for this data indicator.

Permanency in 12 months (24+ mos)

▲ A **higher** RSP value is desirable.
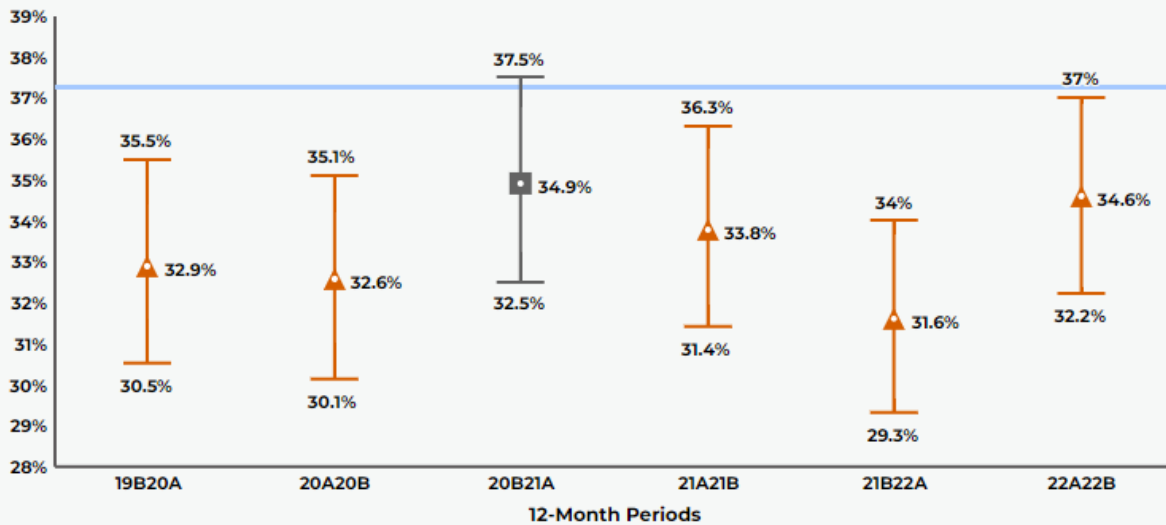
South Carolina's risk standardized performance for the placement stability data indicator for the most recent measurement period is 9.99, indicating the state is performing worse on this measure than the national average of 4.48. A lower value is desired for this data indicator.
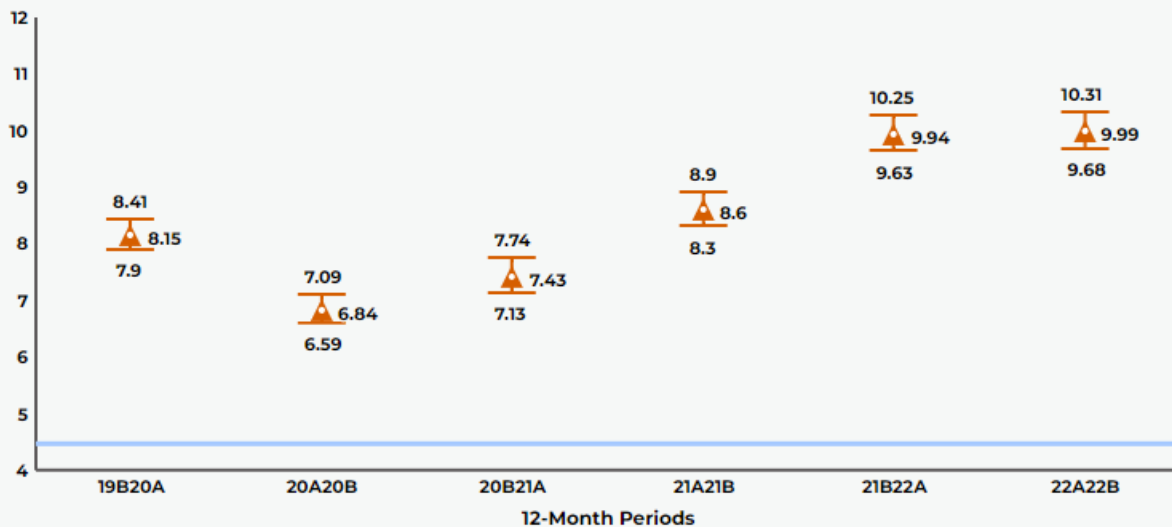
Placement stability (moves/1,000 days in care)

▼ A **lower** RSP value is desirable.

Please see page 15 for South Carolina's most recent performance on the re-entry to foster care in 12 months data indicator.

Internal Data Measures

SCDSS measures placement stability through the stability rate 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 moves per 1,000 days for all children under 18 years of age in foster care for 8 days or more during a 12-month period. SCDSS has seen increasing placement instability rates since the October 2019 – September 2020 period, which aligns with the placement stability challenges faced by jurisdictions across the country since the COVID-19 pandemic.

Michelle H. Placement Instability Rate

Period	Rate
October 2018 - September 2019	4.3
October 2019 - September 2020	4.2
October 2020 - September 2021	4.86
October 2021 - September 2022	5.7
October 2022 - September 2023	6.07
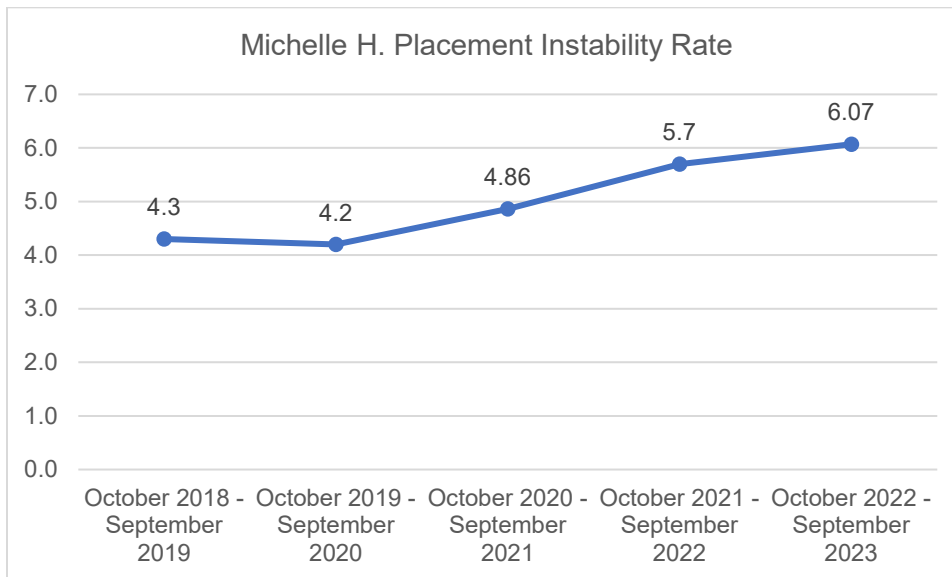
Recognizing that kinship placement settings are statistically more stable and help preserve connections, SCDSS has focused on increasing kinship placements and supports. Kinship placement trends have steadily risen over recent years, while family-like foster settings are declining. Congregate care placement rates have remained relatively consistent. To improve the tracking of placement types a SafeMeasures report was deployed in March of 2024 to provide data on placement settings. Data as of March 15, 2024 reveals 27% of children in foster care are in a kinship placement, 56% in a foster family home, and 11% are in a group home setting. Kinship placements have steadily increased over the past several years. For comparison, a year prior in March of 2023 kinship placements accounted for 24% of placement types. Furthermore, in March of 2022 19% of placements were in a kinship setting. Year over year SCDSS has increased kinship placement.
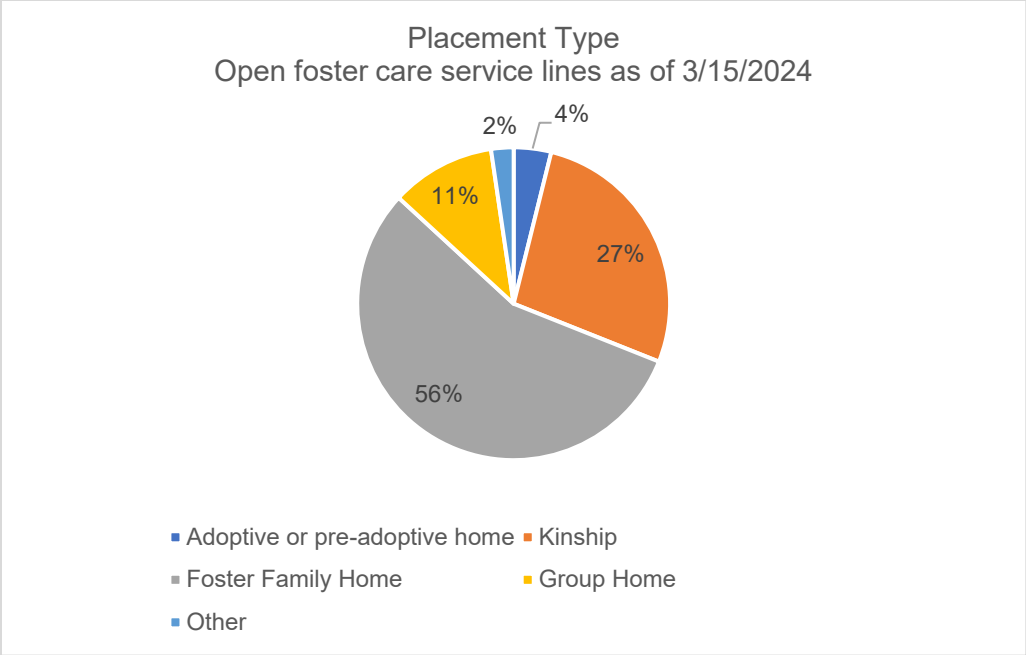
Placement Type
Open foster care service lines as of 3/15/2024

- Adoptive or pre-adoptive home
- Kinship
- Foster Family Home
- Group Home
- Other

Recognizing that assessing for service needs and connecting foster children and families to providers to meet individualized service needs is critical to maintaining a child in their placement, SCDSS has focused on improving the rate of assessments and child family team meetings (CFTMs). Findings of these assessments and CFTMs are used to inform the needs of the family, which assists in stabilizing placements, as well as informing permanency planning efforts. SCDSS continues to see improvement in these areas. In July of 2022 CANS completion rates were at 23%. The most recent available data for June 2024 shows CANS completion rates at 49.4%.

CANS Completion Rates
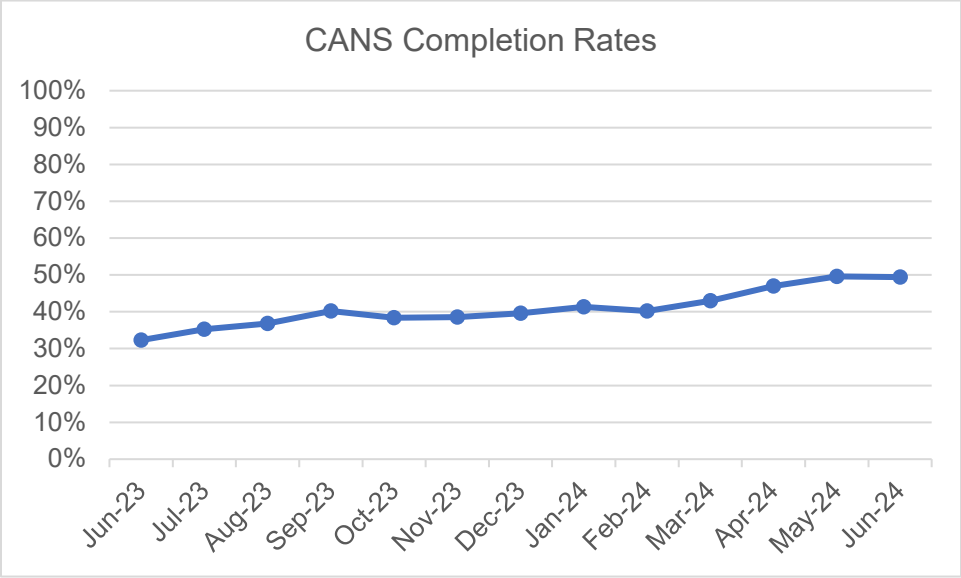
Permanency planning and goal establishment is done through the development of the family permanency plan (FPP). The FPP utilizes assessments and CFTMs to jointly develop the family's permanency plan. SafeMeasures provides a report on permanency plan status, which

reports the percentage of children in foster care with a documented permanency plan. As of March 15, 2024, this report shows 76% of children in foster care have a documented permanency plan. Of note, this report includes all children with a foster care service line as of the report run date, therefore including children who just entered foster care whose permanency plan has not yet been established. SCDSS continues to see growth in this area. In comparing the data from this report, the yearly average permanency plan documentation rate was 68% for 2022, 75% for 2023, and 77% for 2024.
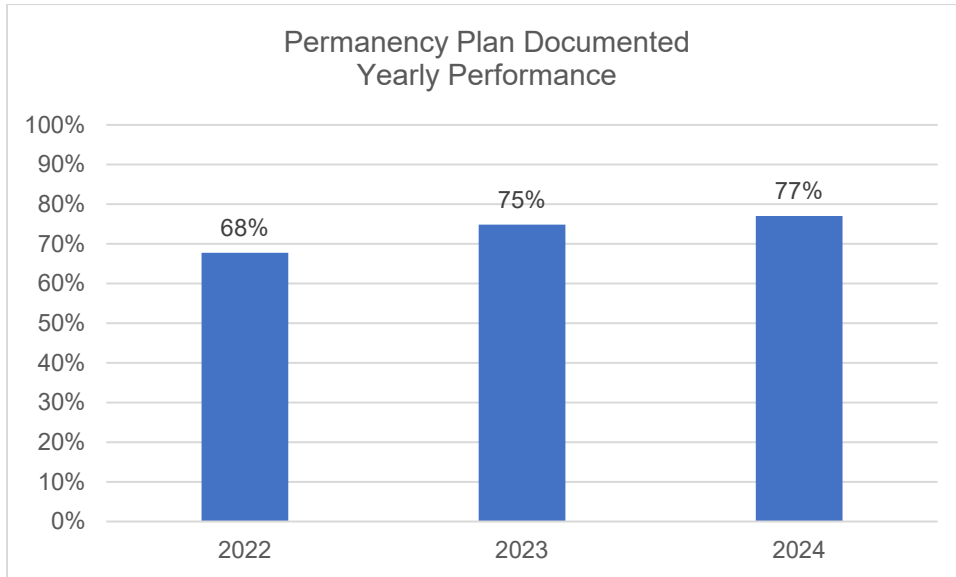
SCDSS measures time to achieve reunification by tracking all children under the age of 18 who were reunified with their parent(s) or caregiver(s) at the time of discharge from foster care and had been in care for eight days or more. The percentage of children who were reunified within 12 months from the date of their latest removal is then calculated. The state goal for this metric is 75.2%. Since early 2022, SCDSS has been at or above this goal. The most recent available data from January 2024 indicates 79.6% reunification within 12 months.
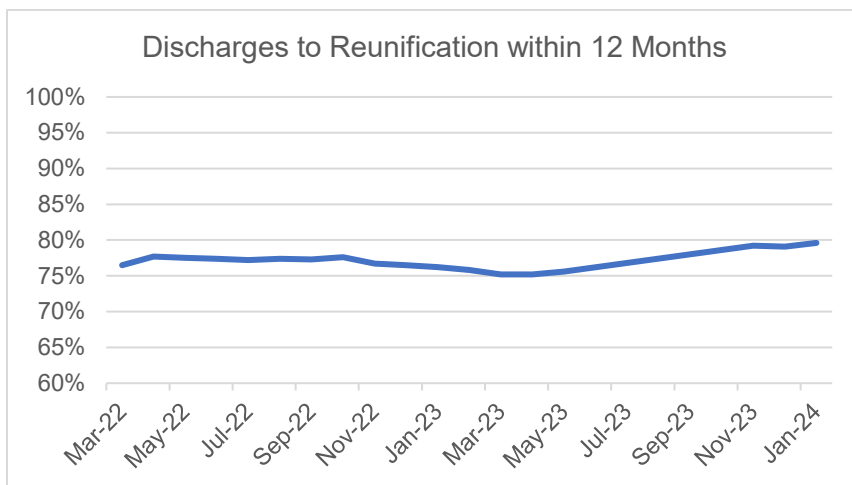
Additionally, SCDSS tracks all children who left foster care due to a finalized adoption. Those who left foster care within 24 months from the date of their latest removal are considered timely.

The most recent available data from January 2024 indicates 22.0% of adoptions would be considered timely. In comparison, data from a year prior in January 2023 indicates 15.4% of adoptions were finalized in 24 months or less, and in 2022 only 13.9% were considered timely. COVID-19 resulted in many court closures and hearing delays that contributed to a drop in performance in the years during and following the pandemic.

Plan for Improvement – Permanency Outcome 1

Activities related to goals 1 and 2 (see pages 74-76) are intended to improve performance on the items related to the permanency outcomes. This includes refinement of placement processes, supporting the needs of children in foster care with additional services and supports, enhancing placement stability efforts, increasing kinship placements, and increasing teaming with both internal and external partners to better support permanency and wellbeing needs.

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

Item 7: Concerted efforts for siblings in foster care to be placed together when in the children's best interest.

Item 8: Concerted efforts to ensure visitation between a child in foster care and his or her mother, father, and siblings.

Item 9: Concerted efforts to preserve the child's connections.

Item 10: Concerted efforts to place the child with relatives when in their best interest.

Item 11: Concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father.

None of the CFSR items under the Permanency Outcome 2 were selected as key areas needing improvement in the Department's program improvement plan (PIP) and 2020-2024 CFSP. Although these items were not key areas needing improvement, CFSR review data is still included below.

Concerted efforts for siblings in foster care to be placed together when in the children's best interest (Item 7) by measurement period

Chart showing percentage by measurement period from August 1, 2020 - January 31, 2021 through April 1, 2022 - September 30, 2022, with values rising from about 54% to approximately 79%.
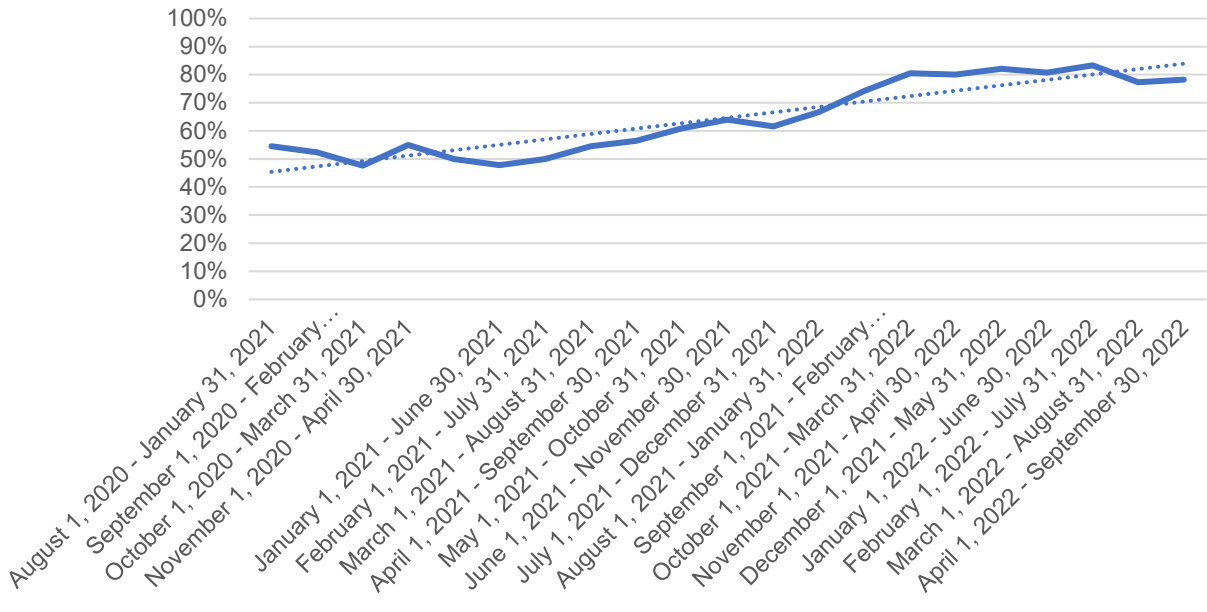
Concerted efforts to ensure visitation between a child in foster care and his/her mother, father, and siblings (Item 8) by measurement period

Chart showing percentage by measurement period from August 1, 2020 - January 31, 2021 through April 1, 2022 - September 30, 2022, with values hovering around 30-40%.
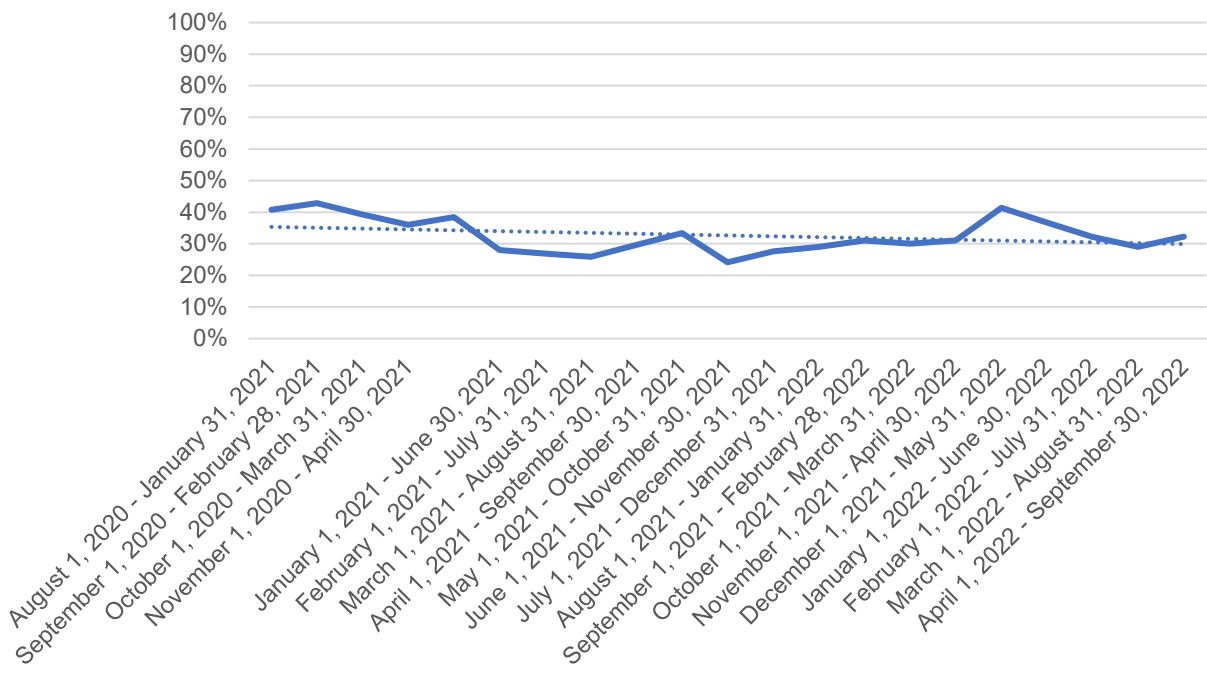
Concerted efforts to preserve the child's connections (Item 9)
by measurement period
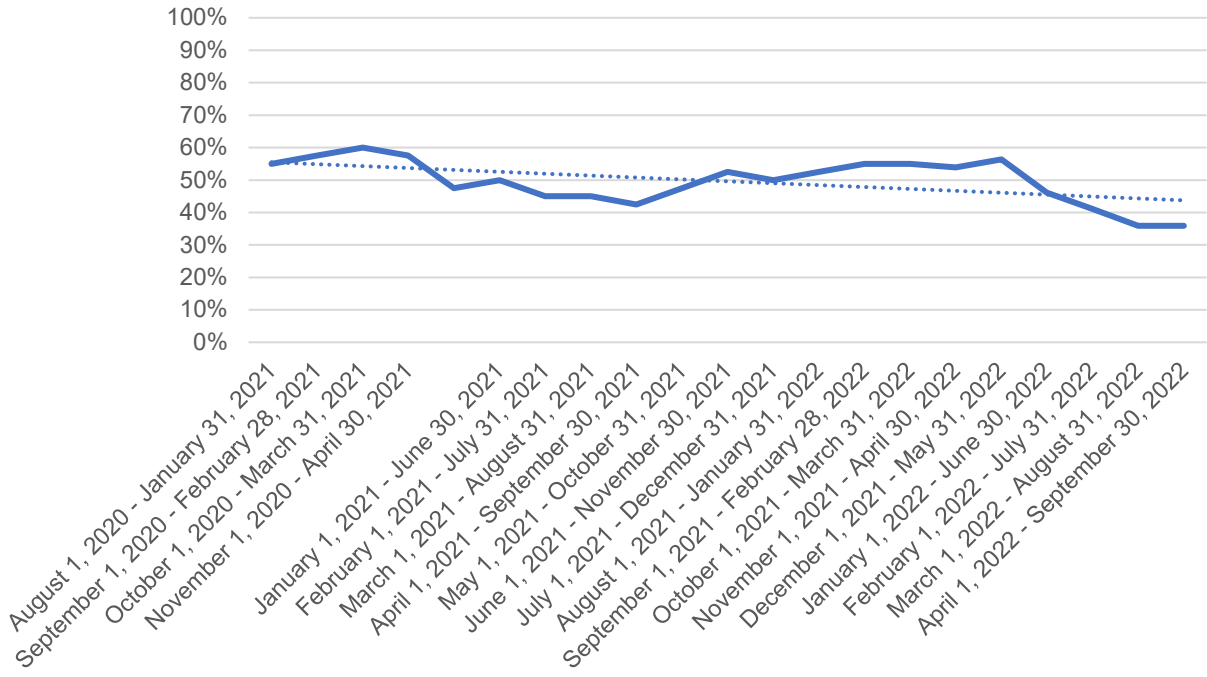
Concerted efforts to place the child with relatives when in their best interest (Item 10)
by measurement period
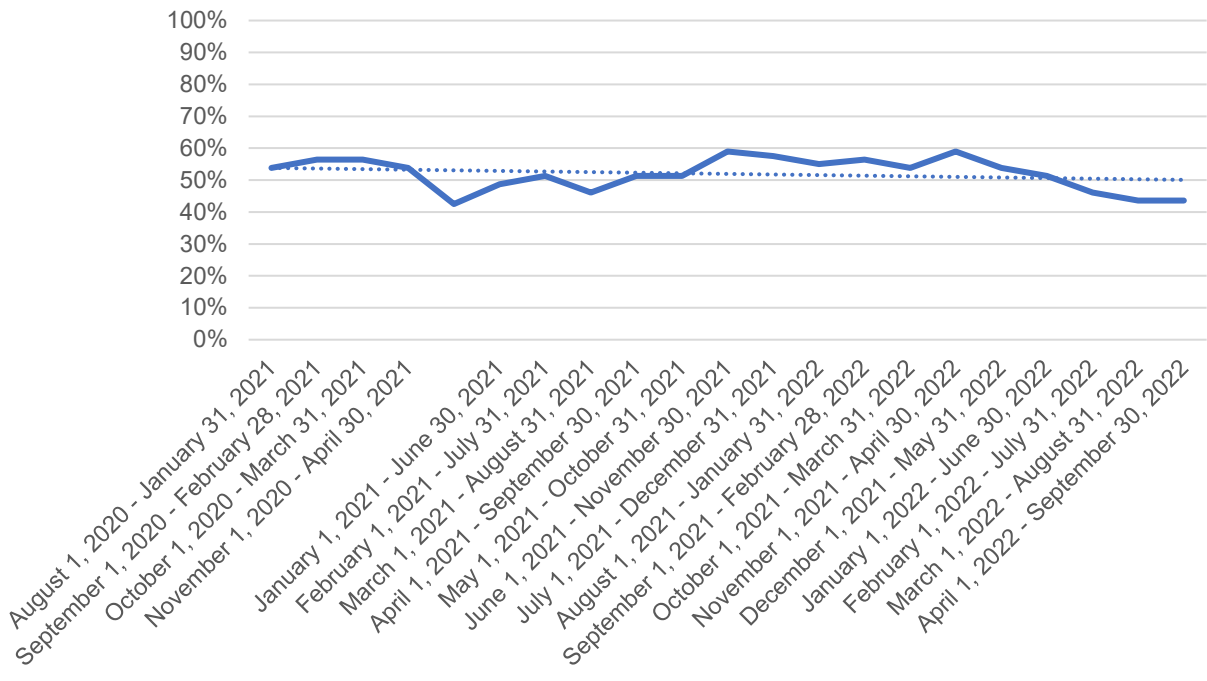
Concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father (Item 11) by measurement period
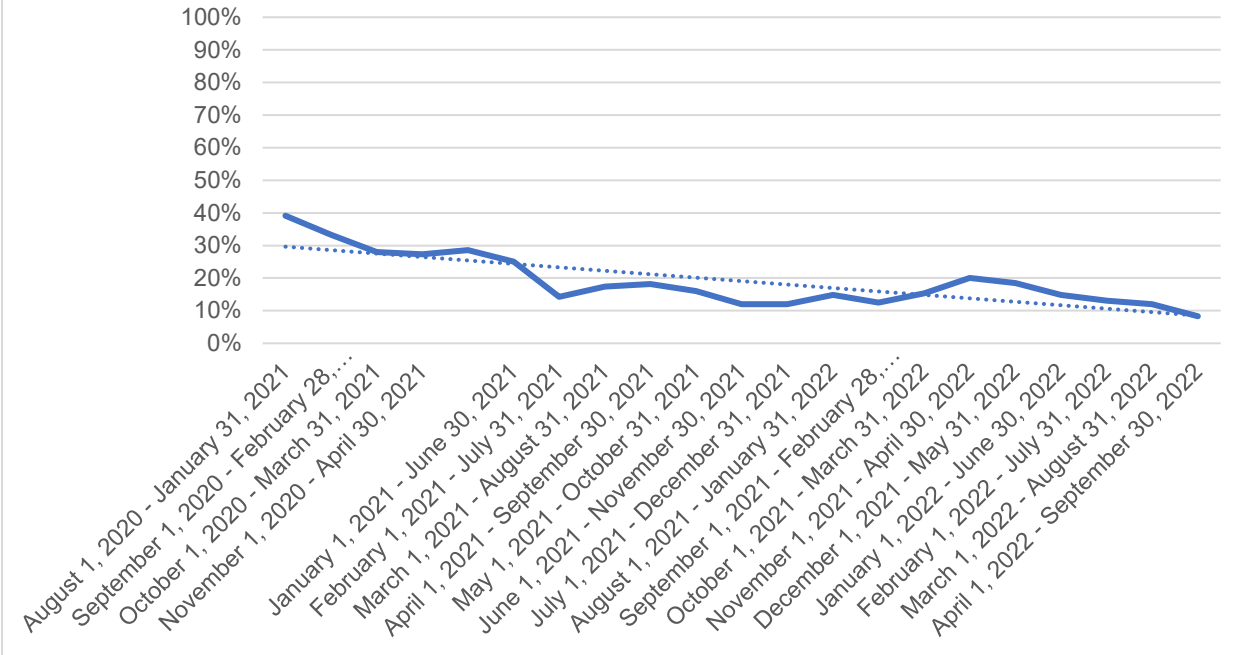
Internal Data Measures

SCDSS continues to see increasing performance in sibling placement. Between October 2022 and October 2023 performance around sibling placement showed 64% of sibling groups were placed where at least some siblings were placed together. Analysis reveals 42% of sibling groups are placed with all siblings together.

The SCDSS Accountability, Data, and Research (ADR) team tracks sibling visitation via the child welfare services dashboard. This dashboard includes regional and county data reporting the percentage of expected sibling and parent visitations. Monthly sibling visits for all siblings not living together should be completed unless there is an exception, such as the visit not being in the best interest of one or more of the siblings. SCDSS continues to see an upwards trend in sibling visitation.

Percent Expected Sibing Visits by Month by Region

Low Country Total — Midlands Total — Pee Dee Total — State Total — Upstate Total
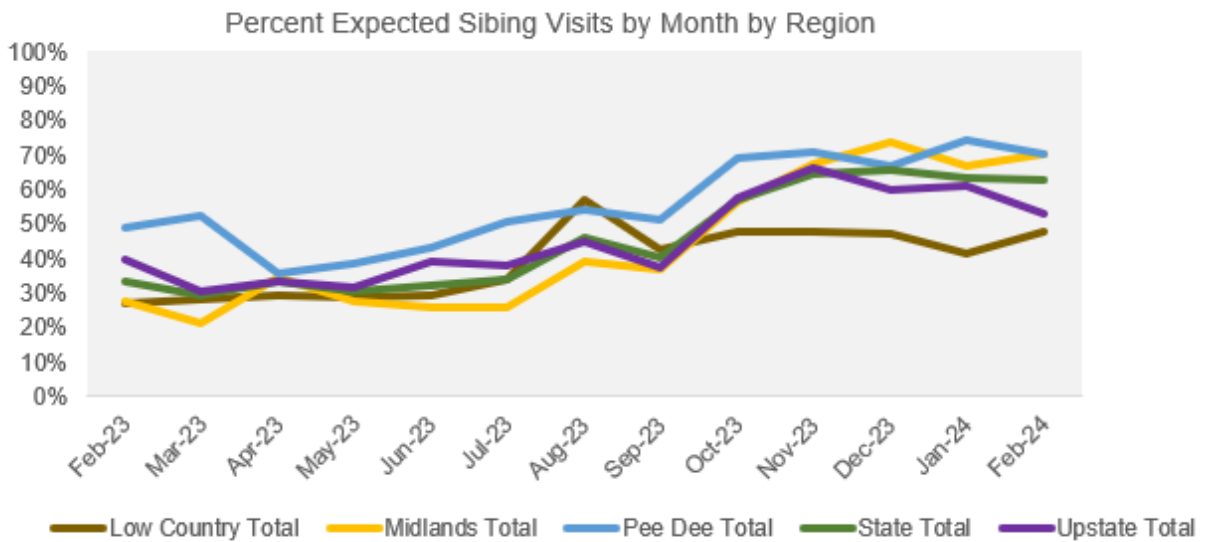
At a minimum SCDSS requires visitation twice monthly with the parent(s) with whom reunification is sought, unless there is an exception, including but not limited to a court order prohibiting visitation or limiting visitation to less frequently than twice every month. Similar to the trend in the sibling visitation data above, visitation with parents has had a steady upward trend over the past year. Overall, from December 2022 to December 2023 there was a 72% increase statewide in parent-child visitation.

Percent Parent Child Visits by Month by Region

Low Country Total — Midlands Total — Pee Dee Total — State Total — Upstate Total
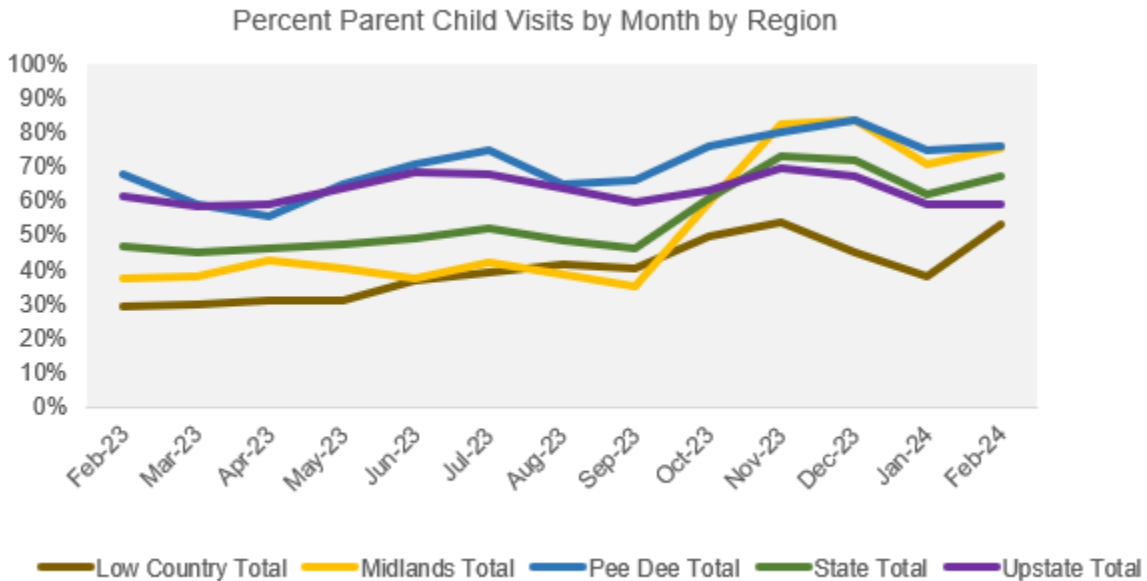
Plan for Improvement – Permanency Outcome 2

Activities related to goals 1 and 2 (see pages 74-76) are intended to improve performance on the items related to the permanency outcomes. In particular, the activities related to increasing

kinship placements and increasing teaming and refinement of the CFTM processes are expected to increase family engagement, stability, and teaming efforts in case planning.

Well-Being Outcome 1

Families have enhanced capacity to provide for their children's needs.

Item 12: Concerted efforts to assess the needs and provide services to children, parents, and foster parents.

Item 13: Concerted efforts to involve the parents and children in case planning.

Item 14: The frequency and quality of visits between case managers and child(ren) are sufficient.

Item 15: The frequency and quality of visits between case managers and the mothers and/or fathers are sufficient.

CFSR items 12, 13, 14, and 15 were selected as key areas needing improvement in the Department's program improvement plan (PIP) and 2020-2024 CFSP.

The item 12 performance goal was set at 22%, the item 13 performance goal was set at 35%, the item 14 performance goal was set at 60%, and the item 15 performance goal was set at 31%. These performance goals are set to align with the CFSR case review data, which utilizes the onsite review instrument (OSRI). PIP strategies and activities were implemented from September 2018 through September 2021. Following completion of PIP implementation, SCDSS entered a non-overlapping period that concluded in March of 2023.

SCDSS met the item 12 performance goal in the April 1, 2020 – September 30, 2020 measurement period, achieving a 23% strength rating.

Concerted efforts to assess the needs and provide services to children, parents, and foster parents (Item 12) by measurement period
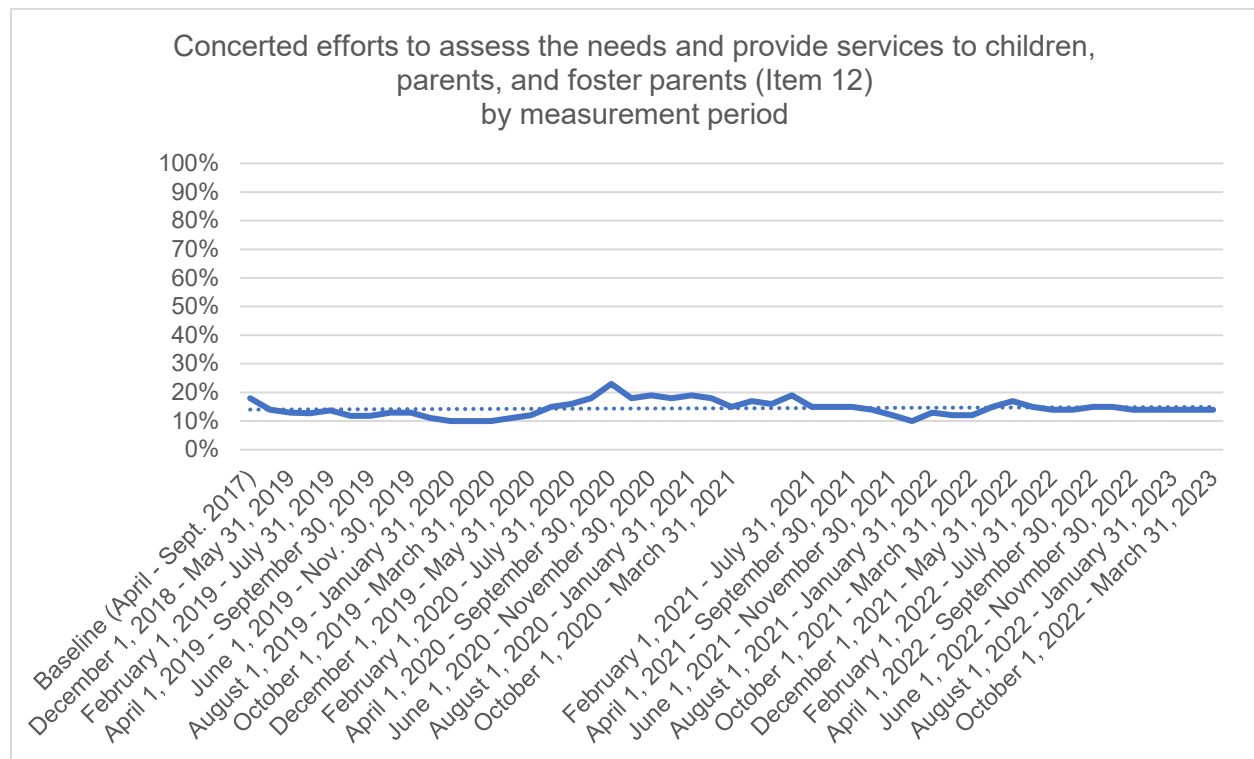
SCDSS met the item 13 performance goal in the March 1, 2020 – August 31, 2020 measurement period, achieving a 35% strength rating.

Concerted efforts to involve the parents and children in case planning (Item 13)
by measurement period
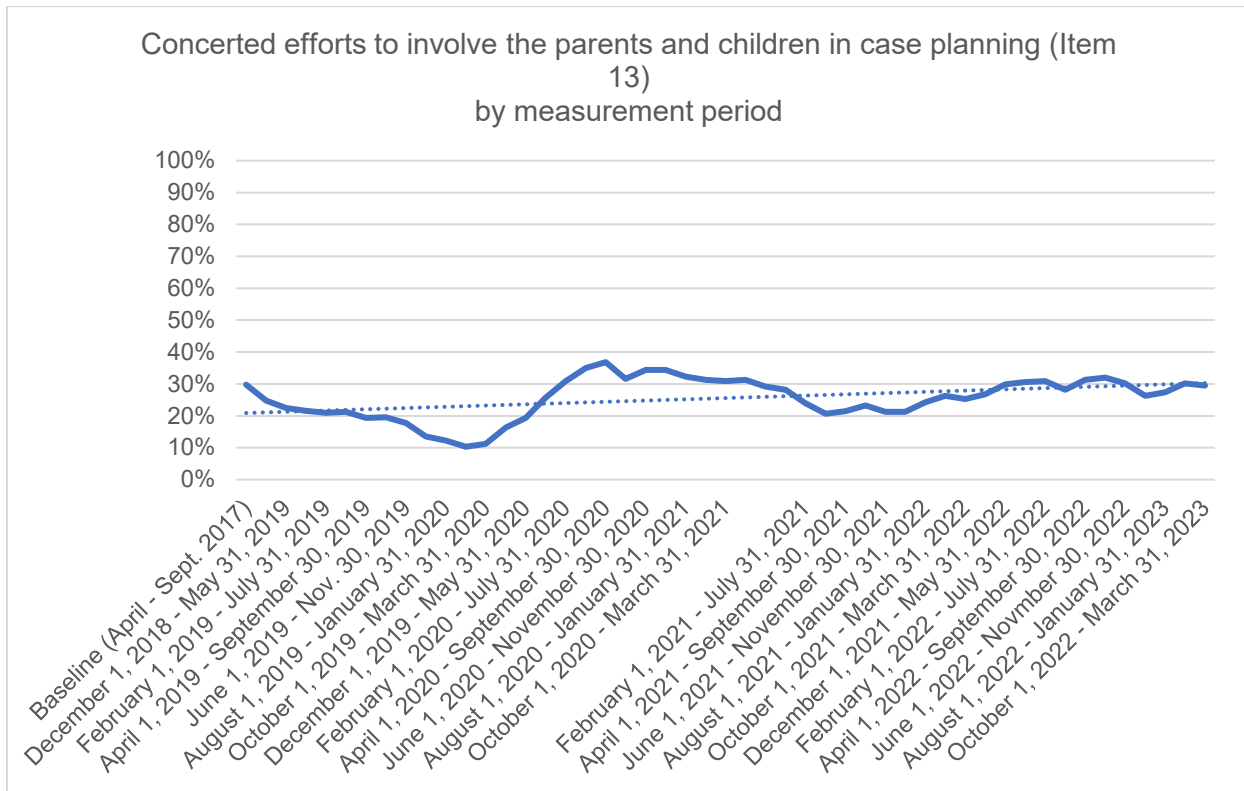
SCDSS met the item 14 performance goal in the April 1, 2020 – September 30, 2020 measurement period, achieving a 60% strength rating.

Internal Data Measures

Through statewide implementation of the CANS and FAST assessments in 2021, SCDSS staff are now trained to identify needs informed through assessments, matching those needs to appropriate services in consultation with the family. SCDSS continues to see improvement in the completion rates of these assessments. For more information on FAST completion rates see page 16 and for data on CANS completion rates see page 22.

Using assessments and CFTMs, case managers monitor strengths and needs to determine which services would be appropriate for each family. In collaboration with Chapin Hall, SCDSS has been strengthening the monitoring of data and outcomes of evidence-based practices (EBPs) and those related to Family First. This measurement framework focuses on measuring the extent to which preventative services are reaching children and families, being implemented with fidelity, and achieving desired outcomes.

Although family engagement occurs throughout the life of a case, the CFTM and FPP development processes are intended to engage families in the case planning process. Once a CFTM is completed, data is entered into CAPSS via the FPP. Information captured includes the type of CFTM, date, facilitator type, and attendees. In addition to CAPSS data, regional data is kept by the CFTM team. Analysis below shows from April – September 2023 15% of CFTMs had a child or youth in attendance. Of note, this does not take into consideration the number of children/youth who may not be at the CFTM due to age, developmental appropriateness, or youth choice. This is an increase in performance in comparison to the prior reporting period of April – March 2023, in which 11% of CFTMs had child/youth attendance.

Youth Attendance at CFTM's April 1, 2023-September 30, 2023 (Regional Spreadsheets)			
Region	Total CFTM's Held (CAPSS 200-R02)	# of Youth Present at a CFTM Spreadsheets) *	Percent of Child/Youth Attendance
Upstate	349	59	16.9%
Midlands	209	20	15.43%
Pee Dee	245	39	15.91%
Lowcountry	285	44	15.44%
Statewide	**1,088**	**162**	**14.89%**

Youth Attendance at CFTM's April 1, 2022-March 31, 2023 (Regional Spreadsheets)			
Region	Total CFTM's Held (CAPSS 200-R01)	# of Youth Present at a CFTM Spreadsheets) *	Percent of Child/Youth Attendance

Upstate	875	98	11.2%
Midlands	373	21	5.6%
Pee Dee	417	50	11.9%
Lowcountry	662	84	12.6%
Statewide	**2,327**	**253**	**10.8%**

CFTM participants are asked to respond to a survey following their participation in a CFTM. Survey highlights from 2023 show:
- 88% of respondents reported the CFTM facilitator asked the family for their identified support system to attend and participate in the CFTM
- 87% of respondents felt heard, respected, and supported by the facilitator during the CFTM
- 74% responded that the CFTM completely addressed the concerns
- 24% felt the CFTM addressed some of the concerns
- 2% felt the CFTM did not address the concerns at all
- 79% of respondents would recommend a CFTM to other families involved with SCDSS

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 these contacts made in the home. The total number of visits made by case managers on a monthly basis to children in foster care must not be less than 95% of the total number of such visits that would occur if each child were visited once every month while in care. SCDSS reports visitation data in accordance with the requirements of the caseworker formula grant. For information on how SCDSS has monitored and administered the caseworker formula grant, please see the links below:
- Monthly Caseworker Visits Formula Grant FY20-21
- Monthly Caseworker Visits Formula Grant FY21-22
- Monthly Caseworker Visits Formula Grant FY22-23

In addition to the data reported through the formula grant referenced above, SCDSS has weekly case management reports through CAPSS which analyze case manager visits with children and adults in open family preservation cases. Reviewing the first weekly report of each month during calendar year 2023 shows stable performance. Of note, this data does not account for concerted efforts or cases in which an exception is documented for monthly contact requirements.

Family Preservation Case Manager Visits with Children within days of the report date

- Children seen face to face within 30 days
- Children seen face to face within 31 to 60 days
- Children seen face to face within 61 to 90 days
- Children seen face to face within greater than 90 days

Family Preservation Case Manager Visits with Adults within days of the report date

- Adults seen face to face within 30 days
- Adults 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

Plan for Improvement – Wellbeing Outcome 1

Goals 2, and 3 include activities intended to strengthen teaming efforts with children and families, as well as external partners. There are several activities focused on increasing

services and supports available to families as well, which support a variety of safety, permanency, and wellbeing outcomes. Additional activities are outlined to support the enhancement of CFTM processes to increase both partner (internal and external) and family engagement in case planning processes. See pages 74-76 for more information. Additionally, SCDSS continues to enhance staff's knowledge of the service array and how to connect families with needed services. Additionally, SCDSS has revised its approach to prevention services by establishing a new service, Family Resource Connection and Preservation. This work replaces the family community centered support services (FCCSS) contract. Workgroup meetings were held throughout the year with providers to develop the scope of work and rate for these services and providers. Additionally, an internal process was developed for screened out intake referrals that formerly went to FCCSS. SCDSS hired 5 prevention service liaisons to support families where the intake referral does not meet the threshold of CPS investigation but where a service need is still evident. This program will mail a postcard to families providing them with a survey link to complete an assessment. Families self-select by completing the assessment and a prevention services liaison then contacts them to support their needs with community resources and supports.

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

Item 16: Concerted efforts to assess and address children's educational needs.
The CFSR item under the Well-Being Outcome 2 was not selected as a key area needing improvement in the Department's program improvement plan (PIP) and 2020-2024 CFSP. Performance on this item is not currently being tracked through CFSR case review data.

Internal Data Measures

Educational needs are formally assessed through the CANS. The CANS includes three assessment items to include school achievement, school attendance, and school behavior. Assessments are used to identify needs and identify supports and services for the family. Recognizing that assessing for service needs and connecting foster children and families to providers to meet individualized service needs is critical to maintaining a child in their placement, SCDSS has focused on improving the rate of assessments. Findings of assessments, along with inputs from the family via engagement efforts such as the CFTM are used to inform the needs of the child and family. SCDSS continues to see improvement in these areas. In July of 2022 CANS completion rates were at 23%. The most recent available data for February 2024 shows CANS completion rates at 40%.

Additional educational data is monitored through CAPSS reports. Education data is captured in CAPSS and data is then available through a batch report, identifying foster youth with an IEP, 504 plan, or who are documented as home schooled.

Plan for Improvement – Well-being Outcome 2

SCDSS continues to educate staff and external partners on educational needs of youth in care, including documentation of IEP and 504 plans, the educational rights of foster care youth, and tutoring options for families. Additionally, efforts to improve assessments are expected to lead to the more timely and accurate identification of educational needs.

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

Item 17: Physical health needs of children are addressed.
Item 18: Mental/behavioral health needs of children are addressed.

The CFSR items under the Well-Being Outcome 3 were not selected as key areas needing improvement in the Department's program improvement plan (PIP) and 2020-2024 CFSP. Performance on these items is not currently being tracked through CFSR case review data.

Internal Data Measures

Healthcare needs of children in foster care is monitored through CAPSS data. In coordination with the Health and Well Being team, CAPSS developed a report that tracks the initial well-child visit entered for each child in foster care and, based on the periodicity scheduled and the child's age, estimates the date for the next required well-child visit. This report is able to provide aggregate and child-level data to readily identify children who are upcoming and overdue for a well-child visit.

The CWS dashboard provides a visualization of this CAPSS data and is disseminated monthly to child welfare leadership. The data provides a breakdown by county and region. The most recent dashboard from March of 2024 shows 63% of all children in foster care are up to date on their well-child visits. SCDSS has steadily increased this metric over recent years. In February 2020 only 38% of children in care were up to date on well-child visits.

Percent Up-To-Date Well Child by Month by Region

	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Low Country Total	52.1%	51.8%	58.6%	62.4%	59.5%	55.1%	54.4%	55.6%	64.9%	60.0%	60.7%	55.2%	56.3%
Midlands Total	52.8%	54.2%	61.9%	64.0%	64.2%	60.8%	56.1%	54.7%	60.8%	57.3%	63.3%	59.1%	60.0%
Pee Dee Total	63.2%	64.3%	70.0%	67.9%	67.0%	63.5%	60.0%	62.1%	69.4%	69.5%	74.5%	74.2%	71.9%
State Total	58.0%	58.9%	64.5%	65.8%	65.4%	62.4%	59.0%	59.7%	66.1%	62.3%	66.1%	62.7%	62.7%
Upstate Total	64.9%	65.6%	67.8%	68.9%	69.5%	68.1%	65.0%	67.0%	71.3%	65.5%	67.7%	64.9%	64.2%

The Well Being team has worked diligently on improving well-child visits. Data from February 2023 – February 2024 shows steady improvement in the percentage of foster care children without a documented initial well-child visit. In February 2023 14% of foster care children did not have an initial well-child visit documented. A year later in February 2024 this had dropped to only 5%.

**Initial Well-Child Visits
Percentage Missing**
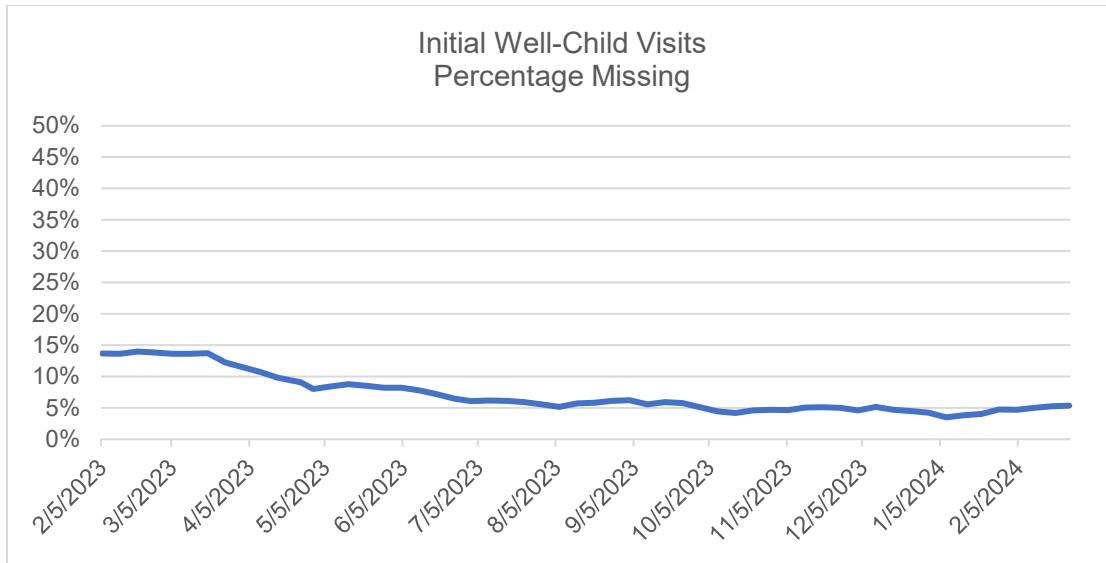
SCDSS focused initial improvement efforts on well-child visits and is transitioning to focus more on dental visits. There has been steady improvement in dental visit data. The graph below shows the percentage of missing initial dental visits from February 2022 – February 2024. In February 2022 21% of children in care did not have a documented initial dental visit. In February 2024 this had dropped to 16%. SCDSS anticipates this performance improve further as the Well Being team focuses more on dental assessments.

**Initial Dental Visits
Percentage Missing**
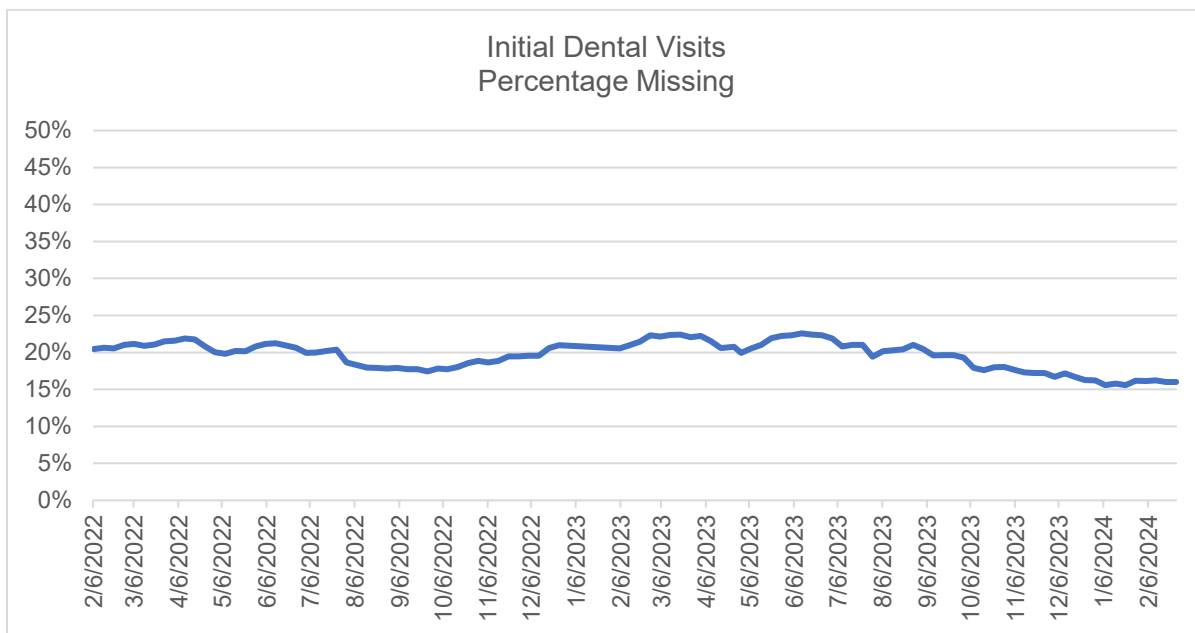
Most children under three years of age who enter care are referred to SCDHHS for developmental assessments through BabyNet. SCDSS continues to monitor BabyNet referral rates and timeliness. Overall rates have remained relatively high, although in November 2023 compliance had increased tremendously to the point where SCDSS was recognized as in compliance with the Michelle H settlement agreement guidelines numbers.

Percent Timely BabyNet Referrals Within 30 and 45 Days, November 2021 to November 2023
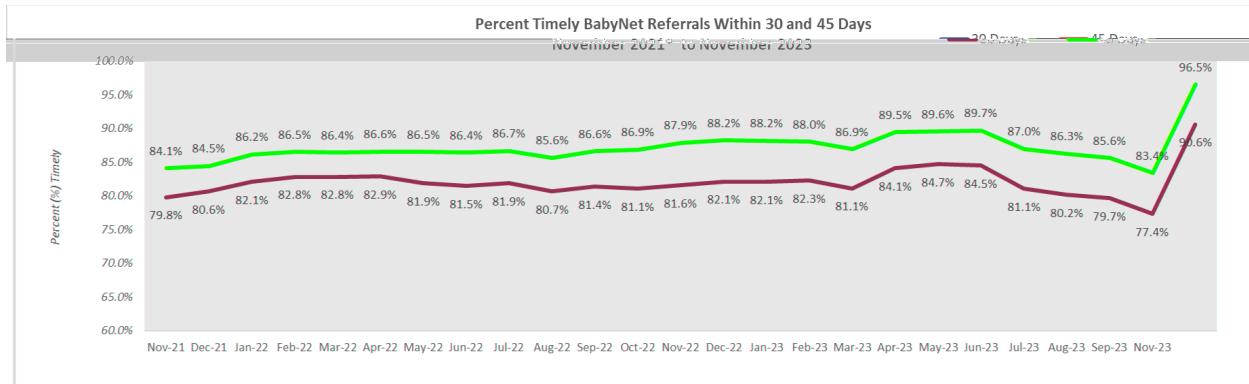
Plan for Improvement – Well-being Outcome 3

Goals 1 and 2 both include activities intended to strengthen assessment of needs, including assessing and teaming strategies around wellness needs. See pages 74-76 for more information. This includes the finalization of family wellness and support plans, as well as increasing engagement with external partners to assess the quality of assessments in identifying healthcare needs. Additionally, SCDSS will be increasing efforts to promote the use of Medical Home Model Providers and collaboration with external partners to improve timely access to medical and dental assessments. Additionally, there are a number of service implementations that are planned that will support mental and behavioral health needs of children and families.

Systemic Factors

Statewide Information System

Item 19: 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?

During the most recent statewide assessment in 2017, SCDSS rated this systemic factor as an area needing improvement. SCDSS anticipates this being a strength in the upcoming statewide assessment for CFSR round 4.

The SCDSS CAPSS system has processes and screens for capturing data elements and allows users to readily identify the status, demographics, location, goals, and location of every child in foster care. These elements, and other CAPSS data, is be verified through the agency's AFCARS and NCANDS submissions. Additionally, SCDSS policies and procedures specify case documentation timeframes and requirements. There are several regularly produced and disseminated ADR and CAPSS reports that support the review of data quality and timeliness, including the ability to pull individual or aggregate level data to identify data elements for children in care to include location, placement, goals, and demographics. Additional data validation can be conducted on an ad-hoc basis.

Foster Care Status
Foster care status is captured through the program service line in CAPSS. This service line records the date and time a child is removed and thus enters foster care, and the date and time

the child leaves foster care. In order to deliver services a foster care service line must be opened for children in care. As such, this field is heavily monitored. There are numerous reports that provide this information and are produced on weekly caseload reports. CAPSS also produces a weekly report that lists cases and services for each worker in an office, allowing staff to look at the cases and service lines assigned for each case manager in a given county office. Additionally, there is a report that provides a list of open service lines assigned to inactive workers that is used to ensure each case is assigned to an active case manager. To further data reporting efforts, SCDSS partnered with Evident Change to utilize SafeMeasures. Safe Measures provides reports updated daily from CAPSS extracts and includes reports on case service types, counts of newly opened services, and counts of closed services. Both the Safe Measures and CAPSS/ADR reports allow staff to drill down to specific service line levels.

Demographic Characteristics
When a person is added to CAPSS demographic information is captured via the person ID. In addition, there is a health section of the person ID which documents disability information, a health summary, diagnoses, medical devices, allergies, injuries, and healthcare encounters.

In November 2022 the SCDSS ADR team analyzed a foster care cohort for completeness of these characteristics. The cohort included 4,071 children, 174 of which were over the age of 18. Below is a summary of this analysis.

- All children had a documented date of birth
- All children had an entry in the field for sex, however 4 were listed as unknown
- All children had an entry in the field for race, however 207 (5%) were unknown. The unknown categories consisted of unknown – abandoned (20), unknown – incapacitated (31), unknown – multiracial/other race unknown (152), and unknown/unable to determine (4)
- All children had an entry in the field for ethnicity, however 148 (4%) were unknown. The unknown categories consisted for unknown (9), unknown – abandoned (72), unknown – incapacitated (67)

In Safe Measures there is an available report on completion status for demographic information for active service recipients, which looks to determine if a valid DOB, SSN, full name, race, Hispanic indicator, gender, and language are entered. The analysis uses the following parameters:

- Gender, race, language, and Hispanic indicator data that are missing or entered as unknown will result in a client being in the 'incomplete' category.
- Dates of birth are flagged if they are more than 100 years in the past or occur in the future. There may be false positives if actual 100+ active clients are on cases.
- Names are flagged if they are common words indicative of relationships or roles, such as (but not limited to): mother, father, sister, brother, person
- Single-letter last names are flagged, as are any clients with the last name 'Doe'.
- SSN values are flagged as invalid if they contain common numeric strings - 9 repeated digits or 9 consecutive digits and also if they contain less than 9 numbers.

It should be noted the Safe Measures report is broader than the analysis conducted by ADR in 2022. Safe Measures reviews name and searches for valid SSNs. This report is also designed to begin looking at demographics on al services, including at the start of a child's path through

intake and investigations where demographic information begins to be collected, thereby aiding that data continues to be collected, updated, and complete when or if a child comes into foster care.

Since not all children have disabilities and/or medially diagnosed conditions requiring special care, it is difficult to ascertain the completeness of the data. However, CAPSS and ADR have multiple reports that are used by staff to identify medical needs. ADR produces a weekly report on medically fragile children. There is an additional monthly report on the use of psychotropic drugs. CAPSS also produces a weekly report that shows all health care diagnoses entered into CAPSS. To monitor healthcare encounters, CAPSS produces a weekly report that focuses on scheduled and overdue medical appointments for foster children. Finally, there are reports for immediate treatment needs as well as BabyNet referrals.

SCDSS also securely exchanges information with SCDHHS and Select Health to gather information on well-child, dental visits, mental health visits, and other health information from which several monthly reports are produced. Select Health also provides information on HEDIS and SCDSS nursing staff have access to a Select Health system which allows them to see if children have visited a health provider.

Location
Each placement record includes the name and CAPSS ID of the foster care provider, the type of placement, the start and end dates of the placement, and the reason a placement ends. This is captured in CAPSS via the placement tab for each child in care. The placement address and address history is captured in the provider record.

There are several CAPSS reports related to foster care status and location. CAPSS report HRC160-R01 – Placement History by Person ID provides the case ID, case status, service type, removal end reason, person ID, placement type, placement start/end dates, provider ID, provider name, provider address, case manager, and county office. This report allows for placement history to be reviewed to know where a child is currently placed, when they were placed, and the name and address of their location.

In November 2022 the ADR team analyzed a cohort of foster care providers who had at least one placement for the completeness of the location information for each foster care child or youth. Results of this analysis are below:

- There were no missing provider names
- SCDSS maintains two address fields. There were no missing addresses. However, there was one observation with a "0" in the address field1. When ADR reviewed that observation, the youth was placed at the University of South Carolina in a dormitory. Other colleges (7 youth in total) had issues where they just cited the name of the college in address field1. However, address field2 helped to fill in the additional information needed except for three youth. It should also be further noted - except for two youth who were 17 years of age - all the youth who had a placement type of school or college were 18 years or older.
- There were no missing provider cities.
- There were no missing provider states

- While there were no missing provider zips, there were three providers where the provider zip was coded as "0". All other information on the address, city, and state appeared to be part of the records thereby ensuring that the child can be located.

Goals

Permanency goals are captured through the legal tab in CAPSS. CAPSS captures three plans: court-ordered, recommended, and concurrent. Typically, case managers enter the recommended plan into CAPSS and present the plan to the courts. After court the case manager then enters the court ordered plan into CAPSS. On an ongoing basis SCDSS evaluates whether a concurrent plan of adoption or guardianship is in the child's best interest. If so, the case manager creates the concurrent plan in CAPSS.

In November 2022 the ADR team analyzed a cohort of children in foster care for the completeness of this information. Results of this analysis are below:

- All but 7 children had a recommended plan in CAPSS
- All children had a court ordered plan in CAPSS. However, of the children under 18 years and after removal of newly opened cases, 25% had a court ordered plan of "not yet established"
- Of the children who had "not yet established" as their court ordered plan, all but 4 had a recommended plan. All had a concurrent plan.

There are numerous reports available on permanency plan status. Periodically, ADR sends reports out to the field that highlight cases where the court ordered plan is not yet established after removing newly opened cases.

Safe Measures provides two reports on permanency plans, identifying the status and time since the last court ordered permanency plan. These reports examine the number of months since the last court ordered plan, looking for the plan after the foster care service line beings. It does not consider plans from previous service lines. Data as of 4/25/2024 from Safe Measures shows 76% of current foster children have an active permanency plan. Of note, a plan of not yet established is not considered an active permanency plan.

SCDSS will continue to use data to monitor performance on this item to target any identified improvement needs.

Case Review System
Item 20: 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?

During the most recent statewide assessment in 2017, SCDSS rated this systemic factor as an area needing improvement. SCDSS anticipates this being an area needing improvement in the upcoming statewide assessment for CFSR round 4.

While SCDSS has made significant improvements in this area, there is a need for consistent participation of caregivers in the case planning process, which the Department believes will be facilitated through the continued efforts of CFTMs and the development of the Family

Permanency Plan (FPP). Additionally, data reporting improvement are needed so family engagement can be adequately tracked throughout case planning efforts.

Although family engagement occurs throughout the life of a case, the CFTM and FPP development processes are intended to engage families in the case planning process. Once a CFTM is completed, data is entered into CAPSS via the FPP. Information captured includes the type of CFTM, date, facilitator type, and attendees. In addition to CAPSS data, regional data is kept by the CFTM team. Analysis below shows from April – September 2023 15% of CFTMs had a child or youth in attendance. Of note, this does not take into consideration the number of children/youth who may not be at the CFTM due to age, developmental appropriateness, or youth choice. This is an increase in performance in comparison to the prior reporting period of April – March 2023, in which 11% of CFTMs had child/youth attendance.

Youth Attendance at CFTM's April 1, 2023-September 30, 2023 (Regional Spreadsheets)			
Region	Total CFTM's Held	# of Youth Present at a CFTM	Percent of Child/Youth Attendance
Upstate	349	59	16.9%
Midlands	209	20	15.43%
Pee Dee	245	39	15.91%
Lowcountry	285	44	15.44%
Statewide	1,088	162	14.89%

Youth Attendance at CFTM's April 1, 2022-March 31, 2023 (Regional Spreadsheets)			
Region	Total CFTM's Held	# of Youth Present at a CFTM	Percent of Child/Youth Attendance
Upstate	875	98	11.2%
Midlands	373	21	5.6%
Pee Dee	417	50	11.9%
Lowcountry	662	84	12.6%
Statewide	2,327	253	10.8%

CFTM participants are asked to respond to a survey following their participation in a CFTM. Survey highlights from 2023 show:
- 88% of respondents reported the CFTM facilitator asked the family for their identified support system to attend and participate in the CFTM
- 87% of respondents felt heard, respected, and supported by the facilitator during the CFTM
- 74% responded that the CFTM completely addressed the concerns
- 24% felt the CFTM addressed some of the concerns
- 2% felt the CFTM did not address the concerns at all
- 79% of respondents would recommend a CFTM to other families involved with SCDSS

In August of 2021 a workgroup was established that focused on efforts to improve child family team meetings (CFTM) and family permanency plan (FPP) development. The CFTM/FPP

workgroup identified several family story elements that were not being captured in the documentation of the FPP that included the family story, concerns and impacts, and desires and possibilities. In October of 2021 the workgroup coordinated with the SCDSS CAPSS team and these missing family elements were built into the FPP within CAPSS. The inclusions of these elements supports improved family collaboration in the development and documentation of case planning. As this is still a relatively new process, the CFTM leadership team has been focusing efforts on strengthening CFTM facilitation skills, improving documentation of FPP and family elements, and improving data tracking and reporting. The CFTM continues to collaborate with the Accountability, Data, and Research (ADR) and CAPSS support teams to identify gaps in data monitoring and reporting. The CFTM team continues to conduct regular case reviews in addition to CAPSS reports to monitor performance. During these case reviews, approximately five cases per region are reviewed for CFTM/FPP timeliness, quality, and documentation. These case reviews provide an opportunity to identify gaps in performance and clarify the roles and responsibilities of CFTM facilitator efforts.

As the FPP is still a relatively new effort, data entry is a known barrier to performance monitoring. The Office of Child Welfare Operations has been hosting skills lab trainings to focus on the documentation of the FPP and training staff how the agency's functional assessments (FAST, CANS, FPP) connect and are inputted into the CAPPS system. In addition, performance coaches have been working with county directors to strengthen specific skills based on the training needs of that county staff. These efforts have particularly focused on preparing and improving case manager led CFTMs for family preservation cases. To expand training efforts, the CFTM leadership team collaborated with the Staff Development and Training (SD&T) team in May of 2022 to incorporate CFTM and FPP modules in the Supervisory Academy training. To increase understanding of the CFTM process with external staff, 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. In the coming year the agency intends to finalize a virtual presentation that can be provided upon request to providers across the state.

Additional improvement efforts include continuing to improve strategies for engaging noncustodial parents. The CFTM leadership team is working to refine best practices around engaging noncustodial parents, including exploring ecomapping software that the agency can use to virtually develop genograms with families. The agency is also working to develop a practice guide for CFTM facilitators to clearly outline the procedures, and roles and responsibilities of facilitators during the CFTM and FPP documentation processes.

In collaboration with the Annie E. Casey Foundation SCDSS initiated the Small Test of Change pilot program in March of 2023. This pilot is ongoing in Anderson, Greenville, and Spartanburg counties and was devised to address the high teen entries into foster care, primarily due to parent-child conflicts and behavioral issues. As a part of this effort the process of initial CFTMs is being refined to focus on engaging families in an effort to divert entry into foster care by quickly and accurately identifying family needs and supports or service that will assist them in addressing concerns.

Item 21: 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?

During the most recent statewide assessment in 2017, SCDSS rated this systemic factor as a strength. SCDSS anticipates this being a strength in the upcoming statewide assessment for CFSR round 4.

SCDSS and the Foster Care Review Division (FCRD) work closely to ensure a periodic review for all applicable children. SCDSS and FCRD work collaboratively to share data for eligible children for review, data gathered from reviews, and areas of concern.

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. Every child who enters foster care and remains in care for a minimum of 4 consecutive months is initially reviewed by the FCRD between 4 and 6 months. Following the initial review, each child is reviewed again every 6 months until they exit care or reach the age of 18. A monthly extract from CAPSS is provided to FCRD of children applicable for review.

SCDSS meets with the FCRD at least quarterly to discuss barriers and areas of concern identified by the FCRD. Additionally, the FCRD shares regular data reports, including the number of children reviewed and areas of concern. The data is broken down by county, allowing for a drill-down analysis to be conducted to identify particular areas of concern.

In 2023 the FCRD deployed a new system to streamline and alleviate lags in data entry. Prior to this there was a known lag in data being reported to the SCDSS CAPSS system, making it difficult to accurately track review compliance. With the implementation of this new system, data is more accurately reported. The graph below shows the percent of children in foster care with an up to date review documented in CAPSS. Significant improvements are evident over the past year.
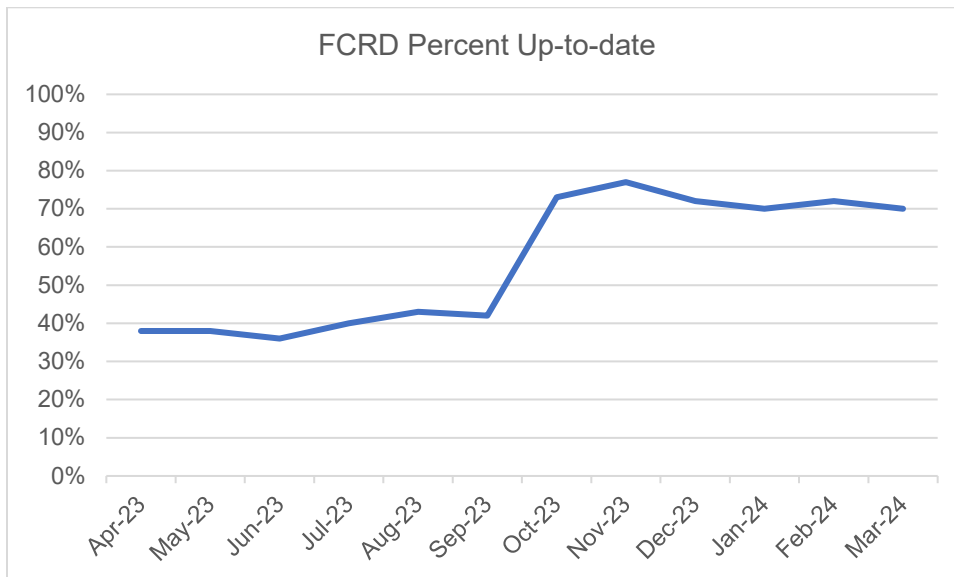
One of the barriers identified to holding timely reviews was related to lack of preparation, causing reviews to be postponed. To improve upon issues in conducting timely reviews, policy was published in October of 2021 to outline procedures for the periodic review of children in foster care by the local foster care review board. This policy includes specific steps for preparing

for the case review process, including compiling the information packet and providing it to the local FCRB office at least two weeks before the scheduled review. Policy updates also included the notification of the review to the child's parents or guardians, kinship and prospective kinship caregivers, the child (when developmentally appropriate), the GAL, foster parents, congregate care representatives, and/or other parties related to the removal action.

SCDSS continues to collaborate with FCRD to identify and address barriers to holding and completing timely FCRD reviews.

Item 22: 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?

During the most recent statewide assessment in 2017, SCDSS rated this systemic factor as a strength. SCDSS anticipates this being a strength in the upcoming statewide assessment for CFSR round 4.

SCDSS currently conducts permanency planning hearings at the nine-month mark. This schedule allows the hearing to occur timely even when continued or delayed.

A number of internal reports are available to SCDSS staff to identify children who are either getting close to or who are overdue for permanency plan hearings. This includes several CAPSS reports, which provide either a summary by county of the number of cases due, or overdue, as well as a detailed report for individual children that denotes the most recent and upcoming permanency plan hearing dates. Data from April 2023 – March 2024 shows 93% of foster children have a documented timely permanency planning hearing and are not overdue for a hearing. Month over month this performance has remained stable.

Permanency Planning Hearing Percent Up-to-date
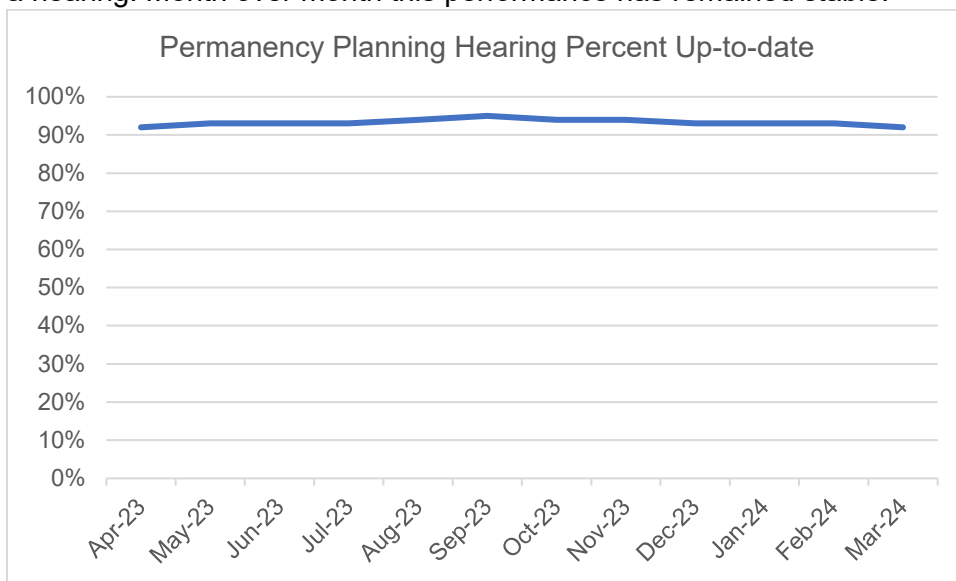
Item 23: Termination of Parental Rights
How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

During the most recent statewide assessment in 2017, SCDSS rated this systemic factor as an area needing improvement. SCDSS anticipates this being an area needing improvement in the upcoming statewide assessment for CFSR round 4.

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. The TPR hearing must 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. Court Liaison data on timely filed TPR complaints is stricter than what is required under our state statute as the benchmark is when the court orders TPR as the permanent plan rather than when the judge signs the order. The agency and courts continue to struggle to complete TPR hearings within 120 days due to many factors.

The CAPSS system includes a report to track weekly TPR actions. An extract of data from the first weekly report of each month from January 2022 to March 2024 is provided below. This shows the aggregated status of TPR actions for children whose primary permanency is adoption, or who have been in care for 15 of the most recent 22 months.
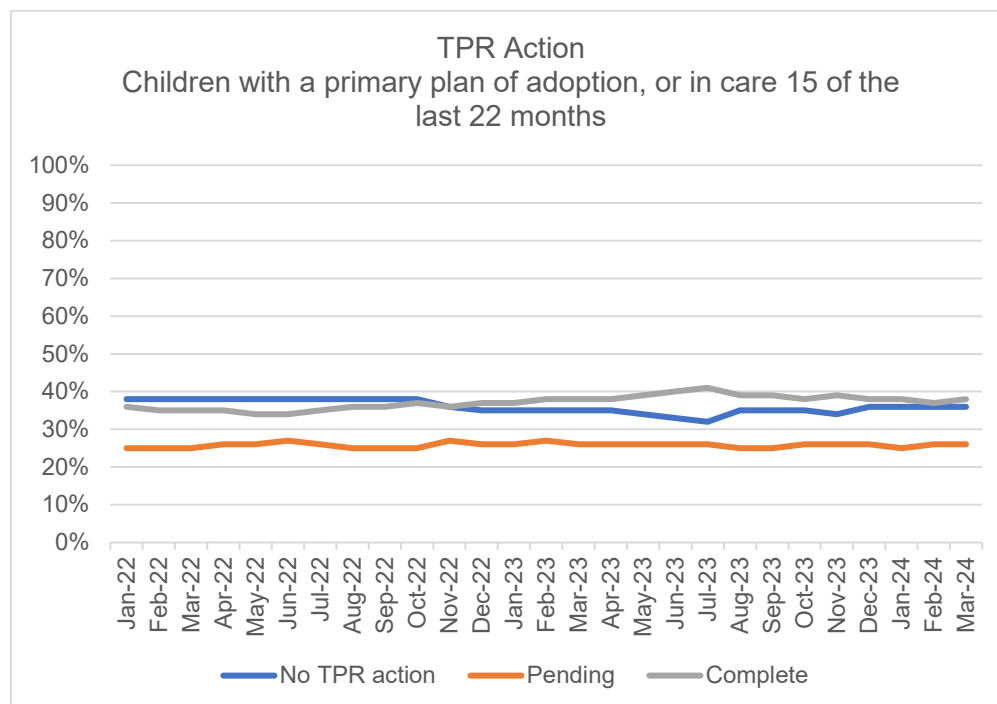
According to the Court Liaison program's 2023 report, there was a 23% decline in the number of TPR complaints filed in CY2023 compared to CY2022. Similarly, there was an 18% decrease in the number of TPR hearings scheduled during CY2023. While the percentage of TPR complaints filed and hearings has declined, the continuance rate improved by 7% in CY2023.

Additionally, CY2023 shows a higher percentage of cases with a timely hearing, with 16% of TPR hearings being held within 120 days. This is an increase by 5% over 2022, which was at 11% timeliness.

Typically, TPR hearings are completed via trials rather than agreements or relinquishments. Trial time is not as plentiful due to lack of resources in some counties and due to a wide variety of docketing strategies employed by the agency. High case volume is a common reason for delays. Additionally, not all courts have a fulltime judge, further limiting the time available for hearings. Other reasons for TPR hearing delays include limited time on the non-DSS docket to schedule contested hearings. SCDSS continues to work closely with the CIP and the courts to address barriers and improve timeliness.

Item 24: 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?

During the most recent statewide assessment in 2017, SCDSS rated this systemic factor as an area needing improvement. SCDSS anticipates this being an area needing improvement in the upcoming statewide assessment for CFSR round 4.

Overall, South Carolina has a strong process for ensuring parents receive notice of their right to be heard. This item is supported by South Carolina Statute and SCDSS policy and procedures. There is a barrier in being able to adequately measure performance on this item, as notices are sent through the mail, making it difficult to confirm and track recipient of notices.

South Carolina Code of Laws Section 63-7-1630 requires SCDSS to provide notice of hearings to foster parents, the pre-adoptive parents, or a relative who is providing care for a child. The notice must be in writing and may be delivered in person or by regular mail. The notice shall inform the foster parent, preadoptive parent, or relative of the date, place, and time of the hearing and of the right to attend the hearing and to address the court concerning the child. Notice provided pursuant to this section does not confer on the foster parent, preadoptive parent, or relative the status of a party to the action.

SCDSS policy requires the DSS paralegal to send out timely notices of hearings to all parties, opposing counsel, the GAL, and any other person or entity entitled to notice under state law. A standardized form is generated from the legal case management system (LCMS) to provide this notice.

To identify cases in which a notice has not been sent, the legal case management system (LCMS) includes a report which identifies notices that have not been generated in the system within 15 days of the hearing date.

Through the annual foster parent survey, respondents are asked questions regarding the notification of hearings. SCDSS tracks this information in our annual Foster Parent Survey that all licensed foster homes are asked to complete. Survey data from the 2023 survey show 49% of foster parents "always" received notice of court hearings.

	Always	Sometimes	Rarely	Never	N/A

Received Notice of Court Hearing	49.4%	25.3%	9.6%	6.9%	8.8%

Quality Assurance System

Item 25: 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?

During the most recent statewide assessment in 2017, SCDSS rated this systemic factor as an area needing improvement. SCDSS anticipates this being a strength in the upcoming statewide assessment for CFSR round 4.

SCDSS has built an established, well-functioning quality assurance system that became fully internal to SCDSS in July 2022. Since then, SCDSS has continued to work towards making needed improvements. In doing so, the SCDSS QA team considered the reasons this item was rated as an area needing improvement in the 2017 statewide assessment to determine the contributing factors for the ANI. Two main factors were closing feedback loops to services and stakeholder involvement. To address those issues, SCDSS implemented strategies to discuss services and service needs at the county, regional, and state office levels. SCDSS has worked diligently to increase stakeholder involvement. The SCDSS QA team has significantly increased stakeholder involvement throughout the case review process. Additionally, SCDSS has worked to develop an agency CQI policy and supplemental work-aids for the case review system, county debriefs, and regional action planning. The SCDSS QA team has introduced internal and external website presence to promote this work. These changes, in addition to the established review process and data analysis and feedback processes justify this strength rating.

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 and those participating in CQI activities.

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 current regional QA review model, each county is reviewed every other year. 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. This is done through county debriefs at the conclusion of each CQI review and a regional debrief and action planning process at the conclusion of each regional CQI review.

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. Each region has been assigned a Regional

QA Manager to assist in the identification of needed areas of improvement and the subsequent development of a regional improvement plan.

SCDSS has significantly progressed toward increasing CWS staff capacity to visualize, understand, and utilize data for CQI and performance management. At the conclusion of the CQI review, each county participates in a debriefing lead by the Regional QA 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.

Recognizing that the identification of root causes to performance barriers is crucial to developing effective solutions, the Office of Strategic Projects and System Alignment (formerly Office of Strategic Planning and Innovation) has developed a process for engaging staff to identify systemic gaps and barriers and are tracking these gaps in a way that will provide meaningful data to program developers and will be used to guide solutions. SCDSS began using Safe Systems Analysis (SSA) to inform this process. The SSA process uses critical incident case reviews and staff debriefings to identify gaps in the system. Staff at all levels who were involved with the case are debriefed in a non-punitive, anonymous manner where they are not asked specifically the details of the critical incident, but rather the systemic challenges they faced during the time period they had the case. The intent of the Safe Systems Analysis process is to review SCDSS's current practices and processes to determine what changes are needed to improve practice.

To track, analyze, and connect findings as a result of SSA and other root cause analysis initiatives the Strategic Dashboard was built. This is an internal dashboard that houses all of the insights/root causes identified, connects them to performance metrics, tracks solutions being implemented to address each insight, and connects this information to Child Welfare's strategic plans. Developing this platform has created an intentional space for program improvement initiatives, allowing SCDSS to develop well-informed plans and solutions. This platform will assist SCDSS in developing, monitoring, and reporting out on CFSP and other strategic plan initiatives going forward.

Staff and Provider Training
Item 26: 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?

During the most recent statewide assessment in 2017, SCDSS rated this systemic factor as an area needing improvement. SCDSS anticipates this being a strength in the upcoming statewide assessment for CFSR round 4.

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.

SCDSS Staff Development and Training (SD&T) launched the Child Welfare Academy (CWA) pre-services certification training for new case managers and supervisors in August 2021 with two pilots, and now provides this training statewide. This was a two-year collaborative project with training partners at the University of South Carolina's Center for Child and Family Studies and Affinita Consulting, focused on reimagining child welfare certification for child welfare services case managers. The CWA academy curriculum was chosen because it is known to provide new case managers with the information and support needed to increase retention for new hires. The goals of this training are to:

1. Improve the transfer of learning and casework readiness for new case managers
2. Increase supervisory and peer support from day one
   a. The support team is vital, providing county-level support for new staff is proven to help with new hire retention and improve the transmission of knowledge from the classroom to the field
3. Reduce turnover and improve staff retention
   a. Research tells us that workplace climate is improved when staff can rely on each other for support. Offering mentoring programs, informal discussion and support groups, social gatherings, and unit/team meetings provide more opportunities for peer support.
   b. Social-emotional support includes having concerns listened to, allowing opportunities to share, and offering encouragement. It is also important for new case managers to receive operational support focused on task related behaviors like ensuring casework activities are covered, offering tangible resources, and consulting on cases

Child welfare academy takes place over 9 weeks and is based on experiential learning with a focus on the Child Welfare Services Practice Model: Guiding Principles and Standards (GPS). 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. New case managers learn by doing, reflecting on what they have learned, and then learning the next level of casework practice skills. The training consists of 18 days of instructor-led training in a virtual classroom setting, and a 25-day on the job training (OJT) component that requires support from the learning support team which consists of the supervisor, a coworker designated as a peer support person, the performance coach, and as needed, support from the trainer.

The OJT component of training incorporates the use of the learning support team to have learners observe critical job tasks I the field, reinforcing and advancing the learning accomplished during the instructor led training. This strengthens practice skills and allows the learner to get to know the day-to-day operations of the county office. OJT comprises shadowing activities into clients' homes along with the learning support team while gradually taking on more casework responsibilities. This training also includes many opportunities for learners to work with their peers where they learn from each other and building a network of support.

After completion of all instructor led and OJT requirements, there is a final assessment of the core practice skills and documentation of the contact with a score of 85% demonstrating the learner is "ready" or "not ready" to move on to phase II post-service training and to receive half of their caseload. This final assessment is a skill demonstration for the new case manager in

their prospective program area of contact with a family, including at least one child and caregiver. This contact is observed and scored by the supervisor and peer support person, utilizing debriefing and feedback tools with a completed rubric.

After each session of CWA, respondents are able to provide their inputs regarding their satisfaction with the training through a survey. The survey collects information regarding the county, program area, education level, degree obtained, prior employment with the agency, confidence level after completion of the training, and asks participants to rate the level of support they received throughout the training. Participants are asked to rate their confidence level on competencies covered throughout the course. A condensed version of the results from the CWA cohorts from 1/1/2024 – 5/7/2024 are included below. These responses are out of approximately 160 respondents and includes questions on competencies and support from mentors, performance coaches, and team leaders.

	I am not confident in my ability. I need more training on this topic.	I am somewhat confident in my ability.	I am fully confident in my ability.
Perform skill-level child welfare case management tasks practiced in training, promoting the safety, permanency, and well-being of children and families.	0.7%	20.7%	78.7%
Differentiate between satisfactory and excellent performance throughout child welfare case management and recognize the systemic barriers that can prevent excellent performance.	0.7%	20.0%	79.4%
Describe the general process for referring a client to services	2.6%	37.2%	60.3%
Articulate when and why a referral for services is required	0.6%	26.3%	73.1%
Describe best practices in collaborating with families to work toward safety, permanency, and well-being	0.6%	18.0%	81.4%
Explain techniques for engaging families to ensure their voices are heard and included	0.7%	13.6%	85.8%
Describe how a case manager can ensure their engagement with families will be family-centered, trauma-informed, culturally responsive, individualized, and strengths-based	0.6%	18.0%	81.4%
Demonstrate ability to communicate and interview children and adults using age-appropriate methods	0.7%	16.1%	83.2%

Use computerized data collection and management systems such as CAPSS to perform basic documentation functions	7.1%	30.8%	62.2%
Explain the skills necessary to facilitate a successful family team, including planning, coordinating, collaborating, motivating, and moderating	1.3%	27.6%	71.2%
Define formal and informal assessments and describe the types of formal and informal assessments that may be necessary in a child welfare case.	1.9%	29.5%	68.6%
Explain the component of the CANS and FAST, and how to gather the required sources, including interviews, case records, medical records, professional assessments, school records, criminal records, and collateral contacts	3.9%	39.1%	57.1%
Explain the importance of accurate, thorough, and timely documentation of all assessments	1.3%	11.5%	87.2%
Explain how to determine the necessary elements of a Family Permanency Plan	0.0%	32.7%	67.3%
Demonstrate ability to match family needs with an effective array of services	0.0%	25.0%	75.0%
Demonstrate ability to evaluate formal and informal assessments and use them to inform the Family Permanency Plan	1.3%	33.3%	65.4%
Demonstrate ability to assess service options and collaborate with family teams to choose the option with the least intrusive level of authority necessary to preserve safety, permanency, and well-being	0.6%	21.8%	77.6%
Differentiate effective from ineffective services	0.7%	23.2%	76.1%
Explain how to adapt services and support youth as they transition from foster care to independent living	1.9%	31.6%	66.5%
Describe the process and conditions for case closure, including transferring or ending services and phasing out DSS facilitation of family teams	3.2%	30.3%	66.5%

	Strongly disagree	Disagree	Agree	Strongly Agree
My mentor/host is familiar with the content of this training.	0.0%	2.6%	35.9%	61.5%
My mentor/host uses the skills covered in training.	0.0%	1.9%	35.9%	62.2%
My mentor/host supports my attempts to utilize this training on the job.	0.0%	3.9%	30.1%	66.0%
As a result of the support from my mentor/host, I am a more confident and effective worker.	0.7%	4.5%	32.3%	62.6%

	Strongly disagree	Disagree	Agree	Strongly Agree
My performance coach is familiar with the content of this training.	1.3%	4.5%	42.6%	51.6%
My performance coach uses the skills covered in training.	0.7%	6.5%	41.2%	51.6%
My performance coach supports my attempts to utilize this training on the job.	1.9%	5.8%	38.7%	53.6%
As a result of the support from my performance coach, I am a more confident and effective worker.	1.9%	9.0%	40.0%	49.0%

	Strongly disagree	Disagree	Agree	Strongly Agree
I have been able to apply the knowledge I gained from the training to my work.	0.0%	2.6%	41.7%	55.8%
I am confident in my ability to perform all the jobs and tasks associated with my position.	1.3%	5.8%	45.5%	47.4%
I feel prepared to perform my job and the tasks related to my position.	1.3%	5.1%	44.2%	49.4%
Based on what I learned in the training, I am a more effective worker.	0.0%	1.3%	39.1%	59.6%
I am satisfied with the quality of the training.	0.7%	5.8%	38.1%	55.5%
As a result of the training, I substantially increased my knowledge of child welfare.	0.6%	1.9%	34.6%	62.8%

Item 27: 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?

During the most recent statewide assessment in 2017, SCDSS rated this systemic factor as an area needing improvement. SCDSS anticipates this being a strength in the upcoming statewide assessment for CFSR round 4.

To promote ongoing learning opportunities for frontline staff and supervisors, the CWA has implemented robust on-going in-service training opportunities. All child welfare staff are required to participate in 20 hours per year of training. There are 3 levels of training offered:

- Level 1 Series: Foundation courses refining the understanding of job requirements and gaining insights to enhance social work performance and practice with children, families, colleagues, and external stakeholders.
- Level 2 Series: More in-depth, specialized training in areas of child welfare practice where learners refine their understanding of job specific information and gain detailed insight into the work performed in their assigned program area.
- Level 3 Series: Advanced and specialized knowledge and skills practice to refine the quality of social work practice gained from previous levels and on the job training. This may also include cross-training in other divisions and/or partnering agencies.

Many of the courses included in the above training opportunities are focused on specific elements of leadership and supervisory practice. These courses are available through eLearning, in-house virtual and in-person instructor led, and through external partners.

SCDSS SD&T has undertaken a collaborative and coordinated effort aimed at understanding and addressing staff attrition. In 2020, SD&T conducted a full needs analysis to understand the impact of supervision and leadership on staff attrition rates. The findings showed that in many instances the quality of supervision and leadership has a direct impact on staff attrition. SCSDS has chosen to invest in the development of the coaching mindset and skill set for supervisors to provide coaching as a core competency. This approach leverages the established relationship and interactions between the supervisor and case manager. Coaching supports the supervisor's educational role in helping workers learn new tasks, apply needed skills, and tackle challenges in case practice. To develop the coaching competency in supervisors, SCDSS chose the Coach Approach to Adaptive Leadership (CAAP) coaching model. This model has been implemented in many states and is evidence-based with multiple levels of fidelity measures, as well as being fully compatible to SCDSS' mission, vision, and values.

In addition to the supervisory and leadership trainings available through Coach Approach to Adaptive Leadership, SCDSS offers a supervisor certification training for child welfare supervisory staff. The Supervisor Certification training program was launched in May 2022 and is an intensive, 6-week program designed to provide the training and support for intensive supervisory professional development of quality practice standards. It focuses on improving the capacity of supervisors to lead through an understanding of quality practice standards and requirements and an understanding of their role in carrying out the agency's mission, goals, and values.

Item 28: 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?

During the most recent statewide assessment in 2017, SCDSS rated this systemic factor as an area needing improvement. SCDSS anticipates this being a strength in the upcoming statewide assessment for CFSR round 4.

In 2024 foster and adoptive parent training was moved to the responsibility of SCDSS' Staff Development and Training team. SCDSS recognizes training is an activity designed to impart skills, techniques, and methodologies to foster and adoptive parents to assist them in maintaining the safety, permanency, and well-being of children who reside within their home. The below standards have been established to ensure uniform preparedness for those who care for foster children.

SCDSS requires foster and adoptive home applicants to receive 14 hours of a trauma informed pre-licensure training that includes the following topics: an overview of the child welfare system, legal rights, roles, responsibilities and expectations of foster and adoptive parents, agency purpose, policies, and services, the courts and applicable laws and regulations (this includes Prudent Parenting), health care oversight and psychotropic medication. We also require the following information to be trained and discussed: Information, including, but not limited to, trauma concepts and behavioral management, to provide for the needs of the child who is or may be placed in the home; early learning; child and adolescent brain development; healthy eating; protective factors; child abuse and neglect prevention; grief, loss, trauma, and separation issues; independent living skills; internet and social media safety for kids; sex trafficking prevention and warning signs; and first aid (including cardiopulmonary resuscitation (CPR) for the ages of children in placement, and bloodborne pathogen.

Adoptive Home applicants are also required to complete an additional adoption specific training which includes 6 additional training hours on topics of the general adoption information, selection process, adoption subsidy, and lifelong grief/loss issues adoptive children may have.

At the end of the pre-licensure training the instruction completes an evaluation regarding each person in attendance. This evaluation denotes the family's understanding of the material taught.

Foster and adoptive parents will subsequently be required to complete at least fifteen (15) hours training each year, or thirty (30) hours prior to each subsequent license renewal. This ongoing training the foster parent can choose the topic they wish to learn more about. These trainings can be instructor led, web-based, or self-paced must pertain to child and adolescent topics. It is important to note that viewing standard television programs or reading popular news or magazine articles will not be accepted for training hours. The training shall be provided by SCDSS, or another source approved by SCDSS. SCDSS is provided with the training certificates of the completed course.

CAPSS report SL150-R01 – Licensed Foster Home Training Completion tracks for each foster home the trainings they have completed, date of completion, hours completed, and details around how the training was conducted (in-person, webinar, online, etc.).

The annual foster parent survey includes a question asking respondents to rate their agreement on a scale of 1 -5 the following statement: I feel the continuing training courses are adequate and provide information beneficial to fostering. The 2023 survey results show an average rating of 3.85 out of 5 on this question. Through the survey foster parents are able to identify training topics they would like additional support around. These results are used to help inform training and support efforts.

Hybrid Pre-Service Evaluation

Heartfelt Calling, operated by the SC Foster Parent Association is a program that is often the first point of contact for those wanting to start the process of becoming a licensed foster or adoptive resource. This program includes trainings for both prospective foster and adoptive homes. This easily accessible training solution for foster and adoptive parents combines the use of recorded webinars and virtual check-ins. It is designed to prepare prospective foster and adoptive families for the important journey of helping children and families heal from the effects of child maltreatment and move towards family stability and permanency. Surveys are conducted to evaluate these trainings.

	Average
How likely is it that you would recommend hybrid pre-service training to a friend or colleague? (Rated on a scale of 1 - 5 with 1 being highly unlikely and 5 being highly likely)	4.5
Overall, how satisfied or dissatisfied are you with the hybrid pre-service training? (Rated on a scale of 1 - 5 with 1 being highly dissatisfied and 5 being highly satisfied)	4.5
How well does the hybrid pre-service training meet your needs? (Rated on a scale of 1-5 with 1 being not at all well and 5 being extremely well)	4.4
How would you rate the quality of the hybrid pre-service training? (Rated on a scale of 1-5 with 1 being very low quality and 5 being very high quality)	4.4

Adoption Training Evaluation

Below are the results of the adoptions pre-service training satisfaction survey for the time period of January 1, 2023 – May 1, 2024. There were approximately 37 respondents in this survey.

Overall, how satisfied or dissatisfied are you with the adoptions pre-service training?	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied
	5.40%	2.70%	0%	18.90%	73%
How well did the information presented in the adoption pre-service training meet your needs?	Not at all well	Not so well	Somewhat well	Very well	Extremely well

	0%	2.70%	10.80%	35.10%	51.40%
How would you rate the quality of the adoptions pre-service training?	**Very low quality**	**Low quality**	**Neither high nor low quality**	**High quality**	**Very high quality**
	0%	2.70%	10.80%	32.40%	54.10%
How clear was the presentation of information?	**Not at all clear**	**Not so clear**	**Somewhat clear**	**Very clear**	**Extremely clear**
	0%	0%	5.40%	27%	67.60%
I understand the issues involved in foster care and adoption as a result of this training.	**Strongly disagree**	**Disagree**	**Neither agree nor disagree**	**Agree**	**Strongly agree**
	0%	2.70%	0%	40.50%	56.80%
Were you provided an opportunity to get your questions answered?	**No**	**Yes**			
	2.70%	97.30%			

Foster Parent Training Evaluation

The survey data below is from the re-certification training evaluations conducted through the SC Foster Parent Association (SCFPA) covering the time period of 1/1/2023 – 5/1/2024. There were approximately 285 respondents.

Overall, how satisfied or dissatisfied are you with SCFPA training?	**Very dissatisfied**	**Somewhat dissatisfied**	**Neither satisfied nor dissatisfied**	**Somewhat satisfied**	**Very satisfied**
	2.80%	1.40%	1%	13.20%	82%
How well does our training meet your needs?	**Not at all well**	**Not so well**	**Somewhat well**	**Very well**	**Extremely well**
	0.40%	1.40%	4.90%	39.80%	53.70%
How would you rate the quality of the training?	**Very low quality**	**Low quality**	**Neither high nor low quality**	**High quality**	**Very high quality**
	0%	1.10%	7.30%	45.60%	46%
How would you rate the SCFPA training you attended?	**Poor**	**Below average**	**Average**	**Above average**	**Excellent**
	0.40%	1%	10.40%	24.70%	63.50%
How responsive have we been to our questions or concerns about training? *7.3% of respondents selected not applicable. Results to the right exclude	**Not at all responsive**	**Not so responsive**	**Somewhat responsive**	**Very responsive**	**Extremely responsive**
	0%	0.70%	3.10%	42.90%	46%

those who selected not applicable.					
How likely are you to attend SCFPA training in the future?	**Not at all likely**	**Not so likely**	**Somewhat likely**	**Very likely**	**Extremel y likely**
	0.40%	0.40%	4.90%	28.10%	66.30%

The SC Foster Parent Association monitors skill development for foster parents through survey results, as well as with the use of the Foster Parent Learning Plan. This learning plan is used by the licensing worker to evaluation and check in on the caregiver's knowledge and skill at each licensing visit. This learning plan documents information for the following questions:

- What knowledge and skills do I have that work well with the children currently living in my home?
- What issues or behaviors do the children have that I have trouble dealing with or feel my skills could be increased in that area?
- What skills and knowledge areas do I need to strengthen in myself to be a better foster parent to the children living in my home? And/or what skills I would like to e-learn or gain for future placement of children, e.g., children with medical care needs, G-tube feedings, eating disorders, diabetes management in children/youth, etc.?

Once these responses are obtained, the learning plan includes a section for the staff member to document the recommended training topics for the foster parent to attend. This establishes a continuous feedback loop between the agency and the foster parents to ensure needs are being met.

Facilities Staff Training
SCDSS requires staff of facilities to receive training prior to them be left alone with children placed there. All facilities staff must receive 32 hours of pre-service training before working alone with a child or youth. Training must include:
- Specific programmatic policies and procedures
- Trauma informed care/cognitive behavioral therapy
- Grief and loss issues for children/youth in care
- Behavior management and crisis prevention techniques
- Cultural competency, culturally responsive services and non-discrimination based on sexual orientation (LGBTQ)
- Specific needs of children/youth who may have emotional, behavioral, or physical problems; developmental delays, and who have been abused and/or neglected
- Overview of the use of medications commonly used for children/youth (if applicable, with a focus on psychiatric medications) and side effects (that when displayed by the child/youth) that would require staff to notify the referring SCDSS case manager
- Gang related activities
- Drug and alcohol education
- Sex education, pregnancy and STD prevention
- Sex trafficking and exploitation and actions to take to include reporting
- Reasonable and prudent parent standards
- Understanding of government assistance programs (i.e. Medicaid, SNAP, WIC, Voc. Rehab, HUD, etc.)

- Other education and/or training required by State and/or Federal Mandates

Additionally, all facilities staff must receive 16 hours of training annually in the following topics:

- Grief and loss issues for children/youth in care
- Specific program policies and procedures
- Other education and/or training required by State and/or Federal Mandates
- Gang related activities
- Drug and alcohol education
- Sex education, pregnancy and STD prevention
- Understanding of government assistance programs
- Working with children/youth who may have emotional, behavioral, or physical problems; developmental delays, and who have been abused and/or neglected
- Specific needs of the population served by the program
- Cultural competency and culturally responsive services

Training requirements and compliance are monitored through SCDSS contract monitoring. Certificates of training completions are provided to staff that complete trainings, which are reviewed by SCDSS contract monitoring to ensure compliance.

Service Array and Resource Development
Item 29: 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*

During the most recent statewide assessment in 2017, SCDSS rated this systemic factor as an area needing improvement. SCDSS has made significant improvement in this area and anticipates this being a strength in the upcoming statewide assessment for CFSR round 4.

SCDSS is committed to providing services tailored to the needs of children and families in South Carolina. SCDSS has made many improvements in developing a comprehensive service array, prioritizing evidence-based services to ensure children and families benefit from the latest research on the services offered. Over recent years individualized in-home services, evidence-based and other community-based services, and pre- and post- adoption services have been implemented. Additionally, service provisioning has been enhanced to divert entry into foster care. The service array continues to be expanded by SCDSS as needs are identified.

SCDSS has implemented the FAST and CANS assessment tools, which are evidence based structured decision-making tools that facilitate the identification of family needs, strengths, and risk factors. These tools are family-centered, balancing risk and needs with resources and strengths. With the implementation of these tools complete, SCDSS has heavily focused on the assessment and identification of family needs and strengths, utilizing the FAST/CANS

assessments to assist in identifying service needs at an individualized level. Strengthening skills in this area continues, as SCDSS continues in the development and refinement of a service intensity matrix connected to FAST assessment results. Additionally, the strengthening of the CFTM and FPP development processes have focused on individualizing and assessing for service needs. Results of assessments (FAST and CANS) are included in the development of the family permanency plan (FPP). Combining the results of assessments with CFTMs that incorporate youth and family voice results in a stronger FPP that is based on individualized goals and needs. The Child Welfare Services Safety Division and Child Welfare Operations have continued to host bi-weekly skills labs that focus on target areas, including assessments and FPP development. As staff grow their skills in these areas, it is expected that service needs will be better matched based on a family's unique strengths and needs.

SCDSS is continuing to work on developing a provider portal to capture services in CAPSS. Efforts for this portal are ongoing and have faced some challenges. Staffing issues initially delayed the launch, however the CAPSS team continues working on this portal.

SCDSS has continued its commitment to enhancing services for families and children in South Carolina, successfully integrating several key initiatives within the agency's framework over the past year. These improvements include the launch of Family Centered Treatment (FCT) in Greenville and Richland counties, beginning in October 2022 and fully operational by May 2023. Further expansion of services is reflected in the planned integration of the Intercept model, with the groundwork already being laid out for this transition. This endeavor is slated to start by the end of 2023 and aims to be operational across all four regions within the state by 2029. Alongside these enhancements, SCDSS is also preparing for the statewide implementation of Motivational Interviewing (MI). All of these initiatives exemplify SCDSS's unwavering commitment to strengthening service offerings, thereby providing comprehensive and effective support to the children and families of South Carolina.

Medical Services
SCDSS partners primarily with Select Health, SCDHHS, BabyNet, and Child Advocacy Centers to address the physical healthcare needs of children in foster care. The SCDSS Child Health and Well-being team have focused in recent years on strengthening provider relations and communications, as well as refining processes to quickly identify and connect children entering care with providers for initial well-child assessments.

Behavioral and Mental Health Services
The S.C. Department of Mental Health (SCDMH) offers a statewide network of community mental health centers, clinics, hospitals, and nursing homes with clinical staff, providing an array of medical and support services for children, adults, and families across South Carolina. SCDMH services are available statewide, located in all 46 South Carolina counties. In addition to the services available through SCDMH, the S.C. Department of Alcohol and Other Drug Abuse Services (SCDAODAS) is charged with ensuring the provision of quality services to prevent or reduce the negative impacts of substance use and addiction. DAODAS contracts with county alcohol and drug abuse authorities to provide the majority of direct prevention, treatment, and recovery services statewide. In addition, DAODAS contracts with a variety of public and private service providers, including opioid treatment programs, recovery organizations, hospitals, and community distributors of the overdose antidote Narcan. DAODAS has been

designated by the Substance Abuse and Mental Health Services Administration (SAMHSA) as the single state agency responsible for overseeing substance use disorder programs in South Carolina. SCDSS partners with these agencies, as well as other programs to offer services to children and families.

Among other programs include partnership with the Incredible Years, which is a 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 program is designed for children under the age of 12, promoting emotional and social competence to prevent, reduce, and treat behavioral and emotional problems. Included are classroom lesson plans 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.

Support Services
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 postimplementation, development, and implementation of a transitional pilot program to expand Departmental service array and improve access to evidence-based practices.

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

SCDSS has continued its commitment to enhancing services for families and children in South Carolina, successfully integrating several key initiatives within the agency's framework over the past year. These improvements include the launch of Family Centered Treatment (FCT) in Greenville and Richland counties, beginning in October 2022 and fully operational by May 2023. Further expansion of services is reflected in the planned integration of the Intercept model, with the groundwork already being laid out for this transition. This endeavor aims to be operational across all four regions within the state by 2029. Alongside these enhancements, SCDSS is also preparing for the statewide implementation of Motivational Interviewing (MI). MI will enable SCDSS to enhance service offerings and equip providers with holistic and responsive support

tools to better serve children and families across the state. Additionally, SCDSS has continued its implementation of Brief Strategic Family Therapy, Homebuilders, and Healthy Families America. All of these initiatives exemplify SCDSS's unwavering commitment to strengthening service offerings, thereby providing comprehensive and effective support to the children and families of South Carolina.

Independent Living Services

The South Carolina Department of Social Services (SCDSS) is the designated state agency that administers, supervises, and oversees the John H Chafee Foster Care Program Successful Transition to Adulthood (Chafee Program), and the Education and Training Voucher (ETV) Program. The goal of the Chafee Program is to provide the developmental skills necessary for youth and young adults in foster care to live healthy, productive, self-sufficient, and responsible adult lives. The purposes of these services are to provide youth and young adults in foster care with opportunities to learn needed independent living skills and to increase the likelihood of a successful transition from the foster care system. The Chafee/ETV Program also helps support permanency to allow youth age 14 and older who have been involved with the foster care system.

An extensive array of independent living services are available in the areas of daily living skills, adult education, education support, senior expenses, pre-college, special recognition, and transportation. In addition, if a youth identifies a service not already offered, more than likely SCDSS has the ability to pay for those additional services.

For more information on the Chafee and ETV programs please see page 99.

Item 30: 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?

During the most recent statewide assessment in 2017, SCDSS rated this systemic factor as an area needing improvement. SCDSS anticipates this being an area needing improvement in the upcoming statewide assessment for CFSR round 4.

SCDSS has made significant efforts through the implementation of the FAST and CANS assessment tools and strengthening of the CFTM and FPP development processes to identify individualized service needs. These processes are still relatively new and data is limited to track and monitor the progress of these initiatives.

In August of 2021 a workgroup was established that focused on efforts to improve child family team meetings (CFTM) and family permanency plan (FPP) development. The CFTM/FPP workgroup identified several family story elements that were not being captured in the documentation of the FPP that included the family story, concerns and impacts, and desires and possibilities. In October of 2021 the workgroup coordinated with the SCDSS CAPSS team and these missing family elements were built into the FPP within CAPSS. The inclusions of these elements supports improved family collaboration in the development and documentation of case planning. The CFTM leadership team continues to identify gaps in monitoring performance data

and working collaboratively with the ADR and CAPSS team to improve data metrics. As this is a relatively new process, data is currently limited.

During the quality assurance case reviews, a qualitative analysis is conducted to identify 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.

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.

Agency Responsiveness to the Community

Item 31: 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?

During the most recent statewide assessment in 2017, SCDSS rated this systemic factor as an area needing improvement. SCDSS anticipates this being a strength in the upcoming statewide assessment for CFSR round 4.

Over the last five years SCDSS has focused on integrating organic stakeholder engagement and collaboration into the work. SCDSS recognizes the importance of engaging families, youth, and other partners and is committed to their inclusion and feedback at all levels. SCDSS continues to shift the mindset of the agency to one that emphasizes including stakeholder voice at all strategic planning, improvement, and decision-making stages. Please see pages 5-10 for the Collaboration section, which highlights some of the activities that have been used to inform program improvement efforts at the Department. This is by no means an exhaustive list, as the agency has focused on integrating stakeholder voice in all areas of program development and improvement, which has led to an ongoing and continuous collaborative effort that cannot be summarized in a few pages.

Item 32: 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?

During the most recent statewide assessment in 2017, SCDSS rated this systemic factor as an area needing improvement. SCDSS anticipates this being a strength in the upcoming statewide assessment for CFSR round 4.

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.

Medicaid
SCDSS continues to engage private providers to develop and improve timely access to community-based services, including by convening several workgroups of private providers regularly. 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.

SCDHHS and Select Health continue to provide monthly claims data on children in SCDSS's care. 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. SCDSS collects medical trend data from CAPSS in 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.

SNAP/TANF
Supplemental Nutrition Assistance Program (SNAP) benefits provide low-income households with nutrition assistance by increasing a household's food purchasing power. The voluntary employment and training program in SNAP assists clients to obtain training or employment. Over the course of the fiscal year, the employment services team implemented a SNAP E&T 10-day virtual boot camp, successfully closed the Project HOPE Health Professional Opportunity federal demonstration grant exceeding several projected goals and developed an employer survey to track trends with employers and performance.

South Carolina received $10 million in federal stimulus funds through the Temporary Assistance for Needy Families (TANF) program. In May 2022, DSS issued over $9.3 million in emergency cash assistance to help qualifying families with short-term basic needs and supplement household costs resulting from the COVID-19 pandemic and rising food, gas and energy prices. 7,341 TANF households received a one-time payment of $425. SNAP households with no income and at least one child under the age of six (23,660 total) received a one-time payment of $265.

SCDSS division of economic services continues to improve the infrastructure and processes of its programs. During 2021, ES collaborated with Child Support staff to assist with researching cases to resolve and prevent funds from being held. In addition, collaboration with the Agency's Information Technology team led to an upgrade in the agency's on-line SNAP/TANF application portal.

Child Care
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.

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. 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.

In December 2021, the Agency launched the initial round of American Rescue Plan Child Care Stabilization Grants to qualified childcare providers. These grants are designed to help stabilize childcare operations, and funds may be used to cover expenses such as rent/mortgage payments, utility bills, payroll benefits, and facility maintenance or improvements. A second round of Stabilization Grants was launched in June 2022. Between Round 1 and Round 2, DECE staff approved more than $389 million in Stabilization Grants to childcare providers during the fiscal year.

Over the course of the fiscal year, DECE raised voucher rates for child care providers to help close the gap between voucher rates and private pay clients, created an accelerated pathway for enrollment of Head Start/Early Head Start and NAEYC accredited child care centers that allows an accelerated pathway to ACB Quality rating, enrolled 69 Head Start/Early Head Start programs in ABC Quality meeting a federal mandate, and developed key questions for parents to use in finding quality child care providers which has become one of the top three visited pages on the site. SCDSS Child Welfare also coordinated with DSS Child Care team to expand eligibility of time limited ABC vouchers to children involved with the agency through non-custodial cases and after transitioning home from foster care through reunification or following finalized adoption.

Child Support

The Child Support Services Division (CSSD) establishes and enforces orders for child support, establishes paternity for children when paternity is an issue, locates absent parents when whereabouts are unknown, and manages the collection and distribution of child support payments. In addition to services provided to custodial parents, noncustodial parents may apply for genetic testing to determine if they are the father of a child. CSSD also provides enhanced fatherhood initiatives to improve the capability of both custodial and noncustodial parents to provide their children with the financial, physical, and emotional support they deserve and need to be safe and to thrive. Through the Visitation and Access grant, better known as the Visitation Involvement Parenting (VIP) program, services are provided to assist noncustodial parents with obtaining court ordered visitation with their children. The VIP program currently provides services in the Midlands and Lowcountry regions.

CSSD continues to collect money for clients efficiently, with collections increasing year over year. In fact, CSSD was the 14th most cost-effective child support program in the United States for the last federal fiscal year. Streamlining processes by expanding virtual services, decreasing the backlog of cases awaiting scheduling, and improving performance on established measures including timely case closure and successful establishment of paternity orders remains a focus for CSSD. CSSD continues to collaborate with both internal and external stakeholders to ensure timely and efficient services.

HUD
The Chafee/ETV program identified a supportive objective for young adult transitional living programs to decrease occurrences of homelessness. SCDSS continues to seek partnerships in the community for opportunities to create and build transitional living programs, including partnering with local HUD offices. The Chafee/ETV program continues to collaborate with the South Carolina Interagency Coalition for the Homeless Committee, Greenville Homeless Alliance conference, Eastern Carolina Housing Organization (ECHO), Transitions Homeless Shelter, and United Way to explore community options for homeless youth and to create partnerships. Additionally, SCDSS continues to work with local housing authorities to create MOU's to obtain the vouchers for youth transitioning out of foster care. To help providers navigate housing resources utilizing HUD vouchers, SCDSS provides sponsored webinars.

Foster and Adoptive Parent Licensing, Recruitment, and Retention
Item 33: 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?

During the most recent statewide assessment in 2017, SCDSS rated this systemic factor as an area needing improvement. SCDSS anticipates this being a strength in the upcoming statewide assessment for CFSR round 4.

Overall South Carolina statute, SCDSS policy and procedures support the rating of this item as a strength. South Carolina Code of Regulation 114-550 defines the requirements for licensure as a foster care placement resource. These, along with federal guidelines control the environments in which children in state custody can be placed. Additionally, SCDSS partners with other state agencies whose own regulatory requirements address foster homes/facilities, such as the State Fire Marshal. Foster children placed in non-licensed settings through a court, including children placed in non-licensed kinship care are exempt to these regulations and guidelines. In these cases, criminal and child abuse/neglect background checks are still conducted. Title IV-B or IV-E funds are not available for non-licensed placements. Only kinship caregivers who become licensed through the usual process are eligible to receive board payments from IV-B or IV-E sources.

All licenses are valid for a period of two years, unless a violation occurs that necessitates revocation or circumstances change in a home that requires the license to enter a waiver status. Quarterly visits are made with providers during each certification period, during which ongoing compliance with requirements are discussed. This information is stored in CAPSS via the

provider's record. Yearly updates for fire inspections, criminal background checks, sex offender and child abuse registry checks, and pet vaccinations are all monitored and entered in CAPSS. Renewing a license requires much of the same information as an initial license. If a licensed home reaches the end of the licensing period and has not maintained the standards required for continued licensure, the license is closed until the requirements are met. Any child(ren) placed in the home are moved. There are numerous CAPSS reports to show licensure status and requirements.

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. A copy of the waiver form is placed in the licensure file in CAPSS.

The annual foster parent survey includes a question for respondents to rate on a scale of 1 – 5 the following question: Overall I feel informed of foster parent licensing requirements to maintain my license and care for the child(ren) in my home. The 2023 survey results show respondents rated this question an average of 4.29 out of 5.

Data is available through the CAPSS system through several reports to show the licensure requirements, licensure status, training completions, summary level reports, and provider specific data. These reports show providers with or without placements along with their licensure status.

CAPSS Report SF130-R02 provides a state summary of licensures. As of April 30, 2024, there was a total of 2,638 licenses. Of these, 2 (0%) are expired, 80 (3%) are closed, 2,334 (88%) are standard licenses, 1 (0%) is irregular license type, and 30 (1%) are temporary licenses.

Detailed record for each provider in CAPSS, showing the status of background checks. Additional licensure requirements are captured in a similar manner via other tabs.

Item 34: 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?

During the most recent statewide assessment in 2017, SCDSS rated this systemic factor as a strength. SCDSS anticipates this being a strength in the upcoming statewide assessment for CFSR round 4.

Statute, licensure, and CAPSS support compliance with federal requirements for criminal background checks of placement providers.

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.

Criminal background checks through fingerprinting must be completed on all adult occupants of a potential licensed foster home and on staff of group care facilities. The FBI and SC State Law Enforcement Division (SLED) provide information from their databases relative to criminal histories. Additionally, in compliance with the federal Adam Walsh Child Protection and Safety Act of 2006, applicants and household members aged 12 and older must also be cleared through national and state sex offender registries. Adults in the household must also have a clear record showing no instances of child abuse or neglect from South Carolina or any/all state(s) in which they've lived during the previous 5 years. Unsubstantiated child protective services cases may not be used to deny licensure. Licenses may not be issued if an adult living in a potential foster home has a conviction for one of the following:

- A substantiated history of child abuse or neglect
- Has pled guilty or nolo contendere to or has been convicted of:
    - An offense against the person
    - An Offense Against Morality or Decency
    - Contributing to the delinquency of a minor
    - The common law offense of assault and battery of a high and aggravated nature when the victim was a person 17 years of age or younger
    - Criminal domestic violence
    - A felony drug-related offense under the laws of the State
    - Unlawful conduct toward a child
    - Cruelty to children
    - Child endangerment
    - Child sexual conduct with a minor in the first degree

Any other conviction(s) may be reviewed on a case by case basis but do not necessarily exclude the applicant from becoming a licensed foster parent.

The DSS office of Out of Home Abuse and Neglect (OHAN) receives reports of alleged abuse or neglect by foster parents towards foster children. If accepted, the investigation into the allegation begins within 24 hours of its receipt. An indicated investigation results in the revocation of the foster home license.

Information as it relates to licensure compliance, such as background investigation details, are documented in CAPSS within each provider record. The Background Information tab provides dates and results of each required background check. When the Results field populates "No Records Found," this indicates the person has met the background requirements. CAPSS will not allow licensure if requirements have not been met and entered.

There are several CAPSS reports related to licensure requirements, including report SL120-SR01 – License Requirements. This report pulls from the provider records within CAPSS and includes a column for background data where it can easily be determined if a particular provider does not meet the background requirements.

Item 35: 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?

During the most recent statewide assessment in 2017, SCDSS rated this systemic factor as an area needing improvement. SCDSS anticipates this being an area needing improvement in the upcoming statewide assessment for CFSR round 4.

While SCDSS has made significant progress since the 2017 statewide assessment in identifying and matching providers to the needs of children in foster care, there is still work to be accomplished in using data to target recruitment efforts to the populations and geographic locale of children in care.

Engaging with placement stakeholders, including the Foster Home Association, CPAs, and congregate care providers, in data-driven discussions has allowed SCDSS to explain its methodology and describe the children most in need of foster homes. SCDSS regularly meets with these stakeholders to inform of ongoing placement needs. SCDSS gathers additional inputs from placement providers through the annual foster parent survey. This survey is used to better understand the training and ongoing support needs of foster parents. Some of the results from the 2023 survey are included below. There were a total of 407 respondents for this survey.

What was the primary reason you obtained a foster license? It is understandable you may have many reasons. Please pick the top reason.		
Started with adoption	22	5%
Grow family	31	8%
Provide safety to children in need	244	60%
Family/friend came into care (kinship)	48	12%
Friend or family member is a foster parent	15	4%
Desire to serve community	47	12%

Rate your agreement with how the following parties keep you updated on information and clear in expectations of your role as a foster parent.						
	Always	**Often**	**Sometimes**	**Seldom**	**Never**	**N/A**
Licensing Agency (CPA or DSS)	50%	26%	14%	6%	2%	3%
County Case Management Team	18%	23%	25%	15%	12%	7%
Placement Team	21%	21%	22%	14%	9%	14%
Foster Parent Liaison	20%	12%	14%	8%	18%	28%
State Office	11%	12%	15%	11%	24%	28%

Rate your agreement with your experience of support provided from the listed parties.

	Very Supported	Somewhat Supported	Neither Support or Unsupported	Somewhat Unsupported	Very Unsupported	N/A
Licensing Agency (CPA or DSS)	63%	19%	7%	4%	3%	5%
County Team	27%	26%	14%	10%	13%	10%
Placement Team	27%	24%	21%	5%	7%	17%
Foster Parent Liaison	20%	13%	17%	4%	9%	39%
DSS Childcare Scholarship	23%	13%	16%	6%	10%	32%

What type of support are you currently receiving for your placements?		
Childcare Scholarship	122	30%
Community Clothes Closet	133	33%
Foster Parent Helpline	25	6%
WIC	121	30%
Family Support Worker	187	46%
No Placement	10	2%
None	25	6%
Therapy	1	0%
Other	20	5%

Rate the information given at the time of placement request on how it prepared you to care for the children in the below listed amounts of time					
	Unhelpful	Somewhat helpful	Helpful	Very Helpful	N/A
First 3 days of placement	19%	37%	33%	11%	0%
First week of placement	17%	39%	33%	9%	2%
First month of placement	16%	35%	37%	9%	4%
Ongoing	16%	31%	38%	10%	5%

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements
How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

During the most recent statewide assessment in 2017, SCDSS rated this systemic factor as an area needing improvement. SCDSS anticipates this being a strength in the upcoming statewide assessment for CFSR round 4.

SCDSS uses several adoptive exchanges for the recruitment and matching of children in care. The agency is continuing to identify needs in this area and partner with organizations to meet those needs. Additionally, ICPC efforts have strengthened to include policy and data enhancements via the CAPSS system.

Adoption recruitment
Referrals to the State Exchange through the SCDSS Adoption webpage are made for all children in the agency's custody without an adoptive resource. Referrals to the national exchange (Adopt-US-Kids) are based on the child's legal status of being legally free without an adoptive resource.

National photo-listing: https://www.adoptuskids.org/meet-the-children/search-forchildren/search

Statewide photo-listing: https://portal.dss.sc.gov/adoptioninquiry/Search.aspx

Adoption recruitment protocols are driven and mandated by state law as follows:
SECTION 63-9-1510. Statewide Adoption Exchange.
(A) The State Department of Social Services shall establish, either directly or through purchase of services, a statewide adoption exchange with a photograph listing component.
(B) The adoption exchange must be available to serve all authorized, licensed child placing agencies in the State as a means of recruiting adoptive families for any child who meets one or more of the following criteria:
(1) the child is legally free for adoption;
(2) the child has been permanently committed to the department or to a licensed child placing agency
(3) the court system requires identification of an adoptive family for the child before ties to the biological parents are severed;
(4) the department has identified adoption as the child's treatment plan.
(C) The department shall register with the adoption exchange each child in its care who meets any one or more of the above criteria and for whom no adoptive family has been identified. This registration must be made at least thirty days from the determination date of the child's adoptable status and updated at least monthly.
(D) If an adoption plan has not been made within at least three months from the determination date of the child's adoptable status, the department shall provide the adoption exchange with a photograph, description of the child, and any other necessary information for the purpose of recruitment of an adoptive family for the child, including registration with the photograph listing component of the exchange which must be updated monthly. The department shall establish criteria by which a determination may be made that recruitment or photograph listing is not

required for a child. The department also shall establish procedures for monitoring the status of children for whom that determination is made.

(E) In accordance with guidelines established by the department, the adoption exchange may accept from licensed child-placing agencies, referrals and registration for recruitment and photograph listing of children meeting the criteria of this section.

(F) The department shall refer appropriate children to regional and national exchanges when an adoptive family has not been identified within one hundred eighty days of the determination of the child's adoptable status. The department shall establish criteria by which a determination may be made that a referral to regional or national exchanges is not necessary, and the department shall monitor the status of those children not referred.

(G) The department shall provide orientation and training to appropriate staff regarding the adoption exchange procedures and utilization of the photograph listing component.

SCDSS continues partnering with numerous adoption services programs to promote finding permanent families for children in care. Diligent recruitment efforts continue through child-specific and generalized recruitment efforts. The Regional Adoption Offices utilizes 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.

South Carolina Heart Gallery
SCDSS uses the Heart Gallery to secure adoptive families for children that are legally free and do not have an adoptive resource. Contract monitoring requires quarterly reports from the Heart Gallery to monitor activities. Heart gallery activities include photoshoots, community events, website and other media highlights, and family engagement activities. Heart Gallery is required to report to SCDSS the numbers of these events, as well as intake applications completed, and the number of children matched. The Heart Gallery conducts activities including photo shoots, community events, website and other media communications, and family engagement activities.

In collaboration with SCFPA, the CPAs, and the SC Heart Gallery, SCDSS has developed and 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

Interstate Compact on the Placement of Children (ICPC)
The Interstate Compact on the Placement of Children (ICPC) is an administrative and legal framework that facilitates foster care and adoptive placement of children across state lines. The Compact is a formal contractual agreement among states, enacted as statutory law, which

promotes interstate cooperation to ensure that children placed out of state receive protection and services. It establishes uniform administrative procedures and sets forth jurisdictional and financial responsibilities for the states involved in the placement of a child across state lines.

Since the 2017 statewide assessment, a tab was established in CAPSS to provide a systematic way to accurately track data for ICPC activities for relevant cases. This tab includes a digital copy of the 100A ICPC request form, the date it was received, status, provider information, determination, and determination date. Transmittal history can also be reviewed to include the transmittal date, date received, status, and states involved.

SCDSS policy was updated in 2022 to clearly outline the procedures and requirements for ICPC as both a receiving and sending state, including the requirement to process completed requests received by the SC ICPC State Office within 60 days.

3. Plan for Enacting the State's Vision

Through strategic planning initiatives SCDSS has identified 3 goals for enacting the state's vision. As described in the collaboration section and throughout this document SCDSS has extensively consulted with stakeholders and partners in the work to collaborate on strengths and needs of the Child Welfare system. Strategic planning events have been held to intentionally identify goals and strategies to improve performance and have incorporated the voices of SCDSS staff, providers, partner organizations, and most valuably those directly impacted by the work. The goals outlined in the 2025-2029 CFSP were developed through stakeholder input, data from the CFSR and statewide data indicators, as well as internal data available through the Office of Accountability, Data, and Research, CAPSS, and SafeMeasures.

Goal 1: Children will be kept with their families in their homes.

Rationale: The intent of goal 1 is to promote the least restrictive effective safety response. It is the goal of the Department to keep children with their families in their homes whenever possible and appropriate. When a family is initially assessed for safety using the FAST an initial safety decision is made to determine if the family requires a safety response. The results of the FAST are used to inform safety service needs and should be implemented in a least restrictive manner. In order for this process to work staff must be competent in completing timely and quality assessments, and furthermore must have the skills and resources to identify safety services in application of least to most restrictive. FAST timeliness has improved significantly over recent years and the Department is shifting focus to enhance the utilization of assessment findings to inform service needs. Additionally, the service array must include service offerings that promote the stabilization, support, and safety of the family. The activities outlined for this goal are focused on enhancing staff's capacity for assessment and planning for services, service array development, and teaming efforts to engage families in supports and service identification.

Goal 1 Measures of Progress			
Measure	Baseline	Performance Target	Source
FAST timely completion	64% (May 2024)	2% increase annually, 10% increase over 5 years	CWS Dashboard
CANS timely completion	50% (May 2024)	2% increase annually, 10% increase over 5 years	CWS Dashboard

Reduction in short stayer foster care placements - the % of children who enter and exit foster care in 7 days or fewer	14% (April 2024)	1% increase annually 5% increase over 5 years	FC Exits - Short Stay Report (ADR)
Reentry to foster care in 12 months statewide data indicator	TBD based upon the 22A22B data profile	TBD based upon the 22A22B data profile.	CFSR Statewide Data Indicators
Recurrence of maltreatment statewide data indicator	12.9% (FY21-22)	1% decrease annually until goal (national average) is met. Once goal is met stabilization to maintain the goal.	CFSR Statewide Data Indicators

1 For those that are TBD: If the data indicator meets or exceeds national performance, the goal is to maintain performance. If data shows this data indicator is below national performance, the goal will be to increase by 1%.

Goal 2: Young people in the foster care system will experience stability in the system and permanency that supports their overall well-being.

Rationale: The intent of goal 2 is to promote stable foster care placement that support children by meeting all identified needs. Placement instability continues to be an issue facing child welfare agencies across the nation. SCDSS has prioritized numerous efforts around this issue and will continue to do so. Activities outlined within this goal include the assessment of needs for children and youth in care, increasing engagement with lived experts to support program improvement, refinement and enhancement of placement procedures, supporting kinship caregivers, and increasing services and engagement with external partners to ensure children in foster care have access to the services and supports they need.

Goal 2 Measures of Progress			
Measure	**Baseline**	**Performance Target**	**Source**
CANS timely completion	50% (May 2024)	2% increase annually, 10% increase over 5 years	CWS Dashboard
Increase in kinship placements	27% (March 2024)	1% increase annually 5% increase over 5 years	SafeMeasures – Placement Type
Placement stability statewide data indicator	TBD based upon the 23A23B data profile	TBD based upon the 23A23B data profile	CFSR Statewide Data Indicators
Maltreatment in care statewide data indicator	14.97 (21AB, FY21)	1% decrease annually until goal (national average) is met. Once goal is met stabilization to maintain the goal.	CFSR Statewide Data Indicators
Permanency in 12 months (entries)	TBD based upon the 21B22A data profile	TBD based upon the 21B22A data profile	CFSR Statewide Data Indicators

Permanency in 12 months (12-23 mos.)	TBD based upon the 23A23B data profile	TBD based upon the 23A23B data profile	CFSR Statewide Data Indicators
Permanency in 12 months (24+ mos.)	TBD based upon the 23A23B data profile	TBD based upon the 23A23B data profile	CFSR Statewide Data Indicators

2 For those that are TBD: If the data indicator meets or exceeds national performance, the goal is to maintain performance. If data shows this data indicator is below national performance, the goal will be to increase by 1%.

Goal 3: SCDSS will recruit and retain a qualified Child Welfare workforce.

Rationale: Goal 3 is included to continue to support the momentum behind staff support and engagement efforts. Staff recruitment and retention efforts have been a primary focus of the Child Welfare Services Division. Nationwide staff recruitment and retention in social services has posed a challenge for many jurisdictions. According to the Child Welfare League of America the child welfare workforce turnover rate is on average between 23% and 60% annually nationwide. SCDSS closely monitors it's turnover rate and the most recent data shows for 2023 the SCDSS Child Welfare Services turnover rate was 22.67%. The Office of Accountability, Data, and Research tracks this data by program area and quarter. The program areas with the highest turnover rate are OHAN (32.67%) and foster care (31.68%). The program areas with the lowest turnover rate include licensing (7.89%), and intake (14.33%). These turnovers include a variety of separation reasons, including the employee transitioning into a new role within the agency (promotions). The primary reason for separation include personal reasons, accounting for 75.5% of separation.

Program	Average Number of Employees	Number of Separations	*% Jan-Dec Turnover*
Adoptions	146.33	33	*22.55%*
Family Preservation	667.00	112	*16.79%*
Foster Care (Incl. IFCCS)	416.67	132	*31.68%*
Intake	97.67	14	*14.33%*
Investigations	491.00	131	*26.68%*
Licensing	88.67	7	*7.89%*
OHAN	33.67	11	*32.67%*
Total	**1,941.00**	**440**	*22.67%*

In June 2023 SCDSS launched a competency-based hiring process referred to as Destination Retention. This competency-based hiring process is completed for all individuals who have applied and are identified as potential candidates to interview for case manager and team leader positions. The process consists of the applicant watching a realistic job preview, viewing a case study, participating in a standard interview, completing a fact-finding interview related to the case-study, and writing a case analysis of the case study. This hiring process not only offers a standardized and competency-based manner in which to consider potential applicants for hiring, but also provides potential applicants a realistic look at the job, what it entails, and the skills required to be successful. In addition to Destination Retention, SCDSS has implemented a Child Welfare Professional Advancement Pathway and complimenting salary ascension plan to assist in the professional develop and retention of existing staff. For more information on this program please refer to the 2025-2029 Child Welfare Services Training Plan (appendix 4). SCDSS recognizes the importance of supporting staff and incorporating staff voice into decision

making, the SC Safety Culture Survey was launched in 2021. This survey serves as an organizational assessment examining aspects of agency culture and operations. The team responsible for this survey is in the process of conducting another round in the summer of 2024 to assess progress and advancement of SCDSS agency culture and operations. Although this survey is agency wide and incorporates more divisions than just Child Welfare, it provides Child Welfare leadership with information useful in assessing psychological safety of the workforce. Additionally, Child Welfare staff participate in an employee satisfaction survey to gauge staff's satisfaction with their work, leadership, support, growth opportunities, communication, and numerous other measures of workplace harmony. Results of this survey are used to inform where additional staff supports may be needed. Leadership within Child Welfare continues to identify efforts in which to support staff, identify needs, and engage staff at all levels to strengthen the workforce.

Goal 3 Measures of Progress			
Measure	**Baseline**	**Performance Target**	**Source**
Turnover rate	22.67% (Jan – Dec 2023)	Continue to maintain the turnover rate at or below the national average. For program areas with especially high turnover rates, reduce these turnover rates by 1% annually until they are at or below the national average.	Accountability, Data, and Research
Child Welfare employee satisfaction survey results	TBD – analysis of this survey is currently underway	TBD based upon the baseline being established	Results of the Child Welfare employee satisfaction survey

Objectives and Activities

Objective	Activity	Goal	Anticipated timetable
Objective 1: Enhance the utilization of timely and quality assessments to support the timely identification of service needs that address a family's needs. Rationale: Activities outlined under this goal are focused on increasing the quality and utilization of agency assessment tools (FAST/CANS) to support improved identification of family needs in a timely manner.	Define the role of assessment within each program area (investigations, foster care, and family preservation) and how assessments are utilized to inform family supports. This activity will include refining policy as needed to clearly define the role of assessment across program areas.	1, 2, 3	Year 1

Services provided include those focused on preventing removal of the child from the home whenever possible, as well as service needs for children in foster care. Activities under this goal will include increasing staff knowledge and capacity in these areas, refining internal processes and procedures, and establishing and promoting clear roles and responsibilities across CWS program areas. Evidence for this objective is supported by internal FAST/CANS data, statewide data indicators (reentry to foster care in 12 months, recurrence of maltreatment, placement stability, and maltreatment in care).	Provide training for FAST and CANS to all applicable staff (including placement) through various mechanisms (i.e., skills labs) to increase the utilization of assessments to inform decision making for family supports.	1, 2, 3	Ongoing
	Review and refine the FAST and CANS builds in the CAPSS system, including the formalization of a process to readily assess the quality of FAST and CANS assessments.	1	Begin in year 1 - once quality metrics are established a benchmark will be identified and progress measures developed.

Objective	Activity	Goal	Anticipated timetable
Objective 2: Continued inclusion of the voices of lived experts to support program development and improvement. Rationale: SCDSS recognizes that family voice is critical in program development and improvement. Activities outlined under this goal are focused on the intentional inclusion of family voice in improvement efforts. Progress will be measured on this goal based upon the ongoing collaboration with lived experts through channels such as the family voice alliance and their frequency of engagement, as well as their satisfaction of engagement opportunities.	Increase the frequency and availability of opportunities for families to share feedback on services they receive from SCDSS to inform program improvement efforts.	1, 2	Ongoing
	Expand the Family Voice Alliance, identifying ongoing opportunities for engagement and promoting the work of the FVA.	1, 2	Ongoing

Objective	Activity	Goal	Anticipated timetable
Objective 3: Enhance practice and procedures related to placement of foster care children and youth to promote timely placement, placement stabilization, and timely permanency.	Create a more targeted placement matching process by implementing a licensing and placement software, modifying the non-therapeutic and therapeutic contracts for Child Placing Agencies, and increasing the placement team's	2	Year 1

Rationale: Activities under this objective are intended to strengthen placement processes through collaboration with partners, refinement of internal procedures, and the promotion of kinship caregiver supports. These efforts are intended to support the stability of foster care placement and are supported by placement stability data (statewide data indicator) and kinship placement rates.	knowledge of the placement array.		
	Collaborate with placement partners to identify needs and reflect those needs via modifications to the non-therapeutic and therapeutic contracts for Child Placing Agencies.	2	Ongoing, beginning in year 1
	Review and update kinship caregiver licensure processes and forms to promote an increase in licensure and better family engagement.	2	Year 1
	Create a KinFirst culture by engaging staff in kinship care topics and needs to address identified barriers to utilizing kinship caregivers including through written guidance and support	2, 3	Ongoing, beginning in year 1
	Enhance the implementation of the Subsidized Legal Guardianship program through ongoing training for DSS staff and external partners.	2	Ongoing, beginning in year 1

Objective	Activity	Goal	Anticipated timetable
Objective 4: Continue in the development of a service array that supports safety, permanency, and well-being outcomes for children and families. Rationale: Although SCDSS has made significant improvements to the service array in recent years, there is an ongoing need to enhance prevention and intervention resources to prevent the occurrence and recurrence of child maltreatment, reduce foster care entries, and improve overall well-being of children and families. Activities outlined under this objective are focused on expanding the service array to include additional programs and supports to families in the areas of prevention, intervention, and	Implement evidence-based prevention programs to include Intercept, Motivational Interviewing, and Community Pathways.	1	Year 1 (MI, Intercept) Year 2 (Community pathways)
	Expand intensive in-home services into the Lowcountry region	1	Year 1
	Develop a service provider map to show service availability and capacity to include populations served.	1, 2	Begin in Year 1 with ongoing updates and analysis of service needs
	Implement TAPP program through the small test of change	1	Year 1

support. Progress will be measured based upon the implementation and engagement of families with these services, as well as by the outcomes expected from the service. For instance, it is anticipated that services aimed at preventing entry into foster care will show outcomes data that reflects a decrease of foster care entry for those families who engaged in the service. SCDSS anticipates beginning efforts for these services in Year 1, although recognizes there will need to be a continuous plan to monitor the outcomes of these services. Activities related to the monitoring of and increasing engagement in these services will be developed ongoing to support continuous improvement for these services.	work to prevent teenagers from becoming system involved		
	Add additional B-mods through Thompson Family Services to cover all 4 regions of the state	2	Year 1
	Implement the Iowa Peer Parent Partner Program.	2	Year 1
	Award and implement the Kinship Navigator Program (Nevada model)	2	Year 1

Objective	Activity	Goal	Anticipated timetable
Objective 5: Develop teaming strategies with internal partners, external partners, and child and family teams to prevent entry into foster care whenever possible and to support placement stability for those who do enter foster care. Rationale: Teaming both internally and with partners in the work is necessary to support a cohesive child welfare system. This includes partnering with children and families via child and family teaming (CFTMs). SCDSS has undertaken efforts to enhance the CFTM process by implementing a small test of change that will pilot a refined CFTM process to include pre-removal CFTMS and partnering with local court and law enforcement partners to increase the utilization of CFTMs to prevent removals. The small test of change focuses on the teenage population, primarily due to the high rate of	Establish clear CFTM processes to include roles and responsibilities, including the refinement of CFTM data collection.	1, 2, 3	Year 1
	Increase engagement of the Child Health and Well-being team in CFTMs and case consultations to support increased collaboration on foster children's medical, dental, and behavioral health needs.	1, 2, 3	Year 1
	Develop a pre-removal CFTM process through the small test of change to include the increase of use of CFTMS by external court and law enforcement partners to prevent removals.	1	Year 1 for small test of change. To be scaled up statewide in future years.
	Increase the use of placement CFTMs to support placement stability.	2	Year 1, with ongoing efforts in future years to increase utilization.

entry into foster care for behavioral concerns for this age group. Activities outlined under this objective include refining CFTM processes, including clear role identification and enhanced data tracking, increased engagement with both internal and external partners to support teaming efforts during CFTMs, and enhancing staff's knowledge and capacity to effectively facilitate CFTMs. Through these efforts SCDSS hopes to impact measures around placement stability, diverting entry into care (particularly for behavioral concerns), and improved wellbeing and permanency outcomes for youth who do enter care.

| | Refine and expand CFTM training to ensure new staff, applicable existing staff, and external partners receive quality training and coaching to understand their role in the process and effectively facilitate CFTMs. | 2, 3 | Ongoing |

Objective	Activity	Goal	Anticipated timetable
Objective 6: Establish and enhance strategies to support the wellness of children and youth in foster care.	Finalize and implement Family Wellness and Support Plans (plans of safe care)	1, 2	Year 1
Rationale: The SCDSS Health and Wellbeing team has worked diligently to increase health and wellbeing supports for children and youth who enter foster care. Through participation with the Foster Affinity Group, partnerships with SCDHHS, SelectHealth, and SCDSS have been better aligned to support healthcare needs of foster youth. This group has placed an initial focus on improving timely well-child visits and is now shifting focus to more heavily support timely dental assessments. Additionally, SCDSS is working to finalize and implement Family Wellness and Support Plans (Plans of Safe Care) and promote the use of medical home providers. Activities outlined under this objective focus on implementing key health and wellness initiatives, increasing partnership and engagement on assessing health and	Engage with external providers and stakeholders (DHHS, MCO, CPAs) to assess the quality of external assessments in identifying needs.	2	Year 1, with ongoing efforts to improve upon external assessments based on initial findings
	Promote the use of Medical Home Model Providers through education of caregivers and case managers.	2, 3	Ongoing
	Increase HQIC collaboration with internal staff and external partners (Select Health) to improve timely initial well-child visits and dental encounters.	2	Ongoing

wellness needs, and increasing staff's knowledge on health and dental topics. Through these efforts performance on health and wellbeing metrics are expected to improve, along with the assessment and identification of service needs for youth in care. Ultimately these support improved wellbeing for children and youth.

Staff Training, Technical Assistance, and Evaluation

Staff Training

The training activities required for the activities of the 2025-2029 CFSP will be coordinated through the use of formal trainings, skills-labs, and other identified staff supports. SCDSS coordinates training through the SCDSS Staff Development and Training (SD&T) team. Child Welfare Services and SD&T collaborate regularly to discuss and implement any identified training needs. In addition to internal trainings, SCDSS has contracts with various external training providers to provide specialized training to CWS staff. In recent years SCDSS has developed professional advancement pathway tracks to develop and refine staff skills. This pathway includes a salary ascension plan, which combines competency assessments and field observations with data analysis and years of service to provide a salary ascension plan for staff who are working through one of the professional advancement pathways.

Please refer to the 2025 – 2029 Child Welfare Services Training Plan (appendix 4) for more details on how SCDSS administers training to new and existing child welfare staff.

Technical Assistance and Implementation Supports

SCDSS continues to receive technical assistance from several partners. SCDSS has been intentional in aligning all strategic initiatives and program improvement efforts. The Department utilizes numerous program supports across all strategic initiatives, including consultants supporting child welfare services and helping to address duplication and improve collaboration.

Casey Family Programs has guided SCDSS with working with state leadership in creating a healthy organizational culture. This work has focused on assisting state leadership with communication and creating clarity. 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 safety culture climate. SCDSS continues to work with the University to share the results and craft a plan to fortify safety culture practice.

Chapin Hall has assisted SCDSS in the development and implementation of the GPS Practice Model. Additionally, Chapin Hall has provided technical assistance around the implementation of Child and Family Team Meetings, the implementation of evidence-based services, and CQI development. This includes furthering the CQI process, developing fidelity measures, and the financial structure for prevention services claiming. Chapin Hall continues to assist SCDSS in the expansion and implementation of the Department's prevention plan and related evidence-based programs.

In collaboration with the Annie E. Casey Foundation SCDSS initiated the Small Test of Change pilot program in March of 2023. This pilot is ongoing in Anderson, Greenville, and Spartanburg counties and was devised to address the high teen entries into foster care, primarily due to parent-child conflicts and behavioral issues. Annie E. Casey is also supporting work with the Department to build out the utilization process for when youth must be placed in a congregate care setting. Furthermore, Annie E. Casey in collaboration with Fostering Great Ideas continues working with SCDSS to support the leadership development of the Youth Engagement Advocates (YEA!) members, fostering the relationship between the Department and providers, continuing to provide authentic youth engagement opportunities.

SCDSS continues collaboration with Youth Villages, based in Tennessee to aid in the implementation of the Intercept model into the service array portfolio. By 2029 the Intercept model is expected to be operating across the state.

The partnership with the Family Centered Treatment (FCT) Foundation has been instrumental in effectively implementing and rolling out the FCT across Greenville and Richland counties. The FCT Foundation has provided expert guidance and hands-on involvement, ensuring an accurate translation of the FCT model into practice. Through a specialized grant the foundation delivered critical technical assistance, greatly enhancing SCDSS's understanding and execution of the FCT model.

SCDSS has received assistance from Public Consulting Group in reviewing claiming infrastructure as it relates to the IV-E Prevention Plan. In addition, PCG has assisted in ensuring CAPSS meets the build development requirements for child specific prevention plans.

SCDSS has contracted with Ellen Kagan to support the Coach Approach to Adaptive Leadership training curriculum for Department leadership. In coordination with SCDSS Staff Development and Training Ellen has trained Child Welfare leadership to build competency in leadership skills through skills-based leadership workshops to support collaboration, improved leadership and supervision, and enhancing leadership mindsets and skillsets.

The Praed Foundation has provided technical assistance to SCDSS on the work done to improve safety assessment and response practice. This includes the implementation of the Family Advocacy and Support Tool (FAST) and the Child and Adolescent Needs and Strengths (CANS).

Plummer Youth Promise is working with SCDSS to support the small test of change, particularly around improving the CFTM process. This work is focused on developing strategies to test and implement pre-removal CFTM strategies aimed at diverting children from entering foster care.

Affinita Consulting provided technical assistance to the SCDSS Staff Development and Training team to update the child welfare certification training for front-line child welfare professionals. Additionally, Affinita Consulting assisted in the development of the IV-E Tuition Stipend award program. Students from designated in-state public universities, who are pursuing the Bachelor of Social Work degree, and have been accepted into the program, are able to utilize a IV-E tuition-stipend award to assist in their educational pursuits. Upon completion of the program, the student commits to employment with SCDSS.

The Children's Trust of South Carolina continues to collaborate with SCDSS to provide relevant, timely, and appropriate service offerings across the state. While the Children's Trust has various

functions, SCDSS contracted with them primarily to provide the Strengthening Families Program. This program is an evidence-based prevention program for parents and children ages 6-11 in high-risk families.

The SCDSS Office of Child Health and Wellbeing continues collaboration with the SC Foster Care Affinity Group, which includes the SC Department of Health and Human Services and Select Health (MCO). This collaboration has intentionally focused to expand the understanding of data-driven interventions and improving timely access to medical care.

Children and Families of Iowa, the purveyor of the Peer Parent program, is providing technical assistance to support the training and implementation of the Peer Parent Program pilot in the Upstate.

SCDSS continues to offer training to Department partners as needs are identified. An example of this include SCDSS presenting and training ICPC information to numerous judicial and placement provider partners during 2023. During this training multiple sessions were held for DSS staff, as well as for Guardians ad Litems, Court Appointed Special Advocates (CASA), and circuit judges.

Evaluation

The Department continues to focus on gathering data and using it to inform meaningful change. Both quantitative and qualitative metrics are tracked through various means such as CAPSS, internal and public facing dashboards, SafeMeasures, and through the SCDSS Accountability, Data, and Research team. Data collection methods are continuously being refined and improved upon. Dissemination of this data happens across levels, depending on the particular metric. Qualitative data is captured through case review records, which are made available to county and regional staff. Additional qualitative data is captured through various surveys. SCDSS will continue to monitor, improve data collection, and evaluate using data to monitor program improvement efforts.

4. Services

Child and Family Services Continuum

To continue moving towards the vision, South Carolina will need to continue to build a comprehensive service array that supports primary prevention, along with secondary prevention that will support the prevention of entry into foster care. Additional service offerings are intended to reduce the length of time in care and provide supports to children and families, including relative caregivers. Services must be accessible and individualized. In order to individualize services, families must be holistically assessed to identify their specific needs and strengths. With the implementation of FAST and CANS in 2021, SCDSS has been focusing on strengthening assessment skills and the application of assessment results. These assessments are used as decision support in the field, but also support the identification of appropriate services. In 2023 a CAPSS build was implemented that incorporated the FAST assessment results into a safety decision making framework that requires the case manager to consider service needs at the time they are inputting the assessment results. This framework identifies service needs related to safety concerns, but also consideration for service needs even if an immediate safety concern is not evident.

SCDSS continues to identify areas in which to expand the service array and enhance service offerings across the state. In 2023 SCDSS was able to hire for a service array program

manager to guide and execute the implementation of the vision for expanding the child welfare service array, prevention services, and support ongoing work. To better serve the needs of children and families, SCDSS has revised its approach to prevention services by establishing a new service, Family Resource Connection and Preservation Services (FRCPS). These are short-term, family-focused services designed to promote safe and stable families, support family strength and stability, enhance parental functioning, and protect children. The program goals include minimizing the risk of child abuse and/or neglect, equipping families with the skills to meet their needs, improving parenting and family functioning, and preventing out of home placement. SCDSS uses the Family Advocacy and Support Tool (FAST) to determine a family's unique needs and program eligibility.

To further prevention opportunities, SCSDS has developed an internal process for screened out intake referrals that formerly went to FCCSS. SCDSS hired 5 prevention service liaisons to support families where the intake referral does not meet the threshold of CPS investigation but where a service need is still evident. This program mails a postcard to families providing them with a survey link to complete an assessment. Families self-select by completing the assessment and a prevention services liaison then contacts them to support their needs with community resources and supports.

Family Preservation Services is used to support and strengthen families in need of services to mitigate safety concerns and reduce risks of harm. Services available vary, based upon the individual family's needs. SCDSS has worked diligently over recent years to expand the service array network and continues to actively do so. In 2023 SCDSS was able to hire for a service array program manager to guide and execute the implementation of the vision for expanding the child welfare service array, prevention services, and support ongoing work. In 2022 Family Centered Treatment was launched in Greenville and Richland counties. SCDSS has continued its implementation of services to include Brief Strategic Family Therapy, Homebuilders, Parents as Teacher, Family Centered Treatment, and Intensive In-Home Services. In 2023 SCDSS began the process of amending the IV-E Prevention Plan to include Motivational Interviewing and Intercept. The Department is in the final stages of receiving approval to implement these new service offerings.

To support children in achieving permanency SCDSS has focused on maintaining connections children in foster care have established, which includes prioritizing kinship placements whenever in the best interest of the child. SCDSS believes living with kin helps preserve connections and has focused heavily on increasing kin placements and the supports available to kinship providers. In May of 2023 the Kinship Guardianship Program (KinGAP) was signed into South Carolina law via S.380. This law further strengthens the foster care system by increasing stability of kinship placements, allowing SCDSS to draw down federal Title IV-E dollars to fund kinship supports. The KinGAP program is similar to the state's public adoption program, providing monthly financial supports to kinship caregiver to help meet the need for raising youth exiting foster care until adulthood. This program helps stabilize kinship placements, thus preserving children's cultural identities and their relationship to their community. The launch of this program provides additional financial assistance to licensed kinship caregivers, many of which are retired or living on a fixed income. For more information on SCDSS' kinship care program please visit https://dss.sc.gov/child-well-being/kinship-care/

When kinship placement is not possible SCDSS identifies the level of care needed for a child in foster care through assessments and child and family teaming. Levels of care correspond to the

individual child's needs and support identifying placement that is best equipped for that child. SCDSS maintains a network of child placing agencies (CPAs) to provide foster care families for children.

SCDSS continues to support youth with independent living and extended foster care. The South Carolina Department of Social Services (SCDSS) is the designated state agency that administers, supervises, and oversees the John H Chafee Foster Care Program Successful Transition to Adulthood (Chafee Program), and the Education and Training Voucher (ETV) Program. The goal of the Chafee Program is to provide the developmental skills necessary for youth and young adults in foster care to live healthy, productive, self-sufficient, and responsible adult lives. The purposes of these services are to provide youth and young adults in foster care with opportunities to learn needed independent living skills and to increase the likelihood of a successful transition from the foster care system.

In April of 2022 the Extension of Foster Care bill was signed into law via H.3509. This law enables South Carolina to operate a Title IV-E reimbursable extended foster care (EFC) program for young adults ages 18-21. The purpose of the EFC program is to provide a pathway for youth who would otherwise leave the foster care system at age 18 to remain in or return to the placement and care responsibility of SCDSS through a voluntary placement agreement. EFC improves the Department's overall approach to responding to needs of older youth, enabling more appropriate and expanded independent living services. This program allows more time for the agency to achieve permanency and stability in the lives of young people who would otherwise age out of foster care at age 18 without a permanency home or adult connections. SCDSS is able to maximize resources of Title IV-E funding and promote successful outcomes for transitioning young adults. To operationalize the program SCDSS has partnered with the Annie E. Casey Foundation, Journey to Success, and YEA! (youth engagement advocates) to design and implement a system and culture that demonstrates normalcy, permanency, and support for the teen/older youth population.

Additionally, SCDSS administers the Chafee and ETV program. More information on these programs can be found on page 99.

Service Coordination

SCDSS has focused intensively on building up the service array across the state, including through the use of prevention services. The Department has numerous partners in this work at varying levels of local community partners, up through federal partners. SCDSS has worked diligently to collaborate with agency partners to build effective programming options and continues to identify areas in which collaboration and service expansion is needed. SCDSS includes an Economic Services division which administers the SNAP and TANF programs. Additionally, SCDSS administers the childcare scholarship program which funds childcare vouchers for eligible families. The Department coordinates with other entities for other federally funded programs such as Medicaid and Head Start. SCDSS works closely with Select Health (MCO) and the SC Department of Health and Human Services to ensure foster youth have access to Medicaid. SCDSS has made great improvements in timely access to health care through this collaboration and is one of eleven states to receive technical assistance via the SC Foster Care Affinity Group. This collaborative effort has engaged SCDSS and other partners to focus on expanding and improving upon the timely access to medical care. For more examples of how SCDSS has engaged service providers please refer to the Provider Engagement section (page 8).

Community-Based Child Abuse Prevention (CBCAP)

Children's Trust of South Carolina funds child abuse and family strengthening programs across South Carolina, focusing heavily on prevention efforts. Children's Trust administers the CBCAP grant. The Children's Trust of South Carolina continues to collaborate with SCDSS to provide relevant, timely, and appropriate service offerings across the state. While the Children's Trust has various functions, SCDSS contracted with them primarily to provide the Strengthening Families Program. This program is an evidence-based prevention program for parents and children ages 6-11 in high-risk families. Through this program families work with local partners within the community to encourage positive discipline practices, build resiliency, reduce conflict, improve parenting skills, and assist children in social skills, relationships, and school performance. Additionally, this program has helped Hispanic/Latino families with assimilation into American culture by providing bilingual sites and sessions. This program has served 33 of the 46 counties in the state and thus far has impacted over 1,300 children.

Children's Justice Act (CJA)

SCDSS has designated the University of South Carolina's Children's Law Center as the grantee for the Children's Justice Act. SCDSS works closely with the Children's Law Center in this work. CJA grants are used to implement recommendations in 3 categories: investigative, administrative, and judicial handling of cases; experimental, model, and demonstration programs; and reform of state laws, ordinances, regulations, protocols, and procedures.

CJA accomplishments include:
- Established a statewide child abuse response protocol document and secured a legislative mandate for its use
- Provided multidisciplinary training on communication strategies with children with limited communication skills and distributed consultation list of resource professionals
- Supported compliance with best legal practices by monitoring an extended evaluation process
- Examined the prevalence of children testifying in SC courts and the usage of CCTV testimony, and hosted training for SCDSS/GAL attorneys to improve their skills when handling court cases with children who must testify
- Updated, printed, and distributed family court and general sessions child court notebooks for children having to appear in court
- Coordinated intensive child death investigation training for coroners and investigators
- Created and distributed an educational document for school personnel clarifying confidentiality requirements and what to expect following a report of child abuse
- Worked to broaden collaboration between schools and Children's Advocacy Centers by encouraging school representation on MDTs
- Supported the SC Network of Children's Advocacy Centers
- Supported the operations of the Children's Law Center to provide applicable resources and trainings

The top priorities for the CJA moving forward include:
- Recognition, investigation, and prosecution of maltreatment of children with disabilities
- Improvement of child death investigations and the use of the Child Death Investigation Task Force rapid response
- Training events on family violence and the leading research in this area

- Improvement of the handling of cases with youth dually involved in both the child welfare and juvenile justice systems
- Trainings focused on strategies to reduce stress and trauma to children who must testify
- Collaboration with Court Improvement Program, Forensic Nurse Examiner Task Force, and human Trafficking Task Force to supplement resources and address gaps in services
- Development of a training curriculum on the SC Child Abuse Response Protocol
- Support of the growth and success of the Safe Babies Court initiative
- Enhancement of protections for recordings of forensic interviews of child abuse victims
- Investigation of the feasibility of integrating data systems involving child abuse cases
- Examination of racial disparities of children involved with the child welfare system

Court Improvement Project

SCDSS collaborates and provides input on several committees which promote ongoing collaboration with the legal and judicial community, including the Court Improvement Project (CIP). The CIP has continued to partner and provide input in the development and implementation of SCDSS program improvement activities. The CIP provides monthly data reports to include data on hearings held, continuance rates and trends, and reasons for continuances. This data is broken down by the county and regional levels, providing insight into the particular challenges for each geographical area. Additionally, the CIP produces an annual report that includes an annual compilation of metrics at the regional, county, and state levels.

The Court Liaison Program, a companion program at the Children's Law Center with the CIP collaborates regularly with SCDSS. Court liaisons are positioned throughout the state to collect meaningful data that informs monthly court reports. In addition, court liaisons assist the court by providing child protection case summaries for family court judges for every child abuse and neglect hearing in the state. The court liaisons also provide case file review information to SCDSS county legal staff to alert them of items that may cause hearing delays. This data sharing has been beneficial to both the courts and SCDSS in identifying issues that impede permanency and recommending steps to address those impediments.

Service Description

Please refer to page 59 for more information on the service array available in South Carolina.

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

SCDSS continues to use the title IV-B, subpart 1 funds to promote child abuse and neglect prevention, intervention, treatment services, and services to promote permanency and independent living. 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 have 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 cases. These services support children in foster care achieve and/or maintain permanency in a timely manner.

Service for Children Adopted from Other Countries (section 422(b)(11) of the Act)

SCDSS provides information for private services to any family who contacts SCDSS and who has adopted a child, whether private domestic adoptions, intercountry adoptions, or foster care

adoptions. Information regarding trauma informed counselors, contact information for those qualified to assist with educational needs, in-home services, etc. are provided to any adoptive family who contacts the Department. Specific to adoption preservation placement and intensive in-home services, SCDSS generally only offers these services to families that adopt through the SCDSS foster care system. Adoption preservation services 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 are a vulnerable population, SCDSS continues to require enhanced monitoring, assessment, and referrals for families with children under the age of five.

SCDSS continues to monitor children entering the foster care system, their ages, and reason for entry. Using this data, the agency can hold discussions, track trends, focus on prevention services and the service array, and permanency for all children in care. Generally, children under five reach permanency quicker than older children in the foster care system. SCDSS continues efforts of ensuring children under five are assessed and their plans closely monitored to enhance the services needed to achieve permanency. The agency emphasized to foster parents the importance of developing a relationship with the birth family for them to act as a resource family or peer support. The goal is to provide the child, who may be reunified with their 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 in the least restrictive, most family-like setting unless they meet certain exceptions. SCDSS is generally successful in placing children under five in either kinship or family-like settings.

The Child and Adolescent Needs and Strengths (CANS) tool features an early childhood domain, which assesses children under five on a variety of needs, functioning, risk, cultural factors, strengths, and caregiver resources. This early childhood domain assesses the unique ways in which needs and strengths play out in the lives of young children and is attuned to the unique presentation of behavioral health and functional presentation of children in this age range. This assessment provides the case manager and family valuable information to assist in jointly determining service planning goals. There are numerous services available for young children, many of which are described below.

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 evaluates children at no cost to determine if they may be eligible for services. If eligible, BabyNet matches the individual needs of infants and toddlers with professional resources available within the community. In 2021 SCDSS updated child welfare investigations policy to require BabyNet referrals for families with children under the age of three years old within two business days of receiving an applicable investigation. Prior to this change, BabyNet referrals required a case to be substantiated for child maltreatment.

The South Carolina ABC Voucher Program provides childcare assistance, if funding is available, for families that have an open foster care case for children under the age of twelve, or who have needs that prevent them from being left unsupervised over the age of thirteen. Pre-adoptive parents may also receive childcare while in the process of adopting a child from SCDSS

custody if other eligibility criteria are met. In March of 2021 SCDSS streamlined the process for assisting foster parents in receiving childcare assistance. At the time of placement, the SCDSS placement unit discusses with the family any childcare needs and once confirmed, SCDSS staff complete the application and submits it on behalf of the foster parent.

Head Start is a free program for young children to help them prepare for success in school. There are three program options: center-based, home-based, and family childcare options. The center-based option delivers a full range of services that are educational and developmental and are delivered in a classroom setting. The home-based setting consists of home visitors once a week working with parents and their children. 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 provides resources and support for child's first teachers, their parents, and others who care for and teach them. Children from birth to age five are eligible for Head Start services, regardless of income.

A First Steps partnership serves each county in South Carolina in meeting local needs and identifying collaborative opportunities to help South Carolina's youngest learners. The First Steps program assists children from birth to age five statewide by offering school readiness services to families that are designed to:
- Improve children's health and well-being
- Support parents in their goal to serve as their children's first and best teacher
- Provide parents with easy access to needed early interventions for children with unique developmental 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 kindergartener into school

Parents as Teachers (PAT) is a home-visiting parent education program that teaches new and expectant parents' skills to promote positive child development. 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: home visits, supportive group connection events, child health and developmental screenings, and community resource networks. PAT is designed to be delivered to diverse families with diverse needs, although PAT sites typically target families with specific factors such as outlined in the title IV-E Prevention Plan.

Attachment Bio-Behavioral Catch-Up (ABC) is an evidence-based intervention that aims to help caregivers nurture and response 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.

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, improving relationships between parents and their children. Children ages 2 – 7 with disruptive behavior disorders, affected by abuse and/or neglect, who are or have been in foster care, or recently adopted, or in a pre-adoptive placement are eligible for PCIT. During the

sessions, parent and child are together with a specially trained therapist. The therapist coaches parents, helping them learn and practice skills from behind a one-way mirror. Reinforcing its commitment to PCIT, SCDSS has partnered with the SC Department of Mental Health's Division of Child and Family Services to educate cross-sector partners on the benefits of PCIT.

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 concerns. This is a free resource available to children from birth to five years old who reside in Anderson, Greenville, Laurens, Oconee, Pickens, Spartanburg, Charleston, Berkeley, Dorchester, Beaufort, Jasper, and Colleton counties. This program supports parents by connecting them with resources based on their family needs. Developmental screenings are offered free of charge, along with information on general child development and parenting topics. Referrals are available to community resources such as early intervention agencies and developmental activities for parents to do at home with their child are provided. A child development expert who offers a free, confidential assessment of each child's needs delivers these services.

The Incredible Years series is a set of interlocking, comprehensive, and developmentally based programs targeting parents, teachers, and children. The program is guided by developmental theory considering multiple interacting risks and protective factors in the development of conduct problems. The Incredible Years is designed for children under the age of twelve, promoting emotional and social competence to prevent, reduce, and treat behavioral and emotional concerns. Included are classroom lesson plans delivered by the teacher to strengthen children's social and emotional competencies, such as understanding and communicating feelings, using problem-solving strategies, managing anger, practicing friendship and conversational skills, and behaving appropriately in the classroom.

Children's Trust of South Carolina administers the federal investment in home visiting for South Carolina – the Maternal Infant and Early Childhood Home Visiting program. Home visiting specialists assist mothers and their young children with a wide range of needs – including health concerns, developmental milestones, safety environment, school preparedness, and economic self-sufficiency. Home visitors generally have a background in nursing, social work, or child development.

Safe Baby Court (SBC) is a collaborative approach amongst partners to help reduce the time children ages birth to three spend in foster care because attachment relationships are nurtured and protected based on the key activities of the SBC. The SBC approach transforms child welfare into the practice of child wellbeing 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 wellbeing. SBC teams seek to increase awareness among those who work with maltreated infants and toddlers about the negative impact of abuse and/or neglect on young children and their families. 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.

SCDSS has partnered with the SC Infant Mental Health Association (SCIMHA) to provide SCDSS staff with the opportunity to explore the Endorsement processes. Endorsement provides recognition of specialized knowledge and expertise in professionals working with, or on behalf

of, pregnant women, children ages birth through six, and their families. Endorsement is meant to honor professionals who apply infant and early childhood mental health principles to their practice and is granted through documentation and verification of the required specialized education, work, in-service training, and reflective supervision/consultation experiences. Endorsement is not a license, but an overlay to complement a professional license and/or other credentials. In addition to partnering with SCIMHA for Endorsement, SCDSS has also partnered with them to allow SCDSS staff to participate in Facilitating Attuned Interactions (FAN) 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. 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 ultimate goal of the FAN training is to strengthen the provider parent/caregiver relationship, resulting in caregivers who are attuned to their children and ready to try new approaches relating to them.

Efforts to Track and Prevent Child Maltreatment Deaths (section 422(b)(19) of the Act)

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 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 being 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.

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 process.

SCDSS serves on the State Child Fatality Advisory Committee (SCFAC), which is a statutorily established committee composed of state agencies and other organizations that serve children and families in South Carolina. SCDSS participates in data sharing and systemic conversations with this committee to determine areas requiring greater exploration. This committee system maps and analyzes preventable deaths so they may develop impactful recommendations for the legislature via their annual report.

Internally, SCDSS continues to conduct child fatality case reviews with a systemic lens. This process eliminates looking into child deaths specifically, but focuses on decisions, practice, processes, etc. prior to the death. Safe Systems Analysis explores areas of needed improvement. SCDSS continues to participate with the National Partnership on Child Safety (NPCS) and receives technical assistance from the University of Kentucky for this work. The goal is to explore data to identify barriers in practice so that child welfare leadership can track and adapt based on those findings.

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

Please see the SCDSS CFS-101 forms appendix to this report which provides expenditures and activities for Promoting Safe and Stable Families funds.

Please see page 59 for information on the service array.

South Carolina Foster Care Review Board (SC Department of Children's Advocacy)

The SC Foster Care Review Division (FCRD) is designated by state statute and is responsible for collaborating with volunteer foster care review boards to review foster care cases every 6 months. The review is a time where 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 conditions which necessitated the child's removal from the home, the achievement of treatment goals, and to formulate the board's recommendation for achieving permanency for the child. 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 into 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 SCDSS, the Family Court which has jurisdiction of the case, and the Guardians ad Litem program.

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. Children are provided the opportunity to be a part of the review, unless identified as not in their best interest.

SC statute requires at least 1 local review board in each of the state's 16 judicial districts, but many 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 statue and regulations.

South Carolina Heart Gallery (SC Department of Children's Advocacy)

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

Heart Gallery photo sessions are open to any child in foster care who are legally free and for whom a potential adoptive family has not yet been identified. Heart Gallery displays portraits at

venues across all regions of the state, displaying framed photographs and a biographical sketch of the child. Additionally, Heart Gallery maintains a website for posting photographs and information of children, along with managing and tracking inquiries from interested parties. Heart Gallery responds to inquiries within three business days and connects these interested parties with information on the process of applying to become an approved adoptive provider. Heart Gallery pre-screens any received home studies considering the child's unique needs and forwards appropriate studies to SCDSS for consideration. If a family does not appear appropriate for the specific child named in their inquiry, Heart Gallery will suggest other children which may be a more appropriate fit for the family.

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 and/or adoptive parents. This services also includes background checks, compiling family histories, and financial verifications. The services provided through the certified investigators program supports the goal of encouraging more adoptions from the foster care system. This support is essential in assessing parenting abilities and identifying a solid match of a forever family with children in foster care.

Service Decision Making Process

SCDSS remains committed to connecting children and families with the most evidence-based and effective services and interventions. The Department has focused on enhancing capacity to deliver evidence-based practices. The interventions selected are strategically established across the state to ensure an 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 provisions in the home.

Using assessments and CFTMs, case managers monitor strengths and needs to determine which services would be appropriate for each family. In collaboration with Chapin Hall, SCDSS has been strengthening the monitoring of data and outcomes of evidence-based practices (EBPs) and those related to Family First. This measurement framework focuses on measuring the extent to which preventative services are reaching children and families, being implemented with fidelity, and achieving desired outcomes.

SCDSS continues to identify areas in which to expand the service array and enhance service offerings across the state. In 2023 SCDSS was able to hire for a service array program manager to guide and execute the implementation of the vision for expanding the child welfare service array, prevention services, and support ongoing work. In 2022 Family Centered Treatment was launch in Greenville and Richland counties. SCDSS has continued its implementation of services to include Brief Strategic Family Therapy, Homebuilders, Parents as Teachers, Family Centered Treatment, and intensive in-home services. In 2023 SCDSS began the process of amending the IV-E Prevention Plan to include Motivational Interviewing and Intercept. The Department has submitted its initial plan to implement these new services to the Children's Bureau and is in the process of finalizing feedback.

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

SCDSS has identified substance use affected children and families as the population at greatest risk of maltreatment. There are numerous data points to support this population.

Intake data reveals approximately 23% of all intake referrals note a substance abuse concern. Additionally, analysis of FAST and CANS item ratings shows caregiver substance use as a high rating need. Of FASTs conducted in Family Preservation service lines 17% rated caregiver substance use a 2 or a 3, signifying a need. This accounts for the most frequently rated item for all 2 or 3 ratings.

FAST Family Preservation	% rating of 2 or 3
Caregiver substance use	17%
Caregiver criminal activity	11%
Caregiver involvement in caregiving	11%

Analysis of CANS ratings shows 35% of completed CANS assessments identify a need with caregiver substance use. This makes caregiver substance use among the top 10% of needs identified through CANS assessments.

CANS Caregiver Needs	
Caregiving involvement	47%
Developmental	3%
Emotional Responsiveness	19%
Family relationship to system	21%
Family safety	43%
Knowledge	38%
Legal involvement	37%
Medical (physical health)	4%
Medical (mental health)	16%
Monitoring	41%
Organization	28%
Post traumatic reaction	11%
Residential stability	34%
Social resource	34%
Substance use	35%

Analysis of the reasons children enter foster care shows across all age groups caregiver alcohol or drug use accounts for 10% of all foster care entries. Looking at this data by age group shows for ages 0-5 caregiver alcohol or drug use is responsible for 15% of foster care entries. For ages 0-5 this is the top reason for entry into care.

Reasons Children Entered Foster Care in Calendar Year 2023 by Age								
South Carolina Department of Social Services				Division of Accountability, Data, and Research (from CAPSS January 1, 2024)				
Reason Enter Foster Care	0-5	0-5 (%)	6-12	6-12 (%)	13-17	13-17 (%)	Grand Total	Grand Total(%)
24-hr Medical Hold (Child)		0%	2	0%		0%	2	0%

Abandonment	16	1%	102	8%	22	2%	140	3%
Caretaker's Alcohol Use	29	2%	7	1%	21	2%	57	1%
Caretaker's Drug Use	213	13%	46	4%	112	9%	371	9%
Caretaker's Significant Impairment Cognitive	8	0%	2	0%	7	1%	17	0%
Caretaker's Significant Impairment-Physical/Emotional	13	1%	7	1%	7	1%	27	1%
Child Alcohol Use	5	0%	1	0%	3	0%	9	0%
Child Behavior Problem	1	0%	80	7%	21	2%	102	2%
Child Drug Use	9	1%	13	1%	6	0%	28	1%
Child Requested Placement		0%	5	0%	2	0%	7	0%
Death of Caretaker	6	0%	6	0%	18	1%	30	1%
Diagnosed Condition	6	0%	2	0%	3	0%	11	0%
Domestic Violence	41	3%	12	1%	36	3%	89	2%
Education Neglect	5	0%	22	2%	14	1%	41	1%
Failure to Return		0%	3	0%		0%	3	0%
Homelessness	25	2%	21	2%	16	1%	62	1%
Inadequate Access to Medical Services	5	0%	2	0%	1	0%	8	0%
Inadequate Access to Mental Health Services		0%	3	0%		0%	3	0%
Inadequate Housing	38	2%	23	2%	32	2%	93	2%
Incarceration of Caretaker	30	2%	13	1%	21	2%	64	2%
Medical Neglect	18	1%	6	0%	6	0%	30	1%
Neglect	833	51%	536	44%	690	53%	2059	50%
Physical Abuse	246	15%	188	15%	197	15%	631	15%
Prenatal Alcohol Exposure	1	0%		0%		0%	1	0%
Prenatal Drug Exposure	44	3%	2	0%	8	1%	54	1%
Prenatal Immigration Detainment or Deportation		0%	2	0%		0%	2	0%
Runaway	1	0%	30	2%	2	0%	33	1%
Sex Trafficking		0%	14	1%	4	0%	18	0%
Sexual Abuse	39	2%	62	5%	51	4%	152	4%
Voluntary Relinquishment for Adoption	1	0%	1	0%	2	0%	4	0%
Whereabouts Unknown	1	0%	6	0%		0%	7	0%
Grand Total	**1634**		**1219**		**1302**		**4155**	

SCDSS has focused heavily on the expansion of services and supports for families. Enhancing assessments and the timely identification of family needs and connection to services will help

support connecting families impacted by substance use with needed services. Additionally, SCDSS is in the process of finalizing and implementing family wellness plans. In 2020 SCDSS joined with the South Carolina Department of Alcohol and Other Drug Abuse Services (SC DAODAS) to employ a liaison to build competency among SCDSS staff in understanding substance use disorders. This includes helping to provide families affected by substance use with the best available services and supports. This position supports ongoing training efforts with SCDSS stakeholders to provide education around substance use, treatment and services, fetal alcohol syndrome disorder, Neonatal Abstinence Syndrome (NAS), Newborn Opioid Withdrawal Syndrome (NOWS) and associated signs/symptoms, therapies, treatment, medical monitoring and management and how to support families impacted . Additionally, the Children's Law Center provides mandated reporter trainings which assists in ensuring SCDSS and mandated reporters are aware of their duty to report and how services and supports are provided to families when a report is made and a case may be accepted for abuse and or neglect.

In 2020 SCDSS and DAODAS received an In-depth Technical Assistance (IDTA) Grant from the National Center on Substance Abuse and Child Welfare (NCSAW), which ended in 2022 and were also accepted into the 2023 six month NCSAW Policy Academy In 2022, SCDSS and DAODAS partnered to launch the SC Think Before You Drink- Don't Risk It Campaign that addresses Fetal Alcohol Syndrome (FASD). SC reorganized the SC FASD Coalition, developed a FASD website DONTRISKITSC.Com and joined FASD United as an affiliate in 2023.

South Carolina will continue to develop family wellness and support plans built on the foundation offered through the In-Depth Technical Assistance (IDTA) and Policy Academy. The key components to the SC approach entail:

- Develop a SC Family Wellness Support Plan template that may be initiated prenatally, at birth and in the postpartum period that addresses social determinants of health, behavioral health disorders and monitoring of substance affected infants or those with FASD that may be utilized by agencies and providers outside of SCDSS who may be working with impacted families.
- Finalize and implement internal changes within SCDSS practice with families affected by substance use
- Increase prevention, education and awareness on FASD through the SC DON'T Risk It Campaign and explore developing assessment and diagnostic services for FASD in SC
- Working with the SC Birth Outcomes Initiative (SC BOI) Behavioral Health Work Group to increase prenatal screening or substance use disorders through expanding SBIRT and referring women to MOMS IMPACTT and county substance use treatment centers for treatment as part of prenatal family wellness support plans.

In coordination with the SCDSS policy team the SCDSS-DAODAS liaison has been drafting a policy to formalize the procedures around developing plans of safe care (referred to as Family Wellness and Support Plans (FSWP)). The FSWP is an individualized plan developed in partnership with the family to address the health and substance use disorder treatment needs of the infant, parents, and affected family. SCDSS will monitor the implementation of the FSWPs to ensure the appropriate referrals and services are provided to affected families. The FWSP will be incorporated into the CFTM processes and into the development of the family permanency plan. All of which leverage assessment findings from the FAST/CANS to assist in the

identification of family needs. SCDSS is working to finalize the policy and intends to roll out the implementation of FSWPs in Fall of 2024.

Current statute has been reviewed and there is a need for 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, limitations imposed by the Whitner v. South Carolina (1997) ruling will need to be addressed through the previously discussed statute change. The SCDSS and DAODAS liaison continues a focus group with the goal of education focus that will reach across multiple systems, create urgency for change, address stigma, and explore HRSA and SAMHSA 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.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

SCDSS recognizes the importance of caseworker visits to conduct assessments and make decisions at the individual and family level and continues to systemically improve and strengthen the quality of caseworker visits. This formula grant has been used to improve the quality of caseworker visits by messaging accountability, data analysis, infrastructure improvements, and practice accountability.

SCDSS policies and procedures outline the minimum guidelines for contact between case managers and children in foster care. Per policy, case managers are to make contact with a child or youth in foster care at a minimum of every calendar month. Additional contacts are required based on the child's safety, permanency, or well-being needs. The policy further describes specific contact requirements for special circumstances (youth in temporary placements, ICPC, out-of-state, etc.). In addition to the policy the GPS framework includes practice profiles for case manager contacts with youth and family that describe the best practices to preparation, facilitating, and following up during contact with children and families.

To continue to ensure that statutory performance standards are met, the agency continues its work to solidify and improve agency values, practice, infrastructure and CQI around caseworker visits (Michelle H. Consent decree, Child and Family Services Review, and the continuing focus on the casework practice model).

Please see the most recent FY22 – 23 Monthly Caseworker Visits Formula Grant report linked here.

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

Agency Administering Chafee

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

Description of Program Design and Delivery

Program design and delivery over the next 5 years

The goal of these programs is to support youth by providing the skills necessary for youth and young adults to live healthy, productive, self-sufficient, and responsible adult lives. Youth are assessed on an annual basis to establish transition goals and identify goal-related services that are offered concurrently with the youth's permanency goals, regardless of their permanency plan(s). Transition planning begins at the age of fourteen and the plan is tracked and adapted monthly based on the individual youth's progression and needs.

The program identifies areas in which services and skills are needed in order to make a successful transition to independence. Assisting the youth in identifying and engaging their support system, which may include service providers, foster parents, family members, and any other individuals whom the youth has a positive connection with are invited to participate in transition planning meetings. These meetings are youth led, youth driven, and strengths based. Shortly before reaching adulthood, and again before the official exit from foster care, a transition planning meeting occurs with foster care staff, a regional transition specialist, and the youth's identified support system to address transition goals such as educational, employment, housing, transportation, medical, financial literacy, and safety concerns.

The Chafee/ETV program supports educational needs with funded services for school and non-school sponsored activities, team sports, leadership development programs, GED programs, tutoring, summer school, spiritual development programs, expenses related to field trips, dual enrollment fees, and books/supplies for specialized classes. For foster youth who are high school seniors the program is able to fund senior fees, graduation items, senior prom, and chrome books if the school does not provide them. Post-secondary education supports available through the Chafee/ETV program include covering costs associated with college applications, SAT/ACT preparation classes, and test fees. Personal computer bundles and dorm room essentials are also provided. The ETV program awards up to $5,000 for post-secondary education for up to 5 years, whether consecutive or not or until their 26th birthday, whichever comes first.

The program is able to support various transportation, housing, and employment needs. Funding and services is available for bicycles, driver's education courses, driver's license fees, insurance assistance, repair and/or maintenance costs, and gas allotment. The program is able to support youth employment with funded services for interview clothing, uniforms and footwear, job skill training classes, certification courses, and vocational equipment. Housing stabilization funded services include utility deposits, furniture, housing essentials, rental application fees, rental deposits, and rental assistance for up to six months. Additionally, the Chafee program has designed a financial literacy module for youth to cover the importance of budgeting and saving, gaining an understanding of credit, banking information, how to tackle debt, how to protect your identify, information on housing and taxes, and how to create a financial plan.

ETV funding has been utilized for assisting youth in obtaining advanced degrees, as well as qualifying vocational education. The ETV program engages youth in the program, offering pre-college planning, academic program review and selection assistance, enrollment support, financial planning for post-secondary education, and wrap-around support while enrolled. SCDSS works with the students to select programs and schools that will be a good fit for them through individualized meetings to review and evaluation of options while being mindful of the student's personal preferences, goals, and needs.

Chafee/ETV Goals

In April 2022, the Extension of Foster Care (H.3509) legislation became law. The law provides a new opportunity to support youth so they can achieve positive outcomes. The extension of foster care legislation creates a new pathway for older youth who would otherwise leave the foster care system at age 18 to voluntarily remain in or return to the placement and care responsibility of DSS until their 21st birthday. This legislation provides a meaningful new opportunity to partner with older youth who are often at risk of "aging out" of foster care at 18 and facing a number of negative outcomes — before they've been given an opportunity to find their footing on the journey to adulthood.

SCDSS has aligned all transition services and supports under one central, coordinated new division, Transition Services and Support. The Chafee/ETV program will provide the funded benefits to access the various opportunities to equip these young adults with the guidance, skills, and individualized support they need to achieve self-sufficiency.

For older youth and young adults who voluntarily partner with us from 18-21, the new division will be one place they can rely on that will be dedicated to connecting them in to support that will support self-sufficiency. This includes relationships and permanent connections, mental health, housing, career development, education advancement, youth leadership, and financial literacy.

Transitional Housing Services & Supports: This new division offers a variety of housing options for older youth and young adults as they make their journey to self-sufficiency and successful adult living. Young adults can reside in with an unlicensed provider, in their college residence, transitional programs, or their own apartment. The Chafee program will be able to utilize its resources to support home management readiness and rental assistance.

The Chafee program will expand partnerships with county housing authorities to access Foster Youth Independence housing vouchers (FYI). This has begun as a pilot in Greenville county to gain a better understanding of the referral process, and how to navigate this resource to improve access for young people. Ten (10) FYI vouchers have been accessed for former foster youth in Greenville county. SCDSS plans to expand next into York County where there are 25 vouchers available and then Richland County where an MOU is in place, partnering with Richland HUD and United Way.

Transitional Services: The Chafee program will be able to utilize its resources to support a statewide transitional support services contract to provide services to young adults between ages 18-26 with life skills planning and development. These services will be tailored to each individual's strengths and needs and will support service navigation, building connections to community partners and resources, and well-being support to help young adults achieve and maintain a stable and healthy living environment. This

proposal was created with members of YEA! to give extended support to former foster youth who are either not eligible for extension of foster care or choose not to receive direct services from the agency.

Mental Health: The Chafee program will be able to utilize its resources to support statewide expansion for recruitment and replica sites of the Dougy Center L.Y.G.H.T. Program in each region. The LYGHT Program will offer youth and young adults peer grief support throughout South Carolina. It began as a pilot study in South Carolina and has now been accepted into the Clearing House as an evidence-based youth peer support group for grief and healing.

Youth Engagement and Leadership Development: The Chafee program will be able to utilize its resources to support statewide expansion for recruitment and maintaining YEA! enrollment. YEA! has increased enrollment to 30 young people and will be supported to create regional chapters. The Chafee program will partner with the University of South Carolina School of Social Work to strategically develop a networking plan to expand a statewide presence for youth advocacy and engage with community partners to secure sponsorship. The Chafee program will support leadership and advocacy skill development by continuing its partnership with Clemson Think Shops to offer workshops across the state to current and former foster youth and YEA! annual leadership retreat. The Chafee program will maintain its partnership with Fostering Great Ideas and providing life coaching support to YEA! members.

Education Success and Career Development: The Chafee program will explore alternative career pathways due to a decline in traditional four-year enrollment. Chafee resources will also be utilized to support strengthening secondary stability and explore post-secondary readiness.

Financial Literacy and Asset Development: The Chafee program will identify and connect youth and young adults with financial resources to help learn financial literacy skills, behaviors, and methods to achieve their financial goals, from clearing financial discrepancies from their time in foster care to improving their credit score or saving for a specific goal.

Youth and young adult involvement in the Chafee Program
As the Chafee/ETV continues the administration of the program, youth voice is continuously sought and represented throughout program offerings. The State Youth Engagement Coordinator recruits and maintains engagement with youth and young adults for the Youth Engagement Advocates, known as YEA!. SCDSS continues to engage YEA! members to assure outreach, service navigation, and financial compensation. The Chafee/ETV program supports YEA! peer leadership opportunities and engages members in learning and training opportunities. SCDSS strongly believes in youth and family voice and will continue to develop programming that promotes youth partnerships and sustain youth engagement efforts to strengthen programs and policy across the Department.

YEA! embraces the beliefs and values outlined below.

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.

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

SCDSS continues to engage YEA! members to assure outreach, service navigation, and financial compensation. The Chafee/ETV program supports YEA! peer leadership opportunities and engages members in learning and training opportunities. SCDSS strongly believes in youth and family voice and will continue to develop programming that promotes youth partnerships and sustain youth engagement efforts to strengthen programs and policy across the Department.

Incorporation of Positive Youth Development (PYD)
The SCDSS Chafee/ETV program encourages positive growth in youth and young adults, supporting youth in developing skills to lead productive, self-sufficient, and responsible adult lives. Engaging youth and young adults in decision making and program development (YEA!) truly engages youth in establishing supportive adult relationships. Additionally, the YEA! group provides an opportunity to form supportive relationships with peers. The program assists youth, but also sets expectations for the young adult, maintaining clear expectations for behavior while allowing decision making. The Chafee/ETV program offers a variety of opportunity for youth to grow their skills and achieve their educational, employment, housing, transportation, medical, and financial literacy goals. The program offers tangible supports to youth to work towards achieving these goals, growing their skill building and confidence along the way. To promote healthy long-lasting relationships with the adults in their lives, SCDSS offers supports to foster parents, relative caregivers, adoptive parents, group homes, and SCDSS staff to create an understanding of the issues confronting adolescents who are preparing for transition to adulthood. Additionally, the program has co-designed a professional development training and coaching for youth in foster care to focus on transition planning and sustainability coaching. These opportunities encourage growth, learning, and confidence building for youth.

NYTD results sharing
The federally required NYTD survey is completed internally. The SCDSS NTYD team continues to maintain a recently redesigned website, Facebook page, and updated information on the state website which provides a direct contact message to the Independent Living Unit. NYTD youth are asked to update their contact information quarterly and engage with the NYTD State Coordinator to learn about and access new resources. Currently, these enhanced communication efforts have allowed disconnected youth to receive information on available resources and services within their community and agency.

Other outreach activities included provided NYTD youth and adult brochures and handout on the NYTD Survey Process, mailed letters and post cards to last known addresses; check of TANF, DMV/DL, Medicaid, and SNAP programs to find youth to complete the surveys, collaboration 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, uploaded to SCDSS website, and through electronic copies, if requested. The NYTD Review will also be shared with agency staff, providers, and community partners/stakeholders.

Efforts to strengthen NYTD data collection
SCDSS case managers continue to communicate with youth and care providers at least once monthly, utilizing a standardized NYTD tracking form. All transition services must be reported as NYTD services in the CAPSS system at a minimum of once monthly. SCDSS continues to contribute to survey collection and tracking, which are federally mandated. SCDSS has built quality control reports in CAPSS to assist in making sure the NYTD data being reported is accurate and up to date.

Serving Youth Across the State
SCDSS works with youth across the state in assisting them to develop the necessary skills for independence. There is no difference in how the Chafee/ETV program is administered in different areas of the state and the program is centrally housed at the SCDSS State/Central Office.

SCDSS has several CAPSS reports to assist in monitoring after care/independent living services cases. Analysis of this data shows even distribution of aftercare/independent living services being provided statewide.

Serving Youth of Various Ages and Stages of Achieving Independence (section 477(b)(2)(C) of the Act)
The Chafee program is eligible for youth currently in foster care ages 14 – 21, youth formerly in foster care who at age 14 or older left foster care for reunification and have not yet reached the age of 21, youth who have aged out of foster care at age 18 until their 21st birthday, or youth formerly in foster care who at age 16 left foster care for adoption, legal guardianship, or kinship care until their 21st birthday. Youth are not required to have been in the South Carolina foster care system, opening the program to youth who were in foster care in another state. Youth-centered case planning is conducted with those participating in the program, utilizing Life Skills Assessment (Casey Life skills), to identify that youth's specific skills, emotional and social

capabilities, strengths, and needs. Information gathered with this tool is used to create an individualized case plan that involves collaboration with the youth, case manager, caregiver, appropriate family members, and other significant adults in the youth's life. The life skills assessment is re-administered yearly, or more frequently if needed, as to adapt to the youth's needs and growth.

In 2022 the South Carolina legislature passed H.3509, authorizing the Extension of Foster Care (EFC) program in South Carolina. SCDSS submitted a title IV-E State Plan amendment to the Children's Bureau in October 2023, which was subsequently approved in December of 2023. The EFC program provides transitional support services to teens and young adults presently or formerly in foster care. Throughout the process of integrating this new program SCDSS has engaged YEA! members in the EFC campaign, with SCDSS coaching, supporting, and training advocates in strategic sharing, legislation advocacy, and media appearance preparation. EFC creates a greater opportunity for SCDSS providers and partners to invest in youth and young adults, encouraging alignment across housing, education, mental health, and employment service providers. With the implementation of EFC SCDSS is able to extend foster care services to young adults ages eighteen through twenty-one and provide this population with the skills and assistance to support them in obtaining education, stable housing, employment, health services, well-being, and permanent supportive relationships.

Collaboration with Other Private and Public Agencies (section 477(b)(2)(D) of the Act)

The Chafee/ETV program continues to partner with organizations across the state to provide transition support and services. Partners are often used to target certain transition interventions. Some of these partnerships include collaboration with Fostering Great Ideas to provide ongoing emotional support and guidance for youth in foster care via adult mentors, partnership with the SC Foster Parent Association to provide chrome books for 11th and 12th graders (or those pursuing a GED) and to provide a household essentials bundle for youth transitioning to independent living, as well as to provide gift cards (Walmart, Amazon, Uber, Target, Straight Talk), graduation items, and YEA! supportive items. Additional collaborative efforts include youth mentors, Justice Works, and numerous other community partners that have supported efforts of the Chafee/ETV program. The program is continuously assessing and identifying needed supports and partners in the work.

Coordination to offer Medicaid to eligible youth formerly in foster care who have moved to a new state

SCDSS collaborates regularly with the SC Department of Health and Human Services and Select Health (MCO) to ensure foster youth have timely access to Medicaid services. In particular to the Chafee program, Chafee/ETV continues to coordinate efforts with Select Health to provide former foster youth with information and access to resources. The Chafee/ETV program assists youth in applying for Medicaid by assisting them in accessing essential identifying documentation (i.e., birth certificate and social security card), and connecting them with program contacts when needed. This support is available for youth both in South Carolina and those who have moved to a new state.

Addressing housing needs of youth in transition

The Chafee/ETV program continues to seek partnerships in the community for opportunities to create and build transitional living programs. This collaboration involves local HUD program, state and local level housing organizations, and connects young people to available resources

for additional government assistance. The Chafee/ETV program is able to provide utilities deposits, rental application fees, rental deposit fees, furniture, rental assistance, interim housing for college students, household essential bundles, and emergency assistance to those participating in the program.

Determining Eligibility for Benefits and Services (section 477(b)(2)(E) of the Act)
SCDSS has established eligibility criteria for the Chafee/ETV program which are outlined in the Chafee Program Guidelines booklet. The eligibility criteria clearly outlines in detail the requirements to receive services and is posted on the public SCDSS website. These guidelines were developed based upon the law, federal guidelines and instructions.

Cooperation in National Evaluations (section 477(b)(2)(F) of the Act)
As necessary SCDSS will cooperate in any federal national evaluations of the effects of the programs in achieving the purposes of Chafee.

Education and Training Vouchers (ETV) Program (section 477(i) of the Act)
The Chafee/ETV program supports educational needs with funded services for school and non-school sponsored activities, team sports, leadership development programs, GED programs, tutoring, summer school, spiritual development programs, expenses related to field trips, dual enrollment fees, and books/supplies for specialized classes. For foster youth who are high school seniors the program is able to fund senior fees, graduation items, senior prom, and chrome books if the school does not provide them. Post-secondary education supports available through the Chafee/ETV program include covering costs associated with college applications, SAT/ACT preparation classes, and test fees. Personal computer bundles and dorm room essentials are also provided. The ETV program awards up to $5,000 for post-secondary educational up until the age of twenty-six.

ETV funding has been utilized for assisting youth in obtaining advanced degrees, as well as qualifying vocational education. The ETV program engages youth in the program, offering pre-college planning, academic program review and selection assistance, enrollment support, financial planning for post-secondary education, and wrap-around support while enrolled. SCDSS works with the students to select programs and schools that will be a good fit for them through individualized meetings to review and evaluation options while being mindful of the student's personal preferences, goals, and needs. SCDSS has focused on streamlining and simplifying the application/award process, restructuring the process for calculating ETV awards, removing the requirement that a student submit receipts, lease agreements, invoices for supportive expenses, and other additional documentation. The ETV application has been simplified, now only requiring a completed application, itemized tuition statements, and financial aid award letter. The ETV coordinator works with the youth and the school to calculate costs of attendance, deduct scholarships and/or other grants, and submit payment to the school for the outstanding balance. Any remaining funds are submitted to the youth as supportive expenses, as long as it does not exceed the cost of attendance.

Chafee Training
The Chafee/ETV program continues offering training to SCDSS staff on transitional support services and the funding disbursement process to ensure the timely release of approved funds. Ongoing training is offered by the SCDSS regional transition specialists to support foster parents, relative caregivers, adoptive parents, group homes, and case managers understand and address the issues confronting adolescents who are preparing for transition to adulthood. In

partnership with the Annie E. Casey Foundation and MaddyDay Foundation, the Chafee/ETV program has co-designed professional development training and coaching with youth in foster care to focus on transition planning and sustainability consulting. This training focuses on building a tiered approach for all staff working with teens and young adults, coordinated with the SC teen and young adult workgroup. Focuses of this workgroup have included integrating adolescent brain development into child welfare training and practice, developing transformational relationships with older youth in foster care, coaching with youth in foster care, transitional planning, and concurrent integration and sustainability.

Consultation with Tribes (section 477(b)(3)(G) of the Act)

The Catawba Indian Nation (CIN) is the only federally recognized tribe in South Carolina. The Chafee program is an active partner in regularly occurring meetings between the CIN and SCDSS. The purpose of these meetings is to discuss concerns, ongoing efforts, changes to services offered, and to ensure compliance with ICWA. When a youth with SCDSS involvement is identified as having tribal affiliation SCDSS consults with staff of the CIN to collaborate on that specific child.

Through ongoing collaboration, the CIN and SCDSS are ensuring that any and all youth in foster care that are identified as Native American are informed about the Chafee program and the benefits available to them. All Chafee and ETV programs provided through the Chafee program are available to any Native American youth in foster care according to the same eligibility criteria as non-native youth.

5. Consultation and Coordination Between States and Tribes

The Catawba Indian Nation (CIN) is the only federally recognized tribe in South Carolina. SCDSS administers child welfare and protection services for tribal children. Since the submission of the 2020-2024 CFSP SCDSS has continued to meet and correspond regularly with representatives of the CIN. The primary purpose of these convenings is to maintain communication between SCDSS and the 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 to find collaborative ways to overcome these barriers. Through regular and open communication SCDSS and CIN continue to share information on practice and policy changes, learn of resources to better support CIN families, and maintain compliance with ICWA requirements.

Attending these meetings include representatives from both the CIN and SCDSS to represent leadership in program areas impacting tribal and state relations. Leadership from both CIN and SCDSS representing legal, social services, Chafee services, permanency, child safety, child health and wellbeing, and ICWA compliance regularly attend these meetings. Additionally, 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 any updates to help support the state's continued compliance with ICWA. This meeting also serves as a time for SCDSS to communicate with other child welfare agencies about ideas that may assist South Carolina with maintaining compliance with ICWA and provide services to meet tribal affiliated children's best interest.

A continuing aspect of the collaboration between SCDSS and the CIN is the sharing of data. SCDSS regularly supplies the CIN with a report generated from CAPSS that lists all persons with a service open in the previous month who have tribal affiliation with the CIN. This report allows the CIN to see a list of all children and families involved with SCDSS who are 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 SCDSS involvement, as required by SCDSS policy. SCDSS policy states that as soon as possible after the Department identifies a child as a member, or is eligible to be a member, of a federally recognized tribe, the worker is to contact 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.

To improve judicial monitoring, South Carolina has included the Bench Bar Book that Family Court Judges use as an ICWA resource. Information provided includes reminding judges that ICWA applies to child custody cases involved Indian children and that ICWA is a federal legislation designed to protect the best interests of Indian children and promote the stability of tribes. The book instructs judges that ICWA inquiries should start at the beginning of the case and continue throughout the life of the case. Additionally, the SC Court Improvement Program (CIP) tracks the number of cases with ICWA involvement. The CIP system records if a child involved in a case is from a federally recognized tribe, and if the ICWA representative(s) were notified. To support SCDSS staff in this process, the SCDSS Legal Case Management System (LCMS) has an ICWA legal notice template for use by SCDSS legal staff. The CAPSS system records demographic information, including any tribal affiliation. Each month two reports are generated from this data in CAPSS, showing children affiliated with the CIN and those affiliated with other federally recognized tribes. This information is shared with the SCDSS ICWA liaisons and the Office of General Counsel for the purposes of ensuring county staff are complying with ICWA policy.

The CIN has a strong preference for children and youth involved with SCDSS to remain in their own homes, or in the homes of family members who are a part of the tribe, when necessary and in their best interest. SCDSS staff receive training on these tribal preferences and the SCDSS Office of Permanency Management team continues to work with the CIN to recruit Native American foster and adoptive homes with both the CIN and other 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.

6. Targeted Plans within the 2025-2029 CFSP

Foster and Adoptive Parent Diligent Recruitment Plan
Please refer to the 2025 – 2029 SCDSS Child Welfare Services Foster and Adoptive Parent Diligent Recruitment Plan in appendix 1.

Health Care Oversight and Coordination Plan
Please refer to the 2025 – 2029 SCDSS Child Welfare Services Health Care Oversight and Coordination Plan in appendix 2.

Disaster Plan

Please refer to the 2025 – 2029 SCDSS Child Welfare Services Disaster Plan in appendix 3.

Training Plan

Please refer to the 2025 – 2029 SCDSS Child Welfare Services Training Plan in appendix 4.

Section E. 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 2022's amount was $10,236,069.
- South Carolina's Title IV-B Part I expenditures for childcare, foster care, and adoption assistance for FY2022 is $0.