

## **Overview of the Family First Prevention Services Act**

The Family First Prevention Services Act (FFPSA) is the most substantial funding reform in the child welfare arena in the last 20 years. It aims to correct the value-policy mismatch perpetuated by the former funding system, which incentivized foster care placement and did not provide funding for noncustodial and prevention services. The new approach to funding incentivizes placing children in family settings; providing evidence-based services; and working with relatives who care for children in their families outside of the foster care system. FFPSA impacts a number of areas of child welfare practice, to varying degrees. The most critical elements are highlighted below.

### ***Funding Services to Prevent the Need for Foster Care***

FFPSA allows states to use federal funds to provide evidence-based prevention services in three areas: substance abuse treatment, mental health treatment, and in-home parenting skill development. Services may be federally funded for up to a twelve-month period, and families can receive services for multiple periods. There are three standards of evidence considered for these services: promising, supported, and well supported. In order to be reimbursed with federal dollars, half of the funding utilized on preventative services must be spent on those which fall into the well supported category. The Children's Bureau has released program instructions around how services will be evaluated, and a list of the initial 12 programs being reviewed for consideration. On June 6, 2019, the Children's Bureau released additional guidance allowing states with relevant partners, to assess all available services that are likely to be eligible for federal funding and identify the most critical needs throughout the state.

FFPSA also provides the flexibility to use federal funds to support kinship navigator programs. These programs connect people providing kinship care to community-based resources targeted at maintaining and stabilizing the relative placement. The programs must be evidence-based, and families must meet certain requirements in order to be eligible for federally funded services.

### ***Foster Home Licensing and Placement in a Family Setting***

The Children's Bureau released model foster home licensure standards which include new requirements for background checks in certain settings. FFPSA also establishes new guidelines for placement in Qualified Residential Treatment Programs (QRTP) and required quality and service provision standards for this placement type.

### ***Other FFPSA Legislative Changes***

FFPSA made modest changes to existing criteria related to Chafee funding, which assigns certain benefit eligibility to young people who experience foster care at age 14 or older. The Act also requires that states take appropriate actions to ensure that children are not misdiagnosed with mental illness or other disorders that could contribute to their being inappropriately placed in group care settings. Additionally, new requirements related to the collection and reporting of child maltreatment fatalities have been prescribed.

## **South Carolina's Implementation Status as of 12/17/21 and Next Steps**

The Children's Bureau released information memoranda and program instructions to provide states guidance for implementation of FFPSA. As information is received from the Children's Bureau, South Carolina Department of Social Services (SCDSS) is incorporating that information into ongoing planning. SCDSS is assembling workgroups that include critical stakeholders and partners to implement practices, policies, and programs to support FFPSA.

On April 28, 2019, SCDSS formalized its FFPSA governance structure and chartered an executive steering committee to oversee the statewide development and implementation. SCDSS has elected to form two focused FFPSA workgroups (Prevention and Care Continuum) which are comprised of both internal and external stakeholders. The workgroups are tasked with identifying service requirements, QRTP requirements, eligibility, geographic need, policy, funding, and other miscellaneous FFPSA requirements related to their respective areas. The two meetings are ongoing and continue to work toward program design and implementation.

### **Family First Transition Act (FFTA)**

On December 19, 2019 the Federal House and Senate passed the bipartisan budget agreement to fund the federal government for the remainder of Fiscal Year 2020. H.R. 1865 *the Further Consolidated Appropriations Act, 2020* was signed into law by President Trump on 12/20/2019.

On February 27, 2020, the Association for Children and Families (ACF) released a program instruction (*ACYF-CB-PI-20-04*) to provide states with the relevant information needed to apply for FFTA grant funding. Total funding for the FFTA Grant is \$500M; it was estimated that South Carolina would receive \$8.6 million to assist in transitioning toward FFTA.

On April 1, 2020, SCDSS submitted its application for the FFTA funds. Shortly thereafter, the Department received the forecasted amount of funds. Using these funds, the Department intends to explore transitional initiatives including, but not limited to:

- Grants for transition to QRTP
- Grants for capacity building of EBPs included in our prevention (see page 3)
- Contract with a vendor to assist in technology changes
- Contract with a vendor to assist in FFPSA rigorous evaluation strategy and overall CQI process
- Contract with a vendor to assist in programmatic evaluation post-implementation
- Development and implementation of a transitional pilot program to expand
- Departmental service array and improve access to evidence-based practices

## **On-Going Implementation Tasks and Activities**

### **Prevention**

On July 12, 2019, SCDSS convened the first meeting of its Title IV-E prevention services workgroup with representation from the Department of Mental Health (DMH), First Steps, Child Advocacy Centers, Project Best, Department of Alcohol and Other Drug Abuse Services (DAODAS), South Carolina Primary Health Care Association (SCPHCA), Department of Health

and Human Services (DHHS), Department of Education (DOE), National Youth Advocate Program (NYAP), South Carolina Youth Advocate Program (SCYAP), Justice Works Behavioral Health Services, Carolina Youth Development Center (CYDC), SAFY, South Carolina Infant Childhood Mental Health Association (SCIMHA), Behavioral Health Services Association (BHSA; County 301s), Citizens Review Panel (CRP), A Child's Haven, Epworth Children's Home, the Palmetto Association for Children and Families (PAFCAF), the South Carolina's Children's Trust, the South Carolina Continuum of Care (COC), and the South Carolina Department of Children's Advocacy (SCDCA), members of the Joint Citizens and Legislative Committee on Children (JLCC), along with a number of other community partners.

In addition to the previously mentioned organizations, the Department has added kin caregivers and is in the process of partnering with birthparents of children with lived experience in the SC child welfare system to serve in an advisory capacity to this group. The workgroup is responsible for assisting the Department in enhancing its service array through the identification and selection of IV-E eligible EBPs across the state. The workgroup was last convened on November 10<sup>th</sup>, 2021. During that workgroup meeting, the contemplated scope of work for Intensive in-Home Services was presented to provider partners. Instead of meeting with the larger group in December, a small focus group was convened to provide more specific feedback on the scope.

In early 2020, SCDSS partnered with the University of South Carolina's Institute of Families in Society and the South Carolina Department of Licensing, Labor, and Regulation (SCLLR) to develop and disseminate a survey to help the Department better understand the landscape of evidence-based practices, provider readiness, and provider self-efficacy with evidence-based practices across the state. On 2/22/2020, the SCLLR disseminated the survey via email, to all licensed professional counselors, marriage and family therapists, social workers, psychologist, psycho-educational specialists, addiction counselors, and physicians. Subsequently, the Department, PAFCAF, and the BHSA made their network providers aware of the survey to expand the reach of dissemination.

On March 15, 2020 the survey closed; over 2,600 individuals responded, with approximately half reporting they were currently serving children, families, or caregivers. The 1,1298 respondents that were currently serving children, families, or caregivers all counties and regions across the state were represented. The resulting data indicated that there were a number of evidence-based practices being provided across the state, identified the characteristics of South Carolina's child and family serving workforce, and illuminated various factors related to implementation challenges. Each of the survey findings have applications that are integral to the successful implementation of prevention services.

On March 3, 2020, the Department convened a small subgroup of providers to assist in the development of a scope of work for a qualified provider listing to serve as a FFPSA pilot program and expand the Department's overall service array. This group also helped with developing standardized service definitions and corresponding provider requirements that comport with state law and qualifications set forth by other funder sources.

On June 9, 2020, the Department convened another FFPSA subgroup to assist in the development of capacity building grants for identified intensive in-home services. The group met several times through the fall to assist in drafting grant language and model standards.

On November 1, 2020, the Department published twelve (12) grants to build capacity around certain evidence-based practices in specified counties within each region across the state. Four (4) were allocated to build capacity HOMEBUILDERS Intensive Family Preservation Services, four

(4) for Brief-Strategic Family Therapy (BSFT), and (4) for Functional Family Therapy. The question/comment period for these grants ended on 11/11/2020, with the submission period closing on 11/20/2020.

On December 10, 2020, the Department awarded and announced the grantees which were selected for the published grants. A total of five grants were awarded, three to Epworth Children's Home for HOMEBUILDERS Intensive Family Preservation Services and two to the National Youth Advocate Program for BSFT. No applications were submitted for the Pee Dee region of the state for HOMEBUILDERS grants and no applications were submitted for BSFT in the Pee Dee or Midlands regions of the state.

On March 23 of 2021, the Department posted the BSFT grant for Lexington and Florence counties. In April of 2021, Nancy K. Perry Children's Home was awarded the BSFT grant for Lexington county and NYAP was awarded the BSFT grant for Florence county. Bethany Christian Services was awarded the HOMEBUILDERS grant for Horry and Marion counties in April of 2021.

Epworth is now delivering HOMEBUILDERS to Greenville, Richland and Charleston counties as well as 13 other counties included in the model's catchment area. NYAP is now delivering BSFT to Spartanburg and Dorchester counties as well as Greenville and Charleston. Nancy K. Perry began delivering BSFT to Lexington county in November of 2021. Bethany Christian Services began delivering Homebuilders to Horry and Marion counties beginning in December of 2021.

Beginning in May of 2021, the Office of First Steps in partnership with the Department, began delivering Parents as Teachers (PAT) to 7 counties across the state. The partnership to deliver PAT is funded through a grant from the Duke Endowment called "Connected Families". Connected Families will focus on providing PAT to families involved in Family Preservation Cases.

The Prevention Services Program Coordinator and Program Manager hold bi-weekly implementation calls with provider partners and county leadership to support the identification and resolution of barriers. One call is held for each evidence-based practice which allows providers who are delivering the same EBP to share and learn from one another.

As of December of 2021, the Department continues to develop practice guidelines, policy, reimbursement methodology, budget, service selection and mapping, provider qualifications, and defining eligible candidates for services. The Department is committed to taking a broad approach to candidates with the intent of including defined family preservation populations, cases under investigation that meet certain criteria, as well as children in foster care that are pregnant or parenting and in need of prevention services to maintain placement with their child.

Interventions in South Carolina's IV-E prevention plan include: Healthy Families America (HFA), Nurse Family Partnership (NFP), Parents as Teachers (PAT), HOMEBUILDERS, Brief Strategic Family Therapy (BSFT), Functional Family Therapy (FFT), Multisystemic Therapy (MST), and Parent Child Interaction Therapy (PCIT)<sup>1</sup>. This list will be updated as additional interventions are considered or when the state determines what specific interventions will be included.<sup>2</sup>

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<sup>1</sup> Motivational Interviewing is no longer included in the State's Prevention Plan due to challenges regarding implementation.

<sup>2</sup> Services must be approved in the State's prevention plan and authorized for the proposed usage to be eligible for reimbursement

The Department submitted its initial draft of the prevention plan on February 28, 2021. Several iterations of the plan have been submitted after receiving and incorporating feedback from the Children’s Bureau. The most recent submission of the plan was on December 6, 2021.

### **Congregate Care and Qualified Residential Treatment Programs (QRTPs)**

On November 6, 2019, SCDSS invited community partners and congregate care providers to participate in its FFPSA Care Continuum Workgroup (also known as the Private Provider Advisory Committee) to assist the agency in addressing congregate care provisions of FFPSA. The initial meeting date for this workgroup was on December 3, 2020 and providers and SCDSS staff came together to begin to draft guidelines in relation to the QRTP and other approved IV-E congregate care settings. These meetings have and will continue to occur on an ongoing basis.

During these meetings the Department has expressed the goal of discontinuing congregate care outside of QRTP’s and other approved congregate care settings. While we transition to our goal there will be a period where our current congregate care continuum and QRTP’s coexist. This will be a phased transition period and the Department will support our provider partners to the best of our ability. While we work towards building a system that supports our goal, the Department hopes to see an increase in community-based programming being provided onsite at the Qualified Residential Treatment Program. This will support program sustainability as well as continuity and quality of services for our youth across the continuum.

A QRTP Request for Applications (RFA) was posted in February 2021 and issued to the approved applicants in March 2021. These grants were issued to assist the group home providers with transitioning to QRTP’s. Seven providers were awarded the capacity building grants totaling \$10,000 each.

In December 2021, the Department initiated a temporary QRTP enhanced transition rate for congregate care settings who have decided to convert to a QRTP facility. Interested provider partners had to apply for this grant and be committed to moving forward in converting their current program to a QRTP. This temporary enhanced rate will be in place until such a time that new contracts for QRTP providers are executed. While the temporary enhanced rate is in place, the Department will continue to work with our provider partners to move forward with QRTP implementation.

The Department will continue to elicit stakeholder input to move towards implementation of approved congregate care settings.

Additional IV-E approved congregate care placement setting meetings and discussions have taken place to discuss additional approved congregate care settings outside of the QRTP to include: “a setting specializing in providing prenatal, post-partum, or parenting supports for youth; in the case of a youth who has attained 18 year of age, a supervised setting in which the youth is living independently; and a setting providing high-quality residential care and supportive services to children and youth who have been found to be, or are at risk of becoming, sex trafficking victims.”

A QRTP Guide for Providers has been developed with the specific requirements set forth by the Administration of Children and Families. In addition, with the development of the South Carolina Child and Adolescent Needs and Strengths (CANS) assessment tool, a Levels of Care Framework has been developed to include an algorithm that supports moderate-level QRTP

placements and high-level QRTP placements. A proposed rate structure has been developed and is currently under review pending fiscal analysis, review, and approval.

A guide has been developed for settings that specialize in providing prenatal, post-partum, or parenting supports for youth through the Private Provider Advisory Committee. A guide has also been developed for high-quality residential care providers that provide supportive services to children and youth who have been found to be, or at-risk of becoming, sex trafficking victims. One of the experts from the Human Trafficking Unit was involved in the process of completing a guide to serve this specific population. These two documents will be reviewed and approved by the Private Provider Advisory Committee and ultimately disseminated to all private providers statewide.

The Department collaborated with child welfare services partners and revised the group home regulations which includes FFPSA alignment. The proposed regulations were submitted to the General Assembly on January 4, 2021 for consideration and were passed in May 2021. The new group home regulations went into effect on September 12, 2021. The Supervised Independent Living Regulations were repealed.

DSS staff have received training on QRTPs and the implications of the Family First Prevention Services Act. The training was delivered to staff via webinar in September of 2021. Both FFPSA trainings are available to staff on the Department's Learning Management System.

### **Stakeholder Engagement Calls**

On November 22, 2019, the Department began hosting monthly calls with public providers and other stakeholders through the state to solicit feedback on SCDSS FFPSA efforts. These calls are ongoing and allow for open discussion with multiple stakeholders across the state.

In November 2020, after stakeholder feedback and consultation with provider partners, the stakeholder engagement calls were moved to the last Friday of every month. The next call will be held on Friday, January 29, 2021. Please monitor SCDSS social media for updated times and dial-in information.

The Department continues to hold open calls on the last Friday of each month to share updated information regarding FFPSA. The next call will be held on January 28<sup>th</sup>, 2023.

### **Model Licensing Standards**

In 2019, the Department drafted and filed proposed amendments to its foster family home licensing regulation. The amendments incorporated many of the model foster family home licensing standards proposed by the U.S. Administration for Children and Families/Children's Bureau. The amended regulation was submitted to the General Assembly for 120-day review in January 2020. Upon further consideration of the amendments, the Department decided to withdraw the proposed regulation. The Department collaborated with child welfare services partners and submitted the final proposed Foster Home Regulations on January 4, 2021 to the General Assembly for consideration.

### **Kinship Care**

The Department received Kinship Navigator Grants for FFY 2018, 2019, 2020, and 2021. The Department has utilized funds in the following areas:

- In collaboration with the Children’s Alliance, a contract was developed to implement the Caring for Our Own “Train the Trainer Program” to a cohort that will provide this training. The Caring for Our Own model is a strengths-based approach to help kinship caregivers identify the qualities and resources they have to take care of themselves and the children in their care. Due to the Covid-19 pandemic, this training was held virtually in August of 2020. Twelve facilitators were trained to provide this training/support group to our kinship families statewide. Implementation of this training began in December 2020.
  - Training/support group sessions were held in December 2020, January 2021, April 2021, May 2021, June 2021, July 2021, and October 2021. This training will be ongoing.
  - Several kinship caregiver booklets and journals have been purchased for these families that include a wealth of information as it relates to services, the role of the Child Welfare system and transactional reactions of parents, kinship caregivers and children.
  - Since implementation of this training, the agency has served over 16 families who are currently involved with the agency and plans for this to increase with increase facilitator capacity.
- Kinship caregiver support groups are still being held in the Tri-County area (Charleston, Berkeley, & Dorchester County), Richland County, Greenville County, and Florence County. Due to the COVID-19 pandemic these virtual support groups are being held virtually instead of in-person. During these support groups that are being held, kinship caregivers are made aware of the various resources within their respective communities. Lastly, kinship caregivers are given the opportunity to share experiences with other kinship caregivers who need support and guidance while caring for their relatives.
- The Kinship Care Advisory Panel was established in July 2019. Meetings are held monthly for approximately two hours. These meetings include kinship caregivers, partners and kinship care coordinators to identify needs of kinship caregivers and practice improvements. The primary functions of the panel are as follows: Ambassadors and advocates for kinship caregivers, increase awareness of kinship care support available to caregivers, and assist the kinship care department in improving the services provided to kinship caregivers.
- On April 1, 2020, SCDSS contracted with HALOS to partner with providers on enhancing their capacity to develop a comprehensive kinship navigator program. With this contract, HALOS has provided statewide kinship support services to kinship caregivers who have been experiencing a crisis situation and providing needed supports, so children can remain in the home of kinship caregivers. Kinship support services include the following:
  - Childcare
  - Funds for food
  - Funds for clothing
  - Funds for legal support
  - Funds for home repairs, beds, smoke detectors, alarms, etc
  - Disaster relief due to the current pandemic of COVID-19
  - Linking kinship caregivers to federal benefits i.e., SNAP, Head Start and Child-Only TANF benefits
- The Department continues to contract with HALOS to develop a statewide comprehensive kinship navigator program. This contract will provide the following:
  - An external website and 1-800 number for kinship families
  - Awareness and to access resources

- Evaluation activities:
  - HALOS is working with Child Trends to develop the evaluation and implementation of the Kinship Navigator Program in South Carolina.
  - Have the program become an evidence-based practice
- Legal aid and support services are being offered to kinship families.
- Annual Kinship Conference
- Development and distribution of a Kinship Navigator manual
- Participation in the Kinship Advisory Panel
- Since October 2020, the Department has begun providing these kinship support services to include kinship families served by HALOS and the Department, a total estimate of over 400 kinship families have received concrete support services.
- In mid-2021, the Department received Navigation stimulus money that could be used to assist kinship caregivers. The Department used the stimulus funds to assist kinship caregivers in the following ways:
  - Provide over 1,000 kinship families with a one-time stimulus payment that was based off the current board rate for the child they were caring for.
  - Provide additional funding for the kinship support groups
  - Provide additional funding for the development of the Kinship Navigation Program
  - Provide one-time assistance to kinship providers for them to provide for the children in their care.

#### Kinship Advisory Panel:

The Kinship Advisory Panel continues to meet to promote kinship practice improvement efforts and implementation of kinship navigator services. County leadership are now invited to the meetings so that they can discuss the efforts that are currently being promoted within county offices and are able to offer suggestions, obtain recommendations, and address concerns with the panel. Other topics that have been discussed include resources such as Girls Empowerment, which is a group in the Pee Dee that is working to help girls obtain power and enhance their self-esteem and Adoption Helpers in the Upstate.

#### **Child Fatality**

The Department has developed two strategies to enhance the accuracy of child fatality investigations and National Child Abuse and Neglect Data System (NCANDS) data reporting. First, SCDSS has a database to track all child fatalities occurring in South Carolina, that the agency is made aware of. This database allows for data collection around fatality trends in age, ethnicity, region, and contributing factors, as well as monitors the tracking of screening decisions and determinations. The database also serves as one method of tracking for the NCANDS Child Fatality reporting.

The Department is a member of South Carolina Child Fatality Advisory Committee. Effective March 2021, SCDSS manages data collected from reviews bi-monthly and participates in making prevention recommendations to South Carolina Legislature. The data is collected in the National Center for Child Fatality Review and Prevention database and SCDSS holds the data use agreement on behalf of South Carolina.

The Department continues to track all child fatalities occurring in South Carolina, that the agency is made aware of. The database tracks screening decisions and determinations along with tracking for the NCANDS Child Fatality reporting. The database gives SCDSS information about trends, regions, and causes of death throughout the state.



October 2021 was proclaimed as Safe Sleep month in South Carolina signed by the governor. SCDSS participated in a series of webinars to present information about safe sleep and pledged to be an agency that promotes safe sleep in South Carolina.

### **0-5 Mental Health**

SCDSS has been actively working to place children ages 0-5 in the least restrictive, most family-like settings, unless certain exceptions set forth in policy are met. SCDSS has been successful in this work and there are currently no children ages 0-5 placed in non-family-like settings, except those who meet qualifying exceptions

SCDSS has identified a statewide service array for children aged 0-5 and continues to partner with the South Carolina Infant Mental Health Association (SCIMHA) to advocate for the expansion of mental health services for infant and early childhood mental health.

To further improve evidence-based services for the states youngest and most vulnerable population, the Department has partnered with SCHIMA to increase referrals of DSS to Attachment Bio-Behavioral Catch-up (ABC) coaches. ABC is an evidence-based intervention that aims to help caregivers nurture and respond sensitively to their infants and toddlers to foster their development and form strong and healthy relationships. ABC coaches available in the Charleston, Columbia, Aiken, Rock Hill, and Greenwood areas. ABC can also be delivered virtually, meaning other counties than the 5 listed will benefit from this intervention. ABC is currently under review by the Title IV-E clearinghouse for FFPSA evidence-based practices.

In June and July of 2020, SCDSS' department of Alcohol and Other Drug Abuse Services Liaison partnered with members of the South Carolina Children's Advocacy Centers, Department of Mental Health, and Infant Mental Health Association (SCIMHA) to write a grant for the national infant advocacy group Zero to Three to bring Safe Baby Courts to South Carolina.

The ZERO TO THREE Safe Babies Court Team™ approach transforms child welfare into the practice of child “well-being” by using the science of early childhood development to meet the urgent needs of infants and toddlers. The model brings together child welfare professionals, the court system, children's advocacy professionals and other community agencies to operate a team to support families with a focus on advancing health and well-being. SBC Teams seek to increase awareness among those who work with maltreated infants and toddlers about the negative impact of abuse and neglect on very young children, and their families. The SBC approach leads to changes in local systems that improve outcomes and prevent future court involvement in the lives of very young children. With leadership from local judges, SBC Teams work to create an environment of change that alters the trajectory for infants and toddlers in foster care and helps provide families a support team that will embrace them and provide targeted and timely services

In August of 2020, Zero to Three awarded a one-year expansion grant for three South Carolina counties (Laurens, Richland, and Spartanburg). An additional grant from Rural Innovations was awarded in 2021 to expand and implement an additional site in Orangeburg County. This initiative also includes key stakeholders such as the South Carolina Department of Social Services, South Carolina Network of Children Advocacy Centers, the Guardian Ad Litem, the Department of Children's Advocacy, and the South Carolina Judicial system. The goal is for the family to be supported by community members to come up with a plan so the family can succeed, and the children can remain in their biological families as opposed to the foster care.

### **Plan of Safe Care**

To address FFPSA requirements around families and infants affected by substance use disorders, the Department published its Plan of Safe Care policy on October 1, 2018. As of November 1, 2018, statewide training has been ongoing for staff on Plans of Safe Care and the risks of alcohol and substance abuse to unborn babies. This training is in the process of being revised and updated to include instructions on SACWIS entries to identify newborns between the ages of 0-12 months who have been affected by substance abuse and to track the number of Plans of Safe Care which are developed with a family.

The Department's child welfare staff will provide case management and coordinate with community service providers to ensure assessment, education and recovery supports are offered and developmental screening is considered for all children and families during pregnancy and up to one year after birth.

### **Completed Tasks**

SCDSS's Child Fatality Unit has identified unsafe sleep and suicide as recurring causes of child fatalities in South Carolina. In partnership with SCDSS Staff Development and Training, the Child Fatality Unit has assisted with the development of a Safe Sleep web-based training module to be available as part of required ongoing training for SCDSS staff. A Suicide module will be developed as well.

SCDSS has implemented changes to the Educational and Training Voucher (ETV) by modifying eligibility criteria to eliminate the need for enrollment in a postsecondary educational program prior to the 21st birthday and extended the age of eligibility from age 23 to age 26. Outreach efforts were initiated to notify eligible youth and providers of these changes.

SCDSS modified its John H. Chafee Foster Care Program for Successful Transition to Adulthood program by changing the age of eligibility from 13 to 14 years old, as required by FFPSA. These changes were reflected in agency procedure manuals and handouts. Eligible youth and providers were notified of changes to the program through outreach efforts.

SCDSS reviewed and reported on existing South Carolina Department of Health and Human Services (SCDHHS) and SCDSS policies surrounding the prevention of inappropriate diagnosis and placement of children and youth in appropriate settings.

On September 5, 2018, SCDSS implemented changes to the group home background check process. This process requires that any adult employed within a child-care institution must undergo a fingerprint-based criminal records check of the national crime information databases, including the child abuse and neglect registry checks.

Relevant policies and procedures have been modified to reflect the revised Title IV-E Adoption Assistance program eligibility rules included in FFPSA. All program staff responsible for determining program eligibility and providing program oversight have been trained on the revision in policy and practice.

FFPSA Training for DSS staff was delivered in September of 2021. Training for QRTPs as well as an overview of the FFPSA legislation is saved on the Department's Learning Management site for staff to access.

EBP implementation for Homebuilders, BSFT and PAT began in Summer of 2021. CQI loop and data collection are monitored through bi-weekly calls.

Although we are currently implementing three evidence based practices, a transition rate and plan for QRTPs and continue to prepare internally, SCDSS will not begin full implementation until the Prevention

Plan is approved by the Children's Bureau. DSS is excited about the opportunity to continue to enhance prevention practice and work with internal and external partners to support the maintenance of family connections, improving overall well-being and permanency.

For any questions related to DSS's implementation status, please send submit all inquiries to [FamilyFirstPSAinfo@dss.sc.gov](mailto:FamilyFirstPSAinfo@dss.sc.gov)