



South Carolina Department of Social Services  
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# State of South Carolina Child and Family Services Plan FFY 2015-2019



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# South Carolina Child and Family Services Plan, FFY 2015-2019

## 1. General Information

### Administration of Child Welfare Programs

The South Carolina Department of Social Services (SCDSS) is the agency responsible for coordinating IV-B and IV-E funding and related child welfare plans and services. The unit responsible for the plan report is Office of Knowledge Management and Practice Standards. Plans are developed in coordination with the divisions of Economic Services and Human Services, and are based on information from state agency partners and stakeholders.

### Agency Structure

The South Carolina Department of Social Services (SCDSS) is one of 16 cabinet agencies under the Governor.

The SCDSS has a total of 3,451.99 authorized FTE's that are funded by Federal, State and Other funds with an annual budget of \$655,894,161 administering 15 core functions under the following program areas :

#### SCDSS Programs

Child Welfare	Child Welfare Programs ensure the safety and health of children. This system of services includes Child Protective Services, Foster Care, Intensive Foster Care and Clinical Services, and Adoption Services.
Adult Protection and Domestic Violence Services	The Adult Protective Services Program protects the health and welfare of elderly and disabled adults. Services are provided to meet the adults' basic needs including safety. Domestic Violence Services provide support to victims of family violence, their children and abusers through a network of community-based/nonprofit service providers. Programs are designed to provide crisis intervention and prevention services.
Economic Services	The federal Temporary Assistance for Needy Families (TANF) program provides case assistance and assists those in need of temporary financial and employment-related assistance. South Carolina's TANF program is known as Family Independence (FI).  The federal Supplemental Nutrition Assistance Program (SNAP) provides cash assistance to low-income individuals and families so they can purchase food. The SNAP 2 Work program provides employment-related services. The Family Nutrition Program consists of a network of food assistance programs that improve the health and well-being of children and adults who cannot provide adequate nutrition for themselves.
Early Care and Education Services	The primary focus of the Division of Early Care and Education (DECE), formerly called Child Care Services, remains to increase the availability, affordability, accessibility, quality and safety of child care throughout the State.
Integrated Child Support Services	The Integrated Child Support Services Division (ICSSD), formerly the Child Support Enforcement Division and the Child Support Enforcement Project, establishes and enforces orders for child support, establishes paternity for children when paternity is an issue, locates absent parents when whereabouts are unknown, and collects and distributes child support payments. ICSSD also provides enhanced fatherhood initiatives and new linkages to child welfare services and employment-related services to improve the capability of both custodial and non-custodial parents to provide their children with the financial, physical and emotional support they deserve and need to be safe and to thrive.

The agency employs a county-based, state-administered service delivery system in which one or more SCDSS offices are located in all 46 counties. Each county office is managed by a County Director who is hired by and under the authority of the State Director and the State Deputy Director for Human Services. The SCDSS also has specialized treatment and support services for children in foster care who have emotional and behavioral problems through the Intensive Foster Care and Clinical Services Office (IFCCS). The Intensive Foster Care and Clinical Services Office assists counties, through fifteen Offices, throughout the five SCDSS Regions of the state. When a child is identified with emotional/behavioral problems, the County Office refers the child to the IFCCS Office, which arranges for an interagency staffing on the child, to determine whether the child needs services through the Interagency System for Caring for Emotionally Disturbed Children (ISCEDC), and to identify the most appropriate services that can best meet the individual child's needs.

## Vision, Mission, Imperatives

The following mission, vision and imperatives statements reflect agency philosophy regarding social services in general and child welfare services in particular.

### SCDSS Vision for South Carolina

To measurably improve the lives of customers by expanding their capacity for self-sufficiency, self-determination, independence, healthy choices, quality of life and personal dignity.

### Child Welfare Vision

- Safe and thriving children with life-long families sooner (Safety, Permanency and Well-being)
- Immediate safety from significant harm
- Enduring safety with a significant person who will make a lasting, legal commitment to be there for them no matter what

### SCDSS Mission

The South Carolina Department of Social Services (SCDSS), as one of the largest public agencies in the state, provides a vast array of services ranging from the investigation of child and adult abuse reports, the distribution of food to hungry families, the collection of child support for custodial parents to the staffing of emergency shelters during catastrophes. Its mission statement encompasses this vast array, which now is:

*To effectively and efficiently serve the citizens of South Carolina by ensuring the safety of children and adults who cannot protect themselves and helping families achieve stability through child support, child care, financial and other temporary benefits while transitioning into employment.*

### Child Welfare System Imperatives

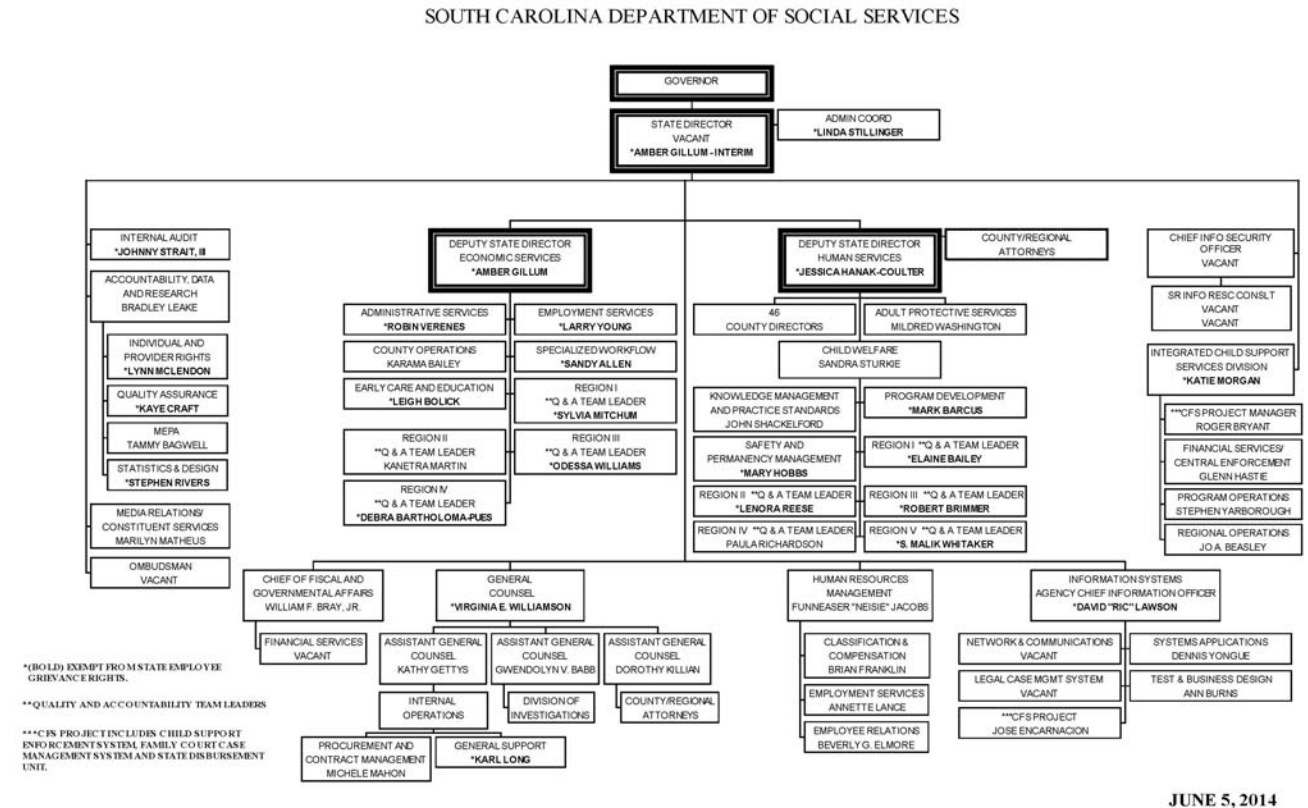
- At all times, the child's immediate and enduring safety and well-being must take precedence over the comfort of adults.
- Children must never be left to protect or provide for themselves or others; that is the role of all responsible adults.
- Children do not "disrupt;" adults fail to provide the adequate level of response to meet the children's needs.
- Child safety will always improve when the adults who care for them work together and support each other.
- Shared understanding and meaning always propels actions and drives results.

The SCDSS is dedicated to setting goals and objectives that are measurable, meaningful and attainable. The SCDSS Vision is to help improve safety, permanency, and well-being outcomes for children and families who receive services through the child welfare system. The SCDSS Child Welfare Services policy and procedure manuals for Child Protective and Preventive Services, Foster Care, Adoptions, and Licensing all contain mission statements,

philosophies and principles which either encompass, restate, or reinforce the child and family principles outlined in Federal Regulations: 45 CFR 1355.25.

This Child and Family Services Plan for FFY 2015-2019 is administered by the SCDSS and presents goals, objectives, strategies, and services planned for the five-year period.

Following is the agency organization chart as of June 2014.



## Collaboration on CFSP Development

The SCDSS routinely collaborates with its internal and external stakeholders to discuss progress and challenges and plan for program improvement. There are several ongoing vehicles for this collaboration, including the Joint Council on Children and Adolescents, Palmetto Power meetings (P2s and P3s), and Foster Care Review Board Huddles, described below.

### Joint Council on Children and Adolescents

The Joint Council on Children and Adolescents (Joint Council) was established in 2007 to transform the SC service delivery system for youth and their families. The Joint Council is a collaborative effort to ensure the efficient delivery of services, particularly to those with mental health disorders and substance abuse disorders.

The Joint Council is comprised of Agency Directors of the principal South Carolina child-serving agencies: South Carolina Department of Mental Health (DMH), Department of Alcohol and Other Drug Abuse Services (DAODAS), Department of Juvenile Justice (DJJ), Department of Social Services (DSS), Department of Disabilities and Special Needs (DDSN), and the Governor's Office of Continuum of Care for Emotionally Disturbed Children (COC). Other partners include Departments of Education (SDE), Department of Health and Human Services (DHHS), Commission

for Minority Affairs (CMA), Behavioral Health Services Association of South Carolina (BHSA), Faces and Voices for Recovery (FAVOR SC), Federation of Families of South Carolina (FOF), National Alliance on Mental Illness (NAMI SC), SC Primary Health Care Association (PHCA), parents of children with serious mental illness, and three funding organizations, including The Duke Endowment.

As a result of the Joint Council's efforts, South Carolina is now fully prepared to begin and is actively seeking funding to implement a statewide system of care (SOC) for an immediate target population of children and youth who have serious behavioral health challenges and who are in or most at-risk of out-of-home placements. The Palmetto Coordinated System of Care (PCSC) is led by a leadership team comprised of eight agency directors and three family representatives. This leadership has signed a formal memorandum of agreement (MOA) to govern its operating procedures. Through shared funding among the agencies, an SOC Director position was created, and a project director was hired effective February 3, 2014. Since that time, a work plan has been developed to complete the system design and identify in detail the infrastructure needed to support statewide implementation of the PCSC.

The SCDSS plans to continue its participation in and support of the work of the Joint Council for FFY 2015-2019.

#### Palmetto Power

Palmetto Power (P2) meetings, conducted in collaboration with the Palmetto Association for Children and Families, were initiated in July 2011, and the agency has continued this routine collaboration strategy since. P2 meetings are defined as: *The intersection of people and data, influenced by leadership and energized by imperatives (values)*. The purpose of these state-level collaborative forums with county and state office SCDSS staff, stakeholders and private provider agencies is to focus on the state's data to analyze how to improve child welfare practices and outcomes. Stakeholders have included such community partners as the SC Foster Parent Association, congregate care providers, SC Guardian ad Litem Program, SC Department of Alcohol and Other Drug Abuse Services (DAODAS), and private nonprofits who provide invaluable services to children and families.

At these monthly meetings, performance data are presented that relate to agency goals for safety, permanence, and well-being. The hundreds of participants are challenged to explain and/or formulate hypotheses about the data and problem-solve. When applicable, participants are asked to take ownership of the numbers by doing more analysis between sessions and presenting findings to the group.

The SCDSS plans to continue these P2 sessions over the course of the 2015-2019 CFSP.

#### Palmetto Power for Providers (P3)

As the name suggests, Palmetto Power for Providers (P3) meetings are similar to P2 meetings but specific to agency service and out-of-home care providers and held somewhat less frequently. (Six were held over the 2010-2014 CFSP period.)

These meetings featured in-depth analysis and presentation of real experiences of selected children in the foster care system as a means to identify strengths and challenges in the larger child welfare system. This learning, coupled with localized data from the child welfare system, has facilitated mutual understanding about the need for adults to work together in order to achieve desired outcomes for children.

The SCDSS plans to continue these P3 meetings over the course of the 2015-2019 CFSP.

#### Foster Care Review Board Huddles

The "Huddles" began in April 2012 as a state-level forum to discuss Foster Care Review Board data and identify strengths, trends, challenges, and systemic barriers to the goal of safe and thriving children with forever families sooner. The scope of information discussed allowed for a more in-depth look at the quality of services being provided by determining the impact those services had on child and family level outcomes.

The Huddles included FCRB staff, SCDSS adoptions, county directors/ supervisors/caseworkers/attorneys, IFCCS behavioral health caseworkers, regional clinical specialists, regional team leaders, Child Welfare Director. The SCDSS plans to continue these Huddles more frequently at the local level to include more community partners at the table in efforts to address barriers to safety, permanency, well-being over the course of the 2015-2019 CFSP.

### ***Additional CFSP Collaboration***

The agency holds specific joint planning meetings annually in preparation for the development of its Child and Family Services Plan and its Annual Progress and Services Reports. A large joint planning session to discuss goals and priorities involving multiple stakeholders (Guardian ad Litem, SC Children's Trust, Foster Parent Association, Courts System, Foster Care Review Board, Children's Law Center, Citizen's Review Panel, University of South Carolina Child and Family Studies, USC Children's Law Center, University of South Carolina Child and Family Studies-QA, State Law Enforcement Division, Parents Anonymous of SC, ACF, Project Best Trauma-Informed Care, Department of Health and Human Services, Department of Mental Health, Department of Education, Department of Juvenile Justice, Palmetto Association for Children and families, Project Best, S.C. Youth Advocate Program) was conducted December 9, 2013, with a follow-up stakeholder meeting conducted January 14, 2014. At the December meeting, stakeholders divided into workgroups to address safety, well-being, permanency, information system, licensing, and quality assurance. The groups came back and met again to formalize recommendations in the January 2014 meeting.

Some of the following were overarching recommendations from the Stakeholder workgroups:

- Recommendations related to CSFR Items: Timeliness of Investigations, Services to prevent removal from the home and Risk Assessment and Safety Management.
  - Need to "improve" the people doing assessments as there are there are 46 counties that take Intakes
  - Essential to have consistency and standardization in these assessments.
  - Need to have more consistent training.
  - Need to be held accountable if it is not done right.
  - Possibly have regionalized Intake to provide better support
  - Appropriate Response should have specialized training in different types of abuse. Possibly USC could do the roll-out.
  - Look at the monitoring of the Appropriate Response System, review and share data
  - Mandated Reporter Training focusing on safety issues and well-being.

(See further details of Appropriate Response and Intake recommendations reflected in Strategic Goal 1, Objectives #1 and #4). See also the CAPTA Update attachment to the CFSP 2010-2014 Final Report.

- Recommendations related to Trauma-Informed Practice:
  - the SC Trauma Initiative-It is imperative that the state is trained in Trauma-Informed Care;
  - more training for Trauma Awareness for the SCDSS;
  - developing a plan to focus on Secondary Trauma, sharing the curriculum. It is across all agencies, not just the SCDSS;
  - need collaboration between agencies to develop a Trauma-Focused Treatment Plan;
  - possible cross-training between the SCDSS and the SCDMH, including the Child Advocacy Center.
  - make sure that partners are included in planning discussions for Trauma-Informed Services;
  - Trauma-Focused Treatment needs to be a priority in multiple agency involvement, including schools and over-coming complications in regard to confidentiality.



(See further details of Trauma-Informed Practice recommendations outlined in Strategic Goal 2, Objectives #2)

- Recommendations related to Licensing:
  - training and support for workers and foster families, need additional training all around in order to succeed with stable placement, need to have regular trainings and information on support in the county for families;
  - need to remember three R's: Recognition, Response, Respect;
  - recruit more foster families for sibling groups and older children. (Most recruitment comes from word of mouth) Build in incentive around fostering older child, I.E. Support, discuss what it would take to foster older children;
  - practice change- examine practices within the SCDSS and build bridges with other agencies;
  - all training needs to be given to not only workers but to supervisors and directors as well;
  - need to look at case load standards for not only foster care but treatment as well;
  - Region IV - SCDSS- Homes Studies in the county begin with a worker and stay with that licensing worker, the foster families and caseworker have a better relationship, (there has been a better job with child placement in the long run with these relationships);
  - the workers are able to identify children's needs for placement and the children get placed in better fits so there is less disruptions;
  - looking at during child and family conference, the birth family and the foster family need to be present so that everyone can get their say and information that they may need;
  - the foster families have support from the workers that goes beyond just licensing;
  - There will be team work from the case manager and family. Also have any other players be part of the team such as IFCCS worker, adoption worker, concurrent planning worker, etc.
  - S.C. Youth Advocate Program (SCYAP) licensing teams are available 24/7 for their foster families, (they help with any issues and build that bond with families);
  - mental health professionals and other support professionals are part of the licensing teams, (this delivers extra support for families);
  - also has a crisis response team to work with families to deescalate any situation between parents and children and get them back on track;
  - the retention rates with YAP families are lasting past a year.
  - looked at strengths and weaknesses a year ago from different counties, (they are working on staffing and working together with other counties);

(See further details of Licensing recommendations delineated in Strategic Goal 3, Objectives #1 and Strategic goal 4, Objective #1)

- Recommendations related to Information Systems:
  - Agencies must devise methods to share information among various groups.
  - The work of other groups impacts the quality of data in an IT system. For example, in CAPSS often if a data element is not required it is not entered or entered incorrectly.
  - The SCDSS must work on better methods of obtaining information from other agencies where SCDSS families receive services. For example, the SCDSS should be able to obtain information from the Department of Education or local school district for children in foster care. Design system where that information could be obtained and automatically entered into CAPSS.
  - Data sharing among agencies is an imperative. Use or design a data warehouse were all agencies involved in the well-being of children could share information and exchange data.
  - Department of Mental Health (SCDMH) is currently using video conferencing technology so a Doctor in one part of the state could work with a child in another part of the state.

- The SCDMH system allows information to be pulled from their system to another system such as a pediatric practice. This would also allow a Doctor at a local hospital to share their notes with a Doctor at a local mental health center.
- The SCDSS develop provider portals, where providers can enter data and that data would then be automatically filled in the CAPSS.
- The SCDSS establish a system where the field worker doesn't have to submit a written request to another agency such as the SCDOE or the SCDHEC to get information on a child in their caseload.
- The SCDSS improve the CAPSS training and make the CAPSS more user-friendly.
- The SCDSS establish Master CAPSS Users in each office and a Tips Sheet for the CAPSS.

(See strengths under Systemic Factors- Information Systems section of this plan for information related to recommendations for data sharing with other agencies)

➤ Recommendations related to Permanency:

- The SCDSS implement a Regional State Guide, listing resources in each county for children and their families. Training to be offered to workers, providers and caregivers for "211" services (United Way Partner).
- The SCDSS develop a Statewide Adoption plan in SC with the SCDSS as the primary agency (determine what providers are recruiting along with their specialized resources, determine what methods are successful in obtaining an increase in adoptive families for older and special needs children, implement a recruitment plan that would emphasize the importance of "recruiting, matching and supporting").
- The SCDSS develop a "meaningful visitation" early in the life of foster care cases (between the birth parents and their children) with hopes of that an earlier commitment would preserve the relationship, and allow the case to move forward quicker (reunification). The programs would provide essential resources to family members to include: parenting coaches, role modeling, and teaching appropriate interaction skills. Each foster care case would be assessed for appropriateness and safety prior to referral or implementation.
- The SCDSS incorporate a tool at the SCDSS that would be measured by the SCDSS County/Regional Directors, Supervisors, and providers, in order to access foster care cases and the level of involvement that outside partners have in a case.
- The SCDSS access what communication skills are most effective (telephone, meetings, emails or letters) in promoting case participation between agencies, in order to adopt a successful format. Next, the SCDSS consider utilizing existing services to promote the participation of providers in a child's permanent plan including: the SC Foster Care Review Board, TSP reviews (Intensive Foster Care) and, sharing private provider contracts at a local level.
- The SCDSS conducts Family Finding, Family Team Meetings and Family Team Conferencing and follow-up meetings every six months afterward, leading to "Forever Families" as the goal.

(See further details of Permanency recommendations described in Strategic Goal 3, Objectives #1 and Family Engagement services such as Family Finding, Family Team Meeting and Conferencing in Goal 1, Objective #2 and Goal 3, Objective #2)

The agency found the stakeholder meetings quite beneficial in designing the CFSP 2015-2019. As referenced above, many of the central messages of the recommendations have been built into the SCDSS Goals, Objectives and Strategies identified into the Plan for Improvement section of this report and into the Strategic Action Plan in Appendix A.

#### Foster Care Advisory Committee (FCAC)

The FCAC has worked with the SCDSS in the development of the state's health care plan for children in the South Carolina's foster care system. The purpose of the Foster Care Health Advisory Committee is to champion a system

of care that assures that children in foster care have timely access to and are provided appropriate medical and mental health care in a coordinated manner. The SCDSS and Department of Health and Human Services (HHS) partner together to lead the FCAC which includes a wide array of medical and behavioral health professionals statewide such as the physician community of Pediatricians (representing, in part, the SC chapter of Academy of Pediatrics) and the Select Health the Managed Care Organization (MCO) and other clinics, a forensic pediatrician representing the Child Advocacy Centers (CACs), and child psychiatrists representing DSS and DMH. The FCAC also included other behavioral health professionals from Department of Mental Health (DMH), private community-based Licensed Independent Professionals (LIPs), Palmetto Association for Children and Families, Therapeutic Foster Care, Group Care and Rehabilitative Behavioral Health Services (RBHS) providers. This group is divided into 3 sub-committees or Work Groups: Access to Care, Trauma-Informed Care, and Medical Assessment. Each of these sub-committees has been charged with making recommendations to the Agency for its Health Care Services Plan and its CFSP for FFY 2015-2019.

The FCAC met on February 19, 2014 and May 14, 2014 to give feedback and specific recommendations for the CFSP. Most of the recommendations from the Access to Care work group center around streamlining credentialing with Managed Care Organizations (MCO's), as Private Providers for Licensed Independent Practitioners Services (LIPS) find it too cumbersome and time consuming to get enrolled with their networks. Currently, there is not a universal enrollment process for MCO's which has been requested by the FCAC. Also, there is a lack of capacity statewide for LIPS providers to deliver carved-in services such as therapy, family therapy, assessments, etc. The FCAC Access Workgroup has made the clear recommendations for the SCDSS and other state agencies to be able to access out-of-network providers as there are a limited number of LIPS providers and only a portion of them are enrolled with MCO's. Issues of aligning the trauma services such as screening, assessment, and treatment have also been requested to be considered for a different billing procedure code for purposes of tracking of evidence-based treatments for trauma, tracking whether children are receiving trauma screening and receiving prescribed follow-up treatment, and tracking if they getting trauma treatment at the frequencies prescribed which are typically more often than the prior authorized frequencies of services for Therapy under the MCO carved-in services. Please see separate attached Health Care Oversight and Coordination Plan for remaining recommendations from FCAC for FFY 2015-2019.

The FCAC meets on a quarterly basis and will continue through the FFY 2015-2019.

## 2. Assessment of Performance

### Child and Family Outcomes

The following sections present the South Carolina Department of Social Services Quality Assurance Review (QAR) results on outcomes and items measures, federal data indicators, and a review of the reasons cases were rated as an Area Needing Improvement (ANI), in case reviews conducted in the FFYs 2012, 2013, and the first part of the FFY 2014. These case reviews were conducted using the Child and Family Services Review "Onsite Review Instrument". This was a different review instrument and process than used by the SCDSS prior to the FFY 2012.

Because improvement strategies implemented under the state's CFSR Program Improvement Plan were initiated in four PIP Innovation Counties, and was subsequently rolled out statewide, QAR results are presented separately for the PIP counties. The key improvement strategies included Guided Supervision (focused on safety), Leadership Academy for Supervisors, Family Engagement (Family Finding, Family Group Decision-Making Conferences), and Permanency Roundtables.

The goals and objectives in this Child and Family Services Plan for the FFYs 2015-2019 were based on these review results, and on the identified areas in need of improvement presented in this section.

## Safety

**Safety Outcome 1:** Children are first and foremost protected from abuse and neglect. This outcome incorporates two items; one pertains to timeliness of initiating a response to a child maltreatment report (Item 1) and the other relates to the recurrence of substantiated or indicated maltreatment within a six-month time period (Item 2). This section includes two national data indicators for which national standards have been established. These data indicators measure the absence of maltreatment recurrence and the absence of maltreatment of children in foster care by foster parents or faculty staff.

In the last CFSR review, the state met national standards for: the absence of maltreatment within six months; and the absence of maltreatment of children in foster care by foster parents or facility staff. The state has continued to meet or nearly meet these national standards in FFYs 2010-2014, as seen in the following table.

Safety Data Indicators	National Standard	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014 (through 3/31/14)
Recurrence of maltreatment within six months – children without a recurrence (federal standard is 94.6%)	94.6%	96.8%	96.6%	97.2%	94.0%	94.0%
Maltreatment in care – children not victims of maltreatment by a foster parent or facility staff member during the year.	99.68%	99.57%	99.59%	99.57%	99.51	99.58

Source: FFY 2010-2012 – Administration for Children and Families Data Profile; FFY 2013-2014 – SC CAPSS Data

However, the agency was not consistent in initiating a response to a maltreatment report within the timeframes established by state policy, which is 100% in 24 hours or less, as indicated by QAR results.

Safety 1	PIP Innovation Counties (4)			Non-PIP Counties (42)*		
	FFY 2012	FFY 2013**	FFY 2014***	FFY 2012	FFY 2013	FFY 2014
Number of counties/ number of reviews	4/16	4/15	2/2	8/8	11/12	19/19
Safety Outcome 1 – Children are, first and foremost, protected from abuse and neglect	89.9%	90.0%	84%	73.0%	82.6%	85.6%
Item 1 – Timeliness of initiating investigations of reports of child maltreatment	85.3%	85.8%	87.1%	51.5%	75.3%	79.3%
Item 2 – No reoccurrence of maltreatment	94.4%	94.2%	80.9%	94.4	89.9%	91.8%

Source: SCDSS Quality Assurance Reviews

Note: Counties were reviewed with a different tool in FFY 2010 and 2011; FFY 2014 is partial, for October 1 – March 31, 2014.

\* York was reviewed twice in the first half of FFY 2014.

\*\* Four reviews for Aiken, Oconee and Spartanburg; three reviews for Greenville through October 2013.

\*\*\* Greenville and Spartanburg only.

Based on Quality Assurance Reviews completed by the SCDSS and the USC Center for Child and Family Studies (CCFS), the following areas were identified as needing improvement.

**Item 1: Timeliness of initiating investigations**

The lack of timeliness of initiating investigations is a reflection of the Department not having made contact within the assigned time frames, not having face-to-face contact with all children, or not updating case files and the CAPSS when children were no longer part of an allegation even though they were named earlier in the investigation. This was when many of the face-to-face contacts were delayed as there was nothing to note this change from the original assessment in the file.

**Item 2: Repeat maltreatment**

The skewed number of cases cited under this item occurred for two reasons: one was the state's viable fetus statute where in some cases, a second maltreatment report was generated once the child tests positive for substances at delivery, and the other is related to miscommunication on how the CBPS referrals were to be handled. Initially, these were counted as an allegation, and as some referrals were returned to the agency for risk or safety concerns, there was a second incident reported. Now that counties are referring correctly, this should improve.

**Safety Outcome 2:** Children are safely maintained in their homes when possible and appropriate. This is assessed through two items: one (Item 3) assesses the state efforts to prevent children's removal from their homes by providing the family with services to ensure children's safety while they remain in their homes. The other (Item 4) assesses efforts to manage safety and reduce risk of harm to children in their own homes and in their foster care placements.

In the last CFSR review in 2009, previous concerns related to these items included:

- Children remaining in their own homes continued to be at-risk or were subsequently removed either because services were not provided or the services that were provided did not target the key safety concerns.
- A lack of initial and ongoing safety and risk assessments, or safety and risk assessments were conducted and services to address the concerns were not provided.
- Insufficient efforts by the agency to ensure the safety of children when they remained in their homes.
- A lack of comprehensive assessments in some cases resulted in the underlying problems in the family not being identified or addressed.
- In some cases, children were removed from the home either because services were not provided or because services were not sufficient to address the family's underlying problems.

*The following table presents Quality Assurance Review results for the FFYs 2012-2014.*

Safety 2	PIP Innovation Counties (4)			Non-PIP Counties (42)*		
	FFY 2012	FFY 2013**	FFY 2014***	FFY 2012	FFY 2013	FFY 2014
<i>Number of counties/ number of reviews</i>	4/16	4/15	2/2	8/8	11/12	19/19
Safety Outcome 2 – Children are safely maintained in their homes whenever possible and appropriate	69.6%	70.7%	59.8%	60.3%	56.0%	47.1%
Item 3 – Services to protect children in home and prevent removal or re-entry into foster care	72.3%	72.1%	56.2%	56.2%	54.6%	42.8%
Item 4 – Risk assessment and safety management	66.9%	69.2%	63.3%	64.4%	57.3%	51.4%

Source: SCDSS Quality Assurance Reviews

Note: Counties were reviewed with a different tool in FFYs 2010 and 2011; FFY 2014 is partial, for October 1 – March 31, 2014.

\* York was reviewed twice in the first half of FFY 2014.

\*\* Four reviews for Aiken, Oconee and Spartanburg; three reviews for Greenville through October 2013.

\*\*\* Greenville and Spartanburg only.

To heighten safety awareness and improve safety outcomes, the state established three statewide “Wildly Important Goals” (WIGs) related to Safety Outcome 2 in 2012 and 2013. The first two related to keeping children safe in their homes and the third to assessing risk and safety, as indicated in the following table.

Year	Safety WIG	Notes	Results
SFY 2012	Reduce the number of children who experience maltreatment within six months of an unfounded investigation of abuse and neglect from 4.3% (700) to no more than 2.8% (446) by September 30, 2012.	Based on federal data profile for SC, the recurrence of maltreatment within six months.	Achieved- Children without a recurrence for FFY 2012 – was 97.2% (federal standard is 94.6%)
SFY 2012	In October 2011, SCDSS set a goal to reduce the number of children who experience maltreatment within six months of an “unfounded” investigation of abuse or neglect from 918 to no more than 664 (254 fewer) by September 2012 .		SCDSS exceeded this goal, with 310 fewer incidences of abuse and neglect.
CY 2013	Improve child safety by increasing the quality of the decisions that control safety and manage risk from the statewide baseline of 64.7% to 75% by December 31, 2013.	Quality Assurance to assess performance on CFSR Item 4, risk assessment and safety management, and track progress toward the 75% goal.	The goal was not achieved and the score decreased to 62% by December 2013. SCDSS Regional Directors and leadership are currently assessing contributing factors.

Based on the Quality Assurance Reviews completed by the SCDSS and the CCFS, the following areas were identified as Areas Needing Improvement.

### Item 3: Services to families

Assessing child and family service needs and providing appropriate identified treatment and support services continue to be Areas Needing Improvement. These include mental health services, health and

home safety services such as criminal domestic violence assessments, anger management classes, post-incarceration services, parenting classes, substance abuse services, family counseling, psychological assessment referrals for fitness to parental, and services related to employment, housing, and daycare. In addition, court intervention was not always sought when parents were non-compliant with identified services.

Services were either not timely or not provided to families to prevent children from entering foster care. These services included financial assistance, alcohol and drug assessments, criminal domestic violence-related services, mental health assessments and anger management services to parents prior to their relinquishment of rights, and services to children remaining in the care of parents to include the court ordering parents to comply with safety-related treatment services.

Monitoring services to ensure effectiveness were also Areas Needing Improvement. This included ongoing communication with referral resources, addressing and resolving barriers to services, obtaining additional services if current services are not effective and addressing safety and service needs when children are placed with alternative caregivers. In Foster Care cases, sometimes the parents, particularly fathers, were forgotten as well as needs were not assessed nor were services accessed. Every effort must be made to ensure that service delivery continues until the TPR is completed.

**Item 4: Risk assessment and safety management**

Maintaining monthly visits to assess risk and safety relating to children, safety concerns of parents, assessing all individuals residing in the home including: parents (especially fathers; paramours; and the homes of the alternative caregivers, prior to and subsequent to placement, the foster parents and residential provider settings were cited issues. Assessing risk and safety management must be a primary focus area for children involved in the child welfare system and therefore, strategies related to risk and safety management must address the consistent areas cited as needing improvement. These included discipline methods of parents and foster parents, monitoring of the safety plan, the central registry check, the sex offender registry checks, child health concerns, and substance abuse issues. Documentation has been an issue as ongoing assessments and monitoring of safety plans have been missing from case files and the CAPSS.

**Permanency**

The state significantly improved its performance on achieving permanency for children in foster care for long periods of time, meeting the national standard in FFYs 2012 and 2013. This improvement is due to the implementation of Permanency Roundtables under the CFSR PIP, the setting of WIGs for positive permanency and adoptions, and an associated focus on permanency. The following table presents the permanency WIGs and the successful results.

Year	Permanency WIG	Notes	Results
SFY 2012	Increase positive permanency (reunification, adoptions, legal guardianships) for children in foster care 17 months or more by 50% better than last year (SFY 2010) by June 30, 2012.	In SFY 2011, 789 children in foster care 17 months or more exited to positive permanency. A goal of 50% would increase this number by an additional 395 children, for a total of 1,184 children reaching positive permanency.	SCDSS surpassed the positive permanency goal by June 30, 2012, with 1,210 positive permanencies achieved for children in foster care 17 months or more.
SFY 2012	Increase adoptions by 50% better than FY 2010 by June 30, 2012.	In SFY 2010, 533 children were adopted. The WIG increased this number by 50%, resulting in an additional 266 children being adopted, for a total of 799.	SCDSS surpassed this goal and achieved 835 adoptions by June 30, 2012.

SFY 2013	A six-month WIG (July 1 through December 31, 2012) set a target to achieve positive permanency (excluding adoptions) or file for Termination of Parental Rights (TPR) for 50% of children with a plan of reunification in care for 12 months or more.	This was calculated as 50% of 418, or 209 children.	The goal was exceeded, with 147 children achieving positive permanency and 120 TPR actions filed, setting the stage for future permanence, for a total of 267.
SFY 2013	By December 2012, to complete adoptions for 75% of children in foster care who are legally orphans who have a plan of adoption and are already placed with a pre-adoptive or adoptive family as of July 1 2012.	This equated to 56 children in foster care.	Between July 1 and Dec. 31, 2012, an additional 56 children left Foster Care through finalized adoptions.  <i>For the 18-month period of July 1, 2011 through December 31, 2012, 1,506 children left foster care to join permanent families.</i>
CY 2013	Finalize adoptions for 43% (428) of children who are currently legally free (513) or are anticipated to be legally free by December 31, 2013 (470).		The total number of finalized adoptions was 498 with each of the five SCDSS regions exceeding their regional adoption WIG goals.
CY 2013	Achieve positive permanency or secure a pre-adoptive placement for 25% of children in foster care on January 1, 2013, who are age 13-17 and have been waiting 24 months or longer by December 31, 2013 (132).		The total number of positive closures for 2013 was 109, and the total number of pre-adoption placements was 30, for a total of 139, exceeding the goal of 132.
CY 2014	Achieve adoption for 50% (476 children x 50% = 238 children) of all children who on January 1, 2014, have been legally free for 6 months or more by December 31, 2014.	As of June 2, 2014, 69 (14.5%) of these children had been adopted.	Not yet available

Despite a CFSR PIP strategy related to placement stability for children in foster care that included data analysis and discussions, the state continues to fall below the national standard on placement stability, although this did improve from 80 in FFY 2010 to almost 90 in FFY 2013.

The following table presents the federal permanency composite measures for South Carolina.

Permanency Composites	National Standard	FFY 2010	FFY 2011	FFY 2012	FFY 2013
Composite 1: Timeliness and permanency of reunification	122.6	138.8	139.8	144.1	145.5
Composite 2: Timeliness of adoptions	106.4	123.7	115.7	139.7	145.3
Composite 3: Achieving permanency for children in foster care for long periods of time	121.7	84.1	89.6	126.3	122.0
Composite 4: Placement stability while in foster care	101.4	80.0	83.5	85.9	89.8

Source: FFYs 2010-2013 – Administration for Children and Families Data Profile



A look at the component measures for placement stability show that placement stability declined with the length of stay in foster care, with about three-fourths of children in care for more than 24 months having more than two placement settings. For children with shorter lengths of stay, placement stability has improved somewhat over the four-year period of the FFYs 2010-2013:

- For children in care at least 8 days but less than 12 months, the percent of children with two or fewer placement settings increased from 77.1% in FFY 2010 to 85.0% in FFY 2013.
- For children in care at least 12 months but less than 24 months, the percent increased from 45.9% in FFY 2010 to 56.2% in FFY 2013.

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

In the last CFSR review of 2009, previous concerns related to these items included:

- The state was not consistently effective in preventing re-entry into foster care.
- The state was not consistent with regard to ensuring placement stability for children in foster care.
- Child's permanency goal was either not appropriate or not established in a timely manner.
- The agency had not sought a TPR in accordance with the requirement of ASFA.
- There was a lack of concerted effort to achieve reunification or guardianship in a timely manner.
- There were delays in achieving adoptions in a timely manner.
- State was not consistent with regard to ensuring that children with a goal of APPLA had a permanent placement and/or were receiving services to ensure a successful transition from foster care to independent living.

Quality assurance case review results for placement stability have remained fairly consistent from FFY 2012-2014, and PIP and non-PIP county performance was similar.

For permanency goal and positive permanency other than adoption, the PIP counties out-performed the non-PIP counties, possibly due to the earlier implementation of permanency roundtables.

Permanency 1	PIP Innovation Counties (4)			Non-PIP Counties (42)*		
	FFY 2012	FFY 2013**	FFY 2014***	FFY 2012	FFY 2013	FFY 2014
<i>Number of counties/ number of reviews</i>	4/16	4/15	2/2	8/8	11/12	19/19
Permanency Outcome 1 – Children have permanency and stability in their living situations	59.9%	61.9%	51.8%	39.8%	54.4%	50.0%
Item 6 – Stability of foster care placement	68.6%	68.3%	66.7%	71.1%	75.8%	66.3%
Item 7 – Permanency goal for child	67.6%	65.1%	53.3%	36.7%	52.2%	55.7%
Item 8 – Reunification, guardianship, or permanency placement with relatives	61.1%	70.8%	58.4%	47.2%	46.8%	47.5%
Item 9 - Adoption	42.3%	43.3%	28.8%	4.1%	42.8%	30.6%

Source: SCDSS Quality Assurance Reviews

Note: Counties were reviewed with a different tool in FFYs 2010 and 2011; FFY 2014 is partial, for October 1 – March 31, 2014.

\* York was reviewed twice in the first half of FFY 2014.

\*\* Four reviews for Aiken, Oconee and Spartanburg; three reviews for Greenville through October 2013.

\*\*\* Greenville and Spartanburg only.

Based on the Quality Assurance Reviews completed by the SCDSS and CCFS, the following areas were identified as Areas Needing Improvement.

**Item 6: Stability of foster care placement**

The SCDSS did not regularly put the child in placement settings appropriate for the child - examples included group home settings and shelters. The stability of placements seemed to be affected by capacity, matching of children with families and identifying underlying causes of acting out and intervening before a disruption was imminent.

**Item 7: Permanency goal for child**

Placement stability can be impacted and directly correlated with the Department's efforts in achieving permanency for children. A number of issues were cited such as failing to meet goals for permanence by not adhering to policy on the Termination of Parental Rights (TPR), not establishing adoption goals timely, inappropriate reunification goals when parent's abuse history or lack of progress were not addressed.

**Item 8: Reunification, guardianship or permanent placement with relatives**

The Department did not consistently use tools to identify and engage relatives such as diligent searches, to make concerted efforts to achieve reunification or guardianship timely, or to include treatment referrals to address identified issues related to placement. Family finding efforts such as Seneca searches were not always completed or clearly documented. There was also often a lack of good documentation to support justification for goals and reasons that the goals changed, as well as documentation as to why others have been adequately considered or ruled out.

**Item 9: Adoption**

The Department was not able to achieve reunification within the goal of a 12 month timeframe, with most adoptions taking over 24 months to finalize. Adoption goals were often not established in a timely manner, the Termination of Parental Rights was untimely with children therefore often not engaged in adoption services. Limited court time, continuances, and limited efforts to recruit adoption resources functioned as a barrier to expediting processes related to adoption.

**Item 10: Other planned permanent living arrangement (APPLA)**

Formal assessments of the child's independent living skills were not routinely conducted, job readiness training was not always provided, nor was there assistance in driver's education or with obtaining a social security card. Due to the SCDSS having a strong emphasis on positive permanency, there was often a misunderstanding that a plan of APPLA could have been an appropriate permanency plan and that there was a process to document this and follow through for approvals of APPLA as a plan.

**Permanency Outcome 2:** The continuity of family relationships and connections is preserved for children. The primary intervention used for this strategy was the Department's Family Engagement activities through family meetings and family group/child conferencing. Although these services were relatively new to the agency, beginning in 2009 and gradually implemented over the following years, they continued to be underutilized in foster care cases and family preservation cases. A comprehensive array of Family Engagement services will be initiated through a fixed price solicitation in the last quarter of 2014.

The following table presents the QAR results for Permanency 2. The state performed better on the placement in foster care with siblings and preserving connections, than on children in foster care visiting with parents and siblings, or relationship of child in care with parents.

Permanency 2	PIP Innovation Counties (4)			Non-PIP Counties (42)*		
	FFY 2012	FFY 2013**	FFY 2014***	FFY 2012	FFY 2013	FFY 2014
<i>Number of counties/ number of reviews</i>	4/16	4/15	2/2	8/8	11/12	19/19
Permanency Outcome 2 – The continuity of family relationships and connections is preserved for children	53.9%	67.0%	44.8%	48.0%	55.9%	58.1%
Item 12 – Placement with siblings	76.2%	71.6%	67.0%	85.1%	74.0%	79.2%
Item 13 – Visiting with parents and siblings in foster care	43.8%	54.3%	22.8%	32.0%	36.9%	54.9%
Item 14 – Preserving connections	72.2%	85.8%	62.1%	66.3%	77.4%	67.8%
Item 15 – Relative placement	51.9%	75.8%	54.2%	43.8%	63.1%	56.8%
Item 16 – Relationship of child in care with parents	25.3%	47.3%	18.1%	12.7%	27.9%	31.9%

Source: SCDSS Quality Assurance Reviews

Note: Counties were reviewed with a different tool in FFYs 2010 and 2011; FFY 2014 is partial, for October 1 – March 31, 2014.

\* York was reviewed twice in the first half of FFY 2014.

\*\* Four reviews for Aiken, Oconee and Spartanburg; three reviews for Greenville through October 2013.

\*\*\* Greenville and Spartanburg only.

Based on the Quality Assurance Reviews completed by the SCDSS and CCFS, the following areas were identified as needing improvement:

**Item 11: Proximity of Foster Care Placement**

Proximity of placement was often too far from child’s biological family for easy visiting access with the child. This was often caused by a lack of availability of appropriate foster homes within the child’s home community.

**Item 12: Placement with siblings**

The Department was often unable to place siblings together in the foster system, and frequently there was not documented, concerted effort to identify and address barriers that were preventing siblings from being placed together. This item may also have been related to a lack of availability of foster homes willing to take sibling groups.

**Item 13: Visiting with parents and siblings in foster care**

Developing progressive visitation plans with parents, siblings and other family members to preserve connections continued to be an Area Needing Improvement, and at times even the minimum visitation standards of twice a month were not occurring. Diligent search efforts to locate parents, especially fathers were not always completed, and visits were not arranged when a parent was incarcerated or in rehabilitation. There was often a lack of understanding that both parents need to be offered visitation or alternatives when visitation is not feasible, especially for noncustodial and incarcerated parents.

Visitation planning was added to the Family Plan completed at the Family Team Meetings and Family Group Conference to address the need to enhance family connections. However, the caseworkers and supervisors usually only supported adhering to minimum agency standards without consideration of other family members or providers having been able to assist with supervised visitation.

**Item 14: Preserving connections**

As mentioned above, preserving connections continued to be an Area Needing Improvement and related to the lack of effort in maintaining relationships between children and their home neighborhood, connections with the child's maternal and paternal relatives, siblings, and school or friends connected to the child prior to coming into care. The agency did not fully utilize resources such as the telephone, Skype, teleconferencing, and letters to maintain connections, nor was there documentation as to the reasons connections should not/could not be preserved, and whether this was reassessed each year in situations where dynamics may have changed allowing contact. There was often no documentation that there was sufficient inquiry to determine whether or not a child was Native American or had tribal affiliations.

**Item 15: Relative placement**

The agency struggled to identify or evaluate paternal or maternal relatives as potential placements for the child, in spite of the ready availability of tools like the Seneca searches to locate relatives and other connections. Nor was there documentation of the reasons that these connections should not/could not be preserved, and whether this was reassessed each year in situations where dynamics may have changed allowing placement.

**Item 16: Relationship of child in care with parents**

The agency did not regularly make concerted efforts to promote, support, and/or maintain positive relationships between children and their parents, especially fathers through activities other than just arranging for visitation, such as notifying parents of medical appointments or school activities. There was a general lack of understanding of the importance of promoting connections in addition to the monthly visitations, and of the fact that more is required to promote positive relationships between parents and children especially if the parent lived out of state.

## Well-Being

**Well-Being Outcome 1:** This outcome incorporates four items: one item pertains to the state's efforts to ensure that the service needs of children, parents and foster parents are assessed, and that the necessary services are provided to meet identified needs (Item 17). A second item examines state efforts to actively involve parents and children (when appropriate) in the case planning process (Item 18), two items examine the frequency and quality of caseworker contacts with the children in their caseloads (Item 19) and with the children's parents (Item 20).

In the last CFSR review in 2009, concerns related to these areas included:

- The state was not consistent in assessing and meeting the needs of children receiving in-home services, foster parents, mothers and fathers.
- The agency did not make concerted efforts to involve children, mothers and fathers in case planning in both foster care and in-home services cases, although children in the foster care cases were more likely to be involved than children in the in-home cases.
- The frequency and quality of casework visits with children were not sufficient to ensure the child's safety and well-being.
- The frequency and quality of casework visits with parents were not sufficient to monitor the safety and well-being of the child or promote attainment of case goals.

The following QAR results indicate a continued need for improvement in these areas, although the results for caseworker visits with children were encouraging.

Well-Being 1	PIP Innovation Counties (4)			Non-PIP Counties (42)*		
	FFY 2012	FFY 2013**	FFY 2014***	FFY 2012	FFY 2013	FFY 2014
<i>Number of counties/ number of reviews</i>	<i>4/16</i>	<i>4/15</i>	<i>2/2</i>	<i>8/8</i>	<i>11/12</i>	<i>19/19</i>
Well-Being Outcome 1 – Families have enhanced capacity to provide for their children’s needs	50.6%	59.5%	52.7%	38.9%	53.0%	43.6%
Item 17 – Needs and services of child, parents, foster parents	48.5%	57.8%	51.7%	34.4%	45.4%	38.0%
Item 18 – Child and family involvement in case planning	48.9%	61.8%	52.3%	33.8%	52.1%	41.1%
Item 19 – Caseworker visits with child	72.0%	76.2%	73.4%	71.7%	72.1%	76.7%
Item 20 – Caseworker visits with parents	32.8%	42.3%	33.5%	15.8%	42.3%	18.7%

Source: SCDSS Quality Assurance Reviews

Note: Counties were reviewed with a different tool in FFYs 2010 and 2011; FFY 2014 is partial, for October 1 – March 31, 2014.

\* York was reviewed twice in the first half of FFY 2014.

\*\* Four reviews for Aiken, Oconee and Spartanburg; three reviews for Greenville through October 2013.

\*\*\* Greenville and Spartanburg only.

Based on the Quality Assurance Reviews completed by the SCDSS and the CCFS, the following areas were identified as needing improvement:

**Item 17: Needs and services of child, parents, and foster parents**

Assessing the needs and services of child, parents and foster parents, documenting those services in the treatment planning process and monitoring the completion of these services are all areas impacted by this item. In many instances, the Department was not able to consistently engage all relevant family members, especially the fathers, assess needs, or provide services identified. Repeatedly, the fathers were not located through diligent search efforts, assessed, connected with their children or provided services. An Area Needing Improvement was also the need for a more thorough assessment of children, parents, and foster parents. Therefore, appropriate referrals for services were not made which were cited as psychological evaluations, child clothing, parenting skills, education, Alcohol and Drug (AOD) assessment, drug screens, housing, employment, child support, family counseling, mental health screenings, anger management and appropriate child care, and financial supports such as WIC, SNAP, housing assistance, and foster care subsidies

**Item 18: Child and family involvement in case planning**

Failure to locate parents through diligent search efforts and involve them, especially fathers, paramours, step-parents and incarcerated parents, age and developmentally-appropriate children were frequent ANI themes. Area Needing Improvement issues also related to the Department’s failed attempts to work with the parents in identification of strengths/needs, identification of services and providers, the establishment of case plan goals, and the evaluation of progress or address and manage barriers to case involvement with parents. The possible barriers included the lack of transportation for the parent(s), incarceration, or failure to conduct the Seneca searches and other methods to locate the family. Identifying service needs was not sufficient; and ensuring that services occurred and were effective was required for desired outcomes.

**Item 19 and Item 20: Caseworker visits with the child and parents**

Regular casework visits with parents to ensure ongoing monitoring of risk assessment, safety management and service delivery. Consistent contact with parents and noncustodial parents, especially fathers and incarcerated parents, that engaged them in the case planning process, continued to be an Area needing Improvement. The frequency and quality of visits must be addressed so that visits occur in a private setting, where meaningful conversations can occur regarding case plan and treatment progress, and regarding barriers to treatment and service referrals.

Parents’ contact information was not always updated in the Department’s CAPSS database, leading to loss of contact and interaction with parents. The counties not using letters, emails, phone calls and certified mail to initiate contact were areas of concern, especially if they lived out of the area. Diligent searches for parents were not always made. Documentation of visits, contents of visits, and diligent search efforts are areas needing improvement. High caseloads may have also contributed in some situations to the inability to meet policy and practice requirements, and will be addressed under the administrative goals.

**Well-Being Outcome 2:** This outcome encompasses only one item, meeting the educational needs of the child.

In the last CFSR review in 2009, concerns related to this area included:

- While educational needs of children in foster care were being assessed and addressed appropriately and adequately, in several in-home cases, educational needs were not assessed or addressed, although education-related concerns were apparent and were a reason for the Department’s involvement with the family.

While the state performed reasonably well on this item in QARs, there is room for improvement.

Well-Being 2	PIP Innovation Counties (4)			Non-PIP Counties (42)*		
	FFY 2012	FFY 2013**	FFY 2014***	FFY 2012	FFY 2013	FFY 2014
<i>Number of counties/ number of reviews</i>	4/16	4/15	2/2	8/8	11/12	19/19
Well-Being Outcome 2 – Children Receive Appropriate Services to Meet Their Educational Needs	87.2%	88.4%	81.8%	72.4%	86.6%	75.3%
Item 21 – Educational needs of the child	87.2%	88.4%	81.8%	72.4%	86.6%	75.3%

Source: SCDSS Quality Assurance Reviews

Note: Counties were reviewed with a different tool in FFYs 2010 and 2011; FFY 2014 is partial, for October 1 – March 31, 2014.

\* York was reviewed twice in the first half of FFY 2014.

\*\* Four reviews for Aiken, Oconee and Spartanburg; three reviews for Greenville through October 2013.

\*\*\* Greenville and Spartanburg only.

Based on the Quality Assurance Reviews completed by the SCDSS and the CCFS, the following was identified as an Area Needing Improvement:

**Item 21: Educational needs of the child**

Concerns related to the lack of educational records included in the case file, no contact with teachers or school officials to determine the educational needs of the child initially or on an ongoing basis.

**Well-Being Outcome 3:** Children receive adequate services to meet their physical and mental health needs. This includes two items, one item relates to state efforts to meet physical (Item 22) and mental health (Item 23) needs of children in Foster Care cases, and children in In-home/Family Preservation services cases if applicable, the reason for SCDSS involvement.

In the last CFSR review in 2009, general physical, dental and mental health needs of children in foster care were appropriately assessed and adequately addressed; concerns were raised where children in the in-home cases were not adequately assessed or addressed.

The following table presents the results of quality assurance case reviews for this well-being outcome.

Well-Being 3	PIP Innovation Counties (4)			Non-PIP Counties (42)*		
	FFY 2012	FFY 2013**	FFY 2014***	FFY 2012	FFY 2013	FFY 2014
<i>Number of counties/ number of reviews</i>	<i>4/16</i>	<i>4/15</i>	<i>2/2</i>	<i>8/8</i>	<i>11/12</i>	<i>19/19</i>
Well-Being Outcome 3 – Children receive adequate services to meet their physical and mental health needs	69.0%	71.0%	56.6%	57.2%	59.5%	53.8%
Item 22 – Physical health of the child	68.0%	65.8%	58.8%	46.2%	52.3%	45.3%
Item 23 – Mental/behavioral health of the child	68.9%	76.3%	54.4%	68.2%	66.6%	62.3%

*Source: SCDSS Quality Assurance Reviews*

Note: Counties were reviewed with a different tool in FFY 2010 and 2011; FFY 2014 is partial, for October 1 – March 31, 2014.

\* York was reviewed twice in the first half of FFY 2014.

\*\* Four reviews for Aiken, Oconee and Spartanburg; three reviews for Greenville through October 2013.

\*\*\* Greenville and Spartanburg only.

Based on the Quality Assurance Reviews completed by the SCDSS and the CCFS, the following areas were identified as Areas Needing Improvement:

**Item 22: Physical health of child**

The lack of medical assessments, medical or dental records on file or collateral contacts made with medical providers to obtain assessments or documentation of appointments, make referrals to address medical issues (especially Baby Net), medications, and contacts with service providers.

**Item 23: Mental/behavioral health of child**

The lack of current mental health and behavioral health assessments or evidence of recommended services noted in the case file, as well as the failure to follow up and monitor mental health services were areas of concern. Delays occurred in obtaining services and the absence of communication with service providers resulted in failures to keep up with medical needs, Medicaid eligibility, recommended mental health services, assessments, untimely referrals for counseling, ongoing follow up with providers on progress of treatment, and failure to obtain medical records to include mandatory occupational, speech and/or physical therapy.

There appeared to be a lack of understanding of the SCDSS policy requirement of involvement by a mental health provider or behavioral specialist, prior to the close of investigation in Criminal Domestic Violence cases. This was often missed and was rarely documented, if it did occur.

## Systemic Factors

### Information System

CAPSS (Child and Adult Protective Services System) is the agency's statewide automation system for child welfare.

In May 2012, the state received SACWIS review results which stated that, of the 88 total requirements, the state was compliant with 24 requirements; non-compliant with 16; conditionally compliant with 38; and ten were not applicable. The state is currently preparing a response to this review, which will (when approved) result in a "SACWIS Improvement Plan (SIP)." This SIP will then be the basis for addressing all deficiencies contained in the results from the onsite SACWIS review. Once all of the deficiencies are addressed, the SCDSS will be considered to have a fully functional and fully operational SACWIS system.

This system can readily identify the legal 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. Following is a description of these specific required elements of this system.

#### Demographic Characteristics

When a person is added to the CAPSS the following demographic data is required: first and last name, estimated age or date of birth, sex, race, citizenship, country of birth, Hispanic ethnicity, Native American affiliation, language, employment status, education level and if they are an unaccompanied Refugee Minor.



Person Data

**Last Name**

**First Name**

Middle Initial

Social Security Number

**Date of Birth**

**Estimated Age**

**Language**

**Sex**

**Race**

- White
- Black or African American
- American Indian/Alaskan Native
- Asian

**Employment Status**

**Citizenship**

**Country of Birth**

**Unaccompanied Refugee Minor**

**Hispanic Ethnicity**

**Native American Affiliations**

Tribal Affiliation

**Education**

**Educational Level Attained**

Income

Row	Source of Income	Monthly Amount	Start Date	End Date

Foster Care Status

The Foster Care Service data in the CAPSS records the date and time that a child is removed, and date and time a child leaves foster care.

View - Program Service (Service ID: )

**Service Type** Foster Care Services

**Intake(s)**

- 
- 
- 

**Recipients (View Only)**

- 
- 
- 

**Open Date** 11/09/2009

**Removal Time**

**Closed Date**

**Removal End Time**

**Reason Closed**

**Text**

**Office** CHARLESTON COUNTY DSS

### Foster Care Location

Each placement record includes the name and the CAPSS ID of the provider, the type of placement, the start and end dates of the placement and the reason a placement ends.

**View - Placement Information -**

**Start Date:** 09/06/2013 **End Date:** [ ]

**End Reason:** [ ]

**Type:** Therapeutic Foster Home

**Placement Criteria:**

- Placement Meets Child's Best Interest
- Caretaker Has Specialized Training
- Child/Caretaker Special Relationship
- Placement is Court Ordered
- Placement Recommended By Psy/Ther
- Child Prefers Non-Family Setting
- Placement is Parent's Preference
- Other (Explain in Text)

**Provider:** [ ] **Search:** [ ]

**Primary Provider:** [ ]

**Provider Type:**  Foster Home (Private Agency)

Family

Organization

**Provider Payee:** [ ]

Temporary Placements [ ]  Special Payments [ ]

**Payment Authorizations:**

**Payment Type:** [ ]

**Level Of Care:** [ ]

**Start Date:** [ ] **Add:** [ ]

Row	Payment Type	Level Of Care	Start Date	End Date	Status
1	Board Pay	Therapeutic ...	9/6/2013		Active
2	Board Pay	Regular Fost...	9/6/2013	9/6/2013	Inact...

**Void:** [ ]

**Is this a High Management, Moderate Management, Supervised Independent Living or Therapeutic Foster Care Level I, II or III placement?**  Yes  No

**Close:** [ ]

The placement address is captured in the provider record.

Provider Information

**Provider Id**

Intake Id

Organization Name

Status

Reason For Inactive Status

**Provider Type**

Family  
 Organization

Placement Type  Therapeutic Foster Home-Foster Home (Private A

Foster Home (DSS)  
 Foster Home (Out of State)  
 Foster Home (Private Agency)  
 Adoptive Home (Private Agency)

**Provider A**

Last   
 First   
 MI

**Provider B**

Last   
 First   
 MI

**Primary Provider**

Name

Start Date

End Date

Provider Payee | Allegations | Home Study | Associated Cottage Providers | Dictation | ActionLog

General | Relationship | Related Provider | Payment | Placement History | Contracts | Invoices | Primary Provider

Address

Row	Type	Address Line 1	Address Line 2	City	State	Zip	County
1	Household	106 Duke Str...		St. George	SC	29477	Dorchester

Phone  Payment Information

Permanency Plans (Goals)

Court ordered Permanency Plans (goals) are captured within the legal section of the Foster Care Service.

View - Perm Plan

**Recipient**

**Legal Perm Plan**

Concurrent Perm Plan

**Perm Plan Date**

Next Perm Plan Date

Plan Achieved Date

This screen displays all court ordered Permanency Plans.

Case  
**Family Case Id**  Case Name    
**Case Type** Children & Family Services **Open** 10/20/2005  Close    
 Recipient   
 Program Service   
 Primary Recipient

Funding Eligibility	Child Support	Action Log			
Program Services	Relationship	Support Svcs/NYTD	Worker	Dictation	Collaterals
Intakes	Family Assessment	Service Plan	Legal	Placement	ICPC

LCMS Referral Type  LCMS Referral Sent

Legal... TPR/Relinquishment... **Perm Plan**... ECRR... Placement Authority... Legal Custody...

Row	Legal Perm Plan	Concurrent Perm Plan	Perm Plan Date	Next Perm Plan Date
1	Return to Home		11/9/2009	
2	Return to Home		11/12/2009	11/12/2010
3	Return to Home		12/14/2009	12/14/2010
4	Return to Home		12/14/2009	12/14/2010
5	Return to Home		12/14/2009	12/14/2010
6	Return to Home		12/14/2009	12/14/2010
7	Adoption by Other		2/19/2010	2/19/2011

### Strengths

The CAPSS information software includes many ticklers, alerts and reports that assist case managers with timely completion of needed and/or required actions throughout the life of a case.

Funding Eligibility wizards assist in determining funding eligibility for IV-A, IV-E Foster Care, Chafee, etc. A one-directional interface has been created with the SC Department of Health and Human Services to enroll providers to provide Medicaid to the SCDSS children in foster care through a managed care organization or a medical home network. Future plans are to create a bi-directional interface in which the SCDHHS will return all Medicaid Identification Cards to the CAPSS for each of the SCDSS children in foster care.

A license dictation portal has been created for Foster Home Licensing providers to record necessary dictation related to families or individuals interested in becoming SCDSS foster homes. Additional portals are planned for ease of exchanging data between the CAPSS and partners with the SCDSS, such as the SC Foster Care Review Board and foster care providers.

Collaboration between the program areas and the CAPSS staff enriches development and implementation of needed additions and enhancements to the CAPSS database. The process of Human Services Program requesting changes, the CAPSS requirements team developing requirements with the Human Services Program staff, open communication during the development between the CAPSS development team, the CAPSS Requirements Team and the Human Services Program staff, testing by the CAPSS staff and the Human Services Program staff and training by the Human Services Program areas prior to implementation, makes actual implementation of changes/enhancements smoother and creates ownership by Human Services Program. Twice monthly meetings

between the CAPSS staff and the Human Services Program staff keep everyone informed of progress during the development of changes/enhancements and upcoming system needs.

### Concerns

The current focus of the CAPSS staff is to complete changes to meet the AFCARS and SACWIS requirements. The AFCARS conducted a review in September of 2010 and the state is completing an AFCARS Improvement Plan. The current plan is to complete all items by June 2014. The SACWIS conducted a compliance review in September of 2011 and provided the report of the requirements that met, conditionally met, or did not meet compliance levels. In May 2012, the State received the SACWIS review results which state that of the 88 total requirements, the State is compliant with 24 requirements; non-compliant with 16, conditionally compliant with 38 requirements, and 10 were not applicable, respectfully. The State is currently preparing a response to this review, which will (when approved) result in a "SACWIS Action Plan." This action plan will be the basis for addressing all deficiencies contained in the results from the onsite SACWIS review. The State is scheduled to complete the SACWIS Assessment Review Response by August 2014. This will determine the length of time necessary to complete the changes to the CAPSS for compliance. Consistent and knowledgeable staff will be needed in both program area and Information Systems to complete both of these plans in a timely manner. A plan to be staffed with this consistent and knowledgeable staff in the program and Information System areas will be part of the forthcoming "SACWIS Action Plan."

## **Case Review System**

The SCDSS has a policy and procedures in place to require and enable a written case plan to be developed with the child's parents and in discussion with the child, if the child is at least 10 years old and it is developmentally appropriate to discuss it, in either a Family Preservation or Foster Care case. The Department's policy directs that the written case plan be updated at least every 6 months. The assessment to develop the written case plan can be either a formal assessment utilizing the Child and Family Assessment and Service Planning Tool (SCDSS 30321), or an informal assessment. The SCDSS directs that the written case plan include provisions: for placing the child in the least restrictive, most family-like placement appropriate to his/her needs, and in close proximity to the parental home where such placement is in the child's best interests; for visits with a child placed out of State at least every 12 months by a caseworker of the Department or of the agency in the State where the child is placed; and for documentation of the steps taken to make and finalize an adoptive or other permanent placement when the child cannot return home.

It is not possible to know to what degree written case plans are developed with the parent(s) and the child, and presented to the parent(s). The Child and Adult Protective Services System (CAPSS), the data information system used by the SCDSS, cannot retrieve information/data related to development of a written case plan. As the CAPSS is currently designed and utilized, there is no code for a written case plan having been developed with the parent(s) and/or the child. There is no code for a written case plan having been presented to the parents. There is a code for case plan evaluation, but it is not selected consistently enough by child welfare staff to be statistically significant.

Through the Quality Assurance Reviews of counties' Family Preservation and Foster Care cases, during the FFYs 2012-2014, the SCDSS has learned that the dictation section in the CAPSS contains some entries of, but does not always contain entries indicating the development of a case plan, developed jointly with the parent and/or the child. As a result of the Quality Assurance Review Process being utilized by the SCDSS, in partnership with the University of South Carolina Center for Child and Family Studies, the Department has identified this lack of documentation in the CAPSS, and the result of this identification has been that the County Offices have been reminded in follow up correspondence and meetings, to reaffirm to staff the mandate to document when the caseworker and parent(s) and/or the child jointly developed a written case plan, and that it must be presented to them.

In South Carolina, the Children's Foster Care Review Board (FCRB) is the State agency statutorily charged with providing the federally-mandated case review system and has served in that role since 1974. Through the Foster Care Review Board, South Carolina has a process for the periodic administrative review of the status of each child, at least once every six months. In April 2012, the SCDSS began having individual county "Huddles" with the Foster Care Review Board in order to fully utilize the data and feedback that the federal and state statute required the Foster Care Review Board to provide to the SCDSS. The Huddles started as a forum to discuss the Foster Care Review Board data and identify strengths, trends, challenges, and systemic barriers to the goal of safe and thriving children with forever families sooner. The scope of information discussed allowed for a more in-depth look at the quality of services being provided, by determining the impact those services have on child and family level outcomes. Some of the reports used in the Huddles to assess appropriate permanency plans were the FCRB county data (e.g. areas of concerns, re-entries, and outcome data), FCRB Non-Concurrence Report (report by child that shows when the FCRB and the SCDSS have different plans for a child), Fostering Court Improvement Data, the Weekly Push Reports and the CAPSS Batch Reports. The Huddles consisted of: the FCRB staff; the SCDSS Adoption Services Offices staff; County Directors, Supervisors, Caseworkers, Attorneys; IFCCS Behavioral Health Caseworkers; Regional Clinical Specialists; Regional Team Leaders; and the Child Welfare Director. The Huddles process assisted the teams in pursuing permanency sooner through: adoption on appropriate cases; and/or defining more clearly the need for expediting the TPR or establishing a plan for reunification in hundreds of cases; highlighting the need for engaging other partners such as guardians ad litem, the SCDJJ, court systems, etc.

The SC FCRB reported in the third quarter of the FFY 2014 in its Accountability Report that for: SFY 2013-2014, 99% of case reviews were completed timely; SFY 2012-2013, 98% of case reviews were completed timely; SFY 2011-2012, 98% of case reviews were completed timely; SFY 2010-2011, 98% of case reviews were completed timely; SFY 2009-2010, 97% of case reviews were completed timely.

The SCFCRB reported that in the CY 2013, of the 5,813 children reviewed by the FCRB, 1,978 or 34% of the children had Case Plan Barriers. Case Plan Barriers include: an incomplete case plan; lack of progress toward developing a Permanency Plan; a Concurrent Plan has not been developed; or a current case plan was not made available to the SCFCRB.

As of March 31, 2014, the CAPSS indicated that of the 1,465 children with an open foster care service, and had been in foster care for at least twelve months, and were less than 18 years old, 98.1% of them had a Permanency Planning Hearing within the past twelve months, and no less than one Permanency Planning Hearing every twelve months.

The SCDSS has a process, in accordance with the Adoption and Safe Families Act, for the timely filing for termination of parental rights (TPR). As of March 31, 2014, during SFY 2013-2014, of the 2,182 children who had an open foster care case at any time during SFY 2013-2014, and had been in care for at least twelve months, and were less than 18 years old, 5% had a TPR filed within 12 months, 37% had a TPR filed in more than twelve months, 58% had not had a TPR filed. Of these 2,182 children, there were 1,265 not with a TPR filed, and of the 1,265 children without a filed TPR, the following were there Permanency Plans:

- Adoption by Foster Parent: 149
- Adoption by Other: 311
- Adoption by relative: 22
- Independent Living: 25
- Permanent Custody and Guardianship: 37
- Permanent Placement with a Fit and Willing Relative: 62
- Return to Home: 645

With respect to the SCDSS having a process for providing each child with a Permanency Plan within 60 days of entering into foster care, the SCDSS has a policy and procedures in accordance with the Adoption and Safe Families

Act. However currently, the CAPSS does not have a valid measure of how often the children in foster care had a Permanency Plan in a timely manner, but will have a valid measure by the end of the FFY 2015. Until the third quarter of the FFY 2014, the default Permanency Plan when the foster care case was opened was "Return Home". Recently that was changed so that the default is "Not Yet Established" and stays that way until the caseworker enters a Permanency Plan for the child. Because this change in default was so recent, there is not enough time to give good statistics from the current procedure.

The SCDSS, during the FFYs 2013 and 2014, has provided foster parents, pre-adoptive parents, and relative caregivers of children in foster care with notice of and an opportunity to be heard in permanency hearings and six month periodic reviews held with respect to the child. According to Carl Brown, Director of the South Carolina Foster Parent Association (SCFPA), the SCFPA "gets very, very few complaints about not hearing about the Foster Care Review Board hearings and court hearings", and that the vast majority of people (in the SCFPA) hear of both hearings.

#### Strength

- The FCRB Case Review process every 6 months for every child along with follow up Huddles to address areas of concerns regarding permanency plans, safety and well-being with SCDSS Adoptions, IFCCS, county caseworkers, supervisors, county attorney and other child welfare systems support organizations.
- Ability in the CAPSS to now begin to accurately track the timeliness of establishing a Permanent Plan for each child.

#### Area of Concern

- The SCDSS Office of General Counsel is providing direction to County Office Attorneys to file for TPR in a timely manner. The need for additional Paralegals to serve County Offices has also been identified as a need for timely filing of a TPR, and the process of supplying more Paralegals is ongoing at this time.
- Written case plans, as presented to the SCFCRB, and as documented in CAPSS that they were developed jointly with the parent(s) and/or the child.
- Data coding in the CAPSS to identify jointly written case plans with the parent(s) and/or the child.

## **Quality Assurance System/Continuous Quality Improvement**

### ***Quality Assurance Case Reviews***

By state law, SC is required to conduct child welfare case reviews in each of the state's 46 counties at least once every five years. The reviews of Family Preservation and Foster Care cases were conducted by the SCDS Quality Assurance Unit staff with the state's university partner, the University of South Carolina's College of Social Work, Center for Child and Family Studies (CCFS). Prior to the FFY 2011, county reviews were primarily for the purpose of oversight, were based on a brief review instrument, were not based on the federal review instrument, and did not include case-specific interviews.

As part of its Program Improvement Plan resulting from the second-round federal Child and Family Services Review (CFSR PIP), the state changed its quality assurance case review process:

- The review instrument was aligned with the federal case review instrument to assess each of seven safety, permanency and well-being outcome measures, and 23 associated item measures.
- The four counties identified in the CFSR PIP as Innovation Counties (Aiken, Greenville, Oconee, and Spartanburg) were reviewed each quarter of the PIP, which became effective February 1, 2011 and was successfully completed with the achievement of all outcome targets in the ninth quarter, which ended April 30, 2013.

Beginning in the FFY 2011, reviews in the Innovation Counties were conducted using the Onsite Review Instrument (OSRI) finalized by the Administration for Children and Families (AFC) in July 2008, with data available for October

2011 – March 2014. A total of 72 County Reviews were conducted involving 1,869 foster care and family preservation cases during this time period, covering 37 of 46 counties. Typically, a 12-month period was reviewed, usually the 12 months prior to the review date.

Following completion of the CFSR PIP, the state determined that it would review the four Innovation Counties less frequently, and begin to review the remaining 42 counties more frequently, with the stipulation that the seven largest counties (Greenville, Richland, Charleston, Spartanburg, Horry, Florence, and Anderson) would be reviewed every six months. Additionally, the period under review (PUR) was changed for the counties reviewed more than once a year. Beginning in November 2013 with Greenville County, the counties selected to be reviewed more than once a year had a PUR from the time of their last review to the time of their current review. This shortened PUR also applied to the Spartanburg 2014, Charleston 2014, and York 2014 reviews.

**Counties Receiving Quality Assurance Reviews, October 2011 through March 2014**

Calendar Year Reviewed	Number of Counties Reviewed	Number of Reviews Conducted	Counties Reviewed
October 2011 – September 30, 2012	12	24	Abbeville, Aiken*, Barnwell, Beaufort, Charleston, Cherokee, Dillon, Greenville*, Oconee*, Richland, Spartanburg*, and Williamsburg
October 1, 2012 – September 30, 2013	14	27	Aiken*, Allendale, Bamberg, Berkeley, Charleston*, Darlington, Greenville*, Hampton, Horry, Laurens, Oconee*, Spartanburg*, Sumter, York
October 1, 2013 – March 2014 **	21	21	Anderson, Barnwell, Calhoun, Charleston, Colleton, Edgefield, Florence, Greenville, Greenwood, Jasper, Lancaster, Lee, Lexington, Marion, McCormick, Newberry, Oconee*, Orangeburg, Richland, Saluda, Spartanburg, York

\* Indicates that county was reviewed more than once in the year.

\*\* Review year still ongoing.

Additionally, SC Accountability, Data and Research staff reviewed county offices on a rotating schedule to ensure the use of Appropriate Response and consistent service delivery to meet the needs of families and children. These staff members also reviewed private provider contractors regarding their role in family assessment and service delivery.

Strengths

The SCDSS and its university partner have developed a process for and significant expertise in conducting CFSR Quality Assurance Case Reviews. The process includes sampling cases for review, documentation reviews, case-related interviews, reconsiderations, feedback provided to counties via a debriefing document, and procedures for addressing identified safety concerns. Review teams include both the CCFS and the SCDSS staff. Supervisors who have participated in the case review process are more knowledgeable compared to most other Supervisors – especially new Supervisors – about expectations, policies and procedures as evaluated in the review instrument because of that review experience.

Areas of Concern

The state is experiencing some challenges as the SCDSS implements the CFSR Quality Assurance Review process statewide beyond the four Innovation Counties, with a greater quantity of reviews than during the PIP, and with more frequent reviews. The challenges include:

- difficulties in data collection due to the significant increase in the numbers of counties being reviewed;
- the number of counties receiving a Quality Assurance Review for the first time in more than 2 years;
- the reduced frequency of reviews/monitoring in the Innovation Counties following completion of the PIP;



- the lack of On-Site Facilitated Discussions needed for strengthening feedback to the field and moving toward continuous quality improvement; and
- staff turnover in case management and supervisory positions (see chart under Staff Turnover in the Child Welfare Workforce section of this report).

### ***Continuous Quality Improvement*** **Plan for Continuous Quality Improvement**

Since the APSR for the FFY 2013, the South Carolina Department of Social Services (SCDSS) has fully embraced the need for and the task of developing and implementing a federally-approved Quality Assurance/Continuous Quality Improvement (QA/CQI) System. The SCDSS has spent the last several years assessing its organizational maturity for CQI and determined that, while the Department does not yet have an optimal or established process for CQI, the foundation for a high quality CQI system has been laid. The SCDSS has also continued to improve an already established Quality Assurance Review process, by increasing the frequency of case reviews, increasing the number of County Offices that have been and will be annually reviewed, and formalizing the feedback process delivered to Counties for identified Areas Needing Improvement.

Through an improved organization, all areas of the Child and Family Services have become involved in program and process improvement. At the foundation of the efforts are leadership activities and communication designed to create an organizational culture that is proactive and supports continuous learning. The Department has worked diligently to communicate a vision and plan that is both compliance-focused and more reliant on its mission, vision, and values, to constantly improve practices, to staff and stakeholders. The CQI is about constant learning, quality assurance, outcomes, and compliance with regulations, statutes, and procedures. The SCDSS has worked on creating the organizational understanding that both completion of the task and timeliness in completion are important parts of quality, but they not the total picture. The planned leadership meetings have promoted the Department's plans to establish and maintain a continuous quality improvement system, among SCDSS staff and community stakeholders. These included the following meetings: (1) the Foster Care Review Board Huddles; (2) County Director Leadership Meetings; (3) Supervisor Summits; (4) Palmetto Power-Child Welfare Community Conversations about Data/Outcomes; (5) Community Partners Meetings; (6) Regional leadership meetings; and (7) Service Provider Meetings.

These meetings have started to create an environment in which those who are closest to the work in the County, Regional, and State Offices, are actively engaged in assessing the outcomes of practices, programs, and policies, and making improvement suggestions based on those assessments.

The SCDSS has embraced the use of quantitative and qualitative data from formal and informal sources, to indicate what is happening in the child welfare practice. Federal outcomes data, Management Information System reports, Quality Assurance Reviews, stakeholder feedback, and the anecdotal experiences of individuals in the child welfare system have been used to inform the Department about trends and challenges, in order to improve Departmental practice.

Under the direction and with the support of the U.S. Department of Health and Human Services Administration on Children, Youth and Families, the SCDDSS has conducted an assessment of the SCDSS's current Quality Assurance/ CQI system. "The Children's Bureau considers the following five components as essential to a State having a functioning CQI system in child welfare: an administrative structure to oversee effective CQI system functioning; quality data collection; a method for conducting ongoing case reviews; a process for the analysis and dissemination of quality data on all performance measures; and, a process for providing feedback to stakeholders and decision makers and as needed, adjusting State programs and process." (ACFY-CB-IM-12-07, Continuous Quality Improvement in Title IV-B and IV-E Programs).

The SCDSS is currently in the planning stages for developing an administrative structure to oversee effective CQI system functioning. Current leadership staff has been assigned to CQI planning and development. Six organizational leaders are currently enrolled in The CQI Training Academy Learning Lab. The SCDSS has sought the support and leadership from the Children's Bureau to develop high quality standards, policies, and procedures for the CQI system at the SCDSS.

The SCDSS has in place a quality data collection system. The Department meets the current Children's Bureau guidelines for NCANDS and NYTD submissions. In the most recent Child and Family Service Review (CFSR) Data Profile in 2009, the Department was free of data errors within an acceptable threshold. The Department continues to implement the SACWIS and AFCARS Improvement Plans, with the focus on the improvement of quality data. The SCDSS collects quantitative data through its SACWIS system, and issues weekly reports on many areas of practice and performance. The Department's staff is required to review the reports relevant to their areas of practice and supervision.

Planned improvements to data collection include working with the Children's Bureau on the following: (1) a process that identifies and resolves data quality issues related to reliability, entry errors, and under and over reported data; (2) a process to access data collection for children served in their own home (data required to monitor process and outcomes measurement for cases); (3) a process to assess the current methodology for collection of statewide data for the systemic factors of case review, training, diligent recruitment and retention, and service array, in order to be certain that the SCDSS has the correct information to assess its performance related to these systemic factors.

The SCDSS Quality Assurance Reviews are executed in partnership with the University of South Carolina School of Social Work, Center for Child and Family Studies (CCFS). The CCFS works with the SCDSS Quality Assurance Review staff to conduct QA Reviews of Foster Care and Family Preservation cases, twice a year for the seven largest counties, and annually in the other thirty-nine counties. Future planned improvements include a process to analyze how case ratings are completed, and working with the Children's Bureau to assess the training curriculum, written manuals, protocols, instructions, procedures to ensure accurate case reviews, second level quality assurance, and inter-rater reliability.

The SCDSS has an established process for gathering and organizing data specific to the outcome and processes that are tracked. Performance reports are created and are used weekly to manage practice. The reports are County, Region, and work-specific. Child welfare performance data has been shared at many stakeholder meetings that include Child Welfare Community Conversations (Palmetto Power, Huddles, and Community Partners Meetings). With the support of the Children's Bureau, the SCDSS intends to identify and implement strategies that will be used to improve analysis and dissemination of data to internal and external stakeholders.

Finally, the SCDSS has an emerging process for improving feedback to stakeholders/decision-makers, and for adjusting programs and process, when change is needed. During the FFYs 2012-2013, when the Department was implementing a Program Improvement Plan for Child Welfare Services in four "Innovation Counties", the Quality Assurance Review process included regularly scheduled On-Site Facilitated Discussions with the Innovation Counties following QA Reviews. At these discussions, leaders from the QA Review process reviewed findings, and plotted an action plan for improved outcomes and performance in the County. Since the successful conclusion of the PIP in FFY 2013, these discussions have not occurred regularly. The SCDSS has begun a pilot initiative of On-Site Facilitated Discussions in Counties that were not Innovation Counties during the PIP. The Department plans to increase the On-Site Facilitated Discussion each year to be with each County reviewed.

The Quality Assurance Review process has regularly included, and continues to include, feedback of information in written form, to the Counties, approximately two weeks after the conclusion of the Review. The County has the option of responding with questions to the QA Review Unit about the findings of the Review.

The SCDSS is planning to work with the Children's Bureau to improve the system for identifying practice and process issues; doing solution research; developing a theory of change; solution development and implementation; and finally monitoring effort and adjusting practice when necessary.

### **Staff and Provider Training**

South Carolina made a significant long-term, training/program support commitment to its child welfare staff, parents and their children, foster and adoptive parents, and other partners in the child welfare system. The long-range goal of the agency's training and technical assistance is to promote individual development and advancement through programs designed to build and expand professional skills and knowledge.

In the Targeted Training Plan attached to this CFSP 2015-2019, and in the Staff Training, Technical Assistance, and Evaluation section of the Plan For Improvement, the training and technical assistance activities are directly tied to the Goals and Objectives of this CFSP 2015-2019, and support the goals and objectives in the State's CFSP. Many of the training activities support multiple Goals and/or Objectives of the CFSP. This training provided by the state is for new and for veteran staff on an ongoing basis. These initial and ongoing training activities are designed and implemented to ensure that the SCDSS staff has the knowledge and skills needed to carry out their duties, including training in child welfare policies and practices, and training in support of strategies designed to accomplish agency child welfare goals and objectives. Many of the listed training activities will be available for participation in them by current or prospective foster parents, adoptive parents, and the staff of State-licensed or State-approved child care institutions providing care to foster and adopted children receiving assistance under title IV-E, in addition to the SCDSS staff.

Through the breadth of the training activities from Basic Child Welfare Training and Basic Adoption Specialist Training for new SCDSS staff, to the ongoing professional development/continuing education training activities, the training addresses the services provided under both parts of title IV-B and title IV-E of the Act.

To that end, the goal of the child welfare training system has been and continues to be to provide competency-based, job-relevant, accessible, affordable, consistent, timely, and thorough training in order to develop and maintain a competent child welfare workforce committed to ensuring safe, permanent, nurturing families for children at-risk of abuse, neglect, or dependency. The purpose of the training system is to:

- engage families and youth in the learning system;
- enhance professional development of social workers and supervisors;
- expand training and support to enhance skills of foster parents;
- enhance professional development of trainers;
- incorporate technology into the SCDSS training;
- ensure evaluation is an integral component of the learning system;
- integrate training, practice, and policy;
- increase understanding of and expand access to the learning system.

Nearly all of the SCDSS child welfare training for staff and stakeholders has been provided by contracting with its university partner, the University of South Carolina Center for Child and Family Studies and the USC Children's Law Center, and by other contracted training providers, including, but not limited to: the South Carolina Foster Parent Association, the Richland County Court Appointed Special Advocate Program (RCCASA), the Cass Elias McCarter Guardian ad Litem Program, Parents Anonymous of South Carolina (Family Corps), and the Children's Trust of South Carolina.

### Strengths

A strength of the system for staff training is having the University of South Carolina as the agency's training partner. Feedback from foster families, community providers has been positive for the Signs of Safety (SOS) practice being implemented in case planning with the child and community support system. It has been reported that SOS is

effective in resolving complicating factors. In fact, many providers and families are requesting the Mapping process under the SOS framework as Mapping resolves problems and produces results/follow-through. Other strengths of the SOS implementation have been the increased awareness in the courts and better understanding why the SCDSS is involved. The courts are seeing that SOS gives the child a voice and a better perspective of what needs to happen going forward to ensure safety, permanency and well-being.

The active Quality Assurance Review System of the SCDSS is also a strength for staff and provider training. Through the Quality Assurance Reviews of child welfare Family Preservation and Foster Care cases, the Department's leadership has been able to identify the Areas Needing Improvement as indicated using the 23 Items in the CFSR Onsite Review Instrument, for Safety, Permanency, and Well-Being. The Department has responded to those identified Areas Needing Improvement with renewed emphasis on specific parts in Basic Child Welfare Training and refresher activities, and through training in the use of new tools for the SCDSS such as: Guided Supervision; the Signs of Safety, Safety Roundtables; Permanency Roundtables; etc.

### Areas of Concern

Due to high staff turnover, there is an identified need for an increased amount of on-the-job and classroom training. The SCDSS turnover rates in the child welfare workforce have been historically very high at the caseworker level. As referenced in the Plan for Improvement section of this plan, for Goal 4, Objective #3, the partial SFY 10-11 (9/2/11-6/30/11) to the SFY 12-13 (7/1/12-6/30/13) shows the Service Coordinator positions turnover went from 5.08% to 13.21%, and remained at a high rate of 6.22% for partial SFY 13-14 (7/1/13-12/31/13). Although the turnover rate seems to be diminishing, it is somewhat misleading as the number of Service Coordinators is still lower in the partial SFY 13-14 than the three previous SFY's. The same trend appears to be similar for the entry level Human Services Specialist. There was an increase from 10.28% in the partial SFY 10-11 to 17.76% in the SFY 11-12, and remained high at 17.38% in the SFY 12-13, and dropped off at an 8.66% turnover in the partial SFY 13-14. Again, the actual average number of employees is lower than the three previous SFY's. Due to the high turnover rate trend, there is a considerable impact on the Agency's ability to sustain the skill sets that caseworkers receive through training for the following multiple practice initiatives that promote safety, permanency and well-being:

- Signs of Safety (SOS);
- Guided Supervision;
- Permanency Round Tables/Mapping;
- Documentation Round Tables;
- Child Conferences/ Family Team Meetings;
- Community-Based Prevention Services;
- Safety Round Tables;
- Teaming;
- Alternative Caregiver supports;
- Quality Assurance Reviews;
- Imperatives;
- Supervisor Summit;
- Leadership Academy for Supervisors;
- Working With Our Partners;
- Concurrent Planning;
- Regionalized Intake;
- Regionalized Foster Home Recruitment.

For example, due to the ongoing high turnover rate, the implementation of the SOS statewide is somewhat inconsistent. As new workers are hired to replace former workers trained in the SOS, there are areas of the state where the SOS is not being imbedded into the practice and there may be a lack of confidence with implementing SOS.

Another example of the impact of a high turnover rate would be on the Concurrent Planning process. This process is embedded in the Child Conferencing and the training on Concurrent Planning for Adoption workers and Concurrent Planning staff, as noted in the Staff Training, Technical Assistance and Evaluation section of this report. The Concurrent Planning practices and well-trained Concurrent Planning workers are inconsistent because the SCDSS has not been able to replace workers in a timely manner, and therefore Concurrent Planning work goes to other adoptions workers workload.

The SCDSS is addressing the high turnover and capacity issues with Goal 4, Objectives #1 and #3, to hopefully maximize the positive impact that training can have related to the multiple practice initiatives that lead to better safety, permanency and well-being outcomes for children involved with the SCDSS.

Through consultations with the Catawba Indian Nation during the FFY's 2010-2014, some areas of concern have been identified such as improved knowledge of the ICWA for the SCDSS staff and its providers and cultural competency. These areas of concern have been addressed in the attached Training Plan and in the Objectives as found in the section on Consultation and Coordination Between States and Tribes.

## **Service Array**

SC has an array of services that assess the strengths and service needs of children and families to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency. This service array is described in the Continuum of Services section of this plan document, and these services can be individualized to meet the unique needs of children and families served by the agency.

### Strengths

A newer addition to the Continuum of Services in the state, the SCDSS has adopted an alternative response to reports of child maltreatment that do not rise to the level of abuse or neglect (and therefore no investigation is conducted) but where there is a low to moderate risk of maltreatment as identified in a safety and risk assessment conducted by intake staff. Under this alternative response known as Community-Based Prevention Services (CBPS), these families are referred for family strengthening services (low risk) or voluntary case management services (moderate risk) provided by community-based family support organizations Growing Homes South East (GHSE) and Specialized Alternatives for Families and Youth (SAFY) and their coalition members statewide. Community-Based Prevention Services has significantly increased the numbers of children and families served. For example, the dramatic reduction of "Screen Outs" of those children and families that would not have historically received services from the SCDSS due to not rising to the level of abuse and neglect had a corresponding effect upon the "No Action Rate". The SCDSS reduced its "No Action" rate in SFY 2011 from 37% to 18% in SFY 2013 which is well below the national average of 38%. Services of Family Strengthening and Voluntary Case Management services as described in the Plan for Improvement section of this Plan under Goal 1, Objective #1 and also the 2014 CAPTA Plan update attached to the CFSP 2010-2014 Final Report, increased the number of services to families from 6,940 in SFY 2011 to approximately 16,000 in SFY 2013.

South Carolina, through the Department of Health and Human Services (DHHS), was one of 10 grantees selected in 2010 to participate in this federal Child Insurance Program Reauthorization Act (CHIPRA) Quality Demonstration Grant. The Grant is aimed at establishing and improving the quality of children's healthcare through measures of quality, promotion of health information technology, and evaluation of provider-based models. South Carolina was awarded \$9.2 million for this demonstration project which continues until February 2015. Some of the key intentions of the Grant are to develop a physician-led, peer-to-peer quality improvement network; and expand the use of pediatric medical homes to address mental health challenges of children in SC.

Eighteen primary care pediatric practices across South Carolina were selected as part of the Grant to improve patient care through the use of clinical quality measures and health information technology along with assistance with practice transformation to integrate behavioral health into a pediatric office. Each practice identified a lead practitioner to implement the quality improvement efforts within the practice, along with an internal QI team.

The SCDSS has held preliminary meetings with SCDHHS managers of this grant to discuss opportunities of utilizing the existing (18) primary care pediatrics who have received additional training in the behavioral health arena to be an additional avenue for improving coordinated health care services to children in foster care as delineated in the Health Care Oversight and Coordination Plan for FFY 2015-2019.

#### Areas of Concern

There continues to be limited availability and accessibility of physical and behavioral health providers in some rural parts of the state. The SCDSS along with its state agency partners the SC Department of Health and Human Services (DHHS), the SC Department of Mental Health, the SC Department of Juvenile Justice, The SC Continuum of Care, and other stakeholders are attempting to address this area of concern through the Palmetto Coordinated System of Care (PCSC), and its Service Array workgroup which is tasked with assessing and developing services to fill the gap in the State's array of services for children and families at-risk, as outlined in Goal 4, Objective #5 in this Plan. The SCDSS and SCDHHS will also address this area of concern through the Foster Care Advisory Committee (FCAC) as described in the Child and Family Services Continuum section of this report and in the Health Care Oversight and Coordination Plan for FFY 2015-2019 CFSP.

Most screening, assessment, and Licensed Independent Practitioner Services (LIPS), such as therapy, family therapy, and other behavioral health services available in the array of Medicaid state plan, do not currently reflect evidence-based, trauma-focused services or a specific procedure code recognizing such services for tracking purposes. The SCDSS and the SCDHHS will also address this area of concern through the Foster Care Advisory Committee (FCAC) as described in the SC Child and Family Services Continuum section of this report, and in the Health Care Oversight and Coordination Plan for the CFSP 2015-2019. Concurrently, the SCDSS is partnering with other community-based stakeholders and the SCDMH to implement Trauma-Informed Practice (T-IP) statewide as outlined in the Plan for Improvement section of this plan under Goal 2, Objective #2, and in the Strategic Action Plan in the Appendix A.

## **Responsiveness to Community**

The SCDSS collaborates extensively with stakeholders in implementing its Child and Family Services Plan, including tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private community-based child and family service organizations.

These stakeholders have multiple opportunities to interact with the SCDSS staff and leadership, providing feedback, participating in planning, and assessing performance and progress through various collaborative meetings, such as the SC Foster Care Review Board "Huddles," the Palmetto Power (P-2) and Palmetto Power for Providers (P-3) meetings, the SC Citizen Review Panel meetings, the SC Joint Council on Children and Adolescents, the Trauma-Informed Workgroup, the Palmetto Coordinated System of Care (PCSC) Executive Steering Committee, the PCSC Service Array, Financing, Communications and Cultural Linguistics workgroups, the SC Foster Care Advisory Committee (FCAC), Court Administration and Court Improvement, the Bench Bar and the Program Oversight Council. These are all described in the final report on the state's CFSP for the FFYs 2010-2014.

These stakeholders specifically provide input for developing the state's five-year plan and subsequent annual reports on progress and services. (See CFSP collaboration section in this plan document for detailed recommendations from multiple stakeholder meetings.)

### Strengths

Collaboration is a strength for South Carolina, as evidenced by the extensive level of collaboration with partners and stakeholders at the state and local levels, across the continuum of child welfare services, but especially at the system/leadership level.

Another strength for the SCDSS has been its responsiveness to the specific needs of the Catawba Indian Nation (CIN), and its communication with them. Since the last APSR, for the FFY 2013, the SCDSS developed a quarterly report that identified the involvement of the SCDSS with Native American children and youth. This has been shared on a quarterly basis with the Director of Social Services of the Catawba Indian Nation, through e-mails. In addition, the high quality and quantity of responsiveness to the CIN by the SCDSS is evident in the offer of increased communication with the CIN's Director of Social Services, Linda Love, and her response. During the FFYs 2010-2014, including during the FFY 2014, the York County SCDSS Office discussed with the CIN the possibility of meeting quarterly with the tribe's representatives. However, the tribe's Director of Social Services declined the offer because she said that she had excellent communication with the York County SCDSS Office through e-mails and telephone consultations, and therefore she did not think that quarterly meetings were necessary.

During the FFY 2014, the SCDSS State Office staff twice visited the Catawba Indian Nation to meet and consult with tribal representatives. At the most recent consultation at the CIN between the SCDSS and the Catawba Indian Nation, held on March 18, 2014 at the CIN renovated Long House, Marcia Jervey and Terri Pope of the SCDSS met with Linda Love. One of the results of this consultation was that it was agreed that there needs to be more training available to the SCDSS staff and contract providers, with regard to the ICWA law. This is necessary to ensure that all workers understand the ICWA law, and to ensure that the CIN will be contacted and involved from the start of a youth's involvement in any form with the SCDSS. As a result of this consultation, the University of South Carolina Children's Law Center has collaborated with the SCDSS to sponsor an Indian Child Welfare Act (ICWA) Conference on June 27, 2014, in the Catawba Indian Nation Longhouse in Rock Hill, South Carolina. The title of the conference was "The Basics & Beyond", and included training with the *following titles: Overview of the ICWA and its Applications in Child Welfare Cases; Working with ICWA and the Impact of Compliance/Non-Compliance; Representation in an ICWA Case; Tribal Services in Child Welfare Cases: From Therapy to Child Support; and ICWA: A View from the Bench. The SCDSS Legal Staff and caseworkers, and Judges were invited to attend.*

Another result of this March 18, 2014 consultation between the SCDSS and the CIN was the determination that there is a need for more cultural-competency training for the SCDSS staff and its providers, to be developed in conjunction with the CIN. Another issue identified at this meeting was the need to assess what tools are being used and need to be used to identify Native American children, and to ensure those tools are placed into case manager training and practice.

In response to earlier consultations between the SCDSS York County Office staff and the tribe, and to the recent consultations between the SCDSS State office staff, the SCDSS has placed multiple objectives into the CFSP 2015-2019 to address the needs and areas of concern indicated in this section and others in the section Consultation and Coordination between States and Tribes. For a listing of those objectives, see Consultation and Coordination between States and Tribes in this CFSP 2015-2019.

### Areas of Concern

The SCDSS has worked collaboratively with the Catawba Indian Nation (CIN) during the FFYs 2010-2014. In spite of this collaboration, increased consultations with the CIN are needed in order to establish more formalized processes for managing child welfare services for children coming into care for other tribes as part of the CFSP FFY 2015-2019, and tracking and recruiting more adoptive and resource families, identifying eligibility and support services for CFCIP.

Current child-serving agencies have legislative mandates and eligibility criteria that create silos of services for behavioral health, developmental/disability, alcohol and drug services, which results in gaps in services for at-risk children and their families. This is being addressed in the CFSP 2015-2019 through multiple collaborations but more specifically through the Joint Council on Children and Adolescents, the Palmetto Coordinated System of Care, and the Foster Care Advisory Council.

## **Foster and Adoptive Parent Licensing, Recruitment and Retention**

South Carolina has standards for Foster Family Homes and child care institutions that align with national standards for child care, and are applied to all licensed or approved Foster Family Homes or child care institutions receiving title IV-E or IV-B funds.

Diligent recruitment of foster and adoptive parents is an ongoing process, with contracted agencies providing much of this service, and cross-jurisdictional resources are used to facilitate timely adoptive or permanent placements for waiting children.

At the same time, it is important to note that the current functioning of licensing and recruitment in the SCDSS system has changed, and both are in the midst of continued changes.

Regarding adoptive resource recruitment, a paradigm shift within the Adoption Division of the SCDSS has refocused efforts. During the past several years, there has been a paradigm shift from *“working with families who want to adopt”* to *“finding families for the children in the SCDSS who need families”*. It was found that the approach had been to cast a net out into the waters and capture any families interested in adopting. Unfortunately, too many times, these families did not understand or want the children who were in the SCDSS system. For example, as many as 50% of approved waiting families only wanted a child 0-5 years old. The child factors that families were willing to accept also meant that many families would never find a desired match with a child involved in foster care. It became imperative that a clear message be delivered to the community as to the types of children who were in the SCDSS care, who needed forever families.

Through the contract with the SCFPA Heartfelt Calling, a centralized 1-800 number and website has allowed for consistent messages and consistent education to those making initial inquiries. This has allowed a stage one “screening process” to occur to gauge with families what they are looking for, and if indeed the SCDSS is the best path for them to explore adoption. For example, those who inquire only about an infant or a child under age 3, because the SCDSS already has hundreds of families approved and waiting for those rare cases, they are told that they are put on the waiting list and also referred to agencies who have private adoptions. Secondly, it also “triages” families, directing those who wish to adopt and those who wish to foster to appropriate next steps in the process. The impact on finding resources appropriate for children in care has been tremendous. Targeted adoption for the children in the Department’s care also maximized the use of time of the adoptions staff members, in order to provide focus on finding families for the children who were waiting. There are other changes relating to the shift to *“finding families for the children in the SCDSS who need families”*, and these can be found in the attached separate document, the “Foster and Adoptive Parent Diligent Recruitment Plan”.

As result of this paradigm shift and some practice changes, the SCDSS experienced a record decrease in the number of children waiting for adoption. The data for the SFY 2011-2012 is of particular interest as it reflects a leap in the number of adoptions achieved due to changes in practice approaches, as well as paradigm shifts in mindsets, as seen in the attached separate document, the “Foster and Adoptive Parent Diligent Recruitment Plan”.

Diligent adoptive resource recruitment efforts will continue to encompass all three of the major recruitment strategies, (general, targeted, and child-specific). The past few years South Carolina has concentrated on older youth as a targeted population (focused on a specific ages and recruited families who could meet those needs) and utilized child-specific (one-on-one individualized plan for a child based on the child’s specific needs) recruitment strategies



which engaged both youth and families together, and allowing both the opportunity to take an active role in the selection process.

Many of the things discussed in the attached "Foster and Adoptive Parent Diligent Recruitment Plan" have been or are being used to address the problem of children languishing in foster care, or exiting the system without an identified "Forever Family". Initiatives begun during the past several years, that have proven successful, continue to be refined. The refining is particularly true of the contracts that are being utilized under the Adoption Incentive Payments funding, which will continue during the CFSP 2015-2019. These contracts include the following providers:

- Winthrop University-Concurrent Planning;
- Winthrop University-Diligent Recruitment Specialist;
- The Seneca Family of Agencies: The Family Finding initiative;
- The Foster Care Review Board/The Heart Gallery: Photography of children to help find homes for children who are legally free and lingering in foster care;
- The SC Foster Parent Association Heartfelt Calling: Expedited responses to inquiries about fostering and adoption;
- The SC Youth Advocate Program: The recruitment contract for the Upstate Region and collaborating closing with the SCFPA, with a centralized recruitment database.

During the review period of 2010-2014, the Catawba Indian Nation (CIN) and the SCDSS counties have worked collaboratively to provide reasonable efforts to prevent removal of children from the home. They also worked collaboratively to provide due diligence in the search for a relative caregiver as an alternative to the child being placed in foster care.

When placement with a relative or a foster care placement was necessary, the Catawba Indian Nation worked in conjunction with the SCDSS in recruitment activities, identification of foster homes, and the Heartfelt Calling recruitment initiative. The SCDSS has done and will continue to do the background screening for relative placement and handles the licensing of foster homes for the tribe. The SCDSS and the tribe have and will continue to work together to conduct home visits.

The other major change being developed, through a pilot project at the SCDSS, is in licensed foster home recruitment. This pilot is a "Regional Licensing Structure". In recent years, the number of quality resource families statewide has declined, while the number of children coming into care has held steady. Many of these children were members of large sibling groups and often over the age of ten. In order to accommodate the increased number of siblings and older children entering care, more resource families are needed.

In the FFY 2013, the SCDSS began a Resource Family Team (RFT) pilot in Region IV for the following twelve counties: Florence, Darlington, Horry, Georgetown, Williamsburg, Clarendon, Marlboro, Lee, Sumter, Dillon, Chesterfield, and Marion. The RFT is tasked with licensing all families in this region who are interested in becoming a resource for South Carolina's children in foster care. The RFT pilot aims to enhance the recruitment, assessment, licensing and retention of families who are able to be an appropriate resource for children in foster care, in addition to exploring ways to increase timeliness of licensing and ensuring quality support for families. The RFT includes Resource Parents, Licensing Consultants, SCDSS Foster Care Workers, SCDSS IFCCS Service Coordinators, SCDSS Adoptions Staff, School Officials, Medical/Mental Health Professionals, GAL's, Birth Families, etc.

The RFT pilot places a strong emphasis on keeping sibling groups together and keeping children in the community/school district of origin, unless there is a safety issue, while also providing individualized supports and services to Resource Parents to promote placement stability. The RFT has committed to quality vs. quantity, and places the following expectations when recruiting Resource Families:

- license families who really desire to be a resource for children in care;
- license families who lead these children into adulthood;

- provide appropriate independent living skills;
- license families who allow children to participate in activities and recreations that are age-appropriate and produce thriving children;
- license families who are invested in the education and the lifelong success of these children; and
- families willing to do what it takes to help children achieve positive permanency.

The majority (42%) of the licensed Resource Families on 6/16/2014 were in Region I in the upstate of South Carolina, which also has the largest number of children in care, and has been the recipient of the contract with the SCYAP and the SCFPA recruitment contract. However, the RFT has proven effective in Region IV which is much smaller in child welfare populace than Region I and Region II, but has almost approached the same number of Resource Families for Region II, which is county-based foster care licensing. Given the success of the RFT pilot in Region IV, the SCDSS leadership has determined that the RFT model should be replicated statewide. The SCDSS will use a multi-phase process to convert county-based foster home licensing into a regionally based licensing structure based on the RFT model. It is anticipated that the remaining Regions will have completed this transition by January 2016.

When a Catawba Indian Nation child is placed into foster care, the tribe has preferred placement in a non-Native American home that is close to the family and the tribe, as opposed to a foster care placement in a Native American home that is farther away. This preference has been and will continue to be respected and accommodated by the SCDSS, in the FFYs 2015-2019.

Additionally, the state complies with federal requirements for criminal background checks and has a case planning process that includes safety planning for children in foster care and adoptive placements.

The SCDSS foster and adoptive recruitment activities for resource families reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed. The SCDSS was in a corrective action plan related to the Multi-Ethnic Placement Act, during the CFSP 2010-2014 time period, but the Department successfully completed the corrective action plan and is in compliance with the MEPA as it begins the CFSP 2015-2019.

Please refer to the separate and attached "Foster and Adoptive Diligent Recruitment Plan for detailed descriptions of these and other items.

#### Strengths

- South Carolina has strong partnerships with the Foster Care Review Board and the SC Foster Parent Association that support recruitment, training and retention of foster and adoptive parents.
- The Regional Licensing Structure, The Resource Family Team (RFT) pilot in Region IV has proven successful in increasing the number of licensed foster homes, and will be expanded statewide in the FFYs 2015-2019.

#### Areas of Concern

- Data indicators and quality assurance review results indicate the need to address placement stability.
- The number of quality resource families who are willing to accept large sibling groups and older youth has steadily declined, while the number of children coming into care has remained fairly consistent.

## 3. Plan for Improvement

### Goals, Objectives, Strategies and Measures of Progress

The South Carolina Department of Social Services (SCDSS) has been engaged in a systematic and comprehensive review of its Child Welfare Services (CWS) programs, based on its most recent Child and Family Services Review

(CFSR) in 2009, and the successful completion of a Federally-mandated Program Improvement Plan (PIP) on October 1, 2013, to promote the safety, permanency, health and well-being of South Carolina's children. The SCDSS is dedicated to setting goals and objectives that are measurable, meaningful and attainable. It is with these principles that the SCDSS determined the baseline for measuring the outcomes for selected Safety, Permanency, and Well-being Objectives in the next five years. The baseline for all counties will be built on the FFY 2013 non-weighted aggregated scores for the non-PIP counties. The SCDSS has chosen to utilize this method of benchmarking future progress, as the non-PIP counties represented a larger number of the overall counties that were reviewed in the FFY 2013 vs. the four Innovation (PIP) Counties. Given the majority of the counties that were reviewed in the FFY 2013 were non-PIP counties, it was determined that the outcomes for those reviews would be more representative of how the SCDSS has evolved its practices (Leadership Academy for Supervisors, Guided Supervision, Permanency Roundtables, Safety Roundtables, Signs of Safety, etc.), since the initiatives were launched in the Innovative Counties in the CY 2011 and the CY 2012, and rolled out in the CY 2013 in other counties throughout the state. The SCDSS is still in the initial implementation phase with the non-PIP counties, with coaching toward skill development and new ways of working. The SCDSS is in Full Implementation Phase within the PIP Counties, as more than 50% of practitioners are using the effective innovation with fidelity, and demonstrating good outcomes.

This 2015 FFY- 2019 FFY Plan includes major initiatives, expanded system of services and organizational restructuring to further enhance the state's ability to improve the safety, permanency and well-being for children and families involved with the child welfare system:

**Goal 1: Improve the Quality of Risk Assessment and Safety Management of Children in Child Protective Services, Family Preservation, and Foster Care Cases**

The Department has set the following objectives for this goal:

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

This objective specifically addresses Items 1 and 2 in the CFSR Instrument: 1) timeliness of initiating investigations of reports of child maltreatment, to determine whether responses to all accepted child maltreatment reports received during the period under review were initiated, and face-to-face contact with the child made, within the timeframes established by agency policies or State statute.; and 2) repeat maltreatment, to determine if any child in the family experienced repeat maltreatment within a 6-month period.

Some of the key strategies to be employed to accomplish this Objective are as follows:

#### Community-Based Prevention Services (CBPS)

In early CY 2012, South Carolina engaged the National Resource Center for Child Protective Services (NRCCPS) to develop an appropriate response system to improve its safety decision-making. Part of this process involves a standard safety and risk assessment. While completing the assessment form, the County staff is able to make a good decision regarding whether safety issues are present in the allegation. If there are safety issues identified, then the case remains with the County and a Child Protective Services investigation is initiated. If no safety concerns are identified but low to moderate risks are identified, then the case is referred to Appropriate Response, referred to as Community-Based Prevention Services (CBPS). If there is no safety or risk concern, then the allegation is screened out. A network of community agencies was contracted to provide community-based assessment and voluntary services to families. Contracts have been completed for two agencies to provide a tiered response to CPS referrals that do not rise to the level of investigation, based on safety factors for the child and risk factors for the family that needs services to improve protective capacity. Two new service categories were established in the CY 2012: Family Strengthening Services and Voluntary Case Management.

Families with low-to-moderate risk of child maltreatment are referred for Family Strengthening or Voluntary Case Management services. Some of the types of resources/services needed by the families to be referred for these services include parenting classes; referrals to and assistance in accessing alcohol and drug treatment services; referrals to and assistance in accessing mental health services; referrals for food, clothing and furniture; referrals to legal aid; referrals to and assistance in accessing education and tutoring services; transportation; referrals to Medicaid for medical services (if the family is eligible); and assistance in maintaining and preserving the families financial situation.

### *Family Strengthening Services*

The Family Strengthening Services (FSS) is contracted and consists of a comprehensive array of short-term (three to six months in duration) supportive services designed to assist families who appear at initial intake with no safety issues, but with a low-risk of potential abuse or neglect. Services are focused on resolving the issues that brought the family to the attention of the SCDSS.

These services include outreach, family engagement, reevaluation of risk, development and monitoring of a case plan. A comprehensive array of services is provided, ranging from simple information and referral to parenting education, anger management, and/or substance abuse treatment. The objective is to enable families, through a set of focused brief interventions, to resolve the difficulties they are experiencing and enable them to provide a safe and nurturing environment for their child. Childcare is provided onsite, if needed, for activities involving solely the parents versus family activities.

The Family Strengthening Services conducts a re-evaluation of risk by completing online the common Safety and Risk Assessment instrument based upon the initial interview and observations of the family. If the provider's evaluation of the level of risk posed by the family's circumstances substantially differs from that identified in the referral from the SCDSS, the provider shall immediately inform the SCDSS and ascertain a mutually agreed-upon plan of action. If the initial family interview and observations identify any safety issue within the family, responsibility for the case will be returned to the SCDSS for the purpose of completing a full investigation of the safety issue.

### *Voluntary Case Management Services*

Like the Family Strengthening Services component described above, Voluntary Case Management (VCM) services are contracted and include a similar comprehensive array of support services and focused interventions adapted to the needs of each particular family that are designed to assist them in successfully resolving the issues with which they are confronted and to enable them to provide a safe, nurturing and suitable home for their children, including re-evaluations of risk using the common Safety and Risk Assessment Instrument.

In contrast to the families referred to the FSS, however, the families referred to the VCM services pose a higher risk (although still a moderate one) of potential safety issues, if risk factors are not resolved. The services and interventions contemplated in VCM, therefore, are more intensive in nature and of somewhat longer duration (six months to a year). The primary goal is to provide the necessary supports (to both the children and the parents) to diminish the risk factors within the home and enable the children to continue to reside there safely.

If there are no identified safety issues present in the home, upon completion of the initial contact and family assessment, the provider will complete online the common Safety and Risk Assessment Tool based upon the initial interview and observations of the family. If the provider's evaluation of the level of risk present within the family substantially differs from that identified in the referral from the SCDSS, the provider shall immediately inform the SCDSS and ascertain a mutually agreed-upon plan of action. If the caseworker's assessment of risk is lower than that initially established by the SDSS, the provider may (with the SCDSS consent) refer the family to the FSS program. If the caseworker's assessment determines the family to be at high risk of future abuse or neglect, the provider will return responsibility for the case back to the SCDSS.

Throughout the implementation of the CBPS, the SCDSS has held regular meetings two times per month with state leadership, County Directors, Regional Team Leaders, Performance Coaches, and the CBPS providers, to discuss the process of implementation, with particular attention to the number of calls/reports that have “No Action Decisions” (screened out). Through this analysis and dialogue, County Directors and their teams have developed an understanding of the AR/CBPS decision process, the intake tool, and the concepts of risk, safety, child vulnerability, and parental/family protective capacity.

A four-day Fidelity review with the national Resource Center for Child Protective Services (NRCCPS) was held in February 2014. The results of the Fidelity review are currently being analyzed by the SCDSS leadership. Preliminary findings appear to indicate that the Intake Assessment Tool contains the right factors to determine the need for an investigation or an assessment response. However, the sheer number of workers performing intake may contribute to a lack of thoroughness in the intake information gathering process. In order to achieve improved performance and quality and consistent supervision over the intake information gathering process, there will be the creation of policy and procedures for the CBPS and formalized training with new policies and procedures. This will assist all Regions of the SCDSS to consistently apply the intake tools and ongoing risk and safety assessments, for those clients who enter the CBPS. The new policy and procedures will also support the SCDSS leadership in their current work to improve the intake process by developing a Regional Intake Process. This would include a smaller number of staff and Supervisors completely devoted to the intake function and practice in Regional hubs, instead of larger numbers of intake workers in most County Offices across the state performing the function (see Strategic Action Plan Goal 1, Objective #4, Strategy 1.4.1).

The SCDSS has recognized the important role law enforcement can play in supporting the safety and well-being of a child involved with the Department. The SCDSS seeks to enhance its communication and partnership partner with Law Enforcement. In May 2014, the SCDSS updated its policy to include contact with Law Enforcement when the child and family cannot be located within 72 hours or sooner if safety of the child is of concern.

Through a statute change, the SCDSS seeks to enhance screenings to include collaboration with the SLED on use of the National Crime Information Center (NCIC) FBI checks of adults involved with child welfare investigations, and is planning to dedicate staff from the SCDSS Division of Investigations to the SLED Fusion Center to improve access to information as appropriate.

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

This objective specifically addresses Items 3 and 4 in the CFSR Instrument: 1) protect children in the home and prevent removal, to determine whether the agency made concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after a reunification; and 2) risk assessment and safety management, to determine whether the agency made concerted efforts to assess and address the risk and safety concerns relating to the children in their own homes or while in foster care.

Key Strategies to accomplish this objective will be:

Guided Supervision:

In 2003 and 2009, the Child and Family Service Reviews (CFSR), identified safety and risk assessments for children in care as an area of improvement for South Carolina. Through the federal review process, it became evident that the lack of a framework limits the caseworker's ability to assess risk and manage safety for children under the SCDSS oversight. The state agreed in its CFSR Program Improvement Plan (PIP) to develop, implement, and mandate a supervisory review process and tool for making risk and safety assessments and to review screen-out decisions for appropriateness regarding safety. The SCDSS selected Guided Supervision as a strategy to improve its

performance on the CFSR Safety Outcome 2, which is “Children are safely maintained in their homes whenever possible and appropriate.” The Guided Supervision process is designed to support child welfare supervisors as they lead caseworkers in making high quality risk assessments and safety decisions for children throughout the life of a case.

Guided supervision has become routine practice throughout the state since its development in early 2012, but it continues to be implemented inconsistently across the counties with varying schedules of frequencies that may not meet the 1x every six months minimum guideline. Supervisors report that, while the process requires a significant investment of time, outcomes of staffing are much more productive than traditional supervisory staffing. Supervisors and workers can get a clearer picture of whether families are increasing protective capacity. Decision-making is improved, and needed interventions are easier to identify. Quality assurance review staff report that where Guided Supervision is routinely utilized in cases, risk assessment and safety management are better documented, and outcomes for children seem to be improving.

Therefore, the SCDSS will be incorporating more in depth tracking systems and supports for managers to support the Guided Supervision being fully utilized not only to the minimum guideline standards but employed more often as needed. Critical events in a child’s situation trigger the need for a comprehensive review with the tool by the caseworker and their supervisor to ensure the appropriate interventions are identified to ensure the safety and well-being of the child.

#### Family Engagement:

Primary elements of the SCDSS mission include:

- providing services intended to minimize risk of harm to children and maximize the ability of families to protect and care for their own children;
- providing services for children and their families on the principle that the best child welfare is good family welfare;
- assessing allegations of abuse or neglect of children to determine if they are in need of protection, where abuse or neglect is substantiated, these services should assure the support necessary to enable adequate family functioning or to intervene to protect children until parents are able to do so.

Recognizing that the SCDSS services are strengths-based, child-centered, and family-focused, they are designed to ensure that reasonable efforts are made to maintain children safely in their own homes, to reunite the family as soon as possible if removal of a child or parent is necessary, and to assure permanency in an adoptive home or other permanent situation with appropriate relatives whenever possible if reunification is not possible.

Securing a safe, stable and permanent placement for all children in the care of the SCDSS has always been the vision of the SCDSS. To help achieve this vision, the SCDSS must engage families, relatives and their community members with respect and in a spirit of collaboration, transparency and accountability. Also, the Department encourages them to have input and to participate in discussion, case planning, and decision-making that will allow the child to reach Positive Permanency.

The SCDSS has determined that an array of integrated family engagement services supports this goal. By engaging families and relatives early on in child welfare services, frequently more children in need of foster care are placed with relatives so the children experience fewer changes in placements and less emotional trauma that often accompanies removal and foster care.

Together with its community partners, the SCDSS will be enacting fundamental system reforms to adopt nationally recognized “Best Practice” and “Promising Practice” standards and initiatives to enhance collaboration, efficiency and effectiveness in the SCDSS Family Engagement Services.

In order to provide a continuum of integrated family engagement services, the SCDSS plans to have a Family Engagement Request for Proposals (RFP) solicitation for the services of Family Finding (FF), Family Team Meetings (FTMs), and Family Group Decision Making (FGDM), hereafter referred to as Children Conferencing (CC) and Re-conferencing (RC), to be delivered through a network of providers led by a master contractor working with a coalition of other service providers. The following is a description of the Family Engagement Services:

- **Family Finding (FF):** FF is a specific service and specialized process for locating and engaging maternal and paternal family members to participate in the initial FTM, Children Conferencing and Re-conferencing, or who are supportive and may be potential alternative family caregivers for children. FF offers each family member a chance to help and be a support to the child and the child's caregivers. It is typically least extensive prior to the FTM due to the timeframe involved. Since the FTM must be held the next business day (within 24 business hours) after a child's removal, FF for a FTM is typically limited to immediate caregivers and close by family members that the family identifies who can be available the next business day. Nevertheless, the Partnering Contractors shall immediately begin internet searching and other means to engage as many families as possible and invite them to participate in the initial FTM on very short notice. The Partnering Contractors must be available 24 hours a day 7 days a week to receive notice of removals and initiate FF efforts.
- **Family Team Meeting (FTM):** The FTM is a SCDSS-mandated, crisis intervention, and family, engagement service to engage the child's caregivers and maternal and paternal extended family members immediately after a child is removed from the family home. Often times, the FTM will be the extended family's initial encounter with the child protection system and the SCDSS worker. Each FTM must have a Coordinator and a Recorder (note taker). The FTM will be conducted in a spirit of respect, collaboration, transparency and accountability.

The initial FTM will occur the following business day of a child entering custody of the SCDSS. The FTMs are structured case planning and decision-making meetings, held within 24 business hours (the next business day) after removal, facilitated by skilled and trained Community-Based Coordinators to engage the family groups, family supports, and service providers collaboratively in creating plans for children's safety while laying the groundwork for permanency. The FTMs are intended to meet the immediate safety needs of children and to plan for the child's placement needs in urgent emergency situations. The FTMs enable the SCDSS to engage family members and provide a front-end immediate family-involved response to concerns about the child's safety or placement needs. The FTMs are also held to achieve positive results for the child during the earliest stages of child protective service interaction with the family. Family members are engaged and encouraged to help and be a support to the child and the child's caregivers to assure the child's safety in the family home or in an alternative family placement. The FTMs can also be used to assist and engage families served by CPS In-home cases -- Family Preservation or Community-Based Prevention Services (CBPS). Before a child is removed from the family home in urgent emergency situations, a FTM is utilized to develop a Family Plan for needed supports and services to divert the child or children from entering foster care. Generally, In-home Treatment/Family Preservation and CBPS cases shall access Children Conferencing for ongoing safety and permanency planning. The FTMs will be used only for unforeseen emergencies that would necessitate a child's immediate removal from the family home and when an alternative family placement resource for the child has not been previously identified by the family.

- **Children Conferencing (CC):** CC is the South Carolina model of the FGDM. A CC creates a vital opportunity for the children's caregivers, maternal and paternal extended families and fictive kin to play a vital role in the safety, permanency and well-being of children involved with the SCDSS in a spirit of respect, collaboration, transparency and accountability. It is more involved than the FTM with additional planning time for FF and family engagement efforts. It is a time when family joins with the SCDSS, relatives, friends, and community supports to develop a plan that ensures children are cared for and protected from future harm. Through the use of private family time, the "family group" is vested with a high degree of decision making authority and responsibility. During family private time, the family group joins together to discuss and develop a plan for the child's safety and well-being, including concurrent planning for immediate options (e.g. temporary foster care, family strengthening

and reunification with birth parents) as well as back-up alternatives for permanent placement (e.g. placement with other family members) and visitation planning.

The SCDSS has adapted culturally-appropriate, the FGDM models based on the highly acclaimed and successful Ohana (Family) Conferencing practiced in Hawaii, the FGDM models practiced in New Zealand and Texas and from South Carolina's own experience with family group conferencing supported by Casey Family Programs. These FGDM models and practices incorporate and conform to the parameters above. In addition, the following five "core elements" developed by AHA National Center on the FGDM will be adhered to unless inconsistent with requirements of South Carolina state and federal laws or judicial orders:

- An independent community-based coordinator is responsible for convening the family group meeting with SCDSS personnel, and creating an environment in which transparent, honest and respectful dialogue occurs.
- The child protection agency personnel recognize the family group as their key decision-making partner, and time and resources are available to convene this group.
- Family groups have the opportunity to meet on their own (private family time).
- When agency concerns are adequately addressed, preference must be given to a family group's plan over any other possible plan.
- Referring agencies support family groups by providing the services and resources necessary to implement the agreed upon plans.

There are two major categories of Children Conferencing cases: (1) "front-end" CCs on children entering care, and (2) "back-end" CCs to identify family placements and support systems and produce a revised Positive Permanency Plan for children and youth in foster care or at-risk of aging out of care without a permanent family.

**Re-conferencing (RC):** RC is an integral component of the FGDM. The values, principles, and core elements of RC are the same as CC as stated above. The RC of cases is required 4 months after a CC and within every 4 months thereafter or sooner: a) if required by the Court or the SCDSS; b) if other changed circumstances occur requiring a follow-up conference to ensure planned goals have been achieved; c) to address subsequent emergency issues (e.g. need to implement contingent plan for safety and permanency per concurrent planning); and/or d) to ensure the plan is being implemented and assess the need for and make any changes required to support the safety of the child or children.

The expedited RC timeframe is necessary to prevent children/youth from languishing in foster care and to ensure the plan is being implemented as required.

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

This objective specifically addresses Items 3 and 4 in the CFSR Instrument: Children are safely maintained in their homes whenever possible and appropriate, to determine whether the agency made concerted efforts: to provide services to the family to prevent the children's entry into foster care or re-entry after a reunification; to assess and address the risk and safety concerns relating to children in their own homes or while in foster care.

Key Strategies for achieving this objective:

#### Signs of Safety



The Department's adoption of the Signs of Safety (SOS) practice model in the CY 2012 was intended to equip leadership, supervisors, and frontline workers with a specific set of tools designed to assess risk and manage safety. The purpose of identification and implementation of the SOS model was to support the Appropriate Response strategy. It is believed that acquiring a clear understanding of the concepts of protective capacities, child vulnerabilities, safety threats, and identified risks will lead to improved safety decisions. These concepts are applicable at all stages of the child welfare process, from intake to permanency planning, so improved safety decisions will continue to be a part of all federal and state strategic plans.

The Signs of Safety practice model was introduced initially as a "tool box" with a variety of methods by which risk, safety, protective capacity and vulnerability are clearly identified and gauged. The principles of the SOS have shifted the focus to engagement of the family, child, and providers as an intricate part in identifying safety and developing the path towards it. The SOS teaches that; practice is driven by what works for families and social workers; critical thinking and constant inquiry are absolutes in child welfare; and developing constructive working relationships based on transparency, humility, and collaboration embody the necessary cultural shift in successful modern practice (Turnell, 2012 / 2010-2012 Connected Families). It is with this mindset that the state foresees improvements in how it serves and supports families, bringing them into decision-making as an integral part of the process.

The SOS model was implemented in all regions in the CY 2012; however it was not sustained as a framework for all the practices and initiatives being implemented by the SCDSS. In efforts to more fully integrate the SOS framework into all practices (Intake, Investigations, Permanency Roundtables (PRT's), Guided Supervision, Child Conferencing, etc.) within the SCDSS, a more comprehensive and far-reaching statewide implementation is planned for FFY 2015-FFY 2017 that permeates policies and all levels of the organization as detailed in Strategic Action Plan Goal 1, Objective #2 and Objective #3.

**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.

This objective specifically addresses Item 1 CFSR Instrument: as Item 1 includes intake decisions to "accept" a case or not, including the decision to "accept" the case for a CPS investigation or refer for an "Alternative Response now referred to as "Community-Based Prevention Services".

Key Strategy to meet this objective:

#### Intake Hubs

Currently, intake is completed in each county for child maltreatment reports. There is also a statewide CPS hotline where calls are received and distributed to the correct county office for response. Each county has an after-hours number and on-call emergency intake workers. The goal for CPS intake is to ensure a thorough assessment is completed as a result of the intake call or maltreatment report, in order to ensure that adequate information is obtained, in order to make an appropriate decision about services needed for the family.

The SCDSS County Staff assess at intake whether there are immediate safety issues that require an investigation response or whether there are risk factors that can be reduced through assessment and referrals to services (as mentioned in Goal 1 strategy of CBPS). A new intake assessment tool was developed in conjunction with the NRCCPS to guide initial assessment of the maltreatment report by evaluating such factors as parental capacity, child vulnerability, and previous child abuse/neglect history and to determine the level of intervention required. This tool has been integrated into the state's data system.

As also mentioned under Goal 1 strategies, through a Fidelity Review, preliminary results seem to indicate there are challenges for Intake staff in thoroughly completing the new Intake Assessment Tool, possibly due to the high volume of intake staff and their scattered office locations throughout the state in counties. Given the Intake staff are dispersed in multiple counties, they also tend to be given other essential duties in the county that may serve as a

deterrent in being a true practitioner of intake and an expert at utilizing the new Intake Tool. Other trends to consider is the number of Intake Decisions have gone from 20,386 in the CY 2012 to 27,787 in the CY 2013, and appear to be on track for the about the same volume in CY 2014 as there are 12,558 in six months. It is also worth noting the Intake Decisions for County Offices taking the cases into CPS have gone a little over 10% since the CY 2012.

The SCDSS leadership will be restructuring the intake function to more fully support the Safety Outcomes 1 and 2 and ensuring at initial intake, the risk and safety assessment are consistently thorough and best practices are utilized employing the established Intake Assessment Tool. The leadership has determined that fidelity in the use of the tool can be achieved through developing Regional Intake Hubs that are located strategically in each region and staffed with Intake Workers who are extensively trained in the application of the new Intake Tool and their sole purpose is to do comprehensive intake duties with high level critical thinking. Workforce capacity, locations, organizational restructuring of the Voluntary Case Liaisons, hiring of Intake Leader positions, identifying existing highly skilled Intake Workers adept at Intake Tool to serve as Mentors, etc. will be accomplished statewide by an anticipated date of March 31, 2015.

## **Goal 2: Children will thrive when involved with the SCDSS.**

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

This objective specifically addresses Items 17-20 of the CFSR Instrument: families have enhanced capacity to provide for their children's needs, the needs and services for the child, parents, and foster parents are identified, recommended, put in place, the measure includes caseworker visiting with children, parents, foster parents, case planning with parent(s).

Key Strategies supporting the accomplishment of this objective:

### *Building Caseworker Competencies in Signs of Safety (SOS)*

The agency's adoption of the Signs of Safety (SOS) practice model in the CY 2012 was intended to equip leadership, supervisors, and frontline workers with a specific set of tools designed to assess risk and manage safety while building on family strengths in building protective capacities. Identifying, engaging and actively involving family members is crucial in addressing three basic questions relevant to assessing risk, safety and treatment/service planning:

- What is going well?
- What are we worried about?
- What needs to happen?

This safety and risk assessment process is woven throughout the family's involvement and is incorporated into purposing and planning through family engagement services such as family group conferencing.

The purpose of identification and implementation of the SOS model was initially to support the Appropriate Response strategy. It is believed that acquiring a clear understanding of the concepts of protective capacities, child vulnerabilities, safety threats, and identified risks will lead to improved safety decisions. These concepts are applicable at all stages of the child welfare process, from intake to permanency planning, so improved safety decisions will continue to be a part of all federal and state strategic plans. Strategic Goal 1, Objective #3 clearly articulates the specific action steps toward developing a competent workforce for implementing the Signs of Safety practice model as a "tool box" with a variety of methods by which risk, safety, protective capacity and vulnerability are clearly identified and gauged.

### Family Engagement Implementation

The SCDSS has determined that an array of integrated family engagement services supports this goal. By engaging families and relatives early on in CWS, frequently more children in need of foster care are placed with relatives. This results in the child experiencing fewer changes in placement and less emotional trauma that often accompanies removal and foster care.

Together with its community partners, the SCDSS will be enacting fundamental system reforms to adopt nationally recognized "Best Practice" and "Promising Practice" standards and initiatives to enhance collaboration, efficiency and effectiveness in SCDSS family engagement services. The SCDSS plans to implement an array of Family Engagement Services through a Request for Proposals (RFP) solicitation for the services of: Family Finding (FF), Family Team Meetings (FTMs), and Family Group Conferencing and Re-conferencing (RC), to be delivered through a network of providers led by a master contractor working with a coalition of other service providers. The specific action steps are presented in Strategic Goal 1, Objective #2.

### Engaging Noncustodial Fathers

There is a "father factor" in nearly all of the social issues facing America today. Research clearly indicates that the effects of a father's absence significantly impacts child abuse and neglect, poverty, maternal and child health, incarceration, crime, teen pregnancy, drug and alcohol abuse, education, and childhood obesity. The Facts speak for themselves:

Children whose biological fathers are absent, are on average 2-3 times more likely to be poor, to use drugs, to experience educational, health, emotional and behavioral problems, to be victims of child abuse, and to engage in criminal behavior than their peers who live with their married, biological (or adoptive) parents. (Horn and Sylvester, 2002, p.15 2)

Children with involved, loving fathers are significantly more likely to do well in school, have healthy self-esteem, exhibit empathy and pro-social behavior, and avoid high risk behaviors such as drug use, truancy, and criminal activity compared to children who have uninvolved fathers. (Horn and Sylvester, 2002, p.15 2)

When child protection and other community agencies become responsible for the safety, permanency, and well-being of a child in need of services, the involvement of the child's absent father can make a difference. His involvement may help toward the successful attainment of these goals and the ability of the child protection system to do its job.

The SCDSS has made great strides in realizing the importance and benefits of reconnecting children to their fathers, including noncustodial dads (those who do not live with their children). Identification and engaging dads are the first steps. Providing services while addressing root causes of delinquent child support payments are often the next steps.

Family Finding, specific activities to help us identify and locate dads, and family group meetings where moms, dads and their relatives come together, and assist the SCDSS in developing a plan of care for their child, are being extensively conducted throughout the agency bringing everyone together as partners.

The SCDSS also offers services that will ultimately enable fathers to pay their child support and take advantage of other support services offered through local Fatherhood Coalitions. These services include job skills training, transportation assistance, payment of GED tutoring and testing fees, reinstatement of driver's license and payment of the reinstatement fee, modification of the child support obligation (if applicable), and tuition assistance for job training classes. In addition, other support services are available for assistance in parenting and peer support in becoming an active dad in their child's life.

Children benefit by increasing their overall well-being through improved school performance, less drug abuse and criminal behavior, delaying sexual activity and reducing teen pregnancy, knowing more of the family's medical history, and preserving cultural and family ties and improved self-esteem. Mother's benefit by having assistance with

parenting, paternal relatives' support, time to promote her self-care, financial and emotional support that could increase the mother's patience, flexibility, and emotional responsiveness to child.

Overall, there are more "eyes" on the child with increased informal supports and resources, support from the Fatherhood Providers with the potential to shorten the time the child is involved in the foster care system. The SCDSS has been working closely with the South Carolina Center for Fathers and Families through a Memorandum of Understanding to develop father friendly training and support services toward safely reconnecting dads with their children. The curriculum, *Engaging the Noncustodial Parent* was developed and delivered in the innovation counties and a few other counties requesting the training. The training delivered jointly by the SCDSS staff and local fatherhood coalitions connected to the SC Center for Fathers and Families includes a referral process for local services to address needs related to parenting, anger management, peer support and referrals for specific counseling services. It also includes referrals for job training skills and steps to address back child support payments. A strategic plan will be developed and implemented to ensure that; 1) training is delivered to every county along with providing the Fatherhood Toolkit; 2) referrals are made to the local fatherhood coalitions for assessment and specific support services; and 3) fathers have access to support services through the agency's newly developed Family Connections and Support unit located within the Child Support Division.

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

This objective specifically addresses Items 22 and 23 of the CFSR Instrument: to determine whether the Agency addressed the physical health needs of the child, including dental health needs, and the mental health needs of the child.

Without trauma awareness and sensitivity to the needs of children and families experiencing trauma and the delivery of specific evidence-based assessments, treatment planning, family and interagency coordination, SC will not be able to achieve the safety, permanence or well-being of children and families involved in the child welfare system. The impact of trauma will have a significant and predictable impact on the achievement of the CFSR goals in the CFSP 2015-2019, for children and families.

Children and families identified to the SCDSS typically experience complex trauma and have been exposed to traumatic events such as physical abuse, sexual abuse, chronic neglect, domestic violence, sudden or violent loss of/ or separation from a loved one, and/or community violence. As a result, these children often have emotional, behavioral, social and mental health challenges that require special care and treatment. This has significant implications for achieving safety, permanency and well-being and the delivery of treatment and support services. To achieve the goals of safety, permanency and well-being, all activities by the SCDSS workforce must be focused on strengthening and partnering with family groups, promoting resiliency, enhancing physical, emotional and social well-being. This includes healing trauma wounds, and reducing or eliminating system level activities that may further harm or re-traumatize children and their families.

The SCDSS workforce must be both trauma-informed and trauma-sensitive, in order to address the multiple challenges these traumatized children and their families bring with them when they enter the system. Unfortunately, they often endure additional trauma once involved with the child welfare system. A trauma-informed and trauma-sensitive workforce seeks to change the disease-oriented paradigm from one that asks, "What's wrong with you?" to one that asks, "What has happened to you?" Therefore, this approach to engaging children and families begins with screening for trauma histories, and that recognizes the need for qualified clinicians to assess for the impact of trauma, the presence of trauma symptoms and trauma reaction. These clinicians will then use this information in collaboration with other professionals, families and themselves to develop treatment plans that link assessment findings with specific evidence-based treatment services such as Trauma-Focused Cognitive Behavioral Therapy.

**As the agency proactively evolves into one that is trauma-informed in both philosophy and practice, the Essential Elements of a Trauma-Informed System, identified in the Child Welfare Trauma-Informed Tool Kit will be implemented (Chadwick Center in San Diego, 2012):**

**1. Maximize the child's and family's sense of physical and psychological safety** -Children not only need to be physically and psychologically safe, they need to feel safe. Removing a child from a traumatic situation does not remove the trauma from the child. To be and feel safe, children need consistency, predictability, and nurturing, safe environments and informed caregivers. It is important to identify and understand both potential and perceived threats to safety, including trauma triggers that a child or parent may experience and to assure that the caregivers have tools to manage triggers and help children feel safe.

**2. Identify the trauma-related needs of children and families** - This involves a process for the SCDSS staff to screen for trauma history and potential traumatic-stress response. This information is then used to determine if a child should be referred for a more comprehensive, trauma-focused assessment completed by a trauma-informed and trauma-trained, mental health clinician. Specific processes will be developed and implemented to screen for trauma history and to refer to qualified providers to assess the impact of trauma and using this information in collaboration with families and professionals to drive the treatment planning process.

- **Trauma History Screening** refers to a brief, focused inquiry that is conducted by the SCDSS staff for each child/youth that is served to determine exposure to potentially traumatic events/experiences. The purposes of screening for a trauma history are: 1) to determine imminent danger requiring immediate response; and 2) to determine, document and respond to the need for mental health referral, either for general mental health evaluation/treatment or trauma-specific assessment and/or treatment.
- **Trauma Assessment** is a more detailed, comprehensive process of evaluation that is conducted by a trained mental health provider to determine whether clinical symptoms of traumatic stress are present, and determine the severity of symptoms and the impact on the child's functioning. A trauma assessment includes multiple domains such as: trauma and developmental history; traumatic stress symptoms; broader mental health symptoms; caregiver/family needs or difficulties; environmental/systems issues; and resources, strengths and resiliency (for child, caregiver, family and community). Typically it includes several methods of data collection including clinical interviews with the child/caregivers/collateral informants, administration of measures, and behavioral observations. It is equally important to understand the birth parent's trauma history. Some parents may need to work on their own trauma issues in individual therapy. (Generic interventions that are not trauma-informed such as anger management or parenting classes will often be ineffective in addressing these needs.) It is critical to find ways to engage with parents to begin the process of establishing trust and collaboration. Explaining to parents that there is a connection between their traumatic events and their present reactions may be empowering and motivating to make positive changes.

**3. Enhance the child and family's well-being and resiliency** - This element focuses on facilitating positive outcomes for children by providing appropriate support to enhance their well-being and resiliency, and their ability to form and maintain healthy relationships in the aftermath of trauma. The SCDSS staff will assure that the child has access to evidence-based, trauma treatments and services, as appropriate. Also, the SCDSS staff will support and promote positive and stable relationships in the life of the child, such as family-directed interventions like Family Finding, Family Team Meetings and Family Group Conferences. Support and guidance is provided to the child's family and caregivers about the impact of trauma on the child and family system, and recognizes that many of the child's adult caregivers may be trauma victims as well (recent and childhood trauma). These individuals are referred to trauma-specific treatments and services too, as appropriate. All of this work will enhance the protective capacities of caregivers, thus increasing the resiliency, safety, permanency, and well-being of the child.

**4. Partner with families and system agencies** – The SCDSS staff establish strong partnerships with families and other child and family-serving systems to create a continuum of trauma-informed care.

**5. Enhance the well-being and resiliency of the SCDSS workforce** - This element recognizes the impact of exposure to trauma on professionals as well as on the climate and culture of the organizations within this system. This means implementing organizational and individual strategies and practices to manage professional and personal stress, particularly to address the impact of secondary traumatic stress in a systematic way.

**Secondary Traumatic Stress (STS)** is one of the hazards of this work and refers to distress from hearing about the firsthand trauma experiences of others. Symptoms may include: cynicism; poor critical thinking skills; anger or irritability; anxiety; fearfulness; emotional detachment or numbing; sadness, depression; nightmares and sleep disturbances; social withdrawal; with cognitive, social, emotional and physical impacts.

**Vicarious Trauma (VT)** refers to internal changes in worldview and perception of self and others due to chronic exposure to traumatic material. VT is cumulative and the effects are pervasive and can affect all areas of a SCDSS employee's life.

Key strategies for this objective:

*South Carolina Trauma Practice Initiative:*

To strategically and effectively address these elements, the SCDSS has implemented the South Carolina Trauma Practice Initiative (SCTPI). SCTPI is a collaborative project between the SC Department of Mental Health, the SC Department of Social Services, other local community partners, Project BEST, and the Program on Adolescent Traumatic Stress (PATs) at the National Crime Victims Research and Treatment Center (NCVC) at the Medical University of South Carolina. Project BEST is a collaborative project between the Dee Norton Lowcountry Children's Center and the NCVC. This initiative will build on the infrastructure being implemented statewide toward South Carolina becoming a trauma-informed state with evidence-based trauma focused treatment services available to all children who need them.

The goals of this project is to use the Community-Based Learning Collaborative (CBLC) approach developed and implemented by Project BEST to: 1) build strong, working collaborative relationships between DMH clinicians, DSS caseworkers, and other clinicians and brokers in every county in South Carolina; 2) train DMH therapists and other community therapists to deliver Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) with a high degree of fidelity and competence; 3) train DSS workers and other community brokers in trauma-informed services, including evidence-based interventions, evidence-based treatment planning, case management skills for treatment success; and 4) insure that abused and traumatized child in every county in South Carolina who needs it, receives best practice services and treatment.

Six CBLCs will be conducted at sites across the state based primarily on the trauma treatment training needs of DMH mental health centers (MHC). Each CBLC will include: 1) DMH clinical supervisors and therapists from 2 to 4 MHCs; 2) an average of 10 community therapists; 3) DSS supervisors and senior caseworkers from the included counties; 4) an average of 5 community brokers of mental health services; and 5) senior leaders from the participating MHC, county DSS agencies, children's advocacy centers and the community.

The CBLCs have been constructed for geographic proximity so that participants will be learning collaboratively with other professionals from their area and so that they can travel daily to and from learning sessions. In these CBLCs, 341 therapists will be trained in TF-CBT, a minimum of 210 brokers will be trained, and a minimum of 60 senior leaders will participate, for minimum of 611 professionals. Each CBLC will seek to include community leaders from DSS, DMH, Children Advocacy Centers, GAL programs, and other state and private service providers.

Through the six CBLCs, Project BEST will train 611 professionals and facilitate the implementation of TF-CBT statewide by: 1) conducting 42 days of expert training with clinicians, brokers, and senior leaders, 2) offering 392

hours of expert consultation to participants, and 3) collecting ongoing metrics and feeding them back to participants, and 4) evaluating training and implementation outcomes.

#### Other Supportive Additional Training

The SCDSS will participate as a member of the SC Joint Council on Children and Adolescents (SCJCCA) in developing and implementing trauma-informed core competencies toward the goal of SC becoming a trauma-informed state. The SCDSS staff attends regional trauma-informed trainings along with other child serving agencies sponsored by the SCJCCA).

The SCDSS has developed county-based trainings: *The Impact of Trauma* ensures that all staff have a general orientation to trauma-informed and trauma-sensitive practice toward the development of shared meaning and understanding of trauma on children, family members and staff along with evidence-based trauma-informed services.

Online trainings through the National Child Victim research and Treatment Center such as Child Victim Web will be made available for all staff to increase trauma-informed competency, evidence-based treatment planning and measurable outcomes.

The SCDSS will actively encourage trauma-informed training for service providers to include specific curriculum for resource families, group home providers and community-based clinicians offered through Project Best and the Joint Council.

#### Increased Access to Clinical and Medical Consultations

The SCDSS began restructuring the behavioral health side of care coordination known as the Intensive Foster Care and Clinical Services (IFCCS) Division, mentioned in Strategic Goal 4, Objective #1 and #5, which provides intensive case management for those children in the SCDSS custody, who have emotional/ behavioral/ psychiatric needs of such intensity that they require a specialized out of home placement or community-based services to minimize the risk of needing out of home placement. This teaming approach is fully described in the referenced Goals and Objectives, increases access to medical consultations, through the Agency's Medical Director and through access to Regional clinical consultants in support of the teaming staff for cases throughout the agency.

#### Trauma Community Response Protocol

The SCDSS will develop a Trauma-Informed Care Practice Guide that translates policy into practice, while strategically developing processes and community level support to ensure success. In order for the agency to fully implement the Trauma-Informed Practice, the child welfare community at the state and county level must be involved and included in both planning and implementation. The success of these strategies is directly linked to community practice in support of child specific services. The proposed Goals/Objectives/Strategies will be developed over a multiyear year period that includes ongoing planning, training and implementation at the state level led by the Joint Council on Children and Adolescents and at the local level through organizations such as the Children's Advocacy Centers, the SC Department of Mental Health, managed care organizations, agencies and organizations. Implementation enhancements and adjustments will be reported on a regular basis.

**Objective 3:** 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 FFY 2019, with benchmarks of 1% per year improvement.

This objective specifically addresses Item 6 of the CFSR Instrument: the stability of foster care placement, to determine if the child in foster care is in a stable placement and that any changes in placement that occurred were in the best interest of the child and consistent with achieving the child's permanency goal(s).

Key strategies for accomplishing this objective:

#### Love with No Limits Recruitment

The SCDSS strengthened its Resource Family Team (RFT) regionally based licensing approach to be more purposeful in its recruitment of Resource Families as outlined in Strategic goal 3, Objective #1 by partnering with S.C. Foster Parent Association (Heartfelt Calling Program Area). This partnership and joining of resources began in April 2014. The partnership aims to do targeted recruitment and retention of much needed resource families who are willing to accept children of all ages, races and gender, and most importantly sibling groups. Heartfelt Calling uses various general and targeted recruitment tactics including media campaigns (radio stations, local newspaper and publications, online advertising on social media, visual marketing on location such as sports fields), local events (Community Festivals, Sporting Events at Various Levels, Entertainment Locations that are Family Friendly), local resources (Restaurants and Businesses to post flyers, Civic Groups and Organizational Groups, United Way, Daycares/After School Programs).

Expected outcome for Region IV will be: by April 30, 2015, increase the number of homes licensed in Region IV by 15% or approximately 37 homes.

Other expected outcomes will be to implement the partnership with Heartfelt Calling and the Love with No Limits recruitment, along with the Resource Family Teams in other Regions as they develop their Regional Licensing Structures.

#### Community-Based Learning Collaborative (CBLC)

See initiative and implementation described in detail under Strategic Goal 2, Objective #3 – *Trauma Practice Initiative*.

#### Technical Assistance to Support Alternative Caregivers

As outlined in Goal 3, Objective #1, alternative caregivers, whether family, friends or neighbors, take on a monumental responsibility when caring for children during an investigation and possibly longer, while the parent(s) is seeking to address behavior and/or issues in a treatment plan for the purpose of having their child be returned to a safe and thriving home. In addition to having Alternative Care Liaisons in each Region, the SCDSS has sought technical assistance from the Annie Casey Foundation, who is completing an assessment of the organizational structure, processes related to alternative caregivers, and strengths and gaps of services. Upon completion of the assessment and recommendations anticipated in November 2014, the SCDSS will implement actionable items to support alternative caregivers from an organizational and financial perspective (see also Goal3, Objective #1).

#### Access and Coordination of Mental/Behavioral Health

See Strategic Goal 4, Objective #1 for Teaming restructuring supporting access and coordination of behavioral healthcare services for children in county preservation and foster care units.

#### Signs of Safety (SOS) Mapping for Transitioning Out of Care

The SCDSS commitment to a comprehensive and encompassing SOS framework being the foundation for all practices statewide is outlined in detail in Strategic Goal 1, Objective #3, in the Strategic Action Plan in Appendix A. The SCDSS also deems it equally important to utilize the SOS Mapping process in its transitioning of children out of care. Hence, it is planned to have an organizational requirement in policy to utilize the SOS Mapping with every family who has a child transitioning out of care prior to case closure. The SCDSS expects full implementation in every county by November 30, 2017. The Agency expects this to improve individually specific services and support families by bringing them into the decision-making as an integral part of the process during the transition out of care thus possibly reducing the possibility of repeat maltreatment.

**Goal 3: Children will have meaningful and lifelong connections with family and in community.**



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

This objective specifically addresses Item 6-10 of the CFSR Instrument: children have permanency and stability in their living situations, to determine whether: children who entered foster care during the period under review were re-entering within 12 months of a prior foster care episode; appropriate permanency goals were established for the child in a timely manner; concerted efforts were made, or are being made to achieve reunification, guardianship, or permanent placement with relatives in a timely manner; concerted efforts were made, or are being made, to achieve a finalized adoption in a timely manner; and Other Planned Permanent Living Arrangement was appropriate and timely.

Key strategies for attaining this objective will be:

#### Resource Family Team

As noted in the attached Foster Adopt Diligent Recruitment Plan for the 2015-2019 CFSP, the number of quality resource families who are willing to accept large sibling groups and older children has steadily declined while the number of children coming into care has remained fairly consistent.

In the FFY 2013, the SCDSS began a Resource Family Team (RFT) pilot in Region IV for the following twelve counties: Florence, Darlington, Horry, Georgetown, Williamsburg, Clarendon, Marlboro, Lee, Sumter, Dillon, Chesterfield and Marion. The RFT regionalized all the county licensing functions to serve all twelve counties and began licensing all families in the region who were interested in becoming a resource for South Carolina's children in foster care. The purpose of the RFT pilot was to enhance the recruitment, assessment, licensing and retention of families who were able to be an appropriate resource for children in foster care in addition to exploring ways to increase timeliness of licensing and ensuring quality support for families while also placing a strong emphasis on keeping sibling groups together and keeping children in their community/school district of origin. The RFT includes Resource Parents, Licensing Consultants, Foster Care Workers, IFCCS Service Coordinators, Adoptions Staff, School Officials, Medical/Mental Health Professionals, GAL's, Birth Families, etc., to ensure that children are safe and thriving.

The SCDSS has seen some initial success with this pilot and will continue in this way to seek the successful outcomes of locating appropriate resource families who share the same vision for children in foster care and are invested in the education and the lifelong success of these children. This comes along with the commitment to doing whatever it takes to keep a child safe and achieve positive permanency. The SCDSS plans to transform the existing county-based licensing structure into the regional licensing model known as RFT in the remaining regions by January 31, 2016.

#### Regional Diligent Recruitment

As recognized trends above indicate, there are large sibling groups and older youth in care who need specialized and targeted recruitment, along with other differing trends of populations in care specific to certain regions of the state. The SCDSS recently expanded its agreement with Winthrop University to add a State Office Diligent Recruitment Specialist with leadership of designated Regional Recruitment Specialist for each Regional Adoption Services Office, to work jointly across the state on recruitment activities. The need for frequent recruiting activities and some specific recruiting events for siblings, older children, and other identified, specific, need groups were not able to be effectively planned with existing Regional Adoptions Services Office staff.

In efforts to support Permanency Outcome 1, the additional capacity of Regional Diligent Recruiters along with a State Office Diligent Recruiter, will allow for recruitment plans be developed specifically for each Region. These plans will take into account the strengths and weaknesses of the Region to support agency adoption goals, and

identify specific strategies to guide Regionally-based, recruitment events, along with an increase in the adoptions of children in care in each region. Region-specific, recruitment plans will be completed by January 31, 2015.

#### Alternative Caregiver Liaisons

During SCDSS investigations of allegations of abuse or neglect, including high risks and safety concerns with a child and his/her family, it may become necessary for alternative caregiver arrangements to be made for the child, upon agreement between the parents and a relative, friend, neighbor or other significant and trusted person in the child's life.

If the case is unfounded, it will close and the child's placement with the alternative caregiver will end. However, if the case is indicated and transferred to the Family Preservation Services staff, it will continue with the development of a formal treatment plan and alternative caregiver placement plan. The placement of the child in the alternative caregiver home may continue for 6-9 more months, while the parents work to develop the behavior changes necessary for safe return of the child.

The extended commitment of the caregiver to ensure all medical exams, potential clinical and psychological services, involvement with the school, court hearings and monthly visits can often times be time consuming and costly. Taking into consideration that the alternative caregiver is ultimately responsible for food, clothing, shoes, household expenses and other supplies and possibly including child care, there is a definite need to provide immediate coordination and supplemental support.

In efforts to support loving caregiver relatives and family friends who have reduced the possibility of more potential trauma being inflicted upon the child, as they are not placed with strangers in a the foster care system, the SCDSS plans to place an Alternative Caregiver Liaison (ACL) in each Region, by 10/31/14. The ACL can support case workers, alternative caregivers and Community-Based Prevention Services staff in directing the alternative caregivers to much needed financial assistance such as the SCDSS Economic Services to determine eligibility for benefits from Temporary Assistance For Needy Families (TANF, formerly known as Aid to Families with Dependent children), Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps), and ABC Voucher for child care.

The ACL is responsible for working with the alternative caregiver, groups, organizations, and partners to increase alternative caregiver awareness, involvement in development of alternative caregiver resources, system navigation and development processes, and work with stakeholders for the betterment of alternative caregiver support.

The ACL, along with the leadership, can develop Region-specific brochures that outline existing financial support, available services in the community, and contact information, so that alternative caregivers can have information readily available to them, as they accept the responsibility of being a caregiver.

By December 31, 2015, the leadership will also identify available emotional and social community-based supports and make them available for alternative caregivers, in efforts to ease the emotional and social impact associated with meeting all the new responsibilities of being an alternative caregiver.

**Objective 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 FFY 2019, with bench marks of 2% per year improvement.

This objective specifically addresses Item 11-16 of the CFSR Instrument: the continuity of family relationships and connections is preserved for children, to determine if: the child is staying connected with friends and community; the child's foster care placement was close enough to the parent(s) to facilitate face-to-face contact between the child and the parent(s) while the child was in foster care; concerted efforts were made to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings; concerted efforts

were made to ensure that visitation between a child in foster care and his or her mother, father, and siblings is of sufficient frequency and quality; concerted efforts were made to place the child with relatives when appropriate.

Key strategies for supporting the completion of this objective are as follows:

See Strategic Goal 1, Objective #2- *Family Engagement*

**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.

This objective specifically addresses multiple Items of the CFSR Instrument including but not limited to: Item 2, safety and risk assessment; Items 3 and 4, risk and safety assessment and management; Items 17-20, visiting with the child and parent(s) and assessment of needed services and monitoring of services.

Some of the key strategies for accomplishing this Objective are as follows:

As noted in the 2010 -2014 Final Report for South Carolina, the following caseload standards documented:

Service/Caseload Type	SCDSS Caseload/Workload Standards	Maximum Percentage/Number of Caseload
Initial Assessment/ Investigation	10-16 families per Human Services Practitioner	Must not exceed 20 families
Ongoing Cases (In-Home)	14-20 families per Human Services Practitioner	Must not exceed 26 families
Foster Family Care	14-20 children per Human Services Practitioner	Must not exceed 26 children

Due to the diversity of South Carolina and the multiple, geographically large rural and urban areas, there cannot be an equal distribution of the workload across all Counties, since services to families and children are provided primarily within their own homes and communities. The SCDSS County Directors, Program Coordinators, and Supervisors on the ground must analyze the practice at the frontline in order to determine the workload for each child welfare practitioner and Supervisor, including the complexity of each family served and the vulnerability of the children compared with the experience and expertise of the practitioner and Supervisor. Additionally, since 2013, the SCDSS State Office has provided support teams to help frontline practitioners complete the interventions for families and children. These support teams provide additional assessment and treatment interventions to families and children at the time the intervention is needed.

The SCDSS has been developing broad, systemic approaches to address child welfare caseloads, including streamlining casework processes, addressing employee turnover and enhancing the practice. These approaches are based on research that indicates the most common reasons people leave employment include: lack of support by supervisors and lack of confidence in their ability to complete the work. Recent information from the SCDSS exit interviews indicate that another cited reason for leaving employment is lack of appreciation for the work they do. To address these issues and the concerns about the caseloads, the SCDSS is in the process of implementing numerous strategies and actions mentioned in other goals and objectives such as a second shift to respond to reports of abuse and neglect outside normal business hours and distribute the workload more evenly within County Offices, building a career ladder, etc.

Other efforts to support achieving the newly established caseload standard includes the SCDSS sending notification to the legislative sub-committee that an additional 202 child welfare caseworkers and supervisors are needed in next year's budget, based on the assumptions outlined below:

- The SCDSS looked at average child welfare investigation, family preservation, and foster care caseloads for a 17 quarter period (January 1, 2010, through March 31, 2014) to calculate the workload needs. The formula takes into consideration the needs of individual Counties, and is predicated upon an average of 16,916 children being served at any time during the three-year period (2,862 children in foster care, 10,440 children in family preservation cases, and 3,614 children involved in investigations)<sup>1</sup>.
- As of May 19, 2014, the SCDSS had 814<sup>2</sup> child welfare caseworker and supervisor positions who were working with child welfare assessment, family preservation, and/or foster care cases. This does not include Adoptions and IFCCS staff.

In order to achieve the caseload standards noted in Table 1, the SCDSS will need an additional 109 child welfare caseworkers. This number is based on caseload standards of twenty-four (24) children per caseworker for investigations/assessments; twenty-four (24) children per caseworker for family preservation cases; and twenty (20) children per caseworker for foster care cases.

Using a standard supervisory ratio of one Supervisor for every six caseworkers, the SCDSS will also need an additional seventy-nine (79) Child Welfare Supervisors.

As mentioned in Strategic Goal 4, Objective #3, the SCDSS also intends to develop a Second Shift workforce to respond to reports of abuse and neglect and distribute the workload more evenly within County Offices, responsibly addressing the safety of children is a 24 hours a day, seven-days a week. The traditional 8:30 am to 5:00 pm workday that the SCDSS currently operates does not readily lend itself to the needs of families and children served by the Agency. A Second Shift workforce would make it possible to increase the quality of services and responsiveness of caseworkers. The SCDSS is requesting twelve (12) Caseworkers and two (2) Supervisors to fully fund the Second Shift Pilots in Greenville and Richland Counties.

Also, the SCDSS began restructuring the behavioral health side of care coordination known as the Intensive Foster Care and Clinical Services (IFCCS) Division, mentioned in Strategic Goal 4, Objective #5, which provides intensive case management for those children in the SCDSS custody who have emotional/ behavioral/ psychiatric needs of such intensity that they require a specialized out of home placement or community-based services, to minimize the risk of needing out of home placement. Traditionally, children in foster care had to meet the Interagency System of Care for Emotionally Disturbed Children (ISCEDC) criteria (Axis I diagnosis, persistent emotional disturbance, etc.), in order to be transferred to IFCCS to receive care coordination, clinical assessment and support and psychotropic medication monitoring, Therapeutic Foster Home Placements, Psychiatric Residential Treatment, Group Care services and Rehabilitative Behavioral Health Services (RBHS).

Based on a pilot in 2012 in a one small county, the SCDSS combined the care coordination for those children identified ISCEDC eligible and served them in the county. The IFCCS workers partnered alongside SCDSS County caseworkers to bring all the ISCEDC services to the front end, instead of waiting for the children to progressively show enough severity to warrant comprehensive care coordination offered by IFCCS through ISCEDC. A restructuring initiative began in September 2013, in which the regional structures of the IFCCS came under the oversight of the Regional Team Leaders, who also provide support and leadership to the county operations in their Region. What is known as Teaming was piloted with various configurations, with the overarching plan to provide comprehensive services (clinical support and assessment, comprehensive system coordination and RBHS support) on the front end in the Family Preservation cases, and upon children's initial entry into foster care, to reduce the likelihood of children continuing to have unaddressed or untreated behavioral health issues, trauma symptoms, need for community supports, etc.

For the first time at the SCDSS, a full-time Medical Doctor was hired in April 2013. Also, additional on-call Regional Clinical Specialists were organized to respond across the state to manage conflicts in medical diagnoses and

collaborate with the teams in the Counties or Regions that are made up of Caseworkers, Supervisors, and Directors to fully inform on best practices for a child's medical needs. The Medical Director is a Board-Certified Child and Adolescent Psychiatrist. Utilizing the existing Regional Clinical Specialists and under the Medical Director's leadership, the state has developed a revised protocol for the oversight and re-assessment of psychotropic medication, piloted in the mid-state region as outlined in the separate Health Care Oversight and Coordination Plan of this CFSP 2015-2019.

In efforts to address the caseload sizes and to improve the structural changes to be more consistent and supportive of identifying critical issues sooner when children come into care, the SCDSS will be assessing the current Teaming implementation efforts across the state. They will be determining gaps and strengths and required infrastructure for support of counties and their existing caseloads.

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1 SCDSS caseload data from CAPSS Report "Child Welfare Caseload Trends". Run date May 29, 2014. When computing averages, fractions of children or caseworkers were rounded up to the nearest whole number at the County level.

2 Number of child welfare caseworkers (GA40s) and supervisors (GA50s) from SCDSS "Human Services Case Workers, Filled Classified GA40, GA50, and GA60 FTEs" (SCEIS 1018 Report for 5/19/14). Run date 5/29/14

***Objective 2:*** 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.

This objective addresses all Items of the CFSR Instrument.

Key strategies for developing leaders in the organization:

*Leadership Academy for Supervisors (LAS)*

Supervision is central to sound child welfare decision-making. In the last federal CFSR in 2009, federal reviewers concluded that assessments of education, health, and mental health needs and services, during worker visitations with the state's children, were lacking in detail and follow-up. The SCDSS believes its Supervisors are the leaders of frontline practice. Providing Supervisors with a clear model for supervisory practice, cohesive training, improved self-awareness and enhanced tools for communication and consultation are key strategies for achieving better outcomes for children and families.

The SCDSS adopted the National Child Welfare Workforce Institute (NCWWI) Leadership Model and Leadership Academy for Supervisors' online training curriculum back in 2011. The model and curriculum are designed specifically for child welfare supervisors using a strengths-based approach to develop leadership competencies. Building strength in leadership enables Supervisors to use collaboration, workforce development, data analysis, and change management skills to achieved desired outcomes. Developing core principles of leadership in all areas of child welfare supervision can create a new dynamic of communication and collaboration among the Agency's Supervisors. Child Welfare Supervisors statewide have participated in the curriculum

Supervisors learned to concentrate their efforts, as covered throughout the LAS material in relevant case examples, and through individual exercises such as change initiatives and through discussions. The SCDSS goals are rooted in safety and permanency for children, so as Supervisors train not only to be responsible for the day-to-day details (consistent risk and safety assessments, monthly FF contacts, documentation of parents' behavior changes), they

learn to comprehend the big picture (meeting QA Strength-Rated Outcomes) which collectively means better outcomes for children.

The SCDSS, through its training partner, the Center for Child and Family Studies at the University of South Carolina, will continue to roll out additional sessions of the Leadership Academy for Supervisors, as there are still Agency Supervisors who have not participated in the LAS. This is partially due to the high turnover (20.41%) at the supervisory level, experienced during the SFY 11-12.

#### Leadership for Middle Managers (LAMM)

The Leadership Academy for Middle Managers is a national leadership development academy for middle management in public, tribal and privatized child welfare systems. It was developed by the Child Welfare Workforce Institute. The goal of this training is to enhance the ability of middle managers to apply leadership skills for implementation of sustainable systems change to improve outcomes for children, youth and families. The training is designed for County Directors, Team Leaders, and other leaders and middle managers of support functions in the Agency (HR, Data and Accountability, Contracts, Policy, etc.). This is in the effort to integrate various disciplines of knowledge for the purpose of jointly understanding the roles the differing parts of the organization play in child welfare outcomes.

#### Learning to Lead

This is a critical training for new Child Welfare Supervisors to build a foundation with all the important components of child welfare through learning cutting-edge practices and policies. In addition to offering skills practice in a variety of areas, the training will also provide Supervisors with a supportive community, in person and online, where Supervisors can discuss challenges, describe successes and brainstorm new ideas. Supervisors will receive intense training over a span of months that will include using assessment and learning foundations of trauma and its effect on children along with how to use data to make sound decisions. Training will be held throughout the FFY 2014 and the FFY 2015.

#### Core Management Functions: Executive Leadership Series

In order for leaders to manage proactively to avoid gaps in work capacity, avoid potential budget shortfalls that could interrupt services to children and families or ensure children and families are receiving appropriate services from any unit under their supervision, the SCDSS will be developing an advisory group to develop training content from multiple disciplines. These include Finance, Budgeting, Human Resources, IT and other units such as Economics and more. County Directors and Team Leaders and other executive leaders or identified future leaders will learn the SCDSS policies and procedures that affect their ability to serve children and families in the counties they lead. In partnership with the Center for Child and Family Studies at the University of South Carolina, the established advisory group will develop a curriculum to be rolled out by June 30, 2015.

#### Child Welfare Supervision Certification

In the last 3 years, the SCDSS has increased Supervisory capacity through learning and growth opportunities such as the Learning to Lead Academy (LAS), and through the restructuring of the supervision processes through implementation of Guided Supervision. The SCDSS will maintain this momentum in the next 5 years by strengthening the assessment and hiring process for Supervisors, to more fully assess candidates while also implementing a certification program for Child Welfare Supervision. This program will be developed by a team which will include the Agency leadership, partners, and Supervisory staff. A rigorous assessment of personal characteristics, skills and leadership capacity will be incorporated as a requirement for certificate attainment. The certification program will incorporate the current leadership trainings such as the LAS and additionally would provide practical skills supervisors need to be effective in their daily work. Components of the training would include but not be limited to:

- practitioner retention, professional development, and support;
- incorporating agency values and imperatives into the decision making process;
- critical thinking skills;
- engaging the community and partners;

- coaching;
- guided supervision;
- administrative functions;
- secondary trauma; and
- time management.

### Supportive Mapping

Supervisors' capacity to support and empower practitioners will be further enhanced through a process called Supportive Mapping. Through Supportive Mapping, Supervisors give practitioners a voice and provide support on an ongoing basis. Supervisors ask practitioners in a group setting three questions:

- What is working well?
- What are you concerned about?
- What needs to happen next?

Components of Appreciative Inquiry are built into this process to increase the motivation and confidence of practitioners.

**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

This objective addresses all Items of the CFSR Instrument.

Some of the key strategies for accomplishing this Objective are as follows:

### Analysis of staff turnover

The SCDSS leadership analysis of the turnover rates in the child welfare workforce has revealed some problematic trends at the most critical service level for a child welfare agency, which is the caseworker level. Turnover Data available since the partial SFY 10-11 (9/2/11- 6/30/11) to SFY 12-13 (7/1/12-6/30/13), shows the Service Coordinator position turnover rate went from 5.08% to 13.21%, and remains at a high rate of 6.22% for the partial SFY 13-14 (7/1/13-12/31/13). Even though the turnover rate seems to be stabilizing in the SFY 13-14, the actual average number of Service Coordinators is at 370, which is lower than the three previous SFY's. The same trend appears to be similar for the entry level Human Services Specialist, as there was an increase from 10.28% in the partial SFY 10-11, to 17.76% in the SFY 11-12, remaining high at 17.38% in the SFY 12-13, and dropping off to an 8.66% turnover rate in the partial SFY 13-14. It is also worth noting, even though there is a drop off in turnover in the partial SFY 13-14, the actual average number of employees is lower than the three previous SFY's as seen in the chart below:

Class	FY10-11 (9/2 thru 6/30/2011)			FY11-12			FY12-13			FY13-14 (7/1 thru 12/31/2013)		
	Avg # of Employees	# of Separations	Turnover Rate	Avg # of Employees	# of Separations	Turnover Rate	Avg # of Employees	# of Separations	Turnover Rate	Avg # of Employees	# of Separations	Turnover Rate
AH35	82.5	3	3.64%	81	6	7.41%	78	9	11.54%	75.5	0	0.00%
AH40	112	6	5.36%	105.5	11	10.43%	104.5	7	6.70%	107.5	0	0.00%
AH45	57.5	4	6.96%	55.5	6	10.81%	57.5	8	13.91%	63	6	9.52%
AH50	32	2	6.25%	34.5	5	14.49%	37	3	8.11%	35.5	3	8.45%
GA20	66.5	5	7.52%	60.5	6	9.92%	57	6	10.53%	53.5	4	7.48%
GA30	301.5	18	5.97%	286.5	29	10.12%	297.5	31	10.42%	309	19	6.15%
GA40	1343	138	10.28%	1227.5	218	17.76%	1179.5	205	17.38%	1178	102	8.66%
GA50	393.5	20	5.08%	381	40	10.50%	371	49	13.21%	370	23	6.22%
GA60	81.5	7	8.59%	73.5	15	20.41%	79.5	3	3.77%	90.5	6	6.63%

In light of the turnover data trends, the SCDSS recognizes the challenges presented by high staff turnover when pursuing best practices in promoting safety, permanency and well-being for the children and families involved with the SCDSS. The ability to sustain continuous quality improvement and ongoing, practice, change throughout all levels of the organization is severely hampered and risks inconsistent implementation and/or lack of implementation across the state, if turnover rate is not addressed fully and comprehensively. In efforts to support Strategic Goal 4, Objective #3, the SCDSS will employ numerous strategies throughout the 2015-2019 FFY CFSP period.

#### Pay Band Restructuring

Currently, the Child Welfare Workforce Caseworker levels are the following state classifications:

- GA40- Human Services Specialist II Band 4 (\$25,627-\$47,413)
- GA50 - Human Services Coordinator I Band 5 (\$31,182-\$57,695)

The Human Services Specialist is reflective of entry level casework, and Human Service Coordinators being more experienced caseworkers in the system of care including medical and behavioral health. The workforce at these levels typically are hired closer to the starting range of pay and remain at that level throughout their career as there is no current class and compensation structure within the SCDSS that supports advancement within the existing pay bands 4 and 5 and/or pay band increases for staff which leads to salary compression issues. For example, a highly trained Intake Worker who has five years of experience will be making the same entry level salary for Band 4 as a newly hired Intake Worker. Coupled with the inability to be promoted as the advancement opportunities are also not recognized within the pay band system within the SCDSS leads to a perfect storm of high stress job, low pay and little opportunity for advancement.

During the 2015 FFY, the SCDSS leadership and Human Resources Division plan to consult closely with the state level Office of Human Resources (OHR) to map out a strategy of utilizing OHR approved internal pay band promotions and increases, as currently approved statewide for utilization by state agencies in South Carolina, in efforts to boost retention of experienced caseworkers who have been trained in evidence-based practices. The Human Services Division leadership will work with the SCDSS Human Resources Division to develop a Career Ladder that will be included in policies, procedures and position descriptions reflective of an approved strategy by state OHR and full implementation by December 1, 2014.

#### Building Capacity of Workforce

The SCDSS has also determined in order to effectively reduce response times to intake calls and improve the quality and thoroughness of the intake calls, it may be beneficial to establish a second shift workforce to reduce the volume



of calls having to be responded to during 8:30 AM - 5:00 PM and/ or require workers to work extensive overtime to eliminate any potential backlog of calls.

Again, the Human Services Division will work closely with the State Office Human Resources Division to pilot a second shift workforce in the two largest counties in the state (Richland/Greenville). The Agency will assess capacity needed to address intake calls/CPS work for after hours, create job descriptions and continuous postings to recruit specifically for second shift workers.

The SCDSS leadership also recognizes there are capacity issues in various counties across the state at any given time which has potential to impact safety, permanency, and well-being for children involved with the SCDSS. Therefore, a database is planned for maintaining a pool of certified child welfare service workers that can be readily available to Counties to come in and support the work (similar to a substitute teacher list), and ensure that the County is able to meet caseload standards and visitation, regardless of their personnel circumstances (multiple staff on medical leave, high turnover, etc.).

In addition to this effort to build support staffing, the SCDSS is also pursuing through a Fixed Price Bid, to provide recruitment services for Frontline Casework Practitioners and Supervisors for the County SCDSS Offices. The SCDSS will select recruitment firms to undertake recruitment assignments. The SCDSS also plans to build regional partnerships with the local collegiate communities. The SCDSS desires to partner with willing colleges and universities in the specific recruitment of child welfare workers, and the offering of educational opportunities to child welfare workers.

Most importantly, the recognition of secondary trauma to child welfare workers is a key element in support and retention of a dedicated and highly trained workforce. Through the SC Department of Vocational Rehabilitation and the Family Engagement unit within the SCDSS, there will be a development of staff support groups throughout the state to support those child welfare workers doing the frontline work who are experiencing ongoing secondary trauma. Resiliency Training will be offered along with the support groups by January 2015.

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

This objective addresses all Items of the CFSR Instrument.

Some of the key strategies to be employed to accomplish this Objective are as follows:

##### ***Foundational Administrative Structure***

In 2013, following the guidance provided by the ACF in the Information Memo dated August 2012, for establishing CQI systems for Title IV-B and IV-E Programs; senior SCDSS leadership began discussing the CQI framework with stakeholders. The agency hosted forums with stakeholders to discuss CQI and its implications for strengthening the SC Quality Assurance System. Through this process, the SCDSS and its stakeholders came to a common understanding that a solid foundational administrative structure, with adequate resources, and solid direction is a critical component in the development of a well-functioning Continuous Quality Improvement (CQI) System.

The SCDSS has a goal to build a CQI administrative structure that takes a statewide systematic approach to implementing, overseeing, and exercising oversight of the CQI process, ensuring that it is being applied fairly and consistently. By 2016, the agency will facilitate the CQI practice, by establishing a centralized CQI Unit that serves as a bridge to connect all areas of the agency, from leadership to support staff. The CQI Unit will assign joint responsibility for monitoring the progress of CQI and any initiatives to both field and State Office CQI staff, based on the focus. With a plan of centralization, the SCDSS will have designated CQI staff, adequate resources, clearly written procedures, and a CQI system that goes far beyond the case review process.

By 2016, the SCDSS will have CQI requirements, policies, and processes clearly articulated in writing and that illustrate consistent standards and procedures for the agency. The standards and requirements will be structured to ensure that all Regions across the State are implementing and executing CQI activities as designed and intended. Additionally, there will be an approved, consistent training process for CQI staff, under the guidance of the CQI leadership, to include any external stakeholders who are involved in conducting CQI activities. The SCDSS will assess its organizational structure in order to create the capacity, and designate the resources necessary to implement and sustain a statewide CQI program on an ongoing basis, using designated the CQI staff. Designated staff will focus on CQI activities and will be able to develop a high level of expertise in the Quality Assurance (QA) Case Review process and other CQI activities.

### Quality Data Collection

To be successful, data quality improvement activities need widespread support and active involvement from all levels of staff. Data quality management must be a collaborative effort that bridges the gaps between the Management Information System (SACWIS) and the human services teams. The SCDSS has a strong foundation of success in quality data collection practice, as evidenced by meeting the Children's Bureau's guidelines for quality data collection regarding NCANDS and NYTD submissions; a CFSR Data Profile free of data errors within an acceptable threshold; and the implementation of Statewide Automated Child Welfare Information System (SACWIS) and AFCARS improvement plans with focus on the improvement of quality data. The CQI staff will work with The Office of Data, Research, and Accountability and SAWIS system to collect data and ensure the high quality of that data.

The Office of Data, Research, and Accountability will continue to share with leadership, middle managers, counties and practitioners, quantitative data captured by the SACWIS system and issue periodic reports on many practice and performance indicators. The SCDSS will continue to give County staff the opportunity to review periodic reports and make corrections or additions to data entries to improve accuracy. Caseworkers are most often the originators of the bulk of the Agency's data in the SACWIS system, and often times this is where data quality must originate. The SCDSS will work with the Children's Bureau to develop and implement a process that identifies and resolves data quality issues related to reliability, entry errors, under and over reported data. South Carolina will also work with the Children Bureau to assess and improve its systems for collecting data on the systemic factors and children served in their homes, in particular data required to monitor process and outcomes measurement.

The SCDSS understands that collecting data and ensuring quality are critically important in the State's efforts to establish a high functioning Continuous Quality Improvement (CQI) System through data compilation, analysis, and dissemination. The collection of quantitative and qualitative data from varying sources is the foundation of a CQI system; a vigorous connection between administrative data and other sources of information is important to a credible vision of improvement. When quality process and outcome data are used to identify strengths and concerns and establish strategies for improvement, and when progress and trends are tracked by repeated measuring, the results can provide leadership with a clear picture of the organization's performance and challenges. This can help the Agency see where it wants to go in the future.

The SCDSS desires the data to be timely, complete, understandable, and relate to the task at hand. Data accuracy and relevance are very important and any issues that exist with caseworkers and data entry must be identified and resolved. Furthermore, there must be an efficient process in place for the resolution of data quality issues. Data collection activities and processes are intertwined with the quality of the Agency's SACWIS system and the clear ability to produce accurate, reliable, interpretable data is consistent in definition and usage across the State and nationally.

### Case Record Review Data and Process

A critical component of any agency's Continuous Quality Improvement (CQI) System is the ongoing, periodic review of case files taken from a statewide case sampling of children who are or were served under the title IV-B and IV-E programs. Good quality QA case review activities should take place with consistency statewide, with ongoing involvement and monitoring by the State's CQI leadership. The meaningful results generated by QA case reviews,

considered in conjunction with other CQI activities, will help ensure and sustain high quality services across the agency. These Quality Assurance (QA) case reviews should be performed by skilled QA case reviewers who collect information to assess practice, services, and outcomes for children and families, and to determine whether specific requirements have been met. The case record review data and process is managed by the SCDSS Office of Data, Research, and Accountability, the Quality Assurance Unit, and The Center for Child and Family Studies. Through this team, the SCDSS will continue to operate a high quality case record review process.

For several years, the Agency's QA unit has worked with The Center for Child and Family Studies to review cases of children in their own home and in out-of-home care. Beginning with the FFY 2015, each County Office will have an annual QA review, and the seven largest counties will be reviewed twice each year. In efforts to ensure the high quality of the case review process, the SCDSS continues to develop clear, consistent written policies and processes while also refining the infrastructure for review teams and QA leadership. The SCDSS has determined through this process there is a need for skilled QA reviewers to promote inter-rater reliability and Identify, measure, and clarify practices that guide safety, permanency, and well-being in terms of daily practice. The SCDSS leadership along with the Center for Child and Family Studies seeks to learn more from, and share with, County staff how to structure Quality Assurance Case Reviews in a manner that leads to continuous service delivery improvement.

A new part of the QA process is offering the County/Regional Offices an opportunity to have On-Site Facilitated Discussions with QA staff, regarding the information learned from the recent QA reviews. The facilitated discussion would include a review of trends and patterns, and providing helpful information and handouts. The information is shared with managers and identified staff to further develop good casework practice.

#### *Analysis and Dissemination of Quality Data*

The SCDSS will continue to increase the competency and comfort of its staff and stakeholders to perform data analysis around child welfare issues. Data analysis is defined as the compilation, evaluation, and presentation of data to highlight useful information or suggest answers or conclusions to questions or issues that have been raised. Regional, County, and worker-specific data from the SACWIS system is analyzed weekly through performance reports on numerous performance measures. Data is analyzed with partners, contractors, and stakeholders at various organized forums (Huddles with Foster Care Review Boards, Partners meetings, Child Welfare Community Conversations, etc.) to identify and understand problems and their root causes.

The SCDSS will continue to use data extensively as a management tool to obtain meaningful information about safety, permanency, and well-being for children. Both quantitative and qualitative data provide evidence to help take the emotion and guesswork out of decisions that can be difficult. Data from multiple sources will help the agency define its current status versus desired status; identify strengths, needs, and trends; and set strategic priorities for reaching desired goals and improving outcomes.

A systems approach in data analysis is important in providing an understanding of how different elements in a system interact with each other. Many things are interrelated, so the whole always has to be considered. If something changes in one area, it is necessary to see what is affected in other areas that may be related. Changes in one outcome can affect other outcomes. For example, as an agency's time to reunification decreases, the rate of re-entry into care may increase. Close examination and analysis of possible relatedness between the two activities should take place, which may lead to adjustments in practice.

In order to encourage community support and involvement of key partners like law enforcement and service providers, as well as to promote understanding of agency decisions by all community partners, it is crucial that external stakeholders be "at the table." Involved stakeholders will be providing feedback on data collection and data analysis as well as in receiving data, both local and statewide, about agency performance. Fully involving stakeholders in understanding where the Agency is, where it wants to go and how it hopes to get there, and eliciting stakeholder input into agency planning, will: (1) build support for the work and its difficulties; (2) build ownership of

the agency and its services; (3) ensure multiple perspectives that will enrich the Continuous Quality Improvement (CQI) process overall.

Feedback to Stakeholders and Decision-Makers and Adjustment of Programs and Processes

The SCDSS will build a well-functioning Continuous Quality Improvement (CQI) system with productive CQI teams that ensure that information generated through the process will be effectively used to make needed improvements. The CQI system includes meetings at the County and State level that promotes circular feedback and communication among staff, stakeholders, and teams. These feedback loops permit an ongoing, bi-directional information exchange across all levels of the Agency, which in turn facilitates the improvement process. Equally important is sharing data with agency staff and sharing data with external stakeholders, advocates and consumers.

Forum and ongoing opportunities will be developed to systematically include supervisors in quality assurance activities, program evaluation, and redesign of information systems, forms, and procedures. Supervisors' input and participation in the Continuous Quality Improvement System is essential to enhancing their capacity as leaders and well as to the success of the Agency. Leaders at every level of the agency will have ongoing dialogues with everyone involved in developing and implementing the practice activities including agency staff, stakeholders and community members, other service systems, providers, and families and youth. The SCDSS will share quality improvement results, listen to feedback about implementation, discuss barriers and work collaboratively on strategies to address those barriers. The agency will establish workgroups that bring agency leaders together with groups of staff to discuss the impact of proposed changes to training and policy and to make decisions about moving forward and to structure regular opportunities for staff and managers to discuss implementation and identify barriers.

By sharing data and information and then utilizing staff, stakeholder, and consumer feedback as a starting point, the agency can create a dialogue about improvements it should make in policies, practices, systems, planning, services, and in its CQI program as a whole. It is anticipated that frontline staff, particularly case workers and supervisors, will show an increased understanding of how their day-to-day actions, as revealed by data, impact short- and long-term outcomes for children and families. Also, how the practices can be enhanced as a result. Thus, staff, youth, families, and external stakeholders should receive information and actively participate in analyzing and interpreting data, connecting data to practice, and identifying trends and key findings.

Through this process of data-based decision-making, the CQI process as a whole is subject to continued examination and evaluation and can be adjusted as needed to better meet the Agency's needs. This ongoing adjustment is one of the key factors in an agency maintaining the momentum of effective systemic change.

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

This objective directly addresses Item 23, and indirectly addresses multiple other Items including but not limited to Item 22 of physical health and Items related to safety and permanency, of the CFSR Instrument.

Some of the key strategies for accomplishing this Objective are as follows:

Palmetto Coordinated System of Care

According to the 2010 Census, there are approximately 1,089,000 children living in South Carolina. Children represent 23% of the total state population.

292,835 children lived in some officially measured degree of poverty
30,000 children were treated for behavioral health needs

28,000 children were the subject of child abuse investigations
4,300 children lived in foster care on any given day
18,000 cases of delinquency were referred to the family courts
26% of children who enter 9th grade will not graduate
94,000 students received special education services
55% of school aged children received subsidized school menus

(Data above are from the 2012 Annual Report of the Joint Citizens and Legislative Committee on Children, a committee formed by the SC General Assembly).

South Carolina has an enduring history of developing and implementing an array of services for at-risk youth and children with severe emotional disturbance (SED) children as evidenced in the mid-eighties with the first public/private partnerships to serve children with SED in South Carolina through therapeutic residential services such as therapeutic foster care and high management group care along with an array of community-based wraparound services known as Rehabilitative Behavioral Health Services today. Also, South Carolina legislatively supported a pooled funding structure known as Interagency System of Care for Emotionally Disturbed Children (ISCEDC) in the mid-nineties to support children with SED in accessing services regardless of agency funding which is currently managed through the SCDSS.

Currently, the SCDSS through its Intensive Foster Care and Clinical Services (IFCCS) Division provides intensive case management for those children in the SDSS custody who have emotional/behavioral/psychiatric needs of such intensity that they require a specialized out of home placement or community-based services to minimize the risk of needing out of home placement. These children with severe emotional disturbance come into care and exhibit a persistent pattern of serious emotional, behavioral or psychiatric disturbance that clearly justifies the need for placement in an out-of-home treatment setting above regular foster care (e.g., therapeutic foster care Level I, II, or III, high or moderate management group care, etc.) and requires intensive interagency case management services. The SCDSS is the lead agency that manages the Interagency System of Care for Emotionally Disturbed Children (ISCEDC) pooled funding structure and process for children referred through the SCDMH, the SCDDSN, the SCDJJ, and the SCDSS. Interagency Staffing Teams have been established in every county of the state to empower local agency representatives to make decisions about how best to serve the medical and behavioral health of children who are in the state's custody.

Even though there is a foundation to build upon, much work is needed to build a statewide infrastructure to serve those at-risk youth and families that fall through the many cracks due to legislative and agencies' restrictive eligibility criteria for services. The fragmentation leads to duplicative care coordination, multiple entry points of care and continued lack of array of preventative behavioral health services that are evidence-based and family driven that could support youth and their families remaining together in their home communities. Through the SCDSS partnership with eight other child serving agencies, private provider community providers and grass roots family support organizations, South Carolina is fundamentally transforming the policy, management, and delivery of services related to the care of children and youth with emotional and serious behavioral health challenges through the development of a Palmetto Coordinated System of Care (PCSC).

The PCSC was developed by the South Carolina Joint Council on Children and Adolescents (SCJCCA). This body includes the directors of the child-serving agencies of the state's Continuum of Care (CoC), the SC Departments of Alcohol and Other Drug Abuse Services (DAODAS), Disabilities and Special Needs (DDSN), Health and Human Services (DHHS), Juvenile Justice (DJJ), Mental Health (DMH), and Social Services (DSS), Department of Education (DOE)]. The JCCA also includes family members, and other interested and involved community-based child and family service organizations. A Memorandum of Agreement (MOA) was signed on March 14, 2014 by the eight child-serving agency directors and three family members that detail the responsibilities and the monitoring and oversight of the PCSC. The current goal of the Joint Council and its sanctioned the PCSC is to implement a statewide System of Care (SOC) to address the needs of families with children and youth who are in or at-risk of out-of-home placements

through developing a single system of care (SOC). The PCSC members are working to eliminate barriers to services and increase provider capacity and the array of evidence-based services. This is the body that will serve as the System of Care Team for South Carolina.

The PCSC developed three statewide workgroups (Service Array, Communications, Cultural and Linguistic Competency) involving the SCDSS, other child serving agencies and involved stakeholders, non-profit parent, family and youth organizations. The workgroups began meeting in March and April 2014 and are continuing to meet through 2015 FFY to continue to establish the Service Array definitions, statewide communications plan for the system of care (SOC) initiative, and develop cultural and linguistic considerations to be included in all facets of the SOC. DHHS along with its contracted actuary Mercer, began meeting with all involved eight child serving agencies in PCSC in April 2014 to determine needs and gaps in service along with requesting of all financial data related to serving at-risk children and youth and their families. Financial data gathering will support determining the cost of services and establish rates for providers of services. All child serving agencies continue to have monthly calls with DHHS and Mercer to analyze financial data and related services in efforts to support the identification of a Target Population by October 1, 2014. The SCDSS and all other child serving state agencies will be identifying state and federal funding streams along with identifying financing strategies such as Medicaid State Plan Amendments, waivers, blended funding, etc. to establish a sustainable financing structure for the expanded array of services by November 2014. This will support the ongoing efforts to develop state plan amendments for specifically identified array of services for a centralized SOC along with the necessary established rates, policy and procedures, provider enrollment for array of service training and capacity plans that will be needed to rollout an integrated SOC that is funded and sustainable by an anticipated date of October 30, 2016.

## Staff Training, Technical Assistance, and Evaluation

### Staff Training

#### Initial In-Service Training Plan for New Employees

##### **Child Welfare Services Basic Training**

**Goals:** This course supports all 4 goals of the SCDSS as delineated in this report, and will therefore only be listed here.

**Setting/Venue:** All Modules for each Unit are in a classroom style venue. Pre-work and review work for each Unit is accomplished online. Some of this bridgework requires the caseworker to interact directly with the operations in their county.

**Duration Category:** In-Service, Short Term

**Provider:** The University of SC Center for Child and Family Studies

**Days/Hours:** 19 days of classroom instruction (118 hours); six weeks of bridgework (28 hours of online assignments).

**Audience:** All new workers in Child Welfare Services programs

##### **Syllabus:**

Child Welfare Services Basic Training is an intensive certification course required for all new workers in Child Welfare Services programs. This course includes nineteen (19) days of classroom instruction, six weeks of bridgework assignments, multiple quizzes and in-class assessments. Participants are awarded 100 Social Work Hours and 5 Non-Social Work Hours. In-class instruction covers Child Protective Services (CPS), Foster Care, and Adoption, including best practice skills in social work, legal policy, procedures, CAPSS, and casework processes for the Agency. The on-line components are assignments that directly relate to support the in-class instruction. Bridgework assignments are completed in the county between in-class instruction weeks to practice knowledge and skills attained.

#### Unit 1: Foundations

**Online Pre-work** Total time: 100 minutes

Online pre-work asks participants to explain caseworker and supervisor roles and duties during the CWB training process as well as articulate their own personal values and behavior patterns. Participants are also required to identify and access a range of neighborhood community services.

**Module 1—About the SCDSS** Total time: 170 minutes

The participant will learn to articulate the SCDSS mission, and guiding principles, and the child welfare mission in their own words. Attendees will also learn about the SCDSS family centered approach to child welfare practice and their focus on child safety, permanency and well-being.

**Module 2—Professionalism** Total Time: 65 minutes

Attendees will identify the characteristics of professional behavior in the areas of appearance, relationships and environment. They will also learn about the characteristics of a team approach such as having a clear mission, common goals, shared accountability, interdependence and collaborative decision-making.

**Module 3—Values** Total Time: 55 minutes

Participants will learn how their own family experience influences their view of parenting. With this in mind, they will learn the importance of respecting clients' individuality and privacy, and why confidentiality is so important. They will learn the difference between appropriate and inappropriate disclosure of information. Attendees will also spend some time examining how their own values interact with agency values.

**Module 4—Cultural Competence** Total Time: 75 minutes

Attendees will learn about the primary and secondary aspects of culture. They will identify cultural aspects in case scenarios, learn through these and discussion how to react in a culturally-sensitive way. They will explore their own reactions and their source. They will also learn how to obtain services for clients such as interpreters of other languages including sign language.

**Module 5—Communication Skills** Total Time: 55 minutes

Describe the basics of the communication process and identify verbal, para-verbal, and nonverbal communication during a conversation. Learn common blockers and facilitators of communication and identify client-friendly terms to use in place of agency jargon.

**Module 6—Rapport Building** Total Time: 60 minutes

Learn why building a trusting, collaborative relationship and avoiding judgmental language is important in child welfare casework. Learn how to demonstrate empathy, genuineness, and acceptance in a conversation.

**Module 7—Interviewing Skills** Total Time: 70 minutes

Participants will learn the purpose of interviews at each stage of the case and learn interview strategies and questions, along with their purpose. They will learn to identify types of questions used in an interview and how to use them appropriately to elicit information.

**Module 8—Critical Thinking** Total Time: 90 minutes

Learn to think critically by gathering, analyzing, weighing, prioritizing, and assessing information in a case. Learn where to find additional information, such as what collateral contacts should be made. Learn to explain the difference between risk and safety, and red flags that could indicate potentially serious problems.

**Module 9—Engaging Families** Total Time: 70 minutes

Identify important keys to engaging families and what it means for families to be equal partners in decision. Identify reasons that clients may be hostile or resistant and learn to demonstrate strategies to respond to resistant clients.

**Module 10—Value of Good Documentation** Total Time: 30 minutes

Participants will learn the value of good communication orally and in writing. They will learn how documentation is relevant to case work practice and the consequences of inaccurate documentation for families, the Agency and themselves.

**Module 11—Basic Writing Skills** Total Time: 65 minutes

Learn about the audience for their documentation and how to write using proper grammar and clear and precise language. Identify the 5 W's that should be included in all documentation. Learn the importance of direct quotations and also when it is acceptable to use acronyms.

**Module 12—Advanced Writing Skills** Total Time: 110 minutes

Participants will learn to write objective documentation that is not culturally offensive and that includes pertinent cultural details. They will identify vague terms and replace them with descriptive details that can be observed with the senses. They will learn about elements that are included in good case documentation and how to address safety, permanency, and well-being therein.

**Module 13—Worker Preparation** Total Time: 20 minutes

Attendees will learn about case worker safety and strategies for self-care in order to prevent secondary trauma.

**Module 14—Policy and Child and Adult Protective Services System (CAPSS)** Total Time: 85 minutes

Participants will learn how to find policy information and how to get into the state's child welfare database: CAPSS. They will also receive training in the operation of the most important aspects of the CAPSS database.

**Online Review** Total Time: 115 minutes

Participants will identify cultural aspects in scenarios provided and describe ways to react with cultural sensitivity. They will also explain relevant state and federal legislation upon which agency policies and procedures are based.

**Unit 2: Intake and Maltreatment**

**Online Pre-work** Total Time: 210 minutes

Describe the difference between chronological age and developmental age and use resource material to assess stage, processes, and milestones of children in all domains and identify how these relate to intake.

**Module 1—Identifying Child Maltreatment** Total Time: 55 minutes

Identify the five basic steps to identifying child abuse and neglect and ascertain participant knowledge of the legal definitions of maltreatment.

**Module 2—Neglect** Total Time: 125 minutes

Define physical neglect, failure to thrive, medical neglect, lack of supervision, and educational neglect and create a case that illustrates one of these subcategories. Differentiate poverty and homelessness from neglect. Learn to differentiate between substance use, abuse, and dependence and explain the implications of each for child maltreatment. Learn indicators associated with physical neglect and how to identify these risk factors and the difference between the three types of neglectful parents: apathetic, impulse-ridden, and mentally challenged.

**Module 3—Physical Abuse** Total Time: 120 minutes

Define physical abuse and differentiate between appropriate discipline techniques and child maltreatment. Define when a fetus can be protected by child maltreatment statutes in South Carolina. Identify indicators, dynamics and risk factors for families and children related to abuse and neglect. Learn potential coping styles of children who are physically abused and differentiate indicators of inflicted injury from those of accidental injury to children.



**Module 4—Sexual Abuse** Total Time: 70 minutes

Define sexual abuse and identify indicators and family dynamics associated with sexual abuse. Identify age-appropriate sexual knowledge and behaviors and precocious knowledge and behaviors.

**Module 5—Mental Injury** Total Time: 80 minutes

Define mental injury and identify its risk factors, indicators and dynamics.

**Module 6—Child Development and Trauma** Total Time: 95 minutes

Describe the difference between chronological age and developmental age, identify the stages and milestones of children and explain the theory of attachment and how disrupted attachment affects children. Define trauma for children and explain how trauma can affect development. Identify the most common disabilities seen in child welfare cases and why it is important to identify disabilities early and make referrals for assessment and services. Learn how all of these things can be contributing factors to abuse and neglect.

**Module 7—Risk and Safety** Total Time: 90 minutes

Define and differentiate between the key terms needed to work with cases involving safety: safety threat, present danger, impending danger, risk of maltreatment, protective capacity. Describe how cultural differences impact the definitions of maltreatment.

**Module 8—The Safety Threshold** Total Time: 135 minutes

Identify specific individual, family, and environmental strengths that can mitigate risks and protect children from future maltreatment. Demonstrate capacity to take individual pieces of a case and connect them to form a complete picture of family dynamics and functioning to identify risks and/or safety concerns. Demonstrate capacity to justify the identification of risk and/or safety based upon safety threshold criteria.

**Module 9—Casework Process** Total Time: 20 minutes

List activities that are critical for each step of the casework process and explain how they are related to one another.

**Module 10—Intake Basics** Total Time: 50 minutes

List the six pertinent questions that need to be assessed starting with intake. Identify the activities that are involved with intake and possible sources for reports.

**Module 11—Interviewing the Reporter** Total Time: 200 minutes

List the basics of all interactions with reporters; identify the phases of interviewing and the information to gather at each phase of the process, as well as essential follow-up questions. Learn strategies to engage reporters. Identify information that should be gathered regarding a viable fetus and infants exposed to drugs and how substance use is taken into consideration during the intake process. Learn about the co-occurrence of family violence and maltreatment and the effects and symptoms of children who are exposed to violence. Address the importance of assessing for worker safety and the skills needed for this at intake.

**Module 12—After the Interview** Total Time: 70 minutes

Learn criteria for accepting reports for investigation, community partners and the types of cases that should be referred to each. Learn how to properly determine where each case should go and how to explain the reasoning for accepting or denying a case. Learn how to gather information about prior maltreatment and agency involvement, and learn when to involve law enforcement in an initial family assessment or investigation.

**Module 13—An Accepted Referral** Total Time: 220 minutes

List the steps needed to be taken after a referral is accepted and describe the different timeframes for agency response to reports of maltreatment and their criteria. Explain when to open a new investigation for a subsequent referral.

**Module 14—Preparing for Assessment: Substance Abuse and Mental Illness**

Total Time: 60 minutes

Identify characteristics of addiction, symptoms of substance abuse and common mental health issues that are encountered in child welfare.

**Module 15—Preparing for Assessment: Domestic Violence** Total Time: 110 minutes

Define criminal domestic violence and the strategies that perpetrators use to exert power and control over their victims. Explain some of the common barriers to victims leaving the situation. Learn to identify indicators of dangerousness in a family, and potential protective strategies that victims and children use when experiencing family violence.

**Online Review Total Time: 435 minutes**

Use resource material to assess stage, processes, and milestones of children; to identify indicators, characteristics, and symptoms of substance abuse; to explain how a parent's substance abuse affects the family and to explain how to conduct a family assessment for domestic violence. List precautions to take for worker safety.

**Unit 3: CPS Assessment**

**Online Pre-work Total Time: 107 minutes**

Explain how to prepare for the investigation process and several strategies for successful investigations. Go over the SCDSS policies relevant to investigation and assessment.

**Module 1—Goals of Assessment Total Time: 20 minutes**

Describe the goals of assessment/investigation.

**Module 2—Getting the Report Total Time: 85 minutes**

Explain the importance of timely investigations and the best sequence, timing, and location of investigative interviews. Describe factors that may bias the interpretations of behaviors and communication. Explain when to involve law enforcement in an initial family assessment or investigation and policy for handling cases in which children have been exposed to the manufacturing of methamphetamine. Review forms that should be taken on the visit.

**Module 3—Initial Contact with Child Total Time: 185 minutes**

Identify what questions to ask a collateral contact based upon available information. Describe the purpose, components, strengths, and limitations of the Child and Family Assessment Services Plan (CFASP) and explain how to fill out each section. Identify strategies and demonstrate techniques to use when interviewing children in order to elicit the most credible information.

**Module 4—Parent Interview Total Time: 185 minutes**

Describe how to approach a parent at the initial contact and how to use questions appropriately in an interview to elicit information. Learn to differentiate between environmental threats to safety and general messiness. Explain the legal rights of biological parents during the assessment process. Learn how to complete the CFASP in CAPSS.

**Module 5—Ensuring Safety Total Time: 195 minutes**

Identify safety, risk, and protective capacity and determine whether a case should be classified as risk or safety and draw conclusions about safety, permanency, and well-being. Explain the importance of thorough and detailed safety planning to ensure children's protection and write a safety plan based on a case scenario. List circumstances and describe the process to initiate emergency protective custody of the children

**Module 6—Gathering More Information Total Time: 110 minutes**

Learn about and complete a genogram and ecomap. Identify collateral sources of information in a case scenario. Explain the importance of providing assessment and services to fathers and alternative caregivers.

**Module 7—What If... Total Time: 145 minutes**

Identify indicators of substance abuse, family violence, mental health problems, and sexual abuse in a case scenario. Learn how to use screening tools to identify substance abuse and assess the level of safety and risk in regards to family violence in a case scenario. Interview victim, child, and perpetrator in a case scenario and assess protective factors. Learn how to make a referral to a mental health center. Learn how to proceed with a case in which sexual abuse is involved and develop a plan to maintain professionalism in these cases. Practice writing a safety plan that builds on the strengths of the immediate and extended family.

**Module 8—Staffing and Determinations** Total Time: 115 minutes

Complete the CFASP after assessing a case and demonstrate use of CAPSS to enter documentation.

**Module 9—OHAN** Total Time: 95 minutes

Describe the OHAN investigative process and differentiate between a licensing issue and a report of abuse or neglect. Explain the differences between investigating a foster home and investigating a birth parent for child maltreatment. Describe the steps that an Out of Home Abuse and Neglect (OHAN) investigator and county assessment worker must take in investigating an OHAN case. Describe the appeals process.

**Online Review** Total Time: 135 minutes

Describe the process for obtaining interpreters for people who have difficulty understanding English or who have hearing loss.

**Unit 4: Family Preservation**

**Online Pre-work** Total Time: 80 minutes

Explain the process of service planning, including implementation, evaluation, and termination; explain several strategies for successful treatment. List the SCDSS policies that are relevant here.

**Module 1—Family** Total Time: 60 minutes

Define family from the perspective of the in-home treatment assessment and planning and identify characteristics of a functional and dysfunctional family.

**Module 2—In-Home Treatment/Family Preservation** Total Time: 75 minutes

Compare and contrast In-Home treatment/Family Preservation with assessment and foster care program areas and identify strategies for a successful transfer staffing between assessment and in-home treatment. Identify the timeframes and required activities related to in-home treatment cases

**Module 3—Family Engagement** Total Time: 60 minutes

Explain reasons for family engagement and how to engage the family upon initial contact in in-home treatment. Explain policy for monthly face-to-face contact for in-home treatment.

**Module 4—Family Assessment** Total Time: 135 minutes

Conduct a Family Assessment using the CFASP assessment tool and explain the importance of identifying naturally occurring support systems the extended family, and community.

**Module 5—Family as Leaders** Total Time: 140 minutes

Explain the importance of crafting case plans that address safety, permanency, and well-being. Find ways to plan with the birth father, engage the biological mother, and demonstrate engaging the family during the case planning phase, so that the family is leading the way in the decision-making.

**Module 6—Writing the Case Plan** Total Time: 90 minutes

Define the B-SMART criteria and their importance (Behavioral, Specific, Measurable, Achievable, Relevant and Time-Limited.) Identify behavioral changes that need to happen in order to increase protective capacity and keep children safe in an example

**Module 7—Community Resources** Total Time: 95 minutes

Identify a range of neighborhood and community-based services; explain how to integrate services for substance abuse into case planning, special considerations in providing services for sexual abuse cases and how to make a referral to a mental health center for treatment.

Identify barriers to working with community partners and strategies to overcome them. Explain how to use family meetings, family group conferencing, and multidisciplinary staffing to engage family members and service providers in the development of service and placement decisions.

**Module 8—Planning Practice** Total Time: 155 minutes

Identify appropriate services for children and adolescents. Demonstrate how to create a case plan with the family and the use of CAPSS to enter treatment plan documentation

**Module 9—Implementation and Monitoring** Total Time: 190 minutes

Distinguish between stages of change and explain how to help support the transition between them. Identify when to follow up with case reassessment with a family. List and demonstrate strategies and motivation techniques for reassessment of a case. Demonstrate use of CAPSS to document treatment follow-up visit and reassessment. Learn strategies for confronting parents with difficult topics in a way that encourages progress.

**Module 10—Closing** Total Time: 55 minutes

Explain how to determine when safety risks for children have been addressed and resolved, case plan objectives have been met, and the case should be closed. Explore strategies to reduce recidivism and describe the case closure process, including preparation of the family.

**Online Review** Total Time: 120 minutes

Articulate strategies for fostering effective partnerships with families, service providers, and community resources and describe some of the best practices for working with supervisors. Explain the concepts of secondary and vicarious trauma and strategies for self-care as a DSS worker.

**Unit 5: Foster Care**

**Online Pre-work** Total Time: 110 minutes

Describe the ISCEDC program and how to prepare for a court hearing. Explain the SCDSS policies relevant to foster care and best practices for visitation.

**Module 1—About Foster Care** Total Time: 100 minutes

Explain the mission and definition of foster care and list the range of permanency options, their benefits and limitations, available to children in foster. Identify the different ways that children come into foster care, including EPC, ex parte, removal by the court, voluntary placement, and voluntary relinquishment.

**Module 2—Title IV-E** Total Time: 60 minutes

Describe Title IV-E funding requirements and explain how to prepare a funding application.

**Module 3—Removing Children** Total Time: 140 minutes

Learn the procedures involved in removing a child and placing them in Foster Care and identify strategies to minimize trauma to children and families when removing a child. Explain the requirements and best practice on notifying fathers and paternal relatives. Describe the potential impact of placement on children and families and identify the agency and community factors that create pressure to place children in substitute care. Identify placement resources, their benefits and limitation, and explain the importance of thorough assessment and identification of placement options sufficient for addressing children's needs. Explain the importance of family-engaged, neighborhood-based placements to maintain children's connections to their neighborhoods, schools, cultures, and communities.

**Module 4—Impact on Children** Total Time: 105 minutes

Describe the potential negative impact of separation, out-of-home placement, and impermanence on attachment, child development, and family emotional stability. Describe the importance of maintaining environmental, social,

cultural, and psychological stability and continuity for children in care, and of choosing permanent placements that minimize further change and loss. Demonstrate the ability to enter data into CAPSS pertinent to foster care.

**Module 5—Engaging the Family** Total Time: 175 minutes

Explain how to use family meetings, family group conferencing, and multidisciplinary staffing to engage family members and service providers in the development of service and placement decisions. Establish the difference between a treatment plan and a case plan and describe how the placement plan is used in legal and court processes and the implications for creating, following, and changing the plan. Identify strategies to engage the biological parents in a case plan after the child has been removed from the home and explain why it is important to include foster and kinship caregivers as collaborating members of the case planning and delivery team. Explain the purpose of the probable cause hearing and merits of removal hearing and the associated casework responsibilities.

**Module 6- Independent Living** Total Time: 125 minutes

Describe the policy and process for accessing the Casey Life Skills Assessment and using it with youth. Explain caseworker responsibilities regarding the National Youth in Transition Database. Identify reasons to request the court to authorize the department to forego reasonable efforts to preserve or reunify a family when an older youth is involved.

**Module 7—Concurrent Planning** Training Time: 95 minutes

Identify the benefits and underlying values of concurrent planning. Explain the importance of full disclosure with families as soon as the child enters care, and the value of seeking potential placement recommendations from family members, and keeping them involved in the plan. Differentiate between parallel and sequential planning for permanency. Describe the balancing act between communicating commitment to reunification and concurrently discussing options for permanency. Demonstrate the ability to discuss permanency without communicating a lack of commitment to reunification.

**Module 8—Assessing Relatives** Total Time: 160 minutes

Explain the SCDSS policy and the importance of notifying fathers and diligent search efforts for fathers and paternal and other relatives. Identify benefits and challenges of kinship care placements and identify important areas of assessment of these caregivers. Explain possible reactions of child, kinship caregiver, and parent to an alternative caregiver arrangement. Explore the unique stressors of relative caregivers who retain contact with and must control access by parents of the children in their care. Demonstrate skills in assessing a kinship caregiver as a placement.

**Module 9—Visitation** Total Time: 85 minutes

Identify the primary and secondary goals of visitation and describe the link between attachment and visitation. Differentiate between policy and best practice visitation planning for different ages of children and identify strategies to involve parents in their children's activities, including school activities and conferences, birthday celebrations, and medical or counseling appointments. Learn how to use child-parent visits to model, reinforce, and support constructive parenting practices. Describe the six questions of visitation planning

**Module 10—Facilitating Visits** Total Time: 300 minutes

Describe how separation creates trauma, which is exhibited in negative emotions and behaviors and identify evidence-based practices and those trained in them to help children reduce stress and strengthen coping capacity. Identify strategies to support and motivate parents to stay emotionally involved with their children during placement and explain how birth parents' responses to visits can be used to support reunification or to support the modification of the permanency plan. Describe the benefits of helping children maintain connections to siblings, fathers, relatives, and others who are important to the child. List strategies or tools to help children and birth parents identify relatives or fictive kin connections. Explain how the Progressive Visitation Model works, the reasons to use it and describe how to conduct ongoing assessments of foster and group homes, addressing issues related to safety, permanency, and well-being. Explain Interagency System of Care for Emotionally Disturbed Children (ISCEDC) and the associated casework implications.

**Module 11—Foster Parents** Total Time: 85 minutes

Explain policies and reasons behind sharing all available medical, educational, and abuse information with caregivers. Learn about agency programs and services available to care-giving families, including training, respite care, mentoring programs, and support groups. Explain how foster parents can work with birth families to encourage them to stay involved in their children's lives and to promote a mentoring relationship. Explain how the trauma experienced by children in care can cause negative behaviors that are defense or coping mechanisms and identify strategies for dealing with children's negative behavior.

**Module 12—Permanency Planning** Total Time: 95 minutes

Identify characteristics of a quality worker-child visit. Explain the purpose of the permanency planning hearing and the associated casework responsibilities. Explain the roles of the GALs (Guardian ad Litem), the CASAs (Court Appointed Special Advocate), and the FCRB (Foster Care Review Board).

**Module 13—Reunification** Total Time: 90 minutes

Identify factors that must be assessed to determine each family member's readiness for reunification, and the factors associated with low likelihood of successful reunification. Explain how careful reunification planning, preparation, and ongoing supportive services can prevent recidivism, and identify the services that are in your area to help support these families.

**Online Review** Total Time: 105 minutes

Assess kinship caregivers. Explain the benefits of Trauma-Focused Cognitive Behavioral Therapy. List the laws governing the foster care process.

**Unit 6: Adoptions**

**Online Pre-work** Total Time: 125 minutes

Explain the role of Adoptions workers. Describe the major issues in adoptive family adjustment. List survival behaviors and the underlying emotional issues that lead to them.

**Module 1—MEPA** Total Time: 90 minutes

Explain the relevance of the MEPA (Multi Ethnic Placement Act) to choosing a placement setting for adoption. Explain how the ICWA (Indian Child Welfare Act) is relevant to adoptions.

**Module 2—About Adoptions** Total Time: 70 minutes

Explain the importance of keeping siblings together and the importance of finding homes instead of beds. Describe the different types of adoptive placements and the adoption specialists' core duties and responsibilities.

**Module 3—Expediting Permanency** Total Time: 50 minutes

Explain the process of permanency planning as it relates to expediting permanency, and the importance of Foster Care workers and Adoption Specialists working together. Explain how Permanency Roundtables expedite permanency and Child Conferences expedite potential permanency with relatives. Explain the importance of reassessing for relatives.

**Module 4—The Birth Parents and Permanency** Total Time: 90 minutes

Describe how to find permanent connections for children with the plan of APPLA (Another Planned Permanent Living Arrangement.) Explain ICWA and how it is relevant to adoptions. Explain the importance of discussing the child's strengths and challenges and sharing all known information with adoptive families. Explain strategies on how to engage birth parents in conversation about positive permanency plans, including discussing baby pictures and Life

Book, with the birth mother. Discuss circumstances which reunification is unlikely to occur. Explain the process of permanency planning and timeframes.

**Module 5—Talking to the Child About Permanency** Total Time: 105 minutes

List the types of items that go in the Background Summary so that adoptions can work with other program areas to collect information to benefit the child. Explain the reason for giving foster parents who have cared for a child for six months or more preference when looking for an adoptive home. Identify strategies to discuss the possibility of adoption early without upsetting children. List the risks and disadvantages of APPLA. Identify reasons that adolescents might refuse to be adopted, how to explore them and list strategies to help adolescents understand the benefits of permanency. Explain the importance of teamwork between foster care and adoptions.

**Module 6—Beginning the Process** Total Time: 90 minutes

Identify when to modify permanency plans for reunification based on the birth parents' failure to comply or progress in their case plans. Describe the process of sending a referral to the Regional Adoption Services Office; identify the types of information included in the Background and Social Summaries and list strategies to gather the information needed to assess children for adoption. Describe strategies for engaging children and birth families in discussions regarding adoption. Write Social and Background Summaries for children in the SCDSS's care.

**Module 7—Preparing to Say Goodbye** Total Time: 115 minutes

Identify strategies that suit children's developmental stage to help them transition during placement changes to avoid psychological crisis. Explain the importance of working with fathers and the potential effects on children if not done well. Describe the 7 issues of adoption that the birth parents, adoptive parents, foster parents, and children face. Explain what needs to be documented before filing for TPR. Identify strategies to help facilitate a successful goodbye visit.

**Module 8—Life Book** Total Time: 60 minutes

Explain the benefits of creating a Life Book, both for the future and for the present (e.g., helping prepare for adoption; provide the child with important and special information regarding their birth family including photos.)

**Module 9—Finding a Family** Total Time: 125 minutes

Describe the processes involved in placement and selecting a family. Describe the purposes and processes of the adoptive home study. Describe the process of convening the placement committee and its responsibilities. Explain how to coordinate between foster care and adoptions to ensure that children are seen at least once each month until adoption is finalized. Describe the characteristics of a quality caseworker visit in an adoptive placement.

**Module 10—Exam**

Reflect upon the Child Welfare Basic training process.

**Adoption Specialist Basic Training**

**Goals:** This course supports all 4 goals of the SCDSS as delineated in this report and will therefore only be listed here.

**Setting/Venue:** All modules are delivered in a classroom setting.

**Course Duration:** In-Service, Short Term

**Provider:** University of SC Center for Child and Family Studies

**Hours:** 15 Days, 80 Social Work Hours, 1 Non-Social Work Hour.

**Audience:** New SCDSS Adoption Specialists and Concurrent Planning Workers

**Syllabus:**

Adoption Specialist Training is designed for a new Adoption Specialists and Concurrent Planning Workers.

Completion of this training is part of the requirements for certification as an Adoptions Investigator. This certification



is separate from Child Welfare certification. The training consists of three units delivered over the course of five weeks to allow for application of learning in the field. The first unit will cover the risk and safety, maltreatment typologies, and other essential topics for new agency workers. The second unit will focus on concurrent planning, and the third unit will focus on recruitment of families and placement of children. The training will conclude with a final exam.

## **Unit 1: Foundations of the SCDSS and Child Welfare**

### **Module 1- The SCDSS Mission/Philosophy** Total Time: 120 minutes

The participants will be able to articulate the SCDSS mission and guiding principles in their own words. They will identify the defining characteristics of a family-centered approach to child welfare practice. Participants will learn about the agency's focus on children's safety, permanency, and well-being and the reason for its importance.

### **Module 2: Professionalism and Values** Total Time: 65 minutes

The participants will learn the characteristics of professional behavior in the areas of appearance, relationship and environment. They will also identify characteristics of a team approach: clear mission, common goals, shared accountability, interdependence, and collaborative decision making.

### **Module 3: Cultural Competence** Total Time: 70 minutes

The participants will learn the difference between primary and secondary aspects of culture. They will also become able to identify cultural aspects in scenarios and describe ways to react with cultural sensitivity. They will learn the steps on the cultural continuum. Also they will learn how to obtain interpreters for people who have difficulty understanding English and people who are hearing impaired.

### **Module 4: Communications and Interviewing Skills** Total Time: 90 minutes

Participants will learn to describe the basics of the communication process as well as identifying verbal, para-verbal and nonverbal communication during a conversation. They will list common blockers and facilitators of communication and identify client-friendly terms to use in place of agency jargon.

### **Module 5: Civil Rights** Total Time: 60 minutes

The objectives are to become familiar with the laws that define protected classes and prohibit discrimination and to be able to name those groups. Also, participants will become familiar with the policies and procedures relating to civil rights.

### **Module 6: Interpreters** Total Time: 45 minutes

This section will cover the resources available for LEP/SI clients and learn the importance of providing equal services to these clients. Participants will be informed on the process of finding and utilizing an interpreter's services. The importance of providing the SCDSS/certified interpreters for cases involving LEP/SI clients will be explained.

### **Module 7: Interviewing Skills** Total Time: 85 minutes

Participants will learn the purpose for interviews at each stage of the case and identify the interview strategies used in a video case scenario. Recognize and list the types of interview questions and the purpose of each. The appropriate types of questions to use in an interview to elicit information will be covered in this session.

### **Module 8: Engaging Families** Total Time: 65 minutes

This section identifies the keys to engaging families and empowering them to be an equal partner in decision making. Learn the reason why families may be hostile or resistant and ways to respond to them. Participants will learn strategies for dealing with resistance.

**Module 9: Documentation** Total time: 150 minutes

Participants will learn the importance of communication, both orally and in writing and the relevance of documentation to case work practice. They will become aware of the consequences of inaccurate documentation for families, the agency and themselves. The use of pronouns, direct quotations, acceptable acronyms, objective and subjective statements and cultural competence are covered in this session. The participants will learn to write detailed, descriptive documentation that addresses the safety, permanency and well-being of children.

**Module 10- Identifying Child Maltreatment** Total Time: 40 minutes

The participants of this session are to learn the five basic steps to identifying child abuse and neglect. Their knowledge of the legal definitions of maltreatment is also tested.

**Module 11- Neglect** Total Time: 145 minutes

This section focuses on learning the definitions of physical neglect, failure to thrive, medical neglect, lack of supervision and educational neglect. Participants will be able to differentiate between poverty and homelessness from neglect. The difference between substance use, abuse and dependence will be covered and the implications of each for child maltreatment. The indicators and dynamics associated with physical neglect will be discussed along with the risk factors. Learn to differentiate between the three types of neglectful parents: apathetic, impulse-ridden and mentally challenged. Participants will learn the different indicators of inflicted injury from those of accidental injury to children.

**Module 12- Physical Abuse** Total Time: 115 minutes

Participants will learn the definition of physical abuse and differentiate between appropriate discipline techniques and maltreatment. Learn when a fetus can be protected by child maltreatment statutes in South Carolina. Learn to identify indicators and risk factors related to physical abuse. Describe potential coping styles of children who are physically abused. Differentiate indicators of inflicted injury from those of accidental injury to children.

**Module 13- Sexual Abuse** Total Time: 65 Minutes

Learn the definition of sexual abuse and identify the indicators and dynamics of it. Participants will also learn how to identify age-appropriate sexual knowledge and behaviors including precocious knowledge and behaviors.

**Module 14-Mental Injury** Total Time: 45 minutes

The main objectives are to define mental injury and identify risk factors for families and children related to it. Participants will also learn how to identify indicators and dynamics associated with mental injury.

**Module 15- Risk Factors** Total Time: 45 minutes

Participants will learn to distinguish safety from risk in

**Module 15- Risk Factors** Total time: 45 minutes

The participants will learn how to distinguish safety from risk in regard to child welfare. They will learn how to identify risk factors that contribute to maltreatment. The basic categories and terms of the SCDSS Risk Matrix will be explained.

**Module 16- Child Development and Trauma** Total Time: 105 minutes

The difference between chronological age and developmental age will be explained. Participants will use resource material to assess age, processes and milestones of children in all domains. The theory of attachment and how disrupted attachment affects children will be presented. Participants will learn the definition of trauma and how it can affect development. Learn how developmental delays, disabilities and emotional disturbance caused by trauma can be contributing to abuse and neglect.

**Module 17- Risk and Safety** Total time: 100 minutes

Participants will define the key terms needed to work with cases involving safety: safety threat, present danger, impending danger, risk of maltreatment and protective capacity. The differences between risk and safety will be presented. They will also learn how cultural differences impact the definitions of maltreatment. The participants will categorize scenarios as safety threats or risk of future maltreatment.

**Module 18- The Safety Threshold** Total Time: 110 minutes

Participants will learn about specific individual, family and environmental strengths that can mitigate risks and protect children from future maltreatment. Using a case scenario, participants will demonstrate the ability to take individual pieces of a case and connect them to form a complete picture of family dynamics and functioning to identify risks and/or safety concerns. Also, using a case scenario, they will demonstrate the ability to justify the identification of risk and/or safety based upon threshold criteria.

**Module 19- About Foster Care** Total Time: 100 minutes

Explain the mission and definition of foster care. List the range of permanency options available to children in foster care and know the benefits and limitations of each. Understand and be able to identify the different ways that children can come into foster care, including EPC, ex parte, removal by the court, voluntary placement and voluntary relinquishment.

**Module 20- Removing Children** Total Time: 100 Minutes

Describe the process for weighing the potential impact of placement on children and families against the likelihood of maltreatment in their homes when finalizing a decision to place. Identify the agency and community factors that create pressure in substitute care. Identify placement resources and their benefits and limitations. Explain the importance of family-engaged, neighborhood-based placements. Explain the importance of thorough assessment and identification of placement options. Identify strategies to minimize trauma to the child when removing a child from their home.

**Module 21- Impact on Children** Total Time: 125 minutes

Describe the potential negative impact of separation, out-of-home placement and impermanence on attachment, child development and emotional family stability. Explain the stages of grief for children and strategies for helping children deal with loss. Describe the importance of maintaining environmental, social, cultural and psychological stability and continuity for children in care and choosing permanent placements that minimize further change and loss. Recognize the effects of trauma on children at various developmental stages and strategies to decrease those effects through best practices.

**Module 22-About Adoptions** Total Time: 90 minutes

Learn the purpose of adoption as a permanency option. Learn the SCDSS adoption philosophy and practices. Address the rationale for placing siblings together and the potential traumatic impact of separating them. Learn the different adoptive placements. Understand the adoptions processes for adoptive and foster parents.

**Unit 2: Concurrent Planning**

**Module 1—Concurrent Planning in Practice** Total Time: 145 minutes

List the benefits of concurrent planning. Identify the underlying values of concurrent planning. Explain the importance of full disclosure with families as soon as the child enters care. Differentiate between parallel and sequential planning for permanency. Describe the balancing act between communicating commitment to reunification and concurrently discussing options for permanency. Learn the value of seeking recommendations from family members of potential placements for their children and involving them in developing the permanency plan

**Module 2—New Case Assignment** Total Time: 155 minutes

Describe process of obtaining and maintaining a new case. List the necessary documents to include in a child's adoption file. Explain the importance of maintaining the Face Sheet and contacting collaterals in a child's case. Learn how to document recruitment activities, such as following up with relatives and other interested adults as possible placement resources.

**Module 3—CAPSS** Total Time: 135 minutes

Describe how to get into CAPSS and how to maneuver around the environment. Open an Adoption Assessment Service line in CAPSS. Complete the Child Tracking screen in CAPSS. Complete the Child Assessment for adoptions in CAPSS. Update the Person screen in CAPSS

**Module 4—Coming Into Care** Total Time: 95 minutes

Explain how to use family meetings, family group conferencing, and multidisciplinary staffing to engage family members and service providers in the development of service and placement decisions. Explain why it is important to include foster and kinship caregivers as collaborating members of the case planning and delivery team. Explain the purpose of the probable cause hearing and the associated casework responsibilities. Explain the purpose of the merits of removal hearing and the associated casework responsibilities. Identify reasons to request the court to authorize the department to forego reasonable efforts to preserve or reunify a family. Define relinquishments and articulate general SCDSS policy around relinquishments

**Module 5—Engaging the Family** Total Time: 80 minutes

Explain reasons for family engagement in case planning. Explain policy regarding monthly face-to-face contact for in-home treatment. Describe the importance of exploring the birth/legal father's role and involvement in a child's case. Describe how to engage the family upon initial contact in In-Home Treatment/Family Preservation.

**Module 6—Case Planning** Total Time: 105 minutes

Explain the importance of crafting well-constructed, inclusive, and complete case plans that address safety, permanency, and well-being. Demonstrate engaging the family during the case planning phase so that the family is leading the way in decision-making. Identify caseworker strategies to engage the biological mother during the case planning phase (via a video case scenario). Explain the child's service and its relation to the CFASP.

**Module 7—Serving the Child** Total Time: 105 minutes

Describe the benefits of helping children maintain connections to siblings, fathers, relatives, and others who are important to the child. Identify the primary and secondary goals of visitation. Use a variety of charts and diagrams to effectively document the child and family's relationships. Demonstrate how to engage fathers in case planning and maintaining their involvement with the child's case. Recognize the ways in which caseworkers might display bias. Describe ways in which caseworkers can resist bias.

**Module 8—Ongoing Services for Children** Total Time: 110 minutes

Identify ongoing services provided to children with special needs in foster care, along with their corresponding CFRS items. Identify strategies to identify a range of neighborhood and community-based services. Identify barriers to working with community partners to access information, resources, and services and strategies to overcome those barriers. Learn the policy and process for accessing the Casey Life Skills Assessment and using it with youth.

**Module 9—Permanency Planning** Total Time: 75 minutes

Explain the purpose of the permanency planning hearing and the associated casework responsibilities. Describe how the placement plan is used in legal and court processes and the implications for creating, following, and changing the plan. Explain the roles of both the GAL and the CASA. Articulate the purpose of the Foster Care Review Board and the processes for its involvement with the agency.

**Module 10—Engaging the Family in Permanency Planning** Total Time: 155 minutes

Identify strategies to engage the biological parents in a case plan after the child has been removed from the home. Identify when to modify permanency plans for reunification based on birth parents' failure to comply or progress in their case plans. Explain the importance of working with fathers and the potential effects on children if not done well. Identify benefits and challenges of kinship care placements. Describe how to assess relatives and potential permanent connections for safety and the likelihood of permanency. Identify important areas of assessment of kinship caregivers, including interaction with birth parents, ability to provide a safe environment, and the family's alternative permanency plan. Assess a kinship caregiver as a placement by interviewing him or her in a role play. Explain possible reactions of child, kinship caregiver, and parent to an alternative caregiver arrangement. Describe the unique stressors of relative caregivers who retain contact with and must control access by parents of the children in their care

**Module 11—Foster Parents** Total Time: 50 minutes

Explain policies and reasons behind sharing all available medical, educational, and abuse information with caregivers. List agency programs and services available to care-giving families, including training, respite care, mentoring programs, and support groups. Explain how foster parents can work with birth families to encourage them to stay involved in their children's lives and to promote a mentoring relationship

**Module 12—MEPA and ICWA** Total Time: 90 minutes

Explain the relevance of MEPA to choosing placement settings for adoption as well as how ICWA is relevant to adoptions.

**Module 13—Connections** Total Time: 110 minutes

Explain the benefits of creating a Life Book, both for the future and for the present (e.g., helping prepare for adoption). Explain the importance of reassessing relatives throughout the case. Explain the importance and purpose of relative home studies. Describe the process of conducting a relative home study

**Module 14—Working Together** Total Time: 65 minutes

Describe common barriers to permanency and strategies to overcome those barriers. Explain the importance of teamwork between foster care and adoptions. Describe how to find permanent connections for children with the plan of APPLA. Explain the process of selecting appropriate placement settings that meet the needs of the child.

**Module 15- Evaluating the Permanency Plan** Total Time: 100 minutes

Identify when to modify permanency plans for reunification based on birth parents' failure to comply or progress in their case plans. Explain what needs to be documented before filing for the Termination of Parental Rights (TPR). Explain when the appropriate time is to contact Adoptions about a child. Identify factors that must be assessed to determine each family member's readiness for reunification, and the factors associated with low likelihood of successful reunification

**Module 16—Adoption and the Child** Total Time: 120 minutes

List the risks and disadvantages of Another Planned Permanent Living Arrangement (APPLA) as the child's permanent plan. Identify reasons that adolescents might refuse to be adopted and list strategies to help adolescents.

### Unit 3: Adoption Specialists

#### **Online Pre-work Total Time: 120 minutes**

Locate pertinent information in an Adoption File. Reflect on families' difficulties with the home study process. Describe the importance of empathy while conducting recruitment and other adoption activities.

#### **Module 1—Adoptions Overview Total Time: 55 minutes**

Describe adoption specialists' core duties and responsibilities

#### **Module 2—Recruiting Non-Relatives Total Time: 80 minutes**

Describe strategies and marketing techniques to recruit foster families, especially minority applicants. Explain how to conduct a home study assessment. Explain the reasons for the in-depth home studies conducted by adoptions. Create recruitment summaries for children up for adoption. Describe techniques for responding to inquiries from families in professional and effective ways.

#### **Module 3—CAPSS Practice Total Time: 60 minutes**

Describe the process for completing recruitment activities in CAPSS and complete the child matching report in CAPSS. Explain how to use the Worker Workspace in CAPSS.

#### **Module 4—Background Summary Total Time: 135 minutes**

Identify the types of information included in the Background and Social Summaries. List strategies to gather the information needed to assess children for adoption. Write Social and Background Summaries for children in the SCDSS's care. Describe strategies for engaging children and birth families in discussions regarding adoption.

#### **Module 5—Preparing the Child Total Time: 120 minutes**

Describe the 7 issues of adoption that the birth parents, adoptive parents, foster parents, and children face. Identify strategies to help facilitate a successful goodbye visit. Identify strategies that suit children's developmental stage to help children transition during placement changes to avoid psychological crisis.

#### **Module 6—Finding a Family Total Time: 160 minutes**

Describe the steps of the placement process. Explain high legal risk disclosure. Describe the purposes and processes of the adoptive home study. Describe how to access files via the SharePoint system. Explain the process of selecting a family. Describe the process of convening the placement committee and the committee's responsibilities.

#### **Module 7—Preparing the Adoptive Family Total Time: 155 minutes**

Describe the points at which workers should discuss children's behavior with adoptive families and best practices in delivering such information. List the survival behaviors often demonstrated by survivors of trauma. Describe the content and process of the presentation to the family. Explain the adoption subsidy assistance available to adoptive families. Articulate the importance of the family book and describe best practices in creating the family book. Describe the best ways to help the child process the range of emotions that comes with being presented the adoptive family's family book. Explain how to reassure child and adoptive family if a proposed placement is canceled.

#### **Module 8—Visitation Planning Total Time: 85 minutes**

Develop a visitation plan that follows the Progressive Visitation Model. Explain the standards for evaluating child and family's interactions. Describe the process of placement and legal adoption. Describe the importance of empathy while conducting recruitment and other adoption activities.

#### **Module 9-Revisiting Documentation Total Time: 90 Minutes**

Describe how to document a visit with a family and enter the dictation in CAPSS.

**Module 10- After Placement** Total Time: 110 Minutes

Describe how to reframe parental concerns based on an understanding of children's survival behaviors. Explain how to coordinate between foster care and adoptions to ensure that children are seen at least once each month until the adoption is finalized. Describe characteristics of a quality caseworker visit in an adoptive placement. List possible post-legal support services available to adoptive families and how to help families access those supports. Explain procedures to follow when placement disrupts. Explain how to close the case in CAPSS.

**Module 11- Worker Safety** Total Time: 30 minutes

Case workers learn how to protect themselves in the office as well as in the field.

**Module 12- Secondary Trauma and Self-Care** Total Time: 80 minutes

Describe the "invisible suitcase" of past traumas and experiences that caseworkers might have. Describe secondary traumatic stress and how it differs from compassion fatigue burnout. Articulate strategies for overcoming and allaying compassion fatigue, secondary trauma and re-traumatization. Articulate self-care.

**Module 13- Review and Exam**

Reflect upon the Child Welfare Basic Training Process. Successful completion of the course includes the completion of all exercises and assignments as outlined in the curriculum. This also includes the completion of the final written assignment.

***Staff Training Activities in Support of the CFSP 2015-2019 Goals***

**Goal 1 – Safety**

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

**Training in Support of Objective 1- CFSR Safety Outcome 1**

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

Using the baseline non-weighted, aggregate score 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 benchmarks of 1% per year improvement.

**B-SMART: Writing Effective Case Plans to Protect Children**

**Syllabus:** This training goes through the case planning process, from case determination to development with the family. Participants learn a way of writing behavioral objectives that is based on core principles of ensuring the safety of children and on the protective capacities of caregivers. The objective will "B-SMART": Behavioral, Specific, Measurable, Achievable, Relevant and Time-limited. The major topics of this course include: identifying dangers, assessing protective capacity, engaging the family and writing the case plan.

**Provider:** The University of SC Center for Child and Family Studies

**Audience:** The SCDSS workers and supervisors in treatment/family preservation and foster care

**Intake: Where Assessment Begins**

**Syllabus:** Participants will review the intake process, hone their interviewing skills, and enhance their decision making skills regarding safety threats and risk of maltreatment. The two days of training are delivered two weeks apart to allow participants the opportunity to apply what they are learning.

**Day One:** Participants will review the intake policy and process, distinguishing between the roles of intake and assessment workers. Critical Thinking skills will be addressed in regard to referrals to the Family Strengthening Services (FSS) and the Voluntary Case Management Services (VCM). Also, developing pertinent questions to ask the reporter during an intake interview will be taught.

**Day Two:** The second day will give participants an opportunity to discuss how they applied the skills from day one, while back in their counties. They also will learn how to effectively use Safety Questions and the Risk Matrix, discuss Policy and Practice and the differences between Child Protective Services Intake and Adult Protective Services.

**Provider:** The University of SC Center for Child and Family Studies

**Audience:** Dedicated intake staff and individuals who regularly staff and supervise intake

### **Guided Supervision**

**Syllabus:** This training will delve into Guided Supervision, a structured type of staffing that focuses both on risk and safety and on improving worker's critical thinking skills. Guided Supervision is one of the SCDSS agency strategies to improving risk and safety decisions.

**Day One** of this training provides participants with the foundational knowledge necessary for Guided Supervision. Participants will become familiar with the new Guided Supervision Tool and will practice eliciting critical thinking from caseworkers. The training also covers several key risk and safety concepts that are essential to Guided Supervision.

**Day Two** of the training allows participants to deepen their understanding of the best practices for Guided Supervision. Participants will discuss how to evaluate caseworker effort, how to give constructive feedback, and how to help caseworkers understand challenging concepts like behavior change.

**Provider:** The University of SC Center for Child and Family Studies

**Audience:** SCDSS Supervisors in child welfare, IFCCS and adoptions

### **The Four Key Concepts: Safety, Risk, Behavioral Change and Permanency**

**Syllabus:** Participants will learn to clearly define The Four Key Concepts: safety, risk, behavioral change and permanency and map out how the various initiatives fit together. There will be discussion on what each concept means and how they apply to real-life cases. Also, participants will have an opportunity to discuss practical examples of the concepts.

**Provider:** The University of SC Center for Child and Family Studies

**Audience:** caseworkers, supervisors, program coordinators, County Directors and Team Leaders in child welfare, adoptions and IFCCS

### **Palmetto Power (P2)**

The Center for Child and Family Study provides logistical/administrative support for this event. The SCDSS, along with selected guest speakers are responsible for the development of content and delivery.

**Syllabus:** Palmetto Power (P2) is an intercept of people and data, is a series of highly participatory and interactive discussion sessions dedicated to the planning of positive permanencies for children in foster care. Along with supervisory and management staff from the SCDSS, individuals from a variety of human services agencies and community organizations attend. This includes juvenile justice, mental health, education, the Foster Care Review Board, the SC Citizens Review Panel, and the SC Foster Parents Association, along with numerous others. These sessions include presentation of data and information that allow participants to develop hypotheses to case situations as well as develop strategies and follow-up are also part of the process to ensure improved outcomes for families and children.

**Provider:** The University of SC Center for Child and Family Studies

**Audience:** caseworkers, supervisors, program coordinators, County Directors and Team Leaders in child welfare, adoptions and IFCCS and individuals from a variety of human services agencies and community

### **Safe Sleep Summit**

**Syllabus:** Children's Trust hosted a statewide meeting for professionals who work with infants and families. This meeting featured educational and working sessions and participants helped develop specific strategies and practice recommendations to reduce the number in infant deaths in South Carolina from unsafe sleep environments.

Develop strategies for ensuring that non-primary infant caregivers commit to practicing and promoting safe sleep recommendations. Make recommendations to standardize safe sleep education and training for providers. Develop



strategic alliances and cooperative partnerships to endorse the American Academy of Pediatrics safe sleep recommendations and promote sleep.

**Provider:** Children's Trust of SC

**Audience:** Public health educators, day care workers, child care providers, church nursery supervisors, obstetricians, pediatricians, nursing staff, home visitor, law enforcement, coroner, guardian ad litem, community agency, case managers, non-profit leaders, agency officials or others serving families in a similar capacity.

### **Prevent Child Abuse and Neglect Conference**

**Syllabus:** This statewide conference will feature a wide variety of professional development opportunities including presentations on child maltreatment, trauma-informed practices, child sexual abuse, military families and how to engage fathers.

**Provider:** Children's Trust of SC

**Audience:** Professionals in the social service community working with children and families.

### **Palmetto Power for Providers (P3)**

**Syllabus:** This training gives providers an opportunity to meet with DSS regional and county directors to examine ways to work as partners jointly committed to positive outcomes for the children and families being served. Attendees discussed the challenges and opportunities they encountered in improving local coordination in order to meet the goal of making sure all children are safe and live in a positive permanent home. The following objectives are covered in P3: to discuss case mistakes and cases that went well; to create understanding of trends and how they are reflected in larger data patterns; to look at statistical trends for the area; to examine well-being issues; and to discuss how permanency is enhanced. Anticipated future subject matter will be on placement stability and any other child welfare outcomes required by the CFSR.

**Provider:** Palmetto Association for Children and Families

**Audience:** The SCDSS supervisors and human services providers.

### **A Closer Look**

**Syllabus:** The "A Closer Look" meeting is hosted by two providers from each state region and a selected case would be reviewed in detail. Following the two "Closer Look" meetings, the P3 was scheduled and the selected cases were presented to the larger group of attendees from the region. DSS and provider staff jointly presented the information gathered from the "A Closer Look" meetings and the audience offered suggestions and feedback. During the "Closer Look," participants identify services and activities that contributed to positive permanency for the child, as well as places where the system did not work effectively. This includes discussion about local assets that could have been, or were, engaged as family supports.

**Provider:** Palmetto Association for Children and Families

**Audience:** County Caseworkers/Supervisors, IFCCS and Adoption staff, school personnel, GAL's, mental health professionals, families, etc.

### **Signs of Safety**

**Syllabus:** The SOS model equips leadership, supervisors, and frontline workers with tools to assess risk and manage safety. The SOS practice is a "tool box" with methods by which risk, safety, protective capacity, and vulnerability are identified and measured. The principles of SOS have shifted the focus to engagement of the family, child, and providers as intricate parts in identifying safety and developing the path toward it. During the implementation phase, monthly support calls with the Connected Families consultant and Regional Quality and Assurance Team Leaders, Supervisors, and workers are ongoing in the Regions.

**Provider:** Connected Families and SC Department of Social Services

**Audience:** SCDSS Leadership, Supervisors and Frontline workers

### **Legal Component of Basic Caseworker Training/Mock Trial**

**Syllabus:** The CLC provides the three-day legal component of initial caseworker training which includes a didactic segment on the family court system and mock hearings in which participants testify and are cross-examined.

Training topics include evidence, child protection hearings, termination of parental rights, and courtroom appearance. After testifying, participants receive feedback on their performance and are given a DVD of their testimony. The training is conducted in small groups to allow participants to testify and receive individual feedback. A retired family court judge and CLC attorneys, who perform the roles of the SCDSS attorney and parents' attorney, comprised the training team for each mock trial.

**Provider:** The University of SC Children's Law Center

**Audience:** Newly Employed SCDSS Caseworkers

### **Advanced Legal Training for Caseworkers**

**Syllabus:** This one-day training is held for county casework staff who have completed the initial legal training and have experience appearing in family court. This training reinforces workers' skills and confidence in preparing for court and handling legal aspects of the case process. General topics emphasize the importance of substantive preparation for appearing as a witness, and include development of a case theory, understanding the court system, rules of evidence, MEPA requirements, and family court rules. It includes testifying in contested hearings and handling sensitive issues such as disagreement between worker/supervisor/agency positions on case. Advanced legal training sessions are utilized to emphasize areas identified as needing improvement in the CFSR, such as concurrent planning; the timeliness of permanency planning hearings; the selection of Another Planned Permanent Living Arrangement (APPLA) as a permanency goal; the use and scheduling of intervention hearings; involvement of the parent and child in development of the case plan; the importance of visitation with parents and siblings; and diligent search efforts.

**Provider:** The University of SC Children's Law Center

**Audience:** Caseworker staff that have completed the initial legal training.

### **Courtroom Skills Training for Caseworkers**

**Syllabus:** Interactive legal training for caseworkers on presenting cases in family court. Topics covered include: the role of the family court; the rights of parent and foster parents; the role and responsibility of the GAL; the nature and purpose of the various child abuse and neglect proceedings; use of the applicable definition of child abuse and neglect; importance of documenting reasonable efforts; the basic rules of evidence; and preparing for court and testifying.

**Provider:** The University of SC Children's Law Center

**Audience:** SCDSS Caseworkers

### **Bringing Your "A" Game to Court**

**Syllabus:** Legal training for caseworkers on providing effective testimony. Topics covered include: preparing for court; court etiquette; direct examination; and cross-examination.

**Provider:** The University of SC Children's Law Center; Regional Attorney Trainers

**Audience:** SCDSS Caseworkers

### **Law and Policy Training:**

**Syllabus:** Legal training for the SCDSS County staff. The main objective of the training is to distinguish law from policy and to help participants to understand the hierarchy of authority in terms of law and policy and importance of complying with court orders.

**Provider:** The University of SC Children's Law Center; Regional Attorney Trainers

**Audience:** SCDSS Child and Protective Services Staff, Caseworkers, Supervisors, County Directors, Program Coordinators.

### **Trial Preparation for Advocacy Skills Training for DSS Attorneys**

**Syllabus:** Legal training for the SCDSS attorneys. Topics include: trial preparation and trial advocacy in child abuse and neglect cases; trial preparation and trial advocacy in TPR proceedings; making the case in family court to forego reasonable efforts; and ethical considerations for agency attorneys.

**Provider:** The University of SC Children's Law Center; Regional Attorney Trainers

**Audience:** New SCDSS Attorneys

### **Preparing Documents for Child Abuse and Neglect Cases**

**Syllabus:** Interactive legal training for the SCDSS county staff on how to write effective court summaries.

**Provider:** The University of SC Children's Law Center; Regional Attorney Trainers

**Audience:** SCDSS Child and Protective Services Staff, Caseworkers, Supervisors, County Directors, Program Coordinators.

### **Prosecuting Child Abuse Cases in Family Court**

**Syllabus:** Legal training for DSS attorneys. Topics include: the court coordination protocol the expert witness (forensic medical examiner); the expert witness (forensic interviewer); trial preparation and trial advocacy in sexual abuse cases.

**Provider:** Contracted speakers from outside of the USC Children's Law Center and the SCDSS.

**Audience:** SCDSS FTE Attorneys and Contract Attorneys

### **Preparing and Performance Court Training**

**Syllabus:** Legal training on preparing and testifying in court.

**Provider:** The University of SC Children's Law Center; Regional Attorney Trainers

**Audience:** SCDSS Child and Protective Services Staff, Caseworkers, Supervisors, County Directors, Program Coordinators.

### **The Annual Domestic Violence Conference- Prevention, Intervention and Collaboration: Effective Strategies to End Domestic Violence**

**Syllabus:** This is an interdisciplinary conference addressing underserved communities, faith communities responding to domestic violence, trauma-informed services, children and domestic violence and media/culture influence on domestic violence.

**Provider:** The SC Coalition Against Domestic Violence and SCCADVASA

**Audience:** SCDSS, members of the community, legal professionals, healthcare professionals, law enforcement, advocates, batterer intervention providers, social workers, mental health professionals, etc.

### **Engaging Men in the Conversation to End Domestic Violence**

**Syllabus:** During the course of this training a number of sessions will address the issue: Engaging Men and Boys, in Our Work, Our Communities, and Our Organizations. REALMAD: Finding Purpose in My Pain, REAL TALK: Engaging Men in a New Conversation, Liza's Lifeline: Honoring Life, Providing Hope, Bridging the Gap: From Information to Implementation.

**Provider:** The South Carolina Coalition Against Domestic Violence and Sexual Assault

**Audience:** Social Service Professionals, Victim Advocates, Law Enforcement, Counselors and Therapists, Probation and Parole, Drug and Alcohol Specialists, Magistrates and Attorneys, Mental Health Professionals, Faith Leaders, Military Personnel, Batterer's Intervention Specialists, Healthcare Professionals, Community Organization Staff, Students and Educators.

### **Advocating for the Needs and Safety of Children**

**Syllabus:** Attendees will learn how to advocate for the needs of children. Topics covered will be Domestic Violence, Recognizing Batterer Tactics, The Impact of Domestic Violence on Children, and Trauma-Informed Care.

**Provider:** The South Carolina Coalition Against Domestic Violence and Sexual Assault

**Audience:** Social Service Professionals, Victim Advocates, Law Enforcement, Counselors and Therapists, Probation and Parole, Drug and Alcohol Specialists, Magistrates and Attorneys, Mental Health Professionals, Faith Leaders, Military Personnel, Batterer's Intervention Specialists, Healthcare Professionals, Community Organization Staff, Students and Educators, Guardians ad Litem.

### **Victim Safety and Offender Accountability: Guiding Principles of a Batterer Intervention**

**Syllabus:** Identify the best practical guide for assessment, treatment planning, and documentation to enhance client progression. Learn to develop a Batterer Intervention Program (BIP) that makes victim safety its first priority, establishes accountability for batterers, and promotes a coordinated community response to domestic violence. Help determine innovative methods to develop, sustain, and promote best practices in Batterer Intervention Treatment.

**Setting/Venue:** Hotel Conference Rooms

**Duration Category:** Short Term

**Provider:** The South Carolina Coalition Against Domestic Violence and Sexual Assault

**Days/Hours:** 6 Hours

**Audience:** Social Service Professionals, Victim Advocates, Law Enforcement, Counselors and Therapists, Probation and Parole, Drug and Alcohol Specialists, Magistrates and Attorneys, Mental Health Professionals, Faith Leaders, Military Personnel, Batterer's Intervention Specialists, Healthcare Professionals, Community Organization Staff, Students and Educators.

### **Training in Support of Objective 2- CFSR Safety Outcome 2**

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

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% by end of FFY 2019, with benchmarks of 1% per year improvement.

### **B-SMART: Writing Effective Case Plans to Protect Children**

**Syllabus:** This training goes through the case planning process, from case determination to development with the family. Participants learn a way of writing behavioral objectives that is based on core principles of ensuring the safety of children and on the protective capacities of caregivers. The objective will "B-SMART": Behavioral, Specific, Measurable, Achievable, Relevant and Time-limited. The major topics of this course include: identifying dangers, assessing protective capacity, engaging the family and writing the case plan.

**Provider:** The University of SC Center for Child and Family Studies

**Audience:** case workers and supervisors in treatment/family preservation and foster care

### **Guided Supervision**

**Syllabus:** This training will delve into Guided Supervision, a structured type of staffing that focuses both on risk and safety and on improving worker's critical thinking skills. Guided Supervision is one of the SCDSS agency strategies to improving risk and safety decisions.

**Day One** of this training provides participants with the foundational knowledge necessary for Guided Supervision. Participants will become familiar with the new Guided Supervision Tool and will practice eliciting critical thinking from caseworkers. The training also covers several key risk and safety concepts that are essential to Guided Supervision.

**Day Two** of the training allows participants to deepen their understanding of the best practices for Guided Supervision. Participants will discuss how to evaluate caseworker effort, how to give constructive feedback, and how to help caseworkers understand challenging concepts like behavior change.

**Provider:** The University of SC Center for Child and Family Studies

**Audience:** Supervisors in child welfare, IFCCS and adoptions

### **The Four Key Concepts: Safety, Risk, Behavioral Change and Permanency**

**Syllabus:** Participants will learn to clearly define The Four Key Concepts: safety, risk, behavioral change and permanency and map out how the various initiatives fit together. There will be discussion on what each concept means and how they apply to real-life cases. Also, participants will have an opportunity to discuss practical examples of the concepts.

**Provider:** The University of SC Center for Child and Family Studies

**Audience:** County Caseworkers, Supervisors, Program Coordinators, County Directors and Team Leaders in child welfare, adoptions and IFCCS.

### **Palmetto Power for Providers (P3)**

**Syllabus:** This training gives providers an opportunity to meet with the SCDSS Regional and County Directors to examine ways to work as partners jointly committed to positive outcomes for the children and families being served. Attendees discussed the challenges and opportunities they encountered in improving local coordination in order to meet the goal of making sure all children are safe and live in a positive permanent home. The following objectives are covered in P3: to discuss case mistakes and cases that went well; to create understanding of trends and how they are reflected in larger data patterns; to look at statistical trends for the area; to examine well-being issues; and to discuss how permanency is enhanced. Anticipated future subject matter will be on placement stability and any other child welfare outcomes required by the CFSR.

**Provider:** The Palmetto Association for Children and Families

**Audience:** SCDSS Supervisors and human services providers

### **A Closer Look**

**Syllabus:** The "A Closer Look" meeting is hosted by two providers from each state region and a selected case would be reviewed in detail. Following the two "Closer Look" meetings, the P3 was scheduled and the selected cases were presented to the larger group of attendees from the region. The SCDSS and provider staff jointly presented the information gathered from the "A Closer Look" meetings and the audience offered suggestions and feedback. During the "Closer Look," participants identify services and activities that contributed to positive permanency for the child, as well as places where the system did not work effectively. This includes discussion about local assets that could have been, or were, engaged as family supports.

**Provider:** The Palmetto Association for Children and Families

**Audience:** County Caseworkers/Supervisors, IFCCS and Adoption staff, school personnel, GAL's, mental health professionals, families, etc.

### **Courtroom Skills Training for Caseworkers**

**Syllabus:** Interactive legal training for caseworkers on presenting cases in family court. Topics covered include: the role of the family court; the rights of parent and foster parents; the role and responsibility of the GAL; the nature and purpose of the various child abuse and neglect proceedings; use of the applicable definition of child abuse and neglect; importance of documenting reasonable efforts; the basic rules of evidence; and preparing for court and testifying.

**Provider:** The University of SC Children's Law Center

**Audience:** SCDSS Caseworkers

### **Preparing Documents for Child Abuse and Neglect Cases**

**Syllabus:** Interactive legal training for DSS county staff on how to write effective court summaries.

**Provider:** The University of SC Children's Law Center; Regional Attorney Trainers

**Audience:** SCDSS Child and Protective Services Staff, Caseworkers, Supervisors, County Directors, Program Coordinators.

### **Training in Support of Objective 3**

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

### **Signs of Safety**

**Syllabus:** The SOS model equips leadership, supervisors, and frontline workers with tools to assess risk and manage safety. The SOS practice is a "tool box" with methods by which risk, safety, protective capacity, and

vulnerability are identified and measured. The principles of the SOS have shifted the focus to engagement of the family, child, and providers as intricate parts in identifying safety and developing the path toward it. During the implementation phase, monthly support calls with the Connected Families consultant and regional Quality and Assurance Team Leaders, Supervisors, and workers are ongoing in the Regions.

**Provider:** The Connected Families and SC Department of Social Services

**Audience:** SCDSS Leadership, Supervisors and frontline workers

#### Training in Support of 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.

#### **Intake: Where Assessment Begins**

**Syllabus:** Participants will review the intake process, hone their interviewing skills, and enhance their decision making skills regarding safety threats and risk of maltreatment. The two days of training are delivered two weeks apart to allow participants the opportunity to apply what they are learning.

**Day One:** Participants will review the intake policy and process, distinguishing between the roles of intake and assessment workers. Critical Thinking skills will be addressed in regard to referrals to the Family Strengthening Services (FSS) and the Voluntary Case Management Services (VCM). Also, developing pertinent questions to ask the reporter during an intake interview will be taught.

**Day Two:** The second day will give participants an opportunity to discuss how they applied the skills from day one, while back in their counties. They also will learn how to effectively use Safety Questions and the Risk Matrix, discuss Policy and Practice and the differences between Child Protective Services Intake and Adult Protective Services.

**Provider:** The University of SC Center for Child and Family Studies

**Audience:** Dedicated intake staff and individuals who regularly staff and supervise intake

#### **Signs of Safety**

**Syllabus:** The SOS model equips leadership, supervisors, and frontline workers with tools to assess risk and manage safety. The SOS practice is a "*tool box*" with methods by which risk, safety, protective capacity, and vulnerability are identified and measured. The principles of SOS have shifted the focus to engagement of the family, child, and providers as intricate parts in identifying safety and developing the path toward it. During the implementation phase, monthly support calls with the Connected Families consultant and regional Quality and Assurance Team Leaders, Supervisors, and workers are ongoing in the Regions.

**Provider:** The Connected Families and SC Department of Social Services

**Audience:** SCDSS Leadership, Supervisors and frontline workers

#### Goal 2 – Well-Being

Children will thrive when involved with the SCDSS.

#### Training in Support of Objective 1- CFSR Well-Being Outcome 1

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

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% by end of FFY 2019, with benchmarks of 4% per year improvement.

#### **Guided Supervision**

**Syllabus:** This training will delve into Guided Supervision, a structured type of staffing that focuses both on risk and safety and on improving worker's critical thinking skills. Guided Supervision is one of the SCDSS agency strategies to improving risk and safety decisions.

**Day One** of this training provides participants with the foundational knowledge necessary for Guided Supervision. Participants will become familiar with the new Guided Supervision Tool and will practice eliciting critical thinking from caseworkers. The training also covers several key risk and safety concepts that are essential to Guided Supervision.

**Day Two** of the training allows participants to deepen their understanding of the best practices for Guided Supervision. Participants will discuss how to evaluate caseworker effort, how to give constructive feedback, and how to help caseworkers understand challenging concepts like behavior change.

**Provider:** The University of SC Center for Child and Family Studies

**Audience:** Supervisors in child welfare, IFCCS and Adoptions

### **The Four Key Concepts: Safety, Risk, Behavioral Change and Permanency**

**Syllabus:** Participants will learn to clearly define The Four Key Concepts: safety, risk, behavioral change and permanency and map out how the various initiatives fit together. There will be discussion on what each concept means and how they apply to real-life cases. Also, participants will have an opportunity to discuss practical examples of the concepts.

**Provider:** The University of SC Center for Child and Family Studies

**Audience:** caseworkers, Supervisors, Program Coordinators, County Directors and Team Leaders in child welfare, adoptions and IFCCS

### **Permanency Roundtable Training (PRT)**

**Syllabus:** A Permanency Roundtable (PRT) is a structured, professional case consultation and intervention designed to facilitate the permanency planning process by identifying realistic solutions to permanency obstacles for youth. Key players (a permanency consultant, a master practitioner, a youth's case manager and supervisor, etc.) convene to create individual permanency plans. The various roles of all players are discussed and how the process expedites permanency for a child in care.

**Day One- Values:** Participants learn about the 5 Permanency Options, looking at data and CRSR Recommendations and the importance of engaging fathers.

**Day Two- Skills:** Participants will cover the Roundtable Process and learn facilitation skills. They will also learn about staff engagement, facilitation skills, identifying skills for a successful roundtable. They will also participate in a "mock roundtable" and learn how to create effective permanency action plans.

**Provider:** The University of SC Center for Child and Family Studies

**Audience:** New SCDSS staff and the SCDSS Community Partners and stakeholders, including the Foster Care Review Board Coordinators and contract provider staff to include the YAP, Growing Homes, SAFY and others

### **Palmetto Power (P2)**

The Center for Child and Family Studies provides logistical/administrative support for this event. The SCDSS, along with selected guest speakers are responsible for the development of content and delivery.

**Syllabus:** Palmetto Power (P2) is an intercept of people and data, is a series of highly participatory and interactive discussion sessions dedicated to the planning of positive permanencies for children in foster care. Along with supervisory and management staff from the SCDSS, individuals from a variety of human services agencies and community organizations attend. This includes juvenile justice, mental health, education, the Foster Care Review Board, the SC Citizens Review Panel, and the SC Foster Parents Association, along with numerous others. These sessions include presentation of data and information that allow participants to develop hypotheses to case situations as well as develop strategies and follow-up are also part of the process to ensure improved outcomes for families and children.

**Provider:** The University of SC Center for Child and Family Studies

**Audience:** Individuals from a variety of human services agencies and community

### **Palmetto Power for Providers (P3)**

**Syllabus:** This training gives providers an opportunity to meet with some SCDSS regional and county directors to examine ways to work as partners, jointly committed to positive outcomes for the children and families being served.

Attendees discuss the challenges and opportunities they encountered in improving local coordination in order to meet the goal of making sure all children are safe and live in a positive permanent home. The following objectives are covered in P3: to discuss case mistakes and cases that went well; to create understanding of trends and how they are reflected in larger data patterns; to look at statistical trends for the area; to examine well-being issues; and to discuss how permanency is enhanced. Anticipated future subject matter will be on placement stability and any other child welfare outcomes required by the CFSR.

**Provider:** The Palmetto Association for Children and Families

**Audience:** SCDSS Supervisors and human services providers

### **A Closer Look**

**Syllabus:** The "A Closer Look" meeting is hosted by two providers from each state region and a selected case would be reviewed in detail. Following the two "Closer Look" meetings, the P3 was scheduled and the selected cases were presented to the larger group of attendees from the region. The SCDSS and provider staff jointly presented the information gathered from the "A Closer Look" meetings and the audience offered suggestions and feedback.

During the "Closer Look," participants identified services and activities that contributed to positive permanency for the child, as well as places where the system did not work effectively. This includes discussion about local assets that could have been, or were, engaged as family supports.

**Provider:** The Palmetto Association for Children and Families

**Audience:** County Caseworkers/Supervisors, IFCCS and Adoption staff, school personnel, GAL's, mental health professionals, families, etc.

### **Family Group Conferencing (FGC) known as Child Conferencing (CC) Training (SCDSS)**

**Syllabus:** In-Service training provided on family engagement practices using family group decision making approaches. It is a follow up training to the implementation of the CC process and has special emphasis on the CC referral, recruitment, modeling the approach to families, consulting on potential referrals, reviewing roles, responsibilities and expectations as well as case staffing and the CAPSS data review for potential referrals.

**Provider:** The SCDSS Families First Staff

**Audience:** SCDSS Staff

### **Engaging the Non-Custodial Parent**

**Syllabus:** Training designed to address the importance of connecting children to their noncustodial parent, primarily the father. The training curriculum was developed by the American Humane Association and was adapted for South Carolina using services provided by the Fatherhood Coalitions located around the state. The trainings help staff look at their own biases in engaging fathers presenting gender socialization issues and other challenges in connecting this group while helping staff see the benefits for the child, caseworker and mothers. The training concludes with specific services and programs offered through the coalitions and the referral processes reviewed for connecting noncustodial parents involved with the agency.

**Provider:** The SCDSS Families First and the Center for Fathers and Families

**Audience:** SCDSS Staff

### **Engaging Men in the Conversation to End Domestic Violence**

**Syllabus:** During the course of this training a number of sessions will address the issue: Engaging Men and Boys, in Our Work, Our Communities, and Our Organizations. REALMAD: Finding Purpose in My Pain, REAL TALK: Engaging Men in a New Conversation, Liza's Lifeline: Honoring Life, Providing Hope, Bridging the Gap: From Information to Implementation.

**Provider:** The South Carolina Coalition Against Domestic Violence and Sexual Assault

**Audience:** Social Service Professionals, Victim Advocates, Law Enforcement, Counselors and Therapists, Probation and Parole, Drug and Alcohol Specialists, Magistrates and Attorneys, Mental Health Professionals, Faith Leaders, Military Personnel, Batterer's Intervention Specialists, Healthcare Professionals, Community Organization Staff, Students and Educators.



### **Signs of Safety**

**Syllabus:** The SOS model equips leadership, supervisors, and frontline workers with tools to assess risk and manage safety. The SOS practice is a "tool box" with methods by which risk, safety, protective capacity, and vulnerability are identified and measured. The principles of the SOS have shifted the focus to engagement of the family, child, and providers as intricate parts in identifying safety and developing the path toward it. During the implementation phase, monthly support calls with the Connected Families consultant and regional Quality and Assurance Team Leaders, supervisors, and workers are ongoing in the regions

**Provider:** The Connected Families and SC Department of Social Services

**Audience:** SCDSS Leadership, Supervisors and frontline workers

### **The Annual Domestic Violence Conference-Prevention, Intervention and Collaboration: Effective Strategies to End Domestic Violence**

**Syllabus:** This is an interdisciplinary conference addressing underserved communities, faith communities responding to domestic violence, Trauma-Informed Services, children and domestic violence and media/culture influence on domestic violence.

**Provider:** The SC Coalition Against Domestic Violence and SCCADVASA

**Audience:** SCDSS, members of the community, legal professionals, healthcare professionals, law enforcement, advocates, batterer intervention providers, social workers, mental health professionals, etc.

### **Trauma-Informed Care for Children Who Have Experienced Domestic Violence**

**Syllabus:** Define effective advocacy and outreach practices for children impacted by domestic violence trauma. Contextualize historical trauma. Learn to implement strategies provided resulting from detailed definitions relating to trauma in the context of intimate partner violence and child abuse, which will enhance the participant's knowledge surrounding case work. Identify best practice regarding how to engage children and families in an evidence-based, trauma-informed approach.

**Provider:** The South Carolina Coalition Against Domestic Violence and Sexual Assault

**Audience:** Social Service Professionals, Victim Advocates, Law Enforcement Professionals, Counselors and Therapists, Probation and Parole Staff, Drug and Alcohol Specialists, Magistrates and Attorneys, Mental Health Professionals, Faith Leaders, Military Personnel, Batterers' Intervention Specialists, Healthcare Professionals, Community Organization Staff, Students and Educators

### **Advocating for the Needs and Safety of Children**

**Syllabus:** Attendees will learn how to advocate for the needs of children. Topics covered will be Domestic Violence, Recognizing Batterer Tactics, The Impact of Domestic Violence on Children, and Trauma-Informed Care.

**Provider:** The South Carolina Coalition Against Domestic Violence and Sexual Assault

**Audience:** Social Service Professionals, Victim Advocates, Law Enforcement, Counselors and Therapists, Probation and Parole, Drug and Alcohol Specialists, Magistrates and Attorneys, Mental Health Professionals, Faith Leaders, Military Personnel, Batterer's Intervention Specialists, Healthcare Professionals, Community Organization Staff, Students and Educators, Guardians ad Litem.

### **Training in Support of Objective 2- CFSR Well-Being Outcome 3**

Children receive adequate services to meet their physical and mental health needs.

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 benchmarks of 4% per year improvement.

### **Palmetto Power (P2)**

The Center for Child and Family Studies provides logistical/administrative support for this event. The SCDSS, along with selected guest speakers are responsible for the development of content and delivery.

**Syllabus:** Palmetto Power (P2) is an intercept of people and data, is a series of highly participatory and interactive discussion sessions dedicated to the planning of positive permanencies for children in foster care. Along with supervisory and management staff from the SCDSS, individuals from a variety of human services agencies and community organizations attend. This includes juvenile justice, mental health, education, the Foster Care Review Board, the SC Citizens Review Panel, and the SC Foster Parents Association, along with numerous others. These sessions include presentation of data and information that allow participants to develop hypotheses to case situations as well as develop strategies and follow-up are also part of the process to ensure improved outcomes for families and children.

**Provider:** The University of SC Center for Child and Family Studies

**Audience:** SCDSS staff and individuals from a variety of human services agencies and community

### **Prevent Child Abuse and Neglect Conference**

**Syllabus:** This statewide conference will feature a wide variety of professional development opportunities including presentations on child maltreatment, trauma-informed practices, child sexual abuse, military families and how to engage fathers.

**Provider:** The Children's Trust of SC

**Audience:** professionals in the social service community working with children and families

### **Community-Based Learning Collaborative (CBLC)**

**Syllabus:** Approach developed and implemented by Project BEST to: 1) build strong, working collaborative relationships between the SCDMH clinicians, the SCDSS caseworkers, and other clinicians and brokers in every county in South Carolina; 2) train the SCDMH therapists and other community therapists to deliver Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) with a high degree of fidelity and competence; 3) train SCDSS workers and other community brokers in Trauma-Informed Services, including evidence-based interventions, evidence-based treatment planning, case management skills for treatment success; and 4) ensure that every abused and traumatized child in every county in South Carolina who needs it, receives best practice services and treatment.

**Provider:** Site's implementation team (the SCDSS, the SCDMH, and the Child Advocacy Center members). The training and ongoing supervision is provided by the Project Best faculty (the Lowcountry Children's Center and the National Crime Victim Research and Treatment center, MUSC.)

**Audience:** SCDMH clinicians, SCDSS Caseworkers, and other clinicians and brokers in every county in South Carolina

### **Trauma-Informed Care: Improving Outcomes for Children and Families**

**Syllabus:** Presentation developed by the SCDSS from materials in the Child Welfare Trauma-Informed Toolkit to orient staff to Trauma-Informed Care Approach to working with children and families. Training also includes an introduction to secondary trauma.

**Provider:** The SC Department of Social Services

**Audience:** SCDSS Staff

### **Training in Support of Objective 3- Permanency Outcome (Item #6)**

Stability of foster care placement

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 FFY 2019, with bench marks of 1% per year improvement.

### **Palmetto Power (P2)**

The Center for Child and Family Studies provides logistical/administrative support for this event. The SCDSS, along with selected guest speakers are responsible for the development of content and delivery.

**Syllabus:** Palmetto Power (P2) is an intercept of people and data, is a series of highly participatory and interactive discussion sessions dedicated to the planning of positive permanencies for children in foster care. Along with

supervisory and management staff from the SC Department of Social Services, individuals from a variety of human services agencies and community organizations attend. This includes juvenile justice, mental health, education, the Foster Care Review Board, the SC Citizens Review Panel, and the SC Foster Parents Association, along with numerous others. These sessions include presentation of data and information that allow participants to develop hypotheses to case situations as well as develop strategies and follow-up are also part of the process to ensure improved outcomes for families and children.

**Provider:** The University of SC Center for Child and Family Studies

**Audience:** SCDSS staff and individuals from a variety of human services agencies and community

### **SCFPA Annual Conference**

**Syllabus:** TBD, in prior years it has included classes on starting a Fostering Ministry at Your Church and Adoption topics.

**Provider:** The SC Foster Parent Association

**Audience:** Foster and Adoptive parents, SCDSS and private agency supervisors and caseworkers, general public.

### **Preparing Documents for Child Abuse and Neglect Cases**

**Syllabus:** Interactive legal training for the SCDSS county staff on how to write effective court summaries.

**Provider:** The University of SC Children's Law Center; Regional Attorney Trainers

**Audience:** SCDSS Child and Protective Services Staff, Caseworkers, Supervisors, County Directors, Program Coordinators

### **Goal 3 – Permanency**

Children will have meaningful and lifelong connections with family and in community.

### **Training in Support of Objective 1- CFSR Permanency Outcome 1**

Children have permanency and stability in their living situations.

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

### **Guided Supervision**

**Syllabus:** This training delves into Guided Supervision, a structured type of staffing that focuses both on risk and safety and on improving worker's critical thinking skills. Guided Supervision is one of the SCDSS agency strategies to improving risk and safety decisions.

**Day One** of this training provides participants with the foundational knowledge necessary for Guided Supervision. Participants will become familiar with the new Guided Supervision Tool and will practice eliciting critical thinking from caseworkers. The training also covers several key risk and safety concepts that are essential to Guided Supervision.

**Day Two** of the training allows participants to deepen their understanding of the best practices for Guided Supervision. Participants will discuss how to evaluate caseworker effort, how to give constructive feedback, and how to help caseworkers understand challenging concepts like behavior change.

**Provider:** The University of SC Center for Child and Family Studies

**Audience:** Supervisors in child welfare, IFCCS and Adoptions

### **The Four Key Concepts: Safety, Risk, Behavioral Change and Permanency**

**Syllabus:** Participants will learn to clearly define The Four Key Concepts: safety, risk, behavioral change and permanency and map out how the various initiatives fit together. There will be discussion on what each concept

means and how they apply to real-life cases. Also, participants will have an opportunity to discuss practical examples of the concepts.

**Provider:** The University of SC Center for Child and Family Studies

**Audience:** Caseworkers, Supervisors, Program Coordinators, County Directors and Team Leaders in child welfare, Adoptions and IFCCS

### **Permanency Roundtable Training (PRT)**

**Syllabus:** A Permanency Roundtable (PRT) is a structured, professional case consultation and intervention designed to facilitate the permanency planning process by identifying realistic solutions to permanency obstacles for youth. Key players (a permanency consultant, a master practitioner, a youth's case manager and supervisor, etc.) convene to create individual permanency plans. The various roles of all players are discussed and how the process expedites permanency for a child in care.

**Day One- Values:** Participants learn about the 5 Permanency Options, looking at data and the CRSR Recommendations and the importance of engaging fathers.

**Day Two- Skills:** Participants will cover the Roundtable Process and learn facilitation skills. They will also learn about staff engagement, facilitation skills, identifying skills for a successful roundtable. They will also participate in a "mock roundtable" and learn how to create effective permanency action plans.

**Provider:** The University of SC Center for Child and Family Studies

**Audience:** New SCDSS staff and SCDSS Community Partners and stakeholders, including the Foster Care Review Board Coordinators and contract provider staff to include the YAP, Growing Homes, SAFY and others

### **Palmetto Power (P2)**

**Syllabus:** Palmetto Power (P2) is an intercept of people and data, is a series of highly participatory and interactive discussion sessions dedicated to the planning of positive permanencies for children in foster care. Along with supervisory and management staff from the SCDSS, individuals from a variety of human services agencies and community organizations attend. This includes juvenile justice, mental health, education, the Foster Care Review Board, the SC Citizens Review Panel, and the SC Foster Parents Association, along with numerous others. These sessions include presentation of data and information that allow participants to develop hypotheses to case situations as well as develop strategies and follow-up are also part of the process to ensure improved outcomes for families and children.

**Provider:** The University of SC Center for Child and Family Studies. The Center for Child and Family Study provides logistical/administrative support for this event. The SCDSS, along with selected guest speakers are responsible for the development of content and delivery.

**Audience:** SCDSS staff and individuals from a variety of human services agencies and community

### **Palmetto Power for Providers (P3)**

**Syllabus:** This training gives providers an opportunity to meet with SCDSS regional and county directors to examine ways to work as partners jointly committed to positive outcomes for the children and families being served. Attendees discussed the challenges and opportunities they encountered in improving local coordination in order to meet the goal of making sure all children are safe and live in a positive permanent home. The following objectives are covered in P3: to discuss case mistakes and cases that went well; to create understanding of trends and how they are reflected in larger data patterns; to look at statistical trends for the area; to examine well-being issues; and to discuss how permanency is enhanced. Anticipated future subject matter will be on placement stability and any other child welfare outcomes required by the CFSR.

**Provider:** The Palmetto Association for Children and Families

**Audience:** SCDSS supervisors and human services providers

### **A Closer Look**

**Syllabus:** The "A Closer Look" meeting is hosted by two providers from each state region and a selected case would be reviewed in detail. Following the two "Closer Look" meetings, the P3 was scheduled and the selected cases

were presented to the larger group of attendees from the region. The SCDSS and provider staff jointly present the information gathered from the "A Closer Look" meetings and the audience offers suggestions and feedback. During the "Closer Look," participants identify services and activities that contributed to positive permanency for the child, as well as places where the system did not work effectively. This includes discussion about local assets that could have been, or were, engaged as family supports.

**Provider:** The Palmetto Association for Children and Families

**Audience:** County Caseworkers/Supervisors, IFCCS and Adoption staff, school personnel, GAL's, mental health professionals, families, etc.

### **Legal Component of Basic Caseworker Training/Mock Trial**

**Syllabus:** The CLC provides the three-day legal component of initial caseworker training which includes a didactic segment on the family court system and mock hearings in which participants testify and are cross-examined. Training topics include evidence, child protection hearings, termination of parental rights, and courtroom appearance. After testifying, participants receive feedback on their performance and are given a DVD of their testimony. The training is conducted in small groups to allow participants to testify and receive individual feedback. A retired family court judge and CLC attorneys, who perform the roles of the SCDSS attorney and the parents' attorney, comprise the training team for each mock trial.

**Provider:** The University of SC Children's Law Center

**Audience:** Newly Employed DSS Caseworkers

### **Advanced Legal Training for Caseworkers**

**Syllabus:** This one-day training was held for county casework staff who have completed the initial legal training and have experience appearing in family court. This training reinforces workers' skills and confidence in preparing for court and handling legal aspects of the case process. General topics emphasize the importance of substantive preparation for appearing as a witness, and include development of a case theory, understanding the court system, rules of evidence, MEPA requirements, and family court rules. It includes testifying in contested hearings and handling sensitive issues such as disagreement between worker/supervisor/agency positions on case. Advanced legal training sessions are utilized to emphasize areas identified as needing improvement in the CFSR, such as concurrent planning; the timeliness of permanency planning hearings; the selection of Another Planned Permanent Living Arrangement (APPLA) as a permanency goal; the use and scheduling of intervention hearings; involvement of the parent and child in development of the case plan; the importance of visitation with parents and siblings; and diligent search efforts.

**Provider:** The University of SC Children's Law Center

**Audience:** Caseworker staff that have completed the initial legal training.

### **Courtroom Skills Training for Caseworkers**

**Syllabus:** Interactive legal training for caseworkers on presenting cases in family court. Topics covered include: the role of the family court; the rights of parent and foster parents; the role and responsibility of the GAL; the nature and purpose of the various child abuse and neglect proceedings; use of the applicable definition of child abuse and neglect; importance of documenting reasonable efforts; the basic rules of evidence; and preparing for court and testifying.

**Provider:** The University of SC Children's Law Center

**Audience:** SCDSS Caseworkers

### **Bringing Your "A" Game to Court**

**Syllabus:** Legal training for caseworkers on providing effective testimony. Topics covered include: preparing for court; court etiquette; direct examination; and cross-examination.

**Provider:** The University of SC Children's Law Center; Regional Attorney Trainers

**Audience:** SCDSS Caseworkers

### **Trial Preparation for Advocacy Skills Training for DSS Attorneys**

**Syllabus:** Legal training for the SCDSS attorneys. Topics include: trial preparation and trial advocacy in child abuse and neglect cases; trial preparation and trial advocacy in TPR proceedings; making the case in family court to forego reasonable efforts; and ethical considerations for agency attorneys.

**Provider:** The University of SC Children's Law Center; Regional Attorney Trainers

**Audience:** New SCDSS Attorneys

### **Preparing Documents for Child Abuse and Neglect Cases**

**Syllabus:** Interactive legal training for the SCDSS county staff on how to write effective court summaries.

**Provider:** The University of SC Children's Law Center; Regional Attorney Trainers

**Audience:** SCDSS Child and Protective Services Staff, Caseworkers, Supervisors, County Directors, Program Coordinators.

### **Preparing and Performance Court Training**

**Syllabus:** Legal training on preparing and testifying in court.

**Provider:** The University of SC Children's Law Center; Regional Attorney Trainers

**Audience:** SCDSS Child and Protective Services Staff, Caseworkers, Supervisors, County Directors, Program Coordinators.

### **SCFPA Annual Conference**

**Syllabus:** TBD, in prior years it has included classes on starting a Fostering Ministry at Your Church and Adoption topics.

**Provider:** The SC Foster Parent Association

**Audience:** Foster and Adoptive parents, SCDSS and private agency supervisors and caseworkers, general public.

### **Training in Support of Objective 2- CFSR Permanency Outcome 2**

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

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 FFY 2019, with bench marks of 2% per year improvement.

### **Guided Supervision**

**Syllabus:** This training delves into Guided Supervision, a structured type of staffing that focuses both on risk and safety and on improving worker's critical thinking skills. Guided Supervision is one of the SCDSS agency strategies to improving risk and safety decisions.

**Day One** of this training provides participants with the foundational knowledge necessary for Guided Supervision. Participants will become familiar with the new Guided Supervision Tool and will practice eliciting critical thinking from caseworkers. The training also covers several key risk and safety concepts that are essential to Guided Supervision.

**Day Two** of the training allows participants to deepen their understanding of the best practices for Guided Supervision. Participants will discuss how to evaluate caseworker effort, how to give constructive feedback, and how to help caseworkers understand challenging concepts like behavior change.

**Provider:** The University of SC Center for Child and Family Studies

**Audience:** Supervisors in child welfare, IFCCS and Adoptions

### **The Four Key Concepts: Safety, Risk, Behavioral Change and Permanency**

**Syllabus:** Participants will learn to clearly define The Four Key Concepts: safety, risk, behavioral change and permanency and map out how the various initiatives fit together. There will be discussion on what each concept

means and how they apply to real-life cases. Also, participants will have an opportunity to discuss practical examples of the concepts.

**Provider:** The University of SC Center for Child and Family Studies

**Audience:** Caseworkers, Supervisors, Program Coordinators, County Directors and Team Leaders in child welfare, Adoptions and IFCCS

### **Permanency Roundtable Training (PRT)**

**Syllabus:** A Permanency Roundtable (PRT) is a structured, professional case consultation and intervention designed to facilitate the permanency planning process by identifying realistic solutions to permanency obstacles for youth. Key players (a permanency consultant, a master practitioner, a youth's case manager and supervisor, etc.) convene to create individual permanency plans. The various roles of all players are discussed and how the process expedites permanency for a child in care.

**Day One- Values:** Participants learn about the 5 Permanency Options, looking at data and the CRSR Recommendations and the importance of engaging fathers.

**Day Two- Skills:** Participants will cover the Roundtable Process and learn facilitation skills. They will also learn about staff engagement, facilitation skills, identifying skills for a successful roundtable. They will also participate in a "mock roundtable" and learn how to create effective permanency action plans.

**Provider:** The University of SC Center for Child and Family Studies

**Audience:** New SCDSS staff and SCDSS Community Partners and stakeholders, including the Foster Care Review Board Coordinators and contract provider staff to include the YAP, Growing Homes, SAFY and others.

### **Palmetto Power (P2)**

**Syllabus:** Palmetto Power (P2) is an intercept of people and data, is a series of highly participatory and interactive discussion sessions dedicated to the planning of positive permanencies for children in foster care. Along with supervisory and management staff from the SCDSS, individuals from a variety of human services agencies and community organizations attend. This includes juvenile justice, mental health, education, the Foster Care Review Board, the SC Citizens Review Panel, and the SC Foster Parents Association, along with numerous others. These sessions include presentation of data and information that allow participants to develop hypotheses to case situations as well as develop strategies and follow-up are also part of the process to ensure improved outcomes for families and children.

**Provider:** The University of SC Center for Child and Family Studies. The Center for Child and Family Study provides logistical/administrative support for this event. The SCDSS, along with selected guest speakers are responsible for the development of content and delivery.

**Audience:** SCDSS staff and individuals from a variety of human services agencies and community.

### **Palmetto Power for Providers (P3)**

**Syllabus:** This training gives providers an opportunity to meet with the SCDSS Regional and County Directors to examine ways to work as partners jointly committed to positive outcomes for the children and families being served. Attendees discussed the challenges and opportunities they encountered in improving local coordination in order to meet the goal of making sure all children are safe and live in a positive permanent home. The following objectives are covered in P3: to discuss case mistakes and cases that went well; to create understanding of trends and how they are reflected in larger data patterns; to look at statistical trends for the area; to examine well-being issues; and to discuss how permanency is enhanced. Anticipated future subject matter will be on placement stability and any other child welfare outcomes required by the CFSR.

**Provider:** The Palmetto Association for Children and Families

**Audience:** SCDSS Supervisors and human services providers

### **A Closer Look**

**Syllabus:** The "A Closer Look" meeting is hosted by two providers from each state region and a selected case would be reviewed in detail. Following the two "Closer Look" meetings, the P3 was scheduled and the selected cases

were presented to the larger group of attendees from the region. The SCDSS and provider staff jointly present the information gathered from the "A Closer Look" meetings and the audience offers suggestions and feedback. During the "Closer Look," participants identify services and activities that contributed to positive permanency for the child, as well as places where the system did not work effectively. This includes discussion about local assets that could have been, or were, engaged as family supports.

**Provider:** The Palmetto Association for Children and Families

**Audience:** County Caseworkers/Supervisors, IFCCS and Adoption staff, school personnel, GAL's, mental health professionals, families, etc.

### **Family Group Conferencing (FGC) Training also known as Child Conferencing (CC) (SCDSS)**

**Syllabus:** In-Service training provided on family engagement practices using family group decision making approaches. It is a follow up training to the implementation of the CC process and has special emphasis on the CC referral, recruitment, modeling the approach to families, consulting on potential referrals, reviewing roles, responsibilities and expectations as well as case staffing and the CAPSS data review for potential referrals.

**Provider:** The SCDSS Families First Staff

**Audience:** SCDSS Staff

### **Engaging the Non-Custodial Parent**

**Syllabus:** Training designed to address the importance of connecting children to their noncustodial parent, primarily the father. The training curriculum was developed by the American Humane Association and was adapted for South Carolina using services provided by the Fatherhood Coalitions located around the state. The training helps staff look at their own biases in engaging fathers, presenting gender socialization issues, and other challenges in connecting this group, while helping staff see the benefits for the child, caseworker, and mothers. The training concludes with specific services and programs offered through the coalitions and the referral processes reviewed for connecting noncustodial parents involved with the agency.

**Provider:** The SCDSS Families First and the Center for Fathers and Families

**Audience:** SCDSS Staff

### **Legal Component of Basic Caseworker Training/Mock Trial**

**Syllabus:** The CLC provides the three-day legal component of initial caseworker training which includes a didactic segment on the family court system and mock hearings in which participants testify and are cross-examined. Training topics include evidence, child protection hearings, termination of parental rights, and courtroom appearance. After testifying, participants receive feedback on their performance and are given a DVD of their testimony. The training is conducted in small groups to allow participants to testify and receive individual feedback. A retired family court judge and CLC attorneys, who perform the roles of the SCDSS attorney and the parents' attorney, comprise the training team for each mock trial.

**Provider:** The University of SC Children's Law Center

**Audience:** Newly Employed SCDSS Caseworkers

### **Advanced Legal Training for Caseworkers**

**Syllabus:** This one-day training was held for county casework staff who have completed the initial legal training and have experience appearing in family court. This training reinforces workers' skills and confidence in preparing for court and handling legal aspects of the case process. General topics emphasize the importance of substantive preparation for appearing as a witness, and include development of a case theory, understanding the court system, rules of evidence, MEPA requirements, and family court rules. It includes testifying in contested hearings and handling sensitive issues such as disagreement between worker/supervisor/agency positions on case. Advanced legal training sessions are utilized to emphasize areas identified as needing improvement in the CFSR, such as concurrent planning; the timeliness of permanency planning hearings; the selection of Another Planned Permanent Living Arrangement (APPLA) as a permanency goal; the use and scheduling of intervention hearings; involvement of the parent and child in development of the case plan; the importance of visitation with parents and siblings; and diligent search efforts.



**Provider:** The University of SC Children's Law Center

**Audience:** Caseworker staff that have completed the initial legal training.

### **Preparing Documents for Child Abuse and Neglect Cases**

**Syllabus:** Interactive legal training for the SCDSS County staff on how to write effective court summaries.

**Provider:** The University of SC Children's Law Center; Regional Attorney Trainers

**Audience:** SCDSS Child and Protective Services Staff, Caseworkers, Supervisors, County Directors, Program Coordinators.

## **Goal 4 – Administrative Capacity**

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

### **Training in Support of Objective 2**

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.

#### **Leadership Academy for Supervisors**

**Syllabus:** The Leadership Academy for Supervisors (LAS) is an online training program for experienced supervisors. It's designed for motivated supervisors who are ready to become motivated leaders, in their unit, their agency and their community.

**Module 1:** Foundations for Leadership: Learn the key qualities of leaders.

**Module 2:** Leading in Context: Identify leadership strengths and challenges.

**Module 3:** Leading People: Describe the impact of leaders on the child welfare system.

**Module 4:** Leading for Results: Learn those factors that drive successful implementation.

**Module 5:** Leading Systems Change: Recognize the constant changes in the Child Welfare System.

**Provider:** The University of SC Center for Child and Family Studies

**Audience:** Supervisors, with at least one year of supervisory experience and exhibit a motivation to become leaders in their organizations, are selected by the Team Leaders.

#### **The Executive Leadership Forum Series**

**Syllabus:** An advisory group composed of county directors, a regional team leader and a state office leader will help to ensure that a broad range of training events designed to meet identified needs are offered. The USC Center for Child and Family Studies staff will work with the advisory group and other SCDSS state office staff to assess training needs, identify core competencies and develop the core curriculum. Training will be provided by the Center's staff, the SCDSS staff, and external experts. Training will focus on all areas of the SCDSS responsibility: Child Welfare, Adult Protective Services, Child Support, Economic Services and Child Care.

**Provider:** The USC Center for Child and Family Studies/ SCDSS

**Audience:** SCDSS County Directors, Regional Team Leaders, and upper level State Office Staff

#### **The Leadership Academy for Middle Managers**

**Syllabus:** The Leadership Academy for Middle Managers is a national leadership development academy for middle management in public, tribal and privatized child welfare systems. It was developed by the Child Welfare Workforce Institute. The goal of this training is to enhance the ability of middle managers to apply leadership skills for implementation of sustainable systems change to improve outcomes for children, youth and families.

**Provider:** The USC Center for Child and Family Studies/SCDSS

**Audience:** SCDSS County Directors and Team Leaders

### **Core Management Functions**

**Syllabus:** Training topics including: Finance and Budgeting, Human Resources and IT Issues will be covered in the first year of this new program. Face-to-face training will be repeated each quarter to allow the staff the opportunity to learn the SCDSS policies and procedures. Pertinent SCDSS departments will provide the training in these areas.

**Provider:** The USC Center for Child and Family Studies/ SCDSS

**Audience:** SCDSS County Directors and Team Leaders

### **Training in Support of Objective 3**

Strengthen workforce development through hiring, retention, training activities, and support efforts to sustain consistency in provision of critical services that promote safety, permanency and well-being for children involved with the SCDSS.

### **Guided Supervision**

**Syllabus:** This training delves into Guided Supervision, a structured type of staffing that focuses both on risk and safety and on improving worker's critical thinking skills. Guided Supervision is one of the SCDSS agency strategies to improving risk and safety decisions.

**Day One** of this training provides participants with the foundational knowledge necessary for Guided Supervision. Participants will become familiar with the new Guided Supervision Tool and will practice eliciting critical thinking from caseworkers. The training also covers several key risk and safety concepts that are essential to Guided Supervision.

**Day Two** of the training allows participants to deepen their understanding of the best practices for Guided Supervision. Participants will discuss how to evaluate caseworker effort, how to give constructive feedback, and how to help caseworkers understand challenging concepts like behavior change.

**Provider:** The University of SC Center for Child and Family Studies

**Audience:** Supervisors in child welfare, IFCCS and Adoptions

### **Nuts & Bolts of Effective Supervision and Leadership: Future Leaders**

**Syllabus:** Participants will learn how to be an effective supervisor and leader.

**Day One:** Participants will explore the roles of supervisor and leader and determine how to maximize their effectiveness in these positions. They will also discuss how to create an environment conducive to effective teamwork. In addition, participants will learn specific techniques designed for efficient coaching and management of employees.

**Day Two:** Participants will explore different strategies that they could use to increase worker motivation and manage conflict within their units once they become supervisors. They will identify elements of motivation and ways to effectively manage motivated and unmotivated workers. In addition, participants will explore their own conflict management techniques and practice managing conflict with teams.

**Day Three:** Focuses on time management, planning for meetings and ethical decision making.

**Day Four:** Participants will explore different strategies that they can use to increase accountability and safety within their units. Participants will also discuss best practices in hiring and interviewing, such as creating effective job postings and interview questions.

**Day Five:** Participants will learn how to manage a diverse population and how to avoid cultural misunderstandings.

**Provider:** The University of SC Center for Child and Family Studies

**Audience:** Child Welfare Workers who are recommended by their supervisors who demonstrate leadership abilities

### **Nuts & Bolts of Effective Supervision and Leadership: Current Leaders**

**Syllabus:** Participants will learn how to be an effective supervisor and leader.

**Day One:** Participants will explore the roles of supervisor and leader and determine how to maximize their effectiveness in these positions. They will also discuss how to create an environment conducive to effective

teamwork. In addition, participants will learn specific techniques designed for efficient coaching and management of employees.

**Day Two:** Participants will explore different strategies that they could use to increase worker motivation and manage conflict within their units once they become supervisors. They will identify elements of motivation and ways to effectively manage motivated and unmotivated workers. In addition, participants will explore their own conflict management techniques and practice managing conflict with teams.

**Day Three:** Focuses on time management, planning for meetings and ethical decision making.

**Day Four:** Participants will explore different strategies that they can use to increase accountability and safety within their units. Participants will also discuss best practices in hiring and interviewing, such as creating effective job postings and interview questions.

**Provider:** The University of SC Center for Child and Family Studies

**Audience:** All SCDSS staff who supervise at least one individual.

### Learning to Lead

**Syllabus:** This is a training where new child welfare supervisors will brush up on supervisory skills and learn cutting-edge practices and policies. In addition to offering skills practice in a variety of areas, the training will also provide supervisors with a supportive community, in person and online, where supervisors can discuss challenges, describe successes and brainstorm new ideas. The training is spread out over the course of three months, which allows supervisors time to apply the new knowledge and skills they've acquired.

**Day One: *Assessment and Trauma***

Participants will be introduced to the goals of the training and the use of the Learning Management Model. Describe goals of the training and the Learning Management System. The major components of the LAS Model were covered. Participants will also learn how to use the Risk Matrix and CBPS Providers. They will also learn the definition of trauma and its impact on children in state custody. Participants will also learn about secondary trauma and how to help employees prevent it.

**Day Two: *Data and Relationships***

The participants will focus on understanding data, supporting workers, building collaboration and leading through difficult decisions.

**Day Three: *Guiding Workers and Families***

Participants will be trained on the use of Guided Supervision and learn to write and revise B-SMART objectives.

**Day Four: *Documentation and Change***

The topics of documentation skills, casework practice and documentation and new organizational structure and strategies are addressed in the final section.

**Provider:** The University of SC Center for Child and Family Studies

**Audience:** Child Welfare Supervisors with less than a year's experience including ones who wish to be refreshed on the latest policies, practices and supervisory skills.

### The Executive Leadership Forum Series

**Syllabus:** An advisory group composed of county directors, a regional team leader and a state office leader will help to ensure that a broad range of training events designed to meet identified needs are offered. The USC Center for Child and Family Studies staff will work with the advisory group and other SCDSS state office staff to assess training needs, identify core competencies and develop the core curriculum. Training will be provided by the Center's staff, the SCDSS staff, and external experts. Training will focus on all areas of the SCDSS responsibility: Child Welfare, Adult Protective Services, Child Support, Economic Services and Child Care.

**Provider:** The USC Center for Child and Family Studies/ SCDSS

**Audience:** SCDSS County Directors, Regional Team Leaders, and upper level State Office Staff

### **The Leadership Academy for Middle Managers**

**Syllabus:** The Leadership Academy for Middle Managers is a national leadership development academy for middle management in public, tribal and privatized child welfare systems. It was developed by the Child Welfare Workforce Institute. The goal of this training is to enhance the ability of middle managers to apply leadership skills for implementation of sustainable systems change to improve outcomes for children, youth and families.

**Provider:** The USC Center for Child and Family Studies/SCDSS

**Audience:** SCDSS county Directors and Team Leaders

### **Core Management Functions**

**Syllabus:** Training topics including: Finance and Budgeting, Human Resources and IT Issues will be covered in the first year of this new program. Face-to-face training will be repeated each quarter to allow the staff the opportunity to learn the SCDSS policies and procedures. Pertinent SCDSS departments will provide the training in these areas.

**Provider:** The USC Center for Child and Family Studies/ the SCDSS

**Audience:** SCDSS County Directors and Team Leaders

### **Child Welfare Supervision Certification**

**Syllabus:** In the last 3 years the SCDSS has increased Supervisory capacity through learning and growth opportunities such as the Learning to Lead Academy (LAS), and through the restructuring of the supervision processes through implementation of Guided Supervision. The SCDSS will maintain this momentum in the next 5 years by strengthening the assessment and hiring process for supervisors, to more fully assess candidates and by the implementation of a certification program for Child Welfare Supervision. This program will be developed by a team which will include the Department's leadership, partners, and supervisory staff. A rigorous assessment of personal characteristics, skills, and leadership capacity will be incorporated as a requirement for certificate attainment. The certification program will incorporate the current leadership trainings such as the LAS, and additionally will provide practical skills that supervisors need in order to be effective in their daily work. Topics and components of the training will include but not be limited to: practitioner retention; professional development and support; incorporating Department values and imperatives into the decision making process; critical thinking skills; engaging the community and partners; coaching; guided supervision; administrative functions; secondary trauma; and time management.

**Setting Venue:** workshops, online, face-to-face

**Duration:** Short Term

**Provider:** TBD, in partnership with the SCDSS

**Days/Hours:** TBD

**Audience:** SCDSS New Child Welfare Supervisors

### **Palmetto Power for Providers (P3)**

**Syllabus:** This training gives providers an opportunity to meet with SCDSS Regional and County Directors to examine ways to work as partners jointly committed to positive outcomes for the children and families being served. Attendees discuss the challenges and opportunities they encountered in improving local coordination in order to meet the goal of making sure all children are safe and live in a positive permanent home. The following objectives are covered in P3: to discuss case mistakes and cases that went well; to create understanding of trends and how they are reflected in larger data patterns; to look at statistical trends for the area; to examine well-being issues; and to discuss how permanency is enhanced. Anticipated future subject matter will be on placement stability and any other child welfare outcomes required by the CFSR.

**Provider:** The Palmetto Association for Children and Families

**Audience:** SCDSS Supervisors and human services providers

### **A Closer Look**

**Syllabus:** The "A Closer Look" meeting is hosted by two providers from each state region and a selected case would be reviewed in detail. Following the two "Closer Look" meetings, the P3 was scheduled and the selected cases

are presented to the larger group of attendees from the region. The SCDSS and provider staff jointly present the information gathered from the "A Closer Look" meetings, and the audience offers suggestions and feedback. During the "Closer Look," participants identify services and activities that contributed to positive permanency for the child, as well as places where the system did not work effectively. This includes discussion about local assets that could have been, or were, engaged as family supports.

**Provider:** The Palmetto Association for Children and Families

**Audience:** County Caseworkers/Supervisors, IFCCS and Adoption staff, school personnel, GAL's, mental health professionals, families, etc.

### **Community-Based Learning Collaborative (CBLC)**

**Syllabus:** An approach developed and implemented by Project BEST to: 1) build strong, working collaborative relationships between the SCDMH clinicians, the SCDSS caseworkers, and other clinicians and brokers in every county in South Carolina; 2) train the SCDMH therapists and other community therapists to deliver Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) with a high degree of fidelity and competence; 3) train the SCDSS workers and other community brokers in Trauma-Informed Services, including evidence-based interventions, evidence-based treatment planning, case management skills for treatment success; and 4) ensure that every abused and traumatized child in every county in South Carolina who needs it, receives best practice services and treatment.

**Provider:** Site's implementation team (the SCDSS, the SCDMH, and the Child Advocacy Center members). The training and ongoing supervision is provided by the Project Best faculty (Lowcountry Children's Center and the National Crime Victim Research and the Treatment Center, MUSC.)

**Audience:** SCDMH clinicians, SCDSS caseworkers, and other clinicians and brokers in every county in South Carolina.

### **Best Legal Practices for Paralegals in Child Abuse Neglect Cases**

**Syllabus:** Legal-training for SCDSS paralegals. Topics covered include: the role of the paralegal, notice and service of process in child abuse and neglect proceedings; professional ethics for paralegals, and preparing court dockets and preparing for court.

**Provider:** Contracted speakers from outside of the USC Children's Law Center and the SCDSS.

**Audience:** SCDSS FTE Attorneys and Contract Attorneys

### **Appellate Practice**

**Syllabus:** Legal-training for the SCDSS attorneys. Topics include: a practical guide to appellate practice; appellate practice from the court's perspective; and the fair hearing process.

**Provider:** Contracted speakers from outside of the USC Children's Law Center and the SCDSS

**Audience:** SCDSS FTE Attorneys and Contract Attorneys

### **Paralegal Training**

**Syllabus:** Topics will vary according to needs decided upon by the SCDSS Office of General Counsel and County Attorneys.

**Provider:** Contracted speakers from outside of the USC Children's Law Center and the SCDSS

**Audience:** SCDSS County Paralegals

### **Training in Support of Objective 4**

Establish and Maintain a Continuous Quality Improvement (CQI) System.

### **Guided Supervision**

**Syllabus:** This training delves into Guided Supervision, a structured type of staffing that focuses both on risk and safety, and on improving worker's critical thinking skills. Guided Supervision is one of the SCDSS agency's strategies to improving risk and safety decisions.

**Day One** of this training provides participants with the foundational knowledge necessary for Guided Supervision. Participants will become familiar with the new Guided Supervision Tool and will practice eliciting critical thinking from caseworkers. The training also covers several key risk and safety concepts that are essential to Guided Supervision.

**Day Two** of the training allows participants to deepen their understanding of the best practices for Guided Supervision. Participants will discuss how to evaluate caseworker effort, how to give constructive feedback, and how to help caseworkers understand challenging concepts like behavior change.

**Provider:** The University of SC Center for Child and Family Studies

**Audience:** Supervisors in child welfare, IFCCS and Adoptions

### **Palmetto Power for Providers (P3)**

**Syllabus:** This training gives providers an opportunity to meet with SCDSS Regional and County Directors to examine ways to work as partners jointly committed to positive outcomes for the children and families being served. Attendees discuss the challenges and opportunities they encountered in improving local coordination in order to meet the goal of making sure all children are safe and live in a positive permanent home. The following objectives are covered in P3: to discuss case mistakes and cases that went well; to create understanding of trends and how they are reflected in larger data patterns; to look at statistical trends for the area; to examine well-being issues; and to discuss how permanency is enhanced. Anticipated future subject matter will be on placement stability and any other child welfare outcomes required by the CFSR.

**Provider:** The Palmetto Association for Children and Families

**Audience:** SCDSS Supervisors and human services providers

### **A Closer Look**

**Syllabus:** The "A Closer Look" meeting is hosted by two providers from each state region and a selected case would be reviewed in detail. Following the two "Closer Look" meetings, the P3 was scheduled and the selected cases are presented to the larger group of attendees from the region. The SCDSS and provider staff jointly present the information gathered from the "A Closer Look" meetings, and the audience offers suggestions and feedback. During the "Closer Look," participants identify services and activities that contributed to positive permanency for the child, as well as places where the system did not work effectively. This includes discussion about local assets that could have been, or were, engaged as family supports.

**Provider:** The Palmetto Association for Children and Families

**Audience:** County Caseworkers/Supervisors, IFCCS and Adoption staff, school personnel, GAL's, mental health professionals, families, etc.

### **Training in Support of Objective 5**

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

### **Power for Providers (P3)**

**Syllabus:** This training gives providers an opportunity to meet with the SCDSS Regional and County Directors to examine ways to work as partners jointly committed to positive outcomes for the children and families being served. Attendees discuss the challenges and opportunities they encountered in improving local coordination in order to meet the goal of making sure all children are safe and live in a positive permanent home. The following objectives are covered in P3: to discuss case mistakes and cases that went well; to create understanding of trends and how they are reflected in larger data patterns; to look at statistical trends for the area; to examine well-being issues; and to discuss how permanency is enhanced.

**Provider:** The Palmetto Association for Children and Families

**Audience:** SCDSS supervisors and human services providers

## **A Closer Look**

**Syllabus:** The "A Closer Look" meeting is hosted by two providers from each state region and a selected case would be reviewed in detail. Following the two "Closer Look" meetings, the P3 was scheduled and the selected cases are presented to the larger group of attendees from the region. The SCDSS and provider staff jointly present the information gathered from the "A Closer Look" meetings, and the audience offers suggestions and feedback. During the "Closer Look," participants identify services and activities that contributed to positive permanency for the child, as well as places where the system did not work effectively. This includes discussion about local assets that could have been, or were, engaged as family supports.

**Provider:** The Palmetto Association for Children and Families

**Audience:** County Caseworkers/Supervisors, IFCCS and Adoption staff, school personnel, GAL's, mental health professionals, families, etc.

## **Community-Based Learning Collaborative (CBLC)**

**Syllabus:** An approach developed and implemented by Project BEST to: 1) build strong, working collaborative relationships between the SCDMH clinicians, the SCDSS caseworkers, and other clinicians and brokers in every county in South Carolina; 2) train the SCDMH therapists and other community therapists to deliver Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) with a high degree of fidelity and competence; 3) train SCDSS workers and other community brokers in Trauma-Informed Services, including evidence-based interventions, evidence-based treatment planning, case management skills for treatment success; and 4) ensure that every abused and traumatized child in every county in South Carolina who needs it, receives best practice services and treatment.

**Provider:** Site's implementation team (the SCDSS, the SCDMH, and the Child Advocacy Center members). The training and ongoing supervision is provided by the Project Best faculty (Lowcountry Children's Center and the National Crime Victim Research and the Treatment Center, MUSC.)

**Audience:** SCDMH clinicians, SCDSS Caseworkers, and other clinicians and brokers in every county in South Carolina.

## **Technical Assistance**

### **The SCDSS Adoption Subsidy Assistance Technical Assistance and Training**

In the FFYs 2010-2014, the Adoption Subsidy Assistance Unit provided technical assistance and training through on-site, telephone and e-mail communication. This support was conducted multiple times for each Regional Adoption Services Office on the topics of monthly IV-E and State Supplemental Benefits, Adoption Subsidy Assistance eligibility criteria, determinations, Adoption Subsidy Agreement verification and payment processing, Supplemental Benefit for Medical Assistance, Non-Recurring Costs reimbursement and financial folder preparation and the determination process were also topics of technical support.

This enabled the State Adoption Subsidy Assistance Office to process financial files to final determinations of funding status more expeditiously. This allowed financial files to be processed more quickly than before the technical assistance training. The Unit anticipates that these forms of ongoing technical assistance will continue to be utilized, due to staff turnover in the Regional Adoption Services Offices and the complex nature of Adoption Subsidy Assistance determinations in adoptions with different subsidy-oriented situations.

The Unit also provided formal and informal technical assistance to the SCDSS Information Technology Unit in the development of the CAPPS Adoption Subsidy Assistance determination program. This technical assistance will be ongoing at least at the beginning of the FFY 2015.

The Unit has also developed a Sharepoint site for Adoption Subsidy that will take the place of a paper file. All documents will be housed in the site and remain there until termination or closure. At that time the file will be microfilmed. The site is in testing mode at the end of the FFY 2014. Once the work is completed, all Regional Adoption Services Office staff will be trained on its use.

## Evaluation and Research

The SC CFCIP participates in the National Youth in Transitions Database and will continue to cooperate in any national evaluations of the effects of the program in achieving the purposes of the CFCIP.

The Department contracted with the USC CCFS to conduct the data collection for the National Youth in Transition Database outcome measures. These measures will be used to assess States' performance in operating their independent living programs.

In FFY 2014, the SC CFCIP volunteered to take part in a federal review of NYTD compliance. The site visit is scheduled to take place July 22-24, 2014.

## 4. Services

South Carolina provides a full continuum of child welfare services, including child abuse and neglect prevention, intervention, and treatment services and foster care; family preservation services; family support services; and services to support reunification, adoption, kinship care, independent living, and services for other permanent living arrangements. This section of the plan describes the specific services provided.

### Stephanie Tubbs Jones Child Welfare Services

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

The majority of case management services are provided by agency staff; those that are not provided by the agency are contracted. Child protective and preventive, foster care, and adoption services are provided statewide without regard to income. The SCDSS limits expenditures for administrative costs to 10% or less under this program. Program details are outlined in this report.

### Contracted Child Welfare Services

To support its continuum of child welfare services, South Carolina contracts with selected collaborative partners to provide specific services to support the Child Welfare Vision of the SCDSS which is:

- Safe and thriving children with life-long families sooner (Safety, Permanency and Well-being)
- Immediate safety from significant harm
- Enduring safety with a significant person who will make a lasting, legal commitment to be there for them no matter what

Some of these vital partners with the proficiency in the skills and practices to support 2015-2019 CFSP Goals include:

- The Children's Trust of South Carolina (prevention services);
- The Columbia Urban League (training for youth life skills);
- The Foster Care Review Board (administrative case reviews on children in foster care);
- The Medical University of South Carolina (multi-disciplinary care teams);
- The Palmetto Association for Children and Families (collaborative meetings);



- Parents Anonymous/Family Corps (support groups);
- The South Carolina Foster Parent Association (resource and adoptive parent recruitment, training and support);
- The South Carolina Heart Gallery (foster and adoptive parent recruitment);
- The University of South Carolina School of Social Work, Center for Child and Family Studies (child welfare training, quality assurance, youth development, CAPTA citizen review panel coordination, youth surveys, services for those with limited English proficiency).

Additionally, the state issues a request for proposals for local organizations to provide voluntary case management and family strengthening services as an alternative response to investigation for families deemed at low risk for maltreatment.

These contracts were initiated or continued under the CFSP 2010-2015, and the State expects to continue these contracts under the CFSP 2015-2019. More detailed descriptions are included throughout the continuum of services described in this plan.

The Agency will also contract for services that may be unique to a particular county, such as Parents Anonymous of South Carolina (FamilyCorps) for local chapter development (statewide) or counseling services through Family Services, Inc.

### **Service Decision-Making Process for Family Support Services**

A major portion of the providers selected to receive funding to deliver Family Support services are selected for their specific expertise such as the Children's Trust of SC, which is the primary prevention organization in the state, and the SC Foster Parent Association, which is the primary foster parent training organization. Other vendors are contracted through solicitation for defined services, such as Family Engagement services. All vendors for Family Support services are community-based and provide primary services in the community.

### **Service Coordination**

Child welfare services are coordinated across the state through local county SCDSS Offices in tandem with Regional Intensive Foster Care and Clinical Services Offices and Regional Adoption Services Offices. This coordination is supported by Regional Team Leaders and staff. The SCDSS case management and services are supplemented by other organizations' resources and services within counties.

In September 2013, the SCDSS reorganized its structure to have the Regional Team Leaders (Quality and Accountability Team Leaders) provide the direct leadership role to the Teaming Process. Teaming involves a purposeful integration of staff with a variety of roles within the Department, coming together to meet the specific needs of a child. An example would be Adoptions, Foster Care Licensing, and a Foster Care practitioner teaming on a case to address the therapeutic needs of a child, the supports needed for a Resource Family, and areas of consideration for matching an appropriate adoptive resource for a child. Included in the continuum of services are also the Alternative Caregiver Liaisons. For families that are able to successfully reunify or children placed in the custody of relatives, concerted efforts are being made to ensure access to public and private community supports, awareness of Medicaid access, linkage to Child Only TANF options, and tangible supports that a family may need.

In addition, county and state level Partner Meetings with the stakeholders' community provide a forum to address systemic challenges, and to develop solutions that meet the needs of children and their families. This provides the opportunity to address statewide needs and challenges, but also to focus on those needs, services, challenges and resources that may be unique to a given area of the state. The Partner Meetings can include but are not limited to the SC Foster Care Review Board, Guardian ad Litem, the SC Department of Mental Health, school / education staff, the SC Department of Disability and Special Needs, alcohol and drug abuse prevention and treatment providers, and

the Child Advocacy Centers. As appropriate, many of these partners are encouraged to participate in the child-specific activities such as the Permanency and Safety Roundtables.

The intentional partnership with stakeholders, community members, private and public services providers, schools, family members, and tribal entities is integral to the services for families being coordinated and provided on a continuum, for all levels of need that a child and/or family may have. Throughout the upcoming five year period, efforts will be undertaken to enhance inclusion of all relevant community, stakeholder, and provider groups, as well as continuing to refine the Teaming Process, in order to ensure a seamless service delivery.

## 5. Child and Family Services Continuum

### Prevention and Early Intervention Services

The primary mechanism for the SCDSS to provide supportive preventive services to families will continue through contracts with local non-profit providers. These contracts are written at the state level and include parent education services, parent aide services, child care services through the Child Care and Development Block Grant (CCDBG) voucher program, BabyNet services through the Individuals with Disabilities Education Act (IDEA), and community-based prevention services.

The following services will continue to be available to meet the needs of intact families and to prevent placement in state custody.

**Home Visitation Services.** The South Carolina Maternal, Infant, and Early Childhood Home Visiting (SCMIECHV) program continues to address critical areas of child well-being including the coordination and delivery of critical health, child development, early learning, prevention of child abuse and neglect, and family support services through evidence-based home visiting. In May 2011, Governor Nikki Haley maintained the designation of Children's Trust of South Carolina (CTSC) as the lead entity for the prevention of child maltreatment and the MIECHV program. CTSC perceives MIECHV as one service strategy aimed at developing a comprehensive, quality, early childhood system that promotes maternal/infant health, safety and development, as defined in Health Resources and Services Administration's (HRSA) Supplemental Information Request. Strategies include targeting at-risk communities, addressing community risk factors, and building on strengths in target communities. This initiative has afforded The CTSC the means to build and strengthen infrastructure of service provision and workforce development through:

- technical assistance, monitoring and training;
- collaboration and coordination (models, partnering agencies); and
- support of "special populations" via inclusion and support services.

The SCMIECHV and CTSC have sponsored numerous pamphlets, informational brochures, and other advocacy efforts throughout the year, targeting service provision agencies, parents, elected officials and other early childhood stakeholders.

In September, 2013, the CTSC was awarded \$14.4 million over three years to expand and bring to scale home visiting programs in the state. The SCMIECHV Expansion Grant will increase access to abuse prevention, health and learning readiness services for close to 1,300 families. The competitive funds were awarded by the U.S. Department of Health and Human Services (Health Resources and Services Administration Grant # D89MC26365; CFDA #:93.505).

This expansion will increase service within 17 funded sites, each reaching multiple counties and serving high-risk populations. The new funding will support expanding the reach of current sites as well as establishing the program in new, high-need counties. The four major goals targeted with these expansion funds include:

Goal 1) Expand the capacity of existing home visiting programs to meet existing demand for these services within a given implementation site;

Goal 2) Expand the capacity of existing home visiting programs to provide these services in high need counties with no existing MIECHV home visiting programs;

Goal 3) Expand the use of MIECHV home visiting programs embedded in the primary care practice setting;

Goal 4) Expand the competencies of home visiting program staff in working with special populations receiving home visiting services.

Since being named the MIECHV designee, the CTSC has worked to create a continuum of voluntary home visiting programs that meet the needs of families across South Carolina. By coordinating efforts across agencies and always considering the sustainability of these programs, the CTSC utilized public and private dollars along with state and federal funding to build that continuum, now well established in 21 of 46 counties. Over the last two years, particularly as the funding for the ACF Evidence-Based Home Visitation Grant which supported the state home visiting infrastructure ends, the HV funding partners have been planning diversified strategies to sustain that support. As a poor rural state, it will be necessary to blend public and private funding in order to ensure the success and sustainability of home visiting in South Carolina. Current public and private funding partners including The BlueCross BlueShield Foundation, The Duke Endowment, the SC First Steps for School Success, the SC Department of Health and Environmental Control, and the Children's Trust have met with numerous groups to gain local support for current programs as well as expand reach into underserved areas to develop interest in HV programs that would best serve their high-risk families.

All contracted sites within targeted catchment areas are commissioned to include in their program plans, the development and/or connection to an existing, local early childhood collaborative. All sites have been compliant and have maintained regular meetings within their local areas. Partnerships have been built with several state agencies, local and private funders, early childhood interventionists, childcare initiatives, other home visiting models, resource developers (i.e. Benefits Bank), and health care facilities - including federally qualified health centers, teen pregnancy prevention programs, schools, and retailers.

**Child Care Services** provide care, education, supervision, and guidance for children on a regular basis. The SCDSS, through an agreement with the Department of Health and Human Services, will continue to be able to authorize child day care for families who are the subject of an abuse/neglect report. This service raises the child's visibility in the community, and can be an additional safeguard in preventing the child from entering foster care. (The Head Start program is also hosted at the agency.)

**Head Start** is a comprehensive school readiness program serving low-income children age 0-5. The research-based early learning education approach includes individual development screenings as well as individually differentiated instruction. Other services include access to a medical and dental home, nutrition, social services, and mental health services. Head Start requires that 10% of those served are children with identified special needs. Foster care is presumptive eligibility. Head Start is a federal to local funded program with a 20% local match requirement. It is expected that there will continue to be a Head Start presence in all of the 46 South Carolina counties.

Each state hosts a Head Start Collaboration Office that facilitates "collaboration among Head Start agencies and other entities that carry out activities designed to benefit low-income children from birth to school entry and their families." Collaboration Offices provide a structure and process for the Office of Head Start to work with state agencies and local entities "to leverage common interests around young children and their families to formulate, implement, and improve state and local policy and practice."

**BabyNet** is the state's early intervention agency for children age 0-3. As required by the Child Abuse Prevention and Treatment Act (CAPTA), children under age 3 who are involved in a substantiated case of abuse or neglect must be referred for screening/assessment for early intervention services under Part C of the Individuals with Disabilities Education Act (IDEA). In January 2010, to enhance the importance of the BabyNet referrals for maltreated children as well as any child known to the agency and suspected of having developmental delays, a separate section in the CPS policy manual devoted to BabyNet referrals was created (719.01, *BabyNet Referrals*). It was the intent of this separate section to provide added guidance regarding the importance of BabyNet and the importance of encouraging families to participate in the services. The SCDSS will continue to refer children as required and to monitor these referrals through Program Quality Assurance reviews and supervisory reviews of case files.

### Parent Cafés

The CTSC provides training/education to families and communities to raise awareness of child abuse and neglect through training Parent Café Hosts (facilitators) and providing Parent Cafés. Parent Cafés are a series of structured small group conversations that bring parents together to discuss issues important to them. CTSC plans to strengthen the Parent Café model through the development of an accepted Strengthening Families Framework curriculum; ensuring fidelity of Café delivery through site visits; and evaluating all conducted Cafés. (See more detailed description under PSSF Family Support Services.)

### Child Abuse Prevention Month

Each year, the SCDSS and CTSC conduct the annual "Pinwheels for Prevention" promotion in Child Abuse Prevention Month (April), which featured multiple media events across the state to promote awareness of child abuse. During April, the state's media networks are asked to feature public service announcements on the awareness of child abuse and neglect. A statewide media campaign (radio, print, television, and online) is used to increase awareness of proven protective factors that keep children safe from abuse and neglect. The CTSC assisted grassroots community organizers in finding and promoting multiple pinwheel gardens, promoting local organizations working within the protective factor framework, hosting a media event around the planting of pinwheels, and seeking local government support through proclamations. The CTSC also offers messaging tools, tips and technical assistance for communities and non-profits to help facilitate discussion about Child Abuse Prevention Month and prevention throughout the year.

### Community-Based Prevention Services

Community-Based Prevention Services (CBPS) include Family Strengthening Services (FSS) and Voluntary Case Management (VCM). Families eligible for these services are referred to local providers after being assessed as having low or moderate risk to community-based services designed to prevent maltreatment from occurring.

The SCDSS has adopted an alternative response to reports of child maltreatment that do not rise to the level of abuse or neglect (and therefore no investigation is conducted) but where there is a low to moderate risk of maltreatment as identified in a safety and risk assessment conducted by intake staff. Under this alternative response, these families are referred for family strengthening services (low risk) or voluntary case management services (moderate risk) provided by community-based family support organizations Growing Homes South East (GHSE) and Specialized Alternatives for Families and Youth (SAFY) and their coalition of statewide members who also provide the services to ensure statewide coverage.

The SCDSS implemented a staggered rollout of Appropriate Response known as Community-Based Prevention Services (CBPS) in January 2012 beginning in the upstate of S.C. and full implementation was completed as of May 23, 2012. These services will continue through FFY 2015-2019 in order to support accomplishing the SCDSS *Goal 1: Improving the Quality of Risk Assessment and Safety Management of Children in Child Protective Services, Family Preservation, and Foster Care*. The procedure in which CBPS providers receive their referrals could evolve as the plan is for the SCDSS Intake services which are currently spread throughout the state. This will become regionalized Intake Hubs as described in Goal 1, Objective #4 Strategies.

The CBPS providers are expected to serve all families and children referred by the SCDSS which incorporate, wherever possible, evidence-based “best practices” adapted to the specific needs of individual families and their children or a specific program model chosen by the SCDSS. Additionally, providers must build collaborative partnerships capable of providing a comprehensive array of culturally sensitive services for families in need. Some of the types of resources/services needed by the families to be referred for these services include parenting classes; referrals to and assistance in accessing alcohol and drug treatment services; referrals to and assistance in accessing mental health services; referrals for food, clothing and furniture; referrals to legal aid; referrals to and assistance in accessing education and tutoring services; transportation; referrals to Medicaid for medical services (if the family is eligible); and assistance in maintaining and preserving the families financial situation.

Specific family activities target the following: (1) promote protective factors and contribute to fostering positive permanency, *i.e.*, a safe, healthy, loving, nurturing and lifelong family for children, and (2) are culturally competent and based on the values, traditions and protective parenting practices intrinsic to a child’s particular cultural heritage.

### ***Family Strengthening Services***

The Family Strengthening Services (FSS) consists of a comprehensive array of short-term (three to six months in duration) supportive services designed to assist families who appear at initial intake with no safety issues but with a low-risk of potential abuse or neglect. Services are focused on resolving the issues that brought the family to the attention of the SCDSS.

Services range from simple information and referral to parenting education, anger management and/or substance abuse treatment. These are but a few examples of services that are part of a comprehensive array of services. The objective is to enable families, through a set of focused brief interventions, to resolve the difficulties they may be experiencing and to provide a safe and nurturing environment for their children. Childcare is provided onsite, if needed, for activities involving solely the parents versus family activities.

*Outreach and Initial Contact:* Families referred for Family Strengthening Services will receive a letter from the SCDSS informing them that a referral to services has been made on their behalf and encouraging them to contact the provider to set up an appointment. When the letter is sent to the family, the SCDSS will forward a referral to the identified provider. This referral will contain a copy of the Safety and Risk Assessment instrument completed by the SCDSS Intake staff that led to the referral. The provider will make a second initial assessment and continue ongoing assessments for safety. If at any point the provider identifies a safety issue, it must be reported to the SCDSS.

The provider is expected to establish contact with the family, either face-to-face or by telephone, within seven calendar days following receipt of the referral. Should the family not respond to the referral letter or the provider’s initial attempt to establish contact within 10 calendar days, the provider will visit the family’s home to establish contact and to assess the family’s specific service needs.

The provider will make at least three visits to the home in an attempt to engage the family and secure their commitment to accept services. If these outreach efforts prove to be ineffective and the family declines to accept services, the provider will notify the SCDSS, and the agency will document the refusal.

*Re-Evaluation of Risk:* Upon completion of the initial contact visit (either at the provider’s offices or in the family’s home), the provider will complete online the common safety and risk assessment instrument based upon the initial interview and observations of the family. Should the provider’s evaluation of the level of risk posed by the family’s circumstances substantially differ from that identified in the referral from the SCDSS, the provider will immediately inform the agency and ascertain a mutually agreed-upon plan of action. If the initial family interview and observations identify any safety issue within the family, responsibility for the case will be returned to the SCDSS for purposes of completing a full investigation of the safety issue.

*Development of a Case Plan and Monitoring:* The provider, in collaboration with the family, will develop a case plan that establishes a mutual understanding of the issues to be resolved, the particular services to be provided, the frequency of contacts, the specific outcomes to be achieved, and the explicit measures to be used to evaluate the success of the interventions agreed. A copy of the case plan will be provided to the family and signed by both the family and the caseworker. The plan is to be completed within 30 calendar days following the date of initial contact. Many, if not most, of the families served will be involved with more than one of the members of the statewide coalition for GHSE or SAFY along with other service providers outside of the coalition. The provider's caseworker will be responsible for making referrals for the services specified in the case plan and will monitor the family's compliance with the plan.

After three months (or earlier in cases of substantial non-compliance), the provider, together with the family, will reassess the level of risk and the family's progress toward achieving case plan goals. The case plan will be revised to reflect any indicated changes in the nature or intensity of services to be provided or case plan goals. If at any point a safety issue is presented, the provider must report that to the SCDSS immediately.

### ***Voluntary Case Management Services***

Like the Family Strengthening Services component described above, the Voluntary Case Management (VCM) services include a similar comprehensive array of support services and focused interventions adapted to the needs of each particular family that are designed to assist them in successfully resolving the issues with which they are confronted and to enable them to provide a safe, nurturing and suitable home for their children.

In contrast to the families referred to the FSS, however, the families referred to the VCM services pose a moderate risk. The services and interventions contemplated in the VCM services, therefore, are more intensive in nature and of somewhat longer duration (six months to a year). The primary goal is to provide the necessary supports (to both the children and the parents) to diminish the risk factors within the home and enable the children to continue to reside there safely, while preventing their removal into foster care.

*Outreach and Initial Contact:* Families referred for Voluntary Case Management services also will receive a letter from the SCDSS informing them that a referral to services has been made on their behalf. This letter is somewhat more forceful in tone than the FSS letter and it will direct the family to contact the provider within five calendar days to set up an appointment. Concurrent with the letter being sent to the family, the SCDSS will forward the referral to the provider. This referral will contain a copy of the Safety and Risk Assessment Instrument completed by SCDSS Intake staff that led to the referral.

Given the moderate risk factors indicated for families referred for the VCM services, the provider will be expected to conduct a face-to-face interview with the family within five calendar days. Ideally, the initial interview will take place in the family's home with both the parents and the children, with the children interviewed separately. If the initial interview takes place in the provider's office, a home visit must occur within 14 calendar days of the receipt of the referral.

In the course of the intake interview and the initial home visit, the provider will pay particular attention to sensitively probing for any latent safety issues that may not have been identified in the initial complaint to the SCDSS. If the Safety and Risk Assessment (SRA) Tool indicates safety concerns, the provider will notify the SCDSS immediately so that a full investigation of the family's circumstances may be completed.

*Re-Evaluation of Risk:* If there are no identified safety issues in the home, upon completion of the initial contact and family assessment, the provider will complete online the common Safety and Risk Assessment Tool based upon the initial interview and observations of the family.

If the provider's evaluation of the level of risk present within the family substantially differs from that identified in the referral from the SCDSS, the provider will immediately inform the SCDSS and ascertain a mutually agreed-upon plan of action. If the provider's assessment of risk is lower than that initially established by the SCDSS, the provider may (with the consent of the SCDSS) refer the family to the FSS program. If the provider's assessment determines the family is at high risk of future abuse or neglect, the provider will return responsibility for the case back to the SCDSS.

*Development of a Case Plan and Monitoring:* The provider, in collaboration with the family, will develop a case plan that establishes a mutual understanding of the issues to be resolved, the particular services to be provided, the frequency of contacts, the specific outcomes to be achieved, and the explicit measures to be used to evaluate the success of the interventions agreed. The plan shall specify a minimum of two face-to-face meetings a month between the provider and the family. A copy of the case plan will be provided to the family and signed by both the family and the caseworker. The plan will be completed within 30 calendar days following the date of initial contact. Within 45 calendar days, the provider will complete the Comprehensive Assessment on the family. The Comprehensive Assessment goes beyond safety and risk factors to develop a comprehensive evaluation of a family's dynamics and treatment issues. The case plan adopted at 30 days will necessarily be refined and expanded by the results of the Comprehensive Assessment, but, given the fact that VCM families are at higher risk than the FSS families, it was deemed preferable to have a formal case plan in place as soon as possible.

Every three months (or earlier in cases of substantial non-compliance), the provider, together with the family, will reassess the level of risk and the family's progress toward achieving case plan goals. The case plan will be revised to reflect any indicated changes in the nature or intensity of the services to be provided or case plan goals. Should the reassessment of risk indicate that, despite the services in place, the family's situation has deteriorated to the point that safety is a concern; the case will be referred back to the SCDSS for immediate investigation.

*Voluntary Case Liaison (VCL):* To ensure coordination between the VCM programs and child welfare services, the Department will provide a Voluntary Case Liaison (VCL), to be co-located with the VCM programs in each region of the state. The VCL will provide case consultation to the FSS and VCM case managers. The SCDSS Intake Worker, following an assessment of low risk will refer the case for FSS services and refer a moderate risk case for VCM services. Together with the VCM program staff, the VCL will review the child's vulnerability, the severity of the risk factors in the home, the parent's or caregiver's protective capacity and the necessity of placement in foster care should the preventive services in place prove ineffective. The VCL, although housed with the VCM provider, will be supervised by the designated CWS supervisor for the geographical area served by the VCM program.

The Voluntary Case Liaison will The VCL provides the SCDSS program oversight for the VCM provider to which he/she is assigned. The VCM program case managers provide services based on case plans developed by them and approved by the VCM program supervisors. The VCL serves as a consultant and is responsible for responding appropriately to information provided by the FSS and VCM providers during case consultation meetings and via case logs. If the VCL has information related to safety or high risk concerns for a child being serviced in a VCM case, they should immediately bring the matter to the attention of the VCM worker and supervisor and notify their SCDSS supervisor. The VCM provider is expected to take appropriate action on the case (i.e. returning the case to CWS) once they have consulted with the VCL.

## Child Protective Services

The SCDSS County Offices statewide provide Child Protective Services (CPS) In-home prevention and intervention services related to indicated cases of abuse or neglect. The primary focus of the County Offices is to provide child protective services for children under age 18 who are or who are suspected victims of abuse, neglect, or exploitation.

The services include receiving reports; assessing those reports to determine whether allegations should be substantiated and the likelihood of abuse, neglect or exploitation in the future; assessment of family strengths, needs,

and risk to child's safety; referral to services and case management services to address the factors causing or contributing to the maltreatment.

**CPS Assessments, Service Planning and Monitoring.** The SCDSS will continue its initiatives to improve safety and risk assessment, building on Signs of Safety, and through comprehensive family assessments and service plans and the evaluation of progress through an integrated process in all CPS program areas, including Intake, Assessment, Family Preservation, and Foster Care. The SCDSS will continue to collaborate with the National Resource Centers for Child Protective Services, Family-Centered Practice and Permanency, and Substance Abuse and Child Welfare to support implementation of best policies and practices.

**Signs of Safety.** To support safety decision-making at intake and throughout the life of a case, the SCDSS will be utilizing the Signs of Safety model statewide. This assessment matrix is designed to provide staff with a clear understanding of the concepts of protective capacities, child vulnerabilities, safety threats and risks. Using a risk of harm continuum, this matrix more clearly separates safety threats that require an investigative response and will lead to improved safety decisions. These concepts are applicable at all stages of the child welfare process, from intake to permanency planning, so improved safety decisions and will continue to be a part of all federal and state strategic plans.

The Signs of Safety practice model was introduced as a "*tool box*" with a variety of methods by which risk, safety, protective capacity and vulnerability are clearly identified and gauged. The principles of the SOS focus on engagement of the family, child, and providers as an intricate part in identifying safety and developing the path towards it. The SOS teaches that; practice is driven by what works for families and social workers; that critical thinking and constant inquiry are absolutes in child welfare; and that developing constructive working relationships based on transparency, humility, and collaboration embody the necessary cultural shift in successful modern practice (Turnell, 2012 / 2010-2012 Connected Families).

The SOS practice allows caseworkers to create relationships that foster behavior change and build protective capacity of parents. The SOS also encourages critical thinking and supports continuous learning. Frontline practitioners and their supervisors continually have new opportunities to learn from their experiences, to improve their skills, and to increase competence in engaging families in the work of keeping children safe. It is with this mindset that the state foresees improvements in how it serves and supports families, bringing them into decision-making as an integral part of the process. A family that has worked with the agency and other providers in designing its plan will feel connected to and empowered by it, resulting in more meaningful interventions that will reduce risk and develop safety. (See Goal 1: Objective #3 in Strategic Action Plan in Appendix A for implementation details).

## **Intake**

Currently, Intake is completed at each county for Child Protective Services Reports. There is also a statewide CPS hotline where calls are received and distributed to the correct County Office for investigation. Each county has an after-hours number and on-call emergency intake workers. The goal for CPS intake is to ensure a thorough assessment is completed as a result of the intake call or maltreatment report to ensure adequate information is obtained to make an appropriate decision about services needed for the family. The SCDSS will be reconfiguring the Intake process statewide by March 2015 into more focused regional Intake Hubs with a smaller well trained force Intake Workers whose sole purpose is to utilize Signs of Safety (SOS) framework in their application of the Intake Assessment Tool. (See Goal 1: Objective #4 in Strategic Action Plan in Appendix A for implementation details).

## **Appropriate Response**

South Carolina's Appropriate Response process, known as Community-Based Prevention Services, is designed to provide an alternative response to reports of maltreatment for families with low to moderate risk and not rising to the level of child abuse and neglect. Reports with higher risk of harm/safety threats receive the traditional response of investigation to determine whether the report is founded (substantiated).



Families with low to moderate risk are referred for Community-Based Prevention Services (CBPS), as described under Prevention Services, to address those risks and reduce the risk of child abuse or neglect. The volume and growth of this alternative to traditional child welfare services has exceeded the state's expectations. As a result, rates of indicated reports are increasing because the SCDSS is now focusing on cases with identifiable safety issues or high risk of harm.

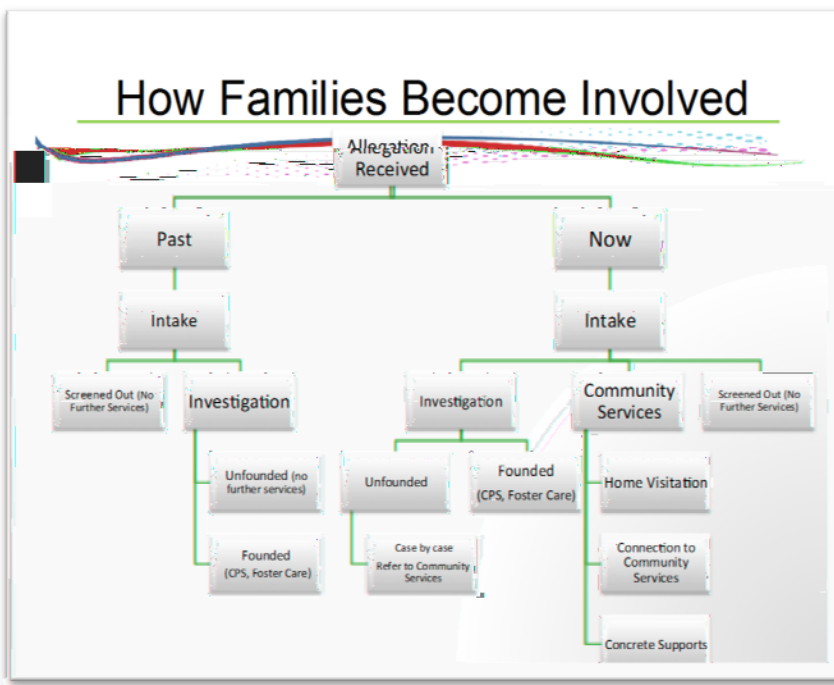
Part of the Appropriate Response process involves a standard safety and risk assessment designed to improve safety decision-making. While completing the assessment form, the county staff is able to identify whether safety issues are present in the allegation and determine the appropriate response – whether to screen out, refer to CBPS for assessment and prevention services, or investigate the allegation. If safety issues identified, then the case remains with the county and a child protective services investigation is initiated. If no safety concerns are identified but there are low to moderate risks, then the case is referred to CBPS. If there is no safety or risk concern, then the allegation is screened out.

The Agency's goal is to assist the family in meeting their needs and protecting the child from abuse or neglect in the least intrusive manner and in a manner that will provide them with a support network for the future.

To fulfill the SCDSS responsibility to protect and promote the safety, permanency, and well-being of South Carolina's children and families, the SCDSS has established collaborative partnerships with community-based organizations and these partnerships will continue to work to enhance protective factors in families and communities, allowing the SCDSS to provide the most appropriate, efficient, and effective response possible to the families brought to the attention of the SCDSS.

Cases can be changed to either a higher level or lower level based on the ongoing safety and risk assessment. The services that are provided to the family and the progress made on the services will be included in the SACWIS

The following chart depicts the change in process following the South Carolina implementation of Appropriate Response and contracts for Community-Based Prevention Services, with the "Now" path indicating the current process and the process that is expected to continue through FFY 2015-2019.



## Child Protective Services Investigation

**CPS Investigations.** When a maltreatment report is referred for investigation, the SCDSS County staff respond within 2-24 hours based on the level of safety and/or presence of an immediate threat to the child identified in the intake process. The first attempt at contact is always for direct and personal contact with the child to determine if the child is safe. If the child is not available, then immediate and personal contact with the parent, guardian or other person responsible for the child's care and welfare is to be made, with personal contact with the child to follow as soon as possible. If the attempted personal contact with the parent, guardian or other person responsible for the child's care and welfare is unsuccessful, then there must be direct contact with someone who knows about the child's situation and condition so that an informed assessment of safety can be completed with personal contact with the child to follow as soon as possible. If report is not completed by intake, SCDSS staff notifies law enforcement as soon as possible but within 24 hours of receipt of all reports that include allegations of sexual abuse/assault, regardless of primary typology of the report.

Foster Care staff checks to see if law enforcement has made a referral to CAC. If not, makes referral as soon as possible after receipt of report, but in no more than 5 working days, to local Children's Advocacy Center (CAC) or similar multidisciplinary abuse assessment facility for medical examination by a physician, or by an advanced practice registered nurse or physician assistant who is working under the supervision of a physician who has been trained in child abuse and neglect when presenting issues include:

- a. head injury in children less than 3 years of age, burns in children 3 years of age or younger, or fractures in a child 5 years of age or younger;
- b. bruises located on the face, neck, chest, back, buttocks with a pattern or multiple in number;
- c. any report alleging sexual abuse of a child;
- d. any report involving the sexually transmitted disease in a child eleven years of age or younger; or
- e. any family in which one or more children have been pronounced dead on arrival at a hospital or other health care facility, or have been injured and later died, as a result of suspected abuse, abandonment, or neglect, when any sibling or other child remains in the home.

A medical evaluation by the CAC may not be necessary:

- 1) if the child has already had a medical examination by a physician or other licensed healthcare provider; or
- 2) if the county Department of Social Services caseworker, with supervisory approval, has determined, after conducting a child safety assessment, that there are no indications of injuries as described in subsection 26(a) - (e); or
- 3) after consultation with the Children's Advocacy Center or similar multidisciplinary abuse assessment facility.

### ***Out-of-Home Abuse and Neglect Investigation***

Out-of-Home Abuse and Neglect (OHAN) investigations are done when a child protective services report has been made for a child in a child care facility, residential facility or foster home. The Citizens Review Panel and the SCDSS have continued to work closely in discussing and improving all areas of the OHAN process. Every effort is made to ensure that all children in every facility are safe and that the quality of investigations continues to improve. The SCDSS will continue to have the following goals for OHAN, to:

- improve quality of Out-of-Home Abuse and Neglect (OHAN) investigations (the investigation of child abuse neglect of a child in a child care facility, residential facility, or foster home).
- improve quality of the communication between OHAN division and the other divisions of the agency, i.e., the Licensing, Regulatory, and Foster Care Units of the agency.
- ensure that all children in a facility are safe and that not only is the incident of abuse to the victim child evaluated, but also in every incident of a report on a facility, all children's safety in the setting is assessed for similar abuse or neglect.

The SCDSS, in collaboration with Children's Law Center and Cornell University, will continue to deliver statewide trainings on the out-of-home abuse investigation process and specialized trainings for investigative staff in the areas of therapeutic crisis intervention and the use of therapeutic holds in group home settings.

### **In-Home Prevention and Intervention (CPS Treatment) Services**

In-home CPS treatment services are available to all children and families in South Carolina for whom an indicated case of child abuse or neglect has been determined. In-home treatment cases receive services designed to eliminate the child abuse or neglect and to improve the protective capacity of the parents. The goal of in-home treatment services is to prevent removal of a child from their family of origin safely, to increase the child's safety, and to mitigate risk factors.

The array of treatment services includes counseling; referrals to alcohol and drug counseling; parenting classes and mentoring; financial counseling; domestic violence intervention and counseling; educational support; and developmental counseling services for the child (such as BabyNet, the early intervention system for infants and toddlers under three years of age with developmental delays or conditions associated with developmental delays; the South Carolina Department of Disabilities and Special Needs (SCDDSN); and others).

The SCDSS continues to focus attention on the caseloads of in-home treatment workers as the state moves to count cases by children rather than by families. The agency strives for quality visits and to ensure the child is safe regardless of whether the child was the identified victim, a child placed with an alternative caregiver or relative, or a child living in the home of the parent.

### ***Family/Domestic Violence Program***

The SCDSS, through its Domestic Violence and Batterer Intervention Programs, provides assistance for victims of intimate partner violence and perpetrators, including domestic violence, dating violence, and sexual assault as it occurs in the context of domestic or dating violence. The program is designed to provide support for crisis intervention and prevention services to victims of family violence, their children and abusers through a network of community-based nonprofit and private service providers. The guiding principle is that community resources will work together to promote quality services and healthy lives for families experiencing domestic violence. Each shelter program is required to provide locally-based services for residents of its assigned service area, including, but not limited to, locally-based individual crisis counseling, legal and/or client advocacy, and locally-based support group counseling for each county in the entity's service area.

The Batterer Intervention Program (BIP) provides therapeutic treatment services to persons convicted of criminal domestic violence throughout the state. Program treatment services are based on quality standards, which are utilized for intervention with clients who have been identified as perpetrators of domestic violence.

**Domestic Violence Liaison Project** The Agency will continue operating and monitoring its DV Liaison Project, which is a collaborative effort between the agency and the S.C. Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) Coalition. This project pairs a domestic violence advocate from each shelter program with the SCDSS office in the county in which they serve. The ongoing purpose of this project is to ensure that victims of domestic violence and their children seeking or receiving services from the agency would be appropriately assessed and that their safety and security would be ensured in their contacts with the agency. In order to achieve this goal, the Agency decided to utilize the expertise of the domestic violence advocate community in South Carolina. These advocates are available to inform, consult, and advise agency staff statewide.

## **Family Engagement**

Family engagement strategies were chosen and enhanced to involve families in decision-making and service planning.

**Family engagement models – Family Finding, Family Team Meetings, and Family Group Conferencing (Child Conferencing)** continue to grow as family engagement strategies. These Family Group Decision Models (FGDM) and intervention tools are appropriate and tailored for families involved in the child protection and child welfare systems. Family engagement strategies were chosen and enhanced to involve families in the decision-making process move toward child well-being and positive permanency. These strategies will increase the capacity of families to better care for their children in their homes or the homes of relatives and friends. These interventions are used to keep children safely in their own homes, expedite the child's transition from foster care, and increase family participation in decision-making at other critical decision points throughout the time the family is involved in the child welfare system.

**Seneca Searches.** CPS and Foster Care caseworkers statewide utilize the services of Seneca Search, a contracted search that specializes in identification of potential connections (usually relatives) for a child. Training in the usage was provided at the Supervisor's Summit for the SCDSS regional and county management and leadership. The search is to be completed for any child at-risk of or entering foster care and any child in foster care 17 months or longer. Its success has helped reduce the time to identify and make initial contact with potential relative placements in this region. This has helped ensure critical actions were completed in a short amount of time. The SCDSS has expanded this contractual service to expedite finding a suitable relative for placement of the child within 60 hours if child is taken into emergency protective custody. Additionally, it will expand to include a detailed home study or assessment.

## **Safety Roundtables**

Safety roundtables are designed to address safety and risk in both In-home Treatment/Family Preservation cases and Foster Care cases. The initial Safety Roundtables were facilitated and supported by Casey Family Programs. A collaborative team of practitioners and service providers develops a plan of action for each case, especially those 'stuck' in the system, to ensure the safety of the children and to assess their continued risk and need for services. Safety Roundtables were integrated in 2012 as a multi-disciplinary, supportive process to enhance case staffing. The goal of a safety roundtable is to review individual cases from intake to assessment to ensure the quality of assessment of cases for risk and safety and to provide clarification for any policy or practice changes.

## **Foster Care and Permanency**

South Carolina Foster Care and Permanency Services include regular foster care, intensive foster care, reunification services, and independent living and youth transition services. Permanency work is driven by the State's Emerging Imperatives described previously. Following are descriptions of specific programs for foster care and permanency.

### **SC Connecting for Kids**

The SCDSS implemented the demonstration project SC Connecting for Kids to become more intentional in engaging families and to ensure that all children as they get older have permanent connections with blood or fictive kin. The SC Connecting for Kids grant provides funding for two important family engagement strategies:

**Finding Families** provides family locator services to increase relative/fictive kin connections for older youth in danger of aging out of foster care without a supportive adult. Finding Families served foster youth ages 12- 17 who had two or fewer connections (blood or fictive) likely to be enduring into the youth's adulthood.

**Kinship Navigator** assigns navigators to make kin caregivers aware of services and to help them access needed services. In addition, funding was available to assist the United Way of South Carolina in expanding the 2-1-1

resource database statewide as well as to provide learning opportunities for the caregivers regarding the changes in their roles and responsibilities as kin caregivers.

Moving forward, the navigator service and intensive family search components are/will be incorporated into existing and new contracts for the SCDSS rollout of Appropriate Response. Rather than having a Family Connections Coordinator facilitate and arrange support team meetings and other support activities for family finding and engagement, the SCDSS caseworker will continue these responsibilities as per agency practice.

### Sibling Connections

The SC Foster Care Manual section 819.01.01 Permanency: Continuity of Relationships and Parent/Child Visitation, Item 3, requires that the SCDSS make reasonable efforts to ensure that siblings in foster care are placed together unless a separation is necessary to meet the needs of one of the siblings. The agency's goal is to have siblings placed in the same foster home whenever possible. For children in the foster care system with a sibling in foster care, efforts to ensure siblings are placed together through the following service provisions:

- Placements with relatives or fictive kin are sought. Potential placements that can keep siblings together or easily connected are identified by parents, relatives and others during the assessment process when children enter foster care or are at-risk of entering foster care. Parents, relatives and others are encouraged to participate in family meetings to share information about how to keep siblings together and support the parents in addressing the reason for removal.
- In designated counties (primarily Region I), there is a contracted service to provide intensive family search to identify potential placements within 60 hours of notification of emergency entry into foster care.
- Recruitment and licensing of foster home who are willing to accept sibling groups. There is a contract in Regions 1 (upstate) to recruit homes including placements of sibling groups together. The contractor for recruitment in designated counties (primarily Region I) maintain a referral for at least 90 days to address special needs such as placements for large sibling groups.
- The state Foster Parent Association includes the need for homes willing to accept sibling groups in its recruitment efforts and tracking of statewide inquiries.
- The SCDSS contracts with other private foster agencies that have foster parents willing to accept sibling groups. If the siblings cannot be placed together, efforts include:
- Local managers and supervisors monitoring to ensure reasonable efforts are made for sibling/family visitation at required placement and permanency staffings subsequent to entry. At staffing, with use of guided supervision, there is a focus on efforts to reunite siblings in a placement and on how siblings maintain contact.
- Sibling visitation – a family/sibling connections visitation plan was added to the FTM and FGC facilitator guide as agreed to in PIP renegotiations to ensure that the agency was taking appropriate and timely action to ensure family and sibling connections.
- Encouragement of foster parents to allow telephone contact, day and overnight visits among siblings; inclusion of siblings in special events.

## Kinship Care

### Relative Placement

The SCDSS county office has the responsibility to identify, locate and engage a child's non-custodial, non-resident biological parent (NCP). This effort begins at the point of intake and must continue throughout the case. If the SCDSS county office has removed a child from his/her home or is contemplating removal, potential placement with the NCP must be considered. The Protocol for Locating, Notifying and Engaging Non-Custodial Parents includes:

- Parents and children are asked immediately to identify potential placements (relative or fictive kin); a determination is then made whether or not the options are suitable, i.e. safe.
- Use of contractual service by designated counties (primarily in Region I) to expedite identifying suitable placements within 60 hours of notification a child has been taken into emergency protective custody.

- Use of family meetings and child conferences to identify potential placements for children and supports for parents. Parents and relatives are encouraged to include relatives and fictive kin.
- Notification to relatives of foster care placement: within 30 days of child's entry when contact information is available. A standard letter (DSS Form 30214) is used to notify the relative of the child's placement and ask if the relative would like to be considered for placement and/or participate in the care of the child. A brochure with information about foster licensing is included.
- Use of all available online resources or Internet searches (for example Seneca Search) by caseworkers as needed to identify relatives and other potential connections.
- Referral to Child Support Enforcement (DSS Form 2738) for diligent search for non-custodial parent or other relatives. Search for relatives is identified as Diligent Search Only (no child enforcement case set up; this is completed within 30 days).
- Permanency roundtables and safety roundtables may include relative placement as a step to enduring safety.

### **Foster Parent Communication Plan**

In 2011, South Carolina Department of Social Services (SCDSS) worked with South Carolina Foster Parent Association (SCFPA) to develop a foster parent communication plan. The plan was designed to improve placement stability for children by supporting foster parents that provide a safe nurturing environment for the children in the SC child welfare system by providing foster parents with high quality customer service.

Foster parents play a key role in the agency's ability to protect and care for children. In order to achieve the goals of safety, permanency, and well-being for children in care of the agency, foster parents must be included as members of the care and treatment team. The goal is to have each county office implement and be held accountable to providing support for foster parents through the practices in the communication plan.

This plan is the first step in a process to move beyond simply defining and emphasizing the importance of customer service in supporting foster parents and ensuring that foster parents experience consistency in the quality of services provided to them. To this end, SCDSS leadership requires each county director to develop a communication plan with foster parents. This plan must provide guidance to staff and notice to foster parents about how the agency will improve communication and work together to provide care and permanency for children.

The SCDSS and the SCFPA will continue to work to establish a vision for providing high quality customer service to foster parents to enhance their ability to provide appropriate care for children and youth in foster care through the plan during partners meetings, leadership summits, and staff trainings. Finally, the SCDSS and SCFPA will ensure that all counties have developed a system for assessing usage and evaluating the success of these plans as they now have been in implementation since agency required it through policy in January 2012.

### **Education of Children in Foster Care**

In South Carolina, state statute requires school attendance from age 5 until the child reaches age 17 or graduates from high school. The SCDSS policy has been drafted to mandate school enrollment until the youth has graduated from high school or received a GED.

IV-E eligibility requires the school age child (as determined by the state) to be a full-time elementary or secondary school student unless the child is incapable of attending school due to a documented medical condition. If the school age child is not attending elementary or secondary school full-time, the foster care worker must notify the IV-E eligibility staff according to specific procedure established by the IV-E eligibility unit. The basis for the child not being in school must be clearly documented in the family story, and in supporting documentation from medical records that must be filed in the child's medical records in the case record, and in the Education and Health Passport (DSS

30245). Additionally, if the child is being home schooled, the worker must assure that the home schooling meets the federal requirement for a "full-time elementary or secondary school student."

Issues/concerns associated with school attendance will continue to be addressed in the educational domain of the child's assessment and case plan and the Education and Health Passport. In order to monitor the academic progress of a child, the worker requests copies of report cards, results of standardized tests (e.g. SCRA, PASS, HSAP), and any other documentation on the student's performance. The worker reviews educational information, talks with teachers or guidance counselors (if necessary) to help identify areas needing additional assistance.

If the child in foster care is under the age of 3 and has been identified as having developmental delays, the developmental needs may be addressed as a part of educational well-being, mental health and behavioral issues, or physical and dental health in the child's case plan. A referral to BabyNet will be to be made. If the child has an IEP or 504 plan, applicable actions for the parent (if appropriate), the child, and the foster parent/provider are included in the child's assessment and case plan.

Examples of services provided to address identified educational needs include:

- advocacy on the part of foster parents and the caseworker;
  - ensuring that the child receives special education classes, when needed;
  - making provisions for the child to receive tutoring or educational mentoring (if funding is available); and
  - arranging for the child to be enrolled in early intervention preschool classes, such as Head Start.
- Educational information is also documented in applicable tabs in CAPSS and the Education and Health Passport (DSS 30245).

To minimize the educational disruption of the child entering foster care, efforts are made to allow the child to remain in the same school district and connected to the home community whenever possible. The SC Foster Care Manual Section 819.01.01, Item 1: Proximity of Placement to Child's Home Community requires educational stability at the time of each placement change.

Issues/concerns associated with the child's educational needs, including educational stability, are addressed in the education domain of the child's assessment and case plan (DSS 30321). If concerns regarding an educational stability plan are addressed in a domain other than the education domain of the child's plan, there must be a clear indication in the plan that addressing the concern also promotes educational stability as per federal requirements.

## **Physical and Mental Health for Children in Foster Care**

### **Trauma-Informed Care**

Administration on Children and Families (ACF) has placed specific healthcare requirements on every state with a focus on three major areas: trauma-informed care and screening, increased wellness screenings, and prescription medication (including psychotropic medication) monitoring and consent.

The SCDSS has and continues to collaborate with community partners, stakeholders, and professionals in the enhancement and further development of the South Carolina Healthcare Plan. The SCDSS has developed and will continue to provide internal resources and external supports that strive to provide appropriate, effective healthcare for the children the agency serves. The SCDSS is seeking out best practices and research in order to strengthen policy, practice, and procedure to ensure optimal services for children in foster care through internal resources and external supports. The SCDSS and Department of Health and Human Services partnered together to establish a Foster Care Advisory Committee (FCAC) in early 2013 including the physician community of Pediatricians (representing, in part, the SC chapter of Academy of Pediatrics), the Select Health the Managed Care Organization (MCO) and other clinics, a forensic pediatrician representing the Child Advocacy Centers (CACs), and child psychiatrists representing DSS and DMH. The FCAC also includes other behavioral health professionals from Department of Mental Health (DMH), private community-based Licensed Independent Professionals (LIPs), Palmetto Association for Children and Families, Therapeutic Foster Care, Group Care and Rehabilitative Behavioral Health Services (RBHS) providers.

This group, in particular, was divided into 3 sub-committees or Work Groups: Access to Care, Trauma-Informed Care, and Medical Assessment. Each of these sub-committees has been charged with making recommendations to the Agency. The FCAC meets on a quarterly basis and will continue through the FFY 2015-2019.

The FCAC Trauma-Informed Care sub-committee along with the separately formed SCDSS and DMH and Lowcountry Children's Center Trauma-Informed Workgroup recently developed a draft Protocol for Trauma Screening and Assessment for children entering Foster Care and are working in close concert to establish an infrastructure for South Carolina to be a Trauma –Informed state through requesting specific procedure codes for billing for Trauma Screening, Assessments and services. Ultimately, it will allow for Trauma-Informed Services to be tracked for implementation of evidence-based services and linked to specific outcomes. Procedure codes for array of trauma-informed services will support the specific requirements for frequency of support and service delivery. Also S.C. Trauma Practice Initiative (SCTPI) will be implemented in South Carolina during the FFY 2015-2019 with the SCDSS partnering with CAC's, the SCDMH, the Medical University of S.C., The Duke Endowment, Project Best, Program of Adolescent Traumatic Stress (PATS) and other local community partners. The initiative will utilize the Community-Based Learning Collaborative (CBLC) approach. (See more implementation details of SCTPI in Health Care Plan and Strategic Action Plan, Goal 2: Children will thrive when involved with the SCDSS, Objective #2)

### System of Care

The SCDSS is working with the state's other child-serving agencies, community-based family support organizations, private providers of behavioral health services, parents in the community and residential services through the Palmetto Coordinated System of Care (PCSC). The PCSC is taking an evidence-based approach that is part of a national movement to develop family driven and youth guided care, keep children at home, in school, and out of the child welfare and juvenile justice system. A system of care incorporates a broad, flexible array of effective services and supports for a defined population that is organized into a coordinated network, integrates care planning and management across multiple levels, is culturally and linguistically competent, builds meaningful partnerships with families and youth at service delivery, management, and policy levels, and has supportive policy and management infrastructure. An important PCSC goal is the expansion and maintenance of coordinated and effective community-based services. PCSC will also create partnerships between public and private providers of services that target children, youth and their families in a multi-agency, multi-disciplinary system of services. (See Goal 4: Build Administrative Capacity to Support Safe and Thriving Children in Lifelong Families, Objective #5).

### Clinical Specialist/Medical Director

The SCDSS decided that an internal structure led by a Medical Director and partnerships with local universities and community organizations would be a most effective and efficient oversight model for the children in foster care. The SCDSS hired a medical director in April 2013 to manage the state's oversight of psychotropic medication use by children in foster care. The Medical Director is a Board-Certified Child and Adolescent Psychiatrist. Utilizing the Regional Clinical Specialist and the Medical Director's leadership, the state has initiated a revised psychotropic medication oversight plan. (See separate attached Health Care Oversight and Coordination Plan for FFY 2015-2019).

### Coordination of Mental Health Services

Most children in foster care are served by the SC Department of Mental Health (SCDMH) or Child Advocacy Centers (CACs). Because it is not a requirement that individual counselors contracted to serve children in foster care be trained in trauma-informed services and assessments, many of the children served by the SCDSS are not currently receiving trauma-informed services.

Plans are underway to expand the efforts of Project BEST (Bringing Evidence-Supported Treatments to SC Children and Families) in addressing service capacity by training additional brokers and clinicians in trauma-informed care and trauma-focused treatment services.



In an effort to further enhance this work and expand these services to all children in foster care, as well as in South Carolina, the agency is participating in the Trauma-Informed Care Committee endorsed by the Joint Citizens and Legislative Committee on Children. This Committee is an interagency workgroup comprised of membership from multiple South Carolina agencies, including family members as consumers of child welfare services, designed to develop and recommend implementation methods for core competencies of trauma-informed care.

### **Intensive Foster Care Clinical Services (IFCCS) – Teaming**

The agency continues to reduce barriers between the child welfare service divisions of county offices, Intensive Foster Care and Clinical Services (IFCCS), and Adoptions to ensure that the expertise of the specialty divisions is made available to all children in the foster care system. In cooperation with Winthrop University, the SCDSS has begun to co-locate “concurrent planning” staff that report to the Adoption Offices. The goals for these staff are to become involved earlier in children’s case planning, to offer information to parents on the role of concurrent planning, and to support county staff in making decisions about permanence. The SCDSS is piloting a strategy with IFCCS staff co-located and serving Marion County. This allowed county staff to access additional consultation and support for the clinical needs of children in support of children remaining in least restrictive settings. IFCCS staff is also being employed more widely to act as consultants on behavioral issues for children served in foster care by county offices through the Teaming process. (See Goal 4: Build Administrative capacity to Support Safe and Thriving Children in Lifelong families, Objective #1)

### **Medical University of South Carolina**

The Medical University of South Carolina will provide medically fragile comprehensive services and clinic for children in foster care. This will include the following core components:

- Multidisciplinary Care Team
- Care Coordination and support of foster families
- Education and training to support foster families and assist in recruitment of foster families
- Coordination and development of innovative, family-friendly services to support families of medically fragile children

Care and education/training will be provided by a multidisciplinary care team consisting of pediatricians; nurse practitioners; physical, occupational and speech therapists; and social workers, with oversight by a Program Coordinator. Medical Care coordination will include coordination and assistance in scheduling for primary care, sub-specialist appointments, therapies, counseling and education/training. Education/training will include one-on-one education and training with the child in foster care; training with the Adoptive and Pre-Adopt parent and the child; and classes for parents, SCDSS caseworkers, and the child’s school. Social work/counseling services will include interfacing with the foster family, community agencies, medical community and the SCDSS.

For a detailed description of physical and mental health services for children in foster care, please refer to the separate Health Care Oversight and Coordination Plan for FFYs 2015-2019 and the PSSF section.

## **Permanency Planning**

### ***Permanency Roundtables***

SC Department of Social Services (DSS) will continue using the Casey Family Programs (CFP) Permanency Roundtable process to address the need to expedite permanency for children, establish appropriate permanency goals and address barriers to permanency. The purpose of permanency roundtables is three-fold:

1. to develop a permanent plan and concurrent plan for each child/youth that can realistically be implemented over the next six months;
2. to stimulate thinking and learning about pathways to permanency for these and other children (including thinking “outside the box” to identify potential family connections for children who have lingered in the SCDSS system); and

3. to identify and address barriers to permanency through professional development, policy change, resource development, and the engagement of system partners.

The permanency roundtable is a structured, professional case consultation that provides support to the caseworker while taking an in-depth look at the child's situation. This structure includes a welcome and overview, an oral case presentation, clarification and exploration (question and answer), brainstorming, creating a permanency action plan, and a debriefing. The permanency roundtable is a professional case consultation that provides support to the caseworker while taking an in-depth look at the child's situation by applying the following five questions:

1. What will it take for this child to achieve permanency?
2. What can we do that has been tried successfully before?
3. What can we do that has never been tried?
4. What can we do concurrently to help this child achieve permanency?
5. How can we engage the child in permanency planning?

Permanency Roundtables will continue statewide as a major tool for expediting permanency for those children lingering in care. In concert with the Signs of Safety framework Permanency Roundtables will consist of interdisciplinary teams within and outside of the SCDSS to in order to support the team of adoption, IFCCS, Foster Care, Clinical, other agency partners, etc. in developing a comprehensive approach to seeking positive permanency for a child in foster care.

### *Working with the Courts on Permanency*

#### **Court Improvement Project**

The goal of the South Carolina Court Improvement Program is to achieve timely and quality court proceedings so that children may obtain positive permanency outcomes as quickly as possible. Court Administration, the Children's Law Center (CLC), and the South Carolina Department of Social Services are the primary partners in implementing the Court Improvement Program. These projects target the court-related concerns identified in South Carolina's most recent CFSR and IV-E review, including: permanency goal for child; utilization of APPLA; needs and services for child, parents, and caregivers; and child and family involvement in case planning. South Carolina Court Administration, which receives all three CIP grants, subcontracts the data grant to the agency for enhancement of the Legal Case Management System. The CIP basic grant and training grant are subcontracted to the CLC.

**Court Liaison Program:** The CLC utilizes CIP basic grant funds, in combination with funds provided by the agency, to implement the Court Liaison Program. The goals are to expedite the legal progressing of child protection and termination of parental rights cases, to reduce the number of delays in hearings, eliminate late hearings, and improve the system at both the case and systemic levels.

The duties and functions of the Court Liaison are as follow:

- obtain docket from the SCDSS;
- review court files;
- prepare information sheet for the judge (procedural history, as well as whom has been served and or notice of the hearings);
- identify issues that might cause delays (service or notices to defendants, prior orders);
- communicate with the SCDSS staff to assist in resolution of any issue prior to the court hearing;
- observe court hearings;
- track the cases to identify any recurring issues;
- track cases with the PP of adoption and follow-up on filing of complaint and scheduling of hearing;
- prepare monthly reports on timeliness and reasons for delays;
- assess docket time available to the SCDSS;
- record whether paternity or child support has been addressed;

- record whether ICWA and nationality issues are addressed early in the life of the legal case and if not remind the SCDSS legal staff to address.

The Court Liaisons will also monitor the Permanency Planning Orders and the plans for the children. If TPR and adoption becomes the plan for the child, the liaison will monitor to see if the TPR (Termination of Parental Rights) complaint is filed within the statutory time frame of 60 days. Additionally, if a child has a plan of APPLA (Another Permanent Planned Living Arrangement) these cases will be also captured to assist the agency with assessing the frequency of the APPLA plans.

Recognizing the challenges to permanency when too much time elapses between initial consultation and first court appearance, the Agency will continue to utilize the *Legal Case Management System* (LCMS) and the *Court Liaison Initiative*. These two practice improvements are believed to decrease the average time between first consultation and first court appearance to less than 48 hours.

### The Cass Elias McCarter Guardian ad Litem Program

The Cass Elias McCarter Guardian ad Litem Program recruits, trains and supervises volunteers to advocate for children in abuse and neglect cases in Family Court. The program will continue to maintain 37 county offices that provide local support and training to the volunteers. Volunteers are carefully screened and trained. The GAL Program uses the National CASA 30-hour training model.

## Adoption Services (Adoption Promotion, Support and Post-Adoption Services)

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

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

Concurrent planning staffing will be held within 60 days of the child's entry into care. If at that point or any point in the foster care case, the parent appears to be failing to meet the treatment plan, adoption services will begin. Adoptions will simultaneously work with the child toward a family connection that may lead to adoption to ensure timeliness in the achievement of a permanent plan. During this pre-TPR status, the adoption services staff and the county foster care staff are working as a team to provide services to the family and child to ensure permanency (enduring safety). Concurrent planning will also include an assessment of the child's therapeutic needs, and if indicated, the child may also receive intensive foster care and clinical services. The agency provides financial support to stabilize adoptions through supportive services such as non-Medicaid medical services, post-adoption and respite services placement/permanency planning, and to assist staff in developing a plan that would bring these children to permanence. Medicaid coverage for all children eligible for adoption assistance will be provided. The Medicaid coverage is dependent on applicable state policy and the special needs of the child. Services such as medical, psychological, and psychiatric services (including counseling, residential and hospitalization services) are available to support the adoptive placement.

In cooperation with Winthrop University, the SCDSS during 2013 began to co-location of "concurrent planning specialists" in county offices across the state. These specialized staff works in the county but report to the regional

Adoption Offices. The goals for these staff are to become involved earlier in children's case planning, to offer information to parents on the role of concurrent planning, and to support county staff in making decisions about permanence.

The SCDSS expanded the task order agreement with Winthrop University in 2014 to allow for a state diligent recruitment specialist along with designated regional recruitment specialist in each adoption region to work jointly across the state on recruitment activities. Maintaining designated regional people who will lead coordination of these events across the state will greatly enhance the capacity for expanding recruitment activities in a coordinated cohesive and consistent fashion. (See Goal 3: Children will have meaningful and lifelong connections with family and the community, Objective #1).

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

### **Adoption Subsidy Assistance**

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

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

The Adoption Subsidy Assistance unit strives to:

- provide Adoption Subsidy Assistance determinations to regional adoption offices in a timely manner to enable adoptive placements when available;
- verify and process adoption subsidy agreements for payment to adoptive families to be received in the month following placement;
- provide assistance to parents and agency staff in a timely manner in regard to their questions about monthly subsidy and medical subsidy;
- process medical subsidy reimbursement requests in a timely manner;
- make sure that all adoption subsidy payments are in compliance with the applicable regulations;

- obtain necessary documentation from adoptive families, regional offices, and other agencies, and submit to the appropriate state agency to establish Medicaid for the child.

## Adoption Tax Credit

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

## Independent Living Services

The overarching purpose of the South Carolina Independent Living Program is to provide the developmental skills necessary for foster youth to live healthy, productive, self-sufficient and responsible adult lives. The purposes of these services are to provide foster youth with opportunities to learn needed independent living skills and to increase the likelihood of successful transition from the foster care system.

For each youth in foster care age 13 and older, Independent Living goals are a federally-mandated part of each child's case plan. Through the Child Assessment in CAPSS, and through the administration of a life skills assessment, such as the Casey Life Skills Assessment (CLSA), these Independent Living (IL) goals are based on the specific life skills needs of the youth. Each youth is assessed on an annual basis. These independent living goals and the goal-related services are offered concurrently with the youth's permanency goals, regardless of their permanency plan(s).

Youth ages 13-18 in the SCDSS custody are eligible for Chafee Foster Care Independence Program funds. Youth who leave the foster care system after reaching age 18 and who have signed a Voluntary Aftercare Placement Agreement are eligible for Chafee funds. Youth who are adopted from foster care at age 16 or above, and those youth who are placed in kinship care/guardianship placements on or after reaching the age of 16, are eligible for all Chafee and ETV funds, with the exclusion of housing expenses. Youth are entitled to these services if they age out of foster care in other states at age 18 and move to South Carolina for residency or educational purposes. Youth must complete the P.A.T.T.Y. (Providing Assistance to Transitioning Youth) Form 30206 as a part of joint planning and assessment with the foster care staff.

The following factors are considered in assessing for Chafee funds:

- the goal for which the funds are to be used and the plan for meeting the goal;
- whether the funds serve as a one-time expense that will lead to a greater independence for the youth;
- total amount of the request;
- foster care youth who are undocumented aliens are ineligible for CFCIP services and funds.

## *Services in the Seven Chafee Purpose Areas*

South Carolina provides services to youth in each of the seven Chafee purpose areas and plans to continue providing these services and supports in the seven purpose areas:

Purpose 1: Help youth transition to self-sufficiency – daily living skills training and activities.

Purpose 2: Help youth receive the education, training, and services necessary to obtain employment – job skills training, vocational equipment, apprenticeships/temporary employment opportunities, child care, interview/work attire, certification courses, transportation, mentoring.

Purpose 3: Help youth prepare for and enter post-secondary training and educational institutions – tutoring, summer school, specialized books and supplies, expenses for school-sponsored educational activities, senior expenses, adult

education services, pre-college expenses, laptop, academic camps, dorm showers, academic information, and financial aid resources materials/limited scholarships.

Purpose 4: Provide personal and emotional support to youth aging out of foster care through mentors and the promotion of interaction with dedicated adults – transition planning, mentoring, support for a permanent connection.

Purpose 5: Provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to ensure that program participants recognize and accept their personal responsibility for preparing for and then making the transition into adulthood – transition planning, aftercare services, financial assistance with housing and transition expenses, voluntary aftercare placement, and Medicaid eligibility for you in care at age 18 with Medicaid eligibility.

Purpose 6: Make available vouchers for education and training, including post-secondary education, to youth who have aged out of foster care – provided for youth pursuing post-secondary education in an approved educational program who are in the custody of the SCDSS with independent living goals as a part of their case plan, were in custody of the SCDSS at 18 years of age, and youth adopted or exited to kinship/guardianship on or after their 16th birthday, are eligible for education and training vouchers.

Purpose 7: Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption -- youth who reached age 16 in foster care and left care due to adoption or kinship/guardianship are eligible for all CFCIP services, with the exception of housing/transition expenses.

For additional information refer to the Chafee Foster Care Independence Program section of this plan.

## Promoting Safe and Stable Families

The primary goals of the Promoting Safe and Stable Families (PSSF) Program, Title IV-B, Subpart 2 of the Social Security Act are to improve the quality of care and services to children and their families in efforts to support children remaining safely with their families, prevention of maltreatment, while also ensuring permanency for children through reunification, adoption or guardianship. The purpose of the PSSF Program funding clearly aligns with the SCDSS vision for child welfare:

- every child deserves to have a safe, stable, and loving forever family in which to grow. (Safety, Permanency and Well-being);
- immediate safety from significant harm;
- enduring safety with a significant person who will make a lasting, legal commitment to be there for the child in the future.

The SCDSS will optimize the PSSF funds in accordance with prescribed limits and conditions of the Administration for Children and Families in the following specific program service areas as outlined by the Administration for Children and Families:

1. Family Preservation Services;
2. Family Support Services;
3. Time-Limited Family Reunification Services;
4. Adoption Promotion and Support Services.

Following is a description of how South Carolina plans to utilize PSSF funds by program area in FFY 2015-2019.

**Family Preservation Services (24.99%):** Designed to help families alleviate crises, maintain the safety of children in their own homes, support families who are preparing to reunify or adopt, and assist families in obtaining support to

address their multiple needs in a culturally sensitive manner. The definition allows grantees to support infant safe haven programs.

South Carolina will use funding in this program area to support its Family Engagement Services, described below.

- **Family Engagement Services:** Family Finding, Family Team Meetings, and Family Group Decision Making (FGDM)/Family Group Conferencing, hereafter referred to as Children Conferencing (CC) and Re-conferencing (RC), continue to grow as effective family engagement strategies. This set of intervention tools under the family engagement model of services are appropriate and tailored for families involved in child welfare systems. Family engagement strategies were chosen and enhanced to involve families in the decision-making process to move toward child well-being and positive permanency. These strategies will increase the capacity of families to better care for their children in their homes or the homes of relatives and friends. These interventions are used to keep children safely in their own homes, expedite the child's transition from foster care, and increase family participation in decision-making at other critical decision points throughout the time the family is involved in the child welfare system.
  - *Family Finding (FF):* FF is a specific service and specialized process for locating and engaging maternal and paternal family members to participate in initial family meetings or who are supportive and may be potential alternative family caregivers for children. FF offers each family member a chance to help and be a support to the child and the child's caregivers. It is typically least extensive prior to the Family Team Meeting (FTM) due to the timeframe involved. Since the FTMs are held the next business day (within 24 business hours) after a child's removal, FF for a FTM is typically limited to immediate caregivers and close family members that the family identifies who can be available the next business day. Nevertheless, the Partnering Contractors shall immediately begin Internet searches and other means to engage as many families as possible and invite them to participate in the initial FTM on very short notice. Family Finding services will be available 24 hours a day, 7 days a week to receive notice of removals and initiate FF efforts. Intensive FF shall be conducted by the Partnering Contractors to identify and engage participation from as many appropriate maternal and paternal family members as possible, including extended family members and fictive family. FF will include Seneca Searches, completion of a genogram on all basic branches of the family tree, eco-mapping and case mining. The goals of FF services will be to provide sufficient participants in the CC as potential placements and/or family support resources for the children and their caregivers. The FF activities and their results will be maintained for future reference in the event additional needs for family participation and support develop.
  - *Family Team Meeting (FTM):* FTMs are structured case planning and decision-making meetings, held within 24 business hours (the next business day) after removal, facilitated by skilled and trained community-based coordinators to engage the family groups, family supports, and service providers collaboratively in creating plans for children's safety while laying the groundwork for permanency. FTMs are intended to meet the immediate safety needs of children and to plan for placement needs in urgent emergency situations. FTMs enable the SCDSS to engage family members and provide an immediate front-end, family-involved response to concerns about child safety or placement needs and to achieve positive results for the child during the earliest stages of child protective services (CPS) interaction with the family. Family members are engaged and encouraged to help and be a support to the child and the child's caregivers to assure the child's safety in the family home or in an alternative family placement. Key features of an FTM include the following:
    1. FTM will occur by the next business day for children entering care by Emergency Protective or Ex Parte Court Order, or within three days of referral for families receiving CPS in-home services either through the SCDSS or a Community-Based Prevention Services agency where an unforeseeable emergency has occurred and children are in danger of entering foster care.

2. Safety is paramount as decisions are made to ensure the child's immediate and enduring safety.
  3. Families are viewed as partners with the SCDSS in the creation of a family service plan, which must include a visitation plan to ensure family connections and sibling visits.
  4. Respect for families is maintained by the SCDSS and the Partnering Contractors.
  5. The FTM is a family-centered process and includes the family group – maternal and paternal family.
  6. The FTM is strengths-oriented and solutions-focused.
  7. The FTM Team members (the SCDSS staff, family group members and relevant agency partners and service providers) serve as the primary decision-makers to assure child safety.
  8. This multi-system intervention includes service providers and other community resources for the child and the child's family.
- *Child Conferencing/Re-Conferencing (CC/RC):* CC is the South Carolina model of FGDM. A CC creates a vital opportunity for the children's caregivers, maternal and paternal extended families and fictive kin to play a vital role in the safety, permanency and well-being of children involved with the SCDSS in a spirit of respect, collaboration, transparency and accountability. It is more involved than the FTM, with additional planning time for FF and family engagement efforts. It is a time when a family joins with the SCDSS, relatives, friends, and community supports to develop a plan that ensures children are cared for and protected from future harm. Through the use of private family time, the "family group" is vested with a high degree of decision-making authority and responsibility. During this time, the family group joins together to discuss and develop a plan for the child's safety and well-being, including concurrent planning for immediate options (e.g. temporary foster care, family strengthening, or reunification with birth parents), back-up alternatives for permanent placement (e.g. placement with other family members) and visitation planning.

There are two major categories of CC cases: (1) "front-end" CCs on children entering care, and (2) "back-end" CCs to identify family placements and support systems and produce a revised Positive Permanency Plan for children and youth in foster care or at-risk of aging out of care without a permanent family. RC is an integral component of FGDM. The values, principles and core elements of RC are the same as those stated above for CC. RC is required four months after a CC and every four months thereafter or sooner (a) if required by the Court or the SCDSS; (b) if other changed circumstances occur requiring a follow-up conference to ensure planned goals have been achieved; (c) to address subsequent emergency issues (e.g. need to implement contingency plan for safety and permanency per concurrent planning); and/or (d) to ensure the plan is being implemented and assess the need for and make any changes required to support child safety.

Expected outcomes for CC and RC services will be:

1. the child has a voice in his/her plan;
2. the Family has more control of decision making process;
3. more creative, detailed, and complete plans for children and families;
4. more follow-through with family-created plans;
5. early family reunification and less time spent in foster care;
6. more effective engagement of fathers and utilization of family resources than in traditional casework;
7. improved relationship/partnerships between families, the SCDSS and the interagency community;
8. an ability to deal successfully with the more complicated cases, and getting "stuck" cases moving forward;
9. increase in information-sharing;



10. family reconnections;
11. a quicker road to permanency and legal resolution;
12. opening of doors for families in the community.

For further detail, see Family Engagement implementation strategies under Goal 1, Objective #2 in Plan for Improvement section of this plan and in the Strategic Action Plan found in Appendix A of this plan.

**Family Support Services (27.29%):** Primarily community-based preventive activities designed to promote the safety and well-being of children and families, promote parental competencies and behaviors that will increase the ability of families to successfully nurture their children, enable families to use other resources and opportunities available in the community, create supportive networks to enhance child-rearing abilities of parents and help compensate for the increased social isolation and vulnerability of families, and strengthen parental relationships and promote healthy marriages. P.L. 112-34 amended the definition to include mentoring programs.

South Carolina will use funding in this program area to support the Signs of Safety Practice Model, multidisciplinary care teams, Parent Cafes, training for resource and adoptive families, and collaborative meetings between SCDSS staff and external partners.

- *Connected Families:* Connected Families will provide comprehensive support for the SCDSS to implement the Signs of Safety Practice Model, which enhances the skills, techniques, and practice methodology for child welfare workers. *Signs of Safety (SOS)* is an internationally recognized solution and safety oriented approach to child protection. This service provides on-site consultation with caseworkers, supervisors and community partners (law enforcement, churches, etc.) in support of mapping difficult cases with the Signs of Safety Practice Model. Additional information related to SOS implementation strategies can be found under Goal 1, Objective #3 in Plan for Improvement section of this plan and in the Strategic Action Plan in Appendix A of this plan.

Connected Families will use small and large group training, webinars, and guidance support to SCDSS leadership in implementing SOS, along with working directly with caseworkers and supervisors in their existing meetings to sharpen their skills in the use of Signs of Safety. Expected outcomes will include the SOS model being the framework for all facets of child welfare services, from policy integration at all levels and departments to critical practices (Intake procedures, Family Team Meetings, Permanency Roundtables, Guided Supervision, etc.). Additionally, it is anticipated that Connected Families support for SOS will lead to systematic improvements and creative constructive working partnerships between front line workers and community partners, health professionals, and service providers regarding the "Signs of Safety" practice model. It is hoped that the SOS framework for all components of child welfare will have a marked impact on reducing the number of child re-entries into care and reducing the number of maltreatment reoccurrence cases.

- *Medical University of S.C. (MUSC):* Comprehensive services are provided by a multi-disciplinary care team (Pediatricians, Nurse Practitioner, PT/OT/Speech Therapist, social worker) for bio-families, foster families and adoptive families in the low country region of the state. Services also encompass medical care coordination to support children and their families in scheduling for primary care appointments, sub-specialist appointments, therapies, counseling, and other training. Social work and counseling services are also provided directly to the child and family. Other services include one-on-one education and training with the child, training with the parent and child, classes for parents and child's school, etc. Additional services also include coordination and development of innovative family-friendly services to support families of medically-fragile children in foster care. Expected outcomes of the services will be for families to learn to be more self-sufficient in care coordination and accessing services. Families will also gain skills and

competencies needed to manage their child's medical condition in order to prevent a medical crisis and provide a safe and stable home for the child.

- *Children's Trust of SC:* Training/education is provided to families and communities to raise awareness of child abuse and neglect through providing and training Parent Café Hosts (facilitators). Parent Cafes are a series of structured small group conversations that bring parents together to discuss issues important to them. The goal is to directly engage parents in building the protective factors needed to prevent maltreatment and promote healthy outcomes for their children. The Cafés are conducted throughout the state in community groups, schools and faith-based organizations to further implement the Strengthening Families initiative, which builds the five protective factors proven to reduce child maltreatment; parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and the healthy social and emotional development of children. These cafes are hosted by community organizations and facilitated by a trained professional. It is also expected that Parent Cafés will enhance the skills of the support system for children and their families that can have a direct impact on the child rearing ability of the parent and the parent-child relationship. This service supports accomplishing the Agency's Goal 1, Objectives #1 and #2.
- *S.C. Foster Parent Association:* The South Carolina Foster Parent Association (SCFPA) will provide competency-based training statewide for resource and adoptive families. Training will include components to build the parental competencies of resource and adoptive families to understand the cultural values, child development stages, assertive communication with adolescents, grief and loss process, behaviors associated with abuse and neglect, effective parenting styles, emotional impact of placement moves on children in foster care, array of available services in the state, etc. Some expected outcomes of the services will be that resource and adoptive families will be more aware of the trauma experienced by children in foster care and develop the competencies and understanding to enhance their ability to provide a nurturing and stable home. The service supports stability in the foster care placement and supports resource and adoptive families with resources and training to reduce the number of moves for children in foster care. This service supports accomplishing the Agency's Goal 1, Objectives #1 and #2.
- *Palmetto Association for Children and Families (PACF):* The PACF will hold P-3 meetings and training in all regions of the state at the local level. These meetings include a broad array of state agencies as well as community-based and non-profit providers that make up the system of care for serving children in foster care such as the SCDSS, Guardian ad Litem, the SC Department of Education, the SC Foster Care Review Board, the SC Department of Mental Health, the SC Foster Parent Association, the PACF members (i.e. Therapeutic Foster Care, Group Care, Psychiatric Residential Treatment Facilities, Licensed Independent Practitioners, Rehabilitative Behavioral Health Service, etc.).

The general purpose of each local P3 is for child welfare system partners to come together in local preparatory "Closer Look" meetings to discuss and explore all the history, services, placements, permanency efforts, system linkages or lack thereof, emerging system issues that must be addressed, success and failures in support in two cases of existing children in foster care and their families. These "Closer Look" meetings, held in each region, feed into a larger P-3 meeting that is held where the cases examined locally are presented, including all the information learned and plan going forward, relevant statewide data that sheds a light on issues and barriers that need a systemic approach and collaboration from all stakeholders/ partners at the P-3. This enables providers and the SCDSS to work together to accomplish the common goal of making sure all children are safe and live in a positive, permanent home.

P-3 meetings and training will incorporate training and discussion based on data that give private providers, community-based non-profits, and child-serving state agencies the opportunity to learn about safety, permanency, well-being measures; trauma services; assessment; system of care; and available services and practices, etc. Expected outcomes for P-3 meetings and training would be improved performance of child-serving stakeholders for children in foster care at the local level in addressing stability of placements, with fewer moves for children in foster care; permanency for older youth; adoption for older children; keeping siblings together; better utilization of data-driven systems; and stakeholder and agency awareness and understanding of federal standards for safety, permanency, and wellbeing. It is also expected that there would be an immediate impact on interventions/services and/or systemic linkages to permanency, behavioral health and medical services for children that are a part of the case study presentations and stakeholder analysis. Additionally, a direct impact is expected at the local level for children in foster care, as meetings and training is held with local child-serving partners and stakeholders who look at the current system and make changes in collaborative efforts and/or streamline services to impact other children served in the area based on the data, case presentations, and additional specialized training offered by the PACF. For more details, see the attached separate document, the "Training Plan". The P-3's support the SCDSS in accomplishing Goal 1, Objectives #1 and #2 of its 5 year plan.

**Time-Limited Family Reunification Services (15%):** These services are provided to a child who is removed from home and placed in a foster care setting and to the child's parents or primary caregiver. These services are available for 15 months from the date the child enters foster care. Time-limited reunification services facilitate the safe and timely reunification of the child with the family. States may use funds for counseling, substance abuse treatment, mental health services, temporary child care, therapeutic services for families, including crisis nurseries, and transportation to services. Additionally, P.L. 112-34 authorized grantees to use funds for peer-to-peer mentoring and support groups for parents and primary caregivers, and for services and activities to facilitate access to and visitation of children in foster care by parents and siblings.

South Carolina will use funds in this program area for mutual support programs for adults and youth and for family care centers for mothers and children.

- *Parents Anonymous (FamilyCorps):* The FamilyCorps is the only accredited State Resource Office in the state of South Carolina for the National Parents Anonymous® Office. As the only accredited state office in SC, the FamilyCorps conducts all of the training of support group facilitators, technical assistance, and program oversight and funding support for the 64 Adult and the Youth Parents Anonymous® Mutual Support Programs serving 26 counties. The Parents Anonymous® Program is a facilitator-led, peer-to-peer support program model, which national research confirms is effective in diminishing the impact of risk factors while significantly increasing the six protective factors associated with positive parenting, thereby increasing the resiliency of parents and children and prevention of future child maltreatment. The service is designed to provide mutual support groups that are co-led by parents and professionally trained facilitators and are available to parents or primary caregivers whose children are in foster care up to 15 months. These support groups discuss topics such as discipline skills, parenting skills and other support topics that parents may need to strengthen the possibility of reunification with their child. While the parents are meeting, their children participate in a structured children's program to promote healthy emotional growth and development. Expected outcomes include that families will have knowledge of community support and other family support as a resource to strengthen their five protective factors (parent resiliency, social connections, knowledge of parenting and child development, concrete support in time of need and the children's emotional and social competence), which are proven to significantly reduce the incidence of child maltreatment. It is also expected that parents or caregiver and

children receiving the support groups from Family Corps will reunify 85% of the time within 15 months. This service supports the Agency's Goal 2, Objective #1.

- *Family Care Centers:* The Family Care Center is a comprehensive residential treatment program that provides fully integrated services and support to women with substance abuse disorders. Mothers and their children live together in a safe, rehabilitative, homelike environment that offers intensive clinical, physical and behavioral treatment. The highest level of professional staffing in this secure setting helps foster recovery and builds family strength that ultimately leads the mothers and children toward a healthy transition back into community life. To support the alcohol and drug treatment the mother is receiving, services at the Family Care Center will include the following: individual and family counseling; family visitation and supervision on campus facilities; life skills training and education; substance abuse education, prevention and counseling; case management services; transportation to clinical, medical, dental, and vision appointments; parent support groups; and parent/ sibling visitation activities. Outcomes expected for mother and children receiving Family Care Center services will be 85% reunification for mother and child or children within 15 months of child or children coming into care. For more detail, see the "Developmentally-Appropriate Services for Children Under Age 5" section of this plan. Also, this service supports the SCDSS in accomplishing Goal 2, Objective #1.

**Adoption Promotion and Support Services (23.9%):** Designed to encourage more adoptions of children out of the foster care system when adoptions are in the best interests of the children. They include pre- and post-adoption services designed to expedite the adoption process and support adoptive families.

South Carolina will use funds in this program area to provide health support services, certified investigators, pre-service training for resource and adoptive families, and recruitment tools.

- *Health Support Services:* Critical health support services (i.e. medical and behavioral) to pre and post adoptive families of children with special needs that are considered to be behaviorally or medically high risk. Services support families in continuing successful medical and behavioral health services with their child while pursuing finalization and avoid disruption in critical services when a pre-adopt agreement is signed. Service also provides support to adoptive families in accessing needed behavioral, medical, community-based services. Typical services which cannot be provided by other supplements such as Medicaid are reimbursed to the pre and post adoptive families including non-prescriptive medical supplies, outpatient psychotherapy, durable equipment such as lifts, ramps, etc. Health Support Service is also designated to provide reimbursement for Respite Care for adoptive parents in order to enable them to cope with the stress of caring for a child with special needs. Adoptive families are allowed to be reimbursed up to \$500 annually to pay for respite care. Expected outcomes will be to maintain stability of adoptive placement and support families with critical services that assist them in enhancing their skills and abilities to reduce crisis in their home and provide a safe and nurturing home. Health Support Services will also allow adoptive families with special needs children to access a supportive network of caregivers to provide them a break from care-giving in order to sustain their ability to nurture their child. These critical services help the SCDSS meet its Goal 3, Obj. #3 in this plan.
1. *Certified Investigators (CI):* The CI's conduct home studies on potential adoptive families (i.e. interview adoptive applicants in home/office assess parenting abilities, motivation to adopt, acceptance of child/family factors, and suitability as adoptive parents from safety and wellbeing perspective). This service also includes background checks, compiling family histories, and financial verifications. The CI service is expected to provide a level of support to the adoptive applicant in the adoption process that supports a solid match for a forever family with the child in foster care in regards to their safety and well-being.

2. *S.C. Foster Parent Association (SCFPA)*: The SCFPA provides pre-service training for resource and adoptive families in South Carolina. The SCFPA developed and will continue to update the training curriculum. Heartfelt Calling, an intranet site where children who are legally free and waiting to be adopted is also updated and monitored for interested adoptive resources. Other responsibilities include designing the process for how training will be delivered and coordinated across the state. The SCFPA also monitors the implementation and oversight of the training delivery as part of the revised pre- service training. Part of the SCFPA focus is on teen adoptions and educating teens on the advantages of adoption. This includes connecting them socially with other teens that have been adopted and had a positive experience. Service will also develop materials that would appeal to young people such as videos with music about families and adoption. Expected outcomes for this service will be an increase in the number of foster parents who are trained and aware of adoption process, issues associated with children in foster care such as trauma and the side effects/treatment, available service array, community supports, etc. that can support them if they pursue adoption or have pursued adoption. Also, an increase the number of teen adoptions by working directly with teens and educating them on the advantages of adoption. An additional outcome includes increased adoptions for legally free children using The Heart Gallery as an informational forum. For more details, see the attached separate document, the "Foster and Adoptive Parent Diligent Recruitment Plan". This support service assists the SCDSS in accomplishing its Goal 3, Obj. #1.
  - o *S.C. Heart Gallery*: The SCHG is a part of the Foster Care Review Board and currently accepts referrals of legally free children from the SCDSS. SCHG provides professional photo shoots and then feature photographs of the children in foster care on the SCHG website and in multiple community venues and exhibits. SCHG also manages the web site inquiries and referrals. SCHG also provides enhanced coordination and communication to educate and promote the finalization of adoptions of legally free children in a timely manner. The SCHG responds to telephone and website inquiries within three working days, forwarding child-specific inquiries to the SARC and/or assigned the DSS Regional Adoption Specialist for follow-up, provides general information about the foster care/adoption process, and generates referrals for new South Carolina families to the appropriate the DSS Regional Adoption Division via an intake request and conducts a portion of the home studies to expedite the adoptions process. For more details, see the attached separate document, the "Foster and Adoptive Parent Diligent Recruitment Plan". The S.C. Heart Gallery service supports the ability of the SCDSS achieving Goal 3, Obj. #1.

### **Funding Allocations**

Historically, the SCDSS has achieved extraordinary outcomes in the area of promoting and supporting adoptions in the state, as evidenced by only 533 children being adopted in FY 2010. The SCDSS renewed its focus on adoption promotion and support, setting and achieving a goal to surpass that number of adoptions by 50%, with the result that there were 836 adoptions of children in the SCDSS custody by June 30, 2012.

To sustain the momentum and focus on Program Area #4, Adoption Promotion and Support, the SCDSS substantially increased the allocation of PSSF funding to support a broader systemic impact on service delivery outside of the agency to include collaborations with the SC Foster Parent Association, the Foster Care Review Board Heart Gallery, and health support services across the state during FFY 2013 and into part of FFY 2014, which allowed the SCDSS to meet its Wildly Important Goals (WIGs) for adoption:

- A six-month WIG (July1 through December 31, 2012) set a target to achieve positive permanency (excluding adoptions) or file for Termination of Parental Rights (TPR) for 50% of children with a plan of reunification in care for 12 months or more. The goal was exceeded, with 147 children achieving positive permanency and 120 TPR actions filed, setting the stage for future permanency, for a total of 267.

- By December 2012, to complete adoptions for 75% of children in Foster Care who are legally orphans who have a plan of adoption and are already placed with a pre-adoptive or adoptive family as of July 1 2012 which equated to 56 children. Between July 1 and Dec. 31, 2012, an additional 56 children left Foster Care through finalized adoptions.
- CY 2013 WIG: Finalize adoptions for 43% (428) of children who are currently legally free (513) or are anticipated to be legally free by December 31, 2013 (470). The total number of finalized adoptions was 498, with each of the five SCDSS regions exceeding their regional adoption WIG goals.
- CY 2013 WIG: Achieve positive permanency or secure a pre-adoptive placement for 25% of children in foster care on January 1, 2013, who are age 13-17 and have been waiting 24 months or longer by December 31, 2013 (132). The total number of positive closures for 2013 was 109, and the total number of pre-adoption placements was 30, for a total of 139, exceeding the goal of 132

In the FFY 2013, the allocation for Adoption Promotion and Support was increased dramatically to 41.88% to accomplish the unprecedented results for finding forever homes for children in South Carolina. This priority on adoptions had a significant impact on the allocations to Program Area #1, Family Preservation Services (14.47%) and Program Area #3, Time-Limited Family Reunification Services (12.42%). This allowed the SCDSS to focus on adoption of children lingering in care.

For Program Area #1, Family Preservation services such as Family Group Conferencing and Child Conferencing were being delivered statewide and funded appropriately for the existing structure of delivery of services; however, with the expectation for FFY 2014 of the service being transformed into a more integrated approach, the Program Area #1 allocation was increased to 24.99%. These services are being placed in a Fixed Price Bid under Family Engagement Services for FFY 2015 and will require that allocation percentage to fund the more comprehensive, integrated model that will be delivered statewide.

Given the current struggle with accomplishing its current adoption WIG for FFY 2014, the SCDSS will continue to need to devote 23.90% to Adoption Promotion and Support Services, as evidenced below:

- CY 2014 WIG: Achieve adoption for 50% (476 children x 50% = 238 children) of all children who on January 1, 2014, have been legally free for 6 months or more by December 31, 2014. As of June 2, 2014, 69 (14.5%) of these children had been adopted.

However, the SCDSS recognizes the need to focus on parents and/or family members seeking to reunify with their children, as research demonstrates greater stability and better outcomes among children in foster care when they are living with family or "fictive family," rather than living with non-relative foster parents. When family members are identified and engaged early on, children are more likely to be placed with relatives and, therefore, to experience fewer changes in placement and less emotional trauma that typically accompanies removal and foster care. The SCDSS is therefore committed to maximizing opportunities to safely keep or reunify children with their parent(s) and engage appropriate relatives and fictive family for case planning and placement resources whenever children cannot be kept safely in their homes.

To that end, the SCDSS is increasing its PSSF allocation of funding in Program Area #3, Time-Limited Family Reunification, to 15% for FFY 2015 to fund a new service, Family Care Centers, as described above.

#### **PSSF Section References**

P.L. 109-288, September 28, 2006

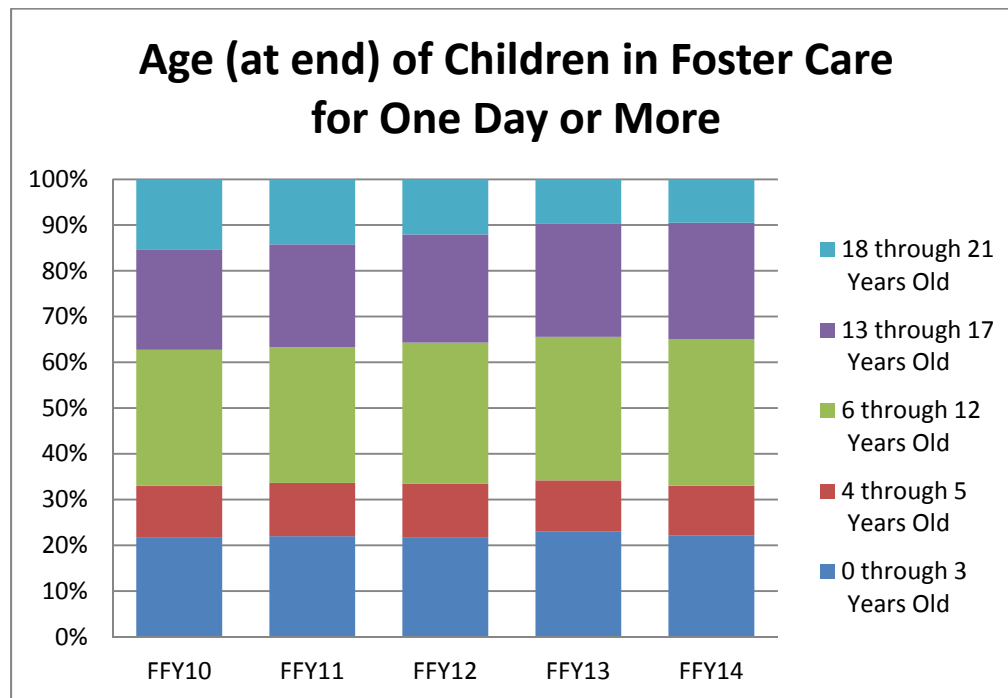
Definitions of the four required components are found in United States Code, Title 42, Chapter 7, Subchapter IV, Part B, subpart 2, section 629a.

## Populations at Greatest Risk of Maltreatment

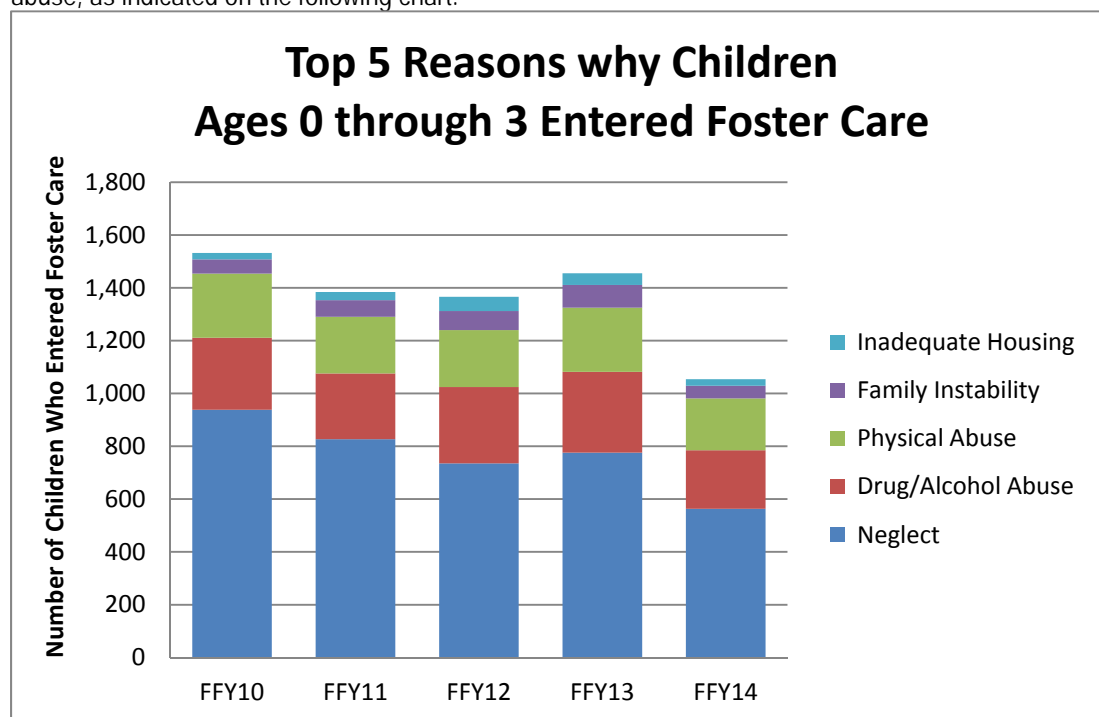
Using monthly reports on the age and removal reason, the state has identified children under the age of three as being at the greatest risk of maltreatment. The state has targeted this population with preventive services through collaboration with the Children’s Trust of South Carolina (CTSC) and other state and non-profit partners (described later in this section).

Children age 0-3 years have continued to trend during the FFYs 2010-2014 at an average of 22% of the total number of children in foster care in South Carolina. This average is the third highest population in care following closely behind ages 6-12 at 30.6% and children age 13-17 averaging 23.2% of the total number in care during the same time period. The smallest percentages of children in care during the FFYs 2010-2014 were children ages 18-20 years old who averaged 12.5%, and children ages 4-5 years old who averaged 11.5%.

The following graphs and charts present data on children in foster care by age group and year.



Consistently, the top reasons for entering foster care for children age 0-3 included neglect, drug abuse and physical abuse, as indicated on the following chart.



Source: CAPSS Data, June 2, 2014

#### Reasons for Foster Care Entry for Children Age 0-3, FFY 2010-2014

Reasons for Entering Foster Care	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014	5-Year Total
Neglect	938	827	735	776	563	3,839
Drug/Alcohol Abuse	273	249	289	306	222	1,339
Physical Abuse	243	214	216	243	196	1,112
Family Instability	54	63	72	86	48	323
Inadequate Housing	24	31	54	44	25	178
Sexual Abuse	34	25	27	34	27	147
Incarceration of Parent(s)	27	27	30	37	21	142
Lack of Employment (Parent)	11	18	16	30	2	77
Lack of Housing (Homeless)	14	13	13	20	13	73
Abandonment	9	18	11	20	9	67
Caretaker Disabling Condition	12	5	11	4	4	36
Voluntary Placement (Non-CPS)	10	3	6	6	5	30
Hospitalization of Parent	6	3	6	4	2	21
Death of Parent(s)	3	3	1	3	2	12
Relinquishment (At Birth)	2		4	3	2	11
Child's Disability		2	4	4		10
Child Born to Foster Child	2	3			1	6
Relinquishment (Other)	2		1	2		5



Reasons for Entering Foster Care	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014	5-Year Total
Child's Behavior Problem		1	1	2		4
Lost Child			1	2		3
24-hr Medical Hold (Child)	1	1				2
Pregnancy (Of the Child)		2				2
Exploitation (Non-Sexual)				1		1
Runaway					1	1
<b>Total of ALL Reasons for Entering Foster Care</b>	<b>1,665</b>	<b>1,508</b>	<b>1,498</b>	<b>1,627</b>	<b>1,143</b>	<b>7,441</b>

Source: CAPSS Data, June 2, 2014

**Children Included in a CPS Investigation Who Were Under the Age of 5 on the Date that the Report was Accepted for Investigation - Reports Accepted during FFY 2010 - FFY2014**

Year	Included in Investigation/ Founded	Child Age						Total Under 5
		Infants	1-year-olds	2-year-olds	3-year-olds	4-year-olds	Pregnancies*	
FFY 2010	# of children under 5 included in investigation	2,916	2,142	2,173	2,100	2,007	265	11,603
	Percent founded	53%	42%	43%	42%	37%	83%	45%
FFY 2011	# of children under 5 included in investigation	2,676	1,935	1,964	1,938	1,957	283	10,753
	Percent founded	54%	46%	45%	42%	43%	87%	47%
FFY 2012	# of children under 5 included in investigation	2,378	1,542	1,584	1,681	1,732	279	9,196
	Percent founded	62%	52%	50%	49%	47%	86%	54%
FFY 2013	# of children under 5 included in investigation	2,283	1,368	1,314	1,425	1,375	235	8,000
	Percent founded	66%	60%	57%	52%	53%	89%	59%
FFY 2014	# of children under 5 included in investigation	1,113	694	621	688	741	106	3,954
	Percent founded	66%	59%	56%	50%	53%	81%	59%

\*Pregnancies are counted if the mother gave birth within nine months of the intake decision date.

Source: CAPSS Data, May 1, 2014

In consideration of the following for children ages 0-3:

- Third highest age grouping in care;
- Average of 84% of the reasons for coming into care being Neglect, Alcohol and Drug Abuse, and Physical Abuse during the FFYs 2010-2014;
- Increasing trend of founded investigations over the FFYs 2010-2014.

The SCDSS has determined this age group to be at greatest risk of maltreatment as they are highly likely to

experience the same trend of types of abuse as older children but less likely to protect themselves from the abuses perpetrated upon them.

### **Ongoing Data Analysis**

Through the data analysis to identify the approach and services that would reduce the likelihood of unnecessary entry into foster care, the SCDSS also monitors children re-entering foster care and the percentage of children entering care. The re-entry rate in SC is lower than the national rate.

If only children who needed to be removed from their homes were removed and not one child more, there would be a reduction in the trauma experienced by these children, and the children would not experience the long-term effects of removal. The SCDSS is working to provide appropriate services to prevent child maltreatment among families at risk, enhance the parents' capacity to protect the child, and safely prevent removal. The SCDSS has demonstrated a commitment to this effort by the services mentioned in the next section that have been put in place statewide. If none of the children in care fewer than 30 days entered care, there would be nearly a 40% reduction in children entering care and experiencing trauma associated with removal. As SC continues to provide in-home family preservation services to enhance parental capacity, the number of children traumatized by removal will continue to diminish.

The SCDSS has reviewed reporter type in the triage procedures for the intake staff to consider reporter type as an indicator for likelihood of risk of recurrence. Particular attention is paid if the reporter is anonymous, and the SCDSS intake policy has been updated so that the "motivation of the reporter" language has been changed to be more proactive in nature to engage the reporter in gaining as much information as possible to determine the level of risk or any safety concerns.

## **Services for Children under the Age of Five**

### **Reducing Time in Care for Children under Age 5**

Children ages 5 and under benefitted from targeted improvement efforts in adoptions.

In SFY 2012, the SCDSS set an ambitious WIG to increase by 50% the number of children in long-term foster care (on average waiting 3.5 years) to get permanent families. Specifically, the Agency set out to get within one year (from July 1, 2011 to June 30, 2012), as many as 1,184 children in long-term foster care into permanent families, 385 through reunification with their biological families and 799 through adoptions with new families. That goal was exceeded, with a total of 1,304 children who are now safe and thriving with lifelong families.

Next, a new WIG was set for six months (from July 1 to December 31) in SFY 2013 to close out 2012 by adding another 56 adoptions and more than 100 family reunifications. Once again, the SCDSS accomplished and exceeded this goal by adding another 202 permanent families. This brought the total adopted in 18 months to 1,506 children, formerly in foster care, who began 2013 belonging to a family again. The number of children with a permanency plan of adoption or reunification to be accomplished by June 30, 2012, was 1,184 children. Of those 1,184 children, at least 799 children (68%) were to have their adoption finalized. SC met this goal, with 1,506 children being adopted by that date.

As a result of these ambitious WIGs, the SCDSS finalized adoptions on 343 children ages 5 and under in FFY 2011; 423 children ages 5 and under in FFY 2012; and 249 children ages 5 and under in FFY 2013.

As seen in the following table, a total of 1,435 children ages 5 and under were adopted from FFY 2010 through March 2014. These data also show that children ages 0-5 have made up an average of 53% of all SCDSS adoptions since FFY 2010.

### Adoption Finalizations by Child Age Group, FFY 2009 through March 2014

FFY	Number of Finalizations	0-2 yrs		3-5 yrs		6-9 yrs		10-13 yrs		14 yrs+	
		#	%	#	%	#	%	#	%	#	%
2009	533	141	26%	169	32%	122	23%	71	13%	30	6%
2010	535	142	27%	162	30%	127	24%	70	13%	35	7%
2011	589	156	26%	187	32%	127	22%	85	14%	34	6%
2012	782	201	26%	222	28%	181	23%	118	15%	60	8%
2013	510	134	26%	115	23%	134	26%	69	14%	58	11%
2014 (through March)	253	68	27%	48	19%	41	16%	47	19%	49	19%
Total FFY 2010- March 2014	2,669	701	26%	734	28%	610	23%	389	15%	236	9%

Source: CAPSS data through March 2014

As a result of the adoption and reunification WIGs and the practice supporting these permanencies, the number of children in foster care declined by 990, from 2,547 at the end of FFY 2010 to 1,557 as of April 2014. The following table shows the trend of children in foster care under age five from FFY 2010- FFY 2014.

### Children under 5 in Foster Care by Office Type and Year, FFY 2010 through April 2014

Case Management Office	Total # of Children	Infants	1-Year-Olds	2-Year-Olds	3-Year-Olds	4-Year-Olds
<b>FFY 2010</b>						
County offices	1,904	305	406	433	407	353
Adoptions regional offices	630	22	135	165	168	140
IFCCS offices	13	0	0	2	5	6
<b>FFY 2010 total</b>	<b>2,547</b>	<b>327</b>	<b>541</b>	<b>600</b>	<b>580</b>	<b>499</b>
<b>FFY 2011</b>						
County offices	1,918	267	422	421	435	373
Adoptions regional offices	389	22	88	84	102	93
IFCCS offices	16	1	0	2	5	8
<b>FFY 2011 total</b>	<b>2,323</b>	<b>290</b>	<b>510</b>	<b>507</b>	<b>542</b>	<b>474</b>
<b>FFY 2012</b>						
County offices	1,934	294	437	421	401	381
Adoptions regional offices	128	14	20	28	30	36
IFCCS offices	23	0	3	5	5	10
<b>FFY 2012 total</b>	<b>2,085</b>	<b>308</b>	<b>460</b>	<b>454</b>	<b>436</b>	<b>427</b>
<b>FFY 2013</b>						
County offices	1,915	380	443	408	349	335
Adoptions regional offices	7	3	1	1	2	0
IFCCS offices	21	1	5	4	3	8

Case Management Office	Total # of Children	Infants	1-Year-Olds	2-Year-Olds	3-Year-Olds	4-Year-Olds
FFY 2013 total	1,943	384	449	413	354	343
<i>FFY 2014 through April 2014</i>						
County offices	1,539	240	383	334	302	280
Adoptions regional offices	2	1	1	0	0	0
IFCCS offices	16	1	2	5	2	6
FFY 2014 through April 2014	1,557	242	386	339	304	286

Source: CAPSS data through April 2014

## Developmentally-Appropriate Services for Children under Age 5

The SCDSS and its partners have provided an array of services that directly target specific groups of children under age 5, including prevention, early intervention and treatment services.

### South Carolina Maternal, Infant, and Early Childhood Home Visiting

This program, described under Prevention Services in the Description of Services Provided section of this report, addresses critical areas of child well-being including the coordination and delivery of critical health, child development, early learning, prevention of child abuse and neglect, and family support services through evidence-based home visiting. There are 17 funded sites, each reaching multiple counties and serving high-risk populations with children and this will continue through the 2015 FFY and beyond.

### BabyNet

BabyNet is the state's early intervention agency for children age 0-3 under Part C of the Individuals with Disabilities Education Act (IDEA). As required by the CAPTA 2003 reauthorization and in recognition of the special needs of child abuse and neglect victims age 0-3, these children and as any other child known to the agency and suspected of having developmental delays are referred to BabyNet for developmental assessments. (See description of BabyNet under Prevention and Early Intervention Services in the Description of Services Provided section of this report). This service is anticipated to continue through FFYs 2015-2019.

### Child Care Inclusion

Currently the Division of Early Care and Education provides support for the provision of technical assistance and training regarding developmental screenings and methods to incorporate inclusive practices into daily operation of child care programs. Through a Child Care Development Fund (CCDF)-funded contract with USC College of Education, support is being provided for a statewide initiative (Building a System for Inclusion). Work with child care providers is based on the use of effective practice screening tools and curricula. Child care providers are coached in the use of the online Ages and Stages Questionnaire. They are encouraged to conduct a screening for each child under the age of 5½ years, at least twice a year. Additionally, parents/guardians are asked to complete a questionnaire in order to incorporate their knowledge about the child's development, and to compare information gained from the provider's screening tool. Child care providers also engage in modeling and coaching activities based on an early childhood curriculum (KARA's Kit), designed to improve their ability to adapt daily activities and routines so that children with special needs can successfully participate in all activities.

CCDF funds have been used to provide a significant amount of statewide specialized training for child care providers and state trainers. This training included effective-practice methods to recognize indicators of developmental delays, incorporate age/developmentally-appropriate programming in daily routines, and address and/or prevent challenging behavior. CCDF funds were also used for the provision of a train-the-trainer event of mental health counselors and early care and education technical assistance providers, based on the Center on Social and Emotional Foundations

for Early Learning (CSEFEL) model. CSEFEL is focused on promoting the social, emotional, developmental, and school readiness of young children birth to age 5.

In the fall of 2013, the SCDSS participated in a series of meetings hosted by the SCDSS Office of Child Welfare looking at services for children in foster care, with an emphasis on children identified as having a disability.

During the time period of the FFYs 2011-2013, an average of 403 children under the age of 5 in foster care received federally-subsidized, child care (ABC), voucher services. During the first 6 months of FFY 2014, an average of 322 children under the age of 5 in foster care received federally-subsidized, child care (ABC), voucher services. By virtue of children in foster care being in these child care programs, they benefit from these inclusive services. These services are anticipated to continue throughout the 2015-2019 FFYs.

### **Child Care Quality Awareness Campaign**

Under a grant agreement with the SCDSS, CTSC developed and produced a consumer awareness campaign for SC Child Care Services division to educate parents on the importance of choosing quality child care. The campaign's primary goal was to educate parents to look for the state license and encourage parents/caregivers to ask the right questions when selecting child care for their families. All licensed child care facilities in South Carolina are inspected by the Department of Social Services (DSS) and must follow guidelines for safety, cleanliness and supervision. However, the use of unlicensed child care providers does exist. There were four key elements to the campaign; licensing, cleanliness, safety and supervision. The call to action for the campaign is: Look. Listen. Ask. Know *before* they go.

As part of the state-wide messaging campaign, there were more than 75 billboards on key highways, interstates and major roads within metropolitan cities throughout the state for six months. Children's Trust distributed more than 5,000 *Questions to Ask* and *Child Care Licensing Requirement* brochures along with *ABC Quality* brochures to parents encouraging informed decisions when selecting child care for their family. Brochures were distributed through the library system, child care facilities and Child Care Resource and Referral within the United Way of South Carolina. Children's Trust hosted a booth at the S.C. Chapter of the American Academy of Pediatrics during its annual summer conference in July 2013, reaching more than 140 pediatricians from around the state. The campaign purchased monthly ads in three parent magazines: *Palmetto Parent*, *Upstate Parent* and *Low Country Parent*. CTSC worked closely with the SCDSS and a website developer to revamp the SC Child Care website (scchildcare.org) and promoted it in local daily papers and online. In fall 2013 DSS, United Way of SC and Children's Trust purchased sports marketing packages with the University of South Carolina and Clemson University and created radio spots with trivia and history of South Carolina football while promoting the importance of quality child care in South Carolina. Read by South Carolina children, two radio spots were featured for each home game. The SCDSS plans to continue similar services through its partnership with CTSC during 2015-2019 FFYs.

### **Head Start**

Head Start is a comprehensive school readiness program serving low-income children age 0-5. The research-based early learning education approach includes individual development screenings as well as individually differentiated instruction. Other services include access to a medical and dental home, nutrition, social services, and mental health services. Head Start requires that 10% of those served are children with identified special needs.

Children in foster care have presumptive eligibility for Head Start. As of April 2014, 125 children in foster care were enrolled in SC Head Start programs. There has been some reluctance by foster parents to seek Head Start as a provider and a misunderstanding that enrolling with Head Start could affect financial support from the state. In FFY 2013, the SC Head Start Collaboration office partnered with local grantees to staff an information table at the SC Foster Parent Association's annual meeting. The SCDSS is still working with the Foster Parent Association to involve them as a presenter during statewide Head Start gatherings for 2015 FFY.

### **Developmental Milestones Training**

The SCDSS training partners, USC and the SC Foster Parent Association, have existing training curriculum for both foster parents and workers on the childhood developmental milestones.

### **Safe Sleep Coalition**

At the request of the Joint Citizens and Legislative Committee on Children (Committee on Children), Children's Trust of South Carolina formed the S.C. Safe Sleep Coalition in January 2012. More than 25 organizations were represented, and members convened to address rising rates of unsafe sleep practices that result in injury and death for children younger than one year old. The coalition included hospital systems, public social service agencies, nonprofit organizations and state agencies. The Coalition continued to add members who provided leadership roles in their local communities. The South Carolina Safe Sleep Coalition provided education, public awareness and appropriate policy modification strategies to address unsafe sleep practices. The CTSC testified to the Committee on Children in December 2012 and the recommendations were in the Committee on Children's annual report in February 2013.

In February 2013, in partnership with S.C. Department of Health and Environmental Control (DHEC), the Safe Sleep Coalition joined forces with the national Collaborative Improvement and Innovation Network (COIIN) sponsored by the Health Resources and Services Administration. They worked together to develop the SC Safe Sleep COIIN work plan based on the Safe Sleep Coalition preliminary recommendations and worked with the Safe Sleep Coalition to implement the SC Safe Sleep COIIN work plan. This included planning for a statewide Safe Sleep Summit utilizing the three COIIN drivers:

1. Work with non-primary infant caregivers (day care workers, child care providers, churches, baby sitters, etc.) to assure they commit to practicing and promoting safe sleep recommendations;
2. Standardize provision of Safe Sleep education and training for providers, including OB, pediatrics, nursing staff, discharge planners, home visitors, clinic staff, etc.; and
3. Develop strategic alliances and cooperative partnerships to endorse AAP safe sleep recommendations, promote safe sleep and prenatal smoking cessation.

The CTSC plans to expand and build resources across the state for evidence-based parent, child and family programming. In partnership with the SCDSS, the CTSC hopes to build a continuum for local and state-wide evidence-based programming utilizing implementation research and the strength of a state-wide infrastructure that includes training, technical assistance, continuous quality improvement, and evaluation ensuring program success and sustainability. While this continuum will provide programming to parents and families with children from 0-18 years of age, Children's Trust will work with the SCDSS to focus specifically on children 0-2 years of age. During FFYs 2014-2015, the CTSC plans to partner with the SCDSS and The Duke Endowment to coordinate and convene an ad-hoc group to review and fully understand available evidence-based models for serving families with children 0-2 years old. The CTSC will assist in the development of a statewide initiative serving this targeted population and scaffold training, coaching, evaluation and implementation science to ensure its success. Also, classroom trainings on topics such as early childhood development, nurturing and attachment, toxic stress, social connections, parent resiliency, social and emotional competence, concrete supports, shaken baby syndrome, sexual abuse prevention, and child passenger safety will continue to be provided.

### **Community-Based Prevention Services**

Family Strengthening Services (FSS) and Voluntary Case Management (VCM) providers collaborate with other contracted agencies to provide the at-risk population of children ages 0-3 and their parents with services such as child care, Head Start, and Parents Anonymous.

As displayed in the chart below, a total of 11,393 children ages 0-3 were referred to FSS and VCM through Community-Based Prevention Services from CY 2012 to May 1, 2014. Also, 6,775 children ages 4-5 years old received the same prevention services during that time period.

Community-Based Prevention Services (CBPS)  
 Children Referred by Age in Years at Referral

CY referred	0 through 3	4 through 5	6 through 12	13 through 17	Total
2012	4,329	2,541	7,318	3,412	17,600
2013	5,627	3,329	10,345	4,788	24,089
2014	1,437	905	3,088	1,410	6,840
Total	11,393	6,775	20,751	9,610	48,529

Source: CAPSS effective May 1, 2014 / ADR

(See Community-Based Prevention Services under Child Protective Services in the Description of Services Provided section of this report.)

### Family Care Centers

The Family Care Center (FCC) is a comprehensive residential treatment program that allows mothers and children to live together in a safe, rehabilitative, home-like environment that offers intensive clinical, physical and behavioral treatment, providing fully integrated services and support to women with substance abuse disorders. The highest level of professional staffing in this secure setting helps foster recovery and builds family strength that ultimately leads the families to a healthy transition back into community life.

The Family Care Center concept was developed by a core group of leadership and practitioners in South Carolina's child welfare system. The Strategic Development Council (SDC) was initially convened in 2010. It is currently composed of community-based, innovative individuals with expertise in areas of child welfare, family preservation, legal and judiciary, and direct services that includes *The Duke Endowment, Children Come First, Department of Alcohol and Other Drug Abuse (DAODAS), Carolina Youth Development Center, Children's Law Center, SC Department of Social Services, United Way Greenville, Palmetto Association for Children and Families, SC Foster Care Review Board, The Phoenix Center, Miracle Hill Ministries, SC Vocational Rehabilitation, and First Baptist Simpsonville.*

The purpose of the SDC is to collaboratively design working Family Care Center demonstration models for front-end and alternative services in specific counties for statewide replication once the model is proven successful. The alternative services focus on keeping families intact and prevent children from entering care unnecessarily. The SDC functioned under the following premises:

1. A disproportionate percentage of children enter care because of substance abuse related abuse or neglect.
2. Maintaining a safe family is better for a child than entering foster care.
3. Treating the family as a whole unit creates better outcomes for children.
4. Efforts to keep children with their families will minimize the compounded traumas faced by children who enter foster care.
5. The primary objective of the design group is to design a continuum of family-centric services that will prevent children from entering care unnecessarily.
6. The group will focus on alternative services that view the family as a whole unit.

The SDC identified the population of greatest need and opportunity as mothers who have children age 0-12 and are struggling with alcohol and drug abuse. The SDC began working to shift services and assets to families affected by substance abuse in the child welfare system.

All referrals to the Family Care Center ultimately go through the SCDSS but can be accepted from outside community partners, including Guardians ad Litem, drug and alcohol providers, Community-Based Prevention Services providers (Appropriate Response), and Family Courts.

Funding from The Duke Endowment helped providers partner, train, and hire staff, as well as make necessary modifications to facilities and acquire equipment for the delivery of services. Currently, there are two such centers operating, with plans to add two to four more in the state once the initial FCCs are at full capacity.

Epworth Children's Home, a level one children's home in Columbia, SC partnered with Lexington Richland Alcohol and Drug Abuse Commission (LRADAC) to serve mothers and their children ages 0-12. The program opened on October 13, 2013 and has served 11 children and four mothers. York Place Children's Home in York, SC partnered with Keystone Substance Abuse Center to serve mothers and their children ages 0-6. York Place Children's Home began serving families in the FCC on July 18, 2013 and has served 13 children and seven mothers.

Services available to parents are individual therapy, family therapy, group therapy, and life skills training. SC Vocational Rehabilitation offers onsite nursing, daily recreational activities, daily devotionals, weekly chapel services, medication management, and psychiatric services. Services for children age 0-6 include rehabilitative behavioral health services if determined medically necessary and the following instructional topic areas: Pro-Social Behaviors-learning to engage others, Attachment-relationship building, Emotional Development-sense of security and trust, Self-Esteem-to like self, Perceptual Development-process information through experiences, Spatial awareness-how to make your body move, and Self-Care-taking care of personal needs.

Referrals from the SCDSS may come from the following areas:

- *Investigations*- During the investigation process, the department can opt to give the mother the voluntary placement option with her children at any point in the investigation. Cases that include severe physical abuse against children are not considered for candidacy.
- *Alternative Placements/Caregivers*- Mothers of children placed with alternative caregivers may also be excellent candidates for the Centers. The mothers can learn much-needed parenting capacity, and the overall family dynamics can be addressed.
- *Treatment Cases*- Child Protective Services- Any Child Protective Service Case where the mother is the primary caretaker and is failing to meet the goals of her treatment plans to the detriment of her children. The mother can choose to enter the Family Care Center in lieu of her children being placed in care or with an alternative caregiver or in foster care.
- *Foster Care*- Workers can also identify foster care placements where reunification is the plan. Mothers with children currently in care do not sign the voluntary placement. The Family Court Judge and Guardian ad Litem work together to place children back with their mothers in the center and continue to monitor their progress.
- *Community-Based Prevention Services*- Families referred to Community-Based Prevention Services may, after initial contact from the Voluntary Case Manager or Family Strengthening Services (FSS), have more acute issues that originally presented in the screening process. Community-Based providers can refer families through the voluntary placement agreement. Providers must contact their local county SCDSS workers, who will work with the family to enter the center. Voluntary Case Liaisons and FSS workers can refer the family to the alcohol and drug abuse service provider.

The Family Care Centers will continue to be a valuable resource for children and families receiving services from the SCDSS in 2015-2019 FFYs. See PSSF section of this report for more details.

## Services for Children Adopted from Other Countries

The purpose of this program is to assure that South Carolinians who wish to adopt internationally meet the requirements in the South Carolina Code of Laws in reference to adoption. The state serves adoptive parents, children from other countries, the State Department, and Citizenship and Immigration Services. One hundred thirty-six (136) families had approved home studies for international adoptions during FFY 2013, and 75 families have been



approved so far in FFY 2014. There has been a significant decline in home studies due in part to countries closing their borders to adoptions or due to the limitations that are placed on whom could adopt or due to regulations and sentiment in countries (such as Russia and China) against sending orphans abroad.

The Interstate Compact on the Placement of Children (ICPC) Unit of SCDSS reviews international studies before they are submitted to Citizen and Immigration Services or Homeland Security. ICPC continues to input the names of the individuals in these home studies into the CAPSS system as prospective adoptive parents who are submitting home studies for review to the SCDSS and the State Department; and adoption agencies are being identified. When there is a report of neglect or abuse, the counties will be able to identify the home as an adoptive placement and ask appropriate questions in reference to the adoption and ascertain the plans for the child and the reasons for the disruption or dissolution.

The most common reason for disruptions and dissolution are children acting out behaviorally and the families being unable to cope or get services they need. The CAPSS system does not presently have appropriate coding or a way to link this information. This system improvement is being requested and is pending.

## 6. Consultation and Coordination between States and Tribes

According to the 2012 census data, less than one percent (.05) of South Carolina's population is of American Indian or Alaskan Native race. The Catawba Indian Nation (CIN) is the only federally-recognized Indian tribe in South Carolina. The Catawba Indian Nation is located in the counties of York, Chester, and Lancaster in South Carolina. The tribe works with the South Carolina Department of Social Services (SCDSS) County and Regional Offices in those counties for services.

As of the end of the third quarter of the FFY 2014, the CIN has not elected to serve as a IV-E agency. At the same time, the SCDSS through its County Offices has continued to work closely and collaboratively with the CIN, during the FFYs 2010-2014 so that, if at any time in the future, the tribe chooses to serve as a IV-E agency, the SCDSS will be in a good position to support them.

During the FFY 2014, the tribal representative for the Catawba Indian Nation in South Carolina was Linda Love. She remains the Director of Social Services for the CIN. The CIN has recently renovated their Long House to include a comprehensive Social Services wing, which houses the office of the Director of Social Services. The services provided by the Nation include: a stipend for relative placement of youth; use of Indian Health Services; support services; daycare with a Head Start program; a shelter which allows a 30-day stay for victims of domestic violence; transit services; school supplies; Christmas toys; parenting classes; a food closet; a clothing closet; a WIC office; caregiver support services; and a residential substance abuse center run in conjunction with York County SCDSS and Keystone, called the Family Center at York County.

During the FFY's 2010-2014, adults, youth, and children, affiliated with these other tribes, lived in South Carolina and received services. These other tribes included: the Cherokee Nation of Oklahoma, the Shoshone Tribe of the Wind River Reservation, the Eastern Band of Cherokee Indians of North Carolina, the Pokagon Band of Potawatomi Indians of Michigan, the Ugashik Village, the Pit River Tribe/Big Ben, Lookout, the Sisseton-Wahpeton Sioux Tribe/Lake Traverse Reservation, the Beaver Village, the Shawnee Tribe of Indians of Oklahoma, Lummi Tribe of the Lummi Reservation, Blackfeet Tribe of the Blackfeet Reservation, Cheyenne River Sioux Tribe of the Cheyenne River Reservation, and the Assiniboine and Sioux Tribes of Fort Peck Reservation.

During the FFYs 2010-2014, when non-CIN Native American children and youth became involved with the SCDSS, the CIN representative to the SCDSS acted as the conduit of information from the SCDSS to other tribes. When the CIN representative was contacted by the SCDSS indicating the involvement of the SCDSS with a non-CIN Native American child or youth, the CIN representative contacted the other tribe to relay the information, and when

requested by that tribe acted as that tribe's representative with the child. This representation of other tribes with the SCDSS was on a case-by-case basis.

In addition to a willingness to act as the representative and contact for other tribes with the SCDSS, and to serve as a conduit of information from the SCDSS to other tribes about the involvement of the Department with the children and youth of other tribes, the Catawba Indian Nation has also served and is willing to continue serving the needs of all Native American children, if given permission by the other tribe(s). During the third quarter of the FFY 2014, the CIN provided assistance to 16 Native American children in foster care, 12 Catawba Indian Nation children, and 4 children from other tribes. The CIN informed the SCDSS that some of their services are available to children and youth of other tribes. These services include as of the FFY 2014, counseling, food and clothing, day care, shelter, and transportation.

The process used to gather input from the Catawba Indian Nation for the development of the CFSP 2015-2019 involved face-to-face discussions with the CIN representative Linda Love, face-to-face discussions with the SCDSS County Office staff persons who had contacts with the CIN during the FFYs 2010-2014, and telephone and e-mail discussions with that SCDSS staff.

One of the results of the consultations with the CIN is that the Department learned that there is no Memorandum of Understanding (MOU) between the SCDSS, the CIN, and the other tribes, that would allow information about children and families of other tribes to be shared with the CIN, as a conduit to the other tribes. However, there is apparently a verbal agreement between the CIN and other tribes, allowing the CIN to be the first contact by the SCDSS, when a non-CIN Native American child or youth becomes involved with the SCDSS. The SCDSS and the CIN need to jointly develop that MOU. See Objectives.

Throughout FFY 2014, the SCDSS County staff of counties in which the CIN resided or bordered, consulted with the CIN staff members. These discussions included, but were not limited to issues pertinent to Indian adolescent foster youth and the adoption of Indian youth. During these discussions it was reaffirmed that, due to their cultural beliefs, most CIN families were willing to take family placements, but rarely advocated adoption or permanent removal of youth from their family of origin. However, the CIN has communicated that they want the CIN to develop a relationship with Adoption Recruitment Coordinators to assist the CIN in Native American adoptive resources. The Catawba Indian Nation has indicated that they do not have the resources to do this, and will welcome SCDSS support in this activity. See Objectives.

In the FFYs 2010-2014, the Catawba Indian Nation staff members have been in discussion with a coalition of private providers, to become Certified Adoptions Investigators by the SCDSS. Due to a lack of available staff, the Catawba Indian Nation chose to withdraw from the coalition.

Other consultations with the CIN resulted in foster care certain types of placement actions by the SCDSS of the children and youth of the CIN. In the third quarter of the FFY 2014, the tribe had 0 licensed foster parents for the placement of Native American Children. This lack of licensed foster care homes in the CIN exists in spite of efforts by both the SCDSS and the CIN to obtain them. When a foster care placement is necessary, the Catawba Indian Nation works in conjunction with the SCDSS in recruitment activities, identification of potential foster homes, and the Heartfelt Calling recruitment initiative. The SCDSS does the background screening for relative placement and handles the licensing of foster homes for the CIN, should a potentially licensed home be identified.

In spite of the assistance of the SCDSS county offices, the Catawba Indian Nation has been able to place 0 children in foster care in any Native American homes in South Carolina, during the FFY 2014. From March 2013 to March 2014, there were 2 youth in the SCDSS care who were in tribal family placements, both were identified as being Native American, and each was a member of a federally-recognized tribe. One of the reasons for no CIN children and youth being placed in any Native American homes is, when a CIN child is placed into foster care, the tribe has preferred placement in a non-Native American home that is close to the family and the tribe, as opposed to a foster

care placement in a Native American home that is farther away. This preference has been respected and accommodated by the SCDSS.

In an effort to prevent the breakup of the Indian family, during the FFYs 2010-2014, the CIN and the SCDSS County Offices have worked collaboratively to provide reasonable efforts to prevent removal of the child from the home. They also worked collaboratively to provide due diligence in the search for a relative caregiver as an alternative to the child being placed in foster care, as the first priority. The SCDSS and the tribe continue to work together to conduct home visits.

Also as a result ongoing consultations with the CIN, in the FFY 2013, the SCDSS revised its Policy and Procedure for the Transfer of Placement and Care Responsibility of a Child from a State to a Tribe. The Department revised its policy to better explain the responsibilities of the SCDSS, and the Agency also revised the documentation form that notifies the Catawba Indian Nation of any Indian children taken into custody. Specifically, the policy addresses the diligent efforts to be made by the county worker, and explains the tribe's responsibility for verifying tribal membership and the transfer of the child.

The Catawba Indian Nation representative has indicated that the tribe wants to be more involved at the intercessory level, to intervene in all cases, prior to the SCDSS becoming involved with tribal children or youth. So while the quarterly reports that have been and will be sent to the CIN identifying the involvement of the SCDSS with Native American youth is a useful tool, another process will need to be developed by the SCDSS with the CIN, so that the CIN can be more involved at an earlier date, and be enabled to intervene prior to SCDSS involvement in all cases. See Objectives.

At the most recent consultation between the SCDSS and the Catawba Indian Nation, held on March 18, 2014 at the CIN renovated Long House, Marcia Jervey and Terri Pope of the SCDSS met with Linda Love. One of the results of this consultation was that it was agreed that there needs to be more training available to the SCDSS staff and contract providers, with regard to the ICWA law. This is necessary to ensure that all workers understand the ICWA law, and to ensure that the CIN will be contacted and involved from the start of a youth's involvement in any form with the SCDSS. As a result of this consultation, the University of South Carolina Children's Law Center has collaborated with the SCDSS to sponsor an Indian Child Welfare Act (ICWA) Conference on June 27, 2014, in the Catawba Indian Nation Longhouse in Rock Hill, South Carolina. The title of the conference was "The Basics & Beyond", and included training with the *following titles: Overview of the ICWA and its Applications in Child Welfare Cases; Working with ICWA and the Impact of Compliance/Non-Compliance; Representation in an ICWA Case; Tribal Services in Child Welfare Cases: From Therapy to Child Support; and ICWA: A View from the Bench. The SCDSS Legal Staff and caseworkers, and Judges were invited to attend.*

Another result of this March 18, 2014 consultation between the SCDSS and the CIN was the determination that there is a need for more cultural-competency training for SCDSS staff and its providers, to be developed in conjunction with the CIN. Another issue identified at this meeting was the need to assess what tools are being used and need to be used to identify Native American children, and to ensure those tools are placed into case manager training and practice. See Objectives.

Since the last APSR, for the FFY 2013, the SCDSS developed a quarterly report that identified the involvement of the SCDSS with Native American children and youth. This has been shared on a quarterly basis with the Director of Social Services of the Catawba Indian Nation, through e-mails. During the FFYs 2010-2014, including during the FFY 2014, the York County SCDSS Office has discussed with the CIN the possibility of meeting quarterly with the tribe's representatives. However, the tribe's Director of Social Services reported that because she had excellent communication with the York County SCDSS Office through e-mails and telephone consultations, and therefore she did not think that quarterly meetings were necessary.

Tribal representatives have attended the SC Foster Care Review Board meetings regularly. During the FFY 2014, invitations were extended to the CIN Director of Social Services to participate in the Child Welfare Advisory Committee. The CIN is not currently an active member of this committee. The tribe has participated in several national meetings including the National ICWA Conference.

The SCDSS has had as a part of its APSRs in recent years, the objective to systematically obtain credit reports for tribal children ages 16 and older who are in foster care. This systematic approach has not been put in place. There have been intermittent efforts by the SCDSS to obtain credit reports for these children, through very sporadic actions by the County Offices. This will be addressed in the plan for improvements at the end of the section. The only challenge or barrier to activating this systematic reporting has been a staff capacity challenge and a necessity awareness challenge.

The SCDSS, Office of Knowledge Management and Practice Standards, plans to regularly monitor the Objectives listed at the end of this section, and to increase its communication efforts with the CIN beginning in the first quarter of the FFY 2015. By virtue of putting into action the plans associated with the Objectives, there will be an increased amount of consultations between the Catawba Indian Nation and the State, on both the County Office and the State Office levels. This communication will involve at least the SCDSS Office of General Counsel, the Office of the CFCIP, and the Office of Knowledge Management and Practice Standards.

The Staff of the SCDSS Chafee Independent Living Program has provided information to the Catawba Indian Nation on the training curriculum for older youth titled, *A Native Pathway to Adulthood*, which was available through the National Resource Center on Youth Development. The tribe has also been given copies of the SCDSS Chafee Guidelines Booklet, and has been informed of the existing services provided by the agency. The Catawba Indian Nation and the Department will continue to work together to provide post-foster care services for Indian children emancipating from foster care, after reaching the age of 18.

A policy identified as a potential barrier to successful transitioning from foster care was the federal requirement (P.L. 112-34), which requires that all foster youth receive a formal transition planning meeting within 90 days of the youth's 18<sup>th</sup> birthday. The SC CFCIP determined that earlier intervention would result in better outcomes for youth in transition. In order to strengthen the federal mandate, the Foster Care Manual, Section 832.01.01, Transition Planning Prior to Emancipation, effective February 3, 2013, was revised to include the following: A transition plan is required to be developed within 90 days of the youth's 17th birthday and must be reviewed 90 days prior to the youth's 18th birthday. The caseworker must make a monthly face-to-face contact with all youth who exit care, for a minimum of 6 months and/or as long as the youth continues to receive any Independent Living funding. Face-to-face contacts may be conducted quarterly for youth living in college housing.

However, not all Native American youth involved with the SCDSS have been identified as turning 17 years old within 90 days, nor identified later as turning 18 in the forthcoming year, and so transition planning has not always occurred. The SCDSS and the CIN have agreed that there is a need to develop a formal process to identify Native American children who will turn 17 years old within 90 days, in order to begin formal transition planning and education about emancipation after the youth turns 18 years old. See Objectives.

The Catawba Indian Nation Director of Social Services and the SCDSS staff have agreed that self-identification of older youth needs to be further addressed. This will be done through ongoing efforts, in order to ensure that Indian youth fully realize the benefits that they are entitled to receive through the tribe, such as scholarships, housing, and medical services. A representative of the Catawba Indian Nation has been and will continue to be the contact for youth mentor support, and can be reached through contacting the Catawba Indian Nation office.

The SCDSS provided the CIN with a copy of its CFSP 2010-2014, and has also provided copies of the APSR each year for the FFYs 2010-2013. The SCDSS will provide the tribe's Director of Social Services, Linda Love at this time, with a copy of the CFSP 2010-2014 Final Report, and a copy of the CFSP 2015-2019, by June 30, 2014, in hard

copies and/or electronic versions, in the way(s) desired by the tribe. The Department will also provide copies to Dione Carroll, the Legal Counsel for the CIN.

**The SCDSS plans to maintain and improve ICWA compliance and services to Catawba Indian Nation and other tribes' children and youth include:**

**Objective 1)** The SCDSS will develop jointly with the Catawba Indian Nation, recommend, and finalize a Memorandum Of Understanding, that will allow the CIN to be the first contact by the SCDSS when a non-CIN Native American child or youth becomes involved with the SCDSS, and that will allow information about children and youth of other tribes to be shared with the CIN, as a conduit to the other tribes. The objective is to finalize the MOU by the end of the FFY 2015.

**Objective 2)** The SCDSS and the CIN will develop a process so that the CIN will have an opportunity to intervene before the SCDSS becomes involved in a case with a child or youth member of the CIN or of another tribe. The objective is to present the proposed process by January 31, 2015.

**Objective 3)** The SCDSS, in consultation with the Catawba Indian Nation, will review the results of the ICWA Conference on June 27, 2014, and make recommendations for further training on the ICWA, by October 31, 2014, and further conferences on ICWA. Research having the USC Children's Law Center develop more comprehensive ICWA training activities as part of the Child Welfare Basic Training.

**Objective 4)** In conjunction with the CIN, the SCDSS will assess the level of need for more cultural-competency among the SCDSS staff and its providers. A training plan will be developed based on the level and type of cultural-competency improvement that is needed. The assessment and recommendation process will begin by January 31, 2015 for SCDSS staff and its providers, and the recommendation for increased training will be made to the SCDSS by April 30, 2015.

**Objective 5)** The SCDSS, through the Office of the CFCIP, will assess what tools are currently being used to identify Native American children and youth, and make a recommendation regarding what tools and processes need to be put into place, and how to train and implement those tools. The recommendation will be made by the end of the FFY 2015.

**Objective 6)** The SCDSS, through the Office of the CFCIP, will assess the barriers to obtaining a credit report for all tribal youth age 16 years and older, and make a recommendation to address this barrier(s). The assessment will begin before the end of the second quarter of the FFY 2015, and a recommendation will be made to the SCDSS, before the end of the FFY 2015.

**Objective 7)** The SCDSS, through the Office of the CFCIP, will develop a formal process to identify Native American children who will turn 17 years old within 90 days, in order to begin formal transition planning and education about emancipation after the youth turns 18 years old. The assessment will begin before the end of the second quarter of the FFY 2015, and a recommendation will be made to the SCDSS, before the end of the FFY 2015.

**Objective 8)** For whatever increased training activities are recommended, establish a minimum for the SCDSS staff of County and State Office Attorneys and County Child Welfare workers, and The Department's providers, of an annual required desktop training, available by the end of the first quarter of the FFY 2016.

**Objective 9)** The SCDSS State Adoption Unit will work with the CIN to develop a relationship with Adoption Recruitment Coordinators, to assist the CIN in identifying Native American adoptive resources. This process will begin before the end of the first quarter of the FFY 2015.

**Objective 10)** The SCDSS will continue efforts to involve the Catawba Indian Nation in the Foster Care Advisory Committee, and in Palmetto Power (P2s), aside from the Foster Care Review Board. The effort to involve the CIN, through face-to-face consultation if possible, will occur at a minimum of once per quarter, beginning in the first quarter of FFY 2015.

## 7. Chafee Foster Care Independence Program

### CFCIP Program Delivery and Design

The South Carolina Department of Social Services (SCDSS) is the designated state agency that administers, supervises, and oversees the Chafee Foster Care Independence Program (CFCIP) and the Education and Training Vouchers (ETV) Programs.

For each youth in foster care age 13 and older, Independent Living goals are a Federally-mandated part of each child's case plan. Through the Child Assessment in CAPSS, and through the administration of a life skills assessment, such as the Casey Life Skills Assessment (CLSA), these Independent Living (IL) goals are based on the specific, life skills needs of the youth. There were other assessments available and were approved for us by agencies, with all assessment results passed to the SCDSS caseworker. The SCDSS recommended the use of the CLSA because it had no financial cost to use. Each youth is assessed on an annual basis. These independent living goals and the goal-related services are offered concurrently with the youth's permanency goals, regardless of their permanency plan(s).

Youth ages 13-18 years old in the Department's custody were eligible for Chafee funds. Youth, that left the foster care system after reaching age 18, who have signed a Voluntary Aftercare Placement Agreement, were eligible for Chafee funds. Youth who were adopted from foster care at age 16 or above, and those youth who were placed in kinship care/guardianship placements on or after reaching the age of 16, were eligible for all Chafee and ETV funds, with the exclusion of housing expenses. Youth were entitled to these services if they aged out of foster care in other states at age 18, and moved to South Carolina for residency or educational purposes. The youth had to complete the P.A.T.T.Y. (Providing Assistance To Transitioning Youth) Form 30206, as a part of joint planning and assessment with the foster care staff.

The following factors were considered in assessing for Chafee funds:

- The goal for which the funds are to be used and the plan for meeting the goal
- Whether the funds serve as a one-time expense that will lead to a greater independence for the youth
- Total amount of the request
- Foster care youth who are undocumented aliens are ineligible for CFCIP services and funds

As of May 1, 2012, youth who left foster care to adoption at age 16 or above were eligible for ETV funds and some educational supports. The agency determined that this policy often served as a barrier to positive permanency. In an effort to address this issue, effective May 7, 2013, youth who leave care at age 16 or older to positive permanency of adoption, kinship with relatives and/or guardianship, are eligible for all Chafee and Education and Training Vouchers funding for educational or vocational purposes only. Only youth who emancipate from foster care at age 18 were eligible to receive housing and transition services, in accordance with federal regulations.

Another policy identified as a potential barrier to successful transitioning from foster care was federal requirement (P.L. 112-34), which requires that all foster youth receive a formal transition planning meeting within 90 days of the youth's 18<sup>th</sup> birthday. The SC CFCIP determined that earlier intervention would result in better outcomes for youth in transition. In order to strengthen the federal mandate, the Foster Care Manual, Section 832.01.01, Transition Planning Prior to Emancipation, effective February 3, 2013, was revised to include the following: "A transition plan is required to be developed within 90 days of the youth's 17th birthday and must be reviewed 90 days prior to the

youth's 18th birthday." The caseworker must make a monthly face-to-face contact with all youth who exit care, for a minimum of 6 months and/or as long as the youth continues to receive any Independent Living funding. Face-to-face contacts may be conducted quarterly for youth living in college housing.

## Accomplishments and Progress in Seven Purpose Areas

### **Purpose 1: Help youth transition to self-sufficiency.**

Daily Living Skills services funded through the Chafee IL Program to promote independence by teaching social skills and other life skills included the following:

- Life skills classes
- Mentoring services/expenses
- Esteem building activities that were connected with the youth's school or employment
- Summer camps that were related to a youth's development of their IL goals, or participation in such activities as ROTC, band, chorus, cheerleading or team sports
- Other community leadership programs/camps that provided youth with opportunities to develop work force training and skills. This did not apply to summer programs for daycare or recreation-only purposes

As of the FFY 2011-2012, other community camps have been considered for funding that directly relate to building connections and sustaining lifelong relationships such as Boy Scouts/Girl Scouts, camps associated with leadership and/or religious affiliations. In May 2012, the SC CFCIP amended its guidelines to include camps associated with leadership development, vocational training, and spiritual development. In addition, for the FFY 2012-2014, the CFCIP partnered with Clemson University's Youth Learning Institute (YLI) to develop (4) leadership camp opportunities per year. Since August 2012, the SC CFCIP has provided 141 youth the opportunity to attend the YLI leadership camps. Youth who attended reported the experience as being informative and empowering, as well as a chance to form connections with peers and learn about self-advocacy. An additional 45 youth attended various camps within the community.

During the FFYs 2010-2014, the SC CFCIP partnered with and will continue to partner with community resources (including the SC Foster Parent Association, The Palmetto Association for Children and Families, The Urban League, group home residential providers, and the University of South Carolina Center for Child and Family Studies, CFFS) in order to develop and grow independent living youth associations for youth in foster care. As part of the Department's ongoing efforts to have measurable outcomes, the Department's CFSP 2010-2014 established a goal for all youth in foster care throughout South Carolina to have access to an Independent Living Youth Association (ILYA). During FFY 2014, there were ILYA's available to youth in foster care in thirty-five counties, and youth groups for two additional counties were in formation. When there are thirty-seven ILYAs available, the SC CFCIP will do an assessment for the need for further ILYAs, and an action plan will be developed in the FFY 2015 to establish more ILYAs, if needed.

In FFY 2014, the SC CFCIP developed a new set of guidelines to ensure consistency of Independent Living training for youth in foster care. These guidelines formalized the process of forming Youth Associations, selecting adults to work with the youth, and conducting the program in a consistent and uniform manner.

Youth Associations were created to support the development of the following life skills:

- Provide opportunities to learn and practice independent living skills
- Provide support for post-secondary education
- Provide support for post-secondary education career planning
- Provide career preparation training and support, including development of a portfolio, documenting experiences and skills that can be used in applying for postsecondary education programs or in career planning
- Provide training to develop and enhance budgeting and financial management skills

- Provide health education and risk-reduction training
- Provide housing and home-maintenance preparation and training
- Enhance social skills development by offering opportunities for youth to learn and; practice appropriate communication skills, negotiation and compromise, making friends, and behaving responsibly
- Improve such leadership skills as decision-making, problem solving, conflict resolution, goal setting, and working with others
- Normalize the foster care experience by providing a safe haven for youth to vent frustrations and examine gaps in service and support in the foster care system
- Provide an opportunity for youth to serve in leadership roles, take initiative in their own lives, and envision a pathway to independence
- Provide an opportunity for youth to be of assistance to other youth and to the foster care community

**Purpose 2. Help youth receive the education, training, and services necessary to obtain employment**

During the FFYs 2010-2014, the IL staff continued and will continue in FFYs 2015-2019 to emphasize the agency directive in making referrals of youth, who either enter the 11th grade or who reach age 17, to the local Workforce Investment Agency (WIA) One Stop Centers for orientation services. Youth will be eligible to receive such services as job readiness, career interest assessments, employment assistance, job placement, and access to the Work Keys Program, through the local One Stop Centers.

The IL program will provide or obtain limited support services to include the following services needed by youth to obtain or maintain employment:

- apprenticeship programs if available;
- access to employment (transportation – time-limited);
- certification courses (such as electronic, plumbing, first aid, life guarding, etc.);
- time-limited child care;
- interview clothing;
- initial supply of work uniforms and footwear;
- car repair (if older youth had a personal car that was needed to access employment or education);
- job skills training classes that related to the youth's goals;
- vocational equipment;
- birth certificate necessary for employment;
- summer job opportunities;
- licenses/certification fees;
- job mentor as available;
- bicycles used for transportation to work or education;
- professional attire for work or school, for youth age 18 until age 21 that did not have an open foster care line of services.

For the FFYs 2012-2014, the SCDSS Independent Living Program continued and will continue to fund leadership programs/camps that provided youth with opportunities to develop work force training and skills, through collaboration with Clemson University's Youth Learning Institute and with the Charleston Youth Development Center. These training opportunities included (4) Leadership Retreats, (4) Sibling Connection Camps, and (1) six-week daily business/employment readiness camp (BizCamp). In 2013, 46 youth attended the BizCamp at CYDC. These youth received training in various employment services as well as utilizing various computer programs that would help them to attain gainful employment. In 2014, the agency began working with the National Homebuilders Institute through their Apprenticeship Certification program. This program provided youth ages 17 -20 the opportunity to learn the skills necessary to find employment in the Homebuilders Industry and, upon completion, assists the youth with job placement. Because this is a newly developed program, outcome measures for this initiative are not yet available, but will be available in the FFY 2015.



### **Purpose 3. Help youth prepare for and enter post-secondary training and educational institutions**

An Education Subcommittee of the Independent Living Advisory Committee (ILAC) was formed to determine ways to increase the graduation rate. . The ILAC is composed of SCDSS staff, university staff, service providers, Foster Parent Association, the Palmetto Association of Families and Children, group care providers, and representatives of the Department of Education, the Department of Mental Health, the Department of Health and Environmental Control (Adolescent Health), the Department of Health and Human Services (Medicaid), the state Governor's office (the Foster Care Review Board and the Guardian ad Litem programs), and the Children's Law Office. Membership includes two slots for youth. The SC CFCIP is reaching out to these agencies to invite their continued or renewed participation in the program.

The Committee will continue to assess and make recommendations regarding the services needed to support youth educational goals. Examples of Chafee-funded Education Support Services and Supplies needed to meet a youth's educational goals included the following:

- tutoring – up to \$1,000 yearly;
- summer school to retake a class or to accelerate studies;
- books and supplies for specialized classes such as lab fees, special calculators, uniforms for classes such as cosmetology, nursing, etc.;
- expenses for school-sponsored, educational field trips;
- a birth certificate necessary for school;
- Senior expenses (with capped category amounts);
- special recognition – funds for tuition, uniforms or other items needed to recognize and develop special achievements or talents of youth;
- pre-college expenses such as college applications and SAT/ACT fees;
- a laptop computer for post-secondary school education.

Adult Education services will continue to help the youth to attain a high school diploma or its equivalent, or youth received funding assistance to complete supplemental coursework to achieve goals which included the following:

- Adult Education;
- GED programs;
- Alternative Educational Schools;
- Non-ETV college coursework;
- Non-ETV vocational coursework.

As an incentive to encourage youth to graduate from high school and to pursue further education, a graduate award has been and will continue to be presented upon graduation. The award for high school students is currently \$100 whether by diploma, certificate or GED. Vocational and technical school graduates are eligible for a \$200 award, and college graduates are eligible for a \$250 award. These awards are listed in the IL Guidebook given to each student.

Many high school graduates are eligible to receive scholarships and federal grants based on high school, academic performance. Youth in foster care had and continue to have a priority status for the state's need-based grant. As a means of tracking and intervention, the South Carolina Commission on Higher Education and the SCDSS formed a partnership. Youth entering post-secondary education must complete a waiver form on the Commission website. The waiver provides additional funding for post-secondary education specifically for SC youth in foster care. The waiver also requests permission to track the youth's personal demographics, institution selection, academic performance, and financial information. The tracking allows the Commission to ensure that eligible foster youth attending a public institution will be identified as eligible to receive financial aid assistance through the SC need-based grant. One barrier identified was the underutilization of these funds. A potential contributor to this problem was that many youth either did not know about the grant waiver or they missed the May 1<sup>st</sup> deadline to apply for these funds. The SCDSS CFCIP has worked with the CHE to identify ways to increase awareness among the foster youth, their care providers, and agency staff.

For all foster youth who qualify for Chafee funds, any of these youth who are interested in furthering education through college, technical school or other training programs, have been and will continue to be provided the following assistance within funding guidelines:

- an annual college scholarship/ ETV Funds up to \$5000;
- College Dorm Shower, provided by the SC Foster Parents Association;
- financial aid resource materials, available through the SC NYTD website [www.nytdstayconnected.com](http://www.nytdstayconnected.com);
- educational information for youth, staff, and providers regarding higher education opportunities;
- academic camps;
- workshops and the publication, True Independence, purchased through the National Resource Center for Youth Services.

Beginning in 2013, the SC CFCIP developed an annual Graduation Celebration to celebrate the academic achievements of youth in foster care. This celebration will continue to be held in early June as a way to formally acknowledge those academic achievements, and to encourage continued post-secondary education. In 2013, 44 graduates participated in the ceremony. In 2014, 30 graduates participated in the ceremony.

**Purpose 4. Provide personal and emotional support to youth aging out of foster care through mentors and the promotion of interaction with dedicated adults**

Independent Living services are viewed within the context of permanence, and as an adjunct to permanency planning, and not as an alternate permanency plan. The current SCDSS Policy stipulates that Independent Living services are provided concurrently with continuing efforts to achieve return to parents, relative placement, or adoption. Emphasis will continue to be placed on identifying dedicated adults who would serve as ongoing connections to youth, as they transition from care.

In keeping with the implementation of the Fostering Connections to Success and Increasing Adoptions Act of 2008, the agency developed a policy, effective February 3, 2012 outlining transition planning with all youth age 17 and up. A transition plan is to be developed with each youth, including services necessary for transition from care at age 18. Youth are to be assisted in identifying family and permanent connections to invite to the planning sessions, for an ongoing system of support beginning at age 17 and continuing until the youth exits from care. The SCDSS Independent Living Program trained and encouraged collaborative case planning, which required the cooperation of all important adults in a youth's support system. This included the youth, case managers, care providers, appropriate family members, Guardians ad Litem, etc.

While mentor relationships can exist at an informal level, formal mentor relationships will continue to be funded through services of the Independent Living Program. This funding is for mentors who are identified to meet the needs of individual youth, thus increasing self-esteem and/or achieving goals through the support of the mentoring relationship. In keeping with evidence-based practice, the use of mentors has been shown to improve outcomes for youth in both employment and education. County and regional offices will continue to match mentors with mentees, and develop life skills learning plans by accessing the Casey Life Skills Guidebook. The goal of the Department is for each youth to be matched with a mentor during the FFYs 2015-2019. Relationships will be supported by assisting with expenses of identified activities. In FFY 2014, the CASA Foundation was awarded a grant, Fostering Futures, which encourages guardians to take on the dual relationship of mentor with youth in transition. The CASA Foundation has worked together with the SC CFCIP to educate Guardians ad Litem on the role they play in successful transitioning of youth, and have conducted several training events to promote the utilization of this resource. These activities will continue into the FFY 2015.

**Purpose 5. Provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to ensure that program participants recognize and accept their personal responsibility for preparing for and then making the transition into adulthood.**

Aftercare services have been developed through input from staff, providers, youth surveys, focus groups, interviews, and youth self-identified needs. When youth emancipate from the foster care system, they are eligible to receive supportive Aftercare Services up to age 21. If an individual leaves the system at or after age 18, they are also eligible to apply for an Education and Training Voucher (ETV) until the age of 21, and until age 23 if enrolled at age 21 and already receiving ETV.

A transition plan is required to be developed within 90 days of the youth's 17th birthday and must be reviewed 90 days prior to the youth's 18th birthday. The caseworker must make monthly, face-to-face contacts with all youth who exit care for a minimum of 6 months and/or as long as the youth continues to receive any IL funding. The face-to-face contact may be conducted quarterly for each youth living in college housing.

Housing and transition expenses are related to establishing a residence after becoming age 18. Youth are expected to be employed or working on education. The agency will continue to assist with rental deposits, furniture stipends, utility deposits, and limited rental housing payments. Basic household necessities, through a Household or Dorm Room Shower, were provided through the Foster Parents Association. There has been no indication that this benefit will not continue in the FFY 2015.

Youth have the option to request a Voluntary Aftercare Placement Agreement with the agency upon reaching age 18, if: they have no other alternative permanent option available; they are involved in further education, job skills program or new employment; or they have a disabling condition. Youth may also request a Voluntary Aftercare Placement Agreement within twelve (12) months after their emancipation up to age 21, dependent upon placement availability and status with the legal justice system. Otherwise, youth who emancipate from care on or after their 18th birthday may return to the agency and complete a P.A.T.T.Y. interview for assistance, at any point until their 21st birthday without re-entering the system.

Youth who are in care at age 18 and have current Medicaid eligibility, can retain their Medicaid coverage up to age 26. There is no application or reapplication process that the youth must complete for this benefit.

**Purpose 6. Make available vouchers for education and training, including post-secondary education, to youth who have aged out of foster care.**

Independent Living Coordinators have promoted the ETV program through technical assistance visits, statewide training and distribution of information to SCDSS offices, the SC Foster Parent Association meetings, community organizations, youth groups, a youth leadership retreat, an Independent Living Advisory Committee, and the State Youth Advisory Committee (GOALL). The booklet, Pathways to Success, Chafee Independent Living Program and Educational and Training Voucher Program (ETV), will continue to be distributed to youth, caretakers and providers. The revised edition, June 2012, was introduced at the 2012 IL Pathways Training Conference. A youth-friendly version of the Chafee Guidelines Booklet has been created through partnership with the University of South Carolina's Center for Child and Family Studies, and distributed throughout the state. This will continue to be the plan for the FFYs 2015-2019.

Education and Training Vouchers have been provided to foster youth pursuing post-secondary education in an approved educational program. Only youth in the custody of the Department, with independent living goals as a part of their case plan, youth who were in custody of the SCDSS at 18 years of age, and youth adopted or exit to kinship/guardianship on or after the 16th birthday, are eligible for these funds. Youth continue to be eligible to apply for ETV funds as long as he/she is in college and has not reached the age of 21. Youth will be eligible until age 23 if they are enrolled in a post-secondary education at age 21, already receiving ETV funds, and are making satisfactory

progress toward completion of that program. Youth will continue to be awarded up to \$5,000 per year through the Education and Training Voucher Program.

The CFCIP often has had difficulty obtaining financial aid information on youth applying for ETV funds. To ensure the timely approval of ETV requests, the SC CFCIP staff created a Consent-To-Release Information Form that a youth can sign when applying for funding. This has allowed the case manager to speak with the college's financial aid office about the youth's financial aid awards. This will continue to be part of the process for youth applying for ETV funding.

During the FFY 2013-2014, the SC CFCIP provided ETV funding for 118 youth, 65 of which were new requests.

**Purpose 7. Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.**

Youth who reach age 16 in foster care and leave care due to adoption or kinship/guardianship, are eligible for all CFCIP services, with the exception of housing/transition expenses.

**1. Plans for improvement include a commitment to:**

- restructure staff support to proactively address the needs of the youth;
- rebuild the Independent Living Advisory Board with particular emphasis on the education and employment subcommittees;
- address barriers for youth with disabilities;
- address issues regarding LGBTQ youth in foster care;
- improve training and access for providers with regard to the needs of youth in transition and the development of Independent living goals;
- develop ways to ensure that funding reaches the youth in a more timely fashion;
- work with the policy committee to allow youth ages 16 and up to be the recipient of the quarterly clothing allowance for youth in foster care;
- work with county and regional offices to ensure adults working with youth in transition are able to develop and document appropriate Independent Living Goals;
- continue to advocate a teamwork approach to building support systems prior to a youth leaving care by utilizing early intervention;
- encourage increased utilization of funding for mentors so all youth in foster care have access to a mentor;
- continue to reach out to community organizations and industries to develop apprenticeship opportunities for youth ages 18 up to age 21; and
- build processes and capacity for gathering additional data.

**2. Review of Policy**

During the FFYs 2010-2014, the South Carolina Chafee Foster Care Independent Living Program Staff participated on a policy committee to review, change, and/or create policies regarding youth in transition in order to improve programming and service delivery. In 2012, South Carolina changed its policy with regard to transition planning to require that youth have their first transition planning meeting with in the 90 period prior to their 17<sup>th</sup> birthday. This change was brought about by evidence-based research showing that earlier interventions result in improved outcomes for youth in transition. The SCDSS will continue to evaluate policy in order to remove unnecessary barriers to access to funds by the youth.

**3. How Youth Are Engaged and Inform the SC State Independent Living Plan**

The South Carolina Department of Social Services provided Independent Living Youth Associations throughout the state for the purpose of teaching youth Independent Living skills, leadership development, and advocacy. During the FFYs 2010-2014, the Department continued to make progress toward an integrated approach and process of

preparing youth for adulthood with permanent connections. Youth presently in care and former foster youth are viewed and treated as critical stakeholders in the development of the State Independent Living Plan.

During the FFY 2010-2014, the SCDSS facilitated two Youth Advocacy Panels made up of foster youth and former foster youth, GOALL (Go Out and Learn Life) and the NYTD Youth Advisory Panel. The purpose of these panels was to provide youth in foster care the opportunity to develop leadership and advocacy skills, while helping to inform the agency with regard to policies and programming that effect youth in transition. These panels also worked to educate and inform care providers, youth in foster care, and professionals working with those youth. The Youth Advisory Committee (GOALL) consisted of youth who were or had been in foster care. Several of the GOALL members were enrolled in college. GOALL youth have continued to be active participants in the IL training events and other events, and frequently held panel presentations for agency staff and foster parents. This committee continues to provide the youth perspective on the Independent Living Program, its impact on lives, and needed changes.

The SCDSS also contracted with the University of South Carolina's Center for Child and Family Studies to create the NYTD website, [www.nytdstayconnected.com](http://www.nytdstayconnected.com). This website served as a tool to inform youth in foster care about youth groups, resources, services, and scholarships available. Youth who logged on to the website were eligible to enter a drawing once per month to win a gift card. This access continues in the FFY 2015.

In 2013, the SC Chafee Foster Care Independence Program collaborated with the Center for Child and Family Studies to create a youth friendly version of the Chafee Guidelines booklet. These books have been distributed statewide to youth in foster care, those who were formerly in foster care, and those youth who left foster care to adoption, guardianship, and kinship care. This practice will continue. The SC CFCIP also created a more comprehensive and user friendly adult version of its guidelines booklet, which has been distributed throughout the state to agency staff, care providers, and other adults who work with youth in transition. This practice will continue

Starting in 2012, the SC CFCIP collaborated with Clemson University's Youth Learning Institute to provide opportunities for youth to attend leadership camps (four per year). The YLI staff worked with the agency to develop curriculum specific for youth in transition to give them the opportunity to learn IL skills, learn about services provided through the Chafee program, and to have fellowship with their peers in a friendly camp setting. These Leadership Camps continue to be a service offered to the youth.

#### **4. Analysis of NYTD Data** National Youth in Transition Database

The NYTD population includes all youth receiving Independent Living services. The NYTD baseline population included two cohorts of youth. Cohort 1 included all youth in SCDSS foster care who turned 17 between October 1, 2010, and September 30, 2011. Cohort 2 included all youth in SCDSS foster care turning 17 between October 1, 2013 and September 30, 2014. The NYTD follow-up population included all youth in Cohort 1 and Cohort 2 who completed at least one answer on the NYTD survey. Data collection for the Cohort 1 follow-up population (19-year-old youth) began on October 1, 2012 and continued until September 30, 2013. Youth were surveyed regardless of foster care status and residency location throughout the United States.

The agency contracted with the Center for Child and Family Studies in the College of Social Work at the University of South Carolina to conduct the data collection for the National Youth in Transition Database outcome measures, which will be used to assess States' performance in operating their independent living programs. The NYTD data collection began on October 1, 2010. Data collection efforts involved two waves of data collection: the data collection for Cohort 1 (19-year-olds) started on October 1, 2012 and ended on September 30, 2013; and the data collection for Cohort 2 (17-year-olds) began on October 1, 2013 and will end on September 30, 2014. The first and second reporting periods for Cohort 1 and Cohort 2 during the federal fiscal year are listed in the table below.

Cohort	Reporting Period 1 End Date	Reporting Period 2 End Date
Cohort 1 (19-year-old youth)	March 31, 2013	September 30, 2013
Cohort 2 (17-year-old youth)	March 31, 2014*	September 30, 2014*

\*Consistent with the NYTD final rule, data collection will continue within 45 days of the end of the reporting period.

The CCFS NYTD Team developed a protocol for entering NYTD data and ensuring accuracy of data entry. The state NYTD Research Director and research associates held internal data tracking meetings on a weekly basis to discuss issues related to locating and surveying specific youth, follow up of return of surveys, and ongoing clarifications with SCDSS staff and Administration for Children and Families (ACF) NYTD staff. Daily phone calls and e-mail communication with youth, current/former group home staff, current/former foster parents, current/former caseworkers, current/former counselors and therapists were made by CCFS NYTD staff, to ensure that each youth in the baseline and follow-up populations received a birthday card, an information letter, and received an invitation to complete the survey. This intensive communication with current/former caseworkers, current/former foster parents, and current/former group home staff on a daily basis served to educate stakeholders about NYTD and strengthen partnerships. Daily communication with current/former caseworkers was used to obtain the most recent information on youth in the baseline and follow-up populations that was not captured in CAPSS. This process assisted in the tracking and management of youth in the baseline and follow-up populations.

CCFS received baseline and follow-up population estimate files on a daily and weekly basis from the SCDSS. Weekly estimate files were reviewed, documented, analyzed and entered into the CCFS internal data tracking system. The CCFS internal data collection system was monitored, assessed, and updated on a daily basis. Completed surveys were tracked and recorded on a daily basis. The outcomes data were entered into the data information management system and submitted to the SCDSS on a monthly basis.

The multi-phase data collection procedure for the first wave of data collection involved delivery of information forms to youth and their providers three weeks before their 17th birthday, phone calls to youth two weeks before their 17th birthday, administration of the federal and supplementary survey on a youth's 17th birthday, survey follow-up ten days after a youth's birthday, and delivery of a \$50 gift card and the NYTD Transition Resource Kit upon receipt of a youth's survey.

The multi-phase data collection procedure for the second wave of data collection involved locating youth through multiple strategies, communication with youth to invite them to complete the follow-up survey, administration of the federal and supplementary survey within six months of a youth's 19<sup>th</sup> birthday, and delivery of the NYTD Transition Resource Kit and a \$75 gift card after survey participation.

The NYTD federal survey included six outcome measures: financial self-sufficiency, experience with homelessness, educational attainment, positive connections with adults, high-risk behavior, and access to health insurance. The CCFS NYTD Team has developed a supplementary survey for Wave 1 and Wave 2 data collection periods that is an extension of the NYTD survey. The additional survey at Wave 1 further enhances the understanding of a youth's transition by examining five additional outcome areas: educational attainment; relational connections and permanency; social support; concerns; and personal aspirations. The additional survey at Wave 2 further enhanced the understanding a youth's transition by examining six additional areas: housing; healthy behaviors; spirituality; the transition to adulthood; personal goals and achievements; and staying connected with the SC NYTD team. In March 2011 (Wave 1) and September 2012 (Wave 2), IRB and the SCDSS approval was granted and the supplemental survey was incorporated into the data collection system.

NYTD services have been and will continue to be tracked through an ongoing report through CAPSS and monitored monthly. A booklet was developed and distributed statewide (SCDSS 30255) that described the NYTD services and categories. A provider form (SCDSS 30254) was developed and distributed to providers to record services on a monthly basis for ease in tracking. Case managers used the information on the form to enter the services into

CAPSS on a monthly basis. The award letter for funded services was amended to include the NYTD service category.

Because some youth return home to their families when they turn 18 and emancipate from care, they are often coded incorrectly in CAPSS as “Returned to family” or “Living with other relatives.” These closure codes make a youth ineligible for Chafee funding. The correct code should always be “Reached age of majority”, if the youth reaches the age of 18 prior to leaving foster care. The SC CFCIP has worked to address this by ensuring that proper closure codes are used when a youth leaves foster care after reaching the age of 18.

Goals for the FFYs 2015-2019 involve tracking, locating, and surveying youth in the Cohort 2 NYTD 17-year-old population (July 2014 – Oct 2014), and providing a \$50 gift card for providing participation in the NYTD survey; and tracking, locating, and surveying youth in the Cohort 1 NYTD 21-year-old survey population (Oct 2014 – June 2015), and providing a \$100 gift card for participation in the NYTD survey.

FFY 2015	Data Collection	Incentive
Cohort 2 17-year-old youth	July 2014 – October 2014	\$50 gift card and SC Transition Resource Kit
Cohort 1 21-year-old youth	October 2014 – June 2015	\$100 gift card and SC Transition Resource Kit (Healthy Outcomes)

#### NYTD Accomplishments

South Carolina is recognized as a national leader in terms of survey methodology, youth-centered resources (e.g. NYTD website), youth outreach (SC NYTD Youth Voice and youth focus groups) and practice-centered training.

The SC NYTD team was able to locate and invite 99% of the NYTD Cohort 1 follow-up population. South Carolina successfully surveyed 77% of 19-year-old youth in the Cohort 1 follow-up population; meeting and exceeding the federal compliance rate which requires that States must report outcomes information on at least 60 percent of youth in the follow-up population who are no longer in foster care. Youth were given the option of completing the interview over the phone, in person, or via paper or the internet. Consistent with South Carolina’s youth-centered methodology, 95% of youth chose to complete the survey over the telephone.

Reporting the research outcomes to youth and engaging them in the recommendation process is a NYTD federal requirement. The SC NYTD Youth Voice and the SC NYTD advisory panel, continue to provide critical feedback on survey design, research methodology, and dissemination. The SC NYTD Team at CCFS conducted quarterly meetings with the SC NYTD state youth advisory panel, which consisted of up to ten youth in, or formerly in, foster care throughout South Carolina. During these workshops, the results of the federal and state outcomes data were disseminated to youth. The implications of the findings were discussed through focus groups to acquire an understanding of youth’s interpretations of the data and suggestions for improvement and change. The Youth Advisory Panel members have written articles for the SC NYTD website, provided feedback on the NYTD survey design, and created a document on the importance of a transition plan which is posted on the website. The SC NYTD Youth Voice, in collaboration with the CCFS Information Design team, created a series of short podcasts on independent living topics (e.g. education, employment, housing, finances, social support, and health insurance) included on the NYTD survey, providing statistics from the NYTD data collection along with their own personal transition experiences. This information was developed for a youth audience and will be posted on the SC NYTD website. Members from both the SCDSS state youth advisory boards, GOALL and SC NYTD Youth Voice, contributed to the SC NYTD Youth Connection Annual Newsletter, Issue 3, published in February 2014, which has been distributed statewide to youth and adults involved in their care, and also posted on the SC NYTD website. The newsletter provided youth in foster care with information about the NYTD findings, Independent Living services, and the upcoming Independent Living training events and other events for youth in foster care.

The SC NYTD website ([www.NYTDstayconnected.com](http://www.NYTDstayconnected.com)) has received national recognition and remains an effective tool for disseminating data from the NYTD data collection and outreach to youth and caseworkers. The website has also received national recognition. In 2011, there were 2,300 unique visits to the SC NYTD website. This number has increased by 1240% in the last two years. In 2013, there were more than 28,500 unique visits to the SC NYTD website. This monumental increase demonstrates the effectiveness and value of this essential resource to youth transitioning out of foster care and their providers. The website was designed specifically to meet the needs of youth in foster care making decisions about their futures and then later as youth begin their adult lives with continuing education, finding work, and/or finding a place to live. The SC NYTD Team at CCFS has reviewed, assessed, researched, and included valuable and relevant resources on the SC NYTD website. These include, but are not limited to, SC high school diploma requirements, scholarships, higher education website links, county directories, hotlines, NYTD FAQs, etc. The website offers an opportunity for youth to stay connected with the CCFS NYTD and SCDSS staff members who are able to assist them. South Carolina considers the data collection not only to serve as a means to drive future program development but also to serve in the present as a means of intervention and maintaining contact with youth.

#### SC NYTD Youth Advisory Panel and Dissemination

Reporting the research outcomes to youth and engaging them in the recommendation process is a NYTD federal requirement. The SC NYTD Team at CCFS conducts quarterly meetings with the SC NYTD State Youth Advisory Panel, which consists of up to ten youth in, or formerly in, foster care throughout South Carolina. During these workshops, the results of the federal and state outcomes data are disseminated to youth. The implications of the findings are discussed through focus groups to acquire an understanding of youth's interpretations of the data, and for suggestions for improvement and change. Youth advisory panel members have written articles for the SC NYTD website, provided feedback on the NYTD survey design, and made recommendations for the dissemination of reports in youth-friendly language. The SC NYTD Youth Voice members contributed to the SC NYTD Youth Connection Annual Newsletter which was distributed statewide to youth and adults involved in their care, and also posted on the SC NYTD website. The newsletter provides youth in foster care with information about the NYTD findings, Independent Living services, and upcoming Independent Living training events and other events for youth in foster care.

#### Community Partnerships and Dissemination of NYTD Results

The CCFS NYTD team continues to inform and update community partners and other stakeholders about the ongoing NYTD data collection.

During the FFYs 2010-2014 the CCFS NYTD team exhibited at the annual conferences of the Palmetto Association for Children and Families (PAFCAF) and the SC Foster Parent Association (SCFPA), marketing the NYTD data collection and sharing NYTD findings with conference attendees. The state partners, the SCFPA and the PAFCAF, have posted information about NYTD-related activities on their organizations' websites.

Caseworkers are a frontline resource in locating and tracking youth to be surveyed, and the program remains in close contact with caseworkers and supervisors. Caseworkers were contacted during each wave of data collection to notify them that youth on their caseloads would be surveyed, and to provide them with information about the NYTD survey regarding its benefits to youth, and its potential to positively enhance the delivery of services.

The NYTD team visited the SCILYA youth groups to present NYTD information, and to recruit new members for the SC NYTD Youth Voice. The youth group facilitators continue to be important stakeholders in marketing the NYTD and receiving the NYTD updates, through e-mails and the NYTD website.

### **5. Plans to Continue High Quality Data Collection**

The federal government requires all states to conduct a survey of youth in foster care in the NYTD baseline and follow-up populations. Each state is permitted to administer the survey in their preferred administrative format. A standardized methodology between states is not enforced and the outcomes information is considered a data



collection and not “research data.” The SCDSS has partnered with the USC Center for Child and Family Studies (CCFS) to administer the NYTD outcomes data collection in South Carolina. The research team at CCFS has developed a research study that involves a rigorous methodology that incorporates the NYTD questions, as well as state-specific questions related to participants’ experiences of the transition out of foster care. The quantitative and qualitative data collected through the SC NYTD survey provides a comprehensive understanding youth’s experiences as they transition out of foster care.

The research team is led by a research faculty member and consists of research associates who possess graduate degrees, graduate students pursuing their Masters in Social Work, and program assistants with experience in the child welfare system. The experience of the research team promotes high-quality data acquired through a rigorous methodology. The research study has been approved by the University of South Carolina Institutional Review Board (IRB), which reviews all research studies at the university to ensure that each study is ethical, protects the rights and welfare of research participants, and is of sound methodology. The high quality data collected thus far has been successful due to the nationally recognized youth-centered methodology which was featured at the 2011 NYTD National Technical Assistance Meeting. During the FFYs 2015-2019, the SC NYTD research team will continue to meet the federal compliance rate for the NYTD outcomes data collection, using its rigorous research methodology.

## **6. Serving Youth across the State**

The SC CFCIP was supervised on a day-to-day basis in County and Regional Offices. The program was administered through the State Office to ensure consistency of services and service delivery. The staff of the SC CFCIP provided technical assistance to County and Regional Offices, reviewed and approved funding requests, developed education and employment support services, coordinated with community organizations, and developed and implemented training curriculum. This ensured the accountability of funding expenditures and the development of community resources. The Department was interdependent with private organizations, institutions, other state agencies, and public social service organizations to meet the ever-changing needs of the child welfare population across the state.

## **7. Serving Youth of Various Ages and Stages of Achieving Independence**

### **1. Serving Diverse Youth.**

South Carolina served a diverse population of youth at various stages of development. It is the SC CFCIP’s belief that each youth is an individual, and their Independent Living goals should be developed with the youth to be individualized and address the specific needs and aspirations of that youth.

### **2. Age-Specific Services.**

Youth in foster care who are age 13 and have not yet reached 21 are eligible for most Chafee services. Some age-specific services include:

- Drivers Education: minimum age is 16
- Car insurance: youth must be 18 and the vehicle must be titled in the youth’s name
- Interview clothing: \$150 per year for youth ages 15-17
- A stipend of \$250 per year for youth ages 18-20
- Housing/transition: youth must be 18 and not yet 21, and remain in foster care until age 18

Expanded ETV: Youth who are in post-secondary education and making progress toward their goals may be eligible for ETV funds up to their 23<sup>rd</sup> birthday.

### **3. Assessing the Likelihood of Remaining in Care/Developmental Stages.**

An Independent Living Needs Assessment is a systematic procedure to identify a youth’s basic skills, emotional and social capabilities, strengths, and needs. This assessment helps to identify goals for the individualized learning plan. An Independent Living needs assessment should be conducted when a youth in care reaches the age of 13 years old

or upon entering foster care if the youth is age 13 or older. The assessment should be re-administered on a yearly basis.

#### 4. Room and Board for Youth ages 18-21.

These expenses are related to emancipation and establishing their own independent residence after becoming age 18, or post-secondary students in need of assistance with interim housing. Youth who left care to adoption, guardianship, kinship care and youth in post-legal adoption preservation placement were not eligible for housing and transition funds.

To qualify for assistance with emancipation expenses, youth must be employed and earning sufficient income to maintain the residence once Chafee housing assistance has ended. In order to receive Chafee housing and transition assistance, SSI recipients must be the payee of their SSI benefit. Also, boarding arrangements for youth age 18 and 19 will not be approved for youth who are eligible to remain in Voluntary Aftercare Placement.

Housing/Transition expenses are discussed and planned at the youth's transition planning meeting. When making Housing/Transition funding requests, it is necessary to include a copy of the youth's Budget Analysis and the youth's Planning Assistance to Transitioning Youth Form, which have been created and reviewed along with the youth. Youth are made aware that this is a one-time award and it is recommended to them to thoughtfully consider their readiness to utilize these funds. These funds are not intended for temporary residence or transitional residency.

Examples of housing assistance include the following:

- Phone deposit
- Electric, gas, or water deposit (maximum \$300)
- Furniture (limited to \$2,000, unless the youth is pregnant or has a child (In the latter case, \$2,500 is available for additional furniture needs))
- Rental application fee
- Rental deposit
- Rental assistance for up to 6 months, paid as 3 months full and 3 de-escalation months (youth who are in the last trimester of pregnancy may receive 6 full months and 3 de-escalating)

Summer Housing Funds are available for youth who are no longer in foster care and in need of housing assistance for the summer. The SC CFCIP will pay \$450/month for a maximum of 3 months for summer housing for students. Housing assistance is also available at \$15/day (based on overnight stays) for December-January holidays, if dormitories were closed. Interim Housing funds are applied to apartment style dormitory housing that remains open during holiday breaks (up to \$30/day), if the youth has no permanent connection or needs to maintain employment while in school. During the FFY 2013-2014, 21 youth were awarded interim housing assistance.

## **8. Collaboration with Other Private and Public Agencies**

### 1. How Public and Private Sector Help Achieve Adolescent Independence.

The Independent Living Advisory Committee weakened during CY 2013, due in part to large turnover rates within the agencies with whom the SC CFCIP has worked to maintain connections. The SC CFCIP is working to strengthen and revitalize the Independent Living Advisory Committee, with particular attention to the Education Subcommittee. The IL Advisory Committee is composed of: SCDSS staff; university staff; service providers; the SC Foster Parent Association; the Palmetto Association of Families and Children; group care providers; and representatives of the SC Department of Education, the SC Department of Mental Health, the SC Department of Health and Environmental Control (Adolescent Health), the SC Department of Health and Human Services (Medicaid), the State Governor's Office (the Foster Care Review Board and the Guardian ad Litem programs), and the USC Children's Law Office. Membership included two slots for youth. The SC CFCIP has reached out to these agencies to invite their continued or renewed participation in the program.

Moving forward, the SC CFCIP is working to strengthen the Education Subcommittee in order to better utilize the Education and Training Voucher (ETV) program. The IL program is currently working with the Sc Commission on Higher Education to promote use of the Foster Care South Carolina Needs-Based Grant. The SC CFCIP is in the process of reaching out to the SC Department of Education, Pro-Parents, and various state colleges and universities. It is the program's goal to identify ways to recruit, retain, and support youth in post-secondary education.

The South Carolina Foster Parent Association has a contractual agreement with the SCDSS to provide Household Showers for youth who will emancipate from foster care, or Dorm Showers for college bound youth. The SCFPA also implemented the "On the Road Again" program to provide donated vehicles to foster youth. Eleven (11) Youth received SCFPA On The Road Again cars from October 2013 thru May 2014. This will continue in the FFY 2015.

The University of South Carolina Center for Child and Family Studies has undertaken several projects in collaboration with the SC CFCIP. These have included the NYTD Survey for youth in transition; the Annual Youth Graduation Celebration; logistical duties for training opportunities for youth and agency staff; and the facilitation of the GOALL and NYTD YOUTH VOICE Advisory Panels.

Clemson University Youth Learning Institute (YLI) has contracted with the SCDSS to provide training opportunities in camp and retreat settings for youth, and two-day overnight training events for the SCDSS staff, partner agencies, and community partners. These training events also included community organizations such as the Citizens Review Panel, the Foster Care Review Board, and Guardians ad Litem. The YLI staff worked with the SC SFCIP to develop curriculum that met NYTD guidelines. Adult training included four annual ThinkShop training events for staff and community partners. These overnight training events provided a vehicle to develop a teamwork approach to transition planning for youth in foster care. They also provided excellent opportunities for the SCDSS to receive feedback and input from its community partners.

The Urban League Summer Leadership Institute prepares youth in foster care with introductory employment skills, before youth begin six weeks of summer employment. The leadership institute is a project undertaken in conjunction with the Columbia Urban League, in order to address job readiness, and offer a youth curriculum encompassing employment and career, individualized counseling, transportation, and mentoring.

## 2. Coordination with Other Federal and State Programs for Youth.

Other opportunities for youth were made available through the Workforce Investment Act's Summer Job Program for At-Risk Youth. This program is accessed through local One Stop Centers. Another program accessed through the WIA One Stop is the newly implemented Homebuilders Institute Apprenticeship Certification Program. The SC CFCIP worked with the CASA Foundation to implement their "Fostering Futures" grant, and the state Guardians ad Litem to increase the awareness of the Chafee legislation and the resources that were available. The CFCIP connected youth to the Project Hope Grant which provided youth with training for medical certification courses.

## 3. Coordination with Medicaid Agency on the Affordable Care Act.

Information was provided to youth regarding continued Medicaid eligibility and how to maintain coverage until 26 years of age, including information about Medicaid providers in the community. If youth return for P.A.T.T.Y. (Providing Assistance To Transitioning Youth) Aftercare Services, after emancipating from foster care, and do not have Medicaid coverage, they are advised that they are still eligible by virtue of having been in foster care at age 18. Continuance of Medicaid, however, is contingent upon continued funding by the legislature. The staff member who supervises the Medicaid Program for the SCDHHS has served on the Independent Living Advisory Committee and provided updates to the IL program.

## 4. Coordination to Prevent Human Trafficking.

During the review period FFYs 2010-2014, the SC CFCIP was not directly involved in efforts to prevent human trafficking.

## 9. Determining Eligibility for Benefits and Services

### 1. Objective Criteria to Determine Eligibility.

Criteria for Chafee and ETV recipients include:

- Youth in foster care (from age 13 until the 21<sup>st</sup> birthday) are eligible for all Chafee funding, and up to \$5,000 in ETV funding for post-secondary schooling.
- Youth age 18 and older in Voluntary Aftercare who have not yet reached age 21 are eligible for all Chafee funding, and up to \$5,000 in ETV funding for post-secondary schooling.
- Youth who emancipate out of care after age 18, but have not reached their 21<sup>st</sup> birthday are eligible for all Chafee funding, and up to \$5,000 in ETV funding for post-secondary schooling.
- Youth who leave care to positive permanency (adoption/kinship/guardianship) at or after age 16 are eligible for all Chafee funding, EXCEPT housing funds. They are also eligible for up to \$5,000 in ETV funding for post-secondary schooling.
- Youth who are in a post-legal Adoption Preservation Placement (from age 13 until the 21<sup>st</sup> birthday) and are case managed by the SCDSS are eligible for all Chafee funding, EXCEPT housing funds, while they are in an Adoption Preservation Placement. They are also eligible for up to \$5,000 in ETV funding for post-secondary schooling, while in placement

### 2. Compliance with the Higher Education Act.

The SC CFCIP requires youth to submit a copy of their financial aid award letters and cost of attendance, and maintain a database to ensure that the youth does not receive more than the total cost of attendance, and that services are not duplicated. County and Regional Offices are instructed to return unused ETV funds to the State Office.

### 3. Stakeholder input into the Goals and Outcomes for ETV.

The CFCIP maintains communication with the SC Commission on Higher Education (SCCHE), which provides the program with an accounting each year of how many foster youth have utilized the SC Needs-Based Grant Waiver (an allotment set aside to provide additional funding to youth in foster care). As the Education Subcommittee of the Independent Living Advisory Board is re-established, it will consist of representatives from the SCCHE, the SC Department of Education, Pro-Parents, and many of the South Carolina's colleges and universities.

### 4. Methodology for Unduplicated Number of ETVs Awarded

Prior to approval of ETV funding, the CFCIP staff references the database to ensure funds have not already been allocated.

### 5. Cooperation on National Evaluations

The SC CFCIP participates in the National Youth in Transitions Database and will continue to cooperate in any national evaluations of the effects of the program in achieving the purposes of the CFCIP.

The National Youth in Transition Database (NYTD) is a federally mandated data collection for the Chafee Foster Care Independence Program, and is used to track the independent living services and supports provided to youth in foster care.

The Department contracted with the USC CCFS to conduct the data collection for the National Youth in Transition Database outcome measures. These measures will be used to assess States' performance in operating their independent living programs.

In FFY 2014, the SC CFCIP volunteered to take part in a federal review of NYTD compliance. The site visit is scheduled to take place July 22-24, 2014.

## 10. Education and Training Vouchers (ETV) Program

### 1. Operation of ETV Program.

ETV funds are provided for foster youth pursuing a post-secondary education in an approved educational program.

Only youth in the custody of the SCDSS, with independent living as part of the case plan, or youth who were in the custody of the SCDSS at 18 years of age, were eligible for ETV funds. Youth are eligible for ETV funds as long as they are in college, making adequate progress, and have not reached the age of 21, even if they are not in care. Youth remain eligible until age 23, if they are enrolled in a post-secondary education and began participating in the ETV program prior to turning 21 years old.

Youth who were adopted on or after their 16<sup>th</sup> birthday, or exited care to positive permanency (kinship care/guardianship) on or after their 16<sup>th</sup> birthday, may be eligible for ETV funds.

The following factors are considered in determining eligibility:

- Acceptance to a technical school, college, university, or other program that meets the ETV criteria
- Students who demonstrate academic achievement or show a marked improvement in educational functioning
- The long-term goal and plan for meeting that goal

### 2. Goals and Outcomes for ETV Program.

#### **Annual Reporting of State Education and Training Vouchers Awarded**

	<b>Total ETVs Awarded</b>	<b>Number of New ETVs</b>
2011-2012 School Year (July 1, 2010 to June 30, 2011)	159	83
2012-2013 School Year (July 1, 2012 to June 30, 2013)	137	84
2013-2014 School Year (July 1, 2013 to June 30, 2014)	118	65

### 3. Award Methodology

Youth may be eligible to receive up to a maximum of \$5,000 per year as long as funds are available through the Education and Training Voucher Program. Youth who complete the Free Application for Federal Student Aid (FAFSA) form, either online or at their school, have access to all state and federal base scholarships and grants for which they are eligible. The awarding of ETV funds depends on the cost of the school and the amount of the grants and scholarships that the youth receives. The \$5,000 award is to be applied to all costs associated with the cost of attendance to a post-secondary school.

Youth are encouraged to complete the FAFSA forms as early as possible, to obtain copies of the financial aid award print out, and to obtain the school's billing statement and maximum financial aid award.

Youth are also reminded to answer "yes" to the FAFSA question that they are a ward of the state or they were a ward of the state at age 13. This ensures being granted an independent status for student aid. Youth are also encouraged to research other scholarships and awards online, including the web site of the South Carolina Commission on Higher Education ([www.che.sc.gov](http://www.che.sc.gov)), and the scholarship funding information that is included on DSS form 30298. If a youth do not use all of their ETV funds during the Fall/Spring semesters, the remaining amount could be used for summer school.

## **11. Indian Tribe Consultation**

The staff of the SCDSS meets in person with representatives of the Catawba Indian Nation (CIN) to ensure that benefits and services under the Chafee Independent Living Program will be available to Indian children in the state on the same basis as to other children in the state. The tribe has chosen not to serve as a IV-E agency. The SCDSS has informed the Catawba Nation that the agency stands ready to work with the CIN if they choose to participate as a IV-E agency.

As it relates to determining eligibility for CFCIP/ETV benefits and services and ensuring fair and equitable treatment for Indian youth in care:

1. SCDSS staff consulted and will continue to consult on an ongoing basis with the CIN regarding issues pertinent to Indian youth. The tribe has been provided with the Chafee Independent Living Guidelines for services and eligibility.
2. The tribe has discussed meeting quarterly with the York County DSS office; however, the tribe's Director of Social Services, Linda Love, reported that she has excellent communication with that office through e-mail and telephone, and does not at this time feel that quarterly meetings are necessary. Tribal representatives have been very involved in the Foster Care Review Board and do attend those meetings regularly.
3. All youth who were placed in foster care in South Carolina or former foster youth who meet Chafee and ETV eligibility, are eligible to request Independent Living Services regardless of tribal status. The CIN has been informed of eligibility criteria, types of benefits available through the Chafee program, and how to apply for those benefits, which can be requested either through the SCDSS county case worker or requested directly from the State Chafee Independent Living Program.
4. In South Carolina, Indian youth use the same criteria for eligibility as any other youth in foster care, regardless of their tribal status. Those services included: daily living skills (such as life skills classes, mentoring, esteem building activities, camps related to educational, vocational, or spiritual development, and leadership opportunities), adult education, educational supports (such as tutoring, summer school, expenses for educational field trips, books and supplies for specialized classes, birth certificates, senior expenses, and computers), graduate awards, pre-college expenses, special recognition, transportation expenses (such as drivers education, driver's license fees, transportation funds for school and work, car repairs and maintenance, and car insurance), employment services (such as certification courses, child care, interview clothing, uniforms and footwear, job skill training, vocational equipment, license/certification fees, and professional attire), and housing and transition assistance. Services may also include ETV funds for qualifying youth to pursue post-secondary education.

## **12. CFCIP Improvement Efforts**

### 1. Consultation with Youth

The SC CFCIP continues to utilize the Independent Living Youth Associations (ILYAs) and the two Youth Advisory Panels, GOALL and the NYTD Youth Voice, to achieve the purposes of the Chafee Foster Care Independence Program.

### 2. Involving Youth in Assessment

GOALL and the NYTD Youth Voice Advisory Panel continue to advocate for youth in transition, and gather feedback from other youth in care, by visiting each of the ILYAs on a semi-annual basis.

## **13. CFCIP Training**

### 1. Training conducted in 2013.

#### **Independent Living/ NYTD Training**

**Event:** Ongoing Independent Living/NYTD Training

**Description of Curriculum:** The purpose of this training is to provide information about the Chafee Foster Care Independence Act, its impact on youth in foster care between the ages of 13 and 21, and to provide an

understanding of how the Chafee Independent Living Program is implemented in South Carolina. The curriculum includes information about the Chafee legislation, as well as research and current trends relevant to youth who are in care and who have emancipated from foster care after age 18. ' ILP Training discusses the importance of engaging the youth in collaborative case planning, helping the youth to gain a feeling of confidence and empowerment by using a Positive Youth Development approach. In addition, the training addresses the federal legislation regarding youth in transition, the importance of effective transition planning, and the need for strong social and emotional supports through lasting connections with adults who will help the youth to develop and implement their individualized transition plans. Finally, the training addresses the importance of the National Youth In Transition Database, its impact on youth in South Carolina and other states, and the importance of accurate and timely data collection, in order to develop programs and policies that promote successful transition to adulthood.

**Presenters:**

Terri D. Pope, MSW

Mrs. Pope is a SCDSS Independent Living Program Coordinator for the SC Chafee Independent Living Program and NYTD Services Specialist. She has a BSW in Social Work from Columbia College and a Masters of Social Work from the University of South Carolina.

Erica Bowman, M. Ed.

Ms. Bowman is a SCDSS Independent Living Program Coordinator for SC Chafee Independent Living Program and is the Foster Youth Associations Specialist. She received her Bachelor's of Science in Criminal Justice from South Carolina State University and a Masters of Education from Troy State University.

This training was conducted in county and regional offices for foster care case managers and supervisors and adoption workers; it was conducted at state conferences for group care providers, foster parents and CASAs and Guardians ad Litem. For FFY 2013/2014 there were: 317 adults at county and regional trainings; 136 adults at the 1st Annual "RED Forum: Recognizing, Empowering, and Developing Leadership in Youth; and 93 Adults trained at (4) ThinkShops staff development training. Attendees at these trainings included community partners and contract providers, as well as members of other state agencies including, but not restricted to, SCDSS staff, the SC Foster Care Review Board, the SC Guardians Ad Litem program, the Palmetto Association for Children and Families, SC Youth Advocacy Program, the SC Citizens Review Panel, the Duke Endowment, the Alston Wilkes Society, the USC Center for Child and Family Studies, and several group home providers.

2. NYTD Technical Assistance

The State NYTD Research Director and Project Coordinator consulted with the Administration for Children and Families about NYTD federal regulations and rules on a monthly basis. The state NYTD Research Director provided the workshop, Strategies for Improving Your State's NYTD Youth Outcome Survey Instrument and Methodology, at the 2011 National Youth in Transition Database national technical assistance meeting.

The SC NYTD Team at CCFS provides regular consultation to the state and federal government, regarding survey methodology. Financial support will be needed for the CCFS NYTD Team to continue providing consultation at county, state, and national levels.

2. Training Planned for FY 2015-2019

The SC CFCIP is planning to create webcasts to make training available over the internet, as well as to continue to offer training activities in the SCDSS County and Regional Offices. The program will continue to train staff, youth in transition, former foster youth, care providers, and community partners on a yearly basis.

The SC CFCIP provides technical assistance to County and Regional Offices, as well as to youth and care providers on a day-to-day basis.

## 8. Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

### Caseload/Workload

The SCDSS leadership goal is to retain staff and reduce turnover. Researchers have stated “Heavy caseloads and workloads have been cited repeatedly as key reasons that workers leave the child welfare workforce” ([www.childwelfare.gov/pubs/case\\_work\\_management/](http://www.childwelfare.gov/pubs/case_work_management/)). The SCDSS has recognized that lower caseloads promote caseworker retention and allow caseworkers to do higher quality casework, which benefits children directly through increased safety and better outcomes

(<http://texanscareforchildren.org/Images/Interior/testimony/child%20protection/hb%20304%20testimony%202.19.13.pdf>).

The SCDSS has researched and gathered case timeline information from frontline workers, the CAPSS system, random moment time study and other states to determine an estimated average of the amount of work required to successfully manage assigned cases and bring them to a resolution. The SCDSS has also taken into account the complexity of cases to include intensity of child and family needs, size of the family, and the goal of the cases. The Council on Accreditation states:

*“Generally, caseloads do not exceed 15 investigations or 15-30 open cases. However, there are circumstances under which caseloads may exceed these limits. For example, caseload size may vary depending upon the volume of administrative case functions (e.g., entering notes, filing, etc.) assigned to the worker. Caseloads may also be higher when organizations are faced with temporary vacancies on staff. New personnel should not carry independent caseloads prior to the completion of training (<http://coanet.org/standard/cps/14/>).”*

Child Welfare League of America recommends the following caseload standards for the maximum cases/children per worker in child protective services and foster care services

(<http://www.cwla.org/newsevents/news030304cwlacaceloload.htm>):

### CWLA Recommended Caseloads

Service/Caseload Type	CWLA Recommended Caseload/ Workload
Initial Assessment/ Investigation	12 active cases per month, per 1 social worker
Ongoing Cases (In-Home)	17 active families per 1 social worker and no more than 1 new case assigned for every six open cases
Combined Assessment/ Investigation and Ongoing Cases	10 active on-going cases and 4 active investigations per 1 social worker
Supervision	1 supervisor per 5 social workers
Foster Family Care	12-15 children per 1 social worker

Currently no universally accepted formula for computing caseloads exists. Therefore, the SCDSS developed the below formula to determine the average number and maximum number of cases per worker. These formulas were developed based on the analysis of the amount of work days in a year to exclude holiday, annual and sick leave; the amount of time spent on cases during the month (time studies); and the average number of cases per filled worker from the SCDSS Data, Research and Accountability Department (see attached data sample information).

The SCDSS has set the following caseload standard:



## SCDSS Caseload Standards

Service/Caseload Type	SCDSS Caseload/Workload Standards	Maximum Percentage/Number of Caseload
Initial Assessment/ Investigation	17 children per Human Services Practitioner	Must not exceed 24 children
Ongoing Cases (In-Home)	17 families per Human Services Practitioner	Must not exceed 24 children
Foster Family Care	16 children per Human Services Practitioner	Must not exceed 20 children

These standards were developed by conducting a work time study and calculating the amount of work days in a month and gathering feedback from frontline workers, performance coaches, data and other states of how much time is spent to complete a work task monthly. The SCDSS also took into consideration the complexity of a case (risk level, medium or high). Once all of this information was gathered, the SCDSS determined this formula (the amount of hours per worker capacity divided by the total number of hours a worker spends completing work in one case per month equals the maximum caseload range). From the above standards, it will be determined how staffs are allocated throughout the state.

The SCDSS plans to utilize caseworker visit funding to satisfy the requirements to improve the quality of caseworker visits with an emphasis on case manager decision-making regarding safety, permanency, well-being and caseworker recruitment and retention. For the upcoming 2015 FFY-2019 FFY CFSP period, The SCDSS has developed the following areas of allocation for the caseworker visit funds to provide caseworkers with the tools they need to most efficiently and effectively provide quality case management to the children in foster care:

- *Caseworker Travel:* In FFY 2015 states will be expected to be in compliance with the total number of monthly caseworker visits being no less than 95% of the total visits with at least 50% of the total number of monthly visits being conducted by the caseworker in the child's home. Funds will help support the travel necessary to meet this standard and continue to support the caseworkers in having more face to face time with children and families to promote safety, permanency and well-being.
- *Cell phones, Laptops, Other Technologies:* The SCDSS plans to acquire enhanced technology for caseworkers including tablets with electronic signature capability, digital photography capability and internet capacity for use in the field along with additional cellular phones. These electronic and cellular devices will contribute to increased mobility for the caseworker, while at the same time giving them the ability to communicate in a more timely manner with providers, supervisors, and related parties involved with the case. This allows caseworkers to gather information, alter visitation arrangements, and make quick in-the-moment decisions.
- *Signs of Safety (SOS):* The SCDSS is fully incorporating the SOS framework in all of its child welfare practices to support accomplishing Goal 1: Improve the Quality of Risk Assessment and Safety Management of Children in Child Protective Services, Family Preservation, and Foster Care Cases. It is believed that acquiring a clear understanding of the concepts of protective capacities, child vulnerabilities, safety threats, and identified risks will lead to improved safety decisions. These concepts are applicable at all stages of the child welfare process, from intake to permanency planning, which will immensely improve the quality and structure of the caseworker visitation with children and their families. Tools used within SOS provide caseworkers better ways to communicate with adults and to hear the voices of children. Through the use of SOS, the SCDSS expands the focus of the caseworker visitation with the child and family beyond compliance with services toward creating relationships that foster behavior change and build protective capacity of parents. SOS also encourages critical thinking and supports continuous learning. Front line caseworkers and their supervisors will have new opportunities to learn from their experiences, to improve their skills, and to increase competency in engaging families in the work of keeping children safe. Caseworkers will receive support from SOS through basic training, practice leader / advanced training, coaching for supervisors and others, workplace learning sessions, skills

building workshops facilitated regularly by performance coaches (focusing on aspects of practice such as harm and danger statements, questioning), supervision using a Signs of Safety format, group supervision (teams of caseworkers, supervisors and practice coaches working on live case mappings or aspects of practice for live cases as a group) and learning events for Signs of Safety.

- *P-2 Meetings:* The SCDSS engages its child welfare system partners and child welfare workforce in P-2 to collectively determine how caseworkers and the child serving community-based system can do better assessments of the family and child needs; decide upon the best types of placements; reduce case turnover; address child behavior needs; and reduce the number of unnecessary placement moves for children in foster care cases. The SCDSS promotes more face to face visits with families and children; better training and support for foster parents; better safety and risk assessments by staff; more support from foster parents and providers for promoting high quality placements for children in foster care. The expectation at these ongoing meetings is to have a highly participatory, interactive discussion focused on quality practice improvements to ensure caseworkers and partners are sharing information and working in tandem to serve families with children in foster care using evidence-based practices and data-driven systems. Some P-2 days will focus on Signs of Safety practice and implementation. The P-2 day in May 2014 marked a key point in the state wide implementation with the SCDSS caseworkers, supervisors, County Directors and child welfare system partners.
- *Video Conferencing:* Caseworkers are using videoconferencing for peer-to-peer support sessions to discuss approaches to more effective and efficient case management. Videoconferencing equipment is employed as a tool to discuss case management practice with other offices and program staff from the state office and to provide opportunities for peer-to-peer sessions. In these sessions, caseworkers discuss/share case management approaches. All of this has and will continue to have an impact on the quality of caseworker decision-making.

Providing the aforementioned array of technology, supervisory and peer support, expert training in evidence-based practices to the caseworkers is intended to augment other Objectives and Strategies found in Goal 4: Build administrative capacity to support safe and thriving children in lifelong families, such as Teaming, revising the pay band system for caseworkers, piloting a second shift of caseworkers, requesting additional full time positions from the legislature which should enhance the State's ability to recruit and retain caseworkers in addition to improving the quality of caseworker visits.

## 9. Adoption Incentive Payments

The South Carolina Department of Social Services (SCDSS) expects to utilize Adoption Incentive Payments funds to support services to children and families in much the same ways as it did in the FFYs 2010-2014. As detailed in the Department's CFSP 2010-2014 Final Report, Assessment of Progress On Goals, objectives, and Service Array, the SCDSS made significant progress in placing children of all ages for adoption, and in increasing the number of finalized adoptions compared to the prior 5 year period, especially of the children who had been in foster care for more than 12 months. The Department believes that this was in part due to its utilization of Adoption Incentive Payments funds in the services and with providers during that review period. Following is the description of services funded by Adoption Incentive Payments funds during the FFYs 2010-2014 that the Department expects will continue to be funded moving forward into the FFY 2015.

**Concurrent Planning:** Adoption Incentive Payments funds will be used to support the implementation of concurrent planning as a strategy to increase the adoption of children at the earliest point in time. During 2013, in cooperation with Winthrop University, The SCDSS began co-location of "Concurrent Planning Specialists" in County Offices across the state. This practice will continue in the Department's CFSP 2015-2019. This specialized staff works in the County but report to the Regional Adoption Services Offices. The goals for these staff are to become involved

earlier in children's case planning, to offer information to parents on the role of concurrent planning, and to support county staff in making decisions about permanence.

**The Seneca Family of Agencies:** The SCDSS contracted in the past, and expects to contract again for FFY 2015 with the Seneca Family of Agencies, to support the requirements of the Family Finding Initiative. The Seneca Family of Agencies conducts manual searches of public records, in an effort to find and identify possible relatives of children in care. Search requests are submitted through a secure link on the Seneca Family of Agencies' website. Upon receipt of requests for family finding searches, the Seneca Family of Agencies assigns an experienced search agent to conduct a manual search, and then provides a report back to the SCDSS that includes: addresses and listed phone numbers for the subject, possible relatives and associates of the subject with their addresses and listed phone numbers, and any neighbors with listed phone numbers of the subject's most recent address.

**The Foster Care Review Board/The Heart Gallery:** In an effort to meet the ongoing goals related to increasing finalized adoptions of legally free children, the SCDSS partnered in the past, and expects to continue its partnership, with The South Carolina Heart Gallery (SCHG) to provide: enhanced, targeted recruitment; family engagement; and, through the Statewide Adoptions Recruitment Coordinator, enhanced coordination, communication, and participation in quarterly state Adoptions Partners collaborative meetings. The Heart Gallery is a national program that uses the power of photography to help find homes for legally free children lingering in foster care. Through community exhibits and Internet photo display, this recruitment tool is expected to continue to increase public awareness of the need for adoptive families. Heart Gallery photographers volunteer their time and talents to create unique portraits showcasing these children. The portraits will continue to be displayed at various locations around the state, throughout the year.

The SCHG provides intensive child-specific recruitment efforts, including community exhibitions and photographic internet campaigns. The SCHG targets specialized populations, geographic areas and faith communities, etc., in an effort to find homes for legally-free children lingering in foster care. The Department has a contract with the FCRB for the SC Heart Gallery to be administered and supported by the Children's Foster Care Review Board. The SCHG program staff work with the SCDSS Regional Adoption Services staff to arrange photography sessions as needed, plan community exhibits, track and respond to any resulting inquiries from interested families, and provide targeted, child-specific recruitment and family engagement.

**The SC Foster Parent Association Heartfelt Calling:** Heartfelt Calling, developed by the SC Foster Parent Association (SCFPA), provides expedited responses to inquiries about fostering and adoption. Heartfelt Calling developed a new website ([www.heartfeltcalling.org](http://www.heartfeltcalling.org)) and implemented a separate and specific toll-free number for recruitment purposes. This will continue to allow for one consistent entry point into the SCDSS system for all potential resource families. In the past, potential resource parents who did not receive responses or who received greatly delayed responses to inquiries, have either gone to other organizations to find children or have given up and lost interest altogether. To address this concern, the SCFPA developed its recruitment program, Heartfelt Calling. Heartfelt Calling provided consistency and follow-up from first contact through pre-service training.

In addition to a quick response, because consistency and continuity in recruitment of resource/foster and adoptive parents has a significant role in turning inquiries into licensed resource/foster and/or adoptive homes, the SCFPA created a position for a person experienced in child welfare to respond daily to phone calls, e-mails, and any other form of inquiry about possible resource parenting. The Recruitment Coordinator is able to answer inquiries in one working day, and answered questions regarding foster care and adoption of children in SCDSS custody. In true collaboration, the Recruitment Coordinator sends the application packet, or other appropriate information to each inquirer within one working day, notifies the appropriate SCDSS office, and follows up to ensure that connections have been made, and the process is moving along.

During the first 18 months since the website and the toll-free number was in place (mid-November 2011), there were over 10,000 calls and over 500 e-mails inquiring about becoming resource or adoptive parents. There have been almost 3,500 intakes completed and approximately 2,900 information packets sent out in response to inquiries

(application packets are not sent to inquiries that are denied at the point of intake). In addition, over 1,000 information packets have been supplied to Regional Adoption Services Offices and County SCDSS Offices for use at events and walk-ins. Approximately 1,400 completed applications from the referral packets have been returned and processed. Currently, in mid-FFY 2014, there are 1,460 total open/viable pending inquiries, and 800 of the 1,460 have returned their applications and are in the process of becoming licensed and/or approved. A total of 162 applications from the HFC database have been licensed and/or approved since November 2011.

#### **The SC Youth Advocate Program**

The SC Youth Advocate Program (SCYAP) will continue to be contracted with the SCDSS moving in the FFY 2015, with the recruitment contract for the Upstate Region, as an extension of the SCFPA's recruitment efforts; three of the most populous counties in the state are in this region. The SCFPA and SCYAP have collaborated closely, and are expected to continue so, to develop mutually workable and acceptable procedures to ensure that recruitment activities were consistent and that all phone calls and other forms of inquiry about possibly becoming a resource family were handled within the next working day and in the same manner. Any direct inquiries received by SCYAP are forwarded to the SCFPA, for entry into the central recruitment database.

**Microfilming:** The SCDSS will continue to utilize Adoption Incentive Payments funds to provide for the microfilming of adoptions records, in order to achieve permanent archiving of this vital information.

#### **Adoption Assistance Payments**

With the increased success of the number of adoptive placements and finalizations, beginning in the FFY 2015, the SCDSS is planning to use some of the Adoption Incentive Payments funds to supplement adoption assistance payments.

#### **Timely Use of Adoption Incentive Payments Funds**

During the FFYs 2010-2014, the state did not encounter any issues or challenges in expending Adoption Incentive Payments funds in a timely manner. At this time, no challenges or issues are anticipated during the time period of the CFSP 2015-2019.

## **10. Child Welfare Waiver Demonstration Activities**

South Carolina does not plan to conduct any child welfare waiver demonstration activities.

## **11. Targeted Plans within the CFSP**

### **Foster and Adoptive Parent Diligent Recruitment Plan**

The Foster and Adoptive Parent Diligent Recruitment Plan is attached as a separate document, as requested.

### **Health Care Oversight and Coordination Plan**

The Health Care Oversight and Coordination Plan is attached as a separate document, as requested.

### **Disaster Plan**

The Disaster Plan is attached as a separate document, as requested.

### **Training Plan**

The Training Plan for staff and provider training is attached as a separate document.

## CAPTA Plan

South Carolina is continuing to operate under its CAPTA plan submitted May 2013; no new plan is being submitted with the CFSP for FFY 2015-2019. CAPTA Plan updates and the CAPTA Citizen Review Panel report with the state's response to that report are included as appendices to the SC Final Report for FFY 2010-2014. Signed CAPTA assurances and an update regarding public disclosure are included in Appendix B.