

# South Carolina Child and Family Services Plan 2017 Annual Progress and Services Report



Submitted June 30, 2016

# 2017 APSR

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# 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 the Child Welfare Programs and Policy Unit. Plans are developed in coordination with the divisions of Economic Services, Child Welfare Services, and Integrated Child Support 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 sixteen (16) cabinet agencies under the Governor. The SCDSS has a total 3785.99 authorized FTE's that are funded by Federal, State and Other funds with an annual budget of \$ 692,184,042 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 Advocacy	<p>The Adult Advocacy Program protects the health and welfare of vulnerable adults. Services are provided to meet the adults' basic needs including safety.</p> <p>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.</p>
Economic Services	<p>The federal Temporary Assistance for Needy Families (TANF) program provides temporary financial and employment-related assistance to families with dependent children. South Carolina's TANF program is known as Family Independence (FI).</p> <p>The federal Supplemental Nutrition Assistance Program (SNAP) provides cash assistance to low-income individuals and families so they can purchase food. The SNAP Employment and Training program provides education and employment-related services to SNAP recipients. A network of food assistance programs improve the health and well-being of low-income children and adults by providing access to fresh fruits and vegetables, education and training on nutrition and healthy eating, and emergency food assistance.</p>
Early Care and Education Services	The primary focus of the Division of Early Care and Education (DECE) remains to increase the availability, affordability, accessibility, quality and safety of child care throughout the State.
Integrated Child Support Services Division	<p>The Integrated Child Support Services Division encourages responsible parenting, family self-sufficiency and child well-being by locating parents, establishing paternity, establishing, modifying, and enforcing support obligations, and obtaining child support for children.</p> <p>This division also provides enhanced fatherhood initiatives and new linkages to child welfare services and employment-related services to enhance the capacity of parents so that children can count on their parents for the financial and emotional support they need to be healthy and successful.</p>

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 of Child Welfare 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.

The Interagency Systems for Caring for Emotionally Disturbed Children (ISCEDC) authorizes local interagency staffing teams to perform "assessment and evaluation procedures to insure a proper service plan and placement" for each child referred, and the assignment of case management/monitoring responsibility to an appropriate agency. Agencies involved in ISCEDC include the Department of Social Services (DSS), the Department of Mental Health (DMH), the Department of Disabilities and Special Needs (DDSN) and the Department of Juvenile Justice (DJJ).

## **Vision, Mission, Imperatives**

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

### **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 a child 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, and 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 serve South Carolina by promoting the safety, permanency, and well-being of children and vulnerable adults, helping individuals achieve stability and strengthening families.*

### **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 the FFYs 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 2016.

See Appendix H for SCDSS Organization Chart.

Link to website of the 2017 APSR: [TBD](#)

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## **Collaboration on Review and Update of 2015-2019 CFSP**

The SCDSS has developed multiple avenues for collaboration with its internal and external stakeholders, to discuss progress and challenges in the implementation of the Child and Family Services Plan (CFSP) and to determine new Objectives, Strategies (Interventions), and Action Steps if needed. Collaboration has occurred at the state level, county, and regional levels. Some of the key ongoing collaboration includes the Annual Statewide SCDSS-Stakeholder meetings, “Partners Meetings” at the county level, Foster Care Advisory Committee, Palmetto Power (P3) meetings, and others are described below.

### **Partners and Stakeholders**

#### Annual SCDSS Stakeholder Meetings

Two statewide stakeholder meeting were held in FFY 2016, one on December 4, 2015 and a follow-up on March 11, 2016. These meetings were held to update internal and external stakeholders on changes to and emphases in the 2015-2019 CFSP Strategic Action Plan, and to obtain stakeholder feedback regarding these changes. The SCDSS leadership from state office to county directors participated in this process.

The state anticipates continuing these statewide Stakeholders Meetings during FFY 2017.

The following is a summary of the feedback received at the December 4, 2015 meeting, related to goals in the CFSP Plan for Improvement, Strategic Action Plan:

#### **Goal 1: Improve the quality of risk assessment and safety management of children involved with the Child Welfare System (CWS).**

- Staff cases prior to involvement with Community Based Prevention Services and involve family in staffing.
- Ensure Signs of Safety training is provided to all providers.
- Have a parent advocate available during the initial investigation to ensure parent responses are properly recorded.
- Increase number of intake workers.
- Promote success stories of families in voluntary case management.
- Imbed Family Group Conferencing in CWS work and establish criteria for referring Family Preservation Cases to Family Group Conferencing.
- Utilize Seneca Searches early in the process to identify kinship. This item is in process.

**Goal 2: Children will thrive in SCDSS custody.**

- Ensure the Trauma-Informed care training is provided to all providers. This recommendation is under review.
- Utilize the Electronic Backpack used in California to allow all providers working with a case to input and review data.
- Train all caseworkers in Trauma-Informed care. This is mandatory.
- Include steps for Mental Health and SCDSS collaboration when children in Foster Care are transitioning and when placement stability is in jeopardy.
- Take steps to limit coverage lapses when children exit care or change placements.
- Foster children in rural areas need access to more services. This is being developed by the Foster Care Advisory Committee.
- More Family Engagement Services and more father involvement in these services. This item is in process.

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

- Utilize Seneca Searches and focus on kinship care. This item is in process.
- Utilize current providers of kinship care. Don't start from scratch. This item is being reviewed.
- Better assessment and services to kinship caregivers to avoid multiple placements. This item is being reviewed.
- Train kinship care givers in shared parenting.
- Better coordination with Mental Health when placement stability is in jeopardy.
- Recruit Foster Homes specifically for older children. This item is being reviewed.
- Give more recognition to outstanding Foster Families so others will emulate them.

**Goal 4: Build capacity in South Carolina CWS to support safe and thriving children in lifelong families.**

- After certification training, workers should go through more specific training based on their program area. This has been proposed. There is currently a SCDSS group working on strengthening training for caseworkers.
- Regional Training should consist of SCDSS and partners when responding to needs of clients and/or staff.
- Provide a CQI feedback loop for families formerly involved with CWS to communicate what services worked and what was lacking.
- Create parent panel to review Quality Assurance data.
- Provide incentives for workers to remain on the job such as an education stipend, merit increases and have college/university job coaching in BSW and MSW programs, performance pay, make pay increases to employees that did not receive one.
- Create a Salary analysis board.
- Training for new Directors.

This is a summary of the feedback received at the March 11, 2016 meeting.

- The following were recorded as general priorities since they were not goal specific.
- Improve consistency in practices and measures. This item is currently in progress.
- Improve capacity to upload documents to CAPSS (SACWIS).
- Both of these are currently in process. A pilot project is currently underway in 3 counties, York, Lee and Lexington. This pilot involves uploading documents directly into the CAPSS (SACWIS) system and the utilization of a new assessment tool for Child Protective Services.
- Emphasize and integrate Shared Parenting in Family Team Meetings. This item is being reviewed.
- Adverse Childhood Experience (ACE) training for staff and management as actions toward goal of becoming a trauma informed agency. This item is being considered. This compliments the work to create a trauma informed culture at SCDSS

The top priorities in the section are;

- develop and consistently utilize standardized assessments based on evidenced-based tools, in progress, and
- increase cooperation and partnership between public and private agencies in order to access more resources.

**Goal 1, Objective 2, improve the quality of risk assessment and safety management of child in CPS, Family Preservation and Foster Care cases.**

- Use Pickens County transfer staffing as a model.
- Collaborate with substance abuse disorder staff when substance abuse issues are identified.
- Improve training on risk assessment process so all staff are comfortable with the process. This is under development.
- Collaborate with relevant organizations as practicable especially domestic violence and Children's Advocacy Centers (CAC). This item is in process.
- Improve thoroughness of assessments to ensure cases are not being closed prematurely. This is a part of the 3 county pilot program.
- Ensure that trauma is being accurately assessed. This item is under review.
- Integrate steps into assessment to ensure child's voice is heard.
- One strategy suggested was to use data from Quality Assurance Staff on the progress of the Compass pilot.

**Goal 2, Objective 2, children will thrive while in SCDSS custody, Ensure the physical and mental health needs of children (including dental health), are addressed.**

- Integrate a trauma screen into the mental health assessment. This is in process.
- Empower caregivers on informed consent. This item is under review.
- One of the top two suggestions under this goal; provide county offices with clinical staff.
- Increase training for teachers and law enforcement officers.
- Modify University of South Carolina training on psychotropic medications for Foster Families. This suggestion is being reviewed.
- The other of the top two suggestions for this goal and objective; that an adult attend all medical or therapy appointments with the child. This item is being implemented.
- Develop SCDSS and South Carolina Department of Health and Human Services joint oversight of medications in out of home placements.
- Improve continuity and consistency of care between any kind of out of home placement and community mental health center.
- Use appropriate screening and assessment tool. SCDSS currently does not use appropriate tool. This is under review.
- Collect data regarding over medication to begin process to determine causal factors. This is under review.

**Goal 4, Develop SC Child Welfare System capacity to support safe and thriving child in lifelong families.**

The top two priorities were:

- to begin Independent Living planning before initial Ansell Casey Life Skills Assessment sets baseline and follow youth through transition and have plans for after care; in progress,
- recruit and/or develop specialized foster parents for youth and their transition planning needs.



The remaining priorities of this Goal were:

- Integrate youth's voice into their planning. This is in progress.
- Increase education of youth on their options. This is in progress.
- Improve communication between youth and the SCDSS. This is in progress.
- Develop Family Group conferencing model for youth transitioning out of care.
- Integrate Big Brother/Sister/Little Brother/Sister into Independent Living Services.
- Improve transportation services for youth. This is in progress.
- Reassess all youth leaving care.
- Reduce foster care caseloads so caseworker can work more with youth and allocate more time to assist youth in developing their transition plan. , SCDSS has requested additional case worker positions.
- Utilize mentors for youth in care.
- Develop stronger sibling and family connections for all youth in care.
- Make tutors available for all youth in care.
- Youth should leave care knowing how to prepare a resume.
- Create specialized teen/youth units in county offices.
- Develop policy that allows youth in transition to reunite with biological family, if they wish, prior to leaving care, since current data suggests that youth typically go back to biological families when exiting care or they become homeless.

#### Statewide Partners Meeting/Child Welfare Improvement Team (CWIT)

Two Statewide CWIT meetings were held in the fourth quarter of FFY 2015 (July 9, 2015 and September 10, 2015), one meeting was held in the first quarter of FFY 2016 (November 16, 2015), and another meeting was held in the second quarter of FFY 2016 (January 14, 2016). These meetings were attended by stakeholders from the Foster Care Review Board (FCRB), the Cass Elias McCarter Guardian ad Litem (GAL) Program, the South Carolina Foster Parent Association, the South Carolina Citizen Review Panel, Palmetto Association for Children and Families, the University of South Carolina Center for Child and Family Studies and Children's Law Center, Children Come First and SCDSS leadership staff. At these meetings committee members provided updates on their programs and received updates on various SCDSS initiatives such as Portals to access CAPSS and Foster Home Recruitment plans. During FFY 2016, this group developed a Statewide CWIT charter.

The statewide CWIT will continue in FFY 2017. The local CWITs will be further developed during FFY 2017.

#### Partners Meeting

Generally, the Partners meetings have been networking opportunities with various community agencies updating one another on what is taking place in their agency. The agency plan continues to be that the Partner Meetings will transition into Local CWIT team meetings where community stakeholders will meet periodically with SCDSS to discuss the CFSP goals and objectives and the APSR, and for the community stakeholders to provide feedback to the agency using available data. During these FFY 2016 meetings, among the APSR topics discussed included Foster Family recruitment, the information presented during the statewide stakeholders meetings, trauma-informed care, CFSR outcomes and goals, Family Engagement and working with Child Advocacy Centers. Two of these meetings included the Agency Director. Other topics discussed were stress relief and a local analysis of strengths, weaknesses, opportunity and threats (SWOT analysis).

#### SCDSS Office of Constituent Services

One function of The SCDSS Office of Constituent Services is to address concerns from Child Welfare Services (CWS) constituents. When a CWS constituent contacts the Office of Constituent Services with a concern, a member of that office forwards the concern to the appropriate Agency staff, Regional Director, County Director or State Office Program Manager. The Office of Constituent Services then monitors for follow-up. Based on current anecdotal trends, most CWS constituent concerns come from one of the following groups: Parents with open CWS cases, Foster Parents and Pre-Adoptive Parents and Relative and Non-Relatives of a child in care.

### SCDSS Child Welfare Policy Manual Rewrite Project

In FFY 2015 the SCDSS in collaboration with the University of South Carolina's Children's Law Center (CLC) began a project to update the agency's Child Welfare Policy Manual and to make it more user-friendly. This project continued into FFY 2016. At this time, Child Welfare policies related to the IV-E Amendments Program Improvement Plan (PIP) and the implementation of, the "Preventing Sex Trafficking and Strengthening Families Act", are scheduled to be published in the third quarter of FFY 2016. All other Child Welfare policies are scheduled to be published by September 29, 2016. In April 2016, the SCDSS and the CLC held a series of Stakeholder Comment and Feedback Sessions in Greenville, Columbia and Charleston, two sessions (morning and afternoon) were conducted at each location. A separate session was conducted for the South Carolina Family Court Bench-Bar committee; as was for the South Carolina Children's Justice Act Task Force. The purpose of these sessions was to present drafts of the updated policies to be published in September 2016 to our stakeholders and receive feedback. Approximately, one hundred and sixty (160) of our stakeholders attended these meetings.

### Foster Care Advisory Committee (FCAC)

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) partners to lead the FCAC meetings on a quarterly basis. The FCAC includes a wide array of medical and behavioral health professionals statewide, such as the physician community of Pediatricians (re and Select Health, a Managed Care Organization (MCO), various clinics, a forensic pediatrician, and child psychiatrists representing DSS and DMH. The FCAC also includes other behavioral health professionals from the 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 three (3) sub-committees or Work Groups: Access to Care, Trauma-Informed Care, and Medical Assessment.

The FCAC has focused on SCDSS using a standardized protocol for medical screenings, assessments, and follow-up for all children entering Foster Care. This recommended protocol has included SCDSS adhering to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements which provides a comprehensive longitudinal record for DSS to maintain and use to update the Education and Health Passport. The protocol includes a standardized developmental screen at one month into care and follow the American Academy of Pediatrics recommendations for wellness visits.

The Medical Assessment Workgroup within the FCAC revised the Comprehensive Initial Medical Assessment Form (DSS Form 3057) to be utilized by all physicians, SCDSS Caseworkers, and caregivers statewide to support the capturing of up to date medical information and track follow up appointments. The FCAC has identified several concerns regarding inconsistent implementation of the Initial Comprehensive Medical Assessment and inconsistent use of the Education and Health Passport. Specific concerns noted by the FCAC have been that:

- Behavioral and Medical assessment information on paper forms do not get consistently documented by caseworkers, who are designated to document the information, into the SCDSS CAPSS database system.
- Caregivers/caseworkers frequently do not have the paper copy completed by a physician or complete the caseworker portion of the document.
- There is currently no way for physicians to electronically enter in medical information to the SCDSS database system to avoid loss of information or misinterpretation of the information.
- When the medical information is completed on the Initial Comprehensive Medical Assessment Form by the physician and caseworker, it is not entered into just one location in the CAPSS database (multiple tabs) and the information is not updated in the Education and Health Passport (DSS Form 30245) which can be printed and is portable, therefore ongoing tracking and follow up is severely diminished.

In response to these concerns, the FCAC has made the following recommendations:

- That the Initial Comprehensive Medical Assessment be placed in a centralized location in CAPSS
- That all medical data from the Initial Comprehensive Medical Assessment be entered into the Person Screen will automatically populate the related fields within the Education and Health Passport
- That a portal for caregivers/foster parents/providers be developed so that there is the capability for the review, update, and printing of information within the Education and Health Passport.
- That a portal for physicians be developed so they can attach the Electronic Medical Record into CAPSS directly
- That the Education and Health Passport be added to the Guided Supervision tool so that supervisors are able to hold the caseworkers accountable to the policy and practice.
- That the Education and Health Passport be added to Item 17 and 18 of the Quality Assurance tool so that sampled files from counties can be determined if this is an Area of Needed Improvement or an area of Strength for that county.

**Progress with recommendations:**

The Education and Health Passport will be available for use in July 2016 in the SCDSS CAPSS (SACWIS). Portal assess for caregivers and providers continues to be assessed due to security reasons. Improvements for the consistent use of the Education and Health Passport and accountability continue to be addressed at a Leadership level.

Another recommendation from the FCAC has been for the SCDSS to work on developing a training module for the SCDSS Caseworkers and Supervisors in providing appropriate healthcare for children in the custody of the SCDSS. These training modules have been developed by the University of South Carolina, Center for Child and Family Studies. Another training package is expected to be provided to Foster Parents and caregivers or prospective Adoptive Families on understanding children's medical needs and assisting in having those needs met.

Two training videos have been completed for caseworkers regarding general care coordination practices around behavioral health issues and psychotropic medications. The completion of training videos for caseworkers and physicians is outlined.

The Access to Care Workgroup recommendation has been for communication between the SCDSS, SCDHHS, the Managed Care Organization (MCO) and Providers to be improved upon. Specifically, communication could improve around changes in billing or payment practices, as well as in the way to directly and expediently resolve disputes, both regarding approvals for services and reimbursement issues.

The SCDHHS continues to employ a SCDSS Liaison who is a direct communication link with SCDHHS, MCO, SCDSS and Providers. The SCDSS also has a monthly phone conference with all agenda items surrounding issues that have surfaced impeding access to care (i.e. inaccurate addresses, lack of service from an identified Primary Care Physician, new health plan cards going out to families, inability of providers to receive payment, inaccessibility to a medical device, medication not available in MCO's formulary and suitable replacement drug, etc.).

Much work has been completed regarding the following recommendations from the Trauma-Informed Workgroup within the FCAC. The following recommendations have been made:

- That SCDSS use an approved evidence based list of trauma screening instruments at the time of initial investigation. Collaborate with SCDHHS to develop a specific Procedure Code and Modifier to enable Providers to bill specifically for screenings and assessments.
- Specific procedure codes for Trauma Screening and Assessment will allow research as to whether or not implementation of completed Trauma Focused Cognitive Behavioral Therapy (TF-CBT) protocol results in less prescription of psychotropic medication, number of changes in placement, length of time in care, and efficacy of treatment.

- Provide on-going training to DSS Protective Services workers to enable them to do initial trauma histories/screening.

### **Progress with recommendations**

The trauma-focused screening protocol, including lists of trauma screening instruments has been finalized and was approved by the SCDSS and the SCDMH.

The SCDSS has worked diligently with other state partners and private provider agencies to advance several strategies to support implementation of the Health Care Oversight and Coordination Plan (HCOCP). One of the major foundational pieces of the HCOCP has been the prospective consent for psychotropic medications in Psychiatric Residential Treatment Facilities (PRTFs) statewide. A *Notification Regarding Psychotropic Medication* form is completed by the treatment provider for each of the following circumstances: new medication initiation, medication discontinuation, titration of a medication outside the dosage range previously agreed upon, continuation of a medication started 6+ months ago, emergency medication administration and continuation of medications at time of admission to a congregate care facility. The evaluation component of this process has improved since the hiring in 2015 of a Consulting Psychiatrist, who specializes in Child Psychiatry, and a statewide Lead Clinical Specialist who manages the oversight process.

Efforts continue to collaborate with the group care residential providers, the S.C. Department of Mental Health (SCDMH) and the S.C. Department of Health and Human Services (SCDHHS) to establish the second phase of a prescription oversight process, that is uniform and streamlined for children in Foster Care in the community and one that is transparent and engages prescribing healthcare professionals, insurers, and SCDSS. Also, the SCDSS, the S.C. Department of Health and Human Services (SCDHHS) and the Select Health Managed Care Organization (MCO) have held monthly phone calls to develop solutions for tracking children in foster care and the services they receive.

An identified concern was that children in Foster Care had no specific identifier in the Medicaid encounter data in South Carolina. There was no methodology to separate current children in care from children that had been adopted and children receiving SSI. After monthly calls and multiple data exchanges with the SCDSS Information Systems staff, the Select Health data staff and the SCDHHS Information Systems staff, as of March 2015, children in foster care received a specific identifier so that children in care can be identified with the MCO and services can be tracked. The SCDSS has partnered with the SCDHHS, the MCO (Select Health) and the South Carolina Revenue and Fiscal Affairs Office, the state's data warehouse agency that provides Medicaid encounter data, to provide outcome and trend data for prescription drug oversight, Early and Periodic Screening, Diagnostic and Treatment data and medical assessments.

The FCAC met on 08/27/2015. At this meeting it was reported that in March 2015, the SCDSS began using a new Quality Assurance Tool that includes well-being outcomes and that SCDSS was continuing staff training on Trauma-Informed care. The group was also updated on the Phase IV activities of Project Best. These activities include development of a system to promote and support the use of Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), expand the implementation of TF-CBT in South Carolina, test the implementation of Alternatives for Families, a cognitive based therapy (AF-CBT) in South Carolina, and coordinate with SCDSS and other community partners to develop a model for an evidenced-based, trauma-informed, coordinated service delivery system in South Carolina.

The FCAC met on 10/29/2015. At this meeting it was report that 79% of children in care have their wellness checks within the appropriate time frame. The group made a recommendation for incentives to be used to encourage beginning discharge planning earlier. This would be done to prevent children from staying to long in facilities and becoming institutionalized. Updates on Project Best and Building Bridges were also given at this meeting.

The FCAC met on 12/17/15 to discuss goals for 2016. The goals included aiding the SCDSS in coming up with a plan for the implementation of the Education and Health Passport; the SCDSS using data from the South Carolina

Department of Health and Human Services to determine what children are due for annual check-ups and the department ensuring children in care receive check-ups, including wellness checks;; determining if an agency other than the SCDHHS should have wavier authority as it pertains to the 1915c wavier; and to work with the SCDSS on the implementation of the Medical Assessment Form. It was reported at this meeting that researchers at the University of South Carolina were working on a grant that focuses on integrating the Education and Health passport with the SC Health Information Exchange.

The FCAC had the following concerns and recommendations regarding the Education and Health Passport: security concerns when giving providers access to a portal; giving caregivers access to records and documentation does not mean they will be able to understand the information; limited access to historical documents or a summary sheet was recommended; a training plan needs to be developed; and the need to focus on policies and procedures around wellbeing outcomes.

The state anticipates continuing collaborative efforts with the FCAC during FFY 2017.

### Palmetto Power for Providers (P3)

As the name suggests, Palmetto Power for Providers (P3) meetings, conducted in collaboration with the Palmetto Association for Children and Families (PACAF), are similar to P2 meetings but are more specific to agency services and out-of-home care providers, and are held at the local and regional levels. P3 meetings were held on October 19, 2015 in Beaufort, November 13, 2015 in Greenwood, November 19, 2015 in Charleston These meetings featured in-depth analysis of the local support and collaboration in the Foster Care System, as a means to identify strengths and challenges in the larger child welfare system. The SCDSS and local partner agencies and providers came together to discuss existing practices and gaps in the system coupled with localized data from the Child Welfare System. The groups will continue to identify specific actions for all stakeholders, including the SCDSS, to improve safety, permanency and well-being outcomes for children in care or at risk of coming into care. Many of the local issues identified direct the need for practice change at the state level and have driven many of the strategies of the 2015-2019 CFSP, as noted below from the P3 meetings recommendations:

#### **P3-Beaufort on 10/19/2015**

One provider shared the type of assessments they complete on every child over the age of 5 in an effort to identify treatment needs. The provider has trained their staff as well as community partners in the Adverse Childhood Experiences studies in an effort to educate the entire community about the value of assessing trauma. Hope Haven is able to see children immediately and provide follow up care for mental health treatment, trauma assessment and forensic evaluation.

There was a concern in the region regarding the lack of rostered Trauma Focused-Cognitive Behavioral Therapists TF-CBT therapists.

A concern was expressed regarding medical records not transferring with the child when they move and difficulties experienced in trying to obtain medical records.

Transition planning for children leaving foster care or changing placement needs careful consideration. Some stakeholders reported DSS holding transition planning meetings and other stakeholders have never been a part of a transition planning meeting.

#### **P3 – Greenwood on 11/13/2015**

Stakeholders responded by helping to define what well-being is for children in foster care and how they provide supports to improve well-being.

Providers discussed difficulties in getting documentation from caseworkers and indicated that most times a medical exam has been done but the exchange of documentation is not completed. This would be resolved with electronic medical record sharing.

Providers expressed concerns that children coming into contact with the child welfare system need good assessments on the front end, identifying problems as soon as possible. The consensus of the group was that all partners must work together on behalf of children and it takes team work to get these children and families what they need.

Providers shared how relationships have improved in the region citing improved communication. In the review of the follow up items from the last P3, providers agreed that the use of the universal application has increased. This has contributed to better service delivery to children. When providers and the SCDSS have information on children they can get children what they need at the time they need it.

Providers responded to what they do to support permanence efforts by describing services they offer to families.

Thornwell Children's Home has a cottage for parents that need a place to stay so they offer this to provide more extensive visits for parents, especially those traveling long distance.

John Del a Howe program provides family enrichment days and coordinates events for families.

Stakeholders asked about the possibility of the SCDSS having a portal for providers to put information into the SCDSS database system (CAPSS) to improve communication.

### **P3-Charleston on 11/19/2015**

Stakeholders asked about the possibility of the SCDSS having a portal for providers to put information into the SCDSS database system (CAPSS) to improve communication.

The SCDSS provides training to providers on Signs of Safety.

Providers encouraged the SCDSS staff & leadership to visit their facilities and discuss ideas for improvement.

The state anticipates that P3 meetings will be discontinued and replaced by local Child Welfare Improvement Teams for feedback from stakeholders.

## **Representatives of Indian Tribes within the State.**

### **Consultations and coordination on the assessment of agency strengths and areas needing improvement, review, and modifications of Goals, Objectives, and Strategies of the "Update Plan for Improvement", and ongoing monitoring.**

The Catawba Indian Nation (CIN) is the only Federally-recognized tribe in South Carolina. Since the submission of the 2016 APSR, the state has continued to meet regularly with the CIN representative Linda Love, Director of Social Services for the Catawba Indian Nation. Throughout the year a SC Department of Social Services (SCDSS)-Catawba Indian Nation workgroup met regularly for consultation and collaboration. Participating in these meetings were: Linda Love; Dione Carroll, the Legal Counsel for the CIN; Keri Wallace, ICWA Liaison, CIN; Greg Moore, SCDSS, Division of Knowledge Management and Practice Standards, CFSP/APSR Reporting, and the Facilitator for the ICWA-related Strategies; Brittany Price, SCDSS Intensive Foster Care and Counseling Services; Thomas Robertson, SCDSS Office of Knowledge Management and Practice Standards; Dennis Gmerek of the SCDSS Office of General Counsel; Amanda Whittle, SCDSS Office of General Counsel; Cheryl Herring, the State Adoption Unit Manager; Amanda Koon the State Adoption Recruitment Coordinator; Beth Mullins, State Manager for the Foster Family Licensing and Support Unit; Jacqueline Lowe, State Manager for Foster Home Licensing; LaToya Reed, the

SCDSS Independent Living Program Supervisor; Terri Pope, a SCDSS State Office Program Coordinator for the Independent Living Program; David Simpson, the Legal Counsel for the York County SCDSS County Office; representatives of the University of South Carolina, Center For Child and Family Studies, whose work relates to Child Welfare Services training and curriculum and public media presentations; and representatives of the University of South Carolina, Children's Law Center (CLC).

There were three (3) SCDSS-CIN workgroup meetings since the submission of the 2016 APSR, on 9/9/15, 12/2/15, and 3/2/16. One of these meetings took place on the Catawba Indian Nation Reservation in Rock Hill, SC, and two were held at the SCDSS State Office in Columbia. The primary purpose of these meetings was to monitor the progress and challenges in the implementation of the ICWA-related Action Steps in the 2016 APSR Update to the Plan for Improvement, Strategic Action Plan.

See 2017 APSR, Update to the Plan for Improvement:

- **Goal 2, Objective 2, Strategies 18 and 19, 2.2.18 and 2.2.19**, for information related to identifying children who are members or are eligible for membership in a Tribe.
- **Goal 3, Objective 1, Strategies 2 and 3, 3.1.2 and 3.1.3**, for information related to Native American Foster and Adoptive Family Diligent Recruitment.
- **Goal 3, Objective 2, Strategies 1-3, 3.2.1, 3.2.2, 3.2.3**, for information related to the development of a Memorandum of Agreement between the Catawba Indian Nation and the South Carolina Department of Social Services.
- **Goal 4, Objective 3, Strategies 4-6, 4.3.4, 4.3.5, 4.3.6**, for information related to involving Ms. Love in all possible Child Welfare Services stakeholders meetings in South Carolina, and providing training for SCDSS staff. This involved training for State, Region, and County leadership and front line caseworkers and supervisors, on ICWA compliance and compliance with SCDSS Policy and Procedures, and Native American and CIN history and cultural competence.

Additionally, Linda Love and Greg Moore scheduled weekly telephone calls to provide Ms. Love with a more frequent opportunity to monitor the progress and challenges of the ICWA-related Objectives, and for further input from Ms. Love to share what coordination and collaboration is going well, and what challenges are being faced regarding opportunities to intervene as a Tribe, when children and families of the Catawba Indian Nation became involved with the SC Department of Social Services. Another aspect of the consultation and collaboration with the Catawba Indian Nation are reports sent to Ms. Love on a monthly basis from the SCDSS. The report lists all CIN children and youth receiving services from the SCDSS.

### **Outcomes and results of the quarterly SCDSS-CIN workgroup meetings.**

The planning and implementation of a Foster and Adoptive Family recruitment/orientation event on the Catawba Indian Nation on 10/12/15. This was the second recruitment event that was ever held on the Catawba Indian Nation Reservation. The first recruitment/orientation event was 5/12/15.

The development of the content of the Memorandum of Agreement. This Memorandum includes all current SCDSS policies and procedures that are ICWA-related, and that go beyond ICWA requirements to offer Tribes an opportunity to intervene. The MOA that was developed addressed: when the Indian Child Welfare Act (ICWA) applies; when and what actions by the SCDSS are required in order to give the Tribe the option to intervene; and that when the SCDSS becomes involved with children and youth of non-CIN tribes, from the point of the opening of a Child Protective Services case for investigation of a report of abuse and neglect, that the tribe of origin of the child or youth will be contacted first according to current law, and the other tribe must contact the CIN to request the CIN to intervene on their behalf, and then the SCDSS will share information about the case with the CIN. The Memorandum has been signed by the Director of the Department of Social Services, and is waiting for the signature of the Chief of the Catawba Indian Nation.

Discussions of cases involving a child of the CIN in which the CIN was not given an opportunity to intervene at the appropriate time, and/or was not initially made a Party to and informed of an upcoming Court Hearing for a child of the CIN. These discussions resulted in an increased awareness of the need for ICWA-related, statewide training for the SCDSS staff. The discussions also drove the importance of the information that would be in the Memorandum, and the Memorandum as a place where all ICWA-related information would be more easily accessible as a resource tool, and of a summarized Memorandum as a resource tool.

The development of the Memorandum informed the workgroup of the content needed for regional training. The development of the content and agenda for the Regional training events for SCDSS staff, and other logistics of the training events were a result of these workgroup meetings.

Six Regional training events across all five SCDSS Regions were provided between 11/20/15 and 3/11/16. The training events were one-half day events, and the content included the history the development of the Indian Child Welfare Act, the history of the Catawba Indian Nation, and the SCDSS policies and procedures in the SCDSS Child Welfare Manual related to ICWA compliance and Tribal interventions prior to the required Tribal intervention in compliance with ICWA.

### **Outcomes and results of the weekly CIN-SCDSS telephone calls.**

The primary result of these telephone calls was the opportunity for Ms. Love to share current challenges to CIN involvement in cases with CIN children and families. The state was often able to respond in a timely way when learning of these challenges to Tribal intervention. Additionally, SCDSS County leadership and front line caseworkers and their supervisors were provided opportunities to learn SCDSS policies and procedures while cases were current or recently completed, and the CIN was thereby given more opportunities to become involved in the case.

An important outcome of the frequent communication was a growing relationship of trust and friendship between the CIN and the SCDSS staff. This growing bond of trust and friendship resulted in the foundation to discuss and resolve issues and challenges when they were raised.

These calls revealed that after the Regional training events, Ms. Love and Ms. Carroll, perceived significant barriers still existed to CIN timely intervention/involvement in cases with CIN children and families. This sharing has resulted in confirming the importance of the planned evaluation of the Regional training events, content and participants, and the evaluation of the need for further training in a mode to be determined. This evaluation is scheduled for the July 2016 SCDSS-CIN workgroup meeting.

### **Plan for ongoing coordination and collaboration with tribes.**

The state plans to continue to meet on a quarterly basis with the Catawba Indian Nation, and to have telephone calls with the CIN on a weekly basis. The purpose of the quarterly meetings will continue to be the monitoring of the progress and challenges of implementing the ICWA-related Strategies of the CFSP/APSR, revising the Strategies and Action Steps as appropriate, and to hear from the CIN about their challenges and successes in being able to intervene in a timely way in SCDSS cases involving CIN children.

As indicated earlier, one of the barriers to improved coordination of services with Tribes perceived by the CIN Director of Social Services and the Legal Counsel for the CIN, continues to be a lack of knowledge by some SCDSS front line caseworkers and their supervisors of ICWA-related policies and procedures for Tribal intervention. Additionally there is a lack of knowledge by some SCDSS staff about the sharing with Tribes of all information related to the cases of Tribal children. This has resulted in the Tribe not being given an opportunity to intervene in a timely way in cases involving CIN children.

To enhance the knowledge of SCDSS staff, preliminary discussions on possible needed training include training on ICWA-related policies and procedures and competence related to Native American cultures.



The SCDSS has contracted with the University of South Carolina, Center for Child and Family Studies, to produce an online video related to ICWA compliance, Catawba Indian Nation history, culture, and contemporary life, and “Ask The Question”. The last topic of the video is referring to the need for the SCDSS staff to Ask The Question if the child is a member of or eligible for membership in a Tribe, and ask it repeatedly from Intake of a report of abuse and neglect, through a Child Protective Services case to the point when the case is closed. This training activity will be available in late FFY 2016 or early FFY 2017.

Another way in which staff knowledge will be enhanced is through the development of a “fact sheet” or summary sheet, indicating the basics of ICWA compliance guidelines, and will also include an ICWA compliance flow chart. The development of the summary sheet is included in the 2017 APSR Update to the Plan For Improvement, Strategic Action Plan, **Goal 3, Objective 2, Strategy 2, 3.2.2b.**

Additionally, to improve in providing timely notification to Tribes at the inception of a child protective services case and in making sure the Tribe is made a party to the legal action, the workgroup will discuss the barriers mentioned by Ms. Love and Ms. Carroll at the July 2016 meeting.

The Tribe has requested that some of SCDSS staff and University of South Carolina staff in the workgroup consider becoming “Expert Witnesses” for Native American families and cultures in Court Hearings involving Native American children. A few of the members of the SCDSS-CIN workgroup have indicated a willingness to learn the information in order to become “Expert Witnesses”.

During FFY 2016, the SCDSS-CIN workgroup added the list of State-recognized Tribes and State-recognized Tribal groups to the CFSP/APSR. The SCDSS will implement the Action Step related to reaching out to these Tribes for coordination and collaboration.

The SCDSS-CIN workgroup added Marcy Hayden, Native American Affairs Program Coordinator, SC Commission for Minority Affairs to its group in May 2016. This will assist the state in expanding its coordination and collaboration with Tribes that are not Federally-recognized Tribes. The following are those Tribes.

**State-recognized Tribes:**

- Beaver Creek Indians
- Edisto Natchez Kusso Tribe of South Carolina
- Pee Dee Nation of Upper South Carolina
- Pee Dee Indian Tribe of South Carolina
- Santee Indian Organization
- The Sumter Tribe of the Cheraw
- Wassamasaw Tribe of Varnertown Indians, also known as Waccamaw Indian People

**State-recognized Tribal Groups:**

- Chaloklowa Chickasaw Indian People.
- Eastern Cherokee, Southern Iroquois & United Tribes of South Carolina, Inc. (a.k.a. Cherokee Indian Tribe of South Carolina or ECSIUT)
- Natchez Indian Tribe
- Pee Dee Indian Nation of Beaver Creek
- Piedmont American Indian Association of South Carolina (or Piedmont American Indian Association - Lower Eastern Cherokee Nation of South Carolina)

## Courts

The University of South Carolina Children's Law Center (CLC) is the manager of the Federally-funded Court Improvement Grant, through which the Court Improvement Program and the Court Liaison Program in South Carolina are funded.

As indicated in the 2015-2019 CFSP, "The goals (of the Court Liaison Program) 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 follows:

- obtain docket from the SCDSS;
- review court files;
- prepare an information sheet for the judge (procedural history, as well as who 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 Permanency Plan of adoption, follow-up on the filing of the 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.

As indicated, built into the Court Liaison Project are opportunities to recommend modifications to the Goals and Objectives of the CFSP through regular contacts with the SCDSS Office of General Counsel staff and other SCDSS staff.

These projects target the court-related concerns identified in South Carolina's most recent CFRS 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.

Since the submission of the 2015-2019 CFSP, The Bench-Bar Committee in SC has held quarterly meetings involving multiple child and juvenile-serving Departments and Agencies. At these meetings, there are reports from the Court Improvement Program and the Court Liaison Program, the Department of Juvenile Justice, the Guardian ad Litem Program, and other groups involved with SC Child Welfare services and the courts. These meetings are another opportunity for these stakeholders to make recommendations for the CFSP, and during FFY 2016, Dennis Gmerek and Amanda Whittle of the SCDSS Office of General Counsel presented on the Court Improvement Project technology and data collection grant. In addition, SCDSS State Director Susan Alford addressed this group in FFY 2016. Shawn Reeves of the SCDSS Office of General Counsel (OGC) has made arrangements for the SCDSS (OGC) to present to the Bench-Bar Committee changes regarding the SCDSS policy and procedure related to Public Law 113-183 (PL 113-183), the "Preventing Sex Trafficking and Strengthening Families Act", and the South Carolina Act H4546 signed into law by Governor Haley in June 2016 at their December 2016 meeting. Also, the SCDSS and the South Carolina Foster Parent Association will be inviting Family Court judges to the Leadership Training (July-September 2016) on changes to Another Planned Permanent Living Arrangement (APPLA), Case Reviews, Transition Planning, Permanency Hearings and Reasonable and Prudent Parent Standard also related to PL 113-183 and H4546.

The Catawba Indian Nation's tribal court is the state court (York County Family Court). The Tribe has not explicitly involved the state court in the CFSP plan development, but the CIN Legal Counsel has been involved in the South Carolina Family Court Bench-Bar Committee. The Tribe's Legal Counsel has been involved with the Best Legal Practices Subcommittee, which does revision and development of best legal practices for family court.

This association has allowed the Tribe to work within the system to further and promote the goals associated with the Tribe's involvement with the CFSP plan and development, and be better informed on how the plan should develop.

## **Update on Assessment of Performance**

### **Child and Family Services Review (CFSR 3)**

Round 3 of the Child and Family Services Review for the State of South Carolina is tentatively scheduled for April 2017. As approved by the Administration for Children and Families (ACF), the Quality Assurance Reviews utilize a random sampling of Child Welfare Services cases. The state has attempted to address all Child and Family Outcomes and Systemic Factors in the 2017 APSR, Assessment of Performance. Where the state does not have sufficient, accurate, timely data and information, it will make efforts to gather that information and submit it in January 2017, in preparation for the April 2017 CFSR 3.

### **AFCARS Update**

The SCDSS is in an AFCARS Program Improvement Plan that is ending during CY 2016.

The Agency has two outstanding requirements left to implement. The elements are Disabilities and Special Needs (D&SN) and Private Adoptions. The D&SN will be implemented with the Education and Health Passport Project that is scheduled for implementation by 7/11/2016. The Private Adoptions Project has completed the development phase. The next phase in development and implementation is to review the development to date with the State Adoptions Unit. No date for the review has been determined.

### **SACWIS Improvement Plan**

The SCDSS adopted the Children's Bureau recommended Comprehensive Child Welfare Information System (CCWIS). The Agency is no longer in the process of completing the SACWIS Improvement Plan because of the new Notice of Proposed Rule Making (NPRM) for CCWIS which will replace the SACWIS Improvement Plan.

The SCDSS adopted the plan for the Agency that by 2018, the old SACWIS/TACWIS regulations will be replaced by CCWIS, a more comprehensive, less IT solution-restrictive child welfare information solution.

### **Federally-Funded Targeted Training Plan- Intensive Technical Assistance**

Since the submission of the 2016 APSR, the SCDSS continued to receive Intensive Technical Assistance from Region 4, Children's Bureau, IV-E Financial Specialist and the IV-B Financial Specialist, in order to bring the state's CFSP/APSR Targeted Training Plan into compliance with Federal requirements for pre-approval by the Children's Bureau. The period of Intensive Technical Assistance began 10/1/2014.

Prior to 10/1/2015, the SCDSS submitted all Federally-funded training activities to the Region 4 Children's Bureau, IV-E Financial Specialist, at least thirty (30) days prior to the first date of the training activity for pre-approval of the training activities submitted on Training Funding Checklists. The Training Funding Checklist was a revised version of the Title IV-B Plan- Training Activities Checklist supplied by the Children's Bureau Region 4. As of 10/1/2015, the Children's Bureau Region 4 did not require the SCDSS to submit Training Funding Checklists at least thirty (30) days prior to the first date of the training activity for pre-approval. The Intensive Technical Assistance continued in the FFY 2016.

The SCDSS has worked with its contracted training providers to provide the required information on the Training Funding Checklists, in order to improve its compliance with Federal requirements for pre-approval of Federal funding source(s) for all Federally-funded training activities. As a result of the Intensive Technical Assistance, the SCDSS has implemented the necessary steps in its training funding process during FFY 2016, in order to be in compliance with Federal requirements. These steps included a revision of its contract development process, planned technical assistance to all contracted training providers focused on obtaining required information for the Training Funding Checklists, and revising its funding allocation methodology.

The SCDSS has implemented a process with its contracted training providers, in order to submit the majority of planned training activities for FFY 2017 in the 2017 APSR Update to the Targeted Training Plan.

### **IV-E Foster Care Eligibility Review.**

The Children's Bureau performed an onsite IV-E Foster Care Eligibility Review from 5/18/15 to 5/21/15. The CB issued its final report of the review on 8/27/2016. The Agency passed the Review. The Review included an initial Disallowance Notice of \$144,242. The SCDSS filed a Notice of Appeal on 9/30/2015 for \$137,084.00. The Agency received notice from the Children's Bureau on 1/8/2016 indicating that the Children's Bureau withdrew \$137,348 from the original disallowance of \$144,242. The remaining disallowance for one error case was \$1,302 (\$1,302 in maintenance payments and no related administrative costs). The total remaining disallowance for the error case, for which \$137,084 was disallowed, and the four non-error cases with improper payments identified on the review was \$6,894 (\$3,044 in maintenance payments and \$3,850 in associated administrative costs).

As a result of the IV-E Foster Care Eligibility Review, the SCDSS revised its IV-E Initial Eligibility Worksheet. The Agency made minor revisions to the Worksheet that made the determination process more "user-friendly", more organized, in order to improve the flow of the process as information is collected from the case file and placed on the Worksheet.

### **National Youth In Transition Database (NYTD) Review.**

The SCDSS invited the Children's Bureau to conduct a NYTD Review of the state's Independent Living (IL) Program, as a pilot for performing these reviews in other states. This Review was conducted in July 2014 and included all Independent Living Services, the Education and Training Voucher Program, and the data collection and reporting thoroughness and accuracy.

The primary result of the NYTD Review was the SCDSS began a NYTD Quality Improvement Plan during FY 2015, which continues to date. The Agency submits quarterly reports and is meeting the NYTD QIP requirements. The most recently updated NYTD Quality Improvement Plan, as of 5/2/2016, is attached to the 2017 APSR as an Appendix. Section E Chafee Independence Program, under "**Specific Accomplishments Since The Submission Of The 2015-2019 CFSP and 2016 APSR**", includes a report on the NYTD Quality Improvement Plan. This section outlines the NYTD QIP Strategies and Action Steps that are part of the 2015-2019 CFSP/2017 APSR Update to the Plan for Improvement / Strategic Action Plan. Additionally, the progress and challenges of the NYTD QIP are found in the attached Appendix, 2016 APSR Strategic Action Plan, Goal 4, Objective 5-15.

### **SC IV-E Plan Amendments Program Improvement Plan (PIP)**

The SCDSS has been implementing the Program Improvement Plan for P.L. 113-183, "Preventing Sex Trafficking and Strengthening Families Act" since July of 2015. The Agency is on track to successfully complete the implementation of the PIP by 9/29/16 as required.

As necessary to successfully implement the PIP statewide, the SCDSS Child Welfare Policy Manual is being revised and the PIP items published by 6/30/16. Legislation has been enacted by the SC Legislature and signed by the Governor. Training has been developed and scheduled for July-September 2016 on all the required Amendments to the SC IV-E Plan. This initial round of training will be provided to the SCDSS Executive Staff, Statewide Program

Managers and other key SCDSS State Office leadership affected by the provisions of P.L. 113-183, Regional Directors, Regional Administrators of Intensive Foster Care and Clinical Services, Regional Administrators of Adoption Services, Regional Performance Coaches, County Directors and Program Coordinators, SCDSS Attorneys, Child Placing Agency Directors and Directors of other Child Welfare Services organizations. Family Court Judges and staff have been invited to this round of training. The training will be provided by the University of South Carolina, Children’s Law Center (Preventing Sex Trafficking), the South Carolina Foster Parent Association (Reasonable and Prudent Parent Standard), and SCDSS staff (APPLA, Transition Planning).

As approved by the Children’s Bureau, Region 4, the training of front line workers and supervisors at SCDSS and at other agencies, Foster and Adoptive Parents, and other stakeholders will be scheduled for October 2016 through September 2017. The schedule of these training activities will be provided with the submission by 9/29/2016 of the SC IV-E Plan with Amendments and documentation of implementation, and the completed Program Improvement Plan.

**CAPTA Program Improvement Plan. P.L. 111-320**  
**CAPTA Reauthorization Act of 2010**  
**“Develop a Plan of Safe Care for Drug-Affected Newborns”**

The South Carolina Department of Social Services is the designated lead Agency for the SC Child Abuse Prevention and Treatment Act Plan. The Agency was notified in February that it would be placed in a CAPTA Program Improvement Plan to come into compliance with the parts of Section 106 listed below.

**Section 106(b)(2)(B) (ii)**

- (ii) policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition of such infants, except that such notification shall not be construed to—
  - I. establish a definition under Federal law of what constitutes child abuse or neglect; or
  - II. require prosecution for any illegal action.
- (iii) the development of a plan of safe care for the infant born and identified as being affected by illegal substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder;

The state commenced its development of the CAPTA Program Improvement Plan during the week of 2/28/2016. In response to the CAPTA PIP letter from the Children’s Bureau, an initial CAPTA PIP was submitted on 3/29/2016. The SCDSS was directed to change the format of the CAPTA PIP. On 4/28/2016, the SCDSS submitted the reformatted CAPTA PIP for Children’s Bureau approval, and is awaiting the CAPTA PIP Approval Letter.

The SCDSS has invited and gotten participation of a broad spectrum of stakeholders, including health care providers and law enforcement representatives on the CAPTA PIP Team or as a resource to the Team.

## **Child and Family Outcomes**

The following sections present the South Carolina Department of Social Services (SCDSS) Quality Assurance Review (QAR) results on Outcomes and Item measures, and also presents some key data from the state information system, CAPSS (SACWIS). Notes differentiating the two will be provided.

The data for FFY 2013 and FFY 2014 was obtained from Quality Assurance Reviews of County Offices that were not in the previous second round PIP Counties, where quarterly Quality Assurance Reviews were being held during part of this same time period. These QA Reviews were completed using the Child and Family Services Review (CFSR) Second Round (CFSR 2), and also included some policy requirements that were more restrictive than the Federal requirements at the time.

FFY 2013 data is from October of 2012 through September 2013, and included eleven (11) non-Pip County Reviews. FFY 2014 data represents data October 2013 through September 2014, and included forty-six (46) non-Pip county reviews. Several counties that were identified by the SCDSS Administration had two Quality Assurance Reviews, during this time period, and others had one Quality Assurance Review. FFY 2015 was the data from October 2014 through January 2015, where the Second Round CFSR Onsite Review Instrument (OSRI) continued to be used and was used for nine (9) County Reviews.

The SCDSS then transitioned to the use of the Round III CFSR (CFSR 3) OSRI in February 2015. FFY 2016 is data from QA Reviews of all counties that were reviewed utilizing this new instrument from March 2015 through February 2016. This included forty-six (46) counties.

. In addition, there were two counties that were not reviewed during this time period due to the SC National Disaster of floods in 2015. Two counties were also reviewed two times during this time period due to the fact that QA Reviews are scheduled based upon a calendar year versus a FFY. With the exception of these four counties, all other forty-two (42) counties were reviewed once during this time period. It should also be noted that when the CFSR 3 OSRI began, the SCDSS Policy Manual requirements were no longer reviewed. The QA Reviews were based upon the exact standards of the CFSR Federal Review for Round 3 case reviews.

Additionally, the Quality Assurance Reviews were initially conducted by a combined review staff composed of full-time Quality Assurance Review staff from the SCDSS and the University of South Carolina, Center for Child and Family Studies (UofSC, CCFS). Beginning November 2015, the QA Reviews began to be completed solely by the staff at the UofSC CCFS.

The data that is presented in the follow sections reflects Outcomes from the OSRI where “Substantially Achieved” percentages were attained, and Items of the CFSR OSRI where “Strength” ratings were attained. It should be noted that data differences may be noted for some items in FFY 2015, 2014, and 2013, as data checks were completed with discrepancies noted. Data for these reports reflects the true data for the exact time periods, as noted.

Included in the information related to the Child and Family Outcomes data are comments and recommendations from internal stakeholders (SCDSS staff) and external stakeholders in the SC Child Welfare System. The sources for these comments and recommendations are two (2) statewide stakeholders meetings, in the second quarter of FFY 2016, and during the Quality Assurance Reviews represented in the scores identified below in FFY 2016.

**A. Safety**

**Safety Outcomes 1 and 2**

Safety outcomes include: (A) Children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own home whenever possible and appropriate.

**Repeat maltreatment within 12 months.** Improve child safety by increasing the number of children who do not experience a maltreatment within 12 months of a previous intake to at least 97% by the end of FFY 2019. Improvement Benchmarks of at least 1% per year.

**FFY 2016 May 1, 2015-April 30, 2016**      **Jan. 1, 2014-April 1, 2015**  
 87.7 %      94.5 %

Source: SCDSS Child and Adult Protective Services System (SACWIS)

**Performance Measure 3 - Treatment Cases with No New Indicated Reports**

**June 2016**

Measure: Of all treatment cases that were closed during the year prior to the reporting period, what percentage did NOT have a new founded intake within 12 months of the treatment case being closed?

Report Period: May1, 2015 - April 30, 2016

Office of Case Management	Number of Treatment Cases Closed	# of Treatment Cases with No New Founded Intakes within 12 Months	% of Treatment Cases with No New Founded Intakes within 12 Months	Treatment Cases with a New Founded Intake within 12 Months	# Above or Below State Average
<b>Total for REGION</b>					
<b>STATE TOTAL</b>	<b>5,753</b>	<b>5,045</b>	<b>87.7%</b>	<b>708</b>	

**SAFETY OUTCOME I**

**CHILDREN ARE FIRST AND FOREMOST PROTECTED FROM ABUSE AND NEGLECT**

	<b>CFSR 3 OSRI *FFY 2016</b>	<b>CFSR 2 OSRI *FFY 2015</b>	<b>CFSR 2 OSRI *FFY 2014</b>	<b>CFSR 2 OSRI *FFY 2013</b>
Substantially Achieved	81.0%	78.8%	75.5%	69.5%

Source SCDSS Quality Assurance Reviews

**Item 1:** Timeliness of initiating investigations of reports for 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(ren) made, within the time frames established by agency policies or state statutes.

\*Note: This was revised to align with OSRI Item 1 for Round 3 CFSR

	<b>FFY 2016</b>	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	81.0%	80.2%	78.5%	76.2%

Source: SCDSS Quality Assurance Reviews

**Performance Measure 1:** Of all reports of child maltreatment that were accepted for investigation during the reporting period, what percentage had a dictation type of “Initial Fact-to-Face with Child/Client,” “Initial Face to Face with Family,” “Diligent Efforts,” Initial Contact Via Third Party,” where the action date and time is within 24 hours of accepting the report?

**\*FFY 2016**

% Noted that Met Criteria Above 87.8%

Source: SCDSS Child and Adult Protective Services System-CAPSS (SACWIS)

Results from the two data systems above vary by 6.8%. Variances are possibly due to several factors. One of those is the fact that the OSRI also measures whether the state met the 0-2 on those assigned reports, which may reflect an Area Needing Improvement, on the OSRI measure, but a positive percentage on the SACWIS system as in that system, a positive rating would still be noted as long as the face-to-face or diligent efforts were met within a twenty-four (24) hour period.

Another issue that was recently noted during Inter-Rater Reliability Checks is that some of the Quality Assurance Reviewers have been rating Items differently on Item 1 due to a lack of clarity on the policy as it relates to the time face-to-face, and Third Party Contact has been made. This may have created a situation where ratings were lower in some of those cases than this possibly should have been. This situation has been reported to the persons writing the new policy in this area and will hopefully be corrected to eliminate any confusion to prevent the possibility for confusion in ratings for the Quality Assurance Reviewers in the future. The policy is in the revision process at this time and the policy changes are scheduled to be published by 9/29/2016.

**Assessment of Strengths:** The state has strengths in meeting the National Average Cohort requirement for Recurrence of Maltreatment. The state also met the National Average Cohort requirements for Foster Care Maltreatment. There was a slight improvement on Item 1 of the CFSR over the previous year. The SCDSS performs fairly well on initiating investigations within the appropriate time frames. Previous FFY’s data also included a repeat maltreatment item in them, where SC performed at a higher level, making it appear that the scores on the Outcome were smaller, when in fact Item 1 showed a slight improvement instead.

**Assessment of Concern:** The SCDSS needs to improve its performance in the initiation of investigations. Reviewers cite factors ranging from caseload size and quality of caseworker supervision to disparity in understanding of agency policy and lack of documentation as explanations for the department’s performance on this measure.

Stakeholders have recommended a number of ways in which the department can improve its performance on this measure. Some of the recommendations include, adding frontline staff, giving casework staff the ability to upload documents into the CAPSS (SACWIS) system, and inviting participation of parent advocates.

**SAFETY OUTCOME 2**

**CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHEN POSSIBLE AND APPROPRIATE**

	<b>CFSR 3 OSRI *FFY 2016</b>	<b>CFSR 2 OSRI *FFY 2015</b>	<b>CFSR 2 OSRI *FFY 2014</b>	<b>CFSR 2 OSRI *FFY 2013</b>
Substantially Achieved	47.9%	44.2%	47.6%	54.0%

Source SCDSS Quality Assurance Reviews

**Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care.**

	<b>CFSR 3 OSRI *FFY 2016</b>	<b>CFSR 2 OSRI *FFY 2015</b>	<b>CFSR 2 OSRI *FFY 2014</b>	<b>CFSR 2 OSRI *FFY 2013</b>
Strength	60.0%	49.2%	45.2%	55.0%

Source SCDSS Quality Assurance Reviews



### Item 3: Risk and Safety Assessment and Management

	CFSR 3 OSRI *FFY 2016	CFSR 2 OSRI *FFY 2015	CFSR 2 OSRI *FFY 2014	CFSR 2 OSRI *FFY 2013
Strength	50.5%	49.9%	53.2%	58.6%

Source SCDSS Quality Assurance Reviews

**Assessment of Strengths:** Progress has been made on both Item 2 and Item 3 of the CFSR, during this reporting period, over the previous reporting period. Item 2 also has progress noted over all periods. Item 3, however, remains below the FFY 2013 reporting period data. The SCDSS performs well on assuring that when children have to be removed from the home without services, that the action is necessary to ensure the safety of the child. They also have a strength in safety concerns existing in Foster Home Placements.

**Assessment of Concerns:** Biggest areas of concern related to these safety items (Item 2 & Item 3), are in the areas of ongoing safety and risk assessment, appropriate safety assessment for child who remain in the home, assuring the face-to-face for investigations timeframes are met for all children, and in making “concerted efforts” to provide or arrange for safety services to protect children and prevent entry or re-entry into Foster Care. The SCDSS also has issues around making “concerted efforts” when parents are non-compliant with safety services. The issue with safety services at this time is not related to a lack of availability of safety services. It relates more to a lack of identifying the appropriate safety service or assuring engagement in the recommended safety service.

The new OSRI automates data for the outcome, whereas previously on the OSRI 2, the reviewers made this calculation. Consequently, there is a possibility that the hand-calculated data may have had some errors, since the individual Items went up but the overall Outcome did not. It is, however, also possible that cases having a Strength in one Item had an ANI for the other, resulting in the Outcome being lower, even though the Items both progressed over the previous year. Both areas remain below the Federally-required 95% achievement level.

Reviewers noted factors such as caseload size, quality of supervision, disparate implementation of practice initiatives, and a need for staff training as contributing to performance on these measures. Stakeholders noted some success stories with families in voluntary case management and recommended promoting those success stories.

Stakeholders recommendations also included::

- Improvement in practices and measures;
- Improving the capability to upload documents in CAPSS (SACWIS);
- Developing and consistently utilizing standardized assessments based on evidence-based tools;
- Emphasize and integrate Shared Parenting in Family Team Meetings;
- Increase training on the use of the process for risk assessment;
- Increase partnership and collaboration between public and private agencies in order to access more resources;
- Collaborate with families and schools;
- Better assessment and services to Kinship Caregivers to prevent multiple placements with relatives;
- Add training for relative/kinship care to learn the role they play in Shared Parenting.

Pickens County has been exemplary with Mapping and ensuring all concerns are passed along to Family Preservation and Foster Care staff members. It was recommended that their transfer staffing be utilized as a model for the entire state.

**Concerns and issues of recommendation made by stakeholders:** There is a need to staff cases prior to sending or receiving from Community-Based Prevention Services (CBPS), and there needs to be involvement of the family in a referral staffing. There is a concern that Signs of Safety (SOS) Training has not been provided to all staff statewide, and a recommendation was made to provide this training to all providers and ensure cross-training is conducted. A neutral party (Families First) volunteer was recommended for completing initial investigations for the initial visit to ensure parental responses are recorded accurately. A parent advocate for the family was also recommended for the Initial Interview for the Investigation. It was also recommended that Family Group Conferences be implemented in practice on an ongoing basis, and that providers hold Family Group Conferences at the location where the child is placed, and promote active involvement of the youth in the Family Group Conferences. Seneca Searches were recommended to begin as soon as possible in the case to identify kinship for the Fatherhood Initiatives Action Plan. Further recommendations included the establishment of criteria for referring family preservation cases for Family Group Conferences, asking providers for assistance with enhanced family connection activities, and more involvement of the non-custodial parent. Training is needed to assure the SCDSS staff's understanding that FamilyCorps provides parent education and support services in thirty-two (32) counties.

In addition, it was noted that collaboration with the Substance Use Disorder Staff needs to occur when substance use disorder issues are identified. Collaboration with other relevant organizations, especially Domestic Violence and Child Advocacy Centers (CAC) was recommended. Stakeholders also believe that improving training on the use of a process for risk assessment needs to occur to assure confidence in the process by all staff members in the Agency, thereby improving utilization and completion of risk assessments. The SCDSS needs to improve the thoroughness of assessments to ensure cases are not being closed prematurely. Steps also need to be added to the assessment to ensure that the child's voice is heard. The SCDSS needs to ensure that trauma is being accurately assessed, with the use of the ACE score as one possible tool.

**Permanency Outcomes**

The SCDSS met the national standard on Permanency Composite 1: Timeliness & Permanency of Reunification, Permanency Composite 2: Timeliness of Adoptions; Permanency Composite 3, Permanency for Children & Youth in Foster Care. The SCDSS fell below the National Standard for Permanency Composite 4: Placement Stability. Many of the children who remain in Foster Care that need "Forever Families" have continued to be more difficult to place for adoption.

Stability in Foster Care also remains a concern in the SCDSS due to the number of Foster Homes that continue to be needed in South Carolina. Increasing the number of homes available would allow for better matching up front of children to homes to obtain a more stable placement. See the Foster and Adoptive Parent Diligent Recruitment Plan for Strategies and Action Steps to increase the number of Foster Home Placements and thereby increase stability in the home.

**PERMANENCY OUTCOME 1  
CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS**

	<b>CFSR 3 OSRI *FFY 2016</b>	<b>CFSR 2 OSRI *FFY 2015</b>	<b>CFSR 2 OSRI *FFY 2014</b>	<b>CFSR 2 OSRI *FFY 2013</b>
Substantially Achieved	18.5%	18.1%	26.1%	30.3%

*Source: SCDSS Quality Assurance Reviews*

**Item 4: Stability of Foster Care Placement**

	<b>FFY 2016</b>	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	62.3 %	52.6%	64.0%	76.7%

*Source: SCDSS Quality Assurance Reviews*

**Item 5: Permanency Goal for Child**

	FFY 2016	FFY 2015	FFY 2014	FFY 2013
Strength	56.6 %	49.4%	55.3%	53.3%
<i>Source: SCDSS Quality Assurance Reviews</i>				

**Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement Purpose of Assessment**

	FFY 2016	**FFY 2015	** FFY 2014	**FFY 2013
Strength	42.2 %			
<i>Source: SCDSS Quality Assurance Reviews</i>				

**PERMANENCY OUTCOME 1****CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS.**

**Brief Assessment of Strengths (from data and stakeholders feedback):** The strength within this area is in the current or most recent placements being stable. In some counties, TPR's are filed very timely. The state could improve its consistency in this area. Progress on Item 5 was also noted over FFY 2015. SC meets the Federal standard.

**Brief Assessment of Concerns: (from data and stakeholders feedback):** The overall Outcome for Permanency I is a concern in SC. The SCDSS has concerns noted with establishing permanency goals timely and having goals that are appropriate, and in placement moves for children.

Placement stability can be enhanced with an increase in the availability of foster homes to meet the needs of children in care. Recruitment efforts must emphasize that the array of placements must be equipped to respond to the physical and behavioral needs of children in care. Additionally, the department must improve its assessment of the needs of children in care to match children to appropriate placements.

Reviewers noted factors ranging from unclear permanency goals, lack of concurrent planning to court process issues and disparate use of family engagement strategies impacting performance on these measures.

**Stakeholders noted** the need to decrease the number of moves for children in Foster Care and also to increase the quality of Foster Homes. Doing so should increase stability in the Foster Home placements. A second recommendation was for Regional Training for SCDSS staff as well as for stakeholders when responding to the needs of clients and staff. Responding to the needs of children should aid in their safety as well as Permanency and Well-being Items. Another recommendation was to provide a feedback loop for families formerly involved with the Child Welfare System to communicate what services were lacking to bring their children home safer and sooner. They also recommended improvement in practices and measures and to improve the capability to upload documents in CAPSS (SACWIS).

**Stakeholders also noted Gaps in:** training for Foster Parents that is helpful to reunify children safer/sooner; Linkage in Family Engagement Services to parent support to have impactful outcomes. FamilyCorps provides parent education and support services in thirty-two (32) counties and are open to Foster Parents, but the Agency rarely refers Foster Parents to groups for support or educational services. This area should be utilized to provide competency-based training to both Kinship Caregiver placements and Foster Parents on their roles, and principles of Shared Parenting. It is believed that this would assist in Permanency Outcome I with Foster Parents. Also noted: the SCDHHS has developed Coverage Notice Letters for Medicaid/MCO when children enter/exit or change Foster Homes. The hope is to be able to pass along the Medicaid cards, limit coverage lapses, and provide general information. Medicaid Letters need to be distributed to case workers for dissemination.

**Other recommendations include:**

- Foster Care Parents to promote the recruitment of older children;
- Recognize and praise for Foster Families so others want to emulate them;

**PERMANENCY OUTCOME 2**

**THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN.**

	<b>FFY 2016</b>	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Substantially Achieved	46.3 %	45.1%	42.0%	45.2%
<i>Source: SCDSS Quality Assurance Reviews</i>				

**Item 7: Placement With Siblings**

	<b>FFY 2016</b>	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	63.0 %	75.8%	77.1%	70.1%
<i>Source: SCDSS Quality Assurance Reviews</i>				

**Item 8: Visiting With Parents and Siblings in Foster Care**

	<b>FFY 2016</b>	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	51.4 %	31.6%	44.0%	35.5%
<i>Source: SCDSS Quality Assurance Reviews</i>				

**Item 9: Preserving Connections**

	<b>FFY 2016</b>	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	62.5 %	76.1%	68.7%	78.2%
<i>Source: SCDSS Quality Assurance Reviews</i>				

**Item 10: Relative Placement**

	<b>FFY 2016</b>	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	49.7 %	63.3%	55.3%	64.1%
<i>Source: SCDSS Quality Assurance Reviews</i>				

**Item 11: Relationship of Child in Care With Parents**

	<b>FFY 2016</b>	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	39.9 %	25.1%	30.8%	27.0%
<i>Source: SCDSS Quality Assurance Reviews</i>				

**PERMANENCY OUTCOME 2**

**THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN.**

**Brief Assessment of Strengths (from data and stakeholders feedback):** The strengths in Permanency Outcome 2 are “Visiting with Siblings and Parents when in Foster Care” and “Relationship of Child in Care with Parents” as compared. The overall Outcome is also higher than any year during the time periods noted, as were Relationship of Child in Care with Parents and Visiting with Siblings and Parents when in Foster Care, even though these are also not at the levels desired. The SCDSS does meet the national average on Permanency. Good progress was noted in FFY 2016 with Visiting with Siblings and Parents.

**Brief Assessment of Concerns: (from data and stakeholders feedback):** Reviews noted issues including: not engaging noncustodial parents, foster family home capacity, gaps in the array, foster parent and biological family relational issues, and lack of documentation impacting these measur.

**Stakeholders recommended:** The development of stronger sibling and other family connections occur while youth are in care. They also recommended improvement in practices and measures and to improve the capability to upload documents in CAPSS (SACWIS).

**WELL-BEING OUTCOME 1  
FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN’S NEEDS.**

	<b>FFY 2016</b>	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Substantially Achieved	27.6 %	24.9%	30.2%	43.3%
<i>Source: SCDSS Quality Assurance Reviews</i>				

**Item 12: Needs and Services of Child, Parents, and Foster Parents**

	<b>FFY 2016</b>	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	29.4 %	28.4%	34.5%	47.4%
<i>Source: SCDSS Quality Assurance Reviews</i>				

**Item 13: Child and Family Involvement in Case Planning**

	<b>FFY 2016</b>	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	38.0 %	31.6%	37.7%	53.8%
<i>Source: SCDSS Quality Assurance Reviews</i>				

**Item 14: Caseworker Visits With Child**

	<b>FFY 2016</b>	<b>FY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	72.0 %	68.7%	74.3%	73.9%
<i>Source: SCDSS Quality Assurance Reviews</i>				

**Monthly Caseworker Visit Formula Grants (see attached December 2015 report)**

**Report Period:** May 1, 2015 – April 30, 2016

In Performance Measure 14a below, the South Carolina Department of Social Services (SCDSS) achieved a total of 94.8% of the total visits that would be made if each child were visited once per month. This is a decrease of .7% from the total reported for FFY 2014 of 95.5%.

*Source: SCDSS Child and Adult Protective Services System – CAPSS (SACWIS)*

## Performance Measure 14a - Face-to-Face with Foster Children Ages < 18

June 2016

**Measure:** Of all children in foster care who are less than 18 years old AND who have been in care for at least one full calendar month during the report period, what percentage of the total months these children were in care during the report period (total "visit months") have a recorded face-to-face visit by the caseworker? What percentage of the visits were held in the child's residence?

*NOTE: This measure was changed from counting CHILDREN to counting MONTHS in care to comply with Administration of Children and Families requirements. (ACYF-12-01: <http://www.acf.hhs.gov/programs/ncb/resource/pi1201>)*

**Objective:** 100% visited every full calendar month in care (Objective); the majority of the visits held should be in the home (Federal Standard)

**Report Period:** May 1, 2015 - April 30, 2016

Office of Case Management	Monthly Visits for Children in Care for 1 Full Calendar Month or More						In-Home Visits with Children Visited Every Month				
	Total Foster Care Services	Total # of FC Visit Months	# of Months with Visits	% of Months with Visits	# Months without Visits	Above or Below Objective	# of Months with Visits	# with IN-HOME Visits	% with IN-HOME Visits	# without IN-HOME Visits	Above or Below Federal Obj.
<b>Total for REGION</b>											
STATE TOTAL	5,901	42,017	39,820	94.8%	2,197	-2,197	42,017	27,098	68.1%	14,919	6,047.5

Source: SCDSS Child and Adult Protective Services System – CAPSS (SACWIS)

### Item 15: Caseworker Visits With Parent

	FFY 2016	FFY 2015	FFY 2014	FFY 2013
Strength	28.3%	11.5%	18.7%	28.5%

Source: SCDSS Quality Assurance Reviews

## WELL-BEING OUTCOME 1 FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS.

**Brief Assessment of Strengths (from data and stakeholders feedback):** Although not greater than the baseline data in FFY 2013, "Caseworker Visits with Children" and "Caseworker Visits with Parents" showed progress during FFY 2016, and were almost back to the scores when started, which is progress due to the decreases in between for two years. Performance on all Well-Being 1 Items was also better in FFY 2016 than in FFY 2015. Visitations with the mother are greater than visitation frequencies with the father.

### Brief Assessment of Concerns: (from data and stakeholders feedback):

**Stakeholders noted the following issues:**

- Children in Foster Care in rural areas need access to more services;
- Develop and consistently utilize standardized assessments based on evidence-based tools;
- Increase partnership between public and private agencies in order to access more resources;
- More Family Engagement services/father involvement;
- The SCDSS County Offices need clinical staff to provide help with children;
- Utilize Seneca Searches;
- Increase partnership and collaboration between public and private agencies in order to access more resources;
- Independent Living/NYTD;

- Begin Independent Living planning well before initial ACLSA sets baseline and follow youth through transition, have plans for aftercare;
- Increase integration of youth voice into planning;
- Increase education of youth on options;
- Improve communication between youth and the SCDSS;
- Develop Family Group Conferencing for youth transitioning out of care;
- Improve and Integrate Big Sister/Little Sister program into Independent Living Services;
- Improve transportation services for youth;
- Specialized Foster Parents for Independent Living youth and their transition planning needs;
- Re-assess all youth leaving Foster Care;
- Reduce Foster Care caseloads so that caseworkers can allocate more time to assisting youth to develop their transition plan;
- Utilize mentors while youth are in Care;
- Make tutors available for all youth in Care;
- Increase training for youth on resume development;
- Develop specialized teen/youth units on the county level;
- Revise the SCDSS Child Welfare Policy Manual to include allowing youth/children to reunite with biological families prior to exiting care, since data confirms youth may go back to biological families or become homeless.
- “Electronic backpack” (used in California) system that allows all providers working with the child to input information that all can see in order to enhance collaboration and services (Health, MH, Education, IL);
- Also noted: the SCDHHS has developed Coverage Notice Letters for Medicaid/MCO when children enter/exit or change foster homes. The hope is to be able to pass along the Medicaid cards, limit coverage lapses and provide general information: Medicaid Letters need to be distributed to case workers for dissemination;
- Improvement in practices and measures and to improve the capability to upload documents in CAPSS;
- Lack of focus on the non-custodial parent, especially fathers;
- Quality of visitation with children and fathers;
- Item 12 data has much lower Strengths due to a deeper evaluation of needs for the child, as has been encouraged in FFY 2016 during training and case review by the Children’s Bureau;

**WELL-BEING OUTCOME 2  
CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS.**

	<b>FFY 2016</b>	<b>FY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	76.2%	72.9%	79.0%	86.7%
<i>Source: SCDSS Quality Assurance Reviews</i>				

<b>Item 16: Educational Needs of the Child</b>				
	<b>FFY 2016</b>	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	76.2%	74.1%	79.0%	86.6%
<i>Source: SCDSS Quality Assurance Reviews</i>				

**WELL-BEING OUTCOME 2  
CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS.**

**Brief Assessment of Strengths (from data and stakeholders feedback):** Although still lower than the baseline data in FFY 2013, improvement was noted in the Outcome, and also on Item 16 from FFY 2015 to FFY 2016.

**Brief Assessment of Concerns: (from data and stakeholders feedback)**

**Stakeholders recommended:**

- Improvement in practices and measures and to improve the capability to upload documents in CAPSS (SACWIS);
- Collaborate with families and schools;
- “Electronic backpack” (used in California) system that allows all providers working with the child to input information that all can see in order to enhance collaboration and services (Health, MH, Education, IL);

**WELL-BEING OUTCOME 3  
CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS.**

	FFY 2016	FFY 2015	FFY 2014	FFY 2013
Strength	54.3%	50.4%	42.1%	44.8%

**Item 17: Physical Health of the Child**

	FFY 2016	FFY 2015	FFY 2014	FFY 2013
Strength	69.7%	55.9%	47.6%	51.7%

*Source: SCDSS Quality Assurance Reviews*

**Item 18: Mental/Behavioral Health of the Child**

	FFY 2016	FFY 2015	FFY 2014	FFY 2013
Strength	55.5%	68.3%	64.0%	67.4%

*Source: SCDSS Quality Assurance Reviews*

**WELL-BEING OUTCOME 3  
CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS.**

**Brief Assessment of Strengths (from data and stakeholders feedback) :** **Strengths:** Progress was noted in the Overall Outcome 3 and Item 17 for the year and also overall years noted above. **Areas Needing Improvement:** Regression was noted on Item 18. It is, however, believed that part of this is due to the fact that the reviewers are probing deeper into mental health evaluation needs, when symptoms are not necessarily present, especially in areas where abuse is substantiated and when Domestic Violence has been occurring and being witnessed, after training from the Children’s Bureau encouraging this.

**Brief Assessment of Concerns: (from data and stakeholders feedback):** Some of the issues noted as barriers to improvements: lack of proper monitoring of medications (health and behavioral); need for policy that better outlines these processes (especially around medical monitoring of medications); lack of documentation; lack of collateral contacts when no documents are provided; turnover of staff with the result that no one on the SCDSS County Office staff being able to articulate what is not in the record; lack of BabyNet referrals, delayed BabyNet referral; failure to assess and refer in the physical and mental health areas; failure to obtain services in these areas; failure to properly monitor to assure services met the needs.

**Stakeholders recommended** consistency in practices and measures and improvement in the capability to upload documents to CAPSS (SACWIS).



### **Stakeholders also recommended the following:**

- Integrate a trauma screen into the initial mental health assessment;
- Increase training for teachers and Law Enforcement around trauma;
- Assure that trauma is being accurately assessed, ACE training for staff and management as action steps to become trauma-informed agency;
- Develop a plan to integrate trauma-informed culture in the SCDSS;
- Ensure Trauma-Informed Care Training is provided to all providers and ensure cross-training;
- Proper training of caseworkers needs to be in place for trauma informed care;
- “Electronic backpack” (used in California) system that allows all providers working with the child to input information that all can see in order to enhance collaboration and services (Health, MH, Education, IL);
- Better coordination with Mental Health when placement stability is in jeopardy – help prepare children for move or help stabilize placement or help with transition (DMH is in 500+ schools);
- The “protocol” needs to include steps for MH/DSS collaboration when foster children are transitioning (placements, schools, reunifying, plan changing, etc.);
- Improve continuity and consistency of care between any kind of out-of-home placements and community mental health centers;
- Imperative that appropriate screening and assessment tools be utilized. The SCDSS currently uses inappropriate tools including tools based on DSM IV;
- Provide SCDSS County Offices with Clinical staff;
- Require an adult to attend all medical or therapy appointments with the child;
- “Tweak” the psychotropic medications training for the training of Foster Families;
- Develop joint SCDSS/SCDDHHS oversight of medications in out-of-home placemen and community mental health centers;
- Collect data regarding over-medication to begin process to determine causal factors. “Electronic backpack” (used in California) system that allows all providers working with the child to input information that all can see in order to enhance collaboration and services (Health, MH, Education, IL);
- Empower caregivers on informed consent;
- Revise for use by Foster Families, the UofSC CCFS-developed training on psychotropic medication;
- Train caseworkers to request parents, Foster Parents, and other caregivers to attend medical appointments with pediatricians and psychiatrists, especially related to medications;
- Develop joint SCDSS/SCDHHS oversight of medications in out-of-home placements.

### **Systemic Factors**

\*Where an “Item” is indicated in this section, the “Item” refers to the Item number in the CFR 3, “Onsite Review Instrument.”

#### **Item 19: Statewide Information System**

The Child and Adult Protective Services System (CAPSS) is the SCDSS’s statewide automation system for Child Welfare Services. During the first quarter of FFY 2016, the state continued in a SACWIS Program Improvement Plan. During FFY 2016, the SCDSS adopted the Children’s Bureau recommended Comprehensive Child Welfare Information System (CCWIS). Therefore, the Agency is no longer in the process of completing the SACWIS Improvement Plan because of the new Notice of Proposed Rule Making (NPRM) for CCWIS, which will replace the SACWIS Improvement Plan.

The SCDSS adopted the plan for the Agency that by 2018, the old SACWIS/TACWIS regulations will be replaced by CCWIS, a more comprehensive, less IT solution-restrictive child welfare information solution.

The current focus of the CAPSS staff is to complete the changes to meet the AFCARS requirements, the SC IV-E Plan PIP requirements related to P.L. 113-183, “Preventing Sex Trafficking and Strengthening Families Act”, and the

CAPTA PIP requirements related to P.L. 111-320, Section 106(b)(2)(B) (ii) and (iii), developing a Plan of Safe Care for drug-affected newborns.

**Identify the status, demographic characteristics, location, and goals for the placement of every child in foster care.**

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 twelve (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.

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.

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.

Placement Address

The placement address is captured in the provider record.

Permanency Plans (Goals)

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

Demographic Characteristics

The screenshot shows a 'Person Data' form with the following fields and sections:

- Name:** Last Name, First Name, Middle Initial, Social Security Number.
- Birth Information:** Date of Birth (with calendar icon), Estimated Age.
- Demographics:** Language, Sex, Race (checkboxes for White, Black or African American, American Indian/Alaskan Native, Asian).
- Employment and Status:** Employment Status, Citizenship, Country of Birth, Unaccompanied Refugee Minor.
- Ethnicity and Affiliations:** Hispanic Ethnicity, Native American Affiliations, Tribal Affiliation.
- Education:** Education, Educational Level Attained.
- Income Table:** A table with columns: Row, Source of Income, Monthly Amount, Start Date, End Date.

Buttons at the bottom right include Add, Update, View, OK, and Cancel.

## Foster Care Status

View - Program Service (Service ID: [redacted])

**Service Type** Foster Care Services

**Open Date** 11/09/2009 **Removal Time** [redacted]

**Intake(s)** [empty list]

**Recipients (View Only)** [empty list]

**Closed Date** [redacted] **Removal End Time** [redacted]

**Reason Closed** [redacted]

**Text** [redacted]

**Office** CHARLESTON COUNTY DSS

## Foster Care Location

View - Placement Information - [redacted]

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

**End Reason** [redacted]

**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** [redacted] Search

**Primary Provider** [redacted]

**Provider Type**

- Foster Home (Private Agency)
- Family
- Organization

**Provider Payee** [redacted]

Temporary Placements  Special Payments

**Payment Authorizations**

**Payment Type** [redacted]

**Level Of Care** [redacted]

**Start Date** [redacted] 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.

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)

View - Perm Plan X

**Recipient**

**Legal Perm Plan**

Concurrent Perm Plan

**Perm Plan Date**

Next Perm Plan Date

Plan Achieved Date

### Accuracy of data?

The DSS Data, Research and Accountability Division reviews CAPSS reports for data entry errors. Specific reports are audited at the case level, including child fatalities due to maltreatment. Monthly reports are sent out indicating potentially missing data, including: NYTD data, visits, the Educational Level Attained field, investigations with a decision that are not closed, missing initial contact, missing or late FCRB hearings, and many others.

**When must placement change be entered and what reports are run?** The SCDSS Child Welfare Policy Manual, Section 819.05, states that CAPSS (SACWIS) will be updated promptly after a placement change. Reports are regularly run indicating the number and type of placements.

## Case Review System

### Item 20: Written Case Plan

#### A written case plan developed jointly with the child’s parent(s) and includes the required provisions?

Since the submission of the 2016 APSR, there has been no change in the documentation capacity nor in data capacity related to the written case plan being jointly developed by an age and developmentally-appropriate child with the parents. 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 with one or with both parents and/or with a developmentally-appropriate child. 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. We have a batch report available to caseworkers and supervisors to monitor the activity of the assessment and planning documents, the reports are only available for foster care.

Using the OSRI 3, Item 13, in Quality Assurance Reviews during FFY 2016, which indicates that “concerted efforts” were made by caseworkers to involve the child and parents in case planning, developing the case plan with child and parental involvement was a 38% Strength rating. Therefore, if every case plan that was developed jointly by the child and the parents for all cases where the child and parents were involved, that would be a maximum 38% of the cases.

### Item 13: Child and Family Involvement in Case Planning

	FFY 2016	FFY 2015	FFY 2014	FFY 2013
Strength	38.0 %	31.6%	37.7%	53.8%

Source: SCDSS Quality Assurance Reviews

In the SCDSS Human Services Manual, the Department has 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 ten (10) years old and the child is developmentally-appropriate to provide it. This applies to both Family Preservation and Foster Care cases. The Department’s policy directs that the written case plan be updated at least every six (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 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 twelve (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.

In the Assessment of Performance, Child and Family Outcomes, Well-Being Outcome 1, the following items were indicated as possible causes of the 38% Strength rating for Item 13:

- Lack of focus on the non-custodial parent, especially fathers;

- Quality of visitation with children and fathers;
- High caseloads are a barrier.

See **Goal 2, Objective 1**, in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes” and the Strategic Action Plan for a Strategy to address involving more non-custodial fathers in the life of the child in general, and specifically in case planning through Family Engagement Services.

### **Item 21: Periodic Reviews**

#### **Periodic review for each child occurs no less frequently than once every 6 months.**

Through the Foster Care Review Board (FCRB), South Carolina has a process for the periodic administrative review of the status of each child in Foster Care, at least once every six months.

In South Carolina every child who enters Foster Care, and remains in Foster Care for a minimum of four (4) consecutive months, is initially reviewed by the FCRB between four (4) and six (6) months. Following the initial review, each child is reviewed again every six (6) months, until they either leave Foster Care or reach the age of eighteen (18). The FCRB maintains an independent database of children in foster care and documents the outcome of each periodic review. The SCDSS is provided child-specific, as well as aggregate data, for evaluation and analysis following each review.

In June 2016 state law pertaining to the powers of the local Foster Care Review Boards was amended. In limited circumstances, the amendment permits the local foster care review board to review a child’s case three times, rather than twice, in a twelve month period. In particular, it permits the additional review, at the discretion of the review board in cases where the child has been subjected to aggravated circumstances as defined by state law. Additionally, it grants the Foster Care Review Board, through counsel, the right to participate in abuse and neglect hearings, upon twenty-four hour notice to DSS. “Participation includes the opportunity to cross-examine witnesses and to present its recommendation to the court. As of December 31, 2015 there were 3,788 children in foster care reported to the FCRB by the SCDSS. Between January 1 and December 31, 2015 the FCRB held 6,711 reviews for 4,032 children at 439 local review board meetings. Of these 4,032 children, 1,802 were initial reviews and the remaining 2,230 were subsequent reviews. For the 4,032 children reviewed in calendar year 2015, 91% were reviewed timely.

Of the 4,032 children reviewed in 2015, 91% were reviewed timely (meaning every six (6) months). The case review system is functioning well in terms of timeliness of reviews. Integration of data sharing through the SCDSS FCRB Portal in 2016 should result in increased data reporting accuracy and timeliness.

The state does not currently have an effective way to measure the quality of the reviews. In 2015, there was a 11.6% increase in the number of continued reviews. The timeliness of reviews is dependent on the SCDSS accurately reporting the entry to foster care, providing review materials in advance of the review, and having necessary parties present and the SCDSS staff present and prepared to present information regarding the child’s case at the scheduled review.

### **Item 22: Permanency Hearings**

#### **Each child has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and at least every 12 months thereafter?**

The SCDSS has set nine (9) months as the performance measure for Permanency Planning Hearings.

## Performance Measure 12 - Timely Permanency Plan Hearings

May 2016

**Measure:** Of all children who were in foster care on the last day of the reporting period AND were less than 18 years old AND were in foster care for 9 months or longer during this episode of foster care, how many had Permanency Hearings held within the last 9 months? (Note: 1 month allowed for data entry)

**Report Period:** July 1, 2015 - March 31, 2016

Office of Case Management	Number of Children in Open Services Who Have Been in Care >=9 Months	Number of Children with PP Hearing Held within the last 9 Months	% of Open Services with Current Permanency Plan Hearing	Number of Children with PP Hearing NOT Completed within the last 9 Months	# Above or Below State Average
<b>Total for REGION</b>					
STATE TOTAL	2,242	2,030	90.5%	212	

During calendar year 2015, the Foster Care Review Board reviewed 4,032 children in foster care. Of these 4,032 children reviewed, there was documentation that 97% received a timely Permanency Planning Hearing. Areas of Concern were documented for eighty-one (81) children (2%) not having a timely Permanency Planning Hearing, and thirty-three (33) children (1%) not having a documented permanency planning hearing.

### Item 23: Termination of Parental Rights

#### The filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

The SCDSS has a process, in accordance with the Adoption and Safe Families Act, for the timely filing for termination of parental rights (TPR). The Department is using the CAPSS (SACWIS) to monitor the timeliness of filing for Termination of Parental Rights.

## Performance Measure 9 - Time to Finalize Adoption

May 2016

**Measure:** Of all children who left foster care due to finalized adoption during the reporting year, (1) what percentage left foster care within 24 months from the date of their latest removal from home? (2) what was the average length of time between when a child entered foster care and when all parents were TPRd? AND (3) what is the average number of months between when a child became legally free (all parents are TPRd) and when the adoption was finalized?

**Objective:** >36.6% (National 75th percentile)

**Report Period:** April 1, 2015 - March 31, 2016

	Finalized Adoptions By County of Origin					Months from Svc Open to TPR by County of Origin		TPR to Adoption Finalized by Office of Case Management		
	Total Number of Finalized Adoptions	# of Adoptions Finalized < 24 Months	% of Adoptions Finalized < 24 Months	# of Adoptions Finalized >= 24 Months	# of Adoptions Above or Below National	Average # of Months Until All Parents TPRd	# Months Above or Below State Average	# of Adoptions Finalized in Report Period	Average # of Months Between TPR and Final Adopt	# Months Above or Below State Average
<b>Total for REGION</b>										
STATE TOTAL	372	108	29.0%	264	-28.2	20.4		372	12.4	

Since the submission of the 2016 APSR, the OSRI 3 Instrument used in the state's Quality Assurance Reviews, indicates the following data regarding timely filing of termination of parental rights.

**Item 5 F:** Did the agency file or join a termination of parental rights petition before the period under review or in a timely manner during the period under review?

FFY2016: Yes: 64.9 %

**Item 5 G:** Did an exception to the requirement to file or join a termination of parental rights petition exist?

FFY 2016: Yes 20.5%

The SCDSS Office of General Counsel plans to meet with the area attorneys to develop a plan to address timely filing of termination of parental rights actions.

## **Item 24: Notice of Hearings and Reviews to Caregivers**

**Foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?**

The South Carolina Department of Social Services, Legal Case Management System (LCMS) has a tracking mechanism for this Item. The SCDSS Office of General Counsel (OGC) is reviewing the possibility of tracking timely notifications in the LCMS.

**SC Foster Parent Association.** According to the SC Foster Parent Association, feedback from the local Foster Parent Associations is that most of the time, Foster Parents are being notified and given the opportunity to speak. The Association still receives reports of isolated cases where this is not happening.

**Court Liaison Project. The University of South Carolina, Children's Law Center.** The Court Liaison Project data base has the question, "was the foster parent noticed of the hearing". However, this is currently not data that can be extrapolated from the system.

With the exception of the Family Court, Circuit 2, all other Circuits have verification in their files of the notification to Foster Parents, Pre-Adoptive Parents, and Relative Caregivers of children in Foster Care.

Following is the list of counties separated into categories of the counties: a) that provided consistent notice; b) that provided sporadic notices; c) where it was announced in court that they were sent notice; d) that had no notice in files and no mention in court they were sent notice.

a) Consistently provide notice: Kershaw, Chesterfield, Darlington, Horry, Berkeley, Georgetown, Beaufort, Jasper, Dillon, Cherokee, Anderson, Laurens, Lexington, Edgefield, Saluda, McCormick, York (not always on merits but all other hearing such as PPH / TPR), Union, Dorchester, Colleton, Orangeburg (has consistently in the last 6 months).

b) Sporadically provide notice: Newberry, Pickens, and Williamsburg.

c) Notice not in court files but announced in court notices were sent or see Foster Parent in court: Greenville, Richland, Greenwood, Abbeville, Charleston, Spartanburg, and Florence.

d) No Notice and no mention in court: Hampton, Lancaster, Allendale, Calhoun, Marion, Fairfield, Chester, Oconee, Calhoun, and Lee.



**Response of the SCDSS Office of General Counsel.** The Office of General Counsel (OGC) is directing SCDSS Area Attorneys to address the concerns identified by the Court Liaison Project. On 6/2/2016, the SCDSS OGC provided the following technical assistance to the SCDSS Area Attorneys:

- Ensure legal offices are aware of their responsibility of notifying those individuals delineated in 63-7-1630.
- All legal offices should use one of two documents in LCMS to provide this notice – “Notice to Foster Parent” or the “Letter to Caregiver”.
- They should also make a specific finding in each order as to whether the appropriate notices were sent, if anyone was present, if the Court gave them an opportunity to address the Court and, if they did, what did the Foster Parents relate. The following paragraph is contained in most of the orders in LCMS:  
“The foster parents/caregivers received/did not receive notice of the date, time, and place of the hearing and did/did not appear. (If the foster parents/caregivers did not receive notice, indicate reason, e.g. time frame for hearing.) I offered them the opportunity to be heard. They declined/related the following information to the court.”

## Quality Assurance System

### Item 25: Quality Assurance System

#### **Quality Assurance Review (QAR) System functioning in all jurisdictions of the state?**

Quality Assurance Reviews were provided in forty-three (43) of forty-six (46) Counties during the 2015CY. Three of the Counties had to be postponed due to flooding in the state in the fall. There was no possibility of rescheduling these three Reviews before the end of the 2015CY due to the scheduling of other Reviews.

The QAR System is designed to complete one review in each county per year. The reviews evaluate the quality of services and identifies “Strengths” and “Areas In Need of Improvement” in the service delivery system, and to provide relevant reports to the SCDSS County leadership and State Office leadership. The evaluation of program improvement measures was performed by some County Directors and not by an assigned person in other Counties. As of 6/1/2016, 33 SCDSS Counties have developed Program Improvement Plans/Program Enhancement Plans.

#### **Feedback from SCDSS County Offices and external stakeholders?**

During the 2015CY, the staff from the University of South Carolina, Center for Child and Family Studies (USC CCFS) completed facilitated discussions with six SCDSS County Offices, five of which had the Director of Continuous Quality Improvement participating in the discussions.

The following meetings make up our current menu of organized feedback loops:

1. Child Welfare Leadership Meeting;
2. State Office and Regional Staff Meeting;
3. Foster Home Licensing/Recruitment Plan;
4. All Direct Reports Meetings;
5. CQI/CFSR3/APSR Coordination Meeting;
6. State Child Welfare Improvement Team;
7. Palmetto Power for Providers (P3) event.

**Do Quality Assurance Reviewers do performance coaching at the local level after reviews?** Not at this time. Regional Performance Coaches and Supervisors do performance coaching..

#### **How is Quality Assurance Review data used at the local level to inform implementation of changes?**

The 2016 APSR included improving the use of QAR data on the local level by the SCDSS staff and external stakeholders, through the development of local/county Child Welfare Improvement Teams (CWIT). While the statewide CWIT was developed, and a Charter for the purposes of the statewide CWIT was adopted, the local CWITs were not developed since the submission of the 2016 APSR. A change in the plan for implementation was

developed, and it was decided that a Pilot local CWIT would be developed first, then use what is learned from it, and develop other local CWITs.

The improvement of a local CWIT over the existing "Partners Meetings", is that the local CWIT is expected to use data to identify County issues, brainstorm solutions, set goals, identify action steps, and finally, to track and adjust goals. This was not the normal operation of Partners Meetings, currently operational in counties and will be the predecessor of the CWITs.

The Agency began a Pilot Project of the first local CWIT in Richland County. South Carolina continues to make progress on the development of a statewide and local CQI committees, "Child Welfare Improvement Teams" (CWIT). Currently, only the State CWIT and Richland County CWIT are chartered, but the expectation is that all County teams will be chartered before January 2017. Using permanency data from CAPSS (SACWIS) provided to the State Child Welfare Improvement team, the Richland County SCDSS leadership decided to address the issue of the need for more quality in county foster homes. With facilitation from the United Way of the Midlands, a group of stakeholders gathered to commit to working as a team to increase the retention and recruitment of quality foster homes for children in care. The Agency is planning to have forty-six (46) functioning Child Welfare Improvement Teams by January 2017, and have a standardized format and planning process for county program improvement plans, to support team activities.

#### **How is the Quality Assurance Review data communicated to the public?**

The Final Reports of Quality Assurance Reviews are posted on the SCDSS website. South Carolina displays key data reports on the SCDSS Web site. Performance data is updated on at least a quarterly basis. Data is communicated to external stakeholders in stakeholder meetings.

#### **Standards to evaluate the quality of services?**

The quality of services provided is assessed through the Quality Assurance Review of case records and case interviews with SCDSS staff and external stakeholders in the case. The rating system of the CFSR 3, Onsite Review Instrument, is used.

#### **Identifies strengths and needs in the service delivery system?**

The state utilizes the automated identification of the "Strengths" and "Areas of Needed Improvement" in the CFSR 3 OSRI used in the Quality Assurance Reviews. Through case-related interviews in the Quality Assurance Review, there is further identification of strengths and needs in the service delivery system.

#### **Provides relevant reports?**

Written Debriefing Reports for each reviewed case are provided to the SCDSS County Office, usually the week after the Quality Assurance Review. Recently, a summary of findings has been provided to indicate the rating of each Item, with the intent that this information will be used to build upon indicated strengths and for addressing areas needing improvement. Final Reports are provided to each County Office as well as to State Office leadership. Comparisons of scores of the current Quality Assurance Review with the previous year's scores is provided. A final source of information that is provided are the specific reasons for the 50% or "Areas Needing Improvement" are rated as "Areas Needing Improvement."

#### **Evaluates Implemented Program Improvement Measures?**

Since the submission of the 2016 APSR, there has not been State Office evaluation of implemented Program Improvement Measures. A Child Welfare Director of County Internal Operations has been hired and the Continuous Quality Improvement System will be directly supervised by this Director.

## Staff and Provider Training

### Item 26: Initial Staff Training

#### a) Staff receive training pursuant to the established curriculum and time frames.

##### **For South Carolina Department of Social Services Child Welfare Services Staff Child Welfare Basic (Initial) Training Course.**

Since the submission of the 2016 APSR, the University of South Carolina, Center for Child and Family Studies (CCFS), assisted the SCDSS in providing the Child Welfare Basic Training Course to all new Child Welfare workers so that they can be certified to carry caseloads. The CCFS will continue in this role during FFY 2017.

Child Welfare Services Basic Training is an intensive certification course required for all new workers in Child Welfare Services programs. Child Welfare Basic Training is composed of two phases: Online and structured job shadowing Phase and the In-class Training Phase.

For Shadowing Assignments Supervisors must ensure a plan is in place for workers to complete **all** shadowing experiences before the Pre-work Phase ends. All shadowing assignments must be completed and submitted by the new workers into the Learning Management System (LMS) by 5:30 on the Thursday before the In-Class Phase begins. Supervisors are **required** to conduct at least one (1) "Mapping of Shadowing" with the new worker specific to the assigned program area; additional shadowing experiences applicable to the program area may be included in the completion of the mapping session. The Mapping of Shadowing form must be submitted to the online training system (LMS) prior to the worker attending training.

This course includes three (3) weeks of on-line pre-work assignments, nineteen (19) days of classroom instruction, with multiple quizzes and in-class assessments. 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. All online assignments are completed in the Learning Management System (LMS) managed by the Center for Child and Family Studies. The on-line components are assignments that directly relate to support the in-class instructions. Bridgework assignments, located in the LMS, are completed in the county between in-class instruction weeks to practice knowledge and skills attained. For successful completion of CW Basic Training, participants must obtain a final grade of 85%.

Training times for each week: Day 1 = 10am–5:00pm; Other days = 9am–5:00pm

19 days of training = 138 Social Work Hours; 7.0 Non-Social Work Hours

The curriculum incorporates the use of the following text as support and reference for participants: Brittain, Charmain R. & Hunt, Deborah Esquibel (Eds.). (2004). *Helping in Child Protective Services* (2nd ed.). New York, NY: Oxford University Press.

During FFY 2017, the CCFS will assist the SCDSS in the development and implementation of a Memorandum of Agreement that formally outlines the roles and responsibilities of the SCDSS employee, their supervisor, and CCFS training staff during the certification process.

Following successful completion of Child Welfare Basic, Certification for Child Welfare casework, there are two (2) items that must also be successfully completed to maintain Certification.

##### **Child Welfare Legal Basic Training.**

The University of South Carolina, Children's Law Center (CLC) provides this post-Certification four (4) days of Initial Training. The training involves two days of presentations on the legal system and related responsibilities. During the final two days of the training session, staff participate in mock hearings with a retired family court judge and attorneys. Each staff member testifies and is cross-examined and receives personalized feedback.

**Post-Certification Continued Basic Training- Child Victim Web Modules.**

The CCFS will provide this new post-Certification training. The Child Victim Web is an online learning course designed for individuals in child advocacy and child welfare to receive information specific to providing trauma-informed services to children and families. The CCFS will provide modules 4-8 to Child Welfare Basic Training participants, after the successful completion of training and Certification as a Child Welfare Worker. The CCFS will implement a system to notify child welfare workers of the requirement to complete within six (6) months of Certification. The newly-Certified caseworkers will be provided a link to access modules in the CCFS Learning Management System (LMS), as well as a location for participants to upload Certificates of Completion.

**For Court Appointed Special Advocates (CASA)**

**The National Court Appointed Special Advocates (CASA) Pre-Service Training.**

There are two CASA Programs in South Carolina, the statewide **Cass Elias McCarter Guardian ad Litem Program**, and the **Richland County CASA Program**. Both Programs utilize the same CASA Pre-Service Training Program. The National CASA Pre-Service curriculum covers all the essential aspects necessary for a Guardian Ad Litem (GAL) to get started in their role as a child's advocate. The course introduces the roles of the GAL and the laws surrounding service in this capacity. The Child Protection System and the Court System are discussed. The Guardian ad Litem volunteer is asked to explore cultural awareness and learn how to understand families and children of all types. The course explores how to communicate appropriately as a GAL and how to gather the information necessary. Court report writing, court monitoring, and personal safety are also addressed.

For the GAL Program, four hundred and one (401) new Volunteer Guardians ad Litem received initial training in the time period 4/1/15-3/30/16.

**b) The initial training addresses basic skills and knowledge needed by staff.**

**For South Carolina Department of Social Services Child Welfare Services Staff Child Welfare Basic Training. USC, CCFS**

**What number/percentage of staff complete the training timely?**

For the classes that began in or after June 2015 and ended before or in Dec. 2015: 92% / 196 staff started and completed all of the required elements of Initial Training; 16 staff completed all of the elements of Initial Training but did not Pass the Training and become Certified in a timely manner; 25 staff either left the Agency or started and then postponed until the next session.

For the classes that began in or after November 2015 and ended before or in April 2016: 6.5% / 108 staff started and completed all of the required elements of Initial Training; seven (7) staff completed all of the elements of Initial Training but did not Pass the Training and become Certified in a timely manner; ten (10) staff either left the Agency or started and then postponed until the next session.

**How is completion tracked?**

Progression through the Phases of Initial Training through successful completion (Pass and Certification as a Child Welfare Worker) and unsuccessful completion (Fail course) is tracked on a chart and reported monthly to the SCDSS Contract Manager for the USC CCFS.

**How are you measuring the quality of training?**

The quality of the training is currently measured through the number and percentage of staff who are certified after Child Welfare Basic, the number and percentage of staff who fail the course and are not Certified after Child Welfare Basic, and information from County Directors and Regional Directors reviewing the preparedness of caseworkers after Certification.

### **Comments on the quality of Initial Training by Regional Directors.**

“As part of the training, staff are expected to follow-up on the skills taught in the classroom and shadow experienced workers during their time back in the county. It’s this part of the training that seems to be the most beneficial for staff when completed. When new staff have the opportunity to receive feedback and coaching, as well as, shadow experienced workers to reinforce what is being taught in the classroom this enhances their skills and better prepares them to carry out their job duties once they are certified.”

“Child Welfare Basic gives new staff a starting place and does provide the basic, entry level skills needed to do front line casework. The time frame appears to be in the best interest of the new staff.”

“In my professional opinion, I believe that CWS Basic Training adequately addresses basic skills and knowledge needed by staff to carry out their duties.”

### **SCDSS Optional On-The-Job Training-Carrying a reduced caseload.**

At the discretion of the SCDSS County Directors, workers involved in Child Welfare Basic may carry a reduced caseload. For some workers in Initial Training, it is believed that the option of carrying a reduced caseload is a beneficial enhancement of Initial Training, through on-the-job training. Per the SCDSS Child Welfare Policy Manual, closer than normal supervision will be provided for the worker in Initial Training and carrying a reduced caseload.

The following has been added to the SCDSS Child Welfare Policy Manual, in order to provide the required information ensuring the employee in Initial Training may carry a reduced caseload significantly smaller than the journeyman position, and to provide detailed information and justification for the work experience being an integral part of some staff’s Initial In-service training program.

*Staff undergoing Child Welfare Basic Training may be assigned casework of no more than 8 children in order to enhance their “on-the-Job training experience.” This assignment would occur after their 8<sup>th</sup> week of training at the discretion of the County Director, with the input of the employee and their direct supervisor. These cases must not be difficult cases and will not include cases with criminal domestic violence, sexual abuse, or severe physical abuse.*

*The purpose of the casework assignment would be to enhance the employees learning of their case management duties and would be under close weekly supervision of their direct supervisor or designee.*

*Normal and Closer Supervision of Staff Definitions:*

*“Normal” supervision – weekly and monthly supervision, to include individual and group meetings; weekly and monthly case staffings, mappings, random case reviews, and practice observation.*

*“Closer” supervision – daily supervision, to include individual meetings, targeted case reviews, staffings, and mappings. The frequency decreases as the employee learns and develops practice skills and gains experience. Each trainee’s performance is closely assessed and monitored; feedback is regularly provided to the trainee.*

### **Child Welfare Legal Basic Training. USC, CLC.**

#### **What number/percentage of staff complete the training timely?**

All staff who start Child Welfare Legal Basic successfully complete this part of Basic Training.

#### **How are you measuring the quality of training?**

The Children’s Law Center conducts formal evaluations at the completion of the four (4) day Training. There is not a Certification test associated with the legal training. Participants are assessed by two CLC staff attorneys on their performance in the mock hearings. There is a Pass/Fail determination made by the CLC. The Pass/Fail evaluation ratings are forwarded to the USC Center for Child and Family Studies. The CLC reports that evaluations from trainees are overwhelmingly positive.

**For Court Appointed Special Advocates (CASA)**

**Richland County Court Appointed Special Advocates (CASA) Pre-Service Training.**

**What number/percentage of staff complete the training timely?**

Normally one hundred percent of volunteers complete the Initial Training successfully and begin their volunteer work as Guardians ad Litem.

**How is completion tracked?**

Completion of the required hours of ongoing training is tracked by RCCASA and the GAL management.

**How are you measuring the quality of training?**

For the Initial Training the RCCASA measures the quality of their training. It does not use surveys. It conducts a pre-class and post-class test to measure comprehension.

**Cass Elias McCarter Guardian ad Litem Program (GAL).**

**What number/percentage of staff complete the training timely?**

One hundred percent of new volunteers complete the training before being court appointed to a case.

**How is completion tracked?**

Volunteers complete a sign in sheet to document their attendance, and are then entered into the "Efforts to Outcomes Database system."

**How are you measuring the quality of training?**

The GAL measures the quality of its training. Volunteers complete evaluations at the end of each training session. In addition, the volunteers are given a post-test to assess the volunteers understanding and knowledge of the information provided during the trainings.

The post-training evaluations by providers of their training is provided to the SCDSS leadership upon request.

**For Congregate Care Provider Staff**

**How does the State ensure provider staff receive training?**

Congregate Care (Group Home) providers are required to provide all new staff with case management responsibilities a minimum of fourteen (14) hours of Initial Training in the first year of employment. The SCDSS performs an onsite monitoring visit of each provider every six months. At that visit, the Monitor reviews the files of all new staff with case management responsibilities to verify the new staff have received the provider's Orientation to the facility, and some of the Initial Training has been completed. At the time of contract renewal, the SCDSS performs an annual review of files to confirm that the new staff have completed the required fourteen (14) hours of Initial Training.

**How are you measuring the quality of training?**

The quality of the training is not measured by evaluations by staff receiving the training. The quality of the training is measured through semi-annual review of files during reviews by SCDSS Contract Monitors.

**Item 27: Ongoing Staff Training**

**a) Staff receive training pursuant to the established curriculum and time frames.**

**For South Carolina Department of Social Services Child Welfare Services Staff**

There is no established curriculum for ongoing training for SCDSS caseworkers and supervisors. As specific initiatives in the Agency commence, training focused on the initiative have become established curriculum and required training of caseworkers and supervisors.

In the SCDSS Child Welfare Policy Manual the following is indicated as a requirement for all staff who are involved in case management.

*Maintaining Certification - Each human service worker and supervisor will be required to obtain 20 hours child welfare training per year in order to maintain child welfare certification. It is the appointing authority's responsibility to ensure each worker has completed this requirement and maintain documentation of hours in the employee's personnel file.*

#### **For Court Appointed Special Advocates (CASA).**

##### **Richland County Court Appointed Special Advocates (RCCASA).**

Guardian ad Litem volunteers in both Programs must complete thirty (30) hours of ongoing training per year. This is measured through their CASA supervisor. Additionally for the RCCASA volunteers, they are continuously trained by their CASA supervisor and attorney as they prepare for court hearings.

##### **Cass Elias McCarter Guardian ad Litem Program (GAL).**

Guardian ad Litem Volunteers are required to have twelve (12) hours of ongoing training per year. During the period 4/1/2015 – 3/30/2016, Cass Elias McCarter Guardian ad Litem Program, 1,409 GAL volunteers and direct supervisors received ongoing training.

GAL Volunteers can attend monthly trainings facilitated by their county office, or through regional trainings offered by the Program or other community entities. Volunteers can also attend trainings on an individual basis, which can include, online study courses, or individual study as approved by the County Coordinator.

#### **b) Ongoing training addresses basic skills and knowledge needed by the staff.**

##### **For South Carolina Department of Social Services Child Welfare Services Staff**

###### **How is completion tracked?**

The SCDSS has not tracked the required number of hours required post-certification, as the Agency does not have an automated tracking mechanism operational. The SCDSS has had introductory conversations about becoming a part of the South Carolina Learning Management System. These conversations are continuing, but no firm plans to become part of the system have been made.

###### **How are you measuring the quality of training?**

There are two methods that are being used to measure the quality of the ongoing training. Post-training evaluations by training providers, and information from County Directors and Regional Directors reviewing the preparedness of caseworkers after Certification. The post-training evaluations by providers of their training is provided to the SCDSS leadership upon request.

##### **Comments by SCDSS Regional Directors on the quality of Ongoing Training.**

“Ongoing training for frontline staff is sometimes reactionary. Training occurs after there has been a fatality, after a failed review, or during a Program Improvement Plan and that isn't sufficiently effective in building their critical thinking skills.”

“The Signs of Safety training is an example of a positive quality of training. It pushes staff to think about their decisions and how to grow as workers so that they can then grow their families. The trainings are interactive and staff are often bringing real life cases with them to learn from during the training. The staff can then take that training and apply it to their other cases. This training grows both front line staff and case work staff.”

“Our Agency lacks training for new supervisors. The Agency doesn't have a training for supervisors that provides them with the basic skills they need to be successful in leading a unit or program area. The trainings that are currently offered usually occur after a supervisor has been in that position for several months. Providing a basic training for supervisors within the first two weeks of being promoted is needed.”

“Wonderful ongoing training opportunities exist, but they need to be organized into specific tracks, with timelines for completion. A Learning Management System would increase the quality of the ongoing training so that management can know the training activities that caseworkers and supervisors have completed and when they did it. Knowing that information, training activities could be planned to meet the needs of the staff and that would increase the quality of the ongoing training. An organized and planned training system for staff, with a fully-developed course catalog, would also increase the quality of the ongoing training and improve addressing the skills and knowledge needed by the staff.”

**For Court Appointed Special Advocates (CASA).**

**Cass Elias McCarter Guardian ad Litem Program (GAL).**

**How is completion tracked?**

Ongoing training for the GAL Program is tracked by the Program. It is tracked through documentation of attendance at continuing education trainings, and further tracked after being entered into the “Efforts to Outcome Database.”

**How are you measuring the quality of training?**

This training is measured by the GAL. The quality of the training is measured in two ways. Evaluations are utilized by volunteers to rate the topics and presenters of the continuing education trainings. The scoring guidelines for these trainings range from below average to excellent. Evaluations indicate an above average to excellent rating of the trainings. County Coordinators solicit input and feedback from the volunteers as to the topics, presenters and how well the trainings relate to their roles as volunteers. County Coordinators are surveyed about topics that they feel are needed for continuing education in their areas, and those surveys are used to schedule future trainings.

The quality of the training is also measured by the ability of volunteers to be successful as child advocates. The volunteer’s success is monitored by their County Coordinator. New volunteers are evaluated after six (6) months, and then on an annual basis, to assess if there are areas where additional training might be needed.

**Richland County Court Appointed Special Advocates and Cass Elias McCarter Guardian ad Litem Program.**

**How is completion tracked?**

The RCCASA tracks attendance at ongoing training. Completion of the required hours of ongoing training is tracked by RCCASA and the GAL management.

**How are you measuring the quality of training?**

The RCCASA measures the quality of this training. For the ongoing staff training of Guardians ad Litem, the RCCASA does not use surveys. They use a pre-class and post-class test to measure comprehension.

**For Congregate Care Provider Staff**

**How does the State ensure provider staff receive training?**

Congregate Care (Group Home) providers are required to provide all staff with case management responsibilities a minimum of fourteen (14) hours of annual ongoing training. The SCDSS performs an onsite monitoring visit every six months to each provider and review files to verify that each staff member is receiving ongoing training. The Agency performs an annual onsite monitoring visit of each provider at the time of contract renewal. At that visit, the Monitor reviews the files of staff with case management responsibilities to verify the fourteen hours of ongoing training have been completed by staff.

**How are you measuring the quality of training?**

The quality of the training is not measured by evaluations by staff receiving the training. The quality of the training is measured through semi-annual review of files during reviews by SCDSS Contract Monitors.



## **Item 28: Foster and Adoptive Parent Training**

**a) Foster and Adoptive Parents receive initial and ongoing training pursuant to the established curriculum and time frames.**

### **South Carolina Foster Parent Association (SCFPA) -Heartfelt Calling and SCDSS Regional Adoption Offices**

Currently, families that wish to adopt must attend an Adoption Orientation for the region in which they reside. This is a two (2) hour session that familiarizes families with the adoption process. All prospective foster and adoptive families are required to complete the fourteen (14) hour initial training with Heartfelt Calling. Families that wish to adopt must complete an additional one day training which is adoption-specific. Both of these initial training activities have a defined curriculum that is used. This initial training is required before a child may be placed with the family.

There are no requirements by the SCDSS for Adoptive Families to attend training after their initial approval unless they become a licensed Foster Home, and then they have to comply with the same requirements for training as required by the agency for licensed Foster Families. Once the family has met the requirements to become an adoptive home, they are not required to attend training as long as they keep their adoption application open. If their adoptive home is closed, then they would have to again meet the requirements for becoming an adoptive home, which could include training, depending on the amount of time they have been closed. If families are licensed for foster to adopt they must continue to receive on-going training which consists of twenty-eight (28) hours for the two (2) year period.

### **What number/percentage of staff complete the training timely?**

January 1 and December 31, 2015, the SCFPA provided Initial Training for 1620 potential Foster/Adoptive Families who completed pre-service training.

The SCFPA Collaboration group has presented three hundred and sixty-seven (367) ongoing trainings between January 1 and December 31, 2015. Sixty-five (65) of these were cluster three (3) hour or six (6) hour trainings. The SCFPA trained a total of 3817 (3332 foster parents and 50 Foster/Adoptive Parents).

In addition, the SCFPA Annual Conference provided ongoing training for four hundred and seventy-seven (477) Foster/Adoptive Parents and provider agency staff.

### **How is completion tracked?**

The SCFPA uses training attendance sheets and places the information in the SCFPA data base for tracking purposes of required Initial and Ongoing Training. Records of the Initial and Ongoing Training for licensed Foster Homes is kept in SCDSS County Offices. The Agency reviews the records of training in each file at License renewal to verify the required training hours have been completed.

### **How are you measuring the quality of training?**

The SCFPA conducts post-training surveys.

## **Service Array and Resource Development**

### **Item 29: Array of Services**

**The state has all the required services in each political jurisdiction covered by the CFSP.**

During FFY 2016, the SCDSS has become acutely aware of gaps in the service array in South Carolina to address the needs of victims of human trafficking, and sex trafficking. During FFY 2015 and continuing to date, a new statewide Task Force was formed and has begun developing a response to the needs for services for victims of human trafficking. This is the Attorney General's Human Trafficking Task Force.

There are multiple Workgroups in this Task Force. One is the Human/Sex Trafficking Workgroup. This group began meeting in February 2016. One of the first tasks for the group is to compile a list of groups providing services in South Carolina for victims of human/sex trafficking, and then to verify appropriateness of the services offered. The SCDSS is implementing P.L. 113-183, "Preventing Sex Trafficking and Strengthening Families Act" in amending the SC IV-E Plan to comply with the requirements of the law. These changes to the Plan will be implemented by 9/29/2016. Additionally, the SCDSS has formed a Workgroup to implement P.L. 114-22, "The CAPTA Reauthorization Act." This Workgroup is collaborating with the Attorney General's Task Force and specifically with the Human/Sex Trafficking Workgroup, in developing required and needed services for children and youth who are victims of sex trafficking.

Through collaboration with external stakeholders and confirmed by Quality Assurance Review data, there continues to be limited availability and accessibility to physical and behavioral health providers and services 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 System of Care (SOC), formally called the Palmetto Coordinated System of Care (PCSC). Through the PCSC's Service Array Workgroup, existing statewide service array needs were assessed along with the identification of services needed to fill the gap in the state's array of services for children and families at-risk.

The workgroup identified (4) critical services and evidence-based models of the following:

- Intensive Family Services;
- Mobile Crisis Stabilization;
- Peer Support for Parents;
- Respite Services.

The need for these identified critical services continues to date.

The SCDSS and SCDHHS are also addressing medical and mental health areas of concern through the Foster Care Advisory Committee (FCAC), as described in the Health Care Oversight and Coordination Plan in the 2015-2019 CFSP and in Goal 2, Objective 2.

The SCDSS is identified as the lead agency for the state in the management of the Interagency Systems for Caring for Emotionally Disturbed Children (ISCEDC). ISCEDC authorizes local interagency staffing teams to perform "assessment and evaluation procedures to insure a proper service plan and placement" for each child referred, and the assignment of case management/monitoring responsibility to an appropriate agency. Agencies involved in ISCEDC include the Department of Social Services, the Department of Mental Health (SCDMH), the Department of Disabilities and Special Needs (SCDDSN), the Department of Juvenile Justice (SCDJJ), and the Department of Education (SCDOE).

Treatment costs are paid out of a Services Fund of pooled dollars from the SCDSS, SCDDSN, SCDJJ, and SCDMH. The local interagency ISCEDC teams are able to authorize appropriate services for ISCEDC clients without determining beforehand which agency is going to pay for them, that is, the cost sharing on individual children in ISCEDC has been eliminated. In addition, the SCDSS is charged with developing services for children who are at risk for removal from their families or who are having difficulty in substitute care, but are not receiving Rehabilitative Behavioral Health Services (RBHS) or in higher levels of care such as Therapeutic Foster Care, Group Care II and III or PRTF.

Decisions about eligibility of ISCEDC, initial level of care, services authorized and assignment of lead case management are made by the ISCEDC team. Every effort is made to ensure that children are placed in the least restrictive settings that are clinically appropriate to meet their needs. All the identified services, when available, (i.e., therapy, psychotropic prescription management, developmental, and special needs community-based services, rehabilitative behavioral health services, assessment, community-based oversight of juvenile court orders, etc.) to

children eligible for ISCEDC are coordinated with the other child serving agency partners to avoid duplication of services and/or funding. Currently, there are 1,580 SCDSS children and youth receiving behavioral health support and/or placement in Therapeutic Foster Care, Group Care, PRTF, etc. from the Interagency System of Care for Emotionally Disturbed Children (ISCEDC).

During FFY 2016, Dr. Randy Spencer, a retired SCDSS Psychiatrist, led a discussion with stakeholders about the difficulties of providing physical and mental services statewide and in a timely way when available. These challenges are being discussed by the SCDSS, SCDMH, and SCDHHS.

Most screening, assessment and Licensed Independent Practitioner Services (LIPS), such as therapy, family therapy and other behavioral-health services available in the array of the Medicaid state plan, do not currently reflect evidence-based, trauma-focused services, or the services do not have a specific procedure code recognizing such services for tracking purposes. The SCDSS and the SCDHHS are also addressing this area of concern through the Foster Care Advisory Committee (FCAC) as described in the Health Care Oversight and Coordination Plan in the 2015-2019 CFSP. 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 the 2015-2019 CFSP, Goal 2, Objective 2.

Quality Assurance Reviews also indicate a lack of some services statewide, especially in the more rural areas, most notably as indicated above in mental health assessment and services, and additionally drug and alcohol assessment, diagnosis and treatment in each county. In some counties, for these and a few other services, children and adults must access them regionally. Through Quality Assurance Reviews, the state has identified that all services are available at least regionally, even if not in each county.

Another provider of assessments available statewide to assess the strengths and needs of children and families and determine other service needs are the Children's Advocacy Centers (CAC). The CACs conduct interviews and make team decisions about investigation, treatment, management and prosecution of child abuse cases. There are seventeen (17) Child Advocacy Centers that serve all forty-six (46) counties in South Carolina.

**Quality Assurance Review Data for Availability of Services Statewide.  
(CFSR 3 Onsite Review Instrument)**

**Services that assess and address the needs of families in addition to individual children to enable children to remain safely with their parents when reasonable.**

**Item 2:** Services to protect child(ren) in the home and prevent removal or re-entry into foster care: Assessing child and family service needs and providing appropriate identified treatment and support services.

	<b>FFY 2016</b>	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	60%	49.5%	45.2%	55%

Source: SCDSS Quality Assurance Reviews

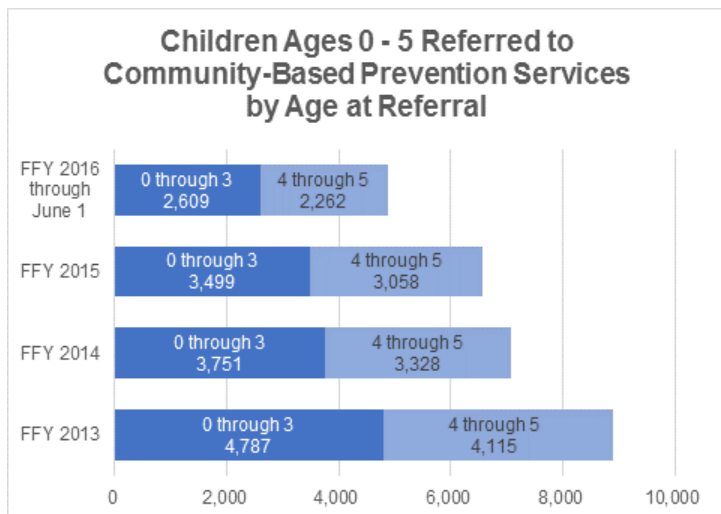
**Item 2, B:** If, during the period under review, any child was removed from the home without providing or arranging for services, was this action necessary to ensure the child's safety?

**FFY 2016: Yes: 79.8%**

**Item 3, C:** During the period under review, if safety concerns were present, did the agency: (1) develop an appropriate safety plan with the family and (2) continually monitor and update the safety plan as needed, including monitoring family engagement in any safety-related services?

**FFY 2016: Yes: 47.2%**

Starting 4/1/15, there is one statewide provider contracted to provide Community-Based Prevention Services, Specialized Alternatives for Families and Youth (SAFY), using their coalition members statewide. The SCDSS Community-Based Preservation Services is a response to calls of child maltreatment that do not rise to the level of abuse or neglect as prescribe by state law.



Some of the safety-related services that are available statewide are parenting classes, in-home intervention services, anger management classes and Family Engagement Services.

**Services that assess and address the strengths and needs of children and families and determine other service needs.**

**Item 12, A1:** During the period under review, did the agency conduct a formal or informal initial and/or ongoing comprehensive assessment that accurately assessed the children’s needs?

**FFY 2016: Yes: 84%**

*Source:* Quality Assurance Review Data- FFY 2016.

**Item 12, A2:** During the period under review, were appropriate services provided to meet the children’s identified needs?

**FFY 2016: Yes: 62.3%**

*Source:* Quality Assurance Review Data- FFY 2016.

**Item 12, B1:** During the period under review, did the agency conduct a formal or informal initial and/or ongoing comprehensive assessment that accurately assessed the mother’s needs?

**FFY 2016: Yes: 60.4% 51.7**

*Source:* Quality Assurance Review Data- FFY 2016.

**Item 12, B3:** During the period under review, did the agency provide appropriate services to the mother to meet identified needs?

**FFY 2016: Yes: 51.7%**

*Source:* Quality Assurance Review Data- FFY 2016.

**Item 12, B4:** Assessing the Father’s needs for services was low at 34%, available and provided would also be low and no indication of availability of services.

**Item 16, A:** During the period under review, did the agency make concerted efforts to accurately assess the children's educational needs?

**FFY 2016: Yes: 86.2%**

*Source:* Quality Assurance Review Data- FFY 2016.

**Item 16, B:** During the period under review, did the agency engage in concerted efforts to address the children's educational needs through appropriate services?

**FFY 2016: Yes: 68.4%**

*Source:* Quality Assurance Review Data- FFY 2016.

**Item 17, A1:** During the period under review, did the agency accurately assess the children's physical health care needs?

**FFY 2016: Yes: 84.7%**

*Source:* Quality Assurance Review Data- FFY 2016.

**Item 17, A2:** During the period under review, did the agency accurately assess the children's dental health care needs?

**FFY 2016: Yes: 81.4%**

*Source:* Quality Assurance Review Data- FFY 2016.

**Item 17, B2:** During the period under review, did the agency ensure that appropriate services were provided to the children to address all identified physical health needs?

**FFY 2016: Yes: 77.4%**

*Source:* Quality Assurance Review Data- FFY 2016.

**Item 17, B3:** During the period under review, did the agency ensure that appropriate services were provided to the children to address all identified dental health needs?

**FFY 2016: Yes: 74.6%**

*Source:* Quality Assurance Review Data- FFY 2016.

**Item 18, A:** During the period under review, did the agency conduct an accurate assessment of the children's mental/behavioral health needs either initially (if the child entered foster care during the period under review or if the in-home services case was opened during the period under review) and on an ongoing basis to inform case planning decisions?

**FFY 2016: Yes: 74.9%**

*Source:* Quality Assurance Review Data- FFY 2016.

**Item 18, B:** For foster care cases only, during the period under review, did the agency provide appropriate oversight of prescription medications for mental/behavioral health issues?

**FFY 2016: Yes: 56.2%**

*Source:* Quality Assurance Review Data- FFY 2016.

During FFY 2016, Dr. Randy Spencer, retired SCDSS Psychiatrist, led a discussion with stakeholders about the difficulties of providing physical and mental services statewide, and providing them in a timely way when available. These challenges are being discussed by the SCDSS, SCDMH, and SCDHHS.

### **Services that help children in foster and adoptive placements achieve permanency.**

Through the contract with the South Carolina Foster Parent Association (SCFPA) Heartfelt Calling, a centralized statewide 1-800 number and website has allowed for consistent messaging and education to those making initial

inquiries about becoming a Foster Family. As reported in the 2015-2019 CFSP, this service continues statewide. This has allowed a stage one “screening process” to occur to assist families in gauging 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 are found in the 2015-2019 CFSP, the “Foster and Adoptive Parent Diligent Recruitment Plan”, and in the Strategic Action Plan.

Quality Assurance Review data for FFY 2016 confirms the need for the state’s renewed focus on the recruitment of Foster and Adoptive Families statewide. The Recruitment and Licensing Units at the SCDSS were reorganized in May 2016, with the purpose and objective to have a net increase in Foster Families of 20% by the end of CY 2016. At the time of the submission of the 2017 APSR, the SCDSS is in the process of setting Regional and County net increase Objectives determined by Regional Directors in discussions with their SCDSS County Directors. See the Update to the Foster and Adoptive Parent Diligent Recruitment Plan attached to this 2017 APSR, and the Updated Plan for Improvement / Strategic Action Plan Goal 2, Objective 3, and Goal 3, Objective 1 for details.

#### **CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS.**

**Permanency Outcome I:** Substantially Achieved: 18.5%

**Item 4** (Stability of FC Placement): 62.3%

**Item 5** Permanency Goal of Child): 56.6%

**Item 6** (Achieving Permanency Goal): 42.2%

*Source:* Quality Assurance Review Data- FFY 2016.

#### **THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN.**

**Permanency Outcome II:** 46.3%

**Item 7** (Placement with Siblings): 63.0%

**Item 8** (Visiting with Parents & Siblings in FC): 51.4%

**Item 9** (Preserving Connections): 62.5%

**Item 10** (Relative Placement): 49.7%

**Item 11** (Relationship of Child in Care with Parents): 39.9%

*Source:* Quality Assurance Review Data- FFY 2016.

#### **Item 30: Individualizing Services**

**Services that are developmentally and/or culturally-appropriate (including linguistically-competent), responsive to disability and special needs, or accessed through flexible funding.**

##### **South Carolina Department of Social Services- Office of Civil Rights.**

The SCDSS provides a civil rights video that each SCDSS staff member is required to watch annually. It focuses on serving with people with disabilities. It is located on the SCDSS Intranet website.

The SCDSS has contracted with the USC Center for Child and Family Studies (CCFS) to develop an online video for cultural awareness and sensitivity related to serving Native American children and families. This is scheduled to be available in the 4<sup>th</sup> quarter of FFY 2016.

Additionally through the SCDSS, the resources listed below and the procedures/instructions are included in the Civil Rights/Interpreter/Translator Toolkit located under “Manuals” on the SCDSS Unite Home Page.

The following resources are available to assist staff in communicating with Limited English Proficiency clients and potential clients:

- SC DSS utilizes statewide Client Special Services Coordinators to connect its staff to the appropriate resource as described above to ensure that the individualized needs of children and families are met for whatever service is warranted.
- The SCDSS has its own Interpreter Qualification Project (IQP) in conjunction with another SC Agency and the University of South Carolina. In addition to telephonic interpreting services, face to face Spanish language interpreting is provided for all 46 counties through the IQP. Through IQP, prospective SCDSS employees who apply as bilingual workers and potential contractors are language -proficiency tested and Certified through the American Council on the Teaching of Foreign Languages (ACTFL), and then specifically trained and qualified to work as an interpreter for the Agency. State-contracted interpreters offer in-person, individualized Spanish interpretation seven days a week, as scheduled by DSS employees. The IQP qualifies Spanish-English interpreters and SCDSS bilingual workers. The state currently has sixty-two (62) qualified contract interpreters who are available statewide for face-to-face interpreting when needed.
- The SCDSS and the USC CCFS also have the joint Hispanic Assistance and Bilingual Language Access (HABLA) Project at the University of South Carolina (USC) which trains and provides Spanish-English telephone interpreter services and translating documents services for all SCDSS programs. The HABLA operates six (6) lines to interpret for the SCDSS staff during business hours. On a typical month, HABLA interprets 4400 calls for DSS staff and translates 4350 documents such as notices, emails, letters, pamphlets, and court orders. The HABLA Call Center is open 8:00 am–5:00 pm, Monday through Friday and is available through a toll free line to the SCDSS staff and contracted service providers. HABLA translators and interpreters are American Council on the Teaching of Foreign Languages (ACTFL) certified and/or American Translator Association certified, ensuring linguistically competent services. HABLA’s team is comprised of approximately 25 interpreters/translators who are tested, trained, and specifically qualified to meet the needs of the diverse groups of Spanish speakers served by DSS.
- During non-business hours, the Department has a contract with AVAZA for telephonic interpreting and with Linguistica International for written translations. For communications in languages other than Spanish, the Agency has a contract with AVAZA for telephonic interpreting, and with Linguistica International for written translations. AVAZA telephonic interpreting is available twenty-four (24) hours per day, seven (7) days per week, and may be used for Spanish interpreting if necessary due to a HABLA backlog or closure.
- The Agency has contracts with six (6) interpreter businesses to provide face-to- face interpreting in languages other than Spanish.
- The Agency has a contract with the SC School for the Deaf and the Blind to provide sign language interpreting services for clients who are deaf, and brailing services for visually-impaired clients.

#### **Family Connection of South Carolina (FCSC).**

Family Connection of South Carolina (FCSC) is a statewide, independent 501(c)3 organization that provides support to families with a child that has a disability, including but not limited to developmental delays, learning disabilities, physical, or behavioral concerns and all diagnoses including autism, asthma, ADHD, and cerebral palsy. FCSC is committed to empowering families as advocates and partners in improving education, health, and behavioral outcomes for infants, toddlers, children and youth.

The FCSC is South Carolina’s Parent Training and Information Center (PTI) funded by the U.S. Department of Education to improve the outcomes for infants, toddlers, children and youth with disabilities through information, training and support for their families and caregivers as well as develop partnerships for systemic improvement. FCSC is committed to children and families with the greatest need due to disability or special health/mental health needs; poverty; discrimination based on race, sex, language, immigrant or homeless status; involvement in the foster care, child welfare, or juvenile justice systems; geographic location; or other special circumstances.

### **Cass Elias McCarter Guardian ad Litem Program.**

All volunteer Guardians ad Litem receive three (3) hours of initial training on developing cultural competence.

Objectives of the Cultural Competence Training:

- Explain how diversity and cultural competence among GAL volunteers benefit children and families;
- Explore identity and culture's effects on the volunteers' values, attitudes, and behaviors;
- Recognize how becoming culturally competent can help the volunteer to avoid stereotyping;
- Identify and apply culturally competent practices in the volunteers' work with children and families;
- Identify community resources that will increase the volunteers' understanding and appreciation of diversity, and;
- Determine the steps the volunteers can take to increase their cultural competency, improve skills, and demonstrate the high value the volunteers place on culturally-competent child advocacy.

When available, volunteers who are bi-lingual are assigned to cases where that service is needed.

Cultural Competency is also offered as a continuing education topic for GAL volunteers.

### **South Carolina Foster Parent Association (SCFPA)**

The SCFPA offers training on cultural competence, Deaf and Hard of Hearing issues, LGBTQ issues, etc., and distributes information about other cultural trainings offered around the state. The 2016 Annual SCFPA Conference focused on serving populations with special needs.

## **Agency Responsiveness to the Community**

### **Item 31: State Engagement and Consultation with Stakeholders Pursuant/ to CFSP and APSR.**

#### **Tribes.**

The Catawba Indian Nation (CIN) is the only Federally-recognized tribe in South Carolina. Since the submission of the 2016 APSR, the state has continued to meet regularly with the CIN representative Linda Love, Director of Social Services for the Catawba Indian Nation. Throughout the year, a SC Department of Social Services (SCDSS)-Catawba Indian Nation workgroup met regularly for consultation and collaboration. Participating in these meetings were: Linda Love; Dione Carroll, the Legal Counsel for the CIN; Keri Wallace, ICWA Representative, CIN; Greg Moore, SCDSS, CFSP/APSR Reporting, and the Facilitator for the ICWA-related Strategies; Brittany Price, SCDSS Intensive Foster Care and Counseling Services; Thomas Robertson, SCDSS; Dennis Gmerek of the SCDSS Office of General Counsel; Amanda Whittle, SCDSS Office of General Counsel; Cheryl Herring, the State Adoption Unit Manager; Amanda Koon the State Adoption Recruitment Coordinator; Beth Mullins, State Manager for the Foster Family Licensing and Support Unit; Jacqueline Lowe, State Manager for Group Home and CPA Licensing; LaToya Reed, the SCDSS Independent Living Program Supervisor; Terri Pope, a SCDSS State Office Program Coordinator for the Independent Living Program; David Simpson, the Legal Counsel for the York County SCDSS County Office; representatives of the University of South Carolina, Center For Child and Family Studies, ; and representatives of the University of South Carolina, Children's Law Center (CLC).

There were three (3) SCDSS-CIN workgroup meetings since the submission of the 2016 APSR, on 9/9/15, 12/21/15, and 3/2/16. One of these meetings took place on the Catawba Indian Nation Reservation in Rock Hill, SC, and the other two were held at the SCDSS State Office in Columbia. The primary purpose of these meetings was to monitor the progress and challenges in the implementation of the ICWA-related Action Steps in the 2016 APSR Update to the Plan for Improvement, Strategic Action Plan.



See 2017 APSR, Update to the Plan for Improvement:

- **Goal 2, Objective 2, Strategies 18 and 19, 2.2.18 and 2.2.19**, for information related to identifying children who are members or are eligible for membership in a Tribe.
- **Goal 3, Objective 1, Strategies 2 and 3, 3.1.2 and 3.1.3**, for information related to Native American Foster and Adoptive Family Diligent Recruitment.
- **Goal 3, Objective 2, Strategies 1-3, 3.2.1, 3.2.2, 3.2.3**, for information related to the development of a Memorandum of Agreement between the Catawba Indian Nation and the South Carolina Department of Social Services.
- **Goal 4, Objective 3, Strategies 4-6, 4.3.4, 4.3.5, 4.3.6**, for information related to involving Ms. Love in all possible Child Welfare Services stakeholders meetings in South Carolina, and providing training for SCDSS staff. This involved training for State, Region, and County leadership and front line caseworkers and supervisors, on ICWA compliance and compliance with SCDSS Policy and Procedures, and Native American and CIN history and cultural competence.

Additionally, Ms. Love and Greg Moore scheduled weekly telephone calls to provide Ms. Love with a more frequent opportunity to monitor the progress and challenges of the ICWA-related Objectives, and for further input from Linda Love to share what coordination and collaboration is going well, and what challenges are being faced regarding opportunities to intervene as a Tribe when children and families of the Catawba Indian Nation became involved with the SC Department of Social Services.

#### **Major Concerns of Tribes.**

As indicated earlier, one of the barriers to improved coordination of services with Tribes perceived by the CIN Director of Social Services and the Legal Counsel for the CIN, continues to be a lack of knowledge by some SCDSS caseworkers and their supervisors of ICWA-related policies and procedures for Tribal intervention. Additionally there is a lack of knowledge by some SCDSS staff about the sharing with Tribes of all information related to the cases of Tribal children. This has resulted in the Tribe not being given an opportunity to intervene in a timely way in cases involving CIN children. Preliminary discussions on possible needed training includes consideration of recommending mandated training on ICWA-related policies and procedures and competence related to Native American cultures.

The SCDSS has contracted with the University of South Carolina, Center for Child and Family Studies, to produce an online video related to ICWA compliance, Catawba Indian Nation history, culture, and contemporary life, and "Ask The Question". The last topic of the video is referring to the need for the SCDSS staff to "Ask The Question" if the child is a member of or eligible for membership in a Tribe, and ask it repeatedly from Intake of a report of abuse and neglect, through a Child Protective Services case to the point when the case is closed. This training activity will be available in late FFY 2016 or early FFY 2017.

Another response to address the perceived lack of knowledge by some SCDSS staff will be the development of a "fact sheet" or summary sheet, indicating the basics of ICWA compliance guidelines, and will include an ICWA compliance flow chart. The development of the summary sheet is included in the 2017 APSR Update to the Plan For Improvement, Strategic Action Plan, **Goal 3, Objective 2, Strategy 2, 3.2.2b**.

The agency will discuss challenges in working together during a meeting with Ms. Love and Ms. Carroll in July 2016.

#### **Level of compliance with the ICWA.**

The Tribe cites a need for improvement in timely notification of the tribe when the department initiates legal proceedings. The CIN does not have a Tribal Court to which to transfer jurisdiction for the proceedings. Upon a request from the Tribe, the state agrees that it will request that Court proceedings be transferred to Family Court in York County for Catawba Indian Nation children involved with the SCDSS.

## **Major concerns in the Goals, Objectives, and annual updates of the CFSP.**

### **Specific steps outlined in the 2015-2019 CFSP/ 2016 APSR to improve or maintain compliance with ICWA that includes tribal input.**

The SCDSS scheduled quarterly meetings with the Catawba Indian Nation, to also include external stakeholders from the University of South Carolina, Center for Child and Family Studies, and the Children's Law Center, to improve compliance with ICWA. The SCDSS scheduled weekly telephone conversations with the Director of Social Services, Catawba Indian Nation, Ms. Linda Love, in order to improve compliance with ICWA.

The Update to the Plan for Improvement, Strategic Action Plan, had the following Strategies to address improvement in compliance with ICWA.

#### **Goal 2, Objective 2, Strategies 18 and 19.**

**2.2.18:** A credit report will be obtained for all tribal youth, age 14 and older, following implementation of PL 113-183 on 9/29/2016.

**2.2.19:** A formal process to identify Native American children who will turn 17 years old within 90 days will be developed in order to begin formal transition planning and education about emancipation after the youth turns 18 years old.

#### **Goal 3, Objective 1, Strategy 2.**

**3.1.2:** Develop and implement the Foster Family Recruitment and Retention Plan to include a Native American-Specific Adoption Recruitment Plan.

#### **Goal 3, Objective 2, Strategy 1.**

**3.2.1:** Develop jointly with the Catawba Indian Nation, recommend, and finalize a Memorandum Of Understanding between the CIN and the SCDSS, that will clarify and be agreed upon that: when the SCDSS becomes involved with children and youth of non-CIN tribes, that the tribe of origin of the child or youth will be contacted first according to current law, and the other tribe must contact the CIN to request the CIN to intervene on their behalf, and then the SC DSS will share information about the case with the CIN.

#### **Goal 3, Objective 2, Strategies 2 and 3.**

**3.2.2:** Get clarification from the SCDSS Office of General Counsel when ICWA applies and disseminate information to the SCDSS staff and all stakeholders.

**3.2.3:** Develop and implement 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.

#### **Goal 4, Objective 3, Strategies 4, 5, 6.**

##### **Action Steps**

**4.3.4a:** Review results of statewide 6/27/14 ICWA-related education event at CIN Reservation.

**4.3.4b:** Make recommendations for further training and conferences on the ICWA.

**4.3.4c:** Develop Regional Training activities.

**4.3.4d:** Make recommendations for further training and conferences on ICWA in Child Welfare Basic for caseworkers.

**4.3.5a:** Do an assessment with the CIN on what information the Tribe wants to be included in the component, for the SCDSS staff and providers, and make recommendation to the SCDSS leadership.

**4.3.5b1:** Develop annual required desktop training and other online ICWA and CIN-related information resources for the SCDSS staff and stakeholders.

**4.3.5b2:** Develop a plan to develop Qualified Expert Witnesses for CIN and Native American cultural priorities and needs (QEW), for participation in Court Hearing

**4.3.5c1:** Develop plan to require and deliver online training as an annual requirement.

- 4.3.6:** Involve the Catawba Indian Nation in the Foster Care Advisory Committee, in local and statewide Stakeholders meetings.

**Activities completed and accomplishments achieved since submission of the 2016 APSR.**

- One Foster and Adoptive Family orientation/recruitment event on the Catawba Indian Nation.
- Seven Regional ICWA-related training events for SCDSS Child Welfare Services leadership, Caseworkers and supervisors.
- A SCDSS-Catawba Indian Nation jointly developed Memorandum of Agreement for ICWA-related SCDSS policies and procedures. This has been signed by the SCDSS Director, Ms. Susan Alford. The Catawba Indian Nation approved the MOU in June 2016, as the Nation's Executive Committee (EC) approved. The Executive Committee is elected by the citizens of the Nation and is comprised of the Secretary-Treasurer, Assistant Chief, Chief and two other members.

**Training activities included in the Goals, Objectives, and Strategies of the CFSP/APSR to improve compliance with ICWA that the state has developed in partnership with tribes.**

The state jointly developed with the Catawba Indian Nation:

- Regional training events focusing on the history the development of the Indian Child Welfare Act, the history of the Catawba Indian Nation, and the SCDSS policies and procedures in the SCDSS Child Welfare Manual related to ICWA and Tribal interventions prior to the required Tribal intervention in compliance with ICWA.
- The SCDSS contracted with the University of South Carolina, Center for Child and Family Studies, to produce an online video related to ICWA compliance, Catawba Indian Nation history, culture, and contemporary life, and "Ask The Question". The last topic of the video is referring to the need for the SCDSS staff to "Ask The Question" if the child is a member of or eligible for membership in a Tribe, and ask it repeatedly from Intake of a report of abuse and neglect, through a Child Protective Services case to the point when the case is closed. This training activity will be available in late FFY 2016 or early FFY 2017.

**Consumers and Service Providers**

Consumers of services within the SC Child Welfare System were invited and welcome at all of the collaborative meetings in FFY 2016. See "Collaboration On Review and Update of 2015-2019 CFSP", for details on collaborative meetings with stakeholders. At these stakeholders meetings, Quality Assurance Review data and information, major initiatives and changes in the CFSP were shared. At many of these stakeholders meetings, consumers of child welfare services were present. Among the consumers present at these collaborative meetings, but not limited to them, have been foster parents, adoptive parents, youth receiving Independent Living Program services, and adults receiving Family Preservation/Treatment Services.

For more details on the engagement and concerns of youth related to the CFSP/APSR, see the section "Chafee Independence Living" in the 2017 APSR. For the major concerns related to youth see the CFSP/APSR Update to the Plan for Improvement, Strategic Action Plan, **Goal 2, Objective 2, and Goal 4, Objectives 5-15.**

**Foster Care Providers**

Foster Care providers, both Congregate Care and individual Foster Families, were invited to participate in the statewide Representatives of congregate care providers and a group care statewide organization, the Palmetto Association of Children and Families, participated in the two statewide Stakeholders Meetings in Columbia, in January and February 2016. At these meetings, the 2015-2019 CFSP, Strategic Action Plan (SAP) was presented, and feedback for modifications was requested and received. See "Collaboration On Review and Update of 2015-2019 CFSP", for details on input from collaborative meetings with stakeholders.

## Juvenile Court

During FFY 2016, the SCDSS did not have direct ongoing consultation with the Juvenile Court System to share provisions of the 2015-2019 CFSP. In South Carolina, the SC Department of Juvenile Justice is the primary state Agency involved with the Juvenile Court System.

## Other Public and Private Child- and Family-serving agencies

Other public and private child and family-serving agencies and partner State Agencies received information about the Health Care Oversight and Coordination Plan and the Palmetto Coordinated System of Care in the CFSP, during FFY 2016.

In accordance with **The Child and Family Services Improvement and Innovation Act** (P.L.-112-34)- section 422 (b)(15)(A) of the Act, the SCDSS has worked diligently with other state partners and private provider agencies to advance several strategies to support implementation of the **Health Care Oversight and Coordination Plan** (HCOCP). One of the major foundational pieces of the HCOCP has been the prospective consent for psychotropic medications in Psychiatric Residential Treatment Facilities (PRTFs) statewide. The current procedures utilizing the SCDSS Clinical Team to review requests prospectively to prescribe psychotropic medications in the PRTFs in South Carolina are fully prospective, except in the cases of emergencies or the need for prn medications. A *Notification Regarding Psychotropic Medication* form is completed by the treated provider for each of the following circumstances:

- New medication initiation
- Medication discontinuation
- Titration of a medication outside the dosage range previously agreed upon
- Continuation of a medication started 6+ months ago
- Emergency medication administration
- Continuation of medications at time of admission to a congregate care facility

A notification form is not necessary prior to making a medication decision for emergency medication use or continuing medications at time of admission to a congregate care facility. This prospective review has been in place since the beginning of FFY14 to current FFY 16 (approximately 2 years and 8 months). The evaluation component of this process has improved since the hiring of a Consulting Psychiatrist in 2015 who specializes in Child Psychiatry. A statewide Lead Clinical Specialist who manages the prospective oversight process was also hired in 2015. With this support team in place the prescription oversight process for PRTFs and data analysis of usage to assess impact of oversight has improved.

For major concerns and recommendations in the goals, objectives, and strategies in the CFSP/APSR, see the "Update to the Plan for Improvement, Strategic Action Plan, Goal 2, Objective 2.

Efforts continue to collaborate with the Congregate Care residential providers, the S.C. Department of Mental Health (SCDMH) and the S.C. Department of Health and Human Services (SCDHHS) to establish the second phase of a prescription oversight process that is uniform and streamlined for children in foster care in the community that is transparent and engages prescribing healthcare professionals, insurers, and the SCDSS.

Also, the SCDSS, the S.C. Department of Health and Human Services (SCDHHS) and the Select Health Managed Care Organization (MCO) have held monthly phone calls throughout FFY15 to develop solutions for tracking children in foster care and the services they receive. The SCDSS has reviewed critical medical encounter data for FFY14 and FFY15 for children in foster care since the selection of a single MCO in November 2012 for purposes of tracking the number of children in Foster Care who have had their initial medical and mental health assessments and trauma screenings within the SCDSS required timeframes.

An identified concern was that children in Foster Care had no specific identifier in the Medicaid encounter data in South Carolina. There was no methodology to distinguish current children in care from children that had been adopted and children receiving Social Security Insurance (SSI). After monthly calls and multiple data exchanges with SCDSS Information Systems staff, Select Health data staff and SCDHHS Information Systems staff, as of March 2015, children in foster care received a specific identifier so that they can be identified with the MCO and services can be tracked. The SCDSS has partnered with the SCDHHS, MCO (Select Health) and the Revenue and Fiscal Affairs (RFA) which is the state's data warehouse agency that provides Medicaid encounter data, to provide outcome and trend data for prescription drug oversight/EPSTD/medical assessments, etc.

For major concerns and recommendations in the goals, objectives, and strategies in the CFSP/APSR, see the "Update to the Plan for Improvement, Strategic Action Plan, Goal 2, Objective 2.

Since early CY2013 development, the **Foster Care Advisory Committee (FCAC)** has advised the SCDSS in the development of the state's Healthcare Oversight and Coordination Plan (HCOCP) for children in 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) partners together to lead the FCAC meetings on a quarterly basis which includes a wide array of medical and behavioral health professionals statewide such as the physician community of Pediatricians, (Select Health Managed Care Organization (MCO), and other clinics, a forensic pediatrician, 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 SCDSS for the HCOCP for the CFSP for FFY 2015-2019.

During FFY 2015 the FCAC has focused on the SCDSS using a standardized protocol for medical screenings, assessments, and follow-up for all children entering Foster Care. This recommended protocol has included SCDSS adhering to EPSTD requirements which provides a comprehensive longitudinal record for DSS to maintain and use to update the Education and Health Passport. The protocol includes a standardized developmental screen at one month into care and follows the American Academy of Pediatrics recommendations for wellness visits. A template needs to be offered to Providers which is compatible with the Physician's Electronic Health record.

The **Medical Assessment Workgroup** within the FCAC revised the Comprehensive Initial Medical Assessment Form (DSS Form 3057) to be utilized by all physicians, SCDSS Caseworkers, and caregivers statewide to support the capturing of up to date medical information and track follow up appointments. The FCAC has identified several concerns regarding inconsistent implementation of the Initial Comprehensive Medical Assessment and inconsistent use of the Education and Health Passport.

**Specific concerns noted by the FCAC have been that:**

- Behavioral and Medical assessment information on paper forms are not consistently documented by caseworkers, who are designated to document the information, into the SCDSS CAPSS database system;
- Caregivers/caseworkers frequently do not have the paper copy completed by a physician or complete the caseworker portion of the document;
- There is currently no way for physicians to electronically enter medical information into the SCDSS database system to avoid loss of information or misinterpretation of the information;
- When the medical information is completed on the Initial Comprehensive Medical Assessment Form by the physician and caseworker, it is not entered into just one location in the CAPSS database (multiple tabs) and the information is not updated in the Education and Health Passport (DSS Form 30245) which can be printed and is portable, therefore ongoing tracking and follow up is severely diminished.

**In response to these concerns, the FCAC has made the following recommendations:**

- That the Initial Comprehensive Medical Assessment be placed in a centralized location in CAPSS;
- That all medical data from the Initial Comprehensive Medical Assessment be entered into the Person Screen will automatically populate the related fields within the Health and Education Passport;
- That a portal for caregivers/foster parents/providers be developed so that there is the capability for the review, update, and printing of information within the Education and Health Passport;
- That a portal for physicians be developed so they can attach the Electronic Medical Record into CAPSS directly;
- That the Education and Health Passport be added to the Guided Supervision tool so that supervisors are able to hold the caseworkers accountable.;
- That the Education and Health Passport be added to Item 17 and 18 of the Quality Assurance tool so that sampled files from counties can be determined if this is an Area of Needed Improvement or an area of Strength for that county.

**Progress with recommendations:**

The Education and Health Passport will be available for use in July 2016. Portal assess for caregivers and providers continues to be assessed due to sectary reasons. Improvements for the consistent use of the Education and Health Passport and accountability continue to be addressed at a Leadership level.

Another recommendation from the FCAC has been for SCDSS to work on developing a training module for DSS Caseworkers and Supervisors in providing appropriate healthcare for children in the custody of SCDSS. These training modules have been developed by the University of South Carolina. Another training package is expected to be provided to foster parents and caregivers or prospective adoptive family on understanding children's medical needs and assisting in having those needs met.

Two training videos have been completed for caseworkers regarding general care coordination practices around behavioral health issues and psychotropic medications. The completion of training videos for caseworkers and physicians is outlined.

For major concerns and recommendations in the goals, objectives, and strategies in the CFSP/APSR, see the "Update to the Plan for Improvement, Strategic Action Plan, Goal 2, Objective 2.

The **Access to Care Workgroup** recommendation has been for communication between DSS, DHHS, the MCO and Providers to be improved; this includes where changes are made in billing or payment as well as a way to directly and expediently resolve disputes, both regarding approvals for services and reimbursement issues.

SCDHHS continues to employ a SCDSS Liaison who is a direct communication link with SCDHHS, MCO, SCDSS and Providers. SCDSS also has a monthly phone conference with all agenda items surrounding issues that have surfaced impeding access to care (i.e. inaccurate addresses, lack of service from an identified Primary Care Physician, new health plan cards going out to families, inability for provider to get paid, inaccessibility to a medical device, medication not available in MCO's formulary and suitable replacement drug, etc.). SCDSS and MCO e-mail the DSS Liaison frequently throughout the month to address issues in between scheduled phone conferences.

Much work has been completed regarding the following recommendations from the **Trauma-Informed Workgroup** within the FCAC. The following recommendations have been made:

- That SCDSS use an approved evidence based list of trauma screening instruments at the time of initial investigation. Collaborate with SCDHHS to develop a specific Procedure Code and Modifier to enable Providers to bill specifically for screenings and assessments.

- Specific procedure codes for Trauma Screening and Assessment will allow research as to whether or not implementation of completed TF-CBT protocol results in less prescription of psychotropic medication, number of changes in placement, length of time in care, and efficacy of treatment.
- Provide on-going training to DSS Protective Services workers to enable them to do initial trauma histories/ screening.

**Progress with recommendations:**

- The trauma-focused screening protocol, including lists of trauma screening instruments has been finalized and was approved by the SCDSS and the SCDMH.

For major concerns and recommendations in the goals, objectives, and strategies in the CFSP/APSR, see the “Update to the Plan for Improvement, Strategic Action Plan, Goal 2, Objective 2.

**Item 32: Coordination of CFSP Services with Other Federal Programs.**

See “Update On Service Description”, “Services for Children Under Five”, for information on coordination with Head Start and other Federal Programs.

The SCDSS includes Integrated Child Support Services. The 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. Child Welfare Services utilizes Seneca Search for possible Kinship Caregivers, to locate non-custodial parents. Child Welfare Services also utilizes the ICSSD to assist in locating the non-custodial parent.

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

**Item 33: Standards Applied Equally**

The SCDSS CAPSS does not at this time collect historical data for Foster Home licensing. The Department has standard requirements for all applicants seeking licensure to provide Foster Home services, and for Child Care Institutions (Congregate Care).

**Is anyone exempt?** No.

**How are standards applied to Kinship Caregivers?** The same standards apply for Kinship Caregivers.

**Can placement be made before licensing or background checks?** Placement can be made before licensing, if court-ordered. Background checks are required before any placement.

**Are there any delays in licensing and background checks?** There are no delays in obtaining background checks. There are some delays and a backlog of pending applications to Foster Home licensure. The Agency has streamlined the process to reduce the time it takes for a family to become licensed.

**How often is licensing completed?** The SC Regulations for Foster Care Licensure require the renewal of a Foster Family License to occur every two (2) years and prior to the expiration of the last license. A foster family license shall be terminated when the time specified on the license has elapsed. A Foster Family license cannot be extended beyond the expiration date of the license.

**What are the rules for private providers?** Private providers meet the same licensing standards and requirements. The licensing policy and regulations apply to any applicant, state or private, for foster home licensing.

## Item 34: Requirements for Criminal Background Checks

### **Complying with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements.**

The Department has state regulations and policy that require criminal background checks for adult applicants seeking licensure to provide Foster Home services. Foster Family applicants are required to have the following background checks: FBI Fingerprint; SC Law Enforcement Division; Child Protective Services Register of Abuse and Neglect; National and State Sex Offender; and Adam Walsh, if the family has not resided in SC continually for the past five years. In the event that the Foster Family has not resided in SC for the past five (5) years, the other state(s) must run Adam Walsh checks on the adoptive applicants and submit the results to SC.

**Is anyone exempt?** No. Background checks (fingerprinting, state law enforcement, sex offender, and central registry) are required of all adult household members. Additionally, sex offender checks are required of all household members, including foster children, age twelve (12) and above.

**How are standards applied to Kinship Caregivers?** The same standards apply for Kinship Caregivers.

**Can placement be made before licensing or background checks?** Placement can be made before licensing, if court-ordered. Background checks are required before any placement.

### **What crimes do you exempt?**

(Reference SCDSS Licensing Policy Section 913)

13. If the results include convictions for crimes other than those in SC Code Section 63-7-2350, see below starting at (A), consults with the supervisor and submits to the County Director or Regional Administrator for review and recommendation, with the following material:

- a. A copy of the criminal record
- b. A written explanation by the applicant regarding the charge, arrest or conviction
- c. A written recommendation from the Licensing Worker.

County Director/ Regional Administrator:

14. Considers on a case-by-case basis any other convictions which are reported in the criminal records check for all applicants and other residents of the home who are eighteen years of age and older. This review will take into account:

- a. The nature of the offense(s) and what the offense(s) may suggest about whether the individual should be providing services to foster/adoptive children;
- b. The length of time that elapsed since the conviction(s);
- c. The individual's life experiences indicating reform or rehabilitation during the ensuing period of time; and
- d. The potential impact which the behavior that resulted in the conviction(s) might have on the individual's fitness and ability to serve as a foster/adoptive parent.

15. Provides written documentation of decision to continue with the application or to deny based on the criminal record.

If the fingerprint results are returned with an attached record of convictions, determines if the convictions fall under the statutory prohibitions of SC Code Section 63-7-2350 as cited below.

(A) No child may be placed in foster care with a person:

- (1) with a substantiated history of child abuse or neglect; or
- (2) who has pled guilty or nolo contendere to or who has been convicted of:
  - (a) an "Offense Against the Person" as provided for in Chapter 3, Title 16;
  - (b) an "Offense Against Morality or Decency" as provided for in Chapter 15, Title 16;



- (c) contributing to the delinquency of a minor as provided for in Section 16-17-490;
- (d) the common law offense of assault and battery of a high and aggravated nature when the victim was a person seventeen years of age or younger;
- (e) criminal domestic violence, as defined in Section 16-25-20;
- (f) criminal domestic violence of a high and aggravated nature, as defined in Section 16, 25-65;
- (g) a felony drug-related offense under the laws of this State.

(B) A person who has been convicted of a criminal offense similar in nature to a crime enumerated in b subsection (A) when the crime was committed in another jurisdiction or under federal law is subject to the restrictions set out in this section.

(C) This section does not prevent foster care placement when a conviction or plea of guilty or nolo contendere for one of the crimes enumerated in subsection (A) has been pardoned. However, notwithstanding the entry of a pardon, the department or other entity making placement or licensing decisions may consider all information available, including the person's pardoned convictions or pleas and the circumstances surrounding them, to determine whether the applicant is unfit or otherwise unsuited to provide foster care services.

**Are there any delays in licensing and background checks?** There are no delays in obtaining background checks. There are some delays and a backlog of pending applications to Foster Home licensure. The Agency has streamlined the process to reduce the time it takes for a family to become licensed.

**What are the rules for private providers?** Private providers meet the same licensing standards and requirements. The licensing policy and regulations apply to any applicant, state or private, for foster home licensing.

### **Item 35: Diligent Recruitment of Foster and Adoptive Homes**

#### **Child-Specific Recruitment Efforts.**

The state provided two (2) Foster and Adoptive Family orientation and recruitment events during the 2016 FFY 2016 on the Catawba Indian Nation. These events resulted in one (1) new Foster and Adoptive Family. See "Update to the Plan for Improvement", Strategic Action Plan, Goal 3, Objective 1, for information on recruitment of Native American Foster and Adoptive Families.

Other than information on Native American children, the state does not use an analysis of AFCARS and other information available to the state on the race and ethnicity of children in Foster Care to develop child-specific recruitment efforts.

### **Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements**

**Do you track numbers on cross-jurisdictional placements?** Yes.

**Timeliness of your State's response to ICPC requests from other States- 60 days?** The state does not have data to answer this question. The development of a standardized report from the SCDSS CAPSS (SACWIS) is in process.

### 3. Update to the Plan for Improvement and Progress Made to Improve Outcomes.

#### Introduction and Summary

The SCDSS Leadership continues in the process of analyzing the state, regional, and county structure, processes and functions, to identify opportunities for increasing efficiency and outcomes. An array of targeted strategies to include structural changes, process redesign, resource allocation and implementation of evidence-based tools and services, have occurred during FFY 2016. The Continuous Quality Improvement (CQI) System development did not proceed as planned in the 2016 APSR, and is being reorganized during FFY 2016 and FFY 2017 (see Strategic Action Plan Goal 4, Objective 4). With the hiring of a new Director of County Internal Operations (Regions, Counties, and CQI System), it is expected that the CQI System will be further developed during FFY 2017, and will be utilized to assess the efficiency and effectiveness of the SC Child Welfare Services System.

Based on successful efforts in other states and other programs within the Department, it has been proven that administrative efficiencies can free up capacity for caseworkers to focus the majority of their time on physically visiting children. Therefore, the SCDSS engaged in two Business Process Redesign Projects for the Child Welfare Services. The SCDSS identified improvement opportunities, where bottlenecks and backlog disrupted the flow of work, and where capacity could be reclaimed by changing how work is done. There was a Business Process Redesign (BPR) assessment, recommendation, and implementation, begun during FFY 2016. The two areas of the BPR were Licensing of Foster and Adoptive Families, and Child Protective Services Investigations/Assessments.

During FFY 2016 and into FFY 2017, a Pilot Project in three (3) SCDSS County Offices is being implemented utilizing the BPR for the Child Protective Services Investigations/Assessments (see Goal 2, Objective 3).

During FFY 2016, the SCDSS began the process to streamline and speed up the Foster Home Licensing process to ultimately increase the number of Foster Homes available for the placement of children in Foster Care to an adequate level.

Discussions continue and will be affected by the results of the Pilot Project on additional processes, such as Family Preservation case management, that would benefit from this process and further increase the efficiency and effectiveness of services provided the SCDSS Division of Child Welfare.

Other major initiatives in the "Update to the Plan for Improvement" were already in the 2016 APSR, but have been updated and revised for the 2017 APSR, are the Trauma-Informed Care and the Health Care Oversight and Coordination initiatives, see Goal 2, Objective 2. Psychotropic medication monitoring development is embedded in Goal 2, Objective 2. The SC Foster care Advisory Committee continues to be a key collaborator in the development of the Health Care Oversight and Coordination initiative.

The SCDSS has had introductory conversations about becoming a part of the South Carolina Learning Management System. These conversations are continuing, but no firm plans to become part of the system have been made.

**The data for FFY 2013 and FFY 2014** from Quality Assurance Reviews was obtained from Quality Assurance Reviews of County offices that were not in the previous second round PIP Counties, where quarterly Quality Assurance Reviews were being held during part of this same time period. These QA Reviews were completed using the Child and Family Services Review (CFSR) Second Round (CFSR 2), and also included some policy requirements that were more restrictive than the Federal requirements at the time.

**FFY 2013 data** is from October of 2012 through September 2013, and included 11 non-PIP County Reviews. FFY 2014 data represents data October 2013 through September 2014, and included 46 non-PIP county reviews. Several counties that were identified by the SCDSS Administration had two Quality Assurance Reviews, during this time

period, and others had one Quality Assurance Review. FFY 2015 was the data from October 2014 through January 2015, where the Second Round CFSR Onsite Review Instrument (OSRI) continued to be used and was used for 9 County Reviews.

The SCDSS then transitioned to the use of the Round 3 CFSR (CFSR 3) OSRI in February 2015. **FFY 2016** is data from QA Reviews of all counties that were reviewed utilizing this new instrument from March 2015 through February 2016. This included forty-six (46) counties, where Program Improvement Program counties were added back into the data. In addition, there were two counties that were not reviewed during this time period due to the SC National Disaster of floods in 2015. Two counties were also reviewed two times during this time period due to the fact that QA Reviews are scheduled based upon a calendar year versus a FFY. With the exception of these four counties, all other forty-two (42) counties were reviewed once during this time period. It should also be noted that when the CFSR 3 OSRI began, the SCDSS Policy Manual requirements were no longer reviewed. The QA Reviews were based upon the exact standards of the CFSR Federal Review for Round 3 case reviews.

\*It should be noted that data differences may be noted for some items in FFY 2015, 2014, and 2013, as data checks were completed with discrepancies noted. Data in these reports reflects the true data for the exact time periods, as noted. The data that is presented in the following sections reflects Outcomes from the OSRI where Substantially Achieved percentages were attained, and Items of the CFSR OSRI where Strength Ratings were attained.

Additionally, some of the Objectives' Outcome Measures was solely data from the SC SACWIS (CAPSS) or a combination of CAPSS and Quality Assurance Review data.

The SCDSS recognizes the significant impact that staff turnover has had on the efficiency and effectiveness of Child Welfare Services rendered by the Department. During FFY 2016, the SCDSS continued to analyze staff turnover data for the department and obtaining feedback from the SCDSS County Offices. Causes of this turnover for South Carolina and for Child Welfare caseworkers across the nation include wages, workload and quality of supervision. To address these issues, the SCDSS developed and implemented during FFY 2016 multiple strategies to increase staff retention. These strategies included: increase in salary for frontline workers to remain competitive with other states, second and third shift pilots to distribute workload and strategies to address caseloads, Guided Supervision practice supports through Signs of Safety.

Service/Caseload Type	FFY 2015 SCDSS Caseload/Workload Standards	FFY 2015 Maximum Percentage/Number of Caseload
Initial Assessment/ Investigation	24 children per Human Services Practitioner	Not exceed 48 children
Ongoing Cases (In-Home)	24 children per Human Services Practitioner	Not exceed 48 children
Foster Family Care	20 children per Human Services Practitioner	Not exceed 40 children

**Actual FFY 2016 SCDSS Caseload/Workload**

It is not possible to supply an average caseload calculation for caseworkers in the CPS Investigation/Assessment Unit, in the Ongoing (In-Home) Unit and in the Foster Family Care Unit, because many workers have carried and are carrying multiple types of cases. The challenge for the state to increase the number of caseworkers for Child Protective Services Investigation/Assessment cases, Ongoing (In-Home) cases, and Foster Family cases, and lower the caseload for many caseworkers, is evidenced on 6/6/2016, with the following report of caseworkers with fifty (50) to over ninety (90) children on their caseload:

Workers with 50 or more children in county offices: 76

The reality of the reduced caseworker capacity and higher than the established maximum standards of Caseload/Workload for caseworkers at the SCDSS, has been acknowledged in several ways, and resulted in additional strategies during FFY 2016 to build capacity, after the submission of the 2016 APSR on 6/30/15. See the 2016 APSR Updated Strategic Action Plan, Goal 4, Objectives 1 and 3, for strategies to increase staff capacity.

In order to increase caseworker staff capacity at the SCDSS, improve the frequency and quality of contacts with children and family, and thereby improve Safety and Well-being for children which should improve the percentages of “Substantially Achieved” Outcomes and the percentages of “Strength” ratings for Items, the SCDSS has initiated and planned the following strategies:

- 1) The SCDSS has implemented several staff retention strategies including increase caseworker staff salaries;
- 2) The SCDSS received authorization for funding of 177 additional caseworker and caseworker supervisory positions from the SC Legislature for the SFY 2015, starting 7/1/15. During FY 2016, 147 of those FTE positions were filled.
- 3) The SCDSS has requested additional caseworker positions in its 2016 budget request.

Regarding the Indian Child Welfare Act-related Progress Benchmarks/Strategies, see the 2017 APSR, Updated Strategic Action Plan, in Goals 3 and 4, for progress, challenges, and revisions in the ICWA-related Strategies. The progress and revisions are a result of Collaboration and Coordination between States and Tribes.

Other parts of the “Update to the Plan for Improvement”, that are attached but not included in this section and not on the attached Strategic Action Plan, are the Program Improvement Plans for the SC IV-E Plan Amendments (PL 113-183), and the SC CAPTA Plan (PL 111-320). The Agency is committed to a successful implementation of PL 113-183 by 9/29/2016. The Agency is also committed to a successful implementation of PL 111-320, Section 106(b)(2)(B) (ii) and (iii), by no later than one year after the Children Bureau’s approval of the Program Improvement Plan. These plans are attached and are being implemented concurrently with the Strategic Action Plan. The Agency has begun the process of implementing PL 114-22 by forming a workgroup that has met twice during FFY 2016.

## **Review of Progress of Goals and Objectives, and Updates to The Plan for Improvement.**

### **Key:**

\* New Objective or Progress Benchmark/Strategy added to Strategic Action Plan since submission of 2015-2019 CFSP on 6/30/14.

**IC** Objectives from 2015-2019 CFSP Consultation and Coordination With Tribes, added to Strategic Action Plan since submission of 2015-2019 CFSP on 6/30/14.

**IL** Objectives from 2015-2019 CFSP Independent Living / CHAFEE, added to Strategic Action Plan since submission of 2015-2019 CFSP on 6/30/14.

**HOCP** Objectives from 2015-2019 CFSP Targeted Healthcare Oversight and Coordination Plan, added to Strategic Action Plan since submission of 2015-2019 CFSP on 6/30/14.

**N-QIP** Progress Benchmarks/Strategies that are part of the NYTD Quality Improvement Plan, required improvements following the NYTD Review of the SCDSS Independent Living Program.

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

**Objective 1 / Progress Measure 1**  
**(CFSR 3 - Safety Outcome 1)**

**Improve the timeliness of initiating investigations and reduce repeat maltreatment.**

**1a) Timeliness of initiating investigations.** Using the baseline Quality Assurance Review score of 80.2% Strength for all counties for Safety Outcome 1, Item 1 (CFSR 2 Instrument) October 1, 2014-January 31, 2015, the Quality Assurance Review score for all counties for Safety Outcome 1, Item 1 (CFSR 3 Instrument) will improve to 84.2% by end of FFY 2019. Benchmarks of 1% per year improvement.

**Progress Measure: Not Met.**

Target "Substantially Achieved" 2016 FFY Measure – 82.2%

Actual "Substantially Achieved" 2016 FFY Measure – 81.0%

Source: SCDSS Quality Assurance Reviews: CFSR 3 "Onsite Review Instrument"

**1b) Repeat maltreatment within 12 months.** (Safety Objective) - Improve child safety by increasing the number of children who do not experience a maltreatment within 12 months of a previous intake to at least 97% (94.5 % Jan. 1, 2014-April 1, 2015) by the end of the FFY 2019. Benchmarks of improvement of at least 1% per year.

**Progress Measure: Not Met.**

Target 4/30/2016 – 96%

Actual 4/30/2016– 87.7% (Jan. 1, 2014-April 1, 2015- 94.5 %)

Source: SCDSS Child and Adult Protective Services System (SACWIS)

**Progress Benchmark / Strategy: Not met.**

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

**Challenges / Reasons**

The department is challenged by questions related to the consistency of intake decisions.

**FFY 2017 Responses/Revisions**

**1.1.1a:** The University of South Carolina, Center for Child and Family Studies (CCFS), is developing a curriculum to train current intake staff in addition to new hires. Researching a web-based training due to Intake staff shortage. Interim- Intake staff provided on-the-job training as requested at the County Office level and Regional Intake Hub level.

**1.1.1b:** Schedule Workshops for each region.

**\*1.1.1c and d:** The department has formed a work group that is evaluating the CBPS program and the process for referring families to the program. In this process, the department is also evaluating its intake decision-making tool to determine whether it is the most effective tool for improving consistency in decision-making.

**\*1.1.1e:** Develop a mechanism for a feedback loop for the management of providers and their subcontractors to assure services are delivered effectively and according to contract requirements.

**Progress Benchmark / Strategy: In process.**

1.1.3: CAPTA Public Disclosure on SCDSS website.

**Progress Benchmark / Strategy: In process.**

\*1.1.4: Clarify policy regarding investigations, clarify "initiating" investigation.

This will be complete with the publishing of the entire body of the SCDSS Child Welfare Policy Manual Rewrite Project by 9/29/2016.

**GOAL 1**

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

**Objective 2 / Progress Measure 2  
(CFSR 3 - Safety Outcome 2)**

Improve the initial and ongoing assessments of safety and risk to children, to protect children in the home and prevent removal; provide services to the family to prevent children's entry into foster care or re-entry after reunification.

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

**Progress Measure: Not met.**

Target "Substantially Achieved" 2016 FFY Measure – 58%

Actual "Substantially Achieved" 2016 FFY Measure – 47.9%

Source: SCDSS Quality Assurance Reviews: CFSR 3 "Onsite Review Instrument"

**Challenges / Reasons**

Item 3A in the Quality Assurance Review OSRI had a FFY 2016 75% for Initial Assessment for safety. The Strength rating drops off below 58% for ongoing assessment of risk and safety and adequate services provided. The SCDSS had a Business Process Redesign study and report in April 2015. The study reviewed the initial assessment for safety and risk by SCDSS Child Protective Services caseworkers.

The results and recommendations of the study are:

- a) The determination of a caregiver's protective capacity is a subject of much controversy and concern. Currently a great deal of uncertainty and inconsistency exists around this decision point, and there is no single decision tool to support the decision and the practice of coming to conclusion.
- b) Investigators do not always have the necessary tools and information to quickly begin an investigation.
- c) Investigators spend too much time on support functions to the investigation process (pulling records, tracking down peripheral information, and checking out items such as car seats and cell phones).
- d) Documentation and redundant paperwork may be robbing investigators of time needed to work with families and complete investigations.
- e) Investigative decisions can take too long.

There is a Child Protective Services Pilot of the BPR in three (3) counties in FFY 2016 and into FFY 2017.

The Agency will address the results of the Pilot and the barriers outlined in Assessment of Performance, Child and Family Outcomes, Safety Outcome 2.

**Progress Benchmark / Strategy: In process.**

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

**Challenges / Reasons**

One of the reasons for not meeting the Progress Measure for Safety Outcome 2 is that the implementation supports for this Objective are not fully implemented. A critical implementation support for this Objective is Strategy **1.2.2**: Utilize Performance Coaches and Catalyst Groups to enhance critical thinking skills for Supervisors and frontline practitioners, for assessing protective capacity and child vulnerability. Catalyst Coaches have not been fully implemented statewide, and some Catalyst Coaches are not trained. The other reason is Strategy **1.2.3**, Guided Supervision was not fully implemented in FFY 2016.

**Progress Benchmark / Strategy: In process.**

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

**Challenges / Reasons**

Guided Supervision is not fully implemented.

**FFY 2017 Responses/Revisions.**

Need to determine frequency and quality of utilizing Guided Supervision statewide.

**Progress Benchmark / Strategy: Not met.**

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

**Challenges / Reasons**

Family Engagement Services (Family Finding (FF), Family Team Meeting (FTM), Family Group Conferencing (FGC)) were functioning well in some regions and sporadically in other regions. There are three (3) Family Engagement Services models operating in the state.

Family Engagement Services contract was awarded in April 2015, it was only awarded for three (3) of the five (5) SCDSS Regions.

**FFY 2017 Responses/Revisions.**

The Request For Proposal for bids for Regions 2 and 5 has been re-posted in June 2016.

Need to develop a plan for training staff and stakeholders in Family Engagement Services.

**Progress Benchmark / Strategy: Complete.**

**\*1.2.5:** Perform a business process redesign assessment and make recommendations for a revised CPS assessment tool and CPS process.

**FFY 2017 Responses/Revisions.**

The tools and processes developed through the business process redesign are in a Pilot in three (3) SCDSS County Offices. Commenced during FFY 2016 and will continue into FFY 2017.

## GOAL 1

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

#### Objective 3 / Progress Measure 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.

**Progress Measure: In process.**

Target: Full Implementation FFY 2019

Actual: In Process.

**Progress Benchmark / Strategy: In process.**

**1.3.2:** Within the FFY 2015, the SOS Implementation Team will establish the criteria for full implementation of the SOS, and benchmarks for the progress toward full implementation.

**Action Steps**

**1.3.2a:** Develop criteria for full implementation. Signs of Safety will be used in all cases, and we do not refer to what we are doing as Signs of Safety, it is just standard practice. **In process.**

SC State Learning Map was determined to not be an accurate instrument to measure full implementation.

**FFY 2017 Responses/Revisions.**

Need to develop a measure for full implementation of Signs of safety.

**Progress Benchmark / Strategy: Complete.**

\* **1.3.3:** Develop Workgroups for Implementation of SOS.

The Implementation Team developed and 5 work groups are meeting regularly: Policy; Practice; Training; Communication; Information Technology.

**Progress Benchmark / Strategy: In process.**

\***1.3.4:** Implementation Workgroups operating and complete implementation tasks.

**Action Steps**

\***1.3.4a: SOS Communication** Committee to develop child protection practice framework document for practice tool for SRT's, PRT's, DRT's and brochures, three page briefing for communication with staff, families, and partners, legislature, etc.

\***1.3.4b: Practice Committee** to elicit continuous feedback from families and staff on functioning of SOS practice, quarterly feedback. **In process.**

\***1.3.4c1: Policy Committee.** Align policy and procedures (intake, investigations/assessments, family team meetings, assessment, etc.) with the SOS framework within Chapter 7. **In process.**

\***1.3.4c2:** Develop accompanying electronic links to procedures and practice to the fully revised set of streamlined and integrated policy documents. **In process.**

\***1.3.4d1: SOS Training Committee.**

Current SCDSS staff will receive additional SOS training and all new staff will receive revised Child Welfare Basic training. **In process.**

\***1.3.4d2:** Implement Practice Leader advanced training. Practice Leaders will receive advanced SOS practice training annually. **To be initiated.**

\***1.3.4d3:** Implement Coaching for Supervisors and others around SOS implementation and practice skills. Supervisors and Catalyst Groups will receive Training at least annually. **To be initiated.**



**\*1.3.4d4:** The USC CCFS researching how to get licensed to teach SOS, SOS now requires license to teach. **In process.**

**Progress Benchmark / Strategy: In process.**

**1.3.5:** Establish SOS Catalyst Groups and meeting monthly.

**Action Step**

**1.3.5a:** Develop a plan to establish SOS Catalyst Groups in each Region and meeting monthly. **In process.**

Region IV has had a Catalyst Team in place for over one year; the SOS Coordinator for Region IV is Lee County DSS Director Andrea Favor. She facilitates meetings with SOS Catalysts on a monthly basis.

**Progress Benchmark / Strategy: To be initiated.**

**1.3.6:** Create coaching cohort with expertise in SOS to support case work staff in building competencies.

**Action Step**

**1.3.6a:** Develop a plan to create coaching cohort with expertise in the SOS to support case work staff in building competencies. **To be initiated.**

**Progress Benchmark / Strategy: In process.**

**1.3.7:** Implement Workplace Learning sessions through skill building workshops and group mapping sessions.

**Action Step**

**1.3.7a:** Develop a plan for Regions 2-5 to implement Workplace Learning sessions through skill building workshops and group mappings sessions. **To be initiated.**

**Progress Benchmark / Strategy: In process.**

**1.3.8:** Implement Appreciative Inquiries (AI) through recorded interviews with staff and families when good practice is utilized to have available demonstrations of good practice.

Training for AI has begun, but has not been provided statewide.

**Action Step**

**1.3.8a:** Develop a plan to implement Appreciative Inquiries (AI) through recorded interviews with staff and families when good practice is utilized to have available demonstrations of good practice.

Performance Coaches met with Program Manager for Appreciative Inquiry in January 2016.

Each Performance Coach would meet with two clients (one in an open case and one in a closed case) each quarter to conduct an Appreciative Inquiry (AI) and gather feedback.

Coaches will share this information with each other and discuss it at bi-monthly Performance Coach meetings to identify practice trends. **In process.**

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

**Objective 4 / Progress Measure 4**

Improve the quality of Abuse and Neglect Reporting Intake decisions through the implementation of Regional Abuse and Neglect Report Intake Hubs.

**Progress Measure: Not available.**

Target- No baseline for the current quality of Intake decisions, no Progress Measure has been established.

Actual- Not available.

**FFY 2016 Responses/Revisions**

- 1) A Progress Measure will be established at the beginning of FFY 2016.
- 2) Following a recommendation by stakeholders and CBPS providers, a new Progress Benchmark/Strategy has been developed, \*1.4.8: Develop a plan for regular communications with CBPS providers regarding status of needs for services, and regarding repeat referrals.

**Progress Benchmark / Strategy: Not met.**

\*1.4.2: Develop a Progress Measure for improved quality of Abuse and Neglect Reporting Intake decisions, have a proposal approved by the SCDSS leadership, and set a baseline data of current Intake decisions, establish Progress Benchmarks, within FFY 2015.

**Action Step**

\*1.4.2a: Develop a workgroup to propose a Progress Measure for improved quality of Abuse and Neglect Report Intake decisions, have a proposal approved by the SCDSS leadership, and set a baseline data of current Intake decisions, establish Progress Benchmarks, within FFY 2016. **In process**

The following is the most recent proposal:

**Progress Measures for “improving the quality of Intake decisions”.**

- a. Refer backs to DSS, number or percentage of refer backs to DSS within 30 days of referral, due to assessing as a “High Risk”.  
-follow-up with a review by Intake Supervisor using a short checklist of perhaps 5 questions to see if the Intake had information available to make a “High Risk” decision, or was additional information learned and only available after referral.
- b. For screened out cases,
  1. The number or percentage of repeat reports of the same type of abuse and neglect within 12 months?
  2. Of those 2<sup>nd</sup> reports in a), the number or percentage of those indicated.

A baseline will need to be developed using a sampling of Intake decisions by the Regional Hub. After the baseline is developed, the Objective’s improvement measures to be decided.

**Management Performance Measures**

- 1) Does Intake Documentation support the Intake decision?
- 2) Is the information in the case file represented in the Intake tool?
- 3) Time to initial entry into CAPSS during Intake? Median time measurement baseline?

### **Challenges/Reasons**

No proposal was submitted for approval at the time of this reporting.

### **FFY 2016 Responses/Revisions**

Develop a workgroup to review proposed measures.

Review proposed measures and make recommendation for acceptance or develop and recommend alternative proposal for measures for improved decision making in Regional Intake Hubs over County-based Intake operations.

Develop a plan to obtain a County-based baseline and to measure decision-making in Regional Intake Hubs for comparison.

### **Progress Benchmark / Strategy: On hold.**

**1.4.3:** Full implementation of all Regional Intake Hubs to replace county-based Abuse and Neglect Report Intake Units, by January 2015.

### **Challenges/Reasons**

Roll out of Regional Intake Hubs was paused due to technical support challenges and staffing challenges in Intake Hubs and staffing challenges in Counties for CPS and Family Preservation cases (see 2016 APSR Monthly Caseworker Visit Formula Grant Report for staffing challenges). SCDSS Director Alford is requesting additional State funding for staff needed to complete implementation of Regional Intake Hubs.

### **FFY 2017 Revision/Response.**

The department anticipates receiving additional staff to complete implementation of Regional Intake Hubs after 6/30/16.

### **Action Steps**

**\*1.4.3a:** Develop a list of current Regional Intake Hubs fully automated operational. **In process**

**\*1.4.3b:** Develop a list of telephone systems status, needs, and barriers for each Regional Intake Hub. **In process**

**\*1.4.3c:** Develop a list of current staff situations, needs, and barriers for each Regional Intake Hub. **In process**

**\*1.4.3d:** Develop a list of other material needs and barriers to obtaining materials for implementation of each Regional Hub. **In process**

**\*1.4.3e:** Develop a plan for the training of Intake Hub workers and supervisors: decide what assessment instruments will be used, policies and procedures, develop a training schedule of dates, sites/modes of training, trainers, funding.

### **In process**

**\*1.4.3f:** Develop a list of all decisions and other aspects assisted/facilitated the full implementation of current operational Regional Intake Hubs. **In process**

**\*1.4.3g:** Develop a list of any other items that are needed, will assist in or be a barrier to the statewide implementation of Regional Intake Hubs. **In process**

**\*1.4.3h:** Develop a plan for the implementation of Regional Intake Hubs statewide utilizing information from 1.4.3a-1.4.3g. **In process**

**1.4.4:** Realign reporting structures of DSS Prevention Liaisons to report through Intake Hub supervisors to State Office Team Leader. **Under consideration.**

**1.4.5:** Develop a plan to identify and recruit Intake Mentors to coach new staff who come on board through using QA Reviews and specific decision making to determine expertise of Intake Mentors.

(This item relates to the new Career Ladder at SCDSS and increase in pay for added expertise and duties of Intake Mentors). **On hold.**

**\*1.4.6a:** Develop a plan for regular communications with CBPS providers regarding status of needs for services, and regarding repeat referrals. **Complete. Regional Directors have quarterly meetings.**

**\*1.4.7a:** Obtain results of initial regional intake roll-out (volume and quality). **On hold.**

## GOAL 2

### Children will thrive when involved with SCDSS

#### Objective 1 / Progress Measure 1 (CFSR 3 – Well-Being Outcome 1)

Enhance the capacity of families to provide for their children's needs; ensure the needs and services for the child, parents, and foster parents are identified, recommended and put into place.

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

#### **Progress Measure: Not met.**

Target "Substantially Achieved" FFY 2016 Measure – 61%

Actual "Substantially Achieved" FFY 2016 Measure – 27.6%

Source: SCDSS Quality Assurance Reviews: CFSR 3 "Onsite Review Instrument"

#### **Challenges / Reasons**

This Objective and its Project Measure, which is tied to Well-Being Outcome 1 of the CFSR 3 "Onsite Review Instrument", is therefore directly impacted by the "Strength" ratings of Items 12-15. Although not greater than the baseline data in FFY 2013, the ratings for Caseworker Visits with Children and Caseworker Visits with Parents showed progress during FFY 2016, and were almost back to the scores when started, which is progress due to the decreases in between for two years. Performance on all Well-Being 1 Items was also better in FFY 2016 than in FFY 2015. Visitations with the mother are greater than visitation frequencies with the father.

The department must continue efforts to improve engagement of the non-custodial parent. In SC, the non-custodial parent is most often the father of the child(ren). The CFSR 3 Item 15B2 indicates a frequency score of visiting with the father of only 35%, and related case planning with the father of only 32.8%.

The strategy of utilizing the "Engaging the Non-Custodial Parent" Program, to the extent that referrals were received from caseworkers, has been a part of the improvement in the Well-being Outcome 1 score.

From multiple collaborative discussions, including with the Foster Care Advisory Committee, the state knows that there continues to be limited availability and accessibility of physical and behavioral health providers and services in some rural parts of the state. The SCDSS, along with its SC Agency partners the SC Department of Health and Human Services (SCDHHS), 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 System of Care (SOC), previously called the Palmetto Coordinated System of Care, and its Service Array Workgroup.

Quality Assurance Reviews also indicate a lack of some services statewide, especially in the more rural areas, most notably as indicated above in mental health assessment and services, and additionally drug and alcohol assessment, diagnosis and treatment in each county. In some counties, for these and a few other services, children and adults must access them regionally.

The Children's Advocacy Centers (CAC) conduct interviews and make team decisions about investigation, treatment, management and prosecution of child abuse cases. There are seventeen (17) Child Advocacy Centers that serve all 46 forty-six (46) counties in South Carolina.

\*See also Goal 1, Objective 2, Strategy 4, Family Engagement Services, and Goal 1, Objective 3, Implementation of Signs of Safety, for other strategies that address Well-Being Outcome 1.

**Progress Benchmark / Strategy: In process.**

**2.1.1:** Engage noncustodial fathers in the assessment process utilizing resources and services to support healthy and safe connections.

**Action Steps**

**2.1.1a:** Develop action steps to implement “Engaging the Noncustodial Parent” training and Fatherhood Tool Kit. PowerPoint presentation developed for training. Action steps for training process and schedule developed. **In process**

**2.1.1b:** Implement “Engaging the Noncustodial Parent” training in all 5 SC DSS Regions. In process. Target completion 1/31/16. **In process.**

**FFY 2017 Revision/Response.**

- 1) Continuing “Engaging The Non-Custodial Parent” training in the third quarter of the 2015 FFY.
- 2) Increase staff capacity in the SCDSS.
- 3) Sharing of information with the courts.

**2.1.1c:** Identify procedures for Referrals to Local Fatherhood Coalitions/Service Providers to Complete Assessments and Provide Identified Services. **In process.**

- 1) Referrals should come from all areas of the Department of Social Services and should certainly include Family Preservation, Child Support, Foster Care, and Community-Based Service Providers.
- 2) Follow up on referral. Develop an electronic or manual feedback mechanism, bi-weekly staffing, spreadsheet, to verify that referrals were received, acted on, and outcomes reported.

**FFY 2017 Revision/Response**

Complete development of referral procedures.

**2.1.1d:** Establish a formal electronic referral process and practice standards for statewide implementation. In process. **In process.**

**FFY 2017 Revision/Response.**

Review proposed IT/CAPSS plan with design committee.

**GOAL 2**

**Children will thrive when involved with the SCDSS**

**Objective 2 / Progress Measure 2  
(CFSR 3 - Well-Being Outcome 3)**

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

**Progress Measure: Not met.**

Target “Substantially Achieved” FFY 2016 Measure - 67.5%

Actual “Substantially Achieved” FFY 2016 Measure – 54.3%

*Source: SCDSS Quality Assurance Reviews*

One of the most important statewide initiatives that has served as a cornerstone for accomplishing action items to support the accomplishment of Goal 2, Objective 2, Progress Benchmark/ Strategies 2.2.1-2.2.7 is the South Carolina Trauma Practice Initiative (SCTPI). The 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.

The goals of this project have been 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, SCDSS 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 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) insure that every abused and traumatized child in every county in South Carolina who needs it, receives best practice services and treatment. The SCTPI and CBLC approach will continue through FFY 2016 (see action item 2.2.7d).

The SCTPI has been considered be one of the major driving forces for transforming South Carolina into a Trauma-informed state as Project Best reports participants (over 1200 mental health professionals and caseworkers from diverse child serving agencies) provided positive feedback about the collaboration between child welfare workers and mental health professionals; the use of trauma screening; the use of trauma assessments to inform treatment interventions; the use of measurable behavioral outcomes as indicators of successful treatment; the use of evidence based treatment to reduce identified trauma symptoms; the concept of a broader Child Welfare System to include multiple child and family serving agencies and professionals to share the responsibility for services and outcomes for abused and traumatized children and their families; and the need for CWS stakeholders to collaborate regarding identification, screening, assessment, treatment engagement, treatment monitoring and treatment outcomes and data collection.

Although the SCTPI has been successful in supporting the Child Welfare System in becoming more Trauma-informed around screening, assessment and treatment, there have been some lessons learned such as those child welfare and mental health professionals who have received the training and skills to support the implementation of evidence based collaborative trauma-focused services, but do not have a systemic infrastructure that supports implementation.

The following barriers were noted:

- Lack of a data management system capability to track sequential steps of screening, assessment, collaborative integration of information from multiple stakeholders in the development of evidence-based treatment plans; the monitoring of treatment to outcome and measurable behavioral treatment outcomes for success;
- Child-serving agencies in South Carolina do not have an effective universal data system that is compatible with their individual data systems so tracking and outcomes for services can be achieved;
- A lack of collaboration between community professionals that is designed to support; the identification of child and family needs, the development of evidence-based treatment/service interventions to meet those identified needs, the monitoring of behavioral outcomes and the sharing of responsibility for outcomes/success;
- No specific billing procedure codes identified for trauma screening, assessment and treatment to allow tracking of outcomes;
- General therapy billing codes not adjusted to necessarily support the frequency and provision of services that require ninety (90) minutes versus fifty-two (52) minutes;
- Caseload size for mental health professionals can be a barrier to the provision of evidence-based TF-CBT with fidelity.
- Caseload size does not allow the flexibility for the Child Welfare caseworkers to devote adequate time to collaborate with providers in identification of evidence-based interventions and conduct informed treatment planning;

- A lack of basic training for Child Welfare caseworker on the skills required to implement an evidence-based trauma-focused collaborative Child Welfare response;
- The SCDSS and SCDMH supervisors do not have time built into their existing roles to provide case-specific supervision to front line staff as it is related to evidence based interventions and informed treatment planning.

The SCDSS, through collaboration with Project Best and all the system partners, wants to capitalize on the existing efforts and expand it to address the lessons learned in a more applicable way. That would establish a sustainable foundation for implementation of trauma practice in communities statewide.

Progress Benchmarks/Strategies and related action steps have been revised and/or added to reflect the development of local Community Change Teams, and the systemic support needed to maintain and expand them.

**Progress Benchmark / Strategy: In process.**

**2.2.1:** A development team will establish the criteria for full implementation of T-IP, set a target date for implementation, and have benchmarks for the progress toward implementation within the FFY 2016.

**FFY 2017 Responses/Revisions**

A development team will continue to monitor the steps for full implementation of T-IP, set and review target dates and timelines for implementation, and have benchmarks for the progress toward implementation within the FFY 2016.

(Items 17 and 18)

**Action Steps**

**2.2.1a:** A statewide Trauma-Informed Development Team (TIDT) will oversee implementation of all action items related to Trauma- Informed Practice (T-IP) Progress Measures/ Strategies. Including recommending revisions, enhancements to ensure interagency systemic implementation. **In Process**

The TIDT group met September 18, 2014 to officially form an interagency “development team” as a spin-off from participants in the Midlands CBLC Senior Leaders track who work in “state wide” positions. The TIDT reviewed the SCDSS 2015-2019 CFSP Five Year Plan’s Goal 2, Objective 2, the related Trauma-Informed Care Progress Benchmarks/ Strategies and Action Steps. The TIDT has continued to hold monthly meetings and has established the following three work groups: (1) data, QA monitoring, outcomes (2) cross system EB Treatment Planning (3) secondary trauma & supportive work environments. The TIDT will provide oversight of implementation of the SC 2015-2019 CFSP, Goal 2, Objective 2 related to trauma-informed care, including making recommended revisions, enhancements, and additions to Progress Benchmarks/ Strategies and/or Action Steps to ensure interagency systemic implementation. The TIDT will also serve as an avenue for providing support to Local Community Change Teams. These were established during the Project Best CBLC as places where systemic problems hindering local implementation can receive some guidance. The TIDT will also serve as a clearinghouse for sharing information, resources, trainings, projects, activities, and initiatives related to trauma. Representatives are responsible for informing TIDT of their organizations activities and for dissemination of information from the TIDT within their agency networks.

**2.2.1b:** Implement the new protocol between the SCDMH and the SCDSS that supports the process of trauma screening and trauma assessment. **In process.**

**2.2.1b1:** Recommend and obtain SCDSS approval to develop one Pilot SCDSS County and Project Best to implement new Trauma screening protocol. **In Process.**

**2.2.1b2:** Review Protocol model with Pilot SCDSS County. **To be initiated.**

**2.2.1b3:** Implement Pilot and evaluate Pilot and determine if moving into statewide implementation. **To be initiated.**

**2.2.1b4:** If determine statewide implementation, update curriculum and Protocol, add Protocol into SCDSS Policy and Procedures Manual . **To be initiated.**

**2.2.1b5:** Develop and implement Training Plan for new Protocol, Policies and procedures. **To be initiated.**

**2.2.1b6:** Develop a plan to implement Protocol, Policies and Procedures statewide. **To be initiated.**

**2.2.1b7:** Implement Protocol statewide. **To be initiated.**

**2.2.1c:** Enhance and Implement the collaborative activities identified in the Memorandum of Agreement between SCDSS and the Children Advocacy Centers. **In process.**

- 2.2.1c1:** Determine status of MOA discussions between SCDSS and CAC. **In process.**
- 2.2.1c2:** Determine status of MOAs for each SCDSS County Office and CAC to see if active and appropriate. **To be initiated.**
- 2.2.1c3:** Develop uniform MOA for all SCDSS Counties and CACs. **To be initiated.**
- 2.2.1c4:** Distribute uniform MOA to SCDSS Counties and CACs and implement. **To be initiated.**

**Progress Benchmark / Strategy: In process.**

**2.2.2:** Build trauma screening skills and tools into case work practice beginning at assessment.

**Action Steps**

**2.2.2a:** All new case workers, Supervisors, Performance Coaches and other Regional staff, County Directors and Team Leaders will complete Child VictimWeb (within three months of employment)- add to post-Child Welfare Basic certification coursework. **Complete.**

**2.2.2b:** Develop and incorporate evidence-based, trauma-informed training modules into Basic Child Welfare Training **In Process**

**2.2.2c1:** Recommend type and frequency of ongoing Trauma-Informed Training to SCDSS County staff **To be initiated.**

**2.2.2c2:** Develop a plan to provide ongoing Trauma-Informed Training, on psychological trauma and evidence-based, trauma-informed services, to SCDSS County Staff. **To be initiated.**

**2.2.2d:** Enhance CAPSS capability to capture trauma screening, assessment and treatment services in case planning and monitoring functions. **In Process**

**2.2.2e:** Revise CPS and Foster Care policy and procedures to reflect processes for trauma screening, assessment, treatment, collaboration with community-based services providers, tracking and follow up as it relates to evidence-based treatment planning developed in Community Change Team demonstration sites. **In process.**

**FFY 2017 Responses/Revisions**

Inclusion in the SCDSS Child Welfare Policy Manual is scheduled to be completed and published by 9/30/16.

**2.2.2f:** Support the implementation of the trauma screening tools into case work practice beginning at investigation and throughout and the agency's involvement (economic and human services) while focusing on skills training for staff to implement tools and incorporate in the treatment planning process. **To be initiated.**

**2.2.2g:** Develop an up-to-date and ongoing roster of practitioners who are appropriately trained in the needed evidence-based service, who deliver them with fidelity and who work collaboratively with the SCDSS. **Complete.**

**Progress Benchmark/ Strategy: To be initiated.**

**2.2.3:** All age-appropriate children with open CPS cases will have trauma screenings and referrals to access the impact of trauma and determine appropriate trauma-focused, evidence-based treatments for identified services incorporated into the treatment planning process (items 17 and 18).

**Action Step**

**2.2.3a:** All age-appropriate children with open CPS cases will be screened for a history of potentially traumatic events and trauma-related problems.

The trauma screening instrument and protocol developed by the Trauma-Informed workgroup was approved in April 2015. The SCDSS, the SCDMH, and Project Best held a joint planning meeting in May 2015 to discuss next steps for statewide dissemination of protocol. It was determined that the Children's Advocacy Centers (CAC) would be an important partner in the system for utilizing trauma tools, screening and assessment and needed to be integrated into a Protocol agreement. In June 2015, several SCDMH county offices wanted a chance to provide feedback on the Protocol prior to SCDMH State Office approval.

The Children's Advocacy Center Workgroup was established in May 2015 to draft a similar protocol for assessment with the SCDSS to ensure a broader system utilization of recognized evidenced-based trauma tools identified by the Trauma Informed workgroup.



**Progress Benchmark/ Strategy: Complete and ongoing.**

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

**Action Steps**

**2.2.4a:** Regional and community trauma-informed training for all child serving agencies sponsored by the Joint Council on Children and Adolescents. **Complete and ongoing.**

**Progress Benchmark/ Strategy: Complete and Ongoing.**

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

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

**Action Steps**

**2.2.5a:** Provider and clinician training in delivery of trauma-focused services while implementing trauma-informed practices within their agency setting (residential and community-based). **Complete and Ongoing.**

**2.2.5b:** Develop additional trauma-informed training for staff, resource families and service providers. **Complete and Ongoing.**

**2.2.5c:** Six Community-Based Learning Collaborative (CBLC) trainings will be held across the state starting in 2014 to provide Trauma-Focused-CBT training to DMH Clinicians and Broker training to the SCDSS and other stakeholders. Through participation in this collaborative, SCDSS workers and Supervisors will be trained in Trauma-Informed services, including evidence-based interventions, evidence-based treatment planning, and case management skills for treatment success. **Complete and Ongoing.**

**2.2.5d:** Coordinate with the SC Foster Parents Assn. to provide both the 4 session training as well as the more advanced training to all DSS utilized foster parents within the demonstration counties. **Complete and Ongoing.**

**Progress Benchmark/ Strategy: In process.**

**2.2.6:** Children in foster care will receive coordinated healthcare through medical, mental health and EPSDT scheduled appointments per regulatory guidelines including follow up services and/or treatment as indicated.

**Action Steps**

**2.2.6a:** Develop a standardized protocol for medical screenings, assessments, and follow-up for all children entering Foster Care will be in place with support of ongoing medical data collection/ reporting and analysis. This protocol will adhere to EPSDT requirements and DSS policy timelines to support effective and consistent use of Education and Health Passport. **In process.**

**FFY 2017 Responses/Revisions**

Education and Health Passport in CAPSS goes live 7/11/16.

**2.2.6b1:** Place the Initial Comprehensive Medical Assessment in a centralized location in CAPSS (Person Screen). **To be initiated.**

**2.2.6b2:** Research adding Education and Health Passport to Guided Supervision tool. **To be initiated.**

**2.2.6c:** All medical data from the Initial Comprehensive Medical Assessment entered into the Person Screen will automatically populate the related fields within the Education and Health Passport. **In process.**

**2.2.6d:** Create a portal for caregivers/foster parents/providers so they have the ability to review, update and print all information housed within the Education and Health Passport. **In process.**

**2.2.6e:** Create a portal for physicians so they can attach the Electronic Medical Record into CAPSS directly. **In process.**

**2.2.6f:** Develop video training on overview of psychotropic drugs, process for consent, standards of care, Education and Health and Passport process for caseworkers, physicians, caregivers and congregate care providers. **In process.**

**2.2.6g:** Explore the South Carolina Health Information Exchange (SCHIE) system to determine compatibility with CAPSS and possible method for transfer of information from SCHIE to the CAPSS. **In process.**

**2.2.6h:** Add functionality in CAPSS database to identify children coming into care who have been drug exposed in order to track medical screening, assessment, treatment and follow up at intervals outlined in policy. **In process.**

**Progress Benchmark/ Strategy:**

**2.2.7:** Expand to community-based prescription oversight of psychotropic medication for children in foster care through collaboration with the Department of Mental Health (DMH), Group Care providers, and Therapeutic Foster care providers and Foster Care Advisory Council (FCAC)

**Action Steps**

**2.2.7a1:** Evaluate prospective prescription oversight process with PRTFs. **In process.**

**2.2.7a2a:** Explore a hybrid model of medication reconciliation of prospective approvals, for community-based prescription oversight of psychotropic medication for children in foster care through collaboration with the Department of Mental Health (DMH), Group Care providers, and Therapeutic Foster care providers and Foster Care Advisory Council (FCAC). **In process.**

**2.2.7a2b:** Explore developing a Pilot system. **To be initiated.**

**2.2.7a2c:** Implement Pilot. **To be initiated.**

**2.2.7b:** Develop a process to review provider records for prescription monitoring oversight relating to psychiatric/mental healthcare for children in foster care. **To be initiated.**

**Progress Benchmark/ Strategy: In process.**

**2.2.8:** Expand to community-based prescription oversight of non-psychotropic medication for children in foster care through collaboration with the Managed Care Organization (MCO), Children Health Insurance Program Reauthorization Act (CHIPRA), SC American Academy of Pediatrics, Group Care providers, and Therapeutic Foster Care providers and Foster Care Advisory Council (FCAC)

**Action Step**

**2.2.8a:** Develop a research and advisory committee to explore national models for prescription oversight of non-psychotropic medication standards and procedures to develop preliminary recommendations to FCAC. **In process.**

**Progress Benchmark/ Strategy: In process.**

**2.2.9:** Partner with Department of Mental Health, MCO and private provider system to expand the capacity for utilization of psychiatric medication management for the State

**Action Step**

**2.2.9a:** Develop MOU with Department of Mental Health, MCO and private provider system for a process/ criteria to allow access for psychiatric medication management for those children in foster care receiving clinical support outside of the state mental health system. **In process.**

**Progress Benchmark/ Strategy: In process.**

**2.2.10:** Collaborate with DMH, Department of Alcohol and Other Drug Abuse (DAODAS), Department of Health and Human Services (DHHS), private providers, MCO to increase access to clinical, medical and addiction services.

### **Action Steps**

**2.2.10a:** Explore options such as co-location, MOU/contracts, etc. with DMH, DAODAS, MCO and private providers to offer screening, assessment and treatment services beyond the traditional office hours of 9-5pm. **In process.**

**2.2.10b:** FCAC to collaborate with DHHS, DMH, private providers and MCO to determine methods for expanding primary care, clinical, medical, and addiction services to rural areas. **To be initiated.**

### **Progress Benchmark/ Strategy: In process.**

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

### **Action Steps**

**2.2.11a:** Determine number of target population served historically (i.e. last two fiscal years). **Complete.**

**2.2.11b:** Define demographics of population served (e.g., age, race/ethnicity, regions), including identification of disparities and disproportionality. **Complete.**

**2.2.11c:** Identify services used, including any evidence-based, credentialed services. **Complete.**

**2.2.11d:** Determine expenditures per child/youth and total spending, including expenditures on “poor outcome and/or high cost” services. **To be initiated.**

### **Progress Benchmark/ Strategy: To be initiated.**

**2.2.12:** Analyze, determine final system design and financing strategies

### **Action Steps**

**2.2.12a:** Identify current funding streams and identify potential reallocation of other federal funding streams (child welfare, prevention, special education, SAMSHA block grants, etc)

**2.2.12b:** Identify financing strategies for system such as Medicaid waiver(s), Medicaid state plan amendments, IV-E waiver, state general funds, blended and/or redirection of other federal funds

### **Progress Benchmark/ Strategy: To be initiated.**

**2.2.13:** Submit needed state plan amendments, waivers, other applications.

### **Action Steps**

**2.2.13c:** Submit applications

**2.2.13d:** Develop policy and procedures and promulgate rules as required

**2.2.13e:** Develop RFP's and enroll providers

**2.2.13f:** Develop reimbursement rates

### **Progress Benchmark/ Strategy: To be initiated**

**2.2.14:** Implement grant requirements and develop additional implementation strategies

### **Action Steps**

**2.2.14a:** Develop training and capacity building plan

**2.2.14b:** Develop statewide phase in approach

**2.2.14c:** Implement statewide rollout plan

### **Progress Benchmark/ Strategy: To be initiated.**

**2.2.15:** Design PCSC organizational infrastructure for service delivery.

### **Action Steps: To be initiated.**

**2.2.15a:** Establish workgroups to develop and implement a communication plan for PCSC, eligibility tool for PCSC, outcome measures, cultural linguistic competencies, and capacity and training

**2.2.15b:** Determine PCSC infrastructure service delivery design and access points

- 2.2.15c:** Partner with state agencies and congregate care providers through an advisory board to explore national Building Bridges Initiative (BBI) and assess the application of best practices in residential care
- 2.2.15d:** SCDSS to explore options of becoming a certified case management entity (CME)
- 2.2.15e:** Complete a Fixed Price Bid for a Center for Excellence

**Progress Benchmark/ Strategy: In process.**

- 2.2.16:** A credit report will be obtained for all tribal youth, age 16 and older

**Action Steps**

- 2.2.16a:** Assess the barriers to obtaining credit reports. **Complete.**
- 2.2.16b:** Make a recommendation for obtaining credit reports and sharing them. **Complete.**
- 2.2.16c:** Post and Hire Position. **In process.**

**Progress Benchmark/ Strategy: In process.**

- 2.2.17:** A formal process to identify Native American children who will turn 17 years old within 90 days will be developed in order to begin formal transition planning and education about emancipation after the youth turns 18 years old.

**Action Steps**

- 2.2.17a:** An assessment of the challenges of identifying Native American children/youth. **Complete.**
- 2.2.17b:** Develop other ideas to identify if child is CIN or non-CIN Native American. **In process.**
- 2.2.17c:** A recommendation to SCDSS for procedures to add and current procedures to reinforce for identifying Native American children/youth. **In process.**
- 2.2.17d:** Identify Native American-specific items for transition planning. **In process.**

## **GOAL 2**

### **Children will have meaningful and lifelong connections with family and in community.**

#### **Objective 3 / Progress Measure 3 (CFSR 3 – Permanency Outcome 1 – Item 4)**

Improve the placement stability of children in foster care, ensure that any changes in placement that occur are in the best interest of the child, and consistent with achieving the child’s permanency goals.

Using the baseline score of 75.8% for counties for Item #4 in the FFY 2013, the score for all counties will improve to 80.8% by end of the FFY 2019, with bench marks of 1% per year improvement.

**Progress Measure: Not met.**

Target “Substantially Achieved” FFY 2016 Measure – 77.8%

Actual “Substantially Achieved” FFY 2015 Measure – 62.3%

Source: SCDSS Quality Assurance Reviews: CFSR 3 “Onsite Review Instrument”

**Challenges / Reasons**

There was an improvement in this Outcome score from 53.6% Substantially Achieved to 62.3%.

One of the primary factors for the lower “Strength” rating in Item 4 is the shortage of Foster Family Homes for sibling groups and older children in foster care. In addition there is a general shortage of Foster Family Homes, while the number of children coming into care has remained fairly consistent. There is less than one (1) Foster Family Home available for each child in foster care. It has been estimated that the state needs approximately fourteen hundred (1400) additional Foster Family Homes to accomplish a one child for one Foster Family Home.

As reported in the “Assessment of Performance” in this 2017 APSR, data indicators and quality assurance review results indicate the need to address placement stability.

**Progress Benchmark / Strategy. Complete.**

**2.3.1:** Increase supports and linkages to services for Kinship Caregivers in Family Preservation cases. (See Goal 3, Objective 1, (3.1.1) for information on the progress of the Kinship Caregiver initiative, previously called the Kinship Caregiver, and 2016 FFY Responses/Revisions.)

**Progress Benchmark / Strategy. To be initiated.**

**2.3.2:** Increase access to and coordination of mental and behavioral health services for youth in Family Preservation cases. (See Goal 4, Objective 1, Strategy 2, (4.1.2) for information that addresses this Strategy)

**Progress Benchmark / Strategy. Complete.**

**2.3.3:** Develop targeted recruitment strategies to increase numbers of Foster Families who can serve sibling groups and older youth. Target Foster Home recruitment to include sensitivity and skills training related to caring for special populations – children who are severely emotionally disturbed, youth who are medically fragile and affirming lesbian, gay, bi-sexual, transgendered and questioning.

During the second quarter of FFY16, the SCDSS entered into contractual agreements with five (5) public universities to provide logistical and marketing support for foster home recruitment efforts. The contract specifically states, “The collaboration between DSS and Contractor shall increase the net number of homes each year to provide care and support for teens, sibling groups, children/youth with medically complex needs and, in some cases, infants and toddlers.” The contracts are monitored for compliance to this and other obligations.

Potential foster parents attend at least fourteen (14) hours of pre-service training, which includes skill-building and understanding of the needs found in special foster populations. Children requiring therapeutic placements, such as those who are medically fragile or severely emotionally disturbed, are placed in homes for which additional (at least eighteen (18) more hours) of specialized, pre-service training is required.

The SC Foster Parent Association sponsored training relevant to LGBTQI youth at the most recent statewide Annual Foster Parent Conference (May 2016). The SCDSS is exploring a partnership with the conference presenters to build training curriculum, so that all Foster Parents will have the knowledge and skills to work with this population.

**Progress Benchmark / Strategy. In process.**

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

**Action Step: In process.**

The 3 pilot counties are using safety network meetings.

**2017 FFY Responses/Revisions**

Three Pilot Counties are scheduled to be finished the Pilot project by the end of the first quarter of FFY 2017, and begin evaluation.

(See Goal 1, Objective 3, 1.3) for Strategies and Action Steps that addresses this Objective and Strategy)

**GOAL 3**

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

**Objective 1 / Progress Measure 1  
(CFSR 3 Permanency Outcome 1)**

Improve the permanency and stability of children in their living situation.

- a) Using the statewide baseline percentage of 92.7 % as of 5/1/15, of those reunified and did not have a Foster Care re-entry within 12 months of a prior episode, the statewide percentage of those reunified and did not have a Foster Care re-entry within 12 months of a prior episode will improve to 96.7 % by the end of the 2019 FFY, with Progress Benchmarks of 1% per year improvement.
- b) Using the baseline score of CFSR 2 Items 6, 7, 8, 9, 10, from the Quality Assurance Reviews 10/1/14-1/31/15 (9 counties), of 35.74%, the Permanency Outcome 1 score will improve by the end of the 2019 FFY to 43%, with Progress Benchmarks of 2% improvement per year.
- c) Recruitment - Permanency Outcome 1: Achieve a growth in each SCDSS County Office, Region, and statewide of a net increase of 20% in Foster Families by the end of the 2015 CY, compared to the number of Foster Families on 1/1/2015.

**Progress Measure: Not met.**

- a) Target FFY 2016 Measure – 93.7%  
Actual FFY 2016 Measure – 87.7%

Source: SCDSS Child and Adult Protective Services System (SACWIS)

**Performance Measure 3 - Treatment Cases with No New Indicated Reports June 2016**

Measure: Of all treatment cases that were closed during the year prior to the reporting period, what percentage did NOT have a new founded intake within 12 months of the treatment case being closed?

Report Period: May 1, 2015 - April 30, 2016

Office of Case Management	Number of Treatment Cases Closed	# of Treatment Cases with No New Founded Intakes within 12 Months	% of Treatment Cases with No New Founded Intakes within 12 Months	Treatment Cases with a New Founded Intake within 12 Months	# Above or Below State Average
<b>Total for REGION</b>					
<b>STATE TOTAL</b>	<b>5,753</b>	<b>5,045</b>	<b>87.7%</b>	<b>708</b>	

Source: SCDSS Child and Adult Protective Services System CAPSS (SACWIS)

- b) Target “Substantially Achieved” FFY 2016 Measure – 37.7%  
Actual “Substantially Achieved” FFY 2016 Measure – 18.5%
- c) Target “Substantially Achieved” FFY 2016 Measure – 20%  
Actual “Substantially Achieved” FFY 2016 Measure – **Not Met.**

## **Challenges / Reasons**

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. Related to the CFSP Progress not being met, many of the children who remain in need of a “Forever Family” have been more challenging to place for adoption than those placed in FFYs 2012-2013, as evidenced by the data that many of them have been legally free for 6 months or more. Many of these children are older teens and in sibling groups. The number of quality Foster 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.

As indicated above in this section, one of the primary factors for the lower “Strength” rating in Item 4 is the shortage of Foster Family Homes for sibling groups and older children in foster care, in addition to there being a general shortage of Foster Family homes. It has been estimated that the state needs approximately fourteen hundred (1400) additional Foster Family homes to attain a ratio of Family Home for each child. .

As a response to this emergency of needing a net increase of at least 1400 Foster Families, the SCDSS restructured its Licensing, Recruitment and Support Units in FFY 2016, and placed an emphasis on expediting the Licensing Process. The Agency contracted with five (5) SC Universities to assist with recruitment events, added Regional Foster Family and Licensing Support staff. See the Strategic Action Plan Goal 3, Objective 1, and the Foster and Adoptive Parent Diligent Recruitment Plan for more information on the reinvigorated emphasis and efforts to develop a net increase of 1400 Foster Families.

### **Progress Benchmark / Strategy: Complete.**

**3.1.1:** Facilitate supports for families taking legal custody/guardianship of children, Kinship Care.

#### **Action Steps**

**3.1.1b:** Distribute Kinship Care brochures with contact information and support services being offered, and other items in Kinship Care Roll-out Plan. **Complete.**

**\*3.1.1c:** Evaluate systems of support for Kinship Caregivers. **Complete.**

**\*3.1.1d:** Establish a tracking system for Kinship Caregivers. **Complete 7/22/2015.**

**\*3.1.1e:** Establish a plan to input Kinship Care data. **Complete.** Directive Memo sent 7/15/15

#### **2017 FFY Responses/Revisions**

The Annie E. Casey Foundation has completed its needs assessment.

### **Progress Benchmark / Strategy: In process.**

**3.1.2:** Develop and implement the Foster Family Recruitment and Retention Plan to include a Native American-Specific Adoption Recruitment Plan, a Faith-Based Adoption Recruitment Plan.

#### **Action Steps**

**3.1.2a:** Engage NRC to develop a recruitment work plan- draft plan delivered to SCDSS / draft finalized, submitted to ACF for approval. **Complete.**

**3.1.2b1:** Implement Business Process Redesign for initial Licensing procedures- develop new approved application done at Intake, train, and communicate to families. **Complete.**

“Intake/Application Form” has been revised and is posted in the Master Forms Index. SCDSS Form 1572.

**3.1.2b2:** Implement Business Process Redesign for initial Licensing procedures- Create a centralized Licensing Team and standardize home visits. **Complete.**

**3.1.2b3:** Implement Business Process Redesign for initial Licensing procedures- Revise medical and financial forms and standardize “Bootleg Forms”. **Complete.**

**3.1.2b4:** Implement Business Process Redesign for initial Licensing procedures- License to cover all age, gender, and capacity restrictions, integrate to CAPSS. **Complete.**

**3.1.2b5:** Implement Business Process Redesign for initial Licensing procedures-Employ Fire/DHEC Inspectors. **In process.**

**3.1.2b6:** Implement Business Process Redesign for initial Licensing procedures- Revise the Foster Parenting website. **Complete.**

**3.1.2c1:** Home Studies- redraft contract at end of contract period. **In process.**

**3.1.2c2:** Home Studies- develop training related to contract contents, including licensing procedures, licensing procedures and requirements, and support piece. **In process.**

**3.1.2c3:** Home Studies- implement training related to contract contents, including licensing procedures, licensing procedures and requirements, and support piece. **To be initiated.**

**3.1.2d1:** Address the Fire Inspection requirements for windows and smoke alarms- communicate change to staff. **Complete.**

**3.1.2e1:** Rollout Regional Foster Family and Licensing Support Unit- Hire State Director for Regional Foster Family Support Unit. **Complete.** Hired Unit Manager 8/2/15.

**3.1.2e2:** Rollout RFFLSU - Collect detail data for recruitment within school districts. **Eliminated.**

**3.1.2e3:** Rollout RFFLSU - Identify current dedicated staff to transfer. **Complete.**

**3.1.2e4:** Rollout RFFLSU - Hire new staff in existing positions. **Complete.**

**3.1.2e5a:** Rollout RFFLSU - Hire new staff in newly established positions (dependent on budget request). **Complete.**

**3.1.2e5b:** Rollout RFFLSU -develop curriculum for initial training of existing SCDSS staff Implement training of existing staff. Develop curriculum and Supervisor Manual for OJT. **Complete.**

Training curriculum has been developed and is in use which provides the principles of the original training to staff hired since October 2015. The new curriculum is presented by the staff supervisor in conjunction with on-the-job training.

**3.1.2e5c:** Rollout RFFLSU -implement training for all staff hired since 10/1/15. **Complete.**

Training curriculum has been developed and is in use which provides the principles of the original training to staff hired since October 2015. The new curriculum is presented by the staff supervisor in conjunction with on-the-job training.

**3.1.2f:** Rollout RFFLSU - Track outcomes. **Complete.**

Beginning 4/1/16 the Foster Family and Licensing Support Units began tracking activities relevant to recruitment, retention, and relicensing. Specifically, these lead measures are tracked/reported weekly:

Recruitment – make at least 1-2 weekly contacts with potential community recruitment partners AND participate in at least 15 outreach events per quarter

Retention – each worker make at least 50 personal contacts with foster parents each month AND increase documentation so contacts and quarterly visits can be formally tracked

Relicensing – packets sent to state office for review at least 30 days prior to license expiration AND foster parent training hours are monitored and tracked.

**3.1.2g1:** Recruitment Goal: Communicate goal of 20% Net increase in Foster Families in each County, Each Region, and statewide. **Not Met. In process.**

Goal of 20% net increase was not met during calendar year 2015. New goals are being set by county/region as well as through contracts with public universities.

**3.1.2g2:** Recruitment Goal: Track progress. **Complete and ongoing.**

**3.1.2h:** Hold ongoing joint recruitment events with GAL. **Complete and ongoing.**

**3.1.2i1:** Collaborate with the Catawba Indian Nation (CIN) to recruit Foster Families- Assess the adoption recruitment needs to be included in a Native American- specific Adoption Recruitment Plan. **Complete.** Catawba Indian Nation Reservation information session provided on Saturday, October 24, 2015.

#### **2017 FFY Responses/Revisions**

Revised recruitment plan and action steps being developed. Target developed by 8/31/16.



**3.1.2i2:** Collaborate with the Catawba Indian Nation (CIN) to recruit Foster and Adoptive Families- Develop a written recruitment plan in consultation and coordination with the developing Foster Family and Licensing Support Plan. **Complete.** See action steps 3.1.2i3 and following.

**3.1.2i2a1:** Contact Linda Love to schedule an orientation session in October 2015, with Contact Heartfelt Calling to schedule participation. **Complete.** October 24, 2015.

**3.1.2i2a2:** Contact Region 2 Resource Licensing Staff for scheduling  
Contact Region 2 Foster Family Support and Licensing Staff for Scheduling. **Complete.**

**3.1.2i2a3:** Publicize Session. **Complete.**

**3.1.2i2a4:** Preparations for session **Complete.**

**3.1.2i2a5:** Present Orientation / Information Session.

Offer 14 Hr. Foster Family Training, provide application forms

**3.1.2i2a6:** Review and evaluate Session. **Complete.**

**3.1.2i2a7:** Schedule next quarterly Session. **Complete.**

**3.1.2i2a8:** Develop steps for next Orientation Session for recruitment of Native American Foster/Adoptive Family Homes on the CIN Reservation. **In process.**

**3.1.2i2b1:** Develop list of DHEC barriers to licensing on the CIN Reservation. **In process.**

**3.1.2i2b2:** Develop plan to address DHEC barriers identified. **To be initiated.**

**3.1.2i2b3:** Develop list of Background Checks barriers to licensing of Native American Foster /Adoptive Family Homes. **To be initiated.**

**3.1.2i2b4:** Develop plan to address Background Checks barriers to licensing Native American Foster/Adoptive Family Homes. **To be initiated.**

**3.1.2i2b5:** Coordinate with Marilyn Matheus communication plan developed for SCDSS Foster Family Licensing and Support Plan to include Native American-specific recruitment. **To be initiated.**

#### **FFY 2017 Responses/Revisions**

Decided that the SCDSS would meet with the SC Dept. of Labor Licensing and Regulation (LLR) (State Fire Marshal) and the SC Department of Health and Environmental Control regarding transfer of health and sanitation inspections of foster homes to LLR (State Fire Marshal). This change would allow for one visit by State Fire Marshal Deputies to conduct fire safety, and health & sanitation inspections, leading to a more streamlined and efficient inspection for families. LLR is required to submit a scope of work and cost analysis so that DSS may develop a contract. Contract is pending receipt of the requested information.

**3.1.2i2b6:** Review "Recruiting-families-for-native-american-children.pdf" and add steps to recruitment plan. **To be initiated.**

**3.1.2i2b7:** Contact state-recognized tribes for recruitment. **In process.**

#### **2017 FFY Responses/Revisions**

Contacted Marcie Hayden, SC Minority Affairs Office, for information on other SC Tribes.  
Invited to next workgroup meeting 7/17/16.

**3.1.2j1:** Develop a Faith-Based Adoptions Recruitment Plan. **Complete.**

1. Develop a contact list of Faith Based Organizations for each region.
2. Create a Faith Based Recruitment Tool Kit.
3. Make a contact with identified faith based organizations in each region.
4. Recruitment Tool Kit Presentation.
5. Schedule and Execute Recruitment Events

**3.1.2j2:** Implement a Faith- Based Adoptions Recruitment Plan. **To be initiated.**

**3.1.2k1:** Recruitment Campaign- Rollout public awareness campaign. **Complete.**

Governor Haley officially launched her "Champions for Children" campaign on 3/16/16, which is recognized as the launch of our public awareness efforts.

**3.1.2k2:** Recruitment Campaign- Develop strategic plan for recruitment campaign. **Complete.**

**3.1.2k3:** Recruitment Campaign- develop draft recruitment contract with universities and submit to SCDSS Procurement Office for review and posting. **Complete.**  
 During the 2<sup>nd</sup> quarter of FFY16, the SCDSS entered into contractual agreements with five (5) public universities to provide logistical and marketing support for Foster Home recruitment efforts. Currently Francis Marion University, South Carolina State University, University of South Carolina Beaufort, and University of South Carolina Upstate are participating.

**3.1.2l:** Develop campaign materials to be used statewide. **Complete.**

**3.1.2m:** Track outcomes and analyze. **Complete and ongoing.**

**3.1.2n1:** Development of a contract to provide peer-to-peer mentoring for Foster Families. **On hold.**

**3.1.2n2:** Peer-to-peer mentoring for Foster Families-Rollout revised format. **On hold.**

**3.1.2o:** Ongoing participation in SCFPA meetings by SCDSS County Directors. **Complete and ongoing.**

**3.1.2p1:** Training- redraft SCFPA contract to include quality assurance, behavior intervention, trauma-informed care. **In process.**

**3.1.2p2:** Training- explore evidence-based training for Foster Families. **In process.**

**3.1.2q1:** Develop feedback loop in the communication plan with Foster Families. **In process.**

**3.1.2q2:** Develop letter to be sent to Foster Families at initial Licensing. **Complete.**  
 "Form 1582 – Welcome Letter".

**3.1.2q3:** Implement letter to be sent to Foster Families at initial Licensing. **Completed** August 2015.

**3.1.2r:** Develop PowerPoint for communicating changes for SCFPA (BPR, RFFLSU). **Completed.**

**3.1.2s:** Develop website for Foster Family Recruitment. **Complete.** Website ([www.scfamilies.org](http://www.scfamilies.org)) went live on 2/1/16.

**3.1.2t:** Implement SCDSS Foster and Adoptive Recruitment Communication Matrix. **In process.**

**2017 FFY Responses/Revisions**

Communication plan is to be updated with information relevant to the new structure of the Foster Family and Licensing Support Units, to include university partners and website. Target to complete new plan is 6/30/16.

**3.1.3a:** Post-adoption services- Assess the availability and quality of post-adoption support services. **In process.**  
 SC Child Welfare Policy Manual. Section 616. Adoption Preservation Services  
 Agency will assist birth families, adoptees, and adoptive families after finalization to preserve adoptive families and assist families in maintaining appropriate contact.

**2017 FFY Responses/Revisions**

QIC-AG resource catalogue available

**3.1.3b:** Post-adoption services- develop a plan to enhance the availability and quality of post-adoption support services.

**GOAL 3**

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

**Objective 2 / Progress Measure 2  
 (CFSR 3 -Permanency Outcome 2)**

Improve the continuity of family relationships and connections with the neighborhood community, faith, extended family, Tribe, school, and friends for children.

- a) Using a baseline of 51.4% (period May 1, 2014 – April 30, 2015) of the percentage of children placed in their county-of-origin, improve the proximity of children placed in Foster Care to their family, schools, neighborhoods, churches, to at least 70% (SCDSS established objective) by the end of the FFY 2019. Benchmarks of improvement of at least 5% per year.

*Source: SCDSS Child and Adult Protective Services System-CAPSS (SACWIS)*

**Progress Measure: Not met.**

- b) Target “Substantially Achieved” FFY 2016 Measure – 56.4%  
Actual “Substantially Achieved” FFY 2016 Measure – 44.3%

**Performance Measure 13 - Foster Children Placed in County of Origin**

**June 2016**

**Measure:** Of all children in foster care during the reporting period (excluding IFCCS and Adoptions children), what percentage are placed within the county of origin?

**Objective:** >=70% (Agency established objective)

**Report Period:** May 1, 2015 - April 30, 2016

County of Origin of the Child	Total Children < 18 Years Old and in Care during the Report Period	# Children Placed in County of Origin	% Children Placed in County of Origin	County of Provider Not Identified in CAPSS	# Children Placed Out-of-State	# Others Not In County of Origin	Total Not In County of Origin	# Above or Below State Objective
<b>Total for REGION</b>								
<b>OBJECTIVE</b>			70.0%					
<b>STATE TOTAL</b>		6,432	2,847	44.3%	224	3,361	3585	-1,655.4

Source: SCDSS Child and Adult Protective Services System CAPSS (SACWIS)

- c) Using the baseline score of 54.4% for counties for Items 12-16 in the CFSR 2, Permanency Outcome 2, 10/1/14-1/31/15, the score from the CFSR 3 Permanency Outcome 2, Items seven through eleven (7-11) for all counties will improve to 62.4% by end of the 2019 FFY, with bench marks of 2% per year improvement.  
Target “Substantially Achieved” FFY 2016 Measure – 56.4%  
Actual “Substantially Achieved” FFY 2016 Measure – 46.3%

Source: SCDSS Quality Assurance Reviews: CFSR 3 “Onsite Review Instrument”

**Progress Benchmark / Strategy: In process.**

**IC 3.2.1:** Develop jointly with the Catawba Indian Nation, recommend, and finalize a Memorandum Of Understanding between the CIN and the SCDSS, that will clarify and be agreed upon that: when the SCDSS becomes involved with children and youth of non-CIN tribes, that the tribe of origin of the child or youth will be contacted first according to current law, and the other tribe must contact the CIN to request the CIN to intervene on their behalf, and then the SCDSS will share information about the case with the CIN.

**2017 FFY Responses/Revisions**

MOU written, signed by SCDSS Director. Waiting for the Chief of Catawba Indian Nation to sign, to be approved.

**Progress Benchmark / Strategy: Complete.**

**\*3.2.2:** Get clarification from the SCDSS Office of General Counsel when ICWA applies and disseminate information to the SCDSS staff and all stakeholders. **Complete.** See 3.2.1.

**Progress Benchmark / Strategy: In process.**

**IC 3.2.3:** Develop and implement 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.

Send information re ICWA application to SC Child Welfare Policy Manual re-write focus groups for inclusion.

- Formal training activities

Regional training events in all 5 Regions at least once beginning 11/20/15 through April 2016.

### **2017 FFY Responses/Revisions**

Create a fact sheet on ICWA compliance guidelines to include an ICWA compliance flow chart (this will be part of the MOU).

Develop method(s) for disseminating information to the identified groups.

-The SCDSS and the General Counsel of the Catawba Indian Nation will take the information to SC Bench Bar.  
Disseminate information to all groups.

### **2017 FFY Responses/Revisions**

**\*3.2.2c:** Develop and implement a process obtain any relevant data that may be needed to assess compliance. (See section 422(b)(9) of the Act.)

### **Progress Benchmark / Strategy: In process.**

**IC 3.2.3:** 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. **Complete.**

See MOU 3.2.1.

## **GOAL 4**

### **Build System Capacity to Support Safe and Thriving Children in Lifelong Families.**

#### **Objective 1 / Progress Measure 1**

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

### **Progress Benchmark/ Strategy: In process.**

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

### **Action Steps**

**4.1.1a:** Finalize Caseload Methodology. **Complete.**

**4.1.1b1:** Implementation of new Caseload Methodology through notification for (177) Full Time Equivalent positions from S.C. Legislature, and additional caseworker and supervisor positions added Statewide. **In process.**

SC Legislature approved 177 new Full Time Employment (FTE) positions 6/30/15

(See "2016 Monthly Caseworker Visit Formula Grant Report"- due 12/15/15)

**4.1.1b2:** Develop a Caseload Study and make recommendations for caseload reduction methods. **Complete.**

Approved by SCDSS Executive Leadership. See Caseload in the introduction to the Update to the Plan for Improvement.

**4.1.1b3:** Make decision on caseload reduction recommendations to implement. **Complete.**

**4.1.1b4:** Develop plan to implement accepted recommendations. **In process.**

**4.1.1c:** Hire additional caseworkers in Richland County. **In process.**

Continuous job postings were put into place in order to expedite continuous hiring.

**During FFY 2015,** the SCDSS leadership has added (40) caseworker assistant positions in counties across the state including Richland County to help alleviate administrative burdens upon caseworkers in the field. The SCDSS also began implementing a second shift in Richland County to handle the overage of calls and case follow up from first shift caseworkers in efforts to retain existing and incoming caseworkers. \*See Goal 4, Objective 3, in "3. Update to the Plan for Improvement and Progress Made to improve Outcomes".

**4.1.1d:** Maximize staff time in the field through the use of mobile computing and communications technology.

**Completed.**

The SCDSS provided smart phones to every practitioner to allow access to technology that increases their safety and efficiency in the field. In May 2016, SCDSS received a grant to pilot the use of a mobile dictation device.

**4.1.1e: New Case Management System (Case Commons). Completed.**

**4.1.1f: Deploy Alcohol and Drug Abuse treatment providers and Licensed Independent Practitioners to provide trauma screenings, vulnerability assessments, and ongoing services to children and families in the child welfare system to include: a dedicated caseworker to work in the DSS office, integrated residential treatment for entire families, substance abuse cross-training for SCDSS staff, and drug screening for DSS families. Completed.**

The SCDSS and Department of Alcohol and Other Drug Abuse (DAODAS) entered into a contract on April 1, 2015 to fund thirty-three (33) Alcohol and Other Drug (AOD) treatment staff in SCDSS county offices. The purpose of the contract is for those persons involved in child welfare that are referred to AOD treatment staff will receive AOD screening, testing and assessment as deemed appropriate within ten days of referral. The intent is to ensure those families involved in child welfare have access to timely AOD screening, assessment, and follow up treatment as identified to support appropriate treatment planning, placement, permanency, safety, and well-being outcomes.

**4.1.1g: Dispatch a 20-person intensive casework team (Response Team) to immediately relieve higher than average Richland County caseloads. The team will be a combination of caseworkers coming into the Richland County office and caseworkers in surrounding counties taking on Richland County's cases. Completed.**

**Progress Benchmark/ Strategy. Eliminated.**

**4.1.2: Implement a statewide model for Teaming. Eliminated.**

Determined to not be a productive model for SC.

**Progress Benchmark/ Strategy. In process.**

\* **4.1.3: SCDSS Child Welfare Policy Manual Rewrite.**

#### **2017 FFY Responses/Revisions**

Scheduled to be completed for all Child Welfare Policy Manual and published by 9/30/16

**Progress Benchmark/ Strategy. In process.**

**4.1.4: Develop predictive analytics capability and process.**

**Challenges/Reasons:** With the SCDSS Executive Leadership staff changes in FFY 2015 and FFY 2016, there was a period of examination of all the SCDSS Child Welfare Services Divisions and realignments were implemented. This strategy will be re-implemented in FFY 2017. The SCDSS will become a member of The Center for State Child Welfare Data at Chapin Hall in FFY 2017. The Agency anticipates the membership and access to analytical technical assistance with Chapin Hall will support the development of a longitudinal Child Welfare database. The Data Center designs and will build a copy of a longitudinal database built with CAPSS data along with access to a Multistate Foster Care Data Archive (FCDA) web tool. The web tool is an online portal to SCDSS's longitudinal database. The web tool is a decision support instrument that enables a wide variety of users to answer critical questions about systemic trends and outcome

#### **2017 FFY Responses/Revisions**

This strategy will be re-implemented in FFY 2017.

## **GOAL 4**

### **Build System Capacity to Support Safe and Thriving Children in Lifelong Families.**

#### **Objective 2 / Progress Measure 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.

**Progress Benchmark/ Strategy. In process.**

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

**Action Step**

**4.2.1a:** Continue the Leadership Academy for Supervisors (LAS) for new and seasoned Supervisors to build leadership skills around supporting/leading staff to improve assessments of education, health, and mental health needs and services during worker visitations with the children involved with SCDSS. **In process.**

**Progress Benchmark/ Strategy. In process.**

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

**Action Steps**

**4.2.2a:** Implement Core Management Functions training for building skills of finance, HR, and IT, for managers at SCDSS. **To be initiated by 6/30/16.**

**4.2.2b:** Implement a child welfare training academy that enhances leadership for middle managers in child welfare. **In process.**

**2017 FFY Responses/Revisions**

Curriculum has been submitted to the SCDSS Executive Leadership for approval or revision. .

**Progress Benchmark/ Strategy. In process.**

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

**Action Steps**

**4.2.3a:** Implement Leadership training through peer to peer support, online discussions, statewide meetings/conferences and workshops, and County Director Forums.

**Leadership Academy for Supervisors ongoing.** All other statewide staff meetings on hold pending SCDSS Executive Leadership review and approval.

**4.2.3b:** Implement Leadership training through peer to peer support, online discussions, statewide meetings/conferences and workshops, and Supervisor Summits. **On hold.** Pending SCDSS Executive Leadership review and approval.

**4.2.3c:** Develop advisory group to assess training needs and develop content/training events to meet identified needs such as all facets of County operations in Child Welfare, Child Support, Economic Services, Child Care, along with Executive Leadership Forum series. **In process.**

**Progress Benchmark/ Strategy. In process.**

**4.2.4:** Build Supervisor's capacity to lead and support caseworkers in best practices.

**Action Steps**

**4.2.5a:** Develop certification program for Child Welfare Supervision. **To be initiated.**

**4.2.4b:** Implement certification for Child Welfare Supervisors and certification process. **To be initiated** during FFY 2016 through FFY 2017.

**4.2.4c:** Supportive Mapping for Supervisors. (See 1.3.7a) **Completed.**

## GOAL 4

### Build system capacity to support safe and thriving children in lifelong families.

#### Objective 3 / Progress Measure 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.

#### Progress Benchmark/ Strategy. In process.

**4.3.1:** Implement a career ladder for front line practitioners and leadership. Implementation of SCDSS revised pay band system.

#### Challenges/ Reasons

The SCDSS developed an initial Career Ladder Workgroup that included multiple program areas and divisions (i.e., Human Resources, Human Services Division, Integrated Child Support Services Division, Office of General Counsel, Early Care and Education), for the purposes of developing draft proposals for program areas for career ladders that included revised initial hiring salaries and requirements with commensurate HR policy support, pay band increase percentages for each pay band level for additional duties, knowledge, and skills, incremental in-band increases that would recognize enhanced skill sets and experience, and retention strategies that increase compensation based on qualifications, responsibilities and skill level. Proposals were finalized for a Career Ladder Leadership Workgroup that would be formed to assess proposals and integrate plans for utilization by the entire organization and its diverse program areas. The Career Ladder leadership Group work was delayed while more immediate career ladder actions were taken to address staff capacity issues in the Human Services Division. The following critical action steps were taken to immediately support the recruitment and retention in the Human Services Division:

- 10% salary increase for county Child Welfare caseworkers and supervisors has been implemented and took effective October 2014.
- New positions hired on, or after, October 2, 2014 were hired at the new base salary.
- Established Senior Child Welfare Practitioner positions to incentivize exceptional casework and create opportunities for advancement for frontline practitioners. Lead workers serve as mentors to their colleagues and provide leadership within their units. Forty-four Senior Child Welfare Specialists have been nominated and achieved an internal title change with a raise
- The SCDSS leadership also developed a new entry level Caseworker Assistant position. The organization allocated (40) new caseworker assistant positions to counties in November 2014 to provide support to frontline practitioners, allowing them to increase their face-to-face time with children and families, and it also created another step for advancement within the organization.
- On June 5, 2015, The SCDSS has turned its focus back to developing career ladder opportunities for the entire organization. The Career Ladder Leadership Workgroup reviewed all the initial proposals submitted by the Career Ladder Workgroup back in August 2014. The following mini-workgroups were formed: New Hire Step matrix, In-Band Increases Based on Competencies, Job Class Advancement/ New Positions Classification, Other Retention Strategies, Establishment of Personnel Baseline.

#### FFY 2017 Responses/Revisions

Research and discussions ongoing.

### **Action Steps**

**4.3.1a:** The SCDSS will implement a new hire, advancement and retention criteria to optimize the flexibility of the existing state pay band system. **In process.**

### **Challenges/ Reasons**

See Reasons Not Met in Strategy 4.3.1 section above.

### **FFY 2017 Responses/Revisions**

New action items for pay band revisions to be determined upon completion of 4.3.1b.

**4.3.1b:** Career Ladder Leadership Workgroup will determine organizational Career Ladder strategies and definitive implementation recommendations. **On hold.**

### **Progress Benchmark/ Strategy. In process.**

**4.3.2:** Increase the capacity of the Child Welfare workforce to promote safety, permanency, and well-being for children involved with SCDSS.

### **Action Steps**

**4.3.2a:** Increase Capacity for delivering Child Welfare Basic. **In process.**

In June 2014, Child Welfare Basic (CWB) training was reduced from 12 weeks to 6 weeks by removing the time between in-class learning sessions. The content of the training and 19 days of classroom learning remain unchanged. However, this has allowed the CCFS to double the number of CWB training slots for new workers.

**4.3.2b:** Reduce duplicative/excessive paperwork by locating Medicaid eligibility workers in large counties that would be responsible for fulfilling federally-mandated Medicaid eligibility and enrollment. **To be initiated.**

### **Challenges/ Reasons**

There has been no movement on this strategy at the county level. However, the Department of Health and Human Services (DHHS) has placed a sponsored Medicaid eligibility worker and co-located the position at the SCDSS State Office to ensure children coming into care are processed within 24-48 hours. DHHS also added (2) new eligibility workers within their state office to help the backlog of new children in care and identifying those children that were not recognized in their system as a foster care child. This has supported children in foster care receiving uninterrupted healthcare through the Select health MCO.

### **FFY 2017 Responses/Revisions**

Action step will remain for 2017 APSR with a revised completion date of December 15, 2016.

**4.3.2c:** Implement a 2<sup>nd</sup> shift staffing pilot in larger counties (Richland/Greenville) through recruitment on continuous postings targeted 2<sup>nd</sup> shift work hours. **Complete and continuing to evaluate.**

**4.3.2d:** Develop a database of Child Welfare staff to support county offices during critical need periods - a list of staff that would be available PRN from across the state. **On hold.**

### **FFY 2017 Responses/Revisions**

The SCDSS does not have an automated tracking mechanism operational. The SCDSS has had introductory conversations about becoming a part of the South Carolina Learning Management System. These conversations are continuing, but no firm plans to become part of the system have been made.

**4.3.2e:** Increase and refine recruitment and hiring efforts by the SCDSS, to include engaging collegiate community in recruitment efforts and continuing education opportunities for child welfare staff. **In process.**

The Director of CQI will schedule meetings with the Regional Directors beginning June 2016 to address and track staff morale, retention and recruitment efforts. Surveys and feedback from the SCDSS staff out in the Regions will be reviewed to determine ways to improve staff retention and determine other needs of the staff.

The SCDSS is in the process of developing a training plan so that the Agency can ensure that workers receive training related to their program areas.



### **FFY 2017 Responses/Revisions**

The Agency is in communication with colleges to explore interns from colleges for field placement and future possible employment with the SCDSS. Last year recruitment interviews were held for staff at Richland and Lexington with assistance from HR staff.

See also 4.1.1b action item in Goal 4, Objective 3.

**4.3.2f:** Implement SharePoint site for Adoption Subsidy replacing paper files. **Completed.**

Adoptive Home SharePoint site was completed and State Adoption Office staff were trained on SharePoint use.

**Progress Benchmark/ Strategy: In process.**

**4.3.3:** Address secondary trauma and resiliency training for staff.

#### **Action Steps**

**4.3.3a:** Implement staff support in addressing secondary trauma through support groups and resiliency training. **In process.**

The SCDSS leadership held an initial orientation on secondary trauma at the County Director Forum in November 2014. The SCDSS collaborated with Foster Care Review Board and the First Baptist Church in Simpsonville in the upstate of South Carolina to offer a Chaplain program to SCDSS employees. The first meeting was held by the Chaplain in December 2014 and about forty-five (45) employees dropped in to meet the Chaplain. The Chaplain comes to the DSS Greenville County Office two times per month. Most of that time is spent face-to-face with workers. The Chaplain program has been well received and about thirty (30) workers have been seen since the start of the service.

In the Lowcountry part of South Carolina, Coastal Crisis Chaplaincy Program did a "meet and greet" on March 17, 2015 at Dorchester County DSS. The Coastal Crisis Chaplaincy were willing to offer phone counseling as well as face to face support to staff who are experiencing secondary trauma or compassion fatigue. The Lead Chaplain communicated a willingness to come back and meet with Dorchester County staff. No assessment of utilization has been performed as it is in the early stages of implementation.

The Pee Dee area of the state is in collaboration with a Chaplain to develop a team of faith-based partners for Region 4 to include a Head Chaplain from each county.

The SCDSS conducted a 2.5 hour "Impact of Trauma and Power of Resiliency" training in the counties from May 2015-December 2015.

The SCDSS is also exploring the utilization of Project Best to provide consultation in the development of support groups focused on building and sustaining resiliency

**Progress Benchmark / Strategy: In process.**

**IC 4.3.4:** Make recommendations for further training and conferences on ICWA.

#### **Action Steps**

**4.3.4a:** Review results of statewide 6/27/14 ICWA-related education event at CIN Reservation. **Complete.**

**4.3.4b:** Make recommendations for further training and conferences on ICWA. **Complete.**

**4.3.4c:** Develop and implement Regional Training activities. **Complete.**

Training events were provided at Greenville, Columbia, Florence, Charleston, Rock Hill, Aiken.

**4.3.4d:** Make recommendations for further training and conferences on ICWA in Child Welfare Basic (CWB) for caseworkers. **Complete.**

Linda Love (CIN Director of Social Services) reviewed the content of Child Welfare Basic, ICWA-related content, for additional information possibly needed. Linda Love indicated that what is in the CWB "sounds good and accurate." Confirmed by the SCDSS/CIN workgroup not to recommend additional ICWA-related content for CWB at this time.

**Progress Benchmark / Strategy. In process.**

**IC 4.3.5:** Develop a training component for ICWA based on the level and type of cultural competency / diversity that is needed.

### **Action Steps**

**4.3.5a:** Do an assessment with the CIN on what information the Tribe wants to be included in the component, for the SCDSS staff and providers, and make recommendation to the SCDSS leadership. **Complete.**

Recommendations from the CIN Chief and other members of the Tribe.

- Cross-training SCDSS and CIN on content.
- Training on Tribal affiliation differences.
- CIN and non-CIN Native Americans hesitant to self-identify as Native Americans. (including Trail of Tears, etc.).
- The ICWA compliance requirements.
- Native American and non-Native American cultural differences.
- Caseworkers to know about Catawba.
- Catawba Indian Nation "Brief History" booklet as a resource.

**4.3.5b:** Develop annual required desktop training and other online ICWA and CIN-related information resources for the SCDSS staff and stakeholders. **In process.**

The CCFS staff met with Linda Love and they agreed upon areas to include in online training:

- Explain the ICWA and what it does;
- Overview of the Catawba culture;
- Ask the question of Native American lineage and do diligent search for birth fathers;
- Explain role of the Catawba Indian Nation;
- Make sure caseworkers understand the need for more information about the family and seek that information (family names, etc.);
- Explain the Catawba Indian Nation genealogy chart and its usefulness in finding family.

Initial plans are to develop:

- Video ICWA overview
- Video CIN history and contemporary life
- Video "Ask The Question!"

### **FFY 2017 Responses/Revisions**

Anticipated that video will be completed during the fourth quarter of FFY 2016 and implemented during FFY 2017.

**4.3.5b2:** Develop a plan to develop Qualified Expert Witnesses for CIN and Native American cultural priorities and needs (QEW), for participation in Court Hearing. **To be initiated.**

**4.3.5c1:** Develop plan to require and deliver online training, if approved, as an annual requirement. **To be initiated.**

**4.3.5c1a:** Develop Certification and completion. **To be initiated.**

### **Progress Benchmark / Strategy: Complete.**

**IC 4.3.6:** Involve the Catawba Indian Nation in the Foster Care Advisory Committee and the Foster Care Review Board.

Linda Love (CIN) placed on all e-mail invitation lists for these organizations and participating.

## **GOAL 4**

**Build system capacity to support safe and thriving children in lifelong families.**

### **Objective 4 / Progress Measure 4**

Establish and Maintain a Continuous Quality Improvement (CQI) System.

**Progress Measure: In process.**

**Progress Benchmark / Strategy: In process.**

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

**Action Steps**

**4.4.1a:** Create written and consistent CQI standards and requirements. **In process.**

**4.4.1b:** Schedule first Statewide Child Welfare Improvement Team (CWIT). **Complete.**

The first statewide information meeting was on 3/31/15. Traditionally, State and Local SCDSS offices met with agency partners and advocates to share service-related information and discuss problems with child welfare service delivery. The CWIT team has added to the traditional function the opportunity to engage in a quality improvement process for addressing performance gaps around the CFSR performance standards.

Launched at the State level in May 2015, the State CWIT team ( the Foster Parent Association, the Foster Care Review Board, the Guardian ad Litem Program, the University of South Carolina, Center for Child and Family Studies (CCFS), a Foster Parent Representative, and the University of South Carolina, Children's Law Center (CLC) agreed to focus on using the quality improvement process to reduce out-of-county placements, and to recruit, retain and support more quality Foster Families to support more placement stability and, therefore, improve statewide performance on Permanency Outcome One (Children have permanency and stability in their living situation). Team members agreed to support and facilitate the SCDSS's Foster Family Recruitment and Support Plan by participating in activities locally and at the State level. Through participating in this Plan, they will partner to increase the focus on improving the results around the SCDSS efforts to recruit, retain and support more high quality Foster Families across the state. The State CWIT team members have agreed to support the building of the local CWIT teams by encouraging and supporting local members of the child welfare community to join and actively participate in the CQI process at County CWIT meetings.

In support of this new process, Statewide and County CWIT teams will submit Continuous Quality Improvement (CQI) activity reports to the Director of Child Welfare Operations, to the attention of Director of Continuous Quality Improvement, for review and discussion. Child Welfare Services leadership will use team findings to develop systemic reports that inform training, resource allocation, and strategic planning. Team activities will be reported to stakeholders/consumers on an ongoing basis in periodic updates. Copies of State and County CQI activities will be available upon request. Individual feedback will be shared directly with affected staff to promote an agency-wide learning environment, which will lead to improvements in service quality to constituents.

**4.4.1c:** Complete training process for CQI staff. **In process.**

**4.4.1d:** Create written policies, procedures, and practices for the CQI process. **In process.**

**4.4.1e:** Hire designated CQI staff or CQI contractor staff. **To be initiated.**

Identified number of positions/classifications.

**Progress Benchmark / Strategy: In process.**

**4.4.2:** Collect quality data.

**Action Steps**

**4.4.2a:** Formalize a process to identify and resolve data quality issues. **To be initiated.**

**4.4.2b:** Create a process to access data collection for children served in their own home (data required to monitor process and outcomes measurement for cases). **To be initiated.**

**4.4.2c:** Build a process to assess our current methodology for collection of statewide data for the systemic factors of case review, training, diligent recruitment and retention, and service array to be sure that the state has the correct information to assess performance related to these systemic factors. **To be initiated.**

**4.4.2d:** Build a process to analyze how case ratings are completed. **To be initiated.**

**4.4.2e:** Adopt new CFSR 3 "Onsite Review Instrument" and revise State-specific policy and procedures questions in QA Review. **Complete.**

Removed SC State Policy and Practice-related items from the CFSR 3 "Onsite Review Instrument" Instrument".

#### **FFY 2016 Responses/Revisions**

Develop a separate SC State Policy and Practice-related section of the new CQI QA Review “Onsite Review Instrument” Instrument for non-CFSR-related items to be reviewed.

Train all QA Reviewers on new CFSR Instrument, CFSR 3.

Train QA Reviewers on new CQI Instrument with the SC State Policy and Practice-related section .

Test launch of new CQI QA Review “Onsite Review Instrument”.

Full launch of new CQI QA Review “Onsite Review Instrument”.

**4.4.2f:** Conduct an assessment of QA training curriculum, written manuals protocols, instructions, and procedures to ensure accurate case reviews, second level quality assurance, and inter-rater reliability. **To be initiated.**

#### **Progress Benchmark / Strategy: In process.**

**4.4.3:** Have an ongoing case review system

#### **Action Steps**

**4.4.3a:** Conduct On-Site Facilitated Discussion (OSFD) in each county that has a full Quality Assurance Review, each county will have at least one QAR each year.

#### **FFY 2016 Responses/Revisions**

The plan to begin implementing the “Facilitated Discussions” under the revised plan became operational in the third quarter of FFY 2015.

The plan to provide “Facilitated Discussions” has been amended to include hiring/utilizing and training separate staff for the “Facilitated Discussions” beginning in the first quarter of FFY 2016. Additionally, while this hiring and training is in process, the SCDSS CQI office will work with the CCFS Studies to facilitate these discussions within two weeks of the receipt of the debriefing report for every county.

Following a Quality Assurance Review, SCDSS County Offices receives a feedback meeting called a “Facilitated Discussion”, with training and leadership staff. “Facilitated Discussions” are designed to identify both the strengths and areas needing improvement in County child welfare services. The SCDSS holds Facilitated Discussions with County Human Services staff after Counties have received and reviewed the Debriefing Report from the Quality Assurance Review. The SCDSS will schedule a Facilitated Discussion within two weeks of receipt of the Debriefing Report to develop the action plan with the reviewed County. "

**4.4.3b:** Utilize a rolling group of QA Reviewers to help with On-site Facilitated Discussions (OSFD) in counties. **Eliminated.**

**4.4.3b:** Build a formal process to aggregate Statewide and local data and make it available to stakeholders for analysis. **To be initiated.**

#### **Project Benchmark / Strategy: To be initiated.**

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

#### **Action Steps**

**4.4.4a:** Build a formal process for analyzing and understanding the data and providing feedback on analysis and conclusions. **To be initiated.**

**4.4.4b:** Develop a process to translate results (trends, comparisons and findings) for use by courts, tribes, and a broad range of stakeholders, and disseminate results through reader-friendly reports and websites. **To be initiated.**

**4.4.4c:** Develop a process where results (i.e., trends, comparisons and findings) are used by agency leadership, courts, tribes, entities with title IV-E agreements, and other stakeholders to help guide collaborative efforts, inform the goals and strategies of the CFSP and other State plans for federal funds such as the Court Improvement Program strategic plan, and to improve practice, services and monitor/track progress toward goals. **To be initiated.**

**4.4.4d:** Train Supervisors and field staff to understand how results link to daily case work practices and ensure results are used by supervisors and field staff to assess and improve practice. **To be initiated.**

**Project Benchmark / Strategy: To be initiated.**

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

**Action Steps.**

**4.4.5a:** Results are used to inform training, policy, practice, community partnerships, service array (service gaps, quality, etc.), automated system development, and other supportive systems. Program Evaluation. **To be initiated.**

**4.4.5b:** Create protocol to ensure that CQI process is adjusted as needed over time as results indicate a need for additional study, information and/or analysis. **To be initiated.**

## **GOAL 4**

**Build system capacity to support safe and thriving children in lifelong families.**

### **Objective 5 / Progress Measure 5**

Improve the collection of information and data of Independent Living Services, and improve the consistency and thoroughness by caseworkers of the content of the entries into CAPSS (SACWIS) of paid and unpaid Independent Living Services received by the youth.

The SCDSS invited the Administration for Children and Families to conduct a National Youth in Transition Database (NYTD) Review of the state's Independent Living (IL) Program, as a Pilot for performing these reviews in other states. This Review was conducted in July 2014 and included all Independent Living services, the Education and Training Voucher Program, and the data collection and reporting thoroughness and accuracy.

The items that the Review indicated needed to be addressed were integrated into the 2015-2019 CFSP Strategic Action Plan. Some of the NYTD required improvements in the "NYTD Quality Improvement Plan" were the same as existing IL Progress Benchmarks/Strategies from the 2015-2019 CFSP, and so were integrated into those. At the same time, those NYTD requirements that were integrated into an existing IL Strategy were indicated as such with "N-QIP". Some of the NYTD required actions were not already in the 2015-2019 CFSP, and so were integrated into the Strategic Action Plan as new Objectives when necessary, and as new Progress Benchmarks/Strategies when possible, and also are identified with "N-QIP".

**Progress Measure: In process.**

**Progress Benchmark / Strategy: In process.**

**4.5.1:** Report information on all youth receiving independent living services.

**Action Steps**

**4.5.1a:** N-QIP General Requirement #1 Establish a business practice to report information on all youth receiving independent living services. **Complete.**

The state must establish a business practice to consistently and accurately capture information on all services. Trained caseworkers and supervisors on Form 30254 and its utilization, and on the NYTD Services Booklet- Form 30255, in County Offices and Regional Offices.

#### **FFY 2017 Responses/Revisions**

Create a webinar training, professional development training, update basic child welfare training for IL through UofSC Center for Child and Family Studies, including like skills assessment. Supervisors direct caseworkers to utilize, face-to-face, Form 30254 with Congregate Care and Foster Parent providers, and ensure that caseworkers are keeping Form 30254 in file.

**4.5.1b:** N-QIP Data Element #20 Services approved via a funding request for IL services. **In process.** (DSS Form 30198). Specifically, the state must ensure that only services delivered to youth are reported to NYTD and not simply services that are “approved”.

#### **FFY 2017 Responses/Revisions**

Part of this item is completed, the adding of notation in e-mail approval letter. To be made part of a check voucher process when there is a uniform business process created for all counties or if IL is able to build a business office within the IL program area. Process still in development phase for Independent Living business office.

**4.5.1c:** N-QIP General Requirement #1. Services provided by foster parents. **Complete and ongoing.** Caseworkers are not consistently documenting services delivered by foster parents. For each of the following Data Elements, SAP 4.8.1c-4.8.1q, the state should revise its business process for collecting information on Independent Living services to ensure that service information is consistently captured regarding activities and supports paid for by the SCDSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).

#### **FFY 2017 Responses/Revisions**

IL Advocates have also been doing training with the foster parents throughout the state and introducing the new 30254 form (Monthly NYTD Services Tracking Form). Form needs to be uploaded in Master Forms Index.

**4.5.1d:** N-QIP Data Element #20 Independent living needs assessment. **In process.**

The state is encouraged to clarify with practitioners what constitutes a systematic “needs assessment” for the purposes of reporting Element 20. The state should revise its business process for collecting information on Independent Living services to ensure that service information is consistently captured regarding activities and supports paid for by DSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).

#### **FFY 2017 Responses/Revisions**

IL staff will continue to consult and meet with Regional Directors in order to ensure supervisors are monitoring caseworkers are inserting accurate data.

IL staff working with CAPSS (SACWIS) Team to resolve all CAPSS issues.

**4.5.1e:** N-QIP Data Element #21 Academic support. **Complete.**

The state’s IL services booklet (DSS Booklet 30255) should be revised to clarify the following about Element 21:

- Funding for “pre-college” expenses including applications and SAT/ACT, transportation to SAT/ACT, “College Goal Sunday” are “post-secondary supports” (element 22), not “academic supports” (element 21).
- A youth’s “attendance at IEP meetings” should not be considered “academic support” provided by the agency.

The SCDSS IL staff team has revised the 30255 NYTD booklet to clarify this issue, and is currently in the printing process.

#### **FFY 2017 Responses/Revisions**

IL staff working with CAPSS (SACWIS) Team to resolve all CAPSS issues.

**4.5.1f:** N-QIP Data Element #22 Post-secondary educational support. **In process.**

The state should revise its business process for collecting information on Independent Living services to ensure that service information is consistently captured regarding activities and supports paid for by the SCDSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).

**FFY 2017 Responses/Revisions**

IL staff currently working with CAPSS (SACWIS) Team to resolve all CAPSS issues. New method of entering NYTD services being developed.

**4.5.1g: N-QIP Data Element #23 Career preparation. In process.**

The state should revise its business process for collecting information on Independent Living services to ensure that service information is consistently captured regarding activities and supports paid for by DSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).

**FFY 2017 Responses/Revisions**

IL staff currently working with CAPSS (SACWIS) Team to resolve all CAPSS issues. New method of entering NYTD services being developed.

**4.5.1h: N-QIP Data Element #24 Employment programs or vocational training. In process.**

The state should revise its business process for collecting information on Independent Living services to ensure that service information is consistently captured regarding activities and supports paid for by DSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).

**FFY 2017 Responses/Revisions**

IL staff currently working with CAPSS (SACWIS) Team to resolve all CAPSS issues. New method of entering NYTD services being developed.

**4.5.1i: N-QIP Data Element #25 Budget and financial management. In process.**

The state should revise its business process for collecting information on Independent Living services to ensure that service information is consistently captured regarding activities and supports paid for by DSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).

**FFY 2017 Responses/Revisions**

IL staff currently working with CAPSS (SACWIS) Team to resolve all CAPSS issues. New method of entering NYTD services being developed.

**4.5.1j: N-QIP Data Element #26 Housing education and home management training. In process.**

The state should revise its business process for collecting information on Independent Living services to ensure that service information is consistently captured regarding activities and supports paid for by DSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).

**FFY 2017 Responses/Revisions**

IL staff currently working with CAPSS (SACWIS) Team to resolve all CAPSS issues. New method of entering NYTD services being developed.

**4.5.1k: N-QIP Data Element #27 Health education and risk prevention. In process.**

The state should revise its business process for collecting information on Independent Living services to ensure that service information is consistently captured regarding activities and supports paid for by DSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).

**FFY 2017 Responses/Revisions**

IL staff currently working with CAPSS (SACWIS) Team to resolve all CAPSS issues. New method of entering NYTD services being developed.

**4.5.1l: N-QIP Data Element #28 Family support and healthy marriage education. In process.**

The state should revise its business process for collecting information on Independent Living services to ensure that service information is consistently captured regarding activities and supports paid for by DSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).

**FFY 2017 Responses/Revisions**

IL staff currently working with CAPSS (SACWIS) Team to resolve all CAPSS issues. New method of entering NYTD services being developed.

**4.5.1m: N-QIP Data Element #29 Mentoring. In process.**

The state's IL services booklet (SCDSS Booklet 30255) should be revised to clarify that Independent Living needs assessment activities do not count as "mentoring" for Element 29.

The state should revise its business process for collecting information on Independent Living services to ensure that service information is consistently captured regarding activities and supports paid for by the SCDSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).

**FFY 2017 Responses/Revisions**

IL staff currently working with CAPSS (SACWIS) Team to resolve all CAPSS issues. New method of entering NYTD services being developed.

**4.5.1n: N-QIP Data Element #30 Supervised independent living. In process.**

The state should revise its business process for collecting information on Independent Living services to ensure that service information is consistently captured regarding activities and supports paid for by DSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).

**FFY 2017 Responses/Revisions**

IL staff currently working with CAPSS (SACWIS) Team to resolve all CAPSS issues. New method of entering NYTD services being developed.

**4.5.1o: N-QIP Data Element #31 Room and board financial assistance. In process.**

The state should revise its business process for collecting information on Independent Living services to ensure that service information is consistently captured regarding activities and supports paid for by the SCDSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).

**FFY 2017 Responses/Revisions**

IL staff currently working with CAPSS (SACWIS) Team to resolve all CAPSS issues. New method of entering NYTD services being developed.

**4.5.1p: N-QIP Data Element #32 Education financial assistance. In process.**

The state should revise its business process for collecting information on Independent Living services to ensure that service information is consistently captured regarding activities and supports paid for by DSS or provided by caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).

**FFY 2017 Responses/Revisions**

IL staff currently working with CAPSS (SACWIS) Team to resolve all CAPSS issues. New method of entering NYTD services being developed.

**4.5.1q: N-QIP Data Element #33. Other financial assistance. In process.**

The state should revise its business process for collecting information on Independent Living services to ensure that service information is consistently captured regarding activities and supports paid for by the SCDSS or provided by



caseworkers and foster parents for all served youth regardless of age or foster care status (see General Requirement #1).

**FFY 2017 Responses/Revisions**

IL staff currently working with CAPSS (SACWIS) Team to resolve all CAPSS issues. New method of entering NYTD services being developed.

**Progress Benchmark / Strategy: In process.**

**4.5.2:** Provide training to providers on Form 30254 and the process.

N-QIP General Requirement #1. Services provided by contractors. **In process.**

Case-level information on services delivered by contractors must be collected and reported. The ACF learned during interviews that sometimes this service data is reported in aggregate only.

Case-level information on services delivered by contractors must be collected and reported. The ACF learned during interviews that sometimes this service data is reported in aggregate only.

**FFY 2017 Responses/Revisions**

Future goals: train foster youth to self-identify the NYTD services

**GOAL 4**

**Build system capacity to support safe and thriving children in lifelong families.**

**Objective 6 / Progress Measure 6**

Improve the collection of information and data of Independent Living services by modifying the CAPSS to be able to identify demographics, special populations, and their needs.

**Progress Measure: In process.**

**Progress Benchmark / Strategy: In process.**

**4.6.1:** Address and correct CAPSS-related data element errors.

**Action Steps**

**4.6.1a:** N-QIP General Requirement #1 Services provided to youth over age 21. **Complete.**

The state currently does not report on older youth who may be receiving services such as ETV.

**4.6.1b:** N-QIP General Requirement #1 Demographic elements that help identify special populations of youth and their needs. **In process.**

Federally-recognized tribal membership, adjudicated delinquent, educational level, special education were not able to be collected in the Child and Adult Protective Services System (CAPSS) as required by the NYTD regulation.

**FFY 2017 Responses/Revisions.**

The corrections for educational level and special education services are ongoing until completed 9/2016

**4.6.1c:** N-QIP Data Element #4 Date of birth. **In process.**

The state should develop a procedure to monitor this element to ensure that dates of birth are reported correctly and consistently in the NYTD reports.

**FFY 2017 Responses/Revisions.**

IL staff will continue to consult and meet with Regional Directors in order to ensure supervisors are monitoring Caseworkers inserting accurate data.

Will ask for information about the portal to verify birth date

Will need to add name of the reporter

**4.6.1d:** N-QIP Data Element #11 Race: Unknown. **Complete.**

The state's system must allow this element to be selected in combination with other race data for a multiracial youth.

**4.6.1e: N-QIP Data Element #14 Foster care status – services. In process.**

The state must revise the CAPSS so that the placement type “Court Ordered Unlicensed Parent” is not considered “foster care”, for the purposes of determining a value for Element 14.

**FFY 2017 Responses/Revisions.**

Working with CAPSS Team to resolve all CAPSS issues.

**4.6.1f: N-QIP Data Element #15 Local agency. In process.**

For youth placed and served in South Carolina from another state via the Interstate Compact for the Placement of Children (ICPC), the state must report the sending state’s local agency code for Element 15.

**FFY 2017 Responses/Revisions.**

Working with CAPSS Team to resolve all CAPSS issues.

**4.6.1g: N-QIP Data Element #16 Federally-recognized tribe. Complete.**

The state is to report “blank” for this element when the federally-recognized tribal membership or eligibility for membership is not known or is pending verification.

**4.6.1h1: N-QIP Data Element #16 Federally-recognized tribe. Complete.**

The state should revise the CAPSS value “M” (“Member but not enrolled”) as it is ambiguous and could be interpreted to mean that a youth is a member of a federally-recognized tribe.

**4.6.1h2: N-QIP Data Element #16 Federally-recognized tribe. Complete and Ongoing.**

The state must establish supervisory controls to monitor the updating of this demographic information.

**FFY 2016 Responses/Revisions**

IL staff will continue to consult and meet with Regional Directors in order to ensure supervisors are holding case managers accountable for inserting accurate data.

**4.6.1i: N-QIP Data Element #17 Adjudicated Delinquent. In process.**

The state is to revise the CAPSS to enable the collection of information on whether a youth receiving services was ever adjudicated delinquent by a court, regardless of the corresponding placement or timing of the adjudication.

**FFY 2017 Responses/Revisions.**

Working with CAPSS Team to resolve all CAPSS issues.

**4.6.1j: N-QIP Data Element #17 Supervisory controls. In process.**

The state must establish supervisory controls to monitor the updating of this demographic information.

**FFY 2017 Responses/Revisions.**

Working with CAPSS Team to resolve all CAPSS issues.

IL staff will continue to consult and meet with Regional Directors in order to ensure supervisors are monitoring Caseworkers inserting accurate data.

**4.6.1k: N-QIP Data Element #18 Educational level. In process.**

The state must add a CAPSS code for “post-secondary education or training” for Element 18.

**FFY 2017 Responses/Revisions.**

Working with CAPSS Team to resolve all CAPSS issues.

**4.6.1l: N-QIP Data Element #18 College. In process.**

The state must ensure that the value “college” is reported for the served-population youth who have “at least one semester” of college for Element 18.

**FFY 2017 Responses/Revisions.**

Working with CAPSS Team to resolve all CAPSS issues.

**4.6.1m: N-QIP Data Element #18 Grade levels. In process.**

The state is encouraged to reconsider its approach to collecting both grade levels (e.g., 5<sup>th</sup> grade, 6<sup>th</sup> grade, etc.) and certification levels (e.g., “high school diploma”, “GED”, etc.), in the CAPSS “education level attained” menu.

**FFY 2017 Responses/Revisions.**

Working with CAPSS Team to resolve all CAPSS issues.

**4.6.1n: N-QIP Data Element #18 Demographic data supervision. Complete and ongoing.**

The state must establish supervisory controls to monitor the updating of this demographic information.

**FFY 2017 Responses/Revisions**

IL staff will continue to consult and meet with Regional Directors in order to ensure supervisors are monitoring Caseworkers inserting accurate data.

**4.6.1o: N-QIP Data Element #19 Special education. In process.**

The state must be able to capture information on the receipt of Special Education instruction during a six-month report period for youth in the served population.

**FFY 2017 Responses/Revisions.**

The IL staff will work with the CAPSS task group to ensure ability to capture this information.

**4.6.1p: N-QIP Data Element #19 Element 19 values.**

The state is encouraged to reconsider the CAPSS values that map to Element 19, as they are diagnoses and not indicative of whether a youth received Special Education instruction. **In process.**

**FFY 2017 Responses/Revisions.**

Working with CAPSS Team to resolve all CAPSS issues.

**4.6.1q: N-QIP Data Element #19. Complete and ongoing.**

The state must establish supervisory controls to monitor the updating of this demographic information.

**FFY 2017 Responses/Revisions**

IL staff will continue to consult and meet with Regional Directors in order to ensure supervisors are monitoring caseworkers are inserting accurate data.

**4.6.1r: N-QIP Data Element #36 Foster care status – outcomes. Complete.**

The state must report the youth’s foster care status (Element 36) on the date that the state determines the reason for the youth’s non-participation in the NYTD survey.

The SCDSS IT Unit has resolved this issue.

**4.6.1s: N-QIP Data Element #53 Marriage at child's birth. Complete.**

The state must establish a quality assurance process to resolve internally consistent data errors in this element by consulting with the youth rather than using its extraction routine to automatically convert erroneous survey responses for this element into valid values.

**4.6.1t: N-QIP Data Element #56 Health insurance type: Medical. Complete.**

The state must establish a quality assurance process to resolve internally consistent data errors in this element by consulting with the youth rather than using its extraction routine to automatically convert erroneous survey responses for this element into valid values.

**4.6.1u: N-QIP Data Element #57 Health insurance type: Mental health. Complete.**

The state must establish a quality assurance process to resolve internally consistent data errors in this element by consulting with the youth rather than using its extraction routine to automatically convert erroneous survey responses for this element into valid values.

**4.6.1v: N-QIP Data Element #58 Health insurance type: Prescription drugs. Complete.**

The state must establish a quality assurance process to resolve internally consistent data errors in this element by consulting with the youth rather than using its extraction routine to automatically convert erroneous survey responses for this element into valid values.

**GOAL 4**

**Build system capacity to support safe and thriving children in lifelong families.**

**Objective 7 / Progress Measure 7**

Improve the knowledge of Foster Families, other providers, and youth of the Independent Living services available for youth.

**Progress Measure: In process.**

**Progress Benchmark / Strategy: Complete and ongoing.**

**4.7.1:** Train providers and youth on the availability, completion, and submission of the state's need-based grant waiver on the SC Commission On Higher Education website, and on the Guide Book. Include the May 1 annual target deadline for submission, however youth can also submit post May 1.

**Progress Benchmark / Strategy: Complete.**

**Strategy 4.7.2:** Add the question on the ETV application- "Has the youth applied for the Grant Waiver?"

**Progress Benchmark / Strategy: Complete.**

**Strategy 4.7.3:** Improve the information provided to caseworkers regarding the locations and dates of College Goal Sundays provided by the Commission On Higher Education.

**Progress Benchmark / Strategy: In process.**

**Strategy 4.7.4:** Explore the use of media and technology to communicate with youth directly including the NYTD University of South Carolina Listserv.

**FFY 2017 Responses/Revisions**

The use of media and technology to communicate with youth directly have been explored and still requires SCDSS Executive Management approval.

**GOAL 4**

**Build system capacity to support safe and thriving children in lifelong families.**

**Objective 8 / Progress Measure 8**

Caseworkers will be enabled to do effective transition planning, in order to involve all youth and their adult support system in effective transition planning, within the 90 day period prior to their 17<sup>th</sup> birthday, and monthly, face-to-face following the youth's 18<sup>th</sup> birthday as long as the youth receives Independent Living funding, per Foster Care Manual, Section 832.01.01, Transition Planning Prior to Emancipation, effective February 3, 2013.

**Progress Benchmark / Strategy: In process.**

**4.8.1:** Train providers and youth on State's need-based Grant Waiver.

**FFY 2017 Responses/Revisions.**

IL staff will continue to present information in training workshops during youth group meetings throughout the state.

IL staff will share the information with partners that provide services and programs to applicable youth. The transition planning form is currently in final review still pending input from providers and case managers.

## **GOAL 4**

### **Build system capacity to support safe and thriving children in lifelong families**

#### **Objective 9 / Progress Measure 9**

Be able to determine the foster care status for baseline youth who did not participate in the survey, and be able to technically validate to ensure that all eligible baseline youth with a survey request are reported on by the CCFS prior to NYTD file submission, and be able to technically validate that all follow-up population cohort youth with a survey request are reported on by CCFS prior to NYTD file submission, in order to improve the NYTD Survey of youth and the follow up to the Survey by the SCDSS.

**Progress Measure: In process.**

**Progress Benchmark / Strategy: Complete.**

**4.9.1:** Explore with the SCDSS Information Technology Unit the reason that the foster care status cannot be determined for baseline youth who did not participate in the survey.

Report submitted the reason that the foster care status cannot be determined for baseline youth who did not participate in the survey.

**Progress Benchmark / Strategy: In process.**

**4.9.2: N-QIP General Requirement #2 Eligible for survey.**

The state is to develop a validation routine to ensure that all youth in the baseline or follow-up population eligible for the survey are reported on by the CCFS and included in the appropriate NYTD file.

A plan was developed to validate that all eligible baseline youth with a survey request are reported on by USC prior to NYTD file submission.

**Progress Benchmark / Strategy: Complete.**

**4.9.3: N-QIP General Requirement #4 Eligible for survey.**

The state is to develop a validation routine to ensure that all youth in the follow-up population eligible for the survey are reported on by the CCFS and included in the appropriate NYTD file.

A plan was developed to validate that all eligible baseline youth with a survey request are reported on by USC prior to NYTD file submission.

**Progress Benchmark / Strategy: Complete.**

**4.9.4: N-QIP General Requirement #7 Eligible for survey.**

As noted in General Requirements 2 and 4, the state is to develop a validation routine to ensure that all youth in the baseline or follow-up population are reported on in the appropriate file.

A plan was developed to validate that all eligible baseline youth with a survey request are reported on by USC prior

**Progress Benchmark / Strategy: Complete.**

**4.9.5:** The state conducts quality assurance to ensure NYTD information can be analyzed and used.

#### **Action Steps**

**4.9.5a:** N-QIP General Requirement #8 QA changes. **Complete.**

The state will make changes to its QA procedures to address logically inconsistent data errors in elements 34-58 by determining the cause of the error and resolving the inconsistency by consulting the youth instead of automatically correcting the error.

The SCDSS CAPSS is now reporting inconsistencies to NYTD partners at the CCFS, rather than correcting them. The CCFS is to contact youth and submit file fix to SCDSS Information Technology (IT) Team.

**4.9.5b: N-QIP General Requirement #8 Analyze data of youth services. In process**

The state is strongly encouraged to develop and implement a systematic effort to analyze NYTD data to assess youths' access to services, the quality of services, or youth involvement in their own transition planning. The state should engage young people in developing and implementing these plans.

NYTD team to train staff, administration, community partners and care providers in understanding and utilizing NYTD data to inform practice and assess quality of services provided. This was accomplished through weekly Human Service Leaders conference calls, P3-Regional SCDSS and external stakeholders meetings, Palmetto Association For Children and Families, SC Foster Parent Association, & the Independent Living Advisory Committee. **Complete and ongoing.**

**FFY 2017 Responses/Revisions**

Engaging youth in transition planning, SCDSS IL is revising the assessment tool (PATTY Form 30206) to include more comprehensive planning and collaboration with the youth, and sent to IT to place on SCDSS Server "Forms Index", in process. In addition, the IL team is reaching out to provide training to community partners, care providers, guardians at litem, and other adult support systems for youth.

IL team is seeking input from State Youth Advisory Board (GOALL), providers, case managers, and other stakeholders on the transition planning form (formerly known as PATTY form 30206)

## **GOAL 4**

### **Build system capacity to support safe and thriving children in lifelong families**

#### **Objective 10 / Progress Measure 10**

Revise the NYTD Survey so that it reflects all required NYTD questions, and specific skip logic errors are corrected, in order to improve the survey of youth and the follow up to the NYTD Survey by the SCDSS.

**Progress Measure: Complete.**

**Progress Benchmark / Strategy: Complete.**

**4.10.1** Discuss with the CCFS, NYTD Team, making the following corrections to questions on the Survey by including: Question #7 (element 41), Question #9 (element 46), Question #11 (element 48) and Questions #19-21 (elements 56-58).

**Progress Benchmark / Strategy: Complete.**

**4.10.2:** Request that the SCDSS Information Technology Unit and/or the CCFS Information Technology unit, to make the corrections related to the skip logic shown in the instrument that suggests that elements 57 and 58 (questions #20 and 21) are only applicable if youth indicated having health insurance other than Medicaid. However, these elements are also dependent on a "yes" response to element 56 (medical health insurance) in question #19.

## **GOAL 4**

### **Build system capacity to support safe and thriving children in lifelong families**

#### **Objective 11 / Progress Measure 11**

Have no internal inconsistencies in survey data prior to submitting the NYTD, in order to improve the survey of youth and the follow up to the NYTD Survey by the SCDSS.

**Progress Measure: Complete.**

**Progress Benchmark / Strategy: Complete.**

**4.11.1:** Determine the reason(s) that the automated correction and deletion of the software makes errors and creates inconsistencies.

**Progress Benchmark / Strategy: Complete.**

**4.11.2:** Develop a manual or electronic process to check for internal inconsistencies in survey data before submitting to NYTD.

## **GOAL 4**

### **Build system capacity to support safe and thriving children in lifelong families**

#### **Objective 12 / Progress Measure 12**

The SCDSS will use the outcomes of the SC NYTD Survey data to give direction to actions, and ensure that the SC NYTD Survey data is being used in a meaningful way to understand youths' access to services, the quality of services, or youth involvement in their own transition planning.

**Progress Measure: Complete.**

**Progress Benchmark / Strategy: Complete.**

**4.12.1:** The University of South Carolina, Center for Child and Family Studies (CCFS) will present the results and interpretation of the results of the Survey to: 1) the SCDSS Chafee Foster Care and Independent Living Program (CFCIP) staff, 2) the SCDSS Team Leaders, Executive management, and 3) at least during one Palmetto Power (P2) meeting.

**Progress Benchmark / Strategy: Complete.**

**4.12.2:** The SCDSS Chafee Foster Care and Independent Living Program (CFCIP) staff will develop a proposal(s) for actions as a result of the presentation of the Survey results and the interpretation of the data by the CCFS.

## **GOAL 4**

### **Build system capacity to support safe and thriving children in lifelong families.**

#### **Objective 13 / Progress Measure 13**

Improve the understanding by Caseworkers and Supervisors of the SC NYTD Survey results, and how to use the data, in order to ensure that the SC NYTD Survey data is being used in a meaningful way to understand youths' access to services, the quality of services, or youth involvement in their own transition planning.

**Progress Measure: Complete.**

**Progress Benchmark / Strategy: Complete.**

**4.13.1:** Provide training in the Survey results and how to use the data at Palmetto Power (P2) SCDSS Staff and external stakeholders meetings.

## GOAL 4

### Build system capacity to support safe and thriving children in lifelong families

#### Objective 14 / Progress Measure 14

Bring the SCDSS CAPSS into compliance with requirements of the NYTD requirements, and ensure that the issues involving the CAPSS, as outlined in the NYTD Review Summary, are addressed by the CAPSS Work Team.

**Progress Measure: In Process.**

**Progress Benchmark / Strategy: Complete.**

**4.14.1:** Place a member of the staff of the SCDSS Chafee Foster Care and Independent Living Program (CFCIP) on the CAPSS Work Team.

**Progress Benchmark / Strategy: Complete.**

**4.14.2:** Identify what is most easily and expeditiously brought into compliance with the NYTD requirements in the CAPSS, and make those changes.

**Progress Benchmark / Strategy: Complete.**

**4.14.3** Identify the items in the NYTD Review Summary that can be least expeditiously brought into compliance with the NYTD requirements in the CAPSS, and develop a plan for those changes.

## GOAL 4

### Build system capacity to support safe and thriving children in lifelong families

#### Objective 15 / Progress Measure 15

Increase the involvement of youth in meetings and discussions related to youth by increasing the quantity and the quality of the information that the youth are enabled to share with the SCDSS.

**Progress Measure: In process.**

**Progress Benchmark / Strategy: Complete and ongoing.**

**4.15.1:** Train youth on the protocols of being involved in meetings and having an active voice.

IL Staff and NYTD team prepares youth for involvement in meetings as needed, accompanies the youth to the meeting, and debriefs after each meeting.

**Progress Benchmark / Strategy: Complete and ongoing.**

**4.15.2:** Prepare youth for meetings by developing with them prepared questions for them to ask, and developing with them answers to anticipated and planned questions at the meeting.

IL Staff and NYTD team prepares youth for involvement in meetings as needed, accompanies the youth to the meeting, and debriefs after each meeting.

**Progress Benchmark / Strategy: Complete and ongoing.**

**4.15.3:** Enable youth to have contacts with senior management at the SCDSS, by inviting them to SCDSS Independent Living-related planning meetings.

Senior management are also invited to other programs and events presented by the IL Program, such as IL graduation, girls and boys empowerment conference, etc.

Youth invited by senior management to attend community events such as stakeholder meetings, governor's press conference, foster care advisory board meeting, etc.



**Progress Benchmark / Strategy: Complete and ongoing.**

**4.15.4:** When youth are participating in meetings, adults at meetings will use youth-appropriate communication, including not using acronyms or other shortened names of titles, subjects, etc., and use youth-encouraging language. The State Youth Advisory Board (GOALL) created a resource document to assist adults who are working with youth participating in meetings

**Progress Benchmark / Strategy: Complete and ongoing.**

**4.15.5:** Include a youth-participation item on the agenda of meetings involving youth input. Agenda indicates youth-participation item.

**Progress Benchmark / Strategy: Complete and ongoing.**

**4.15.6:** For meetings that youth cannot attend, present the youth with the agenda and information for the meeting, and ask the youth for their response(s).

**FFY 2017 Responses/Revisions.**

The State Advisory Board (GOALL) Facilitator is currently recruiting a pool of youth participants specifically to be available for agency meetings.

## **4. Update On Service Description**

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; 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.

### **Contracted Child Welfare Services**

To support its continuum of Child Welfare Services, the South Carolina Department of Social Services contracts with Community-Based 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 the vital partners with the necessary skills to support the SCDSS and other External Stakeholders and Partner Agencies in reaching the FFY 2015-2019 CFSP Goals and Objectives include:

- The Children's Trust of South Carolina;
- Office of the Governor Cass Elias McCarter Guardian Ad Litem Program;
- The Palmetto Association for Children and Families;
- The Department of Health and Environmental Control;
- Palmetto Health Richland;
- South Carolina Foster Parent Association;
- Parents Anonymous of South Carolina dba FamilyCorps;
- Columbia Urban League;
- Medical University Hospital Authority/Medical University of South Carolina;
- SafeGenerations;
- The Nurturing Center.

## **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 The SCDSS 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.

### **Children's Trust of South Carolina**

The Children's Trust of South Carolina (CTSC) will provide training designed to reduce the number of children coming into foster care by strengthening families and communities by educating professionals and providers on proven evidenced-based approaches to prevent child maltreatment and ensure child well-being. These trainings will include protective factors framework, child passenger safety, safe sleep, preventing shaken baby syndrome, early childhood development, nurturing and attachment, toxic stress, social connections, parent resiliency, social and emotional competence, concrete supports, safe sleep, prevention of sexual abuse and Adverse Childhood Experiences (ACEs). The CTSC will also coordinate a conference to build knowledge and understanding in best practices in child welfare services. This conference will take place on October 2 and 3, 2017, but most of the preparation work will be completed in FY 2017. The CTSC will conduct trainings to certify individuals as child passenger safety technicians. The CTSC will purchase sleep sacks for distribution at the SCDSS County Offices. The CTSC will develop a list of fitting stations where certified child passenger safety technicians are located as well as hosting car seat check events to assist in the proper installation of car seats. The CTSC will use the Pinwheels for Prevention campaign during Child Abuse Prevention month (April) to focus on the message that every child deserves the opportunity to grow up happy, healthy, safe and free from abuse and neglect. During Child Abuse Prevention month, the CTSC will encourage a wide range of prevention-focused activities such as making and coloring pinwheels, pinwheel gardens, municipal proclamations and speaking engagements. The CTSC will provide the SCDSS County Offices with signage and pinwheels. The goal of these Child Abuse Prevention month activities is to make communities more aware that prevention of child abuse is a year round activity.

The CTSC does not possess the capacity to monitor the implementation of the Parent Café model to fidelity nor gather meaningful data that would demonstrate efficacy and desired positive outcomes for families. Since there is not a statewide infrastructure to support and oversee the Parent Café, the CTSC has recommended postponement of the implementation until such a time as sufficient resources are available to support rigorous implementation and evaluation.

The CTSC provides services to all 46 counties of South Carolina. There are currently nine hundred (900) certified child passenger safety technicians in South Carolina and approximately some 600,000 children who should be in some type of child safety seat or booster seat. The CTSC will continue efforts to increase the number of certified technicians and decrease the number of incorrectly installed child safety seats estimated at 90%. It is estimated that the CTSC will distribute approximately 75,000 pinwheels during 2017 Child Abuse Prevention month. In 2017 the CTSC will host the biennial South Carolina Prevention Conference and Child Safety Summit, it is estimated that six hundred (600) persons will attend this conference. It is estimated that eighteen hundred (1,800) individuals will attend at least one Children's Trust training session in FY 2017. The activities of this contract support the program goals of: protecting and promoting the welfare of all children; preventing the neglect, abuse and exploitation of all children; support at-risk families through services which allow children to remain with their families, where appropriate or return to their families in a timely manner; promote the safety and well-being of children in Foster Care families and Adoptive families and to provide training; and professional development and support to ensure a well-qualified work force.

### **Safe Generations**

Safe Generations will provide training, guidance and support services to cover all region of South Carolina on the Signs of Safety practice model. This will allow for systematic improvement and continue to create constructive working partnerships between front-line Child Welfare Practitioners, the families they assist in providing services to and community resources while maintaining a rigorous focus on actual and potential harm to children. An anticipated outcome of this program is to integrate Catalysts and Performance Coaches into workshops, consultations and Webinars across the state engaging them as both coaches and learners. Thereby continuing to refine their skills and roles related to competency, leadership and facilitation. This will be accomplished by use of co-facilitation, co-training and small group leadership opportunities. Another anticipated outcome of this program is for front-line staff to build their skills in creating long-term safety plans focusing on involving the family by using natural family supports and agreement on specific behavioral goals. Front-line staff will utilize Signs of Safety building blocks to co-create plans with the family. The training activities to be conducted under this program for FY 2017 are 12 2 day workshops, a 1 day leadership workshop, 6 Performance Coach/Catalyst video calls and 6 Statewide webinars. In addition 10 agency staffpersons will be trained to be licensed Signs of Safety trainers. There are no changes planned for this program in FY 2017. The services provided by Safe Generations support the Promoting Safe and Stable Families Family Support goal of preventing child maltreatment among families at risk through the provision of supportive family services by promoting the safety and well-being of children and families, increasing the strength and stability of families, increasing parents confidence and competence in their parenting abilities and to afford children a safe, stable and supportive family environment and to promote healthy marriages and strengthen parental relationships.

### **Office of the Governor Cass Elias McCarter Guardian Ad Litem Program**

The Cass Elias McCarter Guardian Ad Litem program will use the IV-B part 1 funds it receives from the SCDSS to compensate attorneys who represent volunteer Guardians Ad Litem in child abuse and neglect cases. This will ensure that volunteer Guardians Ad Litem who represent children in child abuse and neglect cases are represented by legal counsel. For purposes of this program, child abuse and neglect cases refer to child protective services cases, permanency planning, termination of parental rights, review hearings, motion hearings and other related proceedings. It is not anticipated there will not be any changes to this program in 2017. This program currently operates in forty-five (45) of the state's forty-six (46) counties. The Richland County program, Richland County Court Appointed Special Advocates (RCCASA) operates independently from the state program. These activities support the program goals of protecting and promoting the welfare of all children, preventing the neglect, exploitation and abuse of children, supporting at-risk families through services which allow children, where appropriate to remain with their families or return to their families in a timely manner and to promote the safety, permanence and well-being of children in Foster Care families and Adoptive families.

### **Palmetto Association for Children and Families**

The Palmetto Association for Children and Families (PAFCAF) is actively involved with policy and program development for providers of family support services and out of home care such as therapeutic foster care agencies, psychiatric residential treatment facilities, day treatment providers and group home providers. The PAFCAF is the sole provider association for these provider types in South Carolina. The PAFCAF will use the IV-B part 1 funds it receives from SCDSS to provide administrative activities to plan, coordinate and execute regional meetings and training forums. The PAFCAF also hosts an annual conference for Child Welfare professionals from foster care agencies, residential facilities, wilderness camps, clinical day programs, and the SCDSS staff. These meetings will be designed to engage participants in robust conversations for the purpose of bringing people, data and policy together to improve services for children. Meetings are to be held in venues which promote trust between providers and the SCDSS. These venues should have an environment designed to encourage participants to engage one another in highly participatory, interactive discussions. These discussions should result in quality practice improvements which help to ensure services provided to children and families are using evidence-base practices and data-informed systems. The activities conducted under this contract support the program goals of providing training, professional development and support to ensure a well-qualified work force and to promote and protect the welfare of

all children. These training services which will be provided primarily to agency staff and staff of residential facilities who will not be providing direct services to children and families will now be funded by IV-B part 1 funds.

#### **Parents Anonymous of South Carolina dba Family Corps**

FamilyCorps will also provide approximately six (6) trainings on the four forms of child abuse and neglect and state law related to mandated reporters. These six (6) trainings will be offered statewide to agencies/organizations such as schools which routinely work with children and qualify as mandated reporters. These trainings will support the Stephanie Tubbs Jones Child Welfare Services Program goals of protecting and promoting the welfare of all children, preventing the neglect, abuse and exploitation of children and providing training, professional development and support to ensure a well-qualified work force.

#### **South Carolina Department of Health and Environmental Control (DHEC)**

The South Carolina Department of Health and Environmental Control will perform lead risk assessments in potential Foster Homes and Adoptive Home built prior to 1978. Private sector providers charge from \$500.00 to \$750.00 for this service. The DHEC can provide this service for an average of \$435.00 per home. This program is available statewide and no program changes are anticipated in FFY 2017. The activities conducted under this contract support the program goals of protecting and promoting the welfare of all children and promoting the safety, permanency and well-being of children in Foster Care and Adoptive Families.

#### **Interstate Compact for the Placement of Children (ICPC) Travel**

The ICPC provides coordination and travel support to children in Foster Care and Foster Families in supporting the Agency's missions in foster care and permanency. The majority of travel for this program is by air as it allows for the essential, time-critical transportation of children and Foster Families throughout the country. No changes are planned for this statewide service and the program projects continuing travel support of Foster Families and approximately twenty-five (25) children in Foster Care in FFY 2017. These activities support the following program goals: promote and protect the welfare of all children, prevent the neglect, abuse and exploitation of children, support at-risk families through services which allow children, where appropriate to remain with their families or return to their families in a timely manner and promote the safety, permanency and well-being of children in Foster and Adoptive Families.

#### **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 eighteen (18) who are, or who are suspected of being, victims of abuse, neglect, and/ or exploitation. The CPS meets the Stephanie Tubbs Jones Child Welfare Services program goals of protecting and promoting the welfare of all children, preventing the neglect, abuse or exploitation of children, supporting at-risk families through services which allow children to remain with their families or return to them in a timely manner, where appropriate through activities such as receiving and assessing reports of abuse and/or neglect, assessing family strengths and needs and making referrals to services and case management to address factors causing or contributing to the maltreatment. At this time, there are no changes planned for these services in FY 2017.

#### **CPS Investigation/Assessment, Service Planning and Monitoring**

The SCDSS will continue its initiatives to improve safety and risk assessment, building on Signs of Safety, 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 continue developing the use of 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 will continue to be a part of all federal and state strategic plans.

### **CPS Investigations/Assessments**

When a maltreatment report is referred for investigation, the SCDSS County staff respond within two (2) or twenty (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 the report is not completed by Intake, the SCDSS staff notifies law enforcement as soon as possible within 24 hours of the receipt of all reports that include allegations of sexual abuse/assault, regardless of the primary typology of the report.

### **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 Citizen 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; improve quality of the communication between OHAN division and the other divisions of the agency and 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.

### **CPS Treatment Services (In-Home Prevention and Intervention)**

In-home Family Preservation Services (FPS) 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 FPS cases receive services designed to eliminate the child abuse or neglect and to improve the protective capacity of the parents. The goal of FPS is to prevent removal of a child from their family of origin while increasing the child's safety and mitigating risk factors. Families are provided a variety of services including: counseling, alcohol and drug abuse counseling, parenting classes, 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 and the South Carolina Department of Disabilities and Special Needs (SCDDSN).

### **Family Engagement**

Family engagement strategies were chosen and enhanced through successful implementation models to involve family groups in decision-making and service planning for their children. The services selected are intended to: Identify and engage family groups, tap into family resources and reduce the adversarial relationships between family and the SCDSS as well as within the families themselves.

The Family Engagement Models (Family Finding, Family Team Meetings and Family Group Conferencing) continue to be used to divert children from entering foster care for those families receiving family preservation

services and to expedite the safe transition of children from foster care toward positive permanency. These models and intervention tools are appropriate evidence supported interventions tailored for families involved in the child protection and child welfare systems involving them in the decision-making process to ensure immediate and enduring safety, permanency and well-being. These strategies 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. As family group members are identified, Unlicensed Relative Assessments are now being used to expedite placements for children from foster care.

### **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.

#### **Time-Limited Reunification Funds.**

For the period of FFY 2014 through FFY 2016, the state has not had expenditures for Time-Limited Reunification services at or above approximately 20 percent of the grant total for all four PSSF service categories. For FFY 2016, the state is reporting that Time-Limited Reunification services were approximately 15% of the grant total for all four PSSF service categories. The disproportionate percentage of Time-Limited Reunification services was not requested when it submitted its estimated expenditures for FFY 2014, but it was reported.

The state has endeavored from FFY 2014 through FFY 2016 to increase the percentage of funds expended for Time-Limited Reunification services by adding services in that category. For FFY 2016, the state planned to increase the percentage to approximately 20% through the direct services of contracted Family Care Centers. However, early during FFY 2016, all Family Care Centers either discontinued providing the services or made a decision not to commence providing services. The Nurturing Center (see below in Time-Limited Reunification Services) began providing services in November 2015.

For FFY 2017, the state continues providing Time-Limited Reunification Services through the Nurturing Center. Additionally, Time-Limited Reunification Services will be provided by Parent's Anonymous, dba FamilyCorps (see below). Additionally, the state continues to explore other Time-Limited Reunification services to provide in FFY 2017 and FFY 2018.

For the other three (3) PSSF categories of services, 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.

Following is a description of how South Carolina plans to utilize Promoting Safe and Stable Families (PSSF) funds by program service area in FFY 2017.

## **Family Support Services**

Family Support Services (27.29%) are 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 and the provision of mentoring programs.

South Carolina will use funding in this program area to support the Signs of Safety Practice Model, multidisciplinary care teams, training for Foster and Adoptive families, and collaborative meetings between SCDSS staff and external partners.

## **Palmetto Health Richland**

Palmetto Health Special Care Center (PHSCC) will provide training services to licensed Foster Parents with children in their care, biological families who have children in Foster Care, respite care providers, therapeutic agencies, community agencies and day care center staff that provide services to children in Foster Care, Group Home staff and Pre-Adoptive families. This training will include training Foster Families to work with birth parents and specific trainings due to a child's special medical needs. Individual specialized training is provided at the center and is documented in the child's medical record. It is estimated the PHSCC, formerly, the Medical Fragile Children's Program, will sponsor one hundred and twenty (120) on-site classes and offsite classes in conjunction with the South Carolina Foster Parent Association in FFY 2017. Approximately four hundred and ninety (490) persons will attend at least one of these on-site classes and approximately four hundred and fifty (450) Foster Parents will attend at least one of the offsite classes which are offered in thirty-five (35) of South Carolina's forty-six (46) counties. If past trends continue at least 50% of the on-site class attendees will be Foster Parents. The PHSCC provides CPR and First Aid classes along with more specialized training in seizures, asthma, medication administration, child safety, child care basics, management of common childhood illnesses and infections, feeding tubes and tracheostomy care. The PHSCC also conducts an annual Pediatric Nurse workshop. The goal is to provide birth parents the necessary skills to aid in family reunification. It is anticipated there will be not changes to this program in FFY 2017. The Palmetto Health Special Care Center serves the entire state of South Carolina. These activities promote the Promoting Safe and Stable Families, Family Support Services goal of preventing child maltreatment among at-risk families by providing supportive services.

## **South Carolina Foster Parent Association**

The South Carolina Foster Parent Association (SCFPA) will develop and provide pre-service and recertification training sessions for Foster Parents in accordance with the SCDSS goals and policy as well as classes designed to meet the unique needs of Foster Parents. These trainings will build on the competencies of Foster Families and provide an environment where Foster Families will improve their parenting abilities. These trainings and support services will align with Child and Family Services Review (CFSR) expectations and the SCDSS model of practice. The SCFPA will participate on committees and work groups, initiated by the SCDSS, related to Child Welfare Services which have an impact on Foster Families. The SCFPA will administer a peer support and mentoring program for Foster Parents. This program is designed to strengthen the Foster Parents' capacity to provide safety and stability and promote permanency for children in their care. The SCFPA will sponsor a statewide Foster Care Conference. The conference is intended to improve the care and treatment of children in Foster Care by Foster Families. This conference should have sessions designed to reinforce and enhance the basic skills and knowledge of Foster Parents and provide an environment where Foster Parents and the SCDSS staff can interact and develop relationships. Services and trainings provided the SCFPA are open to any Foster Family in the State of South Carolina. No changes or additions to this program are expected in FFY 2017. These activities promote the Promoting Safe and Stable Families, Family Support Services goal of preventing child maltreatment among at-risk families by providing supportive services. In FFY 2017, it is estimated the SCFPA will have 1,800 participants take part in pre-service training; approximately 3,850 participants will attend a recertification training; approximately 600 individuals will participate in the Annual Conference. In addition, it is estimated 2,750 Foster Parents, Agency and

Provider Staff will attend training on the Reasonable and Prudent Parent Standard as enacted by Public Law 113-183, the Preventing Sex Trafficking and Strengthening Families Act.

#### **Palmetto Association for Children and Families**

The PAFCAF will also provide training forums or collaboration meetings as deemed necessary and as requested by the SCDSS such as training for providers and SCDSS staff on topics such as Trauma-Informed Foster Parenting, Kinship Care, Adverse Childhood Experiences (ACEs), Signs of Safety for Providers, and parenting a drug-exposed child. No changes to this program are anticipated in FFY 2017.

#### **Children's Trust of South Carolina**

The Children's Trust of South Carolina (CTSC) will continue implementation of the Strengthening Families Program (SFP) in FY 2017. In FY 2017, the SCDSS will reimburse the CTSC for the SFP with IV-B Part 2 Family Support funds. The SFP supports the Promoting Safe and Stable Families Family Support goal of preventing child maltreatment in at-risk families and increasing the skills, competence, and confidence of parents in their parenting abilities, through the provision of supportive family services. The SFP is an evidence-based prevention program for parents and children ages 6-11 in high-risk families. Currently, the CTSC has ten (10) sites where the SFP is being provided. These ten (10) sites which serve twelve (12) South Carolina counties are A Children's Place serving Aiken County; the Dickerson Center serving Lexington County; Communities- in-Schools serving portions of Greenville County; Hope Haven serving Beaufort, Colleton, Hampton, Jasper and Allendale Counties; City Year serving Richland County; Edisto Children's Center serving Bamberg, Calhoun and Orangeburg Counties; Family Corps serving Charleston County; Growing Home Southeast serving Richland and Lexington Counties; Specialized Alternative for Families and Youth serving Greenville County and Lee County First Steps serving Lee County. The SFP consists of courses in parenting skills, children's life skills and family skills training. Courses are taught together in fourteen two-hour group sessions preceded by a meal which includes informal family practice time and group leader coaching. The SFP is designed to increase family strengths and resilience and reduce risk factors for problem behaviors in children who are at high risk. The SFP builds on protective factors by improving family relationships, parenting skills and improving the youth's social and life skills. South Carolina's SFP will target families with children (ages 6-11) who are at-risk of becoming first time victims of child abuse and neglect. The desired outcomes of the SFP are a reduction of first time victims of abuse and neglect, reduction of confirmed cases of child abuse and neglect, increase of parents' use of appropriate discipline practices, increase in positive parenting practices, improvement in parents' clear expectations of their children's behaviors, decrease in child's problematic behaviors and a decrease in parents' inconsistent and harsh discipline practices.

#### **Columbia Urban League**

The Columbia Urban League's Level-Up Program recruits, assesses and develops individualized case plans and trains approximately three hundred and fifty (350) eligible foster care and other underserved youth, ages 14-21, who receive Temporary Aid to Needy Families (TANF) and/or Medicaid and live in one of the following counties: Aiken, Florence, Kershaw, Lee, Lexington, Marion, Richland, Sumter and York for summer employment. The Level-up Program provides year-round academic support and mentoring and uses an evidenced based practice strategy which focuses on several critical needs areas of participants such as personal health and housing and provides life skills training, network building support and employment training in order to equip each participant with skills needed to make a smooth transition from their current placement to independent living, permanency with a relative caregiver or return to birth parents or adoption. The Level-Up Program promotes the Promoting Safe and Stable Families Family Support goal of enhancing child development through activities such as mentoring, tutoring and health education. There are no changes expected in this program in FFY 2017.

#### **Medical University Hospital Authority/Medical University of South Carolina**

The Medical University Hospital Authority (MUHA) will provide comprehensive medical outpatient services for medically fragile children and children in foster Care in FFY 2017. These services will include a multidisciplinary care team, care coordination and support of foster families, education and training to support foster families, caseworkers and group home staff, providing trauma-informed care, staff trainings, in-home interventions and coordination of



medical needs and support to area group home residents, development of family-friendly services to support families of medically fragile children. MUHA will also assist in the recruitment of Foster Families.

A multidisciplinary care team consists of a pediatrician, a nurse practitioner, physical therapist, occupational therapist, speech therapist, social workers and a RN. The multidisciplinary care team is provided oversight by the Program Director. Care coordination will include coordination and assistance in scheduling primary care appointments, sub-specialist appointments, and therapy appointments, counseling appointments and education and training. Social work services will include interfacing with the Foster Family, community agencies, medical community and SCDSS. Social work services will provide psychotherapy for children-in-crisis until they are able to transition to a community provider for evidence-based psychotherapy. Services will also include adolescent-specific programming for residents in a group home setting. Education and training will also include one-on-one education and training with the child in Foster Care and training with the parent and child. 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.

MUHA will provide these services to children and families in the Low Country region of South Carolina, Charleston and surrounding counties. There are no changes expected in this program in FFY 2017. The services provided by MUHA under this contract support the Promoting Safe and Stable Families Family Support goal of preventing child maltreatment among families at-risk through the provision of supportive family services by promoting the safety and well-being of children and families, increasing the strength and stability of families, increasing parents confidence and competence in their parenting abilities and to afford children a safe, stable and supportive family environment.

### **Time Limited Reunification**

Time-Limited Family Reunification Services (15%) 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 fifteen (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. States may also 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 groups for adults and youth, group facilitator training, supervised visitation with parents, parent coaching, counseling and transportation.

### **Parents Anonymous of South Carolina dba Family Corps**

FamilyCorps is the only accredited State Resource Office in the state of South Carolina for the National Parents Anonymous® Office. 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. Family Corps will provide an estimated sixty (60) evidenced based mutual support groups in thirty-six (36) of South Carolina's forty-six (46) counties in FFY 2017. It is estimated thirty-five (35) of these groups will be for adults and twenty-five (25) of these groups will be for youth and children. It is estimated these sixty (60) groups will serve nine hundred and eighty-five (985) families including 1,235 parents and four hundred and fifteen (415) children/youth. It is estimated that approximately 90% of the adult attendees will be birth parents. These groups are open to birth parents, foster parents and relative placements. Family Corps will provide written reports on all families referred by SCDSS. Support groups treat and prevent child abuse through three (3) therapeutic processes: mutual support, parent leadership and shared leadership. These 3 processes lead to increased personal growth and change, enhanced parental resilience, improved social connections, greater concrete support in times of need, enhanced social and emotional competence and improved family functioning. In 2015, the

last full year we have data for, 37% of the children whose families participated in the mutual support groups were reunited with their families and their average stay in Foster Care was eight (8 ) months.

FamilyCorps will provide group facilitator training to both Adult and Child/Youth Group Facilitators. FamilyCorps will provide a one day professional development workshop for all group facilitators in FFY 2017. This workshop will be a refresher course on implementing the Parents Anonymous model, any new tools to be used in FFY 2017 and specific training on Trauma-Informed practices. FamilyCorps will provide approximately four (4) Parent Leadership and Advocacy trainings in FFY 2017. These Leadership and Advocacy trainings will be for Parent Group leaders and parents/caregivers who have attended a Support Group. The purpose of this training is to transform the attendees into parent leaders and parent advocates who help to shape and redefine community expectations and norms. FamilyCorps supports the Promoting Safe and Stable Families Time Limited Reunification goal of providing services and activities to a child who is removed from their home and placed in Foster Care and to the parents or primary caregiver of such a child, in order to facilitate the reunification of the child safely and appropriately within a timely fashion, but only during the fifteen (15) month period that begins on the date that the child is considered to have entered foster care. No changes are anticipated for this program in FFY 2017.

### **The Nurturing Center**

The Nurturing Center provides comprehensive therapeutic treatment services to children and families dealing with abuse and neglect. The Nurturing Center's treatment program focuses on all members of the family, both parents and children attend, and early intervention, children aged birth through five are served. The Nurturing Center is the only provider of intensive and comprehensive services to at-risk children from birth through five in the Midlands area, Richland and Lexington counties of South Carolina. These services will be intensive and responsive and will be for families who have had a child placed in SCDSS Foster Care for less than fifteen (15) months. Services will be provided up to six (6) hours per day and at least two (2) days per week per family. However, some families may need more intensive services at the beginning and in those cases services will be provided up to three to four days per week. Services may also include in-home visitation and after hours telephone support if needed. Services will focus on the significance of attachment and bonding for the child and parent-child interaction as the basis for the parent-child relationship. The primary goal of these services will be to ensure the safe reunification of a child in Foster Care with their family and stabilization of the family unit, and to enhance the ability of the parents to provide a safe, stable and nurturing home for the child. The program is designed to increase the parents' awareness and knowledge of local support systems and resources for the family. Services will be based on a comprehensive assessment of child and family strengths and needs and provided in accordance with a service plan consistent with the child and family's SCDSS treatment plan. These services are designed to support the reduction of time children are in Foster Care. Services from the Nurturing Center will not be provided for longer than twelve (12) months. The services provided during this twelve (12) month period include post-reunification continuing supportive services. During the twelve (12) month service period the child will have supervised visits with their family, if the parents have more than one child in care, the parents will be given the opportunity to visit with each child individually.

The Nurturing Center will also provide parent coaching. Parent Coaching helps each parent identify challenges to parenting and helps them develop a plan for navigating these challenges. Each primary caregiver will develop successful parenting practices based on the evidence-based Positive Parenting Program (Triple P) model. A Family Service Coordinator will be assigned to each family. The Family Service Coordinator will provide case management services, work with the family to plan services, resources and support systems, will work with the family to develop an individualized treatment plan with specific, obtainable and measurable goals. An Early Interventionist will formulate an individual treatment plan with specific and measurable goals for each child in the family under the age of five (5). Individual psychotherapy, Play Therapy, Family psychotherapy and Group Therapy will be provided by licensed professional counselors and available to each family member as identified and appropriate. Support groups will be conducted weekly to provide adults and children a safe and stress free environment to connect with others who share similar experiences. The Nurturing Center will provide transportation to and from each session for each parent and child who is unable to provide their own transportation. Transportation is also provided to important appointments

medical, dental or to resources necessary for reunification such as housing or drug treatment. There are no changes planned for this program in FFY 2017.

The Nurturing Center supports the Promoting Safe and Stable Families Time Limited Reunification goal of providing services and activities to a child who is removed from their home and placed in Foster Care and to the parents or primary caregiver of such a child, in order to facilitate the reunification of the child safely and appropriately within a timely fashion, but only during the fifteen (15) month period that begins on the date that the child is considered to have entered Foster Care.

The Nurturing Center began providing these services to families and children in November 2015. In the first six (6) months (November 2015 – May 2016) of providing these services, the Nurturing Center has served twenty-six (26) families and had three (3) reunifications and two (2) more families with a recommendation of reunification who have not been to court yet. It is estimated in FFY 2017 the Nurturing Center will serve sixty (60) families.

### **Adoption Promotion and Support Services**

Adoption Promotion and Support Services (**23.90%**) are 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 from this program to provide pre and post-adoption health support services to Adoptive Families, fund Home Studies for potential Adoptive Families and fund child-specific recruitment activities.

### **Health Support Services**

Critical health support services (i.e. physical and behavioral) to pre and post-adoptive families of children with special needs that are considered to be behaviorally or medically high risk. These 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. 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 Services are 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. There are no changes planned for this program in FFY 2017.

The services provided through the Health Support Services program support the Promoting Safe and Stable Families Adoption Promotion and Support goal of providing activities and services which encourage more adoptions from the Foster Care System when adoption promotes the best interest of the child including pre and post adoption activities and activities designed to support the adoptive parents. This program is available to any person who adopts a child from SCDSS Foster Care regardless of where they reside.

### **Certified Investigators (CI)**

The CI service conducts 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. The services provided through the Certified Investigators program support the Promoting Safe and Stable Families Adoption Promotion and Support goal of providing activities and services which encourage more adoptions from the foster care system when adoption promotes the best interest of the child including pre-adoption activities. In FFY 2017 the CI service will also begin conducting home studies on potential foster families as well as adoptive families. It is estimated that one hundred and fifty (150) home studies for potential Foster Families will be assigned to Certified Investigators in FFY 2017.

### **South Carolina Foster Parent Association**

The South Carolina Foster Parent Association (SCFPA) will coordinate child-specific recruitment activities. Child-specific recruitment refers to finding adoptive homes for children and youth who are legally free for adoption. In some cases these activities may be working with the Foster Family to determine if they meet requirements for adoptions and can provide for the child's needs. As internet use continues to grow it becomes vital to recruit adoptive families who understand and use the internet so the children they adopt have the benefits of a major learning tool. Therefore, the internet recruitment is an important tool and SCFPA plans to recruit families by use of approximately 10 internet advertisements. There are no changes planned for this program in FFY 2017.

The services provided through the SCFPA supports the Promoting Safe and Stable Families Adoption Promotion and Support goal of providing activities and services which encourage more adoptions from the Foster Care System when adoption promotes the best interest of the child including pre-adoption activities.

### **Family Preservation**

Family Preservation Services (**24.99%**) are 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.

South Carolina will use funding from this program area to support Family Engagement Services.

**Family Engagement Services** include an array of services available through collaborating agencies under contract with the SCDSS. These services include Family Finding, Family Team Meetings (FTM), Family Group Conferences (FGC), and Unlicensed Relative Assessments. Family engagement meetings (FTM and FGC) are interventions where the family group (parents, relatives, close friends and possible youth) and their support systems come together in a formal, structured meeting with the SCDSS, the GAL, and other Child Welfare and family service agencies to make important decisions about children's lives. A non-biased, trained, independent coordinator facilitates both the FTM and the FGC. The end result is an individualized Family Plan developed in partnership with the family group and the SCDSS. This plan should be incorporated into the Placement Plan presented in court as part of the Agency's reasonable efforts requirement. Family Engagement Services are proven effective interventions that help ensure that all reasonable efforts are made for reunification or relative placement as children enter care and throughout their involvement with the agency. Family Engagement Services give the family more control of the decision-making process. Family Engagement Services result in more creative, detailed, and complete plans for children and families and there is more follow through with these plans due to personal investment. Family Engagement results in earlier family reunification and reduction of time spent in Foster Care. Fathers and paternal relatives are effectively engaged sooner. There is an improved relationships/partnerships between families, the SCDSS and the interagency community. Involved parties are able to expeditiously address difficult issues, resolving complicated case barriers to propel cases toward a desired resolution. Children and families remain connected or reconnect sooner and are able to remain in or return to their home communities and schools sooner. The Family Engagement process leads to an increase in the sharing of information, families reconnect and a path to permanency is developed. Family Engagement leads to effective and efficient legal resolution to a child's case.

### **Family Finding**

These services consists of methods to identify members of a child's family group using various tools to identify and locate family members and make connections for children involved with the SCDSS. When located, paternal and maternal family members, including noncustodial fathers and fictive kin, are invited to come together as key decision-makers in planning for their children. Family Finding services are available statewide and include Seneca Searches for family and fictive kin, Genograms, Ecomaps and Case Mining.

### **Family Team Meeting (FTM)**

The FTM is the initial family gathering that ideally occurs within twenty-four (24) hours of the child entering care and before the Probable Cause Hearing, or at least within three (3) days of the child entering Foster Care. The purpose of

the FTM is to engage family members in the decision-making process as children enter Foster Care to address safety, relative placement options, and specific front-end assessments. While this service is not available statewide, they are currently available in Region 1, 3 and 4 along with a few counties in Region 5. These services should be available statewide in FFY 2017, through a Request for Proposal posted in June 2016.

### **Family Group Conferencing (FGC)**

The FGC generally occurs after the FTM for all children in Foster Care, and is available for Family Preservation Services and those in the process of permanency to help ensure placement success. The FGC creates a vital opportunity for the children's caregivers, maternal and paternal extended families and fictive kin along with their support organizations such as faith-based organizations and involved agencies in partnership with the SCDSS 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, the FGC is more involved than the FTM, with additional planning time for FF and family engagement efforts. 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.

The FGC empowers families to create flexible plans that meet their individual needs rather than relying on Agency-created service plans that may not be as relevant or appropriate. As consumers, families need a voice in services that affect them; they need to develop the skills to mobilize their own resources, while advocating for services needed within their communities. The FGC is a collaborative approach that teaches these skills and empowers families as true partners with child welfare, juvenile justice, and other service systems. The process also requires families to address non-negotiable items, such as recommendations from assessments for services needed to ensure safety, permanence, and well-being. The FGC culminates in the development of a plan that is incorporated into the case record and then presented to the Court to ensure that children are safe and thriving, and to ensure that children are placed with forever families sooner. This service is currently available statewide.

### **Unlicensed Relative Assessment (URA):**

Once relatives are identified through the Family Finding, FTM and FGC process or ordered by the court, Family Engagement partner agencies determine if a family may be a suitable caregiver for the child in Foster Care or at-risk of entering Foster Care. The URA process is completed by a non-biased Certified Investigator, adhering to a detailed standard assessment guide including recommendations regarding placement, all completed in a timely manner. Partnering agencies rely upon the SCDSS to complete thorough criminal history and Central Registry checks. This service is available statewide and is provided by the SCDSS or a private Family Engagement Services provider.

As stated above, while Family Group Conferencing services are available, the Family Team Meeting is not available statewide. This complete array of Family Engagement Services, available to families in three (3) of our five (5) Regions, are administered through a Master Contractor, the National Youth Advocate Program and a network of coalition organizations. There are five (5) counties where these services are available using a slightly different model, Children Conferencing through a Master Contractor relationship with SC Youth Advocate Program and Carolina Family Services. The other two (2) Regions have limited family group decision-making services that include Family Group Conferencing only. While previous attempts to bring the state under one business and programmatic model has not been successful, the reimbursement rates for these services as requested both internally and from partnering agencies doing this work are being reviewed to ensure sustainability while maintaining quality service delivery.

The SCDSS has intensified its efforts on ensuring all children entering Foster Care are placed in the pipeline for this array of family engagement services. This begins with the Family Team Meeting within 3 days of the child entering care, followed by a "front-end" FGCs within twenty-five (25) days of the child entering

care. "Back-end" FCGs are also encouraged for those families where children have been in care, for those transitioning out of Foster Care and those served through Family Preservation. Efforts are underway to coordinate Family Engagement services with Signs of Safety and other strategies and services to ensure appropriate follow-up and periodic updates in the Family's Plan. These include Safety Network Meetings and Permanency Round Tables

Agency-contracted statewide resources have conducted over seven hundred (700) Family Group Conferences in the first two quarters of FFY 2015 for more than one thousand (1000) families. Statewide FCGs are projected to increase by 25% or more in FFY 2017.

Additionally, the SCDSS notes that the status of the Family Engagement contracts are pending review and bidding as the agency seeks to evaluate single sourcing to ensure consistency under one model going forward into FFY 2017.

### **Funding Allocations for IV-B Part 2**

The SCDSS plans is to continue to utilize **27.29%** of its Promoting Safe and Stable Families (PSSF) funds to support the **Family Support Services** program area. In addition, the SCDSS will continue to utilize the Palmetto Health Special Care Center and the Medical University of South Carolina to provide training services to licensed Foster Parents with children in their care, biological families who have children in Foster Care, respite care providers, therapeutic agencies, community agencies that provide services to children in Foster Care, Group Home staff and Pre-Adoptive families. These funds will also be used for implementing the Strengthening Families Program and for mentoring and tutoring programs.

The funding allocation for the PSSF program area **Time-Limited Reunification** continues to be at **15%**. This is due to the loss of two Family Care Centers since the submission of the 2016 APSR. The Jenkins Family Care Center closed in September 2015 after serving ten (10) families with twenty-eight (28) children. Of those ten (10) families, five (5) completed the program and the children were reunited with their families. In addition Epworth Children's Home another Family Care Center was not able to continue providing these services into FFY 2016. It is hoped that SCDSS can move beyond the current funding allocation amount and increase it in future FFY and reach the 20% required threshold. Beginning in FFY 2016 and continuing into FFY 2017 and beyond, the SCDSS will use these funds for the Parents Anonymous program provided by FamilyCorps and The Nurturing Center's Treatment Program. The Nurturing Center began providing services under this funding source in November of 2015. In addition, the Nurturing Center only provides services to residents of two (2) of South Carolina's forty-six (46) counties. The SCDSS continues to recognize 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. The SCDSS will be exploring the option of possibly putting out a statewide solicitation for multiple evidence-based services that can support Time-Limited Reunification and can facilitate the safe and timely reunification of the child with the family. This alternative may build capacity statewide and providers can enroll for services they have the ability to provide.

For the PSSF **Adoption Promotion and Support** program area, the SCDSS will continue to use **23.9%** funding in this category as the services receiving funding in this program area will play a critical part in both promoting adoption and supporting adoptive families. For the period of May 1, 2015 through April 30, 2016, 27.7% of SCDSS adoptions finalized in less than 24 months, so it is important to continue this funding at current levels.

For the PSSF Program Area **Family Preservation**, SCDSS will continue to use those funds on Family Engagement Services. However, at this time, the complete array of Family Engagement Services is only available in three (3) of the five (5) Regions of the state. The goal for statewide implementation is to reduce the inconsistencies in implementation of Family Engagement and expand access to the services for FFY 2017. Given that Family Engagement Services are in the process of being awarded and implemented statewide in a more integrated way with a comprehensive support structure, Program Area 1 allocation will need to remain at **24.99%** for FFY 2017.

## CFCIP and ETV

### Services to be provided in FFY 2017, Highlighted Changes or Additions

The overarching purpose of the South Carolina Independent Living Program is to provide the developmental skills necessary for youth in Foster Care to live healthy, productive, self-sufficient and responsible adult lives. The purposes of these services are to provide youth in Foster Care with opportunities to learn needed independent living skills and to increase the likelihood of successful transition from the Foster Care System.

The services to be provided in FFY 2016 are listed below. The items that are **changes or additions** are indicated in **bold print**. The second section of this information indicates which services assist in achieving the individual 8 Program Purposes.

1. Life skills classes.
2. Mentoring services/expenses (maximum \$600 per year).
3. Self-Esteem building activities such as participation in Reserve Officer Training Corps (ROTC), High School Band and Chorus, Cheerleading and Sports.
4. Summer camps that are related to a youth's development of their Independent Living goals.
5. Other community leadership programs/camps that provide youth with opportunities to develop workforce training and life skills, and spiritual development. This did not apply to summer programs for daycare.
6. Apprenticeship programs if available.
7. Access to employment (**transportation \$650/per year**).
8. Employment support services (\*Workforce Innovation and Opportunity Act referrals, Job Corps, and Vocational Rehabilitation)
9. Certification courses (for trades such as electronic, plumbing, first aid, lifeguard, etc.).
10. Time-limited child care.
11. Interview clothing; (**\$200.00 for ages 15-17,\* an additional \$300.00 when youth reaches 18 -21 for a max of \$500.00**).
12. Initial supply of work uniforms and footwear (max \$250 **up to three requests**).
13. Car repair (if youth had a personal car that was needed to access employment or education).
14. Job skills training classes that related to the youth's goals.
15. Vocational equipment.
16. Birth certificate necessary for employment.
17. Summer job opportunities.
18. Licenses/certification fees.
19. Job mentor as available.
20. Bicycles used for transportation to work or education and promotion of healthy living and social development; ages 13-15 (max \$150) ages 16-21 (max \$250). Youth may not receive a second bicycle within a 3 year period.
21. Professional attire for work or school, for youth age 18 until age 21 that did not have an open foster care line of services. **Professional Attire (\$600/year)**.
22. Tutoring – up to \$1,000 yearly.
23. Summer school to retake a class or to accelerate studies.
24. Books and supplies for specialized classes such as laboratory fees, special calculators, uniforms for vocational preparation-related classes such as cosmetology, nursing, etc.
25. Expenses for school-sponsored educational field trips.
26. Birth certificate necessary for school.
27. Senior expenses (with capped category amounts); Prom ticket, Prom attire (max \$200.00), Graduation Invitations (max \$250), Cap and Gown (max \$150), Senior Ring/**Dog Tags** (maximum \$300), Senior Pictures (max \$200), Yearbook,

- Senior fees, Diploma plaque, College Rings (max \$450).
28. Special recognition – funds for tuition, uniforms or other items needed to recognize and develop special achievements or talents of youth.
  29. Pre-college expenses such as college applications and SAT/ACT fees.
  30. Laptop computer for post-secondary school education.
  31. Provide opportunities to learn and practice independent living skills
  32. Provide support for post-secondary education.
  33. Provide support for post-secondary education career planning.
  34. 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.
  35. Provide training to develop and enhance budgeting and financial management skills.
  36. Provide health education and risk-reduction training.
  37. Provide housing and home-management preparation and training.
  38. Enhance social skills development by offering opportunities for youth to learn and practice appropriate communication skills, negotiation and compromise, making friends, and behaving responsibly.
  39. Improve such leadership skills as decision making, problem solving, conflict resolution, goal setting, and working with others.
  40. Youth Groups and Leadership Boards (GOALL and NYTD Youth Voice) used to normalize the foster care experience by providing a safe place for youth to vent frustrations and examine gaps in service and support in the Foster Care System.
  41. **Young Adult Groups (ages 17 -21) emphasized career exploration, community service projects, financial literacy, housing education, and academic goal setting.**
  42. Provide an opportunity for youth to take initiative in their own lives, envision a pathway to independence and serve in leadership roles, by being involved in the SCDSS planning and policy development (Stakeholder meetings, Conferences, Independent Living Advisory Committee and other SCDSS Leadership Meetings).
  43. Provide an opportunity for youth to be of assistance to other youth and to the Foster Care community.
  44. Annual College Scholarship/ ETV Funds up to \$5000.
  45. “College Dorm Shower”, provided by the South Carolina Foster Parent Association.
  46. Financial aid resource materials, available through the SC National Youth in Transition Database (NYTD) website, [www.nytdstayconnected.com](http://www.nytdstayconnected.com).
  47. Educational information for youth, staff, and providers regarding higher education opportunities.
  48. Academic camps.
  49. Workshops and the publication True Independence, purchased through the National Resource Center for Youth Services.
  50. Home Phone or **Mobile Phone** deposit (maximum \$150).
  51. Electric, gas, or water deposit (maximum \$300).
  52. Furniture (limited to **\$2,500**, unless the youth is pregnant or has a child. In the latter case, **\$3,000** is available for additional furniture needs.
  53. Rental Application Fee and Rental Deposit.
  54. 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).
  55. Fostering Great Ideas – mentoring program helping youth in foster care become successful young adults.
  56. Post-Secondary education consultants statewide.
  57. Partnering with Leadership Camps such as River’s Edge Retreat and contracting with Clemson University Youth Learning Institute to provide services.



58. Pre-College preparation and support programs to promote college attendance and retention.
59. Academic Incentive for Post-secondary students with at least a 3.0 GPA and enrolled in at least 6 credit hours are eligible for \$100 per semester (max \$300/year).
60. Summer Housing Funds - \$450/month for a maximum of 3 months. Housing assistance is based on board rate for December-January holidays, if dormitories were closed. Interim Housing funds for dormitory housing that remains open during holiday breaks (up to \$40/day).
61. Girls and Boys Symposiums partnering with the Clemson Youth Learning Institute.
62. **Independent Living Website Effective March 2017.**
63. Exploring use of social media to communicate directly with youth.
64. Computers for Juniors and Seniors in High School (maximum \$1500 – three year wait for replacement).
65. Collaborating with the Columbia Urban League to develop a Life Readiness Program for youth ages 17-21 that will address employment skills, housing and independent living skills.
66. Independent Living Group E-mail.
67. Emergency assistance is available for youth who are homeless or at-risk of being homeless.
68. Special Needs Services ( ableSC, Vocational Rehabilitation, Department of Disability and Special Needs, Department of Mental Health, Leaphart Place).
69. Camps serving youth with Special Needs.

#### **8 Program Purposes: Services that will address the Program Purposes.**

Through the research of Monique Mitchell, the University of South Carolina, Center for Children and Family Studies (CCFS), CCFS NYTD Research Director, the SCDSS now has some research data related to some of the IL Program Purposes. As available, this data is placed in a line item indicated as CCFS-NYTD Data. The research sample used 294 survey responses.

\*Additions for the 2017 APSR are **highlighted in bold**.

#### **1. Help youth likely to remain in foster care until age 18 transition to self-sufficiency by providing services.**

**Population To Be Served:** Youth ages 13-18 in the custody of SCDSS and youth 18-23 still receiving aftercare services.

\* See individual service for age restriction.

**Geographic Area:** Youth in the custody of SCDSS within South Carolina or placed in other states and former youth in Foster Care receiving Aftercare Services.

**Number To Be Served:** estimated 1600.

- Life skills classes – no change.
- Mentoring services/expenses- **Began partnership with Fostering Great Ideas in the SC Upstate Region (NW SC) analyzing the tools and resources needed to expand the program in other regions. This will help achieve Purpose One by providing adult positive connections in their transition to self-sufficiency.**
- Self-Esteem building activities– no change.
- Summer camps that were related to a youth’s development of their Independent Living Goals, or participation in such activities as ROTC, High School Band and Chorus, Cheerleading and Sports – no change.
- Other community leadership programs/camps that provide youth with opportunities to develop work force training and skills. This will not apply to summer programs for daycare or recreation-only purposes – no change.

- Transition planning meetings – accountability and tracking in CAPSS (SACWIS) for the purposes of Continuous Quality Improvement (CQI) (90 days prior to 17<sup>th</sup> birthday, 18<sup>th</sup> birthday, and planned exit from foster care)- no change.
- **Youth Group training activities – standard curriculum will be implemented. This will help achieve Purpose One by providing consistent evidence-based training across the state.**
- **Young Adult Groups (ages 17 -21) emphasized career exploration, community service projects, financial literacy, housing education, and academic goal setting. This will help achieve Purpose One by providing intensive hands-on training to successfully transition into adulthood.**
- Youth Groups will be created to support the development of identified NYTD 14 categories life skills: - no change.
- Partnering with Leadership Camps such as River’s Edge Retreat and the Clemson University Youth Learning Institute to provide services- no change.
- Girls and Boys Symposiums partnering with the Clemson University Youth Learning Institute. – no change.
- **Independent Living Website Effective 3/2017. This will help achieve Purpose One by empowering youth with resources and information necessary to make decisions related to their successful transition into adulthood.**
- Transportation assistance (drivers education for 16-21)– no change.

**2. Help youth likely to remain in Foster Care until age 18 receive the education, training, and services necessary to obtain employment.**

**Population To Be Served:** Youth ages 13-18 in the custody of the SCDSS and youth ages 18-23 still receiving Aftercare Services. \* See individual service for age restriction.

**Geographic Area:** Youth in the custody of the SCDSS within South Carolina or placed in other states and former youth in Foster Care receiving Aftercare Services.

**Number to be Served:** estimated 1000.

- Apprenticeship programs if available - no change.
- Access to employment (transportation **\$650/per year**). **This will help achieve Purpose Two by assisting the youth to maintain and sustain employment goals.**
- Certification courses (vocational trades such as electronic, plumbing, first aid, lifeguard, etc.) - no change.
- time-limited child care; - no change
- Interview clothing; - **(\$200.00 for ages 15-17, an additional \$300.00 when youth reaches 18 -21 for a maximum of \$500.00). This will help achieve Purpose Two by offering additional assistance with career enhancements as youth transition into full-time work.**
- Initial supply of work uniforms and footwear; - maximum \$250 **up to three requests. This will help achieve Purpose Two by offering additional assistance to maintain employment.**
- Car repair (if youth have a personal car that is needed to access employment or education) - no change.
- Job skills training classes that are related to the youth’s goals - no change.
- Vocational equipment - no change.
- Birth certificate necessary for employment - no change.
- Summer job opportunities - no change.
- Licenses/Certification fees - no change.
- Job mentor as available - no change.
- **Bicycles used for transportation to work or education, and for promotion of healthy living and social development; ages 13-15 (maximum \$150) ages 16-21 (maximum \$250). Youth may not receive a second bicycle within a 3 year period. This will help achieve Purpose Two by providing additional resources to younger youth accessing and maintaining employment and education.**

- Transportation assistance to school, work and Youth Groups, leadership camps, etc.– no change.
- Professional attire for work or school, for youth ages 18-21 that did not have an open Foster Care line of services. **Professional Attire (\$600/year). This will help achieve Purpose Two by providing annual support for education training and employment.**

### 3. Help youth likely to remain in foster care until age 18 prepare for and enter post-secondary training and educational institutions.

**Population To Be Served:** Youth ages 13-18 in the custody of the SCDSS and youth 18-23 still receiving aftercare services. \* See individual service for age restriction.

**Geographic Area:** Youth in the custody of the SCDSS within South Carolina or placed in other states and former youth in care receiving aftercare services.

**Number to be Served:** estimated 1600.

- Tutoring – up to \$1,000 yearly.
- Summer school to retake a class or to accelerate studies - no change.
- Books and supplies for specialized classes such as laboratory fees, special calculators, uniforms for vocational preparation classes such as cosmetology, nursing, etc. - no change.
- Expenses for school-sponsored, educational field trips - no change.
- Birth Certificate necessary for school - no change.
- Senior expenses (with capped category amounts); Prom ticket, Prom attire (maximum \$200.00), Graduation Invitations (maximum \$250), Cap and Gown (maximum \$150), Senior Ring/**Dog Tags (maximum \$300), Senior Pictures (max \$200), Yearbook, senior fees, diploma plaque, College Rings (max \$450). This will help achieve Purpose Three by providing options for youth to celebrate high school graduation.**
- Special recognition – funds for tuition (i.e. Governor’s School), uniforms or other items needed to recognize and develop special achievements or talents of youth - no change.
- Pre-college expenses such as College Applications and SAT/ACT fees - no change.
- A computer for post-secondary school education. **Computers for Juniors and Seniors in High School (maximum \$1500 – three year wait for replacement. This will help achieve Purpose Three by helping youth to utilize the latest technology and complete school assignments to prepare for college level work.**
- Adult Education - no change.
- GED programs - no change.
- Alternative Educational Schools - no change.
- Non-ETV college coursework - no change.
- Non-ETV vocational coursework – no change.
- Annual college scholarship/ ETV Funds up to \$5000 - no change.
- “College Dorm Shower”, provided by the SC Foster Parent Association - no change.
- Financial aid resource materials, available through the SC National Youth in Transition Database website [www.nytdstayconnected.com](http://www.nytdstayconnected.com). - no change.
- Educational information for youth, staff, and providers regarding higher education opportunities - no change
- Academic camps - no change.
- Workshops and the publication True Independence, purchased through the National Resource Center for Youth Services – no change.
- Transportation assistance to College Goal Sunday, Adult Education and Post-Secondary training – no change.

### 4. Provide personal and emotional support to youth aging out of Foster Care through mentors and the promotion of interactions with dedicated adults.

**Population To Be Served:** Youth ages 13-18 in the custody of the SCDSS and youth ages 18-23 still receiving Aftercare Services. \* See individual service for age restriction.

**Geographic Area:** Youth in the custody of the SCDSS within South Carolina or placed in other states and former youth in Foster Care receiving Aftercare services.

**Number to be Served:** estimated 1600.

- Fostering Great Ideas – no change.
- Mentoring services/expenses – no change.
- Self-Esteem building activities such as participation in ROTC High School Band and Chorus, Cheerleading and Sports– no change.
- Other community leadership programs/camps that provided youth with opportunities to develop workforce training and life skills and spiritual development – no change.
- Youth Groups and Leadership Boards (GOALL and NYTD Youth Voice) used to 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 – no change.
- **Young Adult Groups (ages 17 -21)- will emphasize career exploration, community service projects, financial literacy, housing education, and academic goal setting. This will help achieve Purpose Four by providing intensive hands-on training to successfully transition into adulthood.**
- Transition planning (90 days prior to the youth's 17<sup>th</sup> birthday, 18<sup>th</sup> birthday) to exit from Foster Care – no change.
- Provide an opportunity for youth to take the initiative in their own lives to envision a pathway to independence and serve in leadership roles, by being involved in the SCDSS planning and policy development (Stakeholder meetings, Conferences, IL Advisory Committee and other SCDSS Leadership Meetings) – no change.
- IL Group E-mail- no change.

**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 assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition into adulthood.**

**Population To Be Served:** Youth ages 18-23 still receiving Aftercare Services. \* See individual service for age restriction.

**Geographic Area:** Youth in the custody of the SCDSS within South Carolina or placed in other states and former youth in Foster Care receiving Aftercare Services.

**Number to be Served:** estimated 400.

- Collaborate with the Columbia Urban League to develop and provide a Life Readiness Program for youth aged 17-21 that will address employment skills, housing and independent living skills – no change.
- Life skills classes – no change.
- On the Road Again Program (community-donated vehicles repaired with Chafee funding and awarded to youth age 18 and older) provided by SC Foster Parent Association (SCFPA) – no change.
- “Dorm and Household Showers” – provides basic household necessities to youth moving into college dorms or their own residence. Provided by SCFPA – no change.
- Interview clothing - **\$200.00 for ages 15-17, an additional \$300.00 when youth reaches 18 -21years old for a maximum of \$500.00. This will help achieve Purpose Five by offering additional assistance with career enhancements as youth transition into full-time work.**

- Professional attire for work or school, for youth ages 18 until age 21 that did not have an open Foster Care line of services. **Professional Attire (\$600/year)- This will help achieve Purpose Five by providing annual support for education training and employment.**
- Licenses/Certification Fees – no change.
- Rental application fee (ages 18-21) – no change.
- Rental deposit (ages 18-21) – no change.
- 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, ages 18-21 – no change.
- Home Phone or **Mobile Phone** deposit (maximum \$150) (ages 8-21). **This will help achieve Purpose Five by allowing youth to have access to phone service.**
- Electric, gas, or water deposit (maximum \$300)(ages 18-21) – no change.
- **Furniture- limited to \$2,500, unless the youth is pregnant or has a child. In the latter case, \$3,000 is available for additional furniture needs. This will help achieve Purpose Five by allowing the youth to gain access to quality furniture to sustain for a longer time period.**
- Summer Housing Funds - \$450/month for a maximum of 3 months. Housing assistance is based on board rate for December-January holidays, if dormitories were closed. Interim Housing funds for dormitory housing that remains open during holiday breaks (up to \$40/day)(ages 18-21) – no change.
- Academic Incentive for Post-secondary students with at least a 3.0 GPA and enrolled in at least 6 credit hours are eligible for \$100 per semester (maximum \$300/year)- no change.
- Annual College Scholarship/ ETV Funds up to \$5000 - no change.
- Transportation support – no change.

**6. Make available vouchers for education and training, including postsecondary education, to youth who have aged out of foster care.**

**Population To Be Served:** Youth ages 18-23 still receiving Aftercare Services. \* See individual service for age restriction.

**Geographic Area:** Youth in the custody of the SCDSS within South Carolina or placed in other states and former youth in Foster Care receiving Aftercare Services.

**Number To Be Served:** 104

- Annual College Scholarship/ ETV Funds up to \$5000 - no change.

**7. Provide services to youth who, after attaining 16 years of age, have left foster care for kinship, guardianship or adoption.**

Reference services in Purpose One, Two, and Three.

**Population To Be Served:** Youth ages 16-21 who left custody of the SCDSS to positive permanency at age 16 or older.

**Geographic Area:** Youth in the custody of SCDSS within South Carolina or placed in other states and former youth in care receiving Aftercare Services.

**Number To Be Served:** estimate 40.

- Youth who leave Foster Care after age 16 to positive permanency, and who have been in Foster Care for a minimum of six months are eligible for all independent living services, with the exception of housing and transition services- no change.

**8. Ensure children who are likely to remain in foster care until 18 years of age have regular, on-going opportunities to engage in age or developmentally-appropriate.**

**Population To Be Served:** Youth ages 13-18 in the custody of the SCDSS and youth ages 18-23 still receiving Aftercare Services. \* See individual service for age restriction.

**Geographic Area:** Youth in the custody of the SCDSS within South Carolina or placed in other states and former youth in care receiving Aftercare Services.

**Number To Be Served:** estimated 1600.

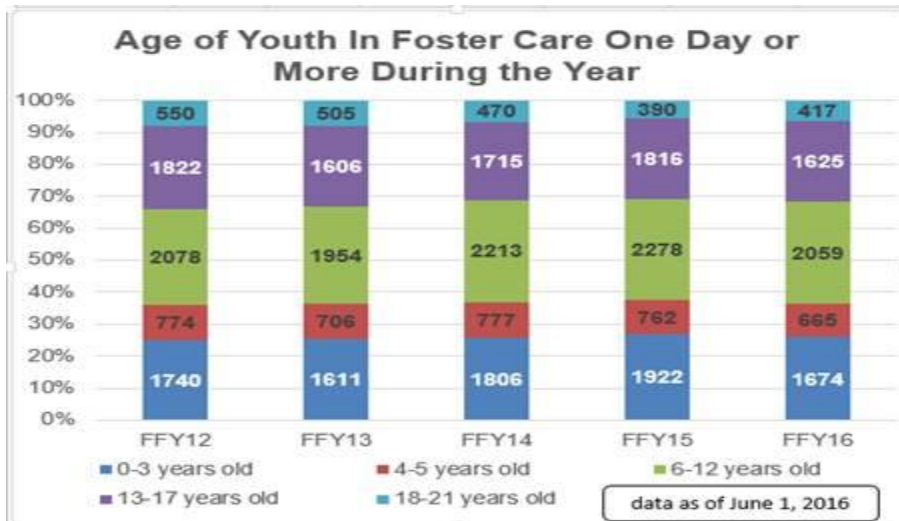
- Bicycles used for promotion of healthy living and social development; ages 13-15 (maximum \$150). Youth may not receive a second bicycle within a 3 year period – no change.
- Paying for non-school sports and extracurricular activities – no change.
- Self-Esteem building activities such as participation in ROTC, High School Band and Chorus, Cheerleading and Sports –no change.
- Summer camps that are related to a youth's development of their Independent Living Goals- no change.
- Other community leadership programs/camps that provided youth with opportunities to develop work force training and life skills and spiritual development. This will not apply to summer programs for daycare -no change
- Expenses for school-sponsored field trips.- no change
- Senior expenses (with capped category amounts); Prom ticket, Prom attire (max \$200.00), Graduation Invitations (max \$250), Cap and Gown (max \$150), Senior Ring/ **Dog Tags (maximum \$300)**, Senior Pictures (max \$200), Yearbook, senior fees, diploma plaque, College Rings (max \$450). **This will help achieve Purpose Three by providing options for youth to celebrate high school graduation.**
- Special recognition – funds for tuition, uniforms or other items needed to recognize and develop special achievements or talents of youth- no change.
- Enhance social skills development by offering opportunities for youth to learn and; practice appropriate communication skills, negotiation and compromise, making friends, and behaving responsibly – no change.
- Improve leadership skills such as decision-making, problem-solving, conflict resolution, goal-setting, and working with others – no change.
- Youth Groups and Leadership Boards (GOALL and NYTD Youth Voice) used to normalize the Foster Care experience by providing a safe place for youth to vent frustrations and examine gaps in service and support in the Foster Care System – no change.
- Provide an opportunity for youth to be of assistance to other youth and to the Foster Care community – no change.
- Academic camps- no change.
- Fostering Great Ideas – no change.
- Partnering with Leadership Camps such as River's Edge Retreat and contracting with the Clemson University Youth Learning Institute to provide services – no change.
- Academic Incentive for Post-secondary students with at least a 3.0 GPA and enrolled in at least 6 credit hours will be eligible for \$100 per semester (maximum \$300/year) – no change.
- Girls and Boys Symposiums partnering with the Clemson University Youth Learning Institute –no change.
- Opportunities like the Columbia Urban League's Life Readiness Program for youth ages 17-21 that will address employment skills, housing and independent living skills – no change.

### **Populations at Greatest Risk of Maltreatment**

The SCDSS will continue to identify children ages three and under (0-3) as being at the greatest risk of maltreatment for FFY 2017. The SCDSS has continued to monitor this population during 2016 FFY 2016, with monthly reports on the age and removal reason The SCDSS has targeted this population with preventive services through collaboration with the Nurturing Center, the Children's Trust of South Carolina (CTSC) and other state and non-profit partners (described later in this section).

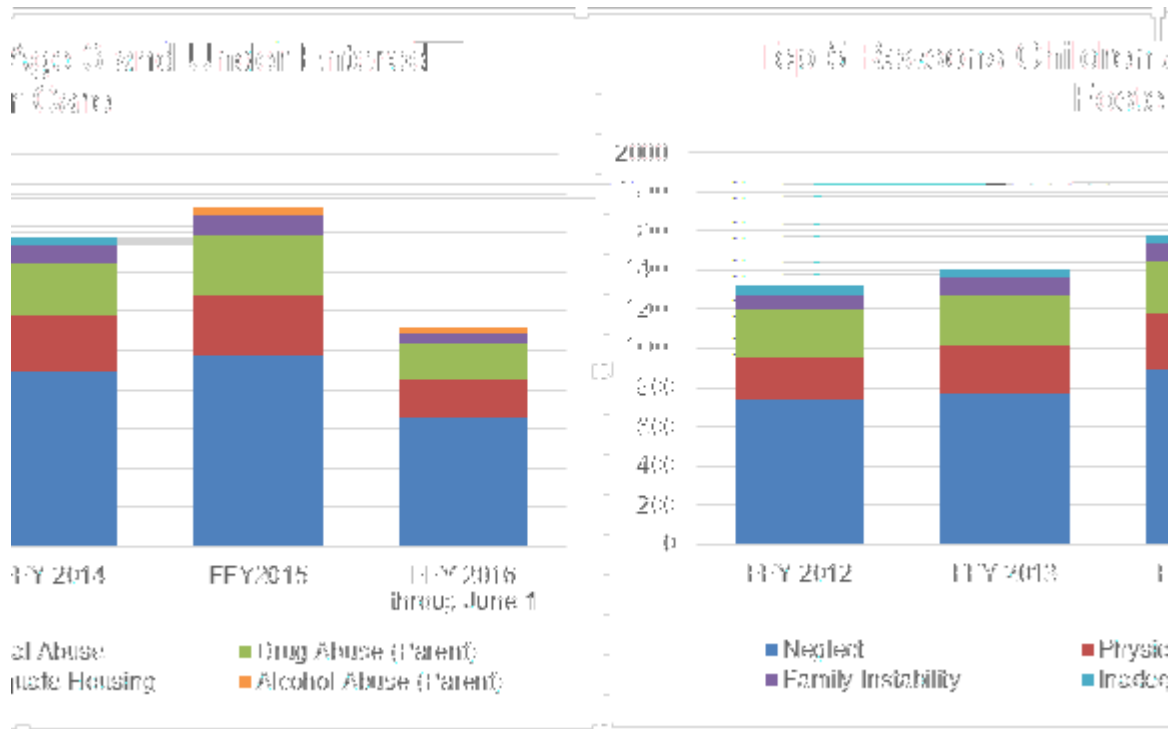
Children ages three and under (0-3) have trended at an average of 26% of the total number of children in Foster Care in South Carolina during FFY 2016. This average has not dropped significantly. However, it has now become the second highest population in care following behind ages six through twelve (6-12) at 32% and moving ahead of children age thirteen through seventeen (13-17) which is now averaging 25%, a slight decrease of 1% from the data reported in the 2016 APSR, of the total number in care during the same time period. The smallest percentages of children in care during FFY 2016 were youth ages eighteen through twenty (18-20) who averaged 6%, and children ages four through five (4-5) who averaged 10%.

The following graphs and charts present data on children in foster care by age group and year.



Source: CAPSS Data, Data reflects through June 1, 2016

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, Data reflects through June 1, 2016

However, data trends for FFY 2016 show there has been a decrease in inadequate housing. If this trend continues, inadequate housing will not be one of the top five (5) reasons for children ages birth through Age 3 entering care and for the second consecutive year inadequate housing will be replaced by Alcohol Abuse (Parent) in the top five (5) reasons for child ages birth through 3 entering care. Parental alcohol abuse saw a significant increase from FFY 14 to FFY 15, the SCDSS will continue to monitor this trend. There is no indicated increase in the sexual abuse trend from previous FFYs as seen in the below chart, but the SCDSS will also continue to track this trend.

**Reasons for Foster Care Entry for Children Age 0-3, FFY 2011-2015**

Reasons Entered Care (Ages birth through Age 3)	Total	FFY11	FFY12	FFY13	FFY14	FFY15	FFY16
Neglect	4860	827	735	775	897	971	655
Physical Abuse	1457	214	216	243	278	308	198
Drug Abuse (Parent)	1469	209	243	254	273	310	180
Family Instability	462	63	72	86	85	99	57
Inadequate Housing	239	31	54	44	47	45	18
Sexual Abuse	179	25	27	34	37	34	22
Alcohol Abuse (Parent)	180	29	26	27	29	46	23
Incarceration of Parent(s)	152	27	30	37	27	22	9
Lack of Employment (Parent)	101	18	16	30	13	19	5
Lack of Housing (Homeless)	120	13	13	20	31	32	11
Abandonment	94	18	11	20	18	21	6
Voluntary Placement (Non-CPS)	35	3	6	6	10	7	3
Caretaker Disabling Condition	49	5	11	4	9	9	11
Drug Abuse (Child)	70	5	8	13	17	15	12
Child Born to Foster Child	8	3	0	0	2	2	1
Hospitalization of Parent	26	3	6	4	4	1	8
Alcohol Abuse (Child)	55	6	12	12	14	6	5
Child's Disability	18	2	4	4	0	5	3
Relinquishment (At Birth)	11	0	4	3	2	1	1
Relinquishment (Other)	6	0	1	2	0	3	0
Death of Parent(s)	13	3	1	3	3	1	2
Child's Behavior Problem	8	1	1	2	1	3	0
Pregnancy (Of the Child)	2	2	0	0	0	0	0
Exploitation (Non-Sexual)	2	0	0	1	0	1	0
Lost Child	3	0	1	2	0	0	0
24-hr Medical Hold (Child)	2	1	0	0	0	1	0
Runaway	1	0	0	0	1	0	0

Source: CAPSS Data, Data reflects through July 2016



Top 5 for each year are highlighted

Children Included in a CPS Investigation/Assessment Who Were Under the Age of 5 on the Date that the Report was Accepted for Investigation - Reports Accepted During FFY 2012 through (partial) FFY 2016 (June 1, 2016).

Year	Children Under 5 Years Old Who Were Included in an Investigation	Age of Children on Date Report Accepted for Investigation						Total Children Under Age 5
		Infants	1 Year Olds	2 Year Olds	3 Year Olds	4 Year Olds	Unborn*	
FFY 2016 through June 1, 2016	# of Children Under Age 5 Included in a CPS Investigation	2254	1422	1381	1332	1486	200	8075
	# of Children Under Age 5 Included in FOUNDED CPS Investigation	1328	673	656	570	632	166	4025
	% of Children Under Age 5 Included in FOUNDED CPS Investigation	59%	47%	48%	43%	43%	83%	50%
FFY 2015	# of Children Under Age 5 Included in a CPS Investigation	3611	2156	2180	2261	2229	381	12818
	# of Children Under Age 5 Included in FOUNDED CPS Investigation	2194	1082	1053	1046	982	301	6658
	% of Children Under Age 5 Included in FOUNDED CPS Investigation	61%	50%	48%	46%	44%	79%	52%
FFY 2014	# of Children Under Age 5 Included in a CPS Investigation	2649	1694	1618	1697	1831	315	9804
	# of Children Under Age 5 Included in FOUNDED CPS Investigation	1733	962	883	864	931	252	5625
	% of Children Under Age 5 Included in FOUNDED CPS Investigation	65%	57%	55%	51%	51%	80%	57%
FFY 2013	# of Children Under Age 5 Included in a CPS Investigation	2267	1360	1319	1424	1392	250	8012
	# of Children Under Age 5 Included in FOUNDED CPS Investigation	1481	817	754	732	729	221	4734
	% of Children Under Age 5 Included in FOUNDED CPS Investigation	65%	60%	57%	51%	52%	88%	59%
FFY 2012	# of Children Under Age 5 Included in a CPS Investigation	2358	1539	1580	1678	1739	284	9178
	# of Children Under Age 5 Included in FOUNDED CPS Investigation	1457	805	794	824	814	241	4935
	% of Children Under Age 5 Included in FOUNDED CPS Investigation	62%	52%	50%	49%	47%	85%	54%

SCDSS - Division of Accountability, Data, and Research (data from CAPSS on June 1, 2015)

\*Unborn children (pregnancies) are counted if the mother gave birth within 9 months of the intake decision date.

In consideration of the following for children ages 0-3:

- Second highest age grouping in care;
- The top 5 reasons for children age 0-3 coming into care are Neglect, Physical Abuse, Parental Drug Abuse, Family Instability and Parental Alcohol Abuse followed closely by Sexual Abuse during FFY 2016;
- No significant decrease in trend of founded investigations/assessments over FFYs 2012-2016, including upward trend for founded decisions for unborn children.

The SCDSS has determined this age group, 0-3 years old, to be at greatest risk of maltreatment as they are highly likely to experience the same trend of types of abuse as older children.

## Services for Children under the Age of Five

### Reducing Time in Care for Children under Age 5

Children ages five (5) and under benefitted from targeted improvement efforts in adoptions. As seen in the table below, a total of 1,227 children ages 5 and under were adopted from FFY 2012 through April 2016. The data also shows that children ages birth through five (0-5) have made up an average of 52% of all SCDSS adoptions since FFY 2012.

As a result of the adoption and reunification objectives and the practice supporting these permanencies, the number of children in foster care under age five (5) declined by one hundred and seventy-five (175), from 2,514 at the end of FFY 2012 to 2,339 as of June 1, 2016. For this same period the end of FFY 2012 through June 1, 2016, the total number of child in Foster Care decreased by five hundred and twenty-five (525) (7.5%) from 6,964 to 6,440. While the overall number of adoptions decrease from FFY 2014 to FFY 2015, the number of adoptions for child age five (5) and under increased. The following table shows the number of children who were adopted from Foster Care from FFY 2012- FFY 2016 through April.

### Adoption Finalizations by Child Age Group, FFY 2012 through April 2016

FFY	Number of Finalizations	0-2 yrs		3-5 yrs		6-9 yrs		10-13 yrs		14 yrs+	
		#	%	#	%	#	%	#	%	#	%
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	453	117	26%	93	21%	91	20%	82	18%	70	15%
2015	409	122	30%	108	27%	87	21%	42	10%	50	12%
2016 (through April)	232	60	26%	55	24%	53	23%	36	15%	28	12%
<b>Total FFY 2012-April 2016</b>	<b>2,386</b>	<b>634</b>	<b>27%</b>	<b>593</b>	<b>25%</b>	<b>546</b>	<b>23%</b>	<b>347</b>	<b>14%</b>	<b>266</b>	<b>11%</b>

Source: CAPSS data through April 2016

### 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 five (5), including prevention, early intervention and treatment services.

#### The Children's Trust of South Carolina

The Children's Trust of South Carolina (CTSC) is the South Carolina lead agency for the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program. The MIECHV program leads the state's efforts in coordinating the delivery of voluntary home visiting services to improve the health, development, early learning, child abuse and

neglect prevention and family support services to children and families through home visiting programs. Home visiting is an evidence-based, early-intervention strategy that pairs volunteer families with home visitors who provide family-focused services throughout the child's first few years. The program offers services to expectant and post-partum parents and families with new babies and children. The CTSC MIECHV program supports the following program models: Family Check-Up, Healthy Families America, Healthy Steps, Parents as Teachers, and Nurse-Family Partnership. In South Carolina many of the program models serve at-risk, low-income mothers. Skills addressed include maternal and child health, positive parenting practices, safe home environments and access to services. The MIECHV 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 program models. There are seventeen (17) funded sites, each reaching multiple counties and serving high-risk populations with children and this will continue through FFY 2017. The program has become well established in thirty-eight (38) of South Carolina's forty-six (46) counties. The only counties that are not currently served by the MIECHV program are Bamberg, Cherokee, Chesterfield, Clarendon, Lancaster, Lee, Marion and York.

For the period of August 1, 2014 through September 30, 2015, the SCMIECHV program has served 4,455 children and parents/caregivers and provided 13,362 home visits. Of the parents/caregivers participating 87% were between twenty and thirty-four (20 and 34) years of age and 13% were parenting or expectant teens. A total of ten (10) of the parenting or expectant teens were fourteen (14) years old or younger. Of the 2,138 children participating during this period 52% were under the age of one (1), 28% were between the ages of one and two (1 and 2) and the rest were ages three (3) and older. During this twelve (12) month period, 97% of the parents/caregivers visited received information and guidance on child injury and safety, 88% of the post-partum women visited were screened for maternal depression, 55% of the parents/caregivers visited reported they were coping well or very well with the stresses of being a parent, 49% of the parents/caregivers visited improved their educational status and 97% of the women visited reported no second pregnancy within twelve (12) months of giving birth. In addition during this same twelve (12) month period of the 2,138 children visited less than 1% were first-time victims of child maltreatment.

### **BabyNet**

BabyNet is the state's early intervention agency for children age birth through three (0-3) under Part C of the Individuals with Disabilities Education Act (IDEA) (P.L. 108-446). As required by the CAPTA 2003 reauthorization, and in recognition of the special needs of child abuse and neglect victims age birth through three (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. BabyNet provides services to children in Foster Care who also meet state eligibility criteria under Part C of IDEA. As a federal entitlement program, services listed on the Individualized Family Service Plan are based on the needs of the family to help address the child's unique strengths and needs. Services include, but are not limited to: Assistive technology devices and services, Audiology services, Family training, counseling, and home visits, Health services, Medical services, Nursing services, Nutrition services, Occupational therapy, Physical therapy, Psychological services, service coordination services, Sign language and cued language, Social work services, Special instruction, Speech-language pathology services, Transportation and related costs and Vision services. Health, medical, nursing and transportation services are only provided to the extent needed to allow parent and child to participate in the other services. As a program which is regulated by the Elementary and Secondary Education Act (now Every Student Succeeds Act), all services provided by BabyNet must meet the definition of evidence-based. The Every Student Succeeds Act defines evidenced-based as a program or service which demonstrates a statistically significant effect on improving student outcomes or other relevant outcomes based on evidence from at least one well designed and well implemented experimental study or demonstrates a rationale based on high quality research findings or positive evaluation that such activity is likely to improve student outcomes or other relevant outcomes; and includes ongoing efforts to examine the effects of such activity.

BabyNet measures the effectiveness of these program at entry and exit. The progress of all eligible children receiving at least six months of early intervention services is rated on the Early Childhood Outcomes as required by the U.S. Department of Education, Office of Special Education Programs. These outcomes measure the extent to

which children receiving Part C services showed progress and the extent to which they achieve functioning similar to same-aged peers in: developing and maintaining positive social-emotional relationships with adults and same-aged peers; acquire and use knowledge and skills and use appropriate behaviors to meet their needs. In addition all children with an Individualized Family Service Plan must be periodically re-assessed using developmentally appropriate instruments to monitor progress on individual individualized functional goals.

### **South Carolina Voucher Program**

The South Carolina Department of Social Services (SCDSS) provides Child Care Services to families receiving Child Protective Services (CPS) or to a child who is in a Foster Home in order to prevent further abuse or neglect and to provide a stable and consistent routine for the child to compensate for stressful experiences. The SCDSS has required in the past several years that a Foster Parent(s) must be employed full or part-time in order for the child to be eligible for child care. The SCDSS recently expanded the requirements for Foster Parent(s) to include part or full time school or training and temporary or permanent disability as eligibility requirements. Child Care for children in Foster Care is now expanded and offered through age twelve through nineteen (12 years or up to 19) years of age, if the child in Foster Care has special needs or should not be left unsupervised due to behavioral or emotional issues.

Child Care is also available to a child in Foster Care who is placed in an Adoptive Placement until the adoption is finalized as long as the Adoptive Parents meet the eligibility criteria for a Child Care Voucher. Children receiving Foster Care services must receive Child Care services in a licensed Child Care Program enrolled in ABC Quality, South Carolina's Quality Improvement System at the Division of Early Care and Education and the SCDSS. If a licensed Child Care Program cannot be obtained, a policy exception may be provided, on a case-by-case basis, for the child to receive child care services through another provider that is enrolled in ABC Quality, if that provider meets the child's assessed needs. ABC Quality is voluntary rating and improvement program, a Child Care Provider that opts to participate in ABC quality must demonstrate they meet or exceed basic Child Care Standards.

Quality Child Care Programs are defined as stimulating environments in which children can thrive. Quality Child Care Programs are well-lit and clean, have room for children to play and have well-trained and experienced care givers and low staff to child ratios. Quality Child Care Programs have staff who are responsive to parents and give parents opportunities to be involved.

During the period of June 2015 through March 2016 which includes the last quarter of FFY 2015 and the first two quarters of FFY 2016, four hundred and seventy-eight (478) foster children under the age of five (5) received federally-subsidized, child care (ABC) voucher services. This is an increase of seventy-four (74) over the number reported in the 2016 APSR, an 18% increase.

### **Head Start**

Head Start is a comprehensive School Readiness Program serving low-income children age birth through five (0-5). Children from families with incomes below the Federal Poverty guidelines are eligible for Head Start services. In addition, children from families who are homeless or receive some type of public assistance such as TANF or SSI are eligible for Head Start. A child in Foster Care is eligible for Head Start regardless of his/her Foster Family's income. 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.

According to the 2016 Federal Information report which contains the most recent verified Head Start numbers, South Carolina Head Start Centers served 155 children who at any point during the program year were in Foster Care. This is an increase of 48 children, a 44% increase, over the number reported in the 2016 APSR.

### **The Nurturing Center**

The Nurturing Center is a therapeutic childcare center that provides rehabilitative and therapeutic services to the SCDSS children and families in Richland and Lexington counties. The Nurturing Center provides: Home Based

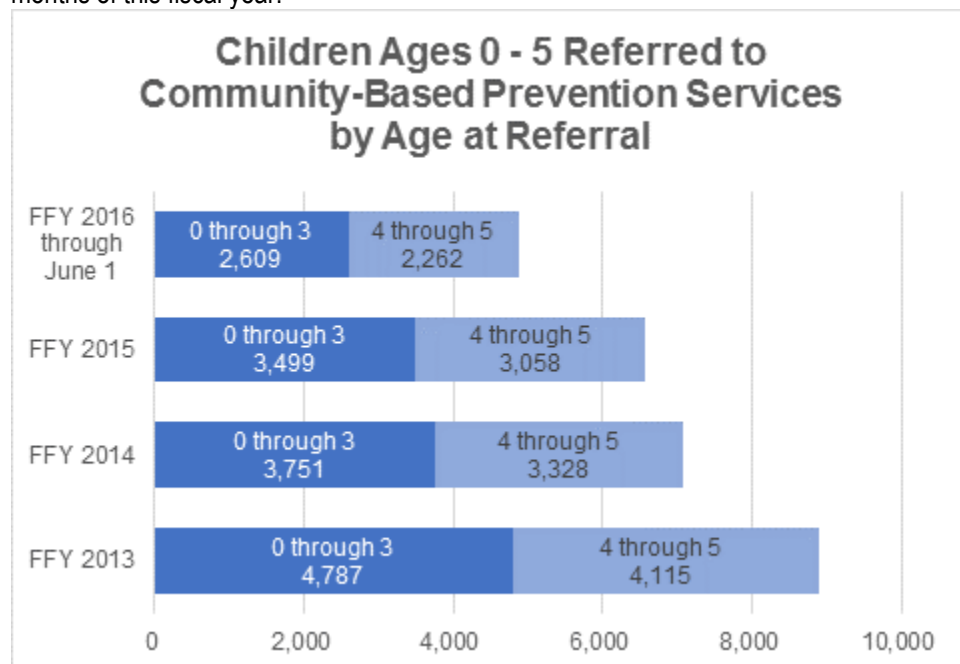
Services which consist of initial visits, comprehensive assessments, appropriate counseling and parenting support; Individualized Service Plans which are plans and goals for each family based upon their strengths and identified needs; Rehabilitative Behavioral Health Services which consist of groups, individual therapy, family therapy and other rehabilitative services to strengthen parent relationships with their children; case management and interagency collaboration which consists of interagency case-coordination, collaborative staffing and facilitating interagency communication; Follow-up Services are home visits, support groups, referrals and coordination with other agencies which take place after completion of center-based services and caseworker visitation, caseworkers can get their visits completed in a comprehensive fashion for an entire family while they are receiving services at the Nurturing Center (TNC).

Since the submission of the 2016 APSR, a total of forty (40) children in the SCDSS custody have been served by TNC, twenty-seven (27) were referred by Richland County and thirteen (13) were referred by Lexington County, twenty-one (21) of these children were in Foster Care and nineteen (19) were in a placement with Relative or Fictive Kin. During this reporting period May 2015 to May 2016, nine (9) of these children have been reunified with their birth parent, a reunification percentage of 23% and five (5) more of these children are in the process of being reunited with their birth parent, pending court date. Of these forty (40) families referred by SCDSS, only six (6) left the program unsuccessfully, a success rate of 85%.

**Community-Based Prevention Services**

The provider collaborates and links with other contracted agencies to provide the at-risk population of children ages birth through three (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 14,646 children ages birth through three (0-3) were referred to Community-Based Prevention Services from FFY 2013 to June 1, 2016. Also, 12,763 children ages four through five (4-5) were referred to the same services during that time period. As indicated by the graph below numbers of children referred to and served by CBPS declined each year from FFY 2013 through FFY 2015. This is a trend which appears to be continuing through FFY 2016. The SCDSS will continue to monitor to see if this trend continues in the last four (4) months of this fiscal year.



Source: CAPSS effective June 1, 2016

## **Services for Children Adopted from Other Countries**

The Interstate Compact on the Placement of Children (ICPC) Unit of the SCDSS reviews International Home Studies before they are submitted to Citizen and Immigration Services or Homeland Security. The ICPC continues to input the names of the individuals in these Home Studies into the Child and Adult Prevention Services System (CAPSS /SACWIS) as prospective Adoptive Parents who are submitting Home Studies for review to the SCDSS and the State Department, and Adoption Agencies are being identified. The SCDSS CAPSS now has an International Adoption Code for providers (Adoptive Parents) on the Home Study tab. This is used to indicate that this prospective Adoptive Family is pursuing an International Adoption. When there is a report of neglect or abuse, the SCDSS Counties will be able to identify the home as Adoptive Placement that pursued an International Adoption and ask appropriate questions in reference to the adoption, and ascertain the plans for the child and the reasons for the disruption or dissolution. However at this time the CAPSS does not have a method to link this information to the child's person information, so if a child adopted internationally does come into care (is re-homed) the SCDSS may not be aware of this. The method to link the information from the Provider Home Study tab to a child's Person Screen regarding International Adoption is a necessary system improvement that is being requested and is pending. Since the submission of the 2016 APSR the SCDSS has not provided any post-Adoption Supports to children adopted from other countries.

## **5. Program Support**

### **Staff Training**

South Carolina continues its commitment to long-term, training/program support to its Child Welfare staff and other partners in the Child Welfare System. The long-range goal of the Department'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 2017 APSR Update to The Targeted Training Plan, many of the training activities in the Targeted Training Plan are provided for the SCDSS staff. Training is provided by the state for new and for veteran staff on an ongoing basis (see also Assessment of Performance, Systemic Factors, Staff Training). 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 procedures, and training in support of Strategies designed to accomplish the state's Child Welfare Goals and Objectives.

The training activities from Basic Child Welfare Training, Child Welfare Legal Basic Training, and Basic Adoption Specialist Training, for new SCDSS staff, to the ongoing professional development/continuing education training activities, address the services provided under both parts of Title IV-B and Title IV-E of the Social Security Act.

Nearly all of the SCDSS Child Welfare training activities have been provided through contracts with training providers, including the University of South Carolina, Center for Child and Family Studies (CCFS) and the Children's Law Center (CLC), and non-profit organizations.

### **FFY 2016 Training and Technical Assistance Provided to support SCDSS Staff in Counties and Regions.**

The training provided to support SCDSS staff in SCDSS County and Region Offices is Child Welfare Basic Training. Since the submission of the 2016 APSR, the University of South Carolina, Center for Child and Family Studies (CCFS), assisted the SCDSS in providing the Child Welfare Basic Training Course to all new Child Welfare caseworkers so that they can be certified to carry caseloads. The CCFS will continue in this role during FFY 2017.

Child Welfare Services Basic Training is an intensive certification course required for all new workers in Child Welfare Services programs. Child Welfare Basic Training is composed of two phases: Online and structured job shadowing Phase and the In-class Training Phase.

For Shadowing Assignments Supervisors must ensure a plan is in place for workers to complete **all** shadowing experiences before the Pre-work Phase ends. All shadowing assignments must be completed and submitted by the new workers into the Learning Management System (LMS) by 5:30 on the Thursday before the In-Class Phase begins. Supervisors are **required** to conduct at least one “Mapping of Shadowing” with the new worker specific to the assigned program area; additional shadowing experiences applicable to the program area may be included in the completion of the mapping session. The Mapping of Shadowing form for must be submitted to the online training system (LMS) prior to the worker attending training.

This course includes three weeks of on-line pre-work assignments, nineteen (19) days of classroom instruction, with multiple quizzes and in-class assessments. 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. All online assignments are completed in the Learning Management System (LMS) managed by the Center for Child and Family Studies. The on-line components are assignments that directly relate to support the in-class instructions. Bridgework assignments, located in the LMS, are completed in the county between in-class instruction weeks to practice knowledge and skills attained. For successful completion of CW Basic Training, participants must obtain a final grade of 85%.

Training times for each week: Day 1 = 10am–5:00pm; Other days = 9am–5:00pm  
19 days of training = 138 Social Work Hours; 7.0 Non-Social Work Hours

The curriculum incorporates the use of the following text as support and reference for participants: Brittain, Charmain R. & Hunt, Deborah Esquibel (Eds.). (2004). *Helping in Child Protective Services* (2nd ed.). New York, NY: Oxford University Press.

### **Child Welfare Legal Basic Training**

The University of South Carolina, Children’s Law Center (CLC) provides this post-Certification four (4) days of Initial Training. The training involves two days of presentations on the legal system and related responsibilities. During the final two days of the training session, staff participate in mock hearings with a retired family court judge and attorneys. Each staff member testifies and is cross-examined and receives personalized feedback.

### **Adoptions Specialist Basic Training**

Adoption Specialist Training is designed for a new Adoption Specialists. Completion of this training is part of the requirements for certification as an Adoptions Investigator. This certification is separate from Child Welfare certification. Adoption Specialist 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 focuses on concurrent planning, and the third unit focuses on recruitment of families and placement of children. The training concludes with a final exam.

### **Ongoing Training**

Each of the Goals and Objectives in the CFSP/APSR were addressed by training activities. Below in this section are the primary See “Training Activities” below for information on the primary training activities provided to support the Goals and Objectives.

### **State Adoption Office**

As of June 1, 2016, all financial documents related to Adoption Subsidies will be in a SharePoint Site. The SCDSS will be paperless with our financial folders. The work of the Regional Adoption Offices and of the State Adoption Office related to Adoption Subsidy Determinations and the Health Subsidy will be done on the SharePoint Site.

The State Adoption Office provided training to the five (5) Regional Adoption Offices on the use of the SharePoint Site during FFY 2016 and it has been completed.

### **Continuous Quality Improvement (CQI)**

Since the submission of the 2016 APSR, the state has received technical assistance in assessing the status of the development of its CQI System from the Capacity Building Center for States (CBCS). This resulted in a two (2) day training activity led by the CBCS staff. During this two day event, some of the key staff for the CQI/CFSP/APSR development in the SCDSS State Office, Regional Directors, County Directors, and staff from the University of South Carolina, Center for Child and Family Studies (UofSC, CCFS) received training on CQI Systems development, how to assess a CQI System, how to set and implement CQI objectives and action steps. See anticipated technical assistance below for more information on the development of the CQI System.

This technical assistance addressed CFSP/APSR Goal 4, Objective 4, "Establish and Maintain a Continuous Quality Improvement (CQI) System." See below in Training Activities for specific training activities addressing CQI development.

### **Trauma-Informed Care (T-IC)**

During FFY 2016, the SCDSS provided training to each SCDSS County Office on the T-IC. The training provided an overview of T-I Care. This training was provided by SCDSS staff. Throughout FFY 2016, there were also a series of training events for selected staff for training on Trauma-Informed Care referrals and provision, through Project Best in SC.

This training and technical assistance addressed Goal 2, Objective 2, "Ensure the physical and mental health needs of children (including dental health), are addressed." See below in Training Activities for specific training activities.

### **Indian Child Welfare Act (ICWA)**

During FFY 2016, the state provided seven (7) Regional training events focusing on the history and the development of the Indian Child Welfare Act, the history of the Catawba Indian Nation, and the SCDSS policies and procedures in the SCDSS Child Welfare Manual related to ICWA and Tribal interventions prior to the required Tribal intervention in compliance with ICWA. See attached ICWA Training Booklet for content of the training.

This training addressed Goal 2, Objective 2, "Ensure the physical and mental health needs of children (including dental health), are addressed", Goal 3, Objective 1, "Improve the continuity of family relationships and connections with the neighborhood community, faith, extended family, Tribe, school, and friends for children", Goal 3, Objective 2, "Improve the permanency and stability of children in their living situation", and Goal 4, 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."

### **Signs of Safety (SOS)**

During FFY 2016, through SafeGenerations, ongoing technical assistance through webinars and onsite training was provided to SCDSS staff in County Offices. The training focused on the basics of Signs of Safety through supervision of staff using Signs of Safety Mapping.

This training addressed Goal 1, Objective 3, "Full, statewide implementation of the Signs of Safety (SOS) in Child Protective Services, Family Preservation, and Foster Care cases, by the end of the FFY 2019. " See below in Training Activities for specific training activities.



### Guided Supervision

Following formal training on Guided Supervision, technical assistance was provided onsite to SCDSS caseworkers and supervisors on the use of Guided Supervision. Guided Supervision is a structured type of staffing of cases that focuses both on risk and safety, and on improving worker's critical thinking skills.

This training addressed Goal 1, Objective 3, "Improve the initial and ongoing assessments of safety and risk to children, to protect children in the home and prevent removal; provide services to the family to prevent children's entry into foster care or re-entry after reunification." See below in Training Activities for specific training activities.

### Office of General Counsel (OGC)

The Office of General Counsel (OGC) has provided training and technical assistance for the Legal Case Management System (LCMS) through formal, scheduled trainings which were held throughout the state during the 2016 FFY. These trainings occurred not only in Columbia but also in different regions of the state to minimize the impact of the trainings on the participants' regular schedules and to encourage county-specific issues to be addressed during the trainings. Each training session lasted approximately three hours.

#### 2015-2016 LCMS TRAINING DATES

COUNTY	DATE OF LCMS TRAINING
Berkeley	July 22, 2015
Columbia	July 24
Columbia	November 6
Charleston	November 13
Richland	January 8
Greenville	January 11
Colleton	January 28
Aiken	February 9
Aiken	April 11
LCMS Training with HelpDesk	April 12
LCMS Training with HelpDesk	April 13
Lexington	April 14
Aiken	May 6
Dillon	May 12
Lexington	May 20
Charleston	May 24
York	June 2
Spartanburg	June 10
Richland	June 17
Orangeburg	July 1

The LCMS Help Desk provides online assistance to all county attorneys and paralegals including contract attorneys. When someone has a specific LCMS issue, they can e-mail the LCMS HelpDesk for assistance. Some LCMS HelpDesk issues are resolved through troubleshooting which directs users through the process of ensuring that all information has been correctly entered. Other HelpDesk issues are computer-specific and are resolved through DTS.

Recently, the LCMS HelpDesk experienced a reduction in staff when the lead HelpDesk responder left the agency and the other responder was away from the office for family medical leave. During this period of time, in addition to conducting formal trainings, OGC provided direct assistance to the LCMS Help Desk, conducted a training at the Browning Road building for HelpDesk personnel, and have continued to provide ongoing support to LCMS HelpDesk. When LCMS Help Desk questions are sent to LCMS HelpDesk, OGC is copied with the question and partners with the CAPSS HelpDesk personnel through resolution of issues in a continuing mentor-training approach.

In addition to LCMS assistance, each attorney in the Office of General Counsel is assigned certain issues and geographical areas. The Office of General Counsel provides trainings and assistance to program staff and attorneys throughout the year on various subjects including but not limited to Adult Protective Services issues, confidentiality, contract and procurement matters, Indian Child Welfare Act (ICWA), lawsuits against the agency, Title IV-E, legislative changes, Adoption matters, personnel issues, and Program Improvement Plans. The following is a sampling of calendar events concerning training, technical assistance and support for The SCDSS County Offices and other agencies/offices conducted by the Office of General Counsel.

July 6, 2015 – Conference call with Horry County Attorney & Director regarding assistance needed  
July 7, 2016 – Meeting with General Counsel for DMH regarding Memorandum of Agreement  
July 8, 2015 – Telephone conference with Dorchester County Attorney regarding case with Charleston  
July 27, 2015 – Meeting with Richland County Legal regarding Court hearings  
July 28, 2015 – Assistance with Aiken and Barnwell County Legal with training new attorney  
July 29, 2015 - Meeting with Richland County Legal and assistance with Court hearings  
July 31, 2015 – SC Bench-Bar Meeting  
August 7, 2015 – Richland County DSS/CASA/OID joint meeting  
August 14, 2015 – Meeting with Charleston Legal and Court Liaison concerning court process  
August 19, 2015 – Best Legal Practice Subcommittee Meeting of Bench-Bar  
August 21, 2015 – SCDSS Paralegal Training  
September 14, 2015 – Meeting with Aiken County Legal regarding court and case coverage  
September 28, 2015 – Meeting with Sumter County Legal regarding order preparation and LCMS usage  
October 19, 2015 – Meeting with Sumter DSS Legal and County Director regarding order preparation and case management  
October 27, 2015 – Meeting with Region IV Team Leader regarding various legal department concerns  
October 30, 2015 – SC Bench-Bar Meeting  
November 4, 2015 – Meeting with Richland County Legal regarding Title IV-E packets  
November 4, 2015 – Conference with Spartanburg regarding LCMS Docket modifications  
November 4, 2015 – Meeting with Lexington County Legal regarding Court hearings  
December 15, 2015 – Meeting with Richland County Director regarding LCMS usage  
January 13, 2016 – Meeting with Richland County Legal Regarding Title IV-E Packages  
January 22, 2016 – Meeting with Lexington County Legal regarding caseloads and case management  
January 29, 2016 – Best Legal Practice and Bench/Bar Meeting  
February 3, 2016 – Legal Court Information Sheet training Georgetown DSS  
February 10-11, 2016 – Boot Camp for New Attorneys  
February 17, 2016 – Meeting with Spartan in Spartanburg and meeting with Spartanburg Legal  
February 23, 2016 – Meeting with Information Technology employees and Spartan regarding LCMS Report Manager  
February 26, 2016 – Meeting with Richland Legal concerning Daniel’s Law Case  
March 8, 2016 – Conference call with Laurens DSS Attorney & Richland County DSS Attorney regarding two cases  
April 6, 2016 – Conference call with Aiken County Attorney regarding case  
April 28, 2016 – Meeting with Lexington County Administration and Legal regarding Legal Process  
April 29, 2016- SC Bench-Bar Meeting  
May 9, 2016 – Meeting regarding Legal Process in York, Union, Chester, Fairfield & Lancaster  
May 11, 2016 – Meeting and Presentation at Palmetto Association for Families and Children conference  
May 17, 2016 – Conference call with Richland County Legal Department concerning case involving immigration issues.

### **Independent Living Unit**

During FFY 2015 and through FFY 2016, the SCDSS Independent Living Unit deployed staff into the five (5) SCDSS Regions. The primary purpose of this staff was and remains to provide technical assistance to SCDSS County Staff. This Regional deployed staff provided training to staff on Independent Living Program requirements, including but not

limited to reporting requirements in order to comply with National Youth In Transition Database requirements. For more information on training and technical assistance provided by the Independent Living Unit see Assessment of Performance, Update to Services Description, CFCIP, and Chafee Independent Living Program. The training activities primarily supported Goal 4, Objectives 5-15.

#### **Regional Intake Hub (for abuse and neglect reporting)**

With the beginning of the implementation of the plan to move from County-based Intake of abuse and neglect reports to a Regional-based statewide system of abuse and neglect reports during FFY 2015 through FFY 2016, the staff in the Regional Intake Hubs received training. The staff received onsite technical assistance from the SCDSS manager of Implementation and the program manager for Regional Intake Hubs. This onsite, on-the-job training focused on the use of the safety matrix and decision-making related to screening out reports, referring reports to community-based prevention services, and referring to SCDSS Child Protective Services for an Investigation/Assessment of the report. Additionally, the Regional Intake staff received a one day training overview on decision-making in the Intake Hub.

This technical assistance addressed Goal 1, Objective 4, "Improve the quality of Abuse and Neglect Report Intake decisions through the implementation of Regional Abuse and Neglect Report Intake Hubs."

#### **ICPC- National Electronic Interstate Compact Enterprise (NEICE)**

As of February 29, 2016, South Carolina became a participating state in the National Electronic Interstate Compact Enterprise (NEICE). The NEICE program is going nationwide. The SC ICPC is rolling out the program to all SCDSS County and Regional Offices. Guides and webinars are available to provide training and to familiarize persons with the program. The ICPC staff has and will continue to provide technical assistance through hands-on demonstrations.

#### **Federally-Funded Training Activities.**

Information explaining the necessity of all Federally-funded training activities to be pre-approved by the Children's Bureau and placed into the Targeted Training Plan was shared as needed with SCDSS State Office staff and Regional Directors during weekly Child Welfare leadership staff meetings. The staff also received technical assistance through receiving pre-approval information sent to contracted training providers.

#### **FFY 2017 Training and Technical Assistance To be Provided to SCDSS Staff in Counties and Regions.**

All of the training and technical assistance activities listed immediately above will continue to be provided in FFY 2017.

#### **FFY 2016 Training and Technical Assistance Provided to SCDSS Staff in Counties and Regions**

Listed below are among the primary training activities provided in FFY 2016 in support of the Goals and Objectives of the CFSP/APSR.

#### **Training Activities in Support of Goal 1**

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

**Title: "Safety Network" Webinar (Signs of Safety)**

**New:   X**

**Syllabus:** This Signs of Safety Webinar, via video connection with SafeGenerations, is designed to build on the knowledge and skills the practitioners obtained in the 2-day Signs of Safety Overview Workshop. Through teaching and hands-on exercises based on real life casework and facilitated in small groups within the offices, the participants

will build their skills in the use of the Signs of Safety principles, disciplines, processes and tools related to building and sustaining safety networks. Participants are eligible for 1.5 Social Work hours. Webinar instruction covers building safety networks with families through the use of questions, assessing possible people for the safety network and strategies to maintain safety networks.

**Title: “Involving Safety Network in Safety Planning” Safety Networks - Part 2**

**New**  X

**Syllabus:** This Signs of Safety Webinar, via video connection with SafeGenerations, is designed to build on the knowledge and skills the practitioners obtained in the 2-day Signs of Safety Overview Workshop. This webinar will build on the first Safety Network webinar that was conducted in April 2015. SafeGenerations will provide teaching (webinar instruction) related to the structure of safety network meetings/facilitating safety network meetings, being clear about the role of each safety network person, problems and strategies related to sustaining safety networks and involving the safety network in the development of safety plans. Small groups will be facilitated within each of the offices by a coach or catalyst where the participants will build their skills in the use of the Signs of Safety principles, disciplines, processes and tools related to building and sustaining safety networks. Participants are eligible for 1.5 Social Work hours.

**Title: Signs of Safety Training-2**

**New**  X

**Syllabus:** This 2-day interactive Signs of Safety Workshop is designed to build on the knowledge and skills the practitioners obtained in the 2-day Signs of Safety Overview Workshop. Through teaching, hands-on exercises, including exercises based on real life casework, discussion and video clips participants will build their skills in the use of the Signs of Safety principles, disciplines, processes and tools related to their role in the child welfare system. Participants will gain a better understand of the Signs of Safety-*Safety Planning Process* throughout the work with families. Leaving the workshop, participants will be able to apply their learning immediately. Participants are eligible for 11 Social Work hours. In class instruction covers key Signs of Safety tools, such as Harm Statements, Danger Statements, Safety Goals, Safety Scales and critical skill enhancements, such as mapping techniques, family engagement strategies, goal formation, safety planning, safety networks, and integrating the voice of the children.

**Title: Signs of Safety 2**

**New**  X  **Update**

**Syllabus:** This training is an overview of the Signs of Safety framework for child welfare. This training consists of two non-consecutive days and is intended for caseworkers, supervisors and leadership. Participants will learn about the guiding principles of Signs of Safety as well as harm and danger statements, danger statements, and safety goals. Throughout the training, participants will practice using tools such as Mapping, Scaling and the Three Houses.

**Title: Intermediate Skills- Signs of Safety 3**

**New:**  X

**Syllabus** Over the course of 2 days, we'll engage with staff who are organized into their discipline of practice, i.e. 'Intake', 'Family Preservation', etc.. The learning goals over these 2 days will be for participants to have a practical, concrete skills and understanding of some intermediate skills and practices of Signs of Safety.

The workshop will be delivered in a series of 4 @ ½-day workshops and teach on the following skills:

Existing Safety (protective factors): A clear and rigorous distinction between existing strengths and existing safety. Participants will be able to ask questions to lead to clarity about what strengths exist within a family that, when explicitly identified, can be leveraged for sustained safety of the children.

Bottom Lines & skillful use of authority: the non-negotiables of the long-term protection plan. Participants will understand how creating process-oriented bottom lines can manage risk, while allowing for the natural strengths of the family to build safety and well-being for the children. Learners will be able to create bottom lines within their work through their skillful use of authority and their statutory leverage while building working relationships with the family.

Case specific safety scales & scaling trajectory: Danger Statements and Safety Goals are the bookends of our safety planning work. As a precursor to family-led safety planning, participants will learn and begin to practice creating clarity in definition and vision leading to the successful closure of a case. Through the EARS questioning approach, participants will help families identify and understand key milestones in moving from the 'worries' for the family to the 'safety' of the children. Participants will practice skills in creating safety goal specific scales, and using the scales as an engagement and safety planning strategy.

Participants are eligible for 12 Social Work hours. In class instruction covers key Signs of Safety tools, such as Safety Goals, Existing Safety, Safety Scales, Case Trajectory and Safety Plans (Protection Plans) and critical skill enhancements, such as mapping, family engagement strategies, safety planning, safety networks, and integrating the voice of the children.

**Title: Catalyst Coaching Call: Ears Framework (Signs of Safety)**

**New**   X  

**Syllabus:** The Signs of Safety Coaching Call is provided via video connection with SafeGenerations. Participants learn Signs of Safety tools and principles, the process will use questions to create meaningful conversations, teaching and hands-on exercises based on real life scenarios, catalysts and leaders will build their facilitation and leadership skills in the use of the Signs of Safety principles, disciplines, processes and tools.

**Title: Signs of Safety Skill Building for Family Preservation Staff**

**New**   X  

**Syllabus:** This half-day interactive Signs of Safety Workshop, is designed to build on the knowledge and skills the practitioners have obtained in prior Signs of Safety training. Through teaching, hands-on exercises, including exercises based on real life casework, discussion and video clips participants will build their skills in the use of the Signs of Safety principles, disciplines, processes and tools related to their role in the child welfare system. Participants will gain a better understanding of the Signs of Safety framework throughout the work with families, specifically related to their role in the family preservation team. Leaving the workshop, participants will be able to apply their learning immediately. Participants are eligible for 3 Social Work hours. In class instruction covers key Signs of Safety tools and process, including engaging children through the use Three Houses and the Safety House during ongoing work; with families, having mapping, including harm and danger statements inform effective safety goals with families and building and engaging safety networks over time.

**Title: Signs of Safety Skill Building for Foster Care and IFCCS Staff**

**New**   X  

**Syllabus:** This half-day interactive Signs of Safety Workshop, is designed to build on the knowledge and skills the practitioners have obtained in prior Signs of Safety training. Through teaching, hands-on exercises, including exercises based on real life casework, discussion and video clips participants will build their skills in the use of the Signs of Safety principles, disciplines, processes and tools related to their role in the child welfare system. Participants will gain a better understanding of the Signs of Safety framework throughout the work with families, specifically related to their role in the Foster Care and IFCCS teams. Leaving the workshop, participants will be able to apply their learning immediately. Participants are eligible for 3 Social Work hours. In class instruction covers key Signs of Safety tools and process, including engaging children through the use Three Houses and the Safety House during ongoing work; with families, having mapping, including harm and danger statements inform effective safety goals with families and building and sustaining safety networks over time.

**Title: Signs of Safety Brief Overview Workshop**

**New:**   X  

**Syllabus:** This 1/2 day interactive Signs of Safety Workshop, is designed for new staff who have had minimal or no prior Signs of Safety training. It is designed to give participants an overview of the Signs of Safety framework. Through teaching, hands-on exercises, including exercises based on real life casework, discussion and video clips participants will build their skills in the use of the Signs of Safety principles, disciplines, processes and tools related to

their role in the child welfare system. Participants will gain a better understanding of the Signs of Safety framework. In class instruction covers the history of Signs of Safety, learning to use mapping and scaling with families and in the office and the use of harm and danger statements. Leaving the workshop, participants will be able to apply their learning immediately. Participants are eligible for 3 Social Work hours.

### **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.

### **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 Family Strengthening Services (FSS) and 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.

### **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 DSS 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.

### **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.

### **Title: Goal Development (Signs of Safety)**

**Syllabus:** This Signs of Safety Coaching Call, via video connection with SafeGenerations, is designed to build leadership and facilitation skills of catalysts and county leaders. Participants will learn to utilize key aspects of the approach in a leadership context. We will utilize Signs of Safety tools and principles to model the parallel process throughout the agency, its partners and the families. Agenda topic for this call will be focused on Goal Development. Participants will learn that once they are clear about the core worries they have for the children, if nothing changes, it’s critical that they get clear on what they need to see the caregivers doing for the well-being of the children. This in turn will help them to feel confident the children will be safe. Through teaching and hands-on exercises based on real life scenarios, catalysts and leaders will build their facilitation and leadership skills in the use of the Signs of Safety principles, disciplines, processes and tools, specifically around goal development.

## Training Activities in Support of Goal 2

Children will thrive when involved with the SCDSS.

### **Title: Strategies to Engage Caregivers in Managing Risk Factors in Kinship Care-Approaches and Interventions**

New   X  

**Syllabus:** Participants will be provided with a framework – Managing Risk Factors in Kinship Care –to build the capacity of practitioners to empower and engage kinship caregivers who are caring for children who come to the attention of the child welfare system to build on family strengths and protective factors for safety and well-being of the children. Participants will learn approaches and interventions that practitioners can use to assist caregivers in managing these challenges and mitigating these risk factors, including focusing on the needs of the child, helping caregivers acknowledge their emotions around changes in family dynamics and helping the family access additional services and supports as needed.

### **Title: Shared Parenting**

New   X  

**Syllabus:** This workshop emphasizes the benefits of shared parenting and begins to equip Foster Parents and practitioners with the tools to forge relationships with birth parents in order to achieve stability and permanency for children. This workshop is designed to introduce the concept of “Shared Parenting” to Foster Parents, DSS practitioners, and community partners. “Shared Parenting” is designed to help open the lines of communications between biological parents, SCDSS practitioners, and Foster Parents. It is based on a team approach. It involves Foster Parents working with birth parents, and Foster Care Practitioners providing support to both parties.

### **Title Understanding Grief, Loss, and Trauma**

New   X  

**Syllabus:** This workshop will explore the losses youth experience, that must be grieved, and which result in trauma. This training will renew understanding of, your commitment to, and your passion for these youth. The participant will learn grief and loss youth in out-of-home care experience and its impact on behavior, the impact on youth of systemic re-traumatization, understand the trauma responses in youth and how to help youth understand their triggers and responses, understand how trauma is experienced by youth in the present moment, the intervention needs of youth with trauma, why youth exhibit behaviors they do after placement in out-of-home care, why traditional methods of intervention have not produced desired results, a new toolbox for healing relational trauma with youth, the worker’s role in the healing process, the messages youth need to hear about the healing process. The learning process includes interactive activities with the audience.

### **Title: The Impact of Childhood Trauma on Child Welfare Systems**

New   X  

**Syllabus:** The student will understand what constitutes trauma and how it impacts multiple functional domains across a lifetime. Identify key components of a child welfare trauma-informed system of care. Recognizing and responding to how trauma impacts those who work in a helping capacity. Lecture, activities and Q&A. 2 hours continuing education credit.

### **Title: Orientation to Trauma-Informed, Evidence-Bested Practice and Senior Leader Initial Training**

New   X  

**Syllabus: Orientation to Trauma-Informed, Evidence-Based Practice.** All participants (Brokers, Clinicians, and Senior Leaders) complete a 2.5 hour in-person training session on the fundamentals of trauma-informed, evidence-based practice in their particular roles. The goals of the training session is for all participants: 1) to understand what trauma-informed, evidence-based care in child welfare is, 2) the importance of interdisciplinary collaboration and service coordination to achieving positive outcomes for children and families, and 3) the methods to be used in the

CBLC to achieve the collaborative community adoption, implementation and sustained use of trauma-informed, evidence-based services. Specific content of this training includes: 1) the scope of exposure to violence and other traumatic events among children and youth in the U.S., 2) the biological, psychological, and social impact of trauma on children and youth, 3) the importance of understanding and accounting for trauma when working in the child welfare system, 4) what are evidence-based practices and why use them, 5) what is Trauma-Focused Cognitive-Behavioral Therapy, 6) why is inter-professional collaboration and service coordination important to traumatized children and their families, and 7) what are the elements of a Community-Based Learning Collaborative. This session is conducted by doctoral level training faculty from Project BEST with significant experience each of these topics. Both didactic and participatory learning methods are used in this training. Quantitative and qualitative evaluations are completed by participants after the training.

**Syllabus: Senior Leader Initial Training.** All senior leaders from both broker and clinical organizations participate in an initial 3-hour training session. This session typically is conducted the same day as the Orientation to Trauma-Informed, Evidence-Based Practice training attended by all participants. The goals of this training are to understand 1) the critical role of the program senior leader in the implementation of new practices, 2) models of leadership for system change, and 3) models of inter-professional community collaboration in service delivery. Senior leaders are taught specific activities that have been found successful in supporting and maintaining the new practices being taught to their staff members in the CBLC. Like obstacles to successful learning and organizational uptake of the new practices are identified and a collaborative approach is used it help design solutions for these problems. This training is conducted by doctoral level trainers from Project BEST with decades of experience in organizational leadership, organizational change, and community collaboration. The training session uses mainly focused discussion and case-based learning methods, however some didactic methods are used as well. Quantitative and qualitative evaluations are completed by participants after the training.

### **The Neglected Transition: Helping Children's Experiences of Loss and Ambiguity During the Transition into Foster Care**

The University of South Carolina, Center for Child and Family Studies (CCFS) have recently developed this training for caseworkers, Foster Families, and congregate care staff which will address the needs and well-being of children and youth during their transition into foster care. The curriculum will focus specifically on healing psychological trauma and ambiguity, and enfranchising children's experiences of grief and loss. Specific attention will be placed on structural ambiguity, placement reason ambiguity, and ambiguous loss. The training will address foster care transition transactions such as: the child's notification of the need to be placed into foster care; the child's removal from the home; the child's transfer to the foster care placement; the child's introduction and orientation to the foster care placement; and the child's adaptation to a new home.

### **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 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.

### **Family Group Conferencing 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 FGC process and has special emphasis on FGC referral, recruitment, modeling the approach to families, consulting on potential referrals, reviewing roles, responsibilities and expectations as well as case staffing and CAPSS data review for potential referrals.



**Title: Making the Connection: A Closer Look at Domestic Violence, Mental Health and Substance Abuse**  
New  X

**Syllabus:** This conference will provide a framework for bridging clinical, advocacy, and survivor perspectives and lays the groundwork for understanding that people's needs for DV, mental health and substance abuse services can all be understood from a trauma-informed services perspective. The intersection of these issues is a key theme of this day-long training for advocates, first responders, and workers in child protection, mental health, substance abuse and other human services settings. The goal is to provide both foundational knowledge about the ways that trauma can affect individuals and organizations and to initiate the use of skills and supports to apply this knowledge to working with survivors and to collaborating across systems.

Attendees will receive the following 6.25 Continuing Education Hours for their participation on this conference: Non-Contact Social Work Hours, MFTH Hours, LPC Hours, Continuing Law Enforcement Education Hours (CLEE) and Victim Service Provider (VSP) Hours.

**Title: Money Management: Tips and Tricks for Basic Budgeting**

**Syllabus:** This training event teaches basic budgeting including planning for additional children in foster care in the home. In addition, teaching children basics of money management and saving is also discussed. Credit for maintenance of licensure as a DSS foster parent are provided upon completion of this course.

**Title: Poison Prevention and Home Safety**

**Syllabus:** This is a training event for foster parents and caseworkers covering common dangers in the home, poisonous products and childproofing for young children in the home. Common poisons that children ingest are covered, as well as what to do in case of emergency. Credit for maintenance of licensure as a DSS foster parent are provided upon completion of this course.

**Title Understanding Grief, Loss, and Trauma**

**Syllabus:** This workshop will explore the losses youth experience, that must be grieved, and which result in trauma. This training will renew understanding of, your commitment to, and your passion for these youth. The participant will learn grief and loss youth in out-of-home care experience and its impact on behavior, the impact on youth of systemic re-traumatization, understand the trauma responses in youth and how to help youth understand their triggers and responses, understand how trauma is experienced by youth in the present moment, and the intervention needs of youth with trauma. The learning process includes interactive activities with the audience.

**Title: Supportive Responses to Troubled Parent-Child Interactions**

New  X

**Syllabus:** Presents strategies that participants can use in partnering with parents when risk factors for abuse and neglect are present. Strategies range from prevention activities that support the parent-child relationship to suggestions for discussing abuse and neglect with parents. This training is provided by Heath's Haven, Lisa and David Fields who are both trained in Systematic Teaching of Effective Parenting and 1-2-3 Parenting. In addition, Lisa is certified in Triple P Stepping Stones, Zero to Three and Preventing Child Abuse and Neglect. David is certified in Love and Logic; both are certified Heritage Keepers ABED 1 and Life Skills Character Education. Both hold a Masters degrees. The training is delivered by lecture/discussion/Q&A with experiential activities as time allows. 1 to 3 contact hours are awarded based on the length of the training session.

**Title: A Drug Endangered Children (DEC) Case in Review**

**Syllabus:** Using a case example, this session will demonstrate how the DEC guidelines are used effectively. This training will provide continuing education hours for law enforcement, attorneys, social workers and service providers. This presentation provides the attendees them with the knowledge on what to look for in a drug environment to know a child is being exposed, it provides them with guidelines on how to document the scene to provide evidence both for family and criminal court that the child had access to the drugs, weapons, or other paraphernalia that is harmful to the child and to also document condition of the home. It also provides opportunity for the attendees to understand how to coordinate his/her role in the process to not contaminate the crime scene but instead assist as needed while ensuring the child is cared for appropriately. It provides clarification on what each responding agencies roles are and how to work together. It provides a one on one opportunity to question the presenters as to how they worked with

local agencies to achieve a better outcome for the child. The attendees will learn to look for ways to eliminate the trauma for these children by having a plan in place to get them the immediate treatment and care needed for potential toxic exposure to drugs.

**Title: The Indian Child Welfare Act (ICWA) and the Child Welfare Practice**

**Syllabus:** Participants will learn the purpose of ICWA, when ICWA applies, jurisdictional, procedural, and placement provisions of ICWA, including the definition of an Indian child, notice requirements, standards of proof in child abuse and neglect proceedings involving Native American children, requirements of foster care and adoptive placements. Participants will know when to comply with the requirements for ICWA.

## Training Activities in Support of Goal 3

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

**Title: Adoption Process**

**Syllabus:** Ms. Deidra Bostic, from Region IV Adoptions, will give a PowerPoint presentation for the adoption process beginning with the legally free letter, adoption placement committee, Heart Gallery process, and recruiting process by Region IV Adoptions. The presentation will include the South Carolina Code of Laws, subsection 63-9-720 for an adoption action.

**Title: Effectively Using Seneca Searches to Identify, Notify, and Engage “Family” Members (Webinar)**

**Syllabus:** This webinar will present detailed State and Federal Mandates in regard to the requirements and aspects of Family Finding. Participants will learn the detailed internet search process that yields a Seneca Search. The session concludes with training on how to engage and involved found family members to support children and youth in foster care. This training event is geared towards supervisors and managers and includes a Question and Answer session.

**Title: Mindset Shift: Module 1**

**Supporting Resource Families (Formerly titled Foster Home Licensing Training)**

**Syllabus:** This is Module 1 of a two-day training event where participants will learn how the foster home licensing process has been redesigned, and to discuss strategies to enhance the support of resource families. All practitioners and supervisors in the Regional Resource Family Support Units (RRFSU) are required to attend this training. The participants will identify their initial reactions and concerns in regard to the upcoming changes as well as discuss their past experiences with change, and the outcomes of those situations. Participants will brainstorm ways to overcome these fears and concerns and be able to explain this shift and what it means for those positions. They will be able to recognize why this mindset shift is important and necessary for future success with resource families. The participants will also understand the *Teamwork Triangle* and the reasons that teamwork is essential to foster home licensing. The reasons for this new organization and the benefits of a regional system will be discussed and participants will be able to identify new expectations with these positions within a regionally based system.

**Title: Redesign of the Initial Licensure Process: Module 2**

**Supporting Resource Families (Formerly titled Foster Home Licensing Training)**

**Syllabus:** This is Module 2 of a two-day training event where participants will learn how the foster home licensing process has been redesigned, and to discuss strategies to enhance the support of resource families. All practitioners and supervisors in the Regional Resource Family Support Units (RRFSU) are required to attend this training. The participants will learn what Heartfelt Calling will be doing with referrals and learn what Initial Licensing Working will be doing. Participants will learn what will occur during the first home visit and discuss the difficulty with some of the forms. Participants will also learn how to identify ways to discuss the forms with resource families and be able to explain the purpose of each form within the application packet.

**Title: Interstate Compact for the Placement of Children (ICPC): Module 5  
Supporting Resource Families (Formerly titled Foster Home Licensing Training)**

**Syllabus:** This is Module 5 of a two-day training event where participants will learn how the foster home licensing process has been redesigned, and to discuss strategies to enhance the support of resource families. All practitioners and supervisors in the Regional Resource Family Support Units (RRFSU) are required to attend this training. The participants will learn what ICPC is and the process associated with this type of Placement. A description of the ICPC home study will be discussed as well as the 3 factors which determines placement with an ICPC case. Explanations will be given why these factors are important with ICPC. Participants will also learn the ICPC regulations for supervising; the forms used throughout the process; and a description of what the workers need to do with these forms.

**Title: Conducting and Creating a Home Study: Module 6  
Supporting Resource Families (Formerly titled Foster Home Licensing Training)**

**Syllabus:** This is Module 6 of a two-day training event where participants will learn how the foster home licensing process has been redesigned, and to discuss strategies to enhance the support of resource families. All practitioners and supervisors in the Regional Resource Family Support Units (RRFSU) are required to attend this training. The participants will learn what a home study is and the elements associated with them; be able to identify the techniques to use when conducting a home study; apply the handout questions that can help with a home study; apply the SC Foster Parent Association Assessment form to create home study questions; and how to write the home study narrative using a template.

**Title: Relationships in 3D**

**Syllabus:** This six hour workshop provides information on three essential components of individuality. How we interact with others is shaped by many factors. By looking at theories that explore Personality Styles, Learning Styles and Love Languages participants will gain a greater appreciation for themselves, their clients, students and co-workers. They will be better prepared to interact with others. Utilizing an interactive approach to present this dynamic information, *Relationships in 3-D*, provides a day of instruction that will move beyond mere tolerance, to an understanding and appreciation for others. This workshop brings together literally volumes of information that has been transformed into *practical useful strategies for creating an environment of respect and appreciation at work and home*. Participants will receive a reflective workbook as a reference tool. This training is provided by Heath's Haven, Lisa and David Fields who are both trained in Systematic Teaching of Effective Parenting and 1-2-3 Parenting. In addition, Lisa is certified in Triple P Stepping Stones, Zero to Three and Preventing Child Abuse and Neglect. David is certified in Love and Logic; both are certified Heritage Keepers ABED 1 and Life Skills Character Education. Both hold a Masters degrees. The training is delivered by lecture/discussion/Q&A with experiential activities as time allows. 1 to 3 contact hours are awarded based on the length of the training session.

## **Training Activities in Support of Goal 4 — System Capacity**

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

**Title: Techniques for Coping with Stress in the Workplace DSS Attorney Retreat**

**Syllabus:** This course will provide participants with useful techniques for coping with stress in the workplace. This course will include yoga exercises and/or mediation techniques that will assist the participants in coping with stressful situations in the workplace.

**Title: Handling Difficult Termination of Parental Rights Cases  
DSS Attorney Retreat**

**Syllabus:** This legal course will provide attorneys with some strategies in handling difficult termination of parental rights (TPR) proceedings when proving the best interests requirement. This course will include a panel discussion and break-out strategy sessions.

**Title: Dealing with Difficult People- Negotiating Your Way from Confrontation to Cooperation:**

**Syllabus:** This workshop provides a basic foundation in the art of negotiations, by looking at why most negotiations fail and identifying barriers to cooperation. It will help in providing some strategies in how to handle conflict and difficult people. This training is provided by Heath's Haven, Lisa and David Fields who are both trained in Systematic Teaching of Effective Parenting and 1-2-3 Parenting. In addition, Lisa is certified in Triple P Stepping Stones, Zero to Three and Preventing Child Abuse and Neglect. David is certified in Love and Logic; both are certified Heritage Keepers ABED 1 and Life Skills Character Education. Both hold a Masters degrees. The training is delivered by lecture/discussion/Q&A with experiential activities as time allows. 1 to 3 contact hours are awarded based on the length of the training session.

**Title: Relationships in 3D**

**Syllabus:** This six hour workshop provides information on three essential components of individuality. How we interact with others is shaped by many factors. By looking at theories that explore Personality Styles, Learning Styles and Love Languages participants will gain a greater appreciation for themselves, their clients, students and co-workers. They will be better prepared to interact with others. Utilizing an interactive approach to present this dynamic information, *Relationships in 3-D*, provides a day of instruction that will move beyond mere tolerance, to an understanding and appreciation for others. This workshop brings together literally volumes of information that has been transformed into *practical useful strategies for creating an environment of respect and appreciation at work and home*. Participants will receive a reflective workbook as a reference tool. This training is provided by Heath's Haven, Lisa and David Fields who are both trained in Systematic Teaching of Effective Parenting and 1-2-3 Parenting. In addition, Lisa is certified in Triple P Stepping Stones, Zero to Three and Preventing Child Abuse and Neglect. David is certified in Love and Logic; both are certified Heritage Keepers ABED 1 and Life Skills Character Education. Both hold a Masters degrees. The training is delivered by lecture/discussion/Q&A with experiential activities as time allows. 1 to 3 contact hours are awarded based on the length of the training session.

**Title: Learning Styles and Their role in Communication:**

**Syllabus:** An overview of the various components of how we interact with information and how we learn is a vital part of how we are each uniquely created. This session will help identify ways to better value and appreciate people in their individuality. This training is provided by Heath's Haven, Lisa and David Fields who are both trained in Systematic Teaching of Effective Parenting and 1-2-3 Parenting. In addition, Lisa is certified in Triple P Stepping Stones, Zero to Three and Preventing Child Abuse and Neglect. David is certified in Love and Logic; both are certified Heritage Keepers ABED 1 and Life Skills Character Education. Both hold a Masters degrees. The training is delivered by lecture/discussion/Q&A with experiential activities as time allows. 1 to 3 contact hours are awarded based on the length of the training session.

**Title: Surviving and Thriving in the Zoo**

**Syllabus:** How we interact with others is shaped by many factors. One of those factors is our personality style. Often it is our strengths out of balance that causes turmoil in the ranks and hinders our growth individually and as a unit. With a basic understanding of temperament we can gain a greater appreciation for ourselves and others. Utilizing an interactive approach to present this dynamic information, this session provides instruction that will move beyond mere tolerance, to an understanding and appreciation for others. This workshop brings together literally volumes of information that has been transformed into practical useful strategies for creating an environment of respect at work and home. This training is provided by Heath's Haven, Lisa and David Fields who are both trained in Systematic Teaching of Effective Parenting and 1-2-3 Parenting. In addition, Lisa is certified in Triple P Stepping Stones, Zero to Three and Preventing Child Abuse and Neglect. David is certified in Love and Logic; both are certified Heritage Keepers ABED 1 and Life Skills Character Education. Both hold a Masters degrees. The training is delivered by lecture/discussion/Q&A with experiential activities as time allows. 1 to 3 contact hours are awarded based on the length of the training session.

**Title: If I Could Talk to the Animals’’: Communication Strategies for the Personality Styles**

**Syllabus:** This session provides a review of the four temperaments and gives specific techniques to more effectively communicate with individuals of each type. It will include methods to recognize and reward the four different personality styles using information based on values and annoyances of the four temperaments. This training is provided by Heath’s Haven, Lisa and David Fields who are both trained in Systematic Teaching of Effective Parenting and 1-2-3 Parenting. In addition, Lisa is certified in Triple P Stepping Stones, Zero to Three and Preventing Child Abuse and Neglect. David is certified in Love and Logic; both are certified Heritage Keepers ABED 1 and Life Skills Character Education. Both hold a Masters degrees. The training is delivered by lecture/discussion/Q&A with experiential activities as time allows. 1 to 3 contact hours are awarded based on the length of the training session.

**Title: Stress Management**

**Syllabus:** Stress is easier to cope with when you know how! This enlightening presentation empowers participants with positive stress-management techniques that will help them lead more relaxed lives. This training is provided by Heath’s Haven, Lisa and David Fields who are both trained in Systematic Teaching of Effective Parenting and 1-2-3 Parenting. In addition, Lisa is certified in Triple P Stepping Stones, Zero to Three and Preventing Child Abuse and Neglect. David is certified in Love and Logic; both are certified Heritage Keepers ABED 1 and Life Skills Character Education. Both hold a Masters degrees. The training is delivered by lecture/discussion/Q&A with experiential activities as time allows. 1 to 3 contact hours are awarded based on the length of the training session.

**Title: What’s Love Got to Do with It: Five Love Languages of Children**

**Syllabus:** This session identifies the five love languages of children and their impact on learning and behavior. It will also provide strategies for speaking the different love languages to children and how to help children start to develop fluency in the five love languages. This training is provided by Heath’s Haven, Lisa and David Fields who are both trained in Systematic Teaching of Effective Parenting and 1-2-3 Parenting. In addition, Lisa is certified in Triple P Stepping Stones, Zero to Three and Preventing Child Abuse and Neglect. David is certified in Love and Logic; both are certified Heritage Keepers ABED 1 and Life Skills Character Education. Both hold a Masters degrees. The training is delivered by lecture/discussion/Q&A with experiential activities as time allows. 1 to 3 contact hours are awarded based on the length of the training session.

**Title: Functions of Retention Focused Supervision**

**Syllabus:** SCDSS staff along with the USC Center for Child and Studies staff will present updated information about the revised 18 item Child and Family Services Review (CFSR) instrument. Also, information will be provided on what this change will mean for supervisors.

**Title: Compassion Satisfaction and Compassion Fatigue**

**Syllabus:** In this presentation, participants will be able to better understand the concepts of compassion fatigue and compassion satisfaction as they relate to job performance. This will be done through making the distinction between burnout and vicarious trauma, both essential components of compassion fatigue. The connection between compassion satisfaction, professional identity development and self-care will be discussed. Additionally, several components of acceptance commitment therapy will be introduced and participants will be given an assessment that can be used both as a supervisor, and with their direct reports. Amy Jamerson, MSW, LCSW-A, is a clinical social worker at Levine Cancer Institute, part of Carolinas HealthCare System. Ms. Jamerson currently works with patients diagnosed with hematology cancers and patients receiving stem cell transplants. Prior to LCI, she worked with patient during end-of-life and the homeless population.

**Title: Cross-Training Department of Department of Alcohol and Other Drug Abuse Services (DAODAS)/ SCDSS Staff**

**Syllabus:** The DOADAS counselor could provide “lunch and learn” training activities about basics or a 101 on substance use disorders, how to make a good referral, Medication Assisted Treatment. They would provide short trainings to help DSS staff understand more about SUDs so that they can better serve their clients. They may be impromptu in some cases or short presentations. DSS staff may do the same for the SUD staff. SCDSS will provide

training activities on the basics of the Child Welfare System to the DAODAS staff. This training will be ongoing and often impromptu occurrences as needed.

**Title: Strategies for Managing Stressful Communication**

**Foster Care Unit Staff Retention Training**

**Syllabus:** This session is designed to help participants develop the capacity to effectively communication in those stressful circumstances and situations inherent in daily casework practice. Participants will build upon the introductory concepts of professional communication discussed in child welfare basic training. They will learn how to recognize and identify emotions associated with stress that lead to negative communication. They will develop an awareness of their own emotional triggers and how this affects communications with colleagues, community partners, and families. Participants will understand the importance of timely, clear, professional communication in building respectful, productive relationships with families.

**Title: Teaming for Retention**

**Foster Care Unit Staff Retention Training**

**Syllabus:** This session is designed to build upon the introductory concepts of organizational core values and mission covered in the basic child welfare training. They will explore the connection between what professional best self looks like when values are embedded in actions connected to casework practice. They will be able to link casework decisions and outcomes to the mission and core values of the organization. The session will help foster participant's commitment to the organization, the team, and to their professional identity. Participants will explore how core values contribute to positive organizational culture and climate, and ultimately a sense of team.

**Title: Presenting Your Case to the Foster Care Review Board (FCRB)**

**Syllabus:** This workshop reinforces the importance as well as the role of the FCRB in providing agency oversight when a child stays in foster care for more than four months. The role and responsibility of the caseworker from meeting preparation to dissemination of FCRB recommendations during a foster/ adoption case are discussed. This workshop enhances knowledge and understanding of identified Areas of Concern. This training will be jointly delivered by Center staff and DSS Performance Coaches twice during the contract year.

**Title: Child Welfare Sharpening Your Skills: Writing Behavioral Objectives**

**Syllabus:** In this training, participants will focus on recognizing the difference between service compliance and behavioral change when creating a Treatment Plan. Participants will be able to develop behavioral based treatment plans which enhances protective capacities and clearly identifies the changes that must occur within the family.

**Title: Cross Examination of a Fact Witness**

**Child Welfare Trial Practice Academy**

**Syllabus:** Participants will learn how to conduct a cross- examination of a fact witness and an expert witness. Participants will practice conducting cross-examinations of a fact and expert witness and trainers will critique participants on their examinations. Participants will be able to conduct a cross-examination of a fact and expert witness in child abuse and neglect proceedings. The CLC will facilitate this two-day trial skills training to be conducted by the National Association of Counsel for Children (NACC). The training will provide attendees with in-depth study and practice of trial skills used in dependency and neglect hearings. The training will utilize presentations, demonstration of techniques, and participant involvement in practicing skills. This specialized training is designed for Attorney 1s, new county attorneys, and (as space permits) additional attorneys selected by the DSS Office of General Counsel.

**Title: A Review of Child Welfare Federal Legislation**

**Federal Laws Impacting the Practice of Child Welfare Law in South Carolina**

**Syllabus:** This legal training will cover key federal laws impacting the practice of the child welfare practice in South Carolina, including components of Title IV-E and IV-B of the Social Security Act, and the Adoption and Safe Families

Act. Participants be able to fully understand and comply the requirements of Title IV-E and IV-B of The Social Security Act and the Adoption and Safe Families Act.

**Title: Coping with Stress in the Workplace**

**Building a Foundation for Success in Court: Strengthening Teamwork between DSS Attorneys and DSS Supervisors**

**Syllabus:** This session will address the stressors inherent in child protection work and offer strategies for minimizing their effects. Participants will learn to recognize signs of stress or anxiety and learn techniques for managing stress and anxiety. Attorneys will receive credit for a mental health/substance abuse hour.

**Title: Bridging the Expectations Gap: Clarifying of Expectations, Roles, and Relationship**

**Building a Foundation for Success in Court: Strengthening Teamwork between DSS Attorneys and DSS Supervisors**

**Syllabus:** Participants will understand more fully their respective roles and responsibilities in relationship to the work of the team in building a foundation for success in court in child abuse and neglect proceedings. Participants will be able to increase their cooperation and effectiveness in working with one another to improve the outcomes of children in child abuse and neglect proceedings.

**Title: 2016 Annual Progress and Services Report (APSR) Presentation**

**Statewide Stakeholders Meeting**

**Syllabus:** Participants learned about the changes and emphases of the SC 2016 Child and Family Services Plan-Annual Progress and Services Report (APSR), the "Updated Plan for Improvement," and the Five Year Strategic Action Plan (SAP):

**Title: Leadership in Child Welfare: Module 1: Unit 1**

**Leadership Academy for Middle Managers 2016**

**Syllabus:** In this session participants will learn about middle manager challenges with leading change in a "permanent whitewater" environment as well as being able to distinguish between management and leadership.

**IV-E Administrative Function: General Skills- Efficient Administration**

**Title: Journey of a Foster Child: Trials, Tribulations and Tragedies**

**Syllabus:** Participants will learn how to describe factors that cause children to come into foster care in South Carolina. Participants will become aware of the emotional effects of multiple placements on a child. Participants will identify ways to connect with a child to reduce the stress of that child.

Participants will learn about traumas experienced by children removed from their family of origin and entered foster care. Participants will learn about how the experiences and tragedies children have endured have impacted their growth and development.

**Title: 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.

### **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.

### **Leadership Academy for Supervisors**

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. The following topics are addressed through the training.

**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.

### **Objectives 5-15: NYTD- Independent Living**

#### **Title: Educating and Motivating Youth in Field Study and Residential Programs**

**Syllabus:** This hands on professional training focuses on general needs of youth, developmental stages, age specific communication, motivating youth, interactive group games as well as team and relationship building. This session will equip youth development workers with the tools needed to recognize and identify developmental differences in youth and its impact on programming.

**Title:** \_How Providers can Support LGBTQI Youth\_\_\_\_\_

**Syllabus:** Participants will learn 3 key educational barriers for LGBTQI youth, bullying, family rejection and homelessness. Participants will learn recent research and findings that affect this population. Participants will gain an understanding of our LGBTQI youth in school, child welfare, and juvenile justice systems. Participants will be given resources to advocate for LGBTQI youth that they interact with on a daily basis.

**Title:** \_Meaningful Relationships and the Transition out of Foster Care\_\_\_\_\_

**Syllabus:** Participants will examine the experiences and outcomes of the 21-year-old youth who have transitioned out of foster care. Participants will explore the experiences and relationships identified by youth as meaningful to their lives. Participants will identify the importance of building meaningful and supportive relationships with youth as they transition out of foster care.

This will be an interactive workshop so participants can gain awareness of the value of supportive relationships, youth's experiences and how successful transitions from foster care impact a youth throughout their life.



**Title:** What's New with Independent Living: Resources for Youth in Transition\_\_\_\_\_

**Syllabus:** Participants will learn how SC is progressing in preparing youth in foster care to transition to independence. Participants will be provided with current data concerning services and outcomes for older youth. Participants will be able to engage in discussion of what is working well with this population and what needs to happen next. Participants will be given information about changes in the Independent Living Program and changes they need to know for older youth in foster care. Participants will learn techniques regarding how to prepare youth in transition for independence. Participants will learn about SCDSS policies and procedures that help prepare youth in foster care for successful transition.

**Title: Introduction to Adverse Childhood Experiences ACEs**

**Syllabus:** Introduction to ACE (Adverse Childhood Experience) is designed for rapid dissemination of accurate information that promotes understanding of how developmental adversity affects health and well-being throughout the life course. The participant will learn about the ACE study findings, the biology of adversity including neuroscience and epigenetics that tell us why ACEs are so powerful. This session will also include what we can do to promote resilience, recovery, and self-healing communities.

**Title: GOALL Wizard of Odds: Helping Youth Along Their Yellow Brick Road**

**Syllabus:** The purpose of the training is for participants to understand youth in foster care and what they have experienced in order to improve the way the participants interact with youth in foster care.

Participants will share stories of how a group home facilitator or other DSS provider has helped them make their mission possible.

Participants will perform a skit, showing the barriers that youth in care say hold them back from furthering their education and how DSS care providers can help make this transition easier.

Participants will discuss two common themes youth in care across the state have brought to their attention and how DSS providers can assist the youth on their caseload with these issues in particular.

### **Technical Assistance Anticipated in FFY 2017.**

**Continuous Quality Improvement (CQI) / Capacity Building Center for States (CBCS)**

Following the submission of the 2017 APSR during FFY 2016 and into FFY 2017, the state will be receiving technical assistance from the Capacity Building Center for States (CBCS) in the development of the state's CQI System throughout FFY 2017. This technical assistance addresses Goal 4, Objective 4, "Establish and Maintain a Continuous Quality Improvement (CQI) System."

**Caseload Distribution and Allocation / Casey Family Programs**

The Casey Family Programs will be providing technical assistance in the SCDSS developing a formal methodology for caseload distribution and allocation of staff. This technical assistance addresses Goal 4, Objectives 1 and 3, for staff development and retention.

**Kinship Care Programs and Subsidized Guardianship Programs / Casey Family Programs**

The Casey Family Programs will provide technical assistance through researching other states' Kinship Care Programs and subsidized Guardianship Programs. Additionally, they will schedule a compression planning meeting for Kinship Care. This technical assistance addresses Goal 2, Objective 1, "Improve the placement stability of children in foster care, ensure that any changes in placement that occur are in the best interest of the child, and consistent with achieving the child's permanency goals", and specifically Item 2.3.1, "Increase supports and linkages to services for Kinship Caregivers in Family Preservation cases. It also addresses Goal 3, Objective 1, "Improve the permanency and stability of children in their living situation."

### **Differential-Alternative Response / Casey Family Programs**

The Casey Family Programs conducted an evaluation of the state's differential/alternative response, Community-Based Prevention Services, during FFY 2016. The state has received the results of the evaluation and has convened a work group to continue evaluation of the program. This technical assistance addresses Goal 1, Objective 1, "Improve the timeliness of initiating investigations and reduce repeat maltreatment."

### **Services and Gaps In Services In SC / Annie Casey Foundation**

The Annie Casey Foundation will provide the technical assistance in providing an assessment of counties for available services/gaps in services, and utilization rate of services. This technical assistance addresses Goal 2, Objective 3, "Improve the placement stability of children in foster care, ensure that any changes in placement that occur are in the best interest of the child, and consistent with achieving the child's permanency goals."

### **Program Support Updated in FFY 2016 or Will Be Updated in FFY 2017**

#### **Child Welfare Basic Training- University of South Carolina, Center for Child and Family Studies**

Child Welfare Services Basic Training is an intensive certification course required for all new workers in Child Welfare Services programs. The curriculum is developed and delivered by the USC/ Center for Child and Family Studies. The curriculum includes the following: Online Phase, Unit 1- Foundations, Unit 2- Maltreatment and Intake, Unit 3- CPS Assessment/ Investigations, Unit 4- Family Preservation, Unit 5- Foster Care, and Unit 6- Adoptions. To ensure the content aligns with the SCDSS policy and procedures/ directive memos, agency initiatives, and best practices in the arena of child welfare, the curriculum is reviewed on an ongoing basis for additions, deletions, and updates. In accordance with the changes made to the Child and Family Service Review (CFSR), all references to CFSR Items throughout the curriculum has been updated to reflect the change in item numbers and descriptions, from Items 1- 23 to Items 1- 18. Below reflects changes made to specific units of the curriculum:

#### Online Phase

- Addition: Child Victim Web Modules 1- 3
- Addition: Incorporated ability to upload Supervisor Mappings in the Learning Management System (LMS)
- Change: Reduction in the number of Mapping of Shadowing completed by Supervisors, from 17 to
- Deletion: Assessment of New Worker: After Pre-work

#### Assessment of New Worker: After Training

#### Unit 2- Maltreatment and Intake

- Addition: Contributing to the Delinquency of a Minor
- Addition: Regional Intake Hubs
- Update: Change term "Shaken Baby Syndrome" to "Abusive Head Trauma"
- Deletion: Eliminated Family Strengthening Services (FSS) and Voluntary Case Management (VCM) terms

#### Unit 3- CPS Assessment/ Investigations

- Addition: Fusion Center
- Addition: Indian Child Welfare Act (ICWA)
- Addition: Kinship Caregiver
- Addition: CAPSS- Creating a Kinship Caregiver

#### Unit 4- Family Preservation

- Addition: Kinship Caregiver

#### Unit 5- Foster Care

- Addition: Development of curricula utilized by IV-E Staff for presentation

#### Unit 6- Adoptions

- Deletion: Wildly Important Goals

There are additional changes that will be made. An online module entitled "Multi-Ethnic Placement Act" is in the final phases of development and will be added to the online assignments, the presentation delivered during the in-class

training will be deleted. An online module which focuses on the Indian Child Welfare Act is currently in development and upon completion will be added to the online assignments. A Child Welfare CAPSS Manual has been created and will be distributed to child welfare participants to utilize throughout training for CAPSS hands-on activities. Media clips utilized during in-class instruction will be updated. To meet the requirement of the IV- E Program Improvement Plan, content will be added specific to Another Planned Permanent Living Arrangement (APPLA), Reasonable and Prudent Parent, and Sex Trafficking.

### **Management Information Systems**

#### **Child and Adult Protection Services System (CAPSS- SACWIS)**

During FFY 2016, the SCDSS adopted the Children's Bureau recommended Comprehensive Child Welfare Information System (CCWIS). Therefore, the Agency is no longer in the process of completing the SACWIS Improvement Plan because of the new Notice of Proposed Rule Making (NPRM) for CCWIS, which will replace the SACWIS Improvement Plan.

The SCDSS adopted the plan for the Agency that by 2018, the old SACWIS/TACWIS regulations will be replaced by CCWIS, a more comprehensive, less IT solution-restrictive child welfare information solution.

The current focus of the CAPSS staff is to complete the changes to meet the AFCARS requirements, the SC IV-E Plan PIP requirements related to P.L. 113-183, "Preventing Sex Trafficking and Strengthening Families Act", and the CAPTA PIP requirements related to P.L. 111-320, Section 106(b)(2)(B) (ii) and (iii), developing a Plan of Safe Care for drug-affected newborns.

#### **Document Upload Project**

The capability within the CAPSS to upload documents to CAPSS was completed during FFY 2016. The system will now allow the caseworkers to attach documents to case files. The document upload capability has been and continues to be tested in the three (3) Pilot County Offices in the CPS assessment tool Pilot Project, and is now available statewide. This capability for document upload to CAPSS will be an important function in the initial implementation of the SC IV-E Plan, Program Improvement Plan, as of 9/29/16. While some updates are being developed related to compliance requirements for PL 113-183, "Preventing Sex Trafficking and Strengthening Families Act", the required documentation will be uploaded to case files.

#### **Learning Management System (LMS)**

The SCDSS does not have an automated tracking mechanism operational. The SCDSS has had introductory conversations about becoming a part of the South Carolina Learning Management System. These conversations are continuing, but no firm plans to become part of the system have been made.

#### **SC Interstate Compact Unit (ICPC) and Management Information Systems**

The CAPSS program is constantly being updated to make the program more user-friendly and to meet the needs of the ICPC process and business practices. Changes are being made in the identification of cases, providers and children on ICPC Forms 100A and 100B; and assuring that progress reports are being entered and can be incorporated in the ICPC module.

Recently added to the CAPSS, is coding to identify South Carolinians who attempting to adopt internationally and whose home studies have been reviewed by SC ICPC.

As of February 29, 2016, South Carolina became a participating state in the National Electronic Interstate Compact Enterprise (NEICE). The NEICE program is going nationwide. The SC ICPC is rolling out the program to all county and regional offices. Guides and webinars are available to provide training and to familiarize persons with the program. ICPC staff is also giving technical assistance through hands on demonstrations. In addition to making ICPC requests through a secure system from one state to another, the NEICE system will provide data on the number of requests made by state, time it takes for a request to be completed, what types of requests are being

made, etc. Also, the administration will be able to generate reports on overdue home studies and progress reports and data on the number of children that are going through ICPC and being placed in the another stated or within in SC. CAPSS sends information from CAPSS to NEICE in reference to child and provider identifying information. This avoids double entry. Comprehensive data analysis is not available at this time since there are only 8 states participating in NEICE.

## **Evaluation**

### **Business Process Redesign Projects:**

#### **Licensing of Foster and Adoptive Families, and Child Protective Services Investigations/Assessments.**

Based on successful efforts in other states and other programs within the Department, it has been proven that administrative efficiencies can free up capacity for caseworkers to focus the majority of their time on physically visiting children. Therefore, the SCDSS engaged in two Business Process Redesign Projects for the Child Welfare Services. The SCDSS identified improvement opportunities, where bottlenecks and backlog disrupted the flow of work, and where capacity could be reclaimed by changing how work is done. There was a Business Process Redesign (BPR) assessment, recommendation, and implementation, begun during FFY 2016. The two areas of the BPR were Licensing of Foster and Adoptive Families, and Child Protective Services Investigations/Assessments.

During FFY 2016 and into FFY 2017, three (3) Pilot SCDSS County Offices are being utilized to implement the utilization of the BPR for the Child Protective Services Investigations/Assessments. The Capacity Building Center for States will provide technical assistance for the evaluation following the completion of the Pilot in the three (3) County Offices. This Pilot project and the evaluation address Goal 1, Objective 2, "Improve the initial and ongoing assessments of safety and risk to children, to protect children in the home and prevent removal; provide services to the family to prevent children's entry into foster care or re-entry after reunification."

### **National Youth In Transition Database (NYTD)**

The SCDSS invited the Children's Bureau to conduct a NYTD Review of the state's Independent Living (IL) Program, as a pilot for performing these reviews in other states. This Review was conducted in July 2014 and included all Independent Living Services, the Education and Training Voucher Program, and the data collection and reporting thoroughness and accuracy.

The primary result of the NYTD Review was the SCDSS began a NYTD Quality Improvement Plan during FY 2015, which continues to date. The Agency submits quarterly reports to the Children's Bureau for evaluation and monitoring of progress, and is meeting the NYTD QIP requirements. The most recently updated NYTD Quality Improvement Plan, as of 5/2/2016, is attached to the 2017 APSR as an Appendix. Section E Chafee Independence Program, under "**Specific Accomplishments Since The Submission Of The 2015-2019 CFSP and 2016 APSR**", includes a report on the NYTD Quality Improvement Plan. This section outlines the NYTD QIP Strategies and Action Steps that are part of the 2015-2019 CFSP/2017 APSR Update to the Plan for Improvement / Strategic Action Plan. Additionally, the progress and challenges of the NYTD QIP are found in the attached Appendix 2017 APSR Strategic Action Plan, Goal 4, Objective 5-15.

### **Quality Assurance**

The SCDSS transitioned to the use of the Round 3 CFSR (CFSR 3) OSRI, in February 2015. In FFY 2016, the data from QA Reviews of all counties utilized this new instrument from March 2015 through February 2016. This included 46 counties. It should also be noted that when the use of the CFSR 3 OSRI began, the SCDSS Policy Manual requirements were no longer reviewed as part of the Quality Assurance Reviews. The QA Reviews were based upon the exact standards of the CFSR Federal Review for Round 3 case reviews.

Another improvement that was needed and implemented was the developmental and inclusion of CQI policies and procedures that will be included in the reorganized and updated SCDSS Child Welfare Policy Manual. The CQI policies and procedures direct leaders use data collected from both quantitative and qualitative sources to inform

practice improvements. During the development of the CQI System and through Quality Assurance Reviews, the Agency learned that SCDSS staff needed to receive information and training on the Child and Family Services Review process, and that has been provided during FFY 2016.

South Carolina continues to make progress on the development of a statewide and local CQI committees, “Child Welfare Improvement Teams” (CWIT). Regional Directors have required County Directors to develop their local teams. Currently, only the State CWIT and Richland County CWIT are chartered, but the expectation is that all County teams will be chartered before January 2017. The improvement of a local CWIT over the existing “Partners Meetings”, is that the local CWIT is expected to use data to identify County issues, brainstorm solutions, set goals, identify action steps, and finally, to track and adjust goals. This was not the normal operation of Partners Meetings. The Agency began a Pilot of the first local CWIT in Richland County. Using permanency data from CAPSS (SACWIS) provided to the State Child Welfare Improvement team, the Richland County SCDSS leadership decided to address the issue of the need for more quality in county foster homes. With facilitation from the United Way of the Midlands, a group of stakeholders gathered to commit to working as a team to increase the retention and recruitment of quality foster homes for children in care. The Agency is planning to have 46 functioning Child Welfare Improvement Teams by January 2017, and have a standardized format and planning process for county program improvement plans, to support team activities.

This year, the SCDSS recognized some of the biggest CQI System challenges. One of the challenges is a disjointed structure for SCDSS Units with Child and Family Services Review accountability. One of the improvements made during FFY 2016 was that the Agency committed to regularly scheduled meetings to bring the Quality Assurance Review, the CFSP/APSR Federal Compliance, and the CQI staff together to coordinate efforts and information, brainstorm and problem-solve issues.

Quality Assurance Reviews were provided in 43 of 46 Counties during the 2015CY. Three (3) of the Counties had to be postponed due to flooding in the state in the fall. There was no possibility of rescheduling these three Reviews before the end of the 2015CY due to the scheduling of other Reviews.

The QAR System is designed to complete one review in each county per year. The reviews evaluate the quality of services and identifies “Strengths” and “Areas In Need of Improvement” in the service delivery system, and to provide relevant reports to the SCDSS County leadership and State Office leadership. The evaluation of program improvement measures was performed by some County Directors and not by an assigned person in other Counties. As of 6/1/2016, 33 SCDSS Counties have developed without State Office assistance Program Improvement Plans/Program Enhancement Plans. Monitoring and evaluating of the Program Improvement Plans at the State Office will be the responsibility of the Child Welfare Director of Internal County Operations.

## **6. Consultation and Coordination Between States and Tribes**

### **Process to gather Tribal input.**

The Catawba Indian Nation (CIN) is the only Federally-recognized tribe in South Carolina. Since the submission of the 2016 APSR, the state has met and continued to meet regularly with the CIN representative Linda Love, Director of Social Services for the Catawba Indian Nation. Throughout the year a SC Department of Social Services (SCDSS)-Catawba Indian Nation workgroup met regularly for consultation and collaboration. Participating in these meetings were: Linda Love; Dione Carroll, the Legal Counsel for the CIN; Keri Wallace, ICWA Representative, CIN; Greg Moore, SCDSS, Division of Knowledge Management and Practice Standards, CFSP/APSR Reporting, and the Facilitator for the ICWA-related Strategies; Brittany Price, SCDSS Intensive Foster Care and Counseling Services; Thomas Robertson, SCDSS Office of Knowledge Management and Practice Standards; Dennis Gmerek of the SCDSS Office of General Counsel; Amanda Whittle, SCDSS Office of General Counsel; Cheryl Herring, the State Adoption Unit Manager; Amanda Koon the State Adoption Recruitment Coordinator; Beth Mullins, State Manager for the Foster Family Licensing and Support Unit; Jacqueline Lowe, State Manager for Foster Home Licensing; LaToya

Reed, the SCDSS Independent Living Program Supervisor; Terri Pope, a SCDSS State Office Program Coordinator for the Independent Living Program; David Simpson, the Legal Counsel for the York County SCDSS County Office; representatives of the University of South Carolina, Center For Child and Family Studies, whose work relates to Child Welfare Services training and curriculum and public media presentations; and representatives of the University of South Carolina, Children's Law Center (CLC).

There were three (3) SCDSS-CIN workgroup meetings since the submission of the 2016 APSR, on 9/9/15, 12/2/15, and 3/2/16. One of these meetings took place on the Catawba Indian Nation Reservation in Rock Hill, SC, and the other two were held at the SCDSS State Office in Columbia. The primary purpose of these meetings was to monitor the progress and challenges in the implementation of the ICWA-related Action Steps in the 2016 APSR Update to the Plan for Improvement, Strategic Action Plan.

See 2017 APSR, Update to the Plan for Improvement:

- **Goal 2, Objective 2, Strategies 18 and 19, 2.2.18 and 2.2.19**, for information related to identifying children who are members or are eligible for membership in a Tribe.
- **Goal 3, Objective 1, Strategies 2 and 3, 3.1.2 and 3.1.3**, for information related to Native American Foster and Adoptive Family Diligent Recruitment.
- **Goal 3, Objective 2, Strategies 1-3, 3.2.1, 3.2.2, 3.2.3**, for information related to the development of a Memorandum of Agreement between the Catawba Indian Nation and the South Carolina Department of Social Services.
- **Goal 4, Objective 3, Strategies 4-6, 4.3.4, 4.3.5, 4.3.6**, for information related to involving Ms. Love in all possible Child Welfare Services stakeholders meetings in South Carolina, and providing training for SCDSS staff. This involved training for State, Region, and County leadership and front line caseworkers and supervisors, on ICWA compliance and compliance with SCDSS Policy and Procedures, and Native American and CIN history and cultural competence.

Additionally, Linda Love and Greg Moore scheduled weekly telephone calls to provide Ms. Love with a more frequent opportunity to monitor the progress and challenges of the ICWA-related Objectives, and for further input from Linda Love to share what coordination and collaboration is going well, and what challenges are being faced regarding opportunities to intervene as a Tribe when children and families of the Catawba Indian Nation became involved with the SC Department of Social Services.

Another aspect of the consultation and collaboration with the Catawba Indian Nation are reports sent to Linda Love on a monthly basis from the SCDSS. The report lists all CIN children and youth receiving services from the SCDSS. In the reports, "Close Reason" has been inserted to the right of the close date. In the event that the service that closed was a foster care service, the "foster care removal end reason" will be in this column rather than the "service close reason."

#### **Outcomes and results of the quarterly SCDSS-CIN workgroup meetings.**

- The planning and implementation of a Foster and Adoptive Family recruitment/orientation event on the Catawba Indian Nation on 10/12/15. This was the second recruitment event that was ever held on the Catawba Indian Nation Reservation. The first recruitment/orientation event was 5/12/15.
- The development of the content of the Memorandum of Agreement. This Memorandum includes all current SCDSS policies and procedures that are ICWA-related, and that go beyond ICWA requirements to offer Tribes an opportunity to intervene. The MOA that was developed addressed: when the Indian Child Welfare Act (ICWA) applies; when and what actions by the SCDSS are required in order to give the Tribe the option to intervene; and that when the SCDSS becomes involved with children and youth of non-CIN tribes, from the point of the opening of a Child Protective Services case for investigation of a report of abuse and neglect, that the tribe of origin of the child or youth will be contacted first according to current law, and the other tribe must contact the CIN to request the CIN to intervene on their behalf, and then the SC DSS will

share information about the case with the CIN. The Memorandum has been signed by the Director of the Department of Social Services, and is waiting for the signature of the Chief of the Catawba Indian Nation.

- Discussions of cases involving a child of the CIN in which the CIN was not given an opportunity to intervene at the appropriate time, and/or was not initially made a Party to and informed of an upcoming Court Hearing for a child of the CIN. These discussions resulted in an increased awareness of the need for ICWA-related, statewide training for the SCDSS staff. The discussions also drove the importance of the information that would be in the Memorandum, and the Memorandum as a place where all ICWA-related information would be more easily accessible as a resource tool, and of a summarized Memorandum as a resource tool.
- The development of the Memorandum informed the workgroup of the needed content of the Regional training. The development of the content and agenda for the Regional training events for SCDSS staff, and other logistics of the training events were a result of these workgroup meetings.
- Six (6) Regional training events across all five SCDSS Regions were provided between 11/20/15 and 3/11/16. The training events were one-half day events, and the content included the history the development of the Indian Child Welfare Act, the history of the Catawba Indian Nation, and the SCDSS policies and procedures in the SCDSS Child Welfare Manual related to ICWA compliance and Tribal interventions prior to the required Tribal intervention in compliance with ICWA. According to Ms. Love, there is a perceived increase in the state providing timely notification to her of CIN children involved with the SCDSS, and an increased readiness of SCDSS staff to share of confidential case information. Attached is the ICWA-related training information provided at the Regional training events.

#### **Outcomes and results of the weekly CIN-SCDSS telephone calls.**

- The primary result of these telephone calls was the opportunity for Ms. Love to share current challenges to CIN involvement in cases with CIN children and families. The state was often able to respond in a timely way when learning of these challenges to Tribal intervention. Additionally, SCDSS County leadership and front line caseworkers and their supervisors were provided opportunities to learn SCDSS policies and procedures while cases were current or recently completed, and the CIN was thereby given more opportunities to become involved in the case.
- An important outcome of the frequent communication was a growing relationship of trust and friendship between the CIN and the SCDSS staff. This growing bond of trust and friendship resulted in the foundation to discuss and resolve issues and challenges when they were raised.
- These calls revealed that after the Regional training events, Ms. Love and Ms. Carroll, perceived significant barriers still existed to CIN timely intervention/involvement in cases with CIN children and families. This sharing has resulted in confirming the importance of the planned evaluation of the Regional training events, content and participants, and the evaluation of the need for further training in a mode to be determined. This evaluation is scheduled for the July 2016 SCDSS-CIN workgroup meeting.

#### **Responsibility for providing the Child Welfare Services and protections for tribal children.**

The state continues to be responsible for providing all Child Welfare Services and protections for Catawba Indian Nation Tribal children. The children and youth of the CIN are under the jurisdiction of the State of SC, as the Tribe does not have its own Court system. The CIN has not requested to become responsible for providing the child welfare services and protections for tribal children.

There is a scheduled case review process that reviews all foster care cases in the state, including foster care cases of Native American children and youth. See "Update On Assessment of Performance, Systemic Factors, Case Review System" for details of the Case Review System.

The Catawba Indian Nation representatives have stated very clearly during FFYs 2014-2016, that the Tribe has a very strong preference for the children and youth to remain in their own homes or in the homes of family or friends in the Tribe, when they become involved with the SCDSS. For Native American children, as with other children in SC,

there are preplacement preventive services statewide for children who are at-risk of entering foster care, to remain safely with their families when possible. Also as with other children in SC, so for Native American children and youth, there are services statewide for children in foster care to facilitate reunification with their families, when safe and appropriate.

There are statewide adoption placement processes and staff. The recruitment of Native American Foster and Adoptive Families is included in the SCDSS statewide Foster and Adoptive Families Diligent Recruitment Plan. According to Ms. Love, Director of Social Services, Catawba Indian Nation (CIN), there is a strong reticence on the part of the members of the CIN to remove their children and youth from home and place the child in foster care and/or an adoptive home. This at least partially explains the shortage of CIN specifically, and Native American generally, Foster and Adoptive Homes in South Carolina. At the same time, the CIN has indicated that when a child must be removed from the home, their preference continues strongly that the child be placed in a CIN Foster Home, and secondarily in a non-CIN, Native American Foster Family. The Tribe has a strong desire and intention to place the child in a CIN or other Native American Foster Family in order to have the best opportunity to maintain the uniqueness of the Native American culture in the child's life. To that end, when there is no CIN or other Native American Foster Family relatively near the Reservation with which to place the child, the Tribe has expressed the desire to place the child in a non-Native American Foster Family in a nearer proximity to the Tribe's Reservation.

As of 5/1/16, according to the SCDSS SACWIS (CAPSS), there were three (3) Catawba Indian Nation primary and secondary caregivers with "Standard" Foster Home Licenses. Two of these Foster Family Homes were located in SC, in York County, the County in which the Catawba Indian Nation is located. One Catawba Indian Nation member family is located outside of SC. As of 5/1/16, there were two (2) non-CIN Foster Family Homes in SC. One (1) was located in York County, and one (1) was located on the south end of the state, Charleston County. The development and implementation of a plan for the recruitment of more CIN and other Native American Foster Families is **Goal 3, Objective 1, Strategy 2, 3.1.2:** Collaborate with the Catawba Indian Nation (CIN) to recruit Foster and Adoptive Families. This Strategy continues to be developed and implemented.

### **Transition Services.**

See the CHAFEE section of the 2017 APSR for information on transition services for Native American youth in SC.

### **Plan for ongoing coordination and collaboration with tribes.**

The SCDSS will exchange copies of the 2017 APSR documents through e-mail to Linda Love, Director of Social Services, the Catawba Indian Nation.

The state plans to continue to meet on a quarterly basis with the Catawba Indian Nation, and to have telephone calls with the CIN on a weekly basis. The purpose of the quarterly meetings will continue to be the monitoring of the progress and challenges of implementing the ICWA-related Strategies of the CFSP/APSR, revising the Strategies and Action Steps as appropriate, and to hear from the CIN about their challenges and successes in being able to intervene in a timely way in SCDSS cases involving CIN children.

The SCDSS has contracted with the University of South Carolina, Center for Child and Family Studies, to produce an online video related to ICWA compliance, Catawba Indian Nation history, culture, and contemporary life, and "Ask The Question". The last topic of the video is referring to the need for the SCDSS staff to Ask The Question if the child is a member of or eligible for membership in a Tribe, and ask it repeatedly from Intake of a report of abuse and neglect, through a Child Protective Services case to the point when the case is closed. This training activity will be available in late FFY 2016 or early FFY 2017.

Another response to address the perceived lack of knowledge by some SCDSS staff will be the development of a "fact sheet" or summary sheet, indicating the basics of ICWA compliance guidelines, and will include an ICWA compliance flow chart. The development of the summary sheet is included in the 2017 APSR Update to the Plan For Improvement, Strategic Action Plan, **Goal 3, Objective 2, Strategy 2, 3.2.2b.**



Additionally, to address timely notification of Tribes for involvement at the opening of the Child Protective Services case, and constancy in naming the Tribe as a party in legal actions, the workgroup will discuss the barriers mentioned by Ms. Love and Ms. Carroll at the July 2016 meeting.

The Tribe has requested that some of SCDSS staff and University of South Carolina staff in the workgroup consider becoming "Expert Witnesses" for Native American families and cultures in Court Hearings involving Native American children. A few of the members of the SCDSS-CIN workgroup have indicated a willingness to learn the information in order to become "Expert Witnesses".

During FFY 2016, the SCDSS-CIN workgroup added the list of State-recognized Tribes and State-recognized Tribal groups to the CFSP/APSR. The SCDSS will implement the Action Step related to reaching out to these Tribes for coordination and collaboration.

The SCDSS-CIN workgroup added Marcy Hayden, Native American Affairs Program Coordinator, SC Commission for Minority Affairs to its group in May 2016. This will assist the state in expanding its coordination and collaboration with Tribes that are not Federally-recognized Tribes. The following are those Tribes.

**State-recognized Tribes:**

Beaver Creek Indians

Edisto Natchez Kusso Tribe of South Carolina

Pee Dee Nation of Upper South Carolina

Pee Dee Indian Tribe of South Carolina

Santee Indian Organization

The Sumter Tribe of the Cheraw

Wassamasaw Tribe of Varnertown Indians, also known as Waccamaw Indian People

**State-recognized Tribal Groups:**

Chaloklowa Chickasaw Indian People.

Eastern Cherokee, Southern Iroquois & United Tribes of South Carolina, Inc. (a.k.a. Cherokee Indian Tribe of South Carolina or ECSIUT)

Natchez Indian Tribe

Pee Dee Indian Nation of Beaver Creek

Piedmont American Indian Association of South Carolina (or Piedmont American Indian Association - Lower Eastern Cherokee Nation of South Carolina)

**PL 113-183.**

The state is currently implementing a SC IV-E Plan Amendments Program Improvement Plan, in order to come into full compliance with the requirements of PL 113-183. The will be in compliance with all requirements of PL 113-183 by 9/29/2016. All required items will be added to the SC IV-E Plan. The IV-E Plan will be submitted with all required Amendments and support documentation and Links by 9/29/2016. In this Session, the SC State Legislature has revised the SC Code of Laws and Governor Haley signed the law to support the implementation of PL 113-183.

**Discussions with Indian tribes in the state related to the CFCIP.**

The Catawba Indian Nation is the only federally-recognized Indian tribe in South Carolina. The Chafee Foster Care Independence Program has participated in collaborative meetings with representatives of the Catawba Indian Nation. These meetings included representatives from the SCDSS, including the CFCIP and the Office of General Counsel, as well as representatives of the University of South Carolina, Center for Child and Family Studies and the Children's Law Center, Linda Love, Social Services Director for the Catawba Indian Nation, and Dione Carroll, Legal Counsel for the Catawba Indian Nation.

The CFCIP continues to collaborate with the Catawba Indian Nation to ensure that any and all youth in Foster Care in South Carolina that are identified as Native American Indian are informed about the CFCIP and the benefits available to eligible youth through the state and through the tribe. All Chafee and ETV programs provided through the CFCIP are available to any Native American youth in foster care according the same eligibility criteria as non-native youth. The Catawba Indian Nation and the agency will continue to work together to provide post foster care services for Indian children emancipating from foster care after reaching the age of 18.

The CFCIP receives quarterly reports to identify SCDSS involvement with Native American youth. The SCDSS staff consult with the staff members of the Catawba Indian Nation when a youth is identified as a member of or eligible for membership in the Catawba Indian Nation.

The SCDSS and the Catawba Indian Nation collaborated in FFY 2016 to ensure that youth fully realize the benefits that they are entitled to receive through the Catawba Indian Nation and through the SCDSS such as scholarships, housing assistance, and medical services. A representative of the Catawba Indian Nation is the contact for youth mentor support and can be reached through contacting the Catawba Indian Nation, Director of Social Services.

The state has made and will continue to make planned efforts through training activities for SCDSS County staff to increase the number of youth identified as members of or eligible for membership in Federally-recognized Tribes. The scheduled meeting in July 2016 of the SCDSS-CIN workgroup will review the recently completed ICWA-related Regional training activities, current levels of compliance, and determine what ongoing training activities are required.

As of 6/30/2016, the Catawba Indian Nation has not requested to administer or supervise the CFCIP or ETV program with respect to eligible Indian children.

#### **Monitoring Compliance with ICWA.**

As indicated above, the SCDSS and external stakeholders meet on a quarterly basis with Linda Love, Director of Social Services, Catawba Indian Nation, and with Dione Carroll, Legal Counsel, Catawba Indian Nation, to monitor compliance with ICWA. Additionally, the SCDSS has weekly telephone meetings with Ms. Love. These weekly conversations provide Ms. Love with more frequent opportunities to monitor the progress and challenges of the ICWA-related Objectives and Strategies for improvement in ICWA compliance. Most importantly, these telephone conversations provide opportunities to Ms. Love for further input from Linda Love to share what coordination and collaboration with SCDSS County Offices is going well, and what challenges are being faced regarding opportunities to intervene as a Tribe when children and families of the Catawba Indian Nation became involved with the SCDSS.

There is no data available at this time to support assessment of the state's level of compliance with the ICWA. Anecdotal information from meetings with the CIN supplies the state with information assessing the state's level of compliance with the ICWA. The 2017 APSR, Update to the Plan for Improvement, Strategic Action Plan (SAP), **Goal 3, Objective 2, Strategy 2, 3.2.2c**, Develop and implement a process obtain any relevant data that may be needed to assess compliance with the ICWA, has been added to the SAP.

#### **Level of compliance with the ICWA.**

##### **Notification of Indian parents and tribes of state proceedings involving Indian children and their right to intervene. Tribal right to intervene in state proceedings, or transfer proceedings to the jurisdiction of the tribe.**

The SCDSS provides a monthly report to the Catawba Indian Nation and to all other Federally-recognized Tribes of their children involved with the SCDSS. From anecdotal information received from the Director of Social Services and the Legal Counsel for the Catawba Indian Nation, the incidence of the Tribe not being notified in a timely way at the opening of a CPS case, of the SCDSS being involved with CIN children, has decreased during FFY 2016. At the same time, the Tribe is of the opinion that the state needs to improve in that part of compliance with the ICWA. Again anecdotal evidence from the CIN indicates that the Tribe is still rarely notified in a timely way of an upcoming court proceeding. The CIN does not have a Tribal Court to which to transfer jurisdiction for the proceedings. Upon a

request from the Tribe, the state agrees that it will request that Court proceedings be transferred to Family Court in York County for Catawba Indian Nation children involved with the SCDSS. Family Court in which the CIN child is living.

**Placement preferences of Indian children in foster care, pre-adoptive, and adoptive home.** The Catawba Indian Nation representatives have stated very clearly during FFYs 2014-2016, that the Tribe has a very strong preference for the children and youth to remain in their own homes or in the homes of family or friends in the Tribe, when they become involved with the SCDSS. For Native American children, as with other children in SC, there are preplacement preventive services statewide for children who are at-risk of entering foster care, to remain safely with their families when possible. Also as with other children in SC, so for Native American children and youth, there are services statewide for children in foster care to facilitate reunification with their families, when safe and appropriate. The SCDSS staff has received training on these Tribal preferences. As of 5/1/16, according to the SCDSS SACWIS (CAPSS), there were three (3) Catawba Indian Nation Native American primary and secondary caregivers with "Standard" Foster Home Licenses. Two of these Foster Family Homes were located in SC, in York County, the County in which the Catawba Indian Nation is located. The Catawba Indian Nation member family is located out of SC. As of 5/1/16, there were two (2) non-CIN Foster Family Homes in SC. One (1) was located in York County, and one (1) was located on the south end of the state, Charleston County. The development and implementation of a plan for the recruitment of more CIN and other Native American Foster Families is Goal 3, Objective 1, Strategy 2, **3.1.2: Collaborate with the Catawba Indian Nation (CIN) to recruit Foster and Adoptive Families.** This Strategy continues to be developed and implemented.

**Active efforts to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption.**

The SCDSS seeks to provide Family Preservation Services to all families in SC, including families of the Catawba Indian Nation, in an effort to prevent the breakup of the family. The state actively seeks to locate a kinship caregiver as the first priority for placement of the child. The state employs Seneca Search services to locate possible kinship caregivers. When removal from the home becomes necessary and placement into foster care becomes necessary for the CIN child, the state has endeavored to find a kinship caregiver and license that family as a Foster Family for the child. This occurred in 2015 for a CIN child.

**Specific steps outlined in the 2015-2019 CFSP/ 2016 APSR to improve or maintain compliance with ICWA that includes tribal input.**

The SCDSS scheduled quarterly meetings with the Catawba Indian Nation, to also include external stakeholders from the University of South Carolina, Center for Child and Family Studies, and the Children's Law Center, to improve compliance with ICWA. The SCDSS scheduled weekly telephone conversations with the Director of Social Services, Catawba Indian Nation, Ms. Linda Love, in order to improve compliance with ICWA.

The Update to the Plan for Improvement, Strategic Action Plan, had the following Strategies to address improvement in compliance with ICWA.

**Goal 2, Objective 2, Strategies 18 and 19.**

**2.2.18:** A credit report will be obtained for all tribal youth, age 16 and older.

**2.2.19:** A formal process to identify Native American children who will turn 17 years old within 90 days will be developed in order to begin formal transition planning and education about emancipation after the youth turns 18 years old.

**Goal 3, Objective 1, Strategy 2.**

**3.1.2:** Develop and implement the Foster Family Recruitment and Retention Plan to include a Native American-Specific Adoption Recruitment Plan.

**Goal 3, Objective 2, Strategy 1.**

**3.2.1:** Develop jointly with the Catawba Indian Nation, recommend, and finalize a Memorandum Of Understanding between the CIN and the SCDSS, that will clarify and be agreed upon that: when the SCDSS becomes involved with children and youth of non-CIN tribes, that the tribe of origin of the child or youth will be contacted first according to current law, and the other tribe must contact the CIN to request the CIN to intervene on their behalf, and then the SC DSS will share information about the case with the CIN.

**Goal 3, Objective 2, Strategies 2 and 3.**

**3.2.2:** Get clarification from the SCDSS Office of General Counsel when ICWA applies and disseminate information to the SCDSS staff and all stakeholders.

**3.2.3:** Develop and implement 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.

**Goal 4, Objective 3, Strategies 4, 5, 6.**

**Action Steps**

**4.3.4a:** Review results of statewide 6/27/14 ICWA-related education event at CIN Reservation.

**4.3.4b:** Make recommendations for further training and conferences on the ICWA.

**4.3.4c:** Develop Regional Training activities.

**4.3.4d:** Make recommendations for further training and conferences on ICWA in Child Welfare Basic for caseworkers.

**4.3.5a:** Do an assessment with the CIN on what information the Tribe wants to be included in the component, for the SCDSS staff and providers, and make recommendation to the SCDSS leadership.

**4.3.5b1:** Develop annual required desktop training and other online ICWA and CIN-related information resources for the SCDSS staff and stakeholders.

**4.3.5b2:** Develop a plan for Qualified Expert Witnesses for CIN and Native American cultural priorities and needs (QEW), for participation in Court Hearing

**4.3.5c1:** Develop plan to require and deliver online training as an annual requirement.

**4.3.6:** Involve the Catawba Indian Nation in the Foster Care Advisory Committee, in local and statewide Stakeholders meetings.

**Activities completed and accomplishments achieved since submission of the 2016 APSR.**

- One Foster and Adoptive Family orientation/recruitment event on the Catawba Indian Nation.
- Seven Regional ICWA-related training events for SCDSS Child Welfare Services leadership, Caseworkers and supervisors.
- A SCDSS-Catawba Indian Nation jointly developed Memorandum of Agreement for ICWA-related SCDSS policies and procedures. This has been signed by the SCDSS Director, Ms. Susan Alford. The MOU is waiting for the signature of the Chief of the Catawba Indian Nation.

**Planned changes to laws, policies, procedures, communications strategies.**

There are no planned changes to laws, policies, procedures, communications strategies.

**Training activities to improve compliance with ICWA that the state has developed in partnership with tribes.**

The state jointly developed with the Catawba Indian Nation:

- Regional training events focusing on the history the development of the Indian Child Welfare Act, the history of the Catawba Indian Nation, and the SCDSS policies and procedures in the SCDSS Child Welfare Manual related to ICWA and Tribal interventions prior to the required Tribal intervention in compliance with ICWA.

- The SCDSS contracted with the University of South Carolina, Center for Child and Family Studies, to produce an online video related to ICWA compliance, Catawba Indian Nation history, culture, and contemporary life, and “Ask The Question”. The last topic of the video is referring to the need for the SCDSS staff to “Ask The Question” if the child is a member of or eligible for membership in a Tribe, and ask it repeatedly from Intake of a report of abuse and neglect, through a Child Protective Services case to the point when the case is closed. This training activity will be available in late FFY 2016 or early FFY 2017.

## 7. Monthly Caseworker Visit Formula Grants

See Attached December 2015 Report.

## 8. Adoption and Legal Guardianship Incentive Payments

### a) Use of Adoption and Legal Guardianship Incentive funds.

**The Seneca Family of Agencies:** The SCDSS contracted with the Seneca Family of Agencies, to support the requirements of the Family Finding Initiative. The Seneca Family of Agencies conducted manual searches of public records, in an effort to find and identify possible relatives of children in care. Search requests were 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 assigned an experienced search agent to conduct a manual search, and then provided a report back to the SCDSS that included: 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 with The South Carolina Heart Gallery (SCHG) to provide: enhanced, targeted recruitment; 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 an Internet photo display, this recruitment tool continued to increase public awareness of the need for adoptive families. The Heart Gallery photographers volunteered their time and talents to create unique portraits showcasing these children. The portraits continued to be displayed at various locations around the state, throughout the year.

The SCHG provided intensive child-specific recruitment efforts, including community exhibitions and photographic internet campaigns. The SCHG targeted specialized populations, geographic areas and faith communities, etc., in an effort to find homes for legally-free children lingering in foster care. The Department contracted with the FCRB for the SC Heart Gallery to be administered and supported by the Foster Care Review Board. The SCHG program staff worked 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), provided 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 provided one consistent entry point into the SCDSS system for all potential Foster Families. In the past, potential Foster 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 Foster and Adoptive Parents has a significant role in turning inquiries into licensed 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 Foster Parenting. The Recruitment Coordinator was 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 sent the application packet, or other appropriate information to each inquirer within one working day, notified the appropriate SCDSS office, and followed up to ensure that connections were made and the process moved along.

### **Adoption Assistance Payments**

With the increased success of the number of adoptive placements and finalizations, beginning in the FFY 2015, the SCDSS used some of the Adoption Incentive Payments funds to supplement adoption assistance payments.

### **Foster Family Recruitment Activities**

In an effort to provide needed funding for the recruitment of Foster and Adoptive Families, the SCDSS will continue using these funds for recruitment events and activities. The SCDSS made a decision, as part of the Foster Family Licensing and Support Plan (see “2017 APSR Update To The Foster and Adoptive Diligent Recruitment Plan”) to provide twenty-five thousand dollars (\$25,000) to each of the five (5) SCDSS Regions and to the SCDSS State Office for recruitment event and activities expenses. These funds were disbursed in June 2015 for the fourth quarter of FFY 2015 and for FFY 2016.

### **Emergency Placement.**

Adoption Incentive funds were used for emergency placements of children in Foster Care.

### **Contracted Training Activities.**

Some training activities that addressed Foster and Adoptive Parent recruitment, initial training, and ongoing training were partially funded by Adoption Incentive Grant funds.

### **b) Changes to how the state plans to use Adoption and Legal Guardianship Incentive funds.**

During the fourth quarter of FFY 2016 through FFY 2017, the state plans to use Adoption Incentive funds to support contracts with six (6) Universities in South Carolina for Foster and Adoptive Family recruitment events.

### **c) Timely Use of Adoption Incentive Payments Funds**

During FFY 2016, 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 FFY 2017.

## **9. Child Welfare Waiver Demonstration Activities (Not Applicable)**

## **10. Quality Assurance System**

### **Specific practices or system improvements based on Quality Assurance / Continuous Quality Improvement System.**

Quality Assurance Reviews were provided in 43 of 46 Counties during the 2015CY. Three (3) of the Counties had to be postponed due to flooding in the state in the fall. There was no possibility of rescheduling these three Reviews before the end of the 2015CY due to the scheduling of other Reviews.

The QAR System is designed to complete one review in each county per year. The reviews evaluate the quality of services and identifies “Strengths” and “Areas In Need of Improvement” in the service delivery system, and to provide relevant reports to the SCDSS County leadership and State Office leadership. The evaluation of program improvement measures was performed by some County Directors and not by an assigned person in other Counties. As of 6/1/2016, 33 SCDSS Counties have developed without State Office assistance Program Improvement Plans/Program Enhancement Plans. Monitoring and evaluating of the Program Improvement Plans at the State Office will be the responsibility of the Child Welfare Director of Internal County Operations.

The Quality Assurance Review System has been developed to the point that Linda Mitchell, Children’s Bureau Region 4 Program Specialist to South Carolina, 2014-2016, encouraged the state to consider conducting a non-traditional CFSS in 2017, using its own Quality Assurance Review System. The Quality Assurance Review results since the submission of the 2016 APSR did not produce any specific practice or system improvements.

The Continuous Quality Improvement System in South Carolina’s Child Welfare Services, led by the SCDSS, is in the early stages of development. One CQI System improvement since the submission of the 2016 APSR, was the expansion of the capacity of its Continuous Quality Improvement workforce by hiring five (5) Child Welfare Regional Directors and a Director of Child Welfare, County Internal Operations, with direct CQI/QA supervisory responsibilities. All of the new Child Welfare leaders are seasoned Child Welfare practitioners with many years of leadership and management experience. The Position Description of the Regional Directors includes to “assist the Director of County Internal Operations in evaluating Child Welfare Services program performance in the county and region and ensuring the development of and monitoring of practice improvement strategies in response to child welfare services performance data, including, but not limited to the results of qualitative and quantitative reviews, push reports, and other ad hoc reports produced internally and externally.” This new leadership team of Regional Directors and Director of County Internal Operations will support and help implement all aspects of performance management within the Child Welfare Division, including supporting practice and systemic improvements that emerge from CQI activities.

Regional Directors play a critical role in building the capacity of the Child Welfare workforce to create and sustain a CQI culture. As direct supervisors of County SCDSS operations, Regional Directors lead change efforts, coach and mentor staff, and facilitate the CQI process and commitment at all levels.

This year, the SCDSS recognized some of the biggest CQI System challenges. One of the challenges is a disjointed structure for SCDSS Units with Child and Family Services Review accountability. One of the improvements made during FFY 2016 was that the Agency committed to regularly scheduled meetings to bring the Quality Assurance Review, the CFSP/APSR Federal Compliance, and the CQI staff together to coordinate efforts and information, brainstorm and problem-solve issues.

The Agency determined that improving our internal administrative structure is one of the areas of need in the CQI System development. The Agency will receive technical assistance from the Capacity Building Center for States, during the fourth quarter of FFY 2016 and during FFY 2017. The SCDSS leadership staff has also been given access to the CQI training academy, but have not yet started to use it as a Division. In the upcoming year, the Agency will make significant efforts to improve stakeholder understanding of the CFSS 3 Items and Outcomes, by sharing and communicating the CFSS process, in teams and at meetings.

One of the efforts at system improvement during FFY 2016, and to continue during FFY 2017, has been to enlist the technical assistance of CQI consultant, Christeen Borsheim, former Child Welfare Director, Minnesota Department of Human Services and Center for States Liaison, Simon Pipkin, Capacity building Center for States. The first onsite consultation visit from Christeen, yielded a CQI Systems Capacity Assessment and three workgroups to focus on: (1) improving communication to support CQI implementation; (2) improving the CQI administrative structure; and (3) closing the Quality Assurance case review feedback loops.

The Agency is planning to collaborate with internal (SCDSS) stakeholder groups to explore the following suggested improvements: (1) all caseworkers, supervisors, managers, directors, and etc. might be invited to attend CFSR training that will be conducted in each county prior to a review; (2) half of each case review team might be recruited from the SCDSS County Office (mainly supervisors but also caseworkers), other reviewers could be external stakeholders, and supervisors and caseworkers from other counties.

South Carolina continues to make progress on the development of a statewide and local CQI committees, "Child Welfare Improvement Teams" (CWIT). Regional Directors have required County Directors to develop their local teams. Currently, only the State CWIT and Richland County CWIT are chartered, but the expectation is that all County teams will be chartered before January 2017. The improvement of a local CWIT over the existing "Partners Meetings", is that the local CWIT is expected to use data to identify County issues, brainstorm solutions, set goals, identify action steps, and finally, to track and adjust goals. This was not the normal operation of Partners Meetings. The Agency began a Pilot of the first local CWIT in Richland County. Using permanency data from CAPSS (SACWIS) provided to the State Child Welfare Improvement team, the Richland County SCDSS leadership decided to address the issue of the need for more quality in county foster homes. With facilitation from the United Way of the Midlands, a group of stakeholders gathered to commit to working as a team to increase the retention and recruitment of quality foster homes for children in care. The Agency is planning to have 46 functioning Child Welfare Improvement Teams by January 2017, and have a standardized format and planning process for county program improvement plans, to support team activities.

Another improvement that was needed and implemented was the developmental and inclusion of CQI policies and procedures that will be included in the reorganized and updated SCDSS Child Welfare Policy Manual. The CQI policies and procedures direct leaders use data collected from both quantitative and qualitative sources to inform practice improvements. During the development of the CQI System and through Quality Assurance Reviews, the Agency learned that SCDSS staff needed to receive information and training on the Child and Family Services Review process, and that has been provided during FFY 2016.

The practice improvements also include an increase in the Agency's monitoring and analysis of service response and outcomes reports from the CAPSS (SACWIS). On a weekly basis State, Regional, and County leadership analyzed "Dashboard Reports" at regularly scheduled data meetings. Leadership has improved the focus on specific data to use to make improvements in practice. An improvement that has also been determined to be needed as the CQI System is being implemented is for data findings and expectations to be communicated with higher level staff, and to work on communicating data requirements with front-line staff

The development of the CQI System and the information provided through the Quality Assurance Reviews were influential during FFY 2016 leading the Agency to join The Center for State Child Welfare Data at Chapin Hall at The University of Chicago. The Center for State Child Welfare Data has designed a longitudinal database built from SC administrative Child Welfare records. They will begin using the database in the summer of 2016. This database will help us to assess our baseline performance on safety, permanence, and well-being in outcomes in SC. It will provide analytic and decision support for SC to help us set performance targets and select strategies (i.e., interventions) for reaching better performance outcomes on focus areas.

During FFY 2016, one of the system improvements was the Agency started quality improvement workgroups. The purpose of these workgroups is to better understand and manage caseloads and workload issues, improve activities to improve recruitment and retention of frontline caseworkers, and to address workload estimation and caseload standard requirements.

Through the increased efforts to develop the feedback loop part of the CQI System, the Agency has begun to utilize the SCDSS Constituency Services to collect and use data from that office as feedback for System improvement. Additionally, the Agency has determined to continue to improve the collection of information from formal and informal feedback from consumers of our services, other collateral sources and local stakeholders.



Last but not least, through the development of the CQI System and through Quality Assurance Reviews, the Agency has learned that it needs to and is determined to create a culture that promotes openness to being data-informed.

**Training and technical assistance the state anticipates needing in FFY 2017.**

The state will use the Technical Assistance for CQI capacity building delivered by the Capacity Building Center for States.

**QA/CQI results and data used to update Goals, Objectives, and Strategies or use of funds in the 2017 APSR.**

The Quality Assurance Review scores did not have an effect of changing the CFSP/APSR Update to the Plan for Improvement. The scores confirmed the importance of the Goals, Objectives, and Strategies in the Plan established in the 2015-2019 CFSP Plan for Improvement, and affirmed in the 2016 APSR.

Service/Caseload Type	FFY 2015 SCDSS Caseload/Workload Standards	FFY 2015 Maximum Percentage/Number of Caseload
Initial Assessment/ Investigation	24 children per Human Services Practitioner	Not exceed 48 children
Ongoing Cases (In-Home)	24 children per Human Services Practitioner	Not exceed 48 children
Foster Family Care	20 children per Human Services Practitioner	Not exceed 40 children

**Actual FFY 2016 SCDSS Caseload/Workload**

It is not possible to supply an average caseload calculation for caseworkers in the CPS Investigation/Assessment Unit, in the Ongoing (In-Home) Unit and in the Foster Family Care Unit, because many workers have carried and are carrying multiple types of cases. The challenge for the state to increase the number of caseworkers for Child Protective Services Investigation/Assessment cases, Ongoing (In-Home) cases, and Foster Family cases, and lower the caseload for many caseworkers, is evidenced on 6/6/2016, with the following report of caseworkers with fifty (50) to over ninety (90) children on their caseload:

Workers with 50 or more children in county offices: 76

**Current QA Case Review Instrument**

The SCDSS transitioned to the use of the Round 3 CFSR (CFSR 3) OSRI, in February 2015. In FFY 2016, the data from QA Reviews of all counties utilized this new instrument from March 2015 through February 2016. This included 46 counties. It should also be noted that when the use of the CFSR 3 OSRI began, the SCDSS Policy Manual requirements were no longer reviewed as part of the Quality Assurance Reviews. The QA Reviews were based upon the exact standards of the CFSR Federal Review for Round 3 case reviews.

## 11. Child Abuse Prevention and Treatment Act (CAPTA) Plan

The CAPTA Reauthorization Act of 2010, Public Law (P.L.) 111-320 was signed into law on December 20, 2010. The law reauthorized and amends the Child Abuse Prevention and Treatment Act, the Family Violence Prevention and Services Act, the Child Abuse Prevention and Treatment, and Adoption Reform Act of 1978. Grants to States for child abuse or neglect prevention and treatment (CAPTA State Grants), grants to States for programs relating to investigation and prosecution of child abuse and neglect (Children’s Justice Act grants), community-based grants for the prevention of child abuse and neglect (CBCAP), CAPTA discretionary research and demonstration grants, the Adoption Opportunities program and the Abandoned Infants Assistance program are reauthorized with no increase in the amount of existing authorizations through fiscal year 2015.

There have been no substantive changes, to South Carolina state law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, that could affect the state's eligibility for the CAPTA State Grant (section 106(b)(1)(C)(i) of CAPTA).

Child Abuse Prevention and Treatment Act (CAPTA) funds are used to improve the child protective services program in South Carolina. In accordance with section 106(b)(1)(A) of CAPTA, the State plan must specify which of the 14 program areas described in sections 106(a) the State will address with grant funds. The following are the four program areas chosen by South Carolina to fund with CAPTA.

### **Update on Services to Substance-Exposed Newborns**

The South Carolina Department of Social Services is the designated lead Agency for the SC Child Abuse Prevention and Treatment Act Plan. The Agency was notified in February 2016 that it would be placed in a CAPTA Program Improvement Plan to come into compliance with the parts of Section 106 listed below.

#### **Section 106(b)(2)(B) (ii)**

- (ii) policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition of such infants, except that such notification shall not be construed to—
  - I. establish a definition under Federal law of what constitutes child abuse or neglect; or
  - II. require prosecution for any illegal action.
- (iii) the development of a plan of safe care for the infant born and identified as being affected by illegal substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder;

The state commenced its development of the CAPTA Program Improvement Plan during the week of 2/28/2016. In response to the CAPTA PIP letter from the Children's Bureau, an initial CAPTA PIP was submitted on 3/29/2016. The SCDSS was directed to change the format of the CAPTA PIP. On 4/28/2016, the SCDSS submitted the reformatted CAPTA PIP for Children's Bureau approval, and is awaiting the CAPTA PIP Approval Letter.

The SCDSS has invited and gotten participation of a broad spectrum of stakeholders on the CAPTA PIP Team or as a resource to the Team.

The SCDSS commits the state to come into full compliance with PL 111-320, Section 106(b)(2)(B) (ii) and (iii) by no later than one year after the Children Bureau's approval of the Program Improvement Plan.

The state has contacted the Capacity Building Center for States for information on successful implementation of the PIP, and Children's Bureau Region 4 for information on other states that have successfully implemented this PIP's portion of PL 111-320.

### **Update on Amendments to CAPTA, P.L. 114-22, the Justice for Victims of Trafficking Act of 2015**

The state has formed an initial CAPTA 114-22 Implementation Team, comprised of SCDSS staff including attorneys in the SCDSS Office of General Counsel (OGC), and the SCDSS Legislative Liaison, and the Supervisor of the SCDSS Policy Unit. It is the responsibility of the Implementation Team to develop an action plan relating to sex trafficking in order to implement the provisions by May 29, 2017. Two attorneys from the OGC have begun to participate on the SC Attorney General's Human Trafficking Task Force. Two other members of the Team are members of a workgroup of the Attorney General's Task Force, the Human Trafficking Workgroup. This workgroup has a very broad representation of stakeholders in SC in the areas of preventing, treating, and providing for the physical needs of victims of domestic violence, human trafficking broadly and sex trafficking specifically also. One of the first tasks that the workgroup has given itself is to develop a list of available services in SC for victims of sex

trafficking and other forms of human trafficking. Technical assistance will be requested from the Capacity Building Center for States and the Children's Bureau, Region 4.

Currently in SC there is a dearth of services for victims of sex trafficking. Some of the services that are available may not be viable, helpful services. Once the list of possible services is developed, the workgroup will take on the task of working with the Task Force to provide a "vetting" of services for viability. Being connected with the Human Trafficking Task Force and Sex Trafficking Workgroup in particular, will assist the CAPTA 114-22 Implementation Team address the law's requirement for services in SC for all children who are victims of sex trafficking.

The Implementation Team will develop, propose, and implement where possible:

- laws, policies or procedures to ensure that victims of sex trafficking, as defined in sections 103(9)(A) and (10) of the TVPA, are considered victims of child abuse and neglect and sexual abuse.
- provisions and procedures regarding identifying and assessing all reports involving known or suspected child sex trafficking victims.
- provisions and procedures for training CPS workers about identifying, assessing and providing comprehensive services to children who are sex trafficking victims, including efforts to coordinate with state law enforcement, juvenile justice, and social service agencies such as runaway and homeless youth shelters.

The state will be requesting information from, and technical assistance if needed, from the Capacity Building Center for States, and information from the Children's Bureau of which states have successfully implemented PL 114-22, and/or have an approved action plan for implementation.

**As required by the amended CAPTA, South Carolina affirms that it will:**

1. Periodically review and revise the state plan to reflect any changes in the State's strategies or programs under the grant program (section 106(b)(1)(B)(ii);

**Program Area #2:** Creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations

**Program Area #4** Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response

**Program Area #11:** Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level

**Program Area #14:** Developing and implementing procedures for collaboration among Child Protective Services, domestic violence services, and other agencies

**DETAILED OUTLINE OF PROGRAM AREAS SELECTED FOR IMPROVEMENT:**

**(2) Creating and improving the use of multidisciplinary teams and interagency protocols to enhance investigations.**

**South Carolina Child Fatality Review Teams/Children's Health and Safety Councils:**

The SCDSS uses CAPTA funds through a contract with SC Department of Health and Environmental Control (DHEC) to hire a child fatality and injury prevention program specialist to coordinate and facilitate child fatality review processes at the state level through an established State Child Fatality Advisory Committee (SCFAC). The purpose of the SCFAC is to decrease child deaths in South Carolina. The goal is to use a multidisciplinary approach to review the causes of deaths in children, birth to 17 years of age, to gain a better understanding of each death's circumstances. Recognizing child death risk factors should enable better use of existing resources and creation of new practices to protect the children in South Carolina.

The SCDSS reviews all cases where the child or family may have been known to the agency prior to and since the child's death and participates in the state review. The purpose of reviewing deaths of children known to the SCDSS is to have a candid, systematic and confidential analysis of these cases, to give the SCDSS administrators information to strengthen and improve child welfare services to the children and families of this state.

The South Carolina Department of Health and Environmental Control (DHEC), Office of Public Health Statistics and Information Services reports there were 6,059 fatalities in South Carolina to residents 0 to 17 years of age from 2006 to 2014. Of these child deaths, 1,890 were eligible for review by the State Child Fatality Advisory Committee (SCFAC) based on the criteria established by legislative mandate of unexpected and unexplained deaths. The State Child Fatality Committee meets six times per year to review all children's deaths that were not the result of natural causes. Through October 2015, 1,498 of the cases from the 2006-2014 data years have been reviewed by the SCFAC. (SCFAC Annual Report, December 2015).

Of the 1,498 cases reviewed and closed since 2006, the manner of death determination revealed 527 (35.2 percent) were accidental, 248 (16.1 percent) were homicide, 373 (24.9 percent) were natural, 79 (5.3 percent) were suicide and 271 (18.1 percent) were undetermined. Of these 1,498 cases by race and ethnicity, 660 (44.1 percent) were White, 710 (47.4 percent) were Black, 64 (4.3 percent) were Hispanic, and 60 (4.3 percent) were categorized as Other (includes Native Americans, Asians, Biracial and Race Unknown).

The State contracts with the Department of Health and Environmental Control (DHEC) to complete a report of child deaths based upon death certificates and cause of death. The 2015 SCFAC Annual Report completed in December 2015 is reflective of the committee's work through October 2015 and provides highlighted information on the child deaths that occurred in 2014 that have been reviewed and completed.

SCFAC has completed review of 72 cases in which the child death occurred during the year 2014. Of these 72 cases, the manner of death determination revealed 22 (34.4 percent) were accidental, 8 (23 percent) were natural, 18 (21.3 percent) were homicide, 13 (16.4 percent) were undetermined, and 11 (4.9 percent) were suicide. The case review revealed 40 (49.2 percent) of the victims were Black, 28 (49.2 percent) were White, and 1 (1.6 percent) was categorized as Other (includes Native Americans, Asian and Hispanic).

The following recommendations were made in 2015 by SCDSS, SCDHEC and SCFAC, and the action steps are outlined below:

**Recommendation #1: Mental Health First-Aid and Aftermath Support for Family Survivors-** Implementation of a trauma-informed care and support system for surviving family members (including children) immediately after a child fatality and concurrent with required investigative processes through the local Coroner's Office, DSS and SLED.

**Action:** During the 2015-2016 time period, SCFAC recommends that the SCDMH, State Coroners Association, and SLED develop a collaborative protocol that provides mental health, first-aid, and grief support to family survivors in the immediate aftermath of any unexpected child death subject to review under S.C. Code 63-11-1910. The protocol should provide for:

- A safe and supportive environment where family survivors can share their feelings about the traumatic loss,
- Education about the grief process and community resources for support,
- Awareness of healthy and unhealthy coping mechanisms and any mental health warning signs among family survivors, particularly any children who were exposed to the traumatic event, and;
- Information regarding risks and conditions (e.g., unsafe sleeping, access to firearms, etc.) that place children at risk of harm. SCFAC considers this component to be an essential protective measure for any surviving children or children that the family may have in the future.

**Recommendation #2: Homicide**—enhancement of data collected regarding death due to homicide where the cause of death involved child maltreatment.

**Action:** During the 2015-2016 time period, SCFAC recommends:

- Effective February 2016, the DSS representative to the SCFAC will identify child death cases reviewed during each committee meeting where there has been prior DSS agency involvement with either the victim or family member, and highlight (for documentation and future reporting purposes) the cases where there was identified maltreatment of the victim.
- On an ongoing basis, the DSS representative to the SCFAC will continue utilizing child death review findings to a. work with agency leadership to make ongoing quality improvements to the system (policies and practices) and technical assistance and training processes focused on improving the skills and abilities of staff and b. strengthen the SCFAC recommendations and action steps identified in each Annual Report.
- On an ongoing basis, the DSS representative to the SCFAC will continue working with agency leadership to strengthen partnerships with local law enforcement agencies and coroner offices to improve the quality of data collected for the purpose of improving the accuracy of the data on child maltreatment deaths being reported to the Department of Health and Environmental Control's vital statistics department, SLED's Special Victims Unit and to the National Child Abuse and Neglect Data System.

**Recommendation #3: Suicide** – SCFAC encourages the State of South Carolina to strengthen its safety net for children who may be experiencing depression and/or are at risk of suicide by increasing community knowledge and awareness of warning signs and risk factors for suicide; implementing best practice interventions and approaches in suicide risk reduction; and developing comprehensive care systems that provide for screening, assessment and rapid access to treatment. SCFAC further encourages the state to enhance its suicide risk reduction efforts by providing policy support for the recently awarded “Young Lives Matter” (YLM) Suicide Prevention federal grant, which is administered by the SC Department of Mental Health (SCDMH) in collaboration with the American Foundation for Suicide Prevention (AFSP) and a consortium of other public and private child advocates and partners.

In 2015, the following was accomplished to advance suicide prevention efforts in the state:

- In February 2015, the SCDMH School-based Program director presented to the State Department of Education (SDE)/Department of Health and Environmental Control (DHEC) School Nurse Consultant state meeting on behavioral health signs and symptoms that may present as physical health or somatic complaints at a school nurse visit; suicide assessment, intervention and coordination with a mental health professional; and follow-up support to students/family after an attempt. Approximately 65 school nurse consultants/coordinators received this training.
- In February/March 2015, SCDMH School-based coordinators were trained in the *QPR: Question, Persuade, and Refer* (Mental Health America) and the AFSP *More than Sad* suicide prevention curricula for use in schools served by the SCDMH School-based Service Program. The Department currently has school-based mental health professionals (MHPs) in more than 400 schools statewide.
- In September 2015, SCDMH was awarded a five-year suicide prevention grant from the Substance Abuse and Mental Health Services Administration (SAMSHA) in the amount of \$736,000 per year to support the state's Young Lives Matter (YLM) initiative. The grant's goals are to: build a supportive, statewide suicide prevention infrastructure; develop interagency response protocols to identify and provide service linkages to youth at risk; raise knowledge and awareness about how to access help; and increase consumers'/family members' participation in planning, education and outreach efforts. Forty-five (45) states applied for the grant, with only 12 awards being made. South Carolina's application ranked 6th.

**Action:** During the 2015-2016 time period, SCFAC will:

- Request for its representatives from the House and Senate to submit coordinated legislation that provides fiscal support for recurring professional development targeting public/private school personnel, law enforcement and school-based behavioral health staff. State Department of Education approved suicide prevention training programs,

such as *More than Sad*, the Jason Foundation, and *QPR: Question, Persuade, and Refer*, will be implemented in order to promote early identification of youth at risk. The training program will be jointly administered by the Department of Mental Health and State Department of Education in collaboration with the Department of Alcohol and Other Drug Abuse Services, the Children's Law Office, and community suicide prevention advocacy organizations.

- Ask the Department of Mental Health and Department of Alcohol and Other Drug Abuse Services to develop evidenced-based screening, risk assessment and treatment protocols based upon clinical best practices for school settings.
- Actively support the youth suicide prevention and teacher training provisions of Section 59-26-110 of the SC Code of Laws by expanding available suicide prevention training opportunities for teacher recertification. The State Department of Education (SCDOE) will include suicide prevention education in its school training.
- Ask SCDOE to coordinate its efforts with the Young Lives Matter suicide prevention grant initiative.

#### **Other recommendations regarding accidental deaths:**

**Asphyxiation/Suffocation (Unsafe Sleep):** SCFAC encourages South Carolina to take a stronger and more coordinated statewide approach with regard to increasing awareness, knowledge, and skills of adults/caregivers in how to best encourage safe sleep.

**Action:** During the 2015-2016 time period, SCFAC will request:

- Its representatives from the House and Senate to submit coordinated legislation which provides fiscal support for a statewide, evidence-based safe sleep outreach campaign which will be administered by Children's Trust of South Carolina.
- SCFAC members to work within their represented agencies and organizations to identify two to three strategies each for implementing safe sleep/injury prevention tools. This information will be shared with the DHEC representative for vetting and incorporation into the annual work plan.
- The SC Hospital Association, the SC Chapter of the American Academy of Pediatrics, SC Section of American College of Obstetrics and Gynecology (ACOG), SC Chapter of the American Association Family Practitioners (AAFP), and the SC Primary Health Care Association to encourage their membership to address unsafe sleep as part of prenatal and newborn care and/or as part of the hospital discharge process.

**Drowning:** SCFAC encourages parents and family members to set a positive example and wear a lifejacket, since adolescents are 20 percent more likely to wear a life jacket when they see an adult wearing one (according to a study of Washington State boaters), and enroll children ages 4 and over in swim lessons to make sure they learn water survival skills. Adolescents should never swim alone. Individuals, especially children and adolescents, should swim with a friend, preferably in water with lifeguard supervision.

**Action:** During the 2015-2016 time period, SCFAC will:

- Request for its representatives from the House and Senate to submit a letter to the Governor of South Carolina requesting that June 2016 be designated Water Safety Month.
- Submit a letter to the South Carolina Department of Education to work with school districts to enhance health education instruction on water safety and drowning prevention.
- Continue working in partnership with SC Children's Trust, Safe Kids, and the SC Department of Social Services to increase the number of foster parents that know how to swim.
- Continue working in partnership with SC Children's Trust and Safe Kids to (a) encourage the SC Department of Natural Resources to place Danger Drowning/No Swimming signs around all ponds and rivers, and (b) enhance adoption of the Life Jacket Loaner Program.

**Fire:** SCFAC recommends that each county adopt the current state law through establishment of a county ordinance that requires a landlord to ensure that all rental properties, especially mobile homes and apartments, have working smoke alarms.

**Action:** During the 2015-2016 time period, SCFAC will:

- Submit a letter to the SC State Firefighter's Association and the SC Fire Marshall's Office and ask them to contact each county's legislative delegation to encourage them to support and enforce fire and life safety through the passage of a local ordinance that requires a landlord to ensure that all rental properties, especially mobile homes and apartments, have working smoke alarms. The 'ask' has a focus on the local enforcement of the state law; for example, SC Code of Laws, Section 5-25-1330. SCFAC wants to encourage local municipalities to adopt the state law as a city or county ordinance so it can be enforced by designated officials, such as fire and law enforcement. Example: A firefighter responds to a call at a home where an elderly tenant has fallen, and while at the residence, the firefighter can address the identified issue of missing or nonworking smoke alarms. This issue could be addressed directly with the landlord as an enforceable ordinance. Locally, the fire marshal and fire chiefs are aware of the state law and lack of enforcement capacity.
- Request for representatives from the House and Senate to submit coordinated legislation which provides fiscal support for a fire and life safety program and the purchase of fire/smoke safety alarms. The fire and life safety program would be administered by the SC Fire Marshall's Office.

**Transportation:** Like the Governor's Highway Safety Association, the SCFAC acknowledges the various issues surrounding teen drivers – inexperience, coupled with immaturity, often resulting in risk-taking behaviors such as speeding, distracted driving and/or texting, alcohol use and not wearing a seatbelt – that contribute to an increased death rate. The SCFAC supports enactment of graduated driver licensing laws that include: (a) learner permits beginning no earlier than age 16 which last a minimum of six months and includes at least 30-50 hours of parent-certified supervised practice, (b) an intermediate stage that lasts until age 18 and includes a nighttime driving restriction starting at 9 or 10 p.m. and either none or no more than one teen passenger, and (c) a ban on all cell phone use and electronic communication devices while driving.

**Action:** During the 2015-2016 time period, SCFAC will:

- Ask its representative from SC Children's Trust to work with organizational partners to adopt and implement a campaign, such as "It Can Wait," which works to save lives by calling on the public, law enforcement, educators, corporations, consumer safety groups and legislators to help find solutions to prevent the dangers of texting and driving.
- Request its representative to jointly review and work with members of the General Assembly to strengthen both primary and secondary seat belt laws, especially primary enforcement of child passenger safety related to children up to age 13 in all seating positions.
- Reach out to the South Carolina Department of Public Safety to discuss the potential data collection and dissemination opportunities with regard to incidents and fatality information involving children age 17 and older.

#### **(4) Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response.**

CAPTA Reauthorization Act of 2010 (Section 105(2)) requires that states establish a triage system that:

- Accepts, screens, and assesses reports received to determine which such reports require an intensive intervention and which require voluntary referral to another agency, program, or project;
- Provides, either directly or through referral, a variety of community-linked services to assist families in preventing child abuse and neglect; and
- Provides further investigation and intensive intervention where the child's safety is in jeopardy.

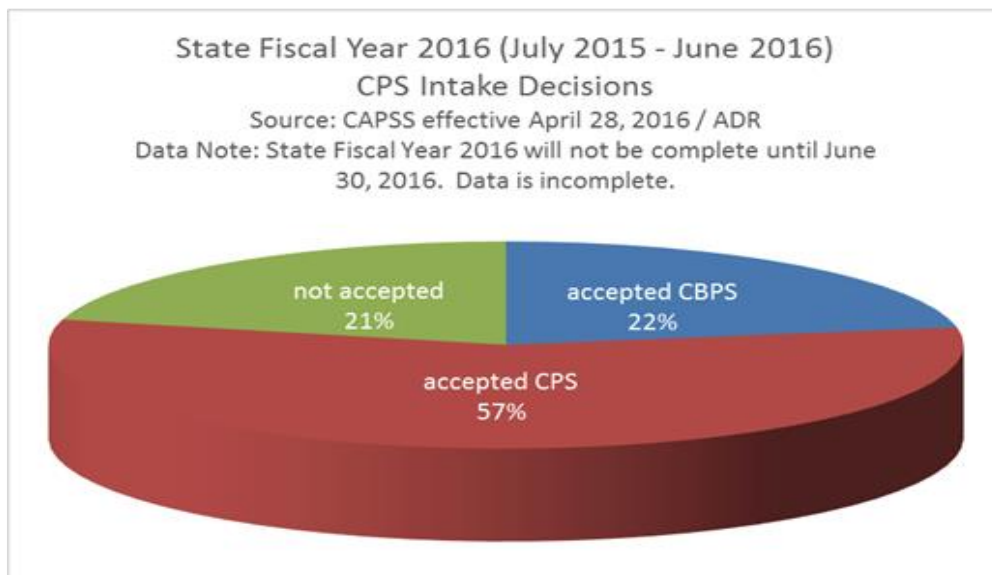
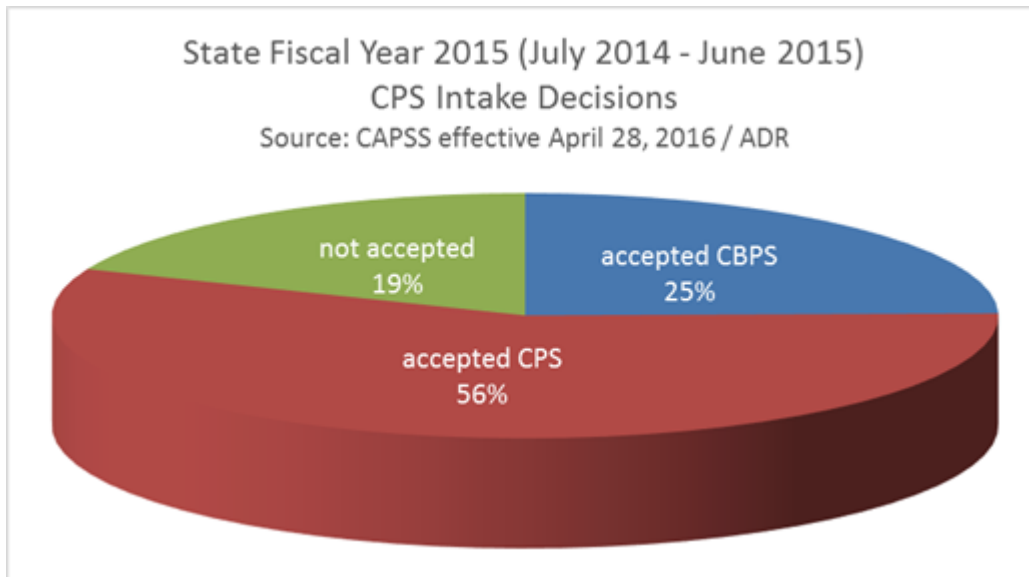
In accordance with assurances in the CAPTA Reauthorization Act of 2010 (Section 106(b)(2)(b)(iv)(v)), procedures for the immediate screening, risk and safety assessment, and prompt investigation of such reports along with triage procedures, including the use of differential response, for the appropriate referral of a child not at risk of imminent harm to a community organization or preventative service will be addressed with CAPTA funds.

South Carolina has continued with Community Based Prevention Services (CBPS), which began in January 2012. This program serves as the South Carolina Department of Social Services' alternative response program. DSS

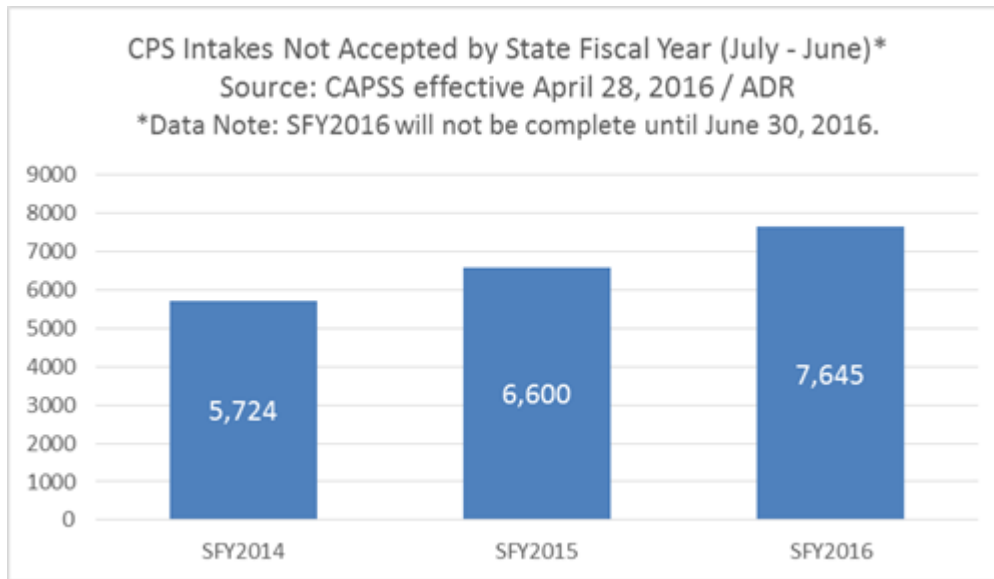
utilizes the Safety and Risk Matrix to assess intakes made to the Abuse and Neglect Hotline. Accepted intakes are assigned to investigation if safety or high risk issues are present. Referral to CBPS is only for those cases in which the intake and resulting matrix assessment indicate low to moderate risk. These cases are not accepted by the Agency for investigation. Community Based Prevention Services is a contracted service with private providers with an interface for assessments and dictation which is populated in the state's SACWIS system (CAPSS). The families referred for CBPS were reported in the FFY 2015 NCANDS with a disposition of "alternative response non-victim" and a maltreatment type of "other." All demographic information was reported on these children.

In 2015, South Carolina began implementing Regional Intake Hubs for receiving reports of abuse and neglect. As of September 2015, five Hubs were actively receiving Intakes. The Hubs will only address Intakes and therefore the Intake workers and supervisors are specialized. Additionally, training has continued for the SCDSS County Office dedicated intake staff who receive calls on the Abuse and Neglect Hotline. These actions resulted in:

- Increasing the reports that were accepted for investigation
- More appropriate Intake decision making, including screening out those cases that do not need an agency response
- Increasing the reports that were accepted for investigation and decreasing the number of children and families referred to CBPS







**(11) Developing and enhancing the capacity of community-based programs to Integrate shared leadership strategies between parent and professionals to prevent and treat child abuse and neglect at the neighborhood level**

As part of the purpose and authority under CAPTA Reauthorization Act of 2010 (Section 201[a]), funds can support community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs, and activities to prevent child abuse and neglect and to support the coordination of resources and activities, to better strengthen and support families to reduce the likelihood of child abuse and neglect. CAPTA funds are utilized in collaboration with the state's prevention organization to enhance the capacity of community-based programs, with an emphasis on involving parents and professionals, to prevent child abuse and neglect at the local level.

For the 2015 FFY, CAPTA funds were used for spreading the message of Child Abuse Prevention through the Children's Trust of South Carolina. Children's Trust participated in and led the national Pinwheels for Prevention campaign in South Carolina. The pinwheel is the symbol of child abuse prevention and is used to represent the happy, healthy childhood that every child deserves. A total of 45,000 pinwheels were distributed with signs and supporting prevention materials across South Carolina. There were 65 participating organizations and each DSS office received pinwheels and supporting signage.

Children's Trust updated and enhanced the resources available for Child Abuse Prevention Month Activities, including:

- Child Abuse Prevention Month toolkit (20-pages) was shared digitally on [scchildren.org](http://scchildren.org) and made available to all Children's Trust grantees. The Toolkit included information on the Protective Factor Framework; an overview of the data available on adverse childhood experiences, state child abuse and neglect statistics and KIDS COUNT; an overview of awareness materials (posters, fact sheets and cards) available for download; and tips for how to use pinwheels. The Toolkit also included messaging samples: news release, proclamations, editorial, newsletter content, speaking points, letter to supporters and social media posts.
- Website at [scchildren.org/CAPmonth](http://scchildren.org/CAPmonth) was updated and served as a web hub for all CAP month information, including the toolkit, fliers, posters, social media, stats and the Protective Factor Framework. It housed information on Prevent Child Abuse South Carolina membership and partners and how to participate in Pinwheels for Prevention. Children's Trust also provided dedicated webpages to all county-wide cap month

initiatives (Greenville, Pickens and Spartanburg) and recognized those communities who passed proclamations. The website featured a portal for organizations to share their community prevention events and highlighted national resources, available in English and Spanish, for those looking for suggested activities for parents, communities and prevention professionals.

- Printed materials included yard signs, flier, posters, coloring activity sheets and pinwheel cards.

Children's Trust participated in the following Child Abuse Prevention Month activities:

- Governor Nikki Haley declared April as Child Abuse Prevention Month in South Carolina and presented Children's Trust with the proclamation.
- Children's Trust joined the South Carolina Network of Children's Advocacy Centers, Attorney General Alan Wilson and the Silent Tears initiative for the fifth annual Children's Advocacy Day at the State House. All organizations spoke at a press conference that brought together partners working in prevention, treatment and prosecution of child abuse and neglect.
- Children's Trust staff participated on Wear Blue Day on Friday, April 8, with other organizations to share images and messages on social media.
- Children's Trust Board Member Heather Woolwine spoke at the City of Charleston press conference hosted by the Dee Norton Low Country Children's Center.
- Children's Trust also partnered with the Family Advocacy Center at Fort Jackson for the Child Abuse Prevention Walk at the base.
- Children's Trust hosted a luncheon for friends and founders to inform key stakeholders of the latest prevention updates for South Carolina.
- Children's Trust published several high quality stories on its website blog ([scchildren.org/blog](http://scchildren.org/blog).) Topics included child sexual abuse prevention, adverse childhood experiences, student support at the University of South Carolina, Greenville's Walk for Prevention, leadership support for prevention and the State House press conference.

In FY 2015, Children's Trust revived its affiliate program of Prevent Child Abuse South Carolina and supported 19 local child- and family-serving organizations as Prevent Partners. Highlights from the child abuse prevention month activities of our Prevention Partners include:

- Greenville First Steps (Greenville) hosted a large community event Walk for Prevention and provided mini-grants to Greenville County organizations supporting their Child Abuse Prevention Month events and Pinwheels for Prevention participation.
- FamilyCorps (North Charleston) offered mandated reporter training at the Dorchester Regional Library and a Family Fun Day.
- Durant Children's Center (Florence) hosted a pinwheel garden planning and celebration in Lake City, presented Stewards of Children training for guardians-ad-litem in Chesterfield. They also focused on reaching local officials with stats and facts at various civic meetings.
- Carolina Health Centers (Greenwood), serving a six county area, hosted a Family Fun Day for their home visiting families and engaged children to color pinwheels to display in the local pediatric practice.
- South Carolina Association for the Education of Young Children (Columbia) planted a pinwheel garden at EdVenture Children's Museum and was a significant driver on social media, especially around the Week of the Young Child (April 10-16).
- Julie Valentine (Greenville) lead a social media campaign – My Hero Challenge and participated in several awareness activities throughout the month.
- Dorchester Children's Center (Dorchester) staffed booths at the Flower festival and St. George's Grits Festival, participated in the Cooper River Bridge Run, supported a proclamation for Dorchester County and hosted a 5k prevention run with awareness messaging along the route.
- Parenting Place (Easley) hosted a stakeholder luncheon with partners including Pickens County DSS, planted pinwheels with the Clemson police department, participated at the Pickens Azalea Festival and the Ride for the Child.

#### **14) Developing and implementing procedures for collaboration among Child Protective Services, domestic violence services, and other agencies**

##### **Support of CAPTA Citizen Review Panels**

The Center for Child and Family Studies (CCFS) Department in the College of Social Work at the University of South Carolina assists the South Carolina Department of Social Services (SCDSS) with facilitation of the three (3) South Carolina Citizen Review Panels (CRP). Those services are funded by The Child Abuse Prevention and Treatment Act (CAPTA). While the establishment of CRP is required under CAPTA, the state recognizes that the panels provide a unique opportunity for collaboration and community support, voices full support for the panels, and values their input.

The goal for CRP is to work collaboratively with DSS to effect change wherever is possible and to lay the ground work for future improvements to the Child Protective Service system at the state and local levels. This is achieved by submitting recommendations from each area panel chairperson through collaboration with other community partners who determine annually the trends issues needing to be addressed to protect some of our most vulnerable citizens- the children of South Carolina.

In 2015, the panel was invited to expand their contributions to improving outcomes for children in SC by working collaboratively with the new DSS administration and other child focused, results driven groups. The members are serving in a wide variety of roles outside the regular scope of their panel work. Their work involves improving how victims of abuse and neglect are identified and protected, especially children under five whose risk for abuse is highest; gaining financial and other supports for kinship caregivers, those grandparents and other kin who voluntarily take on the responsibility for raising grandchildren or other relatives; and improving outcomes for Independent Living services eligible children.

South Carolina has three Citizen Review Panels (SCCRP) representing the Lowcountry, Midlands, and Upstate regions of the state. The SCCRP holds regular bimonthly meetings and some of the key activities noted since submission of 2015-2019 CFSP have been:

Highlights of the panels work in 2015:

Seven Panel members and the group's facilitator attended the CRP National Conference in Oregon. Six of the panelist presented on the Panel's 2013-14 work on child fatalities.

The Panel facilitator participated in National Coordinator calls and continued service on the National Citizen Review Advisory Board.

The SCCRP hosted, "The Demographics of Child Maltreatment in South Carolina: the Medical Point of View" by Dr. Olga Rosa for Child Abuse Awareness Month.

Child Abuse Awareness and Prevention Trainings were held, April 8, 2015 at Pilgrims Inn, and April 9, 2015 at Rock Hill Police Department in York County.

The SCCRP hosted its annual Fall Retreat on October 22, 2015.

The 2015 CRP Annual Report and the state's response are Appendix B.

In this submission dated June 30, 2016 South Carolina is reporting no significant changes in how the state is using grant funds that differ from those described in the state's last APSR submission submitted for the 2014 FFY.

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## 12. Chafee Foster Care Independence Program

### Independent Living Services

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 Voucher (ETV) Program.

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

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 the Child and Adult Protective Services System (CAPSS), and through the administration of a life skills assessment, such as the Casey Life Skills Assessment (CLSA), 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 years old in the Department's custody are eligible for Chafee funds. Youth that left the Foster Care System after reaching age 18, who have signed a Voluntary Aftercare Placement Agreement, are 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, are eligible for all Chafee and ETV funds, with the exclusion of housing expenses. Youth may be eligible for 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 have 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.

As of May 1, 2012, youth who left Foster Care for adoption at age 16 or above have been 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 Foster 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 exit from foster care at age 18 are eligible to receive housing and transition services, in accordance with federal regulations. As of February 2015, youth who left Foster Care for reunification at age 16 or older, on or after January 1, 2012, and were in Foster Care for at least 6 months, are eligible for all Chafee and ETV services, with the exclusion of housing expenses.

Another policy identified as a potential barrier to successful transitioning from Foster Care was the federal requirement (P.L. 112-34), which requires that all youth in Foster Care 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.

### **Specific Accomplishments Since The Submission Of The 2015-2019 CFSP and 2016 APSR.**

The Independent Living Program has made strides in reporting services to youth through working closely with the SCDSS CAPSS Unit (SACWIS) and training Agency staff, partners and providers to incorporate Independent Living goals, service reporting and training in Case Management Monthly Visits and partner/provider contacts.

The following information related to the South Carolina accomplishments in the Independent Living Services is placed within the framework of the Independent Living Services Strategies in the 2015-2019 CFSP/2016 APSR, Update to the Plan for Improvement / Strategic Action Plan (SAP).

The initial submission of the SAP did not include some of the Objectives contained within parts outside of the Plan For Improvement, in the 2015-2019 CFSP. The Independent Living (IL) Objectives and the Indian Child Welfare Act (ICWA) Objectives were some of those not included in the initial submission of the SAP. These Objectives and related Strategies were added to the SAP for easier and more accurate tracking purposes in October 2014, after the approval by the ACF of the 2015-2019 CFSP. Two of the Strategies highlighted in the Chafee section of the 2016 APSR are ICWA-related, and are contained in the **Collaboration With Tribes** section, **2.2.7 and 2.2.8**. The Objectives and Strategies related to IL Program services, including Education and Training Vouchers (ETV), and related to National Youth In Transition Database (NYTD) following a NYTD Review in July 2014, have been integrated into the SAP, and are numbered below as **4.8.1 to 4.18.6**, indicating the Goal, Objective, Strategy in the SAP. Strategies which are related to the NYTD Quality Improvement Plan, following the July 2014 NYTD Review, have a NYTD additional identifier with the Goal, Objective, Strategy identifier, which is **N-QIP General Requirement**.

\* Additions to the Program during FFY 2016 are **highlighted in bold type**.

### **8 Program Purposes: Services that will address the Program Purposes.**

Through the research of Monique Mitchell, the University of South Carolina, Center for Children and Family Studies (CCFS), CCFS NYTD Research Director, the SCDSS now has some research data related to some of the IL Program Purposes. As available, this data is placed in a line item indicated as CCFS-NYTD Data. The research sample used 294 survey responses.

#### **1. Help youth likely to remain in foster care until age 18 transition to self-sufficiency by providing services.**

**Population To Be Served:** Youth ages 13-18 in the custody of SCDSS and youth 18-23 still receiving aftercare services.

\* See individual service for age restriction.

**Geographic Area:** Youth in the custody of SCDSS within South Carolina or placed in other states and former youth in Foster Care receiving Aftercare Services.

**Number To Be Served:** estimated 1600.

- Life skills classes – no change.
- Mentoring services/expenses- **Began partnership with Fostering Great Ideas in the SC Upstate Region (NW SC) analyzing the tools and resources needed to expand the program in other regions. This will help achieve Purpose One by providing adult positive connections in their transition to self-sufficiency.**
- Self-Esteem building activities– no change.

- Summer camps that were related to a youth's development of their Independent Living Goals, or participation in such activities as ROTC, High School Band and Chorus, Cheerleading and Sports – no change.
- Other community leadership programs/camps that provide youth with opportunities to develop work force training and skills. This will not apply to summer programs for daycare or recreation-only purposes – no change.
- Transition planning meetings – accountability and tracking in CAPSS (SACWIS) for the purposes of Continuous Quality Improvement (CQI) (90 days prior to 17<sup>th</sup> birthday, 18<sup>th</sup> birthday, and planned exit from foster care)- no change.
- **Youth Group training activities – standard curriculum will be implemented. This will help achieve Purpose One by providing consistent evidence-based training across the state.**
- **Young Adult Groups (ages 17 -21) emphasized career exploration, community service projects, financial literacy, housing education, and academic goal setting. This will help achieve Purpose One by providing intensive hands-on training to successfully transition into adulthood.**
- Youth Groups will be created to support the development of identified NYTD 14 categories life skills: - no change.
- Partnering with Leadership Camps such as River's Edge Retreat and the Clemson University Youth Learning Institute to provide services- no change.
- Girls and Boys Symposiums partnering with the Clemson University Youth Learning Institute. – no change.
- **Independent Living Website Effective 3/2017. This will help achieve Purpose One by empowering youth with resources and information necessary to make decisions related to their successful transition into adulthood.**
- Transportation assistance (drivers education for 16-21)– no change.

**2. Help youth likely to remain in Foster Care until age 18 receive the education, training, and services necessary to obtain employment.**

**Population To Be Served:** Youth ages 13-18 in the custody of the SCDSS and youth ages 18-23 still receiving Aftercare Services. \* See individual service for age restriction.

**Geographic Area:** Youth in the custody of the SCDSS within South Carolina or placed in other states and former youth in Foster Care receiving Aftercare Services.

**Number to be Served:** estimated 1000.

- Apprenticeship programs if available - no change.
- Access to employment (transportation **\$650/per year**). **This will help achieve Purpose Two by assisting the youth to maintain and sustain employment goals.**
- Certification courses (vocational trades such as electronic, plumbing, first aid, lifeguard, etc.) - no change.
- time-limited child care; - no change
- Interview clothing; - **(\$200.00 for ages 15-17, an additional \$300.00 when youth reaches 18 -21 for a maximum of \$500.00)**. **This will help achieve Purpose Two by offering additional assistance with career enhancements as youth transition into full-time work.**
- Initial supply of work uniforms and footwear; - maximum \$250 **up to three requests. This will help achieve Purpose Two by offering additional assistance to maintain employment.**
- Car repair (if youth have a personal car that is needed to access employment or education) - no change.
- Job skills training classes that are related to the youth's goals - no change.
- Vocational equipment - no change.
- Birth certificate necessary for employment - no change.

- Summer job opportunities - no change.
- Licenses/Certification fees - no change.
- Job mentor as available - no change.
- **Bicycles used for transportation to work or education, and for promotion of healthy living and social development; ages 13-15 (maximum \$150) ages 16-21 (maximum \$250).** Youth may not receive a second bicycle within a 3 year period. **This will help achieve Purpose Two by providing additional resources to younger youth accessing and maintaining employment and education.**
- Transportation assistance to school, work and Youth Groups, leadership camps, etc.– no change.
- Professional attire for work or school, for youth ages 18-21 that did not have an open Foster Care line of services. **Professional Attire (\$600/year).** **This will help achieve Purpose Two by providing annual support for education training and employment.**

### 3. Help youth likely to remain in foster care until age 18 prepare for and enter post-secondary training and educational institutions.

**Population To Be Served:** Youth ages 13-18 in the custody of the SCDSS and youth 18-23 still receiving aftercare services. \* See individual service for age restriction.

**Geographic Area:** Youth in the custody of the SCDSS within South Carolina or placed in other states and former youth in care receiving aftercare services.

**Number to be Served:** estimated 1600.

- Tutoring – up to \$1,000 yearly.
- Summer school to retake a class or to accelerate studies - no change.
- Books and supplies for specialized classes such as laboratory fees, special calculators, uniforms for vocational preparation classes such as cosmetology, nursing, etc. - no change.
- Expenses for school-sponsored, educational field trips - no change.
- Birth Certificate necessary for school - no change.
- Senior expenses (with capped category amounts); Prom ticket, Prom attire (maximum \$200.00), Graduation Invitations (maximum \$250), Cap and Gown (maximum \$150), Senior Ring/**Dog Tags (maximum \$300), Senior Pictures (max \$200), Yearbook, senior fees, diploma plaque, College Rings (max \$450).** **This will help achieve Purpose Three by providing options for youth to celebrate high school graduation.**
- Special recognition – funds for tuition (i.e. Governor’s School), uniforms or other items needed to recognize and develop special achievements or talents of youth - no change.
- Pre-college expenses such as College Applications and SAT/ACT fees - no change.
- A computer for post-secondary school education. **Computers for Juniors and Seniors in High School (maximum \$1500 – three year wait for replacement. This will help achieve Purpose Three by helping youth to utilize the latest technology and complete school assignments to prepare for college level work.**
- Adult Education - no change.
- GED programs - no change.
- Alternative Educational Schools - no change.
- Non-ETV college coursework - no change.
- Non-ETV vocational coursework – no change.
- Annual college scholarship/ ETV Funds up to \$5000 - no change.
- “College Dorm Shower”, provided by the SC Foster Parent Association - no change.
- Financial aid resource materials, available through the SC National Youth in Transition Database website [www.nytdstayconnected.com](http://www.nytdstayconnected.com). - no change.
- Educational information for youth, staff, and providers regarding higher education opportunities - no change
- Academic camps - no change.

- Workshops and the publication True Independence, purchased through the National Resource Center for Youth Services – no change.
- Transportation assistance to College Goal Sunday, Adult Education and Post-Secondary training – no change.

**4. Provide personal and emotional support to youth aging out of Foster Care through mentors and the promotion of interactions with dedicated adults.**

**Population To Be Served:** Youth ages 13-18 in the custody of the SCDSS and youth ages 18-23 still receiving Aftercare Services. \* See individual service for age restriction.

**Geographic Area:** Youth in the custody of the SCDSS within South Carolina or placed in other states and former youth in Foster Care receiving Aftercare services.

**Number to be Served:** estimated 1600.

- Fostering Great Ideas – no change.
- Mentoring services/expenses – no change.
- Self-Esteem building activities such as participation in ROTC High School Band and Chorus, Cheerleading and Sports– no change.
- Other community leadership programs/camps that provided youth with opportunities to develop workforce training and life skills and spiritual development – no change.
- Youth Groups and Leadership Boards (GOALL and NYTD Youth Voice) used to 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 – no change.
- **Young Adult Groups (ages 17 -21)- will emphasize career exploration, community service projects, financial literacy, housing education, and academic goal setting. This will help achieve Purpose Four by providing intensive hands-on training to successfully transition into adulthood.**
- Transition planning (90 days prior to the youth's 17<sup>th</sup> birthday, 18<sup>th</sup> birthday) to exit from Foster Care – no change.
- Provide an opportunity for youth to take the initiative in their own lives to envision a pathway to independence and serve in leadership roles, by being involved in the SCDSS planning and policy development (Stakeholder meetings, Conferences, IL Advisory Committee and other SCDSS Leadership Meetings) – no change.
- IL Group E-mail- no change.

**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 assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition into adulthood.**

**Population To Be Served:** Youth ages 18-23 still receiving Aftercare Services. \* See individual service for age restriction.

**Geographic Area:** Youth in the custody of the SCDSS within South Carolina or placed in other states and former youth in Foster Care receiving Aftercare Services.

**Number to be Served:** estimated 400.

- Collaborate with the Columbia Urban League to develop and provide a Life Readiness Program for youth aged 17-21 that will address employment skills, housing and independent living skills – no change.
- Life skills classes – no change.



- On the Road Again Program (community-donated vehicles repaired with Chafee funding and awarded to youth age 18 and older) provided by SC Foster Parent Association (SCFPA) – no change.
- “Dorm and Household Showers” – provides basic household necessities to youth moving into college dorms or their own residence. Provided by SCFPA – no change.
- Interview clothing - **\$200.00 for ages 15-17, an additional \$300.00 when youth reaches 18 -21years old for a maximum of \$500.00. This will help achieve Purpose Five by offering additional assistance with career enhancements as youth transition into full-time work.**
- Professional attire for work or school, for youth ages 18 until age 21 that did not have an open Foster Care line of services. **Professional Attire (\$600/year)- This will help achieve Purpose Five by providing annual support for education training and employment.**
- Licenses/Certification Fees – no change.
- Rental application fee (ages 18-21) – no change.
- Rental deposit (ages 18-21) – no change.
- 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, ages 18-21 – no change.
- Home Phone or **Mobile Phone** deposit (maximum \$150) (ages 8-21). **This will help achieve Purpose Five by allowing youth to have access to phone service.**
- Electric, gas, or water deposit (maximum \$300)(ages 18-21) – no change.
- **Furniture- limited to \$2,500, unless the youth is pregnant or has a child. In the latter case, \$3,000 is available for additional furniture needs. This will help achieve Purpose Five by allowing the youth to gain access to quality furniture to sustain for a longer time period.**
- Summer Housing Funds - \$450/month for a maximum of 3 months. Housing assistance is based on board rate for December-January holidays, if dormitories were closed. Interim Housing funds for dormitory housing that remains open during holiday breaks (up to \$40/day)(ages 18-21) – no change.
- Academic Incentive for Post-secondary students with at least a 3.0 GPA and enrolled in at least 6 credit hours are eligible for \$100 per semester (maximum \$300/year)- no change.
- Annual College Scholarship/ ETV Funds up to \$5000 - no change.
- Transportation support – no change.

**6. Make available vouchers for education and training, including postsecondary education, to youth who have aged out of foster care.**

**Population To Be Served:** Youth ages 18-23 still receiving Aftercare Services. \* See individual service for age restriction.

**Geographic Area:** Youth in the custody of the SCDSS within South Carolina or placed in other states and former youth in Foster Care receiving Aftercare Services.

**Number To Be Served:** 104

- Annual College Scholarship/ ETV Funds up to \$5000 - no change.

**7. Provide services to youth who, after attaining 16 years of age, have left foster care for kinship, guardianship or adoption.**

Reference services in Purpose One, Two, and Three.

**Population To Be Served:** Youth ages 16-21 who left custody of the SCDSS to positive permanency at age 16 or older.

**Geographic Area:** Youth in the custody of SCDSS within South Carolina or placed in other states and former youth in care receiving Aftercare Services.

**Number To Be Served:** estimate 40.

- Youth who leave Foster Care after age 16 to positive permanency, and who have been in Foster Care for a minimum of six months are eligible for all independent living services, with the exception of housing and transition services- no change.

**8. Ensure children who are likely to remain in foster care until 18 years of age have regular, on-going opportunities to engage in age or developmentally-appropriate.**

**Population To Be Served:** Youth ages 13-18 in the custody of the SCDSS and youth ages 18-23 still receiving Aftercare Services. \* See individual service for age restriction.

**Geographic Area:** Youth in the custody of the SCDSS within South Carolina or placed in other states and former youth in care receiving Aftercare Services.

**Number To Be Served:** estimated 1600.

- Bicycles used for promotion of healthy living and social development; ages 13-15 (maximum \$150). Youth may not receive a second bicycle within a 3 year period – no change.
- Paying for non-school sports and extracurricular activities – no change.
- Self-Esteem building activities such as participation in ROTC, High School Band and Chorus, Cheerleading and Sports –no change.
- Summer camps that are related to a youth's development of their Independent Living Goals- no change.
- Other community leadership programs/camps that provided youth with opportunities to develop work force training and life skills and spiritual development. This will not apply to summer programs for daycare -no change
- Expenses for school-sponsored field trips.- no change
- Senior expenses (with capped category amounts); Prom ticket, Prom attire (max \$200.00), Graduation Invitations (max \$250), Cap and Gown (max \$150), Senior Ring/ **Dog Tags (maximum \$300)**, Senior Pictures (max \$200), Yearbook, senior fees, diploma plaque, College Rings (max \$450). **This will help achieve Purpose Three by providing options for youth to celebrate high school graduation.**
- Special recognition – funds for tuition, uniforms or other items needed to recognize and develop special achievements or talents of youth- no change.
- Enhance social skills development by offering opportunities for youth to learn and; practice appropriate communication skills, negotiation and compromise, making friends, and behaving responsibly – no change.
- Improve leadership skills such as decision-making, problem-solving, conflict resolution, goal-setting, and working with others – no change.
- Youth Groups and Leadership Boards (GOALL and NYTD Youth Voice) used to normalize the Foster Care experience by providing a safe place for youth to vent frustrations and examine gaps in service and support in the Foster Care System – no change.
- Provide an opportunity for youth to be of assistance to other youth and to the Foster Care community – no change.
- Academic camps- no change.
- Fostering Great Ideas – no change.

- Partnering with Leadership Camps such as River's Edge Retreat and contracting with the Clemson University Youth Learning Institute to provide services – no change.
- Academic Incentive for Post-secondary students with at least a 3.0 GPA and enrolled in at least 6 credit hours will be eligible for \$100 per semester (maximum \$300/year) – no change.
- Girls and Boys Symposiums partnering with the Clemson University Youth Learning Institute –no change.
- Opportunities like the Columbia Urban League's Life Readiness Program for youth ages 17-21 that will address employment skills, housing and independent living skills – no change.

### **Specific Accomplishments Since The Submission Of The 2015-2019 CFSP and 2016 APSR.**

**Goal 4 / Objective 5 / Progress Measure 5: Improve the collection of information and data of Independent Living services, and improve the consistency and thoroughness by caseworkers of the content of the entries into CAPSS of paid and unpaid Independent Living services received by the youth.**

#### **Strategy 4.5.1: Report information on all youth receiving independent living services.**

**N-QIP General Requirement #1, #20-#33.** (See Strategic Action Plan for details of NYTD QIP)

#### **Since submission of 2016 APSR and planned activities.**

- Research by Regional IL Advocates identified following factors were high case load, lack of supportive staff in county, inadequate training of the child assessment, and high turnover rate of case managers.
  - Scheduled training for supervisors.( Ongoing and available as needed)
- Explored the most efficient and expeditious method to train caseworkers, supervisors, and providers in the required transition planning, and established a strategy.
  - a) Regional IL Advocates offered group training, one-on-one coaching, offered technical assistance, assisted with transition planning meetings, monitored and reviewed CAPSS reports for NYTD, transition planning meetings, domain 8 of the child assessment and provided updates and resources/tools for case managers.
- Developed future goals: create a webinar training, professional development training, update basic child welfare training for IL through the University of South Carolina, Center for Child and Family Studies, including like skills assessment.
- IL staff will add notation regarding NYTD services to the approval letter.
  - Part of this item is completed, the adding of notation in email approval letter. To be made part of check voucher process when there is a uniform business process created for all counties, or if IL is able to build a business office within the IL program area. This process is still in development for the IL business office. Requires additional positions for business office staff.
- IL Advocates provided training to the foster parents throughout the state and introduced the new 30254 form (Monthly NYTD Services Tracking Form). (Form will be uploaded in the SCDSS Master Forms Index) Ongoing process. SCDSS IL staff is working with CAPSS to include in the comprehensive IL revision in CAPSS for supervisors and case managers to be alerted when a needs assessment is due. The SCDSS CAPSS team is developing the addition of alerts.
- The SCDSS IL team will continue to provide training to Agency staff on proper procedure for conducting and documenting the IL needs assessment through coaching and providing technical assistance, and information handouts. Creating and implementing online training modules.
- Mari Squire and Terri Pope are currently working with Lynn Horne (SCDSS CAPSS Team) to resolve all CAPSS issues.
- Policy has been updated to add instructions to document all services including post-secondary services. IL Advocates will continue training and Technical Assistance to SCDSS County Office staff.
- IL program required updated education screen located in CAPSS to identify current education level status, and this has been completed.

#### **Since Submission of 2015-2019 CFSP- FFY 2015.**

- NYTD Services Booklet (Booklet 30255) was revised. Subsequent changes to form 30254 were completed in March, 2015, to include a checklist of all services in all categories.
- December 2014, printed Booklet 30255.
- Completed revisions to Form 30254 for collecting information related to services available and provided in April 2015 are yet to be added on the SCDSS Master Forms Index, for Booklet 30255.
- Group Home Providers' training on available services and reporting forms was completed on 2/12/15. Training was held for Foster Parent Providers on 4/10/15.
- The SCDSS IL Program has been restructured to 5 regions with an IL Advocate for each region to deliver more individual guidance to the SCDSS County Office staff.
- Began meetings with Child and Adult Protective Services System support staff related to revisions for the NYTD Q-IP.
- Decision by the South Carolina Department of Social Services Independent Living (SCDSS IL) staff to add a notation in the approval e-mail directing the approval letter for caseworkers to only document when a service is received by youth. In addition, Independent Living will make this part of the check voucher procedure when funding is dispersed for services received. Information will also be shared in staff training activities.
- The SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers are documented on a monthly basis. This information will be shared at provider conferences and staff training activities.
- Decision by the SCDSS IL staff to clarify for front line practitioners and leadership in training activities that a youth's attendance at IEP meetings is not an academic support. NYTD Services Booklet updated to reflect "accompanying a youth to an IEP meeting" is a NYTD academic support service.

#### **Specific Accomplishments Since The Submission Of The 2015-2019 CFSP and 2016 APSR.**

##### **Strategy 4.5.2: Provide training to providers on Form 30254 and the process.**

(See Strategic Action Plan for details)

##### **N-QIP General Requirement #1**

**Services provided by contractors.** Case-level information on services delivered by contractors must be collected and reported. We learned during interviews that sometimes this service data is reported in aggregate only.

##### **Since submission of 2016 APSR and planned activities.**

- SC Foster Parent Association Conference held on April 9-11, 2015 and April 14-15, 2016.
- IL staff has conducted training throughout the year to group home providers, Foster Parent Association meetings, partners, Guardian ad Litem volunteers and the SCDSS staff.
- Completed PAFCAF Conference on 2014, 2015, and 2016
- Future goals: train youth in Foster Care to self-identify the NYTD services they require.

**Goal 4 / Objective 6 / Progress Measure 6: Improve the collection of information and data of Independent Living services, by modifying the CAPSS to be able to identify demographics and special populations, and their needs.**

##### **Strategy 4.6.1 Address and correct CAPSS-related data element errors.**

(See Strategic Action Plan for details)

##### **N-QIP General Requirements 1, 4, 11, 14, 15, 16 – 19, 36, 53, 56-58.**

##### **Since submission of 2015-2019 CFSP / 2016 APSR and planned activities.**

- Reports are received on a monthly basis of services received by youth ages 21-23 are captured and reported through the NYTD portal.

- SCDSS IL to verified correct definition of adjudicated delinquent.
- Mari Squire and Terri Pope are currently working with Lynn Horne (CAPSS Team) to resolve all CAPSS issues. Expected date 9/2016. Request sent February 2015.
- The Federally-recognized tribal membership and adjudicated delinquent demographic elements were corrected.
- The corrections for educational level and special education services will be completed by 9/2016.
- IL staff will continue to consult with Regional Directors in order to ensure supervisors are holding case managers accountable for inserting accurate data.
- The race “unknown” data element has been corrected and in use in CAPSS.
- Federally-recognized Tribe element is reported as “unknown”.
- The Adjudicated Youth data element has not been corrected as of date, and will be requested.
- College. The state must ensure that the value “college” is reported for served population youth who have “at least one semester” of college for element 18. This data element will be requested as it has not been corrected as of date.
- Grade Levels. The state is encouraged to reconsider its approach to collecting both grade levels (e.g., 5<sup>th</sup> grade, 6<sup>th</sup> grade, etc.) and certification levels (e.g., “high school diploma”, “GED”, etc.), in the CAPSS “education level attained” menu. Combining grade levels and certifications may confuse the worker regarding what needs to be reported for NYTD (an education level). This data element will be requested as it has not been corrected as of date.
- The state must report the youth’s foster care status (element 36) on the date the state determines the reason for the youth’s non-participation in the NYTD survey. This data element has not been corrected as of date.

**Goal 4 / Objective 7 / Progress Measure 7: Improve the knowledge of Foster Parents, other providers, and youth of the Independent Living services available for youth.**

**Strategy 4.7.1: Train providers and youth on State’s need-based Grant Waiver.**  
(See Strategic Action Plan for details)

**Since submission of 2015-2019 CFSP / 2016 APSR and planned activities.**

- Training events provided for all providers at group homes, other trainings, and applicable youth at Youth Groups and at group homes. Electronic notification is sent to case managers and youth who contact IL staff requesting further information about post-secondary education and financial aid.

**Strategy 4.7.3: Improve the information provided to caseworkers regarding College Goal Sundays.**  
(See Strategic Action Plan for details)

**Since submission of 2015-2019 CFSP / 2016 APSR and planned activities.**

- A schedule for providing information to caseworkers on College Goal Sundays was developed, and implemented.
- IL will distribute an e-mail flyer to County and Regional Staff, to provide to youth.

**Strategy 4.7.4: Explore the use of media and technology to communicate with youth directly including the NYTD USC List Serve.** (See Strategic Action Plan for details)

**Since submission of 2015-2019 CFSP / 2016 APSR and planned activities.**

- The use of media and technology to communicate with youth directly have been explored and still requires SCDSS approval.

**Goa 4 / Objective 8 / Progress Measure 8: Caseworkers will be enabled to do effective transition planning, in order to involve all youth and their adult support system in effective transition planning, within the 90 day period prior to their 17<sup>th</sup> birthday, and monthly, face-to-face following the youth's 18<sup>th</sup> birthday as long as the youth receives Independent Living funding, per Foster Care Manual, Section 832.01.01, Transition Planning Prior to Emancipation, effective February 3, 2013.**

**Strategy 4.8.1: Train providers and youth on State's need-based Grant Waiver.** (See Strategic Action Plan for details)

**Since submission of 2015-2019 CFSP / 2016 APSR and planned activities.**

- Training for County and Regional staff completed, 9/2016 Regional IL advocates assisted with transition planning meetings, sharing information about the SC Need-Based Grant Waiver on a regular basis in the SCDSS County Offices.
- IL staff have and will continue to present information in training workshops during Youth Group meetings throughout the state.
- IL staff will share the information with partners that provide services and programs to applicable youth.
- The transition planning form is currently in final review still pending input from providers and case managers.

**Goal 4 / Objective 9 / Progress Measure 9: Be able to determine the foster care status for baseline youth who did not participate in the survey, and be able to technically validate to ensure that all eligible baseline youth with a survey request are reported on by USC prior to NYTD file submission, and be able to technically validate that all follow-up population cohort youth with a survey request are reported on by USC prior to NYTD file submission., in order to improve the NYTD Survey of youth and the follow up to the Survey by the SCDSS.**

**Strategy 4.9.2: Report information on all youth in the baseline population.** (See Strategic Action Plan for details)

**N-QIP General Requirement #2**

**Since submission of 2015-2019 CFSP / 2016 APSR and planned activities.**

- A plan was developed to validate that all eligible baseline youth with a survey request are reported by the University of South Carolina, Center for Child and Family Studies, prior to NYTD file submission.

**Strategy 4.9.3: The state is reporting information on all youth in the follow-up population.** (See Strategic Action Plan for details)

**N-QIP General Requirement #4**

**Since submission of 2015-2019 CFSP / 2016 APSR and planned activities.**

- A plan was developed to validate that all eligible baseline youth with a survey request are reported on by USC prior to NYTD file submission.

**Strategy 4.9.4: The state reports NYTD data files following ACF's specifications.** (See Strategic Action Plan for details)

**N-QIP General Requirement #7**

**Since submission of 2015-2019 CFSP / 2016 APSR and planned activities.**

- A plan was developed to validate that all eligible baseline youth with a survey request are reported on by USC prior to NYTD file submission.

**Strategy 4.9.5: The state conducts quality assurance to ensure NYTD information can be analyzed and used.**

(See Strategic Action Plan for details)

**N-QIP General Requirement #8**

**Since submission of 2015-2019 CFSP / 2016 APSR and planned activities.**

- NYTD team to train staff, administration, community partners and care providers in understanding and utilizing NYTD data to inform practice and assess quality of services provided. This was accomplished through weekly Human Service Leaders conference calls, Statewide and Regional SCDSS/Stakeholder meetings, Palmetto Association For Children and Families, SC Foster Parent Association, & the Independent Living Advisory Committee.
- SCDSS IL is revising the assessment tool (PATTY Form 30206) to include more comprehensive planning and collaboration with the youth, and sent to the SCDSS Information Technology Unit to place on SCDSS Server "Forms Index". In addition, the IL team is reaching out to provide training to community partners, care providers, guardians at litem, and other adult support systems for youth.
- IL team is seeking input from State Youth Advisory Board (GOALL), providers, case managers, and other stakeholders on the transition planning form (formerly known as PATTY form 30206).

**Objective 15 / Progress Measure 15: Increase the involvement of youth in meetings and discussions related to youth, by increasing the quantity and the quality of the information that the youth are enabled to share with the SCDSS.**

**Strategy 4.15.1: Train youth in the protocols of being involved in meetings and having an active voice.** (See Strategic Action Plan for details)

**Since submission of 2015-2019 CFSP / 2016 APSR and planned activities.**

- IL Staff and NYTD team began and plans to continue preparing youth for involvement in meetings as needed, accompanies the youth to the meeting, and debriefs after each meeting.

**Strategy 4.15.2: Prepare youth for meetings by developing prepared questions with them for them to ask, and developing with them answers to anticipated/planned questions of the meeting.** (See Strategic Action Plan for details)

**Since submission of 2015-2019 CFSP / 2016 APSR and planned activities.**

- IL Staff and NYTD team began and plans to continue preparing youth for involvement in meetings as needed, accompanies the youth to the meeting, and debriefs after each meeting.

**Strategy 4.15.3: Enable youth to have contacts with senior management at the SCDSS.** (See Strategic Action Plan for details)

**Since submission of 2015-2019 CFSP / 2016 APSR and planned activities.**

- The State Youth Advisory Board (GOALL) invited and will continue the SCDSS Director and SCDSS Leadership statewide to annual events that provided youth the opportunity to share information.

- SCDSS Senior Management were also invited and will continue to be invited to other programs and events presented by the IL Program, such as IL graduation, girls and boys empowerment conference, etc.
- Youth were invited and will continue to be invited by SCDSS Senior Management to attend community events such as stakeholder meetings, Governor's press conference, Foster Care Advisory Committee meetings, etc.

**Strategy 4.15.4: When youth are participating in meetings, adults at meetings will use youth-appropriate communication, including not using acronyms or other shortened names of titles, subjects, etc, and use youth-encouraging language.** (See Strategic Action Plan for details)

**Since submission of 2015-2019 CFSP / 2016 APSR and planned activities.**

- The State Youth Advisory Board (GOALL) created a resource document, *Honoring a Youth's Story: Tips for Respectful Sharing*, to assist adults who are working with youth participating in meetings.

**Strategy 4.15.5: Include a youth, participation item on the agenda of meetings involving youth input.** (See Strategic Action Plan for details) No Changes

**Strategy 4.15.6: For meetings that youth cannot attend, present the youth with the agenda and information for the meeting, and ask the youth for their response(s).** (See Strategic Action Plan for details)

**Since submission of 2015-2019 CFSP / 2016 APSR and planned activities.**

- The State Advisory Board (GOALL) Facilitator is recruiting a pool of youth participants specifically to be available for SCDSS meetings.

**Accomplishments related to the 8 CFCIP Program Purposes, not in the Strategic Actin Plan.**

**Accomplishments** since submission of 2015-2018 CFSP / 2016 APSR are **highlighted in bold**.

- Access to employment (**transportation \$650/per year**) - **Purposes 1, 2, 5, 7, 8**
- Employment support services (Workforce Innovation and Opportunity Act (WIOA) referral, Job Corps, and Vocational Rehabilitation) - **Purposes 1, 2, 5, 7, 8**
- Interview clothing; (\$200.00 for ages 15-17, an additional \$300.00 when youth reaches 18 -21 for a max of \$500.00) **Purposes 1, 2, 5, 7, 8**
- Initial supply of work uniforms and footwear (maximum \$250 **up to three requests**) - **Purposes 1, 2, 5, 7, 8**
- Professional attire for work or school, for youth age 18 until age 21 that did not have an open foster care line of services. Professional Attire (\$600/year) - **Purposes 1, 2, 5, 7, 8**
- Youth Group trainings – **standard curriculum was implemented** - **Purposes 1, 2, 3, 4, 5, 6, 7, 8**
- **Young Adult Groups (ages 17 -21) emphasized career exploration, community service projects, financial literacy, housing education, and academic goal setting-** **Purposes 1, 2, 3, 4, 5, 6, 7, 8**
- Home Phone or Mobile Phone deposit (maximum \$150) - **Purposes 1, 2, 4, 5, 7, 8**
- Improved access for youth to Special Needs Services (ableSC, Vocational Rehabilitation, Department of Disability and Special Needs, Department of Mental Health, Leaphart Place)- **Purposes 1, 2, 3, 4, 5, 6, 7, 8**
- Camps serving youth with special needs- **Purposes 1, 2, 4, 5, 7, 8**
- Mentoring services/expenses- Began partnership with Fostering Great Ideas in the Northwest SC, analyzing the tools and resources needed to expand the program in other regions - **Purposes 1, 2, 4, 5, 7, 8**
- **Bicycles used for transportation to work or education and promotion of healthy living and social development; ages 13-15 (maximum \$150) ages 16-21 (max \$250) Youth may not receive a second bicycle within a 3 year period** - **Purposes 1, 2, 3, 4, 5, 7, 8**



- A computer for post-secondary school education. Computers for Juniors and Seniors in High School (maximum \$1500 – three year wait for replacement) - **Purposes 1, 2, 3, 4, 5, 7, 8**

## 2017 APSR

Planned Activities For FFY 2017, related to the 8 Chafee Foster Care Independence Program Purposes, not in the Strategic Action Plan, estimated expenditures.

Planned activities new to the Independent Living Program are **highlighted in bold**.

- IL Website **Effective March 2017 - Purposes 1, 2, 3, 4, 5, 6, 7, 8** Estimated Expenditure \$ 50,000
- Furniture (limited to **\$2,500**, unless the youth is pregnant or has a child (In the latter case, **\$3,000** is available for additional furniture needs) - **Purposes 1, 2, 4, 5, 8** Estimated **Expenditure \$102,500**
- Young Men's Empowerment Conference - **Purposes 1, 2, 3, 4, 5, 7, 8** Estimated Expenditure \$ 12,000
- Young Women's Empowerment Conference - **Purposes 1, 2, 3, 4, 5, 7, 8** Estimated Expenditure \$ 12,000
- Youth Voice Panel of youth available to attend agency meetings - **Purposes 1, 4, 8** Estimated Expenditure \$ 15,000
- SC Campaign to Prevent Teen Pregnancy (Tier 1 grant) - **Purposes 1, 2, 3, 4, 5, 7, 8** Estimated Expenditure \$ 0
- Transitional Workshops for youth age 17 and older - **Purposes 1, 2, 3, 4, 5, 6, 7, 8** Estimated Expenditure \$ 25,000
- Financial Literacy Workshops for young adults receiving housing assistance - **Purposes 1, 2, 3, 4, 5, 6, 7, 8** Estimated Expenditure \$ 25,000
- Identity Protection Training for youth - **Purposes 1, 5, 7** Estimated Expenditure \$ 5,000
- Youth Centered Human and Sex Trafficking Training - **Purposes 1, 4, 7, 8** Estimated Expenditure \$ 5,000
- Young Adult Groups - **Purposes 1, 2, 3, 4, 5, 6, 7, 8** Estimated Expenditure \$ 150,000

## National Youth in Transition Database (NYTD)

**How the state, since the 2015-2019 CFSP and 2016 APSR submission, has informed partners, tribes, courts and other stakeholders about NYTD data.**

**Presentations by Dr. Monique Mitchell, NYTD Director, The University Of South Carolina, Center for Child and Family Students.**

Mitchell, M. B. (2015, October). *It takes a village: Partnering to enhance the lives of children transitioning out of foster care*. Presentation at the meeting of the Children's Law Center, Columbia, South Carolina.

Mitchell, M. B. (2016, February). *Making missions possible: Meaningful relationships and the transition out of foster care*. Presentation at the meeting of the Palmetto Association for Children and Families, Myrtle Beach, South Carolina.

Mitchell, M. B., & Reed, L. (2016, March). *SC NYTD/Independent Living for the 2015-2019 CFSP-Strategic Action Plan*. Presentation at the meeting of the South Carolina Department of Social Services Stakeholders Meeting at Brookland Baptist Conference Center. Columbia, SC.

Reed, L., & Mitchell, M. B. (2015, October). *The National Youth in Transition Database (NYTD) in South Carolina*. Presentation at the meeting of the Children's Bureau Region IV Child Welfare Collaborative Initiative Regional Partnership, Atlanta, Georgia.

## Reports

Mitchell, M. B., Vann, L. H., & Jones, T. (2015). *A youth evaluation of the Chafee Independent Living Program in South Carolina: An analysis of the National Youth in Transition Database and Voices and Visions of SC Youth in Transition survey data for South Carolina (FFY2014)*. (White paper). University of South Carolina, Columbia, SC: The Center for Child and Family Studies.

Mitchell, M. B. (2015). *Voices and Visions of SC Youth in Transition: A report of the survey of 17-year-old youth in foster care* [Brochure]. Columbia, SC: University of South Carolina.

## Newsletters

Partnering for Success. (2015, September). South Carolina National Youth in Transition (SCNYTD) Newsletter, 1. Retrieved from <http://www.nytdstayconnected.com/images/pdfs/partnering1.pdf>.

Partnering for Success. (2015, December). South Carolina National Youth in Transition (SCNYTD) Newsletter, 2. Retrieved from <http://www.nytdstayconnected.com/images/pdfs/partnering2.pdf>.

Partnering for Success. (2016, April). South Carolina National Youth in Transition (SC NYTD) Newsletter, 3. Retrieved from <http://www.nytdstayconnected.com/images/pdfs/partnering3.pdf>.

The SC NYTD Youth Connection. (2016, February). South Carolina National Youth in Transition (SC NYTD) Newsletter, 5.

## **How the state, since the 2015-2019 CFSP and 2016 APSR submission, has involved partners, tribes, courts and other stakeholders in the analysis of the results of the NYTD data collection or NYTD Assessment Review.**

SC NYTD advisory meetings with SC NYTD Youth Voice, SC NYTD advisory panel		
July 11, 2015	9:45am - 4:00pm	University of South Carolina
October 31, 2015	9:45am - 3:00pm	University of South Carolina
January 16, 2016	9:45am - 3:00pm	University of South Carolina

## **How the state has used these data and any other available data in consultation with youth and other stakeholders to improve service delivery in the last year.**

Members from SC NYTD Youth Voice, the SC NYTD state Youth Advisory Panel, participated in the breakout session on homelessness and youth transitioning out of foster care with stakeholders at the South Carolina Department of Social Services Stakeholders Meeting at Brookland Baptist Conference Center, Columbia, SC.

SC NYTD Youth Voice assisted with the development of the fifth edition of the SC NYTD Youth Connection Newsletter. The Newsletter, which is distributed statewide to youth in Foster Care ages 13 to 21, includes information about the SC NYTD survey, SC NYTD Youth Voice, findings from the NYTD Cohort 2, Wave 1 survey, information about Independent Living services and resources, and Youth Leadership Training Camps.

## Activities performed since the 2016 APSR submission and planned for FY 2017:

- a) To involve youth/ young adults in the CFCIP, CFSR, NYTD, and other related agency efforts and to involve the public and private sectors in helping adolescents in Foster Care achieve.

Since 6/30/15:

Youth and young adults have and will continue to be involved in the CFCIP, CFSR and NYTD efforts through the two Youth Advisory Boards and SC IL Youth Association. They are also involved by representation at the IL Advisory Committee and other SCDSS meetings (Stakeholders Meeting and other CFCIP meetings)

For FFY 2017

Same as above.

The SCDSS IL Unit developed a poster and brochure, IL Resource Checklist, identified and implemented Youth Group curriculum and developed Youth Group Facilitator Manual. Partnered with Woodbrown Education Services to offer pre-college preparation. Updated IL Guidelines Booklet, Partnered with the SC Campaign to Prevent Teen Pregnancy to provide an evidence-based curriculum for adult care providers and the SCDSS staff to use with youth. Training SCDSS County Business Office staff on IL services and IL funds disbursement process. Updating PATTY transitional form. Collaborated with external stakeholders to provide training for SCDSS staff and youth regarding cultural competency and awareness for LGBTQ youth. Worked with partners to create programs and services specifically for youth ages 17-21.

The Independent Living Program has successfully strengthened and revitalized the Independent Living Advisory Committee, with particular attention to the Education, Homelessness and Special Needs Youth Subcommittees. The IL Advisory Committee reconvened in September 2014 and meets quarterly. The IL Advisory Committee is composed of: SCDSS staff; USC Center for Child and Family Services 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); SC Equality; the Department of Juvenile Justice; Columbia Urban League; Job Corp; AbleSC; Clemson University Youth Learning Institute; Sisters of Charity; Sexual Trauma Services of the Midlands, South Carolina Citizens Review Panel; SC Campaign to Prevent Teen Pregnancy; and other community organizations. The committee meeting is open to youth participation. 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 continues the "On the Road Again" program to provide donated vehicles to foster youth. They also provide care packages to college students through the Pack-A-SACK program and laptop computer bundles for 11<sup>th</sup>-12<sup>th</sup> grade high school and college students. **Twenty-three (23)** youth received SCFPA *laptop computer bundle* from June 2015 through May 2016. That makes **fifty-four (54)** youth who have gained access to the technology that will assist with education and employment, since October 2013. **Sixteen (16)** youth received SCFPA *On The Road Again* Program cars from June 2015 through May 2016. That **makes forty-seven (47)** youth placed in vehicles since October 2013. This will continue in the FFY 2017.

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.

The Clemson University Youth Learning Institute (YLI) has contracted with the SCDSS to provide training opportunities in camp and retreat settings for youth, and youth empowerment conferences. Staff development training for the SCDSS staff 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 CFCIP to develop curriculum that met NYTD guidelines.

The Urban League Level Up Program prepares youth in Foster Care with introductory employment skills and independent living skills throughout the year, to include six weeks of paid summer employment. The Level Up Program 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.

**For FFY 2017:**

Starting 10/1/16, our partners will continue to provide the same services as listed above to youth in Foster Care, ages 13-21. Services specifically regarding youth ages 17-21, youth with special needs and youth who are susceptible to homelessness or human and sex trafficking have been established and continuously address the needs of these identified populations.

**b) To coordinate services with other federal and state programs for youth.**

**Homeless Prevention / Transitional Living Programs-** especially transitional living programs funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974,

Since 6/30/15:

There are currently no supervised independent living programs in South Carolina.

Several group care facilities have “independent living” cottages designed to assist youth in the transition out of Foster Care.

Community shelters and SCDJJ participate on the IL Advisory Committee, which meets quarterly to advise the agency on youth access to IL services, education and employment opportunities and community resources.

For FFY 2017:

Chafee Foster Care Independence Program is currently discussing options for young adult transitional living programs in order to decrease occurrences of homelessness and becoming victims of human and sex trafficking. We will continue to seek partnerships in the community for opportunities to create and build transitional living programs.

**Pregnancy Prevention / Abstinence Programs**

Since 6/30/15:

Chafee Foster Care Independence Program is currently in the first phase of the grant partnership with SC Campaign to Prevent Teen Pregnancy over the next five years to increase our capacity to plan, select, implement, evaluate and sustain the implementation of evidence-based teen pregnancy prevention programs.

We are also part of the State Alliance for Adolescent Sexual Health in South Carolina (SAASH), an organization comprised of committed stakeholders dedicated to the health and well-being of our valuable youth. SAASH builds the state’s capacity to integrate programs and strengthen partnerships around adolescent sexual health issues.

For FFY2017:

Chafee Foster Care Independence Program will continue to collaborate with the SC Campaign to Prevent Teen Pregnancy and be supportive to the core purposes of the program. The facilitators of the abstinence program will need to be identified and trained.

**Local Housing Programs/ Homelessness Prevention**

Since 6/30/15:

Chafee Foster Care Independence Program has had previous discussions with the local housing authority regarding housing for youth leaving foster care, especially those who are homeless. We have participated in South Carolina Homeless Coalition committee meetings.

For FFY 2017:

We will continue to explore community options for homeless youth and opportunities to create a partnership.

**Programs for disabled youth (especially sheltered workshops)**

Since 6/30/15:

Chafee Foster Care Independence Program participates in staffings for youth with special needs on a monthly basis to recommend services/resources for these youth. A workgroup was created from the IL Advisory Committee for youth with special needs and have addressed current concerns with gaps in services and programs.

We have partnered with Able SC is a Center for Independent Living (CIL), an organization that offers services to empower youth with special needs and increase the successful independence. AbleSC offers a broad curriculum in activities and skills training for daily life, safety and wellbeing, customized to meet individual needs.

For FFY 2017:

We will contact sheltered workshops across the state to build a partnership to include services and programs for youth with disabilities.

The workgroup for youth with special needs will begin to create and build developmentally-appropriate services and programs specific to the youth's needs.

**School-to-work programs offered by high schools or local workforce agencies.**

Since 6/30/15:

Chafee Foster Care Independence Program has identified opportunities for youth are made available through the Workforce Investment and Opportunities Act's Summer Job Program for At-Risk Youth. This WIOA program is accessed through local One Stop Centers.

Chafee Foster Care Independence Program has a partnership with SC Vocational Rehabilitation to assist in placing youth with disabilities and developmental barriers to employment.

Chafee Foster Care Independence Program has a partnership with Job Corps to provide additional education and career choices for youth.

For FFY 2017:

Chafee Foster Care Independence Program will concentrate on newly established partnerships (listed above) to build supportive services for obtaining and sustaining employment for youth transitioning from Foster Care to adulthood.

We will partner with SCDJJ's Job Training Center, which offers job and career-building skills.

We will continue to explore community options for school-to-work programs to create a partnership.

**Collaborate with governmental or other community entities to promote a safe transition to independence by reducing the risk that youth and young adults in the Child Welfare System will be victims of human trafficking.**

Since 6/30/15:

Chafee Foster Care Independence Program is currently in discussion with the state human trafficking task force and the regional task force across the state. We attend state and regional task force committee meetings and are planning to help coordinate training to SCDSS staff and youth.

For FFY 2017:

Chafee Foster Care Independence Program will continue to explore community options to build partnerships and develop strategies to reduce the risk of youth with foster care experience from becoming victims of sex and human trafficking.

**Provide specific training:**

Since 6/30/15:

Chafee Foster Care Independence Program helped develop training for new Human Services staff in Child Welfare Basic Training.

Training was rendered at the Group Care Facility Conference (PAFCAF) in February 2016 and at the SC Foster Parent Association conference (SCFPA) in April 2016.

CFCIP continuously trains Guardians ad Litem (GAL) volunteers statewide as needed.

Community partners are trained and kept abreast of new developments and changes to policies to the Independent Living Program in the IL Advisory Committee meetings.

Youth across the state are empowered with information through youth groups, peer trainings, leadership retreats and involvement in agency meetings. This ensures Youth have a part in the process as well as an opportunity to give feedback to the agency.

Chafee Foster Care Independence Program provides ongoing training, provides daily technical assistance and coaching regarding issues that youth face in general as well as case-by-case guidance to Foster Parents, relative guardians, adoptive parents, workers in group homes, case managers and youth.

For FFY 2017:

Chafee Foster Care Independence Program will continue all of the trainings for staff, agency partners, stakeholders, community organizations and youth.

SCDSS County Business Office staff across the state will continue to receive training on their role in ensuring youth receive services after funds are approved.

Chafee Foster Care Independence Program will continue to provide assistance as detailed above and create more avenues for communicating through developing of IL website and ensuring that Regional IL Advocates promote the need to assist youth in developing skills to be successful, the need to be understanding of youth perspectives and the need to involve youth in the plans for their futures.

**Discussions with Indian tribes in the state related to the CFCIP.**

The Catawba Indian Nation is the only federally-recognized Indian tribe in South Carolina. The Chafee Foster Care Independence Program has participated in collaborative meetings with representatives of the Catawba Indian Nation. These meetings included representatives from the SCDSS, including the CFCIP and the Office of General Counsel, as well as representatives of the University of South Carolina, Center for Child and Family Studies and the Children's Law Center, Linda Love, Social Services Director for the Catawba Indian Nation, and Dione Carroll, Legal Counsel for the Catawba Indian Nation.

The CFCIP continues to collaborate with the Catawba Indian Nation to ensure that any and all youth in Foster Care in South Carolina that are identified as Native American Indian are informed about the CFCIP and the benefits available to eligible youth through the state and through the tribe. All Chafee and ETV programs provided through the CFCIP are available to any Native American youth in foster care according the same eligibility criteria as non-native youth.

The Catawba Indian Nation and the agency will continue to work together to provide post foster care services for Indian children emancipating from foster care after reaching the age of 18.

The CFCIP receives quarterly reports to identify SCDSS involvement with Native American youth. The SCDSS staff consult with the staff members of the Catawba Indian Nation when a youth is identified as a member of or eligible for membership in the Catawba Indian Nation.

The SCDSS and the Catawba Indian Nation collaborated in FFY 2016 to ensure that youth fully realize the benefits that they are entitled to receive through the Catawba Indian Nation and through the SCDSS such as scholarships, housing assistance, and medical services. A representative of the Catawba Indian Nation is the contact for youth mentor support and can be reached through contacting the Catawba Indian Nation, Director of Social Services. The state has made and will continue to make planned efforts through training activities for SCDSS County staff to increase the number of youth identified as members of or eligible for membership in Federally-recognized Tribes. The scheduled meeting in July 2016 of the SCDSS-CIN workgroup will review the recently completed ICWA-related Regional training activities, current levels of compliance, and determine what ongoing training activities are required.

As of 6/30/2016, the Catawba Indian Nation has not requested to administer or supervise the CFCIP or ETV program with respect to eligible Indian children.

### **Education and Training Voucher Program**

In addition to the information described in Section C above (Collaboration, Program Service Description, and Program Support), the CFCIP requires the following specific ETV information to be incorporate in the 2017 APSR:

Chafee Foster Care Independence Program is continuously working with the SC Commission on Higher Education to promote use of the South Carolina Needs-based Grant for Foster Care Youth. The ETV and SCNBG- Foster Care Youth applicants are cross-referenced to ensure youth apply for both opportunities which assists with student recruitment and retention.

The SC CFCIP has made contact with the SC Department of Education, SC Guidance Listserv (for high school guidance counselors), Carolinas Association of Collegiate Registrars and Admissions Officers (CACRAO), Pro-Parents (for IEPs), various state colleges and universities.

SC CFCIP, in an effort to recruit, retain, and support youth in post-secondary education, has partnered with educational consulting services.

SC CFCIP created a brochure specifically focused on ETV. The program is also distributing promotional materials to create a knowledge-base about ETV funding. We are also sharing other financial aid information with youth, caseworkers, care providers, GALs, CASAs and adults who work with youth in our eligibility population.

To ensure college students are equipped for success to remain in college, therefore more likely to access the ETV program, SC CFCIP is offering ETV to students for purchase of computers when the computer is included in the school's cost of attendance. Furthermore, if the computer is not included in the school's cost of attendance, students may access Chafee funding for the computer while receiving ETV for those costs that are included in the school's cost of attendance.

### **Changes ETV Program Administration.**

No changes.

## 13. Statistical and Supporting Information

### Child Protective Service Workforce Information: intake, screening, assessment, and investigation of child abuse and neglect reports.

#### Qualifications and Training

Following are the education qualifications and training requirements for entry and advancement:

- GA40- Human Services Specialist II Band 4
  - Bachelor's Degree in Social Work, Psychology, Sociology, or another Behavioral Science.
  - Bachelor's Degree and one year of experience in clerical, administrative, social work, correctional, business administration or general business.
- GA50 - Human Services Coordinator I Band 5
  - A Master's Degree in Social Work, Social Welfare or Behavioral Science; or a Master's Degree in any other field and one year of professional experience in human services or social service programs; or a Bachelor's Degree in Social Work, Social Welfare or Behavioral Science and one year of professional experience in human services or social service programs; or a Bachelor's Degree in any other field and two years of professional experience in human services or social service programs. Selected positions may prefer supervisory experience.

#### Professional Development and Training

Child Welfare Basic Training is designed as an intensive training required for all new workers in Child Welfare Services programs. Child Welfare Basic Training is one of the two components that new child welfare workers must complete to obtain Child Welfare Certification. This course includes nineteen (19) days of classroom instruction, with 3 weeks of on-line pre-work assignments, multiple quizzes and in-class assessments, shadowing, and optional on-the-job training. Participants are awarded 138 Social Work Hours and 7 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 to practice knowledge and skills attained.

Staff undergoing CWB Training may be assigned casework of no more than 8 children in order to enhance their "on the Job training experience." This assignment would occur after their 8<sup>th</sup> week of training at the discretion of the County Director with the input of the employee and their direct supervisor. These cases must not be difficult cases and will not include cases with criminal domestic violence, sexual abuse, or severe physical abuse. The purpose of the casework assignment would be to enhance the employees learning of their case management duties and would be under close weekly supervision of their direct supervisor or designee.

Normal and Closer Supervision Definitions:

- "Normal" supervision – weekly and monthly supervision, to include individual and group meetings; weekly and monthly case staffings, mappings, random case reviews, and practice observation.
- "Closer" supervision – daily supervision, to include individual meetings, targeted case reviews, staffings, and mappings. The frequency decreases as the employee learns and develops practice skills and gains experience. Each trainee's performance is closely assessed and monitored; feedback is regularly provided to the trainee.

The following tables present education levels and characteristics of current intake, screening, assessment, and investigation workers.



**Table 37. Staff Education Levels, FFY 2016, Quarter 1**

Position	Bachelor's or Higher	Some College/ Business or Technical	High School Graduate	N/A or Missing	Total
Human Services Specialist II	674	1	1	1	677
Human Services Coordinator I	124	2	1	0	127
Total	798	3	2	1	804

Source: SCEIS database (1J- 90,91,92,93 PCA) -4/12/16

**Table 38. Staff Characteristics, FFY 2014 Quarter 3 (n=604)**

Characteristic	Total Number	Percent of Workforce
Gender	Female	86.56%
	Male	13.05%
Race/Ethnicity	Asian	0%
	Black/African American	62.31%
	Hispanic/Latino	.9%
	White	36.31%
	American Indian/Alaska	.0%
	Missing/unassigned	.0%
Age (Median = 40)	22-29	34.08%
	30-39	31.21%
	40-49	19.40%
	50-59	11.19%
	60+	3.73%
	Missing	.0%
Highest Education	Associate	.1%
	Bachelor's	82.21%
	Completed 1 yr College, Business or Tech	.0%
	Completed 2 yrs College, Business or Tech	.0%
	Completed 3 yrs College, Business or Tech	.2%
	Doctorate	.1%
	High School Graduate	.2%
	Master's	16.29%
	Missing/unassigned	.7%
Position Class Title	Human Services Specialist II	84.20%
	Human Services Coordinator I	15.79%

Source: SCEIS database (1J90 PCA) - 4/15/16

### Performance Appraisal System

The Employee Performance Management System (EPMS) appraisal document is officially maintained in the employee's personnel file. All performance appraisals shall be made in writing by the employee's supervisor (the rater) who has direct experience or knowledge of the work being performed. The appraisal shall be reviewed by the next higher-level supervisor (the reviewer), unless the rater is the agency head, prior to the appraisal being discussed with the employee. The reviewer may attach additional comments to the appraisal, where the reviewer may take

exception to any of the rater's appraisal points. However, the reviewer may not change the appraisal completed by the rater unless it is a County Director or Regional Manager's appraisal. Whenever an employee's job responsibilities change significantly, the appraisal document should be revised to reflect the changes. The final appraisal shall bear the signature of the rater, the reviewer, and the employee. If any party refuses to sign the appraisal, a notation shall be made on the performance appraisal of this refusal. A witness (another supervisor other than the rater or reviewer) should sign on the bottom of the front page to acknowledge that the party refused to sign the appraisal.

All covered employees shall be given an annual appraisal no more than ninety (90) calendar days prior to the employee's official review date. The official review date marks the beginning of a new review period. If an employee does not receive an appraisal prior to the official review date, the employee shall receive a "successful" rating by default. A covered employee may not be issued an overall "unsuccessful" appraisal at any time during the annual review period without following the "Substandard Performance Process." All performance appraisals shall become a permanent part of the employee's official personnel file. The supervisor shall furnish the employee a copy of the performance appraisal and copies of all pertinent attachments.

The Human Resources Management Division will provide each county or division a listing, four to six weeks in advance, of employees who are due an annual performance appraisal. Nevertheless, it is the responsibility of the supervisors to know when appraisals are due on each of their employees and to plan their schedules accordingly. Supervisors and reviewing supervisors are responsible for ensuring that their employees' evaluations are completed in advance. This includes the preparation of the employee's planning stage. These are mandatory duties of supervisors and should be included as an essential element on each supervisor's EPMS. Supervisors ensure that an internal procedure is established to evaluate employees under their supervision in a timely manner.

The EPMS, when used properly, is an effective management tool for communicating duties, evaluating performance, and encouraging improvement. As a result, the EPMS can have a dramatic impact on the overall quality of care and service provided by the SCDSS. The purposes of the Employee Performance Management System are:

1. to provide an accurate, objective, and constructive method to evaluate employee's performance;
2. to improve the work performance of employees in order to enhance efficiency and productivity for the South Carolina Department of Social Services;
3. to assist management in assigning work and delegating responsibilities based on a mutual understanding of the employee's skills, abilities and the requirements of the job;
4. to encourage continued growth and development of all employees;
5. to maintain a documented history of the employee's performance in order to support recommendations for performance pay increases, promotions, reassignments, transfers, demotions, and dismissals;
6. to provide for a formal method of communication between supervisors and employees ; and
7. to provide a written agreement between the employee and SCDSS identifying specific job duties, performance characteristics, and objectives on which the employee will be appraised.

### **Caseload Requirements**

Currently no universally accepted formula for computing caseloads exists. Therefore, the SCDSS developed the formula below to determine the average number and maximum number of children that are included in cases per caseworker. 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:

**Table 39. SCDSS Caseload Standards**

Service/Caseload Type	SCDSS Caseload/Workload Standards	Maximum Percentage/Number of Caseload
Initial Assessment/Investigation	24 children per Human Services Practitioner	Not exceed 48 children
Ongoing Cases (In-Home)	24 children per Human Services Practitioner	Not exceed 48 children
Foster Family Care	20 children per Human Services Practitioner	Not exceed 40 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 staff are allocated throughout the state.

**Juvenile Justice Transfers**

The CAPSS system does not track transfers of children in Foster Care coming from and going to the Juvenile Justice System, as the child remains in the custody of the SCDSS.

**Sources of Information on Child Maltreatment Deaths**

The SCDSS Child Fatality Protocol process provides for the reporting of child deaths due to suspected abuse or neglect to the State Office of the SCDSS, and for analysis of the SCDSS’ activities in cases in which certain children known to the SCDSS’ Child Welfare Services who have died. The child deaths to be reviewed fall into two categories: The categories overlap to some degree: (1) deaths due to suspected abuse or neglect, whether or not the child was previously known to the SCDSS, and (2) deaths of children known to the SCDSS, whatever the cause. Deaths in the second category are reviewed through the SCDSS child fatality process. Deaths in the first category are not automatically reviewed, but are reported to the state office of the SCDSS.

For the purpose of this protocol, “a child known to the SCDSS” is a child in the custody of the SCDSS at the time of death, a child or child’s family who was receiving protective services as defined by the statute at the time of death or within six months of the death, or a child about whom or a child in a family about whom the Department has received a report of suspected abuse or neglect (including screened out reports) within six months of the child’s death.

Reports of the death of a child known to the SCDSS receive a full review if law enforcement, the coroner and/or the local SCDSS County Office suspect that the death was caused by abuse or neglect. Reports of the death of a child known to the SCDSS receive a summary review when the circumstances suggest that the child’s death was accidental or due to natural causes. “Special Review” is the term used for requests to review cases of death to a child who is not a child “known to the SCDSS” as defined above or (2) death to a child that, without the request for a special review, would have received a summary review. A “Special Review” is also used for requests to review cases of serious injury to a child, if law enforcement and/or the local SCDSS County Office suspect that the injury was caused by abuse and neglect. Cases designated as “Special Review” will receive the protocol review.

At present, the protocol process does not require SCDSS County Offices to report serious injuries. However, a few serious injury cases have been reviewed through this process at the request of State Office Executive Staff. Presently, any serious injury cases reviewed under this process are considered to be “Special Review” cases. The SCDSS is currently considering some revisions to the present protocol process, to potentially address the reporting of serious injuries if they fall into the definition categories above. In addition, it will also possibly include a child whose family was referred by the SCDSS for voluntary Community-Based Prevention Services within six months of the child’s death, as a part of the definition of a child or family “known to the Agency”.

The purpose of reviewing deaths of children known to the SCDSS is to have a candid, systematic and confidential analysis of these cases to give the SCDSS administrators information to strengthen and improve child welfare services to the children and families of this state. A summary review is completed when a child in the custody of the SCDSS or in an open treatment case dies of medical reasons. A full review is conducted when the child’s death is believed to be the result of child abuse or neglect.

The Office of General Counsel (OGC) is responsible for managing the internal review process. The OGC attorney directs the work of a team of investigators and policy experts who gather information, interview witnesses and provide technical analysis. In the table below are the numbers of the SC child fatalities that resulted from abuse or neglect. These numbers reflect the FFY 2015 through the 1<sup>st</sup> Quarter of the FFY 2016.

**Table 42. SC Child Fatalities resulting from Abuse/Neglect**

**Note:** FFY 2015 includes fatalities reported in the Child File. There were no child fatalities reported in the FFY 2015 Agency File. FFY 2016 data has not been verified or validated and could change prior to the next NCANDS reporting.

Cause	FFY 2015	FFY 2016 (through 1st quarter)
Natural causes – medical	3	
Accidental:		
A. Auto	A. 2	A. 1
B. Overlay	B. 1	B.
C. Drowning	C.	C.
D. Electrocution	D.	D.
E. Gunshot wound	E.	E.
F. Fire	F.	F.
G. Asphyxia	G. 1	G.
H. Dog Attack	H.	H.
I. Hypothermia	I.	I.
Unknown/ Pending		
SIDS /SUIDS	7	
Suicide		
Homicide	13	1
Undetermined	1	

The SCDSS reports NCANDS from the SCDSS CAPSS (SACWIS) which has a code for child death due to maltreatment, which is utilized for all cases in which SCDSS investigates a death that was alleged to have been due to maltreatment. If the maltreatment has a determination of founded/indicated, the child is reported to NCANDS as a maltreatment death. This child would be reported in the child file. The coroner, medical examiner, law enforcement, and the DHHS (Bureau of Vital Statistics Division) report all child deaths that were not the result of natural causes to the State Law Enforcement Division (SLED) for an investigation. The SLED refers their findings to the State Child

Fatality Review Committee for a review. The committee then reviews the cases and makes any suggestions to members of the committee and agency they represent if any further action is needed, including training for staff, public awareness issues, etc. The children whose deaths appear to have been a result of child maltreatment are reported to the SCDSS by the SLED following their investigation. This list is compared to the Agency CAPSS by name, date of birth, date of death, and parents' names to ensure child maltreatment deaths are reported accurately and not duplicated. The children that were not included in the NCANDS child file are reported in the NCANDS Agency file. Revised NCANDS agency files are submitted if there are children that are reported to the SCDSS from the SLED from previous reporting periods, and they were not reported on a previous NCANDS child file.

### **Inter-Country Adoptions**

#### **a) Number of children who were adopted from other countries**

The SCDSS does not have a system for collecting information to report the number of children who have been adopted from other countries.

The SCDSS CAPSS now has an International Adoption Code for providers (Adoptive Parents) on the Home Study tab. This is used to indicate that this prospective Adoptive Family is pursuing an International Adoption. When there is a report of neglect or abuse, the SCDSS Counties will be able to identify the home as Adoptive Placement that pursued an International Adoption and ask appropriate questions in reference to the adoption, and ascertain the plans for the child and the reasons for the disruption or dissolution. However at this time the CAPSS does not have a method to link this information to the child's person information, so if a child adopted internationally does come into care (is re-homed) the SCDSS may not be aware of this. The method to link the information from the Provider Home Study tab to a child's Person Screen regarding International Adoption is a necessary system improvement that is being requested and is pending.

#### **b) Number who entered into state custody in Federal Fiscal Year 2016, as a result of the disruption of a placement for adoption, adoption placing agency, plans for child(ren), reasons for disruption.**

The CAPSS (SACWIS) does not presently have appropriate coding or a way to link information about the disruption of an international adoption. This system improvement is being requested and is pending.