



**South Carolina
Child and Family Services Review Round 3
Program Improvement Plan**

State/Territory: South Carolina

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Executive Summary

DSS Mission: *Serve South Carolina by promoting the safety, permanency, and well-being of children and vulnerable adults, helping individuals achieve stability and strengthening families.*

For South Carolina to become a standard of excellence in child welfare and to make the children and families of South Carolina one of the state's highest priorities.

Plan to accomplish this through:

- Increased support for skilled frontline practitioners and supervisors with the further development of a training system that builds better understanding and knowledge of effective practices for working with children, youth, and families.
- Increased staff dedication to tracking the outcome of preventing unnecessary child removals with better frontline safety related service practice and the development of lower-level services to prevent larger safety concerns or removals.
- Increased intake practice skills in consistently making accurate intake screening decisions by utilizing a Structured Decision-Making Intake Tool that meet the screening criteria for reports of abuse and neglect.
- Increased frontline child welfare practice skills in using evidence informed tools (i.e. the Child and Adolescent Needs and Strengths) to conduct family assessments, service planning and the provision of needed services to families.
- Increased in the quality of frontline practice for maintaining family connections for children placed in out-of-home care by increasing the % of children in custody initially placed with kin and increasing the % of children placed with at least 1 sibling.
- Increased partnerships with community agencies and increasing our local service array throughout South Carolina so that we can implement quality services with a family immediately to address the safety concerns which caused the family to be involved with the Department.
- Increased frontline practice that supports foster parents' capacity to create and facilitate ongoing safe, stable, and health bonds with birth parents whenever possible, so we can ensure that children are in foster care for as short an amount of time as possible.
- Increase timely permanency with frontline practice and system improvements that increase the % of children entering care who achieve permanency within 2 years.
- Increased implementation and fidelity to a practice model that gives us a clear conceptual map of how we work and focuses frontline practice and supervision on family and youth engagement, aligns with child welfare policies and a written set of values and guiding principles.

South Carolina's Current Performance

In 2017 the United States Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Children's Bureau (CB) in collaboration with South Carolina Department of Social Services (SCDSS) conducted a review of key areas of South Carolina's child welfare programs and practice to assess substantial conformity with the state plan requirements found in titles IV-B and IV-E of the Social Security Act and the State's efforts to achieve safety, permanency, and well-being of children and families served by South Carolina's child welfare system. The Child and Family Services Review (CFSR) process analyzed South Carolina's child welfare data and included a Statewide Assessment of child welfare systemic factors. During the months of April through September 2017, South Carolina completed a state-conducted review of 100 cases and during the week of June 12, 2017, the CB and South Carolina conducted interviews with the state's stakeholders and partners. As indicated in the final report, CB determined that South Carolina was not in substantial conformity with the following Outcomes and Systemic factors:

- CFSR Outcomes: Safety 1, Safety 2, Permanency 1, Permanency 2, Well-Being 1, Well-Being 2, Well-Being 3
- CFSR Systemic Factors: Statewide Information System, Case Review System, Quality Assurance System, Staff and Provider Training, Service Array and Resource Development, and Foster and Adoptive Parent Licensing, Recruitment and Retention

The CB determined that South Carolina is in substantial conformity with the following systemic factor: Agency Responsiveness to the Community.

South Carolina is required to develop a Program Improvement Plan (PIP) that addresses each Outcome and Systemic factor determined not to be in substantial conformity.

The development of the PIP is one of the concurrent planning activities that SCDSS has undertaken as part of a multifaceted system improvement effort. This concurrent work includes planning activities related to the Family First Prevention Services Act (FFPSA), the Child and Family Services Plan, Chapin Hall, Casey Family Programs, and the *Michelle H.* Final Settlement Agreement (FSA). While the state has requested a legislative two-year delay for FFPSA, SCDSS is working with stakeholders and providers to begin the work towards planning and implementation. Fortunately for SCDSS, the combined efforts and work required to implement FFPSA overlaps with the CFSR PIP and the Michelle H. FSA for primary prevention and developing a comprehensive service array for families and youth.

Michelle H.

In January 2015 the state became a defendant in a class action lawsuit brought by Children's Rights, Incorporated, Appleseed Legal Justice, and the Wyche Law Firm in the District Court of South Carolina on behalf of children who are in the state's foster care system, *Michelle H. v. Governor McMaster and V. Susan Alford (Michelle H.)*. Soon after the filing of the *Michelle H.* case, South Carolina decided to enter

settlement negotiations with the plaintiffs because the state had already committed to strengthening and improving the child welfare system and had begun to address areas targeted for improvement in the complaint.

After several months of negotiation, the court issued a final settlement agreement resolving all claims set forth in the complaint in October 4, 2016. SCDSS has considered the *Michelle H.* settlement agreement, and has utilized many components of it, in the PIP. The final settlement agreement targets five (5) major areas for improvement in the foster care system:

- caseload limits,
- visitation (case manager, siblings, parent-child),
- maltreatment in care,
- placement resources, and
- physical and behavioral health care coordination.

The state drafted implementation plans to address these areas of improvement. Each implementation plan was approved by court monitors assigned to report the state's progress to the court. As of this date, all implementation plans have been approved.

- There is work underway that focuses on caseloads. The purpose of this work is to establish a well-qualified, stable workforce with manageable caseloads and workloads. Caseload strategies include optimizing the utilization of the current workforce and improving front-line recruitment by providing higher salaries, establishing University partnerships, and creating a research-informed protocol for selection of applicants. In addition to recruitment, there are retention strategies. Increased retention is being sought by increasing salaries and establishing a case manager career path for promotion. Finally, strategies are incorporated regarding training and the development of supervisors to maximize their support of case managers
- The work in visitation is designed to preserve the continuity of family relationships for children in foster care and enhance the quality of visits between case managers and children in foster care. Strategies contained in this work center on developing and adopting a model for quality parent-child visitation, cultivating a shared understanding of the critical function of parent-child and sibling visitation and of related policy, procedures, and responsibilities, partnering with foster care providers in the facilitation of parent-child and sibling visitation, developing increased capacity to capture data related to parent-child and sibling visitation via Child and Adult Protective Service System (CAPSS) enhancements, and utilizing practice guidance related to case manager-child visits, as well as to train on quality contacts. Case manager visits with children and parents will be expanded upon in the PIP, just like *Michelle H.*
- The current work in Out-of-Home Abuse and Neglect (OHAN) is designed to strengthen intake and the investigative practices related to reports of abuse/neglect in out-of-home placements. Strategies to improve this area of work are to revise forms and checklists to better capture information and aid in decision-making processes, make enhancements to our Child and Adult Protective Service System (CAPSS) to better capture, track and monitor investigative functions and data related to provider history, conduct specialized training

for both intake and investigations case managers and supervisors, and enhance the supervisory function by utilizing Guided Supervision and supervisory case reviews.

- The current work in placement is designed to establish a kin-first culture and provide a placement and service array to meet the diverse needs of children in foster care. Strategies to strengthen culture, placement, and service array are: to utilize child and family teams to engage families in case planning and placement decisions; partner with private providers to develop a placement and service array; restructure the approach to identifying, engaging; utilizing and supporting kin and fictive kin as placement and/or family support resources; improve the recruitment, retention and utilization of foster parents; and address the problem of large numbers of children being placed outside of their home county and/or region.
- The work in health care is focused on the timely assessment and addressing the physical and behavioral health care needs of children in foster care. Strategies developed include partnering with DHHS and Select Health to obtain data related to: screening and treatment services for individual children; psychotropic medications; and gaps in care. Additionally, strategies include: work to develop a care coordination model designed to meet the unique health care needs of children in foster care; conducting annual network adequacy assessments; developing health practice guidance; and conducting both “essential” and comprehensive training for the child welfare staff and caregivers about children in care.

While the *Michelle H.* settlement agreement focuses primarily on class members, it’s the state’s intention to use these efforts throughout the entire child welfare system. The SCDSS recognizes all service areas (intake, investigations, and in-home/family preservation) impact children entering the foster care system, and it would be remiss of the state to only direct improvement efforts to the service area of foster care. The state’s vision for child welfare reform has taken into consideration the *Michelle H.* settlement agreement and has integrated many components of it in the PIP where the areas of work align.

Chapin Hall: Guiding Principles and Standards Practice Model & Training Plan; Children’s Research Center: Intake Screening Tool; and Casey Family Programs: State Leadership Organizational Capacity

In 2017, SCDSS chartered a Casework Practice workgroup comprised of local and state leaders to develop practice behaviors for child welfare services. Through the support and assistance of Chapin Hall, the Guiding Principles and Standards (GPS) practice model was developed and work is underway to support implementation. The GPS practice model takes into consideration all core practice areas (safety, permanency, well-being, and supervision) the PIP addresses. Additionally, to support practice standards in conjunction with the GPS practice model, SCDSS is adopting the Structured Decision Making (SDM) Intake Screening Tool. The SDM Intake Screening Tool will promote consistency, accuracy, equity, and utility in gathering information at intake. This SDM Intake Screening Tool development and implementation is supported through the Children’s Research Center.

During this time, SCDSS requested assistance with the development of a child welfare training plan from Chapin Hall at the University of Chicago. This work will utilize the existing Learning Management System (LMS) to track the Professional Development Tracks which are

opportunities for specialized training in specific fields of child welfare. SCDSS is researching and developing supplemental courses that child welfare staff can enroll in for additional skill building. The core knowledge, skills, and competencies of a high functioning workforce are aligned and grounded within the values and principles of the GPS Practice Model.

Additionally, Casey Family Programs is assisting state leadership in creating a healthy organizational culture. Two major areas Casey Family Programs is continuing to assist state leadership with is communication and creating clarity. Focus groups of frontline staff, supervisors, and the courts reported inconsistency in communication and understanding clearly what the priority needs are for the SCDSS. This was further validated by the stakeholders meeting held in February 2018. Stakeholders commended SCDSS for presenting critical information on the major areas of work that are currently underway. The work with Chapin Hall and Casey Family Programs will continue to strengthen the agency's efforts with engagement, communication, and clarity for frontline staff, supervisors, courts, and state stakeholders.

Developing the PIP

South Carolina's roadmap for child welfare improvement with the CFSR began shortly after completion of the statewide assessment. The Department formed a core PIP team in November 2017 with statewide representation that consisted of county leaders from the 10 PIP innovation counties, representing the 5 child welfare regions in the State, state office leadership representatives, performance coaches, university partners, and court improvement staff. In anticipation of the final CFSR report, the PIP team met several times to review QA data and data on child welfare performance measures. With QA data analysis developed by The Center for Child and Family Studies, SCDSS began to understand the value of focusing on certain practices to improve outcome performance in multiple areas. After the final CFSR results meeting in April 2018, formal PIP development teams were chartered and given outcome areas of focus to begin a problem exploration process using quantitative and qualitative data. This process involved identifying practice and program problems, creating data plans, conducting root cause analysis to create a picture of our child welfare system strengths, needs, and challenges, and prioritizing areas of concern that were chosen to target for system improvement. Using the Change and Implementation in Practice process developed by the Capacity Building Center for States (Center), South Carolina collected and analyzed available data, quantitative and qualitative, to identify underperforming areas while identifying target areas for improvements that would result in improving outcomes for children and families. South Carolina then selected cross-cutting goals and evidence-informed practices and activities, with a project implementation plan to link the planning stage to the achievement of strategic goals.

In early 2019, South Carolina convened statewide focus groups and stakeholder interviews with case managers, supervisors, judges, attorneys, and community partners to gather additional qualitative data to explore underlying reasons and contributing factors for our current safety, permanency, and well-being practice and system performance. This valuable data was used extensively to answer research questions during the root cause analysis and problem exploration process to develop the PIP.

SAFETY

SUMMARY FOR SAFETY

Timely Initiation of Investigations and Child Safety Decisions

The Child and Family Service Review identified gaps in safety practices to include timely initiation of investigations of child maltreatment reports and making informed child safety decisions. In order to identify contributing factors and barriers to best casework practice South Carolina reviewed Child and Adult Protective Services System (CAPSS) data; the South Carolina Child and Family Services Review data profile; internal Accountability, Data and Research (ADR) information; process mapping; focus group data; quality assurance data; data from interviews with individual staff members; practice tools; and child welfare pre-service training curriculum. These analyses revealed case managers have not been equipped with the skills and tools to deliver quality assessments and timely services to families and informed the strategies below.

Timely Initiation of Investigations

South Carolina often did not meet policy regarding timely initiation of investigations. The outcome was substantially achieved in only 73% of the 48 applicable cases reviewed. In CFSR case reviews, South Carolina identified that the agency did not make face-to-face contact with the child in a timely manner, defined by the assigned 0-2 hour or 2-24 hour response policy, often seeing the child within 48 hours or not making contact due to unknown whereabouts of the child/family. The main documented barrier to making timely face-to-face contact was the children were not home when the agency attempted its visit. Case reviews also revealed a lack of documentation of concerted efforts to locate children and accurate explanation of the reasons cases were not initiated timely.

In efforts to understand the root cause of current performance, South Carolina completed the above analyses and specifically reviewed findings from policy analysis. This revealed South Carolina had not established clear and appropriate policy and practice guidelines for case initiation and documentation as it pertains to initial contacts and timeframes for making these contacts. It was determined through the above documented analyses that some county offices defined the start of the case action as the time the case manager leaves the office, while others begin at actual contact with the family. This has led to inconsistency in statewide practice, leading to staff independently defining what successful timely initiation and documentation look like.

Additionally, supervisors are not able to effectively track performance on timely initial contacts for their case managers due to a lack of specificity in data reporting. South Carolina utilizes CAPSS and dashboard reports to monitor and track case practice. Current reports do not guide supervisors in the correct direction to hold staff accountable, and only capture whether initial contact was made for one child rather than for all parties. This can give supervisors misleading information that case initiation is being conducted timely. Training and supervisory coaching deficits are also key barriers to timely case initiation. Further analysis revealed South Carolina has not set clear

expectations regarding required elements of documentation of initial contacts, nor have accountability measures been created in this area. Case review data has found that case managers often document extraneous information, omitting key details related to safety. For example, a case review revealed a case manager visited a home, observed several children, and did not document efforts to identify which if any of the children were victims. Goal 1, Strategy 1 outlines activities to strengthen practice regarding case initiation.

Child Safety Decisions

Child safety decisions can be thought of as a sequence of distinct decision points to alleviate the threat of serious harm and increase protective capacities of the family. South Carolina's CFSR review highlighted concerns in the State's ability to provide safety services in response to safety concerns, with only 57% of South Carolina's reviewed cases rated as a strength on this Item. Furthermore, the impact of current practice deficits around mitigating safety threats disproportionately impacts family preservation (in-home) cases, with 45% of family preservation cases rated as a strength as opposed to 70% of foster care cases. South Carolina identified top barriers to making safe decisions for children including knowledge of "appropriate" safety services; culture around removal of children from their homes; and supervisory support. Current values do not always reflect the principle that children should remain with their families through provision of services to promote safety and remedy concerns, and that removal should occur only when significant safety concerns are present that prevent this possibility.

Appropriate Safety Services

In reviewing reports from the first three rounds of the CFSR, South Carolina did not adopt the federal definition of "appropriate safety services" or implement the practice of providing "appropriate safety services". Additionally, practices in South Carolina do not currently evidence that there is an understanding that "appropriate safety services" refer to those services that are provided to, or arranged for, the family with the explicit goal of ensuring the child's safety, and to assist in keeping the child in their own home, often with an in-home safety plan. South Carolina designed and maintained a Family Preservation program defined by placing a child with a kinship caregiver as a "family preservation" practice. Focus group participants revealed a common practice of discussing kinship care placement options prior to initial contact with the family, and long before an assessment could be completed.

Removal Culture

Without adopting an "appropriate safety services" definition, South Carolina has developed a culture of removing children from their homes and placing them with kinship caregivers as the solution to the safety threat, instead of making immediate concerted efforts to provide services to the bio/legal parents either before or concurrent with the alternative caregiver arrangement to address the safety concerns that existed in the home. This culture can perpetuate a mindset that a child's home of origin is inherently "unsafe". This is often evidenced through an increased use of kinship care and foster care. Current practice would suggest that SCDSS informally defines "removal" as traditional licensed foster care placement of a child and "family preservation" as both in-home service cases and cases that involve placement with a kinship caregiver. The value that kinship care *is* family preservation, as opposed to preserving the family unit, can lead to a culture where service implementation is not prioritized with families of origin. Goal 1, Strategy 2 outlines activities to define safety services and improve current practice for safety service identification and provision.

Supervisory Support

Focus group data revealed case managers do not feel supported by their supervisors to make decisions and guide their work around initial and ongoing assessment of safety and risk concerns. Currently, case managers rely on supervisors to make decisions after the opportunity to gather appropriate information through interviews, observation, and review of records has passed and the on-site decision regarding child safety has been made. Findings from systematic policy analysis revealed South Carolina has not set a standard of consistent practice around supervisory consultation on requirements for initial contacts or ongoing contacts, as indicated by safety assessment results. Currently, pre-initial contact case consultations are optional and according to data findings, are rarely conducted. Pre-initial contact case consultations should be utilized as an opportunity for supervisors to coach and prepare case managers to assess, and to apply those assessments in their decisions regarding safety, prior to initiation. Supervisors should also have follow-up post-contact case consultation once initial contact has been made. These case consultations allow case managers and supervisors to establish trust and come to a shared understanding about the case dynamics and necessary next steps, to gather information to support the disposition and improve safety of involved children. Work on Goal 1 will be supported and reinforced by the strategies and activities for Goal 5.

Safety Intervention

Case reviews did not show the use or non-use of a tool as a fundamental difference in strengths and ANIs. Data analyses show case managers struggle with interviewing families in a way to obtain necessary information, leading to insufficient information being included in the tool. In cases where direct service staff are able to collect valuable information from families, including medical reports, evaluation reports, psychological evaluations and substance abuse reports, they sometimes struggle with using this information to drive decision making and case planning. In some cases, best practice was evident in cases where case managers were engaging families, were strength-based in their practices and completed initial safety assessments. In order to improve safety practice within SC DSS, training must be enhanced around interviewing skills, observation, and reviewing and using records to inform safety decisions for case managers and supervisors. In regard to supervisors, the training also needs to teach them how to model, coach, and observe the skills needed to ensure that the information is collected and transferred into the safety plans.

In October 2018, the CFASP Report for Family Preservation Services showed that of the CFASP tools (Investigative Assessment, Safety Plan, Child Safety Assessment, Family Assessment, and Child/Youth Assessment and Case Plan) that need to be completed on each case from safety assessment to case planning, an average of 2 of 6 assessment tools were used statewide for each case. In addition, that report showed that on average, 15% to 37% of cases statewide found that none of the six tool CFASP suite were completed at all. Part I and Part II of the CFASP are completed at the case decision and the beginning of the family preservation segment of the case, respectively. However, Part III has to be completed after the case manager has made the initial contact and initial safety assessment. Part III cannot be used in the field which does not afford workers the opportunity to ensure that they have addressed all that is needed and to complete the Child Safety Assessment while at the home. There is no clearly defined process or instrument for assessing and tracking the improved safety conditions, adjusted risk levels, or improved or diminished caregiver protective capacities. Challenges in using the CFASP reported during focus groups involving case managers and supervisors included: duplication of forms, lack of oversight, inconsistent messages from leadership, counties not using the same process, the current tool is cumbersome and time consuming to complete. It should also be noted that many of the components of the CFASP are not available outside of CAPSS, therefore they cannot be utilized while working in the field. There is no formal process for outlining/mapping the use of the CFASP throughout the case work process from

investigation to family preservation or foster care. The underutilization of the CFASP due to the reasons stated above are the cause of the ANI rating on Item 3. Assessment, engagement and case planning are essential in strong and effective case work practice. The tools used to guide staff through those processes must also be strong and effective. Goal 1, Strategy 3 outlines activities to improve current practice regarding initial assessments, ongoing assessments, engagement with families and case planning throughout the life of a case. Work on Goal 1 will impact Goal 4, Strategies 2 and 3.

To move our system toward an improved safety culture, South Carolina must establish case practices that guide provision of safety services are provided throughout the life of a case, embedding the practice of interviewing, and integrating a Signs of Safety fidelity assessment for supervisors. This will be achieved through the activities in Goal 1, Strategies 3 and 4.

According to the Children’s Bureau (www.childwelfare.gov/topics/interviewing), “one of the primary activities of child abuse or neglect investigations involves interviewing children, parents, and others who may have knowledge that can assist the investigation. Interviews may be conducted to gather information for assessments or to gather evidence”. When improved interviewing practices are being utilized, SCDSS case reviews show intentional engagement to build relationships with families which leads to positive outcomes. Family engagement must also be accompanied by formable skills in the areas of interviewing, observing and reviewing and analyzing records. Interviewing to gather information includes asking appropriate questions to guide an interview and to gather information in a neutral, supportive, nonjudgmental environment; ability to recognize strengths; and the ability to assess the safety and well-being of children at each contact. Observations assist to confirm, question or refute the information gathered during the interview. Reviewing records assists in determining family functioning. Well supported efforts to increase case manager capacity in these three areas of gathering information to conduct assessments, combined with family engagement, will lead to better outcomes for children and families. This casework process of engaging families, identifying strengths and needs, and implementing services to address those identified needs, safety threats, and risks, is also known as building a safety culture. Goal 1, Strategy 4 outlines activities to build and support a safety culture within child welfare in South Carolina. Goal 1, Strategies 1, Activity 3 and 3.2. Strategy 2, Activity 4 are also a mechanisms to provide oversight of the transfer of learning from the supervisor to the case manager by assessing safety practice.

Goal 1: Children are protected from abuse and neglect and are safely maintained in their homes whenever possible and appropriate.

Impact: S1, S2

Strategies 1 - 4: Implementation Counties or Statewide, as noted in the activities below

Strategy 1. Develop, clarify, and implement policies, practices, protocols for documentation and training for timeliness of initiating investigations for reports of child maltreatment. Improve supervision and utilization of CAPSS to strengthen awareness of the critical nature and definition of timely initiation of child maltreatment reports.

[Activities]	Target Date	Person Responsible
<p>Activity 1.1</p> <p>Update policy specifying requirements for successful initial contact to include:</p> <ul style="list-style-type: none"> • When the clock starts for compliance with timely contact; • Which investigation participants must be seen; • What must be included in quality documentation; and, • That documentation of the initial contact with the family and child will be entered in CAPSS within ten (10) business days. 	12/31/2019	<p>Director, Office of Safety Management</p> <p>Project Coordinator, Office of Safety Management</p> <p>Regional Performance Coach, County Operations</p> <p>CWS Policy Supervisor, Performance Management & Accountability</p>
<p>Activity 1.2</p> <p>Implementation and dissemination of new policies and policy updates will utilize the state-wide CQI Policy Implementation Cycle, webinars, and the Safety Workgroup.</p> <p>The CQI Policy Implementation Cycle includes the following dissemination plans:</p> <ul style="list-style-type: none"> • Regional Directors are required to share information at their regional leadership meetings. • County Directors are required to share information at their monthly all staff meetings • Program Coordinators and Supervisors are required to share information in their unit meetings. • Safety policy changes and updates will be included in the monthly policy webinar/conference call with all staff. <p>A Safety Workgroup will be formed to oversee and make recommendations on development of revised policies, practices, protocols and training.</p>	2/28/2020 and ongoing	<p>Director, Office of Safety Management</p> <p>Project Coordinator, Office of Safety Management</p> <p>Regional Performance Coach, County Operations</p> <p>CWS Policy Supervisor, Performance Management & Accountability</p>

[Activities]		Target Date	Person Responsible
Activity 2	<p>Update the CAPSS-generated weekly report to accurately measure initial contacts for all identified children, allowing supervisory staff to quickly and accurately track timely initial contacts for staff and other leadership staff state-wide every Sunday evening at 6:00 pm.</p> <ul style="list-style-type: none"> • This report is automatically disseminated to Supervisors, Program Coordinators, County Directors, Regional Directors and other leadership staff via email every Sunday evening at 6:00 pm. • Information will be included on ADR dashboards and any other data system accessible to all staff. • Regional Directors will submit monthly reports to the Director of County Operations indicating dates of when these reports were shared by County Directors and discussed with case managers and supervisors in their offices. • County Directors will provide training via Performance Coaches, to Program Coordinators and Supervisors on how to read and analyze weekly reports. <p>Cases will not be noted as completed timely unless all required persons have an initial contact documented in CAPSS within the assigned timeframe.</p>	2/28/2020	<p>Director, Office of Safety Management</p> <p>Project Coordinator, Office of Safety Management</p> <p>Regional Performance Coach, County Operations</p> <p>IT Manager, CAPSS</p> <p>Director, CQI and Policy, Performance Management & Accountability</p>
Activity 3.1	<p>Create a “tip sheet” (workaid) to provide state-wide guidance to case managers and supervisors on:</p> <ul style="list-style-type: none"> • Conducting pre-initial contact supervisory case consultation; • Documenting pre-initial and post initial contact supervisory case consultation; • Ongoing supervisory monitoring and case consultation; and, • Elements of conducting a successful initial contact. 	3/31/2020	<p>Director, Office of Safety Management</p> <p>Project Coordinator, Office of Safety Management</p> <p>Regional Performance Coach, County Operations</p> <p>Director, Office of County Operations</p>

[Activities]	Target Date	Person Responsible
Activity 3.2	<p>Training and coaching will be provided for case manager and supervisors to build capacity around pre-initial case consultation and the elements of safety assessment prior to initial contact.</p> <ul style="list-style-type: none"> • A pre- and post-training survey will be created to assess the impact of the training on safety performance by the CW Training unit in partnership with the Office of Safety Management. • Develop plan to scale up implementation to all counties in the state. 	<p>5/31/2020</p> <p>Director, Office of Safety Management</p> <p>Project Coordinator, Office of Safety Management</p> <p>Regional Performance Coach, County Operations</p> <p>Director, Office of County Operations</p>
Activity 4	<p>Develop and implement a state-wide policy requiring supervisory case consultation for investigation cases within fifteen (15) business days of initial contact, to include:</p> <ul style="list-style-type: none"> • Review of initial contact documentation; and, • Identification of follow up activities and establish timelines with staff. • The state-wide CQI Implementation Cycle will be utilized to roll out and share these changes. • Updates will be included in the monthly policy webinar for all staff and during the twice monthly conference calls with supervisors. 	<p>3/31/2020</p> <p>Director, Office of Safety Management</p> <p>Project Coordinator, Office of Safety Management</p> <p>Director, County Operations</p> <p>Director, CQI and Policy, Performance Management & Accountability</p> <p>CWS Policy Supervisor, Performance Management & Accountability</p>
Activity 5.1	<p>Conduct conference calls twice a month with Innovation County Supervisors and Program Coordinators to review barriers and successes in a sample of cases as it relates to:</p> <ul style="list-style-type: none"> • Initial contact efforts • Initial contact documentation • CAPSS reports will be run to review completion rates and documentation of the 7day, 30 day and case decision staffings. 	<p>4/30/2020 and Ongoing</p> <p>Director, Office of Safety Management</p> <p>Project Coordinator, Office of Safety Management</p> <p>Regional Performance Coach, County Operations</p> <p>Director, County Operations</p> <p>Director, CQI and Policy, Performance Management & Accountability</p>

[Activities]		Target Date	Person Responsible
Activity 5.2	<p>Utilize the Safety Workgroup to review strengths and gaps and to identify where improvements are needed to make adjustment to practice guidelines and policy.</p> <p>Develop plan to scale up implementation to all counties in the state.</p>	<p>4/30/2020 and ongoing 8/1/2021</p>	<p>Director, Office of Safety Management</p> <p>Project Coordinator, Office of Safety Management</p> <p>Regional Performance Coach, County Operations</p> <p>Director, County Operations</p> <p>Director, CQI and Policy, Performance Management & Accountability</p>

Strategy 2. Establish and implement case practices that enhance delivery of “appropriate safety services” to families to prevent removal of children and continuously assess safety throughout the life of a case to reunify children as soon as threats can be mitigated and conditions for return are met.

[Activities]		Target Date	Person Responsible
Activity 1	<p>Update state-wide policy and practice guidelines to define safety services.</p> <ul style="list-style-type: none"> Utilize the state-wide CQI Policy Implementation Cycle to disseminate policy changes. Utilize the Safety Workgroup to provide oversight, recommendations and review Partner with the CW Training team, Performance Coaches and the Office of Safety Management to conduct regional trainings to train all staff to the definition and importance of Safety Services. 	2/28/2020	<p>Director, Office of Safety Management</p> <p>Project Coordinator, Office of Safety Management</p> <p>Director, County Operations</p> <p>Director, CW Training</p> <p>Regional Performance Coaches, County Operations</p> <p>Assistant Director, Office of Child Health and Well-Being</p>

[Activities]		Target Date	Person Responsible
Activity 2	Develop a state-wide safety service matrix for case managers to promote awareness of existing safety services and enable caseworkers to match services to meet individual needs of children and families, and to assist leadership in identifying gaps in the service array.	2/28/2020	Director, Office of Safety Management Project Coordinator, Office of Safety Management Director, County Operations Assistant Director, Office of Child Health and Well-Being
Activity 3	Create a “tip sheet” (workaid) to provide state-wide guidance on: <ul style="list-style-type: none"> • How to use the safety service matrix in conjunction with the CFASP Child Safety Assessment. 	2/28/2020	Director, Office of Safety Management Project Coordinator, Office of Safety Management Director, County Operations
Activity 4	Develop a state-wide policy requiring supervisory quality reviews for cases within fifteen (15) business days following the opening of a program service line to include: <ul style="list-style-type: none"> • Review of appropriate safety service provision efforts • Utilization and accuracy of safety assessments • Establishment of an in-home safety plan, when necessary and appropriate • Review of existing safety plans to confirm they sufficiently manage safety threats, when applicable • Review of sufficiency of safety plan monitoring, when applicable • Establishment of a follow-up system with the case manager related to managing safety and to follow up on case activities needed to guide case disposition, case planning, service delivery, and safety assessment, identification, and response. 	6/30/2020	Director, Office of Safety Management Project Coordinator, Office of Safety Management Regional Performance Coach, County Operations Director, County Operations CWS Policy Supervisor, Performance Management & Accountability

[Activities]		Target Date	Person Responsible
Activity 5	<p>Conduct conference calls twice a month with Innovation county supervisors and Program Coordinators to review barriers and successes in a sample of select cases as it relates to safety service provision efforts within all program areas.</p> <ul style="list-style-type: none"> • Update policy and practice guidance as barriers are identified and solutions are developed. • Utilize the CQI Policy Implementation Cycle to share updates. • Utilize monthly Policy webinar/conference call to share updates with all staff. 	7/31/2020	<p>Director, Office of Safety Management</p> <p>Project Coordinator, Office of Safety Management</p> <p>Regional Performance Coach, County Operations</p> <p>Director, County Operations</p> <p>Assistant Director, Office of Child Health and Well-Being</p> <p>CWS Policy Supervisor, Performance Management & Accountability</p> <p>Director, Office of Permanency Management</p>

Strategy 3. Re-establish fidelity to our safety intervention model to be implemented throughout the life of a case to include safety assessment (CFASP), safety planning, safety management, comprehensive child and caregiver assessments, and case planning.

[Activities]		Target Date	Person Responsible
Activity 1	Develop a fillable version of each section of the CFASP accessible state-wide on the Master Forms Index for all staff. This will follow the work completed in Goal 4, Strategy 2, and Activities 1 through 3.	2/28/2020	Director, Office of Safety Management Director, County Operations Assistant Director, Office of Child Health and Well-Being CWS Policy Supervisor, Performance Management & Accountability Director, Office of Permanency Management Director, CQI and Policy, Performance Management & Accountability
Activity 2	The Office of Safety Management will map the intended use of the CFASP tools throughout the casework process utilizing the Safety Workgroup described in Strategy 1, Activity 1.2.	2/28/2020	Director, Office of Safety Management
Activity 3	Develop a pocket guide of the CFASP Child Safety Assessment to be used in the field to assist case managers in making informed child safety assessments utilizing the Safety Workgroup described in Strategy 1 Activity 1.2.	2/28/2020	Director, Office of Safety Management Project Coordinator, Office of Safety Management Regional Performance Coach, County Operations Director, County Operations

[Activities]	Target Date	Person Responsible
<p>Activity 4</p> <p>Develop a state-wide policy requiring supervisory quality reviews for cases to include:</p> <ul style="list-style-type: none"> • Review of the use of the CFASP Child Safety Assessment in assessing child safety within fifteen (15) business days of service line opening; • Review of the accuracy of applied constructs for safety assessment, safety planning, safety management, comprehensive child and caregiver assessments within fifteen (15) business days of service line opening; and • Determining conditions for return of the child, if applicable, and case planning. 	6/30/2020	<p>Director, Office of Safety Management</p> <p>Project Coordinator, Office of Safety Management</p> <p>Regional Performance Coach, County Operations</p> <p>Director, County Operations</p>
<p>Activity 5</p> <p>Provide interviewing training for all child welfare staff in Innovation Counties to develop additional engagement skills beyond pre-service basic training. These engagement and interviewing skills will be coached through use of the Signs of Safety Supervisor Practice Fidelity Assessment tool. Develop plan to scale up implementation to all counties in the state.</p>	12/31/2020	<p>Director, Office of Safety Management</p> <p>Project Coordinator, Office of Safety Management</p> <p>Director, County Operations</p> <p>Director, CW Training</p> <p>Regional Performance Coaches, County Operations</p>

[Activities]	Target Date	Person Responsible
<p>Activity 6</p> <p>Adopt and tailor the existing Signs of Safety Supervisor Practice Fidelity Assessment tool developed by Casey Family Programs for Supervisory use in Innovation Counties.</p> <ul style="list-style-type: none"> • Supervisors will conduct monthly case reviews with case managers on all assigned cases. • Supervisors will discuss with case managers identified barriers to fidelity barriers to reunification or service provision current safety planning and monitoring, and adjusting permanency and well-being needs. • Supervisors will coach case managers on best practice techniques for improving knowledge of safety and risk identification safety service provision, engagement, interviewing and timely documentation. • Develop plan to scale up implementation to all counties in the state. 	4/30/2020	<p>Director, Office of Safety Management</p> <p>Project Coordinator, Office of Safety Management</p> <p>Regional Performance Coaches, County Operations</p> <p>Director, County Operations</p> <p>Director, CQI and Policy, Performance Management & Accountability</p> <p>10 Innovation County Directors, Program Coordinators, and Supervisors</p>
<p>Activity 7</p> <p>Conduct conference calls twice a month with Innovation County Supervisors and Program Coordinators to review barriers and successes in a sample of select cases as it relates to:</p> <ul style="list-style-type: none"> • The use of the CFASP Child Safety Assessment in assessing child safety to include interviewing, documentation observation and records review. • Develop plan to scale up implementation to all counties in the state. 	7/31/2020	<p>Director, Office of Safety Management</p> <p>Project Coordinator, Office of Safety Management</p> <p>Regional Performance Coaches, County Operations</p> <p>Director, County Operations</p> <p>Director, CW Training</p>

Strategy 4. Develop and communicate a vision that establishes a safety culture supportive of the GPS Case Practice Model

[Activities]	Target Date	Person Responsible
<p>Activity 1</p> <p>Create materials, curriculum and handouts that can be shared with state-wide child welfare staff. The materials will include the Safety Culture vision and activities that county staff can utilize to support sharing of the improved safety culture in their offices such as:</p> <ul style="list-style-type: none"> • Messaging and rebranding of the safety value that “safety is part of all of the work that we do every day”. • Success stories about how case managers have implemented excellent safety practices in their work 	2/28/2020	<p>Director, Office of Safety Management</p> <p>Project Coordinator, Office of Safety Management</p> <p>Regional Performance Coach, County Operations</p> <p>Director, County Operations</p> <p>Director, CW Training</p>
<p>Activity 2</p> <p>Messaging, materials and training will be disseminated to all staff by:</p> <ul style="list-style-type: none"> • Hosting a Safety Culture/Vision kick-off event in all regions and in each Innovation County to be led by the Director of Safety Management and the Office of Safety Management team • The Office of Safety Management and the Safety Workgroup will send out weekly safety practice messaging to all SCDSS staff that will include safety practice tips and FAQs. • The Office of Safety Management will develop a training plan in conjunction with the CW training team. • The Office of Safety Management will utilize currently established County Director and Regional Director Meetings to share information and safety practices updates. 	2/28/2020	<p>Director, Office of Safety Management</p> <p>Project Coordinator, Office of Safety Management</p> <p>Regional Performance Coach, County Operations</p> <p>Director, CW Training</p> <p>Director, CQI and Policy, Performance Management & Accountability</p>

[Activities]	Target Date	Person Responsible
<p>Activity 3</p> <p>Utilize the Office of Safety Management and the Safety Workgroup to:</p> <ul style="list-style-type: none"> • Develop steps for practice sustainability, ongoing monitoring and guidance. • Develop a robust feedback loop for case managers, supervisors and leadership staff. 	2/28/2020	<p>Director, Office of Safety Management</p> <p>Project Coordinator, Office of Safety Management</p> <p>Regional Performance Coach, County Operations</p> <p>Director, CW Training</p> <p>Director, County Operations</p> <p>Director, CQI and Policy, Performance Management & Accountability</p>
<p>Activity 4</p> <p>Develop a multi-level case review system that includes:</p> <ul style="list-style-type: none"> • Supervisory case consultation. Strategy 1, Activity 4. • Signs of Safety Supervisory Fidelity Assessment tool. Strategy 3, Activity 5 and 6. • Conduct twice a month conference calls/webinar facilitated by the Office of Safety Management with Innovation County Supervisors and Program Coordinators. 	4/30/2020	<p>Director, Office of Safety Management</p> <p>Project Coordinator, Office of Safety Management</p> <p>Regional Performance Coach, County Operations</p> <p>Director, County Operations</p> <p>Director, CQI and Policy, Performance Management & Accountability</p> <p>10 Innovation County Directors and Program Coordinators</p>

PERMANENCY

SUMMARY FOR PERMANENCY

Timely Permanency and the Legal and Judicial Systems

To analyze data focused on establishing and achieving permanency goals, SCDSS analyzed CAPSS data, CFSR data, Legal Case Management System (LCMS) data, court data and data from focus groups of frontline staff, judges, guardian ad litem, parents' attorneys, and attorneys representing the agency.

Data from the CFSR reviews highlighted the delays in the court process and court continuances and how that impacts adoptions. The Child Welfare System does well in establishing the permanency goals in a timely manner (79% of the goals were established timely and 69% of those goals were appropriate for the child per case reviews). Where the child welfare system in South Carolina is struggling is in achieving those goals.

A three-prong approach is being developed to improve the legal system's ability to positively impact a child's permanency: (1) decreasing the amount of time from entry into foster care to a completed merit/removal hearing for more timely reunification and/or guardianship to occur, (2) ensuring that, for those children whose primary or concurrent permanency goal is adoption, termination actions are filed timely and (3) promoting quality hearings, through the legal and judicial system, by encouraging the engagement of parties at the merits and permanency planning hearings.

Pre-Merit Hearing Conferences

In reviewing data from the CAPSS system, as of February 1, 2019, the statewide average timeframe, for children still in foster care, was eighty-eight (88) days from the time a child enters foster care to merit hearing completion. A "completed merit hearing" is defined as having the statutorily required findings regarding abuse and neglect and a court-approved placement plan. The placement plan includes what services the parent(s) need to complete, the frequency of visitation between parent(s) and child(ren), the identified treatment needs for the child(ren), placement needs of the child(ren), and what safety issues need to be addressed for the child(ren) to safely return to their parents' custody. The placement plan, between the parents and the agency (or court-ordered) provides details to the parent as to how he or she may regain custody of his/her child. Ideally, such a placement plan would be put in place at the first merit hearing which must, by state statute, be held within 35 days of a child coming into the foster care system.

In examining data from the Court Liaison Program and LCMS, the top reason that merit hearings are continued is the parties are not in agreement with a placement plan and that results in the merits hearing being continued for a trial. To help determine what prevents cases from moving forward, the Department surveyed various participants to the legal process (judges, parents' attorneys, GAL attorneys and agency attorneys) in May 2018. By a 2:1 margin, the judges and attorneys for the parents and the GALs did not believe there was adequate communication from SCDSS attorneys to other case participants. In addition, two focus groups were held on January 25, 2019,

with Family Court Judges and other state-level representatives of the child welfare system in one group, and child welfare system attorneys and GAL County Program Directors in the other group. These groups also noted the lack of communication between all child welfare participants prior to the day of court and how that negatively impacts the ability of families to make progress. Participants stated that without discussions prior to the first call, it is extremely difficult for parties to agree on services which would benefit children and parents achieving permanency in a timely manner. They also noted parents' hesitancy to begin services without an agreed upon or court approved placement plan.

During late 2018, the Court Time subcommittee of the Bench Bar Committee explored the idea of having mandatory pre-merits conferences with individuals involved in the legal action. Ideally, this conference would be held face-to-face, but may be held virtually. Required participants would be the case managers and their supervisors (investigations, family preservation, and foster care), SCDSS attorneys, parents/caregivers and their attorneys, and the GALs or their representatives (Program Coordinator or Attorney) (as identified in Goal 5, strategy 1-activity 2). The goal of the meeting would be to arrive at a consensus regarding the services a family could benefit from receiving based on the identified safety concerns (as identified in Goal 1, strategy 2) and diminished caregiver protective capacities. The team would also develop a strategy on how best to make those services available, and how to reduce the safety concerns so that the child(ren) may return home. This meeting would also consider what barriers there may be to be preventing the cases from going forward in court the next week and what can be done to remove those barriers. One such barrier in SC is the inconsistency between the statutory requirements regarding hearing and investigation time requirements. For example, the statute requires a merit's hearing to be held in 35 days, while statute gives a case manager 45 days, with the possibility of an additional 15 days to complete their investigations. The pre-merits hearing will provide a built-in mechanism where any barriers which may be preventing the investigation from being completed, such as inability to interview a parent or obtaining written authorization to obtain records, could be discussed. In addition, even if it is not possible to complete the investigation, a safety barrier which prevents children from being returned back to the custody of parents and/or other appropriate caregivers can be discussed and, if resolved, presented to the Court at the first hearing so that children may leave the foster care system as quickly as possible.

With this strategy, it is the belief that the time of entry into foster care to a completed merit hearing will be reduced from 88 days to a number closer to 35. It is the belief that this multi-disciplinary conference, coupled with the agency conducting Child and Family Team Meetings (as described more fully in Goal 4, strategy 1 and 3), will result in a number of children being able to leave the foster care system more quickly, either through reunification with the parent or placement with kin. The agency will be able to track the validity of this strategy if the percentage of children leaving the foster care system to either their parents' care or into a kinship care arrangement increases by day 35 and between day 35 to 65. If at the first required merits hearing, within 35 days, there is not an agreement or trial, the agency is required to reschedule a second hearing within 30 days. This time would provide the agency additional time to put services in place that would reduce the safety issues for the child to return home and/or to provide the agency the opportunity to assess the kinship placements.

In addition, for those children who must remain in foster care due to safety concerns, merits hearing completed in a timelier manner will lead to a more expedited identification of services for the family. For those children who are not able to reunify with their family and adoption becomes their permanent plan, a timelier identification of services could lead to increased time to permanency via adoption.

Tracking System to Improve Timely Termination of Parental Right Filings

In examining data from 2017, in cases where TPRs are filed, only 18% were filed within 60 days of a completed permanency planning hearing. State law requires the agency to file a termination action within 60 days of receipt of an Order approving a permanent plan, primary or concurrent, of adoption. State law further requires that once a termination action is filed, a merits hearing must be held within 120 days. If SCDSS is compliant with the mandates of the state law, South Carolina will be in compliance with the ASFA requirement that termination actions be filed on children who have been in foster care for 15 of the past 22 months.

There is currently a report in the LCMS which tracks the progress of the termination action. Currently the triggering event which places the child on the report, is the filing of the action, not the completion of the permanency hearing that required the filing. This report is being modified so that when the outcome of a permanency planning hearing is entered into the system (by policy within 24 hours of the event), a “pop up” will happen which will ask whether either the primary or concurrent plan was adoption. If answered “yes” then that child will immediately appear on the report and will be color-coded either green, yellow, or red. Green indicates the attorneys must file the termination action within 30 days or more; yellow within 29 to 16 days; red means that the filing is due within 15 days or is overdue. Once the action is filed, the colors will reflect how close to the 120 days requirement individual cases are for a final hearing to be completed. It should be noted that South Carolina Code of Laws §63-7-1710 requires the Department to file a termination action when a child is in state custody for 15 of the most recent 22 months unless certain exemptions apply. These children are currently tracked by a report in the CAPSS system and accessible to all legal departments. Additionally, the job duties of each managing attorney are being modified to require that this report be download and distributed to all legal staff (county attorneys), child welfare supervisors, and program coordinators.

In addition to the report in LCMS being modified, the CAPSS report, Foster Care Permanency Plan and Legal Actions Report, has been modified to reflect whether a termination action has been filed. This report is distributed to child welfare staff managers and supervising attorneys.

Quality Hearings

The SC Court Improvement Project (CIP) has worked with the SC Family Courts and DSS to assess quality hearings and their impact on the permanency for children in foster care. National data has shown the engagement of all parties (parents, parents’ attorneys, agency case manager and legal team, GALs and their legal representative, the youth, caregivers, and the judges) leads to positive outcomes for the child/youth. Four studies (Bohannon, Nevers, & Summers, 2015; Summers & Gatowski, 2018; Summers et al., 2017; Summers, 2017)

have shown that the breadth of discussion (greater involvement of parents regarding more topics) has a positive impact on timely permanency, whether that was reunification or adoption. Although national data shows timely hearings alone have not proven to be as significant a factor in timely permanency for children (Macgill, S., & Summers, A. (2014)).

While SC has struggled with reunification and timely permanency, especially for older youth, the state's rate of completed permanency planning hearings being held timely (for SC the practice is at 9 months in care) has consistently been 90% or better for a number of years. The federal Adoption and Safe Families Act (ASFA) standard requires permanency planning hearings be held within twelve months of the child entering care. Monitoring and planning for this was accomplished by DSS putting in place a monitoring report through LCMS that assists in identification of any case where the permanency planning hearing is beyond nine months. At identification by the managing attorney, the case is brought to the attention of the county attorney and foster care staff and steps are taken to ensure hearings are scheduled. While SC desires to continue to have a high rate of permanency planning hearings held timely, our new focus will be not only timely hearings, but also improved quality and depth of discussion as to reasonable efforts to achieve the permanent goal for the child and family.

The CIP program, along with the SC Family Court Bench Bar Committee, chose a goal of Engaged Participation in Court (EPIC) to improve time to permanency for children by enhancing the quality of hearings. SC utilized not only the SC Children's Code, but the best practices identified from the National Council of Juvenile Family Court's (NCJFC) Enhanced Resource Guidelines: Improving Court Practice in Child Abuse and Neglect Cases. An administrative order from the Chief Justice in SC ordered that all courts are to use **Best Legal Practices in Child Abuse and Neglect Cases** as a guide in family court.

SC chose the following indicators for quality hearing measurements:

- Participation of all parties: parents, parents' attorneys, DSS attorney and case manager, GAL for the child and their attorney, judges, caregivers, and youth, when possible;
- Reasonable efforts should be made to discuss the specific efforts made to accomplish the permanency goal for each family and whether efforts were reasonable;
- Judges will inquire of all parties as to their complete understanding of the placement/ treatment plan, and services identified for timely reunification of the family;
- Visitation will be addressed with increasing levels of unsupervised visitation as safety threats are remedied, diminished caregiver protective capacities are enhanced, or services are put in place for enhanced caregiver protective capacity (as identified in Goal 4, strategy 3-all strategies);
- Youth are present, at minimum, when the plan is Other Planned Permanent Living Arrangement (OPPLA) and youth are afforded the opportunity to be heard by the court.

The CIP court liaison database was enhanced to allow the court liaison to have a structured court observation tool for the removal, merits, and the permanency planning hearings. Court observation data was collected for three months prior to training and implementation of pilot

counties. One of the observation results, in not only the baseline data but also following implementation, was that counties struggle with identifying clear reasonable efforts both in the removal action as well as in the permanency planning hearings. Judges, and often defendant's attorneys, are not challenging the agency as to what specific reasonable efforts have been completed in order to prevent removal, or to effectuate an alternate permanency plan. Additionally, visitation is not being transitioned to unsupervised as the family begins services and safety concerns are resolved.

To make the goal of enhanced participation in court sustainable, the Bench Bar Committee enhanced the SC Best Legal Practice for Child Abuse and Neglect (CA&N) Cases Guide, which was subsequently approved and supported by the SC Chief Justice. This document is a guide to quality hearings for every aspect of CA&N cases heard by the courts. The Guide requires all participants (county attorneys, human service staff and supervisors, GAL's, OID attorneys) involved in court cases receive training on quality hearings and expectations of the court (as identified in Goal 5, strategy 1-activity 2). The Bench Bar Committee, and subsequent workgroups, will analyze various data as collected by the court liaisons during appearances in court regarding quality hearings and develop collaborative strategies to enhance quality hearings. In addition to the agencies reasonable efforts to prevent removal or return the child(ren), safety concerns are addressed at each hearing (as identified in Goal 1, strategy 2-activity 1). The Best Legal Practice Guide will be updated as new state law and policies are enacted by the Bench Bar Committee and forwarded to the Chief Justice for approval.

The theory that quality hearings will lead to improved outcomes is also supported by the results of held focus groups. These groups indicated lack of communication between the parties prior to court had an adverse impact on the quality of the hearing and on the readiness of all parties. Data showed that hearings where all parties were present and prepared to engage actively with the judge improved the overall quality of the hearing. Unfortunately, the CIP data system does not correlate with DSS data and does not currently link to specific cases. Thus, correlation to length of time to permanency for specific child/youth has not been obtained to this point. One of the five-year goals for the Child Law Center/ CIP is that the Child Law data system and the DSS CAPSS data would be able to link the two for concrete correlation studies.

Goal 2: Children will have permanency and stability in their living situations through timely reunification, guardianship/custody and/or adoption.

Impact: P1; Case Review System,

Target Population: Strategy 1 and 3:10 Implementation Counties; Strategy 2: Statewide.

Strategy 1. Prior to all merits hearings, all parties involved in the court action (county attorney, OID, parents, human service staff and supervisors, GAL) will attend a pre-merit conference to discuss the allegations of abuse/neglect, placement plan, and safety concerns to establish a shared understanding of the reasons for removal and conditions for return, leading to decreased length of stay and an increase in timely permanency so that children can safely leave the foster care system timely.

[Activities]		Target Date	Person Responsible
Activity 1	Establish a multi-disciplinary group to identify the barriers and solutions to developing and implementing a pre-merit hearing conference protocol.	May 31, 2019 completed	Managing Attorney – County Operations, Office of General Counsel Court Improvement Program Coordinator, USC Children’s Law Center Representatives of Parents’ Attorneys Representatives from Guardian ad Litem Program SCDSS Case Managers, Supervisors, Program coordinators County Director, 10 Innovation Counties
Activity 2.1	Develop the pre-merit hearing conference protocol.	December 31, 2019	Managing Attorney – County Operations, Office of General Counsel Court Improvement Program Coordinator, USC Children’s Law Center Director, Office of Safety Management Director, Office of Child Health and Well-Being Director Director, Office of Permanency Management
Activity 2.2	Confer with Safety and Well-being directors to ensure any issues pertaining to Safety and Well-being are adequately addressed in the protocol.	December 31, 2019	Managing Attorney – County Operations, Office of General Counsel Court Improvement Program Coordinator, USC Children’s Law Center Director, Office of Safety Management Director, Office of Child Health and Well-Being Director Director, Office of Permanency Management

[Activities]		Target Date	Person Responsible
Activity 3	Develop the training for the pre-merit conference that includes the adaptive challenges and practice changes regarding using safety versus completion of services as a basis for return.	January 31, 2020	Managing Attorney – County Operations, Office of General Counsel Court Improvement Program Coordinator, USC Children’s Law Center Director, CW Training
Activity 4	Train on implementation of protocol for agency legal staff, lawyers and judges, DSS case managers and supervisors. The training will include addressing adaptive challenges regarding safety versus completion of services as a basis for return.	March 30, 2020 and ongoing	Managing Attorney – County Operations, Office of General Counsel Court Improvement Program Coordinator, USC Children’s Law Center Representatives of Parents’ Attorneys Representatives from Guardian ad Litem Program SCDSS Case Managers, Supervisors, Program coordinators Director, CW Training County Director, 10 Innovation Counties
Activity 5	Phase in the pre-merit hearing conference protocol in the implementation counties (check the Appendix for implementation)	July 31, 2020	Managing Attorney – County Operations, Office of General Counsel Court Improvement Program Coordinator, USC Children’s Law Center
Activity 6	Create and implement an evaluation survey of the effectiveness of the pre-merit hearing conferences to be completed by all participants (attorneys, parents, GALs, OID) at the end of the meeting. The survey results will be shared with the county attorneys, Office of Indigent Defense (OID), and GALs and used to improve and strengthen the pre-merit hearing conference protocol.	July 31, 2020	Managing Attorney – County Operations, Office of General Counsel Court Improvement Program Coordinator, USC Children’s Law Center Area Attorneys

[Activities]		Target Date	Person Responsible
Activity 7	Utilize CAPSS data reports to monitor the number of children going home at 35/65 days to be able to evaluate if the pre-merit hearing conferences and CFTM meetings are leading to timelier reunification of children.	October 31, 2020	Managing Attorney – County Operations, Office of General Counsel Court Improvement Program Coordinator, USC Children’s Law Center Director, Accountability, Data, and Research
Activity 8	Collect survey results and data and distribute the results statewide, to county offices and the Bench Bar Committee. The Bench Bar Committee can use these results to assess necessary changes and generate support for expansion.	January 31, 2021 and Ongoing	Managing Attorney – County Operations, Office of General Counsel Court Improvement Program Coordinator, USC Children’s Law Center Director, Accountability, Data, and Research Director, County Operations

Strategy 2. If the child’s primary or concurrent permanency goal is adoption, ensure the termination of parental rights action is filed in a timely manner, as set out in South Carolina Children’s Code and federal Adoption and Safe Families Act (ASFA) regulations.

[Activities]		Target Date	Person Responsible
Activity 1	Modify the current report in the legal case management system, which tracks termination of parental rights actions, so that all children with a primary or concurrent plan of adoption are added.	December 31, 2019-completed	Managing Attorney – County Operations, Office of General Counsel Area Attorneys
Activity 2	Distribute the legal case management system report to the appropriate county attorneys, child welfare foster care supervisors and regional adoption administrators by the 5 th of each month.	December 31, 2019 and ongoing	Managing County Attorneys
Activity 3	Ensure that all required information for cases in either yellow or red is submitted to the county legal department by the 15 th of each month.	January 31, 2020 and ongoing	SCDSS Supervisors (foster care)
Activity 4	File the termination of parental rights action with the clerk of court by the 60 th day and send notification to the regional adoption administrator that the complaint has been filed.	March 31, 2020 and ongoing	County Attorneys Area/Regional Attorneys

[Activities]		Target Date	Person Responsible
Activity 5	The filed complaint for termination of parental rights will be scanned and uploaded into the legal case management system within 5 days, triggering the 120-day timeframe to complete the hearing.	March 31, 2020	County Attorneys Area/Regional Attorneys
Activity 6.1	Review the Foster Care Permanency Plan and Legal Action report monthly to ensure the filing of the TPR complaint is timely and is also properly documented in CAPSS.	April 30, 2020	County Attorneys Area/Regional Attorneys
Activity 6.2	Establish benchmarks to measure if use of the reports and monitoring of cases decreases the length of time from entry into foster care to TPR and to finalized adoption.	April 30, 2020	County Attorneys Area/Regional Attorneys
Activity 7	Regional attorneys will have monthly conference calls with county managing attorney to discuss any missing information and develop plans for corrective action.	April 30, 2020 and ongoing	Area/Regional Attorneys County Attorneys

Strategy 3. Improve the quality of hearings by enhancing the participation of all parties at merits and permanency hearings to promote timely permanency.

[Activities]		Target Date	Person Responsible
Activity 1	Train Judges, GAL, DSS staff, and Office of Indigent Defense (OID) Attorneys, on the <u>Best Legal Practices in Child Abuse and Neglect Cases</u> , as previously approved and ordered by the SC Supreme Court. Trainings will be held by region, statewide, as recommended by the SC Chief Justice. While training for attorneys will be statewide, the implementation of quality hearings will initially occur in the ten PIP innovation counties.	December 31, 2019 and ongoing	Managing Attorney – County Operations, Office of General Counsel Court Improvement Program Coordinator, USC Children’s Law Center
Activity 2	Utilize the current CIP Bench Bar committee which consists of members of the following partners: SCDSS, Court Administration, GAL, and Office of Indigent Defense (OID), to identify and develop the implementation plan to embed quality hearing practices into each system.	January 31, 2020 and ongoing	Managing Attorney – County Operations, Office of General Counsel Court Improvement Program Coordinator, USC Children’s Law Center

[Activities]		Target Date	Person Responsible
Activity 3.1	SCDSS will develop a training plan to train case workers and supervisors regarding practice change elements of <u>Best Legal Practices for Child Abuse and Neglect Cases</u> and on the importance of timely and quality court hearings. This training will be implemented in the 10 PIP counties during the PIP and then rolled out statewide to all other case workers during the CFSP.	May 31, 2020 and ongoing	<p>Managing Attorney – County Operations, Office of General Counsel</p> <p>Court Improvement Program Coordinator, USC Children’s Law Center</p> <p>Director, CW Training</p>
Activity 3.2	Training for new case managers on this subject matter will be embedded in the legal training all new case managers must attend.	June 30, 2020	<p>Managing Attorney – County Operations, Office of General Counsel</p> <p>Court Improvement Program Coordinator, USC Children’s Law Center</p> <p>Director, CW Training</p>
Activity 4	Engage involved members (attorneys, case managers, defense attorneys, GALs and the Court System) in discussions about the adaptive changes that are needed for implementation of the <u>Best Legal Practices for Child Abuse and Neglect Case</u> . Engagement will be done by training (initial and ongoing), court observations, participation in Judges conferences, sharing monthly data reports, creation and dissemination of data packets, specific to judges, with comparisons to other judicial districts within the state, surveys and sharing survey reports.	November 30, 2020 and ongoing	<p>Managing Attorney – County Operations, Office of General Counsel</p> <p>Court Improvement Program Coordinator, USC Children’s Law Center</p> <p>Director, CW Training</p>
Activity 5	Observe a sample of merits and permanency planning hearings, utilize the Child Law data system to track EPIC items and provide feedback to DSS attorneys, case managers, OID attorneys, GAL attorneys and the Bench Bar Committee as to the implementation of the <u>Best Legal Practices in Child Abuse and Neglect Cases</u> . Identify areas, with all identified parties, needing improvement and develop and implement strategies to improve. This will be tracked in the 10 implementation counties.	December 31, 2020 and ongoing	<p>Managing Attorney – County Operations, Office of General Counsel</p> <p>Court Improvement Program Coordinator, USC Children’s Law Center</p>

PERMANENCY

SUMMARY FOR PERMANENCY

Strengthening the Foster Care System:

Kinship Care

The number of licensed kinship foster homes in South Carolina has decreased by 50% from 2011-2018. There are various reasons as to why this decrease has occurred: (1) regulatory and state statutes, the process to license kinship homes as foster homes is the same as for non-relatives, (2) the length of time it takes for a home to become a licensed foster home in South Carolina is, on average, 120 days from the date the application is signed, (3) SCDSS is not able to issue a provisional license and (4) current state statutes dictate that a court order is required to place a child in an unlicensed facility. If children are court ordered into an unlicensed home, the agency is not able to provide monetary assistance. Information obtained from the case manager focus groups revealed that many case managers do not understand the difference between licensed kinship care (paid) and kinship custody (unpaid). Additionally, during the focus groups it appeared some case managers may have an aversion to returning children with family due to concerns intergenerational cycles. Due to these factors many kin choose to take unpaid guardianship of the child or children.

SCDSS currently has Kinship Care Coordinators and a Kinship Care Navigator that are available to provide support and guidance to the case managers and their supervisors. Kinship Care Coordinators assist the families that have obtained guardianship or unlicensed placement of a relative in obtaining services within the community. To ensure better outcomes of kinship licensed placements, the role of the Kinship Care Coordinators and Kinship Navigator will be expanded to support licensing of additional kin homes. Currently, SCDSS does not have any provisional licensure options to allow an immediate placement with kin being licensed, and this shift in practice will require changes to existing state statute and regulations. This promulgation process is addressed in the agency's Child and Family Services Plan (CFSP) 2020-2024.

By conducting Child and Family Team Meetings (CFTM) and diligent search efforts, SCDSS will better identify parents, kin and other family supports. The meetings and new diligent search efforts will also serve to identify treatment services to address needs of the child and family as well as legal plans, and placement needs of the child(ren), to determine the best, least restrictive setting. The CFTMs will be held within the first 72 hours of a child entering care, before the pre-merits hearing conference, and prior to all permanency planning hearings. By doing this, the CFTM and searches will assist the agency in achieving timely permanency and timely engagement of services for the child(ren) and families (as identified in Goal 4, strategy 1-all activities and Goal 5, strategy 1-activity 2).

Coordinated Effort at Placement Stability

Currently, when children are removed from their homes, the children, siblings, parents, and caregivers are not adequately engaged in creating and updating appropriate permanency goals. This can lead to a lack of parental involvement and children not achieving timely

permanency. In addition, due to lack of placement resources (including assessment of relatives), children cannot always be placed in the most appropriate placement which can result in separation of siblings, loss of family and community connections, and reduced frequency and quality of visits (as identified in Goal 4, strategies 1, 2, 3, &5-all activities).

CAPSS data revealed that children are most likely to experience a placement move within six months of entering care. The likelihood of a placement move continues to drop until about 31 months in care and then begins to rise again. Of all children who experience placement moves, 55% of them occur within the first 30 days in care and 75% of first placement moves come within the first 90 days. Foster Home placements are the most unstable placements, with around 55% of the children placed in a foster home experiencing a placement move, compared to 50% of the children in congregate care and only 21% of the children in a kinship home experiencing a placement move.

In South Carolina, the foster home placement is identified by the Regional Foster Home Licensing Unit. This unit is contacted by those who are currently involved with the child, i.e. foster care case manager, investigation worker, family preservation worker (if the child will be entering care) and asked to identify a foster home to take the child(ren). Information is given to the Foster Home Licensing Unit who then will search placement. They often are looking for those who can immediately take placement with the information that is known on the child(ren). When the foster home licensing unit and foster care case managers work together to ensure placement in the appropriate home at first placement, this will support placement stability as described in Goal 3, Strategy 2.

SCDSS also reviewed the findings from the Placement Needs Assessment Baseline Study Final Report, which was conducted for Michelle H. This report had several key findings. The placement process is not being driven by meeting the needs of the child; rather, it is often based on willingness to accept the child via a Universal Application form (a standardized form that provides information regarding the child). Additionally, some of the children currently placed in congregate care (nearly 1,000 children which is about 22-23% of the foster care population) could have their needs met in a conventional family foster home.

The findings from the Placement Needs Assessment were largely supported by focus group data with frontline staff. Staff indicated that initial placements lack the assessments needed for placement stability. They also discussed the lack of a working relationship between foster care workers and licensing workers (lack of joint agreement between foster home licensing and foster care case manager regarding placement decisions), which can impact placement decision making. Frontline staff described a lack of understanding by foster parents about 'normal' childhood behaviors and behaviors that occur from the result of trauma and in knowing how to manage those behaviors. This lack of understanding related to child trauma and typical childhood behaviors can result in increased placement moves (as identified in Goal 5, strategy 1-activity 2; strategy 4-activity 1).

When placement decisions are based on availability, and not on child needs, it can lead to separation of siblings, placement outside of the community, county, school, and social peer group, which can also lead to increased placement disruption. The lack of training on trauma, permanency goals, and the foster parents' role as a support for parents in the reunification process also leads to a lack of stability for foster children. As a result, efforts will be made to align the processes of the child welfare staff, especially the foster care unit and the licensing unit to work together to identify best, least restrictive placements for children.

Currently, there is no formal way that SCDSS gathers feedback from their foster/adoptive parents regarding their involvement in timely permanency decisions, placement decisions, and/or training opportunities. SCDSS will develop a survey that will be sent to foster and adoptive parents to obtain their feedback. This survey will be sent by our Statewide Foster/Adoptive Parent Ombudsman to Foster/Adoptive Parents on a quarterly basis. The Statewide Recruiter would then gather the data and feedback and share this information with the Director of Permanency, Director of County Operations, CQI, Director of CPS & Group Home Licensing, Office of Permanency Management, Regional Adoption Administrators, Regional Directors, and other stakeholders, as instructed. SCDSS will also use this information to increase and inform training opportunities, address concerns, and ensure that foster/adoptive parents are involved in permanency discussions.

Goal 3: Strengthen the current foster care system
 Impact: P2; Foster Parent Recruitment and Retention Target Population: Strategy 1; Statewide and Strategy 2; 10 Implementation Counties

Strategy 1. Increase kinship foster care placements by identifying earlier and involving kin in the planning and placement and encouraging licensed kinship homes so that children will more likely be placed with and cared for by kin.

[Activities]		Target Date	Person Responsible
Activity 1.1	Develop and deliver a statewide training to current SCDSS case managers and supervisors that will explain the differences between kinship guardianship and kinship foster home licensing and applicable legislation.	May 31, 2019 completed	Kinship Care Manager, Office of Permanency Management Director, Office of Permanency Management Director, CW Training
Activity 1.2	Training will be held on a quarterly basis, ongoing, as a refresher training for current workers and to educate new workers. Foster Home Licensing staff will also be invited to attend the quarterly trainings as well. Ongoing training will address new processes, tools, and laws as they are developed as well as providing foundational information to educate and reinforce learning. See activities 3 (job duties of Kinship Care Coordinators), 4 (tip sheet), and 5 (materials to be used) for more specific activities around the training.	August 31, 2019 and ongoing (they will be invited to attend the quarterly trainings already scheduled)	Kinship Care Manager, Office of Permanency Management Director, Office of Permanency Management Director, CW Training

[Activities]		Target Date	Person Responsible
Activity 1.3	SCDSS will train current attorneys regarding the difference between kinship guardianship and kinship foster home licensing.	August 31, 2019 (initial-completed) and ongoing	Kinship Care Manager, Office of Permanency Management Director, Office of Permanency Management Director, CW Training
Activity 1.4	SCDSS will develop a pre- and post-test survey to be given at the trainings to gauge understanding of the differences between the two types of kinship care. This information will be gathered by the Kinship Care Coordinators. This will allow the agency to evaluate staff's knowledge of the differences and changes to the training can be made accordingly.	August 31, 2019 and ongoing	Kinship Care Manager, Office of Permanency Management Director, Office of Permanency Management Director, CW Training
Activity 2.1	Establish relative caregiver and kinship foster care policy and practice advisory group that incorporates 5 kinship care providers, the 5 regional Kinship Care Coordinators, and statewide community stakeholders.	June 30, 2019 completed	Director, CPA & Group Home Licensing Director, Office of Permanency Management Kinship Care Manager, Office of Permanency Management
Activity 2.2	Convene the group monthly to provide suggestions to SCDSS on how to improve services for Kinship providers. This group will be facilitated by the Kinship Care Coordinators and meeting topics will be determined by the Kinship caregivers. The Kinship Care Coordinators can offer suggestions to be discussed but the Kinship caregivers can decide not to discuss those topics if they so choose.	August 31, 2019 and ongoing (First meeting has been completed)	Director, CPA & Group Home Licensing Director, Office of Permanency Management Kinship Care Manager, Office of Permanency Management
Activity 3	Expand on the current job duties of the Kinship Care Coordinators and Kinship Navigator role to assist case managers and supervisors in supporting kin to engage in the licensing process to receive a foster home board payment.	August 31, 2019	Director, Office of Permanency Management Kinship Care Manager, Office of Permanency Management Director, CW Training

[Activities]		Target Date	Person Responsible
Activity 4.1	Develop “tip sheet/protocols” for case managers and supervisors to support the encouragement, use, and identification of kinship licensed placements for children and youth requiring an out-of-home placement	September 30, 2019 (initial completed) and ongoing	Director, Office of Permanency Management Kinship Care Manager, Office of Permanency Management
Activity 4.2	Deliver the “tip sheet/protocols” via electronic means to County Directors, Foster Care Program Coordinators, Foster Care Supervisors, and Case Managers. The tip sheets will also be delivered to agency workers at quarterly trainings.	September 30, 2019 (initial completed) and ongoing	Director, Office of Permanency Management Kinship Care Manager, Office of Permanency Management
Activity 4.3	Post the “tip sheet/protocol” form with the master forms for all employees to access at all times.	January 31, 2021	Director, Office of Permanency Management Kinship Care Manager, Office of Permanency Management
Activity 5.1	Develop protocols, scripts and outreach materials for informing and discussing with parents/caregivers and children/youth relative caregiver options. Develop and make available materials that clearly communicate those options in ways that are easily understood. Incorporate use of these materials in regular practice where kinship care is involved. Regional Kinship Care Coordinators will ensure staff are using and understanding the materials.	December 31, 2019	Director, Office of Permanency Management Kinship Care Manager, Office of Permanency Management Kinship Care Coordinators, Office of Permanency Management Kinship Navigator, Office of Permanency Management

[Activities]	Target Date	Person Responsible
Activity 5.2	Once the materials are complete the posters will be delivered and placed in all county offices, post cards will be mailed out to providers and families, and a link about Kinship Care will be added to the SCDSS webpage by the Regional Kinship Care Coordinators.	February 28, 2020 Director, Office of Permanency Management Kinship Care Manager, Office of Permanency Management Kinship Care Coordinators, Office of Permanency Management Kinship Navigator, Office of Permanency Management
Activity 6.1	Review current diligent search processes to determine the various methods currently in use and improvements that need to be made.	February 28, 2020 Director, Office of Permanency Management Regional Coordinator, SCDSS Families First, Manager, Family and Community Partnerships SCDSS Case Managers/Supervisors Kinship Care Manager, Office of Permanency Management
Activity 6.2	SCDSS will implement a modified diligent search process that will identify and locate possible relatives either prior to or immediately after all scheduled CFTMs. This will be done in all PIP counties.	April 30, 2020 and ongoing Director, Office of Permanency Management Regional Coordinator, SCDSS Families First, Manager, Family and Community Partnerships SCDSS Case Managers/Supervisors Kinship Care Manager, Office of Permanency Management

[Activities]		Target Date	Person Responsible
Activity 6.3	Family Engagement Service Coordinators and/or DSS case manager will then invite relatives to the scheduled CFTM and discuss with them options regarding becoming a possible kinship placement.	June 30, 2020 and ongoing	Director, Office of Permanency Management Regional Coordinator, SCDSS Families First, Manager, Family and Community Partnerships SCDSS Case Managers/Supervisors Kinship Care Manager, Office of Permanency Management
Activity 7.1	Develop and administer a kinship care provider survey evaluating the experience of kinship caregivers and available kinship caregiver materials.	April 30, 2020	Kinship Care Manager, Office of Permanency Management Director, Office of Permanency Management Kinship Navigator, Office of Permanency Management
Activity 7.2	Review recommendations from the Kinship practice advisory group and present information to SCDSS State Office for review and evaluation.	May 31, 2020 and ongoing	Kinship Care Manager, Office of Permanency Management Director, Office of Permanency Management Kinship Navigator, Office of Permanency Management
Activity 7.3	Utilize CAPSS reports on Kinship Licensed Foster Homes and CFSR reviews to determine if the home is licensed, is a child placement with kin, and to determine stability of the child. This report will give an overall view of time frames, the number of children placed with kinship providers, and licensed foster homes	July 31, 2020 and ongoing	Kinship Care Manager, Office of Permanency Management Director, Office of Permanency Management Kinship Navigator, Office of Permanency Management

[Activities]		Target Date	Person Responsible
Activity 7.4	Resulting data (administrative data, survey data, and recommendations from advisory group) will be used to inform future modifications to the kinship program. The Kinship Care Coordinator will distribute the surveys and then provide the results to SCDSS State Office for review and evaluation.	July 31, 2020	Kinship Care Manager, Office of Permanency Management Director, Office of Permanency Management Kinship Navigator, Office of Permanency Management
Activity 7.5	These results and recommendations will then be sent to the Regional Directors, County Directors, and Foster Home Licensing Program Coordinators so that they can use it to develop and implement changes to work aids, policy, and address concerns.	August 30, 2020 and ongoing	Kinship Care Manager, Office of Permanency Management Director, Office of Permanency Management Kinship Navigator, Office of Permanency Management

Strategy 2: Enhance foster care stability by improving placement decisions, (a joint agreement between the case manager and the regional licensing unit), foster parent training, and foster parent involvement in the reunification process to promote timely achievement of permanency for children in out-of-home placement.

[Activities]		Target Date	Person Responsible
Activity 1.1	SCDSS will conduct a training regarding the need to have a joint agreement regarding placement decisions for children in foster care beginning with the first placement. This training will include discussion time regarding barriers and proposed solutions.	February 28, 2020	Director, CPA & Group Home Licensing Director, Office of Permanency Management Director, County Operations Foster Home Licensing Program Coordinators & Foster Home Licensing Workers SCDSS Case Managers & Foster Care Supervisors Kinship Care Manager, Office of Permanency Management
Activity 1.2	Foster Home Licensing Staff will attend quarterly Kinship Care sessions, for initial training of all current staff and for all new staff trainings.	June 30, 2020 and ongoing	Director, CPA & Group Home Licensing Director, Office of Permanency Management Director, County Operations Foster Home Licensing Program Coordinators & Foster Home Licensing Workers SCDSS Case Managers & Foster Care Supervisors Kinship Care Manager, Office of Permanency Management
Activity 1.3	Develop a tracking system to be used by the case manager and regional foster home licensing staff to show attempts to place the child(ren) in their home community, with siblings, kin, and/or current school zoning.	June 30, 2020	Director, CPA & Group Home Licensing Director, Office of Permanency Management Director, County Operations Foster Home Licensing Program Coordinators & Foster Home Licensing Workers SCDSS Case Managers & Foster Care Supervisors Kinship Care Manager, Office of Permanency Management

[Activities]		Target Date	Person Responsible
Activity 1.4	Once the tracking sheet is developed, distribute to regional licensing offices and county/regional case managers with instructions on use.	July 31, 2020	Director, CPA & Group Home Licensing Director, Office of Permanency Management Director, County Operations Foster Home Licensing Program Coordinators & Foster Home Licensing Workers SCDSS Case Managers & Foster Care Supervisors Kinship Care Manager, Office of Permanency Management
Activity 1.5	Foster Care Case Managers will document, on the tracking sheet, all attempts made, as described in activity 1.2, with explanation regarding success of attempts and will link the document to the child case.	July 31, 2020 and ongoing	Director, CPA & Group Home Licensing Director, Office of Permanency Management Director, County Operations Foster Home Licensing Program Coordinators & Foster Home Licensing Workers SCDSS Case Managers & Foster Care Supervisors Kinship Care Manager, Office of Permanency Management
Activity 1.6	Foster Care Case Managers will follow up on a biweekly basis with regional licensing office regarding attempts to reunify siblings and/or move child(ren) back to their county of origin. All request and attempts will be documented and linked to the child case in CAPSS with information regarding outcome.	July 31, 2020 and ongoing	Director, CPA & Group Home Licensing Director, Office of Permanency Management Director, County Operations Foster Home Licensing Program Coordinators & Foster Home Licensing Workers SCDSS Case Managers & Foster Care Supervisors Kinship Care Manager, Office of Permanency Management

[Activities]		Target Date	Person Responsible
Activity 1.7	Foster Care Case managers will document, monthly, in the tracking system on-going efforts to identify relatives for placement and/or possible reunification with parent(s).	August 30, 2020 and ongoing	<p>Director, CPA & Group Home Licensing</p> <p>Director, Office of Permanency Management</p> <p>Director, County Operations</p> <p>Foster Home Licensing Program Coordinators & Foster Home Licensing Workers</p> <p>SCDSS Case Managers & Foster Care Supervisors</p> <p>Kinship Care Manager, Office of Permanency Management</p>
Activity 2	Enhance the current training for foster parents that is conducted by the SC Foster Parent Association (SCFPA) to include more information on child trauma and resulting behaviors, importance of sibling and parent-child visitation, their roles in the reunification process, and understanding and managing child behaviors and possible mental health needs.	August 30, 2020	<p>Director, of CPA & Group Home Licensing, Office of Permanency Management</p> <p>Director, Office of Permanency Management</p> <p>Manager, Family and Community Partnerships</p> <p>Director, Office of Child Health and Well-Being</p>

[Activities]	Target Date	Person Responsible
Activity 3.1	SCDSS Foster/Adoptive Parent Ombudsman will develop a survey to be sent to foster/adoptive parents to obtain feedback regarding training opportunities, placement decisions, and involvement with achieving timely permanency.	<p>October 31, 2019</p> <p>Director, of CPA & Group Home Licensing, Office of Permanency Management</p> <p>Director, Office of Permanency Management</p> <p>Director, County Operations</p> <p>Statewide Foster/Adoptive Parent Recruiter/Ombudsman for Foster/Adoption Parents</p> <p>South Carolina Foster Parent Association</p> <p>Therapeutic Agencies</p>
Activity 3.2	The Ombudsman will mail/email the survey to current foster/adoptive parents and report results to SCDSS state office (Directors) to review and address concerns, areas of needed system improvement, etc.	<p>December 31, 2019 and ongoing</p> <p>Director, of CPA & Group Home Licensing, Office of Permanency Management</p> <p>Director, Office of Permanency Management</p> <p>Director, County Operations</p> <p>Statewide Foster/Adoptive Parent Recruiter/Ombudsman for Foster/Adoption Parents</p> <p>South Carolina Foster Parent Association</p> <p>Therapeutic Agencies</p>

[Activities]		Target Date	Person Responsible
Activity 3.3	SCDSS State Office will discuss with private providers and SCFPA any training needs/opportunities expressed by the current foster and adoptive parents.	March 31, 2020 and ongoing	Director, of CPA & Group Home Licensing, Office of Permanency Management Director, Office of Permanency Management Director, County Operations Statewide Foster/Adoptive Parent Recruiter/Ombudsman for Foster/Adoption Parents South Carolina Foster Parent Association Therapeutic Agencies
Activity 3.4	Providers will explore how to provide these needs to the current foster and adoptive parents.	May 31, 2020 and ongoing	Director, of CPA & Group Home Licensing, Office of Permanency Management Director, Office of Permanency Management Director, County Operations Statewide Foster/Adoptive Parent Recruiter/Ombudsman for Foster/Adoption Parents South Carolina Foster Parent Association Therapeutic Agencies

WELL-BEING

Ultimately SCDSS' overarching goal in this section is that children, parents, caregivers, and foster parents in South Carolina have adequate and timely initial and ongoing assessments, will be engaged through quality case manager visits, will be appropriately involved in case planning, and will have individualized services necessary to mitigate concerns and achieve safety, permanency, and well-being goals. The root causes of these problems center around three issues: 1) case manager skill and adaptive challenges in engaging families and youth and 2) consistent, supportive supervision to assist case managers in developing effective case plans 3) services that meet the individual needs of children and families. Contributing factors also indicated as barriers to engagement and service delivery include caseload size, turnover, communication, knowledge of available resources and process to access, and use and follow up on those resources.

Family, child and youth engagement

Historically, SCDSS has viewed engaging families as a job that a contractor performs during Family Team Meetings (FTM) and Family Group Conferences (FGC) rather than a core function of effective practice. Supervisory coaching to recognize and overcome this adaptive challenge has not been a focus in the Department. These adaptive challenges and the lack of case manager skill in engaging families and youth are the root cause of these issues.

Quantitative and qualitative data demonstrate the lack of effective family and youth engagement. The Children's Bureau final report showed that the agency does not consistently identify absent parents and fathers and engage them in case planning. During listening sessions with birth parents, parents identified that case managers do not always engage parents in the home to develop case plans. The Children's Bureau report showed that child and family involvement in case planning is higher for children, but low overall. 53% of the cases had child involvement in case planning. In foster care cases, the child was involved in case planning 65% of the time. Youth listening sessions, supported this data and showed that youth felt left out of the development of their treatment plans. Parents fared worse in case planning involvement in two key areas: 1) father involvement and 2) incarcerated parent involvement. Of cases reviewed, the mother was involved in case planning in 33% of the cases and the father was involved in 30% of cases. Even Family Group Conferencing data, the Department's current primary means of engaging parents, demonstrated that paternal involvement in the Family Group Conference was significantly lower than maternal involvement-- 32% for fathers versus 56% for mothers.

SCDSS currently conducts Family Team Meetings (FTM) and Family Group Conferences (FGC) when a child enters foster care or when a child has been in foster care for an extended time. In foster care cases, the FTM is held within the first 72 hours of entry and the FGC is after 25 days in care, or as requested. The FGC process is used less frequently in family preservation cases. In these meetings, the coordinator facilitates open dialogue and focuses discussion on the needs of the child. The coordinator helps the family and Agency develop the best plan for the child's safety and care. Currently, this plan is a separate plan from the Child and Family Assessment and Service Planning tools (CFASP), discussed below in the assessment and case planning section. This means that, currently, families may have multiple plans and may be confused about the work that they must do to resolve the issues that brought them to the attention of DSS.

SCDSS underutilizes family finding, FTM, and FGC in foster care cases at key decision-making points. Failure to use this opportunity to engage families leads to untimely achievement of permanency, poor legal plan decisions, placement instability, and lack of kin involvement.

Since family group conferencing is currently used primarily in foster care cases, SCDSS will begin by initially expanding the CFTM structure in foster care cases during the PIP review period. SCDSS will revise the current process to include additional meetings at critical decision-making junctures. SCDSS is committed to expanding CFTMs to family preservation after evaluating the outcomes of the CFTM process in foster care cases. SCDSS will review the CFTM foster care practice and develop appropriate outcomes for family preservation cases, such as improved family and youth involvement in case planning and shared decision-making. This evaluation will help SCDSS develop the family preservation timeline and improve supervision and coaching strategies. Statewide implementation for family preservation cases will extend beyond the two-year period of the PIP.

During the time that CFTMs are being expanded in foster care, case managers will also have access to CFTMs for family preservation cases. Family engagement skills will also be taught as a core practice skill for all case managers, including family preservation case managers, during the implementation of the agency's practice model. Trainings offered internally and by other entities such as the University of South Carolina Center for Child and Family Studies and the Children's Law Center will also be updated to include family engagement components consistent with the practice model. Improving all case managers' family engagement skills will help build stronger relationships with families, gather more accurate assessment information, and assist in safety assessments and safety planning.

Goal 4, Strategy 1 outlines the activities that will improve current practice, and these activities are addressed in the table below. By expanding the purpose of FTMs and FGCs and renaming them Child and Family Team Meetings (CFTM), SCDSS will teach case managers to identify the family's strengths and underlying needs, no longer relying solely on contracted providers. Case managers will learn how to engage families, identify missing parents and kin, develop a family-based, family-informed, co-created and focused case plan. The case plan will address safety needs the family must meet before the child can be returned, services to address the child's needs and improve caregiver protective capacities, best legal plans (especially for youth aged 16 and 17 years who have a goal of adoption and do not have an identified adoptive resource or desire to be adopted), and placement needs of the child, such as placement within the home community, with siblings, or with relatives. For foster care cases, CFTMs will be held within the first 72 hours of a child entering care to begin to plan for service needs and set the family up for more timely permanency at the outset of the case. Family preservation timelines and case manager competencies will be developed after an evaluation of foster care cases.

SCDSS will develop and implement a training, coaching, and mentoring plan for the CFTM process for new and existing case managers and supervisors on how to conduct a CFTM. This coaching plan will empower case managers and supervisors to: involve noncustodial parents (especially fathers) and incarcerated parents; comprehensively assess children, youth and families; have difficult conversations with families; and adjust case manager values, beliefs, and culture to one that supports involving all parents, kin, identified supports, and youth in the planning process. To help overcome these adaptive challenges, existing Family Engagement Service Coordinators will coach SCDSS staff. Over time, with this training and coaching, case managers and their supervisors will develop the competencies and skills to

conduct CFTMs without the Family Engagement Service Coordinator. This will build the agency's internal capacity to engage children, youth and families and overcome the adaptive challenge that engagement is a purchased service. This approach will strengthen the child welfare system, promote effective case practice and will concertedly incorporate relatives, stakeholders, youth, and others involved in the case. Work on Goal 4, Strategy 1 will also impact Goal 1, Strategies 2 and 3; Goal 2, Strategies 1 and 3; Goal 3, Strategies 1 and 2; Goal 5, Strategies 1,2, and 3.

Needs assessment and case planning

Currently, quantitative data shows that needs assessment and case planning is done inconsistently across the state using the Child and Family Assessment and Service Planning tool (CFASP). Of all foster care services that had been open for 60 days or more on October 1, 2018, only 72% had at least one completed Child CFASP and 25% (131) of the children did not have any. In addition, there is wide variation between regions in the utilization of the Child CFASP, ranging from 82% of children in one region having at least one completed CFASP, to only 54% of children in another region. And even within regions, there was great variation, with four counties having a completed CFASP for less than 10% of the children who had been in foster care for 60 days or more. The utilization of the CFASP in family preservation is slightly lower. Only 69% of all family preservation cases have one or more completed family CFASPs, with the regions ranging from 77% to 52%. One county used the CFASP in less than 10% family preservation cases.

QA reviews revealed a pattern that case managers develop "cookie cutter" case plans. While there is no quantitative data on this issue, focus groups explained why reviewers were seeing this trend. Focus groups demonstrated that needs assessment and case planning is seen as a document to complete, rather a process to engage families in a focused assessment and action plan for the issues that brought them to SCDSS' attention. Focus group members indicated that sections of the CFASP that address ongoing assessment and case planning are used infrequently and inconsistently, as outlined above. Also, many counties shared that they created alternative, or modified existing, tools in lieu of completing the required statewide CFASP. Case managers expressed that case planning process lacked "clarity or structure" and that the CFASP was frustrating.

The Children's Bureau final report showed that the agency does not consistently identify fathers and engage them in case planning. In addition, listening sessions with birth parents showed that case managers do not engage parents in the home to develop case plans. The Children's Bureau report showed that child and family involvement in case planning is higher for children, but still low. Overall, in 53% of the cases the child was involved in case planning. As shared above, youth listening sessions showed that youth felt left out of the development of their case plans. Parents, however, fare worse in case planning, as discussed in the above in the engagement section.

The results of a root cause analysis revealed that case managers may not engage families because some case managers believe that families do not have the ability to solve their problems. "You cannot help those who do not want to be helped" was a phrase from a case

manager listening session. This adaptive challenge holds particularly true for absent or incarcerated fathers. Furthermore, listening sessions also revealed the belief that many family issues are cyclical, spanning multiple generations.

Goal 4, Strategy 2 outlines the activities that will improve current practice. These activities are addressed in the table below. Case planning is essential and some of our most important work. In accordance with SCDSS case work practice model, a case plan will be developed with the family and will provide a road map for safety, stability, and well-being for a child and family. The case planning process assesses safety, caregiver protective capacities, family, and child needs and strengths. Assessment tools assist the case manager in working with families, identifying strategies to keep children safely in their homes, and matching services to meet their needs. Safety planning is essential to making sure that children, whenever possible, can remain in their own homes with their families. Identification of safety services in the beginning of the case is essential to keeping children in their own homes and connected to their communities. Case managers need the skills to be able to assess whether children are in immediate and present danger or are in a situation that may result in imminent danger if the situation is left uncontrolled, and caregiver protective capacities are not improved to manage existing safety threats. Case managers need guidance from their supervisors and performance coaches on how to assess a family's capacity to safely care for children in their homes, and how to implement services to mitigate safety concerns. This can be accomplished through utilizing the tools included in the CFASP, consulting with supervisors, and working with the family to co-create safety plans and identify safety resources to help control the safety concerns. Training and coaching on safety threats, present and impending danger, risk of future maltreatment, and safety services will help case managers to develop skills necessary to improve safety assessments that lead to better safety and case planning. The agency will refocus efforts to use CFASP tools to achieve better outcomes. Training and coaching for staff will focus on ongoing assessment and case planning to identify needs and plan services with families to address their safety and well-being needs. Work on Goal 4, Strategy 2 will also impact Goal 1, Strategies 2 and 3; Goal 3, Strategy 2; Goal 5, Strategies 1,2,3.

Quality worker visits

To explore the impact of **quality visits** on casework practice and to understand more about the challenges associated with quality visits, South Carolina analyzed data from applicable items in the QA review instrument, CAPSS data, and findings from focus groups with front-line staff and supervisors.

Data from the QA review instrument revealed several key findings. Case managers are visiting with children more than parents, and although visits may have sufficient frequency, they often lack quality. Additionally, staff often do not have sufficient visits with non-custodial and incarcerated parents. Both CAPSS data and data from the CFSR review show that there are more frequent visits with children and parents when children are in foster care, compared to family preservation cases. CFSR case reviews revealed that, in some cases, case managers were not sufficiently doing the following as it relates to quality visits: (1) actively engaging the parents, (2) discussing issues relevant to the case, (3) discussing safety threats, permanency goal, and barriers to reunification specifically related to safety and caregiver protective capacities, (4) discussing the parent's service progress, (5) consistently meeting with parents, (6) completing diligent searches, especially for fathers, (7) visiting and/or engaging incarcerated parents, and (8) meeting in locations that are conducive to quality visits.

Analysis of the CFSR data shows that quality visits, especially quality visits with parents, positively impact the other item ratings in the on-site review instrument. Cases that are rated a strength on Item 15 have significantly better ratings on Items 12 and 13 compared to cases rated as an ANI on Item 15. Cases rated as a strength on Item 15, increased strengths on Item 12 from 18% to 45.5% strengths. Similarly, for cases rated as a strength for Item 15, Item 13 increases from 29.8% strengths to 81.8% strengths. Quality case manager visits with parents also have a significant positive relationship, regardless of whether that parent received a comprehensive and accurate assessment. When mothers had quality case manager visits, 72% had comprehensive and accurate assessments. When mothers did not have quality case manager visits, 83% did not have comprehensive and accurate assessments. The same trend is also true for fathers. Sixty-four (64) percent of fathers who had quality case manager visits also had comprehensive and accurate assessments compared to 91% of fathers who did not have quality case manager visits and were not properly assessed.

For both mothers and fathers, there is a significant relationship with whether the worker had a quality visit with the parent and whether or not that parent was involved in case planning. For example, 89% of the fathers who had quality case manager visits were also included in case planning. Conversely, 84% of the fathers who did not have quality case manager visits were not included in case planning. Regarding mothers, when they had quality case manager visits, 75% were also included in case planning compared to the 85% of mothers who did not have quality visits and were not included in the case planning process.

In addition to improving both the frequency and quality of visits between caseworkers and parents, the agency also needs to improve the frequency and quality of visits between caseworkers and children. This is particularly true for family preservation cases, which had 46.7% strengths on Item 14 during the baseline compared to 65% strengths for foster care cases. When children are in foster care, workers are having more frequent and quality visits with children. In further examining the difference in frequency and quality of visits in foster care compared to family preservation cases, the importance of quality visits clearly emerges. In the baseline, the children were seen at the same frequency. Both foster care and family preservation cases reviewed had 85% of the cases reviewed that were of sufficient frequency to achieve case goals. Forty-nine percent of family preservation cases had visits that were of sufficient quality compared to 68% of foster care cases that had quality visits. When exploring why quality visits with children were not occurring, common reasons include not discussing issues relevant to the case, the visits not occurring in the child's home, and the children not being seen privately. Quality visits also have a strong correlation to completion of quality assessments. When children had quality visits with their caseworkers, 84% had quality assessments compared to 23% who did not have a quality visit but did have a quality assessment. Additionally, when children had quality assessments, 80% were involved in case planning.

Data from the focus groups further refined data received from CFSR reviews and CAPSS. The focus group on quality visits with case managers highlighted many of the challenges that impact frequent and quality visits with both children and parents. High caseloads, children placed out of county, and problems scheduling visits with a child were cited as overall barriers. Additionally, turnover and time spent entering, sometimes repetitive, data are reported to impact quality visits. With consistent turnover, workers have to quickly become familiar with new cases that usually do not have sufficient documentation for review. Also, the impact of a lack of quality dictation regarding what happens during visits is magnified when accounting for turnover and case transitions. Workers then must reestablish rapport with the families, which can take time. Workers indicated that they spend a lot of time filling out the same information on multiple forms and often

do not have access to information they need to learn more about the cases. Workers also indicated that they do not use a specific tool to gauge quality visits but rather use their own judgment to do a mental checklist of important parts of the case. Case workers also reported planning for what they think a supervisor will want to see, or request, rather than relying on their own professional judgment or assessment.

The adaptive challenge of workers cutting and pasting previous dictation just to comply with requirements is being addressed through the quality visits and supervisor training. Supervisors will be trained to look for evidence of relationship and rapport building with children and families. This will move documentation from a compliance-based process to a mechanism to evidence quality interactions with children and families. Documentation then becomes an opportunity for coaching rather than a compliance mechanism.

Goal 4, Strategy 3 outlines activities that will improve current practice. These activities are outlined in the table below. The CFSR data makes clear that the quality and frequency of caseworker visits impacts multiple review items. Given the far-reaching impact on other outcomes, SCDSS will partner with the Capacity Building Center for States to implement and adapt the “Quality Matters: Improving Caseworker Contact with Children, Youth and Families”. To assist in this process, SCDSS will also convene an internal visitation workgroup to oversee the development of policy, dissemination of information, supervisory coaching, partnership with the Capacity Building Center for States, provision of technical assistance, and outcome evaluation. Work on Goal 4, Strategy 3 will also impact Goal 1, Strategies 2 and 3; Goal 5, Strategies 1,2,3.

Services

Key findings in the 2017 CFSR define the negative impacts on safety, permanency and well-being outcomes for children and families due to the **lack of availability and access to services**, at both systemic and individual case levels. The Service Array systemic factor was not in substantial conformity and performance on Item 12: Needs and Services of Child, Parents and Foster Parents was the lowest performing item in the state with only 18% of cases rated a Strength. The most problematic performance was assessing needs and providing services to parents with only 16% of the cases rated a Strength. In order to better understand the Service Array and provision of services, the state analyzed a 2017 statewide service array study conducted for Michelle H., data from applicable items in the CFSR, historic and ongoing QA reviews, and data from focus groups of front-line staff, judges and court representatives that were conducted in January of 2019.

The service array study revealed that some services are more commonly available throughout the state such as education services, Head Start, primary child health care, dental care, and court-appointed advocates. The study also highlighted service gaps such as post-prison transition services, supervised visitation, respite, kinship placements, services for survivors of child trafficking, residential services for substance abuse, and inpatient mental health services for both adults and children. The study did not include questions on services specific to ensuring child safety, so there is a need for additional data to better understand the availability and access to safety-related services. For some services, the study revealed that even though services were available, there was a lack of knowledge and awareness about the services and how to access them, such as residential treatment services for substance abuse that are funded by DSS in a

statewide contract and inpatient mental health services for children funded by Medicaid. This lack of awareness indicated that efforts are needed to provide information to case managers, supervisors, and courts so that they can be better informed about available services.

In examining service needs identified in the CFSR, the service needs of parents included: parenting classes, mental health assessments, alcohol and other drug abuse treatment, and family counseling. The service needs for children included: mental health services, forensic interviews, trauma-focused therapy, sexual health education, and independent living skills. The service needs of foster parents were largely respite and transportation.

Data from focus groups with front line staff provided more information about the challenges of accessing available services. Front line staff revealed a limited knowledge of services available in their counties and even less knowledge of services available in other counties where children on their caseload might be placed. This leads to difficulty in identifying services for families. Front-line staff are unaware of what a comprehensive service array would look like in the state, and case managers depend on word of mouth to identify services. This leads to uncertainty about the quality of services and impedes the ability to individualize services to meet needs. Staff also indicated common challenges to parents accessing available services, which included long waitlists, transportation, and cost. Front-line staff described the need for help with obtaining information about services and access to services, which is not consistently available in counties. Judges and court representatives reported that there is generally a lack of services to assist parents, a lack of quality services to assist parents, and that they see the same services in every case plan. They believe that some children could be kept safely at home if immediate services were implemented to prevent placement. They also reported that the lack of access to services creates delays in achieving permanency.

Goal 4, Strategy 5 outlines the activities that will improve current practice, outlined in the table below. To assist families with access to services, Medicaid funding streams will be examined to prevent parents from being responsible for paying for services. As the state improves understanding of needs and services, it is necessary to determine how best to shift resources from existing services that lack quality outcomes and do not meet the needs of children and families, to services that are evidence-informed and better suited to the needs of children and families we serve. DSS will first evaluate existing DSS funded, Medicaid funded, and other funded services and will review "legacy" contracts to determine what revisions need to be made in the existing service array. Using CFSR reviews as a guide for services that were needed but not provided, DSS will address gaps in the current service array. Any expansion of services will be budget neutral and will be created by rebalancing existing services. Concurrently, DSS will promote training for case managers and supervisors, through peer learning webinars, to expand knowledge and awareness about existing high-quality services. To sustain individualized service planning, a statewide database will be developed so that case managers will have access to up-to-date information on access to services, how to make referrals, and availability of the services.

To address the need for greater service provision, the state will take a three-pronged approach: 1) review and rebalance contracts to address gaps in the service array, 2) identify a local point of contact to serve as a service array champion and 3) train case managers on what services are available that they may not be aware of through quarterly webinars in the 10 innovation Counties. Service array champions are case managers that will serve as county subject matter experts about local or statewide resources that can meet the individual needs of children and families. The webinars discussed above will focus on accessing services that QA reviews identify are

needed, but not often provided. For example, transportation is often a barrier for families seeking services, therefore staff in the Office of Child Health and Well-Being will research ways to access atypical sources of transportation such as private non-profit programs in rural areas, Medicaid medical appointment transportation services, Select Health resources such as Uber codes that can be used in rural areas, and others. The webinar will focus on services that local staff may not be aware of and will provide information on who qualifies for those services, and how to make successful referrals. The goal of this intervention is to do much of the time-consuming research and disseminate information to make case managers' role in the process easier. Work on Goal 4, Strategy 4 will also impact Goal 1, Strategies 2 and 3; Goal 2, Strategy 1; Goal 5, Strategies 1,2,3.

Goal 4: Improve the quality and consistency of engagement, assessment of needs, case planning, case manager visits and provision of services, so that safety, permanency and well-being outcomes are achieved.

Impact: WB1, WB2, WB3, Service Array

Target Population: Strategy 1, 2 Implementation Counties; Strategy 3-5 Statewide.

Strategy 1. Develop, clarify and implement practices, protocols, policies, tools and training for Child and Family Team Meetings (CFTM) Target Population: 10 Innovation Counties

	Activities	Target Date	Person Responsible
Activity 1	Form CFTM workgroup responsible for overseeing the <ul style="list-style-type: none"> • Development of expansion/integration of FGC and FTM, including expansion of CFTM to family preservation cases; • Implementation of CFTM; and • Monitoring for fidelity and outcomes. 	December 2019	Director, Office of Permanency Management Director, Office of Safety Management Regional Coordinator, SCDSS Families First Manager, Family and Community Partnerships
Activity 2	Review and map existing FTM and FGC to expand/integrate and define CFTM; including the development of CFTM for family preservation cases.	February 2020	Director, Office of Permanency Management Regional Coordinator, SCDSS Families First Manager, Family and Community Partnerships

Activities		Target Date	Person Responsible
Activity 3	Review and update FTM and FGC policies, practice guidance, and training to support CFTM, including steps to transition from a contracted service to staff engagement practice.	March 2020	Director, Office of Permanency Management Regional Coordinator, SCDSS Families First Manager, Family and Community Partnerships
Activity 4	Identify fidelity measures and develop and implement monitoring mechanisms to track efficacy and quality of CFTMs and to evaluate its impact on preservation or reunification of the family.	May 2020	Director, Office of Permanency Management Regional Coordinator, SCDSS Families First Manager, Family and Community Partnerships
Activity 5	Share CFTM tools, policies, protocols, practices with supervisors in 10 PIP counties. Provide support to supervisors in using revised CFTM.	June 2020	Director, Office of Permanency Management Regional Coordinator, SCDSS Families First Manager, Family and Community Partnerships Regional Performance Coaches, County Operations
Activity 6	Train staff in 10 PIP counties to facilitate CFTM for foster care cases. Evaluate effectiveness of training.	October 2020	Director, Office of Permanency Management Regional Coordinator, SCDSS Families First Director, Performance Management & Accountability USC Center for Child and Family Studies Research Assistant Professor
Activity 7	Revise and finalize tools, policies, practice guidance and training, as needed, based on results from monitoring mechanisms and feedback received from key stakeholders for foster care and family preservation cases.	December 2020	Director, Office of Permanency Management Regional Coordinator, SCDSS Families First Manager, Family and Community Partnerships Regional Performance Coaches, County Operations

Activities		Target Date	Person Responsible
Activity 8	Develop and implement plan to scale up implementation to remaining counties in the state for foster care cases.	February 2021	Director, Office of Permanency Management Regional Coordinator, SCDSS Families First Manager, Family and Community Partnerships Performance Coaches & Regional Directors, County Operations
Activity 9	Define and implement ongoing activities and staff responsibilities to ensure fidelity, quality and efficacy of CFTM.	May 2021 and ongoing	Director, Office of Permanency Management Regional Coordinator, SCDSS Families First Manager, Family and Community Partnerships Performance Coaches & Regional Directors, County Operations
Activity 10	Develop plan to scale up implementation to all counties in the state for family preservation cases.	August 2021	Director, Office of Permanency Management Regional Coordinator, SCDSS Families First Manager, Family and Community Partnerships Performance Coaches & Regional Directors, County Operations

Strategy 2: Develop, clarify and implement practices, protocols, and policies for child and family assessment, case planning, and matching service to needs and strengths. Target Population: 10 Innovation Counties

[Activities]		Target Date	Person Responsible
Activity 1	Form case planning and assessment workgroup responsible for overseeing the development of a revised tool, implementation of the tool, and continuous monitoring.	October 2019	Director, Office of Safety Management Director, County Operations

[Activities]		Target Date	Person Responsible
Activity 2	Review and map CFASP and CFTM tools and consolidate where needed. Develop recommendations and key findings and share with leadership and Office of General Counsel for input.	November 2019	Director, Office of Safety Management Project Coordinator, Office of Safety Management Performance Coach, County Operations Director, Office of Performance and Accountability IT Director, CAPSS Director, Accountability, Data, & Research USC QA Team
Activity 3	Review and update CFASP policies, practice guidance and training.	December 2019	Director, Office of Safety Management
Activity 4	Identify fidelity measures, develop and implement monitoring mechanism to track efficacy and quality of revised tool, including but not limited to case record reviews.	February 2020	Director, Office of Safety Management Director, County Operations
Activity 5	Share revised CFASP tool, policy and practice guidance with supervisors in the 10 PIP innovation counties. Provide needed support to supervisors in using revised CFASP, before staff are trained, through supervision and coaching.	March 2020	Director, Office of Safety Management Director, Office of County Operations Performance Coaches & Regional Directors, County Operations
Activity 6	Train staff in the 10 PIP innovation counties on the revised CFASP; training will be co-delivered with experienced staff, with a focus on transfer of learning. Provide needed support to case managers in using revised CFSAP through supervision and coaching. Evaluate effectiveness of training.	April 2020	Director, Office of Safety Management Director, Office of County Operations Performance Coaches & Regional Directors, County Operations

[Activities]		Target Date	Person Responsible
Activity 7	Revise and finalize tool, policies, practice guidance and training as needed based on results from monitoring mechanisms and feedback from key stakeholders.	August 2020	Director, Office of Safety Management Director, Office of County Operations Performance Coaches & Regional Directors, County Operations
Activity 8	Develop and implement plan to scale up implementation to remaining counties in state.	December 2020	Director, Office of Safety Management Director, Office of County Operations Performance Coaches & Regional Directors, County Operations
Activity 9	Define and implement ongoing activities and staff responsibilities to ensure fidelity, quality and efficacy of updated CFASP.	January 2021 and ongoing	Director, Office of Safety Management Director, Office of County Operations Performance Coaches & Regional Directors, County Operations

Strategy 3: Adapt and implement core components of the “Quality Matters: Improving Caseworker Contact with Children, Youth and Families. Target Population: Statewide

[Activities]		Target Date	Person Responsible
Activity 1	Form visitation workgroup responsible for overseeing the adaptation, implementation, and continuous monitoring of the “Quality Matters: Improving Caseworker Contact with Children Youth and Families” program.	October 2019	Leads, Visitation Workgroup Director, Office of County Operations Regional Directors, County Operations Director, Office of Child Health & Well-Being

[Activities]		Target Date	Person Responsible
Activity 2	Draft and implement policy revisions to include values, actions, and practical guidance that aligns caseworker-child/parent/caregiver/foster parents contact policy and procedure with the agency practice model.	October 2019	Leads, Visitation Workgroup
Activity 3	Develop and disseminate practice tips to case manager assistants, case managers, supervisors and program coordinators to facilitate transfer of learning.	November 2019	Leads, Visitation Workgroup Regional Directors, County Operations
Activity 4	Develop user-friendly, actionable management reports in CAPSS.	November 2019	IT, Director, CAPSS Leads, Visitation Workgroup
Activity 5	Adopt and adapt quality contact training developed by the Capacity Building Center for States	December 2019	Director, CW Training
Activity 6	Define the supervisory role in coaching and monitoring for case planning, on the frequency and quality of visits, and understanding on how to conduct them.	December 2019	Leads, Visitation Workgroup
Activity 7	Train supervisors on case consultation, documentation, and management reports so supervisors can help case managers be accountable for frequency and quality of visits.	January 2020	Director, CW Training
Activity 8	Develop performance standards, measures/data, and ongoing monitoring methods for quality visitation.	February 2020	Leads, Visitation Workgroup
Activity 9	Performance Coaches will provide technical assistance to counties who are not achieving performance standards.	March 2020 and ongoing	Leads, Visitation Workgroup Performance Coaches, County Operations

Strategy 4: Expand and realign service array to meet the individualized needs of children and families. Target Population: Statewide

[Activities]		Target Date	Person Responsible
Activity 1	Define a comprehensive service array that would meet the needs of children and families.	December 2019	Team Leads Project Manager, Office of Child Health and Well-Being Assistant Director, Office of Child Health and Well-Being
Activity 2	Review available DSS funded services and realign/reallocate funding to achieve an improved service array.	February 2020	Project Manager, Office of Child Health and Well-Being Assistant Director, Office of Child Health and Well-Being Director, Office of Child Health and Well-Being Director, Contracts and Procurement
Activity 3	Collaborate with Medicaid to maximize the utilization of reimbursable funds for services whenever possible.	June 2020	Assistant Director, Office of Child Health and Well-Being Director, Office of Child Health and Well-Being
Activity 4	Restructure contracts with private providers to expand the current service array.	October 2020 and ongoing	Team Leads Project Manager, Office of Child Health and Well-Being Assistant Director, Office of Child Health and Well-Being Director, Office of Child Health and Well-Being

Strategy 5: Increase the knowledge and awareness of existing services, how to access them and how to match services to needs. Target Population: Statewide

[Activities]		Target Date	Person Responsible
Activity 1	Identify staff in each county to be the point of contact (Service Array Champion) for services available for children and families.	December 2019	Project Manager, Office of Child Health and Well-Being Assistant Director, Office of Child Health and Well-Being Director, Office of Child Health and Well-Being
Activity 2	Create a user-friendly database of available services, which is updated on a regular basis, and communicate newly identified services to Service Array Champions.	March 2020	Project Manager, Office of Child Health and Well-Being Assistant Director, Office of Child Health and Well-Being Director, Office of Child Health and Well-Being
Activity 3	Conduct quarterly lunch and learn webinars to reinforce how to identify and match services to meet the needs of children and families.	November 2019 and ongoing	Team Leads Project Manager, Office of Child Health and Well-Being Assistant Director, Office of Child Health and Well-Being Director, Office of Child Health and Well-Being
Activity 4	Develop and implement a process for ongoing monitoring of provision of individualized services and identification and resolution of service gaps, through QA reviews.	May 2020 and ongoing	Team Leads Performance Coaches, County Operations Director, CQI and Policy, Performance Management & Accountability Agency Director, Office of Continuous Quality Improvement Accountability, Data, and Research USC Center for Child and Family Studies Research Assistant Professor

[Activities]		Target Date	Person Responsible
Activity 5	Provide training and technical assistance to counties who receive ANIs on performance due to a lack of providing individualized services.	October 2020 and ongoing	Regional Performance Coaches, County Operations Program Coordinators, County Operations
Activity 6	Develop and implement a plan to scale up statewide.	May 2021	Project Manager, Office of Child Health and Well-Being Assistant Director, Office of Child Health and Well-Being USC Center for Child and Family Studies Research Assistant Professor

Strengthening Supervision

Stronger Supervision

South Carolina’s planned child welfare supervisory and coaching system balances the focus on compliance with more focus on significant interactions with case managers around daily case responsibilities and critical decisions. A review of current data found that supervisors do not have enough training and resources to adequately coach and develop basic competencies in frontline case managers. (Systemic Factors, Statewide Information System, Staff and Provider Training, Items 19, 26, 27).

Following preservice training, supervisors have the primary responsibility for developing case managers’ core skills. Case reviews and focus groups revealed skill deficits in safety decision making, initial and ongoing assessment, engagement, case planning, and service provision. Additionally, supervisors have the administrative responsibility of ensuring accurate and timely data entry of four required data elements (status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in Foster Care in the Statewide Information System (CAPSS) by case managers. Discussions, within focus groups, about the culture and practice of training and professional development reveal that many managers and supervisors see intensive training for supervisors as a luxury and believe what they need to be a good supervisor was picked up by being a good frontline case manager. Discussions also revealed a belief of current child welfare supervisors that local quality assurance and CQI activities are not in their scope of work, and that they do not have time for formal case consultation with their assigned case managers.

Focus groups also demonstrated that managers and supervisors are not clearly communicating the outcomes and goals of child welfare services (CWS), nor are they communicating the agency’s mission, vision, and values to their case managers. Supervisors are not clear

about the expectations and standards of practice, and therefore cannot adequately give case managers a clear understanding of what the supervisor and agency expect and why. Additionally, among all staff, there appears to be a lack of understanding regarding the competencies that case managers must possess to perform their duties or the use of any agreed upon case manager standards of competencies as a basis for assessing case manager knowledge and skills. Also, supervisors were not consistently completing case consultations, and were not measuring case manager performance against agency and supervisory expectations and standards and providing feedback accordingly. Currently, supervisors are not given a framework for developing a skill in case managers (ex. receive information on how to perform a task; observe a model performance; practice the performance and receive developmental feedback).

The State currently offers through a partnership with The Center for Child and Family Studies, a course to all supervisors called Nuts & Bolts of Effective Supervision and Leadership for Current Leaders. This training was developed for the South Carolina Department of Social Services to build upon the knowledge and skills that current supervisors throughout the agency have from their own experiences and allow them opportunities to critically reflect on the techniques and styles that they use, and how to better hone those skills for their unit. With this same training partner, the state offers The Leadership Academy for Supervisors. This training was developed for Child Welfare Supervisors to enhance and build their leadership and capacity to enact change. The Leadership Academy for Supervisors is based on the NCWWI leadership model and utilizes a blended learning program. The core curriculum consists of six online modules each followed by a face-to-face activity (Leadership Academy for Supervisors Learning Network or LASLN) where participants can network with facilitators and other learners to discuss and reinforce what has been covered in the previous module

The state does not currently offer educational supervision training. Educational supervision training is concerned with teaching the case manager what he/she needs to know in order to do his/ her job and help him/her to learn it. Specifically, supervisors have not received training on quality practice standards related to making responses to all accepted child maltreatment reports received being initiated, and face-to-face contact with the child(ren) being made, within the time frames established by agency policies; making concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after a reunification; making concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care; determining whether the child in foster care is in a stable placement at the time of the onsite review; determining whether appropriate permanency goals were established; determining whether concerted efforts were made, or are being made, to achieve reunification, guardianship, adoption, or other planned permanent living arrangement; determining whether the agency (1) made concerted efforts to assess the needs of children, parents, and foster parents (both initially, if the child entered foster care or the case was opened during the period under review, and 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 (2) provided the appropriate services; determining whether 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; determining if 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; determining whether the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promoting the achievement of case goals. Ideally, supervisors would receive training that supports their supervisory practice throughout the life of the case (intake, investigation, family assessment, service planning, service provision, monitoring family progress and case plan evaluation, and case closure). Child Welfare Services (CWS) will implement training and support for an intensive

supervisory professional development on quality practice standards. This program will focus on improving capacity of supervisors to lead through an understanding of quality practice standards and requirements and how they fit into the agency's mission, goals, and values. Additionally, the state lacks CAPSS training to support supervisors in their work to train and coach case managers in accurate and timely data entry in the Statewide Information System (CAPSS). According to the Final Report of the 2017 CFSR, data entry was inconsistent regarding timeliness and accuracy especially on an ongoing basis for the four data elements measured in the CFSR statewide assessment (status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in Foster Care. Adaptively, supervisors have a role in shaping positive case manager attitudes regarding the importance of inputting and gathering data timely and accurately. Included in the supervisory orientation, training and skills development activities, is an administrative supervisory module of training about using and holding case managers accountable for accurate and timely data entry in CAPSS. Supervisors must demonstrate the ability to provide consultation around the Practice Model and CFSR principles framework (family-centered practice, community-based services, individualizing services to children and families, strengthening the capacity of parents to provide for their children's needs) for good practice. Supervisory case consultation includes supervisory activities that promote and develop the skills, responsibility, knowledge, attitudes, and adherence to ethical, legal, and regulatory standards in the practice of child welfare services. It involves face-to-face contact between a supervisor and case manager during which the case manager informs the supervisor of the status of a specific case, the supervisor and worker discuss the case, and the supervisor provides feedback and guidance in working the case and evaluates case manager performance.

Supervisory case consultation should occur at critical junctures in the development and updating of the Child and Family Assessment and Service Plan (initial investigation contacts, assessment and information gathering, child safety assessment, safety planning and monitoring/tracking/adjusting, case decision, family assessment, parent/ caregiver case plan, child/youth assessment and case plan, reunification and in-home safety planning). Currently consultation is inconsistent from unit to unit and county to county.

In the Round 2 CFSR PIP and the 2015-2019 CFSP, South Carolina developed and implemented a case consultation process and tool called Guided Supervision (GS). The process and tool were designed to support child welfare supervisors as they guided case managers in making high-quality risk assessments and safety decisions for children throughout the life of a case. Used with fidelity, GS encouraged supervisors to ask questions to explore case managers' capacity to assess immediate danger to, or safety of, a child at critical decision-making points, or any time there is a change in the status of a case. During the Round 2 PIP, GS showed promise in achieving improved safety and risk assessments; however, core components and activities of GS case consultation were never fully defined, implemented or supported with messaging, accountability, and/or training. State policy still requires GS to be used to 'staff' cases at critical points in the life of the case, however, counties currently apply GS in varying ways, developing their own tools and processes. Focus groups revealed that most new supervisors have not been trained or coached on using GS; some supervisors think the tools and process are too cumbersome for current high caseloads; the process is too focused on compliance versus quality; and that supervisors believe that GS is a priority from a past administration that is no longer fully supported as a mandatory practice. Taking the lessons learned from the inadequately defined and implemented, but promising, practice of Guided Supervision, South Carolina will revisit, update and fully develop the model, practices and supports for quality case consultation and implement them using accountability measures and a structured approach grounded in implementation research.

Following basic training, supervisors are tasked with assisting case managers in a transfer of learning from the classroom to day-to-day practice. This occurs through case consultation and coaching. Supervisors must have the knowledge, skills and tools to help case managers master material from initial training; apply new skills and knowledge; and adapt what they learn to local needs and conditions. Information shared in focus groups showed that staff, once certified in basic training, are often told to disregard pre-service training for the “county way of doing business”. SCDSS plans to support organizational infrastructure improvements through case consultation and coaching, to facilitate the necessary transfer of learning.

Current supervisors are not currently trained on how to coach good casework practice. Coaching includes the ability of supervisors to demonstrate deep understanding of the Department’s practice model, through their supervisory activities in the office, as well as to model this understanding through hands-on interactions with children and families. SCDSS has just developed a new practice model that will require supervisors to coach and model family engagement and functional assessments.

Foundationally, supervisors must have the ability to observe, assess, and coach the performance of case managers to:

- Interview children, parents, caregivers, and families.
- Utilize effective communication and listening techniques to gather factual information.
- Complete required written documentation
- Listen to families and recognize strengths and needs;
- Be non-judgmental and meet families where they are;
- Understand the role of the family’s culture;
- Facilitate the creation of a child and family team; and,
- Include the child, immediate family, and extended family in the case-planning and decision-making process.
- Identify family functioning, strengths, needs, challenges, caregiver protective capacity, and family dynamics to determine safety threats and understand risk factors that may impact children’s safety, permanency, and well-being.

Analysis of data on system processes shows that supervisors have the opportunity to consult with case managers after quality assurance case reviews and during critical decision-making points of a case. Currently, South Carolina does not offer standardized training to supervisors on the Onsite Review Instrument (OSRI) and Instructions. The Onsite Review Instrument and Instructions is the tool that QA reviewers use to review both foster care and family preservation/in-home services cases during QA reviews and this tool contains best practice standards for casework practice. In focus groups with staff and QA reviewers, SCDSS confirmed a missing feedback loop during the case review process, where reviewers can meet with case managers and supervisors whose cases are being reviewed to debrief their findings and discuss practice issues. Additionally, South Carolina does not have a formal process for post-review trending or case consultation between casework teams and supervisors that involves providing recommendations and planning for implementation, and supervisory follow-up. Inquiry in focus groups revealed the need to improve the level of coaching, support, and feedback that case managers receive from their supervisors following QA reviews.

Goal 5 supports the implementation of strategies and key activities planned across practice improvements contemplated in Goal 1, 2, 3, and 4. In Goal 1, supervisors will be supported to strengthen supervision practice through changes in infrastructure to support timely initiation of child maltreatment reports; the establishment of case practice and supervision in investigations to ensure “appropriate safety services” are offered to families to prevent removal of children; a reestablished fidelity to the Child and Family Services Plan developed with the Safety Intervention Model for safety assessment, safety planning, safety management, comprehensive child and caregiver assessments, and case planning; and the establishment of a “safety culture” that supports the practice model.

In Goal 2 & 3, supervisors will be supported with information and training to improve the practice of holding pre-merit conferences with all parties; improve practice to ensure timely TPR filings; improve practice to increase the participation of all parties at merits and permanency hearings; increase promotion and activity to expand kinship foster care placements; and support for practice activities that improve foster care placement decisions.

In Goal 4, supervisors will receive support and training on Child and Family Team Meetings (CFTM); child and family assessment, case planning, and matching service to needs and strengths; “Quality Matters: Improving Caseworker Contact with Children, Youth and Families; and awareness of existing services, how to access them and how to match services to needs.

Goal 5: Improve the capacity of supervisors to support the values, principles, and standards of quality practice, support implementation of new practice interventions with fidelity, conduct transfer of learning activities, and apply CQI to achieve ongoing practice improvements, so that children and families achieve improved safety, permanency and well-being outcomes.

Impact: Information System, Staff and Provider Training, Quality Assurance, 19, 25, 26, 27, 28

Target Population: 10 Implementation Counties

Strategy 1: Develop and implement supervisory orientation, training and skills development activities focused on the child welfare practice model, and Department practice standards and requirements (policies), to achieve agency goals/objectives, and implement new practice strategies.

[Activities]		Target Date	Person Responsible
Activity 1	Hold a regional leadership forum with the 10 PIP counties to determine the resources, leadership support, and activities necessary to implement the supervisor training program.	November 2019	Director, County Operations Director, CW Training Director Director, CQI and Policy, Performance Management & Accountability
Activity 2	Conduct assessment to identify strengths and gaps in supervisor skills and knowledge.	December 2019	Director, County Operations Director, CW Training Director Director, CQI and Policy, Performance Management & Accountability
Activity 3	Conduct infrastructure and resource assessment to include; legal components of supervision, administration, human resource capacity, financial resources, learning management system, and external technical assistance needs.	January 2020 and ongoing	Director, County Operations Director, CW Training Director Director, CQI and Policy, Performance Management & Accountability
Activity 4	Develop curriculum and training plan to include methods for obtaining feedback and assessing comprehension, knowledge/skills acquisition, and application.	January 2020	Director, County Operations Director, CW Training Director Director, CQI and Policy, Performance Management & Accountability
Activity 5	Implement supervisor training program in all 10 PIP counties.	July 2020	Director, County Operations Director, CW Training Director Director, CQI and Policy, Performance Management & Accountability

[Activities]		Target Date	Person Responsible
Activity 6	Monitor, evaluate, and revise supervisor training program based on evaluations received, including evaluation surveys, pre- and post-knowledge tests, and performance coach and supervisory observations and coaching.	August 2020 and ongoing	Director, County Operations Director, CW Training Director Director, CQI and Policy, Performance Management & Accountability
Activity 7	Develop plan for statewide rollout of training to non-PIP counties with measures to incorporate ongoing assessment, evaluation, adjustments and sustainability.	September 2021	Director, County Operations Director, CW Training Director Director, CQI and Policy, Performance Management & Accountability
Activity 8	Begin statewide roll out of supervisor training program.	October 2021	Director, County Operations Director, CW Training Director Director, CQI and Policy, Performance Management & Accountability

Strategy 2: Develop, update, and implement a supervisory case consultation model, along with training and supports, to ensure quality and consistency of case consultation.

[Activities]		Target Date	Person Responsible
Activity 1	Assess current practices, strengths and gaps of current case consultation model.	November 2019	Director, County Operations Director, CQI and Policy, Performance Management & Accountability

[Activities]		Target Date	Person Responsible
Activity 2	Clearly define core components and activities for case consultation.	November 2019	Director, County Operations Director, CQI and Policy, Performance Management & Accountability
Activity 3	Develop fidelity definitions and measures for core components and activities for case consultation.	November 2019	Director, County Operations Director, CQI and Policy, Performance Management & Accountability
Activity 4	Develop training, tools, protocols, practice guides, and/or manuals to support implementation of case consultation model with fidelity, quality and consistency.	February 2020	Director, County Operations Director, CQI and Policy, Performance Management & Accountability
Activity 5	Provide training for case consultation model to supervisors in 10 PIP counties.	July 2020	Director, County Operations Director, CQI and Policy, Performance Management & Accountability
Activity 7	Monitor, evaluate, and adjust case consultation model through an implementation team of selected county supervisors, Program Coordinators, and Deputy Directors from the PIP counties and State Office Staff.	July 2020 & ongoing	Director, County Operations Director, CQI and Policy, Performance Management & Accountability
Activity 6	Provide ongoing coaching to develop and/or support supervisor's case consultation practices, and ensure fidelity to the model.	August 2020 Ongoing	Director, County Operations Director, CQI and Policy, Performance Management & Accountability
Activity 8	Develop plan for statewide rollout of case consultation to non-PIP counties with measures to incorporate ongoing assessment, evaluation, adjustments and sustainability.	October 2020	Director, County Operations Director, CQI and Policy, Performance Management & Accountability

Strategy 3: Adopt and implement an evidence-based coaching model that is in alignment with the child welfare practice model and state reform initiatives.

[Activities]		Target Date	Person Responsible
Activity 1	With technical assistance provided by the Capacity Building Center for States and the SCDSS Child Welfare Training Division review and select an evidence-based coaching program for supervisors.	November 2019	Director, County Operations Director, CW Training Director Director, CQI and Policy, Performance Management & Accountability
Activity 2	Adapt and develop a coaching model training curriculum and other coaching practice supports.	January 2020	Director, County Operations Director, CW Training Director Director, CQI and Policy, Performance Management & Accountability
Activity 3	Develop and implement a plan for achieving fidelity to the model and evaluating program effectiveness to include training evaluations, focus groups, practice evaluation and feedback, and monitoring of outcomes.	February 2020	Director, County Operations Director, CW Training Director Director, CQI and Policy, Performance Management & Accountability
Activity 4	Deliver coaching model training to Supervisors, Program Coordinators, Deputy Directors and Performance Coaches serving the 10 PIP counties.	April 2020	Director, County Operations Director, CW Training Director Director, CQI and Policy, Performance Management & Accountability

[Activities]		Target Date	Person Responsible
Activity 5	Monitor, evaluate, and adjust coaching model through an implementation team of selected County supervisors, Program Coordinators, and Deputy Directors from the PIP counties and State Office Staff.	September 2021	Director, County Operations Director, CW Training Director Director, CQI and Policy, Performance Management & Accountability
Activity 6	Develop a plan for statewide rollout of coaching model to non-PIP counties with measures to incorporate ongoing assessment, evaluation, adjustments and sustainability.	October 2021	Director, County Operations Director, CW Training Director Director, CQI and Policy, Performance Management & Accountability

Strategy 4: Define, train and support the role of supervisors in the CQI process.

[Activities]		Target Date	Person Responsible
Activity 1	Develop a post-QA case review debrief process that communicates strengths and areas of concern identified, as well as a process for the county to conduct practice quality assessments, and develop and implement strategies for improvement, with state and regional support.	October 2019	Director, County Operations Director, CW Training Director Director, CQI and Policy, Performance Management & Accountability Agency Director, Office of Continuous Quality Improvement

[Activities]		Target Date	Person Responsible
Activity 2	Develop a plan to monitor implementation and provide county supports.	November 2019	Director, County Operations Director, CW Training Director Director, CQI and Policy, Performance Management & Accountability Agency Director, Office of Continuous Quality Improvement
Activity 3	Create a plan for feedback loops at the county, regional, and state level to make necessary, and consistent, systemic change.	November 2019	Director, County Operations Director, CW Training Director Director, CQI and Policy, Performance Management & Accountability Agency Director, Office of Continuous Quality Improvement
Activity 4	Develop and deliver the tools, policies, education, and communication materials necessary for implementation of the review debrief process.	January 2020	Director, County Operations Director, CW Training Director Director, CQI and Policy, Performance Management & Accountability Agency Director, Office of Continuous Quality Improvement
Activity 5	Implement post-case review debrief in the 10 PIP counties.	March 2020	Director, County Operations Director, CW Training Director Director, CQI and Policy, Performance Management & Accountability Agency Director, Office of Continuous Quality Improvement

[Activities]		Target Date	Person Responsible
Activity 6	Monitor, evaluate, and revise, based on feedback.	March 2021	Director, County Operations Director, CW Training Director Director, CQI and Policy, Performance Management & Accountability Agency Director, Office of Continuous Quality Improvement
Activity 7	Develop a plan for rollout of the case review process statewide.	October 2021	Director, County Operations Director, CW Training Director Director, CQI and Policy, Performance Management & Accountability Agency Director, Office of Continuous Quality Improvement
Activity 8	Begin statewide rollout of the case review process.	November 2021	Director, County Operations Director, CW Training Director Director, CQI and Policy, Performance Management & Accountability Agency Director, Office of Continuous Quality Improvement

APPENDIX

Implementation & Sustainability of PIP Goals, Strategies, and Activities

SCDSS intends to implement the Program Improvement Plan (PIP) in conjunction with continuous program improvement efforts already in process, including the Michelle H. Implementation Plans and the Child and Family Services Plan. South Carolina recognizes that true system improvement and reform can only be accomplished and sustained with efforts that extend beyond the two-year PIP implementation, offered through the CFSR process. The State intends to use currently available resources, although, in some cases there will be reassignment/realignment of staff to support PIP implementation. SCDSS will apply best practices for implementation including steps of exploration, installation, initial implementation, full implementation, innovation, and sustainability.

Implementation planning for the ten innovation counties will begin in June 2019 and end in September 2019. Careful consideration and planning will entail selecting a team to guide the implementation process and oversee the proposed intervention (strategy). State-level leadership will oversee all activities that are occurring within the ten innovation counties. The State projects implementation for the ten innovation counties to begin October 2019. As the State has concurrent activities alongside the PIP that will be implemented statewide, implementation planning has already taken place for the statewide strategies identified within the PIP.

Innovation counties: The agency chose ten innovation counties, Greenville, Pickens, Aiken, Newberry, York, Fairfield, Chesterfield, Horry, Berkley, and Jasper, to implement the State's PIP. The counties selected represent a sample of small, medium, and large offices in both rural and urban communities. Leadership from each of these counties has been directly involved in PIP development teams and are familiar with the scope of strategies being proposed. This is important as the state intends to implement the full scope of the PIP strategies in all 10 innovation counties, unless readiness assessments indicate a need to revise implementation.

State and local level implementation teams: The state-level Child Welfare Services (CWS) Leadership team, comprised of the Deputy Director, and Directors of CWS Offices, who has led PIP development efforts will continue to oversee the PIP implementation in its entirety. This team will be joined by the CQI Director, a data specialist, OGC Director, Training Director, the University of South Carolina Consultants, Subject Matter Experts, Quality Assurance Manager, and the IT Director to provide oversight for PIP implementation. The data specialist will be assigned to assist the Office of Performance Management & Accountability with collecting information for PIP reporting. At the local level, County Implementation Teams in each of the 10 innovation counties will be designated to oversee and manage PIP implementation activities. County Implementation Teams will be co-led by Regional and County Directors and will also include a performance coach, representatives from the judicial system, court improvement project liaison, and county supervisors and staff, to support all activities surrounding PIP implementation. While the State intends to formulate teams around each goal, the State recognizes the readiness assessment may indicate the need for a more specialized team for implementation. County Implementation Teams will be chartered to define leadership and decision-making roles, along with methods of communication.

Readiness: To achieve successful implementation and alignment with Michelle H. and the Practice Model, performance coaches and the internal training team will participate in the training and development activities planned for Michelle H. and the Practice Model to enhance their skills and abilities for teaming, engaging, and assessing. Prior to full implementation, areas of concern and strengths will be discussed in weekly calls with state and local PIP implementation teams. These feedback loops create the opportunity to provide information to state and local PIP implementation teams.

Prior to initial implementation, implementation teams will consider what is necessary for installation. There must be attention given to the structural and functional changes that are necessary to support implementation, staff selection, and training/coaching. Each innovation county's readiness will be assessed to determine what systems are needed to incorporate fidelity of outcomes.

Communication: Due the concurrent efforts taking place within the State, statewide strategies in the PIP are aligned with Michelle H. Statewide implementation strategies for Michelle H. and communication of those implementation plans, were provided to state stakeholders, providers, state-level and county-level leadership, and the workforce. On April 10, 2019, the State presented the statewide implementation strategies to state stakeholders. Additionally, the State communicated statewide implementation plans regionally within the state to staff.

Once readiness activities are completed for the PIP, the State intends to follow the same format described above for communication. The state conducts quarterly stakeholder meetings, and PIP developments will continue to be communicated at each meeting. In addition to stakeholder meetings, status updates on PIP development was shared and communicated at each Citizens Review Panel Meeting and in County Director Meetings. Once readiness is completed, SCDSS intends to continuously meet with staff, regionally, to share updates as implementation is underway.

Initial implementation: Implementation will be sequenced in three phases: short-term (immediate and within 6 months), mid-term (intermediate and within 12 months), and long-term (within 24 months). Where possible and when strategies overlap, the PIP implementation and Michelle H. implementation will coincide. Initial implementation will be supported through training, coaching, and reorganization of roles, functions, and structures. Improvement cycles will help identify and resolve issues. During this initial implementation phase, weekly calls will be held to discuss any concerns that may develop.

Full implementation: Prior to statewide rollout, CQI findings will be discussed through weekly calls and monthly meetings. After testing and monitoring of all strategies, and once the strategies are refined in the innovation counties, those strategies will be shared with all other counties for statewide implementation, as a part of the state's continuous quality improvement plan. Before proceeding with statewide implementation, state and local leadership will engage counties and all remaining counties will be assessed for readiness. It is critical prior to each rollout within counties that counties fully understand what is expected of them and what the process will entail.