

Family Visitation Implementation Plan

Requirement: Defendants shall develop an Implementation Plan to achieve the final targets in this subsection. The Implementation Plan shall have enforceable interim benchmarks with specific timelines, subject to consent by the Plaintiffs and approval by the Co-Monitors, to measure progress in achieving the final targets in this subsection.

Final Settlement Agreement Targets IV.J: Family Visitation:

- J.2. At least 85% of the total minimum number of monthly sibling visits for all Class Members with siblings not living together shall be completed, with exceptions when (1) there is a court order prohibiting visitation or limiting visitation to less frequently than once every month; (2) visits are not in the best interest of one or more of the siblings and the facts supporting that determination are documented in the case file; or (3) with exceptions approved by the Co-Monitors.
- J.3. At least 85% of class members with the goal of reunification will have in-person visitation twice each month with the parent(s) with whom reunification is sought, unless (1) there is a court order prohibiting visitation or limiting visitation to less frequently than twice every month; or (2) based on exceptions approved by the Co-Monitors.

Current Status of Data and Proposed Methodology for Monitoring:

Currently, some data on sibling and parent visits is being captured in CAPSS, and work is underway to improve these fields. Because the fields that capture this information have been recently built or are currently being modified, workers have not been fully trained, the data have not been reviewed for completeness and accuracy, and the way in which these fields currently capture data do not match the proposed definitions of sibling and parents with whom reunification is sought, baseline data was determined using case reviews for a sample with a confidence level of 95% and a confidence interval of 5%. DSS has contracted this function to the University of South Carolina. USC, with technical assistance from Co-Monitor staff, has developed and tested QA instruments for these processes. The sibling universe from which the sample was constructed were children in foster care for the complete month under review and who were placed apart from at least one of their siblings who also were in foster care for the complete month.

The reviews for monthly sibling visits (Target J.2) and parent visitation (Target J.3) were completed and baselines and interim enforceable targets are set out below.¹

¹ All baseline data included in this Plan are subject to validation by the Co-Monitors.

Target	Estimated Sample Size	Universe
1. (J.2) At least 85% of the total minimum number of monthly sibling visits for all Class Members with siblings not living together shall be completed	313	1,666 (required visit months for siblings not living together as of September 2018)
2. (J.3) At least 85% of class members with the goal of reunification will have in-person visitation twice each month with the parent(s) with whom reunification is sought	331	2,375 (current permanency plans for children under 18 years in foster care for 30 days or more as of September 2018. Includes "Not Yet Established" and "Return to Home" categories)

As required by the FSA, DSS transformed the universe for J.2 from a child based population to a "required visit months" universe through technical assistance from Chapin Hall and the University of South Carolina for the monitoring period April 2018 through September 2018. While baseline was determined through case reviews, to decide if future compliance could be monitored eventually through reports, considerable development and testing continues to be needed.

CAPSS development staff continues to test and implement modifications with users and have deployed some changes in CAPSS to match the proposed definitions. Once all CAPSS changes are deployed, Data, Research and Accountability Division must build and validate reports for the applicable fields in CAPSS and statewide training will need to be conducted on these new fields and reports to ensure accurate input and monitoring.

Until those CAPSS fields and reports are built, the agency will continue to use case reviews to determine compliance.

Definitions:

1. Sibling -- children in foster care not placed together who have one or more parents in common either biologically, through adoption, or through the marriage of their parents, and with whom the child lived before his or her foster care placement²

² Taken from CFSR Onsite Review Instrument and Instructions p.38

Proposed Exceptions for Sibling Visits:

The following are exceptions to the requirement siblings not placed together visit with one another at least once monthly approved by the Co-Monitors. In all instances, the exception must be supported by documentation of the exception reason, and best efforts to engage, for the month under review:

- County director approval with legal consultation for determination that a visit poses immediate safety concerns. If a caseworker determines while in the field that proceeding with a visit poses immediate safety concerns, the caseworker can obtain County director approval after the fact.
- Court ordered no or limited sibling visitation
- Child or sibling is on runaway during a calendar month with best efforts to locate
- Child or sibling is incarcerated in, or residing in another facility that does not allow visitation despite efforts
- Child or sibling refuses to participate in the visit where age appropriate with best efforts by caseworker
- Sibling visit is infeasible due to geographic distance with efforts to provide alternative forms of contact. Geographic distance will only be allowed as an exception upon individual review of the applicable case by the Co-Monitors.
- Supervisory approval for determination that visitation would be psychologically harmful to the child based on clinical judgment*

Proposed Exceptions for Parent(s) with whom Reunification is Sought Visits:

The following are exceptions to twice monthly in-person visitation between children and their parent(s) with whom reunification is sought, approved by the Co-Monitors. In all instances, the exception must be supported by documentation of the exception reason, and best efforts to engage, for the month under review:

- County director approval with legal consultation for determination that a visit poses immediate safety concerns for the child. If a caseworker determines while in the field that proceeding with a visit poses immediate safety concerns, the caseworker can obtain County director approval after the fact.
- Court order prohibiting or limiting visitation
- Parent is missing, or child is on runaway during a calendar month with best efforts to locate
- Parent or child is incarcerated in, or in another facility that does not allow visitation in the calendar month despite best efforts
- Parent refused to participate despite best efforts by caseworker
- Parent did not show up to visit despite attempts to successfully arrange and conduct all required visits in that month
- Parental rights were terminated in that month
- Parent visit is infeasible due to geographic distance, with efforts to provide alternative forms of contact. Geographic distance will only be allowed as an exception upon individual review of the applicable case by the Co-Monitors
- Supervisory approval for determination that visitation would be psychologically harmful to the child based on clinical judgment*

*Clinical judgment: A DSS supervisor will confirm the determination that visitation would be psychologically harmful to the child based upon written documentation of clinical decision issued by a Licensed Practitioner of the Healing Arts (LPHA) within the scope of their practice under SC State Law and that is not an employee of the S.C. Department of Social Services. The LPHA's name, professional title, signature and date must be listed on the document to confirm the clinical decision.

The following are LPHAs:

- Licensed Physician
- Licensed Psychiatrist
- Licensed Psychologists
- Licensed Psycho-Educational Specialist
- Licensed Advanced Practice Registered Nurse
- Licensed Independent Social Worker-Clinical Practice

- Licensed Physician Assistant
- Licensed Professional Counselor
- Licensed Marriage and Family Therapist

Interim Benchmarks and Timeline:

Interim Benchmark:	Timeline:
Baseline data for J.2 and J.3 will be determined using case reviews with a confidence level of 95% and a confidence interval of 5%. These case reviews will be contracted out to the University of SC who will build, test, and use two instruments to capture the data.	J.2 and J.3 baseline completed
Interim benchmarks to be determined following analysis and aggregation of baseline data. Benchmarks will be monitored for compliance through case review samples until ongoing reports for compliance have been developed, validated and methodologies approved. Structural enhancements to CAPSS are anticipated for implementation March 2019 with training to be delivered by June 2019. Additional statistical reports as well as the creation of the universes will be re-structured post CAPSS implementation and training. Statistical reports once validated will be routinely shared with the field and analyzed for completeness ongoing.	Baseline and targets completed for J.2 and J.3

Baseline and Interim Enforceable Targets:

J.2: 66% of the total minimum number of monthly sibling visits for all Class Members with siblings not living together were completed.

J.2: Target 85%	Timeline
Interim Benchmark:	
66%	September 2019
70%	March 2020
76%	September 2020
85%	March 2021

J.3 Baseline: 12% of children in foster care as of November 30, 2017 with a goal of reunification visited twice with the parent(s) with whom reunification was sought in the month of November

J.3: Target 85%	Timeline
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Interim Benchmark:	
35%	September 2019
60%	March 2020
75%	September 2020
85%	March 2021

Targets for visitation at least once in the month with the parent(s)	Timeline
Interim Benchmark:	
60%	September 2019
85%	March 2020
85%	September 2020
85%	March 2021

Plan to Achieve Family Visitation Targets

Two Guiding Principles in the framework for DSS’s practice model focus on being family-centered and trauma-informed. We believe families, children and youth are essential partners, experts regarding their needs, and the drivers of change. We believe they all have strengths and the capacity to make informed decisions. We commit to engage, encourage, honor and support them in all areas, while continuing to keep the safety of children at the forefront of our decision-making. We will assess for and respond to trauma reactions and create a helping environment that identifies trauma, recognizes underlying causes, incorporates history to provide insight into current functioning, positively manages symptoms, promotes resilience, prevents further trauma and encourages healing. As we complete the practice model and take the steps necessary to become a family-centered, trauma-informed organization, we will strive to keep children in their families or with kin whenever safely possible. If a child must come into care, we will prioritize placing him or her with licensed kin who can provide a safe, stable and familiar environment; meet the child’s physical and emotional needs (with support); and assist in preserving the child’s connections with their parents, siblings, extended family, and community. When this is not possible, we will utilize core practice skills of engagement, teaming, assessment, planning, intervening, tracking and adapting to ensure family connections are maintained and remain strong while children are in non-kin foster placements.

Parent-Child Visitation

Goal: When it is not possible or appropriate to place children with their kin, DSS will preserve the continuity of family relationships and connections for children through visitation and ongoing contact.

Recognizing the critical role that visitation plays in achieving successful permanency, DSS has performed a focused analysis of the state’s performance on parent-child visitation and through this analysis identified a significant need for practice change to improve the consistency and

quality of these visits. Quality assurance reviews and other analyses have revealed issues such as: high workloads, unclear policy and procedure, insufficient documentation capacity, unclear purpose and goals for visitation, deficiencies in planning and structure for visitation, lack of parent engagement in planning, and a need for parent coaching.

Completion and implementation of the DSS case practice model in 2019 will provide clarity of purpose and a foundation for our work with children and families. All child welfare staff will be introduced to our values and guiding principles, as well as core practice skills they can begin to develop and/or strengthen. User-friendly practice guides that can be conveniently used in the field will be developed and disseminated based on agency role. Supervisors, managers, and administrators will also play an invaluable role in championing and supporting practice model implementation.

Child and Family Teaming as proposed in the placement implementation plan will set the foundation for visitation. The teaming process will promote collaboration with families in visitation planning. Barriers to visitation can also be identified and solutions generated to maximize family participation. Child and Family Teaming will also provide opportunities to identify support persons who may assist with additional visitation and contacts as appropriate and approved by the court. Increasing placement resources so that children can reside in or close to their home counties as proposed in the placement implementation plan and hiring casework assistants as proposed in this as well as the placement and caseload plans will address barriers related to transportation.

The agency will seek technical assistance from other states and experts in the field to define quality visitation and develop a visitation model that aligns with our practice model values and guiding principles and builds on family strengths to maximize the benefits of parent-child interactions. The agency anticipates that a strong focus on visitation will not only impact permanency outcomes but will have a significant impact on safety and wellbeing outcomes as well.

DSS will seek to widen the net of support for parent-child visitation to the broader child welfare system starting with foster care providers. Foster care providers are perfectly positioned to provide this support in an effective and efficient manner. This effort must begin by addressing the role of Foster Care providers from one of primary caregivers of the child to a role of resource parent who engages the biological parents and shares the parenting role.

Sibling Visitation

Goal: Children are placed with their siblings when it is safe to do so and in their best interest. In situations when it is not possible or appropriate to place siblings together, DSS will preserve sibling connections through consistent, quality visitation and ongoing contact.

DSS seeks to place siblings together when possible to reduce the trauma of separation from their family and to maintain those critical connections that provide them with a sense of security, identity, and belonging. A shortage of placement options has challenged the agency's effort to place siblings together, making a focus on sibling connections imperative. Upon analysis of data and interviewing staff, it was discovered that the same logistical barriers that hinder consistent, quality parent-child visitation also have an impact on sibling visitation, such as high workloads, unclear policy and procedure, and insufficient documentation capacity. However, implementation of the case practice model will address some of these barriers.

In addition, as with parent-child visitation, DSS will seek to more fully partner with foster care providers to support sibling visitation and ongoing contact above and beyond what is minimally required. This may involve transporting children to the visitation site, monitoring visits as

appropriate, and facilitating phone calls and other forms of contact. DSS has included rate increases for foster care providers in the placement implementation plan. This will help offset visitation transportation costs. DSS will also provide visitation training and coaching (as needed).

As outlined below, DSS intends to address current challenges and sustain improvement through five focused strategies:

1. Increase the quality of parent-child visits by developing and implementing a visitation model, that is based upon the casework practice model
2. Cultivate a shared understanding of parent-child and sibling visitation through training, policy, and CAPSS changes
3. Increase parent-child and sibling visitation by engaging stakeholders, addressing logistical barriers, and increasing accountability
4. Increase data quality and documentation through CAPSS enhancements, documentation training, and supervisory oversight
5. Continuous Quality Improvement efforts

<u>Strategies:</u>	<u>Key Activities:</u>	<u>Timeline:</u>	<u>Resources:</u>	<u>Responsible Parties:</u>	<u>Evidence of Completion:</u>
1. Increase the quality of parent-child visitation	<ul style="list-style-type: none"> A. Seek technical assistance for defining quality parent-child visitation and develop a model that is in line with the agency’s practice model B. Develop and adopt a model for quality parent-child visitation that includes visitation coaching C. Provide staff training on quality parent-child visitation model D. Provide Foster Care provider training on quality parent-child visitation 	<p>March 2019</p> <p>September 2019</p> <p>October 2019</p> <p>February 2020</p>	USC & TBD	Director of Child Welfare Regional and County Operations, Regional Directors, Director of Permanency Management	<p>Meetings held</p> <p>Model developed</p> <p>Training delivered</p>
2. Cultivate a shared understanding of the importance and critical function of parent-child and sibling visitation and an understanding of related policy,	A. Develop and implement a consistent and comprehensive visitation policy ³ that is aligned with the agency practice model and incorporates the core practice skills of engagement, teaming, assessment, planning, intervening, tracking and adapting. Additional policy enhancements will be made once the practice model is finalized and the quality visitation model is developed.	<p>April 2019</p> <p>May 2019</p>	<p>USC</p> <p>DSS Training Department</p>	Director of Child Welfare Regional and County Operations, Regional Directors, Director of Permanency Management, Director of Performance	<p>Published Policy</p> <p>Training Delivered (see attached training plan and outline)</p> <p>Practice tip published and disseminated</p>

³ See Attachment 6 for current draft policy.

<p>procedures, and responsibilities.</p>	<p>B. Develop and deliver a visitation awareness training ⁴to casework assistants, caseworkers, supervisors, and Program Coordinators that is integrated with the practice model framework. Training will address the importance of visitation, how to engage the family in visitation planning and integrating visitation into the case plan; new policy to include roles and responsibilities; and CAPSS changes. This training will be an introductory step to build on as the quality visitation model is developed.</p> <p>C. Develop and disseminate practice tips⁵ to casework assistants, caseworkers, supervisors, and program coordinators</p> <p>D. Invite legal staff to visitation training to begin aligning legal practices with visitation best practices</p> <p>E. Incorporate initial training and refreshers into staff training plans</p>	<p>June 2019</p> <p>May 2019</p> <p>May 2019 & Ongoing</p>		<p>Management and Accountability, Contract Monitoring Manager, Child Welfare Services Training Manager</p>	<p>Legal participation</p>
<p>3. Increase the frequency of parent-child and sibling visitation</p>	<p><i>Engaging Stakeholders</i></p> <p>A. Engage the leadership of provider organizations (Foster Parent Association Palmetto Association for Children and Families and Child Placing Agencies) in defining their role and setting the expectations for foster care providers</p> <p>B. Develop and deliver Foster Care provider training⁶ on the importance and function of parent-child and sibling visitation and their role in visitation</p> <p>C. Develop and disseminate practice tips to Foster Care providers</p> <p>D. Reinforce expectations through contract monitoring. Specifically, monitor compliance</p>	<p>April 2019</p> <p>June 2019</p> <p>July 2019</p> <p>Ongoing</p>	<p>Foster Care Provider Organizations</p>	<p>Director of Child Welfare Regional and County Operations, Regional Directors, Director of Permanency Management, Contract Monitoring Manager, Child Welfare Services</p>	<p>Meeting Minutes</p> <p>Training delivered</p> <p>Practice tip published and disseminated</p>

⁴ See Attachments 1 (Staff Education Plan) & 2 (Awareness Training)

⁵ See Attachment 5

⁶ See Attachments 3 (Provider Education Plan) & 4 (Provider Awareness Training)

	<p>with the regulation prohibiting the deprivation of family visits as a form of punishment</p> <p>E. Adopt a Foster Parent training and support model that is in line with the shared parenting model</p> <p>F. Research and determine foster care and congregate care provider rate increases as stated in the placement implementation plan to compensate for travel associated with visitation.</p> <p>Address Logistical Barriers</p> <p>A. Develop and implement a process for ongoing budget request for state fleet vehicles that accounts for additional allocated casework assistant positions as proposed in the caseload implementation plan.</p> <p>B. By June 30, 2019, DSS will fill all (10) current vacancies for transportation aides, and make deliberate efforts to keep those positions filled.</p> <p>C. Determine a ratio of allocation of support staff positions to foster care caseloads, and needs by county as a basis for adjusting current assignments and requesting funding for additional allocations (as required by DSS's Workload Implementation Plan (pp. 21-22)).</p> <p>D. By September 30, 2019, DSS will review its current methods of providing transportation support to promote family-child and sibling visits and make specific recommendations for improvement to be implemented in FY 2020. This should include supports for caseworkers in transporting children to visits, as well as supports for parents and other family members who require assistance with transportation to visits.</p>	<p>August 2019</p> <p>September 2019</p> <p>Ongoing</p> <p>June 30, 2019</p> <p>September 30, 2019</p> <p>September 30, 2019</p> <p>October 2019</p>	<p>Budget Request</p> <p>USC</p> <p>DSS Training Department</p>	<p>Training Manager, Chief Financial Officer, Information Technology Manager</p>	<p>Monitoring reports</p> <p>Training Model adopted</p> <p>Budget request submitted</p> <p>Model Developed</p> <p>Budget request submitted</p> <p>Portal implemented</p> <p>Training delivered</p> <p>Reports implemented</p>
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	<p>E. Engage foster parents in assisting with transportation through ongoing training and education</p> <p>F. Develop model for visitation centers to be staffed on nights and weekends in high population areas. Make budget request to contract with visitation centers</p> <p>G. Develop and implement a Foster Care Provider Portal for Foster Parents and Group home providers to directly input visitation information into CAPSS</p> <p>Accountability and Monitoring</p> <p>A. Provide supervisor training on responsibilities and procedures for monitoring the frequency and quality of family visits</p> <p>B. Develop user-friendly, actionable management reports in CAPSS</p> <p>C. Provide training on management reports</p> <p>D. Provide “next level” accountability of supervisors via monthly Program Coordinator and/or County Director monitoring and feedback based on performance data</p> <p>E. Once the quality visitation model is developed, further define and train supervisors and management on their roles and responsibilities to monitor and uphold the fidelity of the model.</p>	<p>Fiscal year 2021 budget request (made in October 2019)</p> <p>May 2019 June 2019</p> <p>June 2019</p> <p>June 2019 & ongoing</p> <p>October 2019</p>			
<p>4. Increase the quality of data and documentation of parent-child and sibling visits</p>	<p>CAPSS Enhancements</p> <p>A. Develop and implement CAPSS enhancements to increase the capacity for documenting parent-child and sibling visitation information</p> <p>B. Provide training on CAPSS enhancements</p> <p>C. Develop user-friendly, actionable management reports in CAPSS</p> <p>D. Provide training on management reports</p> <p>E. Develop and implement an internal portal to access CAPSS in the field from tablets</p> <p>Quality Documentation</p>	<p>March 2019</p> <p>May 2019 June 2019</p> <p>June 2019</p> <p>December 2020 June 2019</p>	<p>CAPSS team</p> <p>USC DSS Training Department</p>	<p>Information Technology Manager Director of Regional and County Operations, Regional Directors, Director of Permanency Management,</p>	<p>CAPSS enhancements Developed</p> <p>Training Delivered Reports Implemented Application Implemented</p>

	<p>A. Develop and implement standards for quality documentation</p> <p>B. Clarify expectations for documentation in policy</p> <p>C. Develop and implement a practice guide</p> <p>D. Develop and deliver a training on quality documentation</p>	<p>July 2019</p> <p>July 2019</p> <p>August 2019</p>	<p>Contracted Program Developer</p>	<p>Director of Performance Management and Accountability, , Child Welfare Services Training Manager</p>	<p>Standards developed</p> <p>Policy Published</p> <p>Guide Developed</p>
<p>5. Implement Continuous Quality Improvement process</p>	<p>A. Develop a case review process for monitoring fidelity to the quality visitation model and utilize results to make corrections as indicated</p> <p>B. Produce user friendly management reports that report performance on the following strategies:</p> <ul style="list-style-type: none"> • quality of data and documentation of parent-child and sibling visits • quality of parent-child visitation • frequency of parent-child and sibling visitation <p>C. Secure and conduct analysis of management reports to identify problems with strategy achievement</p> <p>D. Document barriers to strategy achievement</p> <p>E. Set goals and design a plan of action for improvement</p> <p>F. Implement intervention to achieve service response or target</p> <p>G. Monitor management reports and make mid-course corrections</p>	<p>TBD based on progress with the above action steps</p>	<p>CAPSS team</p> <p>ADR Office</p> <p>Performance Management & Accountability Office</p>	<p>Director of Child Welfare Regional and County Operations, Regional Directors, Director of Permanency Management, Director of Performance Management and Accountability, Information Technology Manager,</p>	<p>Process Developed</p> <p>Reports produced</p> <p>Analysis completed and problems identified</p> <p>Barriers documented</p> <p>Improvement plan designed and implemented</p> <p>Corrections made</p>

Section IV.B: Worker-Child Visitation Implementation Plan

Requirement: Defendants shall develop an Implementation Plan to implement the achievement of the final targets in this subsection. The Implementation Plan shall have enforceable interim benchmarks with specific timelines, subject to consent by the Plaintiffs and approval by the Co-monitors, to measure progress in achieving the final targets in this subsection.

Final Settlement Agreement Targets IV.B: Worker-Child Visitation:

- B.2. At least 90% of total minimum number of monthly face-to-face visits with Class Members by caseworkers during a 12-month period shall have taken place.
- B.3. At least 50% of the total minimum number of monthly face-to-face visits with Class Members by caseworkers during a 12-month period shall have taken place in the residence of the child.

Definitions:

- a. Minimum number of face-to-face visits will be defined to mean that children are visited at least once on a monthly basis
- b. Face-to-face visits are between a certified caseworker and the child in foster care ⁷
- c. In the residence of the child means face-to-face contact between a certified caseworker, the child in foster care, and the person with whom the child is placed, within the residence of the person(s) with whom the child is placed

A caseworker visit, for purposes of measuring compliance with the FSA, must include the following as set out in Chapter 510.4 of the DSS Human Services Policy and Procedure Manual: a) an interview with the child alone, away from both the caregiver and other children in the home, b) substantive inquiry as to the child's safety, permanency, and well-being, and c) appropriate documentation of the visit in CAPSS. For purposes of this definition, "substantive inquiry" means focused on issues pertinent to case planning and service delivery to ensure the safety, permanency and well-being of the child.

A visit is documented in CAPSS if it includes:

- i the location and circumstances of the interview;
- ii a summary of the conversation and assessment of safety, permanency and well-being; and
- iii a statement reflecting any changes in the case plan or service delivery, or acknowledging the continued path of the current case plan and service delivery.

⁷ CFSR Onsite Review Instrument and Instructions p.68

Current Status of Data Related to these Targets and Proposed Methodology for Monitoring:

As an Administration of Children and Families federal requirement, DSS currently tracks and reports on both targets B.2 and B.3. Based on these well-established reports, DSS is and has been for at least a 12-month period in compliance with targets B.2 and B.3. These reports count months in care to comply with the Administration of Children and Families federal requirements. (ACYF-12-01: <http://www.acf.hhs.gov/programs/cb/resource/pi1201>). Currently Research, Data, and Accountability have a daily “mirrored” image of the production CAPSS database allowing for responsive data reporting. However, reports on Face to Face visits for targets B.2 and B.3 allow for a 2-month time lag of data entry from the caseworkers. Workers are required to input face-to-face visit data by the end of the month in which the visit occurred.

Caseworker-Child Visitation

Goal: The safety, permanency, and well-being needs of children in Foster Care are effectively assessed and addressed via monthly face-to-face visits. Details of these visits are thoroughly and consistently captured in dictation.

As previously reported, aggregate data indicate that caseworkers are meeting their responsibility to see children in foster care face-to-face each month. However, further analysis of CAPSS documentation and Quality Assurance Reviews reveal a lack of consistent practice in conducting visits as well as quality documentation of these visits. Quality Assurance reviews reveal that in some cases, children’s safety and needs are not being fully assessed, and discussions are not relevant to the case assuring the child’s safety and well-being. Strategies for this goal will focus on addressing the practice during visits and documentation to fully illustrate the work that is being performed⁸, and maximizing the potential of these contacts to fully assess and engage children in a manner that leads to increased positive outcomes.

<u>Strategies:</u>	<u>Key Activities:</u>	<u>Timeline:</u>	<u>Resources:</u>	<u>Responsible Parties:</u>	<u>Evidence of Completion:</u>
1. Clarify the role and function of caseworker-child contacts	A. Practice Model Implementation <ul style="list-style-type: none"> a. Utilization of practice guidance related to caseworker-child contacts b. Supervision, modeling and coaching related to caseworker-child contacts 			Director of Child Welfare Regional and County Operations, Regional Directors, Director Child	

⁸ DSS maintains that the visits are occurring as reported, but is committed to improving the documentation associated with these visits in order to validate the occurrence of these visits through case record reviews.

	<p>B. Visitation Awareness Training delivered to Casework Assistants, caseworkers, supervisors, and Program Coordinators.</p> <p>C. Draft and implement policy revisions that align caseworker-child contact policy and procedure with the agency practice model.</p> <p>D. Develop and disseminate practice tips to casework assistants, caseworkers, supervisors, and program coordinators that reinforce practice model values, guiding principles and practice skills related to caseworker-child visits.</p>	<p>May 2019</p> <p>April 2019</p> <p>June 2019</p>	<p>USC</p>	<p>Health and Well-being, Director of Performance Management and Accountability , Child Welfare Services Training Manager, Practice Model and Visitation work groups</p>	<p>Training Delivered</p> <p>Policy published</p> <p>Practice tips published and disseminated</p>
<p>2. Increase the quality of caseworker-child contacts</p>	<p>A. Adopt and adapt quality contact training developed by the Capacity Building Center for States</p> <p>B. Deliver training to casework assistants, caseworkers, supervisors, and program coordinators</p>	<p>May 2019</p> <p>June 2019</p>	<p>USC</p>	<p>Director of Child Welfare Regional and County Operations, Regional Directors, Director Child Health and Well-being, Child Welfare Services Training Manager, Practice Visitation work group</p>	<p>Curriculum Developed</p> <p>Training delivered</p>

3. Improve the quality of the dictation capturing the caseworker-child visit	<p>A. Develop and implement standards for visitation and quality documentation</p> <p>B. Clarify expectations for documentation in policy</p> <p>C. Develop and implement a visitation practice and documentation guide</p> <p>D. Develop and deliver a training on visit content and quality documentation</p> <p>E. Develop and implement ongoing quality assurance process for ensuring quality documentation of caseworker visits with children</p> <p>F. Provide training on quality assurance process</p>	<p>June 2019</p> <p>November 2018</p> <p>July 2019</p> <p>August 2019</p> <p>October 2019</p> <p>September 2019</p>		<p>Director of Child Welfare Regional and County Operations, Regional Directors, Director Child Health and Well-being, Director of Performance Management and Accountability , Child Welfare Services Training Manager</p>	<p>Standards developed</p> <p>Policy updated</p> <p>Guide developed and shared</p> <p>Training delivered</p> <p>QA process developed, training delivered and process implemented</p>
4. Implement quality improvement process	<p>A. Develop a case review process for monitoring the quality of caseworker visits with children and utilize results to make corrections as indicated</p> <p>B. Produce user friendly management reports that report performance on the following strategies:</p> <ul style="list-style-type: none"> • quality of caseworker-child contacts • quality of the dictation capturing the caseworker-child visit <p>C. Secure and conduct analysis of management reports to identify problems with strategy achievement</p> <p>D. Document barriers to strategy achievement</p> <p>E. Set goals and design a plan of action for improvement</p> <p>F. Implement intervention to achieve service response or target</p>	<p>TBD based on progress with the above action steps</p>	<p>CAPSS team</p> <p>ADR Office</p> <p>Performance Management & Accountability Office</p>	<p>Director of Child Welfare Regional and County Operations, Regional Directors, Director Child Health and Well-being, Director of Performance Management and Accountability</p>	<p>Process Developed</p> <p>Reports produced</p> <p>Analysis completed and problems identified</p> <p>Barriers documented</p>

	G. Monitor management reports and make mid-course corrections				Improvement plan designed and implemented Corrections made
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