



South Carolina Department of Social Services  
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# South Carolina Child and Family Services Plan 2016 Annual Progress and Services Report



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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 Office of Knowledge Management and Practice Standards. Plans are developed in coordination with the divisions of Economic Services, Human 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 of 3,451 authorized FTE's that are funded by Federal, State and Other funds with an annual budget of \$655,894,161 administering 15 core functions under the following program areas :

### SCDSS Programs

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

The agency employs a county-based, state-administered service delivery system in which one or more SCDSS offices are located in all 46 counties. Each county office is managed by a County Director who is hired by and under the authority of the State Director and the State Deputy Director for Human Services. The SCDSS also has

specialized treatment and support services for children in foster care who have emotional and behavioral problems through the Intensive Foster Care and Clinical Services Office (IFCCS). The Intensive Foster Care and Clinical Services Office assists counties, through fifteen Offices, throughout the five SCDSS Regions of the state. When a child is identified with emotional/behavioral problems, the County Office refers the child to the IFCCS Office, which arranges for an interagency staffing on the child, to determine whether the child needs services through the Interagency System for Caring for Emotionally Disturbed Children (ISCEDC), and to identify the most appropriate services that can best meet the individual child's needs.

## **Vision, Mission, Imperatives**

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

### **SCDSS Vision for South Carolina**

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

### **Child Welfare Vision**

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

### **SCDSS Mission**

The South Carolina Department of Social Services (SCDSS), as one of the largest public agencies in the state, provides a vast array of services ranging from the investigation of child and adult abuse reports, the distribution of food to hungry families, 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:

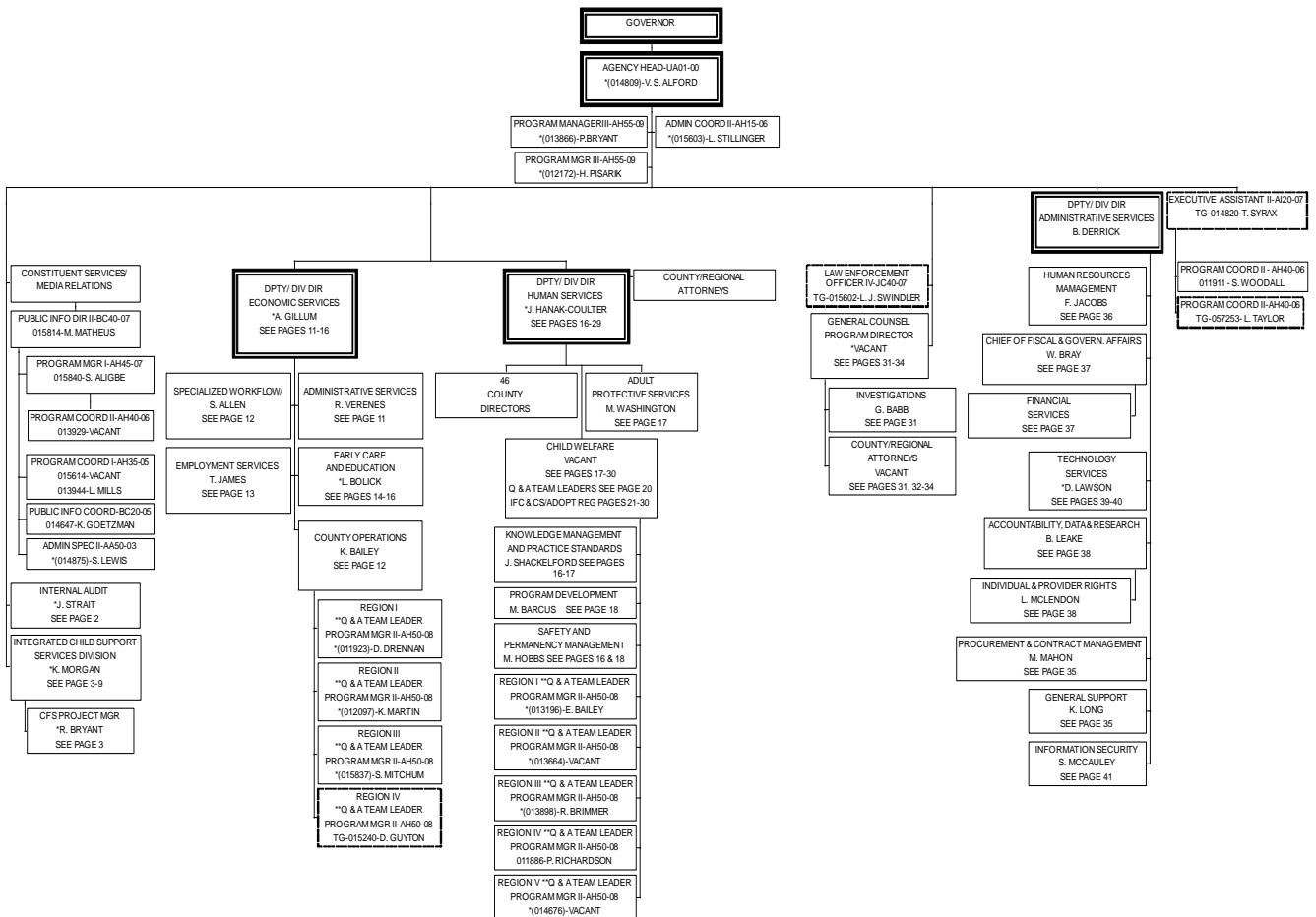
*To effectively and efficiently serve the citizens of South Carolina by ensuring the safety of children and adults who cannot protect themselves and helping families achieve stability through child support, child care, financial, and other temporary benefits while transitioning into employment.*

### **Child Welfare System Imperatives**

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

The SCDSS is dedicated to setting goals and objectives that are measurable, meaningful and attainable. The SCDSS Vision is to help improve safety, permanency, and well-being outcomes for children and families who receive services through the child welfare system. The SCDSS Child Welfare Services policy and procedure manuals for Child Protective and Preventive Services, Foster Care, Adoptions, and Licensing all contain mission statements, philosophies, and principles which either encompass, restate or reinforce the child and family principles outlined in Federal Regulations: 45 CFR 1355.25.

This Child and Family Services Plan for 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 2015.



Link to website of the 2016 APSR: <https://dss.sc.gov/content/library/statistics/APSR/apr-2013.aspx>

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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 of the 5 year plan implementation and determine new strategies if needed. Collaboration has occurred at the state level, county, and regional levels. Some of the key ongoing collaboration includes the Joint Council on Children and Adolescents, Palmetto Coordinated System of Care Leadership and Planning Groups, Annual SCDSS-Stakeholder meetings, State Partners meetings and partners meetings at the county level, Foster Care Advisory, Palmetto Power meetings (P2s and P3s), and others are described below.

### Partners and Stakeholders

#### Annual SCDSS Stakeholder Meetings

A statewide stakeholder meeting was held 1/22/15 to present the 2015-2019 CFSP Strategic Action Plan to internal and external stakeholders and elicit feedback for the implementation of the CFSP and gather any recommendations for additional goals, objectives or strategies. A total of 94 individuals attended this meeting, including SCDSS staff and representatives of the ACF Children's Bureau, University of South Carolina, Center for Child & Family Studies (University partner), Allen University, Catawba Indian Nation, Children's Trust of SC, the Guardian ad Litem (GAL) Program, Carolina Youth Development Center, CASA program, Columbia Urban League, Dee Norton Lowcountry Children's Center, Foster Care Advisory Committee, Foster Care Review Board, Lutheran Services of the Carolinas, Medical University of SC, Nurturing Center, Palmetto Association for Children & Families, Palmetto Health Richland, Parents Anonymous of SC, Safe Generations, SC Center for Fathers and Families, SC Children's Advocacy Center, SC Citizen Review Panels, SC Foster Parent Association, SC Heart Gallery, the SC Department of Alcohol and Other Drug Abuse Services, the SC Department of Education, the SC Department of Health and Human Services, the SC Department of Juvenile Justice, the SC Department of Mental Health, SC Heart Gallery, SC Law Enforcement Division, SC Youth Advocate Program, the University of South Carolina, Children's Law Center (CLC), and Windwood Family Services.

Prior to the meeting, the entire CFSP and Strategic Action Plan, with year-to-date data results, were shared with stakeholders via email. The day-long meeting covered each of the four plan goals, focusing on specific strategies with presentations from involved system partners along with the SCDSS presenters.

Under Goal 1, Regional Intake Hubs and family engagement were presented. For Goal 2, Trauma-Informed Care and Project Best, community-based learning collaborative, engaging the noncustodial parent, resource families and resource recruitment were presented. Under Goal 4, staff development, recruitment and retention were covered, as were the Palmetto Coordinated System of Care, the National Youth in Transition Database, and the Indian Child Welfare Act. The afternoon included two facilitated breakout discussion groups on each of the four plan goals.

Stakeholders had the opportunity to attend (2) separate breakout sessions in the afternoon portion to ask questions, identify challenges and provide multiple recommendations for improvement and/or modification of the existing goals, objectives and strategies. All stakeholders were informed that the follow up SCDSS Stakeholders meeting scheduled for February 27, 2015 would be for the purpose of prioritizing the recommendations made at the first meeting. Stakeholders were informed by invite they would need to review all the recommendations from the first SCDSS Stakeholders meeting. At the SCDSS Stakeholders meeting on February 27<sup>th</sup> they were informed of the following format:

- opportunity to share additional recommendations;
- give reasons for prioritizing one or more of the recommendations;
- suggestions for action steps for the recommended priority; and
- state how their organization could help in achieving the recommended actions

At the end of each breakout session, stakeholders were asked to list their top three priorities among the recommendations in that session and informed that the SCDSS would gather those highest priorities, and that the SCDSS leadership would include them in discussions of possible revisions to the Strategic Action Plan. The top priority recommendations were:

**Goal 1, Objective 2, Strategy 4**

**Top Recommendations:**

- Engage Providers in developing future Requests for Proposal in Community-Based Prevention Services.
- Implement Training - Utilizing Family Engagement Services.
- Clarify Family Engagement, as it is not only Family Group Conferencing.

**Goal 1, Objective 4, Strategies 1- 8**

**Top Recommendations:**

- Track calls to assist with staffing numbers. Training and education on new intake process including CBPS services.
- Consult with providers weekly on status of needs for services.
- Monitor reports from CAPSS to ensure intakes are followed up on, including assessment time-frames.
- Improve communication between Community-Based Prevention Services and DSS County Offices regarding repeat referrals.

**Goal 2, Objective 1, Strategy 1**

**Top Recommendations:**

- Educate and train staff for a mindset/culture of locating noncustodial parents.
- Utilize the Fatherhood Coalition as a “father friendly” agency model and use for assessment and as a training model.
- Provide education on court system.

**Goal 2, Objective 2, Strategies 1-7**

**Top Recommendations:**

- Child Welfare System- All DSS/ Stakeholders/foster parents involved and trauma trained/informed.
- Align efforts to make community and partners aware of Trauma-Informed Care (T-IC) and the need to provide effective services.
- Implement Trauma-Informed Care as mandatory statewide.

**Goal 3, Objective 1, Strategy 2b**

**Regional Foster Care and Adoption Licensing**

**Top Recommendations:**

- Address the length of time it takes to meet DHEC, Fire Marshall and window requirements.
- Implement better screening of prospective foster parents and follow-up.
- Address the number of out-of-county placements.

**Goal 3, Objective 2, Strategies 1-3**

**Top Recommendations:**

- Determine supports needed for families on the Catawba Indian Nation Reservation that would assist them in meeting licensing requirements.
- Provide more ICWA awareness.
- Administer training for foster parents related to Native American Culture needs to be administered.
- Give Native American children in Foster Care materials addressing their culture.



#### **Goal 4, Objective 8-18**

##### **Top Recommendations:**

- Provide support to ensure the availability of caseworkers.
- Support both foster parents and youth in foster care.
- Gather and use quality data.

#### **Goal 4, Objective 3**

##### **Top Recommendations:**

- Express appreciation for employees.
- Improve communication.
- Return to the basics of Social Work. Agency has too many initiatives. Get back to mandatory requirements to prevent caseworker burn-out.

#### **Goal 4, Objective 5**

##### **Top Recommendations:**

- Enhance provider capacity of specialized clinicians for youth who have experienced trauma.
- Provide transferrable services from county to county because children with multiple placement moves are not receiving services.
- Give attention to children who “fall through the cracks” because they don’t quite meet the qualifications to receive services.

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

Quarterly meetings were held at the state level. Additionally, a new feedback loop has been created in the third quarter of FFY 2015, the Child Welfare Improvement Team (CWIT) meetings. A statewide CWIT has been formed and has met twice in the second quarter of the 2015 FFY, composed of stakeholders from Foster Care Review Board (FCRB), Guardian ad Litem (GAL), the South Carolina Foster Parent Association, the South Carolina Citizen Review Panel, and some of the SCDSS leadership staff. This initiative is replacing the previously titled “State Partners Meetings”. Team members are responsible for: attending and participating in CWIT meetings; sharing their ideas and proposed solutions to problems; being responsible for action steps and assuring that they are completed; sharing the successes and lessons learned by the team with others.

CWIT team will meet quarterly to review data; CWIT teams uses the data reports (i.e., surveys, CAPPS data, Case Reviews, Federal Indicator Reports) to determine areas of need and then set goals and action steps to improve performance.

#### Partners Meeting/Local Child Welfare Improvement Teams (LCWIT)

Quarterly meetings are held in counties throughout the state with the SCDSS County Directors and Regional Team Leaders, adoption and county foster care caseworkers, and various stakeholders from FCRB, GAL, private Therapeutic Foster Home (TFC) providers, Family Group Conferencing (FGC), Child Conferencing (CC), Family Team Meeting (FTM) providers, Community-Based Prevention Services providers, Child Assessment Center (CAC), Department of Mental Health (DMH), Department of Juvenile Justice (DJJ), Foster Parent Association (FPA), Department of Alcohol and Drug Abuse (DAODAS), and the SCDSS Foster Home Licensing staff. The focal point of meetings is to assess permanency plan status of children in care, adoption recruitment activities, placement stability and available foster homes, sibling placements and proximity of placements in county or out of county, informed case planning and discussion of implementation of key strategies from the 5 year plan such as Signs of Safety, Regional Intake Hubs, CBPS, etc. The SCDSS and stakeholders discuss local gaps in service and needed support locally to close the gaps in services to shared children in their counties. The Partner meetings will evolve into the local CWIT that will adopt the state level CWIT structure and both the state level and the local level CWIT will serve as a continuous feedback loop to each other to impact practice.

### Joint Council on Children and Adolescents

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

The Joint Council is comprised of Agency Directors of the principal South Carolina child-serving agencies: South Carolina Department of Mental Health (DMH), Department of Alcohol and Other Drug Abuse Services (DAODAS), Department of Juvenile Justice (DJJ), Department of Social Services (DSS), Department of Disabilities and Special Needs (DDSN), and the Governor's Office of Continuum of Care for Emotionally Disturbed Children (COC). Other partners include the Department of Education (SDE), Department of Health and Human Services (DHHS), Commission for Minority Affairs (CMA), Behavioral Health Services Association of South Carolina (BHSA), Faces and Voices for Recovery (FAVOR SC), Federation of Families of South Carolina (FOF), National Alliance on Mental Illness (NAMI SC), SC Primary Health Care Association (PHCA), Palmetto Association for Children and Families (PACAF), and parents of children with serious mental illness.

The Joint Council addresses multiple systemic issues of service delivery systems beyond the Palmetto Coordinated System of Care (PCSC), including utilization of a GAIN Screener that assesses dual diagnosis issues and informs referral source as to whether it is an alcohol and drug or mental health issue, regional and community trauma-informed practice training throughout the state which has been ongoing since 1/31/15. \*See Goal 2, Objective 2, in "3. Update to the Plan for Improvement and Progress Made to improve Outcomes"

The Joint Council met on June 16, 2015 to consider the recommendations of support and strategies from the Executive Steering for the Joint Council Committee for the upcoming SCDSS 2016 APSR. The report of that meeting was not available by the time of submission of the 2016 APSR.

### Executive Steering for the Joint Council

Executive Steering for Joint Council meets quarterly and membership consists of the Deputies of each child serving agency, private providers and non-profits from the Joint Council (see above). The Executive Steering Committee oversees the work of the Joint Council (PCSC, Trauma Initiatives, etc.) The Executive Steering Committee plays an important part in moving forward important systemic structure changes to support the child welfare system. For example, in the last Executive Steering Committee meeting held on 5/21/15, the SCDSS was able to review the 2015-2019 CFSP, Strategic Action Plan with specific goals, strategies, and CFSR Safety, Permanency and Well-being Outcomes along with the eighteen (18) items. The Executive Steering members were able give specific strategies in how they can support the 5 year plan in the upcoming FFY 2016. Most of the offers/ideas for support for the 2016 APSR for the SCDSS and children in care or at risk for coming into care focused around Well-Being Outcome 3 for Goal 2, Objective 2 .The following were some of the recommendations:

- NAMI can offer the SCDSS staff and Resource Foster Families to attend the free NAMI Basics training which is a six (6) sessions fifteen (15) hour course for free. The NAMI basics supports/teaches parents to be better advocates and training can be provided to at risk families in preservation or Community-based Prevention Services (CBPS).
- DMH can co-locate Mental Health (MH) staff in the SCDSS County Offices to reduce the timeframe for the initial mental health assessment. MH staff can also serve as a support system for the SCDSS case work staff in regard to secondary trauma. DMH supports the systematic linkage between foster care and school-based MH. When a child comes into care or changes placement, the SCDSS can notify the local school-based MH or the MH worker can reach out to child upon arrival to school.
- DAODAS has begun co-locating an alcohol and drug professional in the SCDSS County Offices. The SCDSS is requesting consideration for the alcohol and drug professional to be available during evening hours where the SCDSS operates a 2<sup>nd</sup> shift.
- DHHS has been requested to fund mobile crisis stabilization and Intensive Family Services (IFS). The SCDSS and other child serving agencies felt this would go a long way in placement stability for children in

foster care. Also, the SCDSS requested consideration for the DHHS to create paths to access these services for the prevention and preservation population so families could be supported at the right time and prevent some children from coming into care.

- Private residential and Therapeutic Foster Care providers can help with family engagement.
- Private residential and Therapeutic Foster Care providers can support the consistent utilization of the Health and Education Passport upon creation of a portal.
- Private residential providers are willing to collaborate with the SCDSS to use children's homes to recruit Resource Foster Families from their communities or evangelical bases. Providers can try to open doors at churches and civic clubs for the SCDSS recruiters to present on becoming a Resource Foster Family.
- The DHHS can support children and families served by sister agencies by addressing the crisis of lack of available beds in Psychiatric Residential Treatment Facilities (PRTFs). The DHHS needs to establish routine care all-inclusive rate and separate coverage for high cost medical conditions /procedures. Children with high medical costs are cost prohibitive for the providers to accept. The sister agencies along with SCDSS have nowhere for these children with critical medical and/or behavioral conditions to go even though they meet the certificate of need (CON). The lack of PRTF placement options becomes a medical safety issue in non-medical placement settings.
- DHHS can collaborate with the SCDSS to develop procedure codes for trauma screening, assessment, and treatment so that the SCDSS will have data on children in Foster Care to coordinate recommended follow up services.
- The SCDSS needs to have DHHS as a partner in working with the Managed Care Organization (MCO) and private providers to come up with protocol similar to the protocol the SCDSS has with DMH. A similar protocol will support the utilization of evidenced-based trauma screening tools, assessment and treatment. This will build capacity for the entire state beyond the limitations of one mental health state agency including rural areas, if private providers have the ability to do evidenced-based trauma screening, assessment, and treatment when necessary. The frequency of service for evidence-based practices for trauma services needs to be built into the prior authorization process with the MCOs. The SCDSS feels this strategy would be helpful in building the infrastructure to ensure children in care are screened/assessed and treated for trauma when indicated. \*See Goal 2, Objective 2 in "3. Update to the Plan for Improvement and Progress Made to improve Outcomes"

#### Palmetto Coordinated System of Care (PCSC) Leadership Team

The PCSC Leadership Team includes the State Directors from all the South Carolina child-serving agencies (DMH, DJJ, DSS, COC, DAODAS, DDSN, SDE) along with the Medicaid agency DHHS. The Leadership Team is a third tier oversight dedicated to the implementation of the Palmetto Coordinated System of Care. The PCSC Leadership Team serves as the final decision authority regarding all recommendations from PCSC Planning Group and associated workgroups, system design, and allocation of funds. The PCSC Leadership Team was meeting every two weeks in the beginning of FFY 2015 and has since begun to meet one time per month in the CY2015. The State Directors' consistent focus and collaborative decision-making has displayed the commitment to overcome the fragmented service systems, that at-risk children and their families struggle to access, by creating a system of care that is family-driven and youth-guided. \*See Goal 2, Objective 2, in "3. Update to the Plan for Improvement and Progress Made to improve Outcomes". The PCSC Leadership Team will continue to receive input and collaboratively accomplish the strategies listed under Goal 2, Objective 2 for the 2016 APSR.

#### Palmetto Coordinated System of Care (PCSC) Planning Group

The PCSC Planning Group was formed in the FFY 2014 and has continued to meet monthly during the FFY 2015. The group is made up of executive level staff from DMH, COC, DJJ, DSS, DDSN, State Dept. Of Education (SDE), DHHS, FOF, NAMI, DAODAS, PAFCAF and other system partners. The purpose of the group is to plan and oversee the implementation of the Palmetto Coordinated System of Care and make any changes/recommendations to the PCSC Leadership Team. \*See Goal 2, Objective 2, in "3. Update to the Plan for Improvement and Progress Made to improve Outcomes"

The PCSC Planning Group also began workgroups during FFY 2014 that have continued into FFY 2015. SCDSS participates in all workgroups as the main population for PCSC will be children in care with behavioral health issues and placed in higher levels of care. The first workgroup that began with PCSC Planning Group members and support staff from member agencies was the Service Array Workgroup. The Workgroup was tasked with assessing the gaps in services, prioritizing needed services in the state for the target population and researching evidence-based models. The workgroup identified (4) critical services and evidence-based models of the following by 10/1/14:

1. Intensive Family Services
2. Mobile Crisis Stabilization
3. Peer Support for Parents
4. Respite Services

The Array of Services workgroup completed its work and ended. A Workgroup for Provider Capacity and Training was developed to start planning the infrastructure and supports needed to implement new services within the PCSC including the possibility of a Center for Excellence. Other Workgroups spawned by the PCSC Planning Group were Communications, Cultural and Linguistics Competencies, Child and Adolescent Needs and Strengths (CANS), and Outcomes.

\*See Goal 2, Objective 2, in “3. Update to the Plan for Improvement and Progress Made to improve Outcomes”

#### Foster Care Advisory (FCAC)

The Foster Care Advisory Committee (FCAC) serves as the primary advisory structure in the development and implementation of the Health Care Oversight and Coordination Plan (HOCP) for children in the South Carolina's foster care system. The SCDSS and the Department of Health and Human Services (DHHS) partner together to lead and coordinate the FCAC meetings on a quarterly basis, which includes a statewide array of professionals with expertise in medical and behavioral health. Members of the committee include the physician community of Pediatricians (representing, in part, the SC chapter of Academy of Pediatrics), the Select Health the Managed Care Organization (MCO) and other clinics, a forensic pediatrician representing the Child Advocacy Centers (CACs) and child psychiatrists representing the SCDSS and The DMH. The FCAC also includes other behavioral health professionals from Department of Mental Health (DMH), private community-based Licensed Independent Professionals (LIPs), Palmetto Association for Children and Families, Therapeutic Foster Care, Group Care and Rehabilitative Behavioral Health Services (RBHS) providers. This group 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 implementing critical components of the HOCP. The progress and recommendations for the SCDSS 2016 APSR can be found in the Health Care Oversight and Coordination Plan Update section and see Goal 2, Objective 2, in “3. Update to the Plan for Improvement and Progress Made to improve Outcomes.”

#### Trauma-Informed Development Team (TIDT)

Evolving from the Project Best requirement for Senior Leaders regarding formation of “Community Change Teams”; a group of participants in the Midlands Community-Based Learning Collaborative (CBLC), whose roles encompassed state-wide versus local perspectives formed a state level “community change team”. Concurrently, the 2015-2019 federal Child & Family Services state plan established several progress benchmarks/strategies related to trauma-informed systems of care. Specifically, Progress Benchmark/ Strategy 2.2.1 calls for “a development team” to establish criteria for implementation of Trauma-Informed Practice (T-IP) statewide, See Goal 2, Objective 2, in “3. Update to the Plan for Improvement and Progress Made to improve Outcomes. The core group of Project Best Community Change Team members then formed a broad based cross system “Trauma Development Team” which began monthly meetings in September 2014. The group has reviewed CFSP goals and three work groups were formed: (1) data, QA monitoring, outcomes (2) cross system evidence-based treatment (EBT) treatment planning (3) secondary trauma & supportive work environments. The purpose of the TIDT is oversight of implementation of the South Carolina 2015-2019 CFSP, Goal 2, Objective 2, related to trauma including making recommended revisions,

enhancements, and additions to progress benchmarks/strategies and/or action items to ensure interagency and systemic implementation. The TIDT will also serve as an avenue for support to Local Community Change Teams established during Project Best CBLC, 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 organization's activities and for dissemination of information from the TIDT within their agency networks.

Members of the TIDT include the SCDSS, Citizen Review Panel (CRP), Foster Care Review Board (FCRB), Guardian ad Litem (GAL), Department of Juvenile Justice (DJJ), Children's Trust of South Carolina (CTSC), Department of Mental Health (DMH), University of South Carolina, Center for Child and Family Studies (CCFS), Palmetto Association For Children and families (PAFCAF), Continuum of Care (COC), Department of Health and Human Services, Department of Alcohol and Other Drug Abuse (DAODAS), Foster Parent Association (FPA), Attorney General's Office and Select Health Managed Care Organization (MCO)

#### Palmetto Power (P2)

Palmetto Power (P2) meetings were initiated in July 2011, and the agency has continued this routine collaboration strategy. P2 meetings have been held in August 2014, November 2014 and March 2015, since the June 30, 2014 submission of the 2015-2019 CFSP. The purpose of these state-level collaborative forums with county and state office SCDSS staff, stakeholders and private provider agencies is to focus on the state's data and to analyze how to improve child welfare practices and outcomes. Stakeholders have included such community partners as the SC Foster Parent Association, congregate care providers, SC Guardian ad Litem Program, SC Department of Alcohol and Other Drug Abuse Services (DAODAS), Foster care Review Board, Department of Education (DOE), Department of Juvenile Justice (DJJ), Department of Mental Health (DMH) and private non-profits who provide invaluable services to children and families of South Carolina.

#### 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. There were P3 meetings held on 10/27/2014 in the Upstate Region, on 11/17/14 in the Lowcountry Region, and on 3/6/15 and 3/13/15 in the Pee Dee area of the state. 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 top (8) recommendations:

#### **P3- Region 5 on 10/27/14 (Summary of Key Recommendations)**

- All county offices should use the same version of the Children's Service Referral Application (CSRA).
- Stakeholders expressed concern when they can't reach a supervisor or staff member when there is a problem with information on the CSRA. They recommended that an e-mail, phone and supervisory list be made for each office.
- The CSRA should be reformatted to identify the children's strengths.

There needs to clarification regarding who completes the Health and Education Passport. (See Health Care Oversight and Coordination Plan update section and see Goal 2, Objective 2, in "3. Update to the Plan for Improvement and Progress Made to improve Outcomes).

- There needs to be a uniform version of the CSRA. *(In response to P3- Children's Services Referral Application was revised to be more streamlined and less redundant in November 2014 along with a statewide call to all staff who manage the forms and eligibility staffing for behavioral health services in November 2014. Another statewide conference call was held in April 2015 with designated staff in the approval process for the CSRA to ensure consistency in practice with CSRA and approval process. The SCDSS partnered with SCDMH to present the eligibility process for behavioral health services for requests through the CSRA to ensure consistent evaluation for approval or rejection of services)*
- A checklist should be developed for mandated items that must be completed on the CSRA document.
- The group of stakeholders agreed to copy or call all supervisors or county directors when they were having difficulty.

### **P3- Region 3-Charleston on 11/17/14 (Summary of Key Recommendations)**

- There is a need for more training on trauma informed practice on every level of all agencies from administrative staff to direct care staff. \*See Goal 2, Objective 2, in "3. Update to the Plan for Improvement and Progress Made to improve Outcomes" for Well-Being Outcome 3
- More efforts need to be made to address secondary trauma in staff and improve employee well-being. \*See Goal 2, Objective 2, in "3. Update to the Plan for Improvement and Progress Made to improve Outcomes"
- Workforce retention and manageable case load sizes will help SC DSS with all aspects of operation. \*See Goal 4, Objective 3, in "3. Update to the Plan for Improvement and Progress Made to improve Outcomes"
- Innovative ways to safely engage fathers need to be considered by SCDSS, the Department of Corrections and the Department of Mental Health. Attention needs to be focused on The Fatherhood Coalition. \*See Goal 1, Objective 2, in "3. Update to the Plan for Improvement and Progress Made to improve Outcomes" to support Safety Outcome 2 along with Goal 2, Objective 1 in "3. Update to the Plan for Improvement and Progress Made to improve Outcomes" to support Well-Being Outcome 1.
- Electronic records need to be considered to facilitate communication regarding the well-being of children and planning for their goals. (See Healthcare Oversight and Coordination Plan update section and \*See Goal 2, Objective 2, in "3. Update to the Plan for Improvement and Progress Made to improve Outcomes"
- Stakeholders requested that foster parents receive mandatory training on trauma to develop empathy for a greater understanding of the source of behavior.
- A suggestion was brought forth that the Faith-Based Community be involved in recruiting younger foster parents. (The SCDSS is exploring Faith-Based Certified Provider Agencies (CPAs) who recruit therapeutic foster care families to recruit in this arena to increase availability of resource homes for children in care)
- A request was made that the Palmetto Association For Children and Families examine statewide utilization and efficiency of bed availability for children, to determine if more bed space is needed.

### **P3: Region 4- Marion County on March 6, 2015 (Summary of Key Recommendations)**

#### **Family Engagement: The Power of Families**

- Inviting partnering agencies and Legislators-
  - 1. Personally invite them to P2 & P3
  - 2. Extend the invite to Providers Agency's Boards.
- Include Shared Parenting as training for new resource parents.
- Biological families do not want others to know their business. There needs to be education and engagement of the family through the use of literature and parent mentors/advocates helping families to understand the benefits.
- Increase staffing through provision of incentives such as a degree to work program and payment for student loans. \*See Goal 4, Objective 3, in "3. Update to the Plan for Improvement and Progress Made to Improve Outcomes".

- Case workers need to fully utilize Family Group Conferencing process. The SCDSS should provide additional training such as focused and brief webinar training.
- The SCDSS needs to separate assessment and treatment parts of the case to address all the meetings so the appropriate practitioner(s) are present. The SCDSS needs to use technology to bridge some gaps.
- The SCDSS needs to develop a resource guide with the Kinship Caregiver Liaison to include a contact person to call for assistance \*See Goal 3, Objective 1 in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes”.

### **P3: Region 4- Horry County on March 16, 2015 (Summary of Key Recommendations)**

#### **Enhanced Family Visitation:**

- Include Resource Foster Families (RFF) in the visits (if parents and RFF are willing) to enhance the relationship, provide options for shared parenting and help child see that both sets of parents are supportive and working together and change the mindset of RFF, staff and other professionals through education on the power and benefits of visitation. Engage RFF to train to be Resource Parent (improve interaction, model parenting, support the birth parent) \*See Goal 3, Objective 1 in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes.
- Involve a counselor in the visits to ensure maximum benefit for all and to determine who will visit.
- Have a specialized staff person to arrange and supervise visits where coaching and modeling of positive and nurturing interactions can occur (counties may not have a position to devote to visitation).
- Recruit more resource/foster homes- Recruitment campaign- ads, expo, word of mouth, increase board rate, support current homes, decrease numbers of children placed \*See Goal 3, Objective 1 in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes.
- Provide educational and medical records - \*See Healthcare Oversight and Coordination Plan update section and \*See Goal 2, Objective 2, in “3. Update to the Plan for Improvement and Progress Made to improve Outcomes”.
- Noncustodial fathers want visitations but are not a party to the case. They are often told to obtain their own attorney to see their children and be considered as a placement resource. The SCDSS needs to add them as a party to the action in the beginning of the case.
- Recruit RFF through GAL, School Social Workers, placement, therapist, everyone who is child-centered and connected to children can be a potential resource as a RFF.
- Everyone knows someone who wants to be a RFF, make it easier for them - hand them an application and help them get through the red tape.
  - Advertising/recruitment expo and word of mouth from other foster parents.
  - Shorten licensing process.
  - Decrease distance between the FP home and the Bio family home.

\*See Goal 3, Objective 1 in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes

#### S.C. Drug-Endangered Child Committee (SCDEC)

During the Spring of 2014, twenty Directors from the following agencies and organizations endorsed the newly revised Drug Endangered Children Guidelines: the SCDSS, State office of Victims Assistance (SOVA), S.C. Police Chief’s Association, State Attorney General, S.C. Law Enforcement Division (SLED), S.C. Sheriffs’ Association, S.C. Firefighters Association, S.C. Department of Public Safety, S.C. Crime Victims’ Council, S.C. State Association of Fire Chiefs, U.S. Attorney’s Office, American Academy of Pediatrics, S.C. Chapter, S.C. Department of Alcohol and Other Drug Abuse (DAODAS), S.C. Department of Health and Environmental Control (SCDHEC), Children’s Law Center-University of S.C. School of Law, S.C. Network of Child Advocacy Centers, S.C. Children’s Advocacy Medical Response System, S.C. Commission on Prosecution Coordination, S.C. Solicitor’s Association, and S.C. EMS Association

In April 2014, South Carolina became the 26<sup>th</sup> state to join the National Alliance for Drug Endangered Children. The SCDSS updated its policies and guidelines in November 2014 to reflect the new process and forms to be utilized for the SCDEC guidelines. The SCDEC provides uniform guidelines for law enforcement, Child Welfare and medical personnel who are involved in the investigation of reports where children are found, or known to have been present at the scene of a clandestine drug lab or suspected of being exposed to a controlled/dangerous substance. The purpose of the guidelines is to support a multidisciplinary team (MDT) approach for the professionals charged with the duty to seek safety, placement, and medical treatment and care for the children of South Carolina. For example, a MDT investigation of reports to law enforcement (LE) and/or the Department of Social Services (DSS) regarding children suspected of being exposed to a controlled/dangerous substance and/or found in proximity to a clandestine drug lab. South Carolina considers a drug endangered child (DEC) to be a person under the age of 18 who lives in or is exposed to an environment where drugs, including pharmaceuticals, are used, possessed, trafficked, diverted and/or manufactured illegally and, as a result of that environment, the child experiences, or is at-risk of experiencing, physical, sexual or emotional abuse. The guidelines instruct caseworkers, medical staff, and law enforcement how to prepare for on-the-scene support and complete portions of forms from their respective field of specialization. The first round of statewide training of the new DEC guidelines for SCDSS caseworkers, law enforcement, medical professionals, and support organizations is scheduled for July 8, 2015 in the Lowcountry, July 9, 2015 in the Midlands, and July 10, 2015 in the Upstate of South Carolina. The SCDSS will implement a new action item to enhance its CAPSS database to identify those children coming into care that are drug exposed in efforts to ensure they receive the necessary medical screening, assessment, and follow up services. The CAPSS enhancement will need to have the ability to track medical screening and assessment and follow up at thirty (30) day, six (6) months, twelve (12) months, and eighteen (18) month intervals.

The new SCDEC guidelines will support Well-Being Outcome 3 \*See Goal 2, Objective2, in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes”

### **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 2015-2019 CFSP, the SCDSS has met with Linda Love, Director of Social Services for the Catawba Indian Nation, four (4) times, the most recent meeting being on 6/3/15. The first three (3) consultations took place on the Catawba Indian Nation Reservation in Rock Hill, SC. Also present at various times at these SCDSS/CIN group meetings were Dione Carroll, the Legal Counsel for the CIN, Greg Moore, (SCDSS, Division of Knowledge Management and Practice Standards, CFSP/APSR Reporting, and the Facilitator for the ICWA-related Strategies), Dennis Gmerek of the SCDSS Office of General Counsel, the State Adoption Unit Manager, Cheryl Herring, the State Adoption Recruitment Coordinator, Amanda Koon, 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, curriculum, and public media presentations, and representatives of the University Of South Carolina, Children’s Law Center.

Since the submission of the “2015-2019 CFSP Strategic Action Plan” on 6/30/14, the ten (10) Objectives in the 2015-2019 CFSP, “Consultation and Coordination Between Tribes and States”, were added as Strategies / Progress Benchmarks to the “Strategic Action Plan.” At each of these consultations, all ICWA-related Objectives and Strategies in the 2015-2019 CFSP, Strategic Action Plan, were discussed at-length. As a result of the SCDSS/CIN group consultations, progress was made on many of the Strategies / Progress Benchmarks. Additionally and significantly, as the meetings continued throughout FFY 2015, the CIN and the SCDSS learned that some of the Strategies could be eliminated as unnecessary, others had to be modified to meet the needs of the CIN and some



new Strategies needed to be developed including, but not limited to, Strategies involving ICWA-compliant processes by the SCDSS staff, Resource Families, and other stakeholders, a Memorandum of Understanding between the SCDSS and the CIN, training of the SCDSS staff, Resource Families, and other stakeholders in cultural diversity and competency related to the Native American population. See the 2016 APSR, Plan For Improvement and the Updated 2015-2019 CFSP Strategic Action Plan, Goals Two (2), Three (3) and Four (4) for progress and challenges in accomplishing ICWA-related Strategies, for revisions to ICWA-related Strategies, as a result of consultations with the Tribe.

Additionally, beginning in January 2015, there were weekly telephone calls involving Linda Love and Greg Moore in order to monitor the progress and challenges of the Strategies, for further input from Linda Love on revisions to the Strategies, and for her questions related to the Strategies' progress and challenges and other ICWA-related questions.

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."

One of the primary concerns of the CIN, an Objective in the 2015-2019 CFSP and a strategy in the 2015-2019 CFSP, Strategic Action Plan, and in the 2016 APSR, Strategy / Progress Benchmark 3.2.1, is the intervention of the CIN when a CIN child or youth becomes involved with the SCDSS. As a result of the consultations between the SCDSS and CIN during FFY 2015, from March 2015 onward, Dennis Gmerek and Dione Carroll were in consultation to develop a draft Memorandum of Understanding between the Catawba Indian Nation and the SCDSS. The MOU being developed will address: 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; 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, that 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. This MOU is scheduled to be completed and activated by 9/30/15.

There is a commitment by the SCDSS and the Catawba Indian Nation to continue meeting quarterly throughout the remainder of FFY 2015 and throughout 2016 FFY to monitor the CFSP progress, and make revisions to it as needed.

## **Courts**

### **Substantial meaningful, and ongoing collaboration with the Courts, 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 SCDSS had two stakeholder meetings in January and February 2015 in Columbia with the court personnel to review the 2015-2019 CFSP and its Goals, Objectives, and Strategies. The representatives of the Family Court System and the representatives of the University of South Carolina, Children's Law Center (CLC) participated and were invited to make recommendations for modifications to be reflective in the 2016 APSR.

The 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 whom has been served and or notice of the hearings);
- identify issues that might cause delays (service or notices to defendants, prior orders);
- communicate with the SCDSS staff to assist in resolution of any issue prior to the court hearing;
- observe court hearings;
- track the cases to identify any recurring issues;
- track cases with the 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 CFSP 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, as part of the agenda for a SC Family Court Judges training sponsored by the Children's Law Center, the SCDSS presented information on selected parts of the 2015-2019 CFSP, Goals and Objectives. The SCDSS provided information on how Signs of Safety Practices (Goal 1, Objective 3) could help Judges make good decisions about when children could safely be reunited with their families. There followed a "vigorous conversation regarding the value of assessing behavioral changes vs. compliance with treatment plans as the best predictor of future child safety."

The Bench-Bar Committee in SC had 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 2015, recommendations were made related to, but not limited to, court room preparation and presence training for SCDSS attorneys and caseworkers, ways to expedite permanency hearings and results, and other training needs.

## 2. Update on Assessment of Performance

### Child and Family Services Review (CFSR)

Round 3 of the Child and Family Services Review for the State of South Carolina is scheduled for 2017. The State has requested an internal review due to the functioning of its current Quality Assurance Review System. Currently the State is supporting its efforts to have an internal review by implementing the CFSR 3 Instrument for its regular Quality Assurance Reviews. As approved by the Administration For Children and Families (ACF), the Quality Assurance Reviews utilize a random sampling of each county's Child Welfare Services cases.

### AFCARS Update

#### AFCARS Improvement Plan (AIP)

There are 14 sub-projects related to the AFCARS that need to be completed. These requirements are being approached in the same manner as the sub-projects for the SACWIS Improvement Plan (SIP), but they are "further along" so the State has more detail regarding their planning than for the SIP components. The AIP components that are left are:

- AIP Foster Care Extract Changes Project;
- AIP Adoption Extract Changes Project;
- AIP Non-Recurring Adoption Expenses Project;
- AIP Trial Home Visit Project;
- AIP Foster Care Data Element Changes (#10, 11, 12, 13, 14, 15-disabilities);
- AIP Foster Care Data Element Changes (#23, 24-placements);
- AIP Foster Care Data Element Changes (#41-trial home visit);
- AIP Foster Care Data Element Changes (#28, 31, 32, 33, 37-policy/practice);
- AIP Foster Care Data Element Changes (#44, 45, 46-case reviews);
- AIP Adoption Data Element Changes (#9, 10, 11, 12, 13, 14, 15-disabilities/special needs);
- AIP Adoption Data Element Changes (#18-case reviews);
- AIP Adoption Data Element Changes (#19, 20-TPR date);
- AIP Adoption Data Element Changes (#29, 30, 31, 32-relationship);
- AIP Adoption Data Element Changes (#4-nonrecurring adoption expenses);

ALL of these items are planned to be completed by December 31, 2015. The AIP Update, submitted in February 2015, contains details on the progress and completion of each project.

### IV-E Audit

The ACF performed an on-site audit at the SCDSS State Office of IV-E Foster Care files from 5/18/15 to 5/21/15. The SCDSS passed the IV-E Audit and expects to receive the written IV-E Audit Report within four (4) weeks.

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

The SCDSS invited the ACF 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 following are items that the Review indicated needed to be addressed, and the strategies within the 2016 APSR Update to the 2015-2019 CFSP Strategic Action Plan that address those items. See "3. Update On The Plan For Improvement" for details on specific action steps and progress toward completing those items. The NYTD Quality Improvement Plan (N-QIP) Strategies in the Strategic Action Plan are identified with **N-QIP**. The University of South Carolina, Center for Child and Family Studies is designated with **CCFS**.

## 2015 -2019 CFSP, Strategic Action Plan (SAP) Goal 4, Objective 8, Strategy 1

**4.8.1: N-QIP General Requirement #1.** Report information on all youth receiving independent living services. The state must establish a business practice to consistently and accurately capture information on all services.

**4.8.1a: N-QIP Data Element #20. Services approved via a funding request for IL services** (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”.

**4.8.1b: N-QIP General Requirement #1. Services provided by foster parents.** Caseworkers are not consistently documenting services delivered by foster parents.

### Data Elements

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 Resource Foster Families for all served youth regardless of age or foster care status (see General Requirement #1).

**4.8.1c: N-QIP Data Element #20. Independent living needs assessment.** The state is encouraged to clarify with workers what constitutes a systematic “needs assessment” for the purposes of reporting Element 20.

**4.8.1d: N-QIP Data Element #21. Academic support.** 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 costs, transportation to SAT/ACT, and “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.

**4.8.1e: N-QIP Data Element #22. Post-secondary educational support.**

**4.8.1f: N-QIP Data Element #23 Career preparation.**

**4.8.1h: N-QIP Data Element #24. Employment programs or vocational training.**

**4.8.1i: N-QIP Data Element #25. Budget and financial management.**

**4.8.1j: N-QIP Data Element #26. Housing education and home management training.**

**4.8.1k: N-QIP Data Element #27. Health education and risk prevention.**

**4.8.1l: N-QIP Data Element #28. Family support and healthy marriage education.**

**4.8.1m: N-QIP Data Element #2. 9Mentoring.** 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.

**4.8.1n: N-QIP Data Element #30. Supervised independent living.**

**4.8.1o: N-QIP Data Element #31. Room and board financial assistance.**

**4.8.1p: N-QIP Data Element #32. Education financial assistance.**

**4.8.1q: N-QIP Data Element #33. Other financial assistance.**

**4.8.2: Provide training to providers on Form 30254 and the process. N-QIP General Requirement #1. Services provided by contractors.** Case-level information on services delivered by contractors must be collected and reported. The State learned during interviews that sometimes this service data is reported in aggregate only.

### **Goal 4, Objective 9, Strategies 1-15**

**4.9.1: N-QIP General Requirement #1. Services provided to youth over age 21.** The state currently does not report on older youth who may be receiving services such as ETV.

**4.9.2: N-QIP General Requirement #1.** Demographic elements that help identify special populations of youth and their needs (e.g., 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.

**4.9.3: N-QIP Data Element #4. Date of birth.** 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.

**4.9.4: N-QIP Data Element #11.Race: Unknown.** The state's system must allow this element to be selected in combination with other race data for a multiracial youth.

**4.9.5: N-QIP Data Element #14. Foster care status – services.** 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.

**4.9.6: N-QIP Data Element #15. Local agency.** 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.

**4.9.7: N-QIP Data Element #16. Federally recognized tribe.** 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.

**4.9.7a: N-QIP Data Element #16.** 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.

**4.9.7b: N-QIP Data Element #16.** The state must establish supervisory controls to monitor the updating of this demographic information.

**4.9.8: N-QIP Data Element #17. Adjudicated delinquent.** 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.

**4.9.8a: N-QIP Data Element #17.** The state must establish supervisory controls to monitor the updating of this demographic information.

**4.9.9: N-QIP Data Element #18. Educational level.** The state must add a CAPSS code for "post-secondary education or training" for Element 18.

**4.9.9a: N-QIP Data Element #18.** 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.

**4.9.9b: N-QIP Data Element #18.** 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 the NYTD (an education level).

**4.9.9c: N-QIP Data Element #18.** The state must establish supervisory controls to monitor the updating of this demographic information.

**4.9.10: N-QIP Data Element #19. Special education.** 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.

**4.9.10a: N-QIP Data Element #19.** 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.

**4.9.10b: N-QIP Data Element #19.** The state must establish supervisory controls to monitor the updating of this demographic information.

**4.9.11: N-QIP Data Element #36. Foster care status – outcomes.** 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.

**Data Elements #53, #56-#58.** For each of these Data Elements 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.

**4.9.12: N-QIP Data Element #53. Marriage at child's birth.**

**4.9.13: N-QIP Data Element #56. Health insurance type: Medical.**

**4.9.14: N-QIP Data Element #57. Health insurance type: Mental health.**

**4.9.15: N-QIP Data Element #58. Health insurance type: Prescription drugs.**

#### **Goal 4, Objective 12, Strategies 2-5**

**4.12.2: N-QIP General Requirement #2.** 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.

**4.12.3: N-QIP General Requirement #4.** 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.

**4.12.4: N-QIP General Requirement #7.** 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.

**4.12.5: N-QIP General Requirement #8.** The state is to make changes to its quality assurance procedure 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.

**4.12.5a: N-QIP General Requirement #8.** The state is strongly encouraged to develop and implement a systematic effort to analyze the NYTD data to assess youths' access to services, the quality of services, and youth involvement in their own transition planning. The state should engage young people in developing and implementing these plans.

## Quality Assurance Review System / Child and Family Outcomes

The following sections present the South Carolina Department of Social Services Quality Assurance Review (QAR) results on Outcomes' "Significantly Achieved" scores, and Items' "Strength" scores. These case reviews were conducted using the Child and Family Services Review "Onsite Review Instrument" used in the CFSR Second Round (CFSR 2) of State Reviews by the ACF. The Quality Assurance Reviews were 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 (CCFS). From the beginning of FFY2015 through January 2015, there were nine Quality Assurance Reviews conducted using the CFSR 2 Instrument, which also included additional parts related to the policy and procedures in the SCDSS Human Services Manual, which were not part of the Federal CFSR 2 Instrument.

A decision was made at the SCDSS to transition to using the CFSR Third Round "Onsite Review Instrument" (CFSR 3) as soon as possible in the calendar year 2015. Because of the need for training to use the CFSR 3, and in order not to confuse the CFSR 3 with the CFSR 2 in a Quality Assurance Review, the decision was made to discontinue Quality Assurance Reviews at the end January 2015 until the QAR staff was prepared to begin using the CFSR 3 Instrument. The CFSR 3 Instrument began to be used by the QAR staff for county-based Quality Assurance Reviews in late April. The data from those reviews will be presented as part of the 2017 APSR.

The data for outcomes that is presented below in this section reflects outcomes using the CFSR 2 "Onsite Review Instrument", in nine (9) Quality Assurance Reviews of the case files of nine (9) SCDSS County Offices, 10/1/14-1/31/15. None of the nine (9) SCDSS County Offices reviewed were the four (4) Quality Assurance Program Improvement Plan (PIP) County Offices that received quarterly Quality Assurance Reviews between 2011 and 2013. In the calendar year 2013 South Carolina met its PIP criteria and was released from the ACF's PIP. Some of the nine (9) County Offices reviewed between 10/1/14 and 1/31/15 had been reviewed more than one time in the past three (3) years, but some had only participated in one (1) prior Quality Assurance Review.

The data for FFY 2013 and FFY 2014 also comes from Quality Assurance Reviews in the SCDSS County Offices that were not in PIP Counties that had quarterly Quality Assurance Reviews. It appears that many of FFY 2015 Outcomes were below the Outcomes of FFY 2013 and FFY 2014, and the majority of those SCDSS County Offices had only one or zero prior Quality Assurance Reviews utilizing the CFSR 2 Instrument. Additionally, the data for FFY 2013 and FFY 2014 is the data presented in the 2015-2019 CFSP, Assessment of Performance. For some of the Items, the Strength Rating was not presented in the 2015-2019 CFSP and so is identified as Not Available in this report.

Below are the percentages of "Substantially Achieved" Outcomes and percentages of "Strength" Rated Items through use of the Child and Family Services Review, Onsite Review Instrument 2. As previously mentioned, the rating of Items also included rating Items which had SCDSS policy and procedures from the SCDSS Human Services Manual.

A "Substantially Achieved" rating indicates the percentage of cases reviewed that had a "Substantially Achieved" rating for the Outcome.

A “Strength” rating indicates the percentage of cases reviewed that had a “Strength” rating for the Item.

**SAFETY OUTCOME 1  
CHILDREN ARE FIRST AND FOREMOST PROTECTED FROM ABUSE AND NEGLECT.**

	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Substantially Achieved	88.8%	85.6%	82.6%

Source: SCDSS Quality Assurance Reviews

\* **See Goal 1, Objective 1**, in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes” for an explication of Safety Outcome 1 data.

**Item 1:** Timeliness of initiating investigations: initiating an investigation with a face-to-face contact with the child(ren) within 24 hours of accepting the case for a Child Protective Services Investigation.

	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	80.2%	79.3%	75.3%

Source: SCDSS Quality Assurance Reviews

**Item 2:** Repeat maltreatment; recurrence of substantiated or indicated maltreatment within a six-month time period.

	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	97.8%%	91.8%	89.9%%

Source: SCDSS Quality Assurance Reviews

To heighten safety awareness and improve safety outcomes, the state established a statewide Safety Objective. **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.

**Jan. 1, 2014-April 1, 2015**

94.5 %

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

**SAFETY OUTCOME 2  
CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHEN POSSIBLE AND APPROPRIATE.**

	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Substantially Achieved	49.5%	47.1%	56.0%

Source: SCDSS Quality Assurance Reviews

\* **See Goal 1, Objective 2**, in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes” for an explication of Safety Outcome 2 data.

**Item 3:** Services to families: Assessing child and family service needs and providing appropriate identified treatment and support services.

	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	49.2%	42.8%	56.6%

Source: SCDSS Quality Assurance Reviews



\* **See Goal 1, Objective 2**, in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes” for an explication of Safety Outcome 2 data.

**Item 4:** Risk assessment and safety management: monthly visits to assess risk and safety relating to children, safety concerns of parents and assessing all individuals residing in the home.

	FFY 2015	FFY 2014	FFY 2013
Strength	49.9%	51.4%	57.3%

Source: SCDSS Quality Assurance Reviews

\* **See Goal 1, Objective 2**, in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes” for an explication of Safety Outcome 2 data.

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

	FFY 2015	FFY 2014	FFY 2013
Substantially Achieved	46.1%	50.0%	54.4%

Source: SCDSS Quality Assurance Reviews

\* **See Goal 3, Objective 1**, in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes” for an explication of Permanency Outcome 1 data.

The state significantly improved its performance on achieving permanency for children in foster care for long periods of time, meeting the national standard in the FFYs 2012 and 2013. Many of the children who remain in need of a “Forever Family” have been more difficult to place for adoption than those placed in the FFYs 2012-2013, as evidenced by being legally free for 6 months or more. Many of these children are older teens and/or in sibling groups. A Permanency Objective was developed focusing on these children who have been legally free for 6 months or more.

**Objective- Permanency Outcome 1:** Achieve adoption for 50% (476 children x 50% = 238 children) of all children who on January 1, 2014, have been legally free for 6 months or more by December 31, 2014.

The Objective’s Outcome was 112 adopted, or 23.5% by December 31, 2014.

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

As will be noted in **The Update On The Plan For Improvement**, some of the same reasons for the general decrease in percentage of Substantially Achieved Outcomes apply to this Outcome as well. However, the specific reasons for the development of this Permanency Objective proved to be as or more challenging than anticipated to resolve.

**Item 5:** Foster care re-entries. To assess whether children who entered foster care during the period under review were re-entering within 12 months of a prior foster care episode.

	FFY 2015	FFY 2014	FFY 2013
Strength	98.2%	Not Available	Not Available

Source: SCDSS Quality Assurance Reviews

\* **See Goal 3, Objective 1**, in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes” for an explication of Permanency Outcome 1 data.

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

	FFY 2015	FFY 2014	FFY 2013
Strength	52.6%	66.3%	75.8%

Source: SCDSS Quality Assurance Reviews

\* **See Goal 2, Objective 3**, in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes” for an explication of Permanency Outcome 1 - Item 6 data.

**Item 7:** Permanency goal for child: whether appropriate permanency goals were established for the child in a timely manner.

	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	49.4%	55.7%	52.2%

Source: SCDSS Quality Assurance Reviews

\* **See Goal 3, Objective 1**, in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes” for an explication of for an explication of Permanency Outcome 1 data.

**Item 8:** Reunification, guardianship or permanent placement with relatives: whether concerted efforts were made, or are being made, during the period under review, to achieve reunification, guardianship or permanent placement with relatives in a timely manner.

	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	39.5%	47.5%	46.8%

Source: SCDSS Quality Assurance Reviews

\* **See Goal 3, Objective 1**, in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes” for an explication of Permanency Outcome 1 data.

**Item 9:** Adoption, concerted efforts were made, or are being made, to achieve a finalized adoption in a timely manner.

	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	12.2%	30.6%	42.8%

Source: SCDSS Quality Assurance Reviews

Of the nine (9) Quality Assurance Reviews reflected in the 12.2% Strength, five (5) of the Reviews had zero (0) percent Strength ratings. The other four (4) Reviews had Strength ratings of 14.3% to 33.3%.

\* **See Goal 3, Objective 1**, in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes” for an explication of Permanency Outcome 1 data.

**Item 10:** Other planned permanent living arrangement, the agency made concerted efforts to ensure:

- that the child is adequately prepared to make the transition from foster care to independent living (if it is expected that the child will remain in foster care until he or she reaches the age of majority or is emancipated);
- that the child, even though remaining in foster care, is in a “permanent” living arrangement with a Resource Foster Family or a Kinship Caregiver and that there is a commitment on the part of all parties involved that the child remain in that placement until he or she reaches the age of majority or is emancipated;
- that the child is in a long-term care facility and will remain in that facility until transition to an adult care facility.

	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	25.0%	Not Available	Not Available

Of the nine (9) Quality Assurance Reviews reflected in the 25.0% Strength rating, five of the Reviews had zero (0) OPPLA-appropriate cases and, of the four remaining reviews, two (2) had a strength of 0% and two (2) had a strength of 50% of cases.

Source: SCDSS Quality Assurance Reviews

\* **See Goal 3, Objective 1**, in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes” for an explication of Permanency Outcome 1 data.

**PERMANENCY OUTCOME 2  
THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS  
IS PRESERVED FOR CHILDREN.**

	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Substantially Achieved	55.5%	58.1%	55.9%

Source: SCDSS Quality Assurance Reviews

\* **See Goal 3, Objective 2**, in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes” for an explication of Permanency Outcome 2 data.

**Item 11:** Proximity of foster care placement, concerted efforts were made to ensure that the child’s foster care placement was close enough to the parent(s) to facilitate face-to-face contacts between the child and the parent(s) while the child was in foster care.

	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	61.1%	Not Available	Not Available

Source: SCDSS Quality Assurance Reviews

\* **See Goal 3, Objective 2**, in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes” for an explication of Permanency Outcome 2 data.

**Item 12:** Placement with siblings: concerted efforts were made to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings.

	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	75.8%	79.2%	74.0%

Source: SCDSS Quality Assurance Reviews

\* **See Goal 3, Objective 2**, in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes” for an explication of Permanency Outcome 2 data.

**Item 13:** Visiting with parents and siblings in foster care: concerted efforts were made to ensure that visitation between a child in foster care and his or her mother, father and siblings is of sufficient frequency and quality to promote continuity in the child’s relationship with these close family members.

	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	31.6%	54.9%	36.9%

Source: SCDSS Quality Assurance Reviews

\* **See Goal 3, Objective 2**, in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes” for an explication of Permanency Outcome 2 data.

**Item 14:** Preserving connections: concerted efforts were made to maintain the child’s connections to his or her neighborhood, community, faith, extended family, tribe, school and friends.

	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	76.1%	77.4%	67.8%

Source: SCDSS Quality Assurance Reviews

\* **See Goal 3, Objective 2**, in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes” for an explication of Permanency Outcome 2 data.

**Item 15:** Relative placement, concerted efforts were made to place the child with relatives when appropriate.

	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	63.3%	56.8%	63.1%

Source: SCDSS Quality Assurance Reviews

\* **See Goal 3, Objective 2**, in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes” for an explication of Permanency Outcome 2 data.

**Item 16:** Relationship of child in care with parents: concerted efforts were made to promote, support and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregiver(s) from whom the child had been removed through activities other than just arranging for visitation

	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	25.1%	31.9%	27.9%

Source: SCDSS Quality Assurance Reviews

\* **See Goal 3, Objective 2**, in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes” for an explication of Permanency Outcome 2 data.

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

	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Substantially Achieved	11.5%	43.6%	53.0%

Source: SCDSS Quality Assurance Reviews

The 11.5% “Significantly Achieved” Well-being Outcome (CFSR 2 Onsite Review Instrument) rating for the nine (9) Quality Assurance Reviews in FFY 2015, 10/1/14-1/31/15, primarily reflected the “Strength” ratings of the nine (9) Reviews, in the Items that involved visits with parents and case planning with parents, Items 17, 18, and 20. Item 20, Caseworker visits with Parents, had the lowest Strength ratings, two (2) Reviews had zero (0) percent “Strength” ratings. Of the other seven (7) Reviews, six (6) Reviews had Strength ratings under 16%. Items seventeen (17) and eighteen (18), both involving visits with parents to assess for needs and for case planning, had Strength ratings of twenty (20) percent to fifty (50) percent.

At the same time, the Strength rating for Item 19, Caseworker visits with child, had higher Strength ratings, from forty (40) percent to eighty-nine (89) percent. It appears from this data that caseworkers apparently were making choices, when necessary, to visit the children as a priority and visit adults as a secondary priority.

\* **See Goal 2, Objective 1**, in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes” for an explication of Well-Being Outcome 1 data.

**Item 17:** Needs and services identified, recommended and put in place for the child, parents, and foster parents: concerted efforts to assess the needs of children, parents, and foster parents (both at the child’s entry into foster care and/or on an ongoing basis) to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency’s involvement with the family and provided the appropriate services.

	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	28.4%	38.0%	45.4%

Source: SCDSS Quality Assurance Reviews

\* **See Goal 2, Objective 1**, in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes” for an explication of Well-Being Outcome 1 data.

**Item 18:** Child and family involvement in case planning, concerted efforts were made (or are being made) to involve parents and children, (if developmentally-appropriate), in the case planning process on an ongoing basis.

	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	31.6%	41.1%	52.1%

*Source: SCDSS Quality Assurance Reviews*

\* **See Goal 2, Objective 1**, in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes” for an explication of Well-Being Outcome 1 data.

**Item 19:** Caseworker visits with child, the frequency and quality of visits between caseworkers and the child(ren) in the case are sufficient to ensure the safety, permanency and well-being of the child and promote achievement of case goals.

	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	68.7%	72.1%	76.7%

*Source: SCDSS Quality Assurance Reviews*

\* **See Goal 2, Objective 1**, in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes” for an explication of Well-Being Outcome 1 data.

**Item 20:** Caseworker visits with parents, the frequency and quality of visits between caseworkers and the mothers and fathers of the children are sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals.

	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	11.5%	18.7 %	42.3%

*Source: SCDSS Quality Assurance Reviews*

\* **See Goal 2, Objective 1**, in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes” for an explication of Well-Being Outcome 1 data.

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

	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Substantially Achieved	72.3%	75.3%	86.6%

*Source: SCDSS Quality Assurance Reviews*

\* **See Goal 4, Objectives 8-16**, in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes” for an explication of strategies related to addressing the educational needs of youth ages 13-18, and “youth in transition” to postsecondary education or vocational training, planning, and support.

**Item 21:** Educational needs of the child, the agency made concerted efforts to assess the child's educational needs at the initial contact with the child and/or on an ongoing basis and identified needs were appropriately addressed in case planning and case management activities.

	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	72.3%	75.3%	86.6%

*Source: SCDSS Quality Assurance Reviews*

\* See Goal 4, Objectives 8-16, in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes” for an explication of strategies related to addressing the educational needs of youth ages 13-18, and “youth in transition” to postsecondary education or vocational training, planning, and support.

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

	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Substantially Achieved	62.1%	53.8%	59.5%

Source: SCDSS Quality Assurance Reviews

\* See Goal 2, Objective 2, in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes” for an explication of Well-being Outcome 3 data.

**Item 22:** Physical health of the child: the agency addressed the physical health needs of the child, including dental health needs.

	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	55.9%	45.3%	52.3%

Source: SCDSS Quality Assurance Reviews

\* See Goal 2, Objective 2, in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes” for an explication of Well-being Outcome 3 data.

**Item 23:** Mental/behavioral health of the child: the agency addressed the mental/behavioral health needs of the child(ren).

	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	68.3%	62.3%	66.6%

Source: SCDSS Quality Assurance Reviews

\* See Goal 2, Objective 2, in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes” for an explication of Well-being Outcome 3 data.

## Systemic Factors

\*Where an “Item” is indicated in this section, the “Item” refers to the Item number in the CFSR 2, “Onsite Review Instrument.”

### 1) Information Systems

The Child and Adult Protective Services System (CAPSS) is the SCDSS’s statewide automation system for Child Welfare Services.

In May 2012, the state received the SACWIS Review results which stated that, of the 88 total requirements, the state was compliant with 24 requirements, non-compliant with 16, conditionally compliant with 38, and ten (10) were not applicable. The state is in a “SACWIS Improvement Plan (SIP).” This SIP is the basis for addressing all deficiencies contained in the results from the onsite SACWIS review. Once all of the deficiencies are addressed, the SCDSS will be considered to have a fully functional and fully operational SACWIS system.

The current focus of the CAPSS staff is to complete the changes to meet the AFCARS and SACWIS requirements. Consistent and knowledgeable staff will be needed in both program areas and Information Systems to complete both

of these plans in a timely manner. A plan to be staffed with this consistent and knowledgeable staff in the program and Information System areas is a part of the “SACWIS Action Plan.”

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:

- Last Name**: Text input field
- First Name**: Text input field
- Middle Initial**: Text input field
- Social Security Number**: Text input field with format '\_\_\_-\_\_-\_\_\_\_'
- Date of Birth**: Date picker
- Estimated Age**: Text input field and dropdown menu
- Language**: Dropdown menu
- Sex**: Dropdown menu
- Race**: List box with options: White, Black or African American, American Indian/Alaskan Native, Asian
- Employment Status**: Dropdown menu
- Citizenship**: Dropdown menu
- Country of Birth**: Dropdown menu
- Unaccompanied Refugee Minor**: Dropdown menu
- Hispanic Ethnicity**: Dropdown menu
- Native American Affiliations**: Dropdown menu
- Tribal Affiliation**: Dropdown menu
- Education**: Dropdown menu
- Educational Level Attained**: Dropdown menu

**Income** section:

Row	Source of Income	Monthly Amount	Start Date	End Date

Buttons: Add, Update, View, OK, 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]

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

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

**Reason Closed** [redacted]

**Text** [redacted]

**Office** CHARLESTON COUNTY DSS

Foster Care Location

View - Placement Information -

**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

- Foster Home (DSS)
- Foster Home (Out of State)
- Foster Home (Private Agency)
- Adoptive Home (Private Agency)
- Therapeutic Foster Home-Foster Home (Private A

**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

## 2) Case Review System

### Written Case Plan

Since the submission of the 2015-2019 CFSP, there has been no change in the documentation capacity nor in data capacity related to the written case plan.

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.

It is not possible to know to what degree written case plans are developed with the parent(s) and the child, and presented to the parent(s). The Child and Adult Protective Services System (CAPSS), the data information system used by the SCDSS, cannot retrieve information/data related to development of a written case plan 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. There are plans to develop county summary and detail reports to monitor the progress of assessment and planning for family preservation cases. The SCDSS currently has the Family Assessment and Child Assessment in Test.

According to the Quality Assurance Reviews (QAR) from 10/1/14-1/31/15, using the CFSR 2 Instrument in nine (9) QARs, the "Strength" rating for Item 18, "Child and Family Involved In Case Planning", we have a "Strength" rating of 31.6%. The QAR System does not have the capability to automatically calculate the percentage of involvement individually of the mother, the father and the child(ren) if developmentally-appropriate. Additionally, the QAR System cannot calculate the percentage "Strength" of the Case Plan being presented and signed by the individuals.

Anecdotally, one of the reasons for the 31.6% "Strength" rating is due to the lack of the father's involvement in case planning, not entirely due to that, but to a large part due to it. See **Goal 2, Objective 1**, in "3. Update to the Plan for Improvement and Progress Made to Improve Outcomes" for an explication of Well-being Outcome 1 data, and Item 18 @ 31.6% "Strength".

**Strengths:** As the state has implemented the use of the CFSR 3 Onsite Review Instrument as of April 2015, moving forward the state will have the capacity to obtain data from the Quality Assurance Reviews through Item 13 a, b, and c information, to identify the extent to which the mother, father and the child(ren), when developmentally-appropriate, were involved in case planning.

**Concerns:** This 2016 APSR will request that the SCDSS CAPSS add a code for a written case plan having been developed with the parents, and the child(ren) when developmentally-appropriate, and a code that the plan has been presented to the parents.

**Periodic Reviews**

Since the submission of the 2015-2019 CFSP, there has been no change in the system for periodic reviews of cases. Through the Foster Care Review Board (FCRB), South Carolina has a process for the periodic administrative review of the status of each child, at least once every six months.

Foster Care Review Board Report- In the calendar year 2014, Foster Care Review Boards held 5,914 reviews for 3,630 children at 418 Review Board meetings.

**Strengths:** Of the 5,914 reviews, 98% were held timely (meaning every 6 months). The case review system is functioning well in terms of timeliness of reviews.

**Concerns:** The quality of the review varies by county and by Review Board.  
 The state does not have a way to measure the quality of the reviews.  
 The State developed a Portal and this has caused some data entry issues for the FCRB and may impact the data integrity

**Permanency Hearings**

Since the submission of the 2015-2019 CFSP, there has been no change in the system for filing a Permanency Plan for each child.

Until the third quarter of the 2014 FFY, the default Permanency Plan, when the foster care case was opened, was "Return Home". That was changed so that the default is "Not Yet Established" and stays that way until the caseworker enters a Permanency Plan for the child. Currently, the Department is using the Child and Adult Protective Services System (CAPSS) to monitor Permanency Hearings. The Department has chosen to monitor based on a nine (9) month period instead of a twelve (12) month period.

**Performance Measure 12 - Timely Permanency Plan Hearings**

**June 2015**

**Measure:** Of all children who were in foster care at any time in the reporting year AND are less than 18 years old AND were in care for 9 months or longer, how many had Permanency Hearings held within 9 months of entering care or within 9 months of their last Permanency Hearing?  
 (Note: 1 month allowed for data entry)

**Report Period:** May 1, 2014 - April 30, 2015

Office of Case Management	F C Services During Report Period	Children in Care Any Time During Reporting Period who Received Foster Care Services >= 12 Months					Open Foster Care Services at End of the Report Period that Have Been Open >= 12 Months				
		Children In Care >=12 Mons	Hearing Completed < 9 Mons	% Hearings Completed < 9 Mons	Not Completed < 9 Mons	Above or Below State Avg.	Children In Open Services	Hearing Held <= 9 Mons	% Open Services Current	Hearing Not Completed	Above or Below State Avg.
<b>Total for REGION</b>											
<b>STATE TOTAL</b>	7,591	2,472	2,136	86.4%	553	1,822	1,753	96.2%	69		

**Termination of Parental Rights**

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 to monitor the timeliness of filing for Termination of Parental Rights. There are two reports being used to track filing for Termination of Parental Rights.

**Concerns:** The need for additional Paralegals to serve County Offices continues to be a need for timely filing of a TPR, and the process of supplying more Paralegals has continued to date through FFY 2015.

### **Notice of Hearings and Reviews to Caregivers**

Foster Care Review Board Report. In the calendar year 2014, the Foster Care Review Boards identified 7,371 "Areas of Concern" at the 5,914 reviews held for 3,630 children. Of those "Areas of Concern", less than 1% were for "Interested Parties not Invited" (which includes Resource Foster Families, pre-adoptive parents, and Kinship Caregivers. Additionally for the calendar year 2014, in 7% of the 5,914 reviews held an "Area of Concern" was identified for "No Three Weeks' Notice to Parties." This does not mean that interested parties did not attend, however, lack of timely notice impacts interested parties' abilities to arrange their schedules to attend.

The other source of information available to the state to assess the timely notice of hearings and reviews to Resource Families is the SC Foster Parent Association (SCFPA). The SCFPA presented to the SCDSS attorneys at a recent statewide training activity and stressed the importance of notifying Resource Foster Families and the important information they can provide to them. The SCFPA also presented at a SCDSS County Directors Forum and stressed the importance of notifying Resource Foster Families and including them in case planning. The SCFPA reported that it has not been receiving phone calls (during FFY 2015) regarding the lack of notices.

### **3) Quality Assurance System**

#### **How well is the quality assurance system functioning statewide?**

**(1) In all Counties.** All forty-six (46) counties in South Carolina had a Quality Assurance Review (QAR) in the calendar year 2014. The plan is for all forty-six (46) counties in South Carolina to have a Quality Assurance Review in calendar year 2015. The counties that received a QAR in the calendar year 2014, and in January 2015, were reviewed using the CFSR 2 "Onsite Review Instrument", with the additions of some questions related to SC policies procedures. There were not "Facilitated Discussions" in each of the counties reviewed in the calendar year 2014 through January 2015.

**(2) Standards to evaluate the quality of services.** The counties that received a QAR in the calendar year 2014 and in January 2015 were reviewed using the CFSR 2 "Onsite Review Instrument", with the additions of some questions related to SC policies and procedures. The counties that will receive a QAR in the third and fourth quarters of FFY 2015 and the first quarter of FFY 2016, will be reviewed using the CFSR 3 "Onsite Review Instrument." Following a Quality Assurance Review, SCDSS County Offices receive 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. "

The Quality Assurance Reviews use a random sampling of cases in each county, as approved by the ACF. The number of sample cases selected is dependent upon the size of the county and the number of cases in the county during the "Period Under Review".

**(3) Identifies strengths and needs of the service delivery system.** In using the CFSR 2 "Onsite Review Instrument" with additional SC policy and procedure-related questions, the Quality Assurance Review System does identify strengths, needs, and gaps in the service delivery system. As an example, most notably, the QARs identified that there is a gap in available mental/behavioral health assessment/diagnosis services in the more rural areas of the state.

**(4) Provides relevant reports for case record review data and process.** Upon the completion of each Quality Assurance Review, before the Review Team leaves the Review, an initial report of QAR information is shared with the SCDSS County Office leadership. All reviewed Counties are sent a "Debriefing Report" of the QAR within four (4) weeks of the QAR. This "Debriefing Report" includes narrative reporting and quantitative data reporting on the Outcomes' in terms of "Substantially Achieved" percentages and on the Items' "Strength" ratings.

While the 2015-2019 CFSP, “Plan For Improvement”, Strategic Action Plan, included the implementation of “Facilitated Discussions” during the 2015 FFY, these “Facilitated Discussions” did not begin to be implemented. This was due to a staff capacity challenge at the University of South Carolina, Center for Child and Family Studies (CCFS), during FFY 2015. The CCFS had planned to utilize two of the staff trainers involved in providing the Child Welfare Basic Training to the SCDSS new practitioners, to provide the “Facilitated Discussions” in the reviewed County Offices. Unfortunately, the plan to do this was challenged by an increase in the number of Child Welfare Basic Training Sessions during FFY 2015. The trainers were needed to provide the training, and new trainers were not on-boarded to the CCFS in a timely way to allow the designation of trainers to perform the needed “Facilitated Discussions.”

The plan to provide “Facilitated Discussions” has been amended to include hiring/utilizing and training separate staff for the “Facilitated Discussions”. Additionally, while this hiring and training is in process, the SCDSS CQI office will work with the CCFS to facilitate these discussions within two weeks of the receipt of the debriefing report for every county. This has begun to be implemented.

**(5) Evaluates implemented program improvement measures.** This activity has not occurred during FFY 2015. A strategy in the Plan For Improvement-Strategic Action Plan in the 2016 APSR needs to be developed.

**6) Foundational administrative structure.** Brad Leake, the SCDSS, Director of the Division of Accountability, Data, and Research, manages the Quality Assurance Review (QAR) System and supervises the SCDSS Director of Quality Assurance Reviews, Tammy Bagwell, and manages the contract with the University of South Carolina, Center For Child and Family Studies (CCFS) through which the CCFS partners with the SCDSS in providing staff for QARs, data collection, and reporting of QAR data and information to the SCDSS Executive Management and to the County Offices. Dr. Cynthia Flynn is the Director of the CCFS and supervises the CCFS QAR Director, Brenda Amedee.

**7) Quality data collection.** Through to the completion of the use of the CFSR 2 “Onsite Review Instrument” in January 2015, while good quality data was available for each QAR, all of the data was not collected and available through an automated means. While the QAR Outcomes’ and the Items’ ratings were collected and available through automated means, the individual answers to the questions within each item were not automated in their collection nor reporting. That information and data was available through manual collection and reporting, and was not regularly available.

Beginning with the utilization of the CFSR 3 “Onsite Review Instrument” in the fourth quarter of FFY 2015 onward, automated collection and reporting of Outcomes and Items’ individual answers will be implemented. Additionally, beginning in either late FFY 2015 or early FFY 2016, there will be a new implementation of a “Validity and Reliability Check” on the Quality Assurance Reviews’ data collection and reporting.

**8) Feedback to stakeholders and decision makers, and adjustment of programs and process.** During FFY 2015, these QAR results were shared: at multiple stakeholder collaborative meetings in Regions of the state (P3); at two (2) statewide stakeholders’ meetings in Columbia in January and February 2015; at multiple statewide Palmetto Power (P2) meetings in Columbia in FFY 2015 for the SCDSS staff and stakeholders and with the Catawba Indian Nation (CIN) during three (3) meetings during FFY 2015.

Specifically at the two statewide stakeholders’ meeting in January and February 2015, following the presentation of the 2015-2019 CFSP, Strategic Action Plan’s Goals and Objectives, and the QAR data that informed the development of the Goals and Objectives, discussions ensued on the current status of the Objectives with quantitative and qualitative information with the stakeholders. Following that, suggestions were made by the stakeholders for revisions and/or additions to the Objectives and Strategies for the 2016 APSR Update on the Plan

for Improvement, Strategic Action Plan. For the 2016 APSR Update, there are adjustments to process (Strategies) to help achieve the Objectives of the 2015-2019 CFSP, Plan For Improvement.

Specific to the collaboration with the CIN and sharing with the Tribe of QAR data and the CFSP Goals and Objectives, the meetings with the CIN Director of Social Services, Linda Love, and the CIN Legal Counsel, Dione Carroll, produced fruitful discussions for the confirmation of the data, and for revisions and additions to the Strategies. See the Collaboration section and the Plan For Improvement section of this 2016 APSR for the details of the adjustments to the Strategies of the Goals and Objectives.

The plan for feedback to stakeholders includes both statewide meetings and regional meetings with stakeholders to share the revisions and the adjustments to the Plan For Improvement as a result of their input. This will be scheduled for the first quarter of FFY 2016, following the final approval of the 2016 APSR by the ACF.

In the second quarter of FFY 2015, as a part of our CQI process, the SCDSS developed a policy and procedures for transitioning traditional information sharing meetings into Child Welfare Improvement Teams (CWIT).

Traditionally, State and County SCDSS offices met with agency partners and advocates to share service-related information and discuss problems with child welfare service delivery. The CWIT 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 Resource 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 Resource 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 Resource 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 CWITs will submit Continuous Quality Improvement (CQI) activity reports to the Office of Deputy State Director of Human Services, to the attention of Director of Continuous Quality Improvement, for review and discussion. Human 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 provided at staff meetings, internal and external newsletters, e-mails, annual reports, and on the SCDSS website. 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) Staff and Provider Training.**

##### **Initial Staff Training**

##### **Established curriculum and time frames.**

##### **University of South Carolina, Center for Child and Family Studies (CCFS)**

*Child Welfare Basic Training Course:* The CCFS assists 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. They provide eighteen to twenty-four Child Welfare Basic Training sessions during the contract year for up to twenty-eight (28) new workers per session (depending on the size of the training room and number of computers available). The training announcement, registration, lodging and per diem, training staff, certification testing, case vignettes, and e-learning components are provided for this training event. *The Child Welfare Basic Course* includes 5.5 weeks of in-class time. Non-class time is structured with specific time set aside during work hours to complete online course assignments. Shadowing assignments and documentation by supervisors is structured with supervisors is structured with supervisors required to submit to the CW Basic Instructor specific types of documentation and assessments of the worker participating in the class.

##### **University of South Carolina, Children's Law Center (CLC)**

The Children's Law Center provides the legal training component of basic training for child welfare staff. All staff with Child Protective Services responsibilities must successfully complete this training. This four-day training is conducted subsequent to the general basic training provided by the CCFS. Efforts are made to coordinate scheduling so that the legal training is available within seven (7) days after completion of the general basic training for Child Welfare staff.

##### **Concerns.**

- 1) Due to high staff turnover, this training program, which is intensive and fairly expensive, must be conducted very frequently (twice per month on average). Due to the need to have the Child Welfare staff trained quickly, classes must sometimes include more than the optimal number of participants.
- 2) During FFY 2015, there has been a delay in providing this training to all of the SCDSS new employees following their completion of the Child Welfare Basic Training.

##### **Strengths.**

- 1) All Child Protective Services staff complete training and are evaluated. The Children's Law Center and the Center for Child and Family Studies coordinate efforts to ensure that training is scheduled to meet the needs for new staff to be certified as quickly as possible.
- 2) Update: The Legal Component of basic training from the Children's Law Center will be detached from Child Welfare Basic, which will enable new staff to be deployed to the field more quickly rather than waiting on the four (4) day additional training from CLC. The legal training from CLC would still be required to be completed by all new staff within a ninety (90) day time period after they complete CWB.

##### **Addresses basic skills and knowledge needed.**

##### **University of South Carolina, Children's Law Center (CLC)**

The basic legal training is very focused and addresses quite well the skills and knowledge needed by staff to carry out their court-related duties. The training involves two days of presentation 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. Evaluations from trainees are overwhelmingly positive.

##### **Concerns.**

In spite of the strength of this training, it cannot provide all that the Child Welfare staff needs to competently perform all of their court-related duties on an ongoing basis. At the point of basic training, most staff have

not been in court and cannot thoroughly absorb all of the information provided. To address this concern, follow-up refresher training will be offered on a regional basis in the coming year.

### **Strengths.**

The focus on essential skills that are needed for court, coupled with the experiential component provided through mock hearings. Attorney trainers with extensive experience in child protection hearings provide the training.

### **The National CASA Pre-Service Training Curriculum**

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 advocate. The course introduces the roles of the GAL and the laws surrounding service in this capacity. The Child Protection Systems and the Court system are discussed. The Guardian ad Litem is asked to explore cultural awareness and learn how to understand families and children of all different 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.

### **Parents Anonymous (FamilyCorp)**

#### **Basic Training of Newly Identified Parents Anonymous Adult and Youth Facilitators**

Parents Anonymous offers training for newly identified Parents Anonymous (PA) Adult and Youth Facilitators to implement the Parents Anonymous Mutual (Peer to Peer) Parenting Support Program with sixty-four (64) Groups statewide. This eight (8) hour training teaches newly identified PA Facilitators how to implement a Parent and Youth Support Group. The following learning competencies are required to be demonstrated to be certified to operate a group: 1) Able to demonstrate a working knowledge of the history, mission and research behind the PA Model; 2) Able to Describe How the Program Works (ie Program Fidelity), including: the Four Guiding Principles; the Theory of Change and the evolution of the Parent Leader; Name and understand the Critical Group Standards and Norms; and Understand the Stages of Group Development; 3) Identify the Signs of Safety in a Home; 4) Understand the importance of Trauma-Informed Practice and capable of brokering those who need trauma-informed therapy to appropriate providers; 5) Capable of Navigating parents to additional community resources when that need is identified; 6) Understand the facilitator role in program evaluation and reporting; 7) Understand the facilitator role in reporting a parent's progress to referring agencies; 8) Understand the importance of informed consent to disclosure of confidential information; and 9) Understand how ACE's Impact Client Outcomes and mitigating the impact of ACE's for more positive outcomes for both adults and youth that attend.

### **Project Best**

Project Best offers the following initial training event for their staff who work specifically in a Trauma-Informed Care Practice:

**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 are for all participants to understand: 1) 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 Community-Based Learning Collaborative (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 Trauma-Focused Cognitive-Behavioral Therapy is; 6) why inter-professional collaboration and service coordination is important to traumatized children and their families; and 7) what the elements of a Community-Based Learning Collaborative are. This session is conducted by doctoral level training faculty from Project BEST with significant experience with 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.



**Ongoing Staff Training**  
**Established annual/bi-annual hour/continuing education requirement and time frames.**

**Cass Elias McCarter Guardian ad Litem Program**

Volunteer Guardians ad Litem and Guardian ad Litem (GAL) Program Coordinator staff members both have responsibilities for case management within the Guardian ad Litem Program. Both staff and volunteers are required to have 12 hours of continuing education per year, following their initial training.

Guardian ad Litem staff and volunteers received 6,915 hours of ongoing training during FFY 2015, 10/1/14- 5/6/15. Training events occur on a continuous basis throughout the State based on need. The GAL Program conducted surveys of volunteers to determine topics of interest. These were used to develop the county training plans for 2014-2015. The GAL Program has initiated Regional Training Events. These all-day sessions bring highly qualified presenters from the Department of Social Services and the University of South Carolina, Children's Law Center (CLC) so that volunteers receive five (5) hours of training in one day. Topics involving stronger advocacy in the legal arena are combined with Trauma-Informed Care training in the afternoon.

In some areas, particularly in small counties, County Coordinators struggle to get volunteers to attend the required twelve (12) hours of continuing education. The GAL Program is currently preparing Training Plans by county for the FFYs 2015-2016.

**Strengths and concerns of the ongoing training addressing basic skills and knowledge needed by staff to carry out their duties.**

**Cass Elias McCarter Guardian ad Litem Program**

Ongoing training of staff and volunteers focuses on improving child advocacy through better knowledge of the legal system, exploring issues that contribute to abuse and neglect, understanding the impact of trauma on children, and becoming aware of community resources that can assist families and children. Evaluations done at the end of the sessions indicate "good" to "excellent satisfaction" with the training materials and presenters.

**Children's Trust of South Carolina**

In the fall of 2014, Children's Trust conducted five (5) full-day workshops. The content and agenda were exactly the same. Each participant received five (5) contact hours for the full-day participation. The content covered in the training included: Protective Factor Framework; Safe Sleep; Child Passenger Safety; and Preventing Shaken Baby Syndrome. The SCDSS staff and staff from other child welfare agencies attended the training events. Feedback was received anonymously from participants following the training. Participants indicated that they believed the information was relevant to their work and would assist them in doing their job in working with families.

**Palmetto Health Special Care Center (PHSCC)**

The Palmetto Health Special Care Center (formerly the Medically Fragile Children's Program) provides ongoing training to SCDSS caseworkers and community-agency staff who care for children in foster care. The following information was provided as an overview of Training Outcome Data which included the calendar year 2014:

The caregiver's shared in various settings their thanks and appreciation for this specialized training. It allowed them to provide care for children in their care with special medical conditions. (i.e. seizure disorders, gastrostomy tubes). The ability to provide off-site training to foster parents at their meeting sites has proven to be a valuable service to them. Off-site training at the Foster Parent Association Meetings has allowed for first hand identification of training needs, and in some instances, direct observation of skill acquisition. PHSCC also received anecdotal feedback from caseworkers who have observed care giving skills in the home after training has been completed (i.e. medication administration and feeding). There has been an increase in the use of training by various agency staff this year. The networking with other agencies providing services to children in Foster Care has increased. Based on feedback from

course evaluations, several new classes were or will be added. Resource Foster Families and Caseworkers have enjoyed and benefited from “Lunch and Learn Seminars,” especially with the speaker selection to cover a variety of topics.

**University of South Carolina, Children’s Law Center-Court Improvement Project (CIP).** The goal of the South Carolina Court Improvement Program is to achieve timely and quality court proceedings so that children may obtain positive permanency outcomes as quickly as possible. Court Administration, the Children’s Law Center (CLC) and the South Carolina Department of Social Services are the primary partners in implementing the Court Improvement Program. These projects target the court-related concerns identified in South Carolina’s most recent CFSR and IV-E review, including: permanency goal for child; utilization of APPLA; needs and services for child, parents, and caregivers; and child and family involvement in case planning. The South Carolina Court Administration, which receives all three CIP grants, subcontracts the data grant to the agency for enhancement of the Legal Case Management System. The CIP basic grant and training grant are subcontracted to the CLC.

**SafeGenerations: Signs of Safety (SOS) Training**

SafeGenerations, previously known as Family Connections, is contracted to provide training events and presentations on the Signs of Safety Framework, which is part of the Safety Goal for the 2014-2019 CFSP. Signs of Safety promotes the involvement of families in the decision-making process during assessment, foster care, and family preservation cases. The SOS framework proclaims that when families feel like they have more of a voice in progression of their case, they will cooperate and become more invested in positive outcomes for their children. Due to SafeGenerations being located in Minnesota, several of their training events are held through video sessions and conference/catalyst calls. The founders of Signs of Safety have also made presentations at Palmetto Power (P2) and other training events that involved the SCDSS leadership and Executive staff, in order for them to get a better idea of the Signs and Safety tools and concepts. There has also been Signs of Safety Training for caseworkers in all realms of Child Protective Services including Intensive Foster Care and Clinical Services (IFCCS) and Adoptions.

A strength of Signs of Safety training is that it is being presented through a variety of means including On-Site, Video and Audio presentations and discussions. It is being held frequently throughout the year and newly hired employees are being taught that SOS is the standard operating procedure.

A weakness of the training is that often seasoned caseworkers attend the training, but the process is not fully implemented in their county office, therefore, it is not practiced to the fullest extent. Also, a survey is currently being developed by the Sign of Safety Implementation Team to track outcomes of the initiative which would give a baseline result on the effectiveness of the training.

Ongoing training for SCDSS employees has been strengthened by the increased number of service providers who are currently providing training in a wider array of training needs. This has occurred as the state’s array of services has expanded and the state’s child welfare services goals and objectives have expanded and been clarified. SafeGenerations has provided on-site, catalyst calls and webinar training events to enable caseworkers, supervisors and senior management to obtain the information in a way that is convenient for them. Project Best has broadened their scope of training to include not only SCDSS employees, but community partners and Resource Foster Families, to be trained in the effectiveness of Trauma-Informed Care.

There are continuous training events that are presented by the University of South Carolina, Center for Child and Family Studies (CCFS) that focus on management and leadership skills, which at this time are being highly promoted in the SCDSS. There is a current movement to “promote from within” and these training events motivate present and future leaders to strive for improvement.

A weakness of ongoing training is that there is not a current tracking method to ensure that employees are receiving at least twenty (20) hours of continuing education credits a year. The majority of caseworkers that are keeping a record of their completed training sessions are ones who need Social Work licensing hours. It has also been difficult

for caseworkers to attend training events due to heavy caseloads and the driving distance for caseworkers in small counties to a more metropolitan area to attend.

**Foster and Adoptive Parent Training**  
**Established annual/bi-annual hourly/continuing education requirement and time frames, and addresses the skills and knowledge base needed.**

**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 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.

There are no requirements by the SCDSS for adoptive families to attend training after their initial approval unless they become a licensed foster home/resource family, 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.

Responses from adoptive/foster parents vary from Region to Region. Feedback from many adoptive applicants indicate that the Heartfelt Calling Pre-Service training mainly focuses on foster-parenting. Other surveys have reported that families feel like they receive too much adoption information in the initial training. No Regional data was provided in regard to the responses of Resource Foster Families.

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

The SC Foster Parent Association is the lead training provider for Resource Foster Families and pre-adoptive parents in the state.

- SCFPA has 39 active local associations that serve all 46 counties.
- SCFPA provides and coordinates re-certification training delivery at the monthly local association meetings – child care is provided at all of these local meetings. Approximately 390 trainings per year (normally 10 in each location). – Actual 2014 figures provided below.
- SCFPA also provides and coordinates cluster (3 and 6 hour) trainings for re-certification in various locations across the state, normally about 60 per year. Actual 2014 figures provided below.
- All SCFPA local and cluster training is free and open to foster parents, adoptive parents, kinship caregivers, Guardians ad Litem, FCRB member, congregate care staff, SCDSS and CPA staff, etc. SCFPA hopes that training events can build better working relationships among various groups at the local level.
- SCFPA host an annual statewide conference each year that is low cost (\$65).
- SCFPA is the lead agency in coordinating training efforts directed toward Resource Foster Families. They have a training schedule posted on our website which is distributed through a list-serve maintained by the Director of Training. All licensing staff and all local SCFPA presidents are on the listserv along with anyone else who requests. Approximately 500 individuals are on the listserv including CPA staff, congregate care staff, the Palmetto Association For Children and Families, Guardians ad Litem, FCRB, Mental Health staff, SCDJJ Staff, DAODAS staff etc. The Director of Training sends out notices about any training scheduled and has become a point of contact for various agencies to disseminate training dates.
- SCFPA maintains a website and all SCFPA training information is posted on the website. In addition they maintain links to various other organizations' training information.

- SCFPA uses seventeen (17) contract trainers to deliver curriculum SCFPA and SCDSS developed or curriculum the SCFPA trainers have been trained on such as the Nation Child Traumatic Stress Network (NCTSN), “Caring for Children Who Have Experienced Trauma.” In addition they honor special request for specific training by either providing it themselves or locating another resource that can address the need.
- Pre-service training is offered Free of Charge in central locations in all five regions of the state – some are monthly and some are every other month. In addition to the set schedule, SCFPA’s policy is that if ten (10) or more individuals are in need of the Pre-service training in a location, they will provide a trainer for a special session. In 2014 SCFPA held sixty-one (61) sessions and trained 1175 individuals.
- Both the re-certification and Pre-service training schedules are deliberately designed to make training accessible to all.
- In South Carolina, the fourteen (14) hour pre-service is mandatory for all potential Resource Foster and Adoptive Families; once certified, Resource Foster Families must receive twenty-eight (28) re-certification training hours. As stated in the SCDSS policy, *“All recertification training must be relevant to the foster care process; caring for the child in foster care; meeting the emotional, physical, or educational needs of the child in foster care; or the impact fostering has on the foster family. Unrelated training hours will not be accepted toward foster care recertification.”* There is not a prescribed training as the SCDSS wants Resource Families to be able to select topics relevant to the children currently placed or future children they plan to have in their home.

South Carolina Foster Parent Association Calendar Year 2014 totals:

- Collaboration group has presented 387 trainings between January 1 and December 31, 2014. Fifty-seven (57) of these were cluster (3 hour or 6 hour) trainings. For those trainings with sign-in sheets, a total of 4015 (3294 foster parents, 31 foster/adopt parents, 180 DSS workers, 84 Guardians ad Litem, 74 family members or guardians, 10 FCRB members and 342 other) individuals participated in the training. In addition to the information contained in SCFPA database the following has been reported to the SCFPA.

Palmetto Health trained 275 foster parents on-site (their training numbers for training scheduled through SCFPA are included in SCFPA data) and 347 agency staff.

- The total number of foster parents who have participated in training offered by the collaboration group for this period that we have documented is 3569. (Foster parents may have participated in more than one training session and are counted each time they participate in training.) In addition to the foster parents, the collaboration group has trained 1168 others including SCDSS workers, GALs, and other agency staff. The total number trained is 4737. In addition to training offered, Palmetto Health received 2962 completed Home Study Modules; 471 foster parents completed these modules. The 2014 SCFPA conference was attended by 624 individuals in March 2014.

### **Palmetto Health Special Care Center (PHSCC)**

The Palmetto Health Special Care Center (formerly the Medically Fragile Children’s Program) has been providing training to families since its inception in 1996. The training for the first five (5) years was exclusively for Resource Foster Families and respite providers of children in foster care. Also, biological families with an active Child Protective Services (CPS) case were included. In addition, the South Carolina Department of Social Services (SCDSS) caseworkers and community agency staff who cared for children in foster care could receive training. The proposed training in 2013 under the Medicaid Administrative Activities (MAA) expanded the training in other areas.

Over the past three (3) years alone, more than two thousand people (approximately thirteen hundred Resource Foster Family parents) have been trained on a variety of topics to include seizures, asthma, CPR, first aid, medication administration, child safety, child care basics, management of common childhood illnesses and infections, feeding tubes and tracheostomy care. As a result of the training and support of the PHSCC, caregivers have expressed more confidence in providing care which resulted in tangible measurable outcomes. These outcomes include decreased hospital admissions and emergency room utilization; appropriate use of after hour calls to physicians, and a decrease in number of disruptions in home placement due to knowledge deficits. The on and offsite

availability of face-to-face training opportunities for foster parents has helped with the license renewal process. The classes and utilization of home study modules has made the difference in the possibility of a child being removed from the home for noncompliance with SCDSS training requirements.

The PHSCC has documentation of increased adoptions by foster parents because of the support and ongoing education and training activities. Anecdotal feedback from SCDSS caseworkers indicated that during home visits they have observed increased confidence, and improvement in the caretaking skills of foster parents. The PHSCC has also provided court mandated training to help with family reunification efforts, which helps the SCDSS meet its goal of returning children to their biological families.

The PHSCC has received numerous testimonials from parents and caregivers who were elated when they fully grasped the impact of the training they received on their ability to care for the child. The skills have included:

- Independently doing a trach tube change at home;
- Changing a gastrostomy tube at home and not having to go to the ER or clinic for an appointment (saving time and money);
- Treating seizures with prescribed medication thus avoiding an ER visit;
- Responding appropriately to a child suffering an asthmatic attack;
- Correctly operating home equipment such as nebulizers and oxygen tanks;
- Lifting and transfer techniques (back injury prevention).

The PHSCC began doing offsite training at Foster Parent Association meetings in 2010. This was in response to the SCDSS' desire to provide face-to-face training for foster parents. Since 2010, the PHSCC has provided training to more than thirteen hundred Resource Foster Family parents and SCDSS workers across the state. In 2011, the PHSCC provided training in twenty-six (26) counties in the state, and in 2013 conducted training at Foster Parents Association meetings in thirty-three (33) counties. The Resource Foster Family parents are very appreciative that the training comes to them as part of their scheduled meetings. At one meeting a caregiver shared that she never had CPR before and was elated to finally learn this important new skill. At their next training class she informed us that two weeks after her training she was able to save her husband's life, and as a result has encouraged her family members to learn CPR. In 2014, they provided training to two hundred and seventy-nine (279) foster parents onsite and 669 Resource Foster Family parents offsite representing thirty-three (36) counties of the state.

## **Service Array and Resource Development**

### **5) Array of Services**

South Carolina has an array of services that assesses the strengths and service needs of children and families to create a safe home environment, enable children to remain safely with their parents when reasonable and help children in foster and adoptive placements achieve permanency. These services can be individualized to meet the unique needs of children and families served by the agency.

**How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all counties in South Carolina?**

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

**Item 3:** 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 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	49.2%	42.8%	56.6%

*Source: SCDSS Quality Assurance Reviews*

**Item 4:** Risk assessment and safety management: Monthly visits to assess risk and safety relating to children, safety concerns of parents and assessing all individuals residing in the home

	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	49.9%	51.4%	57.3%

Source: SCDSS Quality Assurance Reviews

\* See Goal 1, Objective 2, in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes” for an explication of Safety Outcome 2 data.

**Item 17:** Other needs and services identified, recommended, put in place for child, parents and foster parents: concerted efforts to assess the needs of children, parents, and foster parents (both at the child’s entry into foster care and/or on an ongoing basis) to identify the services necessary to achieve case goals, adequately address the issues relevant to the agency’s involvement with the family and provided the appropriate services.

	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	28.4%	38.0%	45.4%

Source: SCDSS Quality Assurance Reviews

**Item 18:** Child and family involvement in case planning: concerted efforts were made (or are being made) to involve parents and children (if developmentally-appropriate) in the case planning process on an ongoing basis.

	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	31.6%	41.1%	52.1%

Source: SCDSS Quality Assurance Reviews

\* See Goal 2, Objective 1, in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes” for an explication of Well-being Outcome 1 data.

In FFY 2015, Quality Assurance Reviews of nine (9) counties between 10/1/14-1/31/15, using the CFSR 2 Instrument, the data from Items 3 and 4 provided data for the assessment of safety and risk, for services for the safety of the child, and from Items 17 and 18, for assessment of other needs for treatment and other needs as part of the case planning process. These provide data on the availability of assessment of needs so far this FFY.

**Safety Services Assessment: Items 3 and 4.** As indicated by the 49.2% “Strength” rating for Item 3, and 49.9% for Item 4, this assessment for needs was not consistently performed in all cases performed, or not performed well, or the identified services were not provided in the majority of the cases reviewed.

\*Currently, the QAR process is not automated to collect and report information from individual questions within each Item. However, with the advent of the CFSR 3 “Onsite Review Instrument” in QARs in the third quarter of FFY 2015 onward, this data from individual answers within each Item will be automated for collection and reporting. At that point, the state will be able to report the difference in scores between assessment for safety services and provision of identified safety service needs.

\* At the same time, the QAR data for the nine (9) counties in which QARs were performed in FFY 2015 with the CFSR 2 Instrument, indicates that all nine (9) counties had assessments for safety services performed.

**Other Needs Assessment: Items 17 and 18.** As indicated by the 28.4% “Strength” rating for Item 17 and 31.6% for Item 18, this assessment for needs and services, other than for safety and risk, was not consistently performed in all cases performed, not performed well or the identified services were not provided in the majority of cases reviewed.

Anecdotal research indicates, 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 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, as outlined in Goal 2, Objective 2, in "3. Update to the Plan for Improvement and Progress Made to Improve Outcomes" section.

The workgroup identified (4) critical services and evidence-based models of the following by 10/1/14:

1. Intensive Family Services;
2. Mobile Crisis Stabilization;
3. Peer Support for Parents;
4. Respite Services.

The implementation of the four (4) prioritized services above, along with many other services identified as needed by the Service Array Workgroup, are contingent upon the results of a statewide financial analysis of expenditures and funding sources/allocations of all the child-serving agencies that is due in June 2015.

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, in "3. Update to the Plan for Improvement and Progress Made to Improve Outcomes" section.

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 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, 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.

The SCDSS held ongoing meetings, during the 2015 FFY, with SCDHHS Managers of the federal Child Insurance Program Reauthorization Act (CHIPRA) Quality Demonstration Grant, to discuss opportunities of utilizing the existing eighteen (18) primary care pediatric practices who have received additional training in the behavioral health arena to be an additional avenue for improving coordinated health care services to children in foster care as delineated in the

Health Care Oversight and Coordination Plan for FFY 2015-2019. This Strategy has not been finalized nor implemented.

**Services that address the needs of families in addition to individual children in order to create a safe home environment and remain safely in their home when reasonable.**

**Item 3:** *Services to protect child(ren) in the home and prevent removal re-entry into foster care: Assessing child and family service needs and providing appropriate identified treatment and support services.*

	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	49.2%	42.8%	56.6%

*Source: SCDSS Quality Assurance Reviews*

**Item 4:** *Risk assessment and safety management: Monthly visits to assess risk and safety relating to children, safety concerns of parents and assessing all individuals residing in the home.*

	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	49.9%	51.4%	57.3%

*Source: SCDSS Quality Assurance Reviews*

\* **See Goal 1, Objective 2**, in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes” for an explication of Safety Outcome 2 data.

As it was above with “1. Services that assess the strengths and needs of children and families and determine other service needs”, as indicated by the 49.2% “Strength” for Item 3, and 49.9% “Strength” for Item 4, this provision of safety services in order to create a safe home environment and allow the child to remain in the home was not consistently provided in all cases reviewed.

The QAR data for the nine (9) counties in which QARs were performed in FFY 2015 with the CFSR 2 Instrument, indicates that all nine (9) counties provided safety services.

One of the newer additions to the Array of Services in the state is Community-Based Preventive Services (previously called an “Appropriate Response”), as reported in the 2015-2019 CFSP. 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 (and therefore no CPS investigation/assessment is conducted), but where there is a low to moderate risk of maltreatment as identified in a safety and risk assessment conducted by intake staff. Under this response of Community-Based Prevention Services (CBPS), these families are referred for family strengthening services (low risk) or voluntary case management services (moderate risk) provided by community-based family support organizations.

Starting 4/1/15, there is one statewide provider contracted to provide these services, Specialized Alternatives for Families and Youth (SAFY), and their coalition members statewide. Community-Based Prevention Services have significantly increased the numbers of children and families served. For example, the dramatic reduction of “Screen-Outs/No Action” of those children and families that would not have historically received services from the SCDSS due to not rising to the level of abuse and neglect had a corresponding effect upon the “No Action Rate”. The SCDSS reduced its “No Action” rate in SFY 2011 from 37% to 18% in SFY 2013, which is well below the national average of 38%. Services of Family Strengthening and Voluntary Case Management services as described in the 2015-2019 CFSP and in the 2014 CAPTA Plan update attached to the CFSP 2010-2014 Final Report, increased the number of services to families from 6,940 in SFY 2011 to approximately 16,000 in SFY 2013.

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 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 Resource 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 gauge 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.

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

Item 9 data, CFSR 2, for the nine (9) counties who received a QAR 10/1/14-1/31/15, gives the appearance to indicate that these services to “help children in foster and adoptive placements achieve permanency”, have not been available statewide. However, in reviewing the Debriefing reports sent to the counties with 0% “Strength” ratings for Item 9, it did not appear that it was a lack of services available, but rather a lack of “concerted efforts” by the SCDSS staff to achieve a timely adoption.

**Item 9:** Adoption: concerted efforts were made, or are being made, to achieve a finalized adoption in a timely manner.

	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	12.2%	30.6%	42.8%

Source: SCDSS Quality Assurance Reviews

\* **See Goal 3, Objective 1**, in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes” for an explication of Permanency Outcome 1 data.

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

- The Seneca Family of Agencies: The Family Finding initiative;
- The Foster Care Review Board/The Heart Gallery: Photography of children to help find homes for children who are legally free and lingering in foster care;
- The SC Foster Parent Association Heartfelt Calling: Expedited responses to inquiries about fostering and adoption;
- The SC Youth Advocate Program: The recruitment contract for the Upstate Region and collaborating closing with the SCFPA, with a centralized recruitment database. \*This was provided in FFY 2015, and is being replaced with SCDSS in-house Regional Resource Family Recruitment and Licensing Hubs. Completely In-house Family Resource licensing and recruitment will begin on 7/1/15, and the In-house Regional Resource

Family Recruitment and Retention State Unit (RRFSU) will become statewide according to the state plan. See the 2016 APSR Update to the Plan For Improvement, Goal 3, Objective 1, for details of this initiative.

**Concerns:**

- 1) Data indicators and Quality Assurance Review results indicate the need to address placement stability.

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

	<b>FFY 2015</b>	<b>FFY 2014</b>	<b>FFY 2013</b>
Strength	52.6%	66.3%	75.8%

Source: SCDSS Quality Assurance Reviews. 10/1/14-1/31/15, nine (9) counties, utilizing CFSR 2 Onsite Review Instrument.

\* See Goal 2, Objective 3, in “3. Update to the Plan for Improvement and Progress Made to Improve Outcomes” for an explication of Permanency Outcome 1 - Item #6 data.

**Composite 4: Placement Stability While in Foster Care, 2013: South Carolina**

	<b>South Carolina</b>
<b>Score</b>	
<b>C4.1: Of all children served in foster care during the year who were in care for at least 8 days but less than 12 months, what percentage had two or fewer placement settings?</b>	85.0
<b>C4.2: Of all children served in foster care during the year who were in care for at least 12 months, what percentage had two or fewer placement settings?</b>	56.2

Source: Children’s Bureau

The number of quality Resource Families who are willing to accept large sibling groups and older youth has steadily declined, while the number of children coming into care has remained fairly consistent.

**Gaps in services.** As reported in the 2015-2019 CFSP, current child-serving agencies have legislative mandates and eligibility criteria that create silos of services for behavioral health, developmental disability and alcohol and drug services, which results in gaps in services for at-risk children and their families. This is being addressed in the CFSP 2015-2019 through multiple collaborations but, more specifically, through the Joint Council on Children and Adolescents, the System of Care, and the Foster Care Advisory Council. See above in 1) and 2) for other identified gaps in safety-related services and other services.

**Individualizing Services**

The service array indicated in the 2015-2019 CFSP and the 2016 APSR Update to the CFSP can be individualized to meet the unique needs of children and families served by the agency.

Indian Child Welfare Act, ICWA-related services. See “Consultation and Coordination Between Tribes and States”, “Collaboration On Review and Update of 2015-2019 CFSP”, “CFCIP and ETV: Services to be provided in FFY 2016, Highlighted Changes or Additions”, and “Section E. Chafee Foster Care Independence Program”, for efforts to individualize contracted services to the unique needs of Native Americans as related to the Indian Child Welfare Act, and for a review of the work of the SCDSS staff.

For developmentally-appropriate services for children under five years old, see “4. Update on Service Description”, “(E) Services for Children Under the Age of Five”, “Reducing Time in Care for Children under Age 5 and Developmentally-Appropriate Services for Children under Age 5.”

## 6) Agency Responsiveness to the Community

### State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR.

a) **Tribal representatives.** The Catawba Indian Nation (CIN) is the only Federally-recognized tribe in South Carolina. Since the submission of the 2015-2019 CFSP, the SCDSS has had four (4) quarterly, scheduled meetings with the CIN, the most recent of these on 6/3/15. At each of these meetings, the CIN was represented by Linda Love, Director of Social Services for the Catawba Indian Nation. The first three (3) consultations took place on the Catawba Indian Nation Reservation in Rock Hill, SC. Also variously present at these SCDSS/CIN group meetings were Dione Carroll, the Legal Counsel for the CIN, Greg Moore, SCDSS, Division of Knowledge Management and Practice Standards, CFSP/APSR Reporting, and the Facilitator for the ICWA-related Strategies, Dennis Gmerek of the SCDSS Office of General Counsel, the State Adoption Unit Manager, Cheryl Herring, the State Adoption Recruitment Coordinator, Amanda Koon, LaToya Reed, the SCDSS Independent Living Program Supervisor, Terri Pope, a SCDSS State Office Program Coordinator for 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, curriculum, and public media presentations, and representatives of the University of South Carolina, Children's Law Center (CLC).

Since the submission of the "2015-2019 CFSP Strategic Action Plan" on 6/30/14, the ten (10) Objectives in the 2015-2019 CFSP, "Consultation and Coordination Between Tribes and States", were added as Strategies / Progress Benchmarks to the "Strategic Action Plan." At each of these consultations, all ICWA-related Objectives and Strategies in the 2015-2019 CFSP, Strategic Action Plan, were discussed at-length. As a result of the SCDSS/CIN group consultations, progress was made on many of the Strategies / Progress Benchmarks. Additionally and significantly, as the meetings ensued throughout FFY 2015, the CIN and the SCDSS learned that some of the Strategies could be eliminated as unnecessary, others had to be modified to meet the needs of the CIN and some new Strategies needed to be developed including, but not limited, to Strategies involving ICWA-compliant processes by the SCDSS staff, Resource Families and other stakeholders; a Memorandum of Understanding between the SCDSS and the CIN; and training of the SCDSS staff, Resource Families, and other stakeholders in cultural diversity and competency related to the Native American population. See the 2016 APSR, Plan For Improvement and the Updated 2015-2019 CFSP Strategic Action Plan, Goals Two (2), Three (3) and Four (4) for progress and challenges in accomplishing ICWA-related Strategies, and for revisions to ICWA-related Strategies, as a result of consultations with the Tribe.

Additionally, beginning in January 2015, there were weekly telephone calls involving Linda Love (CIN) and Greg Moore (SCDSS) in order to monitor the progress and challenges of the Strategies, for further input from Linda Love on revisions to the Strategies and for her questions related to the Strategies' progress and challenges, and other ICWA-related questions.

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 the "service close reason."

One of the primary concerns of the CIN, an Objective in the 2015-2019 CFSP and a strategy in the 2015-2019 CFSP, Strategic Action Plan, and in the 2016 APSR, Strategy / Progress Benchmark 3.2.1, is the intervention of the CIN when a CIN child or youth becomes involved with the SCDSS. As a result of the consultations between the SCDSS and CIN during FFY 2015, from March 2015 onward, Dennis Gmerek and Dione Carroll were in consultation to develop a draft Memorandum of Understanding between the Catawba Indian Nation and the SCDSS. The MOU being developed will address: 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; 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. This MOU is scheduled to be completed and activated by 9/30/15.

Another concern of the CIN that was in the 2015-2019 CFSP and a strategy in the 2015-2019 CFSP, Strategic Action Plan and in the 2016 APSR, Strategy / Progress Benchmark, 2.2.8, is identifying a child or youth as a member of, or eligible for, membership in the Catawba Indian Nation or another Native American Tribe when the child or youth becomes involved with the SCDSS. During the consultations and collaborations in FFY 2015, this was a topic of discussion at each meeting and on multiple telephone calls between Linda Love and Greg Moore. As a result, Strategy / Progress Benchmark 2.2.9 addresses developing new methods and tools to use to help caseworkers and Intake Specialists potentially identify Native American children and youth.

There is a commitment by the SCDSS and the Catawba Indian Nation to continue meeting quarterly throughout the remainder of FFY 2015 and throughout FFY 2016, to monitor the CFSP progress and make revisions to it as needed. There are no barriers to continued consultation and collaborative meetings between the State and Catawba Indian Nation during FFY 2016.

**b) Consumers.** Consumers of services within the SC Child Welfare System were invited and welcome at all of the collaborative meetings in FFY 2015. See “8) Feedback to stakeholders and decision-makers and adjustment of programs and process”, and “Collaboration On Review and Update of 2015-2019 CFSP”, for details on collaborative meetings with stakeholders. As indicated above, at these stakeholders’ meetings Quality Assurance Review data and information was shared. At many of these stakeholders’ meetings, there were at least a few consumers of child welfare services. In addition to the sharing of QAR information at these meetings, the CFSP was reviewed and the stakeholders and consumers of services had scheduled and planned opportunities to have input into the development of the 2016 APSR. 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.

**c) Service providers.** See above “8) Feedback to stakeholders and decision-makers and adjustment of programs and process”; and “3) Consumers”, and “Collaboration On Review and Update of 2015-2019 CFSP”, for information on the stakeholders’ meetings and the sharing of QAR information, reviewing the 2015-2019 CFSP and sharing in the development of the 2016 APSR.

**d) Foster care providers.** Foster care providers, both congregate care and individual Resource Foster Families, were invited to participate in the statewide Palmetto Power (P2) and regional Palmetto Power for Providers (P3) meetings. At these meetings, portions of the 2015-2019 CFSP were presented with relevant quantitative/qualitative information. Feedback from these meetings was requested and received. Additionally, relevant portions of the 2015-2019 CFSP were presented to providers at the Palmetto Association For Children and Families in March 2015, at which were many congregate care providers. Feedback from this presentation was requested and received. At the SC Foster Parent Association in April 2015, there were presentations that focused on items within the 2015-2019 CFSP, including the SCDSS Independent Living Program and services offered, Trauma-Informed Care, and the National Youth In Transition Database. While specific updates for foster care providers were not explicitly provided, the strategies within the CFSP to provide increased education to foster care providers were addressed at the conference. Representatives of congregate care providers and a group care statewide organization, the Palmetto Association of Families and Children, participated in the two statewide Stakeholders Meetings in Columbia, in January and February 2015. At these meetings, the majority of the 2015-2019 CFSP, Strategic Action Plan (SAP) was presented, and feedback for modifications was requested and received. Feedback from foster care providers, as it was with the other stakeholders in the child welfare system, was reviewed by the SCDSS leadership. Some of the feedback recommendations for revisions to the 2015-2019 CFSP in the 2016 APSR

were added as new Strategies / Progress Benchmarks. Some of the feedback recommendations were already in place or scheduled to be activated as part of the SAP.

**e) Juvenile Court.** During FFY 2015, 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.

**f) Other public and private child- and family-serving agencies.** In addition to tribal representatives, consumers, service providers, foster care providers, the juvenile court, the public and private agencies with whom portions the Health Care Oversight and Coordination Plan and the Palmetto Coordinated System of Care of the CFSP was shared, and the public and private child- and family-serving agencies indicated in "Collaboration On Review and Update of 2015-2019 CFSP" with whom the SDSS shared provisions of the 2015-2019 CFSP, there were no other agencies with whom provisions of the 2015-2019 CFSP were shared.

**g) Coordination of CFSP Services With Other Federal Programs**

In March 2014, The Palmetto Coordinated System of Care (PCSC) was developed by the Joint Council on Children and Adolescents (JCCA). The JCCA body includes the State Directors of the child-serving agencies of the state including the SCDSS, South Carolina (SC) Department of Mental Health (DMH), SC Department of Alcohol and Other Drug Abuse Services (DAODAS), SC Department of Juvenile Justice (DJJ), SC Department of Disabilities and Special Needs (DDSN), and the Governor's Office of Continuum of Care for Emotionally Disturbed Children (COC). Other partners include SC Departments of Education (DOE), SC Department of Health and Human Services (DHHS), family members, and other interested and involved organizations. The eight (8) child-serving State Directors and three family members sanctioned the PCSC to implement a statewide System of Care (SOC) to conduct a cross-system analysis of service utilization, expenditures, and financing in efforts to determine the number of target populations and address the needs of families with children and youth who are in, or at risk of, out-of-home placements. All child serving agency members of PCSC including the SCDSS began working with Department of Health and Human Services and their contracted actuarial firm Mercer to identify all budget funding sources, population types and services received in April 2014. As of June 2015, all child serving agencies have completed their work with DHHS and Mercer on their individual expenditures and funding sources/mechanisms. It is anticipated that the DHHS and Mercer will be releasing a comprehensive combined analysis report in June 2015 for the state of South Carolina in efforts to identify funding mechanisms, possible PCSC structure and services that can be supported by pooled funding and all sources of other and federal match funds that support the population that all the child serving agencies currently serve together in a fragmented way. \*See Goal 2, Objective 2, in "3. Update to the Plan for Improvement and Progress Made to improve Outcomes" for further action items to be accomplished by child serving agency through the work of the PCSC.

The SCDSS also partners with the DHHS to utilize the Foster Care Advisory Committee (FCAC) support of the implementation of the state's health care plan for children in South Carolina's foster care system. The purpose of the Foster Care Health Advisory Committee is to support the SCDSS in assuring that children in foster care have timely access to and are provided appropriate medical and mental health care in a coordinated manner. The SCDSS and Department of Health and Human Services (HHS) partner together to lead the FCAC which includes a wide array of medical and behavioral health professionals statewide, such as the physician community of Pediatricians (representing, in part, the SC chapter of Academy of Pediatrics) and the Select Health the Managed Care Organization (MCO) and other clinics, a forensic pediatrician representing the Child Advocacy Centers (CACs), and child psychiatrists representing the SCDSS and the 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 and 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. The FCAC is instrumental in assessing gaps and overlap in the system delivery for mental health and physical health services for children in foster care. As of June 2015, the FCAC is just beginning to receive Medicaid encounter data to analyze the timing and follow

through for initial comprehensive medical assessments, mental health assessments, and EPSDT appointments. This will allow FCAC to identify critical areas of the state that need improved coordination of medical and mental health services along with the needed data and tracking systems to support cross system communication. \*See Goal 2, Objective 2, in “3. Update to the Plan for Improvement and Progress Made to improve Outcomes” for further action items to be accomplished by the FCAC upon Medicaid encounter data analysis.

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 (DMH), the Department of Disabilities and Special Needs (DDSN), the Department of Juvenile Justice (DJJ), and the Department of Education (DOE).

Treatment costs are paid out of a Services Fund of pooled dollars from the SCDSS, DDSN, DJJ, and DMH. 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).

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

### **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 Resource Family/Foster Home services, and for Child Care Institutions (Congregate Care).

The state’s Quality Assurance Review System includes reviews of Resource Family/Foster Home Licenses, initial and renewal. There has been no indication that the standards for licensing of Resource Family/Foster Home services have varied between counties and regions in the state.

### **Requirements for Criminal Background Checks**

The Department has state regulations and policy that require criminal background checks for adult applicants seeking licensure to provide Resource Family/Foster Home services. Resource Family applicants are required to have the following background checks: FBI Fingerprint; SLED; CPS; 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 Resource 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.

### **Diligent Recruitment of Foster and Adoptive Homes**

The SCDSS State Adoptions Unit has partnered with Allen University and African Methodist Episcopal (AME) Churches across the state to recruit African-American Resource Families. Recruiters have been involved in speaking engagements across the state at the AME Conventions.

Adoptive applicants who wish to be a licensed Resource Family Adoptive Home must meet the same SCDSS standards as Resource Family Foster Parents. Recruitment and retention activities function differently in each of the five (5) SCDSS Regions of the state. During the second quarter of FFY 2015, the SCDSS State Adoption Unit was limited on recruitment and retention activities, due to a reduced number of recruiters. As of June 30, 2015, the SCDSS recruitment contract will end with Winthrop University, through which recruiters were employed. The state will be implementing a new SCDSS in-house RRFSU for all five (5) Regions, beginning on 7/1/15.

According to Linda 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 the child from home and place the child in foster care and/or an adoptive home. At the same time, the CIN has indicated that when a child must be removed from the home, they have a strong preference that the child be placed in a CIN Family Resource, secondarily in a non-CIN, Native American Resource Family. The Tribe has a strong desire and intention to place the child in a CIN or other Native American Resource 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 Resource 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 Resource Family in a nearer proximity to the Tribe's Reservation.

As of 5/1/15, according to the SCDSS CAPSS, there were four (4) Native American primary and secondary caregivers with "Standard" or "Pending" Resource Family/Foster Home Licenses. These same Resource Family Homes were also the four (4) Native American primary and secondary caregivers as Resource Family/Adoptive Resources in SC. The development of a plan for the recruitment of more CIN and other Native American Resource Families became an Objective in the 2015-2019 CFSP. This objective became Strategy 3.1.4 in the 2015 CFSP, Strategic Action Plan. In March of 2015, SCDSS staff from the York County SCDSS Office, SCDSS Adoption Unit, and staff from the South Carolina Foster Parent Association, participated in an information-sharing event on the Catawba Indian Nation (CIN) Reservation. The purposes of this event were the sharing information about the reasons and the need for Resource Family Homes (foster and adoptive), the process to apply for a Resource Family license and to provide the application forms and assistance in applying if wanted by the CIN participants.

\* **See Goal 3, Objective 1**, in "3. Update to the Plan for Improvement and Progress Made to Improve Outcomes" for details of the Strategies for diligent recruitment of Resource Family/Foster and Adoptive Homes.

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

At this point, The SCDSS does not have a reporting system for stating the number of ICPC cases, timeframes in the completion of home studies, the types of placements, determination of home studies (approvals/denials), status of home studies, and age/gender/race of ICPC children and how many requests and the number of children that are generated by South Carolina or come to SC. The SCDSS has been part of the NEICE Pilot Program with five (5) other states. This pilot was started in January 2014 and ended in May 2015. It has been deemed a success. The American Public Human Services Association (APHSA) and the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) are planning to involve all fifty (50) states, the District of Columbia and the US Virgin Islands into a nationwide program. This program has reporting built in to cover the above named data.

Presently, the main barrier to timely home studies is the number of staff members available to complete the home studies or license the homes in respective states.

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

#### Introduction and Summary

The SCDSS Leadership is 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, will be developed and implemented throughout this analysis. The continuous quality improvement processes will be utilized to assess the efficiency and effectiveness of these initiatives and adjustments will be made as necessary.

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 is engaged in two Business Process Redesign Projects for Child Welfare. The SCDSS will identify improvement opportunities, where bottlenecks and backlog disrupt the flow of work, and where capacity could be reclaimed by changing how work is done.

The first redesign is focused on Child Protective Services Investigations/Assessments. The implementation of the redesign will free up capacity for caseworkers to focus the majority of their time on physically visiting children and families. A workgroup made up of front line practitioners and supervisors was formed to analyze practice and make recommendations. They identified strategies for making the process more efficient, effective, and improve safety and well-being for children as it will reduce the time it takes to complete Child Protective Service Investigations/Assessments. This workgroup has provided recommendations to agency leadership for approval and implementation.

The SCDSS has also begun this same 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. An analysis of the licensing process is took place in April 2015. Implementation of the new processes will begin in the third quarter of FFY 2015.

Discussions have begun 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 Human Services.

A survey of the SCDSS County Offices revealed that child welfare practitioners across the state only had access to communal phones without basic technological capabilities such as GPS. In an effort to maximize staff time in the field through the use of mobile technology, the SCDSS has provided smartphones to field staff across the state. The SCDSS is also exploring mobile applications that would give the Division of Human Services caseworkers access to critical case information in the field, and enable them to input information into the case management system (CAPSS) via the agency issued smartphones.

The SCDSS has procured the learning management system, SuccessFactors, agency-wide. The learning management system has not yet been implemented. A learning management system will increase the efficiency of the delivery and tracking of training and certification, while simultaneously assessing employee performance. This will reduce the cost and increase the efficiency of face-to-face delivery of training content, the manual tracking of participation, compliance, and certification.

The Outcome Data/Progress Measures that are presented below in this "Update On The Plan For Improvement" section reflect information using the CFR 2 "Onsite Review Instrument", in nine Quality Assurance Reviews of the case files of nine (9) SCDSS County Offices, 10/1/14-1/31/15. None of the nine County Offices reviewed were one of the four (4) Quality Assurance Program Improvement Plan (PIP) County Offices that received quarterly Quality



Assurance Reviews between CYs 2011 and 2013, when the South Carolina met PIP criteria and was released from the ACF's PIP. Some of the nine County Offices had been reviewed more than one time in the past three (3) years, but some had only participated in one (1) prior Quality Assurance Review.

The data for FFY 2013 and FFY 2014 also comes from Quality Assurance Reviews in County Offices that were not in PIP Counties that had quarterly Quality Assurance Reviews. Many of FFY 2015 Outcomes were below the Outcomes of FFY 2013 and FFY 2014, and many of FFY 2015 Items' Strength Ratings were below the Strength Ratings of those in FFY 2013 and FFY 2014, and the majority of the FFY 2015 Reviewed County Offices had only 1 or 0 prior Quality Assurance Reviews utilizing the CFSR 2 Instrument. Anecdotal evidence indicates that repeated utilizing the CFSR 2 Instrument in the same County Office raises some of the Outcomes' Substantially Achieved scores and some of the Items Strength's Ratings.

It is believed that two strategies to be implemented, beginning in the fourth quarter of FFY 2015, will have a positive impact on Outcomes' and Items' scores and therefore on the safety and well-being of children and families in South Carolina:

- 1) The SCDSS with its Quality Assurance Review partner, the University of South Carolina, Center for Child and Family Studies, will conduct at least one Quality Assurance Review utilizing the CFSR 3 Instrument in each SCDSS County Office during each calendar year (CY) beginning in CY2016;
- 2) Beginning in the fourth quarter of FFY 2015, the SCDSS will schedule a "Facilitated Discussion" within two weeks of the SDSSS County staff receiving the Debriefing Report of the Quality Assurance Review to develop the action plan with the reviewed County. Following a Quality Assurance Review, SCDSS County Human Services staff receive this 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 recognizes the significant impact that staff turnover has on the efficiency and effectiveness of services rendered by the Department. The SCDSS has been analyzing staff turnover data for the department and obtaining feedback from county offices. Causes of this turnover for South Carolina and for Child Welfare caseworkers across the nation include low wages, high workload and insufficient supervision. To address these issues, the SCDSS has developed multiple strategies to increase staff retention. These strategies include: increase in salary for frontline workers to remain competitive with other states, development of a career ladder to provide opportunity for advancement, 2<sup>nd</sup> and 3<sup>rd</sup> shift pilots to distribute workload and strategies to address caseloads, Guided Supervision practice supports through Signs of Safety.

The staff turnover and lack of adequate caseworker staff capacity, resulting in many counties having staff with a caseload higher, and in some situations significantly higher, than the SCDSS Caseload/Workload Standards maximums established and reported in the 2015-2019 CFSP Addendum, submitted to the ACF on 9/17/15.

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 2015 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 Resource Foster Family cases, and lower the caseload for many caseworkers, is evidenced on 6/1/15, as there were more than 100 caseworkers carrying caseloads that totaled more than fifty (50) children. Multiple caseworkers had caseloads with seventy (70) and eighty (80) children, and with over one hundred (100) children.

These factors have also been a contributor to the decreasing scores for some of the Outcomes' percentages of "Substantially Achieved" and Items percentages of "Strength" ratings. It appears that with a decreased caseworker staff capacity resulting in the higher than established Caseload/Workload for SCDSS caseworkers, this resulted in caseworkers apparently making choices, when necessary, to visit the children as a priority and visit adults as a secondary priority. "Strength" percentages for Item 17, Item 18, and Item 20, relating entirely or partly to visiting and working with adults/parents, scored below 30%, while the "Strength" percentages for Item 19, visiting with children, scored at 67.5% "Strength".

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 2015 to build capacity, after the initial submission of the 2015-2019 CFSP on 6/30/15. See the 2015 APSR Updated Strategic Action Plan, Goal 4, for strategies to increase 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 but is not limited to the following:

- 1) The SCDSS has implemented several staff retention strategies including increase caseworker staff salaries, implementing the beginning phases of a SCDSS staff career ladder;
- 2) The SCDSS has received authorization for funding of 183 additional caseworker and caseworker supervisory positions from the SC Legislature for the SFY 2015, starting 7/1/15.

Additionally, the data for the Outcomes and Items for FFY 2013 and FFY 2014 is the data presented in the 2015-2019 CFSP, Assessment of Performance. For some of the Items, the "Strength" percentage rating was not presented in the 2015-2019 CFSP, and so is identified as Not Available in this report.

Moving forward into the 2016-2019 Federal Fiscal Years, since the CFSR 2 "Onsite Review Instrument" was terminated, and the SCDSS made a decision to utilize the CFSR 3 "Onsite Review Instrument" beginning in the third quarter of FFY 2015 onward, some of the Objectives Progress Measures have changed.

Regarding Indian Child Welfare Act-related Progress Benchmarks/Strategies, in Goals 3 and 4, as the meetings with Linda Love, Director of Social Services, Catawba Indian Nation (CIN) ensued throughout the year, the CIN and the SCDSS learned that some of the Strategies could be eliminated as unnecessary, others had to be modified to meet the needs of the CIN (including Strategies involving the training of the SCDSS staff in all areas of Child Welfare Services), and some new Strategies needed to be developed. See the 2016 APSR, Updated 2015-2019 CFSP Strategic Action Plan, in Goals 3 and 4, for progress, challenges, and revisions in ICWA-related Strategies, as a result of consultations with the Tribe.

\*Those Objectives that used and will use a QAR Outcome "Substantially Achieved" rating for all or part of the Progress Measure, where the related criteria, the number and/or characteristics of Items has changed, the Progress Measures for those Objectives have been changed, a new baseline has been established and a new four year (FFYs 2016-2019) measure has been established. For some of these, the new Progress Measure combines QAR

“Substantially Achieved” rating data and data from the SCDSS Child and Adult Protective Services System (CAPSS). For example, Goal 1, Objective 1, has a revised Progress Measure which includes both data from the QAR and CAPSS.

## **Review of Progress of Goals and Objectives, and Updates To The Plan.**

### **Key:**

\* New Objective or Progress Benchmark/Strategy added to Strategic Action Plan since submission of 2015-2019 CFSP on 6/30/15.

**IC** Objectives from 2015-2019 CFSP Consultation and Coordination With Tribes, added to Strategic Action Plan since submission of 2015-2019 CFSP on 6/30/15.

**IL** Objectives from 2015-2019 CFSP Independent Living / CHAFEE, added to Strategic Action Plan since submission of 2015-2019 CFSP on 6/30/15.

**HOCP** Objectives from 2015-2019 CFSP Targeted Healthcare Oversight and Coordination Plan, added to Strategic Action Plan since submission of 2015-2019 CFSP on 6/30/15.

**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 2 - Safety Outcome 1)**

Improve the timeliness of initiating investigations and reduce repeat maltreatment.

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

**Progress Measure:** Met.

Target “Substantially Achieved” 2015 FFY Measure – 87.6%

Actual “Substantially Achieved” 2015 FFY Measure – 88.8%

Source: SCDSS Quality Assurance Reviews: CFSR 2 “Onsite Review Instrument”  
10/1/14-1/31/15- 9 counties, 1 QA Review/county

**Safety Outcome 1-** (CFSR Item 2) Improve child safety by increasing the number of children, who had a founded investigation, who do not experience a maltreatment within 12 months of a previous DSS intake from 93.1% (baseline January 1, 2012 – December 31, 2013) to no less than 95% from January 1, 2014 to December 31, 2015.

**Progress Measure:** Met.

Target 12/31/15 – 95%

Actual 12/31/15– 96.2%

Source: SCDSS CAPSS

### **Revised Objective 1 to begin 5/1/15.**

**\*Goal 1, Objective 1**, has a proposed Progress Measure which includes data from both the QARs and CAPSS.

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

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

**1b) 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% (94.5 % Jan. 1, 2014-April 1, 2015) by the end of FFY 2019. Benchmarks of improvement of at least 1% per year.

*Source: SCDSS CAPSS.*

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

**1.1.1** Utilize Community-Based Prevention Services (C-BPS) 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**

1) While the Goal 1, Objective 1 Progress Measure was met for FFY 2015, the SCDSS learned from its stakeholders at the two statewide stakeholders' meetings in January and February 2015, that there needed to be more and clearer communication with the stakeholders and providers of the community-based prevention services (CBPS) by the SCDSS. The referral process needed to be improved, the criteria for referring cases from the SCDSS Intake offices for Family Strengthening Services (FSS) or for Volunteer Case Management (VCM), and for referring back to the SCDSS due to provider-assessed high safety risks, and follow-up communication with the providers after referring back to the SCDSS, all needed to be clarified and strengthened in FFY 2016.

2) The CBPS practice calls were scheduled for the 1<sup>st</sup> and 3<sup>rd</sup> weeks of each month with County Directors, CBPS organizations to facilitate appropriate referrals, and these calls were initiated. However, these calls were temporarily terminated and replaced on 1/26/15 with weekly Intake Hub (for abuse and neglect reporting) Implementation Calls due to the need for implementation of Regional Intake Hubs as a priority.

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

1) The SCDSS has revised its contracting method for Community-Based Prevention Services (CBPS) by contracting with one provider and their coalition of subcontractors for these services statewide.

2) Workshops are being scheduled for each SCDSS Region for calendar year 2015 to clarify to providers and the SCDSS staff needed information on criteria and communication.

3) The major change in how cases are referred to CBPS from Intake is that the Intake Hubs will choose whether to accept a report for investigation/assessment, take no action, or refer to CBPS services. Prior to the change during FFY 2015, the Abuse and Neglect Report Intake staff made the decision if the case would be referred for Family Strengthening Services or Volunteer Case Management Services. The SCDSS Intake staff will no longer make the determination of whether the case should be referred for VCM level of services or FSS level of services, just making the determination to refer for Community-Based Prevention Services. The provider, in conjunction with the DSS Prevention Liaison (DPL) will assess the referral from the SCDSS Intake staff and determine what level of services the family should receive.

- 4) The DPL staff supervision has been changed and now will report directly to the State Intake Director, Julie Tice, other than that the DPL role remains the same.
- 5) \*1.1.1c and d: Casey Family Programs evaluate differential/alternative response, Community-Based Prevention Services, and revise system as needed from evaluation.
- 6) \*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.
- 7) \*1.1.4: Clarify policy regarding investigations, clarify “initiating” investigation.

**Progress Benchmark / Strategy: Met.**

**1.1.2: Improve law enforcement coordination. Completed.**

The key to improvement coordination with law enforcement was to locate a member of the SCDSS Office of Investigations Team in the South Carolina Law Enforcement Division (SLED) Fusion Center. Currently three members from Office of Investigations rotate in the Fusion Center so that one member is present in the Fusion Center at least 2 days a week. The Fusion Center is a repository of records of contacts of law enforcement directly or indirectly with people in South Carolina. This activity increases the potential safety of children in that the Fusion Center helps the SCDSS track and locate parents and children after they have been missing/not located for seventy-two (72) hours.

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

**1.1.3: CAPTA Public Disclosure.**

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

**Progress Measure: Not met.**

Target “Substantially Achieved” 2015 FFY Measure – 57%

Actual “Substantially Achieved” 2015 FFY Measure – 49.5%

*Source: SCDSS Quality Assurance Reviews: CFSR 2 “Onsite Review Instrument” 10/1/14-1/31/15- 9 counties, 1 QA Review/counties.*

**Challenges / Reasons**

1) Safety Services Assessment: Items 3 and 4. As indicated by the 49.2% “Strength” rating for Item 3, and 49.9% for Item 4, this assessment for needs was not consistently performed in all cases performed, not performed well or the identified services were not provided in the majority of the cases reviewed. Currently, the QAR process is not automated to collect and report information from individual questions within each Item. However, with the advent of the CFSR 3 “Onsite Review Instrument” in QARs in the third quarter of FFY 2015 onward, this data from individual answers within each Item will be automated for collection and reporting. At that point the state will be able to report the difference in scores between assessment for safety services and provision of identified safety service needs.

2) 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.

**Progress Benchmark / Strategy: Met**

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

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

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

**Challenges / Reasons**

1) One of the reasons for not meeting the Progress Measure for Safety Outcome 2 is that the implementation supports for this Objective have not been in place for long enough to make a significant difference, and training of staff has not been completed. It continues in process. 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 trained and not been fully implemented in all counties.

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

**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**

Not a primary focus statewide and a lack of fully trained staff in FFY 2015.

**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 family group while tapping into family resources, supports and appropriate treatment services in developing the Family Plan.

**Challenges / Reasons**

1) 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.  
2) Family Engagement Services statewide contract was delayed in being posted and awarded, training in Family Engagement Services statewide was also delayed. When the contract was awarded in April 2015, it was only partially awarded for three of the five SCDSS Regions. The contract does not begin until 7/1/15.

**FFY 2016 Responses/Revisions.**

- 1) The training and implementation of Catalyst Coaches continues for statewide implementation.
- 2) Casework Assistance Caseworkers are beginning and placed in CPS. (See Goal 4)
- 3) Additional CPS caseworkers are being hired during the third quarter of FFY 2015, and an additional 183 caseworkers and supervisors have been requested from the SC Legislature, and will be allocated to the SCDSS CPS Division to reduce caseload size.
- 4) The Guided Supervision tool will be integrated into CAPSS, and staff fully trained to complete the tool within the CAPSS.
- 5) Guided Supervision for all cases will be provided once every six months or more after June 30, 2015.
- 6) A new Family Engagement Services was awarded to the National Youth Advocate Program for 3 of the 5 SCDSS Regions. Training in Family Engagement Services is beginning statewide. This training and clarification of Family Engagement Services was also a recommendation from collaborations with stakeholders at the January and February 2015 meetings in Columbia.
- 7) There will be an assessment of CPS and make recommendations for a revised CPS investigation process and tool.

**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: Met***

**1.3.1:** Create statewide implementation team for the Signs of Safety. Implementation Team created in January 2015.

**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. Use [SC State Learning Map](#). Using the learning map the SCDSS can track from a State level to each worker in each County the progress on implementation of Signs of Safety. Performance Coaches are working on the definition what concepts each caseworker must use for full implementation of the Signs Of Safety. In process.

**1.3.2b:** Develop a baseline for each Region, including data criteria. **In Process**

**1.3.2c:** Develop Progress Benchmarks toward full implementation, including data criteria. **In Process**

***Progress Benchmark / Strategy: Met***

\* **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.

**Progress Benchmark / Strategy: In process**

\*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.

**Progress Benchmark / Strategy: In process**

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

**Action Steps**

\*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. **To be initiated**

\*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: 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.

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

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

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

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

**Progress Benchmark / Strategy: In process**

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

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



**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.

**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.

**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: Met**

**1.4.1:** Determine Regionalized Intake Hub locations. Region 1-Anderson, Spartanburg, Region 2-Columbia, Rock Hill, Region 3-Charleston, Region 4-Conway, Region 5-Columbia.

**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. **\*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 2015.

**Challenges/Reasons**

A data workgroup was established to develop the definition of an improved quality of Intake decisions, to develop Progress Measures, and Progress Benchmarks. This proved to be a very challenging activity. Multiple proposals were proposed.

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?

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

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

Region 4 is the only Intake Hub that has been fully implemented as of submission of this 2016 APSR. The vision is to have all Regional Intake Hubs fully implemented by 12/30/15. The implementation of the Intake Hubs began “rolling out” in January 2015, with the Anderson Hub. This was followed by the Region 1 Hub in Spartanburg, the Region 2 Hub in Columbia and Rock Hill, the Region 4 Hub in Conway, The Region 3 Hub in Charleston was rescheduled for some time in the fourth quarter of FFY 2015 as the SCDSS offices were changing their location.

**Challenges/Reasons**

In August 2014, the Casey Foundation staff met with Steve Strom, Regional Team Leaders, and other SCDSS staff to review the status of the Implementation Plan for the Regional Intake Hubs. It was recommended by the Casey staff that the SCDSS was not at the point of the implementing process of the Regional Intake Hubs because there was not an implementation plan that covered all of the items to be addressed when implementing the Hubs. Different workgroups for implementation items were formed, but were replaced in the first quarter of FFY 2015 by one workgroup that was an expanded number of people with an expanded list of specialties need for the implementation. Implementation of the Hubs was monitored and directed by Steve Strom and Julia Tice through one workgroup “of the whole”, handling all items. This workgroup met through weekly “cadence”, progress update, conference calls, and addressed items and needs as they presented themselves during the implementation.

One of the challenges that slowed the implementation of the Hubs was site locations. Site locations had to be changed and alternative arrangements needed to be made to accommodate the site changes.

Another reason that the full implementation of the Regional Intake Hubs has been delayed are unanticipated challenges. It was discovered that the phone technology in all the Regions was inadequate in at least some of the counties, so that phone calls could not automatically “roll” to the Regional Intake Hub. Other technology challenges related to computer hardware and software, telephone hardware, were also reasons for the delay in full implementation of the Hubs.

Staffing of the Regional Intake Hubs also was a more difficult challenge than anticipated, though staffing is now proceeding. Due to the increase in volume and the need to evaluate the quality of decisions to ensure proper response to the needs of children and families, the SCDSS is gathering information and data to monitor progress.

In collaboration with the Casey Family Program, the SCDSS and the University of South Carolina, Center for Child and Family Studies, will evaluate and review fidelity data and adjust Strategies to maximize fidelity.

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

1) In May 2015, the Regional Team Leaders were directed to develop an implementation plan with action steps for their Region.

**\*1.4.3b:** Region 1 Anderson Implementation Plan.

Plan for inclusion into Anderson Regional Hub-  
Cherokee County- replace current phone system with VOIP.  
Greenville County- Complete Regional Intake Hub staffing plan.  
Greenville County SCDSS will roll to Anderson Hub.

**\*1.4.3c:** Region 1 Spartanburg Implementation Plan.

Hire second Intake Supervisor and OJT in Anderson Hub.  
Hire 5 Intake worker positions.

**\*1.4.3d:** Region 2 Columbia Implementation Plan.

Union, Chester, Lancaster Counties-replace current phone system with VOIP.  
Add 1 Intake practitioner.

**\*1.4.3e:** Region 2 Rock Hill Implementation Plan. Complete.

**\*1.4.3f:** Region 3 Charleston Implementation Plan.

Waiting confirmation on location due to Charleston's moving plans being placed on hold.  
Staffing needs and staff availability to be determined.

**\*1.4.3g:** Region 4 Conway Implementation Plan.

All counties are either automated or manually rolling into Region Intake Hub.  
Some counties need to replace current phone system with VOIP for automated rollover to Regional Hub.

**\*1.4.3h:** Region 5 Implementation Plan.

Furniture ordered and installed.  
Office supplies needed and requested.  
Need cell phones.  
Need 10 headsets.  
Need partitions.  
Aiken County- current phone system needs to be replaced with VOIP.  
Need 6 Intake Practitioners to be trained.

2) The Information Technology staff at the SCDSS indicate that all telephone technology-related challenges will be resolved by 11/30/15.

**Progress Benchmark / Strategy: Met.**

**1.4.4:** Restructure supervision of intake staff through centralized oversight to enhance consistency of practice.

1.4.5: Realign reporting structures of DSS Prevention Liaisons to report through Intake Hub supervisors to State Intake Director.

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

1.4.7: Create a cohort of intake coaches to build and support competencies of intake staff.

#### **Action Step**

1.4.7a: 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. **To be initiated.**  
(This item relates to the new Career Ladder at SCDSS and increase in pay for added expertise and duties of Intake Mentors)

#### **Challenges/Reasons**

- 1) The primary reason is due to the delay in full implementation of the Regional Intake Hubs.
- 2) A second reason is the delay in development and approval of a "Career Ladder."

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

With the full implementation of the Regional Abuse and Neglect Report Intake Hubs by 12/31/15, it will be possible to begin to identify Mentors.

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

\*1.4.8: Implement regular communications with CBPS providers regarding status of needs for services, and regarding repeat referrals.

#### **Action Step**

\*1.4.8a: Develop a plan for regular communications with CBPS providers regarding status of needs for services, and regarding repeat referrals. **To be initiated.**

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

\*1.4.9: Respond to results of initial Regional Intake roll-out (volume and quality).

#### **Action Steps**

\*1.4.9a: Obtain results of initial regional intake roll-out (volume and quality). **To be initiated.**

\*1.4.9b: Evaluate results of initial regional intake roll-out (volume and quality) and develop a plan to respond to the results. **To be initiated.**

## **GOAL 2**

### **Children will thrive when involved with SCDSS**

#### **Objective 1 / Progress Measure 1 (CFSR 2 – 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 non-weighted, aggregate score of 53.0% for all non-PIP counties for Well-Being Outcome 1 in FFY 2013, the non-weighted, aggregate score for all counties will improve to 73.0% for all non-PIP counties by end of FFY 2019, with bench marks of 4% per year improvement.

**Progress Measure: Not met.**

Target “Substantially Achieved” 2015 FFY Measure – 57%

Actual “Substantially Achieved” 2015 FFY Measure – 11.5%

Source: SCDSS Quality Assurance Reviews: CFSR 2 “Onsite Review Instrument”

10/1/14-1/31/15- 9 counties, 1 QA Review/counties.

**Challenges / Reasons**

This Objective and its Project Measure, which is tied to Well-Being Outcome 1 of the CFSR 2 “Onsite Review Instrument”, is therefore directly impacted by the “Strength” ratings of Items 17-20. As indicated by the 28.4% “Strength” rating for Item 17 and 31.6% for Item 18, this assessment for needs and services other than for safety and risk, was not consistently performed in all cases performed, or not performed well, or the identified services were not provided in the majority of cases reviewed. Currently the QAR process is not automated to collect and report information from individual questions within each Item, and so we do not know to what degree the rating is due to assessments or provision of services, related to which parent or child. However, with the advent of the CFSR 3 “Onsite Review Instrument” in the QARs in the third quarter of FFY 2015 onward, this data from individual answers within each Item will be automated for collection and reporting. At that point the state will be able to report the difference in scores between assessment for treatment and other services and provision of identified services, and for which parent and child.

Anecdotally, it is generally true that in most SCDSS County Offices, as also evidenced in Quality Assurance Reviews, the noncustodial parent did not receive the visits, assessments for services and therefore appropriate services, and case planning, as the custodial parent received. In SC the non-custodial parent is the father of the child(ren). The lack of attention to the non-custodial parent/father of the child(ren) by caseworkers, and the awareness of the need for and efforts for the involvement of them, has been evidenced by signs in SCDSS County Offices over the past two years reminding and encouraging staff to remember them and involve them.

The high caseloads and high staff turnover are strong factors directly related to low “Strength” ratings for Items 17 and 18, and lower than optimal ratings for Item 20. \*Please see above in the Introduction to the “Update On The Plan For Improvement” for information related to staff Caseload/Workload data and information, staff turnover, and retention efforts. As the Caseload/Workload information and staff recruitment and retention information impacts multiple Goals and Objectives, and therefore the resulting strategies to address those factors apply to multiple Goals and Objectives, the reader is directed to the introduction for information when these factors apply. Additionally, see Goal 4, Objectives 1 and 3, for more information about strategies at the SCDSS to positively address the staff turnover and high caseloads/workloads (beyond the established maximum caseload/workload size), and therefore to address the challenges/reasons this Progress Measure was not met.

As mentioned elsewhere, given the “Strength” rating of 68.7% for Item 19, caseworker visits with the child(ren), the high caseload/workload of the SCDSS staff has resulted in choices being made by caseworkers when necessary, and visiting, assessing for services, and case planning with children took precedence.

For all of the Objectives/Progress Measures based at least partially on Quality Assurance Review (QAR) Outcomes and Items ratings, as for this Objective, one of the factors with a direct impact on those scores improving or decreasing and therefore on the well-being of children and families, are QAR frequency and “Facilitated Discussions” with the SCDSS County Director and leadership following the QAR. The lack of at least one (1) Quality Assurance Review and the lack of “Facilitated Discussions” with the SCDSS County Human Services staff following the Quality Assurance Review was a significant detriment to improving Outcome “Significantly Achieved” scores. Please see the Introduction to the “Update On The Plan For Improvement”, and the “Assessment of Performance-Systemic Factors-Quality Assurance System-(2) Standards to evaluate the quality of services and (4) Provides relevant reports for case record review data and process”, for additional information on the frequency of QA Reviews, the lack of “Facilitated Discussions”, and the plan to address those.

Additionally, anecdotally, 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 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), previously called the Palmetto Coordinated System of Care, and its Service Array Workgroup. The Service Array Workgroup is tasked with assessing and developing services to fill the gap in the state's array of services for children and families at-risk, as outlined in Goal 4, Objective 5, in this 2015-2019 CFSP, "Plan For Improvement." The SCDSS and SCDHHS are 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.

Most screening, assessment, and Licensed Independent Practitioner Services (LIPS), such as therapy, family therapy, and other behavioral-health services available in the array of Medicaid state plan, do not currently reflect evidence-based, trauma-focused services or a specific procedure code recognizing such services for tracking purposes. The SCDSS and the SCDHHS 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. Anecdotally, through Quality Assurance Reviews, all services are available at least regionally, even if not in each county.

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 2016 Revision/Response.**

- 1) Initiating the "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.

- 4) There will be an assessment following the completion of the initial round of training of the training and learn if there is a need for a second round of training.
- 5) There will be ongoing conference calls to support progress, celebrate successes and address barriers.
- 6) Sharing of information with the courts.

Target group for initial training:

- 1) Regional Team Leaders
- 2) County Directors
- 3) Human and Economic Services Supervisors
- 4) Child Support Staff
- 5) Performance Coaches
- 6) Kinship Caregiver Liaisons
- 7) Intensive Foster Care & Clinical Services Directors & their staff
- 8) Adoption Supervisors and their staff
- 9) Community-Based Service Providers (Fatherhood Coalitions)

**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 2016 Revisions/Responses**

Next step: complete development of referral procedures.

**2.1.1d:** Establish a formal electronic referral process and practice standards for statewide implementation. In process. **In process.**

Review proposed IT/CAPSS plan with design committee.

## **GOAL 2**

### **Children will thrive when involved with the SCDSS**

#### **Objective 2 / Progress Measure 2 (CFSR 2 - Well-Being Outcome 3)**

Ensure the physical and mental health needs of children (including dental health) are addressed.

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

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

Target "Substantially Achieved" 2015 FFY Measure - 63.5%

Actual "Substantially Achieved" 2015 FFY Measure - 62.1%

Source: SCDSS Quality Assurance Reviews: 10/1/14-1/31/15- 9 counties.

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, DSS caseworkers, and other clinicians and brokers in every county in South Carolina; 2) train DMH therapists and other community therapists to deliver Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) with a high degree of fidelity and competence; 3) train DSS workers and other community brokers in trauma-informed services, including evidence-based interventions, evidence-based treatment planning, case management skills for treatment success; and 4) insure that 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 a huge success 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 90 minutes vs. 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.



- DSS and DMH 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 made by the SCTI and expand it to address the lessons learned in a more applicable way that will establish a sustainable foundation for implementation of trauma practice in communities statewide.

New 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. (Items 17 and 18).

**FFY 2016 Responses/Revisions:** Progress Benchmark/ Strategy 2.2.1 is being revised for the FFY 2016 APSR to the following: Progress Benchmark/ Strategy 2.2.1: Provide training and implement Trauma-Informed Practice (T-IP) statewide. Also, 2.2.1b, 2.2.1c, 2.2.1d, 2.2.1e will be added as new action steps to support the completion of Progress Benchmark/ Strategy 2.2.1

**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 related trauma Progress Benchmarks/ Strategies and action items. The TIDT has continued to hold monthly meetings and has set up 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 including making recommended revisions, enhancements, and additions to progress benchmarks/ strategies and/or action items to ensure interagency systemic implementation. The TIDT will also serve as an avenue for support to Local Community Change Teams, established during Project Best CBLC 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.**

**2.2.1c:** Enhance and Implement the collaborative activities identified in the Memorandum of Agreement between SCDSS and the Children Advocacy Centers. **In process.**

**2.2.1d:** Develop local Community Change Teams in each of the three identified demonstration sites to provide leadership in training, resources identification and alignment, building infrastructure to support a collaborative and coordinated response to provide trauma practice in their communities. **To be initiated.**

**2.2.1e:** Utilize three counties to be demonstration sites for a staggered rollout for implementation of comprehensive T-IP practice. **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:** Integrate trauma and screening tools for gathering trauma history into existing practices and documentation methods beginning at investigation/assessment. **In process.**

**Challenges / Reasons**

In November 2014, through regional Guided Supervision sessions statewide, Regional Team Leaders, County Directors, Performance Coaches were given the tools for collecting trauma history. These tools were identified in the Protocol for Trauma Screening and Assessment for Children Entering Foster Care that was developed collaboratively with the SCDSS, DMH, and Project Best in the Trauma Informed Workgroup. However, the delayed approval of the draft protocol has delayed full implementation of the trauma tools in practice and standard protocols. The Protocol was approved by the SCDSS in April 2015 but the Protocol continues to go between the SCDSS and the DMH for revisions.

**FFY 2016 Responses/Revisions:** New action items added 2.2.2.e: Enhance CAPSS capability to capture trauma screening, assessment, and treatment services in case planning and monitoring functions. 2.2.2f: Revise CPS and Foster Care policy and procedures to reflect processes for trauma screening, assessment, treatment, tracking, and follow up as it relates to evidence-based treatment planning developed in Community Change Team demonstration sites.

**2.2.2b:** All new hire caseworkers, Supervisors, Performance Coaches and other Regional staff, County Directors and Team Leaders will complete Child VictimWeb. **In Process**

In January 2015, the first (3) modules of the Child VictimWeb was added to the requirements for Child Welfare Basic training for all new employees. There is currently a cohort group being piloted through the full (8) modules requirement to assess impact. In June 2015, SCDSS met with CCFS and Project Best to explore the remaining (5) modules being required for Human Services staff only.

**2.2.2c:** Develop and incorporate evidence-based, trauma-informed training modules into Basic Child Welfare Training. **In Process**

Child Welfare Basic Training. Jennifer Webb and CCFS staff members attending Midlands CBLC, have blended trauma content into CW modules. Review, approval, and expansion of content under development. Jennifer Webb, CCFS staff members attending Midlands CBLC will be identified as lead contacts to ensure that modules are updated and submitted for reviewed by the Trauma Informed Development Team (TIDT).

**2.2.2d:** Develop and deliver county-based training courses and in-services on psychological trauma and evidence-based, trauma-informed services. **In Process**

The Impact of Trauma and the Power of Resiliency was developed for county staff and external partners. The curriculum was based on the Child Welfare Trauma-Informed Tool Kit and Project Best materials. Through June 2015, over 1000 DSS employees and community partners have received training. Training in counties began in April 2015 and are scheduled throughout the remainder of the calendar year on a county by county basis, except in Region IV where the training will be held in four (4) regional sites. Training events have been held at Greenwood County DSS, Barnwell County DSS, Beaufort County DSS, Region 4 Leadership (representing all counties, Adoption and IFCCS offices), Berkeley County DSS, Charleston County DSS, Hampton County DSS, Saluda County DSS, Foster Care Review Board, South Carolina Youth Advocate Program (SCYAP), Children's Law Center (CLC) annual conference, and the SC Foster Parent Association.

**2.2.2e:** Enhance CAPSS capability to capture trauma screening, assessment, and treatment services in case planning and monitoring functions. **To be initiated.**

**2.2.2f:** Revise CPS and Foster Care policy and procedures to reflect processes for trauma screening, assessment, treatment, tracking, and follow up as it relates to evidence-based treatment planning developed in Community Change Team demonstration sites. **To be initiated.**

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

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

**Action Steps**

**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. **Not met.**

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 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.

**FFY 2016 Responses/Revisions:** New action items added 2.2.2.e: Enhance CAPSS capability to capture trauma screening, assessment, and treatment services in case planning and monitoring functions. 2.2.2f: Revise CPS and Foster Care policy and procedures to reflect processes for trauma screening, assessment, treatment, tracking, and follow up as it relates to evidence-based treatment planning developed in Community Change Team demonstration sites. Plan for state wide interagency distribution of protocol within first quarter of FFY 2016.

**2.2.3b:** Trauma screening and assessment results with recommended evidence-based trauma and other treatment will be incorporated into the evidence-based treatment planning process and included in the service plan. **In process.**

The SCDSS is exploring with Project Best and the SCDMH the next steps of SC Trauma-Practice Initiative (SCTPI) to identify county based demonstration sites to implement these components connecting several initiatives (i.e., some form of the Protocol for Trauma Screening and Assessment for Children Entering Foster Care, components from the Community-Based Learning Collaborative, CAPSS enhancement, SCDSS policy and forms revision, etc.) to build the foundation to operationalize all the trauma training, practices, and processes within a community of providers and stakeholders. Project Best also met with the State Director of SCDSS and its leadership in March 2015 to discuss demonstration sites for encompassing all the initiatives and evolving to practice.

**2.2.3c:** Ensure that children and families receive appropriate, evidence-based assessments to determine their strengths, needs, and problems. **In process.**

In October 2014, the Regional Clinical Consultants within the SCDSS received training related to the current efforts around TPI, Project Best goals, other agency trauma efforts, relation to CFSP, and current 2-3 hr. training developed by the SCDSS that provides introductory trauma-informed services and resiliency. Clinical Consultants agreed to participate in "Train the Trainers" in order to go to County Offices to train other staff.

## **2016 FFY Responses/Revisions**

Add the following action items to accomplish Progress Benchmark/ Strategy 2.2.3:

**2.2.3d:** Develop three tiered collaborative case review staffing structure through the Children's Advocacy Center (CAC) and use the Multidisciplinary Case Review collaborative process to support the implementation of Evidence Based Treatment Plans that serve the three demonstration sites.

**2.2.3e:** Utilize Evidence Based Treatment Planning Construct tools from Project BEST for screening, assessment, and evidence based treatment plan development.

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

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

### **Action Steps**

**2.2.4a:** Establish collaborative relationships with both public and private service partners to share assessment information between medical/ clinical/social service professionals and community-based support services system. **In process.**

See 2.2.1a action item. CCFS Quality Assurance has joined the TIDT to help formulate recommendations for evidence-based treatment planning and determine how to identify criteria for Quality Assurance Reviews.

**2.2.4b:** Establish mechanisms for working with service partners to develop coordinated and integrated service plans. **In process.**

## **FFY 2016 Responses/Revisions**

Add the following action items to accomplish Progress Benchmark/ Strategy 2.2.4.

**2.2.4c:** Include both public and private service providers in the case review/staffing process at the CAC as the mechanism to share assessment information between medical/clinical/social services professionals for the integration of case information to inform treatment planning. **To be initiated.**

**2.2.4d:** Collaborate with the medical professions who provide the forensic and comprehensive medical exams through the CACs in the target counties as MDT partners and as case review participants. **To be initiated.**

**2.2.4e:** Establish collaborative relationships and develop mechanisms for input from the DMH psychiatrists, CAC physicians and SCDSS Clinical Consultants in the development, implementation and monitoring of EBT plans. **To be initiated.**

**2.2.4f:** Create a metric and collection system to reflect monitoring of treatment progress to completion and SCDSS caseworker participation in collaborative meetings designed to involve multidisciplinary professionals in the assessment of need and the development of evidence based treatment/service plan. **To Be Initiated.**

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

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

### **Action Steps**

**2.2.5a:** Include in each individual service plan measureable treatment goals with specific metrics for assessing outcomes and thresholds for success. **In process.**

Dependent on 2.2.3b action item

**2.2.5b:** Each service plan to include a set of evidence-based treatment and other intervention services based upon the assessment-based treatment goals. **In process.**  
Dependent on 2.2.3b action item

**2.2.5c:** Children and families should be referred to practitioners who are appropriately trained in the needed evidence-based services, deliver them with fidelity and work collaboratively with SCDSS. **In process.**  
Through Project Best SCTPI a network of private practitioners, and brokers are being trained to screen and make appropriate referrals for assessment and treatment.

**2.2.5d:** Services should be monitored regularly to assess client participation, client engagement, and service provider adherence to the evidence-based service protocol, client progress, and client outcomes. **In process.**

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

Add the following action items to accomplish Progress Benchmark/ Strategy 2.2.5.

**2.2.5e:** Develop training curricula for SCDSS Clinical Consultants and DMH in the use of trauma assessment, in EBTP and in advanced supervision techniques in support of clinical input to the development of individual service plans with measureable treatment goals with metrics for assessing outcomes and thresholds for success.

**2.2.5f:** Operational capacity to allow time for the SCDSS clinical consultants to provide clinical consultation regarding trauma screening, trauma assessment, the development of EBTPs, and the monitoring and modification of those plans as indicated.

**2.2.5g:** Operational capacity to allow time for the SCDMH supervisors in support of their providing clinical supervision to the staff involved.

**2.2.5h:** 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.

**2.2.5i:** Develop a MOA with logistics and requirements of collaboration between SCDSS and private MH providers.

**2.2.5j:** Development of monitoring tool in CAPSS/ client file that provides needed QA documentation.

### **Progress Benchmark/ Strategy**

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

### **Action Steps**

**2.2.6a:** The SCDSS and SCDMH Child and Adolescent Family Directors will provide leadership at the community level to develop a coordinated and collaborative community response protocol. **In process.**

Establish a single point-of-contact for local service coordination with the South Carolina Department of Mental Health (SCDMH). Although the SCDSS and the SCDMH collaborate on a variety of initiatives to improve mental health services for the SCDSS children and families, the SCDMH has agreed to appoint a single liaison for the Richland County DSS office that is responsible for coordinating interagency activities at the local level.

There are some co-locations of DMH staff in Richland County in the Midlands and Spartanburg County in the Upstate. The SCDSS leadership reached out to the Deputy Director of the SCDMH to discuss logistics of co-location of DMH staff in July 2014. Also, the SCDSS and the SCDMH discussed this need further in the Executive Steering Committee for the Joint Council on Children in May 2015. The following related action items within Goal 2, Objective 2, were developed directly from the Executive Steering for the Joint Council Meeting:

**2.2.14a:** 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.**

**2.2.14b:** FCAC to collaborate with DHHS, DMH, private providers, and the MCO to determine methods for expanding primary care, clinical, medical, and addiction services to rural areas. **In process.**

**2.2.6b:** Streamline Medicaid Eligibility process.

As of March 2015, children in foster care received a specific identifier where they can be identified with the Manage Care Organization (MCO) and services can be tracked. Also, co-located sponsored worker from DHHS on site at the SCDSS State Office to enroll children coming into care into Medicaid. Children coming into care are processed within 48 hours. **Completed.**

Given Medicaid billing codes do not necessarily support the provision of services that require 90 minutes vs. 52 minutes and billing codes do not support the provision of services to both the child and caregiver on the same day requires a revision to 2.2.6b to support the use of trauma informed screening, assessment, and treatment.

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

Action Item 2.2.6b is being revised: Collaborate with DHHS to refine Medicaid codes, contracts, reimbursement to support successful implementation, and sustainability of trauma-informed screening, assessment, and treatment.

**2.2.6c:** Regional and community trauma-informed training for all child serving agencies sponsored by the Joint Council on Children and Adolescents (JCCA). **In process.**

JCCA sponsored face-to-face trainings delivered to 1000+ participants over the last 18 months. JCCA workforce development website has on-line continuing education topics related to trauma. Members of JCCA have joined the TIDT to ensure trauma training sanctioned and provided is aligned with training provided through SC Trauma Practice Initiative (SCTPI).

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

**2.2.7:** 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.**

**2.2.7a:** Provider and clinician training in delivery of trauma-focused services while implementing trauma-informed practices within their agency setting (residential and community-based). **In process.**

The State is making efforts to build the capacity of state and private providers of clinical services to provide Trauma-focused assessment and treatment. Through Project Best, approximately (80) private therapists and senior leaders from the Palmetto Association For Children and Families (PAFCAF) have participated in Trauma-Focused, Cognitive, Behavior Therapy training.

**2.2.7b:** Develop additional trauma-informed training for staff, resource families and service providers. **In process.**

Project BEST faculty have worked with the Foster Parent Association to identify and to link them with an evidence based Resource Parent training model through the National Child Traumatic Stress Network. The SC Foster Parent Association scheduled seventeen (17) 6 hr. workshops using the first four modules of the National Child Trauma Stress Network (NCTSN) "Caring for Children Who have Experienced Trauma: A workshop for Resource Parents

training". As of June 2015, these modules have now been added as a required component of pre-service training of new Resource Foster Family licenses. **In process.**

Resource Foster Families and the Resource Foster Family leadership have been invited to participate in Project BEST and SCTPI. The Project BEST faculty have worked with the Foster Parent Association to identify and to link them with an evidence based Resource Parent training model through the National Child Traumatic Stress Network. Components of that evidence based training are being provided to Foster Parents in South Carolina.

**2.2.7c:** Six Community-Based Learning Collaborative (CBLC) training activities were 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 practitioners and Supervisors will be trained in Trauma-Informed services, including evidence-based interventions, evidence-based treatment planning, and case management skills for treatment success. **In process.**

SCDSS began SC Trauma-Practice Initiative (SCTPI) in 2013 and will continue through 2015. This is a collaborative project between the SCDMH, SCDSS, Project BEST (joint project of the Program on Adolescent Traumatic Stress (PATs) at the National Crime Victims Research and Treatment Center (NCVC) at MUSC and the Dee Norton Lowcountry Children's Center, and funded in part by the Duke Endowment.

SCTPI is currently providing the training and support for the implementation of a trauma-informed service delivery system. SCTPI mental health participants are learning how to administer standardized trauma assessments, to provide feedback to brokers necessary to develop outcome and evidence-based treatment plans, to deliver T-FCBT with fidelity, and to share in the responsibility for client engagement and treatment outcome and the role of metrics in measuring outcomes.

SCTPI broker participants are learning how to administer a trauma screen, the purpose of trauma assessments, referral criteria for T-FCBT, how to assess mental health providers specialized training and knowledge, how to collaborate with other service providers, how to identify measurable outcome goals, how to develop collaborative evidence based treatment plans, how to monitor and case manage for treatment success and the role of metrics in measuring outcomes.

SCTPI senior leaders are helping to identify barriers to implementation of TF-CBT with fidelity and a trauma-informed service delivery system and are working together to identify metrics to measure outcomes and to take actions to overcome or remove identified barriers.

Therapists, brokers, and senior leaders all have learned a common set of information and skills about trauma in childhood, screening and assessment, TF-CBT, Evidence-Based Treatment Planning, and case management. Each participant also learns a set of skills specific to their role.

Collaboration between community professionals and agencies is strongly emphasized in order to build a sense of "team" and to encourage a sense of joint community responsibility for all children by all participants.

A modified CBLC has been delivered to mental health professionals and senior leaders within the PAFCAF.

Three (3) of the six (6) Regional CBLCs have been completed as of June, 2015, more than 700 staff were registered to be trained.

## **FFY 2016 Responses/Revisions**

Add the following additional action item:

**2.2.7d:** Develop additional trauma-informed training for staff, Resource Families, and service providers. Coordinate with the SC Foster Parent Association to provide both the 4 session training as well as the more advanced training to all DSS utilized foster parents within the demonstration counties.

## **Healthcare Oversight and Coordination Plan (HOCP)**

### **Progress Benchmark/ Strategy**

**2.2.10:** 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. **In process.**

After monthly calls and multiple data exchanges with SCDSS Information Systems staff, Select Health data staff and SCDHHS Information Systems staff, children in foster care received a specific identifier where children in care can be identified with the Managed Care Organization (MCO) and services can be tracked as of March 2015.

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

Designed new action items 2.10a-2.10.h

### **Action Steps**

**2.2.10a:** 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 SCDSS policy timelines to support effective and consistent use of Education and Health Passport. **In process.**

The SCDSS is partnering with the SCDHHS, MCO 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 oversight/ EPSDT/medical assessments, etc. Preliminary data has been produced related to EPSDT screenings, medical assessments and behavioral health screenings and will be reviewed by the Foster Care Advisory Committee (FCAC) in July 2015. This will be the foundation for assessing the current SCDSS policy for initial medical and mental health assessments and screenings and determining an appropriate schedule for children in foster care in South Carolina and revising guidelines as needed. This will also serve as a tool to inform how critical health information can effectively be utilized by caseworkers, caregivers, congregate care providers, physicians, and psychiatrists, etc. through the Education and Health Passport to ensure continuity of physical and mental health care. The SCDSS and FCAC has prioritized this 2.2.10a as a key action item for the HCOP. The SCDSS has hired two part-time Child Psychiatrists and a Clinical Lead staff that will lead the FCAC in completing this task item.

**2.2.10b:** Place the Initial Comprehensive Medical Assessment in a centralized location in CAPSS (Person Screen) **In process.**

The Medical Assessment workgroup within the FCAC revised the Comprehensive Initial Medical Assessment Form (DSS Form 3057) during FFY 2014, to be utilized by all physicians, SCDSS caseworkers and caregivers statewide to support the capturing of up to date medical information and tracking follow up appointments. There were several barriers to the consistent implementation of the Initial Comprehensive Medical Assessment and continued follow up through the Education and Health Passport. It was determined by the FCAC in the November 2014 meeting that some reasons for lack of utilization of the newly revised Initial medical Assessment Form were that the medical assessment information on paper form does not transport well and frequently does not get delivered to the caseworker who is designated to enter the medical information into the SCDSS CAPSS database system. Also,



caregivers/ congregate care providers/caseworkers frequently do not have the paper copy completed by a physician or complete the caseworker portion of the document and there was no current mechanism for physicians to electronically deliver the medical information directly to the SCDSS to avoid loss of information or misinterpretation of the information. Hence, the enhancement of CAPSS was identified as an important action item during the FFY 2015. The FCAC was given CAPSS action steps in the March 2015 meeting to address the barriers noted earlier and have been added to Goal 2 Objective 2 strategies. A new workgroup, CAPSS Health Care Oversight/Education and Health Passport Project has been developed and has met in May 2015 and June 2015 to determine the capabilities of CAPSS integration of health information.

**2.2.10c:** All medical data from the Initial Comprehensive Medical Assessment entered into the Person Screen will automatically populate the related fields within the Health and Education Passport. **In process.**

**2.2.10d:** 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.**

**2.2.10e:** Create a portal for physicians so they can attach the Electronic Medical Record into CAPSS directly. **In process.**

**2.2.10f:** 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.**

Two training videos have been completed for caseworkers regarding general care coordination practices around behavioral health issues and psychopharmacology overview of some of the more prevalent medications. However, some of the delays with the development of the Education and Health Passport and community psychotropic oversight process have been barriers for completing a video training segment defining the standards of care, consent process, prescription oversight, and tracking responsibilities.

The loss of the Medical Director in early FFY 2015 delayed the key action item 2.2.11a for expanding prescription oversight into the community that would have defined consent, monitoring, and tracking processes that would be in training videos for caseworkers, physicians, caregivers, and congregate providers. Hence, the completion of action item 2.2.10 is delayed.

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

Completion date will be delayed to September 30, 2016 after the anticipated completion for action items 2.2.10a-e and 2.2.11a, so psychotropic prescription oversight in the community is developed further and the Education and Health passport is functional in CAPSS along with partner training and commitment to enter health and medical information into in CAPSS.

**2.2.10g:** 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.**

**2.2.10h:** Add functionality in the 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.

The SCDSS collaborated with Law Enforcement and others in the medical community to revise the guidance for Drug Endangered Children (DEC) that outlined the necessary steps to ensure the physical and mental health of a child who has been drug exposed. There is a need to have the ability in the CAPSS database to identify those children coming into care who are drug exposed and track the medical screening, assessment, and follow up treatments at intervals based on SCDSS policy. **In process.**

**Progress Benchmark/ Strategy**

**2.2.11:** 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). **In process.**

**Action Steps**

**2.2.11a:** Evaluate prospective prescription oversight process with PRTFs and explore a hybrid model 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, Therapeutic Foster care providers and Foster Care Advisory Council (FCAC). **In process.**

The evaluation component of this process has been hindered by the absence of a Medical Director. The previous Medical Director left shortly after the beginning of FFY 2015 and the statewide Lead Clinical person who managed the prospective oversight process vacated the position midway through the FFY 2015. The SCDSS hired a Medical Director who specializes in Child Psychiatry, who began employment with the SCDSS on 6/15/15. The SCDSS has hired a new Lead Clinical staff person who will begin in that position in the fourth quarter of FFY 2015. The Lead Clinical staff person will support the SCDSS in prescription oversight process for PRTFs and data analysis of usage to assess impact of oversight. Based on the assessment of the impact of the prospective review process with PRTFs, the part-time child psychiatrist and Lead Clinical staff person will resume efforts 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 and consent process that is either prospective, retrospective or a hybrid model that is uniform and streamlined for children in foster care.

**FFY 2016 Responses/Revisions**

This action completion timeline has been identified as May 30, 2016.

**2.2.11b:** Develop of audit protocols to compare healthcare provider and state records relating to psychiatric/mental healthcare for children in foster care. **In process.**

**Progress Benchmark/ Strategy**

**2.2.12:** 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, Therapeutic Foster Care providers and Foster Care Advisory Council (FCAC). **In process.**

**Action Step**

**2.2.12a:** 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**

**2.2.13:** Partner with Department of Mental Health, the MCO, and private provider system to expand the capacity for utilization of psychiatric medication management for the State. **In process.**

**Action Step**

**2.2.13a:** Develop MOU with the Department of Mental Health, the MCO, and private provider system for a process/criteria to allow access to psychiatric medication management for those children in foster care receiving clinical support outside of the state mental health system. **In process.**

### **Progress Benchmark/ Strategy**

**2.2.14:** Collaborate with DMH, Department of Alcohol and Other Drug Abuse (DAODAS), Department of Health and Human Services (DHHS), private providers, and MCO to increase access to clinical, medical and addiction services. **In process.**

### **Action Steps**

**2.2.14a:** 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.**

**2.2.14b:** 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. **In process.**

The SCDSS and the state child-serving agencies and stakeholders have joined together under the Palmetto Coordinated System of Care (PCSC) Planning Group with much collaboration, energy and hard work to move forward many strategies (2.2.15-2.2.19) in efforts to support the accomplishment of Objective 2. However, while implementing strategies, other issues surfaced that were not in the initial consideration of the work and will require additional strategies. For example, the PCSC Planning Group along with the PCSC Leadership Team began forming a delivery system for the PCSC that was inclusive of Managed Care Organizations (MCOs), Case Management Entities (CMEs) and a defined service array. However the behavioral health service array was not designed to be available to state agencies serving children and families or directly to families that were outside of the coordinated services within the PCSC. Access to PCSC services was only accessible to children and families managed by a CME. The SCDSS and other members of the PCSC raised concerns that the PCSC may be restricting access to children and families in the community that need to access some services from the array that may be preventative in nature (IFS, Respite, Mobile Crisis Stabilization, Peer Support). Also, the SCDSS raised the concern about access to services could potentially only be managed by a CME within the network. The SCDSS research in other states and their coordinated systems of care did not reflect a comprehensive approach to case planning for children in foster care that were involved in their coordinated systems of care (i.e., no specific focus on permanency and safety outcomes). The main focus was well-being/mental health services in isolation of permanency and safety. The PCSC is planning on a one plan for one family managed by a CME, however it would not include safety and permanency and would require two plans and well-being outcomes managed separately by an outside CME. The SCDSS is exploring options to operate as a CME for the targeted population of the PCSC (currently around 1300-1400 children) in efforts to ensure all case planning incorporates safety, permanency, and well-being outcomes as a part of the comprehensive plan to support the child and family and/or caregiver. The PCSC has put the decision of PCSC service delivery structure on hold. A team from S.C. plans to attend a national system of care hands-on training in Washington, DC. In June 2015. Also, two teams of South Carolina public agency and family organization members plan to attend a hands-on training for implementing parent and youth peer support. Additionally, a diverse group of child serving state agencies and congregate care providers are going to Andover, MA in the late summer to a Building Bridges training which is a national initiative focused on supporting positive outcomes for youth and families served in residential programs and their community counterparts. The purpose is to explore ways to include existing residential providers in a meaningful way as the PCSC is building in order to optimize the strength of existing behavioral health delivery systems in residential care. The PCSC will have to consider information learned from conferences and utilize Mercer State analysis of costs/funding streams to assess what services are affordable and how they need to be structured for service delivery. Currently, the DHHS has held off implementing the IFS, mobile crisis stabilization, respite and peer support as there are not enough funds available to the state to provide the services on a large scale.

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

Based on the progress and issues that have surfaced during the implementation of action items for the PCSC, additional action items regarding the PCSC for the 2016 APSR have been added:

- 2.2.19a:** Establish workgroups to develop and implement a communication plan for PCSC, eligibility tool for PCSC, outcome measures and cultural linguistic competencies, identify training, and capacity needs.
- 2.2.19b:** Determine PCSC infrastructure service delivery design and access points
- 2.2.19c:** 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
- 2.2.19d:** SCDSS will explore options of becoming a certified case management entity (CME)
- 2.2.19e:** Complete a Fixed Price Bid for a Center for Excellence

### **Palmetto Coordinated System of Care (PCSC)**

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

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

#### **Action Steps**

**2.2.15a:** Determine number of target population served historically (i.e. last two fiscal years) **Completed.**

The PCSC membership of state agencies, families, private and non-profit organizations determined targeted population for PCSC to be: children and youth who have serious behavioral health challenges and who are in or most at risk of out of home placements. This also includes children and youth with substance use disorders only and children and youth with co-occurring, developmental delays and mental health disorders.

**2.2.15b:** Define demographics of population served (e.g., age, race/ethnicity, regions), including identification of disparities and disproportionality. **Completed**

The PCSC Planning Group and PCSC Leadership Team assessed national data and state data including statutory and state agency regulations to determine identified targeted population in 2.2.15a and the age range of children to be served statewide which will be ages 0-25.

**2.2.15c:** Identify services used, including any evidence-based, credentialed services. **Completed.**

The Service Array Workgroup recommended four priority services be established prior to full implementation of the PCSC: intensive family services, respite, youth and parent peer support, and mobile crisis.

**2.2.15d:** Determine expenditures per child/youth and total spending, including expenditures on “poor outcome and/or high cost” services. **Not met.**

#### **Challenges/ Reasons**

All child-serving agency members of PCSC including the SCDSS began working with Department of Health and Human Services and their contracted actuarial firm Mercer to identify all budget funding sources, population types and services received in April 2014. Through multiple telephone conferences between the state agencies and Mercer along with transference of financial data, each state agency was given their own individual analysis to ensure accuracy of information. At present, all agencies have sent final revisions and Mercer is to release a comprehensive combined analysis report in June 2015 for the state of South Carolina in efforts to identify funding mechanisms, possible PCSC structure and services that can be supported by pooled funding and all sources of federal match funds. The need for agencies to work closely with Mercer to understand scope of services, populations affected, clearly defined funding lines, etc. to ensure accuracy and a good assessment of the State’s ability to fund desired services required an expanded timeframe not previously anticipated which has delayed other strategies.

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

Given that Mercer will deliver analysis of the State by June 5, 2015, it is anticipated that 2.2.15d will be completed by August 15, 2015.

**Progress Benchmark/ Strategy: Not met**

**2.2.16:** Analyze and determine final system design and financing strategies.

**Action Step**

**2.2.16a:** Identify current funding streams and identify potential reallocation of other federal funding streams (child welfare, prevention, special education, SAMSHA block grants, etc.) **Not met.**

**Challenges/ Reasons**

As stated above in 2.2.15d, delays with completion of financial analysis of State's expenditures per child/youth has hindered the initial targeted completion date for this action step. PCSC Leadership Team will meet after final report from Mercer is received and develop a financial sustainability plan that is due to SAMSHA by 10/1/15.

**FFY 2016 Responses/ Revisions**

Action item 2.2.16a completion date will be revised from 10/15/2014 to 9/30/15.

**Action Step**

**2.2.16b:** Identify financing strategies for system such as Medicaid waiver(s), Medicaid state plan amendments, state general funds, blended and/or redirection of other federal funds. **Not met.**

**Challenges/ Reasons**

Due to delay in strategy 2.2.15d

**FFY 2016 Responses/ Revision**

**Action Step.**

Item 2.2.16b completion date will be revised from 11/30/14 to 9/30/15.

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

**2.2.17:** Submit needed state plan amendments, waivers, other applications.

**Action Steps**

**2.2.17a:** Develop drafts of state plan amendments and funding sources. **Not met**

**Challenges/ Reasons**

Due to delay in strategy 2.2.15d. Weekly calls with Mercer and DHHS are ongoing to support forming state plan amendments.

**FFY 2016 Responses/ Revisions**

Action item 2.2.17a completion date will be revised from 2/15/15 to 12/30/15.

**2.2.17b:** Conduct public input process. **Completed**

Focus Groups held with public agencies, private providers, parents, youth being served by Department of Juvenile Justice and the SCDSS. Focus groups completed May 2015. Opportunity for those in focus groups to continue feedback in the Communications, Cultural and Linguistic Competencies, CANS, and Outcome Measures Workgroups.

**2.2.17c:** Submit applications. **Not met.**

**Challenges/ Reasons**

Due to delay in action item 2.2.15d and the impact on other action items 2.2.16a-2.2.17a, submitting the application for the State has also been delayed.

**FFY 2016 Responses/ Revisions**

Action item 2.2.17c completion date will be revised from 4/15/15 to 3/31/2016.

**2.2.17d:** Develop policy and procedures and promulgate rules as required. **Not met**

**Challenges/ Reasons**

Due to delay in strategy 2.2.15d and the impact on other strategies 2.2.16a-2.2.17a and 2.2.17c, action step cannot be completed.

**FFY 2016 Responses/ Revisions**

Strategy 2.2.17d completion date will be revised from 5/31/15 to 6/1/2017.

**2.2.17e:** Develop RFP's and enroll providers. **Not met.**

**Challenges/ Reasons**

Due to delay in action item 2.2.15d and the impact on other action steps 2.2.16a-2.2.17a and 2.2.17c-d, this action step cannot be completed.

**FFY 2016 Responses/ Revisions**

Action item 2.2.17e completion date will be revised from 5/31/15 to 6/1/2017.

**2.2.17f:** Develop reimbursement rates. **Not met.**

**Challenges/ Reasons**

Due to delay in action item 2.2.15d and the impact on other action steps 2.2.16a-2.2.17a and 2.2.17c-d, this action item cannot be completed.

**FFY 2016 Responses/ Revisions**

2.2.17f completion date will be revised from 6/30/15 to 6/1/2017.

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

**2.2.18:** Implement grant requirements and develop additional implementation strategies.

**Action Step**

**2.2.18a:** Develop training and capacity building plan. **Not met.**

**Challenges/ Reasons**

Provider Capacity and Training Workgroup began in February 2015. The delays in previous strategies and budgetary constraints anticipated with the statewide analysis of funding streams may dictate a smaller PCSC than planned. The workgroup will be ongoing to develop the training and capacity building plan but is dependent on the finished analysis and budget decisions before true capacity can be determined.

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

Provider Capacity and Training Workgroup will continue to meet and assess any data that is gathered along with financial analysis but a final plan will be dependent upon completion of action steps 2.2.15d, 2.2.16a-2.2.17a and 2.2.17c-f. 2.2.18a completion date will be revised from 8/1/2015 to 9/30/2016.

**2.2.18b:** Develop statewide phase in approach. **Not met.**

### **Challenges/ Reasons**

Not Met. Delay of completion of 2.2.15d, 2.2.16a-2.2.17a and 2.2.17c-f.

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

2.2.18b completion date will be revised from 9/30/2015 to 9/30/2016.

**2.2.18c:** Implement statewide rollout plan. **Not met.**

### **Challenges/ Reasons**

Delay of completion of action items 2.2.15d, 2.2.16a-2.2.17a and 2.2.17c-f.

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

2.2.18c completion date will be revised from 10/30/2016 to 9/30/2017.

### **Progress Benchmark / Strategy**

**2.2.19:** Design PCSC organizational infrastructure for service delivery. **In process.**

### **Action Steps**

**2.2.19a:** Establish workgroups to develop and implement a communication plan for PCSC, eligibility tool for PCSC, outcome measures and cultural linguistic competencies, and identify training and capacity needs. **In process.**

**Communications Workgroup:** Scope is marketing of PCSC through printed, electronic, web site development, focus groups. Workgroup held multiple focus groups throughout the state with public agencies, private providers, parents and youth including SCDSS youth from the Go Out And Learn Life (GOALL) group on 4/18/15. Website is up and running but functionality and information being added monthly. Logos for PCSC and one page marketing flyers/web pages have been developed and approved by PCSC Leadership Team on 5/20/15.

**Cultural and Linguistics Competency:** (ensuring services and communications are inclusive sensitive to multi-cultural needs). Workgroup holding a kick off training and conference for 5/26/15 for public, private and community-based entities in the development of cultural and linguistic competencies for services to target population for PCSC. Currently there over 320 registered to attend the training.

**Child and Adolescent Needs and Strengths (CANS) Workgroup:** was developed to explore assessment tools for entry into the PCSC. The CANS assessment tool is a nationally recognized, strength-based assessment tool that supports treatment planning and is widely used by practitioners in the field. The workgroup is working directly with the creator of the tool, Dr. John Lyons, to test the tool and determine algorithms with case studies, determine the need for specialty assessments, and development of a Brief CANS Screener.

**Outcomes Workgroup:** First meeting was held 4/9/15. Group was formed to establish outcome measures for the PCSC that are measurable and take into account specific outcomes from agencies and service providers that support the target population for PCSC.

**Capacity and Training Workgroup:** The Provider Capacity workgroup began meeting in February 2015 to discuss a statewide capacity building plan. Biweekly emails began for internal partners. A need for a Center for Excellence has

been determined as the PCSC feels it will need a center for technical assistance as the PCSC delivery design and capacity is being built to serve at risk children and families

**2.2.19b:** Determine PCSC infrastructure service delivery design and access points. **In process.**

**2.2.19c:** 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. **In process.**

**2.2.19d:** Complete a Fixed Price Bid for a Behavioral Health Organization. **In process.**

**2.2.19e:** SCDSS will explore options of becoming a certified case management entity (CME). **In process.**

**2.2.19f:** Complete a Fixed Price Bid for a Center for Excellence. **In process.**

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

**IC 2.2.20:** A credit report will be obtained for all tribal youth, age 16 years and older.

#### **Action Steps**

**2.2.20a:** Assess the barriers to obtaining credit reports. **Complete.**

Who will do the checks?

What will be done with any issues that are identified?

Who and how to educate the youth on the credit report information?

**2.2.20b:** Make a recommendation for obtaining credit reports and sharing them. **In process.**

Schedule meeting with Manager of Knowledge Management and Practice Standards and the Manager of IV-E to decide if IV-E or Independent Living Program will do credit checks and reporting.

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

**IC 2.2.21:** 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**

**2.2.21a:** An assessment of the challenges of identifying Native American children/youth. **Met.**

Identifying non-CIN Native American and Catawba Indian Nation children/youth is not occurring frequently enough.

Currently self-identifying is primary method to identify, some children do not self-identify.

Important to identify at Intake assessment if possible. Need to encourage Intake Specialists to contact Linda Love immediately if child self-identifies as CIN, or appropriate Tribe if self-identifies or is identified as a non-CIN Native American.

Intake Specialists and caseworkers do not have enough questions and tools to use in the process of trying to identify Native American children. At this point the only "tool" available and used is used at Intake of Abuse and Neglect Reports, to ask if the child is Native American.

**2.2.21b:** Develop other ideas to identify if child is CIN or non-CIN Native American. **In process.**

Review Alaskan booklet on ICWA-related resources and identifying for Native American Tribe membership or eligibility.

Assess what tools are currently being used to identify Native American children and youth.



The only tool being used is to “ask” if Native American or might be, at Intake.

6/3/15- meeting identified possible Catawba Indian Nation names: Sanders, Harris, George, Blue, Whiteside.

Develop a list of questions/tools to use to help identify possible Native American children, and present at next meeting on 9/9/15.

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

**2.2.21c:** A recommendation to SCDSS for procedures to add and current procedures to reinforce for identifying Native American children/youth.

**2.2.21d:** Identify Native American-specific items for transition planning. 1) Need to include CIN or other Native American representative in transition planning and other planning for the children, the importance of having the child’s support system at planning meeting.

## **GOAL 2**

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

### **Objective 3 / Progress Measure 3 (CFSR 2 – Permanency Outcome 1 – Item 6)**

Improve the ability of the SCDSS to determine if children in foster care are in a stable placement, and 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 non-weighted, aggregate score of 75.8% for all non-PIP counties for Item #6 in FFY 2013, the non-weighted, aggregate score for all counties will improve to 80.8% by end of FFY 2019, with bench marks of 1% per year improvement.

\* Due to the SCDSS having begun to utilize the CFSR 3 “Onsite Review Instrument in the third quarter of FFY 2015, the same Item, “Stability of foster care placement”, in the QA Review changes from Item 6 to Item 4 in the CFSR 3 “Onsite Review Instrument”. Therefore the Objective / Progress Measure also changes to Item 4, in the Goal 2, Objective 3 of this 2016 APSR update to the Strategic Action Plan.

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

Target “Substantially Achieved” FFY 2015 Measure – 76.8%

Actual “Substantially Achieved” FFY 2015 Measure – 52.6%

Source: SCDSS Quality Assurance Reviews: CFSR 2 “Onsite Review Instrument”

10/1/14-1/31/15- 9 counties, 1 QA Review/county

#### **Challenges / Reasons**

One of the primary factors for the lower “Strength” rating in Item 6 is the shortage of Resource Foster Family Homes for sibling groups and older children in foster care. In addition there is a general shortage of Resource Foster Family homes, while the number of children coming into care has remained fairly consistent. There is less than one (1) Resource Foster Family home available for each child in foster care. The result of this has been a less than optimal placement options for the child, in terms of placement that well meet his/her needs. It has been estimated that the state needs approximately fourteen hundred (1400) additional Resource Foster Family homes to accomplish a one child for one Resource Foster Family home.

As reported in the “Assessment of Performance” in this 2016 APSR, data indicators and quality assurance review results indicate the need to address placement stability. As seen below, in data from the Children’s Bureau, approximately half of all children in foster care more than 12 months had more than two (2) placements.

**Composite 4: Placement Stability While in Foster Care, 2013: South Carolina**

	<b>South Carolina Score</b>
<b>C4.1: Of all children served in foster care during the year who were in care for at least 8 days but less than 12 months, what percentage had two or fewer placement settings?</b>	85.0
<b>C4.2: Of all children served in foster care during the year who were in care for at least 12 months, what percentage had two or fewer placement settings?</b>	56.2

*Source: Children’s Bureau*

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

**2.3.1:** Increase supports and linkages to services for Kinship Caregivers in Family Preservation cases.

**FFY 2016 Responses/Revisions**

(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. To be initiated.**

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

**FFY 2016 Responses/Revisions.**

See Goal 3, Objective 1, (3.1.2) for the details of the newly developed “Resource Family Recruitment and Retention Plan”, to address the shortage of Resource Foster Families in South Carolina.

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

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

**2016 FFY Responses/Revisions**

(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 2 Permanency Outcome 1)**

Improve the permanency and stability of children in their living situation.

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

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

Target "Substantially Achieved" FFY 2015 Measure – 55.4%

Actual "Substantially Achieved" FFY 2015 Measure – 46.1%

Source: SCDSS Quality Assurance Reviews: CFSR 2 "Onsite Review Instrument" 10/1/14-1/31/15- 9 counties, 1 QA Review/counties.

**Objective/Progress Measure-Permanency Outcome 1:** Achieve adoption for 50% (476 children x 50% = 238 children) of all children who on January 1, 2014, have been legally free for 6 months or more by December 31, 2014. The Objective/Progress Measure Outcome was 112 adopted, or 23.5% by December 31, 2014.  
Source: SCDSS Child and Adult Protective Services System (CAPSS).

#### **\*Revised Goal 3, Objective 1 / Progress Measure 1 – To begin 5/1/15.**

The SCDSS is proposing a revised Objective / Progress Measure which includes data from both the QARs and CAPSS.

As the state has adopted the use of the CFSR 3 "Onsite Review Instrument", and because the CFSR 3 Permanency Outcome 1 does not have exactly the same Items as the previously-used CFSR 2 Permanency Outcome 1, therefore the state is recommending the use of two (2) Progress Measures for this Objective.

The SCDSS proposes using the Foster Care re-entry data from the Child and Adult Protective Services System, to replace Item 6 from the CFSR 2 Permanency Outcome 1, from Quality Assurance Reviews. The revised Progress Measure a) for Goal 3, Objective 1, would be:

- a) Using the statewide baseline percentage of 92.7 % as of 5/1/15, of those reunified did not have a Foster care re-entry within 12 months of a prior episode, the statewide percentage of re-entries will improve/decrease to 96.7 % by the end of FFY 2019, with Progress Benchmarks of 1% per year improvement.

The SCDSS proposes using the CFSR 3 Permanency Outcome 1, through Quality Assurance Reviews. The CFSR 3 Permanency Outcome 1 Items 4, 5, 6, reflect the same questions/information as has been previously available in the CFSR 2 Items 6, 7, 8, 9, 10, Stability of Foster Care Placement, Permanency Goal for the child, and for Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement. Therefore the SCDSS proposes:

- b) Using the baseline of the non-weighted, aggregate 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% "Significantly", the Progress Measure will improve by the end of FFY 2019 to 43%, with Progress Benchmarks of 2% improvement per year.
- c) Recruitment - Achieve a growth in each county of a net increase of 20% in Resource Foster Families by the end of CY2015, compared to the number of Resource Foster Families on 1/1/2015.

## 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, is that 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 Resource Families who are willing to accept large sibling groups and older youth has steadily declined, while the number of children coming into care has remained fairly consistent. This partially accounts for 12.2% “Strength” rating for CFSR 2 Item 9, and the 52.6% “Strength” rating in Item 6.

For the Items listed immediately below, the state does not have data for the reasons within each Item for the “Strength” rating. The state does not have an automated collection and reporting available for the answers within each Item. This information is only available manually. As the state has begun utilizing the CFSR 3 “Onsite Review Instrument”, there will be an automated collection and reporting of answers available within each Item.

The data that most significantly impacted not meeting the Permanency Outcome 1 Progress Measure is:  
Item 6: Stability of foster care placement- moves: 52.6% strength;  
Item 7: Appropriate permanency goals were established in a timely manner: 49.4% strength;  
Item 9: Adoption, concerted efforts were made, or are being made, to achieve a finalized adoption in a timely manner: 12.2% strength.

As indicated above in this section, one of the primary factors for the lower “Strength” rating in Item 6 is the shortage of Resource Foster Family Homes for sibling groups and older children in foster care, in addition to there being a general shortage of Resource Foster Family homes. The result of this has been less than optimal placement options for the children, in terms of placement that will meet their needs. It has been estimated that the state needs approximately fourteen hundred (1400) additional Resource Foster Family homes to attain a ratio of Resource Family Home for each child. .

As reported in the “Assessment of Performance” in this 2016 APSR, data indicators and quality assurance review results indicate the need to address placement stability. As seen below, in data from the Children’s Bureau, approximately half of all children in foster care more than 12 months had more than two (2) placements.

### Composite 4: Placement Stability While in Foster Care, 2013: South Carolina

	<b>South Carolina Score</b>
<b>C4.1: Of all children served in foster care during the year who were in care for at least 8 days but less than 12 months, what percentage had two or fewer placement settings?</b>	85.0
<b>C4.2: Of all children served in foster care during the year who were in care for at least 12 months, what percentage had two or fewer placement settings?</b>	56.2

Source: Children’s Bureau

In addition to the challenges/reasons not met mentioned above in this section, most of the Progress Benchmarks and Action Steps did not occur as planned. See below for an explication for the status of each Progress Benchmark / Strategy and Action Step in this Objective, and how that impacted the Progress Measure.

Immediately following is the report of progress and challenges of the Progress Benchmarks / Strategies and Action Steps that were in the 2015-2019 CFSP, Strategic Action Plan. At the end of this report on the progress and challenges of FFY 2015, there is a listing of the new Progress Benchmarks / Strategies for the third and fourth quarter of FFY 2015 and for FFY 2016 through FFY 2019, in the SC "Resource Family Recruitment and Retention Plan." All of the Progress Benchmarks / Strategies and Action Steps related to Foster Care and Adoption have been rolled into the new Plan and renumbered or eliminated.

The Kinship Care Progress Benchmark / Strategy and Action Steps have been renumbered and moved to the beginning of this Objective.

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

**3.1.1:** Promote placement stability through enhancement of Foster Home Licensing with implementation of Regionalized Foster Home Support Unit.

**Action Steps**

**3.1.1a:** Resource Family Team Program -Regionalized Structure for Resource Family Licensing. **Not met.**

**Challenges/Reasons**

Due to staff turnover, the SCDSS was unable to provide consistency in management. There were some activities during FFY 2015 including: meeting with SCDSS County Directors to discuss the Regional Resource Licensing Hubs; reaching out to meet with the SC Foster Parent Association Presidents in the SCDSS Regions 2 and 3, the Midlands and Lowcountry respectively; a few recruitment events in the SCDSS Region 3; and "Shared Parenting" training events for Resource Foster Families and SCDSS staff in Regions 4 and 3, the Pee Dee and Lowcountry respectively. This new SCDSS leader resigned from the Department during the second quarter of FFY 2015. During FFY 2014, a pilot Regional Hub for Licensing and Recruitment of Resource Foster and Adoptive Families was operational and continued through FFY 2015, in the SCDSS Region 4, the Pee Dee area. The regionalized structure for Resource Family Licensing was not expanded beyond the SCDSS Region 4.

Due to the information above, and the information below in the other Strategies and Action Steps, the conclusion is that there were not sufficient implementation supports in place throughout FFY 2015, and so the Strategy and action steps were not implemented as intended.

**FFY 2016 Responses/Revisions**

There is now a strategic plan in place to replace this 3.1.1 Strategy/Progress Benchmark, and it also is a comprehensive plan that integrates all of the other Strategies/Progress Benchmarks of this Objective. This new plan is complete with a plan for developing sufficient implementation supports for it. See below for the new Resource Family Recruitment and Support Plan. This is a strategic plan for the development of SCDSS Regional Hubs for licensing, recruitment, and retention of foster and adoptive Resource Families.

**\*3.1.1.b:** Increase Foster Home Quality and Support.

Develop a recruitment incentive for foster parents. The state approved a financial incentive for the referral of a new Resource Foster Family, when the new family accepts the first child for a placement with them. **Complete.**

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

**3.1.2:** Create a Region-specific Adoption Recruitment Plan. **In process.**  
The reasons not met are indicated in the Action Steps.

**Action Step**

**3.1.2b:** Plan annual regionally-based recruitment events. To be re-initiated with development of recruitment plan. **Not met.**

## **Challenges / Reasons**

While there were initial Region-specific adoption recruitment plans completed and ready for implementation for all five (5) of the SCDSS Regions, and while some of the planned events were implemented, very early in FFY 2015 some of the implementation supports needed were not available, and a different Region-specific adoption recruitment plan needed to be developed. This redesigned recruitment plan was not completed as the SCDSS began developing a new statewide comprehensive Resource Family Recruitment and Support Plan to replace it. See below for the Resource Family Recruitment and Support Plan.

As of October 2014, three regional recruiters were in place as part of the Winthrop University Grant. As part of the recruitment piece with Winthrop University, two statewide events were to be planned. The first event on November 1, 2014, "Game Day", was a success. "Game Day" featured a rolling video truck for our youth to play a variety of video games. The truck had different playing platforms (X-BOX, PlayStation, Wii) set up on eight different big screen televisions. The SCDSS also had a variety of fair games (ping pong, ring the bottle, basketball toss, etc.) set up. Approved adoptive families were able to interact with our waiting youth in a relaxed environment. They played video games together and various games. Families and youth then enjoyed a full spread of food catered by Little Pigs BBQ which included drinks and banana pudding. Despite the snow, there were over forty (40) children attending and thirteen (13) families from across the state. Three possible matches were made from this event. A second event was planned for May 17, 2015. It was a bowling party at Anchor Lanes in the Columbia area. At these events, families across the state were invited to come and meet children available for adoption. The children featured were legally free and eight (8) years old and older. The SCDSS has been successful in three regions with quarterly newsletters to families. These newsletters are forwarded to area administrators and showcase one to three children/youth, as well as informing families across the state of the different events happening in each region. Families were not limited to interacting with children in their region. There have been several inquiries to date about children in those newsletters and one family has already finalized an adoption. Additionally, recruiters have been attending monthly orientations to speak with families about the need for families for our older youth, larger sibling groups and medically fragile children. The SCDSS has hosted three "Chat and Chill and Tea and Talk" events where families who have been waiting a long time are able to come in with questions and learn more about the adoption process. They were also able to hear from other adoptive families who waited a long time, some up to six (6) years before finalizing an adoption. Recruiters have also been able to assist in planning other regional activities and assisting family units with events as well.

## **Project Benchmark / Strategy: In process.**

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

(This Progress Benchmark / Strategy has been renumbered in the updated 2016 APSR Strategic Action Plan to 3.1.1)

## **Action Steps**

Previously, the term that was used by the SCDSS for people providing this type care for children has been Alternative Caregiver. During FFY 2015, the designation for these caregivers has been changed to "Kinship Caregiver".

Action steps 3.1.3c and following were new action steps added to the Strategic Action Plan in the third quarter of the 2015 FFY.

**3.1.3a:** Designate Kinship Care Liaison in each region. **Complete.**

**3.1.3b:** Distribute Kinship Care brochures with contact information and support services being offered, and other items in Kinship Care Roll-out Plan. **In process.**

Being printed 6/2015, and to be distributed with other items in the roll-out in July 2015.

Brochure: The target print date for the brochure has been moved forward. A Kinship Care Web page has been added to the SCDSS web site. Printing for the brochure is on hold until the web address is available and added to the

brochure. The target date for dissemination is July 7 as a part the rollout of other Kinship Care practice enhancements.

On April 27, two consultants from the Annie E. Casey Foundation (AECF) met with three of the Kinship Care Coordinators and Kathryn Kendrick. AECF provide technical assistance in developing a time line.

**FFY 2016 Responses/Revisions:**

**\* Kinship Care (KC) Roll-Out Plan.** To be completed by the end of FFY 2015.

Memo introducing Kinship practice enhancements and timeline.

Develop draft “vision” of Kinship Care.

Add Kinship Care Rollout Update to agenda of meetings.

CAPSS Training Guide and Screen Shots.

Roll out of KC Agreement & Child Profile forms.

CAPSS Webinar.

Practice Tips Video(s) on value of Kinship Care and link to forms.

In-Person Dissemination by Kinship Care Liaison.

Website operational.

Kinship Care Name Change.

Kinship Brochure & Guide.

Manual Update.

**\*3.1.3c:** Evaluate systems of support for Kinship Caregivers. **To be initiated.**

**\*3.1.3d:** Establish a tracking system for Kinship Caregivers. **In process.**

**\*3.1.3e:** Establish a plan to input Kinship Care data. **To be initiated.**

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

**3.1.4** Develop a Native American- specific Adoption Recruitment Plan.

(This Progress Benchmark / Strategy has been renumbered in the updated 2016 APSR Strategic Action Plan to 3.1.2i)

Throughout FFY 2015, the SCDSS met four (4) times with the Catawba Indian Nation (CIN) to monitor the 2015-2019 CFSP ICWA-related Objectives, which were later placed into the 2015-2019 CFSP, Strategic Action Plan as Strategies/Progress Benchmarks and Action Steps. The development of the Native American-specific Adoption Recruitment Plan has been in process throughout the year, through these meetings. Pieces of a recruitment plan have been planned and implemented, as seen below. At the same time, through time spent in consultation and collaboration together, it is now time to develop the plan. The development of this plan needs to be in coordination with the development of the Resource Family Recruitment and Support Plan.

**Action Step**

**3.1.4a:** Assess the adoption recruitment needs to be included in a Native American- specific Adoption Recruitment Plan. **Complete.**

\* See also “6. Consultation and Coordination Between States and Tribes” and “Assessment of Performance-Systemic Factors-6) Agency Responsiveness to the Community”, State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR. Tribal representatives”, for more information on the assessment of the needs and processes for a Native American-specific recruitment plan.

On 5/16/15, the first orientation on foster care and adoption was provided on the Catawba Indian Nation (CIN) on the Reservation. Linda Love called it an “historic” event on the Reservation. “Protecting our Children, Preserving our Heritage”, SCDSS and “Heartfelt Calling” presented the Resource Family licensing process (inspections, paperwork,

background checks, etc.). The State Adoptions Unit presented the need for Resource Adoptive Families should children be unable to be re-unified with family. This was the first of quarterly orientations.

From the 5/16/15 orientation meeting the following information was gathered and the next immediate steps needed to be implemented:

- 1) It may be a challenge as to how many CIN families are able to pass the DHEC and fire inspections.
- 2) Some CIN families may not pass the initial background checks or may be residing with someone who has negative background checks.
- 3) The CIN shared their belief that there is a need for more ICWA training for workers and staff. The CIN would like to see yearly training done in order for everyone to understand the ICWA requirements.
- 4) It was mentioned that perhaps a different set of licensing standards could be applied to those CIN members who wished to become resource or adoptive parents.
- 5) Those present for this information session would like to meet privately and discuss what they could do to maybe support other CIN families on or off the reservation with fostering/adoption.

Families present stated that they only wish to be resource parents/adoptive parents to CIN and other Native American children in order to keep traditions and their culture alive. Adoptions did explain MEPA and how that would apply to a family wishing to foster or adopt.

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

**3.1.4b:** Develop a written Native American-specific recruitment plan in consultation and coordination with the developing Resource Family Recruitment and Support Plan. **To be initiated.**

#### **Project Benchmark / Strategy: In process.**

**3.1.5:** Develop and implement a Faith-Based Adoption Recruitment Plan. In process.

#### **Challenges/Reasons.**

\* See 3.1.2 for same challenges and next steps.

During FFY 2014, the SCDSS developed a contract with Allen University focusing on assisting with recruitment efforts specifically in the AME Church, but not limited to that Church. This contract was not renewed for the 2015-CY2016. During FFY 2015 speakers visited churches around the state and spoke about the need for adoption, and met with a few families about their interests in adopting a child(ren).

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

Develop a Faith-Based Adoptions Recruitment Plan. To be initiated in coordination with the development of the SCDSS Resource Family Recruitment and Support Plan.

Implement a Faith-Based Adoptions Recruitment Plan. To be initiated upon development of the Recruitment Plan in coordination with the development of the SCDSS Resource Family Recruitment and Support Plan.

#### **Project Benchmark / Strategy: In process.**

**3.1.6:** Develop and implement a plan to engage community businesses and organizations to bring awareness about the critical situation of waiting children.

#### **Challenges/Reasons**

\* See 3.1.2 for same challenges and next steps.

In December 2014, the SCDSS Adoptions Unit participated in a radio interview with Jonathan Rush and Kelly Nash on WVOC.



The SCDSS Adoptions Unit is in the process of gaining access to Ft. Jackson to speak to families and display a booth with the family advocacy center.

Speaking at orientations to let new families know about waiting children in care and the high % of youth.  
Distributing flyers and posters around local area businesses regarding the need for adoptive families for older youth.  
Quarterly newsletters to families. Recruiters have placed flyers, bookmarks and brochures in public libraries, stores, community center and housing neighborhoods in Region II, Region III and Region IV, the Midlands, Lowcountry, and Pee Dee Regions respectively.

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

**3.1.7:** Develop an Adoption Recruitment Budget.

**Challenges/Reasons.**

Unsuccessful efforts were made to develop this budget and funding.

This Strategy has been eliminated as it stands because of the development of the SCDSS Resource Family Recruitment and Support Plan. This plan will have the needed financial implementation support.

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

**3.1.8:** Develop innovative adoption recruiting events

\* See 3.1.2 and 3.1.6 for progress, challenges and next steps.

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

**Strategy 3.1.9:** Each region will have a Resource Family Team (RTF) that thoroughly assesses the child, family and resource families to maintain quality adoptive placements.

\* See 3.1.2 for progress, challenges and next steps.

**Project Benchmark / Strategy: Met.**

**Strategy 3.1.10:** Develop methods/tools to assess the effectiveness of adoption recruitment efforts.

Heartfelt Calling is tracking adoption referrals that come from State Office Adoptions and Winthrop Recruiters.

**The SCDSS Regional Resource Family Recruitment and Retention Plan**

The following is the revised plan for Resource Foster and Adoptive Homes recruitment and retention, replacing the prior Plan in the 2015-2019 CFSP, Strategic Action Plan, in Goal 3, Objective 1 / Progress Measure 1.

**Project Benchmark / Strategy: In process, except where noted as complete or to be initiated.**

**\*3.1.2: Develop and implement the Resource Family Recruitment and Retention Plan.**

**Action Steps- In process.**

**3.1.2a:** Engage the National Resource Center for Diligent Recruitment (NRCDR) to develop a recruitment work plan- draft plan delivered to SCDSS / draft finalized, submitted to ACF for approval.

**3.1.2b1:** Implement Business Process Redesign for initial Licensing procedures- develop new approved application done at Intake, train, and communicate to families.

**3.1.2b2:** Implement Business Process Redesign for initial Licensing procedures- Create a centralized Licensing Tram and standardize home visits.

**3.1.2b3:** Implement Business Process Redesign for initial Licensing procedures- Revise medical and financial forms and standardize "Bootleg Forms".

**3.1.2b4:** Implement Business Process Redesign for initial Licensing procedures- License to cover all age, gender, and capacity restrictions.

**3.1.2b5:** Implement Business Process Redesign for initial Licensing procedures-Employ Fire/DHEC Inspectors

**3.1.2b6:** Implement Business Process Redesign for initial Licensing procedures- Revise the Foster Parenting website.

- 3.1.2c1: Home Studies- redraft contract at end of contract period.
- 3.1.2c2: Home Studies- develop training related to contract contents, including licensing procedures, licensing procedures and requirements, and support piece.
- 3.1.2c3: Home Studies- implement training related to contract contents, including licensing procedures, licensing procedures and requirements, and support piece.
- 3.1.2d1: Address the Fire Inspection requirements for windows and smoke alarms- communicate change to staff.
- 3.1.2e1: Rollout Regional Resource Family Support Unit- Hire State Director for Regional Resource Family Support.
- 3.1.2e2: Rollout RRFSU - Collect detail data for recruitment within school districts.
- 3.1.2e3: Rollout RRFSU - Identify current dedicated staff to transfer.
- 3.1.2e4: Rollout RRFSU - Hire new staff in existing positions.
- 3.1.2e5: Rollout RRFSU- Hire new staff in newly established positions (dependent on budget request).
- 3.1.2e5a: Rollout RRFSU-develop curriculum and Supervisor Manual for OJT.
- 3.1.2e5b: Rollout RRFSU-implement training for all staff hired since 10/1/15.
- 3.1.2f: Rollout RRFSU- Track outcomes.
- 3.1.2g1: Recruitment Goal: Communicate goal of 20% net increase in Resource Foster Families in each County, Region, and statewide.
- 3.1.2g2: Recruitment Goal: Track progress.
- 3.1.2h: Hold ongoing joint recruitment events with GAL.
- 3.1.2i1: Collaborate with the Catawba Indian Nation (CIN) to recruit Resource Families- Assess the adoption recruitment needs to be included in a Native American-specific Adoption Recruitment Plan. Complete.
- 3.1.2i2: Collaborate with the Catawba Indian Nation (CIN) to recruit Resource Families -Develop a written Native American-specific Adoption Recruitment Plan in consultation and coordination with the developing Resource Family Recruitment and Support Plan.
- 3.1.2j: Develop a Faith-Based Adoptions Recruitment Plan. **To be initiated.**
- 3.1.2j2: Implement a Faith-Based Adoptions Recruitment Plan. **To be initiated.**
- 3.1.2k1: Recruitment Campaign- Rollout public awareness campaign.
- 3.1.2k2: Recruitment Campaign- Develop strategic plan for recruitment campaign.
- 3.1.2k3: Recruitment Campaign- develop draft recruitment contract with universities and submit to SCDSS Procurement Office for review and posting.
- 3.1.2k4: Recruitment Campaign- recruitment contract posted to MMO.
- 3.1.2l: Develop campaign materials to be used statewide.
- 3.1.2m: Track outcomes and analyze. **To be initiated.**
- 3.1.2n1: Development of a contract to provide peer-to-peer mentoring for Resource Families.
- 3.1.2n2: Peer-to-peer mentoring for Resource Families-Rollout revised format.
- 3.1.2o: Ongoing participation in SCFPA meetings by SCDSS County Directors.
- 3.1.2p1: Training- redraft SCFPA contract to include quality assurance, behavior intervention, trauma-informed care.
- 3.1.2p2: Training- explore evidence-based training for Resource Families. **To be initiated.**
- 3.1.2q1: Develop feedback loop in the communication plan with Resource Families. **To be initiated.**
- 3.1.2q2: Develop letter to be sent to Resource Families at initial Licensing.
- 3.1.2q3: Implement letter to be sent to Resource Families at initial Licensing. **To be initiated.**
- 3.1.2r: Develop PowerPoint for communicating changes for SCFPA (BPR, RRFSU). **To be initiated.**
- 3.1.2s: Develop website for Resource Family Recruitment. **To be initiated.**
- 3.1.2t: Implement SCDSS Foster and Adoptive Recruitment Communication Matrix.

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

- \*3.1.3: Enhance the availability and quality of post-adoption support services.

**Action Steps**

- 3.1.3a: Post-adoption services- Assess the availability and quality of post-adoption support services. **To be initiated.**
- 3.1.3b: Post-adoption services- develop a plan to enhance the availability and quality of post-adoption support services. **To be initiated**

### GOAL 3

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

#### **Objective 2 / Progress Measure 2 (CFSR 2 -Permanency Outcome 2)**

Improve the continuity of family relationships and connections with the neighborhood community, faith, extended family, Tribe, school, and friends for children.

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

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

Target "Substantially Achieved" FFY 2015 Measure – 57.9%

Actual "Substantially Achieved" FFY 2015 Measure – 55.5%

Source: SCDSS Quality Assurance Reviews: CFSR 2 "Onsite Review Instrument" 10/1/14-1/31/15- 9 counties, 1 QA Review/counties.

#### **\* REVISED Objective 2 / Progress Measure 2 – To begin 5/1/15.**

The SCDSS is proposing a revised Objective 2 because the CFSR 3, Permanency Outcome 2 "Onsite Review Instrument", does not have the identical Items as the Items in the Permanency Outcome 2 in the previously used CFSR 2 "Onsite Review Instrument". The proposal is to use two (2) Progress Measures for this Objective. It is proposed to be a two (2) part measure. Part (a) would replace the CFSR 2, Permanency Outcome 2, Item 11, "Proximity of Foster Care Placement", with a measure using the SCDSS Child and Adult Protection Services System (CAPSS) data. Part (b) would replicate the CFSR 2, Permanency Outcome 2, Items twelve through sixteen (12-16), with the CFSR 3, Permanency Outcome 2, Items seven through eleven (7-11).

- 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 CAPSS.

- b) Using the baseline non-weighted, aggregate score of 54.4% for counties for Items 12-16 in the CFSR 2, Permanency Outcome 2, 10/1/14-1/31/15, the non-weighted, aggregate score for all counties will improve to 62.4% by end of FFY 2019, with benchmarks of 2% per year improvement.

Source: SCDSS Quality Assurance Reviews: CFSR 2 "Onsite Review Instrument", Items 12-16.

10/1/14-1/31/15- 9 counties, 1 QA Review/counties

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

(see also Goal 1, Objective 2, Strategy 4, Family Engagement Services that also addresses Goal 2, Objective 2)

**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.

\*The original strategy was revised to the current strategy. This revision was due to the confidentiality need when a child is not a member of the Catawba Indian Nation.

Throughout the 2015 FFY through 4 meetings, the ICWA workgroup of SCDSS staff and CIN staff discussed the possible content of the MOU. Beginning in the second quarter of the 2015 FFY, Dennis Gmerek (SCDSS Legal Counsel staff) and Dione Carroll (CIN Legal Counsel) initiated discussions on content of the MOU.

The following are the final Action Steps in the development and implementation of the MOU.

6/15/15: Dione Carroll will send draft MOU to Dennis Gmerek to review.

6/30/15: Dennis Gmerek will return revised draft to Dione to review and present to CIN Council meeting for review.

7/15/15: CIN Council will have reviewed draft MOU

8/1/15: Draft MOU sent to Dennis.

9/1/15: Draft MOU sent to Jessica Hanak-Coutler, SCDSS Deputy Director, and to Catawba Indian Nation Chief.

9/30/15: MOU approved.

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

**\*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.

**Action Steps**

**\*3.2.2a:** Get clarification from the SCDSS Office of General Counsel when the Indian Child Welfare Act (ICWA ) applies. **In process.**

Clarification will be addressed in the Memorandum of Understanding in 3.2.1, which will be developed according to current SCDSS policy as to when the Tribe is notified, targeted to be completed and activated by 9/30/15.

Initial clarification from OGC, the ICWA applies:

- 1) when a Native American child or youth is removed from the home and the parent/guardian is not allowed by court order to take the child/youth back home or, if before the court hearing, the child might not be allowed to return home following the court hearing;
- 2) when the child or youth the child/youth is a member of a Federally-recognized Native American Tribe or eligible for membership.

Catawba Indian Nation Registered Membership rules: CIN membership runs through Tribal Membership. Tribal Membership: If the child's mother or father are registered members of the CIN, then the child/youth is eligible for membership and the ICWA applies.

If the child remains in the home, with a kinship caregiver and the parent can take the child/youth home, the ICWA does not apply. If the Safety Plan for the child/youth who is at a kinship caregiver's home, does not allow the parent to take the child home, then the ICWA applies.

If the ICWA does not apply, then when a child/youth becomes involved with the SCDSS, the SCDSS cannot contact the Tribe with information, unless the child's/youth's parent(s) have first contacted the Tribe or the SCDSS and given permission for information to be shared with the Tribe. If the Department contacts the Tribe without permission from the parent(s) when the ICWA does not apply, that would be a breach of confidentiality according to the SCDSS OGC.

If a child/youth has been removed from the home and the parent cannot take the child back into the home, if there is a reason to believe that the child might be of the Catawba Indian Nation, or of another Tribe, at Intake, the Department must contact the appropriate Tribe and ask if the child/youth is a member or eligible for membership in the Tribe. Each Tribe will have its own rules for membership and eligibility for membership.

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

One of the recommendations from the statewide stakeholders' meetings in January and February of 2015 was, and reinforced the belief of the SCDSS/CIN group, that there needs to be increased knowledge by the SCDSS, Resource Families, and all stakeholders in SC of the ICWA requirements, and of ICWA-supporting procedures. As a result of this, Progress Benchmark / Strategy \*3.2.2b was created.

**\*3.2.2b:** Develop and implement a process to get this ICWA information (\*3.2.1) to all SCDSS staff, Resource Families, and stakeholders as soon as possible. In process.

- Intake, Investigation, Family Preservation, Foster Care, Foster Home Licensing, Court Liaisons, Guardian ad Litem volunteers, Office of Indigent Defense, Foster Care Review Board, Foster Parent Association, Judges, Best Legal Practices Group, stakeholders, and Adoption staff.
- The SCDSS Office of General Counsel will create a fact sheet on ICWA compliance guidelines to include an ICWA compliance flow chart (this will be part of the MOU).
- Send information regarding ICWA application to policy for review.
  
- Develop method(s) for disseminating information to the identified groups.
- Disseminate information to all groups.

**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. In process. See MOU 3.2.1.

**Progress Benchmark / Strategy: Eliminated.**

**\*3.2.3:**

Develop jointly with the Catawba Indian Nation (CIN), recommend, and finalize a Memorandum Of Understanding or a Memorandum of Agreement, that will allow the CIN to be the first contact by the SCDSS when a Catawba Indian Nation child or youth becomes involved with the SCDSS, and that will allow information about children and youth of the CIN to be shared with the CIN Director of Social Services.

The decision was made by the group of SCDSS staff (including Dennis Gmerek, SCDSS Office of General Counsel) and the Catawba Indian Nation (CIN) Director of Social Services, Linda Love, that no MOU is needed. This is because the ICWA mandates this already. A decision was made to increase education/technical assistance and knowledge of when ICWA Compliance requirement is applicable, when and how to contact the Catawba Indian Nation when a child or youth becomes involved with the SCDSS, and when and how to contact a non-CIN Native American child/youth.

## **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.**

Caseload standards were revised and submitted to the ACF in 2015-2019 CFSP and 2010-2014 CFSP Final Report Addendums. In Process

### **4.1.1b: Implementation of new Caseload Methodology through notification for (202) Full Time Equivalent positions from S.C. Legislature, and additional caseworker and supervisor positions added Statewide. In process.**

The SCDSS made a budget request in 8/2014 for additional caseworker and supervisor positions. The SCDSS was authorized for 183 positions for the 2015-2016 budget year.

The SCDSS leadership is working with Casey Family Programs to develop a formal methodology for caseload distribution and allocation of staff. Management reports and a case assignment methodology are being developed as tools to further assist supervisors in managing the workload of the caseworkers. The Data Accountability and Research Division is in the process of validating personnel data for application to the methodology. SCDSS has evaluated current case assignment practices and a workgroup is being developed with Casey Family Programs to develop a system for case assignment to be implemented statewide.

The SCDSS continues to make concerted efforts to bring onboard highly qualified, skilled caseworkers across the state to reduce caseloads, increase quality of services to families and increase retention. As a part of onboarding more highly skilled caseworkers more expeditiously, the SCDSS has implemented a group interview process as a screening method for identifying the most qualified candidates while making the interview process more efficient. The SCDSS streamlined the business process for hiring applicants and created a continuous posting to ensure a pool of qualified applicants are available at all times. On October 30<sup>th</sup>, 2014, job fairs were held by the Department of Employment & Workforce (DEW) at four sites statewide in Columbia, Greenville, Charleston and Florence where 238 qualified applicants applied. The agencies are exploring possibilities for further collaboration.

Also, the SCDSS collaborated with Labor Licensing and Regulations (LLR) the entity for the State in licensing social workers to advertise SCDSS caseworker positions on their website in May 2015 along with an agreement with American Public Human Services Association (APHSA) to include job postings for SCDSS caseworkers on their website.

### **4.1.1c: Hire additional caseworkers in Richland County. In process.**

Continuous job postings were put into place for Richland County in order to expedite continuous hiring along with group interviewing technique as mentioned in 4.1.1b to efficiently and quickly identify highly skilled candidates and fill existing positions for caseworkers.

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 from being overwhelmed in their job responsibilities. \*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.

**4.1.1e: New Case Management System (Case Commons). Completed.**

The SCDSS requested Technical Assistance (TA) from the Administration of Children and Families (ACF) ACF to explore options for purchasing an alternative case management system and related costs. On 10/17/2014, the Case Commons system was determined not to be compatible with CAPSS.

**FFY 2016 Responses/ Revisions**

The SCDSS leadership is exploring the possibility of enhancing the capability of the current CAPSS system to incorporate similar functionality of Case Commons to support caseworkers in the field in accessing critical data on children and families. The CAPSS enhancements path would require hiring of more Information Systems personnel and has the potential to place the SCDSS out of compliance while work is being completed. However, other packaged systems appear to be very costly. Revision of 4.1.1e action item: SCDSS to research cost/ benefit of enhancing CAPSS to provide an effective case management system that will support caseworkers in meeting needs of children in foster care.

**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.**

A team of 20 caseworkers and support personnel from the State Office of the SCDSS (Response Team) was organized to work in Richland County in June 2014. A total of 1052.5 hours of support from the response team which amounted to 28 people at 37.5 hours a week. Also, surrounding smaller counties began to share caseloads across county lines. For example, the small county of Calhoun had the capacity to take (20) family preservation cases along with neighboring Fairfield County taking some cases. The Response Team has finished its work.

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

**4.1.2: Implement a statewide model for Teaming.**

**Challenges/ Reasons**

The SCDSS had plans to have the Teaming Infrastructure completed statewide to provide seamless service delivery of assessment, behavioral, medical, safety, permanency, and well-being focused plans for services for children involved with SCDSS by 6/30/2015. However, there were multiple barriers that surfaced while executing the Teaming model that had been piloted in Marion County in FFY 2013 and FFY 2014. The pilot consisted of caseworkers in the Intensive Foster Care and Clinical Services (IFCCS) division that coordinates all case work activities including clinical assessments, and behavioral health support services and Therapeutic Foster Care (TFC), congregate care and residential treatment facility placements for children identified in need of intensive case management services that are identified as Interagency System of Caring for Emotionally Disturbed Children (ISCEDC) to work alongside the caseworkers in the county. The purpose of the pilot was to bring assessment and clinical services and casework support to the front end and also build the capacity of the county to identify all well-

being support needs along with safety and permanency. The pilot was deemed successful in the small county of Marion which dealt with 20-30 crossover cases with the county and IFCCS. This model served as the groundwork for the statewide Teaming initiative along with the restructuring of IFCCS in 9/1/2013 in which the IFCCS and Adoptions regional offices began reporting directly to the (5) Regional Team Leaders to support the restructuring of IFCCS to position service coordination and support for implementation of the Teaming initiative. Throughout the end of FFY 2014 and all of FFY 2015, two components of the Teaming infrastructure has been successful in supporting the SCDSS in getting more clinical support on the front end as children are coming into care and/or showing signs of need for additional clinical behavioral support. One additional Clinical Regional Specialist was added to each of the five regions of IFCCS so there would be two Clinical Regional Specialists per region. This has allowed some capacity for Regional Clinical Specialist to consult with county caseworkers, supervisors, and directors on the front end and medically necessitate referrals as identified. Also, in support of the Teaming statewide, the Contracts division of IFCCS added Contract Administrators in all five (5) regions and expanded and formalized the behavioral health services contracting to the counties. Therefore, when Regional Clinical Specialists, along with county staff and IFCCS caseworkers, identify needed supports that require medical necessities, and contracts for Medicaid and other funded behavioral health services, they could be processed and put into place more immediately than before. Also, the child could possibly be made ISCEDC eligible more quickly which allowed access to more Medicaid funded behavioral health services.

There were some barriers for caseworker integration of the Teaming implementation, in which IFCCS and county caseworkers worked alongside each other and essentially cross-trained needed areas of skill sets such as behavioral health services, community-based behavioral health supports, Individual Education Plans (IEPs), special needs, medically-fragile, accessing methods, etc. These were focused on Well-Being Outcomes 2 and 3 for county caseworkers and risk and safety assessment, investigations, permanency plans, etc. that address all the Safety and Permanency Outcomes for IFCCS workers. The capacity needs for the management of county caseloads in many parts of the state, took precedence and IFCCS caseworkers began carrying cases in the county without the ability to work alongside the county workers. This hindered the cross training efforts for both sets of practitioners.

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

The Teaming implementation has been discontinued except for the existing implemented components of Regional Clinical Specialist and Contract services support, due to the statewide implementation of the Palmetto Coordinated System of Care. This initiative will have a structural impact on the case management of behavioral health services for children in foster care. \*See Goal 2, Objective 2, in "3. Update to the Plan for Improvement and Progress Made to improve Outcomes".

#### **Action Step**

**4.1.2a:** Restructure IFCCS regional operations/support services to align behavioral health services and case management with the county. Contracts, clinical consulting and budgets, HR support successfully restructured. **Completed.** (See above Progress Benchmark/ Strategy 4.1.2)

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

**4.1.3:** SCDSS Policy Rewrite.

#### **Challenges/ Reasons**

The Children's Law Center (CLC) began evaluating policy and procedures after August 2014 to assist the SCDSS in updating and simplifying the format of its policy and procedures in efforts to provide recommendations for change. The SCDSS anticipated having an organizational framework for its policy and procedures with a draft version of the Intake portion of Chapter 7 by December 2014. There were some delays in building the capacity.

On April 21, 2015, the SCDSS leadership met to review a draft sent by the CLC for policy re-write. In efforts to expedite the already delayed deliverables, the CLC and the SCDSS leadership met to discuss that the Policy Unit



within the SCDSS would project manage the overhaul of the policies and procedures. CLC researched format options nationally and presented the format options to the SCDSS on May 22, 2015. The next deliverable from CLC is a detailed outline/table of contents for the current Chapter 7. A meeting will be scheduled in early July 2015 to discuss/approve CLC's suggested table of contents/outline for Chapter 7. Updates and re-writes to Chapter 7 will begin after this deliverable is received from CLC, estimated to be around August 2015.

**FFY 2016 Responses/Revisions**

Completion date for strategy has been revised to October 1, 2015 for Chapter 7.

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

**4.1.4:** Develop predictive analytics capability and process.

The SCDSS will become a member of The Center for State Child Welfare Data at Chapin Hall in August 2015. The SCDSS 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 builds 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

**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.**

Session: July 2014 - December 2014.

Session: March 2015 - June 2015.

**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. **To be initiated by 1/31/16.**

### **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. **In process.**

County Director Forums initiated 11/2014.

**Forum:** 3/20/15 - examination of the CFSR goals of well-being and permanency.

**Forum:** 5/13/15 – Trauma-Informed Workplace, Understanding OHAN Child Safety Goals, Indian Child Welfare Act (ICWA) Compliance.

**4.2.3b:** Implement Leadership training through peer to peer support, online discussions, statewide meetings/conferences and workshops, and Supervisor Summits. **In process.**

**Summit:** 1/15/15 - Leading People: Supporting New Practitioners for Success and Leading People: Selecting and Building an Effective Team.

**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.**

CCFS developed a process of rotating groups of County Directors as Advisory Groups, in order to focus is on what training County Directors need and want.

### **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 by 1/31/16.**

**4.2.4b:** Implement certification for Child Welfare Supervisors and certification process. **To be initiated by 4/30/16.**

**4.2.4c:** Supportive Mapping for Supervisors. (see 1.3.7a) **To be initiated.**

## **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. Not met.**

**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 Ladders Workgroup during June 2014- August 2014 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 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.

**FFY 2016 Responses/Revisions**

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 Ladders 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.

New action item 4.3.1b: The Career Ladder Leadership Workgroup will determine organizational Career Ladder strategies and definitive implementation recommendations will be submitted to leadership by 9/1/2015.

**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. **Not met.**

**Challenges/ Reasons**

See Reasons Not Met in Strategy 4.3.1 section above.

**FFY 2016 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 will be submitted to leadership by 9/1/2015. **In process.**

**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. There continues to be a need to build more capacity for CWB as there is still a significant wait time for newly hired persons to get into the CWB training sessions. Also, in anticipation of the possible legislative budget approval of 183 new positions starting July 1, 2015, the University of South Carolina, Center for Child and Family Studies (CCFS) is attempting to hire new trainers in order to keep up the pace with the increase in hiring.

**FFY 2016 Responses/Revisions**

Strategy 4.3.2a will continue to be ongoing in 2016 APSR as work to assess the passing and failing of the final exam continues with consideration of having an applied skills score added in to capture the caseworkers application of classroom instruction, along with changes in the final score of 85% determination with continued employment. The SCDSS wants to ensure all highly qualified and dedicated new hires are allowed full opportunity to serve children and families being served by the SCDSS. Completion date is revised to June 30, 2016.

**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. **Not met.**

**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 2016 Responses/Revisions**

Action step will remain for 2016 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. **In process.**

**Challenges/ Reasons**

Job postings for 2<sup>nd</sup> shift workforce were completed in October and November 2014. As of June 4, 2015, Greenville County DSS has hired 10 staff members in which seven are Child Protective Services Investigators (CPS), two supervisors and one coordinator. The biggest barrier has been the delays in getting new employees through the Child Welfare Basic training. The second shift for Greenville is anticipated to be fully operational by the end of June 2015. The second shift in Richland County DSS has hired nine (9) people and expect to be fully staffed with certified Child Welfare staff by August 2015.

**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. **In process.**

### **Challenges/ Reasons**

In August 2014, the SCDSS was in the process of contracting for a Learning Management System (LMS) for the purposes of having a mechanism to track all training and certifications for staff including a database accessible to counties that includes certified Child Welfare workers and can provide immediate short term support to ensure quality and standards for caseworker visits with child and family are maintained consistently. The LMS has been procured.

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

The completion date for this strategy is revised for 12/15/15.

**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 SCDSS is developing a statewide recruitment campaign for the recruitment of experienced, skilled caseworkers. As a part of this plan, the SCDSS leadership met with the Deans of the Colleges with Schools of Social Work across the state in April 2015 to establish a pipeline of future social workers for the organization. Regular meetings will be set up to identify core competencies for social workers. The SCDSS is developing a marketing strategy to attract caseworkers through using social media (i.e., Facebook, Twitter, LinkedIn) and printed materials such as new brochures that were printed in May 2015. The SCDSS also posted three Job Recruiter positions in HR in June 2015 in efforts to have a front end recruiting function to identify highly qualified Child Welfare workers and market to the public and college institutions through job fairs and other outlets. 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 (Technical Assistance provided by the SCDSS State Adoption Office to Regional Adoption Offices). **Completed.**

Adoptive Home SharePoint site was completed and State Adoption Office staff were trained on SharePoint use. The SharePoint site was successfully piloted in the Charleston Regional Adoptions Office. The SharePoint site was rolled out to all the Regional Adoption Offices statewide and all adoptions staff were trained how to use the site in June 2015 with implementation of the new site beginning in July 2015.

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

**4.3.3:** Address secondary trauma and resiliency training for staff.

### **Action Step**

**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 is conducting a 2.5 hour "Impact of Trauma and Power of Resiliency" training in the counties from May 2015-December 2015. As of June 10, 2015 there have been 270 SCDSS employees who received the training. It is anticipated that over 690 employees will participate in the training.

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

Also, on 11/13/14- Article on Secondary Trauma was included in the November 3, 2014 One Voice publication.

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

4.3.3a will continue for the 2016 APSR.

#### **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. **Completed.**

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

The group of SCDSS and Catawba Indian Nation staff agreed to accept the CLC proposal to develop Regional Training events for SCDSS staff and stakeholders.

No training events have been scheduled. The CLC envision the training events being ½ day training events from 9:00 am -1:00 pm, scheduling one in each of all five regions, CLC staff person Deborah Trapp, will coordinate the training events.

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

**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 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!"
- Online training: Diligent search for fathers
- Online training: Placing a child.
- Online training: Genealogy charts.
- Online training: Job aids.

**Progress Benchmark / Strategy: Complete.**

**IC 4.3.6:** Involve the Catawba Indian Nation in the Foster Care Advisory Committee, in Palmetto Power (P2), and the Foster Care Review Board.

Linda Love (CIN) placed on all e-mail invitation lists for these organizations and participating.

**Progress Benchmark / Strategy: In process**

**\*4.3.7:** Develop and implement a business process redesign for the SCDSS.

Develop contract- complete.

Develop Charters- complete.

Begin BPR Processes

Implement change

## 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 Resource 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 Resource 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 Resource 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 Office of Deputy State Director of Human Services, to the attention of Director of Continuous Quality Improvement, for review and discussion. Human 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 provided at staff meetings, internal and external newsletters, e-mails, annual reports, and on the SCDSS website. 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.**

Submitted to SCDSS Director 6/1/15 for review and feedback.



**4.4.1e:** Hire designated CQI staff or CQI contractor staff. **To be initiated.**

Identified number of positions/classifications.

- CQI Director and 5 staff (1 / Region) and 5 Performance Coaches.

Hired CQI Director 3/1/15.

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

Hire five (5) Regional CQI staff persons.

#### **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. **In process.**

Removed SC State Policy and Practice-related items from the CFSR 2 “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.**

**FFY 2016 Responses/Revisions.**

11/2014- Decision made to not use rolling group of QA Reviewers to help with OSFD in counties.

**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: To be initiated.**

**4.4.4a:** Build a formal process for analyzing and understanding the data and providing feedback on analysis and conclusions.

**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.

**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.

**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.

**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. To be initiated.**

**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.

**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.

## 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 of paid and unpaid Independent Living services received by the youth.

The SCDSS invited the ACF 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 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". See Goal 2, Objective 2, 2.2.7 and 2.2.8, and Goal 4, Objectives 8-18, 2015-2019 Strategic Action Plan, for information on progress, challenges, and plans for the SCDSS Independent Living Program services.

**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.**

The state must establish a business practice to consistently and accurately capture information on all services.

#### FFY 2016 Responses/Revisions

Train caseworkers and supervisors on Form 30254 and its utilization, and on the NYTD Services Booklet- Form 30255, in County Offices and Regional Offices. **To be initiated.**

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.

Planning Group meets to develop the training plan.

- a) Explore the reason(s) a child assessment for Independent Living services is frequently not documented in CAPSS nor available in the case file
- b) Include the response(s) to that reason(s) in the training events on Independent Living Services for current Caseworkers and Supervisors for all counties.

Schedule training for supervisors.

Explore the most efficient and expeditious method to train caseworkers, supervisors, and providers in the required transition planning, and establish a strategy.

Ongoing meetings with CAPSS Support. Meetings were held on 11/20/14, 12/03/14, 12/09/14,12/17/14.

Ongoing training. The IL staff is assessing methods to include regional trainings and county trainings currently in progress. Discussing partnering with CCFS to develop online training modules.

**4.5.1b: N-QIP Data Element #20 Services approved via a funding request for IL services.** (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 2016 Responses/Revisions**

South Carolina Department of Social Services Independent Living (SCDSS IL) staff will add a notation in the approval e-mail directing the approval letter for caseworkers to only document when 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 trainings.

Met with congregate care providers in March 2015.

Met with Resource Foster Families in June 2015.

Have begun meeting with Sthe SCDSS staff.

#### **4.5.1c: N-QIP General Requirement #1. Services provided by foster parents.**

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 2016 Responses/Revisions**

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.

Met with congregate care providers in March 2015.

Met with Resource Foster Families in June 2015.

Have begun meeting with the SCDSS staff.

#### **4.5.1d: N-QIP Data Element #20 Independent living needs assessment.**

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 2016 Responses/Revisions**

SCDSS IL staff is working on a CAPSS revision to include in the comprehensive IL revision in CAPSS, for supervisors and caseworkers to be alerted when a life skills assessment is due. The SCDSS IL team will continuously training agency staff on proper procedure for conducting and documenting IL needs assessments through on-site training, practice tip videos, and information handouts.

To be monitored by SCDSS IL staff.

#### **4.5.1e: N-QIP Data Element #21 Academic support.**

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 2016 Responses/Revisions**

30255 NYTD booklet -To be distributed at all training events with stakeholders and SCDSS staff.

SCDSS did not previously include a youth's attendance at IEP meetings as academic support. SCDSS IL staff will ensure clarification of this for front line practitioners and leadership in training activities. NYTD Services Booklet updated to reflect "accompanying a youth to an IEP meeting" is a NYTD service.

#### **4.5.1f: N-QIP Data Element #22 Post-secondary educational support.**

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 2016 Responses/Revisions**

SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences and staff training activities.

#### **4.5.1g: N-QIP Data Element #23 Career preparation.**

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 2016 Responses/Revisions**

SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences and staff training activities.

#### **4.5.1h: N-QIP Data Element #24 Employment programs or vocational training.**

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 2016 Responses/Revisions**

SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences and staff training activities.

**4.5.1i: N-QIP Data Element #25 Budget and financial management.**

he 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 2016 Responses/Revisions**

SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences and staff training activities.

**4.5.1j: N-QIP Data Element #26 Housing education and home management training.**

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 2016 Responses/Revisions**

SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences and staff training activities.

**4.5.1k: N-QIP Data Element #27 Health education and risk prevention.**

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 2016 Responses/Revisions**

SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences and staff training activities.

**4.5.1l: N-QIP Data Element #28 Family support and healthy marriage education.**

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 2016 Responses/Revisions**

SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences and staff training activities.

**4.5.1m: N-QIP Data Element #29 Mentoring.**

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).

The state's IL services booklet (DSS Booklet 30255) should be revised to clarify that Independent Living needs assessment activities do not count as "mentoring" for element 29

**FFY 2016 Responses/Revisions**

SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences and staff training activities. SCDSS IL staff team has revised the 30255 NYTD booklet to clarify this issue, currently in the printing process. To be distributed at all training events with stakeholders and SCDSS staff.

**4.5.1n: N-QIP Data Element #30 Supervised independent living.**

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 2016 Responses/Revisions**

SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences and staff training activities.

**4.5.1o: N-QIP Data Element #31 Room and board financial assistance.**

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 2016 Responses/Revisions**

SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences & staff training activities.

**4.5.1p: N-QIP Data Element #32 Education financial assistance.**

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 2016 Responses/Revisions**

SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences and staff training activities.

**4.5.1q: N-QIP Data Element #33. Other financial assistance.**

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 2016 Responses/Revisions**

SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences and staff training activities.

**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.**

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.

Training events began at the Palmetto Association For Children and Families on 2/12/15, at the South Carolina Foster Parent Association Annual Conference on 4/9/15 to 4/11/15, with congregate care providers on 3/15/15, with Resource Foster Families on 6/15/15, and is on-going with the SCDSS staff.

**FFY 2016 Responses/Revisions.**

SCDSS IL staff has created a systematic procedure for monthly face-to-face visits to ensure all services received from providers is documented on a monthly basis. This information will be shared at provider conferences and staff training activities.

**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.**

The state currently does not report on older youth who may be receiving services such as ETV.

The SCDSS IL staff requested in 1/15 to schedule a meeting with the CAPSS team to plan a change recommended by the July, 2014 NYTD Review so that the state does not report on older youth who may be receiving services such as ETV.

**FFY 2016 Responses/Revisions.**

Ensure that services received by youth ages 21-23 are captured and reported through the NYTD portal.

**4.6.1b: N-QIP General Requirement #1 Demographic elements that help identify special populations of youth and their needs** (e.g., 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.



SCDSS IL staff requested in January 2015 to schedule a meeting with the CAPSS team to plan a change recommended by the July, 2014 NYTD Review to help identify special populations of youth and their needs.

**FFY 2016 Responses/Revisions.**

The SCDSS IL to verify correct definition of adjudicated delinquent.

**4.6.1c: N-QIP Data Element #4 Date of birth.**

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 2016 Responses/Revisions**

SCDSS IL staff will be working with CQI Director to develop supervisory controls to ensure accurate and consistent information is reported in a timely manner.

**4.6.1d: N-QIP Data Element #11 Race: Unknown.**

The state's system must allow this element to be selected in combination with other race data for a multiracial youth.

The SCDSS IL staff requested in January 2015 to schedule a meeting with the CAPSS team to plan a change recommended by the July, 2014 NYTD Review to be able to select more than one race for a multiracial youth.

**4.6.1e: N-QIP Data Element #14 Foster care status – services.**

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.

The SCDSS IL staff requested in January 2015 to schedule a meeting with the CAPSS team to plan a change recommended by the July, 2014 NYTD Review so that a youth placed with an unlicensed parent is not considered to be in foster care in CAPSS.

**4.6.1f: N-QIP Data Element #15 Local agency.**

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.

The SCDSS IL staff requested in January 2015 to schedule a meeting with the CAPSS team to plan a change recommended by the July, 2014 NYTD Review so that a youth placed with an unlicensed parent is not considered to be in foster care in CAPSS.

**4.6.1g: N-QIP Data Element #16 Federally-recognized tribe.**

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.

The SCDSS IL staff requested in January 2015 to schedule a meeting with the CAPSS team to plan a change recommended by the July, 2014 NYTD Review so that the state can report "blank" for this element when the federally-recognized tribal membership or eligibility for membership is not known or is pending verification.

**FFY 2016 Responses/Revisions**

The CAPSS team needs clarification on rules for "blank" from NYTD before correcting this issue.

**4.6.1h1: N-QIP Data Element #16 Federally-recognized tribe.**

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.

The SCDSS IL staff requested in January 2015 to schedule a meeting with the CAPSS team to plan a change recommended by the July, 2014 NYTD Review to “Eligible for membership”.

**FFY 2016 Responses/Revisions**

Independent Living is working with the CAPSS task force exploring the possibilities of automatic alerts being sent to supervisors.

**4.6.1h2: N-QIP Data Element #16 Federally-recognized tribe.**

The state must establish supervisory controls to monitor the updating of this demographic information.

**FFY 2016 Responses/Revisions**

Agency-wide training and directive memos will be implemented. To be monitored by the SCDSS IL staff.

**4.6.1i: N-QIP Data Element #17 Adjudicated delinquent.**

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.

The SCDSS IL staff requested in January 2015 to schedule a meeting with the CAPSS team to plan a change recommended by the July, 2014 NYTD Review to ensure inclusion of this question with a yes or no answer in CAPSS, and to be updateable.

**FFY 2016 Responses/Revisions**

SCDSS IL staff to verify correct definition of adjudicated delinquent.

**4.6.1j: N-QIP Data Element #17 Supervisory controls.**

The state must establish supervisory controls to monitor the updating of this demographic information.

**FFY 2016 Responses/Revisions.**

SCDSS IL staff is working with the CAPSS task force exploring the possibilities of automatic alerts being sent to supervisors.

Agency-wide training and directive memos will be implemented. To be monitored by SCDSS IL staff.

**4.6.1k: N-QIP Data Element #18 Educational level.** The state must add a CAPSS code for “post-secondary education or training” for Element 18.

**FFY 2016 Responses/Revisions**

The CAPSS team is researching how to make possible change.

**4.6.1l: N-QIP Data Element #18 College.**

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.

The SCDSS IL staff requested in February 2015 to schedule a meeting with the CAPSS team to plan a change recommended by the July, 2014 NYTD Review to ensure that the value “college” is reported for the served-population youth who have “at least one semester” of college for Element 18.

**FFY 2016 Responses/Revisions.**

CAPSS team to plan change in the comprehensive IL revision project for CAPSS.

**4.6.1m: N-QIP Data Element #18 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 staff regarding what needs to be reported for the NYTD (an education level).

The SCDSS IL staff requested in January 2015 to schedule a meeting with the CAPSS team to plan a change recommended by the July, 2014 NYTD Review to make the correction to separate certification and grade levels, and schedule meeting with the CAPSS team to plan change in the comprehensive IL revision project for CAPSS.

**FFY 2016 Responses/Revisions**

Meeting with the CAPSS team to plan the change in the comprehensive IL revision project for CAPSS.

**4.6.1n: N-QIP Data Element #18 Demographic data supervision.**

The state must establish supervisory controls to monitor the updating of this demographic information.

**FFY 2016 Responses/Revisions**

Agency-wide training and directive memos will be implemented. To be monitored by SCDSS IL staff.

**4.6.1o: N-QIP Data Element #19 Special education.**

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.

The SCDSS IL staff asked for clarification on reporting monthly versus per reporting period.

**FFY 2016 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.

The SCDSS IL staff requested in February 2015 to schedule a meeting with the CAPSS team to plan a change recommended by the July, 2014 NYTD Review to ensure the ability to capture this information.

**FFY 2016 Responses/Revisions**

Meeting with the CAPSS team to plan a change to ensure the ability to capture this information.

**4.6.1q: N-QIP Data Element #19**

The state must establish supervisory controls to monitor the updating of this demographic information.

**FFY 2016 Responses/Revisions**

Agency-wide training and directive memos will be implemented. To be monitored by SCDSS IL staff.

**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 Resource Foster Families, other providers, and youth of the Independent Living services available for youth.

**Progress Measure: In process.**

**Progress Benchmark / Strategy: Complete.**

**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.

## **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 Measure: In process.**

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

**4.8.1:** Train providers and youth on State's need-based Grant Waiver.

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

Schedule training for supervisors.

Explore the most efficient and expeditious method to train caseworkers, supervisors, and providers in the required transition planning, and establish a strategy.

Training for County and Regional staff completed, 9/2015.

## **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.

Report submitted for the reason that the Department cannot technically validate that all eligible baseline youth with a survey request are reported on by the CCFS prior to NYTD file submission.

**FFY 2016 Responses/Revisions.**

Develop a plan to validate that all eligible baseline youth with a survey request are reported on by the CCFS prior to NYTD file submission.

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

**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.

**FFY 2016 Responses/Revisions.**

Develop a plan to validate that all eligible baseline youth with a survey request are reported on by the CCFS prior to NYTD file submission.

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

**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.

Report submitted for the reason that the Department cannot technically validate that all follow-up population cohort youth with a survey request are reported on by the CCFS prior to NYTD file submission.

**FFY 2016 Responses/Revisions**

Develop a plan to validate that all eligible baseline youth with a survey request are reported on by CCFS prior to NYTD file submission.

**Progress Benchmark / Strategy: Complete.**

**4.9.5:** The state conducts quality assurance to ensure NYTD information can be analyzed and used.

**Action Step**

**4.9.5a: N-QIP General Requirement #8 QA changes.**

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. **Complete.**

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.

**Progress Benchmark / Strategy: Complete.**

**4.9.5b: N-QIP General Requirement #8 Analyze data of youth services.** 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 would be accomplished through weekly Human Service Leaders conference calls, P2 & P3 meetings, Think Shops, Palmetto Association For Children and Families, SC Foster Parent Association, & the Independent Living Advisory Committee.

In reference to engaging youth in transition planning, SCDSS IL has revised the assessment tool Providing Assistance To Transitioning Youth (PATY) Form 30206 to include more comprehensive planning and collaboration with the youth, and sent the revised form 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.

#### **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: In process.**

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

**4.11.1:** Determine the reason(s) that the automated correction and deletion of the software makes errors and creates inconsistencies.

Meeting held and determination made.  
Plan to correct developed.

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

Implement plan.

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

**4.11.2:** Develop a manual or electronic process to check for internal inconsistencies in survey data before submitting to NYTD.

Manual or electronic process developed and proposed.

**FFY 2016 Responses/Revisions**

Implement proposal.

**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 SC NYTD Survey results and how to use the data at Palmetto Power (P2) 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: In process.**

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.

Items identified.

**FFY 2016 Responses/Revisions.**

Plan for items to be changed.

## 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: In process / ongoing.**

4.15.1: Train youth on the protocols of being involved in meetings and having an active voice.

Plan developed to train youth.

Plan implemented to train youth.

**Progress Benchmark / Strategy: In process / 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.

Plan developed to prepare youth for meetings.

Youth are prepared and youth's preparation is evaluated.

**Progress Benchmark / Strategy: In process / 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.

Plan developed for invitation of youth to planning meetings.

Plan implemented and evaluated post meeting.

1 youth invited and accepted invitation to IL Advisory Board.

**Progress Benchmark / Strategy: In process / 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.

Information about strategy shared with adult participants prior to meeting. E-mail information to youth.

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

**4.15.5:** Include a youth-participation item on the agenda of meetings involving youth input.

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

**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).

## 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; and services to support reunification, adoption, kinship care, independent living, and services for other permanent living arrangements. This section of the plan describes the specific services provided.

### Stephanie Tubbs Jones Child Welfare Services

The agency will use Title IV-B, subpart 1 funds to protect and promote the welfare of all children with the provisions of child abuse and neglect prevention, intervention, and treatment services; foster care; and services to support permanency and independent living.

The majority of case management services are provided by agency staff; those that are not provided by the agency are contracted. Child protective and preventive, foster care, and adoption services are provided statewide without regard to income. The SCDSS limits expenditures for administrative costs to 10% or less under this program. Program details are outlined in this report.

### Contracted Child Welfare Services

To support its continuum of child welfare services, South Carolina contracts with selected collaborative partners to provide specific services to support the Child Welfare Vision of the SCDSS which is:

- Safe and thriving children with life-long families sooner (Safety, Permanency and Well-being)
- Immediate safety from significant harm

- Enduring safety with a significant person who will make a lasting, legal commitment to be there for them no matter what

Some of these vital partners with the proficiency in the skills and practices to SCDSS support the ongoing FFY 2015 CFSP Goals include:

- The Children’s Trust of South Carolina (prevention services);
- The Medical University of South Carolina (multi-disciplinary care teams);
- The Palmetto Association for Children and Families (collaborative meetings);
- Parents Anonymous/Family Corps (support groups);
- The South Carolina Foster Parent Association (resource and adoptive parent recruitment, training and support);
- The South Carolina Heart Gallery (foster and adoptive parent recruitment);
- The University of South Carolina School of Social Work, Center for Child and Family Studies (child welfare training, quality assurance, youth development, CAPTA citizen review panel coordination, youth surveys, services for those with limited English proficiency).

### **Prevention and Early Intervention Services**

The primary mechanism for the SCDSS to provide supportive preventive services to families will continue through contracts with local non-profit providers. These contracts are written at the state level and include parent education services, parent aide services, child care services through the Child Care and Development Block Grant (CCDBG) voucher program, BabyNet services through the Individuals with Disabilities Education Act (IDEA), and community-based prevention services.

The following services were available to meet the needs of intact families and to prevent placement in state custody in FFY 2015 and are planned to continue throughout FFY 2016 with noted exceptions and changes.

**Home Visitation Services.** The South Carolina Maternal, Infant, and Early Childhood Home Visiting (SCMIECHV) program continues to address critical areas of child well-being including the coordination and delivery of critical health, child development, early learning, prevention of child abuse and neglect, and family support services through evidence-based home visiting. The CTSC perceives MIECHV as one service strategy aimed at developing a comprehensive, quality, early childhood system that promotes maternal/infant health, safety and development, as defined in Health Resources and Services Administration’s (HRSA) Supplemental Information Request. Strategies include targeting at-risk communities, addressing community risk factors, and building on strengths in target communities.

Since being named the MIECHV designee, the CTSC has worked to create a continuum of voluntary home visiting programs that meet the needs of families across South Carolina. By coordinating efforts across agencies and always considering the sustainability of these programs, the CTSC utilized public and private dollars along with state and federal funding to build that continuum, now well established in 21 of 46 counties. Over the last two years, particularly as the funding for the ACF Evidence-Based Home Visitation Grant which supported the state home visiting infrastructure ends, the HV funding partners have been planning diversified strategies to sustain that support. As a state that is primarily rural and with high poverty levels, it will be necessary to blend public and private funding in order to ensure the success and sustainability of home visiting in South Carolina. Current public and private funding partners including The BlueCross BlueShield Foundation, The Duke Endowment, the SC First Steps for School Success, the SC Department of Health and Environmental Control, and the Children’s Trust have met with numerous groups to gain local support for current programs as well as expand reach into underserved areas to develop interest in HV programs that would best serve their high-risk families. All contracted sites within targeted catchment areas are commissioned to include in their program plans, the development and/or connection to an existing, local early childhood collaborative. All sites have been compliant and have maintained regular meetings within their local areas. Partnerships have been built with several state agencies, local and private funders, early childhood interventionists,

childcare initiatives, other home visiting models, resource developers (i.e. Benefits Bank), and health care facilities - including federally qualified health centers, teen pregnancy prevention programs, schools, and retailers.

As of April 30, 2015, the SCMIECHV program has served approximately 1800 families and provided more than 2200 family visits. The program has made a strong emphasis on embedding and developing home visiting within medical programs. South Carolina was granted an additional \$8.3 million in formula and competitive funding in March, 2015, to essentially sustain currently funded initiatives and continue to build on integral early childhood systems-building efforts. These efforts include many key partners that strategically target workforce development and collaboration efforts, including SC Department of Social Service's Office of Early Care and Education and Head Start Collaborative and the Children's Trust of South Carolina. The services described are expected to continue in 2016 and conduct over 6,000 home visits.

### **Parent Cafés**

The CTSC provides training/education to families and communities to raise awareness of child abuse and neglect through training Parent Café Hosts (facilitators) and providing Parent Cafés. Parent Cafés are a series of structured small group conversations that bring parents together to discuss issues important to them. The CTSC plans to strengthen the Parent Café model through the development of an accepted Strengthening Families Framework curriculum, ensuring fidelity of Café delivery through site visits, and evaluating all conducted Cafés. In the first quarter of FFY 2015, the Children's Trust of SC facilitated 20 two-hour sessions for 43 attendees, to build protective factors in families to keep them strong and children safe. The facilitation services for Parent Cafés are expected to continue in 2016 and conduct approximately 50 sessions for more than 100 attendees. For additional details see Family Support Services in the PSSF section.

### **Child Abuse Prevention Month**

Each year, the SCDSS and CTSC conduct the annual "Pinwheels for Prevention" promotion in Child Abuse Prevention Month (April), which featured multiple media events across the state to promote awareness of child abuse. During April, the state's media networks are asked to feature public service announcements on the awareness of child abuse and neglect. A statewide media campaign (radio, print, television, and online) is used to increase awareness of proven protective factors that keep children safe from abuse and neglect. The CTSC assisted grassroots community organizers in finding and promoting multiple pinwheel gardens, promoting local organizations working within the protective factor framework, hosting a media event around the planting of pinwheels, and seeking local government support through proclamations. The CTSC also offers messaging tools, tips and technical assistance for communities and non-profits to help facilitate discussion about Child Abuse Prevention Month and prevention throughout the year. During the first 2 quarters of FFY 2015, a total of 73,000 pinwheels were distributed across South Carolina. This collaborative program is expected to continue statewide in FFY 2016.

### **Safe Sleep Program**

At the request of the Joint Citizens and Legislative Committee on Children, Children's Trust formed a statewide Safe Sleep Coalition in January 2012. The coalition represents more than 20 organizations convening to address rising rates of unsafe sleep practices that result in injury and death for children younger than one year old. The coalition includes hospital systems, public social service agencies, nonprofit organizations and state agencies. In September 2014, the SCDSS contracted with CTSC to further promote the safe sleeping of infants. This expanded scope led to the purchase and distribution of sleep sacks for statewide DSS use with clients. This service is expected to continue in FFY 2016 in supports the agency in achieving Goal1, Objective #2.

### **Child Protective Services**

The SCDSS County Offices statewide provide Child Protective Services (CPS) in-home prevention and intervention services related to indicated cases of abuse or neglect. The primary focus of the County Offices is to provide Child Protective Services for children under age 18 who are, or who are suspected of being, victims of abuse, neglect, and/or exploitation.

The services include receiving reports; assessing those reports to determine whether allegations should be substantiated and the likelihood of abuse, neglect or exploitation in the future; assessment of family strengths, needs, and risk to child's safety, and referral to services and case management services to address the factors causing or contributing to the maltreatment.

**CPS Investigation/Assessment, Service Planning and Monitoring.** The SCDSS will continue its initiatives to improve safety and risk assessment, building on Signs of Safety, and through comprehensive family assessments and service plans and the evaluation of progress through an integrated process in all CPS program areas, including Intake, Assessment, Family Preservation, and Foster Care. The SCDSS will continue to collaborate with the National Resource Centers for Child Protective Services, Family-Centered Practice and Permanency, and Substance Abuse and Child Welfare to support implementation of best policies and practices.

**Signs of Safety.** To support safety decision-making at intake and throughout the life of a case, the SCDSS will be utilizing the Signs of Safety model statewide. This assessment matrix is designed to provide staff with a clear understanding of the concepts of protective capacities, child vulnerabilities, safety threats and risks. Using a risk of harm continuum, this matrix more clearly separates safety threats that require an investigative response and will lead to improved safety decisions. These concepts are applicable at all stages of the child welfare process, from intake to permanency planning, so improved safety decisions will continue to be a part of all federal and state strategic plans. \* See Goal 1, Objective 3, in "3. Update to the Plan for Improvement and Progress Made to improve Outcomes". For additional details, see the PSSF- Family Support Services and the Training sections.

### **Child Protective Services Investigation/Assessment**

**CPS Investigations/Assessments.** When a maltreatment report is referred for investigation, the SCDSS County staff respond within 2 or 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 (the investigation of child abuse neglect of a child in a child care facility, residential facility, or foster home);
- Improve quality of the communication between OHAN division and the other divisions of the agency, i.e., the Licensing, Regulatory, and Foster Care Units of the agency;
- Ensure that all children in a facility are safe and that not only is the incident of abuse to the victim child evaluated, but also in every incident of a report on a facility, all children's safety in the setting is assessed for similar abuse or neglect.

The SCDSS, in collaboration with the University Of South Carolina, Children's Law Center, and Cornell University, will continue to deliver statewide trainings on the out-of-home abuse investigation process and specialized trainings for investigative staff in the areas of therapeutic crisis intervention and the use of therapeutic holds in group home settings.

### **In-Home Prevention and Intervention (CPS Treatment) Services**

In-home 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 safely, to increase the child's safety, and to mitigate risk factors.

The array of treatment services includes: counseling; referrals to alcohol and drug counseling; parenting classes and mentoring; financial counseling; domestic violence intervention and counseling; educational support; and developmental counseling services for the child (such as BabyNet, the early intervention system for infants and toddlers under three years of age with developmental delays or conditions associated with developmental delays; the South Carolina Department of Disabilities and Special Needs (SCDDSN); and others).

The SCDSS continues to focus attention on the caseloads of in-home FPS workers as the state moves to count cases by children rather than by families. The agency strives for quality visits and to ensure the child is safe regardless of whether the child was the identified victim, a child placed with a kinship caregiver, or a child living in the home of the parent.

### **Family Engagement**

Family engagement strategies were chosen and enhanced to involve families in decision-making and service planning.

**Family engagement models – Family Finding, Family Team Meetings, and Family Group Conferencing (previously referred to as Child Conferencing)** continue to grow as family engagement strategies. These Family Group Decision Models (FGDM) and intervention tools are appropriate and tailored for families involved in the child protection and child welfare systems. Family engagement strategies were chosen and enhanced to involve families in the decision-making process move toward child well-being and positive permanency. These strategies will increase the capacity of families to better care for their children in their homes or the homes of relatives and friends. These interventions are used to keep children safely in their own homes, expedite the child's transition from foster care, and increase family participation in decision-making at other critical decision points throughout the time the family is involved in the child welfare system. \* See Goal 1, Objective 2, in "3. Update to the Plan for Improvement and Progress Made to improve Outcomes". For additional information see the Family Preservation Services in the PSSF section.

**Seneca Searches.** CPS and Foster Care caseworkers statewide utilize the services of Seneca Search, a contracted search that specializes in identification of potential connections (usually relatives) for a child. Training in the usage was provided at the Supervisor's Summit for the SCDSS regional and county management and leadership. The search is to be completed for any child at-risk of or entering foster care and any child in foster care 17 months or longer. Its success has helped reduce the time to identify and make initial contact with potential relative placements in this region. This has helped ensure critical actions were completed in a short amount of time. The SCDSS has expanded this contractual service to expedite finding a suitable relative for placement of the child within 60 hours if child is taken into Emergency Protective Custody. Additionally, it will expand to include a detailed home study or assessment. The agency-contracted resource conducted 1,689 Seneca Searches in the first 2 quarters of FFY 2015 and plans to continue those statewide efforts and to conduct approximately 4,000 searches in FFY 2016 as this service has clearly demonstrative its essential value in addressing Strategic Goal 1, Objective 2. No additional changes are planned for this program.

## **Foster Care and Permanency**

South Carolina Foster Care and Permanency Services include regular foster care, intensive foster care, reunification services, and independent living and youth transition services. Permanency work is driven by the State's Emerging Imperatives described previously. Following are descriptions of specific programs for foster care and permanency.

### **Medical University of South Carolina**

The Medical University of South Carolina (MUSC) will provide medically fragile comprehensive services and a clinic for children in foster care. This will include the following core components:

- Multidisciplinary Care Team
- Care Coordination and support of foster families
- Education and training to support foster families and assist in recruitment of foster families
- Coordination and development of innovative, family-friendly services to support families of medically fragile children

Care and education/training will be provided by a multidisciplinary care team consisting of pediatricians; nurse practitioners; physical, occupational and speech therapists; and social workers, with oversight by a Program Coordinator. Medical Care coordination will include coordination and assistance in scheduling for primary care, sub-specialist appointments, therapies, counseling and education/training. Education/training will include one-on-one education and training with the child in foster care; training with the Adoptive and Pre-Adopt parent and the child; and classes for parents, SCDSS caseworkers, and the child's school. Social work/counseling services will include interfacing with the foster family, community agencies, medical community and the SCDSS. For additional details see the Training and the PSSF-Family Support Services sections.

### **Department of Health and Environment Control**

SC Department of Health and Environmental Control (DHEC) – provides lead risk assessments in potential foster care and adoptive homes constructed prior to 1978 in which children less than six years of age will be placed. This service provided by DHEC supports the ability of SCDSS in achieving Goal 2, Objective 2. No changes are planned for FFY 2016.

### **Interstate Compact for the Placement of Children (ICPC) Travel**

ICPC provides coordination and travel support to foster children and foster parents 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 parents throughout the country. ICPC travel supports Goal 3, Objective 1 and Goal 2, Objective 1. No changes are planned for this statewide service and the program projects continuing travel support of foster parents and approximately 15-20 foster children in FFY 2016.

## **Working with the Courts on Permanency**

### **Court Improvement Project**

The goal of the South Carolina Court Improvement Program is to achieve timely and quality court proceedings so that children may obtain positive permanency outcomes as quickly as possible. Court Administration, the Children's Law Center (CLC), and the South Carolina Department of Social Services are the primary partners in implementing the Court Improvement Program. These projects target the court-related concerns identified in South Carolina's most recent CFSR and IV-E review, including: permanency goal for child; utilization of APPLA; needs and services for child, parents, and caregivers; and child and family involvement in case planning. South Carolina Court Administration, which receives all three CIP grants, subcontracts the data grant to the agency for enhancement of the Legal Case Management System. The CIP basic grant and training grant are subcontracted to the CLC.

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

The Cass Elias McCarter Guardian ad Litem Program recruits, trains and supervises volunteers to advocate for children in abuse and neglect cases in Family Court. The program will continue to maintain 37 county offices that

provide local support and training to the volunteers. Volunteers are carefully screened and trained and are supported legally in their capacity to represent minor children in abuse and neglect cases. The GAL Program is expected to continue with no changes to the scope of services provided in FFY 2016.

## Promoting Safe and Stable Families

The primary goals of the Promoting Safe and Stable Families (PSSF) Program, Title IV-B, Subpart 2 of the Social Security Act are to improve the quality of care and services to children and their families in efforts to support children remaining safely with their families, prevention of maltreatment, while also ensuring permanency for children through reunification, adoption or guardianship. The purpose of the PSSF Program funding clearly aligns with the SCDSS vision for child welfare:

- every child deserves to have a safe, stable, and loving forever family in which to grow. (Safety, Permanency and Well-being);
- immediate safety from significant harm;
- enduring safety with a significant person who will make a lasting, legal commitment to be there for the child in the future.

The SCDSS will optimize the PSSF funds in accordance with prescribed limits and conditions of the Administration for Children and Families in the following specific program service areas as outlined by the Administration for Children and Families:

1. Family Preservation Services;
2. Family Support Services;
3. Time-Limited Family Reunification Services;
4. Adoption Promotion and Support Services.

Following is a description of how South Carolina plans to utilize PSSF funds by program area in FFY 2016.

**Family Preservation Services (24.99%):** Designed to help families alleviate crises, maintain the safety of children in their own homes, support families who are preparing to reunify or adopt, and assist families in obtaining support to address their multiple needs in a culturally sensitive manner. The definition allows grantees to support infant Safe Haven programs.

South Carolina will use funding in this program area to support its Family Engagement Services, described below.

- **Family Engagement Services:** Family Finding, Family Team Meetings, and Family Group Decision Making (FGDM)/Family Group Conferencing (previously referred to as Children Conferencing (CC) and Re-conferencing (RC), continue to grow as effective family engagement strategies. This set of intervention tools under the family engagement model of services are appropriate and tailored for families involved in child welfare systems. Family engagement strategies were chosen and enhanced to involve families in the decision-making process to move toward child well-being and positive permanency. These strategies will increase the capacity of families to better care for their children in their homes or the homes of relatives and friends. These strategic 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. The Family Engagement Services described in the 2015-2019 CFSP remain primarily unchanged for FFY 2016 with few modifications. Those changes are noted with each of the components listed below as well as the objectives and geographical populations to be serviced.

*Family Finding (FF):* FF is a specific service and specialized process for locating and engaging maternal and paternal family members to participate in initial family meetings or who are supportive and may be potential kinship caregivers for children. FF offers each family member a chance to help and



be a support to the child and the child's caregivers. FF includes Seneca Searches, completion of a genogram on all basic branches of the family tree, eco-mapping and case mining. The goals of FF services are to provide sufficient participants in the FGC as potential placements and/or family support resources for the children and their caregivers. The FF activities and their results are maintained for future reference in the event additional needs for family participation and support develop. The agency-contracted resource provided 1,689 statewide Seneca Searches in addition to genograms, eco-mapping, and case mining during the first two quarters of FFY 2015 and the development a webinar (detailed in the training section). The FF process seeks to improve child safety assessments, protect children in the home and prevent removals and plans to continue this service for FFY 2016. \*See Goal 1, Objective 2, in "3. Update to the Plan for Improvement and Progress Made to improve Outcomes"

*Family Team Meeting (FTM):* FTMs are structured case planning and decision-making meetings, held within 24 business hours (the next business day) of removal, facilitated by skilled and trained community-based coordinators to engage the family groups, family supports, and service providers collaboratively in creating plans for children's safety while laying the groundwork for permanency. FTMs are intended to meet the immediate safety needs of children and to plan for placement needs in urgent emergency situations. FTMs enable the SCDSS to engage family members and provide an immediate front-end, family-involved response to concerns about child safety or placement needs and to achieve positive results for the child during the earliest stages of Child Protective Services (CPS) interaction with the family. Family members are engaged and encouraged to help and be a support to the child and the child's caregivers to assure the child's safety in the family home or in kinship caregiver placement.

FTMs seeks to improve child safety assessments, protect children in the home and prevent removal. . \*See Goal 1, Objective 2, in "3. Update to the Plan for Improvement and Progress Made to improve Outcomes". No additional changes are planned to the Family Finding process for FFY 2016.

*Family Group Conferencing (previously referred to as Child Conferencing/Re-Conferencing (CC/RC):* creates a vital opportunity for the children's caregivers, maternal and paternal extended families and fictive kin to play a vital role in the safety, permanency and well-being of children involved with the SCDSS in a spirit of respect, collaboration, transparency and accountability. Family Group Conferencing (FGC) is more involved than the FTM, with additional planning time for FF and family engagement efforts. It is a time when a family joins with the SCDSS, relatives, friends, and community supports to develop a plan that ensures children are cared for and protected from future harm. Through the use of private family time, the "family group" is vested with a high degree of decision-making authority and responsibility. During this time, the family group joins together to discuss and develop a plan for the child's safety and well-being, including concurrent planning for immediate options (e.g. temporary foster care, family strengthening, or reunification with birth parents), back-up alternatives for permanent placement (e.g. placement with other family members) and visitation planning. The SCDSS has intensified its efforts on "front-end" FGCs which focuses on children entering care and deleted the option for "back-end" FGCs which focused more on permanency from the FGC Engagement process starting in SFY 2016. This change should enable the agency to better utilize the wealth of information from the Family Finding process and Family Team Meeting and incorporate as appropriate the critical elements from the "back-end" CCs into other processes such as the Permanency Roundtables.

The following are expected outcomes for Family Group Conferencing services:

1. the child has a voice in his/her plan;
2. the Family has more control of the decision-making process;

3. more creative, detailed, and complete plans for children and families;
4. more follow-through with family-created plans;
5. early family reunification and less time spent in foster care;
6. more effective engagement of fathers and utilization of family resources than in traditional casework;
7. improved relationship/partnerships between families, the SCDSS and the interagency community;
8. an ability to deal successfully with the more complicated cases, and getting “stuck” cases moving forward;
9. increase in information-sharing;
10. family reconnections;
11. a quicker road to permanency and legal resolution;
12. opening of doors for families in the community.

Agency-contracted statewide resources have conducted over 700 Family Group Conferences in the first two quarters of FFY 2015 for more than 1000 families. Statewide FCGs are projected to increase by 25% or more in FFY 2016. Additionally, 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 2016. \*See Goal 1, Objective 2, in “3. Update to the Plan for Improvement and Progress Made to improve Outcomes”.

**Family Support Services (27.29%):** Primarily community-based preventive activities designed to promote the safety and well-being of children and families, promote parental competencies and behaviors that will increase the ability of families to successfully nurture their children, enable families to use other resources and opportunities available in the community, create supportive networks to enhance child-rearing abilities of parents and help compensate for the increased social isolation and vulnerability of families, and strengthen parental relationships and promote healthy marriages. P.L. 112-34 amended the definition to include mentoring programs.

South Carolina will use funding in this program area to support the Signs of Safety Practice Model, multidisciplinary care teams, Parent Cafes, training for resource and adoptive families, and collaborative meetings between SCDSS staff and external partners.

*SafeGenerations (formerly known as Connected Families):* *Safe Generations* will provide comprehensive support for the SCDSS to implement the Signs of Safety Practice Model, which enhances the skills, techniques, and practice methodology for child welfare workers. *Signs of Safety (SOS)* is an internationally recognized solution and safety oriented approach to child protection. This service provides on-site consultation with caseworkers, supervisors and community partners (law enforcement, churches, etc.) in support of mapping difficult cases with the Signs of Safety Practice Model. Additional information related to SOS implementation strategies can be found under \*See Goal 1, Objective 3, in “3. Update to the Plan for Improvement and Progress Made to improve Outcomes”.

- *SafeGenerations* uses small and large group training, webinars, and guidance support to SCDSS leadership in implementing SOS, along with working directly with caseworkers and supervisors in their existing meetings to sharpen their skills in the use of Signs of Safety. Expected outcomes include the SOS model being the framework for all facets of child welfare services, from policy integration at all levels and departments to critical practices (Intake procedures, Family Team Meetings, Permanency Roundtables, Guided Supervision, etc.). Additionally, it is anticipated that *Safe Generations* support for SOS will lead to systematic improvements and creative constructive working partnerships between front line workers and community partners, health professionals, and service providers regarding the “Signs of Safety” practice model. It is hoped that the SOS framework for all components of child welfare will have a marked impact on reducing the number of child re-entries into care and reducing the number of maltreatment reoccurrence cases. *Safe Generations* is expected to continue the phased statewide rollout of SOS and to provide comprehensive support to multi-level staff in FFY 2016. The SOS

services are critical means in addressing Goal 1, Objective 3. \* See Goal 1, Objective 3, in “3. Update to the Plan for Improvement and Progress Made to improve Outcomes”.

- *Medical University of S.C. (MUSC)*: Comprehensive services are provided by a multi-disciplinary care team (Pediatricians, Nurse Practitioner, PT/OT/Speech Therapist, Pediatric Nurse Coordinator, social worker) for bio-families, foster families and adoptive families in the low country region of the state. Services also encompass medical care coordination to support children and their families in scheduling for primary care appointments, sub-specialist appointments, therapies, counseling, and other training. Social work and counseling services are also provided directly to the child and family. Other services include one-on-one education and training with the child, training with the parent and child, classes for parents and child’s school, etc. Additional services also include coordination and development of innovative family-friendly services to support families of medically-fragile children in foster care. Expected outcomes of the services will be for families to learn to be more self-sufficient in care coordination and accessing services. Families will also gain skills and competencies needed to manage their child’s medical condition in order to prevent a medical crisis and provide a safe and stable home for the child. MUSC completed 247 Sick/Follow-up Visits, 113 Well Child Checks/Initial Physical Exams and 18 Interdisciplinary Treatment Team Meetings in the first 2 quarters of FFY 2015. During this period the program managed an average census of 493. MUSC has not planned any changes for FFY 2016 and expects to continue providing comprehensive and support services statewide to an estimated average census slightly above 493 children in need of pediatric care. Those estimates include conducting 594 Sick/Follow-up Visits, 226 Well Child Checks/Initial Physical Exams and 36 Interdisciplinary Treatment Team Meetings in FFY 2016.

- *Children’s Trust of SC*: Training/education is provided to families and communities to raise awareness of child abuse and neglect through providing and training Parent Café Hosts (facilitators). Parent Cafes are a series of structured small group conversations that bring parents together to discuss issues important to them. The goal is to directly engage parents in building the protective factors needed to prevent maltreatment and promote healthy outcomes for their children. This service supports accomplishing the Agency’s Goal 1, Objectives 1 and 2.

In the first quarter of FFY 2015, Children’s Trust of SC facilitated 20 two-hour sessions for 43 attendees to build protective factors in families to keep them strong and keep children safe. The facilitation services for Parent Cafés are expected to continue in 2016 with funding from a Duke Endowment and other non-Title IV-F sources.

- *Columbia Urban League (CUL)*: The purpose of Level Up (formerly Youth Leadership Development Institute or YLDI) is to provide a constant and stable environment for youth in foster care. The program offers a nurturing curriculum that includes an employment and career-shadowing component, youth-focused workshop series, year-round mentoring and involvement in other Urban League youth initiatives. For more than 10 years, Level Up has been partnered with the SCDSS. The program is geared towards students ages 14-19 who are in foster care and/or considered at risk. Level Up serves 300 disadvantaged and foster care youth in nine different counties: Aiken, Florence, Kershaw, Lee, Lexington, Marion, Richland, Sumter, and York counties. Level Up utilizes an evidence based best practice strategy for working with youth in foster care that focuses on several critical needs areas of its participants.

The Columbia Urban League, Inc. has been recognized by the National Urban League as an evidence based best practice model for youth development, because of its leadership in the foster care arena. The Columbia Urban League conduct workshops and presentations for school district and local organizations. This service supports the Agency’s Goal 3, Objective 2. CUL plans to

continue the Level Up program for approximately 300 youth in Foster Care ages 14-19 in nine counties in FFY 2016.

- *S.C. Foster Parent Association*: The South Carolina Foster Parent Association (SCFPA) will provide competency-based training statewide for resource and adoptive families. Training will include components to build the parental competencies of resource and adoptive families to understand the cultural values, child development stages, assertive communication with adolescents, grief and loss process, behaviors associated with abuse and neglect, effective parenting styles, emotional impact of placement moves on children in foster care, array of available services in the state, etc. Some expected outcomes of the services will be that resource and adoptive families will be more aware of the trauma experienced by children in foster care and develop the competencies and understanding to enhance their ability to provide a nurturing and stable home. The service supports stability in the foster care placement and supports resource and adoptive families with resources and training to reduce the number of moves for children in foster care. SCFPA addressed over 600 statewide inquiries from current and potential foster families in the first 2 quarters of FFY 2015. Their critical success is expected to continue with potential increases in inquiries in excess of 1250 with no planned changes in services for FFY 2016. This service supports accomplishing the Agency's Goal 1, Objectives 1 and 2.
- *Palmetto Association for Children and Families (PACF)*: The PACF will hold P-3 meetings and training in all regions of the state at the local level. These meetings include a broad array of state agencies as well as community-based and non-profit providers that make up the system of care for serving children in foster care. The general purpose of each local P3 is to discuss and explore all the history, services, placements, permanency efforts, system linkages or lack thereof, emerging system issues that must be addressed, success and failures in support of cases of existing children in Foster Care and their families. During the first quarter of FFY 2015, PACF conducted four 5.5-hour meetings at various statewide locations serving 111 participants with additional sessions scheduled in the spring of 2015. P3 meetings are planned for continuation into the 2016 FFY with minimal modifications pending as the agency seeks a more focused approach within the CQI process. This service supported accomplishing the agency's Goal 1, Objectives 1 and 2.

**Time-Limited Family Reunification Services (15%):** These services are provided to a child who is removed from home and placed in a foster care setting and to the child's parents or primary caregiver. These services are available for 15 months from the date the child enters foster care. Time-limited reunification services facilitate the safe and timely reunification of the child with the family. States may use funds for counseling, substance abuse treatment, mental health services, temporary child care, therapeutic services for families, including crisis nurseries, and transportation to services. Additionally, P.L. 112-34 authorized grantees to use funds for peer-to-peer mentoring and support groups for parents and primary caregivers, and for services and activities to facilitate access to, and visitation of, children in foster care by parents and siblings.

South Carolina will use funds in this program area for mutual support programs for adults and youth and for Family Care Centers for mothers and children.

- *Parents Anonymous (FamilyCorps)*: The FamilyCorps is the only accredited State Resource Office in the state of South Carolina for the National Parents Anonymous® Office. As the only accredited state office in SC, the FamilyCorps conducts all of the training of support group facilitators, technical assistance, and program oversight and funding support for the sixty-four (64) Adult and Youth Parents Anonymous® Mutual Support Programs serving twenty-six (26) counties. The Parents Anonymous® Program is a facilitator-led, peer-to-peer support program model, which national research confirms is effective in diminishing the impact of risk factors while significantly increasing the six protective factors associated with positive parenting, thereby increasing the

resiliency of parents and children and prevention of future child maltreatment. The service is designed to provide mutual support groups that are co-led by parents and professionally trained facilitators and are available to parents or primary caregivers whose children are in foster care up to 15 months. This service supports the Agency's Goal 2, Objective 1. For FFY 2016 Family Corps has no projected changes in the scope of services and plans to serve approximately 950 clients in 26 counties.

- *Family Care Centers (FCC)*: The Family Care Center is a comprehensive residential treatment program that provides fully integrated services and support to women with substance abuse disorders. Mothers and their children live together in a safe, rehabilitative, homelike environment that offers intensive clinical, physical and behavioral treatment. The highest level of professional staffing in this secure setting helps foster recovery and builds family strength that ultimately leads the mothers and children toward a healthy transition back into community life. The following results were achieved in three separate Family Care Centers:

- Epworth's Children's Home, a level one children's home in Columbia, SC partnered with Lexington Richland Alcohol and Drug Abuse Commission (LRADAC) to serve mothers and their children ages 0-12. During the FFY 2015, Epworth's provided key services (i.e. case management, medical, individual counseling, individual therapy, day treatment, etc.) for 26 children and 12 mothers during FFY 2015. Eight mothers graduated the program and four did not finish the program due to relapse or placement into inpatient treatment.

- York Place Children's Home in York, SC partnered with Keystone Substance Abuse Center to serve mothers and their children ages 0-6. Services available to parents were individual therapy, family therapy, group therapy, and life skills training. SC Vocational Rehabilitation offered onsite nursing, daily recreational activities, daily devotionals, weekly chapel services, medication management, and psychiatric services. York Place Children's Home discontinued the Family Care Center in early CY2015. Before closure they served two mothers and three children.

- Jenkins Family Care Center opened in the Low Country area of the state near Charleston since the 2015-2019 CFSP was submitted in August 2015. In partnership with the SCDSS and the Charleston Alcohol and Drug Commission, the Jenkins Family Care Center has served ten mothers and 20 children. The mothers ages ranged from 19-35 and the children served were 0-11 in age. The following services made available to the children and mothers: Day Treatment; Intensive Outpatient; Outpatient; case management services and vocational rehabilitation services coordinated through Work Keys Program. To date, the program has achieved the following outcomes:

- Jenkins Family Care Center Three mothers were able to transition to safe sober housing;
- Graduates time in services (4 months, 5 months 28 days, 6 months and 3 days);
- One mother gained employment while in service at FCC;
- 2 women had children removed through family court while in services, in view of a lack of improving parenting skills;
- 3 women did not complete the program (2 left voluntarily, and the other was administratively discharged).

**Adoption Promotion and Support Services (23.9%):** Designed to encourage more adoptions of children out of the foster care system when adoptions are in the best interests of the children. They include pre- and post-adoption services designed to expedite the adoption process and support adoptive families.

South Carolina will use funds in this program area to provide health support services, certified investigators, pre-service training for resource and adoptive families, and recruitment tools.

- *Health Support Services*: Critical health support services (i.e. medical and behavioral) to pre and post adoptive families of children with special needs that are considered to be behaviorally or medically high risk. 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. These critical services help the SCDSS meet its Goal 3, Obj. #3 in this plan. During the first 2 quarters of the FFY 2015, the SCDSS processed 1,301 Health Support Services reimbursements to assist over 204 statewide pre- and post-adoptive families including 308 children. No changes in the scope of the current services are planned for the 2016 FFY as statewide assistance to approximately 410 pre- and post- adoptive families is projected.
- *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. During the first 2 quarters of the 2015 FFY Certified Investigators completed 129 statewide home studies on potential adoptive families. No changes are planned for FFY 2016 and an estimation of 250 home studies are planned to support potential adoptive families and children. This support service assists the SCDSS in accomplishing Goal 3, Objective 1.
- *S.C. Foster Parent Association (SCFPA)*: The SCFPA provides pre-service training for resource and adoptive families in South Carolina. The SCFPA developed and will continue to update the training curriculum. Heartfelt Calling, an internet site where children who are legally free and waiting to be adopted is also updated and monitored for interested adoptive resources. Other responsibilities include designing the process for how training will be delivered and coordinated across the state. The SCFPA also monitors the implementation and oversight of the training delivery as part of the revised pre- service training. SCFPA has no changes planned and expects to provide statewide adoption assistance and support to approximately 1440 families in FFY 2016. This support service assists the SCDSS in accomplishing its Goal 3, Obj. 1.
- *S.C. Heart Gallery*: The SCHG is a part of the Foster Care Review Board and currently accepts referrals of legally free children from the SCDSS. SCHG provides professional photo shoots and then feature photographs of the children in foster care on the SCHG website and in multiple community venues and exhibits. SCHG also manages the web site inquiries and referrals. SCHG also provides enhanced coordination and communication to educate and promote the finalization of adoptions of legally free children in a timely manner. The SCHG responds to telephone and website inquiries within three working days, forwarding child-specific inquiries to the SARC and/or assigned the SCDSS Regional Adoption Specialist for follow-up, provides general information about the foster care/adoption process, generates referrals for new South Carolina families to the appropriate the SCDSS Regional Adoption Division via an intake request, and conducts a portion of the home studies to expedite the adoptions process.

The SCHG held 146 community exhibits, photographed or videotaped 34 children, and conducted 63 statewide media events and activities to include “Facebook Spotlights”, newspaper articles, and radio broadcasts during the first 2 quarters of the 2015 FFY. Their family engagement activities included assisting 85 families with intakes or applications and completing 20 home study assessments for submission to SCDSS for approval. Additionally, SCHG received 1,000 inquiries and matched 18 children as 115,170 visitors viewed the Heart Gallery website during that same time period. SCHG is expected to continue their statewide contracted services for the 2016 FFY with plans to serve 150-200 children ages 0-17, provide family engagement assistance to 175 families, respond to 2,000 inquiries from families, and manage website inquiries and referrals. The S.C. Heart Gallery service supports the ability of the SCDSS achieving Goal 3, Obj. 1.

### **Funding Allocations**

For Program Area 1, as noted in **Family Engagement Services** Goal 1, Objective 2, in “3. Update to the Plan for Improvement and Progress Made to improve Outcomes”: Family Finding, Family Team Meetings, and Family Group Decision Making (FGDM)/Family Group Conferencing (previously referred to as Children Conferencing (CC) and Re-conferencing (RC) statewide solicitation for services was delayed and only three out of the five regions of S.C. were awarded to a single contractor. More time will be required to resubmit the request for proposal and award the remaining two regions. The goal for statewide implementation is to reduce the inconsistencies in implementation of Family Engagement and expand access to the services for FFY 2016. Given that Family Engagement Services are in 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 2016.

The SCDSS plans to continue to utilize 27.29% of the PSSF to support Program Area 2. One of the reasons for not meeting the Progress Measure for Safety Outcome 2 is that the implementation supports for building an organizational framework around Signs of Safety through Safe Generations in Goal 1, Objective 3, have not been in place for long enough to make a significant difference. Training of staff has not been completed. 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. In addition to this service, the Medical University of S.C. provides comprehensive medical support and training to children and families for a large geographical area of the state, as many surrounding counties and far away counties utilize their services due to their expertise with the foster care population.

The SCDSS plans to keep its PSSF allocation of funding at 15% for Program Area 3, Time-Limited Family Reunification for FFY 2016. In FFY 2015, the SCDSS selected two Family Care Centers as additional services to receive funding under Time-Limited Family Reunification, as described above. The SCDSS had plans to expend up to the 15% in this Program Area for FFY 2015 and hopefully increase PSSF funding allocation in Program Area 3 as more Family Care Centers came online statewide for FFY 2016. However, one of the Family Care Centers identified to receive PSSF funding (York Place) closed their doors to service in early CY 2015. Also, Epworth’s Children’s Home was unable to delineate specific services that would meet the Program Area 3 criteria that were not already receiving some alternative funding.

Due to the barriers of losing one Family Care Center operations and another FCC struggling to optimize the PSSF funding allocation, the 15% in the Time Limited Reunification category will most likely not reach the 15% projection. 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 Program Area 4, Adoption Promotion and Support, the SCDSS had only 33.4% finalization of adoptions for children in care less than 24 months for FFY 2014 and has reached 36.6% as of March 31, 2015. Hence, the SCDSS would like to continue the 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.

### **PSSF Section References**

P.L. 109-288, September 28, 2006

Definitions of the four required components are found in United States Code, Title 42, Chapter 7, Subchapter IV, Part B, subpart 2, section 629a.

### **CFCIP and ETV**

The overarching purpose of the South Carolina Independent Living Program is to provide the developmental skills necessary for foster youth to live healthy, productive, self-sufficient and responsible adult lives. The purposes of these services are to provide foster youth with opportunities to learn needed independent living skills and to increase the likelihood of successful transition from the foster care system.

The services to be provided in FFY 2016 are listed below. The items that are changes or additions are indicated with an asterisk\* either at the beginning of the item if the entire item is a change or addition, or to the left of the piece that is new in the item. The second section of this information indicates which services assist in achieving the individual 8 Program Purposes.

#### **Services to be provided in FFY 2016 will be:**

- life skills classes;
- mentoring services/expenses;
- esteem building activities such as participation in the ROTC, band, chorus, cheerleading or team sports;
- summer camps that are related to a youth's development of their IL goals;
- other community leadership programs/camps that provide youth with opportunities to develop workforce training and life skills and spiritual development, other than summer programs for daycare;
- apprenticeship programs if available;
- access to employment (transportation – time-limited);
- certification courses (for trades such as electronic, plumbing, first aid, lifeguard, etc.);
- time-limited child care;
- interview clothing;
- initial supply of work uniforms and footwear (\*max \$250)
- car repair (if older youth had a personal car that was needed to access employment or education);
- job skills, training classes that relate to the youth's goals;
- vocational equipment;
- birth certificate necessary for employment;
- summer job opportunities;
- licenses/certification fees;
- job mentor as available;
- bicycles used for transportation to work or education \* and promotion of healthy living and social development, ages 13-15 (\*max \$150) effective 7/15 ages 16-21 (max \$250), \*youth may not receive a second bicycle within a 3 year period;
- professional attire for work or school, for youth age 18 until age 21 that do not have an open foster care line of services;
- tutoring – up to \$1,000 yearly;



- summer school to retake a class or to accelerate studies;
- books and supplies for specialized classes such as lab fees, special calculators, uniforms for classes such as cosmetology, nursing, etc.;
- expenses for school-sponsored educational field trips;
- a birth certificate necessary for school;
- High School Senior expenses (with capped category amounts): Prom ticket, Graduation invitations (\*max \$250 effective 7/15), Cap and Gown (\*max \$150 effective 7/15);
- special recognition – funds for tuition, uniforms or other items needed to recognize and develop special achievements or talents of youth;
- pre-college expenses such as college applications and SAT/ACT fees;
- a laptop computer for post-secondary school education.
- providing opportunities to learn and practice independent living skills;
- providing support for post-secondary education;
- providing support for post-secondary education career planning;
- providing career preparation training and support, including development of a portfolio, documenting experiences and skills that can be used in applying for post-secondary education programs or in career planning;
- providing training to develop and enhance budgeting and financial management skills;
- providing health education and risk-reduction training;
- providing housing and home-management preparation and training;
- enhancing social skills development by offering opportunities for youth to learn and practice appropriate communication skills, negotiation and compromise, making friends, and behaving responsibly;
- improving leadership skills such as decision-making, problem solving, conflict resolution, goal setting, and working with others;
- 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;
- providing 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 agency planning and policy development (P2 meetings, Stakeholder meetings, Conferences, IL Advisory Committee and other DSS Leadership Meetings);
- providing an opportunity for youth to be of assistance to other youth and to the foster care community;
- annual college scholarship/ ETV Funds up to \$5000;
- College Dorm Shower, provided by the SC Foster Parents Association;
- financial aid resource materials, available through the SC NYTD website [www.nytdstayconnected.com](http://www.nytdstayconnected.com);
- educational information for youth, staff, and providers regarding higher education opportunities;
- academic camps;
- workshops and the publication, “True Independence”, purchased through the National Resource Center for Youth Services;
- phone deposit (\*max \$150), electric, gas, or water deposit (maximum \$300);
- furniture (limited to \$2,000, unless the youth is pregnant or has a child (In the latter case, \$2,500 is available for additional furniture needs);
- rental application fee, rental deposit, rental assistance for up to 6 months, paid as 3 months full and 3 de-escalation months (youth who are in the last trimester of pregnancy may receive 6 full months and 3 de-escalating);
- \*Fostering Great Ideas – mentoring program helping youth in foster care become successful young adults. effective 1/16;
- \*Post-secondary education consultants statewide effective 9/15;

- \*partnering with Leadership Camps such as River's Edge Retreat and Clemson University Youth Learning Institute to provide services effective 6/15;
- \*pre-college preparation and support programs to promote college attendance and retention effective 6/15;
- \*High School Prom attire reimbursement (max \$200) effective 7/15;
- \*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) effective 2/15;
- 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);
- \*Girls and Boys Symposiums partnering with Youth Learning Institute effective 11/15;
- \*IL Website effective 1/16;
- \*exploring use of social media to communicate directly with youth 1/16;
- \*computers for juniors and Seniors in high school (max \$1500 – three year wait for replacement);
- \*collaborating with Urban League to develop a Life Readiness program for youth aged 17-21 that will address employment skills, housing and independent living skills, effective 1/16;
- \*IL Group E-mail effective 3/15.

### **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 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 Served:** Statewide.

**Estimated Number To Be Served:** 2,571

**Services to address Program Purpose 1 are:**

- life skills classes; mentoring services/expenses. The Department is exploring community partnerships to expand mentoring availability;
- esteem building activities that are connected with the youth's school or employment;
- summer camps that were related to a youth's development of their IL goals, or participation in such activities as ROTC, band, chorus, cheerleading or team sports;
- other community leadership programs/camps that provided youth with opportunities to develop work force training and skills. This did not apply to summer programs for daycare or recreation-only purposes;
- Youth Group training activities, a \*standard curriculum being implemented;
- \*Transition Planning meetings, \*accountability and tracking in CAPSS 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);
- Youth Associations to support the development of life skills;
- opportunities to learn and practice independent living skills;
- support for post-secondary education;
- 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;
- training to develop and enhance budgeting and financial management skills;

- health education and risk-reduction training;
- housing and home-maintenance preparation and training;
- social skills development by offering opportunities for youth to learn and; practice appropriate communication skills, negotiation and compromise, making friends, and behaving responsibly;
- leadership skills development including decision-making, problem solving, conflict resolution, goal setting, and working with others;
- a safe haven for youth to vent frustrations and examine gaps in service and support in the foster care system;
- opportunity for youth to serve in leadership roles, take initiative in their own lives, and envision a pathway to independence;
- opportunity for youth to be of assistance to other youth and to the foster care community;
- \*Leadership Camps such as River's Edge Retreat and Clemson University Youth Learning Institute, effective 6/15. This will help achieve Purpose One by giving additional opportunities to learn independent and daily living skills as well as leadership opportunities using evidence-based curriculum;
- Girls and Boys Symposiums partnering with Youth Learning Institute, effective 11/15. This will help achieve Purpose One by empowering youth and fostering development of social connections and interpersonal skills;
- \*IL Website, effective 1/16. 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).

**2. Help youth likely to remain in foster care until age 18 receive the education, training, and services necessary to obtain employment.**

**Population 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:** Statewide.

**Estimated Number To Be Served:** 2,571

**CCFS-NYTD Data.** 35% of youth were employed at the age of 19; 57% of youth did not have a job resume at the age of 19; 56% of youth were enrolled in school at the age of 19; 43% of youth had a high school diploma or GED at the age of 19.

**Services to address Program Purpose 2 are:**

- apprenticeship programs if available;
- access to employment (transportation – time-limited);
- certification courses (trades such as electronic, plumbing, first aid, lifeguard, etc.);
- time-limited child care;
- interview clothing and initial supply of work uniforms and footwear;
- car repair (if older youth had a personal car that was needed to access employment or education);
- job skills training classes that related to the youth's goals and vocational equipment;
- birth certificate necessary for employment;
- summer job opportunities;
- licenses/certification fees;
- job mentor as available;
- bicycles used for transportation to work or education and ages 16-21 (max \$250)
- the Columbia Urban League provide employment and independent living skills;
- transportation assistance to school, work and youth groups, leadership camps, etc.;
- professional attire for work or school, for youth age 18 until age 21 that do not have an open foster care line of services.

**3. Help youth likely to remain in foster care until age 18 prepare for and enter post-secondary training and educational institutions.**

**Population 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:** Statewide.

**Estimated Number To Be Served: 2,571**

**CCFS-NYTD Data.** 20% of youth were enrolled in a post-secondary institution at the age of 19

**Services to address Program Purpose 3 are:**

- tutoring – up to \$1,000 yearly;
- summer school to retake a class or to accelerate studies;
- books and supplies for specialized classes such as lab fees, special calculators, uniforms for classes such as cosmetology, nursing, etc.;
- expenses for school-sponsored, educational field trips;
- a birth certificate necessary for school;
- High School Senior expenses (with capped category amounts); Prom ticket, Graduation invitations (\*max \$250) effective 7/15, Cap and Gown (\*max \$150) effective 7/15;
- 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;
- pre-college expenses such as college applications and SAT/ACT fees;
- a computer for post-secondary school education, \*Computers for Juniors and Seniors in high school (max \$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, GED programs, Alternative Educational Schools, non-ETV college coursework and vocational coursework;
- annual college scholarship/ ETV Funds up to \$5000;
- College Dorm Shower, provided by the SC Foster Parents Association;
- financial aid resource materials, available through the SC NYTD website [www.nytdstayconnected.com](http://www.nytdstayconnected.com);
- educational information for youth, staff, and providers regarding higher education opportunities;
- academic camps;
- workshops and the publication, “True Independence”, purchased through the National Resource Center for Youth Services;
- transportation assistance to College Goal Sunday, Adult Education and Post-Secondary training.

**4. Provide personal and emotional support to youth aging out of foster care through mentors and the promotion of interactions with dedicated adults.**

**Population 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:** Statewide.

**Estimated Number To Be Served: 2,571**

**CCFS-NYTD Data.** 81% of youth at the age of 19 indicated they had a positive connection with an adult. This number decreased by 13% within two years. In other words, 94% of youth at the age of 17 reported having a positive connection with an adult whereas only 81% of youth at the age of 19 reported having a positive connection with an adult.

**Services to address Program Purpose 4 are:**

- \*Fostering Great Ideas – mentoring program helping youth in foster care become successful young adults, effective 1/16. This will help achieve Purpose Four by building healthy one-on-one relationships with mentors that can follow them through adulthood;
- mentoring services/expenses;

- esteem building activities such as participation in ROTC, band, chorus, cheerleading or team sports;
- other community leadership programs/camps that provided youth with opportunities to develop work force training and life skills and spiritual development;
- 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;
- transition planning (90 days prior to 17<sup>th</sup> birthday, 18<sup>th</sup> birthday, and planned exit from foster care);
- opportunity for youth to take initiative in their own lives, envision a pathway to independence and serve in leadership roles by being involved in agency planning and policy development (P2 meetings, Stakeholder meetings, Conferences, IL Advisory Committee and other SCDSS Leadership Meetings);
- \*IL Group Email effective 3/15 - This helps achieve Purpose Four by allowing youth to connect directly to Independent Living staff for support.

**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 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:** Statewide.

**Estimated Number To Be Served:** 2,571

**CCFS-NYTD Data.** 26% of youth experienced homelessness within two years of their 17<sup>th</sup> birthday.

**Services to address Program Purpose 5 are:**

- \*collaborating with Urban League to develop a Life Readiness program for youth aged 17-21 that will address employment skills, housing and independent living skills. Effective 1/16. This will help achieve Purpose Five by helping prepare youth to obtain and maintain employment;
- life skills classes;
- On the Road Again Program (community donated vehicles repaired with Chafee funding and awarded to youth 18 and older) provided by SC Foster Parent Association (SCFPA);
- Dorm and Household Showers – provides basic household necessities to youth moving into college dorms or their own residence. Provided by SCFPA;
- interview clothing (\$250 up to \$400 for those who did not receive funds before 19);
- initial supply of work uniforms and footwear (\*max \$250);
- \*professional attire for work or school, for youth age 18 until age 21 that do not have an open foster care line of services;
- licenses/certification fees;
- rental application fee (18-21), rental deposit (18-21), 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);
- \*phone deposit (max \$150) (18-21), electric, gas, or water deposit (maximum \$300)(18-21);
- furniture (limited to \$2,000, unless the youth is pregnant or has a child (In the latter case, \$2,500 is available for additional furniture needs) (18-21);
- \*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)(18-21);
- \*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) effective 2/15. This helps to achieve Purpose Five (5) by encouraging youth to continue academic success;
- annual college scholarship/ ETV Funds up to \$5000;
- transportation support.

**6. Make available vouchers for education and training, including postsecondary education, to youth who have aged out of foster care.**

**Population 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:** Statewide.

**Estimated Number To Be Served: 2,571**

**CCFS-NYTD Data.** 33% of youth who were enrolled in school were using a scholarship, grant, stipend, student loan, voucher or other type of educational financial aid to cover educational expenses

**Services to address Program Purpose 6 are:**

- annual college scholarship/ ETV Funds up to \$5000;

**7. Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.**

**Geographic Area:** Statewide.

**Estimated Number To Be Served: 2,571**

**Services to address Program Purpose 7 are:**

**Reference services in Purposes One, Two, and Three.**

Youth who leave foster care after age 16 to positive permanency are eligible for all Independent Living services, with the exception of housing and transition services.

**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 activities.**

**Population 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:** Statewide.

**Estimated Number To Be Served: 2,571**

**Services to address Program Purpose 8 are:**

- bicycles used for promotion of healthy living and social development; ages 13-15 (max \$150) effective 7/15, and Youth may not receive a second bicycle within a 3 year period;
- High School Prom attire reimbursement (max \$200) effective 7/15; paying for non-school sports and extracurricular activities;
- esteem building activities such as participation in ROTC, band, chorus, cheerleading or team sports;
- summer camps that are related to a youth's development of their IL goals;
- other community leadership programs/camps that provided youth with opportunities to develop work force training and life skills and spiritual development, note this did not apply to summer programs for daycare;
- expenses for school-sponsored field trips;
- Senior expenses (with capped category amounts); Prom ticket, Graduation Invitations (max \$250) effective 7/15, Cap and Gown (max \$150) effective 7/15;
- special recognition – funds for tuition, uniforms or other items needed to recognize and develop special achievements or talents of youth;
- enhance social skills development by offering opportunities for youth to learn and; practice appropriate communication skills, negotiation and compromise, making friends, and behaving responsibly;
- improve leadership skills such as decision-making, problem-solving, conflict resolution, goal-setting, and working with others;
- 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;
- academic camps;

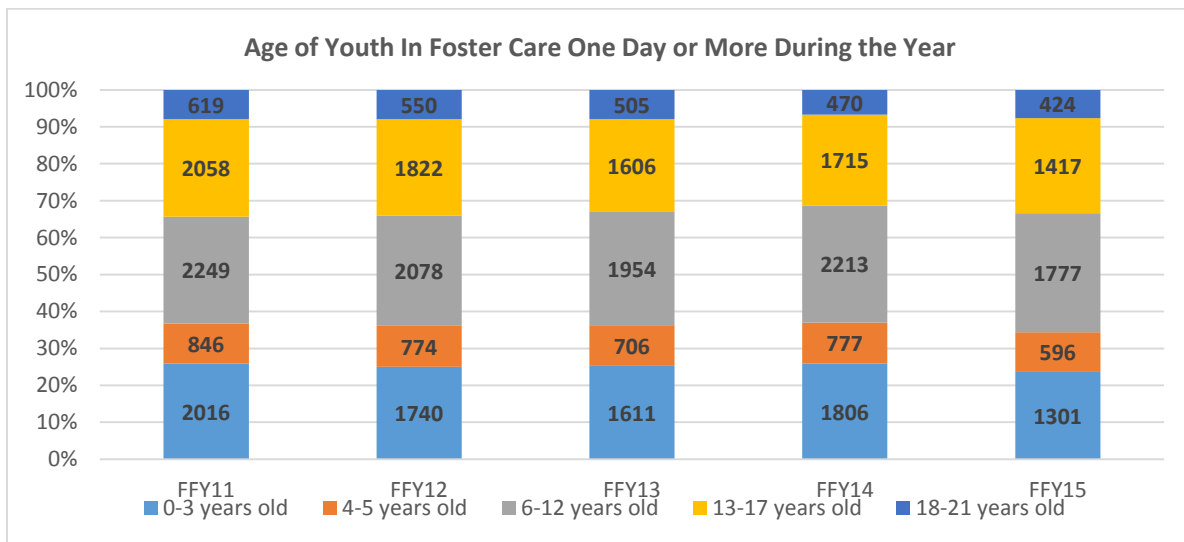
- Fostering Great Ideas – mentoring program helping youth in foster care become successful young adults, effective 1/16;
- Leadership Camps such as River’s Edge Retreat and Clemson University Youth Learning Institute to provide services effective 6/15;
- Academic Incentive for Post-secondary students with at least a 3.0 GPA and enrolled in at least 6 credit hours are eligible for \$100 per semester (max \$300/year) effective 2/15;
- Girls and Boys Symposiums partnering with Youth Learning Institute effective 11/15;
- opportunities like Urban League’s life readiness program for youth aged 17-21 that will address employment skills, housing and independent living skills, effective 1/16;

## Populations at Greatest Risk of Maltreatment

The SCDSS will continue to identify children ages three and under as being at the greatest risk of maltreatment for the 2016 FFY. The SCDSS has continued to monitor this population during the 2015 FFY, with monthly reports on the age and removal reason. The SCDSS has targeted this population with preventive services through collaboration with the Nurturing Center, Children’s Trust of South Carolina (CTSC), Family Care Centers (FCCs) and other state and non-profit partners (described later in this section).

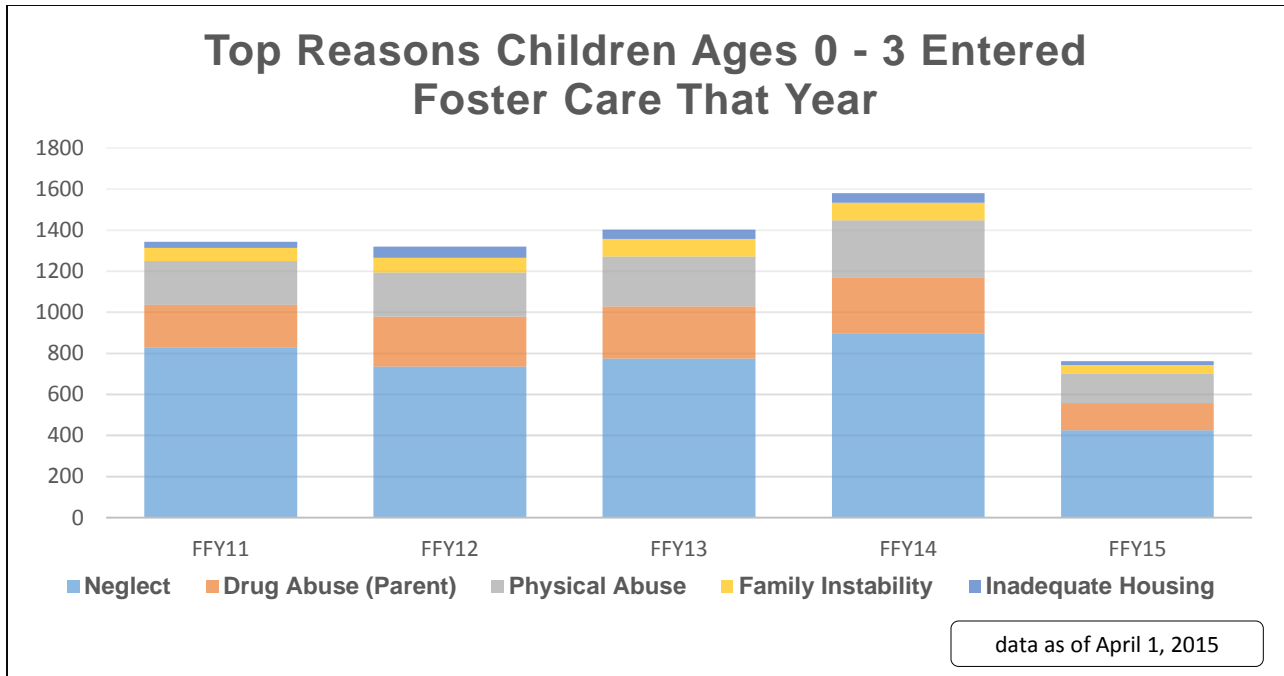
Children age 0-3 years have trended at an average of 24% of the total number of children in foster care in South Carolina during the 2015 FFY. This average has not dropped significantly and continues to be the third highest population in care following closely behind ages 6-12 at 32% and children age 13-17 averaging 26% of the total number in care during the same time period. The smallest percentages of children in care during the FFY 2015 were youth ages 18-20 years old who averaged 8%, and children ages 4-5 years old who averaged 11%.

The following graphs and charts present data on children in foster care by age group and year.



Source: CAPSS Data, Data reflects through April 1, 2015

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

However, early data trends for FFY 2015 show there has been a slight decrease in inadequate housing. There is no indicated increase in overall sexual abuse trend from previous FFYs as seen in the below chart, but given there are five (5) more months data to be collected, the SCDSS will continue to track this trend.

#### Reasons for Foster Care Entry for Children Age 0-3, FFY 2011-2015

Reason Entered Foster Care (0-3 YO)	TOTAL	FFY11	FFY12	FFY13	FFY14	FFY15
Neglect	3660	827	735	775	897	426
Drug Abuse (Parent)	1111	209	243	254	273	132
Physical Abuse	1094	214	216	243	278	143
Family Instability	349	63	72	86	85	43
Inadequate Housing	194	31	54	44	47	18
Sexual Abuse	144	25	27	34	37	21
Alcohol Abuse (Parent)	127	29	26	27	29	16
Incarceration of Parent(s)	126	27	30	37	27	5
Lack of Housing (Homeless)	92	13	13	20	31	15
Lack of Employment (Parent)	83	18	16	30	13	6
Abandonment	81	18	11	20	18	14
Drug Abuse (Child)	55	5	8	13	17	12
Alcohol Abuse (Child)	48	6	12	12	14	4
Caretaker Disabling Condition	34	5	11	4	9	5
Voluntary Placement (Non-CPS)	31	3	6	6	10	6
Hospitalization of Parent	17	3	6	4	4	
Death of Parent(s)	10	3	1	3	3	



Child's Disability	11	2	4	4		1
Relinquishment (At Birth)	9		4	3	2	
Child Born to Foster Child	7	3			2	2
Child's Behavior Problem	8	1	1	2	1	3
Relinquishment (Other)	4		1	2		1
Lost Child	3		1	2		
24-hr Medical Hold (Child)	1	1				
Pregnancy (Of the Child)	2	2				
Exploitation (Non-Sexual)	1			1		
Runaway	1				1	
<b>TOTAL ALL REASONS</b>	<b>7303</b>	<b>1508</b>	<b>1498</b>	<b>1626</b>	<b>1798</b>	<b>873</b>

Source: CAPSS Data, April 1, 2015

**Children Included in a CPS Investigation/Assessment Who Were Under the Age of 5 on the Date that the Report was Accepted Investigation - Reports Accepted During FFY 2011 through (partial) FFY 2015.**

Year	# Included in Investigation ---- % Founded	Age of Children						Total Children Under 5-Years-Old
		Infants	1-Year-Olds	2-Year-Olds	3-Year-Olds	4-Year-Olds	Unborn*	
FFY 2011	# of Children Under 5 Included in investigation	2,676	1,935	1,964	1,938	1,957	283	10,753
	% of Children included in Founded Investigation	54%	46%	45%	42%	43%	87%	47%
FFY 2012	# of Children Under 5 Included in investigation	2,378	1,542	1,584	1,681	1,732	279	9,196
	% of Children included in Founded Investigation	62%	52%	50%	49%	47%	86%	54%
FFY 2013	# of Children Under 5 Included in investigation	2,283	1,368	1,314	1,425	1,375	235	8,000

	% of Children included in Founded Investigation	66%	60%	57%	52%	53%	89%	59%
FFY 2014	# of Children Under 5 Included in investigation	2,662	1,697	1,613	1,696	1,836	295	9,799
	% of Children included in Founded Investigation	66%	57%	55%	51%	51%	80%	57%
FFY 2015	# of Children Under 5 Included in investigation	1,106	634	647	635	709	75	3,806
	% of Children included in Founded Investigation	66%	56%	53%	49%	47%	81%	56%

SCDSS - Division of Accountability, Data, and Research (data from CAPSS on April 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:

- Third highest age grouping in care;
- Average of 90% of the reasons for coming into care being Neglect, Alcohol and Drug Abuse, and Physical Abuse, Sexual Abuse and inadequate housing during FFY 2015;
- No significant decrease in trend of founded investigations/assessments over FFYs 2014-2015, 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 5 and under benefitted from targeted improvement efforts in adoptions. As seen in the table below, a total of 1362 children ages 5 and under were adopted from FFY 2011 through April 2015. The data also shows that children ages 0-5 have made up an average of 53% of all SCDSS adoptions since FFY 2011.

As a result of the adoption and reunification objectives and the practice supporting these permanencies, the number of children in foster care declined by 990, from 2,547 at the end of FFY 2010 to 1,557 as of April 2014. The following table shows the trend of children in foster care under age five from FFY 2010- FFY 2014.

## Adoption Finalizations by Child Age Group, FFY 2011 through April 2015

FFY	Number of Finalizations	0-2 yrs		3-5 yrs		6-9 yrs		10-13 yrs		14 yrs+	
		#	%	#	%	#	%	#	%	#	%
2011	589	156	26%	187	32%	127	22%	85	14%	34	6%
2012	782	201	26%	222	28%	181	23%	118	15%	60	8%
2013	510	134	26%	115	23%	134	26%	69	14%	58	11%
2014	453	117	26%	93	21%	91	20%	82	18%	70	15%
2015 (through April)	240	73	30%	64	27%	51	21%	22	9%	30	13%
<b>Total FFY 2011-April 2014</b>	<b>2,574</b>	<b>681</b>	<b>26%</b>	<b>681</b>	<b>26%</b>	<b>584</b>	<b>23%</b>	<b>376</b>	<b>15%</b>	<b>252</b>	<b>10%</b>

Source: CAPSS data through April 2015

### Developmentally-Appropriate Services for Children under Age 5

The SCDSS and its partners have provided an array of services that directly target specific groups of children under age 5, including prevention, early intervention and treatment services.

#### South Carolina Maternal, Infant, and Early Childhood Home Visiting

The South Carolina Maternal, Infant, and Early Childhood Home Visiting (SCMIECHV) program continues to address critical areas of child well-being including the coordination and delivery of critical health, child development, early learning, prevention of child abuse and neglect, and family support services through evidence-based home visiting. There are 17 funded sites, each reaching multiple counties and serving high-risk populations with children and this will continue through FFY 2015 and beyond. The program has become well established in 21 of 46 counties.

All contracted sites within targeted catchment areas are commissioned to include in their program plans, the development and/or connection to an existing, local early childhood collaborative. All sites have been compliant and have maintained regular meetings within their local areas. Partnerships have been built with several state agencies, local and private funders, early childhood interventionists, childcare initiatives, other home visiting models, resource developers (i.e. Benefits Bank), and health care facilities - including federally qualified health centers, teen pregnancy prevention programs, schools, and retailers.

As of April 30, 2015, the SCMIECHV program has served approximately 1800 families and provided more than 2200 family visits. The program has made a strong emphasis on embedding and developing home visiting within medical providers. South Carolina was granted an additional \$8.3 million in formula and competitive funding in March 2015, to essentially sustain currently funded initiatives and continue to build on integral early childhood systems-building efforts. These efforts include many key partners that strategically target workforce development and collaboration efforts; including SC Department of Social Service's Office of Early Care and Education and Head Start Collaborative.

## **BabyNet**

BabyNet is the state's early intervention agency for children age 0-3 under Part C of the Individuals with Disabilities Education Act (IDEA). As required by the CAPTA 2003 reauthorization, and in recognition of the special needs of child abuse and neglect victims age 0-3, these children and as any other child known to the agency and suspected of having developmental delays, are referred to BabyNet for developmental assessments.

## **Child Care Inclusion**

Currently the Division of Early Care and Education provides support for the provision of technical assistance and training regarding developmental screenings and methods to incorporate inclusive practices into daily operation of child care programs. Through a Child Care Development Fund (CCDF)-funded contract with University of South Carolina, College of Education, support is being provided for a statewide initiative (Building a System for Inclusion). Work with child care providers is based on the use of effective practice screening tools and curricula. Child care providers are coached in the use of the online Ages and Stages Questionnaire. They are encouraged to conduct a screening for each child under the age of 5½ years, at least twice a year. Additionally, parents/guardians are asked to complete a questionnaire in order to incorporate their knowledge about the child's development, and to compare information gained from the provider's screening tool. Child care providers also engage in modeling and coaching activities based on an early childhood curriculum (CARA's Kit), designed to improve their ability to adapt daily activities and routines so that children with special needs can successfully participate in all activities.

CCDF funds have been used to provide a significant amount of statewide specialized training for child care providers and state trainers. This training included effective-practice methods to recognize indicators of developmental delays, incorporate age/developmentally-appropriate programming in daily routines, and address and/or prevent challenging behavior. CCDF funds were also used for the provision of a train-the-trainer event for mental health counselors and early care and education technical assistance providers, based on the Center on Social and Emotional Foundations for Early Learning (CSEFEL) model. CSEFEL is focused on promoting the social, emotional, developmental, and school readiness of young children birth to age 5.

During the partial FFY 2015, October 1, 2014 to May 27 2015, 404 children under the age of 5 in foster care received federally-subsidized, child care (ABC) voucher services.

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 Resource 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 Resource 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 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.

South Carolina has a quality rating and improvement program that enables parents to locate high quality child care services. Child care providers who opt to participate in ABC Quality must demonstrate that they meet, exceed or surpass basic child care standards. The program is administered by the SCDSS Division of Early Care and Education. Child Care providers participating in ABC Quality are evaluated using evidence-based tools and established best practices for child care.

The SCDSS ABC Quality website, <http://abcquality.org>, includes resources for parents to learn more about quality child care, brain development of infants to five years of age, learning through play, and the role nutrition plays in a child's development.

Additionally, child care providers enrolled in ABC Quality are participating in the ABC Grow Healthy initiative to promote children's health and well-being through healthy nutrition. ABC Quality has new Grow Healthy standards for all child care programs participating in the ABC Quality Program.

On May 5, 2015, there were 427 children in foster care under five years of age receiving child care through ABC Quality. This service helps support Well-Being Outcomes 1 in Goal 2, Objective 1 and Well-Being 2, along with Well-Being 3 Outcome in Goal 2, Objective 2.

### **Head Start**

Head Start is a comprehensive school readiness program serving low-income children age 0-5. The research-based early learning education approach includes individual development screenings as well as individually differentiated instruction. Other services include access to a medical and dental home, nutrition, social services, and mental health services. Head Start requires that 10% of those served are children with identified special needs.

Children in foster care have presumptive eligibility for Head Start. For FFY 2015 up to May 2015, 107 children in foster care were enrolled in SC Head Start programs. The Head Start program supports Well-Being Outcome 2 for children in foster care.

### **Nurturing Center**

The Nurturing Center is a center-based and home-based service that serves the SCDSS children and families in Richland, Lexington, Fairfield, Newberry and Kershaw counties. The Nurturing Center provides:

**Home-Based Services:** Parenting support, education and crisis counseling reduce the risk of violence and other problems.

**Center-Based Services (Core Program):** Families come to The Nurturing Center on Monday-Thursday from 9:00 a.m. until 2:00 p.m. Services include:

- Individual "Family Service Treatment Plans"
- Parenting Program- Services include individual and family therapy, group therapy, and parenting education
- Children's Program: Children, between the ages of birth and 5, are provided therapeutic classes tailored to their age and social and emotional needs. Play therapy and speech therapy are also available
- Parent-Child Interaction: two hours each day, staff helps model and coach parents and children on healthier ways to interact.
- Case Management/ Interagency Collaboration
- Home Visitation
- "Certificate of Completion" awarded if the program is successfully completed.

**Follow-Up Services:** Provide families who complete center-based services ongoing support groups, referrals, family fun afternoons and home visits.

Although the Nurturing Center serves adults and their children of any age, the following outcomes were achieved for the 0-5 age children for partial FFY 2015 (October 01, 2014 – April 24, 2015):

- **Total Number of DSS Children served (ages birth – 5 years): 18**
  - 10 children were referred through Richland County DSS
  - 8 children were referred through Lexington County DSS

- **Of these 18 DSS children...**
  - 11 were in Foster care placement
  - 7 were in Relative/Fictive Kinship placement
- **7 children have already been reunified with their birth parent during this reporting period** (Permanent placement). Program achieved a reunification percentage of 39%.
  - Please note that of the remaining 11 DSS children that are 0-5 in age, 10 are still in services at The Nurturing Center. Their final outcome is still yet to be determined. 1 child did leave the program and is still in foster care.

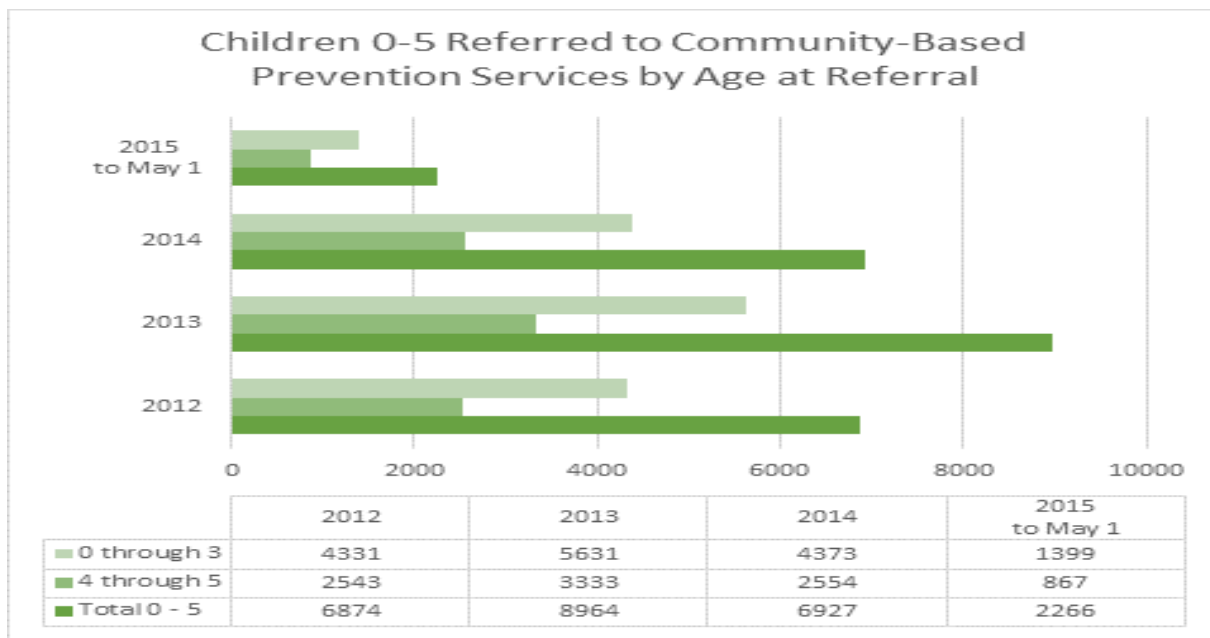
These services provided by the Nurturing Center support Goal 2, Objective1, for Well-Being Outcome 1 and Goal 2, Objective 2, for Well-Being Outcome 3 and Goal 3, Objective 1 for Permanency Outcome 1.

### Community-Based Prevention Services

Family Strengthening Services (FSS) and Voluntary Case Management (VCM) providers collaborate and link with other contracted agencies to provide the at-risk population of children ages 0-3 and their parents with services such as child care, Head Start, and Parents Anonymous.

As displayed in the chart below, a total of 15,734 children ages 0-3 were referred to FSS and VCM through Community-Based Prevention Services from CY 2012 to May 1, 2015. Also, 9,297 children ages 4-5 years old received the same prevention services during that time period. Numbers of children referred to and served by CBPS appear to be declining although there are still five(5) months available for service provision. This critical service supports Goal 1, Objective 1, for Safety Outcome 1.

### Community-Based Prevention Services (CBPS)- Children Referred by Age in Years at Referral



Source: CAPSS effective May 1, 2015 / ADR

## **Family Care Centers**

The Family Care Center (FCC) is a comprehensive residential treatment program that allows mothers and children to live together in a safe, rehabilitative, home-like environment that offers intensive clinical, physical and behavioral treatment, providing fully integrated services and support to women with substance abuse disorders. The highest level of professional staffing in this secure setting helps foster recovery and builds family strength that ultimately leads the families to a healthy transition back into community life.

All referrals to the Family Care Center ultimately go through the SCDSS but can be accepted from outside community partners, including Guardians ad Litem, drug and alcohol providers, Community-Based Prevention Services providers (Appropriate Response), and Family Courts.

Epworth's Children's Home, a level one children's home in Columbia, SC partnered with Lexington Richland Alcohol and Drug Abuse Commission (LRADAC) to serve mothers and their children ages 0-12. During the FFY 2015, Epworth's provided the following key services for the children and mothers:

- Case Management
- Permanency planning, setting goals, Comprehensive Care Plans, Strength and Difficulties Assessment, monthly summaries, transportation, family visitation coordination, discharge planning, and advocacy with DSS, GAL, and public school
- Medical Services through the Epworth campus Health Center
- Individual counseling for children provided by Post Trauma Resources
- Tutoring available through the Epworth tutoring program
- Structured recreational activities
- Team sports
- Other recreational opportunities
- For preschoolers:
  - Reading time, music time, math time, alphabet time, arts and crafts, potty training, field trips

The following services provided to the mothers by Epworth's partner in the Family Care Center Lexington Richland Alcohol and Drug Abuse Commission (LRADAC):

- Budgeting and money management group
- Nutrition group
- Wellness group
- Healthy Relationships group
- Individual Therapy
- Self-help groups
- Supervised shopping trips
- Parenting classes for mothers
- Supervision of off campus family activities
- Medicaid Targeted Case Management (monitoring, follow-up, linkage, and referral)
- Day Treatment at LRADAC
- Transitional Services (through Healing Families Foundation grant)
- Medical Services

Epworth's Family Care Center served a total of 26 children in FFY 2015 with 58% of those children receiving services being between the ages of 0-5. There were 12 mothers that were served by the program, with eight that finished and graduated the program, while four did not finish for reasons such as relapse in treatment and went to an inpatient alcohol and drug treatment to leaving the program.

York Place Children's Home in York, SC partnered with Keystone Substance Abuse Center to serve mothers and their children ages 0-6. Services available to parents are individual therapy, family therapy, group therapy, and life skills training. SC Vocational Rehabilitation offered onsite nursing, daily recreational activities, daily devotionals, weekly chapel services, medication management, and psychiatric services. Services for children age 0-6 included rehabilitative behavioral health services if determined medically necessary and the following instructional topic areas: Pro-Social Behaviors learning to engage others, attachment relationship building, emotional development-sense of security and trust, self-esteem-to like self, perceptual development process information through experiences, spatial awareness how to make your body move, and self-care-taking care of personal needs. York Place Children's Home discontinued the Family Care Center in early CY2015. Before closure they served two mothers and three children.

Another Family Care center in the Low Country area of the state near Charleston, SC opened Jenkins Family Care Center since the 2015 CFSP was submitted in August 2015, in partnership with the SCDSS and the Charleston Alcohol and Drug Commission. The Jenkins Family Care Center has served ten mothers and 20 children. The mothers ages ranged from 19-35 and the children served were 0-11 in age. One mother has delivered a child while in care and another mother in care is expected to deliver a child while in the program. The following services were offered:

- Day Treatment (20+ hours weekly)
- Intensive Outpatient (10-19 hours weekly)
- Outpatient (1-9 hours weekly)
- Case management services
- Additional Vocational Rehabilitation services coordinated through Work Keys program

Some outcomes achieved by the program so far have been:

- Three mothers were able to transition to safe sober housing;
- Graduates' time in services (4 months, 5 months 28 days, 6 months and 3 days;
- One mother gained employment while in services at FCC;
- 2 women had children removed through family court while in services, in view of a lack of improving parenting skills;
- 3 women did not complete the program (2 left voluntarily, and the other was administratively discharged).

The Family Care Centers (FCCs) will continue to be a valuable resource for children and families receiving services from the SCDSS and the FCCs support the accomplishment of Goal 2, Objective 1 for Well-Being Outcome 1 and Goal 2, Objective 2 for Well-Being Outcome 3 in the Strategic Action Plan.

The SCDSS not only recognizes 0-3 age children as the most vulnerable population and at greatest risk for maltreatment, but also the need for parents to receive support in caring for their children ages 0-5 in those critical formative years of development. To that end, the SCDSS is currently exploring evidenced-based 0-5 parenting models that are considered best practice. The SCDSS plans to identify what is considered to be the best parent training model before the end of FFY 2015. The SCDSS plans to issue a statewide fixed price bid for service providers who can serve at risk families in and out of care with fidelity to the selected evidenced-based model during the early part of FFY 2016 with services being available during the latter part of FFY 2016. The SCDSS believes this will expand capacity statewide as any provider who has the expertise and operational capacity to implement the model will be able to enroll and serve children and families in SC. This should increase statewide capacity and hopefully reduce access issues for many families.



## Services for Children Adopted from Other Countries

The Interstate Compact on the Placement of Children (ICPC) Unit of SCDSS reviews international home studies before they are submitted to Citizen and Immigration Services or Homeland Security. ICPC continues to input the names of the individuals in these home studies into the CAPSS system as prospective adoptive parents who are submitting home studies for review to the SCDSS and the State Department, and adoption agencies are being identified. When there is a report of neglect or abuse, the counties will be able to identify the home as an adoptive placement and ask appropriate questions in reference to the adoption and ascertain the plans for the child and the reasons for the disruption or dissolution.

The CAPSS system does not presently have appropriate coding or a way to link this information. This system improvement is being requested and is pending.

Since the submission of the 2015-2019 CFSP, the state has not provided any post-adoption supports to children adopted from other countries.

## 5. Program Support

### Staff Training

South Carolina made a significant long-term, training/program support commitment to its child welfare staff, parents and their children, resource parents, 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 2016 APSR Addendum to the Targeted Training Plan, the training and technical assistance activities address the Goals and Objectives of the 2015-2019 CFSP. Many of the training activities support multiple Goals and/or Objectives of the CFSP. Training is provided by the state for new and for veteran staff on an ongoing basis. These initial and ongoing training activities are designed and implemented to ensure that the SCDSS staff has the knowledge and skills needed to carry out their duties, including training in child welfare policies and practices, and training in support of strategies designed to accomplish the state's child welfare goals and objectives.

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

### 2015 FFY Training Provided to SCDSS Staff in Counties and Regions.

The following training events apply to all of the 2014-2019 CSFP goals and objectives:

#### Child Welfare Basic

##### University of South Carolina, Center for Child and Family Studies (CCFS)

**Child Welfare Services Basic Training** is an intensive certification course required for all new practitioners in Child Welfare Services programs. This course includes nineteen (19) days of classroom instruction, six weeks of bridgework assignments, multiple quizzes and in-class assessments. Participants are awarded 100 Social Work Hours and 5 Non-Social Work Hours. In-class instruction covers Child Protective Services (CPS), Foster Care, and

Adoption, including best practice skills in social work, legal policy, procedures, CAPSS, and casework processes for the agency. The online components are assignments that directly relate to support the in-class instruction. Bridgework assignments are completed in the county between in-class instruction weeks to practice knowledge and skills attained.

**Update: Child Welfare Basic Training (Rapid Response)** is designed as an intensive training required for all new practitioners in Child Welfare Services programs. This course includes nineteen (19) days of classroom instruction, with three (3) weeks of on-line pre-work assignments, multiple quizzes and in-class assessments. Participants are awarded 138 Social Work Hours and seven (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, Child and Adult Protective Services System (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.

### **Guided Supervision**

This training will delve into Guided Supervision, a structured type of staffing that focuses both on risk and safety and on improving worker's critical thinking skills. Guided Supervision is one of the SCDSS agency strategies to improving risk and safety decisions.

**Day One** of this training provides participants with the foundational knowledge necessary for Guided Supervision. Participants will become familiar with the new Guided Supervision Tool and will practice eliciting critical thinking from caseworkers. The training also covers several key risk and safety concepts that are essential to Guided Supervision.

**Day Two** of the training allows participants to deepen their understanding of the best practices for Guided Supervision. Participants will discuss how to evaluate caseworker effort, how to give constructive feedback, and how to help caseworkers understand challenging concepts like behavior change.

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

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.

## **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.

### **Objective 1- CFSR Safety Outcome 1.**

Improve the timeliness of initiating investigations and reduce repeat maltreatment.

### **Investigation of Child Physical and Sexual Abuse**

The USC Children's Law Center provided an in-depth training on abuse investigation and court presentation of abuse cases for child protection caseworkers, attorneys, and law enforcement officers. One day of the training focused on investigating physical abuse, including the nuts and bolts of investigating alleged reports of abuse; distinguishing between inflicted and accidental injuries; medical aspects; collecting, documenting, and preserving evidence; taking photographs, interviewing parents, documenting investigative findings, coordinating investigations, and the appropriate roles of the SCDSS and law enforcement. Examples of intentional injuries and accidents were presented. A second day focused on sexual abuse, including dynamics, the disclosure process, interviewing parents and witnesses, developing corroborative evidence, use of medical experts, and handling recantation. This training was designed to complement the Child First and Multi-disciplinary Team (MDT) training. Information on court

preparation and presentation was incorporated into the training, and an introduction to the court coordination protocol was presented. This training was presented by CLC trainers who had extensive law enforcement or prosecution experience. Improved law enforcement investigation and coordination supported child protection and helped to minimize delays due to parallel criminal processing. Continuing education credits were provided for social workers and law enforcement officers.

### **Investigation Protocols and Team Building (Multi-Disciplinary Team Training)**

This was an intensive training for county multi-disciplinary teams (child abuse investigative teams), which was followed by individual consultation. The training session addressed roles and responsibilities, developed investigative protocols, team functioning, exchange of information, and conflict resolution. Additionally, the training provided an introduction to the state's drug endangered children guidelines and the court coordination protocol. The training program involved four phases: 1) pre-assessment completed by each team; 2) one to two-day centralized training on the investigation process, to include protocol development; 3) completion of assignments by team; and 4) follow-up consultation in each community. Teams applied to participate and must demonstrate: 1) a commitment to participate from all team members; and 2) prior completion of forensic interviewing training, or history of functioning as a team.

### **Objective 2- CFSR 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.

### **Forensic Interviewing/Child First Basic**

Participants received a basic training on forensic interviewing of abused children. This was an intensive course, which required attendance of all sessions, completion of advanced reading assignments, and participation in mock interview sessions involving adult actors who portray the roles of sexually abused children, and passing a comprehensive end of course examination.

### **Recognizing and Investigating Medical Child Abuse: Munchausen Syndrome by Proxy (MSBP)**

This course dealt with understanding the complex and unique challenges presented when a caretaker is abusing a child by fabricating, exaggerating, or inducing illness in a child, in order to gain attention, or sympathy for themselves. Documentation is key to successful investigation and prosecution of these child abuse cases. The course gave participants an understanding of MSBP behavior and a checklist of perpetrator characteristics and suspicious indicators. It also emphasized the importance of a multi-disciplinary approach to include intervention, child protection, and investigation. Continuing education credits were available for social workers.

### **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.

#### **"Safety Network" Webinar (Signs of Safety)**

**New:**  X  In 2015-2019 CFSP Training Plan \_\_\_\_\_

**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.

## **“Involving Safety Network in Safety Planning” Safety Networks - Part 2**

**New**  X  **In 2015-2019 CFSP Training Plan** \_\_\_\_\_

**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.

## **Signs of Safety Training-2**

**New**  X  **In 2015-2019 CFSP Training Plan** \_\_\_\_\_

**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.

## **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.

## **Intermediate Skills- Signs of Safety 3**

**New:**  X  **In 2015-2019 CFSP Training Plan** \_\_\_\_\_

**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 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.

### **Catalyst Coaching Call: Ears Framework (Signs of Safety)**

**New**  **In 2015-2019 CFSP Training Plan** \_\_\_\_\_ **Other** \_\_\_\_\_

**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.

### **Signs of Safety Skill Building for Family Preservation Staff**

**New**  **In 2015-2019 CFSP Training Plan** \_\_\_\_\_

**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.

### **Signs of Safety Skill Building for Foster Care and IFCCS Staff**

**New**  **In 2015-2019 CFSP Training Plan** \_\_\_\_\_

**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.

### **Signs of Safety Brief Overview Workshop**

**New:**  **In 2015-2019 CFSP Training Plan** \_\_\_\_\_

**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.

## Training Activities in Support of Goal 2

Children will thrive when involved with the SCDSS.

### Objective 1- CFSR 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.

#### **Making the Connection: A Closer Look at Domestic Violence, Mental Health and Substance Abuse**

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.

### Objective 2- CFSR Well-Being Outcome 2

Ensure the physical and mental health needs of children (including dental health), are addressed.

#### **Title Understanding Grief, Loss, and Trauma**

**New x** In 2015-2019 CFSP Training Plan \_\_\_\_\_

**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** In 2015-2019 CFSP Training Plan \_\_\_\_\_

**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.

## Training Activities in Support of Goal 3

Children will have meaningful and lifelong connections with family and in community.

### Objective 1- Permanency Outcome 1

Improve the permanency and stability of children in their living situation.

#### **Permanency Roundtable Training (PRT)**

A Permanency Roundtable (PRT) is a structured, professional case consultation and intervention designed to facilitate the permanency planning process by identifying realistic solutions to permanency obstacles for youth. Key players (a permanency consultant, a master practitioner, a youth's caseworker and supervisor, etc.) convene to create individual permanency plans. The various roles of all players are discussed and how the process expedites permanency for a child in care.

**Day One- Values:** Participants learn about the 5 Permanency Options, looking at data and CRSR Recommendations and the importance of engaging fathers.

**Day Two- Skills:** Participants will cover the Roundtable Process and learn facilitation skills. They will also learn about staff engagement, facilitation skills, identifying skills for a successful roundtable. They will also participate in a “mock roundtable” and learn how to create effective permanency action plans.

### **Adoptions Specialist Basic**

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 will focus on concurrent planning, and the third unit will focus on recruitment of families and placement of children. The training will conclude with a final exam.

### **Objective 2- Permanency Outcome 2**

Improve the continuity of family relationships with connections with the neighborhood community, faith-based community, extended family, Tribe, school and friends for children.

### **"Utilizing and Interpreting Seneca Searches" (Webinar)**

This webinar will present information on reading and interpreting a Seneca Search as one of the strategies to identify relatives, as well as other search options. A PowerPoint will be used during the presentation, as well as an example of a mock search. PowerPoint and Seneca mock search will be available to review before and during the webinar.

## **Training Activities in Support of Goal 4 — System Capacity**

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

### **Objective 1**

Establish caseload standards to promote the safety, permanency and well –being of children while involved with SCDSS.

### **Objective 2**

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

### **Nuts and Bolts for Future and Current Leaders**

#### **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.

### **Learning to Lead**

**Syllabus:** This is a training where new child welfare supervisors will brush up on supervisory skills and learn cutting-edge practices and policies. In addition to offering skills practice in a variety of areas, the training will also provide supervisors with a supportive community, in person and online, where supervisors can discuss challenges, describe successes and brainstorm new ideas. The training is spread out over the course of three months, which allows supervisors time to apply the new knowledge and skills they've acquired.

**Day One:** *Assessment and Trauma*

Participants will be introduced to the goals of the training and the use of the Learning Management Model. Describe goals of the training and the Learning Management System. The major components of the LAS Model were covered. Participants will also learn how to use the Risk Matrix and CBPS Providers. They will also learn the definition of trauma and its impact on children in state custody. Participants will also learn about secondary trauma and how to help employees prevent it.

**Day Two:** *Data and Relationships*

The participants will focus on understanding data, supporting workers, building collaboration and leading through difficult decisions.

**Day Three:** *Guiding Workers and Families*

Participants will be trained on the use of Guided Supervision and learn to write and revise B-SMART objectives.

**Day Four:** *Documentation and Change*

The topics of documentation skills, casework practice and documentation and new organizational structure and strategies are addressed in the final section.



### **Objective 3**

Strengthen workforce development through hiring, retention, training activities and support efforts to sustain consistency in provision of critical services that promote safety, permanency and well-being for children involved with the SCDSS.

#### **University of South Carolina, Children's Law Center (CLC)**

##### **Legal Component of Basic Caseworker Training/Mock Trial**

CLC provides the three-day legal component of initial caseworker training which includes a didactic segment on the family court system and mock hearings in which participants testify and are cross-examined. Training topics include evidence, child protection hearings, termination of parental rights, and courtroom appearance. After testifying, participants receive feedback on their performance and are given a DVD of their testimony. The training is conducted in small groups to allow participants to testify and receive individual feedback. A retired family court judge and CLC attorneys, who perform the roles of SCDSS attorney and parents' attorney, comprised the training team for each mock trial.

### **Objective 8**

NYTD- Independent Living

#### **Independent Living and NYTD**

Learn about services and funding available through Independent Living Programs for foster and adopted children. You also learn about NYTD (National Youth in Transition Database) documentation requirements. The trainer will share updates and tips that will be useful as we engage in permanency planning for foster and adoptive youth. This training should clarify and help streamline the process, allowing us to serve children and families in a more efficient manner. Lecture and 3 hours of continuing education.

#### **Chafee Independent Living: Bringing the Support Youth Need to Transition Into Adult**

This training will help foster parents and other providers guide and support youth in foster care to successfully transition into adulthood by identifying the purpose of the IL program, available services, and how to assist youth with planning life after foster care. The journey to adulthood is a critical transition for youth in foster care. It is a time when young adults learn to take on the primary responsibility of their futures and the accompanying concerns of employment, education, healthcare, housing and home management, and maintaining significant relationships with those who will continue to support and encourage them beyond the transition to independence.

#### **Voices and Visions of South Carolina Youth in Transition**

This workshop will highlight the voices and visions of 223 youth who completed the SC National Youth in Transition Database (NYTD) survey at age of nineteen. Learn first-hand the challenges youth experience as they transition out of foster care and what youth value and need to become successful young adults.

#### **2015 FFY Technical Assistance Provided to SCDSS Staff in Counties and Regions**

The SCDSS and variety of training providers are continuously providing technical assistance to county offices and to the five (5) SCDSS Regions of the State. Through this technical assistance, caseworkers will receive personal and hands-on instruction in the area in which they specialized, as well as other programs and resources that were used on a regular basis. This also included CAPPs, the electronic record that stores documentation and other confidential information.

#### **SCDSS Families First**

The SCDSS Families First program provides technical assistance in counties as well as regionally on a regular basis. Technical assistance is a part of the majority of conversations and in-service training events where cases are discussed. The Family Group Conferencing (FGC) Model is presented, how to make referrals and the caseworkers participation in the conferencing process. This technical assistance addresses and supports Goal 1 in the CFSP,

Safety Objective 2, Strategy 1.2.4, Utilize Family Engagement Services: Family Finding (FF) Family Team Meeting (FTM), Child Conferencing (CC), and Re-Conferencing (RC) to identify and engage the family group while tapping into family resources, supports and appropriate treatment services in developing the family plan. Families First made county office visits which included staffing of cases, a refresher on the benefits of FGC for specific family issues and discussing what is going well, concerns and next steps to improve the continued use of FGC.

This technical assistance from SC Families First was given in the following counties between October 2014 and March 2015 in the following counties: Berkley, Richland, Colleton, Florence, Lexington, Bamberg, Dorchester, Barnwell, Edgefield, Calhoun, York and Orangeburg.

Two hour In-Service training events were provided at the following SCDSS County Offices and Regions between October 2014 and March 2015: York County, Lexington County, Orangeburg County, Bamberg County, Union and Fairfield Counties, Lancaster County, Chester County, Fairfield County, Kershaw County, Regions 2 & 5 Intensive Foster Care and Clinical Services, and Regions 2 and 5- IFCCS and Adoptions.

Regional Coordinator Training Events- These sessions involved the initial FGC Training for potential FGC Coordinators from Private Providers, 10/14/14- 10/15/14 and 10/21/14- 10/22/14.

Families First also provided the following County and Regional training events:

- 12/4/15 Region 5- Strategic Planning Meeting with Region 5 Performance Coaches.
- 11/6/14, 2/5/15 Quarterly Coordinator's Meeting.
- 1/9/15 Calhoun County- Refresher Training on Family Group Conferencing.
- 1/14/15 Richland County-Refresher Training and Strategic Planning with Region 2 Performance Coach.
- 1/23/15 Region 2 Management Team Meeting- Families First provided an overview of Family Group Conferencing, current services, upcoming Family Engagement Services, Benefits to the children and families. Lead Measures were also developed.
- 2/18/15 Kershaw County- Refresher on the benefits of FGC; Strategic Planning with Program Coordinator.
- 3/6/15 and 3/13/15 Palmetto Power for Providers (P3)- Region 4.
- 3/2/15 Region 2 Adoptions- Refresher on the benefits of FGC, presentation on how can assist with Adoptive Families and Strategic Planning with the Region 2 Adoptions Administrator.

**National Resource Center for Diligent Recruitment** (NRCDR) met with the SCDSS leadership on 5/28/15 to discuss the process of requesting technical assistance, discussed the technical assistance needs expressed by the leadership, and developed a process for developing a technical assistance plan. The NRCDR and the SCDSS strategy is to have a plan for technical assistance approved in the fourth quarter of the 2015 FFY. Technical assistance will be provided during the 2016 FFY.

### **The Children's Bureau- Association for Children and Families**

The Children's Bureau provided the following technical assistance to SCDSS:

- National Youth in Transition Database Review (NYTD) in July 2014 and recommendations.
- May 28, 2015- National Resource Center- Diligent Recruitment- Technical Needs Assessment including the diligent recruitment of foster families.
- Linda Mitchell, ACF Representative, made three (3) on-site visits to review the 2015-2019 CFSP, Strategic Action Plan, and other parts of the CFSP
- On-site visit for the preparation of the CFRS Round 3 in 2017, including a focus on the Indian Child Welfare Act (ICWA) and Continuous Quality Improvement (CQ) / Quality Assurance (QA) development.
- May 2015- Title IV-E Audit and recommendations.
- Training of QA Reviewers through External Reviewers on the Child and Families Services Review (CFRS 3) On-Site Instrument

### **Annie E. Casey Foundation**

In August 2014, a consultant gave a presentation at an Intake Hub Project Development Meeting to assist in the planning stage of the project. In March 2015, a telephone consultation was provided to assess the remaining needs for full implementation.

The Annie Casey Foundation also gave technical support along with the SCDSS Kinship Care Coordinator in the following areas of Kinship Care in August 2014:

- Developing a brochure linked to services as it will list the services available, for example TANF and SNAP, coordinators (liaisons) contact information and the web page that includes services and education links.
- Revisions to the guide for Kinship Caregivers, which includes information about working with SCDSS, services, etc. The guide is more user-friendly and in a Question and Answer format.
- Development of the Placement Agreement and Child Profile (target date of release is July 2015); including child specific needs.

Utilization Rate- The Annie E. Casey Foundation staff reviewed the CAPSS Kinship Care TAB. When it is launched it will provide means to track at least “some” uses of services. The CAPSS is ready to go live in July 2015, pending online training, etc.

### **SCDSS Interstate Compact Unit**

- The Program Coordinators identify counties or regions that are not sending complete packets of information or not completing the ICPC processes or finding that there is a new worker in the County or Regional Office. Arrangements were made to go to the County or Regional Office to speak with the SCDSS County workers as a group or one-on-one conversations, providing some hands-on assistance as needed. For group instructions, Guardians ad Litem are sometimes invited and included by the County Offices, so that the Guardians ad Litem understand the process as well.
- The states of Georgia and South Carolina have a border agreement to facilitate the placement of children between border counties. Training and technical assistance have been given to each of the counties along the Savannah River on the South Carolina and Georgia line by State Office ICPC staff.
- The Program Coordinators anticipate visiting at least a third of the counties in updating the knowledge and assisting in bringing understanding of the ICPC process including how it is to be used as well as what determinations need to be made in placing children across state lines. Also, the coordinators will be participating in informational fairs in connection with attorneys, prospective adoptive couples and the general public since the Interstate Compact on the Placement of Children impacts more than children in a public welfare agency. The purpose is to bring understanding and knowledge about the ICPC as it relates to out-of-state private adoptions and private placements in out-of-state residential facilities. The SC ICPC staff participated in CLE training primarily for new attorneys.
- The Child and Adult Protective Services System (CAPSS) is constantly being updated to make the program more user-friendly and to meet the needs of the ICPC program 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.

### **The SCDSS Interstate Compact Unit and the National Electronic Interstate Compact Enterprise (NEICE) Project**

The National Electronic Interstate Compact Enterprise is a 17-month pilot to improve efficiency in the administration of the Interstate Compact on the Placement of Children (ICPC) using an electronic web-based system. Launched in November 2013, the American Public Human Services Association and the Association of Administrators for the Interstate Compact for the Placement of Children manage the pilot. The project is supported by a Partnership Fund for Program Integrity Innovation [1] grant administered by The Administration for Children and Families (ACF), Administration on Children, Youth and Families (ACYF), Children's Bureau (CB).

The SC ICPC, Aiken County SCDSS, the Region 1 Adoption Unit, the Region 2 Adoption Unit and the Region IV Family Resource Unit have been participating in the NEICE pilot project. The project was initiated in January 2014 and ended in May 2015. The NEICE program is expected to go nationwide. The SC ICPC will be rolling out the program to all of the SCDSS County and Region Offices. Webinars are available to assist in training and familiarizing persons with the Program. The ICPC staff will be providing technical assistance. 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 the ICPC and being placed in the another stated or within SC. The CAPSS will need to interface with NEICE to avoid duplication of information.

The NEICE Pilot Project will evolve into a standing Program at the SCDSS during FFY 2016.

### **SCDSS Office of General Counsel**

The SCDSS Office of General Counsel provided technical assistance on the Legal Case Management System (LCMS), which is the system of electronic records including legal proceedings and information, to five (5) SCDSS Counties, between January and March 2015. This training assisted legal staff to become familiar with the basic applications of the system

*LCMS 5.85 Client and Web Client Introduction* was held on the following dates:

January 23, 2015 – Columbia

February 6, 2015 – Greenville

February 20, 2015 – Walterboro

February 27, 2015 – Florence

March 13, 2015 – Aiken

**Signs of Safety.** Throughout FFY 2015, there was ongoing onsite technical assistance provided to all front line staff and supervisors through meetings with SCDSS Performance Coaches in the SCDSS County Offices.

## **2016 FFY Training and Technical Assistance to be Provided to SCDSS Staff in Counties and Regions**

The Department will continue to provide the training events in the previous section as well as the list of training activities listed below according to goals and objectives. There will be a heavy emphasis on the Signs of Safety framework and Trauma-Informed Care in future staff training events as they are listed in the Safety and Well-Being objectives in the 2015-2019 CFSP. There will also continue to be extensive courses for intake/assessment and legal training to DSS caseworkers and attorneys.

### **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.

#### **Objective 1- CFSR Safety Outcome 1.**

Improve the timeliness of initiating CPS investigations/assessments and reduce repeat maltreatment.

#### **Objective 2- CFSR 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.

### **Objective 3**

Full, statewide implementation of the Signs of Safety (SOS) in Child Protective Services, Family Preservation, and foster care cases, by the end of FFY 2019.

#### **Title: “Safety Network” Webinar (Signs of Safety)**

**New: X In 2015-2019 CFSP Training Plan \_\_\_\_\_**

**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 In 2015-2019 CFSP Training Plan \_\_\_\_\_**

**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 In 2015-2019 CFSP Training Plan \_\_\_\_\_**

**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 In 2015-2019 CFSP Training Plan \_\_\_\_\_**

**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  In 2015-2019 CFSP Training Plan  Other**

**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  In 2015-2019 CFSP Training Plan**

**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  In 2015-2019 CFSP Training Plan**

**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   In 2015-2019 CFSP Training Plan \_\_\_\_\_**

**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.

**Objective 4**

Improve the quality of Intake decisions.

**Training Activities in Support of Goal 2**

Children will thrive when involved with the SCDSS.

**Objective 1- CFSR 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.

**Title: Shared Parenting**

**New   X   In 2015-2019 CFSP Training Plan \_\_\_\_\_**

**Syllabus:** This workshop emphasizes the benefits of shared parenting and begins to equip resource 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 resource parents, DSS practitioners, and community partners. "Shared Parenting" is designed to help open the lines of communications between biological parents, DSS practitioners, and resource parents. It is based on a team approach. It involves resource parents working with birth parents, and foster care practitioners providing support to both parties.

**Objective 2- CFSR Well-Being Outcome 2**

Ensure the physical and mental health needs of children (including dental health), are addressed.

**Title Understanding Grief, Loss, and Trauma**

**New   x   In 2015-2019 CFSP Training Plan \_\_\_\_\_**

**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 In 2015-2019 CFSP Training Plan \_\_\_\_\_**

**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 In 2015-2019 CFSP Training Plan Update \_\_\_\_\_**

**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.

**Objective 3- Permanency Outcome 1 (Item 6)**

Improve the ability of the SCDSS to determine if children in foster care are in a stable placement, and 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.

**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, Resource 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.

### **Training Activities in Support of Goal 3**

Children will have meaningful and lifelong connections with family and in community.

#### **Objective 1- Permanency Outcome 1**

Improve the permanency and stability of children in their living situation.

#### **Interstate Compact on the Placement of Children (ICPC)**

The University of South Carolina, Center for Child and Family Studies (CCFS) will begin the groundwork for development of an interactive module that explains the complexities of placing a child in foster care in another state or the placement of youth in South Carolina. The module will include the steps of making an ICPC request, conducting a screening of possible placement resources, and utilization of the Child and Adult Protective Services System (CAPSS).

#### **Multi-ethnic Placement Act (MEPA)**

The CCFS is developing a module introducing child welfare to the provisions and purpose of the Multi Ethnic Placement Act of 1994 which was amended in 1996. It will focus on preventing discriminatory practices on the basis of race, color, or national origin when identifying placements for children in foster care. Additional information provided will include the importance of diligent recruitment of potential foster/adoptive families, requesting individualized assessment, and agency policy/procedures. This module will be included in Child Welfare Basic Training; it will also be a refresher for seasoned child welfare staff.

#### **Objective 2- Permanency Outcome 2 (see FFY 2015)**

Using the baseline non-weighted, aggregate score of 50.9% for all counties for Permanency Outcome 2 in the Calendar Year 2013, the non-weighted, aggregate score for all counties will improve to 61% by end of FFY 2019, with bench marks of 2% per year improvement.

### **Training Activities in Support of Goal 4 — System Capacity**

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

#### **Objective 1 (see FFY 2015)**

Establish caseload standards to promote the safety, permanency and well –being of children while involved with SCDSS.

#### **Objective 2 (see FFY 2015)**

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.

#### **Objective 3**

Strengthen workforce development through hiring, retention, training activities and support efforts to sustain consistency in provision of critical services that promote safety, permanency and well-being for children involved with the SCDSS.

#### **Indian Child Welfare Act (ICWA) Policies and Procedures**

The University of South Carolina, Center for Child and Family Studies (CCFS) will be developing several modules focusing on various aspects of ICWA policies and procedures. Included will be an historical perspective of the Indian

Child Welfare Act, as well as its applicability to child welfare practice. In addition, it will discuss the varying ways in which this information may be obtained, court involvement, and working with Federally Recognized Tribes for placement of eligible children. A case scenario will be utilized to demonstrate interviewing, documentation, and follow-up during each phase of the casework process.

### **Child and Adult Protective Services System (CAPSS)**

Through collaboration with the SCDSS, the CCFS will develop a step-by-step guide of the statewide automated system (CAPSS) for capturing and documenting casework activities will be updated as changes are made in the system. The manual will be made to SCDSS IT staff to support efforts to develop a user guide. Training will be provided for the updates and the CAPSS User Guide. The CAPSS instructions manuals will be available within the CAPSS under the CAPSS User's Guide. The SCDSS IT staff will also include the CAPSS Welfare Basic Manual created by USC as part of the User's Guide.

**Objective 4:** Establish and maintain a Continuous Quality Improvement (CQI) System.

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

**Objective 6:** Develop a more complete roster of physicians with "specialties" in all of the geographic areas of the state by FFY 2019.

**Objective 7:** Improve medical, behavioral health, and trauma-related treatment and interventions through knowledge of current baseline data of screenings, assessments, and prescribing patterns.

**Objective 8:** NYTD- Independent Living

### **Independent Living Modules**

The CCFS is developing modules for Child Welfare Basic and the DSS staff refreshers. Modules will be developed to include: 1) transition planning, 2) Ansell-Casey Assessment, and 3) Understanding the Nation Youth in Transition Data Base (NYTD): what to document and understanding the survey's feedback.

## **Evaluation**

### **SCDSS Interstate Compact Unit**

The following Management Information Systems and Research Projects/Pilots that have been or will be updated or implemented since the development of 2015-2019 CFSP.

- The CAPSS program is constantly being updated to make the program more user friendly and to meet the needs of the ICPC program 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.
- SC ICPC, Aiken County DSS, Region 1 Adoption, Region 2 Adoptions and Region IV Family Resource Unit have been participating in the National Electronic Interstate Compact Enterprise (NEICE) pilot project. The project was initiated January 2014 and ended in May 2015. The NEICE program is expected to go nationwide. SC ICPC will be rolling out the program to all of the county and regional offices. Webinars are available to assist in training and familiarizing persons with the program. ICPC staff will be providing technical assistance. 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 will interface with NEICE to avoid duplication of information.

**National Resource Center for Diligent Recruitment** did a site visit to assess and evaluate the technical assistance needed in diligent recruitment of resource families on May 28, 2015. This report is due back to the Department in August 2015.

**The Capacity Building Center for States of the ACF** is scheduled to conduct an assessment of the need for technical assistance at the SCDSS, in late July or early August 2015. Following that assessment, in FFY 2016, the SCDSS intends to request technical assistance in multiple areas including, but not limited to Continuous Quality Improvement, Indian Child Welfare Act compliance, Data Analysis, and Staff Recruitment and Retention.

### **Management Information Systems**

System (CAPPS) Information Technology (IT) Unit creates CAPSS notifications which contain system updates and information about CAPSS. The notification is sent to all caseworkers before and after a system update. CAPSS IT also creates instruction manuals for all new enhancements and major system updates. All of the updates listed below have an instructions manual created by the CAPPS IT team.

**The following child and family services related management information systems have been or will be updated during the 2015-2019 CFSP.**

**These management information systems have been implemented:**

#### **FCRB Portal**

A portal has been created between CAPSS and the Foster Care Review Board (FCRB). This portal was created to provide a way for FCRB to enter the results of their reviews into CAPSS. Thru the portal, the FCRB has the ability to add and edit the date of a review, the Recommendations and the Areas of Concern for each child reviewed. These data are then transmitted, thru the portal, to CAPSS and populated to the CAPSS FCRB fields real-time. DSS workers no longer have access to add or update the FCRB fields in CAPSS.

#### **FCP Portal for Guardian Ad Litem**

A portal was created for Guardian Ad Litem to be able to view children in Foster Care placements and caseworker information. Person information, provider information and worker office information are also retrieved from CAPSS.

#### **The National Electronic Interstate Compact Enterprise (NEICE)**

The National Electronic Interstate Compact Enterprise is a 17-month pilot to improve efficiency in the administration of the Interstate Compact on the Placement of Children (ICPC) using an electronic web-based system. South Carolina was included in the pilot to test this electronic information exchange for processing ICPC cases for potential national application. AAIPC President Mical Peterson chairs a weekly call with the states on their questions and overall project progress.

The pilot ended in May 2015. The SCDSS is currently working on an interface to allow the ICPC State Office to submit 100As directly to NEICE from the Child and Adult Protective Services System (CAPSS).

#### **Informed Consent Portal**

The CAPSS Development Team created a portal for the Intensive Foster Care Coordinator to record prescription requests for the condition(s) being treated, medication, and prescriber for children in foster care into CAPSS. The medication request must be reviewed by the SCDSS reviewer and the RCS reviewer with a decision of pending, approved or rejected. The reviewer and date reviewed are also recorded.

### **ICA Regionalized Intake**

The CAPSS was revised to allow the Child Protective Services and Adult Protective Services Intakes to be received by Regional Intake Hubs. The counties were assigned to a primary Intake Hub. If the Hub intake phone number is busy, the Intake will roll to another Hub.

Once a decision is made by the Hub Intake worker/supervisor, the Intake is either referred to a SCDSS County Office for investigation/assessment, referred to Community-Based Preventive Services for alternative response, or Screened Out. The system was updated to include a system generated assessment based on the risk matrix, the creation of a generated intake based on refer back from the Community-Based Providers, and the ability to view intake history.

### **ICA Intake History**

The Intake History Tab within the Intake CPS Investigation displays all intakes associated with the Persons on the Relationship Tab on the CPS Intake. This history is displayed by Person and Aggregate for all Persons included in the CPS Intake. The following data is included in each Intake History record, Intake ID, Intake Name, Intake Date, Intake Decision Date and Intake Decision.

### **ICA Intake Recommendations**

The Risk Matrix within the CPS Investigation/Assessment makes an Intake Decision recommendation based on the answers in the matrix. Each option in the Risk Matrix has a numerical weight. The sum of the weights determines the Intake Decision recommendation. The recommendation may be accepted or changed with documentation by the practitioner and/or supervisor.

Before 2012, the SCDSS made decisions based on a Supervisor's training, experience and interpretation of the statute. There was not a model that was utilized to help guide decisions. So, there was no consistency in decisions from county to county. In addition, the decision was either to accept a report for CPS investigation/assessment or to not accept the report. Not accepting the report meant that the family received no services. This lack of service also could mean that a report was accepted in order to help the family receive the services they needed.

The SCDSS recognized that change was needed in both the consistency of decision-making and in providing services to the family. Starting in January 2012, the SCDSS adopted a model for decision-making that accounted for safety and risk in families. The SCDSS contracted with outside providers to provide voluntary services to families that had no safety threats and were low or moderate risk. Safety threats and high risk cases are investigated by the SCDSS.

Intake decisions are based on the ACTION model. This model is an Ecological Model. This model looks first at the immediate safety of children using the 15 safety questions and drop-down examples. If no immediate safety issues are present, then the model utilizes a risk matrix, to help assess the risk of maltreatment in the family. This model, different from some other models, does not use the tools to make the decision, but requires that both the Intake Specialist and the Intake Supervisor use the tools to help them think critically about the report and to make a decision that keeps the children safe, yet is least intrusive for the family.

The risk matrix is based on risk factors most often present in families that abuse and/or neglect their children. Each factor goes from no risk to high risk. The factors are rated based on the information that can be obtained during the intake process. Because this was a new process, Intake Practitioners and Supervisors struggled in using the risk matrix. To help the intake process, the SCDSS began working with the National Resource Center for Child Protective Services (NRCCPS) and has since added some aides to have the risk matrix make a recommendation of the risk level. As stated before, this model requires critical thinking, so this recommendation is only a guide, and can be changed with a justification by the Intake Specialist or the Intake Supervisor.

## **Relationship**

This project creates a one-to-one relationship between each person listed on the Relationship Tab in the Intake, Case, or Provider entities of the CAPSS. These relationships are also displayed in the Person entity of the CAPSS. For each relationship there is a start date, end date and relationship. Once a relationship is created between two persons, the reciprocal relationship is created for the other person. (Example: A relationship record is created where Johnny is Sam's biological son. CAPSS will also create a relationship record where Sam is Johnny's biological father.)

## **Kinship Caregiver f/k/a Alternative Caregiver**

A new functionality is being added to the CAPSS to record when and where children are placed in Kinship Placements. The start and end dates of the placement will be recorded. The caregivers will be added in CAPSS as kinship placement providers. A record will be created each time a child is placed with a kinship caregiver.

## **These management information systems will be implemented during the 2015-2019 CFSP timeframe.**

### **Document Upload Project**

The system will be modified to allow the caseworkers to attach documents to case files. The caseworkers will also be allowed to view legal documents entered in LCMS.

### **Address at Time of Discharge**

The CAPSS is being revised to record with whom and where the child in foster care will reside once they are no longer in foster care.

### **SuccessFactors**

The SCDSS is seeking to implement the learning management system, SuccessFactors, agency-wide, once SC has procured the system. A learning management system will increase the efficiency of the delivery and tracking of training and certification, while simultaneously assessing employee performance. This will reduce the cost and increase the efficiency of face-to-face delivery of training content, the manual tracking of participation, compliance, and certification.

### **Quality Assurance Systems and Continuous Quality Improvement System.**

In the second quarter of FFY 2015, the SCDSS hired its first Director of Continuous Quality Improvement, Malik Whitaker. The decision was made to use the "Performance Management Framework" for the CQI System in South Carolina at the SCDSS. The next step in the development of the CQI System is to develop the policies and procedures for the System. The initial draft of these will be presented in June 2015. A decision has also been made to have the CQI cycle increasingly embedded in the Child Welfare Services System in South Carolina. The CFR 3 Onsite Review Instrument has been implemented in the third quarter of FFY 2015, previously using the CFR 2 Instrument, modified with some questions related to SC policies and procedures the Child Welfare Services Manual. The Quality Assurance Reviews in the last half of FFY 2015 and moving forward, will have a smaller list of questions than previously from the SC policies and procedures.

Additionally, the plan for Quality Assurance Reviews is also to begin implementing a "Facilitated Discussion" in each county following its QAR. While the 2015-2019 CFSP, Plan For Improvement-Strategic Action Plan included the implementation of "Facilitated Discussions" during FFY 2015, these "Facilitated Discussions" did not begin to be implemented due to a staff capacity challenge at the University of South Carolina, Center for Child and Family Studies (CCFS), during FFY 2015. The CCFS had planned to utilize two of the staff trainers involved in provided the SCDSS Child Welfare Basic Training to provide the "Facilitated Discussions" in the reviewed County Offices. Unfortunately, the plan to do this was challenged by an increase in the number of Child Welfare Basic Training Sessions during FFY 2015. The trainers were needed to provide the training, and new trainers were not on-boarded

to the University of SC in a timely way to allow the designation of trainers to do the needed “Facilitated Discussions.” The plan to provide “Facilitated Discussions” has been amended to include hiring/utilizing and training separate staff for the “Facilitated Discussions” in the fall of FFY 2016. The plan to begin implementing the “Facilitated Discussions” has begun in the third quarter of FFY 2015.

Another new activity in the Quality Assurance Review process will be the development and implementation of a survey of the SCDSS County Directors, regarding the Quality Assurance Review System.

## **6. Consultation and Coordination Between States and Tribes**

The Catawba Indian Nation (CIN) is the only Federally-recognized tribe in South Carolina. Since the submission of the 2015-2019 CFSP, the SCDSS has had four (4) quarterly, scheduled meetings with the CIN, the most recent of these on 6/3/15. At each of these meetings, the CIN was represented by Linda Love, Director of Social Services for the Catawba Indian Nation. The first three (3) consultations took place on the Catawba Indian Nation Reservation in Rock Hill, SC. Also variously present at these SCDSS/CIN group meetings were Dione Carroll, the Legal Counsel for the CIN, Greg Moore, SCDSS, Division of Knowledge Management and Practice Standards, CFSP/APSR Reporting, and the Facilitator for the ICWA-related Strategies, Dennis Gmerek of the SCDSS Office of General Counsel, the State Adoption Unit Manager, Cheryl Herring, the State Adoption Recruitment Coordinator, Amanda Koon, LaToya Reed, the SCDSS Independent Living Program Supervisor, Terri Pope, a SCDSS State Office Program Coordinator for 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).

Since the submission of the “2015-2019 CFSP Strategic Action Plan” on 6/30/14, the ten (10) Objectives in the 2015-2019 CFSP, “Consultation and Coordination Between Tribes and States”, were added as Strategies / Progress Benchmarks to the “Strategic Action Plan.” At each of these consultations, all ICWA-related Objectives and Strategies in the 2015-2019 CFSP, Strategic Action Plan, were discussed at-length. As a result of the SCDSS/CIN group consultations, progress was made on many of the Strategies / Progress Benchmarks. Additionally and significantly, as the meetings ensued throughout FFY 2015, the CIN and the SCDSS learned that some of the Strategies could be eliminated as unnecessary, others had to be modified to meet the needs of the CIN and some new Strategies needed to be developed including, but not limited to, Strategies involving ICWA-compliant processes by the SCDSS staff, Resource Families, and other stakeholders: a Memorandum of Understanding between the SCDSS and the CIN; and training of the SCDSS staff, Resource Families, and other stakeholders in cultural diversity and competency related to the Native American population. See the 2016 APSR, Plan For Improvement and the Updated 2015-2019 CFSP Strategic Action Plan, Goals Two (2), Three (3) and Four (4) for progress and challenges in accomplishing ICWA-related Strategies, and for revisions to ICWA-related Strategies, as a result of consultations with the Tribe.

Additionally, beginning in January 2015, there were weekly telephone calls involving Linda Love and Greg Moore in order to monitor the progress and challenges of the Strategies, for further input from Linda Love on revisions to the Strategies, and for her questions related to the Strategies’ progress and challenges, and other ICWA-related questions.

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 of all persons 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.”

One of the primary concerns of the CIN, an Objective in the 2015-2019 CFSP and a strategy in the 2015-2019 CFSP, Strategic Action Plan, and in the 2016 APSR, Strategy / Progress Benchmark 3.2.1, is the intervention of the CIN when a CIN child or youth becomes involved with the SCDSS. As a result of the consultations between the SCDSS and CIN during FFY 2015, from March 2015 onward, Dennis Gmerek and Dione Carroll were in consultation to develop a draft Memorandum of Understanding between the Catawba Indian Nation and the SCDSS. The MOU being developed will address: 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, 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. This MOU is scheduled to be completed and activated by 9/30/15.

Another concern of the CIN that was in the 2015-2019 CFSP and a strategy in the 2015-2019 CFSP, Strategic Action Plan and in the 2016 APSR, Strategy / Progress Benchmark, 2.2.8, is identifying a child or youth as a member of, or eligible for membership in, the Catawba Indian Nation or another Native American Tribe when the child or youth becomes involved with the SCDSS. During the consultations and collaborations in FFY 2015, this was a topic of discussion at each meeting and on multiple telephone calls between Linda Love and Greg Moore. As a result, Strategy / Progress Benchmark 2.2.8 addresses developing new methods and tools to use to help caseworkers and Intake Specialists potentially identify Native American children and youth.

There is a commitment by the SCDSS and the Catawba Indian Nation to continue meeting quarterly throughout the remainder of FFY 2015 and throughout FFY 2016, to monitor together the CFSP progress, and make revisions to it as needed. There are no barriers to continued consultation and collaborative meetings between the State and Catawba Indian Nation during FFY 2016.

The state continues to be responsible for providing the child welfare services and protections for 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 Catawba Indian Nation 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 information.

The CIN representatives have stated very clearly during both FFY 2014 and continuing through FFY 2015, that the Tribe has a very strong preference for the children and youth 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. However, according to Linda Love, Director of Social Services, Catawba Indian Nation (CIN), as stated above, 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, Resource Family 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 is strongly that the child be placed in a CIN Family Resource and secondarily in a non-CIN, Native American Resource Family. The Tribe has a strong desire and intention to place the child in a CIN or other Native American Resource 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 Resource

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 Resource Family in a nearer proximity to the Tribe's Reservation.

As of 5/1/15, according to the SCDSS CAPSS, there were four (4) Native American primary and secondary caregivers with "Standard" or "Pending" Resource Family/Foster Home Licenses. These same Resource Family Homes were also the four (4) Native American primary and secondary caregivers as Resource Family/Adoptive Resources in SC. The development of a plan for the recruitment of more CIN and other Native American Resource Families became an Objective in the 2015-2019 CFSP. This objective became **Strategy 3.1.4** in the 2015 CFSP, Strategic Action Plan. In March of 2015, SCDSS staff from the York County SCDSS Office, SCDSS Adoption Unit, and staff from the South Carolina Foster Parent Association, participated in an information-sharing event on the Catawba Indian Nation (CIN) Reservation. The purposes of this event were the sharing information about the reasons and the need for Resource Family Homes (foster and adoptive), the process to apply for a Resource Family license, and to provide the application forms and assistance in applying if wanted by the CIN participants.

\* **See Goal 3, Objective 1**, in "3. Update to the Plan for Improvement and Progress Made to Improve Outcomes" for details of the Strategies for diligent recruitment of Resource Family/Foster and Adoptive Homes.

See the Chafee section of this APSR for information on and services related to transition services for Native American youth in SC.

At the SCDSS/CIN group meeting on 6/3/15, the state initiated discussion with the CIN on the amendments made to the case review system by P.L. 113-183, APPLA. A staff member of the Independent Living Program of the SCDSS has been tasked to review PL 113-183 to review what the state is already doing and for possible actions by the state to be in compliance. This is scheduled to be reported at the next SCDSS/CIN group meeting on 9/9/15.

The SCDSS will exchange copies of the 2016 APSR documents through e-mail to Linda Love, Director of Social Services, Catawba Indian Nation.

## 7. Monthly Caseworker Visit Formula Grants

The SCDSS has utilized the caseworker visit funding to satisfy the requirements to improve the quality of caseworker visits with an emphasis on caseworker decision-making regarding safety, permanency, well-being and caseworker recruitment and retention. During FFY 2015, SCDSS has expended the caseworker visit funds in the following areas to provide caseworkers with the tools they need to most efficiently and effectively provide quality case management to the children in foster care:

- *Caseworker Travel:* In FFY 2015 states will be expected to be in compliance with the total number of monthly caseworker visits being no less than 95% of the total visits and at least 50% of the total number of monthly visits being conducted by the caseworker in the child's home. Funds have continued to support the travel necessary to meet this standard and continue to support the caseworkers in having more face to face time with children and families to promote safety, permanency and well-being.
- *Cell phones, Laptops, Other Technologies:* The SCDSS has procured smartphones for all SCDSS front line staff and is in the processing of distributing the smartphones to the staff. In an effort to improve case practice and care of the children and families of South Carolina, the SCDSS is working with Mobile Epiphany to mobilize and automate case management and reporting for caseworkers. Mobile Epiphany will interface with CAPSS to offer daily case management via a smartphone. The smartphones are capable of capturing and annotating photos, videos, speech to text and documents signatures. Caseworkers will be able to open and review files with a single touch. The SCDSS Executive leadership and the Department of Technology Services are collaborating with Mobile



Epiphany to develop a proof of concept of the mobile technology in select counties throughout the state.

- *Signs of Safety (SOS)*: The SCDSS is still planning to fully incorporating the SOS framework in all of its child welfare practices to support accomplishing Goal 1: Improve the Quality of Risk Assessment and Safety Management of Children in Child Protective Services, Family Preservation, and Foster Care Cases. Caseworkers have received support from SOS through webinars facilitated by Safe Generations in the areas of SOS basic training, practice leader / advanced training, coaching for supervisors and others, workplace learning sessions, skills building workshops facilitated regularly by performance coaches (focusing on aspects of practice such as harm and danger statements, questioning), supervision using a Signs of Safety format, group supervision (teams of caseworkers, supervisors and practice coaches working on live case mappings or aspects of practice for live cases as a group) and learning events for Signs of Safety. An Implementation Team was created in January 2015. The Implementation Team developed (5) work groups: Policy; Practice; Training; Communication; Information Technology that are functioning regularly and building the organizational structure to sustain the SOS framework to improve the quality of caseworker visitations.
- *P-2 Meetings*: The SCDSS continues to use fund P-2 meetings as its major venue to engage its child welfare system partners and child welfare workforce and collectively determine how caseworkers and the child serving community-based system can do better assessments of the family and child needs; decide upon the best types of placements; reduce case turnover; address child behavior needs; and reduce the number of unnecessary placement moves for children in foster care cases. The expectation at these ongoing meetings is to have a highly participatory, interactive discussion focused on quality practice improvements to ensure caseworkers and partners are sharing information and working in tandem to serve families with children in foster care using evidence-based practices and data-driven systems. Some P-2 meetings focus on Signs of Safety practice tools, tools for assessment and evidence-based trauma case planning for children and components of quality case work.
- *Video Conferencing*: Funds will be allocated to caseworkers using videoconferencing for peer-to-peer support sessions to discuss approaches to more effective and efficient case management. Videoconferencing equipment is employed as a tool to discuss case management practice with other offices and program staff from the state office and to provide opportunities for peer-to-peer sessions. In these sessions, caseworkers discuss/share case management approaches.

## 8. Adoption and Legal Guardianship Incentive Payments

### a) Use of Adoption and Legal Guardianship Incentive funds.

**Concurrent Planning:** Adoption Incentive Payments funds were used to support the implementation of concurrent planning as a strategy to increase the adoption of children at the earliest point in time. During 2014-2015, in cooperation with Winthrop University, the SCDSS began co-located “Concurrent Planning Specialists” in County Offices across the state. This specialized staff worked in the County but reported to the Regional Adoption Services Offices. The goals for these staff were to become involved earlier in children’s case planning, to offer information to parents on the role of concurrent planning, and to support county staff in making decisions about permanence.

**The Seneca Family of Agencies:** The SCDSS contracted 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.heartfeltccalling.org](http://www.heartfeltccalling.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 resource families. In the past, potential resource parents who did not receive responses or who received greatly delayed responses to inquiries, have either gone to other organizations to find children or have given up and lost interest altogether. To address this concern, the SCFPA developed its recruitment program, Heartfelt Calling. Heartfelt Calling provided consistency and follow-up from first contact through pre-service training.

In addition to a quick response, because consistency and continuity in recruitment of resource/foster and adoptive parents has a significant role in turning inquiries into licensed resource/foster and/or adoptive homes, the SCFPA created a position for a person experienced in child welfare to respond daily to phone calls, e-mails, and any other form of inquiry about possible resource parenting. The Recruitment Coordinator 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.

### **The SC Youth Advocate Program**

The SC Youth Advocate Program (SCYAP) continued to be contracted with the SCDSS moving into 2015 FFY 2015, with the recruitment contract for the Upstate Region. Three of the most populous counties in the state are in this region. The SCFPA and SCYAP have collaborated closely, to develop mutually workable and acceptable procedures to ensure that recruitment activities were consistent, and that all phone calls and other forms of inquiry about possibly becoming a resource family were handled within the next working day and in the same manner. Any direct inquiries received by SCYAP were forwarded to the SCFPA, for entry into the central recruitment database.

**Microfilming:** The SCDSS continued to utilize Adoption Incentive Payments funds to provide for the microfilming of adoptions records, in order to achieve permanent archiving of this vital information.

### **Adoption Assistance Payments**

With the increased success of the number of adoptive placements and finalizations, beginning in the FFY 2015, the SCDSS used some of the Adoption Incentive Payments funds to supplement adoption assistance payments.

#### **b) Changes to how the state plans to use Adoption and Legal Guardianship Incentive funds.**

In an effort to provide needed funding for the recruitment of Resource Foster and Adoptive Families, the SCDSS will begin using these funds for recruitment events and activities. The SCDSS made a decision, as part of the Resource Family Recruitment and Retention Plan (see "2016 APSR Update To The Foster and Adoptive Diligent Recruitment Plan", and the "Update On The Plan For Improvement" Goal 1, Objective 1), 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.

**Concurrent Planning.** The contract to provide for Concurrent Planning Specialists, as mentioned in (a), has been discontinued.

**The SC Youth Advocate Program.** The recruitment contract with the SC Youth Advocate Program was terminated effective 6/30/15. The SCDSS is transitioning to a Regional Licensing, Recruitment, and Retention System. The System will utilize SCDSS staff in each of the five (5) SCDSS Regions, as part of the Resource Family Recruitment and Retention Plan (see "2016 APSR Update To The Foster and Adoptive Diligent Recruitment Plan", and the "Update On The Plan For Improvement" Goal 1, Objective 1).

There are no other changes planned in how the funds will be used in FFY 2016.

#### **c) Timely Use of Adoption Incentive Payments Funds**

During FFY 2015, 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 2016.

## **9. Child Welfare Waiver Demonstration Activities (Not Applicable)**

## **10. Quality Assurance System**

During FFY 2015, the SCDSS hired its first Director of Continuous Quality Improvement, Malik Whitaker. With the hiring of the Director of Continuous Quality Improvement, the SCDSS now has the implementation support to add to the CQI System in addition to the operational Quality Assurance Review System. One of the initial steps in the further development of the CQI System was the development of the policy and procedures for the CQI System. It is expected that the policy and procedures will be approved before the beginning of the 2016 FFY.

### **1) Specific Practices or System Improvements in FFY 2015 Based on QA/CQI Information.**

a) In January 2015, the SCDSS began rolling out/implementing the new Regional Intake Hubs System for reporting of neglect and abuse for Child Welfare Services and Adult Protective Services. See "Update On The Plan For Improvement" and the Strategic Action Plan, Goal 1, Objective 4, for information on the development of the Regional Intake Hub System.

b) The SCDSS made a decision to develop a plan to initiate the Regional Licensing Hubs System to improve recruitment, licensing, and retention of Foster and Adoptive Resource Families. This is a change from contracting this out in Region 1, and having county-based licensing and recruitment elsewhere in SC. These Regional Licensing Hubs will be a SCDSS in-house staff operation, and will handle all recruitment, retention, and licensing efforts statewide, through five (5) Regional Hubs in the five (5) SCDSS Regions.

c) Based on the requirements of continuous feedback for the development and operation of an effective Continuous Quality Improvement Program, the following was added as a Continuous Quality Improvement System improvement. In the second quarter of the 2015 FFY, as a part of our CQI process, the SCDSS developed policy and procedures for transitioning traditional information sharing meetings into Child Welfare Improvement Teams (CWIT). Traditionally, State and Local SCDSS offices met with agency partners and advocates, to share service-related information and discuss problems with child welfare services delivery. The CWIT team has added to the traditional function of the Partners meetings the opportunity to engage in a quality improvement process for addressing performance gaps around the CFSR 3 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 CCFS, a Foster Parent Representative, agreed to focus on using the quality improvement process to reduce out-of-county placements, and to recruit, retain and support more quality Resource 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 Resource 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 Resource Foster and Adoptive 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 Office of Deputy State Director of Human Services, to the attention of Director of Continuous Quality Improvement, for review and discussion. Human Services leadership will use team findings to develop systemic reports that will inform training, resource allocation, and strategic planning. Team activities will be reported to stakeholders/consumers on an ongoing basis in periodic updates provided at staff meetings, internal and external newsletters, e-mails, annual reports, and on the SCDSS website. 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.

d) In the 2016 APSR "Assessment of Performance" and "Update On The Plan For Improvement", it is indicated that for all of the Objectives/Progress Measures in the 2015-2019 CFSP "Plan For Improvement" that were based at least partially on Quality Assurance Review (QAR) Outcomes and Items ratings, one of the factors with a direct impact on those scores improving or decreasing was the QAR frequency and "Facilitated Discussions". The lack of at least one (1) Quality Assurance Review "Facilitated Discussions" with the SCDSS County Human Services staff following the Quality Assurance Review, is a significant activity within the Quality Assurance Review process for the improvement of QAR Outcome "Significantly Achieved" scores. The lack of "Facilitated Discussions" during the 2014 CY and during FFY 2015 10/1/14-1/31/15, was a significant detriment to improving Outcome "Significantly Achieved" scores, and the SCDSS expects the scores to improve in the future.

During FFY 2015, there were nine (9) SCDSS County Offices that each received one (1) Quality Assurance Review, 10/1/14-1/31/15. None of the nine County Offices reviewed were one of the four (4) Quality Assurance Program Improvement Plan (PIP) County Offices that received quarterly Quality Assurance Reviews between 2011 and 2013, when the South Carolina met PIP criteria and was released from the ACF's PIP. Some of the nine (9) County Offices

had been reviewed more than one time in the past three (3) years, but some had only participated in one (1) prior Quality Assurance Review at any time.

A system improvement based upon the aforementioned infrequent QARs from some SCDSS County Offices, and lack of any “Facilitated Discussions”, resulted in the following QA System improvement recommendation and decision.

- 1) All forty-six (46) counties in South Carolina will have a Quality Assurance Review in calendar year 2016. This would be the second QAR in two (2) years for all counties. For most of the SCDSS counties, this is a new experience and opportunity to improve to have a QAR two (2) years in a row.
- 2) The SCDSS will schedule a “Facilitated Discussion” within two weeks of the SCDSS County staff receiving the Debriefing Report of the Quality Assurance Review, to develop the action plan with the reviewed County. Following a Quality Assurance Review, SCDSS County Human Services staff receive this 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 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 University of South Carolina, SC Center for Child and Family Studies (CCFS) to facilitate these discussions within two weeks of the receipt of the debriefing report for every county. The plan is to begin implementing the “Facilitated Discussions” under the revised plan in January 2016.

#### **2) QA/CQI results and data that have been used to update goals, objectives, and interventions.**

There were no updates to goals, objectives, and interventions (action steps), in the 2016 APSR, Plan For Improvement and the Strategic Action Plan, based on QA/CQI results of FFY 2015. The QA/CQI results of FFY 2015 confirmed the need for the 2015-2019 CFSP Plan For Improvement, Strategic Action Plan, goals, objectives, and interventions (action steps), submitted in the CFSP and in the individual Targeted Plans. This includes the Regional Intake Hubs for the reporting of abuse and neglect, and the Regional Licensing Hubs for Resource Foster and adoptive Families.

#### **3) Training or Technical Assistance To Be Requested From Children’s Bureau Resources.**

In the “Program Support” section of this 2016 APSR, there is a comprehensive listing of the technical assistance that is anticipated from the Children’s Bureau in the last quarter of FFY 2015 and through FFY 2016. Most notably, related to the QA/CQI System, the SCDSS will be requesting technical assistance in the development of the nascent comprehensive CQI System in South Carolina.

Additionally, and to repeat what is also in the “Program Support” section of the 2016 APSR, the SCDSS will have a comprehensive assessment of its technical assistance needs by the ACF in either late July or early August 2015. There will be a plan for technical assistance for the Diligent Recruitment of Resource Foster and Adoptive Families Plan in August 2015, from the National Resource Center for Diligent Recruitment.

#### **4) Current QA Case Review Instrument.**

An initial decision was made at the SCDSS to transition to using the CFSR Third Round “Onsite Review Instrument” (CFSR 3) as soon as possible in the calendar year 2015. The SCDSS later made a decision to utilize the CFSR 3 “Onsite Review Instrument”, beginning in the third quarter of FFY 2015.

Because of the need for training to use the CFSR 3, and in order not to confuse the CFSR 3 with the CFSR 2 in a Quality Assurance Review, the decision was made to discontinue Quality Assurance Reviews at the end of January 2015, until the QAR staff was prepared to begin using the CFSR 3 Instrument. The CFSR 3 Instrument began to be used by the QAR staff for county-based Quality Assurance Reviews in late April. The data from those reviews will be presented as part of the 2017 APSR.

Due to initiating the use of the CFSR 3 “Onsite Review Instrument”, the quality of automated data collection and reporting will improve. Through to the completion of the use of the CFSR 2 “Onsite Review Instrument” in January 2015, while good quality data was available for each QAR Outcome and Item, all of the data needed and potentially available was not collected and available through an automated means. While the QAR Outcomes’ and the Items’ ratings were collected and available through automated means, the individual answers to the questions within each Item were not automated in their collection nor reporting. That information and data was available through a manual collection and reporting methodology, and was not regularly available.

Beginning with the utilization of the CFSR 3 “Onsite Review Instrument” in the fourth quarter of FFY 2015, automated collection and reporting of Outcomes, Items, and Items’ individual answers will be implemented. Additionally, beginning in either late FFY 2015 or early FFY 2016, there will be a new implementation of a “Validity and Reliability Check” on the Quality Assurance Reviews’ data collection and reporting.

## D. 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.

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.

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:** A. 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 investigate the causes of death of children from birth to 18 years old to gain a better understanding of the circumstances surrounding each death. Recognizing risk factors for child death will enable the better use of existing resources and the creation of new practices to protect our children in South Carolina.

Per the South Carolina Senate DSS Oversight Subcommittee recommendation, the State Child Fatality Advisory Committee will begin review of child fatalities resulting from motor vehicle accidents. These fatalities will be included in the overall child fatality statistics. The SCDSS has requested funding in the 2015-16 budget to establish local child fatality review teams, co-chaired by coroners and board-certified child abuse pediatricians. These multi-disciplinary teams will include law enforcement, coroners, public health officials, mental health providers, educators, prosecuting attorneys, the Children's Advocacy Centers, and DSS. This model will greatly improve communication, reporting and, ultimately, effectiveness in planning and implementing prevention activities, changing systems and making recommendations to state and local leaders. This model replicates a best practice already in place in many other states, and implements a 2003 recommendation from the State Child Fatality Advisory Committee.

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 5,167 fatalities in South Carolina to residents 0 to 17 years of age from 2006 to 2012. Of these child deaths, 1,525 (29.5%) 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. There have been 1,248 cases of the 1,525 eligible for review cases since 2006 that were reviewed and closed by the committee as of October 2014. Also, 68 of those reviews of homicide, suicide, accidental, natural and undetermined child deaths occurred in 2012 and were closed. (2012 SCFAC Annual Report).

Of the 1,248 cases reviewed and closed since 2006, the manner of death determination revealed 448 (35.9%) were accidental, 344 (27.6%) were natural, 202 (16.2%) were homicide, 196 (15.7%) undetermined and 58 (4.6%) were suicide. Of these 1,248 cases, 584 (46.8%) were Black, 556 (44.6%) were White, 58 (4.6%) were Hispanic and 50 (4.0%) were categorized as Other (includes Native Americans, Asians, Biracial and Race Unknown).

Of the most recent reviewed and closed 68 cases in which the child death occurred during the year 2012, the manner of death determination revealed 22 (32.4%) accidental, 17 (25%) natural, 14 (20.5%) homicide, 12 (17.6%) undetermined and 3 (4.4%) suicide. The case review revealed 33 (48.5%) of the victims were Black, 34 (50%) White, none Hispanic, and 1 (1.5%) categorized as Other (includes Native Americans, Biracial and/or Asian).

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 2012 SCFAC Annual Report was completed



December 2014 reflective of the committee's work up until October 2014 and provides highlighted information on the child deaths that occurred in 2012 that have been reviewed and completed.

The following needs and core recommendations were made in FFY 2014 by SCDSS, SCDHEC and SCFAC, and the action steps are outlined below:

- **Recommendation #1: Enhance data collected regarding death due to homicide where the cause of death involved child maltreatment.**

Effective February 2015, the SCDSS 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 SCDSS representative to the SCFAC will continue utilizing child death review findings to (a) work with agency leadership to make ongoing 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 SCDSS 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, the SLED's Special Victims Unit and to the National Child Abuse and Neglect Data System.

- **Recommendation #2: For 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 in order to provide rapid access to treatment.**

During the 2014-2015 time-period, the Committee will:

1. 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* (American Foundation for Suicide Prevention), the Jason Foundation, and *QPR: Question, Persuade, and Refer* (Mental Health America) 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 Drugs, the Children's Law Center, and community suicide prevention advocacy organizations;

2. recommend that the Department of Mental Health and Department of Alcohol and Other Drugs develop evidenced-based screening, risk assessment, and treatment protocols based upon clinical best practices for school settings; and

3. actively support the youth suicide prevention and teacher training provisions of Section 59-26-110 of the S.C. Code of Laws, which helps expand the availability of suicide prevention training opportunities for teacher recertification. The State Department of Education will include suicide prevention education in its school training programs.

- **Recommendation #3: For 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 avoid preventable child deaths due to unsafe sleep habits.**



During the 2014-2015 time period, the Committee will:

1. request for its representatives from the House and Senate to submit coordinated legislation which provides fiscal support for a state-wide, evidence-based safe sleep outreach/health communication campaign which will be administered by Children's Trust of South Carolina;
2. request that the SCFAC members work within their respective agencies and organizations to identify two to three strategies each for implementing the safe sleep/injury prevention tool and disseminating the "Baby's Crib Safety Checklist" clings. This information will be shared with the DHEC representative for vetting and incorporation into the annual Maternal and Child Health work plan; and
3. request that the SC Hospital Association, the SC Chapter of the American Academy of Pediatrics, and the SC Primary Health Care Association, encourage their membership to address unsafe sleep as part of prenatal care and/or as part of the hospital discharge process.

- **Other recommendations regarding accidental deaths:**

**Drowning:** Trisha Koriath, Staff Writer for AAP News, the official newsmagazine of the American Academy of Pediatrics, shared in her 2014 article that, "Although drowning can be prevented, it remains the second most common cause of accidental injury and deaths in children 15 – 19 years old," according to U.S. data. The Committee encourages parents and family members to set a positive example and wear a lifejacket since adolescents are twenty (20) percent more likely to wear a life jacket (according to a study of Washington State boaters) when they see an adult wearing one, and enroll children ages four (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.

During the 2014-2015 time period, the Committee will:

1. request for its representatives from the House and Senate to submit a letter to the Governor of South Carolina requesting that June 2015 be designated Water Safety Month;
2. 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;
3. continue working in partnership with SC Children's Trust, Safe Kids and the SC Department of Social Services to enhance the number of foster parents that know how to swim, and;
4. continue working in partnership with SC Children's Trust and Safe Kids to (a) encourage the State 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:** The Committee recommends that each county adopt the current state law, through establishment of a county ordinance that requires a landlord to ensure all rental properties, especially mobile homes and apartments, have working smoke alarms.

During the 2014-2015 time period, the Committee will:

1. contact the SC State Fireman'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 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. The Committee 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 not-working smoke alarms. This issue could be addressed directly with the landlord as an enforceable ordinance.

Locally, the fire marshals and fire chiefs are aware of the state law and lack of enforcement capacity.

2. request for its 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, alcohol use and not wearing a seatbelt – that contribute to an increased death rate. The SCFAC supports enactment of graduated drivers licensing laws that include: (a) learner's 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 9:00 or 10:00 pm and either no or a maximum of one teen passenger; and (c) a ban on all cell phone use and electronic communication devices while driving.

During 2014-2015, the Committee will: (1) 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; (2) ask 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 16 in all seating positions, and (3) 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.

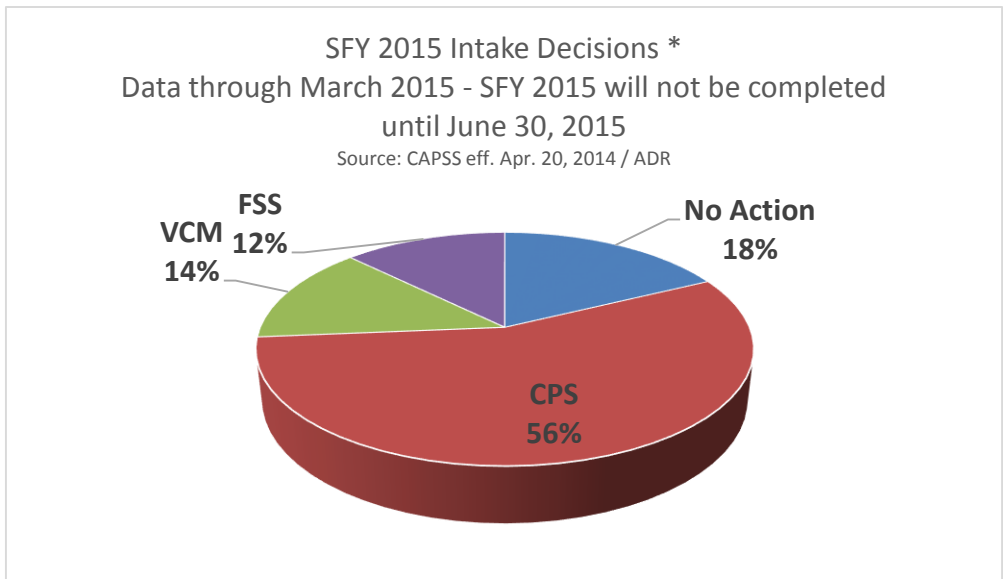
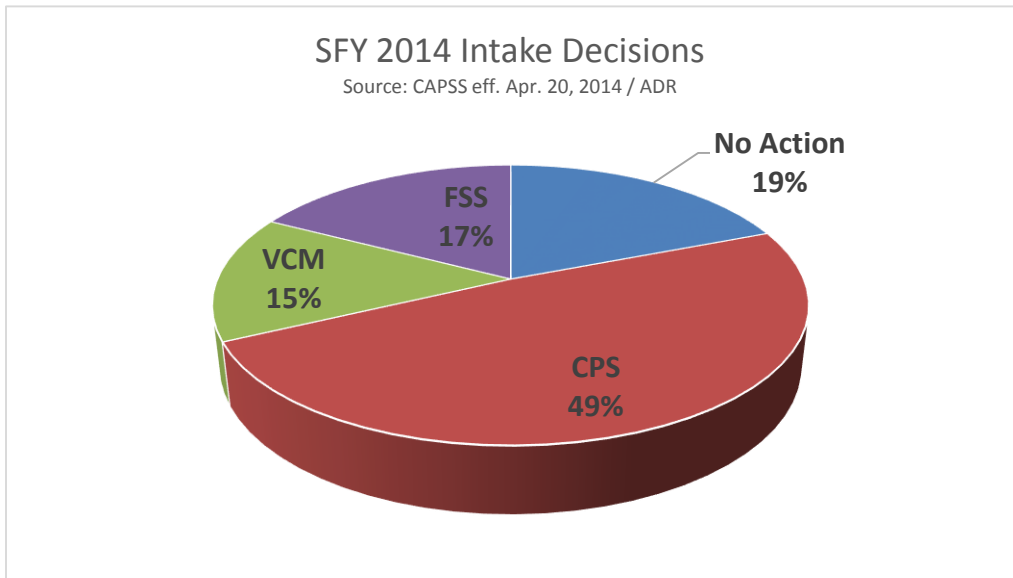
In accordance with assurances in the CAPTA Reauthorization Act of 2010 (Section 106(b)(2)(b)(iv)(v)), procedures for the immediate screening, risk and safety assessment, and prompt investigation of such reports along with triage procedures, including the use of differential response, for the appropriate referral of a child not at risk of imminent harm to a community organization or preventative service will be addressed with CAPTA funds.

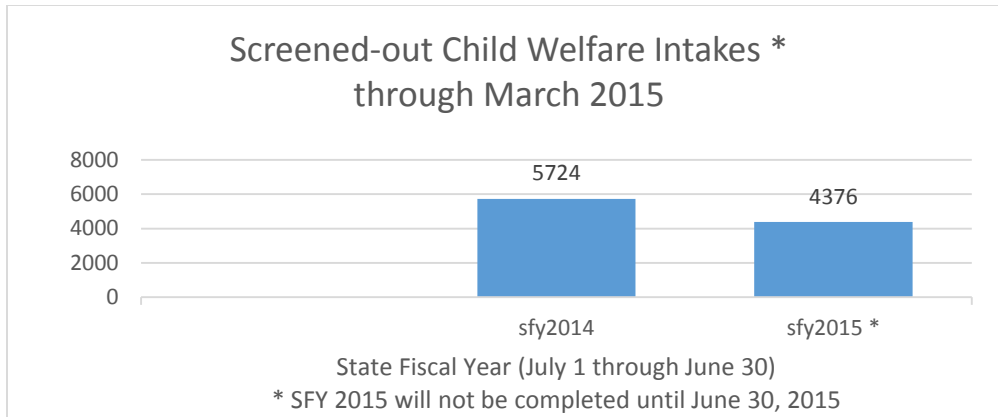
South Carolina has continued to utilize Community-Based Prevention Services (CBPS) formerly known as Appropriate Response, which began in January 2012. This program serves as the South Carolina Department of Social Services' alternative response program. The SCDSS utilizes the Safety and Risk Matrix to assess intakes made to the Abuse and Neglect Hubs. Accepted intakes are assigned to CPS for investigation/assessment 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 CPS investigation/assessment. 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 2014 FFY NCANDS with a disposition of “alternative response non-victim” and a maltreatment type of “other.” All demographic information was reported on these children. When the state has the capability to report additional information, such as services and allegations, it will be included in the report.

In 2014, additional training was implemented in conjunction with the CCFS to increase the skill set of dedicated intake staff who receive calls on the Abuse and Neglect Hotline. Counties were instructed to have dedicated intake staff. Several counties had also begun to cluster intake and focus on using skilled, dedicated practitioners. As noted in the charts below, these actions resulted in:

- Increasing the reports that were accepted for CPS investigation/assessment.
- 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 2014 FFY, CAPTA funds were used for spreading the message of Child Abuse Prevention Month through the Children’s Trust of South Carolina. To recognize Child Abuse Prevention Month, Children’s Trust, as the South Carolina chapter of Prevent Child Abuse America, participated in the national Pinwheels for Prevention campaign, during Child Abuse Prevention month. The pinwheel is the national symbol of child abuse prevention, representing the happy healthy childhood every child deserves. Highlights from South Carolina’s Pinwheels for Prevention campaign include:

- A total of 73,000 pinwheels were distributed across the state. South Carolina distributed more pinwheels than any other state in the nation.
- 30 organizations purchased pinwheels.
- Each county office for the Department of Social Services received pinwheels and supporting signage to display.
- Pinwheels were included as benefits for members of the Annual Giving Society.
- The City of Greenville, a pinwheel city since 2012, continued its annual community collaboration, planting over 39,000 pinwheels. Also in the Upstate, Pickens planted 4,080 and Spartanburg planted 5,040 pinwheels as part of Greenville’s initiative.
- The City of Charleston participated for a second year as a pinwheel city and hosted a press conference at Dee Norton Low Country Children’s Center. Charleston Mayor Joe P. Riley, Jr. spoke at the event. The City of Charleston also distributed pinwheels to local fire departments and other city offices.
- Children’s Trust used the hashtag #iSpyPinwheels to share across social platforms.

Children’s Trust also participated in the following awareness activities for Child Abuse Prevention Month activities:

- Governor Nikki Haley declared April as Child Abuse Prevention Month for the State of South Carolina with the passage of a joint proclamation with S.C. Network of Child Advocacy Centers and Children’s Trust of South Carolina. Children’s Trust participated in the press event at the State House.

- Several municipalities passed proclamations declaring April 2015 as Child Abuse Prevention Month in their communities: Berkley County, City of Charleston, City of Goose Creek, City of Hanahan, City of Hartsville, Town of Lexington, Town of Moncks Corner and City of North Myrtle Beach.
- Children's Trust CEO Sue Williams moderated a panel discussion on home visiting with partners from Save the Children, including actress Jennifer Garner.
- Children's Trust participated with the Richland County Guardian Ad Litem and Richland County Department of Social Services' event Walk a Mile in a Child's Shoes. The SCDSS shared Children's Trust information and added names to our email data base.
- Wear Blue Day on April 10 was a day that the SCDSS promoted child abuse prevention through social media and encouraged supporters to join with us in wearing blue.
- Sue Williams spoke at the annual meeting of the South Carolina Medical Association Alliance Annual on the meaning behind pinwheels and the importance of protective factors in communities.
- As the statewide leader for the prevention of injury, child abuse and neglect, Children's Trust hosted forty-five (45) safety advocates from across South Carolina for a day at the State House. Participants visited with legislative members to advocate for updating South Carolina's child passenger safety law.
- Children's Trust brought a critical group of supporters together at a friends and founders luncheon. Children's Trust shared a program spotlight on home visiting and its role of preventing child abuse and neglect.

Children's Trust provides significant prevention resources on its website at [schildren.org](http://schildren.org). The website features more than 225 pages of information on family strengthening, safety information by topic, child abuse prevention, KIDS COUNT data, policy information and training resources. Child Abuse Prevention month information includes:

- Child Abuse Prevention Month poster to be printed and shared in public spaces
- Coloring sheets and make your own pinwheel worksheet
- Child Abuse Prevention Month Fact Sheet
- National resources from Child Information Gateway
- Social media resources including sample posts, cover photo and profile picture for Child Abuse Prevention month

#### **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.

South Carolina has three Citizen Review Panels (SCCRP) representing the Lowcountry, Midlands, and Upstate regions of the state. The SCCRPs hold regular bimonthly meetings and some of the key activities noted since submission of 2015-2019 CFSP have been:

The South Carolina Citizen Review Panel sponsored four (4) FREE comprehensive Child Abuse Awareness and Prevention Trainings in 2014: April 23, 2014 at North Charleston City Hall in Charleston County, July 17, 2014 at the Richland County Sheriff's Substation in Richland County; July 24, 2014 at Greenwood County First Steps/The Social Change Initiative in Greenwood County and September 25, 2014 at Palmetto Health in Richland County.

Midlands CRP:

- The Midlands CRP hosted the annual Fall Retreat on October 23, 2014 which included Independent Living Program overview and accomplishments.
- Toured Richland County SCDSS with Richland County Legislative Delegation to hear presentations from the SCDSS leadership and assess operational/facility needs.

Low Country CRP:

- Hosted Child Abuse Awareness and Prevention training for forty (40) adults that included the Department of Juvenile Justice, North Charleston Police Dept., Resource Foster parents, Triple P Parents, Head Start, SC Mentor, etc.

Upstate CRP:

- The Upstate CRP attended several Senate Subcommittee hearings to share staff development, staff training and supervision needs for the SCDSS.
- With assistance from the Center for Child and family Studies, the Upstate CRP was able to develop a survey for caseworkers, supervisors and county directors. By the end of 2014, three Upstate counties were surveyed and results indicated the need for increased training options, improvement of staff morale, communication and relationship with each working level within the SCDSS. Upstate CRP plans to continue survey process in more upstate counties through the rest of FFY 2015.

Provided notice to HHS of any substantive changes relating to the prevention of child abuse and neglect that may affect the State's eligibility for the grant program (including statutory and regulatory changes (section 106(b)(1)(C)(i));

Continued to prepare and submit to HHS an annual report describing how the funds provided under CAPTA were used to address the purposes and achieve the objectives of the grant program (section 108(e).

The 2014 CRP Annual Report and the state's response are Appendix B.

In this submission dated June 30, 2014 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 on May 2013 submitted for the 2014 FFY.

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## Section E.

### 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 overarching purpose of the South Carolina Independent Living Program is to provide the developmental skills necessary for foster youth to live healthy, productive, self-sufficient and responsible adult lives. The purposes of these services are to provide 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 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 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 foster youth receive a formal transition planning meeting within 90 days of the youth's 18<sup>th</sup> birthday. The SC CFCIP determined that earlier intervention would result in better outcomes for youth in transition. In order to strengthen the federal mandate, the Foster Care Manual, Section 832.01.01, Transition Planning Prior to Emancipation, effective February 3, 2013, was revised to include the following: "A transition plan is required to be developed within 90 days of the youth's 17<sup>th</sup> birthday and must be reviewed 90 days prior to the youth's 18<sup>th</sup> 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.

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, 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**.

**Strategy 4.8.1:** 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)

- 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.

**Strategy 4.8.2:** Provide training to Providers on Form 30254 and the process.

(IL Training for **Program Purposes 1-8**)

**N-QIP General Requirement #1**

- Training events began, using the Palmetto Association for Children and Families Annual Conference on 2/12/15 and the South Carolina Foster Parent Association Annual Conference 4/9/15-4/11/15.



- 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.
- In an effort to hold providers accountable and to ensure that youth are receiving services, the Independent Living Team has been restructured to allow a more hands-on approach by creating 5 Regional IL Youth Advocates. This will enhance the state's ability to ensure that services are being accurately documented and in a timely manner. The unit has created a vehicle to allow contracted Providers to send information on NYTD services to the IL Advocate for entry into CAPSS, the use of the 30254 checklist, and the use of Interns to assist in checking for discrepancies. Caseworkers are being held accountable for providing proof of delivery of services to be kept in the youth's case file for audit purposes. Completion date April 2015.
- Trained Columbia Urban League staff on 1/28/15, Region IV Guardians ad Litem on 3/12/15, and Volunteers for Youth Guardians ad Litem on 3/13/15.

**Strategy 4.9.1 - 4.9.15:** Address and correct CAPSS-related data element errors. (IT Support)

**N-QIP General Requirement #1, 4, 11, 14-19, 36, 53, 56-58.**

- The SCDSS IL staff requested in January 2015 for CAPSS support staff to correct CAPSS-related data element issues.
- The SCDSS CAPSS is now reporting inconsistencies to NYTD partners at the CCFS, rather than correcting them. The CCFS has been directed to first check for data entry errors and, if this is not the issue, to contact the youth to clarify the response. Once the error has been resolved, The CCFS submits the file fix to the SCDSS Information Technology (IT) Team.

**Strategy 4.10.2:** Add the question on the ETV application- "Has the youth applied for the Grant Waiver?" (**Program Purpose 6**)

- Question added to the ETV application in November 2014.

**Strategy 4.10.3:** Improve the information provided to caseworkers regarding the College Goal Sundays. (**Program Purpose 6**)

- The IL staff sent out an e-mail blast in January with information regarding College Goal Sunday to county and regional staff. This will be done on an annual basis.

**Strategy 4.10.4:** Explore the use of media and technology to communicate with youth directly including the SC NYTD CCFS Listserv.

- There is now an ongoing use of the SC NYTD website and the SC NYTD list serve.
- Decision to explore the possibility of using other forms of media (taking into consideration confidentiality and privacy).
- Met to discuss development of an IL website on 3/4/15.

**Strategy 4.11.1:** Train providers and youth on transition planning. (**Program Purposes 1 & 4**)

- Completed revisions to PATTY Form 30206 on 8/21/14.
- Completed training revisions on 9/23/14.
- Began ongoing training for supervisors, foster care staff, care providers, and community partners.

**Strategy 4.12.1:** Explore with SCDSS Information Technology Unit the reason the foster care status cannot be determined for baseline youth who did not participate in the survey, and the reason the Department cannot technically validate that all eligible baseline youth with a survey request are reported on by CCFS prior to NYTD file submission.

- Validation routine established.

**Strategy 4.12.2 and 4.12.3:** Report information on all youth in the baseline population.  
**N-QIP General Requirement #2 and #4.**

- A Validation routine established for youth involvement in surveys.

**Strategy 4.12.4:** The state reports NYTD data files following ACF's specifications.  
**N-QIP General Requirement #7.**

- Validation routine established.

**Strategy 4.12.5:** The state conducts quality assurance to ensure NYTD information can be analyzed and used.  
**(Program Purposes 1 & 4)**

**N-QIP General Requirement #8.**

- The SCDSS CAPSS is now reporting inconsistencies to NYTD partners at the University of South Carolina, Center for Child and Family Studies (CCFS), rather than correcting them. The CCFS has been directed to first check for data entry errors and, if this is not the issue, to contact the youth to clarify the response. Once the error has been resolved, the CCFS submits the file fix to the SCDSS Information Technology (IT) Team.
- The NYTD team has trained staff, administration, community partners and care providers in understanding and utilizing the NYTD data to inform practice and assess quality of services provided. This was accomplished through the Palmetto Power (P2) meetings, the Palmetto Association For Children and Families Annual Conference, the SC Foster Parent Association Annual Conference, and the Independent Living Advisory Committee.
- In reference to engaging youth in transition planning, and based on SC NYTD survey findings, SCDSS IL has revised the assessment tool (PATTY Form 30206) to include more comprehensive planning and collaboration with the youth, and sent to the SCDSS IT Unit to place it on the SCDSS Server "Forms Index", and this placement is in process. A commitment has been made to have Regional IL Advocates assisting County and Regional Offices to ensure that transition planning meetings are taking place and are being youth led.
- The SC Independent Living Team has utilized the information gathered by the NYTD survey and adjusted our efforts to utilize this information to inform practice. For example, to ensure that youth are receiving services, the Independent Living Team has been restructured to allow a more hands on approach by creating five (5) Regional IL Youth Advocates, to enhance the state's ability to make sure quality services are being provided and accurately documented in a timely manner. The Unit has provided training for contracted Providers and the Department's staff explaining the findings of the NYTD survey, and implications for practice with the partnership of the CCFS.
- The Independent Living team has identified youth and former foster youth to participate in all meetings, to include the Annual Stakeholders Meeting, the Palmetto Power (P2) conferences, and the Independent Living Advisory Committee meetings. Youth have provided feedback and valuable input. One change in policy resulting from youth input is the creation of an incentive award for all youth enrolled in post-secondary education with at least 6 credit hours per semester, who maintain a 3.0 GPA or higher. These youth can receive \$100 per semester for up to 3 semesters per school year.

**Strategy 4.13.1:** Request the CCFS, NYTD Team, to make the following corrections to questions on the Survey by including on the survey the following questions following from the July 2014 NYTD Review: Question #7 (**Element 41**), Question #9 (**Element 46**), Question #11 (**Element 48**) and Questions #19-21 (**Elements 56-58**).

- Completed. Corrections were submitted to Children's Bureau on 8/08/14. Received approval for revisions from ACF on 9/03/14.

**Strategy 4.13.2:** Request 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 and suggests that Questions #20 and 21 (**Elements 57 and 58**) are only applicable if the youth indicated having health insurance other than Medicaid. However, these elements are also dependent on a “yes” response to Question #19 (**Element 56** medical health insurance) (NYTD & IT Support).

- Completed – Validation routine established. Corrections were submitted to Children’s Bureau on 8/08/14. Received approval for revisions from ACF on 9/03/14.

**Strategy 4.14.1:** Determine the reason(s) that the automated correction and deletion of the software makes errors and creates inconsistencies.

- Meeting held and determination made. The plan to correct was developed.

**Strategy 4.14.2:** Develop a manual or electronic process to check for internal inconsistencies in survey data before submitting to NYTD.

- Completed – Validation routine established.

**Strategy 4.15.1:** The 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 once during a Palmetto Power (P2) meeting.

- Presentation: Monique Mitchell (CCFS-NYTD) presented survey results to IL Staff on 8/04/14.
- Presentation: Monique Mitchell presented at P2 meeting on 3/27/15. Team leaders were present. She also presented survey results at the IL Advisory Committee meeting on 9/16/14 and at the SCFPA conference on 04/10/15 and the PAFCAF conference on 2/10/15.

**Strategy 4.15.2:** 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.

- IL Staff met with CCFS-NYTD staff member Monique Mitchell, for recommendations for the policy improvement-based survey findings, on 9/10/14. IL staff scheduled meeting with the new CQI Director, Malik Whitaker, to develop improvement strategies in September.

**Strategy 4.16.1:** Provide training in the Survey results and how to use the data at Palmetto Power (P2) meetings. (NYTD)

- The list of Supervisors who were absent was used to follow-up with additional training to them.
- Monique Mitchell presented the survey findings and training on how to use the data at the P2 meeting on 03/27/15.

**Strategy 4.17.1:** Place a member of the staff of the SCDSS Chafee Foster Care and Independent Living Program (CFCIP) on the CAPSS Work Team.

- Mari Squire & Terri Pope are a part of the CAPSS Work Team and have been attending meetings and conference

**Strategy 4.18.1:** Train youth in the protocols of being involved in meetings and having an active voice. (**Purpose 4**)

- Began training youth at GOALL meetings, NYTD Youth Voice, ILYA, leadership camps, and prior to meetings/presentations.

**Strategy 4.18.2:** Prepare youth for meetings by developing with youth prepared questions for them to ask, and answers to anticipated and planned questions of the meeting. (**Purpose 4**)

- Began training youth at GOALL meetings, NYTD Youth Voice, ILYA, leadership camps, and prior to meetings/presentations.

**Strategy 4.18.3:** Enable youth to have contacts with Senior Management at the SCDSS, by inviting them to the SCDSS Independent Living-related the IL Advisory Committee meeting on 1/20/15. Five youth attended the Stakeholders' meeting on 1/22/15. Senior Management attended the GOALL, State Youth Advisory Board meeting on 3/21/15.

**Strategy 4.18.4:** 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. **(Purpose 4)**

- Information about this strategy has begun to be shared with adult participants prior to meetings. This information was e-mailed to youth.
- GOALL (Go Out And Learn Life) Youth Advisory Board created a document to assist adults working with youth in communicating in a youth-friendly way. Adults are reminded at meetings when youth are present to use youth-encouraging language.

**Strategy 4.18.5:** Include a youth-participation item on the agenda of meetings involving youth input. **(Purpose 4)**

- Where appropriate for youth to participate in the meetings, meetings involving SCDSS staff have begun to include in the Agendas at least one youth-participation item.

**Strategy 4.18.6:** 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). **(Purpose 4)**

- Developed a plan to identify meetings at which youth are needed, but will be unable to attend.
- Implemented a plan to present youth unable to attend the meetings with the agenda and a request for their responses prior to the meeting.
- GOALL has been presented with questions prior to meetings that a representative youth was unable to attend and they provided feedback to be presented at the meeting, by the GOALL liaison or other staff.

#### **Accomplishments related to the 8 CFCIP Program Purposes, not in the Strategic Action Plan.**

- **Purposes 1, 7, 8-** Updated policy.
- **Purpose 1-** Updated NYTD services booklet with user friendly categories.
- **Purposes 1, 2, 3-** Added to the IL Program providing computers to High School Juniors and Seniors.
- **Purposes 1, 2, 4, 5, 7-** Revamped IL training.
- **Purposes 1, 2, 3, 6-** Ordered ETV promotional materials.
- **Purposes 1, 5, 7-** Ordered transitional book "What's My Next Move?"
- **Purposes 1, 3, 5, 8-** Updated CAPSS requests based on NYTD review.
- **Purposes 1, 4, 8-** Included youth in and prepared youth for a SCDSS meeting.
- **Purposes 1, 3, 4, 5, 8-** Restarted Independent Living Advisory Board with three subcommittees (ETV & Higher Education, Homeless Youth, and Youth with Special Needs).
- **Purposes 1, 8-** Collaborative planning meetings with Catawba Indian Nation to ensure ICWA compliance.
- **Purposes 1, 8-** County-staff training activities.
- **Purposes 1, 7, 8-** Expanded reunification eligibility services.
- **Purposes 1, 2, 3, 5-** Added academic incentive for college youth.
- **Purposes 1-8-** Presentations to the Palmetto Association for Children and Families and Volunteers for Youth Conferences.
- **Purposes 1, 2, 3, 5, 8-** Scheduled training with Urban League.
- **Purposes 1-8-** Ordered promotional materials for IL.
- **Purposes 1-8-** Training provided to the SC Foster Parent Association Annual Conference.
- **Purposes 1-8-** Communicated directly with youth about funded services to ensure access for youth.
- **Purposes 1- 8-** Graduation celebration.

- **Purposes 1-8-** Restructured the IL Program to divide the state and implement the use of five Regional Advocates.
- **Purposes 1-8-** Participated in NYTD federal review of the SCDSS IL Program. Began to respond to the recommendations of the NYTD Review.
- **Purpose 8-** Added prom attire reimbursement to High School Senior expenses.
- **Purpose 8-** Added providing bicycles for youth ages 13-16 to the IL Program

**Planned Activities For FFY 2016, related to the 8 Chafee Foster Care Independence Program Purposes, not in the Strategic Action Plan.**

- **Purposes 1-3, 5, 7, 8** - Add computers for High School Juniors and Seniors, effective July 2015.
- **Purposes 1-8** - Develop an IL poster, brochure and website, and an IL Exit Checklist for youth to complete when they leave foster care.
- **Purposes 1-8** - Develop a Youth Group curriculum.
- **Purposes 2-6** - Develop a partnership with the Woodbrown Education Services to offer precollege preparation.
- **Purposes 1-8** - Develop IL desktop training modules through the CCFS.
- **Purposes 1-8** - Update the IL Guidelines Booklet.
- **Purposes 1, 4, 5, 8** - Partner with the SC Campaign to Prevent Teen Pregnancy to develop a curriculum for adult care providers and the SCDSS staff to use with youth.
- **Purposes 1-8** - Develop a Youth Group Facilitator Training Manual.
- **Purposes 1-8** - Train the SCDSS County Offices' Business Office Staff on all of the available IL services and the IL funds disbursement process.
- **Purposes 1-8** - Update the PATTY transitional form.
- **Purposes 4, 8** - Collaborate with SC Equality to provide training for staff and youth regarding cultural competency and awareness for LGBTQ youth.
- **Purposes 1-8** - Work with partners to create programs and services specifically for youth ages 17-21.
- **Purposes 1-8** - The SCDSS IL Unit is planning training events for some of the IL youth and IL Unit staff training, provided by Clemson University Youth Learning Institute, for Leadership Development and Sibling Connections.
- **Purpose 8-** Add prom attire reimbursement to High School Senior expenses, effective July 2015.
- **Purpose 8** - Add bicycles for ages 13-16, effective July 2015.

**National Youth in Transition Database (NYTD)**

**a) How has NYTD data been shared with partners, tribes, courts and other stakeholders since the 2015-2019 CFSP submission?**

1. Voices and Visions of South Carolina Youth in Transition. *South Carolina Foster Parent Association Annual Conference*. (April, 2015) Greenville, South Carolina. Presenters: Monique B. Mitchell, PhD; Toni Jones, MSW; SC NYTD Youth Voice, SC NYTD Advisory Panel.
2. SC NYTD: The Voices and Visions of South Carolina Youth in Transition. *Palmetto Power Meeting*. (Mar, 2015). Columbia, South Carolina. Presenter: Monique B. Mitchell, PhD.
3. Preparing Youth for the Transition Out of Foster Care: Using the Youth Voice to Inform Practice and Build Meaningful Relationships. *Palmetto Association for Children and Families 2015 Annual Conference: Building Meaningful Relationships*. (February, 2015) Myrtle Beach, South Carolina. Presenters: Monique B. Mitchell, PhD; Terri Pope, MSW.
4. Youth Speak. *Carolina Youth Development Center. Youth Symposium*. (Jan, 2015). Presenters: Monique B. Mitchell, PhD; SC NYTD Youth Voice, SC NYTD Advisory Panel.
5. The National Youth in Transition Database. *South Carolina Department of Social Services Stakeholder Meeting*. (Jan, 2015). Columbia, South Carolina. Presenter: Monique B. Mitchell, PhD.

**b) How has the State involved partners, tribes, courts and other stakeholders in the analysis of the results of the NYTD data collection or NYTD Assessment Review?**

1. The data has been shared at the SC NYTD advisory meetings with SC NYTD Youth Voice, SC NYTD advisory panel.

July 12, 2015	9:45 am - 4:00 pm	University of South Carolina
October 11, 2015	9:45 am – 3:00 pm	University of South Carolina
January 20, 2015	9:45 am – 3:00 pm	University of South Carolina
April 11, 2015	9:30 am – 3:30 pm	Embassy Suites, Greenville, SC

**c) How has the state used these data and any other available data in consultation with youth and other stakeholders to improve service delivery in the last year?**

1. The SC NYTD Youth Voice provided a practical application of Independent Living services and NYTD data with foster parents at the South Carolina Foster Parent Association Annual Conference. It is hoped that this workshop will improve service delivery by providing additional training to the foster parents about the Independent Living services available to youth ages 13-21 years old in South Carolina
2. The SC NYTD Youth Voice developed podcasts based on NYTD data and posted on the SC NYTD website, [www.nytdstayconnected.com](http://www.nytdstayconnected.com)), to raise awareness about the NYTD data and the importance of positive outcomes for youth in foster care
3. The SC NYTD Research Director met with the Chafee Independent Living State Coordinator and Independent Living Program Coordinators to discuss the research findings, implications, and policy recommendations based on the research data (including but not limited to the NYTD outcomes). Based on these recommendations, the following changes in service delivery were made:
  - Development of report from the state Youth Advisory Group regarding case management titled, “Making a meaningful difference in youth’s lives: Youth’s perspectives on quality case management”;
  - Added questions to the NYTD survey that captures youth’s confidence levels in completing independent living tasks (e.g. educational preparation, household management, etc.);
  - Improved the PATTY (30206) Guide by:
    - (i) verifying that youth transitioning out of foster care are receiving their birth certificate, social security card, Medicaid card, and Education and Health Passport;
    - (ii) ensuring that youth are asked about the Health Care Power of Attorney/Health Care Proxy,
    - (iii) inquiring if a youth has a resume and, if not, identifying the steps that will be taken to assist the youth in the development of a resume.

**Activities since the 2015-2019 CFSP submission and planned for FFY 2016.**

**a) Involving the public and private sectors in helping adolescents in foster care achieve independence.**

**Since 6/30/14:**

The Independent Living Program is working to strengthen and revitalize 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. The IL Advisory Committee is composed of: SCDSS staff; University of South Carolina staff, including staff from the Center for Child and Family Services (CCFS); contracted 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 SC Department of Juvenile Justice; the Columbia Urban League and other community

organizations. Membership in this Committee includes two seats for youth. The SC CFCIP has reached out to these Agencies to invite their continued or renewed participation in the program.

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 youth in Foster Care. 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 for college students. Twenty (20) youth received SCFPA "On The Road Again" Program" cars from June 2014 through May 2015. That makes Thirty-one (31) youth placed in vehicles since October 2013. This will continue in the FFY 2016.

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 the SCDSS 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 develop training opportunities in camp and retreat settings for youth, girls and boys empowerment conferences, three regional staff training events, and a two-day overnight training event for the SCDSS staff, partner Agencies, and community partners. These training events also included community organizations such as the Citizen Review Panel, the Foster Care Review Board, and the Guardian ad Litem Program. 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.

**Planned for FFY 2016:**

Starting 10/1/15, our partners will continue to provide the same services as listed above to youth in foster care, ages 13-21. In addition to new initiatives and/or services for youth ages 17-21, youth with special needs and youth who are susceptible to homelessness have services specifically targeted to meet their needs.

The SCDSS is in the process of meeting with partners to discuss options to meet the needs of these populations.

The SCDSS Independent Living Program is partnering with the SC Campaign to Prevent Teen Pregnancy to develop a curriculum for adult care providers and the Department's staff to use with youth, and additionally partnering with the Woodbrown Education Services and other educational consultants throughout the state to offer pre-college preparation.

Regional staff training will begin this fiscal year. Girls/boys empowerment conferences are scheduled for October 2015 and March 2016.

**b) Coordinating services with other federal and state programs for youth.**

**1. Transitional living programs- especially transitional living programs funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974.**

**Since 6/30/14:**

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 from foster care.

Community shelters as well as two representatives of the 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.

The SCDSS is also building a stronger partnership with the SC Department of Juvenile Justice to coordinate services for youth with judicial involvement and to prevent incarceration for youth in foster care.

**Planned for FFY 2016:**

The SCDSS Independent Living Program is meeting with a local shelter to discuss creating an Independent Living Program for homeless youth to assist them in their transition to permanent housing.

The SCDSS will continue to seek partnerships in the community for opportunities to create and build transitional living programs.

**2. Abstinence programs.**

**Since 6/30/14:**

The SCDSS Independent Living Program staff has had several meetings with the SC Campaign to Prevent Teen Pregnancy to discuss a grant partnership 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. A Grant Partnership was established on 3/23/15.

The SC CFCIP is also part of the State Alliance for Adolescent Sexual Health in South Carolina (SAASH), an organization comprised of committed stakeholders who are dedicated to the health and well-being of our youth. SAASH builds the state's capacity to integrate programs and strengthen partnerships around adolescent sexual health issues

**Planned for FFY 2016.**

The SCDSS Independent Living Program is meeting with a local shelter to discuss creating an Independent Living Program for homeless youth to assist them in their transition to permanent housing.

We will continue to seek partnerships in the community for opportunities to create and build transitional living programs.

The first year of the grant process with SC Campaign to Prevent Teen Pregnancy will also begin, involving the SCDJJ, the SCDSS, and other Agencies. There will be six (6) month planning period for establishing a leadership team and assessing/mapping of system needs. The year will continue by initiating capacity building with staff and contracted Providers.

**3. Local housing programs.**

**Since 6/30/14:**

The SCDSS have had previous discussions with the SC State Housing Finance and Development Authority regarding housing for youth leaving foster care, especially for those who are homeless.

The SCDSS researched the Family Unification Program (FUP), which is a program under the Housing Choice Vouchers that provides assistance to two different populations. The population relevant to our youth are youth ages 18 to 21, who left foster care at age on or after their 16<sup>th</sup> birthday, who lack adequate housing. This program could provide up to eighteen (18) months of housing assistance along with the partnership of the Child Welfare agency which is responsible to provide a program of supportive services. The SCDSS are in the process of researching the availability of the FUP in South Carolina.



**Planned for FFY 2016:**

The SCDSS will be meeting with the SC State Housing Finance and Development Authority by November 2015 to discuss options for homeless youth and opportunities to create a partnership.

**4. Programs for disabled youth (especially sheltered workshops).**

**Since 6/30/14:**

The SCDSS Independent Living Program staff participates in staff meetings 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 to address current concerns with gaps in services and programs.

**Planned for FFY 2016:**

The SCDSS Independent Living Program 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.

**5. School-to-work programs offered by high schools or local workforce agencies.**

**Since 6/30/14:**

Opportunities for youth have been made available through the Workforce Investment Act's Summer Job Program for At-Risk Youth. This WIA program is accessed through local "One Stop Centers". The Independent Living Program is partnering with the SCDJJ's "Job Training Center", which offers job and career-building skills. The Job Developer at the "Job Training Center" places youth in positions with community organizations/businesses.

The SCDSS Independent Living Program made contact with the SC Department of Vocational Rehabilitation to create a partnership to assist in placing youth with disabilities and developmental barriers to employment.

The SCDSS Independent Living Program made contact with Job Corps to create a partnership to provide additional education and career choices for youth. A meeting was held on 05/19/15 to discuss services offered by the CFCIP and Job Corps, the referral process and to share the resources of each program.

**Planned for FFY 2016:**

The SCDSS Independent Living Program will concentrate on newly established partnerships (listed above) in order to build supportive services for obtaining and sustaining employment for youth transitioning from foster care to adulthood.

**c) Collaborating 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.**

In response to the Public Law (P.L.) 113-1-83, the Preventing Sex Trafficking and Strengthening Families Act amended provisions and the Children's Bureau Program Instruction ACYF-CB-PI-14-06 for submitting a revised Title IV-E plan that included the changes made in the amendments, the SCDSS submitted an agency plan amendment for Title IV-E that was received by the ACF on January 23, 2015. The amended agency plan included the definition of a sibling, relative notifications and successor guardian name in the guardianship agreement. The plan amendments were approved by the ACF with an effective date of September 29, 2014.

The state of South Carolina passed a human trafficking law, S.C. Code Ann. §§ 16-3-2010 *et seq.* (2012). The law became effective on December 15, 2012. One of the provisions in the law mandated an interagency task force to be formed for the purpose of developing and implementing an integrated and coordinated state plan for trafficking in persons in South Carolina. The South Carolina Human Trafficking Task Force (SCHTTF) was formed in September

2012 and the membership grew to include the following entities to develop the plan: S.C. Office of Attorney General, SC Dept. of Labor and Licensing (LLR), SC Police Chiefs Assoc.; SC Law Enforcement Division (SLED), SC Dept. of Health and Environmental Control (DHEC); United States Dept. of Labor, SC State Office of Victims Assistance (SOVA); SC Commission on Prosecution and Coordination; SC Dept. of Social Services (SCDSS); SC Office of the Governor; SC Dept. of Employment and Workforce (DEW); SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA); SC Victim Assistance Network (SCVAN); United States Attorneys' Office; Federal Bureau of Investigations (FBI); United States Immigration and Customs Enforcement (ICE); United States of Homeland Security; East Carolina Coalition Against Human Trafficking (ECCAHT); SC Dept. of Public Safety; SC Appleseed Legal Justice Center; and A21 Campaign of SC, SC Network of Children Advocacy Centers.

The South Carolina State Plan to Address Human Trafficking was completed June 12, 2014. The Human Trafficking Task Force has continued to meet quarterly on collaboration and resource building for implementation of recommendation items under Finding 1: First responders, medical professionals, labor agencies, and victim advocacy groups must be able to recognize the signs of human trafficking, Finding 2: There is a lack of sufficient funding for, access to, and availability of resources for groups that provide services to victims of human trafficking, Finding 3: South Carolina does not have adequate shelter space to meet the needs of human trafficking victims as outlined in the State Plan. Full state plan available at <http://www.scag.gov/wp-content/uploads/2014/06/Human-Trafficking-State-Plan.pdf>

Not only does the SCDSS collaborate and share resources with the SCHATTF, in January 2015, the SCDSS began preliminary discussions with its community partners such as PAFCAF and its membership of Therapeutic Foster Care and Group Care providers and SCDSS county office staff from multiple counties to overview the human trafficking laws, state plan and efforts, existing support organizations, etc. Discussions also centered around the possible utilization of some facilities and homes to be utilized for those children and youth who were in need of placement that are victims of human trafficking. Issues around no existing statutes that give SCDSS authority to place children who are not in care were determined to need more exploration and follow up including providers having the special skill sets to address the trauma specifically related to human trafficking.

Also, the SCDSS Independent Living Program is exploring the new Human Trafficking Coalition in Richland County and the Low Country Coalition Against Human Trafficking as resources for possible support and partnerships to assist transition age youth in preventing becoming a victim of human trafficking.

#### **d) Providing specific training.**

##### **1) In support of the Goals and Objectives of the states' CFCIP.**

###### **Since 6/30/14:**

The SCDSS Independent Living Program trained new Human Services staff in Child Welfare Basic Training. Training was rendered at the Group Care Facility Conference (PAFCAF) in February 2015, and at the Foster Parent Annual Conference (SCFPA) in April 2015.

Guardians ad Litem (GAL) were trained in Region IV. The SCDSS County Offices' staff have ongoing technical assistance. Some of the Court Appointed Special Advocate (CASA) volunteers were also trained. Community and Agency partners were trained and kept knowledgeable of new developments and changes to policies in the Independent Living Program, in the IL Advisory Committee meetings.

Business Office staff in Regions I and II were trained on their role in ensuring youth receive services after funds are approved.

Youth across the state were empowered with information through youth groups, peer training activities, leadership retreats, and involvement in Department meetings. This ensured that the youth had a part in the process as well as an opportunity to give feedback to the Department.

**Planned for FFY 2016:**

The SCDSS will continue all of the training activities for the SCDSS staff, SC Agency partners, stakeholders, community organizations and youth.

**2) To help foster parents, relative guardians, adoptive parents, workers in group homes, and caseworkers understand and address the issues confronting adolescents preparing for independent living.**

**Since 6/30/14:**

The SC DSS Independent Living Program has ongoing training, provides daily technical assistance and coaching to the SCDSS staff, professional staff in other SC state Agencies, and volunteers, regarding issues that youth face in general, including more specific issues on a case-by-case guidance to foster parents, relative guardians, adoptive parents, workers in group homes, caseworkers, and youth. Based on feedback from the federal review team, youth and other users, the IL Guidelines and NYTD Services Booklets were revised to be more user-friendly and comprehensive.

**Planned for FFY 2016:**

The SCDSS IL Program will continue to provide assistance as detailed above and create more avenues for communicating

Through the development of an IL Program website, and ensuring that Regional IL Advocates promote the need to assist youth in developing skills to be successful, the need to be accepting of youth perspectives, and the need to involve youth in the plans for their futures.

Other than Modules related to Independent Living in the Child Welfare Basic training for new SCDSS caseworkers, the only training activity scheduled to be provided that is either IV-E or IV-B funded that addresses **understanding and addressing the issues confronting adolescents preparing for independent living** is "Independent Living and NYTD" (IV-E). The other training activities related to the Independent Living Program have been funded by the Social Security Block Grant or the Adoption Incentive Payments Grant. These other-funded Independent Living training activities include: "Independent Living: Bringing the Support Youth Need to Transition Into Adult"; "Voices and Visions of South Carolina Youth in Transition"; and "Heartfelt Calling: Foster & Adoptive Family Pre-Service Training: Module 6: *Moving On*, Transitioning to Adulthood and Saying Good-bye as the youth departs to college, a job or marriage."

**e) Involving youth/ young adults in the CFCIP, CFSR, NYTD, and other related agency efforts.**

**Since 6/30/14:**

Youth and young adults have been 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 have also been involved by representation at the IL Advisory Committee and other Department meetings (Palmetto Power P2, Stakeholders' Meetings, and other CFCIP meetings).

**Planned for FFY 2016:**

Same as above.

**f) Consultation with Tribes.**

**1) How each Indian tribe in the state has been consulted about the programs to be carried out under the CFCIP.**

The Catawba Indian Nation (CIN) is the only federally recognized Indian tribe in South Carolina. The state CFCIP (Chafee Foster Care Independence Program) has participated in collaborative meetings with representatives of the Catawba Indian Nation four (4) times since 10/1/14. These meetings included representatives from the SCDSS,

including the CFCIP staff and the Office of General Council, as well as representatives of the CCFS, CLC, Linda Love, Social Services Director for the Catawba Nation, and Dione Carroll, the Legal Counsel for the Catawba Indian Nation.

**2) Efforts to coordinate the programs with such tribes.**

The SC CFCIP continues to collaborate with the Catawba Nation to ensure that any and all youth in Foster Care in the state that are identified as Native American Indian are informed about the CFCIP and the benefits available to eligible youth through the state and the 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. Availability of CHAFEE and ETV funds for Native American youth was discussed at each collaborative meeting with Linda Love, Director of Social Services, Catawba Indian Nation, during the FFY 2015. The 2015-2019 CFSP, Strategic Action Plan addresses information related to discussions regarding programs available to Indian youth in the following strategies.

**2.2.7:** A credit report will be obtained for all tribal youth, age 16 and older.

**2.2.8:** Develop a process to identify Native American children who will turn 17 years old within 90 days of their birthday, in order to begin a formal transition plan and education about emancipation after the youth turns 18 years old.

The primary challenge facing the SCDSS CFCIP staff and the SCDSS County Offices' staff in specifically addressing the IL Program to the Indian youth of SC is identifying youth as Native American. Self-identification does not happen every time an Indian youth becomes involved with the SCDSS. The Department is providing increased training and technical assistance opportunities for SCDSS staff in terms of efforts to identify Native American children when involved with the SCDSS, including the importance of continuous attention to identifying a youth as Native American when the child/youth is a member or eligible for membership in a Tribe. Additionally, the SCDSS Intake Specialists specifically, and SCDSS caseworkers generally, have and will continue to receive ongoing and a new annual online technical assistance activity, related to ICWA compliance, and the importance of steps to help a Native American child/youth self-identify or be identified as a member of or eligible for membership in a Tribe.

**3) How the state ensures that benefits and services under the programs are made available to Indian children in the state on the same basis as to other children in the state.**

The SC CFCIP receives quarterly reports to identify SCDSS involvement with Native American youth on a quarterly basis. The SCDSS staff consults with the staff members of the CIN when a youth is identified as a member of the Tribe. The CFCIP has provided the Tribe with resources such as the SCDSS Chafee Guidelines Booklet and information on services provided by the agency.

**4) CFCIP benefits and services currently available and provided for Indian children and youth.**

The Catawba Nation and the SCDSS continue to work together to ensure that youth identified as Native American Indian are eligible for all services available through the CFCIP according to the same criteria for all foster youth and former foster youth in the state. The CIN and the Department will continue to work together to provide post-foster care services for Indian children emancipating from foster care after reaching the age of 18. The CIN social worker and the SCDSS staff have agreed that self-identification of older youth be further addressed through an on-going effort 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 CIN is the contact for youth mentor support and can be reached by contacting the Catawba Indian Nation office.

**5) Has the state negotiated, in good faith, with any tribe that requested to develop an agreement to administer or supervise the CFCIP or an ETV program with respect to eligible Indian children and to receive an appropriate portion of the state's allotment for such administration or supervision.**

\* This has not been requested by the Catawba Indian Nation, the only Federally-recognized tribe in SC, and the availability of it has been discussed.

**6) Concerns raised by the Catawba Indian Nation during consultation on accessing Chafee services and how the state plans to address these concerns.**

\* Concerns: The Catawba and other Native American children have not always been identified as Catawba or Native American children. See above 2) "Efforts to coordinate the programs with such tribes."

**g) Education and Training Voucher Program**

**1) Accomplishments and progress to establish, expand, or strengthen the state's postsecondary educational assistance program to achieve the purpose of the ETV program based on the plan outlined in the 2015-2019 CFSP.**

Moving forward, the SC CFCIP is working to strengthen the Higher Education/ETV Workgroup in order to better utilize the Education and Training Voucher (ETV) program. We have partnered with camps that are education-focused and with education consultants that prepare youth for higher education, starting in the High School Sophomore year.

**Following are the Strategies in the 2015-2019 CFSP, Strategic Action Plan**, which were added to the Strategic Action Plan after submission of the 2015-2019 CFSP, but do reflect the objectives that were in the 2015-2019 CFSP.

**Strategy 4.10.1:** 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 in the Guide Book.

The IL Program has been and continues to work 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.

**Strategy 4.10.2:** Add the question on the ETV application- "Has the youth applied for the Grant Waiver?" This has been added to the ETV application.

SC CFCIP created a brochure specifically focused on the ETV. The program is also distributing promotional materials to create a knowledge-base about ETV funding. The SCDSS is also sharing other financial aid information with youth, caseworkers, care providers, Guardians ad Litem, Court Appointed Special Advocates and adults who work with youth in our eligibility population.

The SC CFCIP is in the process of reaching out to 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), and various state colleges and universities. It is the Program's goal to identify ways to recruit, retain, and support youth in post-secondary education.

**Strategy 4.10.3:** Improve the information provided to caseworkers regarding the locations and dates of College Goal Sundays provided by the Commission On Higher Education.

The SCDSS Program IL staff sent out an e-mail blast in January 2015 with information regarding College Goal Sunday to the SCDSS County and Regional staff. This will be done on an annual basis.

To ensure college students are equipped for success in college, and more likely to access the ETV program, the SCDSS CFCIP is offering ETV funds to students for the 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 funds for those costs that are included in the school's cost of attendance.

ETV eligibility has been expanded to any youth who have been reunified with their family at or after age 16, and who was in foster care at least 6 months. The SCDSS CFCIP initiated efforts to contact reunified youth by a flyer via USPS mail to promote all IL Program services that have been expanded, including ETV.

**2) Changes in the administration of the ETV program.**

No changes.

**3) Unduplicated number of ETVs awarded each school year (July 1st to June 30th).**

**Annual Reporting of State Education and Training Vouchers Awarded**

	Total ETVs Awarded	Number of New ETVs
2012-2013 School Year (July 1, 2012 to June 30, 2013)	137	84
2013-2014 School Year (July 1, 2013 to June 30, 2014)	118	65
2014-2015 School Year (July 1, 2014 to <b>May 12, 2015</b> )	125	60

## Section G

### Statistical and Supporting Information

#### Child Welfare Workforce

##### Qualifications and Training

Following are 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. 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.

The following tables present education levels and characteristics of current intake, screening, assessment, and investigation workers.

**Table 37. Staff Education Levels, FFY 2015, Quarter 3**

Position	Bachelor's or Higher	Some College/ Business or Technical	High School Graduate	N/A or Missing	Total
Human Services Specialist II	507	4	2	0	513
Human Services Coordinator I	86	2	2	1	91
Total	593	6	4	1	604

Source: SCEIS database (1J90 PCA) - 4/15/15

**Table 38. Staff Characteristics, FFY 2014 Quarter 3 (n=604)**

Characteristic	Total Number	Percent of Workforce
Gender	Female	86.6%
	Male	13.4%
Race/Ethnicity	Asian	.002%
	Black/African American	59.3%
	Hispanic/Latino	.01%
	White	38.6%
	American Indian/Alaska	.002%
	Missing/unassigned	.005%
Age (Median = 40)	22-29	29.6%
	30-39	31.95%
	40-49	19.7%
	50-59	13.7%
	60+	4.9%
	Missing	.002%
Highest Education	Associate	.002%
	Bachelor's	83.27%
	Completed 1 yr College, Business or Tech	.002%
	Completed 2 yrs College, Business or Tech	.0049%
	Completed 3 yrs College, Business or Tech	.0049%
	Doctorate	.002%
	High School Graduate	.0066%
	Master's	14.4%
	Missing/unassigned	.002%
Position Class Title	Human Services Specialist II	85.6%%
	Human Services Coordinator I	14.4%

Source: SCEIS database (1J90 PCA) - 4/15/15

## **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 cases per worker. These formulas were developed based on the analysis of the amount of work days in a year to exclude holiday, annual and sick leave; the amount of time spent on cases during the month (time studies); and the average number of cases per filled worker from the SCDSS Data, Research and Accountability Department (see attached data sample information).



The SCDSS has set the following caseload standard:

**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 Foster Children 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 DSS, 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 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 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 counties 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 2014 through the 2<sup>nd</sup> Quarter of the FFY 2015.

**Table 42. SC Child Fatalities resulting from Abuse/Neglect**

**Note:** FFY 2014 includes fatalities reported in either the Child or Agency files. FFY 2015 data has not been verified or validated and could change prior to the next NCANDS reporting.

Cause	FFY 2014	FFY 2015 (through 2nd quarter)
Natural causes – medical		1
Accidental:		
A. Auto	A. 3	A.
B. Overlay	B. 2	B. 2
C. Drowning	C. 2	C.
D. Electrocution	D.	D.
E. Gunshot wound	E.	E.
F. Fire	F.	F.
G. Asphyxia	G. 2	G.
H. Dog Attack	H.	H.
I. Hypothermia	I. 2	I.
Unknown/ Pending	5	
SIDS /SUIDS		
Suicide		
Homicide	16	3
Undetermined		

The SCDSS reports NCANDS from the SACWIS system (CAPSS) 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 SACWIS system 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.

### **Education and Training Vouchers**

a) Number of youth (unduplicated) who received ETV awards from:

- July 1, 2013 through June 30, 2014 (the 2013-2014 school year): 118

- July 1, 2014 through May 12, 2015 (the 2014-2015 school year): 125

b) There sixty (60) youth who were new voucher recipients in the 2014-2015 school year, and sixty-five (65) youth who were new voucher recipients in the 2013-2014 school year.

### **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 sent correspondence to all private agencies that place children from other countries for adoption in South Carolina. The only information received from this correspondence was a total of nine (9) adoptions from other countries. There were no disruptions reported by private agencies.

**b) Number who entered into state custody in Federal Fiscal Year 2014, as a result of the disruption of a placement for adoption, adoption placing agency, plans for child(ren), reasons for disruption.**

Only one SCDSS County reported any children entering into state custody as a result of a disruption of a placement for adoption of a child from another country. There were three (3) children who entered into state custody as a result of a disruption of an international adoption. There was no information about the placing agency available. The three (3) children returned to their adoptive home, and the case was closed.

The CAPSS system 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.