

South Carolina Strategic Action Plan

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

Objective 1- Safety Outcome 1.

Using the baseline non-weighted, aggregate scores of 82.6% for all non-PIP counties for Safety Outcome 1 in the FFY 2013, the non-weighted, aggregate score for all counties will improve to 87.6% by end of FFY 2019, with bench marks of 1% per year improvement.

Strategy 1.1.1: Utilize Community Based Prevention Services (CBPS) for referrals not rising to the level of abuse or neglect where families are in need of services to decrease future risk of abuse and neglect.

Strategy 1.1.2: Improve law enforcement coordination

| ACTION | TIMELINE | RESOURCE (S) REQUIRED | PRIMARY RESPONSIBILITY | EVALUATION MEASURE OR TOOL |
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| 1.1.1: SCDSS holds practice calls the 1 st and 3 rd weeks of each month with County Directors, CBPS organizations | Ongoing 2x per month | County Directors Child Welfare Director Data and Accountability CBPS providers Senior Consultant | County Directors Child Welfare Director Data and Accountability CBPS providers Senior Consultant | Improves clarification of what are appropriate referrals and needed services through data review 2x every month |
| 1.1.1: Develop clear criteria for referrals and ensure this is communicated to SCDSS staff through written correspondence, policy and appropriate training. | January 2015 | CBPS Policy and Procedure Updates, Directive Memos | Regional Quality Team Leaders CBPS Directors and Managers SCDSS Volunteer Case Liaison Policy Unit | CBPS Cases returned to SCDSS USC Quality Reviews Updated policy completed and approved |
| 1.1.2: Improve Law Enforcement Coordination by developing and implementing process with SLED on obtaining NCIC on adults involved with child welfare investigations and request required Statute change. | May 2015 | Regional Quality Team Leaders SLED Liaison Child Welfare Director Policy Unit | Regional Team Leaders SLED Liaison Child Welfare Director | A formalized process for obtaining NCIC from SLED on adults involved with child welfare investigations to be completed and communicated in Directive Memo and policy revision by May 2015 based upon Statute change. |
| 1.1.2: Locate a member of the Office of Investigations Team from SCDSS to the SLED Fusion Center | January 2015 | SCDSS Leadership SCDSS Office of | SCDSS Office of Investigations | Co-location of a member of the Office of Investigations Team from SCDSS to the SLED Fusion Center by January 2015 |

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| | | Investigations | | |
| 1.1.2: Regional joint training provided by SCDSS, USC Children's Law Center and Law Enforcement for child abuse investigations practices to SCDSS investigations staff and Law Enforcement Officers. | Quarterly | USC Children's Law Center SLED Training Division SCDSS Office of Investigations | | Training developed by October 1, 2014 and implemented regionally on a quarterly basis through FFY 2015 Participant Surveys. Reduction in rate of repeat maltreatment within 6 months of previous maltreatment. |

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

Objective 2- Safety Outcome 2: Using the baseline aggregate, non-weighted score of 56.0% for all non-PIP counties for Safety Outcome 2 in the FFY 2013, the non-weighted, aggregate score for all counties will improve to 61.0% by end of FFY 2019, with bench marks of 1% per year improvement.

Strategy 1.2.1: Create structures within county offices for ensuring adult background checks are performed when indicated and at intervals needed.

Strategy 1.2.2: Build supervisory skills to continually improve support for critical thinking around child vulnerability and caregiver protective capacity.

Strategy 1.2.3: Utilize Guided Supervision to provide caseworker guidance, support and accountability to ensure appropriate screenings and referrals for assessments and treatment interventions that address needs identified in the assessment process. (Item 4)

Strategy 1.2.4: Utilize Family Engagement services [Family Finding (FF), Family Team Meeting (FTM), Child Conferencing (CC) and Re-Conferencing (RC)] to identify and engage family group while tapping into family resources, supports and appropriate treatment services in developing the Family Plan. (Item 3)

| ACTION | TIMELINE | RESOURCE (S) REQUIRED | PRIMARY RESPONSIBILITY | EVALUATION MEASURE OR TOOL |
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| 1.2.1: Establish written protocol for county offices outlining process for obtaining and documenting background checks | 12/31/2014 | County Directors Team Leaders Child Welfare Director Policy Unit | County Directors Team Leaders | Written protocol and consistent implementation by December 2014 |
| 1.2.2: Utilize Performance Coaches and Catalyst Groups to enhance critical thinking skills for Supervisors and frontline practitioners, for assessing protective capacity and child vulnerability | Monthly Ongoing | County Directors Team Leaders Supervisors Caseworkers Performance Coaches | County Directors Team Leaders Supervisors Caseworkers | Utilize Performance Coaches and the established Catalysts groups to provide coaching support specifically to supervisors on an ongoing basis. |
| 1.2.3: Create Supervisor, County Director, State Level management reports to track and determine frequency of | 6/30/2015 | Senior Consultant Program Coordinator | Senior Consultant Program Coordinator | Guided Supervision for all cases 1x every six months or more after June 30, 2015 |

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| Guided Supervision is being adhered to and also utilized more when triggered to do so by critical needs of child's case | | CAPSS/ IT | CAPSS/ IT | |
| 1.2.3: Conduct Fidelity Review of Guided Supervision | 6/30/2015 | Senior Consultant Program Coordinator CAPSS/ IT Contract Consultant | Senior Consultant Program Coordinator CAPSS/ IT Contract Consultant | Fidelity Review conducted by the National Resource Center for Child Protective Services (NRCCPS) by 6/30/2015 |
| 1.2.3: Guided Supervision tool integrated into CAPSS | 1/31/2016 | Senior Consultant Program Coordinator CAPSS/ IT | Senior Consultant Program Coordinator CAPSS/ I | Guided Supervision Tool fully integrated into CAPSS by 1/31/2016, and staff fully trained to complete tool within the CAPSS |
| 1.2.4: Post the Family Engagement Solicitation and select Contractors to offer services statewide | 11/30/2014 | SCDSS Procurement Families First/Family Engagement Team Contract Monitors Master Contractors and coalition member agencies SCDSS Leadership SCDSS Contract Consultants | SCDSS Procurement Families First/Family Engagement Team Contract monitors Master Contractors and coalition member agencies SCDSS Leadership SCDSS Contract Consultants | Master Contractors(s) and their coalition member agencies selected to provide Family Engagement Services in all regions statewide by 11/30/2014. |
| 1.2.4: Evaluate and Implement the Family Engagement Infrastructure to support this initiative – HS Coordinator positions with administrative support, develop teaming approach with contract monitoring | 11/1/2015 | Families First/Family Engagement Team SCDSS Leadership Human Resources SCDSS Leadership | Families First/Family Engagement Team Master Contractors and coalition member agencies Human Resources | Hiring for needed positions to be completed by 11/1/2015 and paired with contract monitors for Family Engagement contract |
| 1.2.4: Develop electronic referral process for statewide practice implementation. | 1/1/2015 | Families First/Family Engagement Team Master contractors and coalition member agencies | Families First/Family Engagement Team Master Contractors and coalition member | Formal electronic referral process and practice standards completed for statewide implementation by 6/30/2015. |

| | | Policy Unit CAPSS/IT Units | agencies SCDSS Procurement | |
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| 1.2.4: Development procurement processes | 1/1/2015 | Families First/Family Engagement Team Master contractors and coalition member agencies SCDSS Procurement | Families First/Family Engagement Team SCDSS Procurement | Procurement Process formalized and ready to be included in training for Family Engagement Coordinators, SCDSS staff and stakeholders by 1/1/2015 |
| 1.2.4: Train Family Engagement (FE) Coordinators in the family finding, family team meetings, conferencing and unlicensed relative home studies | 2/1/2015 | Families First/Family Engagement Team Master Contractors and coalition member agencies USC Center For Child and Family Studies (CCFS) | Families First/Family Engagement Team Master Contractors and coalition member agencies CCFS | Family Engagement Training Curriculum completed and provided to FE Coordinators by 2/1/2015 |
| 1.2.4: Train SCDSS staff and stakeholders in Family Engagement array of services | 2/1/2015 | Families First/Family Engagement Team Master Contractors and coalition member agencies CCFS | Families First/Family Engagement Team Master Contractors and coalition member agencies CCFS | SCDSS staff and stakeholders statewide receive Family Engagement training by 2015 |
| 1.2.4: Engage and involve family groups to include noncustodial fathers through full Implementation of the array of Family Engagement Services – <ul style="list-style-type: none"> • Family Finding • Family Team Meetings • Children Conferencing (FGC) • Re-conferencing and, • Unlicensed relative home studies | 3/1/2015 | SCDSS Contract Consultants SCDSS Procurement Families First/Family Engagement Team Contract Monitors Master Contractors and coalition member agencies Policy Unit CCFS | SCDSS Procurement Families First/Family Engagement Team Contract Monitors Master Contractors and coalition member agencies Policy Unit CCFS | Contract monitoring tool Participant Surveys Family Engagement Outcome Reporting form Quality Assurance Reviews Family Engagement policy and procedures/directive memo disseminated |

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| 1.2.4: Ongoing quality assurance and improvement activities | Quarterly | Families First/Family Engagement Team Contract Monitors Master Contractors and coalition member agencies CCFS | Families First/Family Engagement Team Contract Monitors Master Contractors and coalition member agencies CCFS | Contract Monitoring tool Participant Surveys Family Engagement Outcome Reporting Form Quality Assurance Reviews |
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STRATEGIC GOAL 1: Improve the quality of risk assessment and safety management of children in Child Protective Services, Family Preservation, and Foster Care cases.

Objective 3- Full, statewide implementation of the Signs of Safety (SOS) in Child Protective Services, Family Preservation, and Foster Care cases, by the end of the FFY 2019. Within the FFY 2015, the SOS Implementation Team will establish the criteria for full implementation of the SOS, and have benchmarks for the progress toward full implementation.

Strategy 1.3.1: Create statewide implementation team for the Signs of Safety to establish timelines for implementation steps and benchmarks for measuring progress of implementation.

Strategy 1.3.2: Create coaching cohort with expertise in the SOS to support case work staff in building competencies.

| ACTION | TIMELINE | RESOURCE (S) REQUIRED | PRIMARY RESPONSIBILITY | EVALUATION MEASURE OR TOOL |
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| 1.3.1: Establish a SOS Implementation Steering Committee/ Regional Management Groups/ Catalyst Groups | Monthly Meetings | Deputy/Child Welfare Director, Team Leaders, Stakeholders, County Directors, Experts in Practice, IT, caseworkers | Team Leaders, County Directors | SOS Implementation Steering Committee established by 10/31/2014 and meeting monthly Regional Management Groups established by 10/1/ 2014 and meeting monthly Catalysts Groups established and meeting monthly by 10/1/ |
| 1.3.1: Develop a SOS child protection practice framework document for practice tool for SRT's, PRT's, DRT's and brochures, three page briefing for communication with staff, families, and partners, legislature, etc. | 11/30/2014 | SOS Practitioners, Policy Unit, Team Leaders | SOS Practitioners | Completed by 11/30/ 2014 |
| 1.3.1: Steering Group to elicit continuous feedback from families and staff on functioning of SOS practice | Quarterly | Caseworkers, supervisors, Program Directors | Supervisors and Program Directors | Quarterly feedback collection will begin on 3/31/2015 |

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| 1.3.1:Align policy and procedures (intake, investigations, family team meetings, assessment, etc.) with the SOS framework within Chapter 7 | Meet monthly beginning 7/31/2014 | IT, Policy Unit, SOS Practitioners, caseworkers County Directors | IT, Policy Unit, SOS Practitioners, SCDSS OGC | Chapter 7 policy is streamlined into policy and procedures for the SOS by 4/30/2015. |
| 1.3.1: Develop a fully revised set of streamlined and integrated policy documents with accompanying electronic links to procedures and practice | Meet monthly beginning 10/15/2014 | IT, Policy Unit, Experts in Practice, Team Leaders, Child Welfare Director, Deputy Director | IT, Policy Unit, SOS Practitioners, SCDSS OGC | All policy with electronically linked procedures reflecting SOS framework completed by 9/30/2016 |
| 1.3.1: Build SOS training modules into existing Child Welfare basic training and update into other training modules in orientation | Monthly and annually | CCFS, SOS Practitioners | CCFS | Current SCDSS staff will receive additional SOS training and all new staff will receive revised Child Welfare Basic training beginning 11/1/2016 |
| 1.3.1: Implement Practice Leader advanced training | Training annually | Supervisors, SCDSS Senior Consultant, CCFS, SOS Practitioners | | Practice Leaders will receive advanced SOS practice training annually by 11/30/2015 |
| 1.3.1: Implement Coaching for Supervisors and others around SOS implementation and practice skills | Training annually | Supervisors, Senior practitioners, CCFS, SOS Practitioners, Regional Catalyst Groups | Supervisors, SCDSS Senior Consultant, CCFS, SOS Practitioners, Regional Catalyst Groups | Supervisors and Catalyst Groups will receive at least Training annually beginning 1/31/2016 |
| 1.3.1: Implement Workplace Learning sessions through skill building workshops and group mappings sessions | Quarterly | Performance Coaches, Supervisors | Performance Coaches, Supervisors | Caseworkers will receive skill building in writing harm and danger statements and utilizing group mapping during workplace learning sessions beginning 10/31/2015 |
| 1.3.1: Implement Appreciative Inquiries (AI) through recorded interviews with staff and families when good practice is utilized to have available demonstrations of good practice | Every 6 months | Performance Coaches, Supervisors, caseworkers | Performance Coaches, Supervisors | Implement (AI) by 11/30/2015 |
| 1.3.2: Implement Group Supervision where teams work on live mappings for cases and align with SOS | Quarterly groups | Caseworkers, Performance Coaches, Supervisors | Caseworkers, Performance Coaches, Supervisors | Implement Group Supervision by 5/31/2017 |
| 1.3.2: Provide learning events for SOS through P-2 and P-3 meetings and Supervisory Summit | Monthly and quarterly | Deputy Director, Team Leaders, County Directors, Supervisors, Supervisors, SCDSS Senior Consultant, CCFS, SOS Practitioners, | Deputy Director, Team Leaders, County Directors, Supervisors, SCDSS Senior Consultant, CCFS, SOS | Implement by 10/31/2015 |

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| | | Regional Catalyst Groups | Practitioners, Regional Catalyst Groups | |
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STRATEGIC GOAL 1: Improve the quality of risk assessment and safety management of children in Child Protective Services, Family Preservation, and Foster Care cases.

Objective 4- Improve the quality of Intake decisions. A development team will be established and set baseline data of current Intake decisions, and establish a measurable objective with benchmarks within FFY 2015.

Strategy 1.4.1: Create Regional Intake Hubs to replace individual county intake units.

Strategy 1.4.2: Restructure supervision of intake staff through centralized oversight to enhance consistency of practice.

Strategy 1.4.3: Restructure Voluntary Case Liaison function to report through Intake Hubs rather than county offices to build consistency of decision-making.

Strategy 1.4.4: Create cohort of intake practice coaches to build and support competencies of intake staff.

| ACTION | TIMELINE | RESOURCE (S) REQUIRED | PRIMARY RESPONSIBILITY | EVALUATION MEASURE OR TOOL |
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| 1.4.1: Determine Hub locations, procure equipment, post positions, hire staff, establish work processes | 12/31/2014 | IT, HR supports Deputy Director of Human Services Regional Team Leaders SCDSS Senior Consultant | IT, HR supports SCDSS Senior Consultant | Establish Hub locations, necessary staffing capacity, processes, etc. for Hub implementation by 12/31/2014 |
| 1.4.1: Launch Hubs in order as identified by master plan. | 3/31/2015 | Regional Team Leaders SCDSS Senior Consultant | Regional Team Leaders SCDSS Senior Consultant | Hubs established and work moved from county offices to Hubs by 3/31/2015. |
| 1.4.2: Post and fill State Office Intake Team Leader position, realign reporting structures of intake staff to report through Intake Hub supervisors to State Office Intake Team Leader | 10/1/2014 | HR supports Regional Team Leaders SCDSS Senior Consultant State Office Intake Leader | HR supports SCDSS Senior Consultant State Office Intake Leader | Intake positions aligned to report to Intake Team Leader |
| 1.4.3: Realign reporting structures of Voluntary Case Liaisons to report through Intake Hub supervisors to State Office Team Leader | 10/1/14 | HR supports SCDSS Senior Consultant State Office Intake Leader | HR supports SCDSS Senior Consultant State Office Intake Leader | Voluntary Case Liaison positions aligned to report to Intake Team Leader |

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| 1.4.4: Identify and recruit Intake Mentors to coach new staff who come on board through using QA Reviews and specific decision making to determine expertise of Intake Mentors | 1/1/15 | HR supports Regional Team Leaders SCDSS Senior Consultant State Office Intake Leader | Regional Team Leaders SCDSS Senior Consultant | Intake Mentors in place by 1/1/15 in every region. |
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STRATEGIC GOAL 2: Children will thrive when involved with SCDSS.

Objective 1- Well-Being Outcome 1: Using the baseline non-weighted, aggregate score of 53.0% for all non-PIP counties for Well-Being Outcome 1 in the FFY 2013, the non-weighted, aggregate score for all counties will improve to 73.0% for all non-PIP counties by end of the FFY 2019, with bench marks of 4% per year improvement.

Strategy 2.1.1.: Build case work competencies in Signs of Safety to engage families in building protective capacities and to ensure that children's voices are heard when creating safety networks and service plans.

Strategy 2.1.2: Implement the Family Engagement services array (FF, FTM, CC and RC) to identify and engage family group while tapping into family resources, supports and appropriate treatment services in developing the Family Plan (Items 17 and 18) to include enhanced visitation with provider assistance in supervised family visitation to increase family and sibling connections (items 19).

Strategy 2.1.3: Engage noncustodial fathers in the assessment process utilizing resources and services to support healthy and safe connections (items 17, 18 & 19).

| ACTION | TIMELINE | RESOURCE (S) REQUIRED | PRIMARY RESPONSIBILITY | EVALUATION MEASURE OR TOOL |
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| 2.1.1: See the action steps for Strategic Goal 1: Objective 3 – Signs of Safety | See the action steps for Strategic Goal 1: Objective 3 – Signs of Safety | See the action steps for Strategic Goal 1: Objective 3 – Signs of Safety | See the action steps for Strategic Goal 1: Objective 3 – Signs of Safety | See the action steps for Strategic Goal 1: Objective 3 – Signs of Safety |
| 2.1.2: See Strategic Goal 1: Objective 2 – Family Engagement | See the action steps for Strategic Goal 1: Objective 2 – Family Engagement | See the action steps for Strategic Goal 1: Objective 2 – Family Engagement | See the action steps for Strategic Goal 1: Objective 2 – Family Engagement | See the action steps for Strategic Goal 1: Objective 2 – Family Engagement |
| 2.1.3: Develop a strategic plan to implement “Engaging the Noncustodial Parent” training and Fatherhood Tool Kit | 1/31/2015 | Family Support and Connections unit, SCDSS Child Support Division Families First/Family Engagement Director CCFS | Family Support and Connections unit, SCDSS Child Support Division Families First/Family Engagement Director CCFS | Strategic Plan for “Engaging the Noncustodial Parent” will be completed by 2/28/2015, including an “Engaging the Noncustodial Parent Curriculum” and Fatherhood Toolkit. |

| | | Local Fatherhood Coalitions | Local Fatherhood Coalitions | |
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| 2.1.3: Implement the "Engaging the Noncustodial Parent" training and establish procedures for referrals to local Fatherhood Coalition agencies in all counties to complete assessments and provide identified services | 1/31/2016 | Fatherhood Coalition Referrals Procedures | Regional and County Leadership SCDSS Child Support Family Support and Connections staff Families First/Family Engagement Director CCFS Local Fatherhood Coalitions | Establish and implement referral procedures and provide training statewide for " Engaging the Noncustodial Parent" to Fatherhood Coalition agencies by 1/31/2016 Training attendance records Guided Supervision reviews Documentation of engagement through case records Quality Assurance Reviews |

STRATEGIC GOAL 2: Children will thrive when involved with SCDSS.

Objective 2- Well-Being Outcome 3: Using the baseline non-weighted, aggregate score of 59.5% for all non-PIP counties for Well-Being Outcome 3 in the FFY 2013, the non-weighted, aggregate score for all counties will improve to 79.5% by end of FFY 2019, with bench marks of 4% per year improvement.

Strategy 2.2.1: Provide Training and Implement Trauma-Informed Practice (T-IP) statewide. A development team will establish the criteria for implementation of T-IP, set a target date for implementation, and have benchmarks for the progress toward implementation within the FFY 2016. (Items 17 and 18)

Strategy 2.2.2: Build trauma screening skills and tools into case work practice beginning at investigation.

Strategy 2.2.3: All age-appropriate children with open CPS cases will have trauma screenings and referrals to access the impact of trauma and determine appropriate trauma focused evidence-based treatments for identified services incorporated into the treatment planning process (items 22 and 23).

Strategy 2.2.4: Increase casework practitioner access to medical consultation to ensure children are receiving appropriate and timely medical services to include monitoring of psychotropic medications (items 22 and 23).

Strategy 2.2.5: Increase casework practitioner access to clinical consultation, to ensure children are appropriately assessed and are served in the most appropriate, least restrictive environment.

Strategy 2.2.6: The SCDSS will promote ongoing community collaboration at the case level to achieve an evidence-based, trauma-informed service system in South Carolina communities.

| ACTION | TIMELINE | RESOURCE (S) REQUIRED | PRIMARY RESPONSIBILITY | EVALUATION MEASURE OR TOOL |
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| 2.2.1 Provide training and implement for the SC Trauma-Practice Initiative | 9/30/2016 | Project Best faculty | SCDSS Regional and County Leadership with Family Engagement staff support | Project Best roster and training records, increased capacity for trauma screening assessment and treatment |
| 2.2.2: All new hire caseworkers (economic and human services), Supervisors, Performance Coaches and other Regional staff, County Directors and Team Leaders will complete Child Victim Web | Within 3 months of employment | National Crime Victim Research and Treatment Center, MUSC website | Supervisors, County Directors and Team Leaders | Certificate of Completion |
| 2.2.2: Develop and incorporate evidence based trauma informed training modules into Basic Child Welfare Training | 6/30/2015 | Project Best Faculty, CCFS, Family Engagement Unit | Regional, County leadership and CCFS | Completion of basic child welfare training skills |
| 2.2.2: Develop and deliver county based training courses and in-services on psychological trauma and evidence-based, trauma-informed services. | 7/31/2015 | Family Engagement staff | Family Engagement staff, regional and county leadership | Training attendance records Implemented by 7/31/2015 |
| 2.2.3: All children will be screened for a history of potentially traumatic events and trauma-related problems. | Within 7 days of initiation of investigation and acceptance for Family Preservation or Foster Care Services | Trauma-History Screening Tool | Caseworkers and Supervisors | Trauma-History tool in case file, reviewed during Guided Supervision and documented through the Quality Assurance Reviews |
| 2.2.3: Trauma screening and assessment results with recommended evidence-based trauma and other treatment will be incorporated into the evidence-based treatment planning process and included in the service plan. | 7/31/2015 Within 30 days of involvement of SCDSS | Project Best Faculty, CCFS, Family Engagement Unit County Directors | Project Best Faculty, CCFS, Family Engagement Unit County Directors | Implemented by 7/31/2015 |
| 2.2.3: Ensure that children and families receive appropriate evidence-based assessments to determine their strengths, needs and problems. | 7/31/2015, within 30 days of involvement with SCDSS (Investigation and Family Preservation) | Evidence-Based Assessment tools selected | Family Engagement staff, SCDMH, County Directors, MCO Network of providers | Evidence-Based Assessment tools to be used by clinicians (MCO and DMH) by 7/31/2015 |
| 2.2.4: Establish collaborative relationships with both public and private service partners to share assessment information between medical/ | 7/31/2016, within 30 days of involvement with SCDSS | Training and implementation support in evidence based treatment planning | CCFS and Project Best for training and Caseworkers, | Family Plan/Service Plan/Placement Plan reviewed during Guided Supervision and documented through the Quality |

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| clinical/social service professionals and community-based support services system. | and ongoing as part of service planning process | | Supervisors and partnering agencies for implementation | Assurance Reviews, Implementation 7/31/2016. |
| 2.2.4: Establish mechanisms for working with service partners to develop coordinated and integrated service plans. | 10/31/2016, within 30 days of involvement with SCDSS and ongoing as part of service planning process | Training and implementation support in evidence based treatment planning | CCFS and Project Best for training and Caseworkers, Supervisors and partnering agencies for implementation | Family Plan/Service Plan/Placement Plan reviewed during Guided Supervision and documented through the Quality Assurance Reviews, Implementation 10/31/2016 |
| 2.2.5: Include in each individual service plan measureable treatment goals with specific metrics for assessing outcomes and thresholds for success. | 10/31/2016, within 30 days of involvement with SCDSS and ongoing as part of service planning process | Training and implementation support in evidence based treatment planning | CCFS and Project Best for training and Caseworkers, Supervisors and partnering agencies for implementation | Child Specific outcomes, and documented evidence through Family Plan/Service Plan/Placement Plan, Guided Supervision review and Quality Assurance Reviews, Implemented by 10/31/2016 |
| 2.2.5: Each service plan to include a set of evidence-based treatment and other intervention services based upon the assessment-based treatment goals. | 10/31/2016, within 30 days of involvement with SCDSS and ongoing as part of service planning process | Training and implementation support in evidence based treatment planning | CCFS and Project Best for training and Caseworkers, Supervisors and partnering agencies for implementation | Child Specific outcomes, and documented evidence through Family Plan/Service Plan/Placement Plan, Guided Supervision review and Quality Assurance Reviews, Implemented by 10/31/2016 |
| 2.2.5: Children and families should be referred to practitioners who are appropriately trained in the needed evidence-based services, deliver them with fidelity and work collaboratively with SCDSS. | 10/31/2016, within 30 days of involvement with SCDSS and ongoing as part of service planning process | Training and implementation support in evidence based treatment planning | CCFS and Project Best for training and Caseworkers, Supervisors and partnering agencies for implementation | Family Plan/Service Plan/Placement Plan Implemented by July 2015 |
| 2.2.5: Services should be monitored regularly to assess client participation, client engagement, and service provider adherence to the evidence-based service protocol, client progress, and client outcomes. | 10/31/2016, within 30 days of involvement with SCDSS and ongoing as part of service planning process | Training and implementation support in evidence based treatment planning | CCFS and Project Best for training and Caseworkers, Supervisors and partnering agencies for implementation | Child Specific outcomes, and documented evidence through Family Plan/Service Plan/Placement Plan, Guided Supervision Review and the Quality Assurance Reviews, Implemented by July 2015 |
| 2.2.6: SCDSS and SCDMH Child and Adolescent Family Directors will provide leadership at the community level to develop a coordinated and | 1/31/2015 | Project Best | County Directors SCDMH Child and Adolescent Family | Implementation of protocol by 1/31/2015 |

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| collaborative community response protocol | | | Directors | |
| 2.2.6: Regional and community trauma-informed training for all child serving agencies sponsored by the Joint Council on Children and Adolescents | 1/31/2015 – 1/31/2016 | Training curriculum sponsored by Joint Council on Children and Adolescents | SCDSS Regional and County leadership, Joint Council on Children and Adolescents | Training records, Training ongoing 1/31/2015 – 1/31/2016 |

STRATEGIC GOAL 2: Children will thrive when involved with SCDSS.

Objective 3- Permanency Outcome (Item #6): Using the baseline non-weighted, aggregate score of 75.8% for all non-PIP counties for Item #6 in the FFY 2013, the non-weighted, aggregate score for all counties will improve to 80.8% by end of the FFY 2019, with bench marks of 1% per year improvement.

Strategy 2.3.1: Increase supports and linkages to services for alternative caregivers in Family Preservation cases.

Strategy 2.3.2: Increase access to and coordination of mental and behavioral health services for youth in Family Preservation cases.

Strategy 2.3.3: Develop targeted recruitment strategies to increase numbers of resource families who can serve sibling groups and older youth. Target foster home recruitment to include sensitivity and skills training related to caring for special populations – children who are severely emotionally disturbed, youth who are medically fragile and affirming lesbian, gay, transgendered and questioning.

Strategy 2.3.4: Build staff competencies to create ongoing, safety networks for children prior to case closure.

Strategy 2.3.5: Fully implement a trauma-informed service delivery system that includes trauma informed training and skills to meet the needs of children, families and caretakers:

- Foster parent training
- Provider and clinician training in delivery of trauma focused services while implementing trauma informed practices within their agency setting (residential and community based)

| ACTION | TIMELINE | RESOURCE (S) REQUIRED | PRIMARY RESPONSIBILITY | EVALUATION MEASURE OR TOOL |
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| 2.3.1: Utilize Technical Assistance from Annie Casey Foundation in assessment of counties for available services/gaps in services and utilization rate of services | 11/30/2015 | Annie Casey TA Program Coordinator SCDSS Senior Consultant County Directors | Annie Casey TA Program Coordinator SCDSS Senior Consultant County Directors | Assessment to be completed with recommendations by 11/30/2015 |

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| 2.3.2: Utilize Teaming process including Regional Clinical Specialist and behavioral health caseworkers to assess for and access appropriate behavioral health services | Ongoing in some counties and statewide by 6/30/2015 | Child Welfare Director Regional Team Leaders County and Regional Office Leadership Budgets Regional Clinical Specialists HR | Child Welfare Director Regional Team Leaders County and Regional Office Leadership | Available by 6/30/2015, reduction of number of children entering Foster Care from Family Preservation Services. |
| 2.3.3 Implement "Love with No Limits" in Region 4 and meet established goals | 4/30/2014 – 4/30/2015 | Foster Parent Assoc. Heart Felt Calling County Directors Regional Team Leaders Contracts Region IV Resource Family Team | | By 4/30/2015, increase the number of homes licensed in Region IV by 15% or approximately 37 homes. |
| 2.3.3: Develop and Implement "Love with No Limits" recruitment in conjunction with Foster Parent Assoc. and Heart Felt Calling throughout (3) more regions in the state | Region 3 – 12/31/2014 Region 2- 7/31/2015 Region 5 – 12/31/2015 | Foster Parent Assoc. Heart Felt Calling County Directors Regional Team Leaders Contracts | Foster Parent Assoc. Heart Felt Calling County Directors | Implement by: Region 3 – 12/31/2014 Region 2- 7/31/2015 Region 5 – 12/31/2015 |
| 2.3.4: Implement Signs of safety mapping requirement for transitioning to case closure in all counties | Statewide Implementation 11/30/2017 | Supervisors, SCDSS Senior Consultant, CCFS, SOS Practitioners, Regional Catalyst Groups | Supervisors, SCDSS Senior Consultant, CCFS, SOS Practitioners, Regional Catalyst Groups | Implementation of safety mapping for case closures by 11/30/2017 |
| 2.3.5: Develop additional trauma-informed training for staff, resource families and service providers | 12/31/2015 | Project Best and National Child Stress Network resources | Families First/Family Engagement SCDSS Regional and County Leadership with Family Engagement staff support | Training attendance records Project Best roster and training records |

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| 2.3.5: Regional and community Trauma-Informed Training for all child serving agencies sponsored by the Joint Council on Children and Adolescents | Monthly training 1/31/2015 – 1/31/2016 | Joint Council Members | Joint Council Members SCDSS Regional and County leadership | Training records |
| 2.3.5: Six Community-Based Learning Collaborative (CBLC) training will be held across the state starting in 2014 to provide Trauma-Focused-CBT training to DMH Clinicians and Broker training to the SCDSS and other stakeholders. Through participation in this collaborative, SCDSS workers and Supervisors will be trained in Trauma-Informed services, including evidence-based interventions, evidence-based treatment planning, and case management skills for treatment success. | 5/31/2014 – 12/31/2015 | Families First/Family Engagement SCDSS Regional and County Leadership with Family Engagement staff Project Best | Families First/Family Engagement SCDSS Regional and County Leadership with Family Engagement staff Project Best | Six CBCL's will be trained in six areas of the state to include Trauma Focused-CBT trained clinicians and SCDSS and other agency and stakeholders receiving Broker training by 12/31/2015 |

STRATEGIC GOAL 3: Children will have meaningful and lifelong connections with family and in community.

Objective 1- Permanency Outcome 1: Using the baseline non-weighted, aggregate score of 54.4% for all non-PIP counties for Permanency Outcome 1 in the FFY 2013, the non-weighted, aggregate score for all counties will improve to 59.4% by end of the FFY 2019, with bench marks of 1% per year improvement.

Strategy 3.1.1: Promote placement stability through enhancement of Foster Home Licensing with implementation of Regionalized Foster Home Licensing

Strategy 3.1.2: Create a Region-specific Adoption Recruitment Plan

Strategy 3.1.3: Facilitate supports for families taking legal custody/guardianship of children

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| 3.1.1: Develop logistics plan of the Resource Family Team program: supervisors and staff needed, access current resources and identify additional resources needed and identify location for program. | 7/31/2014 | Foster care Licensing Unit Regional Licensing Director Child Welfare Director SCDSS Regional and County Leadership | Foster care Licensing Unit Regional Licensing Director Child Welfare Director | Necessary staffing identified along with location by 7/31/2014 |
| 3.1.1: Posting, interviewing, and hiring of any additional staff members/supervisors for the Resource Family Team | 8/31/2014 – 10/31/2014 | Regional Licensing Director Child Welfare Director HR Budgets | Regional Licensing Director Child Welfare Director | Completed hiring of staff for Regional Foster Home Licensing Unit by 10/31/2014 |

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| <p>3.1.1: Meet with Foster Parent Associations (FPA's), as well as County staff and leadership to discuss transition from county based to regionally based licensing through Forums with each Foster Parent Association in Region 3, provide written communication to foster parents and contact information, provide written protocol to county staff and leadership outlining practices and procedures of the licensing program</p> | <p>September 2014- November 2014</p> | <p>Regional Licensing Director Child Welfare Director</p> | <p>Regional Licensing Director Regional Foster Home Licensing Staff</p> | <p>Forums, publications, and written communication w/ Foster Parent Associations, SCDSS staff and leadership to inform of practice, protocols and contact info will be completed by 11/30/2014</p> |
| <p>3.1.1: Fully convert County-based foster home licensing to Region-based licensing for Region 3</p> | <p>11/30/2014 – 1/31/2015</p> | <p>Regional Licensing Director Regional Foster Home Licensing Staff County Directors</p> | <p>Regional Licensing Director Regional Foster Home Licensing Staff County Directors Foster Care Review Board (FCRB) Guardian ad Litem (GAL) Certified Provider Agencies (CPAs) as appropriate</p> | <p>Complete transition from County- based to Region-based foster home licensing in Region 3 by 1/31/2015</p> |
| <p>3.1.1 Utilize the action steps above (i.e. meeting w/ counties for logistics, meeting w/ FPA's and counties and holding Forums for involved stakeholders) to fully convert county-based foster home licensing to regional based licensing for Region 2</p> | <p>7/31/2015</p> | <p>Regional Licensing Director Regional Foster Home Licensing Staff County Directors</p> | <p>Regional Licensing Director Regional Foster Home Licensing Staff County Directors Foster Care Review Board (FCRB) Guardian ad Litem (GAL) Certified Provider Agencies (CPAs) as appropriate</p> | <p>Complete transition from County based to Regionally based foster home licensing in Region 2 by 7/31/2015</p> |

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| <p>3.1.1: Utilize the action steps above (i.e. meeting w/ counties for logistics, meeting w/ FPA's and counties and holding Forums for involved stakeholders) to fully convert county-based foster home licensing to regional based licensing for Region 5</p> | <p>1/31/2016</p> | <p>Regional Licensing Director Regional Foster Home Licensing Staff County Director</p> | <p>Regional Licensing Director Regional Foster Home Licensing Staff County Directors Foster Care Review Board (FCRB) Guardian ad Litem (GAL) Certified Provider Agencies (CPAs) as appropriate</p> | <p>Complete transition from County based to Regionally based foster home licensing in Region 5 by 1/31/2016</p> |
| <p>3.1.2: Create Region-specific adoption recruitment plans for implementation</p> | <p>10/31/2014</p> | <p>Adoptions State Office Recruitment Coordinator and Regional Administrators Regional Adoption Recruiters</p> | <p>Adoptions State Office Recruitment Coordinator Regional Adoption Recruiters</p> | <p>Completed plan by 10/31/2014 and ready for implementation Increased adoptions for specific populations identified statewide and regionally targeted for recruitment in plan by 1/31/2015.</p> |
| <p>3.1.2: Plan annual regionally based recruitment events</p> | <p>Annually in each Region every FFY</p> | <p>Adoptions State Office Recruitment Coordinator and Regional Administrators Regional Adoption Recruiters</p> | <p>Adoptions State Office Recruitment Coordinator Regional Adoption Recruiters</p> | <p>Annually coordinated adoption recruitment events in each region the 2015 FFY-2019 FFY</p> |
| <p>3.1.3: Designate Alternative Caregiver Liaison in each region</p> | <p>10/31/14</p> | <p>SCDSS Regional and County Leadership Child Welfare Director</p> | <p>SCDSS Regional and County Leadership Child Welfare Director</p> | <p>An Alternative caregiver is identified for each region of the state by 10/31/14</p> |
| <p>3.1.3: Distribute brochures with contact information and support services being offered</p> | <p>12/31/2014</p> | <p>SCDSS Regional and County Leadership Child Welfare Director Alternative Caregiver Liaisons</p> | <p>SCDSS Regional and County Leadership Child Welfare Director Alternative Caregiver Liaisons</p> | <p>Brochures and support services disseminated throughout the regions by 12/31/2014</p> |

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| 3.1.3: Create guidelines for access to financial and/or community-based support systems for families and alternative caregivers | 12/31/2015 | SCDSS Regional and County Leadership Child Welfare Director Budgets | SCDSS Regional and County Leadership Child Welfare Director Budgets | A set of guidelines for access to financial and/or community-based support systems for families and alternative caregivers developed by Alternative Caregiver Liaisons and available to relative guardians by 12/31/2015. |
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STRATEGIC GOAL 3: Children will have meaningful and lifelong connections with family and in community.

Objective 2- Permanency Outcome 2: Using the baseline non-weighted, aggregate score of 55.9% for all non-PIP counties for Permanency Outcome 2 in the FFY 2013, the non-weighted, aggregate score for all counties will improve to 65.9% by end of the FFY 2019, with bench marks of 2% per year improvement.

Strategy 3.2.1: Implement the Family Engagement services array (FF, FTM, CC and RC) to identify and engage family group while tapping into family resources, supports and appropriate treatment services in developing the Family Plan, to include enhanced visitation with provider assistance in supervised family visitation, in order to increase family and sibling connections. This includes engaging noncustodial parents.

| ACTION | TIMELINE | RESOURCE (S) REQUIRED | PRIMARY RESPONSIBILITY | EVALUATION MEASURE OR TOOL |
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| See action steps under Strategic Goal 1: Objective 2 – Family Engagement | See action steps under Strategic Goal 1: Objective 2 – Family Engagement | See action steps under Strategic Goal 1: Objective 2 – Family Engagement | See action steps under Strategic Goal 1: Objective 2 – Family Engagement | See action steps under Strategic Goal 1: Objective 2 – Family Engagement |

STRATEGIC GOAL 4: Build administrative capacity to support safe and thriving children in lifelong families.

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

Strategy 4.1.1: Determine caseload standards including weighted caseloads that reflect best practices identified by national sources such as the Child Welfare League of America with specific emphasis on family preservation where families have multiple children in several living situations requiring worker visitation and oversight.

Strategy 4.1.2: Implement a statewide model for Teaming.

| ACTION | TIMELINE | RESOURCE (S) REQUIRED | PRIMARY RESPONSIBILITY | EVALUATION MEASURE OR TOOL |
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| 4.1.1: Finalize Caseload Methodology | 6/30/14 | Deputy Director Human Services | Deputy Director Human Services | Reflected in CFSP 2010-2014 Final Report. |

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| | | Child Welfare Director Regional Team Leaders | Child Welfare Director Regional Team Leaders | |
| 4.1.1: Implementation of new Caseload Methodology through notification for (202) Full Time Equivalent positions from S.C. Legislature | 5/31/2014 | State Director Deputy Director Human Services Budgets | State Director Deputy Director Human Services Budgets | Budget request made in 8/2014. |
| 4.1.2: Assess Teaming across program areas through analysis of current status/functioning of teaming. | 8/31/2014 | Child Welfare Director Regional Team Leaders Budgets HR | Child Welfare Director Regional Team Leaders | Assessment of strengths, gaps, and outcomes of current models completed by 8/31/2014. |
| 4.1.2: Determine consistent outcomes and model Teaming and required documentation and impact on infrastructure for sustainability | 9/30/2014 | Child Welfare Director Regional Team Leaders County and Regional Office Leadership Budgets HR | Child Welfare Director Regional Team Leaders | Teaming Outcomes and Model determined along with identified documentation and impact on infrastructure needed by, 9/30/2014 |
| 4.1.2: Implementation of Teaming statewide | 6/30/2015 | Child Welfare Director Regional Team Leaders County and Regional Office Leadership Budgets HR | Child Welfare Director Regional Team Leaders County and Regional Office Leadership | Teaming Infrastructure completed statewide to provide seamless service delivery of assessment, behavioral, medical, safety, permanency and well-being focused plan of services for children involved with SCDSS by 6/30/2015, with measurable outcomes: increase in child and family assessments, increase in documentation in CAPSS with signed copy in file. |

STRATEGIC GOAL 4: Build administrative capacity to support safe and thriving children in lifelong families.

Objective2: Provide Leadership Development opportunities for middle managers and executive leadership across all disciplines to enhance the implementation of child welfare practices that support permanency, safety and well-being for children involved with the SCDSS

Strategy 4.2.1: Provide supervisors with a clear model for supervisory practice, cohesive training, improved self-awareness and enhanced tools for communication and consultation as key strategies for achieving better outcomes for children and families through the National Child Welfare Workforce Institute (NCWWI) based Leadership Academy for Supervisors (LAS) (Items 17, 21-23)

Strategy 4.2.2: Engage other functional support areas in the organization through Leadership Academy for Middle Managers (LAMM) to integrate their work in the support of achieving safety, permanency and well-being for children involved in the SCDSS

Strategy 4.2.3: Enhance supervisors' knowledge of multiple facets of child welfare to support effective leadership through Learning to Lead

Strategy 4.2.4: Strengthen County Directors and Team Leaders leadership and global knowledge of all facets of managing child welfare operations

Strategy 4.2.5: Build Supervisor's capacity to lead and support caseworkers in best practices

| ACTION | TIMELINE | RESOURCE (S) REQUIRED | PRIMARY RESPONSIBILITY | EVALUATION MEASURE OR TOOL |
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| 4.2.1: Continue the LAS for new and seasoned Supervisors to build leadership skills around supporting/leading staff to improve assessments of education, health, and mental health needs and services during worker visitations with the children involved with SCDSS. | Multiple groups per year and multiple online and classroom sessions | CCFS, Team Leaders, County Directors, SCDSS Senior Consultants Regional and Program Directors | CCFS, Team Leaders, County Directors, SCDSS Senior Consultants | Improved and sustained progress with leadership retention and support for quality assessment of education, mental health, and support services identified in case worker visitation as evidenced in Quality Assurance Review results of Items 17, 21-23. |
| 4.2.2: Implement Core management Functions training for building skills of finance, HR, and IT for managers at SCDSS | Workshops offered quarterly | IT, Policy, HR, Legal, Team leaders, Child Welfare Director | IT, Policy, HR, Legal, CCFS | Implemented by 6/30/2016 |
| 4.2.2: Implement a child welfare training academy that enhances leadership for middle managers in child welfare. | Training 2x per year | CCFS, Team Leaders, County Directors, SCDSS Senior Consultants, Project Planners | CCFS, Team Leaders, County Directors, SCDSS Senior Consultants, Project Planners | Implemented by 1/31/2016 |
| 4.2.3: Implement Leadership training through peer to peer support, online discussions, statewide meetings/conferences and workshops | Monthly training offerings | CCFS, Team Leaders, County Directors, SCDSS Senior Consultants, Project Planners | CCFS, Team Leaders, County Directors, SCDSS Senior Consultants, Project Planners | Implemented by 11/30/2014 – 11/30/2015 |
| 4.2.4: Develop advisory group to assess training | Monthly meetings | CCFS, Team Leaders, | CCFS | Training implemented by 12/31/2016 |

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| needs and develop content/training events to meet identified needs such as all facets of County operations in child welfare, child support, economics, child care, along with Executive Leadership Forum series. | beginning 10/31/2014 | County Directors, SCDSS Senior Consultants, Project Planners | Team Leaders | |
| 4.2.5: Develop certification program for Child Welfare Supervision | Quarterly meetings beginning 1/31/2016 | CCFS, Team Leaders, County Directors, SCDSS Senior Consultants | CCFS Team Leaders County Directors | Child Welfare Supervision certification curriculum developed by 1/31/2016 |
| 4.2.5: Implement certification for Child Welfare Supervisors and certification process | 4/30/2016-6/30/2017 | CCFS, Team Leaders, County Directors, SCDSS Senior Consultants Policy Unit | CCFS, Team Leaders, County Directors, SCDSS Senior Consultants Policy Unit | Child Welfare Supervisors (CWS) will receive certification training beginning April 2016 and CWS staff will have been trained by 6/30/2017. |
| 4.2.5 Supportive Mapping for Supervisors | 12/31/2014 and ongoing | Team Leaders, County Directors, SCDSS Senior Consultants Performance Coaches | Team Leaders, County Directors, SCDSS Senior Consultants Performance Coaches | Implement Supportive mapping process with supervisors and practitioners beginning 12/31/2014 and will remain an ongoing process thereafter |

STRATEGIC GOAL 4: Build administrative capacity to support safe and thriving children in lifelong families.

Objective 3: Strengthen Workforce Development through Hiring, Retention, Training and Support efforts to sustain consistency in provision of critical services that promote safety, permanency and well-being for children involved with the SCDSS

Strategy 4.3.1: Implement a career ladder for front line practitioners and leadership.

Strategy 4.3.2: Increase the capacity of the child welfare workforce to promote safety, permanency and wellbeing for children involved with SCDSS

Strategy 4.3.3: Address secondary trauma and resiliency training for staff

| ACTION | TIMELINE | RESOURCE (S) REQUIRED | PRIMARY RESPONSIBILITY | EVALUATION MEASURE OR TOOL |
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| 4.3.1: Develop position descriptions for Human Service Specialists that allow for advancement within or above their pay bands. | 11/1/14 | County Directors/HR County Liaisons/Policy | County Directors/HR County Liaisons/Policy | Completed human service specialist position descriptions with progressive scope of responsibilities and criteria for advancement within the pay band system by 11/30/2014 |

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| 4.3.1: Align the SCDSS operating policy regarding pay band compensation with the SC Office of Human Resources (SCOHR) policy and regulations to allow for within pay band increases for higher level scope of duties. | 12/1/14 | Child Welfare Director HR Budgets Team Leaders Policy | Child Welfare Director HR Budgets Team Leaders Policy | SCDSS HR policy revised to align with SCOHR and support advancement, and a career ladder for Human Service Specialists by 12/1/2014. |
| 4.3.1: Implementation of SCDSS revised pay band system | 12/1/2014 | Human Resources/ County Directors/ Team Leaders/ | Human Resources/ County Directors/ Team Leaders/ | Human Service Specialist will have a clearly delineated career advancement opportunities within SCDSS by 12/1/2014 |
| 4.3.2: Reduce duplicative/excessive paper work by locating Medicaid eligibility workers in large counties that would be responsible for fulfilling federally mandated Medicaid eligibility and enrollment | 12/1/14 | Human Resources/Budgets/Team Leaders/Child Welfare Director | Human Resources/Budgets/ Child Welfare Director | Medicaid eligibility workers placed in the largest (7) counties by 12/1/2014 |
| 4.3.2: Implement a 2 nd shift staffing pilot in larger counties (Richland/Greenville) through recruitment on continuous postings targeted 2 nd shift work hours | 11/1/14 | Human Resources/ Team Leaders/County Directors/ Child Welfare Director | Human Resources/Team Leaders/ County Directors | Fully staffed 2 nd shift Assessment Workers to locate families after diligent efforts from 1 st shift workers to conduct assessments by 11/1/2014 in Richland/Greenville |
| 4.3.2: Develop a database of child welfare staff to support county offices during critical need periods - a list of staff that would be available PRN from across the state. | 10/2/14 | Child Welfare Director HR Budgets CCFS | Child Welfare Director HR CCFS | By 10/2/14, a viable database accessible to counties that includes certified child welfare workers who have current certification and can provide immediate short term support to ensure quality and standards for caseworker visits with child and family are maintained consistently |
| 4.3.2: Assign the maintenance of the list to someone that can validate that the employees keep up with the continual training and that training/certification is included in SCEIS | 11/2/14 and ongoing | HR CCFS | HR CCFS | List of certified workers to be continually updated and available in SCEIS |
| 4.3.2: Engage collegiate community in recruitment efforts and continuing education opportunities for child welfare staff | 5/31/2015 | Human Resources/ Team Leaders/County Directors/ Child Welfare Director | Human Resources/ Team Leaders/County Directors/ Child Welfare Director | Completed comprehensive plan with targeted colleges and universities by 5/31/2015 |
| 4.3.2: Implement coordinated recruitment efforts with colleges and universities in one region every 6 months | 7/31/2015 – 7/31/2018 | Human Resources/ Team Leaders/County Directors/ Child Welfare Director | Human Resources/ Team Leaders/County Directors/ Child Welfare | SCDSS consortium w/ colleges in region for recruitment of child welfare staff rolled out in each region over the span of 7/31/2015 – 7/31/2018. |

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| | | | Director / colleges and universities | |
| 4.3.2: SCDSS to post a Fixed Price Bid for recruitment services for Frontline Casework Practitioners and Supervisors for the County SCDSS Offices to develop a pool of available trained and certified to provide CWS. | 11/30/2014 | Human Resources Budgets Contracts Deputy Director Human Services | Human Resources Budgets Contracts Deputy Director Human Services | All approved and qualified providers will be placed on a Qualified Provider List (QPL) from which DSS will select recruitment firms to undertake recruitment assignments by 11/30/2014. |
| 4.3.4: Implement staff support in addressing secondary trauma through support groups and resiliency training | 1/31/2015 – 1/31/2016 | Team Leaders Families First/Family Engagement Department of Vocational Rehabilitation | Families First/Family Engagement Department of Vocational Rehabilitation | Support groups and resiliency training set up and offered to staff by 1/31/2015. |

STRATEGIC GOAL 4: Build administrative capacity to support safe and thriving children in lifelong families.

Objective 4: Establish and Maintain a Continuous Quality Improvement (CQI) System

Strategy 4.4.1: Create an administrative structure to oversee effective CQI system functioning

Strategy 4.4.2: Collect quality data

Strategy 4.4.3: Have an ongoing case review system

Strategy 4.4.4: Have a process for the analysis and dissemination of quality data on all performance measures

Strategy 4.4.5: Have process for providing feedback to stakeholders and decision makers and as needed, adjusting programs and process

| ACTION | TIMELINE | RESOURCE (S) REQUIRED | PRIMARY RESPONSIBILITY | EVALUATION MEASURE OR TOOL |
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| 4.4.1: Create written and consistent CQI standards and requirements | 1/31/2016 | Team Leaders, Policy Division | Team Leaders, Policy Division, Child Welfare Director | Completed standards and requirements by 1/31/2016 |
| 4.4.1: Complete training process for CQI staff | 10/31/2014 | The CQI Training Academy Learning Lab | Team Leaders, Policy Division, Child Welfare Director | Post Test results for each staff |

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| 4.4.1: Create written policies, procedures, and practices for the CQI process | 1/31/2016 | Policy Division, Team Leaders | Team Leaders, Policy Division, Child Welfare Director | Policy Manual reflective of CQI practices and processes in directives by 1/31/2016 |
| 4.4.1: Hire designated CQI staff or CQI contractor staff | 7/31/2016 | State Director & Deputy Director of Human Services, HR Director | Team Leaders, Policy Division, Child Welfare Director | Fully Hired Staff for CQI Department |
| 4.4.2: Formalize a process to identify and resolve data quality issues | 1/31/2016 | Research, Data & Accountability, MIS workgroup | CQI Planning Team IT/ CAPSS | Formalized process |
| 4.4.2: Create a process to access data collection for children served in their own home (data required to monitor process and outcomes measurement for cases) | 6/30/2016 | Research, Data & Accountability, MIS workgroup | CQI Planning Team IT/CAPSS | Completed process by 6/30/2016 |
| 4.4.2: Build a process to assess our current methodology for collection of statewide data for the systemic factors of case review, training, diligent recruitment and retention, and service array to be sure that we have the correct information to assess our performance related to these systemic factors. | 6/30/2016 | Research, Data & Accountability, MIS workgroup, Knowledge Management Division | CQI Planning Team IT/CAPSS | Completed process by 6/30/2016 |
| 4.4.2: Build a process to analyze how case ratings are completed | 6/30/2016 | Research, Data & Accountability, Knowledge Management Division, USC School of Social Work | CQI Planning Team IT/CAPSS | Completed process by 6/30/2016 |
| 4.4.2: Conduct an assessment of QA training curriculum, written manuals protocols, instructions, procedures to ensure accurate case reviews, second level quality assurance, and inter-rater reliability. | 6/30/2016 | Research, Data & Accountability, Knowledge Management Division, CCFS | CQI Planning Team Knowledge Management Division CCFS | Completed assessment of QA training curriculum, written manuals protocols, instructions, procedures to ensure accurate case reviews, second level quality assurance, and inter-rater reliability by 6/30/2016 |
| 4.4.3: Conduct On-Site Facilitated Discussion (OSFD) in each county 1x per year | 10/31/2015-9/30/2019, Annually ongoing | CCFS Data and Accountability Division Director County Directors Team Leaders Child Welfare director | CCFS County Directors | Annual OSFD completed in every county every FFY for 2015-2019 |

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| 4.4.3: Utilize a rolling group of QA Reviewers to help with OSFD in counties | 10/31/2015-9/30/2019, Annually ongoing | CCFS Data and Accountability County Directors | CCFS Data and Accountability County Directors | Annual OSFD completed in every county every FFY for 2015-2019 |
| 4.4.3: Build a formal process to aggregate Statewide and local data and make it available to stakeholders for analysis | 6/30/2016 | Team Leaders, Research, Data & Accountability, Knowledge Management Division, CCFS, community partners | CQI Planning Team | Completed process by 6/30/2016 for aggregating data statewide and locally for analysis by part partners/stakeholders |
| 4.4.4: Build a formal process for analyzing and understanding the data and providing feedback on analysis and conclusions | 6/30/2016 | Team Leaders, Research, Data & Accountability, Knowledge Management Division, CCFS | CQI Planning Team | Completed process by 6/30/2016, community partners meeting structure, to be determined. |
| 4.4.4: Develop a process to translate results (trends, comparisons and findings) for use by courts, tribes, and a broad range of stakeholders, and disseminate results through understandable or reader-friendly reports, websites. | 6/30/2016 | Communications; Team Leaders, Research, Data & Accountability, Knowledge Management Division, CCFS | CQI Planning Team | Completed process by 6/30/2016 |
| 4.4.4: Develop a process where results (i.e., trends, comparisons and findings) are used by agency leadership/top management, courts, tribes, entities with title IV-E agreements, and other stakeholders to help guide collaborative efforts, inform the goals and strategies of the CFSP and other State plans for federal funds such as the Court Improvement Program strategic plan, and to improve practice, services and monitor/track progress toward goals. | 6/30/2016 | Human Services Leadership Team, County Directors, Division Directors, Community Partners, Communications; Team Leaders, Research, Data & Accountability, Knowledge Management Division, CCFS | CQI Planning Team | Completed Process by 6/30/2016 |
| 4.4.4: Train Supervisors and field staff to understand how results link to daily casework practices; ensure results are used by supervisors and field staff to assess and improve practice. | 6/30/2016 | Research, Data & Accountability, Knowledge Management Division, CCFS | CQI Planning Team | Training evaluation |
| 4.4.5: Results are used to inform training, policy, practice, community partnerships, service array (service gaps, quality, etc.), automated system development, and other supportive systems. | 6/30/2016 | Human Services Leadership Team, County Directors, Division Directors, Community Partners, | CQI Planning Team | Program Evaluation |

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| | | Communications; Team Leaders, Research, Data & Accountability, Knowledge Management Division, CCFS | | |
| 4.4.5: Create protocol to ensure that CQI process is adjusted as needed over time as results indicate a need for additional study, information and/or analysis. | 6/30/2016 | Human Services Leadership Team, County Directors, Division Directors, Community Partners, Communications; Team Leaders, Research, Data & Accountability, Knowledge Management Division, CCFS | CQI Planning Team | Process Protocol for continual assessment of CQI process by 6/30/2016 |

STRATEGIC GOAL4: Build administrative capacity to support safe and thriving children in lifelong families.

Objective 5: Build an integrated "System of Care" formally known as the Palmetto Coordinated System of Care into the statewide child welfare system infrastructure by the FFY 2017.

Strategy 5.5.1: Conduct cross-system analysis of service utilization, expenditures and financing related to population(s) of focus

Strategy 5.5.2: Analyze, determine final system design and financing strategies

Strategy 5.5.3: Submit needed state plan amendments, waivers, other applications

Strategy 5.5.4: Implement grant requirements and develop additional implementation strategies

| ACTION | TIMELINE | RESOURCE (S) REQUIRED | PRIMARY RESPONSIBILITY | EVALUATION MEASURE OR TOOL |
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| 5.5.1: Determine number of target population served historically (i.e. last two fiscal years) | Bi-weekly Meetings | DHHS/Mercer Consultant/ Executive Steering Committee | DHHS/ Executive Steering Committee | Completed by 10/1/2014 |
| 5.5.1: Define demographics of population served (e.g., age, race/ethnicity, regions), including identification of disparities and disproportionality | As needed meetings | DHHS/Mercer Consultant | DHHS/Mercer Consultant | Completed by 10/1/2014 |
| 5.5.1: Identify services used, including any evidence-based, credentialed services | Bi-weekly Meetings | DHHS/Mercer Consultant/Executive Steering Committee | DHHS/Executive Steering Committee | Completed by 10/1/2014 |
| 5.5.1: Determine expenditures per child/youth and | As needed | DHHS/ Mercer | DHHS/ Mercer | Completed by 10/1/2014 |

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| total spending, including expenditures on "poor outcome and/or high cost" services | | | | |
| 5.5.2: Identify current funding streams and identify potential reallocation of other federal funding streams (child welfare, prevention, special education, SAMSHA block grants, etc) | Monthly Meetings | DHHS/Mercer Consultant/ State agencies' finance/budgets/program areas | DHHS/Mercer/State Agencies' finance/budgets/ program areas | Completed by 10/15/2014 |
| 5.5.2: Identify financing strategies for system such as Medicaid waiver(s), Medicaid state plan amendments, IV-E waiver, state general funds, blended and/or redirection of other federal funds | Bi-Weekly Meetings | DHHS/Mercer Consultant/State Agency Leadership Team | DHHS/Mercer Consultant/State Agency Leadership Team | Completed by 11/30/2014 |
| 5.5.3: Develop drafts of state plan amendments and funding sources | As needed | DHHS/Mercer | DHHS/Mercer | Completed by 2/15/2015 |
| 5.5.3: Conduct public input process | 1 month | Leadership Team/ Project Director | Leadership Team/ Project Director | Completed by 3/15/2015 |
| 5.5.3: Submit applications | 1 month | DHHS/ Child Serving State Agencies | DHHS/ Child Serving State Agencies | Completed by 4/15/2015 |
| 5.5.3: Develop policy and procedures and promulgate rules as required | Bi-Weekly Meetings | Executive Steering Committee, Project Director, Mercer | Executive Steering Committee | Completed by 5/31/2015 |
| 5.5.3: Develop RFP's and enroll providers | Bi-Weekly Meetings | Executive Steering Committee, Project Director, Mercer | Executive Steering Committee/Project Director | Completed by 5/31/2015 |
| 5.5.3: Develop reimbursement rates | Monthly Meetings | Executive Steering Committee, Project Director, Mercer | DHHS/Mercer | Completed by 6/30/2015 |
| 5.5.4: Develop training and capacity building plan | Monthly meetings | Executive Steering Committee | Executive Steering Committee | Training and capacity building plan completed by 8/1/2015 |
| 5.5.4: Develop statewide phase in approach | Bi-weekly Meeting | Executive Steering Committee/Project Director | Executive Steering Committee/Project Director | Approved statewide rollout plan by 9/30/2015 |
| 5.5.4: Implement statewide rollout plan | Every 3 months | Executive Steering Committee/Project Director | Executive Steering Committee/Project Director | Statewide rollout completed by 10/30/2016 |