



Child and Family Services Reviews

Statewide Assessment Instrument

January 31, 2017



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR
CHILDREN & FAMILIES
Administration on Children, Youth and Families
Children's Bureau

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Introduction

The Child and Family Services Reviews (CFSRs), authorized by the 1994 Amendments to the Social Security Act (SSA), are administered by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The goals of the CFSR are to:

- Ensure substantial conformity with title IV-B and IV-E child welfare requirements using a framework focused on assessing seven safety, permanency, and well-being outcomes and seven systemic factors;
- Determine what is happening to children and families as they are engaged in child welfare services; and
- Assist states in helping children and families achieve positive outcomes.

The CFSR Process

The CFSR is a two-phase process, as described in 45 CFR 1355.33. The first phase is a statewide assessment conducted by staff of the state child welfare agency, representatives selected by the Agency who were consulted in the development of the Child and Family Services Plan (CFSP), and other individuals deemed appropriate and agreed upon by the state child welfare agency and the Children's Bureau.

The second phase of the review process is an onsite review. The onsite review process includes case record reviews, case-related interviews for the purpose of determining outcome performance, and, as necessary, stakeholder interviews that further inform the assessment of systemic factors. The onsite review instrument and instructions are used to rate cases, and the stakeholder interview guide is used to conduct stakeholder interviews.

Information from both the statewide assessment and the onsite review is used to determine whether the state is in substantial conformity with the seven outcomes and seven systemic factors. States found to be out of substantial conformity are required to develop a Program Improvement Plan (PIP) to address the identified areas out of substantial conformity. States participate in subsequent reviews at intervals related to their achievement of substantial conformity. (For more information about the CFSRs, see the *Child and Family Services Reviews* at <http://www.acf.hhs.gov/programs/cb>.)

Integration of the CFSP/APSR and CFSR Statewide Assessment

The CFSR process is intended to be coordinated with other federal child welfare requirements, such as the planning and monitoring of the CFSP. We are encouraging states to consider the statewide assessment as an update to their performance assessment in the state's most recent CFSP and/or Annual Progress and Services Report (APSR) rather than a separate assessment process and reporting document. Most of the content for the statewide assessment overlaps with the CFSP/APSR and the same expectations for collaboration with external partners and stakeholders exist across all planning processes. States can use the statewide assessment process to re-engage these partners and stakeholders in preparation for the CFSR.

The Statewide Assessment Instrument

The statewide assessment instrument is a documentation tool for states to use in capturing the most recent assessment information before their scheduled CFSR. Each section, as outlined below, is designed to enable states to gather and document information that is critical to analyzing their capacity and performance during the statewide assessment phase of the CFSR process.

- Section I of the statewide assessment instrument requests general information about the state agency and requires a list of the stakeholders that were involved in developing the statewide assessment.
- Section II contains data profiles for the safety and permanency outcomes. These include the data indicators, which are used, in part, to determine substantial conformity. The data profiles are developed by the Children's Bureau based on the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS), or on an alternate source of safety data submitted by the state.
- Section III requires an assessment of the seven outcome areas based on the most current information on the state's performance in these areas. The state will include an analysis and explanation of the state's performance in meeting the national standards as presented in section II. States are encouraged to refer to their most recent CFSP or APSR in completing this section.
- Section IV requires an assessment for each of the seven systemic factors. States develop these responses by analyzing data, to the extent that the data are available to the state, and using external stakeholders' and partners' input. States are encouraged to refer to their most recent CFSP or APSR in completing this section.

We encourage the state to use this document "as is" to complete the assessment, but the state may use another format as long as the state provides all required content. The statewide assessment instrument is available electronically on the Children's Bureau website at <http://www.acf.hhs.gov/programs/cb/resource/round3-cfsr-statewide-assessment>.

Completing the Statewide Assessment

The statewide assessment must be completed in collaboration with state representatives who are not staff of the state child welfare agency (external partners or stakeholders), pursuant to 45 CFR 1355.33 (b). Those individuals should represent the sources of consultation required of the state in developing its title IV-B state plan and may include, for example, Tribal representatives; court personnel; youth; staff of other state and social service agencies serving children and families; and birth, foster, and adoptive parents or representatives of foster/adoptive parent associations. States must include a list of the names and affiliations of external representatives participating in the statewide assessment in section I of this instrument.

We encourage states to use the same team of people who participate in the development of the CFSP to respond to the statewide assessment. We also encourage states to use this same team of people in developing the PIP. Members of the team who have the skills should be considered to serve as case reviewers during the onsite review.

How the Statewide Assessment Is Used

Information about the state child welfare agency compiled and analyzed through the statewide assessment process may be used to support the CFSR process in a range of ways. The statewide assessment is used to:

- Provide an overview of the state child welfare agency's performance for the onsite review team;
- Facilitate identification of issues that need additional clarification before or during the onsite review;
- Serve as a key source of information for rating the CFSR systemic factors; and
- Enable states and their stakeholders to identify early in the CFSR process the areas potentially needing improvement and to begin developing their PIP approach.

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104–13)

Public reporting burden for this collection of information is estimated to average 240 hours for the initial review and 120 hours for subsequent reviews. This estimate includes the time for reviewing instructions, completing the assessment, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Statewide Assessment Instrument

Section I: General Information

Name of State Agency: South Carolina Department of Social Services

CFSR Review Period

CFSR Sample Period: April 1, 2016 through September 30, 2016

Period of AFCARS Data: Data submitted as of June 8, 2016

Period of NCANDS Data: Data submitted as of June 23, 2016

(Or other approved source; please specify if alternative data source is used):

Case Review Period Under Review (PUR): April 1, 2017 through September 30, 2017

State Agency Contact Person for the Statewide Assessment

Name: Julie C. Mong

Title: Director of Child Welfare Policy and Programs

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520 Columbia, South Carolina 29202

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Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process; please also note their roles in the process.

State Response:

The CFSR Core Leadership Team included:

Julie Mong, Director of Child Welfare, Policies and Programs, SCDSS

Brad Leake, Director of Accountability, Data and Research, SCDSS

Pat Patrick, Program Manager, CFSR Lead and Families First Director, SCDSS

Tammy Bagwell, Program Manager (Quality Assurance Reviews), SCDSS

Suzanne Sutphin, Research Associate, Center for Child and Family Studies

Malik Whitaker, Continuous Quality Improvement Director, SCDSS

Tim Nix, Lead Clinical Specialist, SCDSS Robert

Linares, Program Manager, SCDSS Thomas

Robertson, Program Coordinator, SCDSS

Greg Moore, Child and Family Service Plan/Federal Reporting, SCDSS

Dennis Gmerick, Managing Attorney County Operations, SCDSS

Jill Aquino, Families First Regional Liaison, SCDSS

Lindsey Taylor, Program Coordinator, SCDSS

Alice Durant, Program Coordinator, Interstate Compact for the Placement of Children, SCDSS

Beth Mullins, Program Manager, Foster Family and Licensing Support

Joanne Griffin, Administrative Assistant, SCDSS

Steve Strom, Director of Practice Change, SCDSS

Chartered Systemic Factors Workgroups were developed for most items that included both internal and external stakeholders as indicated below. In addition, consultation was available through:

Tammy Bagwell, Program Manager (Quality Assurance Reviews), SCDSS

Salley Branch, Human Services Policy Supervisor, SCDSS

Steve Rivers, Program Manager, Department of Accountability, Data and Research, SCDSS

Greg Moore, Child and Family Service Plan/Federal Reporting, SCDSS

Pat Patrick, Program Manager, CFSR Lead and Families First Director, SCDSS

Item 19: Statewide Information System

Team Leader: Brad Leake, Director of Accountability, Data and Research, SCDSS

Extended Team Members:

Steve Rivers, Program Manager, Department of Accountability, Data and Research, SCDSS

Salley Branch, Human Services Policy Supervisor, SCDSS

Greg Moore, Child and Family Service Plan/Federal Reporting, SCDSS

Lynn Horne, CAPSS Business Analyst, Office of Technology Services, SCDSS

Paulette Salley, Information Technology Manager CAPSS, Technology Services, SCDSS

Laurie Hobbs, Program Manager, Office of Technology Services, SCDSS

Item 20: Written Case Plan

Team Leader: Jill Aquino, Families First Regional Liaison, SCDSS

Extended Team Members:

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Paulette Salley, Information Technology Manager CAPSS, Technology Services, SCDSS

Brad Leake, Director of Accountability, Data and Research, SCDSS

Becky Bonavida, Performance Coach, SCDSS

Carla Tunnell, Performance Coach, SCDSS

Frank Shock, Performance Coach, SCDSS

Item 21: Periodic Reviews

Team Leader: Brad Leake, Director of Accountability, Data and Research, SCDSS

Extended Team Members

Lisa Vosburgh, Program Director, Foster Care Review Board

Greg Moore, Child and Family Service Plan/Federal Reporting, SCDSS

Steve Rivers, Program Manager, Department of Accountability, Data and Research, SCDSS

Item 22: Permanency Hearings

Team Leader: Dennis Gmerek, Managing Attorney County Operations, SCDSS

Extended Team Members:

Brad Leake, Director of Accountability, Data and Research, SCDSS

Judy Caldwell, Court Liaison Program Manager, Children's Law Center

Keith Frazier, Regional Director, SCDSS

Greg Frohnappel, County Director, SCDSS

Cindy McIntee – Area III Attorney, SCDSS

Dottie Ingram – Area IV Attorney, SCDSS

Regina Parvin – Charleston County Attorney

Item 23: Termination of Parental Rights

Team Leader: Brad Leake, Director of Accountability, Data and Research, SCDSS

Extended Team Members:

Greg Moore, Child and Family Service Plan/Federal Reporting, SCDSS

Steve Rivers, Program Manager, Department of Accountability, Data and Research, SCDSS

Item 24: Notice of Hearings and Reviews to Caregivers

Team Leader: Dennis Gmerick, Managing Attorney County Operations, SCDSS

Extended Team Members:

Dena Reeves-Greene, Greenville County Director, SCDSS

Brad Leake, Director of Accountability, Data and Research, SCDSS

Carolyn Hudson, Region 3 Adoption, SCDSS

Melinda Tyler; Kinship Care Coordinator, SCDSS

Robert Cone, Greenville County Attorney, SCDSS

Lynne Rogers; Area II Attorney, SCDSS

Mandy Mueller; Kershaw County Attorney, SCDSS

Anna Skipper, Director of Education SC Foster Parent Association

Lillanne Gray, Lexington County Attorney, SCDSS

Judy Caldwell, Court Liaison Program Manager, Children’s Law Center, USC

Item 25: Quality Assurance System:

Team Leader: Malik Whitaker, Continuous Quality Improvement Director, SCDSS

Extended Team Members:

Nicole Foulks, Region 5 Director, SCDSS

Suzanne Sutphin, Research Associate, Center for Child and Family Studies

Reese Palmer, Richland County Director, SCDSS

Becky Bonavida, Performance Coach, SCDSS

Shaneka Oliver, Program Manager, Program Evaluation and Contract Monitoring, SCDSS

Carissa Gainey, Program Coordinator, SCDSS

Sandy Hart, Director of Child Welfare Operations, SCDSS

Item 26: Initial Staff Training

Team Leader: Greg Moore, Child and Family Service Plan/Federal Reporting, SCDSS

Extended Team Members:

Suzanne Sutphin, Research Associate, Center for Child and Family Studies, USC
Margaret Crewell, Center for Child and Family Studies, USC
Dr. Cynthia Flynn, Director, Center for Child and Family Studies, USC
Portia Hawkins, Training Manager, SCDSS
Latoya Reed, State Coordinator, Independent Living Planning, SCDSS
Terri Thompson, Fairfield County Director, SCDSS
Thomas Robertson, Program Coordinator, Programs and Policy, SCDSS
Becky Bonavida, Performance Coach, SCDSS
Carla Tunnell, Region 4 Intake Hub, SCDSS
Theresa Spellman, Performance Coaches, SCDSS
Edwina Mack, Program Coordinator, CFSP/APSR Targeted Training Plan, SCDSS
Laura Claspill, Director of Program Development, SCDSS
Brad Leake, Director of Accountability, Data and Research, SCDSS
Michelle Dhunjishah, Director, Children's Law Center, USC
Carolyn Morris, Children's Law Center, USC
Keonte Jenkins-Davis, State Director Community-Based Prevention Services, SAFY

Item 27: Ongoing Staff Training

Team Leader: Greg Moore, Child and Family Service Plan/Federal Reporting, SCDSS

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Dr. Cynthia Flynn, Director, Center for Child and Family Studies, USC
Portia Hawkins, Training Manager, SCDSS
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Terri Thompson, Fairfield County Director, SCDSS
Thomas Robertson, Program Coordinator, Programs and Policy, SCDSS
Becky Bonavida, Performance Coach, SCDSS
Carla Tunnell, Region 4 Intake Hub, SCDSS
Theresa Spellman, Performance Coaches, SCDSS
Edwina Mack, Program Coordinator, CFSP/APSR Targeted Training Plan, SCDSS
Laura Claspill, Director of Program Development, SCDSS

Keonte Jenkins-Davis, State Director Community-Based Prevention Services, SAFY

Steve Strom, Director of Practice Change, SCDSS

Dan McCormick, Signs of Safety Consultant, Safe Generations

Lois C. Hasan, Palmetto Health Special Care Center

Courtney-Christie Paul, SCCADVASA;

Sharon Cook, Regional Adoption Office, SCDSS

Paula Richardson, Region 4 Director, SCDSS

Anna Skipper, Director of Education, SC Foster Parent Association

Lee Porter, Chief Program Officer, The Children's Trust of SC

Dr. Olga Rosa, Medical University of SC

Item 28: Foster and Adoptive Parent Training

Team Leader: Beth Mullins

Extended Team Members:

Lauren Staudt, Group Home Licensing, SCDSS

Kendra Faile, Private Provider Manager, SCDSS

Anna Skipper, Director of Education, SC Foster Parent Association

Libby Ralston, Co-Director of Project Best

Yvette Price, Region 2 Adoptions Administrator, SCDSS

Kimberly Chavez, Scribe, USC Graduate Assistant

Item 29: Array of Services

Team Leader: Tim Nix, Lead Clinical Specialist, SCDSS

Extended Team Members:

Shaneka Oliver, Program Manager, Program Evaluation and Contract Monitoring, SCDSS

Greg Moore, Child and Family Service Plan/Federal Reporting, SCDSS

Steve Strom, Director of Practice Change, SCDSS

Thomas Robertson, Program Coordinator, Programs and Policy, SCDSS

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Lee Porter, Chief Program Officer, The Children's Trust of SC

Joan Hoffman, The Children's Trust of SC

Robert Linares, Program Manager, SCDSS

Gwynne Goodlett, Project Director, Palmetto Coordinated System of Care

Cheri Shapiro, Director, Center for Excellence, SC Institute for Families in Society
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Sharon Parsonage, Program Manager, SCDSS
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Becky Sharp, Foster Home Licensing, SCDSS
Jenna Martin, Director of Special Populations and Quality, Family Connections
Lisa Kirchner, Chief Executive Officer, Family Corps
Nancy Gantt, Palmetto Association for Children and Families
Louise Johnson, State Child, Adolescent and Families Director, SC Dept. of Mental Health
Suzie Manning Williams, Joint Council for Children and Adolescents and DAODAS
Christina Hayes-Bradham, Regional Clinical Consultant, SCDSS
Bret McGargle, Dept. of Juvenile Justice

Item 30: Individualization of Services

Team Leader: Robert Linares, Program Manager, SCDSS
Extended Team Members:
Tim Nix, Lead Clinical Specialist, SCDSS
Steve Strom, Director of Practice Change, SCDSS
Thomas Robertson, Program Coordinator, Programs and Policy, SCDSS
Stephanie Williams, Office of Civil Rights, SCDSS
Benita Jones, Kinship Care, SCDSS
Sharon Parsonage, Program Manager, SCDSS
Wanda Nunn, Regional Clinical Specialist, SCDSS
Lee Porter, Chief Program Officer, The Children's Trust of SC
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Greg Moore, Child and Family Service Plan/Federal Reporting, SCDSS

Brad Leake, Director of Accountability, Data and Research, SCDSS

Item 31: State Engagement with Stakeholders

Team Leader: Thomas Robertson, Program Coordinator, SCDSS

Extended Team:

Greg Moore, Child and Family Service Plan/Federal Reporting, SCDSS

Malik Whitaker, Continuous Quality Improvement Director, SCDSS

Robert Linares, Program Manager, SCDSS

Tim Nix, Lead Clinical Specialist, SCDSS

Latoya Reed, State Coordinator, Independent Living Planning, SCDSS

Linda Love, Catawba Indian Nation

Lee Porter, Chief Program Officer, The Children's Trust of SC

Eric Bellamy, Home Visiting Manager, The Children's Trust of SC

Lisa Kirchner, Chief Executive Officer, Family Corps

Jenna Martin, Family Connections;

Louise Johnson, SC Dept. of Mental Health;

Sally Mintz, Program Coordinator, Treatment and Intervention Services, SC Department of Juvenile Justice

Susie Williams-Manning, Joint Council on Children and Adolescents and DAODAS;

Judy Caldwell, Court Liaison Program Manager, Children's Law Center, USC

Item 32: Coordination of CFSP Services with other Federal Programs

Team Leader: Thomas Robertson

Extended Team Members:

Robert Linares, Program Manager, SCDSS

Michelle Bowers, Early Care and Education/ABC, SCDSS

Laura Claspill, Director of Program Development, SCDSS

Tim Nix, Lead Clinical Specialist, SCDSS

Mary Diggs, Early Care and Education/Head Start, SCDSS

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Item 33: Standards Applied Equally

Team Leader: Beth Mullins, Program Manager, Foster Family and Licensing Support, SCDSS

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Libby Ralston, Co-Director of Project Best

Yvette Price, Region 2 Adoptions Administrator, SCDSS

Kimberly Chavez, Scribe, USC Graduate Assistant

Item 34: Requirements for Criminal Background Checks

Team Leader: Beth Mullins, Program Manager, Foster Family and Licensing Support, SCDSS

Extended Team Members:

Lauren Staudt, Group Home Licensing, SCDSS

Kendra Faile, Private Provider Manager, SCDSS

Anna Skipper, Director of Education, SC Foster Parent Association

Libby Ralston, Co-Director of Project Best

Yvette Price, Region 2 Adoptions Administrator, SCDSS

Kimberly Chavez, Scribe, USC Graduate Assistant

Item 35: Diligent Recruitment of Foster and Adoptive Homes

Team Leader: Beth Mullins, Program Manager, Foster Family and Licensing Support, SCDSS

Extended Team Members:

Lauren Staudt, Group Home Licensing, SCDSS

Kendra Faile, Private Provider Manager, SCDSS

Anna Skipper, Director of Education, SC Foster Parent Association

Libby Ralston, Co-Director of Project Best

Yvette Price, Region 2 Adoptions Administrator, SCDSS

Kimberly Chavez, Scribe, USC Graduate Assistant

Item 36: The State's Use of Cross Jurisdictional Resources for Permanent Placement

Team Leader: Tara Williams

Extended Team Members:

Beth Mullins, Program Manager, Foster Family and Licensing Support, SCDSS

Becky Sharp, Foster Home Licensing, SCDSS

Alice DuRant, Program Coordinator, Interstate Compact for the Placement of Children, SCDSS

Paulette Sally, Information Technology Manager CAPSS, Technology Services, SCDSS

Shawn Reeves, Office of General Council, SCDSS

Bobby Seepersaud, Out of Home Abuse and Neglect Investigation Supervisor, SCDSS

Anna Jones, SCDSS

Melissa Graham, Adoption Supervisor, SCDSS

Tracy Rogers, State Office Adoptions, SCDSS

Section II: Safety and Permanency Data

State Data Profile

Data profile deleted in its entirety.

Section III: Assessment of Child and Family Outcomes and Performance on National Standards

Instructions

Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance on each of the seven child and family outcomes. Review the information with the statewide assessment team and determine if more recent data are available that can be used to provide an updated assessment of each outcome. If more recent data are not available, simply refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each outcome. Analyze and explain the state's performance on the national standards in the context of the outcomes.

The following information in Section 3 presents the South Carolina Department of Social Services (SCDSS) Quality Assurance Review (QAR) results on Outcomes and Item measures, some Statewide Data Indicator Performance- key data from the state information system, CAPSS (SACWIS), and the State's performance on the National Standards. Notes differentiating the three are provided.

The SCDSS transitioned from the use of Round 2 CFSR (CFSR 2) OSRI to the use of the Round 3 CFSR (CFSR 3) OSRI in February 2015. All data related to Safety, Permanency, and Well-Being Outcomes are scores using the CFSR 3 OSRI.

The Quality Assurance Reviews were conducted by staff composed of full-time Quality Assurance Review staff from the University of South Carolina, Center for Child and Family Studies (CCFS).

Except where noted otherwise, comments, recommendations, strengths, and concerns in the analysis section for each Outcome was first presented in the SC 2017 APSR, Pages 21-32. The 2017 APSR analysis of strengths and concerns, comments and recommendations were reviewed and deemed applicable for this Statewide Assessment. Included in the information related to the Child and Family Outcomes data are comments and recommendations from internal stakeholders (SCDSS staff) and external stakeholders in the SC Child Welfare System. The sources for these comments and recommendations were two (2) statewide stakeholders meetings, in the second quarter of FFY 2016, and during the Quality Assurance Reviews represented in the scores identified below in FFY 2016.

A. Safety

Safety Outcomes 1 and 2

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

- For each of the two safety outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the safety indicators.

State Response:

The following ratings for the Outcomes and Items are based on 1,646 cases reviewed from March 2015 through December 2016. Of the 1,646 total cases reviewed, 763 cases were Foster Care cases and 883 cases were In-home Services cases.

Safety Outcome 1: Children are first and foremost, protected from abuse and neglect.

State Outcome Performance

South Carolina is not in substantial conformity with Safety Outcome 1.

The outcome was substantially achieved in 80% of the 906 applicable cases reviewed.

The outcome was substantially achieved in 85% of the 317 applicable Foster Care cases and 77% of the 589 applicable In-home Services cases.

Statewide Data Indicator Performance

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

Report Period: July 1, 2016-December 31, 2016 93.56 %

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

National Standards

Child and Family Services Review (CFSR 3) Data Profile September 2016
Submissions as of 6-8-16 (AFCARS) and 6-23-16 (NCANDS) and Family Services Review
(CFSR 3) Data Profile
Calculations based on 2015 Federal Register syntax (revisions pending)

Maltreatment in care (victimizations/100,000 days in care)
RSP 7.64

RSP interval	6.08 - 9.6
National standard (NS)	8.50
Performance relative to NS	No diff
Data used	15A-15B, FY15

Recurrence of maltreatment

RSP	6.1%
RSP interval	5.6% - 6.5%
National standard (NS)	9.1%
Performance relative to NS	Met
Data used	FY14-15

Safety Outcome 1 Item Performance

Item 1. Timeliness of Initiating Investigations of Reports of Child Maltreatment

Purpose of the assessment: To determine whether responses to all accepted child maltreatment reports received during the period under review were initiated, and face-to-face contact with the child(ren) made, within the time frames established by agency policies or state statutes.

- South Carolina received a rating of Area Needing Improvement for Item 1, 80% of the 906 applicable cases reviewed were rated as a Strength.
- Item 1 was rated a Strength for 85% of the 317 applicable Foster Care cases and 77% of the 589 applicable in-home services cases.

Statewide Data Indicator Performance

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

Report Period: December 1, 2015 - November 30, 2016

% Noted that Met Criteria Above 89.4%

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

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

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

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

State Outcome Performance

South Carolina is not in substantial conformity with Safety Outcome 2.

The outcome was substantially achieved in 46% of the 1,646 cases reviewed.

This outcome was substantially achieved in 66% of the 763 Foster Care cases and 28% of the 883 In-home Services cases.

Safety Outcome 2 Item Performance

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

Purpose of Assessment: To determine whether, during the period under review, the Agency made concerted efforts to provide services to the family to prevent children's entry into Foster Care or re-entry after a reunification.

- South Carolina received a rating of Area Needing Improvement for Item 2. Overall, 61% of the 1,050 applicable cases were rated as a Strength.
- Item 2 was rated as a Strength in 77% of the 324 applicable Foster Care cases and 54% of the 726 applicable in-home services cases.

Item 3: Risk and Safety Assessment and Management

Purpose of Assessment: To determine whether, during the period under review, the Agency made 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.

- South Carolina received a rating of Area Needing Improvement for Item 3 because 48% of the 1,646 cases were rated as a Strength.
- Item 3 was rated a Strength in 67% of the Foster Care cases and 31% of the in-home services cases.

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

Reviewers noted factors such as caseload size, quality of supervision, disparate implementation of practice initiatives, and a need for staff training as contributing to performance on these measures.

Stakeholders noted some success stories with families in voluntary case management and recommended promoting those success stories.

- Stakeholder recommendations included:
- Improvement in practices and measures;
- Improving the capability to upload documents in CAPSS (SACWIS);

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

There is a need to staff cases prior to sending or receiving from Community-Based Prevention Services (CBPS), and there needs to be involvement of the family in a referral staffing. There is a concern that Signs of Safety (SOS) Training has not been provided to all staff statewide, and a recommendation was made to provide this training to all providers and ensure cross-training is conducted.

A neutral party (Families First) volunteer was recommended for completing initial investigations for the initial visit to ensure parental responses are recorded accurately. A parent advocate for the family was also recommended for the Initial Interview for the Investigation. It was also recommended that Family Group Conferences be implemented in practice on an ongoing basis, and that providers hold Family Group Conferences at the location where the child is placed, and promote active involvement of the youth in the Family Group Conferences.

Seneca Searches were recommended to begin as soon as possible in the case to identify kinship for the Fatherhood Initiatives Action Plan. Further recommendations included the establishment of criteria for referring family preservation cases for Family Group Conferences, asking providers for assistance with enhanced family connection activities, and more involvement of the non-custodial parent. Training is needed to ensure the SCDSS staff's understanding that FamilyCorps provides parent education and support services in thirty-two (32) counties.

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

B. Permanency

Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

- For each of the two permanency outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.
- Based on these data and input from stakeholders, tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the permanency indicators.

State Response:

Permanency Outcome 1: Children have permanency and stability in their living situations.

State Outcome Performance

South Carolina is not in substantial conformity with Permanency Outcome 1.

The outcome was substantially achieved for 20% of the 763 applicable Foster Care cases reviewed.

Stability in Foster Care also remains a concern in the SCDSS due to the number of foster homes that continue to be needed in South Carolina. Increasing the number of homes available would allow for better matching up front of children to homes to obtain a more stable placement. See the 2017 APSR Update to the Foster and Adoptive Parent Diligent Recruitment Plan and the Update to the Plan for Improvement / Strategic Action Plan, for Strategies and Action Steps to increase the number of Foster Home Placements and thereby increase stability in the home.

Statewide Data Indicator Performance

Performance Measure 7 - Foster Children Who Do NOT Re-Enter Care

Of all children discharged from Foster Care to reunification in the 12-month period prior to the reporting period, what percent did NOT re-enter Foster Care within 12 months of the date of their discharge from the prior Foster Care episode?

Report Period: December 1, 2015 - November 30, 2016

% Noted that Met Criteria Above 94.1%

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

National Standards

Permanency in 12 months (entries)

RSP	59.0%
RSP interval	57.2% - 60.8%
National standard (NS)	40.5%
Performance relative to NS	Met
Data used	13B-16A

Permanency in 12 months (12 - 23 mos.)

RSP	37.1%
RSP interval	34% - 40.2%
National standard (NS)	43.6%
Performance relative to NS	Not met
Data used	15B-16A

Permanency in 12 months (24+ mos.)

RSP	24.9%
RSP interval	22.3% - 27.7%
National standard (NS)	30.3%
Performance relative to NS	Not met
Data used	15B-16A

Re-entry to Foster Care

RSP	7.8%
RSP interval	6.5% - 9.3%
National standard (NS)	8.3%
Performance relative to NS	No diff
Data used	13B-16A

Placement stability (moves/1,000 days in care)

RSP	6.25
RSP interval	6.01 - 6.5
National standard (NS)	4.12
Performance relative to NS	Not met
Data used	15B-16A

Permanency Outcome 1 Item Performance

Item 4. Stability of Foster Care Placement

Purpose of Assessment: To determine whether the child in Foster Care is in a stable placement at the time of the onsite review and that any changes in placement that occurred during the

period under review were in the best interests of the child and consistent with achieving the child's permanency goal(s).

- South Carolina received an overall rating of an Area Needing Improvement for Item 4. In the 763 Foster Care cases reviewed, 63% were rated as a Strength.

Item 5. Permanency Goal for Child

Purpose of Assessment: To determine whether appropriate permanency goals were established for the child in a timely manner.

- South Carolina received a rating of Area Needing Improvement for Item 5 because 58% of the 763 Foster Care cases reviewed were rated as a Strength.

Item 6. Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement

Purpose of Assessment: To determine whether concerted efforts were made, or are being made, during the period under review to achieve reunification, guardianship, adoption, or other planned permanent living arrangement.

- South Carolina received an overall rating of Area Needing Improvement for Item 6. Of the 763 applicable cases reviewed, 44% were rated as a Strength.

The strength within this area is in the current or most recent placements being stable. In some counties, TPR's are filed very timely. The state could improve its consistency in this area. Progress on Item 5 was also noted over FFY 2015. South Carolina meets the Federal standard.

The overall Outcome for Permanency I is a concern in for the Agency. The SCDSS has concerns noted with establishing permanency goals timely and having goals that are appropriate, and in placement moves for children.

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

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

Stakeholders noted the need to decrease the number of moves for children in Foster Care and also to increase the quality of foster homes. Doing so should increase stability in the Foster Home placements. A second recommendation was for Regional Training for SCDSS staff as

well as for stakeholders when responding to the needs of clients and staff. Responding to the needs of children should aid in their safety as well as Permanency and Well-being Items. Another recommendation was to provide a feedback loop for families formerly involved with the Child Welfare System to communicate what services were lacking to bring their children home safer and sooner. They also recommended improvement in practices and measures and to improve the capability to upload documents in CAPSS (SACWIS).

Stakeholders also noted gaps in training for Foster Parents that is helpful to reunify children safer/sooner; Linkage in Family Engagement Services to parent support to have impactful outcomes. FamilyCorps provides parent education and support services in thirty-two (32) counties and are open to Foster Parents, however, referrals to Foster Parents to groups for support or educational services are infrequent. This area should be utilized to provide competency-based training to both Kinship Caregiver placements and Foster Parents on their roles, and principles of Shared Parenting. It is believed that this would assist in Permanency Outcome I with Foster Parents.

In addition, the SCDHHS has developed Coverage Notice Letters for Medicaid/MCO when children enter/exit or change Foster Homes. The intent is to be able to pass along the Medicaid cards, limit coverage lapses, and provide general information to all caregivers. Medicaid letters need to be distributed to case workers for dissemination.

Other recommendations included:

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

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

State Outcome Performance

South Carolina is not in Substantial Conformity with Permanency Outcome 2.

The outcome was substantially achieved in 45% of the 759 applicable Foster Care cases reviewed.

Permanency Outcome 2 Item Performance

Item 7. Placement With Siblings

Purpose of Assessment: To determine whether, during the period under review, concerted efforts were made to ensure that siblings in Foster Care are placed together unless a separation was necessary to meet the needs of one of the siblings.

- South Carolina received a rating of Area Needing Improvement for Item 7 because 64% of the 399 applicable Foster Care cases reviewed received a Strength rating.

Item 8. Visiting With Parents and Siblings in Foster Care

Purpose of Assessment: To determine whether, during the period under review, concerted efforts were made to ensure that visitation between a child in Foster Care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child's relationship with these close family members.

- South Carolina received an overall rating of Area Needing Improvement for Item 8. Of the 559 applicable Foster Care cases reviewed, 52% were rated as a Strength.

Item 9. Preserving Connections

Purpose of Assessment: To determine whether, during the period under review, concerted efforts were made to maintain the child's connections to his or her neighborhood, community, faith, extended family, tribe, school, and friends.

- South Carolina received a rating of Area Needing Improvement for Item 9 because 59% of the 736 Foster Care cases reviewed received a Strength rating.

Item 10. Relative Placement

Purpose of Assessment: To determine whether, during the period under review, concerted efforts were made to place the child with relatives when appropriate.

- South Carolina received a rating of Area Needing Improvement for Item 10. Of the 745 applicable Foster Care cases reviewed, 48% were rated as a Strength.

Item 11. Relationship of Child in Care With Parents

Purpose of Assessment: To determine whether, during the period under review, concerted efforts were made to promote, support, and/or maintain positive relationships between the child in Foster Care and his or her mother and father or other primary caregiver(s) from whom the child had been removed through activities other than just arranging for visitation.

- South Carolina received an overall rating of Area Needing Improvement for Item 11 because 40% of the 486 applicable Foster Care cases reviewed were rated as a Strength.

Reviewers noted issues including: not engaging Noncustodial Parents, Foster Family home capacity, gaps in the array, Foster Parent and Biological Family relational issues, and a lack of documentation impacting these measures.

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

C. Well-Being

Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

- For each of the three well-being outcomes, include the most recent available data demonstrating the state's performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

State Response:

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

State Outcome Performance

South Carolina is not in substantial conformity with Well-Being Outcome 1.

The outcome was substantially achieved in 24% of the 1,646 cases reviewed.

The outcome was substantially achieved in 33% of the Foster Care cases and 17% of the in-home services cases reviewed.

Well-Being Outcome 1 Item Performance

Item 12. Needs and Services of Child, Parents, and Foster Parents

Purpose of Assessment: To determine whether, during the period under review, 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.

- South Carolina received a rating of an Area Needing Improvement on Item 12 because 26% of the cases were rated as a Strength.
- Item 12 was rated as a Strength in 35% of the Foster Care cases and 18% of the in-home services cases.

Item 12 is divided into three sub-items:

Sub-Item 12A. Needs Assessment and Services to Children

- South Carolina received a rating of an Area Needing Improvement on Item 12A. Of the 1,646 cases reviewed, 71% received a Strength rating.
- Item 12A was rated as a Strength in 79% of the Foster Care cases and 64% of the in-home services cases.

Sub-Item 12B. Needs Assessment and Services to Parents

- South Carolina received a rating of an Area Needing Improvement on Item 12B because 23% of 1,428 applicable cases reviewed received a Strength rating.
- Item 12B was rated as a Strength in 28% of the 545 applicable Foster Care cases and 20% of the in-home services cases.

Sub-Item 12C. Needs Assessment and Services to Foster Parents

- South Carolina received an overall rating of an Area Needing Improvement on Item 12C because 74% of the 662 applicable cases reviewed received a Strength rating.
- Item 12C was rated as a Strength in 74% of the 662 applicable Foster Care cases.

Item 13. Child and Family Involvement in Case Planning

Purpose of Assessment: To determine whether, during the period under review, 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.

- South Carolina received the rating of an Area Needing Improvement on Item 13. Of the 1,586 applicable cases rated, 36% received a rating of a Strength.
- Item 13 was rated as a Strength in 45% of the 703 applicable Foster Care cases and 28% of the in-home services cases.

Item 14. Caseworker Visits With Child

Purpose of Assessment: To determine whether 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(ren) and promote achievement of case goals.

- South Carolina received the rating of an Area Needing Improvement for Item 14 because 69% of the cases reviewed were rated as a Strength.
- Item 14 was rated as a Strength in 79% of the Foster Care cases and 60% of the in-home services cases reviewed.

Statewide Data Indicator Performance

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

Of all children in Foster Care who are less than 18 years old AND who have been in care for at least one full calendar month during the report period, what percentage of the total months these children were in care during the report period (total “visit months”) have a recorded face-to-face visit by the caseworker?

Report Period: October 1, 2015 - September 30, 2016

Met face-to-face criteria: 95.5%

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

(2017 APSR: Monthly Caseworker Visit Grant Report)

South Carolina recognized the significant impact that staff turnover has on the efficiency and effectiveness of child welfare services rendered by the Agency. Continuing in FFY 2017, the SCDSS analyzed staff turnover data for the Agency and obtained feedback from the County Offices. Causes of this turnover for South Carolina and for Child Welfare caseworkers across the nation include wages, workload, and quality of supervision.

The SCDSS achieved an increase of 1.8% in the total visits that would be made if each child were visited once per month, in spite of an increase of two hundred and seventy-four (274) children in Foster Care during FFY 2016 over FFY 2015, 5,931 verses 5,657 respectively. During FFY 2016, one of the reasons for this improvement was, and is planned to continue to be a factor during FFY 2017, the Agency made improvement in the number of children in a caseload per caseworker. As reported in the 2016 APSR, “on 6/1/15, there were more than one hundred (100) caseworkers carrying caseloads that totaled more than fifty (50) children.” As reported in the 2017 APSR, there were seventy-six (76) caseworkers with fifty (50) or more children in their caseload.

During FFY 2016, the Agency developed and implemented multiple strategies to increase staff retention. These strategies included: increase in salary for frontline workers to remain competitive with other states, second and third shift pilots to distribute workload and strategies to address caseloads and Guided Supervision practice supports through Signs of Safety. Training and implementation of Catalyst Coaches continued for statewide implementation. These strategies implemented during FFY 2016 continue among the array of strategies in FFY 2017 to ensure that statutory performance standards are met.

During FFY 2016, and to be continued in FFY 2017, one of the system improvements was the development of Quality Improvement Workgroups. The purpose of these Workgroups was to better understand and manage caseloads and workload issues, improve activities to improve recruitment and retention of frontline caseworkers, and to address workload estimation and caseload standard requirements.

Item 15. Caseworker Visits With Parents

Purpose of Assessment: To determine whether, during the period under review, 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 promote achievement of case goals.

- South Carolina received a rating of an Area Needing Improvement on Item 15. Of the 1,411 applicable cases reviewed, 27% received a Strength rating.
- Item 15 was rated as a Strength in 29% of the 528 applicable Foster Care cases and 25% of the in-home services cases reviewed.

Caseworker visits with parents showed progress during FFY 2016. Performance on all Well-Being 1 Items also improved in FFY 2016 compared to data in FFY 2015.

Stakeholders noted the following issues:

- Children in Foster Care in rural areas need access to more services;
- Develop and consistently utilize standardized assessments based on evidence-based tools;
- Increase partnership between public and private agencies in order to access more resources;
- More Family Engagement services/father involvement;
- The SCDSS County Offices need clinical staff to provide help with children;
- Utilize Seneca Searches;
- Increase partnership and collaboration between public and private agencies in order to access more resources;
- Independent Living/NYTD;
- Begin Independent Living planning well before initial ACLSA sets baseline and follow youth through transition, have plans for aftercare;
- Revise the SCDSS Child Welfare Policy Manual to include allowing youth/children to reunite with biological families prior to exiting care, since data confirms youth may go back to biological families or become homeless.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

State Outcome Performance

South Carolina is not in substantial conformity with Well-Being Outcome 2.

The outcome was substantially achieved in 75% of the 776 applicable cases reviewed.

The outcome was substantially achieved in 85% of the 613 applicable Foster Care cases and 39% of the 163 applicable In-home Services cases reviewed.

Well-Being Outcome 2 Item Performance

Item 16. Educational Needs of the Child

Purpose of Assessment: To assess whether, during the period under review, the Agency made concerted efforts to assess children's educational needs at the initial contact with the child (if the case was opened during the period under review) or on an ongoing basis (if the case was opened before the period under review), and whether identified needs were appropriately addressed in case planning and case management activities.

- South Carolina received a rating of Area Needing Improvement for Item 16 because 75% of the 776 applicable cases were rated as a strength.
- Item 16 was rated a Strength in 85% of the 613 applicable Foster Care cases and 39% of the 163 applicable in-home services cases.

Stakeholders recommended:

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

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

State Outcome Performance

South Carolina is not in substantial conformity with Well-Being Outcome 3.

The Outcome was substantially achieved in 50% of the 1,448 applicable cases reviewed.

The outcome was substantially achieved in 59% of the Foster Care cases and 41% of the 685 applicable in-home services cases.

Well-Being Outcome 3 Item Performance

Item 17. Physical Health of the Child

Purpose of Assessment: To determine whether, during the period under review, the Agency addressed the physical health needs of the children, including dental health needs.

- South Carolina received a rating of Area Needing Improvement for Item 17. Of the 1,243 applicable cases reviewed, 67% received a Strength rating.
- Item 17 was rated as a Strength in 74% of the Foster Care cases and 56% of the 480 applicable in-home services cases.

Item 18. Mental/Behavioral Health of the Child

Purpose of Assessment: To determine whether, during the period under review, the Agency addressed the mental/behavioral health needs of the children.

- South Carolina received an overall rating of Area Needing Improvement on Item 18 because 51% of the 979 applicable cases were rated a Strength.
- Item 18 was rated as a Strength in 63% of the 548 applicable Foster Care cases and 35% of the 431 applicable in-home services cases.

Some of the issues noted as barriers to improvements: lack of proper monitoring of medications (health and behavioral); need for policy that better outlines these processes (especially around medical monitoring of medications); lack of documentation; lack of collateral contacts when no documents are provided; and staff turnover.

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

Stakeholders also recommended the following:

- Integrate a trauma screen into the initial mental health assessment;
- Increase training for teachers and Law Enforcement around trauma;
- Assure that trauma is being accurately assessed, ACE training for staff and management as action steps to become trauma-informed agency;
- Develop a plan to integrate trauma-informed culture in the SCDSS;
- Ensure Trauma-Informed Care Training is provided to all providers and ensure cross-training;
- Proper training of caseworkers needs to be in place for trauma informed care;
- “Electronic backpack” (used in California) system that allows all providers working with the child to input information that all can see in order to enhance collaboration and services (Health, MH, Education, IL);
- Better coordination with Mental Health when placement stability is in jeopardy – help prepare children for move or help stabilize placement or help with transition (DMH is in 500+ schools);
- The “protocol” needs to include steps for MH/DSS collaboration when foster children are transitioning (placements, schools, reunifying, plan changing, etc.);
- Improve continuity and consistency of care between any kind of out-of-home placements and community mental health centers;
- Imperative that appropriate screening and assessment tools be utilized. The SCDSS currently uses inappropriate tools including tools based on DSM IV;

- Provide SCDSS county offices with clinical staff;
- Require an adult to attend all medical or therapy appointments with the child;
- “Tweak” the psychotropic medications training for the training of foster families;
- Develop joint SCDSS/SCDDHHS oversight of medications in out-of-home placement and community mental health centers;
- Collect data regarding over-medication to begin process to determine causal factors. “Electronic backpack” (used in California) system that allows all providers working with the child to input information that all can see in order to enhance collaboration and services (Health, MH, Education, IL);
- Empower caregivers on informed consent;
- Revise for use by foster families, the University of South Carolina CCFS-developed training on psychotropic medication;
- Train caseworkers to request parents, foster parents, and other caregivers to attend medical appointments with pediatricians and psychiatrists, especially related to medications;
- Develop joint SCDSS/SCDHHS oversight of medications in out-of-home placements.

Summary of South Carolina 2015 – 2016 Quality Assurance Review Performance

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Data Element	Overall Determination	State Performance
Safety Outcome 1 Children are, first and foremost, protected from abuse and neglect	Not in Substantial Conformity	80% Substantially Achieved
Item 1 Timeliness of investigations	Area Needing Improvement	80% Strength
Statewide Data Indicator Recurrence of Maltreatment		93.56%
Statewide Data Indicator Maltreatment in Foster Care	No Difference to National Standard	7.64 / 100,000

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Data Element	Overall Determination	State Performance
Safety Outcome 2 Children are safely maintained in their homes whenever possible and appropriate	Not in Substantial Conformity	46% Substantially Achieved
Item 2 Services to protect child(ren) in home and prevent removal or re-entry into Foster Care	Area Needing Improvement	61% Strength

Item 3	Area Needing Improvement	48% Strength
Risk and safety assessment and management		

Permanency Outcome 1: Children have permanency and stability in their living situations.

Data Element	Overall Determination	State Performance
Permanency Outcome 1 Children have permanency and stability in their living situations	Not in Substantial Conformity	20% Substantially Achieved
Item 4 Stability of Foster Care placement	Area Needing Improvement	63% Strength
Item 5 Permanency goal for child	Area Needing Improvement	58% Strength
Item 6 Achieving reunification, guardianship, adoption, or other planned permanent living arrangement	Area Needing Improvement	44% Strength
Statewide Data Indicator Permanency in 12 months for children entering Foster Care	Met National Standard	59%
Statewide Data Indicator Permanency in 12 months for children in Foster Care 12-23 months	Not Met National Standard	37.1%
Statewide Data Indicator Permanency in 12 months for children in Foster Care 24 months and longer	Not Met National Standard	24.9%
Statewide Data Indicator Re-entry into Foster Care in 12 months	No Difference National Standard	7.8%
Statewide Data Indicator Placement stability	Area Needing Improvement	6.25%

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Data Element	Overall Determination	State Performance
Permanency Outcome 2 The continuity of family relationships and connections is preserved for children	Not in Substantial Conformity	45% Substantially Achieved
Item 7 Placement with siblings	Area Needing Improvement	64% Strength
Item 8 Visiting with parents and siblings in Foster Care	Area Needing Improvement	52% Strength
Item 9 Preserving connections	Area Needing Improvement	59% Strength
Item 10 Relative placement	Area Needing Improvement	48% Strength
Item 11 Relationship of child in care with parents	Area Needing Improvement	40% Strength

Well-being Outcome 1: Families have enhanced capacity to provide for their children's needs.

Data Element	Overall Determination	State Performance
Well-being Outcome 1 Families have enhanced capacity to provide for their children's needs	Not in Substantial Conformity	24% Substantially Achieved
Item 12 Needs and services of child, parents, and foster parents	Area Needing Improvement	26% Strength
Sub-Item 12A Needs assessment and services to children	Area Needing Improvement	71% Strength
Sub-Item 12B Needs assessment and services to parents	Area Needing Improvement	23% Strength
Sub-Item 12C Needs assessment and services to foster parents	Area Needing Improvement	74% Strength
Item 13 Child and family involvement in case planning	Area Needing Improvement	36% Strength
Item 14	Area Needing Improvement	69% Strength

Caseworker visits with child		
Item 15 Caseworker visits with parents	Area Needing Improvement	27% Strength

Well-being Outcome 2: Children receive appropriate services to meet their educational needs.

Data Element	Overall Determination	State Performance
Well-being Outcome 2 Children receive appropriate services to meet their educational needs	Not in Substantial Conformity	75% Substantially Achieved
Item 16 Educational needs of the child	Area Needing Improvement	75% Strength

Well-being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

Data Element	Overall Determination	State Performance
Well-being Outcome 3 Children receive adequate services to meet their physical and mental health needs	Not in Substantial Conformity	50% Substantially Achieved
Item 17 Physical health of the child	Area Needing Improvement	67% Strength
Item 18 Mental/behavioral health of the child	Area Needing Improvement	51% Strength

Section IV: Assessment of Systemic Factors

Instructions

The statewide assessment information for systemic factors is used in determining ratings for substantial conformity. Therefore, it is imperative that the statewide assessment team ensures that information in this section speaks to how well each systemic factor requirement functions across the state. To complete the assessment for each systemic factor, state agencies should:

1. Review the *CFSR Procedures Manual* (available on the Children's Bureau Web site at <http://www.acf.hhs.gov/programs/cb>), which elaborates on key concepts and provides examples of data that are relevant to the assessment of systemic factor requirements.
2. Respond to each assessment question using the requested data and/or information for each systemic factor item. Relevant data can be qualitative and/or quantitative. Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance for each of the seven systemic factors. Review the information with the statewide assessment team and determine if more recent data is available that can be used to provide an updated assessment of each item. If more recent data are not available, refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each systemic factor item.
3. Emphasize how well the data and/or information characterizes the statewide functioning of the systemic factor requirement. In other words, describe the strengths and limitations in using the data and/or information to characterize how well the systemic factor item functions statewide (e.g., strengths/limitations of data quality and/or methods used to collect/analyze data).
4. Include the sources of data and/or information used to respond to each item-specific assessment question.
5. Indicate appropriate time frames to ground the systemic factor data and/or information. The systemic factor data and/or information should be current or the most recent (e.g., within the last year).

The systemic factor items begin with #19 instead of #1 because items #1 through 18 are outcome-related items covered in the onsite review instrument used during the onsite review. Items related to the systemic factors are items #19 through 36.

A. Statewide Information System

Item 19: Statewide Information System

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the 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?

Please provide relevant quantitative/qualitative data or information that show the statewide information system requirements are being met statewide.

State Response:

The policies, procedures, processes, and practices related to this item are below, including a brief overview of the CAPSS system and its processes and procedures, as well as the practices and policies related to data entry. Additionally, the quality of the data is discussed at length, including efforts made to ensure completeness and accuracy.

CAPSS Overview

During the PUR, the South Carolina Department of Social Services (SCDSS) utilized an information system called the Child and Adult Protective Services System (CAPSS), which served as the state's Statewide Automated Child Welfare Information System (SACWIS). The CAPSS is a 24/7, Windows-based application that provided case management throughout the forty-six (46) counties within the State of South Carolina. The System held the State's "official case record", a complete, current, accurate and unified case management history on all children and families served by the Title IV-B/IV-E State Agency.

The CAPSS is a comprehensive, automated, case management tool that supports Human Services workers' Foster Care, Adoptions, Adult Services, Child Protective, and Family Preservation Services case management practice.

The CAPSS supported the reporting of data to the Federal Adoption and Foster Care Analysis Reporting System (AFCARS), the Federal National Child Abuse and Neglect Data System (NCANDS) and the Federal National Youth in Transition Database (NYTD).

The CAPSS interface included a menu access to search for a person and provider, to create a new intake, case, provider, license, and adoptive home, to print, and to access reports. The left pane of the screen contained a tree view that was separated by entity. The bottom portion of the screen was reserved for alerts.

CAPSS Features

During the PUR, there were many features within the CAPSS to assist the user with day-to-day tasks and to help ensure data quality and completeness.

The action log provided a snapshot of each data transaction that occurred within CAPSS. Data that had been added, deleted or modified was captured within action log tables. For each table that was accessed by the CAPSS application, an action log table existed. This included

whenever data was entered regarding the status, demographic characteristics, location, and goals for the placement of children in Foster Care.

The CAPSS alerts provided employees with notifications that an action must be performed as described within the alert description. When a worker logged into the CAPSS, alerts were displayed in the Alert Viewer located at the bottom portion of the CAPSS screen.

CAPSS Reports

During the PUR, the CAPSS included listings of and descriptions of online and batch reports. The reports contained detailed case and financial information used by Human Services staff and the Division of Finance staff.

Data reports were created from data collected and stored in the CAPSS. Several internal CAPSS reports were designed to assist in the integrity of the data, as well as utility programs provided by the Federal Government for each type of report.

These reports contained information about each child in Foster Care, their demographic characteristic, their placement type and location, their permanency plan (goals), and other important case information. These reports were used by the SCDSS county and state office management staff to track cases as they progressed and also to determine how to best allocate resources.

Data Entry Timeframes

By policy, workers were required to promptly update CAPSS with case developments. During the PUR, the SCDSS Child Welfare Policy Manual provided the following directions:

Section 701: Family Preservation Services

12. Client case records must be kept current in the automated case record (CAPSS). All case activity should be documented in CAPSS as soon as it occurs but no later than thirty (30) calendar days after the action; documentation of critical events (such as removals, court action, and others as determined by supervisor) must be completed within ten (10) calendar days.

Note that the documentation of initiating a CPS investigation and the CPS case decision must be entered within five days of the activity (reference Section 710 and 719). The monthly visit for in home treatment cases must be documented by the end of the month for data reporting purposes. (Reference Section 731 and D04-22).

Section 819.02: Contacts with Child, Providers and Parents: For Foster Care cases, "Documentation of monthly contacts must be entered into CAPSS prior to the end of each month."

Data

During the PUR, data from the CAPSS indicated that, on average, Foster Care entries was documented in the system in less than three days from the child entering care (2.67 days):

Average Days to Open Foster Care Service Line in CAPSS – SFY15-16

CAPSS effective 12072016 / ADR

Month	# FC Entries	Avg. days to open FC service line in CAPSS
201507	289	3
201508	282	2
201509	368	3
201510	365	2
201511	293	2
201512	273	4
201601	306	3
201602	328	3
201603	329	2
201604	360	2
201605	337	3
201606	326	3
SFY Total	3856	2.67

During the PUR, data from the CAPSS also indicated that, on average, Foster Care placement changes were documented in the system within six (6) days of the placement change occurring. During the PUR, an average of 59.9% of placement changes were recorded in the system within three (3) days.

Average Days between Placement State Date and Data Entry in CAPSS – SFY16

CAPSS effective 01112017 / ADR

Month	Total Foster Care Entries	Total Placements	Avg # of days between Placement start date and data entry in CAPSS	# of Placements recorded in CAPSS within 3 days	% of Placements recorded in CAPSS within 3 days
201507	289	627	7	361	57.6%
201508	282	628	6	390	62.1%
201509	368	837	7	500	59.7%
201510	365	801	6	465	58.1%
201511	293	670	6	387	57.8%
201512	273	490	7	275	56.1%
201601	306	633	7	344	54.3%
201602	328	668	5	386	57.8%
201603	329	634	5	404	63.7%
201604	360	699	6	434	62.1%
201605	337	659	5	428	64.9%
201606	326	619	5	398	64.3%
SFY Total	3856	7965	6	4772	59.9%

This data indicates that the CAPSS provided a way for the SCDSS to readily identify the location of every child in Foster Care and determine if the placement was not recorded timely.

Data Reliability and Accuracy

During the PUR, the SCDSS did develop reporting processes to attempt to ensure the reliability and accuracy of the data in the CAPSS. To that end, SCDSS staff ran reports on specific data elements each month and sent out correction notices when apparent exceptions were identified. The data elements listed in the included documents concerning AFCARS, NCANDS, and NTYD Data Elements were checked for accuracy and completeness. If specific data elements required by the federal government for any of the aforementioned reports were missing, the Agency worked to ensure that the missing data was located and placed in the CAPSS prior to submission. This included basic demographic and placement data for each child in Foster Care.

Automated reports were distributed every week and reviewed by county, region, and state-level staff to check for items that needed attention (such as instances where a caretaker's race was missing or a TPR date had not been entered yet). In addition, a series of batch analysis reports were sent out monthly that dealt with performance, data accuracy, and data completeness. These reports were helpful, among other things, in discovering instances where work had been completed but not yet entered into the System. Further, the CAPSS was equipped with multiple reports that users and supervisors could generate to obtain data on their cases and check them for completeness and accuracy. Through the use of these reports during supervisory discussions and staffings, any missing or incorrect information such as the child's basic demographic data or their location or permanency plan should have been identified and corrected.

The SCDSS Data, Research and Accountability Division reviewed the CAPSS reports for data entry errors. Monthly reports were sent out indicating potentially missing data, including: NYTD data, visits, the Educational Level Attained field, investigations with a decision that were not closed, missing initial contact, missing or late FCRB hearings, missing permanency plans, and many others. When workers look at the cases identified on these reports, they would have yet another opportunity to find and correct any missing or incorrect data such as basic demographic and placement information.

For example, the table below is a statewide summary of potential areas of missing or incomplete data, or of tasks that have not yet been completed or entered into the system (with several months of data for comparison and progress tracking):

Foster Care Statewide Totals Table

Report Run Date	No FtF	Late PPH	Late FCRB	60 Days with No Perm Plan
7/4/2016	84	153	103	97
8/2/2016	79	191	89	136
9/2/2016	77	177	72	174
10/4/2016	74	142	84	197
11/3/2016	59	149	117	54
12/2/2016	92	159	64	72

During the PUR, Quality Assurance (QA) Reviewers at the University of South Carolina and a designated SCDSS staff team, conducted reviews of hundreds of cases each year. During the PUR, December 2013-February 2015, the Quality Assurance Reviewers used the CFSR OSRI Round 2 Instrument with additional State-specific additional review items. From March 2015-December 2016, the Quality Assurance Reviewers used the CFSR OSRI Round 3, including electronic and paper file reviews, and interviews with the workers and members of the family involved. This process provided yet another avenue to identify and correct any errors or missing data in the case record. When a discrepancy was found, the QA Reviewers worked with the SCDSS County staff to identify what caused the error and to correct the documentation where necessary.

Assessing Information for Timeliness and Accuracy

During the PUR, the Agency did not systemically assess the information in the CAPSS for how quickly and timely the workers entered data and information into the System. The agency did not systemically assess the information in the System for accuracy. However, the functionality of the system allowed users to easily and quickly access information about children and families involved with DSS services, and workers could readily identify the status, demographic characteristics, location and goals for the placement of every child who is in Foster Care. The screenshots below demonstrate how readily accessible these data points were to the staff and supervisors.

Demographic Characteristics

When a person is added to the CAPSS the following demographic data is required: first and last name, estimated age or date of birth, sex, race, citizenship, country of birth, Hispanic ethnicity, Native American affiliation, language, employment status, education level and if they are an unaccompanied Refugee Minor.

Foster Care Status

The Foster Care Service data in the CAPSS records the date and time that a child is removed and date and time a child leaves Foster Care.

Foster Care Location

Each placement record includes the name and the CAPSS ID of the provider, the type of placement, the start and end dates of the placement and the reason a placement ends.

Placement Address

The placement address is captured in the provider record.

Permanency Plans (Goals)

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

Demographic Characteristics

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

- Last Name: [Text Input]
- First Name: [Text Input]
- Middle Initial: [Text Input]
- Social Security Number: [Text Input]
- Date of Birth: [Date Picker]
- Estimated Age: [Text Input]
- Language: [Dropdown]
- Sex: [Dropdown]
- Race: [List Box with options: White, Black or African American, American Indian/Alaskan Native, Asian]
- Employment Status: [Dropdown]
- Citizenship: [Dropdown]
- Country of Birth: [Dropdown]
- Unaccompanied Refugee Minor: [Dropdown]
- Hispanic Ethnicity: [Dropdown]
- Native American Affiliations: [Dropdown]
- Tribal Affiliation: [Dropdown]
- Education: [Dropdown]
- Educational Level Attained: [Dropdown]

Income Table:

Row	Source of Income	Monthly Amount	Start Date	End Date

Buttons: Add, Update, View, OK, Cancel

Foster Care Status

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

Service Type Foster Care Services

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

Intake(s) [redacted]

Recipients (View Only) [redacted]

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

Reason Closed [redacted]

Text [redacted]

Office CHARLESTON COUNTY DSS

Foster Care Location

View - Placement Information -

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

End Reason [redacted]

Type Therapeutic Foster Home

Placement Criteria

- Placement Meets Child's Best Interest
- Caretaker Has Specialized Training
- Child/Caretaker Special Relationship
- Placement is Court Ordered
- Placement Recommended By Psy/Ther
- Child Prefers Non-Family Setting
- Placement is Parent's Preference
- Other (Explain in Text)

Provider [redacted] Search

Primary Provider [redacted]

Provider Type

- Foster Home (Private Agency)
- Family
- Organization

Provider Payee [redacted]

Temporary Placements ... Special Payments ...

Payment Authorizations

Payment Type [redacted]

Level Of Care [redacted]

Start Date [redacted] Add

Row	Payment Type	Level Of Care	Start Date	End Date	Status
1	Board Pay	Therapeutic ...	9/6/2013		Active
2	Board Pay	Regular Fost...	9/6/2013	9/6/2013	Inact...

Void

Is this a High Management, Moderate Management, Supervised Independent Living or Therapeutic Foster Care Level I, II or III placement? Yes No

Close

The Placement Address

Provider Information

Provider Id

Intake Id 0000000000

Organization Name

Status Active

Reason For Inactive Status

Provider Type

Family
 Organization

Placement Type

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

Provider A

Last
 First
 MI

Provider B

Last
 First
 MI

Primary Provider

Name

Start Date 01/12/2001

End Date

Update
 Cancel

Provider Payee | Allegations | Home Study | Associated Cottage Providers | Dictation | ActionLog

General | Relationship | Related Provider | Payment | Placement History | Contracts | Invoices | Primary Provider

Address

Row	Type	Address Line 1	Address Line 2	City	State	Zip	County
1	Household	106 Duke Str...		St. George	SC	29477	Dorchester

Add
 Update
 View

Phone
 Payment Information

Permanency Plans (Goals)

View - Perm Plan

Recipient

Legal Perm Plan Return to Home

Concurrent Perm Plan

Perm Plan Date 11/09/2009

Next Perm Plan Date

Plan Achieved Date

Close

Summary

The SCDSS CAPSS system had processes and screens for capturing data elements and allowed users to readily identify the status, demographic characteristics, location, and goals for the placement of every child who was in Foster Care. Numerous data quality checks were in place to ensure that errors could be caught and corrected. Even though the Agency believes the data in CAPSS was accurate to a degree of reliability and confidentiality, based on our qualitative and quantitative review, an Area Needing Improvement rating is recommended because accuracy was not routinely verified. However, CAPSS data submitted to ACF was verified through the ACFARS and NCANDS files each year during the PUR to produce Federal reports. Because the Agency currently does not formally audit the data in the CAPSS system, such audits could be conducted in the future using the QA team, if so directed and resourced.

B. Case Review System

Item 20: Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

Please provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child's parent(s) that includes the required provisions.

State Response:

In the SCDSS Human Services Manual, the Agency has policy and procedures in place to require and enable a written case plan to be developed with the child's parents and in discussion with the child, if the child is at least ten (10) years old and the child is developmentally-appropriate for inclusion. This applies to both Family Preservation and Foster Care cases. SCDSS policy directs the written case plan be developed within 60 days of a child entering Foster Care or of case finding and updated at least every six (6) months. The assessment to develop the written case plan can be either a formal assessment utilizing the Child and Family Assessment and Service Planning Tool or an informal assessment. The SCDSS directs that the written case plan include provisions: for placing the child in the least restrictive, most family-like placement appropriate to his/her needs, and in close proximity to the parental home where such placement is in the child's best interests; for visits with a child placed out of State at least every twelve (12) months by a caseworker of the Department or of the Agency in the State where the child is placed; and for documentation of the steps taken to make and finalize an adoptive or other permanent placement when the child cannot return home.

For the PUR, data used to determine that written case plans developed with a child's parent(s) and age and developmentally appropriate children included the past four FFY years of Onsite Review Instrument (OSRI) reviews, the CAPSS reports CF100 R01 (Foster Care), the CAPSS report SC103 R01 (Family Preservation) and the CAPSS Family Engagement Services report FE100 R01 (available only in Regions 1, 3, and 4). Current OSRI reviews indicated that this item was rated at 38% strength.

CFSR 3 Item 13: Child and Family Involvement in Case Planning

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

Source: SCDSS Quality Assurance Reviews

The CAPSS cannot retrieve information/data related to development of a written case plan with one or with both parents and/or with a developmentally-appropriate child. As the CAPSS is currently designed and utilized, there is no code for a written case plan having been developed

with the parent(s) and/or the child. There is no code for a written case plan having been presented to the parents. There is a code for case plan evaluation, but during the PUR, it was not selected consistently enough by child welfare staff to be statistically significant. CAPSS batch reports were available to caseworkers and supervisors to monitor the activity of the assessment and planning documents.

Data

CAPSS Data/Information reviewed included the following reports for the PUR:

CF100 R01 Foster Care: This report details when a Child and Family Service Plan has been completed and when it is due to be reviewed and updated. The report provides dates only, calculated by the CAPSS based on the date of entry into Foster Care. This report does not provide information about if/when a parent(s) were engaged in case planning.

SC103 R01 Family Preservation: This report identifies how many case plans are current and reports how many case plans were reviewed with an adult. It does not identify if/when the parent(s) was engaged in case planning.

FE100 R01 Family Engagement Services: The Family Engagement Services report FE100 R01, when documented correctly in CAPSS shows the dates or referral for FTM's and FGC's and whether the family engagement meetings were held or not. Current barriers to proper use of the CAPSS codes during the PUR were recently implemented and data was not available during the entire period. In addition, the requirement of FTM referrals being made initially by phone to NYAP Central reception (Master Contractor, Regions 1, 3 and 4) within two hours of a child entering care or as soon as possible thereafter and followed up by a CAPSS generated referral has been problematic. The frequency of following through with the referral from the CAPSS has not been consistent. Regions 2 and 5 were lacking these expanded Family Engagement Services. While Family Group Conferencing was available statewide, mandated referrals were not required on Foster Care cases in Region's 2 and 5 as they were in Region 1, 3 and 4 as directed by the Family Engagement Contract.

1. Currently, there are five CAPSS codes that are specific to written case planning. These codes were not being used consistently enough to be statistically significant. CAPSS batch reports identify due dates and dates of completion of the written case plan, but do not include qualitative data related to engaging parents. There were no CAPSS codes that indicated that the parent was included in developing the written case plan. There was a dictation code that could have been selected to show that the treatment plan was reviewed with the mother and also one for review with the father. Now, there is the capacity for any document to be attached to the case using the LINKED FILES process and one of the categories is for Case Planning.

Additional Information/Follow up to Barriers: The CAPSS could include 2 new dictation codes "Case Plan development with age appropriate child" and "Case Plan development w/parent which would allow better tracking. Policy could be strengthened around the correct method to document the Case Planning efforts which could including a tab or bubble to call attention to the codes. New Family Engagement Services (FES) codes can be used to document FTM's and FGC's

which have requirements for engaging parents and children in the case planning process and involvement in written case planning is documented with signature pages verifying attendance, Coordinator Documentation Logs with the attachment of the Family Plan.

2. During the PUR, the SCDSS had three Family Engagement Services (FES) models throughout the state each requiring parent participation with the child's voice either in person or some other format with documentation through the Family Plan and Coordinator Documentation Logs. Regions 1, 3 and 4 had the most comprehensive model under the Family Engagement Services contract which included FTM's, FGC's with Family Finding and Unlicensed Relative Home Assessments (URA). FTM must include one parent and one non-parent (a relative for fictive kin who does not reside in the household). FTM's were required for all children upon entering Foster Care. FGC's must have a minimum of four (4) adult family members and must engage the child in an age and developmentally appropriate manner. Quality reviews of these services were conducted by SCDSS Contract Monitors that included Participant Surveys with key questions related to their involvement and level of satisfaction with the planning process. SCDSS Contract Monitors and Families First staff regularly observed FTM's and FGC's with Contract Monitors conducting regular records reviews with quarterly feedback. Region 2 provided Family Group Conferences for families referred by the case manager. FGC's must have a minimum of four (4) adult family members present. Region 5 operated two models depending on the county. Five counties in Region 5 were under the Children's Conferencing contract that included FTM's, Children's Conferencing (FGC) and URA's with surveys. The remainder of the region provided Family Group Conferences only. FES CAPSS reports were created recently to record family engagement activities, but were not consistently utilized as they were added to the Agency for use in August 2016. These CAPSS reports can provide future qualitative and quantitative information because of the requirements for engaging parents and children.

Additional Information/Follow Up to Barriers: A statewide Family Engagement Solicitation will hopefully be implemented soon bringing the entire state under one model requiring the same services: FTM, FGC with Family Finding and URA requiring that all children entering Foster Care be referred and receive these family engagement services with documentation verifying attendance and participation in planning. These will also be available for families served through Family Preservation services.

3. Lack of focus on the non-custodial parent, especially fathers during the PUR. The CFSP focused on this area by providing training and referrals for services. Training on Engaging the Noncustodial Parent, a curriculum developed jointly between SCDSS and the Center for Fathers and Families was provided over the past 2 years to county office child welfare staff by the Integrated Child Support Division under the

oversight of Families First. Training records indicated that 620+ staff members participated in the training. Training included the local fatherhood coalition staff and provided referral procedures for both internal Diligent Search in locating fathers through child support and referral for services to the local fatherhood coalitions for parenting, peer support, etc. However, in reviewing Diligent Search referrals to child support, training did not increase referrals. Data measures were not put in place for tracking referrals to local fatherhood coalitions.

Additional Information/Follow Up to Barriers: The term “Diligent Search” seems to have more than one meaning and be confused with Family Finding and Seneca Searches. Changing the term to a more clearly identifiable requirement to be completed through Child Support Enforcement should improve the use of this valuable resource in engaging the non-custodial parent.

4. Family Engagement Services through the Families First program also focused on identifying and engaging the noncustodial parent, especially the father through family finding, family team meetings and family group conferences/children conferencing. Paternal relatives and their larger family group was captured in Outcome Measures monthly reporting in Regions 1, 3, and 4 only.

Additional Information/Follow Up to Barriers: A statewide Family Engagement Solicitation will hopefully be implemented soon bringing the entire state under one model with the same services: FTM, FGC with Family Finding and URA requiring that all children entering Foster Care be referred and receive these family engagement services. These will also be available for families served through Family Preservation Services. Ensuring the Family Plan is incorporated into the “Placement Plan” for presentation during the merits hearing has been a challenge and was not being done consistently statewide. Policy revisions are being recommended with a sample annotated Placement Plan showing how the information is to be incorporated and presented in court.

5. Enhanced visitation beyond the minimum standards of 2x per month was added to the Family Plan following the Round 2 CFSR. Based on review of the Family Plans and feedback from coordinators, this continued to be a challenge for staff. Often staff were reluctant to honor the family’s wishes for increased visitation due to geographical separation (children placed counties away), caseworker hardship and reluctance to include additional family group members in the visitation plan.
6. High caseloads were a barrier. Below are the APSR recommended caseload standards.

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

Additional Information/Follow-up to Barriers: During the PUR, the SCDSS implemented several staff retention strategies including increased caseworker staff salaries. The Agency received authorization for funding of 177 additional caseworker and caseworker supervisory positions from the SC Legislature for the SFY 2015, starting 7/1/15. During FY 2016, 147 of those FTE positions were filled.

Summary

It is recommended that Item 20: Written Case Plan with the parent(s) is an Area Needing Improvement based on the quantitative and qualitative data and our analysis of that data. Based on the data and findings outlined above, it was determined there is a need for a consistent array of expanded Family Engagement Services statewide with documentation of involvement and participation in the case planning process, a need for stronger policy and procedures addressing the engagement of the parent(s) in the case planning process and a need for additional CAPSS codes. Additionally, there needs to be improvement in engaging the non-custodial parent and/or absent fathers and their families. Training, supervision and oversight of case work staff needs to be strengthened to improve engagement of parent(s) and to improve accountability for case work practice in this area.

Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review.

State Response:

During the PUR, the SCDSS Child Welfare Policy Manual directed the Foster Care Review Board (FCRB) to conduct the periodic administrative review of the status of each child in Foster Care at least once every six months. Every child who entered Foster Care, and remained in Foster Care for a minimum of four (4) consecutive months, was initially reviewed by the FCRB between four (4) and six (6) months. Following the initial review, each child was reviewed again every six (6) months, until they either left Foster Care or reach the age of eighteen (18). The FCRB maintained an independent database of children in Foster Care and documented the outcome of each periodic review. The SCDSS provided child-specific, as well as aggregate data, for evaluation and analysis following each review.

The following information is from the Foster Care Review Board (<http://fcrb.sc.gov/about.html>):

About the Foster Care Review Board

The South Carolina Foster Care Review Board was created in 1974 by the General Assembly to monitor the progress in achieving permanent placements for children in Foster Care. The Foster Care Review Board is administered by the S.C. Department of Administration.

South Carolina was the first state to pass a law allowing citizens from each community to become involved in the child welfare system by participating in case reviews of all children who spend longer than four consecutive months in Foster Care. The objectives of these reviews are to ensure that permanent plans are being made for children and families; and, to promote community awareness about these issues.

State Board

The South Carolina Foster Care Review Board is supported by a seven member State Board of Directors. The State Board meets quarterly and is responsible for reviewing and coordinating the activities of the Local Review Boards and making recommendations in an annual report.

Local Review Boards

Each of South Carolina's sixteen judicial circuits has at least one Local Review Board. Each Local Review Board is made up of five community volunteers appointed by the Governor. A professional staff person from the Division of Foster Care Review coordinates the monthly review meetings of each local board.

There are currently 42 Local Review Boards across the state that conduct semi-annual case reviews. There is at least one Local Review Board in each of the sixteen judicial circuits.

Appointment to Local Boards

Local Review Board members are appointed to serve on local boards by the Governor, upon the recommendation of their legislative delegations. Each local board consists of five members who must be residents of the judicial circuit they represent.

Recommendations by the Board

Local Review Boards meet one day per month at the Department of Social Services (DSS) offices in the assigned counties of their judicial circuit. It is at these meetings that each child's case is reviewed. After each review, the local board issues a recommendation that addresses what they have determined to be the best permanent plan for the child. This information is filed with the Family Court and sent to DSS and interested parties. Additionally, Review Board members evaluate the state of Foster Care in South Carolina, make recommendations to the Governor and General Assembly, and are actively involved in legislative matters involving child welfare issues. Review Boards help identify gaps in available services to children and families and strive to promote community awareness about these issues.

In June 2016 state law pertaining to the powers of the local Foster Care Review Boards was amended. In limited circumstances, the amendment permits the local Foster Care review board to review a child's case three times, rather than twice, in a twelve month period. In particular, it permits the additional review, at the discretion of the review board in cases where the child has been subjected to aggravated circumstances as defined by state law:

SC Code Section 63-7-1640 (<http://www.scstatehouse.gov/code/t63c007.php>)

(C) The family court may authorize the department to terminate or forego reasonable efforts to preserve or reunify a family when the records of a court of competent jurisdiction show or when the family court determines that one or more of the following conditions exist:

(1) the parent has subjected the child or another child while residing in the parent's domicile to one or more of the following aggravated circumstances:

- (a) severe or repeated abuse;
- (b) severe or repeated neglect;
- (c) sexual abuse;
- (d) acts the judge finds constitute torture; or
- (e) abandonment;

(2) the parent has been convicted of or pled guilty or nolo contendere to murder of another child, or an equivalent offense, in this jurisdiction or another;

(3) the parent has been convicted of or pled guilty or nolo contendere to voluntary manslaughter of another child, or an equivalent offense, in this jurisdiction or another;

(4) the parent has been convicted of or pled guilty or nolo contendere to aiding, abetting, attempting, soliciting, or conspiring to commit murder or voluntary manslaughter of the child or another child while residing in the parent's domicile, or an equivalent offense, in this jurisdiction or another;

(5) physical abuse of a child resulted in the death or admission to the hospital for in-patient care of that child and the abuse is the act for which the parent has been convicted of or pled guilty or nolo contendere to committing, aiding, abetting, conspiring to commit, or soliciting:

- (a) an offense against the person, as provided for in Title 16, Chapter 3;
- (b) criminal domestic violence, as defined in Section 16-25-20;
- (c) criminal domestic violence of a high and aggravated nature, as defined in Section 16-25-65; or
- (d) the common law offense of assault and battery of a high and aggravated nature, or an equivalent offense in another jurisdiction;

(6) the parental rights of the parent to another child of the parent have been terminated involuntarily;

(7) the parent has a diagnosable condition unlikely to change within a reasonable time including, but not limited to, alcohol or drug addiction, mental deficiency, mental illness, or extreme physical incapacity, and the condition makes the parent unable or unlikely to provide minimally acceptable care of the child;

(8) other circumstances exist that the court finds make continuation or implementation of reasonable efforts to preserve or reunify the family inconsistent with the permanent plan for the child.

Additionally, South Carolina Law grants the Foster Care Review Board, through counsel, the right to participate in abuse and neglect hearings, upon twenty-four hour notice to the SCDSS. Participation includes the opportunity to cross-examine witnesses and to present its recommendation to the court.

Data

During 2015, there were 3,788 children in Foster Care reported to the FCRB by the SCDSS. Between January 1 and December 31, 2015 the FCRB held 6,711 reviews for 4,032 children at 439 local review board meetings. Of these 4,032 children, 1,802 were initial reviews and the remaining 2,230 were subsequent reviews. Of the 4,032 children reviewed in 2015, 91% were reviewed timely (meaning every six (6) months). The case review system is functioning well in terms of timeliness of reviews.

During 2016, as of November 30, 2016, there were 4,614 children in Foster Care reported to the FCRB by the SCDSS. Between January 1 and September 30, 2016 the FCRB held 4,903 reviews for 4,899 children at 314 local review board meetings. Of these 4,899 children, 1,315 were initial reviews and the remaining 3,588 were subsequent reviews. Of the 4,899 children reviewed, 94% were reviewed timely (meaning every six (6) months). The case review system is functioning well in terms of timeliness of reviews.

The most complete dataset available on the breakdown between initial and subsequent reviews through the FCRB was from January – September 2016. The numerator/denominator for timeliness was 4,605/4,899. The breakdown between initial and subsequent reviews was 90% of first reviews being held timely and 95.6% of subsequent reviews held timely.

The reasons, for not conducting the FCRB proceedings timely included:

Initial Review

- 21% SCDSS not prepared/no packet received
- 26% Interested/required party not invited
- 22% Lack of critical information available
- 5% No Review Board quorum
- 26% Other/not specified

Subsequent Reviews

- 34% SCDSS not prepared/no packet received
- 30% Interested/required party not invited
- 6% Lack of critical information available

4% No Review Board quorum

26% Other/not specified

As for attendees at reviews it is typically the biological or legal parents, guardian ad litem, foster parents, service providers, and children aged 10 and older (upon recommendation of case worker).

In 2015, there was an 11.6% increase in the number of continued reviews. The timeliness of reviews was also dependent on the SCDSS accurately reporting the entry into Foster Care, providing review materials in advance of the review, and having necessary parties present along with the SCDSS staff being present and prepared to present information regarding the child’s case at the scheduled review.

The South Carolina Department of Social Services (SCDSS) captured administrative reviews in the CAPSS. The FCRB had access to a web-based portal that connected to the CAPSS and allowed them to view certain information about Foster Care cases and to document the hearings they conducted. Therefore, the Agency and the FCRB identified which hearings had and had not occurred, and if they were occurring timely.

The CAPSS had detailed FCRB hearing reports that were accessible statewide within the application. These reports helped identify which reviews were overdue, but also those that had occurred and had not yet been entered into the System.

Additionally, the SCDSS’ Accountability, Data & Research (ADR) Office conducted a monthly review of the CAPSS data and issued a summary report to managers and county leadership.

The ADR sent detailed lists of any missing data or other exceptions identified in the summary reports so that problems with data could be addressed. These reports identified either which reviews were overdue, or those that occurred and had not yet been entered into the system.

Once these reports were received by the SCDSS and the FCRB staff, they were used to help direct data completion efforts and to identify which cases were overdue for a hearing.

Below are examples of the Summary Reports for the FCRB hearings, and detailed, county-by-county lists were also distributed each month.

In the chart immediately below, “Late FCRB Hearing” indicates the number of FCRB Hearings that occurred beyond the six (6) month period during which a hearing was required.

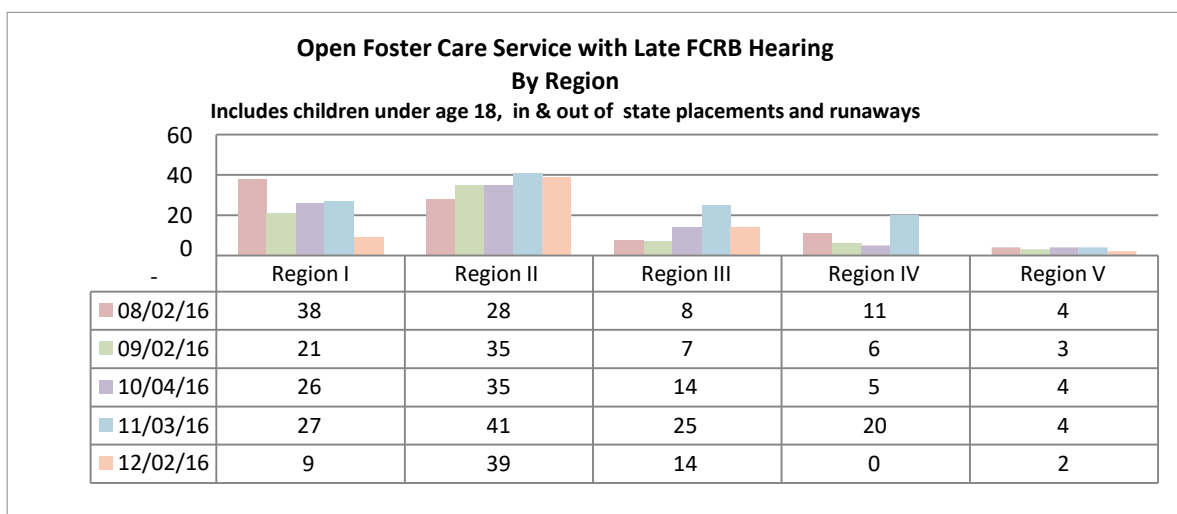
Open Foster Care Service with Late FCRB Hearing By Region

Source: SF170-R01 and SF180-R01

Office of Accountability, Data and Research

Report Run Date	Region I	Region II	Region III	Region IV	Region V	Total Exceptions
08/02/16	38	28	8	11	4	89

09/02/16	21	35	7	6	3	72
10/04/16	26	35	14	5	4	84
11/03/16	27	41	25	20	4	117
12/02/16	9	39	14	0	2	64



Summary

During the PUR, SCDSS had policies in the Child Welfare Policy Manual, and in State Law, directing Periodic Case Reviews of all children in Foster Care at least every 6 months. In 2015, 91% of FCRB Hearings were held timely, and 94.6 % were held timely from January 1 to September 30, 2016. The SCDSS did not have a system to know that the six (6) month periodic review had occurred, but relied on a monthly report of missing Periodic Review data to indicate the need to enquire of the SCDSS and the FCRB if a FCRB Hearing was either late or not yet documented in the system. The data presented above by the FCRB shows that nearly all FCRB hearings are conducted timely. The SCDSS also has a functioning monthly process to identify hearings that are late and to notify each office so that action can be taken. The partnership between the SCDSS and the FCRB is strong and functioning. Therefore, based on our qualitative and quantitative review, a Strengths rating is recommended.

Item 22: Permanency Hearings

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered Foster Care and no less frequently than every 12 months thereafter?

Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child in a qualified court or administrative body occurs no later than 12 months from the date the child entered Foster Care and no less frequently than every 12 months thereafter.

State Response:

In order to ensure that each child in Foster Care had a permanency hearing no later than 12 months from the date a child enters Foster Care and no less frequently than every 12 months thereafter in a qualified court or administrative body, the SCDSS adopted a policy of requiring that these hearings occur at 9 months intervals. For internal SCDSS tracking purposes, if a completed hearing was not held at least every 9 months, these hearings were deemed to be “overdue.”

A number of reports were made available to staff members which alerted them as to which children were either getting close to or were over the 9 months’ timeframe. Three of these reports are located in the Child and Adult Protective Service System (CAPSS) while two are located in the Legal Case Management System (LCMS). Each of these reports are a “snap shot” type of report with the CAPSS reports being updated on a weekly bases and the LCMS reports on a daily bases.

In addition, weekly reports were emailed to a wide group of SCDSS staff on Sunday nights which provided the number of children in Foster Care by counties which were overdue for a permanency hearing based upon 9 months. It was the expectation that each legal office, area attorney and the managing attorney for county operation reviewed this report and identified each specific child which was included in the count.

For informational purpose, the legal process for children in Foster Care was managed by the Managing Attorney for County Operations located in the Office of General Counsel for SCDSS. Under that individual, there were 5 area attorneys who were responsible for supervising the legal teams in either 3 or 4 judicial circuits. Each judicial circuit consisted of anywhere between 2 to 5 counties. Each county had either a dedicated full time agency attorney(s) or a contract attorney who was responsible for presenting the cases in Court.

Data

By way of background, the data referred to below is what has been entered into the LCMS system and then, via a network interface, was transmitted to CAPSS. When documenting hearings in LCMS, hearings were classified as either “Scheduled”, “Continued” or “Completed.” Information concerning both “continued” and “completed” hearings was transmitted to CAPSS.

Reports being referenced are run from the CAPSS system. A permanency hearing was defined as “completed” if the trial judge opened the hearing, received information through testimony and other proffered evidence and determined what the appropriate permanency plan for the child should be ordered.

Information contained in CAPSS from April, 2014 to April 2016, follows. The below figures represented the number of children in Foster Care on a specific date regardless of length of time in care who did not have a completed permanency hearing within 9 months of either entering care or within 9 months of the last completed permanency planning hearing:

March 30, 2014 – There were a total of 3,301 children in Foster Care. Out of that population, 132 children or 4% of the children had an overdue permanency hearing based upon the 9 months requirement.

September 28, 2014 – There were a total of 3,522 children in Foster Care. Out of that population, 131 children or 3.72% of the children had an overdue permanency hearing based upon the 9 months requirement.

March 29, 2015 – There were 3,799 children in Foster Care. Out of that population, 180 children or 4.74% of the children had an overdue permanency hearing based upon the 9 months requirement.

October 04, 2015 – There were 3,792 children in Foster Care. Out of that population, 167 or 4.4% of the children had an overdue permanency hearing based upon the 9 month requirement.

April 3, 2016 – There were 3,912 children in Foster Care. Out of that population, 227 or 5.8 % of the children had an overdue permanency hearing based upon the 9 month requirement.

While beyond the scope of the review period, SCDSS does believe the current information contained in Performance Measure 12 was particularly insightful as to SCDSS’s strength on this systematic factor. Out of all of the children who were in Foster Care on the last day of the reporting period (October 31, 2016) AND were less than 18 years old and were in Foster Care 9 months or longer during the past year, only 127 of the 2273 children which met all three of the requirements did not have a completed permanency planning hearing or 5.6% of that population.

Since SCDSS does not track these completed hearing on a 12 month measure, trying to determine how many, if any, of the children did not have a completed permanency hearing within the 12 months required a review of children which the Agency determined were not eligible for reimbursement for IV-E funds due to a completed permanency hearing not being held in the past year the child had been in Foster Care. In April, 2016, based upon the Agency’s review of each child in Foster Care edibility for IV-E funding reimbursement, only 39 children in Foster Care at that point were determined not to be eligible for the same because they had not had a completed permanency hearing within the last year or 1% of children in Foster Care.

Summary

The Agency reviews children based upon the county of origin. Most counties have been diligent about ensuring that each child in Foster Care was receiving completed permanency hearings well under the 12 months requirement with only 2 notable exceptions which account for 31 out of the 39 mention in the paragraph above. As such, based upon the available qualitative and quantitative data, this appears to be a Strength of the system.

Item 23: Termination of Parental Rights

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

Please provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

State Response:

Termination of Parental Rights Requirements:

In the circumstances described below, SC state law (Section 63-7-1710), requires DSS to file a petition for termination of parental rights or join in a petition, unless the case falls into one of the exceptions also described below.

When a child is in the custody of the department, the department shall file a petition to terminate parental rights or shall join as party in a termination petition filed by another party if:

- (1) a child has been in Foster Care under the responsibility of the State for fifteen of the most recent twenty-two months;
- (2) a court of competent jurisdiction has determined the child to be an abandoned infant;
- (3) a court of competent jurisdiction has determined that the parent has committed murder of another child of the parent or has committed voluntary manslaughter or another child of the parent;
- (4) a court of competent jurisdiction has determined that the parent has aided, abetted, conspired, or solicited to commit murder or voluntary manslaughter of another child of the parent; or
- (5) a court of competent jurisdiction has determined that the parent has committed a felony assault that has resulted in serious bodily injury to the child or to another child of the parent.

Concurrently with filing of the petition, the department shall seek to identify, recruit, process, and approve a qualified family for adoption of the child if an adoptive family has not yet been selected and approved.

A petition for termination of parental rights shall be filed within sixty days when the court authorizes the department to terminate or forego reasonable efforts to preserve or reunify a family, unless there are compelling reasons why termination of parental rights would be contrary to the best interests of the child.

In the code of law under section 63-7-2530 it is stated that a TPR hearing must be held in 120 days of the date the TPR petition is filed.

Data

The South Carolina Department of Social Services (DSS) used the CAPSS to collect data concerning the filing for Termination of Parental Rights. Data reports were generated through the QA Review process and by the Accountability, Data and Research division.

The OSRI Round 3 instrument used in the state’s Quality Assurance Reviews, indicated the following data regarding timely filing of termination of parental rights (for July 1, 2015 – June 30, 2016):

- Item 5 F: Did the Agency file or join a termination of parental rights petition before the period under review or in a timely manner during the period under review?
 - Yes = 135
 - No = 69
 - % Yes = 66.2%
- Item 5 G: Did an exception to the requirement to file or join a termination of parental rights petition exist?
 - Yes = 15
 - No = 54
 - % Yes = 21.7%

Data from CAPSS calculated by the Accountability, Data and Research division showed that for all children in Foster Care on January 1, 2017 who were less than 18 years old and in care 15 of the last 22 months, 64% had a TPR action:

Foster Children less than 18 years old in Care 15 or the Last 22 Months

Source: CAPSS effective January 1, 2017

Data Note: TPR action is defined as: TPR Complaint, TPR Hearing, TPR Order or Voluntary Relinquishment

# children in Foster Care 15 of the last 22 months	# with a TPR action	% with a TPR action
1,739	1,105	64%

Summary

Based on the review of the quantitative and qualitative data from CAPSS and the Quality Reviews, this item is rated as an Area Needing Improvement.

Item 24: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in Foster Care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

Please provide relevant quantitative/qualitative data or information that show foster parents, pre-adoptive parents, and relative caregivers of children in Foster Care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child.

State Response:

South Carolina Code of Laws Section 63-7-1630 requires SCDSS to provide notice of hearings to foster parents, the pre-adoptive parents or a relative who is providing care for a child. This notice must be in writing and shall inform the recipient of the date/place/time of the hearing and their right to attend the hearing and address the court concerning the child. It should be noted that relative caregivers are usually made party defendants in all DSS actions and, as such, receive notices of hearings through pleadings as opposed to a notice pursuant to this code section.

Human Services Policy and Procedure Manual Section 848 (6) requires the county paralegal or designee to send out timely notice to foster parents and other caregivers using the form generated by the Legal Case Management System (LCMS).

The form generated from LCMS states as follows:

A hearing concerning the minor child(ren) will be held on [DATE INSERTED HERE] at [TIME INSERTED HERE] at the [COUNTY/ADDRESS INSERTED HERE], in [CITY INSERTED HERE], South Carolina. You have the right to appear in order to address the court at this hearing. If you are the non-custodial parent, you have the right to ask the court to add you as a party defendant to this action. At this hearing SCDSS will be recommending the permanent plan of **[CHOOSE ONE]** adoption by foster parent/permanent long term Foster Care/permanent custody & guardianship/return home/independent living/adoption by other/adoption by relative/permanent placement with fit & willing relative. **[OR]** At this hearing, SCDSS will be asking for the following relief:

LCMS does have a mechanism which alerted legal offices whether this notice had been sent to any party designated as a foster parent/caregiver if this notice had not been generated in the system within 15 days of the hearing date.

This requirement of notice has been emphasized to staff through a series of Information Memos reminding staff of the notice requirement.

Section 842 of the Human Services Policy and Procedure Manual requires DSS Foster Care workers to mail at least three weeks in advance to foster parents an invitation to attend any Foster Care Review Board meeting involving a child in their care using DSS form 3023. If a

foster parent is not able to attend, the foster parent is requested to submit a form 3035 (Foster Child Progress Report) at least three days prior to the review board hearing.

In addition, South Carolina Code of State Regulations Chapter 24, Section 24-9 requires the Foster Care worker to send out the same form.

Data

SC Foster Parent Association. According to the SC Foster Parent Association, feedback from the local Foster Parent Associations was that most of the time, Foster Parents were being notified and given the opportunity to speak. The Association still received reports of isolated cases where this did not happen.

The SC Foster Parent Association recently conducted a Survey Monkey poll to determine, to the extent possible, the frequency of notification. This survey went out to 599 individuals that the SCFPA had an email address. 294 individuals responded to this questions in this survey. In particular, the foster parents were asked whether they agreed to the following statement: I received written notices of court hearings involving foster children in my care. The results are as follows:

65 or 22.11% - Always

79 or 26.87% - Usually

64 or 21.77% - About half of the time

47 or 15.99% - Rarely

39 or 13.27% - Never

Court Liaison Program. The University of South Carolina, Children's Law Center: The Court Liaison Program through the Children Law Center was developed with the goal of reviewing court files prior to scheduled hearings to identify issues which might cause a delay in the proceedings. In addition, a court liaison attends and monitors all hearings involving children involved in DSS abuse and neglect actions. One of the areas the court liaison was requested to monitor was the notification, attendance and participation of foster parents/caregivers/pre-adoptive parents. SCDSS requested that the Court Liaison Program provide information as to what the liaison's observed in the court files and/or in court. Below is a summary of the information provided:

With the exception of the Family Court, Circuit 2 which did not have a court liaison prior to late 2016, liaisons were able to verify that all other Circuits have verification in their files of the notification to Foster Parents, Pre-Adoptive Parents, and Relative Caregivers of children in Foster Care. SCDSS has not independently verified this information.

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

- a) Consistently provided notice: Kershaw, Chesterfield, Darlington, Horry, Berkeley, Georgetown, Beaufort, Jasper, Dillon, Cherokee, Anderson, Laurens, Lexington, Edgefield, Saluda, McCormick, York (not always on merits but all other hearing such as PPH / TPR), Union, Dorchester, Colleton, Orangeburg (has consistently in the last 6 months).
- b) Sporadically provided notice: Newberry, Pickens, and Williamsburg.
- c) Notice not in court files but announced in court notices that were sent or saw Foster Parent in court: Greenville, Richland, Greenwood, Abbeville, Charleston, Spartanburg, and Florence.
- d) No Notice and no mention in court: Hampton, Lancaster, Allendale, Calhoun, Marion, Fairfield, Chester, Oconee, Calhoun, and Lee.

The Office of General Counsel (OGC) directed SCDSS Area Attorneys to address the concerns identified by the Court Liaison Project. On June 2, 2016, the SCDSS OGC provided the following technical assistance to the SCDSS Area Attorneys:

- Ensure legal offices were aware of their responsibility of notifying those individuals delineated in 63-7-1630.
- All legal offices should use one of two documents in LCMS to provide this notice – “Notice to Foster Parent” or the “Letter to Caregiver”.
- They should also make a specific finding in each order as to whether the appropriate notices were sent, if anyone was present, if the court gave them an opportunity to address the Court and, if they did, what did the foster parents relate. The following paragraph was contained in most of the orders in LCMS:

“The foster parents/caregivers received/did not receive notice of the date, time, and place of the hearing and did/did not appear. (If the foster parents/caregivers did not receive notice, indicate reason, e.g. time frame for hearing.) I offered them the opportunity to be heard. They declined/related the following information to the court:”

In data provided by the Foster Care Review Board for 2014, 7,372 “Areas of Concern” at the 5914 reviews for 3,630 children were identified. Of those “Areas of Concern” less than 1% were for “Interested Parties not invited” which would include foster parents and pre-adoptive parents. The Foster Care Review Board does not review the cases of children who are not in state custody which would normally include those children in relative placement. In 7% of the 5914 reviews, it was noted that interested parties did not receive the required 3 weeks’ notice. This does not mean that the interested parties did not attend but this lack of timely notice may have impacted the party’s ability to attend.

Summary

Based on the available qualitative and quantitative data and our analysis of the data, this item is recommended as an Area In Need of improvement.

C. Quality Assurance System

Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in Foster Care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

Please provide relevant quantitative/qualitative data or information showing that the specified quality assurance requirements are occurring statewide.

State Response:

South Carolina law and Human Services policy required a review of child welfare practice in each South Carolina Department of Social Services (SCDSS) County Office at least once every five years. For the period under review, the SCDSS addressed the policy in the following manner:

1. South Carolina Child Welfare Services (CWS) conducted, annually, statewide (46) onsite case record reviews of Foster Care and Family Preservation Cases, known as the Quality Assurance Reviews (QAR).
2. The reviews provided a means of assessing and reporting the status of the Child and Family System performance indicators across counties, and for the state as a whole. Each review lasted one week.

During the PUR, South Carolina's Child Welfare Policy Manual did not have policies and procedures for Quality Assurance or a Continuous Quality Improvement System, beyond the case record reviews mandated under State law. A draft Quality Assurance System/CQI policy was in development during the PUR in the 2015CY and the 2016CY.

South Carolina's process for assessing and improving performance, and for meeting standards that promoted quality outcomes for children are the annual Quality Assurance Case Reviews of Foster Care and Family Preservation Cases.

Trained reviewers reviewed 811 cases in the 2015CY and 835 in the 2016CY. The QAR process was staffed by University of South Carolina, Center for Child and Family Studies reviewers and researchers. Support for chartering teams, planning improvements and performance monitoring was provided by the Continuous Quality Improvement Director. Improvement monitoring and resource allocation for program improvement activities were provided by the SCDSS Regional Offices.

For the Period Under Review, the QAR process operated statewide in the following manner:

1. Case record reviews were conducted annually using the CFRS 2 and the CFRS 3 (March 2015 – December 2016) Federal Onsite Review Instrument (OSRI) to capture required data and review information.
2. A detailed sampling process was used to select cases for review.

3. Teams examined case files, reviewed administrative data, and conducted interviews with key persons from the case (caseworker, foster parent, biological parent, and child).
4. Child Safety Concerns- In rare circumstances, a concern about a child's safety or an employee's behavior was identified while reviewing a case and the case was staffed immediately by Quality Assurance Review and County leadership.
5. The written report resulting from this review provided feedback to the SCDSS County Office about best case practice, affirming areas of strength as well as identifying those areas where strengthening was needed.
6. Regional and County leadership teams addressed the items they would like reconsidered for scoring with Review leadership.
7. Regional and County leadership were provided with supplemental information (trend analysis); a comparison chart (last review to current review); and debriefing reports (individual case instrument(s)).
8. The trend analysis described case notes from items where over 50% of the applicable cases were rated as Area Needing Improvement. Trend analysis summarizes themes specific to practice and systemic needs observed in the County to support identifying areas of focus for practice improvement(s).
9. Upon request, County Offices were provided technical assistance from the Office of Data, Research, and Accountability, and from the University of South Carolina, Center for Child and Family Studies to understand the County's ratings and performance on the review instrument.
10. Upon request, Regional and County offices were provided technical assistance from the Continuous Quality Improvement Director in the use of a simple problem solving methodology or the CQI cycle (define problem; verify problems, write problem statement, look for root causes, develop solutions) to support County improvement planning.
11. County Offices were required to create and submit to Regional leadership written Improvement Plans with action steps using review and administrative data on County performance.
12. Regional Offices deployed resources and requested support from Regional Performance Coaches for coaching, modeling, mentoring to support improvement activities.

The SCDSS engaged in the following Quality Assurance practices, during the Period Under Review:

1. Targeted case reads in the following areas:
 - Child Deaths and Serious Injuries;
 - Inter-rater Reliability review to assess the consistency of decision-making at the Hub and County hotlines with Casey Family Programs;
 - Critical Incident reporting and subsequent reviews;
 - Appeals for Out-of-Home Abuse and Neglect (OHAN) Cases;
 - Intake Leadership reviews to determine if proposed substantiated findings of abuse and/or neglect met the statutory definition of abuse or neglect and the related

- documentation was accurate and sufficient to meet the legal standard for substantiation;
- Supervisory case reviews conducted at the time of closure or transfer, and quarterly for ongoing cases, to monitor compliance with policy, ensure accurate data entry, and improve performance;
 - Judicial Permanency Reviews (Cold Case Project);
 - Permanency Roundtables;
 - State Child Fatality Advisory Committee case reviews.
2. Outcomes, service response and performance data monitoring:
- QARS, weekly and monthly automated information system reports produced by Office of Data, Research and Accountability.
3. Meetings to discuss safety, permanency, and well-being data:
- State and Regional SCDSS leadership met regularly to discuss current trends and improvement opportunities, and to identify strategies for improving systems, practice, and outcomes. Practice standards were discussed to ensure the standards were interpreted correctly and communicated consistently to field staff in supervisory meetings.
4. Feedback Meetings with internal and external stakeholders (State and County):
Shared information of activities to obtain feedback on how stakeholders experience SCDSS practice and make recommendations for improvements. The following meetings were held with stakeholders:
- Palmetto Power or P2 (Permanency, Well-being Statewide Stakeholder Meetings);
 - Palmetto Power for Providers or P3 (Permanency, Well-being Regional Provider Meetings);
 - Supervisor Summits (Internal Statewide Supervisor Meetings);
 - Practice model stakeholder meetings (Regional);
 - Children Justice Act Meetings (statewide);
 - Statewide Child Welfare Improvement Team;
 - Developing County Child Welfare Improvement Teams (local);
 - Foster Parent Association Conference (statewide);
 - CFSP Stakeholder Meetings (statewide).
5. Using feedback and information to address local and regional practice concerns:
- State, Region, and worker-specific automated information system data reports (provided to supervisors, managers, and administrators, statewide, to provide information on case specific application of standards, such as Weekly CPS Open Treatment Services Open 9 Months or More with No Legal Action and CPS Investigations Initial Contact);
 - State Child Fatality Advisory Committee Report;

- Trending constituent concerns for Child Welfare Services report;
- South Carolina Foster Care Review Board Report;
- Court Liaison Monthly Reports;
- Citizen Review Panel reports and recommendations;
- Weekly Caseload Report;
- Foster Care Review Board (FCRB) hearings conducted within six months of out-of-home placement and at least every six months thereafter to determine whether reasonable efforts have been made toward permanency, and to recommend actions that needed to be taken by the Foster Care caseworker and other members of the Child Welfare Team.
- Stakeholder Surveys:
 - Foster Parent leadership survey (administered by SCDSS leadership in 2015);
 - Foster Parent customer satisfaction survey (administered by Foster Parent Association in 2015);
 - SCDSS Staff satisfaction surveys (administered by SCDSS in 2016);
 - SCDSS QA/CQI System Survey (administered by USC School of Social Work/ SCDSS leaders to 48 CWS leaders.

6. Teaming with internal and external stakeholders:

- Problem-solved for performance improvement in local child welfare practice (Child Welfare Improvement Teams).

7. Improvement planning using QARs and automated information system data:

- Developed action plans designed to improve safety, permanency, and wellbeing performance.

In addition to the above mentioned Quality Assurance practices, reports to inform QA and CQI processes were published and distributed internally and externally. For example:

- Annual statewide QAR results were aggregated and distributed following verification. QAR results are also distributed to county offices by the Office of Data, Research, and Accountability;
- The following package was shared with Statewide, Regional, and, most importantly, County Teams:
 - QAR Report;
 - County QAR Summary Case Notes (Trend Analysis);
 - Comparison Chart (Year to Year);
 - Debriefing Case Reports;
 - Data dashboard reports were available to administrative and supervisory staff statewide, and were updated weekly.

Safety and permanency outcome data reports were available to internal stakeholders through an internal Accountability Data and Research dashboard with performance indicators. Automated information system data reports (SACWIS) were used routinely by staff for

management, supervision, and quality improvement. Every Sunday, PUSH reports were e-mailed to the SCDSS State and County Office management and supervisors for weekly QA/CQI work, such as monthly meetings with supervisors, unit meetings, and management meetings. The following were some of the weekly reports:

- Weekly CPS Investigations Measurements/Indicators;
- Weekly CPS Treatments Measurements/Indicators;
- Weekly CPS Open Treatment By Worker/Indicators;
- Weekly Foster Care Measurements/Indicators;
- Weekly Open Foster Care Services By Worker/Indicators;
- Weekly CPS Open Treatment Services Open 9 Months or More with No Legal Action/Indicators;
- Weekly FC Permanency Plan Hearings Measurements;
- Summary of the weekly CPS Investigations Determinations without Supervisor Staffing;
- Weekly TPR Hearings Summary/Indicators;
- Weekly TPR Hearings Summary By Worker/Indicators;
- Weekly CPS Investigations Initial Contact Summary;
- Weekly CPS Investigations Initial Contact Summary;
- Weekly Caseload Report.

During the PUR, the SCDSS ensured that results from the QARs were aggregated and disseminated in a timely manner to staff and stakeholders, so that data could be used to inform and improve case practice and outcomes monitoring. The QAR data could be linked to administrative data to explore the relationship of casework practices to outcomes. Data was regularly aggregated at multiple levels (ex. Caseworker, Regions, Counties) consistent with the sample design and level of reliability for the particular review. Aggregated data reports and written summary findings and analyses were readily available to staff and stakeholders. Caseworkers and supervisors received their case-specific findings (ex., the case review instrument) promptly, following the completion of case review activities. Each month, Regional Directors met with their SCDSS County Directors to review monthly management reports discussing county-level trends and common outcomes that needed improvement across counties.

During the PUR, beginning in the first quarter of the 2016CY, for the South Carolina Department of Social Services, the task of building processes, championing a Continuous Quality Improvement approach and setting clear directions and expectations for outcomes was the task of the CWS Leadership team (CWS Deputy Director; Child Welfare Operations Director; Director of Policy and Programs; Continuous Quality Improvement Director; five (5) Regional CWS Directors; Performance Coaches; and one (1) Region 1 Data Analyst.

The CWS disseminated data but did not in use the data in a consistent way or in supporting how the data could be used broadly. The CWS had a clear mandate to use data for decision-making and was transparent in sharing its findings. Data across the breadth of program responsibility was shared. Moving forward after the PUR, the CWS could vastly improve the sharing of data in nontraditional ways (web, dashboards, etc.), but it has consistently produced regular reports

that have broad internal and external distribution. Data utilization may still need broader support to increase consistency and accuracy of data use.

The CWS performance data was routinely extracted from agency data sets, and the CWS had mechanisms in place that generally supported data requests and ad hoc reporting. There will be opportunities to improve timeliness and responsiveness to requests or to ensure that data pulls match the data request or need. Programmatic staff had some ability to obtain data to support their needs, but issues of timeliness or lack of knowledge regarding data storage or date elements deterred their requests for ad hoc reports that could have improved program quality. There was often some confusion about methodology when counts or other indicators vary across similar reports. Data entry was reasonably straightforward, and workers could enter data from remote locations as time permitted, but there were needs to strengthen the data entry. For example, systems have not been intentionally designed to make data entry easy, so workarounds were common, but workers adapted to this. Systems share some data with other systems, but duplicate data entry still was an issue in some places. Service providers have been gaining more access to the Child and Adult Protective Services System (CAPSS) portals for data entry or case management.

CWS was in the early stages of developing a CQI training approach. During the PUR, the Agency has utilized existing training resources and offered a basic, introductory training addressing general CQI concepts to staff, delivered at County Director meetings and Supervisor trainings. Even though the CFSR orientation was available, CWS needed to strengthen training to build the necessary knowledge or skills for staff to use data in their work and to fill a range of specific roles in the CQI process. Discussions with SCDSS caseworkers and supervisors revealed that staff felt minimally prepared to assume team roles and needed more technical assistance to support team functioning.

During the PUR, stakeholder roles in QA/CQI activities were not clearly articulated. The CWS needed to strengthen the understanding and commitment to stakeholder engagement as essential to improvements of practice or outcomes, and it needed to be more inclusive of certain stakeholder groups like foster parents, young people, and biological parents. The CWS needed to strengthen its skills in facilitating stakeholder input or limited resources to support the effort. Stakeholders often stated that they felt like their participation had little impact.

During the PUR, there was uneven distribution of the CQI teams across the CWS at the county and at the State level. CWS was in the early stages of implementing a CQI teaming structure. Local CQI teams were in various stages of early development as part of a phased plan to expand implementation throughout CWS over a period of time. Staff participation was often limited to SCDSS Regional and county CWS management charged with launching the process. A familiar community-based provider or foster parent who frequently was called upon to partner on local initiatives exclusively represented stakeholder involvement on several county teams. There was only a beginning structure to the teaming process at this stage—state and local teams made efforts to hold meetings regularly, but implementation was sporadic.

During the PUR, the CWS identified, and implemented, other strategies to communicate quality expectations for QA/CQI system development, including:

- incorporating expectations into training for new workers, existing staff, and Foster Parents;
- quality expectations in staff performance evaluations;
- quality expectations in budgets;
- quality standards in licensing procedures;
- quality expectations and standards in provider contracts;
- increased use of staff and stakeholders as reviewers.

The CWS identified, and implemented, a unified system for action planning at the local level that would have increased leadership and staff capacity to:

- move beyond just collecting and analyzing data;
- set expectations and support efforts to use data to adjust practices and systems;
- actively engage stakeholders in action planning;
- start with small, doable experiments rather than grand projects;
- follow up and adjust.

During the PUR, Regional Directors, County Directors, Program Coordinators, and Supervisors were figuring out how to incorporate evidence into CWS's practice decision-making. There was a desire to use evidence, and local leaders began efforts to gather data, conduct analysis, and explore using evidence. CWS monthly management report includes the following:

- investigations: timely initiation of investigations;
- timely completion of investigations;
- closed treatment with no new indicated intakes within 12 months;
- Time in CPS Treatment;
- Treatment services open 9+ months;
- Treatment Face to Face; Re-Entry Rate;
- Timeliness of Permanency;
- Timeliness of Finalized Adoptions;
- Children Legally Freed for adoption;
- Timely Removal Merit Hearing;
- Permanency Hearing;
- Foster Children Placed in County of Origin;
- Foster Care Face to Face; Caseloads over 50.

Future plans for enhancing QA/CQI

In the spring of the 2016CY, the CQI Director submitted a draft QA/CQI policy and procedure to the Children's Law Center and CWS Policy Office as a part of a "multi-year, collaborative project to update and reorganize the SCDSS's Child Welfare Policies". The draft policy included the following content:

- Continuous Quality Improvement efforts that include: use of a Practice Model; focusing on child and family outcomes while fostering positive change; providing tools, expertise, resources, and training to support the quest for innovative improvements; and promoting expert casework;

- Performance standards aligning with Federal Child and Family Service Review Outcomes are adopted to manage service performance in the areas of child safety, permanency, and child and family well-being;
- Regional Directors, County Directors, Program Coordinators, Supervisors, Regional Foster Family & Licensing Support Unit, State Licensing Unit, and Intake Hubs use child welfare data collected from quantitative and qualitative sources to inform policy and practice improvements through results-oriented management;
- Quality Assurance (QA) and Continuous Quality Improvement (CQI) efforts engage staff (internal stakeholders) from all program areas and levels of authority as well as local community improvement teams (external stakeholders);
- Engage in Quality Improvement Process: use data for decisions to improve policies, programs and outcomes; manage change with agreed upon process for change (CQI Cycle); seek the involvement of others including frontline staff and external constituencies; create a rewards-based environment for improvement culture; schedule regular data meeting.

This extensive policy project began early the 2016CY and is expected to be completed by the spring of the 2017CY. Actual implementation of the CQI Policy and Procedures will require opportunities for a broader cross section of Agency staff and stakeholders to provide input. During the PUR, at the county level, there was little awareness of the existence of a CQI Policy and Procedures and of the basic elements and purpose of the CQI system.

The Agency will have to provide technical assistance to execute policies and procedures that articulate staff participation and roles in CQI activities. Although staff participation was beginning, it was narrowly defined within distinct roles and only present in some phases of the CQI process. CWS will need to strengthen the understanding that staff engagement plays an essential role in performance improvement and to enhance skills in facilitating meetings to encourage staff participation.

In the summer of the 2016CY, using workgroups of internal and external stakeholders, the CWS developed a Practice Model framework. The framework was one page document developed to outline the values and principles that underlie CWS's approach to practice and specific approaches and techniques considered fundamental to achieving desired outcomes for children and families.

The framework will be the outline for building a fully-developed practice model with training and implementation activities. The CWS has been in the early stages of development and implementation of a full practice model. The Practice Model framework was developed by workgroups of frontline, Regional, State Office staff, and Child Welfare Services System stakeholders. The full development and implementation of the practice model in the 2017CY will support CWS's efforts to align mission, vision, values, policies, and practice. Although individual case reviews occur due to pressing safety and permanency issues, South Carolina has not yet developed and implemented a process for routine review of overall casework practice through the use of tools measuring fidelity to a practice model, but is in the early planning stages of doing so.

During the PUR, the CWS identified strengths and needs through the QARs, analysis of administrative process and outcome data in our Statewide Automated Child Welfare Information System (CAPSS), and all of the quality assurance activities referenced above. Strengths and needs were explored through qualitative and quantitative data that complement the staff's understanding of what was happening in practice and policy.

Under the leadership of the new Child Welfare Operations Director, the CWS adopted a structure for bringing together ad hoc CQI teams (workgroups) adopted from Casey Family Programs to use the problem solving process (CQI Cycle). Adopted in June 2016, Charters were developed and teams supported by the CQI Director with designated sponsors; leads; core teams; background; logistics; goals; deliverables; and schedule.

In the summer and fall of the 2016CY, CWS used Chartered workgroups of external and internal stakeholders to develop the practice model framework and to develop implementation plans for the five areas of the Child Welfare Services System reform addressed in the Michelle H. consent decree: 1) caseload limits; 2) visitation; 3) investigations of suspected abuse and neglect for Foster Care; 4) health care screens and treatment services; 5) placement needs.

The SC CFSP process evaluated the adequacy and quality of services provided under the CFSP. South Carolina has used the Federal CFSP instrument since the first round. Each revision of the instrument has been incorporated into the state's process. South Carolina conducted the QARs per the Federal definitions and instructions for all Items and Outcomes. The CWS progress was also measured through external oversight, evaluations, and now settled class action litigation. The recently settled Michelle H. consent decree requires CWS to make major systemic reforms in 1) caseload limits; 2) visitation; 3) investigations of suspected abuse and neglect for Foster Care; 4) health care screens and treatment services; 5) placement needs. This monitored process has and will continue to help the SCDSS and specifically the CWS evaluate implemented changes in the CWS programs and practices.

During FFY 2015, South Carolina began receiving support and technical assistance from the Capacity Building Collaborative to support the work of enhancing the Continuous Quality Improvement (CQI) efforts within the state. As noted in Goal 4 of the CFSP, the state seeks to strengthen all five core components of a CQI system as identified in ACFY-CB-IM-12-07. The expertise available through the Collaborative has been obtained to guide system implementation.

The CWS State and Regional leadership also used other available tools to review and analyze the South Carolina Child Welfare Services System over time. These tools provided state and national data on the number of children in the Child Welfare Services System, trends in Foster Care caseloads, and well-being outcomes. An example of SCDSS's statewide outcome data is available on the nonprofit website www.fosteringcourtimprovement.org. This tool, used by the SCDSS State Office and County Office leadership, uses a software program that brings together Adoption and Foster Care Analysis and Reporting System (AFCARS) submissions that SCDSS is required to submit to the federal government every six months into a longitudinal view of the children in Foster Care.

The same website brings together National Child Abuse and Neglect Data System (NCANDS) child-level data, as reported annually by nearly all states, into reports on the safety of children at risk of Foster Care placement. Reports are organized by judicial district, county, and child

welfare region and used to facilitate discussions around permanency. Additionally, reports are organized by entry, in-care, and exit cohorts.

During the PUR, the CWS's internal data dashboard was available to SCDSS County Directors and supervisors statewide and included dashboards on focus areas like, Foster Care Re-entries and TPR Timeliness. This data could be analyzed at the State, Region or caseworker level.

During the PUR in the 2016 CY, the CWS joined The Center for State Foster Care and Adoption Data run by Chapin Hall at the University of Chicago. The Center's Fred Wulczyn, a Chapin Hall Research Fellow who cofounded the center and serves as its director, came to South Carolina to provide training and technical assistance to the CWS leadership on the features of the new web tool. The Center built a longitudinal database from South Carolina's administrative child welfare records for the SCDSS to utilize. South Carolina now has the capacity to monitor and analyze CWS system performance in the following areas:

- Key child welfare Outcomes such as time to permanency, placement stability, and re-entry into care;
- Outcomes at the state, region, county, and provider agency level;
- Outcomes from the aggregate to the individual child level;
- Service patterns based on historical trends to assist in identifying future needs;
- The impact of service and policy innovations;
- Performance goals to assist in monitoring progress;
- Outcome measures that are linked to financial decision-making.

Summary

The SCDSS believes in continuous improvement and recognizes that data-driven strategies and appropriate analyses are necessary for improved outcomes for children and families. There is, however, a lack of consistency in CQI methodologies, and while expertise is maturing, it is not yet available system wide. Some momentum is building, but learning may be localized, thus delaying integrated implementation across the Agency.

Elements of best practice do occur in "pockets", as the efforts of early adopters, or as part of a planned rollout of evidence informed strategies, like Signs of Safety. Opportunities for improvement include a more in-depth and authentic search for root causes before solutions are adopted or imposed and more widespread and sustained efforts toward performance improvement. The Agency will need to focus on skill development to strengthen CQI concepts, ways of thinking, and problem solving among staff at all levels.

The SCDSS is making positive strides to move toward a results focused Quality Assurance System. Based on the available qualitative and quantitative data and our analysis of the data that is presented in this section, this item is recommended as an Area Needing Improvement.

D. Staff and Provider Training

Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, Foster Care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- staff receive training pursuant to the established curriculum and time frames for the provision of initial training; and
- how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

State Response:

This item is divided into two areas of initial training responsibilities. Training delivered to SCDSS staff and training delivered through the Community Based Prevention Services contract.

South Carolina Department of Social Services Child Welfare Services Staff

During the Period Under Review, University of South Carolina (USC), Center for Child and Family Studies (CCFS), was contracted by the South Carolina Department of Social Services (SCDSS) to provide the Child Welfare Basic (CWB) Training Curriculum (Initial Training), and the University of South Carolina, Children's Law Center (CLC), contracted to provide Trial Preparation Training. Both University contracts provided part of initial training to all new child welfare workers so that the caseworkers could be certified to carry caseloads.

While a specific initial training curricula is not addressed in policy, the content of the initial training provided by the Center for Child and Family Studies (CCFS) was endorsed by SCDSS leadership. These trainings were listed by title and brief syllabus in the 2015-2019 CFSP Targeted Training Plan, Pages 6-15. Updates to the content of Child Welfare Basic were included in the 2016 APSR and the 2017 APSR, Pages 5-6 in the 2017 APSR.

From the SCDSS Directive Memo D15-12, June 19, 2015, "The University of South Carolina, Center for Child and Family Studies in conjunction with the South Carolina Department of Social Services developed and revised the Child Welfare Basic Training curriculum on an ongoing basis. The training regimen is revised in format, timeframes, and/or content to assure quality services to children and families and to meet the needs of the Agency."

The original and continuing curriculum for Child Welfare Basic was established and approved before the PUR and any revisions have been approved by the Deputy Director for Child or other designated staff.

In addition to the initial training provided by CCFS, The University of South Carolina, Children's Law Center, provided "The Trial Preparation Training", for child protective services Caseworkers who may testify in family court proceedings. The content of the training is listed by title and syllabus in the 2015-2019 CFSP Targeted Training Plan, Page 29.

During the PUR, the training contract with the CCFS provided the timeframe for completion of Child Welfare Basic, "...The *Child Welfare Basic Course* will be offered in 5.5 weeks (the second phase of training) and the training will be delivered by CCFS staff. Child Welfare Basic Training is composed of two phases: Online structured job shadowing phase, and the In-class Training Phase." Details of the shadowing phase are listed below:

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

The Child Welfare Basic includes three (3) weeks of on-line pre-work assignments and nineteen (19) days of classroom instruction, with multiple quizzes and in-class assessments to check for understanding. Bridgework assignments, located in the CCFS Learning Management System, are completed in the county between in-class instruction weeks to practice knowledge and skills attained. In-class instruction covers Child Protective Services (CPS), Foster Care, and Adoption, including "best practice" skills in social work, legal policy, procedures, CAPSS, and casework processes for the Agency. The on-line components are intended to support and enhance the in-class instructions. For successful completion of CWB Training, participants must obtain a final grade of 85%.

A report of the results of the grades of trainees was sent to the SCDSS for review. The Director of Policy and Programs reviewed the results and provided a signed Certification Form of Child Welfare Basic Completion for each certified new case manager. If a trainee does not achieve an 85% grade on the first attempt through CWB Training, at the discretion of the county director, the trainee may be allowed to take the final cumulative exam a second time. Between taking the first and second exam, the trainee continues the reduced child welfare caseload.

If the participant failed the second attempt, the participant was no longer eligible to perform child welfare case management duties or may no longer be employed. A third attempt may be granted at the discretion of the Director of Knowledge Management and Practice Change with appointing authorities recommendation and justification in writing.

If after third attempt, the participant obtains a minimum score of 80-84% on the exam, it will be up to the discretion of the county director or their designee to evaluate and determine the participant's continued employment. A decision to retain the participant must include an

evaluation with a review of the participant's course materials/performance; demonstrated skills along with a documented proposed plan of action to address identified training shortfalls.

Following successful completion of Child Welfare Basic Training, the following courses must be completed to maintain Certification as a child welfare caseworker. As these course are not required of experienced certified case managers and supervisors, these course are deemed part of Child Welfare Basic Training/Initial Training:

- Child Victim Web Modules. This online learning course hosted by Project Best is designed for individuals in child advocacy and child welfare in becoming trauma informed and knowledgeable in brokering trauma focused services for children and families. The CCFS monitors the completion of Modules 1 – 3 that are included in Child Welfare Basic. These modules were included in Child Welfare Basic in RR Session 13 as of February 2, 2015. Participants must complete these as a part of obtaining Child Welfare Certification:
 - Module 1: Overview of Child Victimization
 - Module 2: Psychological and Behavioral Impact
 - Module 3: Social and Health Consequences
- Trial Preparation Training: During the PUR, the training contract with the CLC and Directive Memo D15-22 provided the timeframe for completion of The Trial Preparation Training, which followed certification as a child welfare caseworker. “The Trial preparation course should be completed with a “pass” within 3 months of completion of CWB training. This training was an extended part of initial training and was four (4) days. The training involved two days of presentations on the legal system and related responsibilities. During the final two days of the training, staff participated in mock hearings with a retired family court judge and attorneys. Each staff member testified and was cross-examined and received personalized feedback. There was no exam for this course. Evaluation was through observation of the case managers during the course. If it is not completed satisfactorily, SCDSS could extend the probationary period.” Successful completion of the course was reported to the SCDSS Contract Manager.

Completion of training was tracked in a training database system (Learning Management System) at the CCFS, and reported monthly to the SCDSS Contract Manager for the USC CCFS. The CLC tracks Trial Preparation Training on a spreadsheet and submits completion reports to the SCDSS Contract Manager for the USC CLC.

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

SCDSS addresses case assignment during initial training to Case Mangers. During the PUR, per Policy Section 701, and Directive Memo D15-12, June 19, 2015, “Any DSS employee who conducts intakes, participates in or conducts child protective services (CPS) assessment (investigation), carries cases in Foster Care, family preservation and adoptions, as well as

individuals providing direct supervision of state child welfare services must be child welfare certified.”

As stated in policy, staff must be child welfare certified prior to being assigned the Child Protective Services Intake or Assessment (investigative) function or carry cases in Foster Care, Family Preservation and Adoptions. This also applies to individuals supervising staff who are performing these duties. See Chapter 7, Child Protective and Preventative Services, Section 701 of the Human Services Policy and Procedure Manual for additional details.”

However, based on the discretion of the SCDSS County Directors, workers involved in Child Welfare Basic were assigned a reduced caseload on a case by case basis. For some workers in initial training, it was believed that the option of carrying a reduced caseload is a beneficial enhancement of initial training, through on-the-job training.

The Human Services Policy and Procedure Manual is currently being revised to allow for trainees in Child Welfare Basic to carry a reduced caseload. The following information is being proposed to be added to the Policy and Procedure Manual in CY 2017 in order to provide the required information “ensuring the employee in initial training may carry a reduced caseload significantly smaller than the journeyman position, and to provide detailed information and justification for the work experience being an integral part of some staff’s Initial In-service training program”, Children’s Bureau, Child Welfare Manual, Questions and Answers, #14 (45 CFR 1356.60(b)(2), 235.61(a) and 235.64(b)(1))

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

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

Normal and Closer Supervision of Staff Definitions:

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

The maximum number of eight (8) children could be part of in-home and/or Foster Care cases. These trainees have full case responsibilities, but as stated above will be functioning under “closer” supervision than supervision for certified caseworkers.

For the PUR, CCFS reported to the SCDSS contract manager the number/percentage of staff who complete the training timely. For the classes that began from December 2014 and were completed by November 2016, of the eight hundred and thirty-six (836) trainees who completed the course modules and assignments, seven hundred fifty-eight (758) participants achieved a final grade of 85% or higher on the 1st attempt and seventy-eight (78) participants did not achieve the minimum score requirement to successfully complete training. Forty-six (46) participants did not complete Child Welfare Basic Training. Twenty (20) participants left the Agency, one (1) participant registered in error, one (1) participant was granted an exemption, and twenty-four (24) participants’ attendance was postponed at the request of their County Director.

Per Directive Memo D15-12, “Exemptions can be made based on employment activities during the break in service (as a previously certified caseworker who ceased performing casework responsibilities for more than twelve(12) consecutive months) or employment at the discretion of the Director of Knowledge Management and Practice Change with appointing authority’s recommendation and justification in writing.” Postponements of Child Welfare Basic Training occurred for multiple reasons. These reasons included illness in the trainee or illness/need in the trainee’s family, a delay in hiring date, incompleteness of pre-work, or other undetermined reasons. During this postponement, some of the trainees carried a reduced caseload.

As evidenced in reports to the SCDSS contract manager, all newly certified caseworkers who started Child Welfare Trial Preparation Training successfully completed this part of Basic Training. There is not a certification test associated with the legal training. Participants are assessed by two (2) CLC staff attorneys on their performance in the mock hearings. There is a Pass/Fail determination made by the CLC. The Pass/Fail evaluation ratings are forwarded to the USC Center for Child and Family Studies.

Evaluators at the CCFS administered surveys of trainees and their supervisors. The surveys were sent at the end of Child Welfare Basic Training when trainees became certified caseworkers and were in the field, and again surveys were sent at six (6) months after certification. The evaluations evolved based on consistent reviews of the literature for current training evaluation methods. In 2015, the evaluation was modified to include transfer of learning questions. The current evaluation was revised in 2016. The Agency did not request the results of the surveys from the USC CCFS.

The USC Children’s Law Center (CLC) conducted formal evaluations at the completion of the four (4) day Training. Specific information is available in the Data section.

The SCDSS also measured the quality of the initial training through e-mails to all five SCDSS regional directors requesting their opinions on the quality of the initial training. This was done for the first time in preparation for the 2017 APSR, Systemic Factor Item 26.

In addition to the post training surveys, strategic reviews were conducted on selected cases once the caseworker had been on the job six months after completing Child Welfare Basic Training. The reviews were conducted using the *Onsite Review Instrument (OSRI)* finalized by

the federal Administration for Children & Families (ACF) in July 2014 and were completed by our trained team of reviewers. This instrument is used to review Foster Care and family preservation services cases. The reviews differed from a regular county review in that only data from CAPSS was used in reviewing the case (not paper files or interviews).

Community-Based Prevention Services Delivered by Provider Staff

During the PUR, the SCDSS subcontracted to Specialized Alternatives for Families and Youth (SAFY), and to Growing Homes SC, to provide case management for community-based prevention services in South Carolina. Since April 2015, SAFY has been the lead contracted provider in SC for community-based prevention services for South Carolina. They subcontracted the case management for those services to other providers. Both agencies utilized their own curricula for the provision of initial training for their staff.

There were topic requirements for SAFY and Growing Homes SC in terms of initial training in their contracts to provide community-based prevention services. The established curriculum content was developed by the University of South Carolina Center for Child and Family Studies and the staff of the SCDSS. SAFY required its subcontractors to provide the required established curriculum. The online curriculum is the same curriculum that is provided to staff during the in-class training for the trainee.

The contract with SAFY does not designate a specific timeframe for the completion of the parts of the initial training of case managers. SAFY policy and procedures indicated that trainees were expected to successfully complete the two (2) day online initial training course and job shadowing, within the first two (2) weeks of hire. The in-class instruction must be completed within three (3) months of being hired as a Case Manager.

The intent of SAFY's Empowering Families Network is to provide a comprehensive training and development program which provides staff with the information necessary to competently complete their job responsibilities. This training is done through online and classroom trainings. All required trainings are outlined on the CBPS training checklist. It is the responsibility of the supervisor to ensure that the new hire completes the required trainings as outlined. The supervisor and the new hire will sign the training checklist verifying accuracy. Logistically, a training checklist is e-mailed to SAFY upon completion of the trainings at intervals of, initial two weeks, thirty (30) days and ninety (90) days. SAFY then logs the training completion on training excel spreadsheet. If training is incomplete, the Area SAFY regional director will follow up with the partner supervisor for completion.

For completion of training, a competency exam is given at the end of the Child Welfare Basic Training provided during the in-person classroom training. The exam is administered by the SAFY performance coaches who were also the facilitators of the training. Exams are reviewed and scored. If a case manager failed to pass the exam with a score of 80% or higher, the performance coach reviewed the challenging area with the case manager. The case manager Supervisor would also be made aware of the challenging area of the case manager for additional follow up and support. If the case manager continued to struggle with grasping the skills necessary to perform the job, the case manager trainee would be supervised closely to gain the necessary skills and manage a small case load until the skills were learned.

During the PUR, the SCDSS contracts with community-based prevention services providers did not include a requirement that the contracted providers submit reports of completion of initial training to the SCDSS. In the absence of completion reports, on-going monitoring and tracking of the initial training of case managers did not occur.

In order for SCDSS to track the number of staff completing the training timely and successfully, reports of completed initial training by new hire Case Managers were sent to SAFY from subcontracted providers. SAFY kept a record of all staff trainings on a spreadsheet. These spreadsheets were available upon request. The training checklist was verified and signed by both the subcontracted provider's Supervisor and the Case Manager indicating completion of the required initial training activities. While staff training were monitored, neither Growing Homes SC nor SAFY tracked competency exam scores, or had policy or procedures to verify accuracy of the submitted reports. SAFY reported that one hundred (100) percent of new staff complete the initial two week online training course.

Another relevant issue addressed caseload assignment to caseworkers during initial training. According to reports from SAFY, during the PUR, Case Managers were typically given a small caseload of five (5) or less cases to manage following the two (2) day online Initial Training course and job shadowing, which occurs within the first two (2) weeks of hire. Case assignment is based on the Supervisor's assessment of the Case Manager's skills and ability to perform the job. Initial Training includes in-class instruction covering the same material covered in the online instruction. The in-class instruction must be completed within three (3) months of being hired as a Case Manager. A competency exam is given at the end of the Child Welfare Basic Training provided during the in-person classroom training. If a Case Manager fails to pass the exam with a score of 80% or higher, the Performance Coach will review the challenging area with the Case Manager. The Case Manager Supervisor would also be made aware of the challenging area of the Case Manager for additional follow up and support. If the Case Manager continues to struggle with grasping the skills necessary to perform the job, the worker would have to be supervised closely to gain the necessary skills and manage a small case load until the skills are learned.

For monitoring purposes, there was no record of the percentage of provider staff that completed initial training in a timely and successful manner. Case Managers were required to take an exam following the completion of the in-class Initial Training, within the first three (3) months following hire. The results of exams were not sent to the SCDSS by their subcontracted providers to review and monitor. With those factors in mind, the SCDSS did not ensure that all Case Managers achieved the required passing score on the final exam.

Through the subcontracted providers, SAFY performed surveys immediately following the completion of the in-class Initial Training. No other surveys were performed by SAFY in the months following initial training. It was reported that supervisors would "check-in" with Case Managers at two (2) weeks, one (1) month, and three (3) months following in-class Initial Training regarding the quality of the Initial Training. No records of these enquiries by supervisors were sent to the SCDSS. During the PUR, the SCDSS did not require SAFY to send results of surveys on the quality of the initial training to the SCDSS for review and monitoring, and they were not provided.

It was reported by SAFY, that during the PUR, in August of 2016, SAFY implemented a revised On-boarding process which directed SAFY Performance Coaches to assess how well new Case Managers were performing, in order to assess the quality of the trainings and for quality improvement. During the PUR, the SCDSS did not request information about this new process. Information about this revised process was provided in December 2016 for the development of this Item 26 report.

Data

South Carolina Department of Social Services Child Welfare Services Staff

During the PUR, a variety of data was provided to SCDSS by the CCFS. The data was statewide and covered trainees from all counties. The information provided related to timely completion of training, failure to complete the training by trainees, and postponement of initial training.

Limitations to the data included no reporting for those trainees who completed and passed the initial training after postponement and no data around the number of caseworkers in training who were carrying a reduced case load. A barrier existed in that SCDSS did not have a systematic monitoring, reviewing, or verification process of the data that was being provided by CCFS.

One area of strength around data and initial training is in the surveys CCFS utilized during the PUR. The gathering of Quantitative data provided insight for the training providers to make adjustment to curricula and also provide feedback to the Agency.

A summary of the surveys immediately following Initial Training and Certification and post Certification indicated:

- Competencies increased between the before and after means indicating that participants were more confident in their abilities after the training. However, we do tend to see a decrease in confidence at the post evaluation (six months certification). Once on the job, participants lose confidence in their abilities on some of the core competencies.
- Workers agree that they will be supported on the job. In the post evaluation, their level of agreement about being prepared for the position, being able to use the information, and their effectiveness as a result of the training does go down for those who completed the evaluation.
- Trainees who completed the evaluation did agree that their supervisors were familiar with the content and discussed their learning needs. They also agreed that they increased their knowledge on the topics covered in the training. Overall, they were neutral – agreed that they were satisfied with the training and their abilities to perform their tasks at the post evaluation.
- When thinking about their workers, the supervisors who completed the evaluation also indicated increased confidence in their workers' abilities from before to after the training. There were some decreases in post evaluation means, but not as consistent as with the workers.

- The transfer of learning question also indicated confidence in support on the workplace and in their workers' abilities to use what they learned on the job.
- In the evaluation results for 2016, there did seem to be more of a decrease in post evaluation means for the competencies than from the 2015 evaluation. As with the 2015 evaluation, however, we saw the same increases in confidence from before to after training means.

The training evaluation methodology consisted of a retrospective post evaluation delivered on the last day of training and a post evaluation delivered six months after the training was complete. The post evaluation is completed on the online learning management system and the six month evaluation is emailed to the participants. Both were delivered via a SurveyMonkey link. Both the workers and their supervisors are instructed to complete the evaluations.

While the evaluation has always measured perceived confidence in a core set of training competencies as well as training satisfaction, the revised evaluation also measures transfer of learning. A Level III training evaluation was developed to measure transfer of learning, comprehension of competencies, and training satisfaction of participants who complete CWB Training. The primary limitation to the data were found to be in the transfer of the survey results to SCDSS and integrating those results back into practice to enhance the initial training effectiveness.

Data surveys from The Children's Law Center (CLC) reported that evaluations from trainees attending the trainings they provide for SCDSS are overwhelmingly positive. The state can obtain the quantitative results and comments from these surveys upon request. It is the intent of the Agency to begin utilizing these results in the future, however, this did not routinely occur during the PUR.

Strategic Reviews

In order to elicit additional data from caseworkers attending Initial Training, in the spring of 2016, eighty-nine (89) cases from twenty (20) Child Welfare Basic Training Cohorts were strategically reviewed. In Cohorts 1-10, the sample was stratified by those who passed the test and had a caseload and those who did not pass the test and had a caseload to look for differences in case ratings. Results revealed that trainees did not perform well on the Well-being 1 outcome (especially items 12 and 15). It was reported by CCFS they were very comparable on the items.

In cohorts 11-20, 60 cases were reviewed stratified by type of case (30 Foster Care and 30 family preservation), the review did not look at test scores of the caseworkers with a caseload. This was to provide a more equal distribution of type of case in the analysis. Similar to the other cohorts, trainees did not perform well on the items for Well-being 1. Foster care cases did not perform well on Permanency 1 and family preservation cases did not perform well on Well-being 1.

The data appears to indicate that generally, initial training related to Well-Being 1 Outcome in the CFSR 2 OSRI needs to be evaluated and potentially improved.

Strategic Reviews were commenced during FFY 2016, not during the entire PUR. Strategic Reviews were provided statewide to all newly certified caseworkers following initial training. Although there was no systematic monitoring, reviewing, or verification of the accuracy by the SCDSS State Office of the information related to the results of the Strategic Reviews, this will be addressed in the upcoming year.

Community-Based Prevention Services Delivered by Provider Staff

Verified data from the Community-Based Prevention Service area around training was limited during the PUR. SAFY reported that the tracking of initial training relies heavily on self-reporting from the network subcontracted providers and supervisors about completion of the training requirements. There was also no monitoring of the use of an established curriculum by SCDSS or between SAFY and the subcontracted providers.

SAFY reported that as of January 13, 2017, it will change from using a SharePoint host site for the tracking of training to the Relias system. Relias will allow for better tracking of staff training with an exam at the end of each training curriculum, and it will issue a certificate. The Relias Learning Management System (LMS) offers online training to post-acute care, health and human services, autism and applied behavior analysis, public safety, payers, and intellectual and developmental disabilities organizations.

By using the Relias, course assignments can be automated, and track the completion of training. SAFY will assign all staff/users their required courses/curriculums with a due date. When each course is completed, users will need to pass a test to close out the course and receive a certificate as completion documentation. The benefits of utilizing this system are that it will allow for better accountability of SAFY's network partners' (subcontractors) completion of required trainings, allow SAFY to generate training logs, and allow SAFY to better recognize if additional follow up is needed if staff can't successfully pass the course test. This will eliminate self-reporting of training completion.

During the PUR, various data points were not collected or verified by SCDSS. This included data related to successful, timely completion of initial training, trainees carrying a caseload, and any results of surveys that had been conducted.

Summary

Based on the available qualitative and quantitative data and our analysis of the data presented in this section, this item is recommended as an Area Needing Improvement. Although comprehensive training was provided by several contracted partners, the Agency lacked a verification system to ensure the initial training to caseworkers thoroughly provided the basic skills and knowledge needed to apply in their duties.

Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

Please provide relevant quantitative/qualitative data or information that show:

- that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and
- how well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP.

State Response:

This item is divided into 2 areas of responsibilities, training delivered by SCDSS staff and training delivered through the Community Based Prevention Services contract.

South Carolina Department of Social Services Child Welfare Services Staff

In general, a variety of training options were presented to staff during the PUR to enhance their skills and knowledge. By in large, individual training needs were determined at the caseworker and supervisor level. Any large scale trainings were provided based on overall Agency assessments of programmatic needs and through communication with contracted training partners and stakeholders. Several of the contracted training partners provided an array of on-going training opportunities for SCDSS staff to enhance skill development and transfer learning into best practice in the field. Other, self-directed learning opportunities, such as webinars and on-line workshops were made available to staff through notices posted on the SCDSS intranet.

Some of the more prevalent limitations to ongoing training included the lack of a formalized needs assessment process, unclear policy expectations around ongoing training requirements and tracking, a fragmented training delivery system, and the lack of a comprehensive Agency learning management system.

The framework for obtaining on-going training hours is outlined in the SCDSS Child Welfare Policy Manual as follows:

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

During the PUR, the SCDSS provided required training for the SCDSS leadership related to the specifics of the SC IV-E Plan Program Improvement Plan. The SCDSS leadership in this group included State Office Division Directors, Program Managers, and Unit Supervisors, Office of

General Counsel, Regional Directors, County Office Directors, Region Program Coordinators and Performance Coaches, Regional Intensive Foster Care and Clinical Services and Adoption staff, County Office Legal Staff, Regional Foster Care Recruitment and Licensing Staff. The same required training is being planned for case managers and supervisors for FFY 2017. There is also mandatory Civil Rights and Security training each year available online for all SCDSS staff. This mandatory ongoing training is tracked through online tracking of successful completion.

During FFYs 2015 and 2016, the Agency was in the process of putting together a matrix of trainings offered and a recommendation for training activities to be in a Training Manual/Curriculum required by staff. To address some of the known training barriers, the Agency is in the process of obtaining a training manager and part of that job will be evaluating ongoing training needs and developing a training curriculum. The Training Manager will be responsible for all Divisions of the Agency: Child Welfare, Adult Advocacy, Economic Services, Early Care and Education Services, and the Integrated Child Support Division. The Position Description includes evaluating ongoing training needs of the SCDSS and developing the required training curriculum.

During the PUR, the Agency did not systematically survey caseworkers and supervisors to learn ongoing training needs and recommendations from them for required training activities. The Post Certification survey administered by the University of South Carolina Center for Child and Family Studies (CCFS) was e-mailed to newly certified caseworkers and their supervisors approximately six (6) months after Certification as a Child Welfare caseworker. These surveys were primarily oriented toward discerning what needed to be changed and what needed to be continued in Child Welfare Basic Training. At the same time, some of the narrative responses could be used to evaluate the content of a possible ongoing training curriculum.

Although surveys were not systematically utilized, the SCDSS Division Directors, Program Managers, and other SCDSS leadership discussed administering SurveyMonkey. These surveys of caseworkers and supervisors would be administered to evaluate the current training options available for caseworkers and supervisors as input for planning an established curriculum. There have also been discussions related to developing a curriculum of training activities based upon the State's CFSP Plan for Improvement, Program Improvement Plans, and other Initiatives to comprehensively enhance the skills and knowledge of the workforce.

In addition, the completion of the Child VictimWeb course referenced in Item 26 was added as a component of the required 20 hours of annual training. CCFS agreed to house a location in the CCFS LMS for new workers to upload certificates upon completion of ChildVictim web modules 4- 8 until DSS could implement a Learning Management System; this began February 2016. Completion of the ChildVictim Web Modules 4-8 is not a part of Child Welfare Basic nor is it tracked by CCFS. Supervisors ensure completion of ongoing training hours.

- Module 4: Criminal Justice and Child Advocacy
- Module 5: Assessment Strategies
- Module 6: Evidence- Based Treatment Planning
- Module 7: Case Management Skills for Treatment Success

- Module 8: Evidence- Supported Treatments

The Agency issued Directive Memo D-15-12 in June 2015 that stated that the Appointing Authority (supervisor of case manager) is responsible for tracking training for their respective staff. The appointing authority for a supervisor is the SCDSS County Director. During the PUR, there was not a formalized process for tracking required training hours, nor guidance as a result of an employee not obtaining the required ongoing training hours.

As previously mentioned, the Agency did not have an automated tracking system for required hours of ongoing training. Caseworkers and supervisors were directed to place their Certificates of Completion of Ongoing Training in their personnel file. The Agency did not provide monitoring, reporting, nor verification of completion of required ongoing training hours for caseworkers and supervisors.

While post-training evaluations were performed by training providers on a regular basis, the training providers were not required to regularly submit all ongoing training evaluations to the Agency for review and monitoring. The SCDSS does not have policy or procedure requirements, nor designated staff, to perform a regular review and monitoring of the evaluations of the quality of ongoing training activities. The post-training evaluations by providers were submitted to the SCDSS leadership upon request. Evaluations of the IV-E Program Improvement Plan training and the ICWA Compliance training were reviewed by the Lead Staff of those initiatives and those reviews resulted in minor modifications to the scheduled training presentations in the series. During the PUR, there was not a Training Department at the SCDSS to which to provide these evaluations. The IV-E Program Improvement Plan leadership training evaluations were the only evaluations that are known to have been reviewed and resulted in any training modifications.

The other method for measuring the overall quality of ongoing training activities during the PUR has been through comments of the SCDSS Regional Directors. This anecdotal information was gathered in preparation for the 2017 APSR. All five (5) Regional Directors were sent one e-mail and asked to respond with their opinions on how well the ongoing training activities available for SCDSS caseworkers and supervisors were meeting their needs for skills and knowledge to perform their work. This information was then utilized to inform training development.

Community-Based Prevention Services Delivered by Provider Staff

As referenced in Item 26, During the PUR, Specialized Alternatives for Families and Youth (SAFY) and Growing Home SE provided the contracted case management for community-based prevention services in SC for the Agency. Since April 2015, the SAFY has been the lead contracted provider in SC for Community-based prevention services statewide. They subcontracted the case management for those services, through a coalition of regional service providers. SAFY's relationship with the subcontractors extends to include the monitoring of any ongoing training curriculum and content.

The contracts between the Agency and SAFY and Growing Homes SE as a subcontractor, required that the caseworkers and supervisors receive 20 hours of ongoing training per year, consistent with internal SCDSS policy. While specific training models were not indicated in the contracts the following content was specified.

Curriculum Content:

- At least 2 hours on Protective Factors and strategies for building protective capacity;
- At least 2 hours on the assessment of protective capacity, safety, and risk and behavioral based treatment planning;
- At least 2 hours on Signs of Safety.

Limitations to the verification of data around caseworkers obtaining ongoing training hours was similar to that experienced by staff internal to SCDSS. SAFY indicated training hours were not consistently obtained in a timely manner and non-completion of training hours was not tracked.

The Agency did not track nor monitor the ongoing training hours received by contracted providers of Community-based Prevention Services, nor of the SAFY staff. During the PUR, reports of the successful completion of required ongoing training hours of caseworkers and supervisors were not obtained by SDCSS. SAFY was not contractually required to submit reports of completed ongoing training hours to the SCDSS.

Highlighting as an area of strength, SAFY and Growing Home SE received reports of the ongoing training hours obtained by caseworkers and supervisors from their subcontractors. The training checklist and reported hours of ongoing training were verified and signed by both the subcontractor's supervisor and the caseworkers indicating completion of the required trainings. Reports of ongoing training hours obtained were sent to SAFY for recording on a spreadsheet. A Certificate of completed training hours was then sent to the caseworkers and supervisors. To further strengthen this area, SAFY would need to implement a policy or procedure to review and verify the submitted ongoing training hours before providing the training certificate. In response to tracking the implementation of training, SAFY administers post training surveys using both a numerical scale for responses and space for narrative responses.

Data

South Carolina Department of Social Services Child Welfare Services Staff

Without a formal learning management system, there was no data report available to the SCDSS for completion of required ongoing training hours by caseworkers and supervisors. While Certificates of completion of ongoing training hours have been directed to be kept in caseworkers' and supervisors' files, there was not a process in place to gather and monitor the information in one system.

The surveys which followed each ongoing training activity were not requested by and not submitted to the SCDSS State Office, during the PUR, for review and verification of the quality of training. They were and are available upon request by the SCDSS to the training providers. There are was no systematic monitoring, reviewing, or discussion with Regional Directors of their comments by the SCDSS State Office related to the ongoing training of caseworkers and supervisors. This data was obtained through questions in one e-mail in the second quarter of FFY 2016, and was not administered at any other time during the PUR.

Community-Based Prevention Services Delivered by Provider Staff

Completion of required ongoing training hour data from Community-Based Prevention Services obtained were sent to SAFY, and SAFY recorded those training hours on a spreadsheet. Limitations to this data stem from the lack of verification by SAFY or SCDSS to the accuracy or validity of the recorded training hours. This hinders the ability for the Agency to track and assure that staff are obtaining the necessary ongoing training hours and addressing the skills and knowledge needed to carry out their duties.

Although not part of the PUR, SAFY reported that as of January 13, 2017, it will change to the Relias Learning Management System. The Relias System will allow for better tracking of staff training with an exam at the end of each training curriculum, and it will issue a Certificate of successful completion. The benefits of utilizing this system will allow for better accountability of SAFY's network subcontractors to track completion of required trainings, allow the SAFY to generate training logs, and allow them to better recognize if additional follow up is needed if staff can't successfully pass the course test. This process will eliminate self-reporting of training completion.

Summary

Overall during the PUR, on-going training activities were being provided to child welfare staff and contracted provider agencies serving Community-Based Prevention Services. However, due to an absence of formalized guidance in policy and contractual expectations, coupled with the limitation to track and verify trainings, this item is recommended as an Area Needing Improvement.

Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving Foster Care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving Foster Care or adoption assistance under title IV-E, that show:

- that they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.
- how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

State Response:

This item is broad in its scope and encompasses a variety of training participants and training needs, with training specific to several situations. Additionally, during the period under review (PUR), after examining the efficacy of its licensing practice, the SCDSS underwent a business process redesign (BPR) to increase the quality and number of private homes licensed to provide regular Foster Care. Prior to full implementation, an infrastructure of foster home support was created and regionalized. (See Appendices A and B for information regarding the restructuring of staff and duties as a result of the BPR.) The following relevant information for Item 28 has been categorized and sub-categorized as follows: Foster Parent Initial Training (for both prospective therapeutic and non-therapeutic), Foster Parent Ongoing Training (for both therapeutic and non-therapeutic), Prospective Adoptive Parent Training, and Group Care Staff Training. Most training is provided through a network of professionals provided through the South Carolina Foster Parent Association (SCFPA), which is contracted for this service in addition to providing ongoing training opportunities for foster parents, private agency and group home staff, kinship care providers (not licensed for Foster Care) to increase the participants' skills and knowledge in the field of child development children and topics specific to children involved with the child welfare system. The SCFPA's curriculum was professionally written and developed and based on numerous research sources, including the National Child Traumatic Stress Network. The trainers' qualifications are determined by the SCFPA and information specific to the trainers are held by that agency.

Regardless of the categorization of the trainees or the processes through which they were trained, all licenses for Foster Care are issued and maintained in compliance with South Carolina Code of Regulations Chapter 114-550, Article 5 *Licensing*, Sub-articles 5 and 9, *Foster Care and Residential Group Care Facilities*, 2005. Authority rests with the SCDSS to approve,

deny, issue, maintain, or revoke all licenses to provide Foster Care granted to private homes, licensing agencies, and group care facilities. There is no differentiation between licensed kin caregivers and other foster parents in regards to obtaining or maintaining a foster home license; all must meet the training criteria stated in the regulations. For licensure of kin caregivers, regulations permit the waiver of non-safety elements.

Foster Parent Initial Training

For the purpose of safe and quality placements of the children in its care, South Carolina issues licenses to several levels of foster homes: non-therapeutic (regular) and therapeutic (which receive children with medical/mental diagnoses requiring a higher level of care/knowledge), in addition to group care facilities. Most regular homes during the period under review were recruited, licensed, and managed by SCDSS. One private provider also began recruiting and maintaining regular foster homes in mid-2015. By the end of the PUR, other private agencies were seeking licensure to practice similar recruitment and maintenance. (Note: All foster homes receive their licensure through SCDSS, regardless of the source of recruitment or who is responsible for maintaining the homes/licenses.)

South Carolina regulatory code 114-550, G. (5) states “Foster parents must each have a minimum of fourteen (14) hours of appropriate Foster Care pre service training and which includes training on licensing requirements and expected standards of care prior to licensure commencing January 1, 2003.” Due to the BPR, policies within the SCDSS were revised to match the new practices. The new policy was not published prior to the end of the PUR, therefore during the PUR, policy was consistent. There were no amendments to state regulations or laws relevant to the BPR. Neither the content of foster parent training nor the methods by which training is obtained was affected by the BPR. It, and the reorganization of the licensing and support structures only addressed the means by which foster parent training was scheduled and monitored for compliance. The BPR did not affect the practice or monitoring of private agencies who recruit and maintain both regular and therapeutic foster homes. (See reference chart beginning on next page.)

Effects of the Business Process Redesign on Foster Home Licensing and Foster Parent Training*				
Pre-BPR (County based)			Post-BPR (Regionally based)	
Area	Responsibility	Oversight	Responsibility	Oversight
Family Recruitment	County Licensing Worker	County Supervisor	Regional Foster Family and Licensing Support Unit	State Foster Family and Licensing Support Manager/Regional Directors
Application Intake	Heartfelt Calling (contractor)	Contract Monitor/State Licensing Manager	Heartfelt Calling	Contract Monitor/State Foster Home Initial Licensing Manager
Schedule Fingerprinting	County Licensing Worker	County Supervisor	Heartfelt Calling	Contract Monitor/State Foster Home Initial Licensing Manager
Background Check results (FBI and state)	County Licensing Worker	County Supervisor	Heartfelt Calling	Contract Monitor/State Foster Home Initial Licensing Manager
Training Registration	County Licensing Worker	County Supervisor	Heartfelt Calling	Contract Monitor/State Foster Home Initial Licensing Manager
CPS Background Checks	County Licensing Worker	County Supervisor	Foster Home Initial Licensing worker	State Foster Home Initial Licensing Manager
Visits to homes/ assessment of families	County Licensing Worker	County Supervisor	Foster Home Initial Licensing Worker	State Foster Home Initial Licensing Manager

Section IV: Assessment of Systemic Factors

Schedule Fire and Sanitation Inspections	County Licensing Worker	County Supervisor	Foster Home Initial Licensing Worker	State Foster Home Initial Licensing Manager
Written assessment of family and home	County Licensing Worker	County Supervisor	Foster Home Initial Licensing Worker	State Foster Home Initial Licensing Manager
Submission of request for licensure	County Licensing Worker	County Supervisor	Foster Home Initial Licensing Worker	State Foster Home Initial Licensing Manager
Licensing Decision	State Licensing Manager	County Director/State Child Welfare Director	Foster Home Initial Licensing Supervisor	State Foster Home Initial Licensing Manager

* The Business Process Redesign was proposed and accepted by the SCDSS Director in April, 2015, with a target implementation plan of September 1, 2015. A statewide rollout was accomplished in April 2016, when all necessary staff was hired. During the interim, a modified regional structure was in place which placed foster home licensing and family support in 5 regional, rather than 46 county offices. Regional Foster Family and Licensing Support Units were created and became operational during the months of June 2015 and January 2016. See Appendix B for the effects of the reorganization of State Foster Home Licensing.

Effects of the State Foster Home Licensing Office restructuring on Foster Home Re-Licensing and Ongoing Training*				
Pre-restructure (County based)			Post-restructure (Regionally based)	
Area	Responsibility	Oversight	Responsibility	Oversight
Quarterly compliance visits with foster families	County Licensing Worker	County Supervisor	Regional Foster Family and Licensing Support Unit	State Foster Family and Licensing Support Manager
Scheduling yearly fire inspections	County Licensing Worker	County Supervisor	Regional Foster Family and Licensing Support Unit	State Foster Family and Licensing Support Manager
Requesting yearly state background checks	County Licensing Worker	County Supervisor	Regional Foster Family and Licensing Support Unit	State Foster Family and Licensing Support Manager
Completing yearly CPS/sex offender background checks	County Licensing Worker	County Supervisor	Regional Foster Family and Licensing Support Unit	State Foster Family and Licensing Support Manager
Maintaining complete license files	County Licensing Worker	County Supervisor	Regional Foster Family and Licensing Support Unit	State Foster Family and Licensing Support Manager
Amending licenses as needed	County Licensing Worker	County Supervisor	Regional Foster Family and Licensing Support Unit	State Foster Family and Licensing Support Manager

Monitoring training requirements	County Licensing Worker	County Supervisor	Regional Foster Family and Licensing Support Unit	State Foster Family and Licensing Support Manager
Submission of request for re-licensure	County Licensing Worker	County Supervisor	Regional Foster Family and Licensing Support Unit	State Foster Family and Licensing Support Manager
Relicensing Decision	State Licensing Manager	County Director/State Child Welfare Director	Regional Foster Family and Licensing Support Unit	State Foster Family and Licensing Support Manager

* Regional Foster Family and Licensing Support (FFALS) Units were created and became operational during the months of June 2015 and January 2016. They assumed responsibilities previously held by county licensing workers until the full implementation of the BPR in April 2016. The creation of these units was designed to offer specialized direct services to foster parents by staff whose sole responsibilities were in this area. The FFALS units ensure that homes are in regulatory compliance, as well as providing the foster families with information relative to training and support which will allow them to provide exceptional care to the children placed in their homes.

All regular foster parents recruited and maintained by SCDSS (hereafter named as “DSS managed homes”) and those recruited and maintained by private provider agencies receive their initial training through the South Carolina Foster Parent Association (SCFPA). All therapeutic parents in homes recruited and maintained by private provider agencies receive their training either by the SCFPA or by the private agencies, using the SCFPA curriculum. Additionally, all parents interested in adoption are trained by the SCFPA. Therefore, each foster and adoptive parent in South Carolina receives 14 hours of pre-service/licensure training with the following:

Logistics

The training material, including an outside assignment between training days, covers 14 hours, the required number for foster and adoptive certification in South Carolina. The sessions are typically arranged in 7-hour blocks, presented on two Saturdays with a two-week interim. It is scheduled with enough frequency and geographical coverage to allow participants to attend within an hour of their residence and in time to meet a 120-day licensing timeline, from application to licensure. The trainings are held in DSS offices, churches, or community buildings that are ADA compliant. Should special accommodations be required, the SCFPA works with the SCDSS to ensure

that translators, ASL interpreters, or other needs are met so that training opportunities are accessible for all interested parties. Pre-service training classes are designed for 20-25 participants. Additional classes are added as needed to meet local demands. Childcare is not provided by SCFPA for any training (pre-service or ongoing) which extends beyond two hours.

Curriculum Organization (the following is from the training curriculum manual provided to trainers by the SCFPA)

Segments in the curriculum are grouped into modules. Modules and segments are delivered in the order in which they're written, as later ones build on earlier ones. Individual segments and modules may be adapted, as always, to suit the needs of more specialized groups, such as a group made up exclusively of prospective adoptive parents. It is crucial, however, to cover all the material, thoroughly process the outside assignment, and ensure that participants complete the entire 14 hours.

Each module contains a number and title, referring to its sequence, subject, and order in the overall training. For each there is a brief description of content, list of segments, and list of materials for the module by segment. Objectives are stated at the beginning of the curriculum since many cross over more than one module.

Embedded in the PowerPoint presentation that goes along with the curriculum are video segments in the order in which they should be used in the training. Heartfelt Calling: Resources and Activities, another electronic/print document, contains information and activity pages to be used by participants in the training and for later reference. There may be booklets containing the South Carolina Resource Families' Bill of Rights, though this material is also in the resource book.

Objectives

This training is intended to help participants:

- *understand that if they become foster families, they will be a part of a childcare team focusing on the best outcome for the child, preferably return to the birth family if at all possible*
- *understand and define their motivation for becoming a foster family or adoptive parent*
- *understand the challenges of these roles*
- *learn how to use a tool for checking their comfort level with concepts and experiences in this training*
- *know the DSS Imperatives on Child Safety and understand their significance in Foster Caregiving*

- *know some ways of welcoming a child into their home and family*
- *understand child development sufficiently to spot and address developmental problems with children in their care*
- *understand fully the kinds of trauma children may have experienced and how trauma affects their development and behavior in immediate and evolving ways*
- *know their responsibilities for helping children deal with the outcomes of maltreatment and other trauma and some ways of doing so*
- *recognize that children in foster and adoptive care experience loss and grief when leaving birth families, as do birth and resource families at separations, and that this is likely to significantly affect behaviors in everyone involved*
- *know ways of helping children and themselves deal with loss and grief, including life changes and outcomes of abuse and neglect*
- *know the importance of working with the birth family and a range of ways to do this, keeping the child and family connected through visitation, Life Book, and other means*
- *know how to be a culturally competent caregiver*
- *understand the Multiethnic Placement Act (MEPA) and how it affects them*
- *be aware of the Indian Child Welfare Act (ICWA)*
- *know the resources available to them for ongoing training and support in providing child care and how to get help when it's needed*
- *understand how to deal with difficult behaviors in ways that help to ensure the child's safety, provide an "emotional container," and help to build the child's resilience at the same time*
- *know some behavior management strategies and how to apply them, incorporating the points in the previous objective*
- *understand common crises that may arise and how to handle them*
- *understand the types of people they will be required to communicate with as a caregiver and know ways of doing this assertively and effectively*
- *understand what they can do to increase their cultural competence as resource families or adoptive parents and help children understand and maintain their cultural connections*
- *understand the importance of helping youth in care make permanent connections with caring adults and know some ways to do this*
- *have some resources to help with caregiving*
 - *know resources available to help youth in care transition to adulthood*

(Note: training of foster parents on the content of P.L. 113-183, *The Preventing Sex Trafficking and Strengthening Families Act of 2014* began during the PUR and will become part of the regular curriculum in July 2017.)

Attendees' aptitudes, attitudes, interests, and performance evaluations by the trainer

must be submitted prior to a license being issued. If concerns are noted, the SCDSS may require additional training or assessment before proceeding with licensure. Additional training is based on the specific concerns of the trainer and is determined after consultation with DSS staff. Prior to the BPR, decisions were made by county staff. The BPR took into consideration that having many (up to 46) make determinations (in this and in other points during licensing) created inconsistency in the state. After the BPR, the trainers' notes are ultimately reviewed by only 2 or 3 staff. Also, regarding pre-service training, if only one parent who resides in a home attends training, the home cannot be licensed. If a parent does not complete the entire 14 hours, the home will not be licensed until training is complete.

Parents desiring to serve children with therapeutic needs must obtain the 14 hours of pre-service training plus an additional 18 hours of specialized training, to include CPR and First Aid Certification, orientation to the needs of seriously emotionally or behaviorally disturbed youth, and an accepted model of crisis prevention and management. These supplementary hours are provided and/or coordinated by each private agency according to DSS standards and required by contracts with the SCDSS. Each agency maintains individual files of training completion by the parents licensed for therapeutic care.

Data

At the conclusion of each full pre-service training session, the SCFPA administers a survey to the participants to assess the quality of the training and to guide future curriculum development or the need for adjustments to the current iteration. Because the SCFPA provides all of the training for prospective regular foster homes and potential adoptive families, the vast majority of parents trained are issued the same survey. A survey of participants who are trained by the private providers is not required as part of their contract. Some may survey their trainees, but do not regularly provide this information to the SCDSS. Surveys conducted by the SCFPA are in paper format, use a scale with the ability to provide comments, and are housed and tabulated by the SCFPA. During the period under review, no results of these surveys were requested by the SCDSS or provided by the SCFPA. (Note: in the contracts with the SCFPA active during the PUR, assessment surveys were not required for pre-service training but, beginning July 1, 2017 pre- and post-assessments of participants are required for pre-service training).

The SCFPA maintains a database of all who attend their training and provides the information to the SCDSS on a quarterly basis via PDF. From this data may be extracted the participants who failed to attend the second training day, thus becoming ineligible for licensure. Private agencies who use the SCFPA curriculum also maintain records of initial training of parents. The certification of these hours are kept in the licensee's file at SCDSS and the private agency (when applicable). Parents are provided with a copy of their certification. In addition to printed certificates, the SCDSS

developed during the PUR the means of tracking training hours in CAPSS (see below).

Below: Screen shot from SACWIS, CAPSS, noting that pre-service training was completed by each parent. CAPSS will not allow licensing until requirements are met and entered into the system.

General | Relationship | Address | Dictation | Worker | Facility Complaint | Action Log | Home Study | Application History | License Provider Dictation | Linked Files | Allegation | License Requirements | Placement Status History

Compliance | Pet Vaccinations | Background | Training

Row	Person ID	Training	Training Type	Completion ...	Expiration D..	Hours	Description	Training Comments
2	0002021534	Pre-Services (14 Hou...	In-Person Ins...	7/30/2016		14.00	Initial Training/Heartfe...	

Below: Screen shot from SACWIS, CAPSS, showing reporting capability to pull records by Family Support Coordinator caseload.

South Carolina Department of Social Services
 Human Services System - Foster Care and Licensing
 Licensed Foster Home Completed Training
 Region - 1
 Office - FOSTER FAMILY SUPPORT REGION 1
 as of January 5, 2017

01/05/2017 21:00
Page : 1

*** Training ***								
Expiration Date	Provider Person ID	Name	Training	Training Type	Completion Date	Expiration Date	Hours	Description
08/31/2017	0001891718	Belue, Ashley	Pre-Services (14 Hours)	In-Person Meeting	05/23/2015		14.00	
	0001891718	Belue, Ashley	Parenting	In-Person Meeting	09/28/2015		2.00	Behavioral Issues of Children
	0001891718	Belue, Ashley	Parenting	In-Person Meeting	10/26/2015		2.00	I Live In A Zoo
	0001891718	Belue, Ashley	Parenting	In-Person Meeting	02/29/2016		2.00	Hope Remains
	0001891718	Belue, Ashley	Parenting	In-Person Meeting	03/28/2016		2.00	Teaching Kids to Manage Money
	0001891718	Belue, Ashley	Parenting	In-Person Meeting	06/28/2016		2.00	Water Safety

CAPSS will not recognize a home as being eligible for licensure until training dates and hours are included as part of the record for each foster parent on the license. One hundred percent of all licensed foster parents in SC receive 14 hours pre-service training, as required by regulation. No foster child may be placed or reside in an unlicensed home without an order from a court of competent jurisdiction.

Foster Parent Ongoing Training

Ongoing foster parent training is designed to not only maintain regulatory compliance but to also inform and educate current foster parents so that placement stability can be maintained. South Carolina excels in offering a multitude of varied topics for foster parent education. As with pre-service training, the SCDSS contracts with the SCFPA to provide ongoing training, which has approximately one hundred topics available to provide foster parents with skills and knowledge building in topics ranging from supporting LGBTQI youth to infant nutrition to self-care to understanding the Adverse Childhood Experience study. The SCDSS does not require specific topics of training but allows parents to choose based on their skills, interests, and the applicability to the

children placed in their homes. If a deficiency of skills or knowledge is determined during quarterly visits or other personal interactions with the family, the Family Support Coordinator (FSC) will arrange for the parent to receive further training, either through one-to-one done in the home by the FSC or by recommending webinars or didactic sessions particular to the need of the parent. The need for additional training is noted through dictation narratives in CAPSS and follow-up is tracked by the family's FSC.

The director for training at the SCFPA sends daily email notifications of training opportunities through partners of child welfare, including infant safety seats, CPR, academic support for youth, and many others. These emails reach several hundred recipients including private providers, foster parents, and DSS staff. The SCFPA presents training at each of the 44 local Foster Parent Association meetings each month. The topics are chosen by the SCFPA or by the local FPA according to the needs or interests of the membership and the presenter is a professional contracted through/provided by the SCFPA. As with pre-service, ongoing foster parent trainings are held at DSS offices, churches, and community buildings that are ADA compliant. Accessibility needs are met when requested and childcare is provided to participants during these trainings.

In addition to local FPA-sponsored training, there are many webinars available for foster parents' convenience, as well as the ability to use child-specific encounters with professionals in the health, academic, nutrition, and mental-health fields. Through these, foster parents reach the requirement of 28 hours (32 for therapeutic parents) of instruction during each certification period (2 years). During the PUR, federal laws were enacted that were relevant to foster parents: Sex Trafficking, Independent Living, and Reasonable and Prudent Parenting. The SCFPA curriculum development team worked with the SCDSS to create training specific to the new laws. All foster parents will have been trained in the new law before the end of FFY17.

Data

DSS managed homes' hours are tracked via the certificates awarded at the completion of each training, through data entry into CAPSS, and through monthly training participant lists provided by the SCFPA for those who attended the ongoing training sponsored by them. Private agencies who maintain licenses track their parents' training hours through means individual to each agency, however, training certificates must be kept in the license record at the private agency. Most private agencies employ training coordinators, although that is not contractually required. During contract monitoring reviews, a random sampling of license files are examined to ensure compliance with training requirements. The size of the sampling is relevant to the number of licenses managed by the Agency. The sampling takes into consideration the point in time of the license (newly licensed/relicensed or nearing the end of a licensing period) as this can determine the contents of the record. Regardless of the entity managing the license, no home's license is renewed if the necessary training hours have not been met by both parents (if applicable). Licenses are closed and children removed from the home until all hours have been obtained. Beginning in June, 2016 SCDSS staff began tracking the

reason for license closure (see below).

June 1, 2016 through November 30, 2016 – Number of licenses closed due to lack of training hours.

6/6/2016	05	05	29001	Red	Lack of training hours
6/9/2016	13	04	#####	Brac	Lack of training hours
6/16/2016	23	01	#####	Lem	Lack of training hours
6/17/2016	23	01	#####	Jack	Lack of training hours
6/27/2016	07	03	#####	O'Br	Lack of training hours
6/30/2016	39	01	39001	Pete	Lack of training hours
7/14/2016	42	01	40001	Ree	Lack of training hours
7/29/2016	37	01	92001	Eatc	Lack of training hours
8/15/2016	45	04	20002	McC	Lack of training hours
9/26/2016	23	01	88001	Tho	Lack of training hours
10/9/2016	10	03	89001	Hair	Lack of training hours

During each certification period, homes managed by DSS are visited on a quarterly basis and training needs are discussed. These conversations are recorded on a narrative form that is kept in each license's file as well as an electronic PDF copy of the narrative in CAPSS new capability of the system, (see below).

III. Training

1. Hours already earned for this licensing period:
 Foster Mother: 42.5 Foster Father: 22

2. Specific training needs identified: _____

IV. Placement Preferences discussed with foster parent and determined _____

Also, a new procedure implemented during the PUR is that, within 24 hours after a new placement in a home, a DSS staff from the Foster Family Support unit (created during the PUR) contacts the foster parent to ask if specific training is needed to support the child(ren) so that stability can be maintained. These conversations are recorded in the CAPSS license record. If specific training is requested, the DSS staff will make arrangements. The foster parents use their own discretion when choosing which ongoing training to attend. These decisions are made with the guidance of DSS staff and their local Foster Parent Association.

At the conclusion of each ongoing training provided by the SCFPA, a survey is administered to the participants to assess the quality of the training and to guide future curriculum development. As with the surveys conducted after pre-service training, surveys conducted by the SCFPA are in paper format, use a scale with the ability to provide comments, and are housed and tabulated by the SCFPA. During the period under review, no results of these surveys were requested by the SCDSS or provided by

the SCFPA. (Note: in the contracts with the SCFPA active during the PUR, assessment surveys were not required for ongoing training but beginning on July 1, 2016, the SCFPA was required to provide a needs assessment tool to be used with local FPA to determine which topics are best suited to each group).

The SCFPA maintains a database of all who attend their training and provides the information to the SCDSS on a quarterly basis. Private agencies who use the SCFPA curriculum also maintain records of initial training of parents. The certification of these hours are kept in the licensee's file at SCDSS and the private agency (when applicable). Parents are provided with a copy of their certification. In addition to printed certificates, the SCDSS developed during the PUR the means of tracking training hours in CAPSS (see below).

Compliance		Pet Vaccinations		Background		Training		
Row	Person ID	T...	..	Completion ...	E...	Hours	Description	Training Comments
55	0001351998	O..		2/10/2016		2.00	Meth affected children...	
56	0001351998	O..		5/10/2016		2.00	Oconee FPA: Trauma	Facilitator: kathy Scull...
57	0001351998	O..		5/3/2016		2.00	Session 3: Love and L...	Lisa and David Fields
58	0001351998	O..		4/26/2016		2.00	Session 2: Love and L...	Lisa and David Fields
59	0001351998	O..		4/19/2016		2.00	Session 1: love and lo...	David and Lisa Fields
60	0001351998	P..		4/17/2016		2.00	Establishing Emotional...	Rick Warren
61	0001351998	O..		4/16/2016		1.50	The Power of Resilienc...	Becky Sharp
62	0001351998	O..		4/15/2016		1.00	Banquet: SC Foster P..	
63	0001351998	O..		4/15/2016		1.50	ACES	Candice A. Lively
64	0001351998	O..		4/15/2016		1.50	The Sib-link impact	David White
65	0001351998	O..		4/15/2016		1.50	Foster Care Health init...	Dr. Greg BarabellErin ...
66	0001351998	O..		3/10/2015		1.50	Transitions in care	
67	0001351998	O..		3/3/2015		2.00	Placement status and	

CAPSS will not recognize a home as being eligible for licensure until training dates and hours are included as part of the record for each foster parent on the license. One hundred percent of all licensed foster parents in SC receive 28 hours of training (32 for private providers) during the license certification period, as required by regulation. No foster child may be placed or reside in an unlicensed home without an order from a court of competent jurisdiction.

Prospective Adoptive Parent Training

Parties interested in adopting a foster child in South Carolina are required to attend the 14 hour pre-service training offered by the SCFPA alongside prospective foster parents. The logistics and content are identical, as they are attending the same sessions. As stated above, all prospective parents go through an initial intake process with Heartfelt Calling, who schedules the applicant for pre-service training. Heartfelt Calling also notifies the applicant of a mandatory 2 hour adoption orientation for parents. These are held throughout the state and are sponsored/hosted/facilitated by DSS Adoptions staff.

After completion of the 2 hour orientation and the 14 hour pre-service training, the adoptive parent(s) attends a 4 hour adoption training, which is also sponsored/hosted/facilitated by DSS Adoptions staff. These sessions vary by region and are planned and presented according to the needs of each region.

As with all the SCFPA training opportunities, the adoptive parents are assessed by the trainer during the pre-service sessions and informs the appropriate Adoptions staff of their observations. Records of their attendance are kept by the SCFPA and in the adoption record in each SCDSS Regional Adoptions office, along with the certification of completing the course. There is no standard for measuring the quality of the DSS sponsored trainings.

Some adoptive parents also become licensed to foster. In these cases, the initial and ongoing training requirements do not differ from other DSS managed licensed foster homes.

Data

The data available for pre-service adoptive parents is identical to the data available for prospective foster parents and is submitted by the SCFPA to regional adoptions staff. There are no evaluations conducted for the 2 or 4 hour orientations/training.

Group Care Staff Training

The SCDSS requires that group home staff obtain 14 hours of training prior to working alone with children/youth in the following areas: skill training in behavior management, crisis management, communication and interviewing skills, universal precautions, and use of medications. After employment, staff are trained in numerous other topics relevant to the care of foster youth.

All training records are maintained by the group care facility and contract/license monitors have access to this information upon request: date of training, agenda/content, roster with signatures of attendees, certificates of completion maintained in personnel files, and annual certification hours required by licensing regulations (14 hours per employee/per year).

Summary

SCDSS views its performance on item 28 during the PUR as an Area Needing Improvement and is currently involved in strengthening the structure of foster parent training. Better collection and organization of quantitative and qualitative data relevant to the content of trainings offered our foster parents will be key in meeting federal requirements. The state recognizes that a potential area for further strengthening this item would be to follow a Continuous Quality Improvement system for foster parent training, to include the development of a multi-agency/disciplinary team to review current curriculum and inform future offerings, as well as

approve specialized training as needed by foster parents.

Stakeholder interviews will be a welcomed addition to South Carolina's ongoing efforts to maximize training opportunities with foster and adoptive parents so that their time is well-spent and the children in their care are placed in environments most suited for their well-being. It will be of especial interest to learn from interviews additional training needs foster parents feel would enhance their skills and abilities.

E. Service Array and Resource Development

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

Please provide relevant quantitative/qualitative data or information that show:

- The state has all the above-referenced services in each political jurisdiction covered by the CFSP;
- Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.

State Response:

Core Services identified in response to the questions above are included in the following table. Services listed provided components of all service areas identified above including assessing strengths and needs while providing services that addressed unique needs enabling children to remain with families, support reunification or focus on other permanency options. Please see attachment A for description and availability per jurisdiction.

Region	Core Service Needs	Providers
Region 1	Domestic Violence Prevention Medical Services Behavioral Health Services Family Support Services Community Support Services Economic Support Services Post Legal Adoption Services Independent Living Services	Baby Net Child Advocacy Centers Children's Trust Fund of South Carolina (Strengthening Family Services) CODA Spouse Abuse CODA Family Violence Community Based Preventative Services(SAFY) Community Health Clinics

		<p>Community Mental Health</p> <p>Department of Alcohol and Other Drug Abuse Services</p> <p>Economic Services through SCDSS</p> <p>Emergency Shelter programs</p> <p>Private providers through individual contracts (home based services)</p> <p>ISCEDC</p> <p>Maximus Human Services Inc</p> <p>National Youth Advocate Program (Family Engagement Services)</p> <p>Parents Anonymous of SC, Inc dba Family Corps Project</p> <p>Best Public</p> <p>Housing</p> <p>Psychiatrists</p> <p>QTIP</p> <p>Safe Harbor Family Violence</p> <p>Safe Harbor Spouse Abuse</p> <p>Safe Home Family Violence</p> <p>Safe Home Spouse Abuse</p> <p>SC Youth Advocate Program, Inc</p> <p>School Nurses and Counselors</p> <p>Trident United Way</p> <p>“WRAP” Service Programs (Continuum of Care)</p> <p>Vocational Rehabilitation</p> <p>Private providers through individual contracts (home based and clinic based services)</p>
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<p>Region 2</p>	<p>Domestic Violence Prevention Medical Services Behavioral Health Services Family Support Services Community Support Services Economic Support Services Family Group Conferences Post Legal Adoption Services Independent Living Services</p>	<p>Baby Net Child Advocacy Centers Children's Trust Fund of South Carolina CODA Spouse Abuse CODA Family Violence Community Based Preventative Services(SAFY) Community Health Clinics Community Mental Health Department of Alcohol and Other Drug Abuse Services Economic Services through SCDSS Emergency Shelter programs ISCEDC Maximus Human Services Inc (The) Nurturing Center Parents Anonymous of SC, Inc dba Family Corps Project Best Public Housing Psychiatrists QTIP Safe Home Family Violence Safe Home Spouse Abuse Safe Passage Family Violence Safe Passage Spouse Abuse School Nurses and Counselors Sistercare Family Violence Sistercare Spouse Abuse Trident United Way "WRAP" Service Programs (Continuum of Care)</p>
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		<p>Vocational Rehabilitation</p> <p>Private providers through individual contracts (home based and clinic based services)</p>
<p>Region 3</p>	<p>Domestic Violence Prevention</p> <p>Medical Services Behavioral</p> <p>Health Services Family</p> <p>Support Services Community</p> <p>Support Services Economic</p> <p>Support Services Post Legal</p> <p>Adoption Services</p> <p>Independent Living Services</p>	<p>Baby Net</p> <p>Child Advocacy Centers Children's Trust Fund of South Carolina</p> <p>CODA Spouse Abuse</p> <p>CODA Family Violence</p> <p>Community Based Preventative Services(SAFY) Community</p> <p>Health Clinics Community</p> <p>Mental Health Cumbee Center</p> <p>Spouse Abuse Cumbee Center</p> <p>Family Violence</p> <p>Department of Alcohol and Other Drug Abuse Services</p> <p>Economic Services through SCDSS</p> <p>Emergency Shelter programs</p> <p>ISCEDC</p> <p>Maximus Human Services Inc</p> <p>Medical University Hospital Authority</p> <p>My Sister's House Family Violence</p> <p>My Sister's House Spouse Abuse</p> <p>National Youth Advocate Program</p> <p>Parents Anonymous of SC, Inc dba Family Corps Project</p> <p>Best Public</p> <p>Housing</p>

		<p>Psychiatrists</p> <p>QTIP</p> <p>School Nurses and Counselors</p> <p>Trident United Way</p> <p>“WRAP” Service Programs (Continuum of Care)</p> <p>Vocational Rehabilitation</p> <p>Private providers through individual contracts (home based and clinic based services)</p>
<p>Region 4</p>	<p>Domestic Violence Prevention</p> <p>Medical Services Behavioral</p> <p>Health Services Family</p> <p>Support Services Community</p> <p>Support Services Economic</p> <p>Support Services Post Legal</p> <p>Adoption Services</p> <p>Independent Living Services</p>	<p>Baby Net</p> <p>Child Advocacy Centers</p> <p>Children's Trust Fund of South Carolina</p> <p>CODA Spouse Abuse CODA</p> <p>Family Violence Community</p> <p>Based Preventative Services(SAFY)</p> <p>Community Health Clinics</p> <p>Community Mental Health</p> <p>Department of Alcohol and Other Drug Abuse Services</p> <p>Economic Services through SCDSS</p> <p>Emergency Shelter programs</p> <p>Family Justice Center of Georgetown County Family Violence</p> <p>Family Justice Center of Georgetown County Spouse Abuse</p> <p>ISCEDC</p> <p>Maximus Human Services Inc</p> <p>National Youth Advocate Program</p> <p>Parents Anonymous of SC, Inc dba Family Corps</p> <p>Pee Dee Coalition Family Violence</p>

		<p>Pee Dee Coalition Spouse Abuse Project Best Public Housing Psychiatrists QTIP School Nurses and Counselors Trident United Way “WRAP” Service Programs (Continuum of Care) YWCA Family Violence YWCA Spouse Abuse Private providers through individual contracts (home based and clinic based services)</p>
<p>Region 5</p>	<p>Domestic Violence Prevention Medical Services Behavioral Health Services Family Support Services Community Support Services Economic Support Services Post Legal Adoption Services Independent Living Services</p>	<p>Baby Net CASA Spouse Abuse CASA Family Violence Child Advocacy Centers Children's Trust Fund of South Carolina CODA Spouse Abuse CODA Family Violence Department of Alcohol and Other Drug Abuse Services Community Based Preventative Services(SAFY) Community Health Clinics Community Mental Health Cumbee Center Spouse Abuse Cumbee Center Family Violence Economic Services through SCDSS Emergency Shelter programs ISCEDC</p>

		<p>Laurens County Safe Home Family Violence</p> <p>Laurens County Safe Home Spouse Abuse</p> <p>Maximus Human Services Inc</p> <p>Meg's House Family Violence</p> <p>Meg's House Spouse Abuse</p> <p>Parents Anonymous of SC, Inc dba Family Corps Project</p> <p>Best Public</p> <p>Housing</p> <p>Psychiatrists</p> <p>QTIP</p> <p>School Nurses and Counselors</p> <p>Sistercare Family Violence</p> <p>Sistercare Spouse Abuse</p> <p>Trident United Way</p> <p>"WRAP" Service Programs (Continuum of Care)</p> <p>Private providers through individual contracts (home based and clinic based services)</p>
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Core Services Defined:

- **Domestic Violence Prevention** services were available to help victims of domestic abuse and their dependents secure immediate shelter and related assistance. These services also assisted with providing shelter for victims and children and involved increasing public awareness about the prevalence of family violence.
- **Medical Services** offered medical evaluations, screenings, assessments and treatment for illness and injury, to include consultations and treatment, prescriptions, medications, immunizations, and other preventive services.
- **Behavioral Health Services** included promoting well-being by preventing or intervening with mental illnesses, but also had as an aim in preventing or intervening in substance abuse or other addictions.
- **Family Support Services** were designed to help families appropriately care for children with the goal of safely maintaining the child or children by enhancing caregiver skills and

prevention of out of home placement. Specific family engagement services were available throughout the state: Family Team Meetings and Family Group Conferences with Family Finding to identify strengths, areas of concerns and services needed for reunification or other positive permanency options like TPR, guardianship and adoption.

- **Community Support Services** were defined by services that surround children and families with resources in their immediate community that are necessary to promote recovery, rehabilitation and resiliency. These primary and secondary prevention services through Community Based Prevention Services, an alternative response designed to identify strengths and services needs to safely address concerns and divert from entering the Foster Care system.
- **Economic Support Services** were defined as programs that provided food assistance, medical care and healthcare services, and opportunities to become self-sufficient to households with limited income and resources.
- **Post Legal Adoption Services** were services for children with finalized adoptions and their families such as case monitoring, assessment and referral services to appropriate community based programs through such resources as the Department of Mental Health and the Department of Disabilities and Special needs and residential services when needed.
- **Independent Living Services** for youth starting at age 13 include living skills assessments to identify key independent living skills and specific services that would enable youth to successfully transition to adulthood.

Data

The method of collecting data in answering the questions above was gathered by first identifying the stakeholders who provided many of the “core services” in the state. This was done by gathering a list of contractual and non-contractual service providers through SCDSS identified as offering “core services”. The contractual services were identified over time by the SCDSS based on service needs and availability issues and evolved into this current array. In comparing the list of all the providers in the state along with each of their identified mission statements to the “core services”, it was determined that each of the five regions though SCDSS had components of the identified core services. While specialized services such as sex offender specific residential and inpatient psychiatric services were not available in every county, these services were often available statewide when needed. Although cultural competency training is required for those providers contracting through the state and state providers such as the SC Department of Mental Health, the level of competency in actual service delivery could not be addressed. This was also true in determining if literacy services were available through all providers. Therefore, identifying potential gaps in these 2 areas were not possible.

Below is the information provided by key stakeholder groups that assisted with assessing this item:

Palmetto Coordinated System of Care (PCSC)

Palmetto Coordinated System of Care (PCSC) is a statewide collaborative through the SCDHHS implementing innovative best practices in care for children and youth with behavioral health needs in South Carolina. This group is led by state agencies, family

service-organizations and parents of children and youth with behavioral health needs. It utilizes a national best practice "wraparound" care planning approach where a broad array of services are coordinated across state agencies in SC with integrated care planning and management. PCSC is designed to eliminate barriers to services, increase affordability and cost-effectiveness of services and involve families and local providers in decision making for service planning.

Through PCSC, workgroups were established that included a "Service Array Workgroup". The Service Array Work Group identified services and supports essential for building a system of care in South Carolina, including: identifying the ideal service array for the specialized service needs of the target population and taking into account the values, principles and desired outcomes.

Members of this workgroup included public and private provider, primary care, residential care, family members, youth, licensed independent practitioners, and public child-serving agency representatives. The workgroup's charge was to determine the appropriate service array for the state's system of care. Through this workgroup there were five community based services identified during the period under review and recommended to be provided throughout the state for children and youth with behavioral health needs in South Carolina: Intensive Family Services, Mobile Crisis Response and Stabilization Services, Respite, Peer Support, and High-Fidelity Wraparound. The workgroup did not indicate if the services were available in all jurisdictions.

- **Intensive Family Services (IFS)** is a therapeutic intervention delivered to children (under 21) and families in their homes and other community settings to improve youth and family functioning and prevent out-of-home placement or to reunify children back into their homes when out-of-home placement has occurred. These Medicaid eligible services were limited to those deemed eligible and when they were available through managed care and fee based providers.
- **Mobile Crisis Response and Stabilization Services** are instrumental in defusing and de-escalating difficult mental health situations and preventing unnecessary out-of-home placements, particularly hospitalizations. Mobile crisis services are available 24/7 and can be provided in the home or any setting where a crisis may be occurring in some counties where this is available through the Department of Mental Health.
- **Respite Service** is individually and flexibly designed services that provide temporary relief to primary caregivers and family. Respite services may be provided in the caregiver's home, in the community or in an approved out of home placement setting. These services were limited to those in therapeutic Foster Care and by foster parents on a limited bases when flexible funding was available.
- **High-Fidelity Wraparound** is a team-based care-coordination approach that involves children, families, supports, and professional service providers. Wraparound services individualized for children with serious emotional or behavioral health diagnoses whose families need assistance keeping their children in their home, school, or community. If a child was currently out of their home or community, Wraparound was used to assist with planning for a successful return to his/her family, school, and friends. Services were

limited to those deemed eligible and served through the Continuum of Care for Emotionally Disturbed Children. Since those in Foster Care did not qualify, only those who are mutual clients (Continuum and DSS Family Preservation) qualified for this level of service.

Children's Trust of South Carolina

Children's Trust of South Carolina is the "only statewide organization focused on the prevention of child abuse, neglect and injury". The organization trains and educates professionals who work directly with families and also funds, supports and monitors proven prevention programs in overseeing a network of providers delivering direct services. Children's Trust is the voice for South Carolina's children and advocates for strong, well-founded policies that positively impact child well-being. Children's Trust is home to Prevent Child Abuse South Carolina, KIDS COUNT South Carolina and Safe Kids South Carolina. The Caregiver survey completed during the PUR indicated gaps in services from the caregiver's perspective (SCDSS caregivers were included):

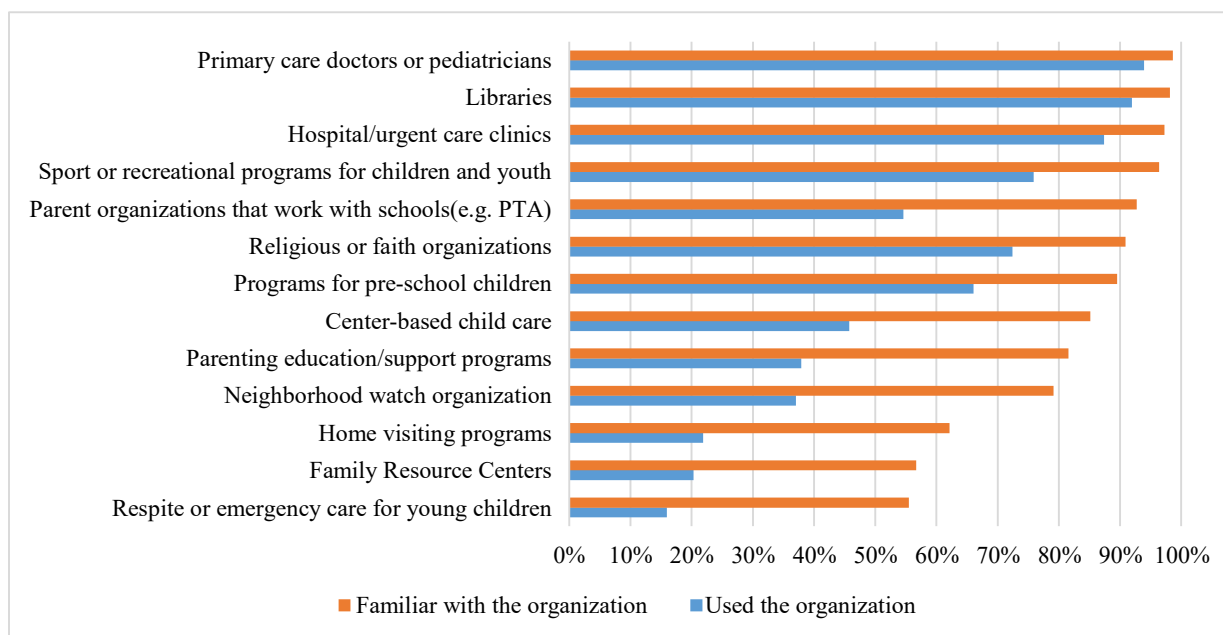
Caregiver Survey:

South Carolina Children's Trust, conducted a brief survey open to any adult caregiver caring for at least one child under the age of 18. Caregivers accessed and responded to the survey over the internet. As an initial step, the survey link was posted on the Trust's website and made available to all of the Trust's partner organizations, grantees and supporters. Those organizations who provided direct services were asked to share the data link with their program participants. The survey addressed three core areas:

- **Community Resources** where respondents rated their knowledge and use of different local resources such as medical services, educational services, social services, faith-based interventions, and recreation programs.
- **Community quality and mutual self-help** where respondents rated the extent to which they viewed their community as a positive environment for raising their children and the extent to which residents mutually support each other.
- **Parental Capacity** where respondents rated their own capacity for meeting their children's needs and managing their child's growth and development.

There were 375 responses to the survey; 30 of these responses were removed from the data analysis because the respondents indicated they did not have a child living at home under the age of 18, resulting in a final sample of 345. The table below shows data results around the use of community resources

CAREGIVER KNOWLEDGE AND USE OF COMMUNITY RESOURCES



In summarizing this survey, caregivers indicated that they were generally aware of a wide range of formal and informal resources in their community to assist them in meeting the needs of their children. However, many caregivers, for whatever reason, did not routinely utilize these resources. Most caregivers reported knowing about a range of supportive services in their communities such as parent education programs, home visiting programs, family resource centers, and respite care centers. However, relatively few caregivers were utilizing these resources. The exceptions to this pattern were health care resources and public libraries, both of which were accessed by most caregivers. This information did not reveal which of the forty-six (46) counties were surveyed but did indicate that a gap in accessing services for caregivers may have been directly related to a lack of knowledge on how to access these services and/or eligibility and access issues.

Strengthening Families Program:

Strengthening Families Program (SFP) is an evidence-based family skills training program growing in importance for SCDSS implemented by Children’s Trust since 2014 with funding from The Duke Endowment and SCDSS. The 14-session curriculum has been found effective in improving family relations, child behaviors and parenting skills. SFP is unique from most parenting programs in that parents and children attend sessions together and then practice the skills that they learn before going home to implement them. This program has had limited availability during the PUR but based on the initial research and evaluation from the pilot program, the state is expanding this program over the next few years:

Research and Evaluation

Year 1 (2014-15): 10 providers/eight counties graduated 275 families / 361 parents/438 children.

Providers met or exceeded all fidelity standards. All family-parent-child outcomes showed statistically significant positive differences

CASA Family Systems:	Orangeburg County
CIS-Greenville:	Greenville County
Family Corps:	Charleston County
Growing Home Southeast:	Richland & Lexington Counties
Hope Haven:	Jasper County
Lee County First Steps:	Lee County
City Year Columbia:	Richland County
SAFY-Greenville:	Greenville County
Children's Place:	Aiken County
Dickerson CAC:	Lexington County

Year 2 (2015-16): 10 providers/12 counties – graduated 322 families/414 parents/486 children

Providers met or exceeded all fidelity standards. All family-parent-child outcomes showed statistically significant positive differences

CASA Family Systems:	Orangeburg & Bamberg Counties
CIS-Greenville:	Greenville County
Family Corps:	Charleston County
Growing Home Southeast:	Richland & Lexington Counties
Hope Haven:	Jasper & Beaufort Counties
Lee County First Steps:	Lee & Darlington Counties
City Year Columbia:	Richland County
SAFY-Greenville:	Greenville County
Children's Place:	Aiken & Barnwell Counties ¹⁷
Dickerson CAC:	Lexington County

Year 3 (2016-17): 17 providers/21 counties (currently in progress)

CASA Family Systems:	Orangeburg & Bamberg Counties
CIS-Greenville:	Greenville County
Family Corps:	Charleston County
Growing Home Southeast:	Richland, York & Lexington Counties
Hope Haven:	Jasper & Beaufort Counties
Lee County First Steps:	Lee, Florence & Darlington Counties
City Year/MDC Columbia:	Richland County
SAFY-Greenville:	Greenville County
Children's Place:	Aiken & Barnwell Counties

Foothills Alliance:	Anderson County
Greenville Family Partners:	Spartanburg County
United Way Oconee:	Oconee County
SAFY-Pickens:	Pickens County
Partners for Youth:	Lancaster County
Thornwell Home:	Laurens County
Westview Behavioral:	Newberry County
Lighthouse Ministries:	Florence County

It is anticipated that an additional five providers will be added in 2017 in high need counties.

Child Advocacy Centers

Children's Advocacy Centers are child-friendly facilities that offer safety, security and a wide range of victim services for children and families that have been exposed to violence and abuse. These community-based centers and their staff served as first responders in allegations of all types of child abuse, and they provided direct services to children in need and in crisis. The CAC response worked to reduce the impact of child abuse by bringing together law enforcement, criminal justice, child protection, forensic interviewers, prosecution, mental health, medical and victim advocacy professionals in a child-friendly setting to investigate abuse, hold offenders accountable, and most importantly help children heal from the trauma of abuse. South Carolina has 17 CACs throughout the state providing access to all SCDSS jurisdictions. The following data indicated the service areas and services provided in aggregate.

CAC services are available throughout the state through the following centers in SC:

Child Advocacy Center of Aiken County (Aiken, Barnwell, Edgefield, Saluda)

Foothills Child Advocacy Center (Anderson, Oconee)

Hope Haven of the Lowcountry (Beaufort, Colleton, Hampton, Allendale, Jasper)

The Family Resource Center (Kershaw, Lee)

Dee Norton Lowcountry Children's Center (Charleston, Berkeley)

Assessment & Resource Center (Richland)

The CARE House of The Pee Dee (Chesterfield, Clarendon, Darlington, Dillon, Florence, Kershaw, Marlboro, Marion, Williamsburg)

Durant Children's Center 4th Circuit Satellite (Chesterfield, Clarendon, Darlington, Dillon, Florence, Marlboro, Marion, Williamsburg)

Julie Valentine Center (Greenville, Pickens)

Beyond Abuse (Abbeville, Greenwood, Laurens, Newberry)

Palmetto CASA – Children's Advocacy Center (Chester, Fairfield, Lancaster)

- Dickerson Children’s Advocacy Center** (Lexington, Newberry, Saluda, Sumter)
- Children’s Recovery Center** (Horry, Georgetown)
- Edisto Children’s Center** (Bamberg, Calhoun, Orangeburg)
- Safe Passage Children’s Advocacy Center** (York)
- Children’s Advocacy Center of Spartanburg, Cherokee, and Union Counties** (Spartanburg, Cherokee, Union)
- Dorchester Children’s Center** (Berkeley, Dorchester)

SERVICES PROVIDED BY CENTERS

NCA Statistics - Statistical Report

-	2014	2015
Total # of children served by CAC	7,059	8108
Gender of children:		
Male	2,869	3121
Female	4,188	4986
Undisclosed	2	1
Age of children at first contact with center:		
0-6 years	2,648	2793
7-12 years	2,980	3474
13-18 years	1,429	1840
Undisclosed	2	1
Total number of alleged offenders:	5,127	6267
Relationship of alleged offender to child:		
Parent	2,168	2646
Stepparent	309	430
Other Relative	1,114	1213
Parent’s boyfriend/girlfriend	414	537
Other known person	1,041	1116
Unknown	681	847
Types of abuse reported:		

Section IV: Assessment of Systemic Factors

Sexual Abuse	4,063	4383
Physical Abuse	2,040	2514
Neglect	553	721
Witness to Violence	679	1022
Drug Endangerment	366	543
Other	406	615

Race or ethnicity of total children seen at CAC:

White	3,573	4044
Black/African American	2,494	2880
Hispanic/Latino	394	421
American Indian/Alaska Native	14	3
Asian/Pacific Islander	12	10
Other	334	396
Undisclosed	238	354

Number of the children receiving services:

Medical Exam/Treatment	2,416	2496
Counseling Therapy	2,243	1919
Referral to Counseling Therapy	1,282	1263
Onsite Forensic Interviewing	5,787	6765
Offsite Forensic Interviewing	20	9

Source (cac.sc.org)

SC Department of Mental Health

The S.C. Department of Mental Health gives priority to adults, children, and their families affected by serious mental illnesses and significant emotional disorders. SCDMH is committed to eliminating stigma and promoting the philosophy of recovery, to achieving our goals in collaboration with all stakeholders, and to assuring the highest quality of culturally competent services possible. SCDMH community centers included trauma focused assessments and evidence based treatments through trained clinicians available through all centers and have worked closely with SCDSS during the PUR to make these services available.

SCDMH services are available throughout the state through the following centers in SC: These centers cover all forty-six (46) counties.

Aiken Barnwell CMHC
Anderson-Oconee-Pickens CMHC
Beckman Center for Mental Health Services
Berkeley CMHC
Catawba CMHC
Charleston/Dorchester CMHC
Coastal Empire CMHC
Columbia Area Mental Health Center
Greenville Mental Health Center
Lexington County CMHC
Orangeburg Area Mental Health Center
Pee Dee Mental Health Center
Piedmont Center for Mental Health Services
Santee-Wateree CMHC
Spartanburg Area Mental Health Center
Tri-County CMHC
Waccamaw Center for Mental Health

South Carolina Department of Alcohol and Other Drug Abuse Services (SCDAODAS)

The South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) is the cabinet-level agency charged with ensuring the provision of quality services to prevent or reduce the negative consequences of substance use and addictions.

DAODAS partners with public, private and social sector organizations to provide quality prevention, intervention, treatment and recovery-support services for the citizens of South Carolina.

As indicated below, SCDAODAS services were available statewide in SC:

- Aiken Center for Alcohol and Other Drug Services (Aiken)
- Anderson/Oconee Behavioral Health Services (Anderson, Oconee)
- Axis I Center of Barnwell (Barnwell)
- Beaufort County Alcohol and Drug Abuse Department (Beaufort)
- Behavioral Health Services of Pickens County (Pickens)
- Charleston Center (Charleston)
- Cherokee County Commission on Alcohol and Drug Abuse (Cherokee)
- Circle Park Behavioral Health Services (Florence)
- Clarendon Behavioral Health Services (Clarendon)
- Colleton County Commission on Alcohol and Drug Abuse (Colleton)
- Cornerstone (Abbeville, Edgefield, Greenwood, McCormick)
- Counseling Services of Lancaster (Lancaster)
- Dorchester Alcohol and Drug Commission (Dorchester)
- Ernest E. Kennedy Center (Berkeley)
- Fairfield Behavioral Health Services (Fairfield)
- Forrester Center for Behavioral Health (Spartanburg)
- GateWay Counseling Center (Laurens)
- Georgetown County Alcohol and Drug Abuse Commission (Georgetown)
- Hazel Pittman Center (Chester)
- Keystone Substance Abuse Services (York)
- LRADAC (Lexington, Richland)
- New Life Center (Allendale, Hampton, Jasper)
- Rubicon Family Counseling Services (Darlington)
- Saluda Behavioral Health System (Saluda)
- Shoreline Behavioral Health Services (Horry)
- Sumter Behavioral Health Services (Sumter)
- The ALPHA Behavioral Health Center (Chesterfield, Kershaw, Lee)
- The Phoenix Center (Greenville)
- Tri-County Commission on Alcohol and Drug Abuse (Bamberg, Calhoun, Orangeburg)
- Trinity Behavioral Care (Dillon, Marion, Marlboro)
- Union County Commission on Alcohol and Drug Abuse (Union)
- Westview Behavioral Health Services (Newberry)
- Williamsburg County Department on Alcohol and Drug Abuse (Williamsburg)

Family Corps

Family Corps previously known as Parents Anonymous offers specific services to families served by SCDSS as well as other agencies.

The Parents Anonymous® (PA) Program offered an evidence-based family strengthening program utilizing mutual support, parent leadership, and shared leadership® to achieve personal growth, improve family functioning and achieve parental resilience.

Area Served:

Locations of Adult and Youth Parents Anonymous® Education and Support Groups through Dec 2014 – Dec 2016:

- 35 counties were served to include:
 - Region 1 (5) - Pickens, Greenville, Spartanburg, Oconee, Anderson
 - Region 2 (4) - Richland, Lexington, Fairfield, Kershaw
 - Region 3 (5) - Berkeley, Colleton, Dorchester, Allendale, Charleston
 - Region 4 (10) - Florence, Chesterfield, Marlboro, Marion, Darlington, Horry, Lee, Clarendon, Georgetown, Sumter
 - Region 5 (11) - Greenwood, McCormick, Laurens, Orangeburg, Calhoun, Abbeville, Newberry, Edgefield, Saluda, Bamberg, Barnwell

In addition to the PA groups, Family Corp provided Triple P, an evidence based parenting program and parent peer support services on a very limited bases but was not available in all jurisdictions. The SC Outcome Report from Family Corp revealed:

DEMOGRAPHICS

- In 2015, 986 Families including 1,237 Parents and 416 Children & Youth attended weekly 34 Parents Anonymous® Adult and 23 Children & Youth Groups.
 - **Parents:** 71% Females and 29% Males of which 50% were African American, 45% Caucasian, 5% Latino and less than 1% Native American and Asian/Pacific Islander. Age Range: 19-25: 19%; 26- 34: 35%; 35-44: 57% and 45-81: 23%
 - **Types of Parents Anonymous® Program Participants:** 91% Birth Parents, 3% Grandparent , 2% Other, Relative, 2% Caregiver , 1% Foster Parent
 - **Children & Youth:** 51% Females and 49% Males of which 61% were African American, 32% Caucasian, and 7% Latino. Their ages ranges are: 39% 0-5; 38% 6-9; 11% 10-12; and 12% 13-17 years old. Serving the most vulnerable children.
- **Out of Home Care while Parents were Attending Parents Anonymous®:**
 - 37% of children in care were reunited with their parents
 - Average 8 months in Foster Care
 - Parents also showed an improved ability to address major health care and mental health issues.

Service Array Related Quality Assurance Items: Source SCDSS Quality Assurance Reviews

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

FFY 2016	FFY 2015	FFY 2014	FFY 2013
60%	49.5%	45.2%	55%

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

FFY 2016: 84% Yes

Five cases were pulled and reviewed. ANI issues identified assessment gaps related to the lack of comprehensive, quality and timely assessments to adequately identify needs, social emotional well-being, and trauma related histories, social and emotional, mentoring and service needs.

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

FFY 2016: 62.3% Yes

Five cases were pulled from the 2016 QA reviews. ANI issues identified service gaps related to inadequate placement to meet the child's extensive psychiatric and therapeutic needs, special mental/developmental needs, physical aggression of the child, overt sexualized behaviors, suicidal ideation and attempts, homicidal threats, fire setting, property destruction, kinship care support needs, financial assistance, running away, and lack of visitation.

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

FFY 2016: 51.7 % Yes

Five cases were pulled and reviewed. ANI issues identified assessment gaps related to the lack of comprehensive, quality and timely assessments to adequately identify needs. ANI issues identified service gaps related to lack of employment, mental health issues, substance use issues, and lack of housing.

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

FFY 2016: 51.7% Yes

Five cases were pulled and reviewed. ANI issues identified assessment gaps related to the lack of providing appropriate services to meet the mother's needs. Identified service needs related to unemployment, mental health treatment, substance use treatment, and housing.

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

Five cases were pulled and reviewed. ANI issues identified assessment gaps related to the lack of comprehensive, quality and timely assessments to adequately identify the biological father's needs. ANI issues identified service gaps related to lack of employment, criminal domestic violence, substance use issues, and lack of housing.

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

FFY 2016:

86.2% Yes

Five cases were reviewed. Educational service gaps were identified around lack of agency efforts made for credit recovery, assessing for reasons behind excessive absences or reasons related to educational neglect, lack of advocacy in 504 planning or addressing behaviors at school interfering with appropriate behavior at school.

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

FFY 2016: 68.4% Yes

Five cases were reviewed. During the PUR, concerted efforts were not made by the Agency to provide appropriate services to address the target child's educational needs. Case-related interview(s) revealed lack of IEP upon entry into school, county caseloads, staff medical leave, and significant staff turnover as agency barriers.

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

FFY 2016: 84.7% Yes

Five cases were reviewed and during the PUR for those cases that an ANI was determined the Agency did not assess the target child's dental health needs. No gaps in service was identified during the case related interview.

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

FFY 2016: 81.4% Yes

Five cases were reviewed with assessment gaps identified for dental health related issues.

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

FFY 2016: 77.4% Yes

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

FFY 2016: 74.6% Yes

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

FFY 2016: 74.9% Yes

Five cases were reviewed and during the PUR the Agency did not provide appropriate services to address the identified child's mental/behavioral health needs. During the case related interviews there were no identified gaps in services that would have prevented the identified child from receiving appropriate identified services.

Item 18, B: For Foster Care cases only, during the period under review, did the Agency provide appropriate oversight of prescription medications for mental/behavioral health issues?

FFY 2016: 56.2% Yes

Five cases were reviewed and for the cases during the PUR that were identified as an ANI, the Agency did not provide appropriate oversight of prescribed medications that addressed mental and behavioral health issues. During the case related interviews the lack of oversight was related to not appropriately monitoring the prescribed medications.

For the service gaps, the biggest gaps revealed in the QA data are for the following services:

- Substance use treatment and classes
- Housing needs
- Mental health assessment
- Parenting classes

The next needed services gaps were:

- Employment assistance
- Counseling
- Domestic violence assessment
- Financial support

Post Legal Adoptive Services (PLAS)

PLAS services includes case monitoring and referring for services to available community resources such as Mental Health or DDSN to name a few.

For parents who want a Psychiatric Residential Treatment (PRTF) Services, SCDSS provided the parents the names of providers in the area. Parents could place their children in PRTF without the Agency being involved. SCDSS also answered questions about subsidy or Medicaid and referred families to individuals in state office to help them with seeking an answer to their problem.

The post legal structure changed due to the change in Medicaid funding. Currently, there is no known data to determine the array of services for this group.

Independent Living Services

In SC, Independent Living Services start at age 13 where case managers, group home providers, foster parents are supposed to assist youth to assess and receive services that would help them gain independence and transition into adulthood. Some services were funded and some were not. A “needs assessment” was to be done annually, starting at age 13, to make sure the needs of the youth were met.

Eligible youth were able to access services through the Independent Living Funding Request (form 30198) through case managers, group home providers, foster parents or youth who were 17 years old or older. The case manager was responsible for ensuring that youth age 13 and above received the skills and services they needed based on a Needs Assessment, which was required to be done annually.

There was no specific living skills assessment required for Independent Living, but for needs assessment SCDSS recommended the “Casey Life Skills, Daniel Memorial, or Washington Life Skills Inventory Assessment”. SCDSS completed a Transition Plan Meeting / Form (form 30206), which was considered to be an assessment to be completed 90 days prior to the 17th birthday and 90 days prior to the 18th birthday.

While some learned skills like cooking and cleaning in the placement setting (foster parent or group home), other Independent living skills were learned in youth groups (which met monthly 9 times a year), Leadership and sibling camps throughout the year, and other programming that IL provides. Programming and services could also be requested on an individual basis.

An extensive array of Independent Living services were available related to specific categories: Daily Living Skills, Adult Education, Education Support, Senior Expenses, Pre College, Special Recognition, and Transportation. In addition, if a youth saw or heard about a program they would like to attend that teaches leadership, independent living, or life skills (as long as it falls in line with our 14 NYTD categories) SCDSS more than likely could provide funding. Information on the specific services available was provided to the county office through the Independent Living: Pathways to Success booklet (30258). CAPSS reports (SN200-R01 and R02) provided aggregate and child specific detail on the Number of Children in Foster Care 13 to 21 years of age and the Number of Children in FC without NYTD categories. In pulling these reports for the reporting period 10/01/2016 through 3/31/2017: 345 children did not have an open NYTD category out of the total eligible group 1634 children representing 79% of children receive these services. The use of IL services and funding (Chafee Independent Living Funds and the Education and Training Voucher Program) have steadily increased during the PUR due to increased awareness of these services and available funding, new criteria, new partnerships, additional staff and new services. According to the Independent Living Skills state coordinator, services could be even better utilized if SCDSS had more of a focus on well-being for older youth in preparing them for adulthood. One of the gaps was lack of staff with a focus only on transitioning youth. It seems as if the caseload size may have also prevented case managers to focus more on older youth and preparing them properly to transition out of care.

Summary

SCDSS has made many improvements in developing a comprehensive array of services tailored to meet the needs of children and families in the child welfare system that included those being served by Community Based Prevention Services, Family Preservation, Foster Care, Intensive Foster Care and Clinical Services and Adoption. Those contracted by the Agency must comply with cultural competency training and service expectations. Although required, the state has not accessed the level of culturally and linguistically appropriate service delivery. Services available through other state agencies such as the Department of Mental Health and DAODAS were also required to provide culturally appropriate and competent services.

The Agency did not track youth who identify as lesbian, gay, bisexual, transgendered or questioning. With the awareness that these youth are often over represented in the Foster Care system, this is an area requiring intentional efforts. Developing an awareness and sensitivity to

the unique needs of these populations for our foster parent and other program areas has been identified as an area of needing focus.

This is also an issue the Agency must address in meeting the needs for youth transitioning out of Foster Care. While SCDSS is beginning to capture some data through our NYTD services, the scope of the problem is fully present and will intentionally be addressed in future planning.

Residential services for both victims of sex trafficking and transgendered youth were not always available. On several occasions these services were sought in other states. The SCDSS had also experienced availability issues with Psychiatric Residential Treatment Facilities resulting in foster children being placed in motels with supervision and overnights in offices during the PUR. Directives were implemented with clinical support to prevent this practice.

In reviewing data on service accessibility, caseworkers at the county level did not always know what services were available. This was also identified as an area of concern in addressing the Michelle H. settlement agreement. As a result, a resource guide is being developed based on identified needs with available medical, mental health assessments and services. The United Way 211 system can also be better used as a resource for available mental health and economic services available by county.

Although transportation was available in some jurisdictions through individualized contracts with specific wraparound service providers, the availability was not always able to meet the needs. For example, currently over 1000 children qualify for Medicaid services statewide, but with only four providers, the majority of the population would not benefit. Telemedicine services were also available through some providers but again accessibility was limited.

The interagency System for Caring for Emotionally Disturbed Children (ISCDEC) was accessed if a child in Foster Care was identified as at least having a suspicion of being severely emotionally disturbed (SED), and in need of determination if the child/client is eligible for Rehabilitative Behavioral Health Services (RBHS) and/or therapeutic residential services/placement. This assessment process in partnership with SCDMH at a minimum will be described in Item 30. Although the ISCEDC process is statewide, there were regional differences in determining eligibility that need to be addressed. The use of Mental Health as part of the Out of Home Protocol for assessment and immediate eligibility determination was also not consistently utilized.

Specific practices have helped to increase capacity during the period in review:

- SCDSS agreed that the Managed Care Organization support for medical and behavioral health services for children in Foster Care would be available through Select Health. “Medical Home” services were provided for this population through Select Health or Medicaid providers.

- Trauma Informed Care awareness and service delivery was a significant focus during the PUR, with specific trauma informed assessment and treatment services (Trauma Focused Cognitive Behavioral Therapy) now available/ accessible in all jurisdictions statewide. A roster of qualified clinicians, brokers (case managers) and senior leaders was maintained by Project Best and available through the National Crime Victim Research and Treatment Center, Medical University of South Carolina website. A statewide map of these services was also available through the Joint Council on Children and Adolescents.

The Agency has identified the following needs to address gaps in services through future contracting for specific services. These include family visitation centers, assessment centers, statewide forensic services and statewide family engagement services (FTM, FGC with FF) to ensure that all services are consistently available state wide.

Quality Assurance Review data for FFY 2016 also confirms the need for the state's renewed focus on the recruitment of Foster and Adoptive Families statewide. This will be addressed in item 35: Diligent Recruitment of Foster and Adoptive Homes.

In comparing the core services and new services being added to the array, limitations around accessibility seems related to permanency and stability in living situations that continues to be below expectations. Although, as mentioned above, the core service array seems to be adequate with specialized services available statewide, ensuring that services are known by caseworkers and accessed continues to be problematic.

Based on the available qualitative and quantitative data and analysis of the data presented in this item, the Array of Services is recommended as an Area Needing Improvement.

Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the Agency?

Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the Agency.

- Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the Agency.

State Response:

During the period under review SCDSS had several resources available throughout the state to individualize services identified in item 29 to children and families. Over the past several years, the Agency has collaborated with stakeholders to individualize the service array and fill gaps in services needed for children and families. The SCDSS Child Welfare Policy Manual also included policies and procedures related to providing individualized services to children and families with “special needs” and “vulnerable youth.” Chapters 4, 5, and 7 specifically provide directions for those with disabilities, English language challenges, and other special needs. As an example, Chapter 5, 510.4, Case Planning and Management, included the required procedure for “Staffing for placement and other services for the vulnerable youth should involve interagency personnel and multi-agency service providers to include but limited to: 1. DDSN; 2. DMH; 3. Vocational Rehabilitation; 4. South Carolina School for the Deaf and Blind; and 6. Any other relevant individuals or organizations with knowledge of the child’s needs.”

During the PUR, the following are examples of how the SCDSS individualized services to children and families.

SCDSS- Office of Civil Rights:

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

Foster Care Health Initiative:

In order to provide better healthcare delivery for approximately 4100 children in Foster Care, the Foster Care Health Initiative was developed in 2012. This was a collaboration and coordination of the SCDSS with the South Carolina Department of Health & Human Services (SCDHHS). As part of that initiative, SCDSS determined that it was in the best interest of children in Foster Care to be enrolled in coordinated care since children in Foster Care often require a more comprehensive, coordinated healthcare delivery model that promotes better access, improves

health outcomes while managing the child's overall physical and mental health care. The SCDSS contracted with Select Health as the Managed Care Organization (MCO) to serve in this role. Subsequently, during the PUR most foster children were enrolled in Select Health. Those not enrolled in Select Health were covered by waivers through SCDHHS, remained in fee for services options, or received traditional services covered by Medicaid. Select Health has a wide network of providers in all forty-six (46) counties of South Carolina as well as bordering counties in North Carolina and Georgia.

During the PUR, the Health Care initiative also established Foster Care Liaisons within SCDSS and SCDHHS to assist providers in facilitating appropriate linkages to child welfare agencies, hospital emergency departments, mental health agencies, schools, and early intervention/special education programs. To ensure that individual health and mental health services were tracked and histories were available to practitioners, agency efforts intensified on ensuring policies and practices in documenting services on the Education and Health Passports (Policy 818.05) were consistently implemented and followed during the PUR.

Health and Education Passport (DSS form 30245):

On May 6, 2016 SCDSS sent out directive memo D16-08 agency wide, immediately implementing the Health and Education Passport. The Health and education passport was intended to be a vital tool for ensuring the well-being and individualized needs of every child in Foster Care are assessed and evaluated. It required that a child's health and education record be reviewed and updated, and a copy of the record supplied to the foster parent or Foster Care provider with whom the child is placed, at the time of each placement of the child in Foster Care, and is supplied to the child at no cost at the time the child leaves Foster Care by reason that he or she has reached the age of majority under state law. The Agency required that the Health and Education passport be completed and available in the CAPSS by July 1, 2016. This form has the ability and design to capture active and ongoing information including current providers, health care needs, education quality information, and becomes the best tool the Agency has to provide current foster parents with the most up to date information available, to allow them to be an advocate of the individualized needs of the foster child, and to build upon already existing services, so that a client is able to access needed services. However, during the PUR, the Health and Education Passport was not used consistently by SCDSS caseworkers nor made available to medical and mental health practitioners to follow the child.

During the period under review, SCDSS collaborated with SCDHHS to create exemptions from Medicaid Manual Standards in the area of Rehabilitative Behavioral Health that allowed for the individualization of services to the Foster Care population. For example, there is a same day service rule that prohibits providers from billing Medicaid for more than one of the community support services. However, DHHS allows an exemption for any foster child to receive more than one of the services to be billed on the same day of delivery. Another example is the requirement for psychosocial rehabilitative services (PRS) skill building providers to have a bachelor's degree. DHHS allows for foster parents providing these direct services to only have a high school degree which is consistent with the Agency's requirement for foster parent licensure.

Interagency System for Caring for Emotionally Disturbed Children (ISCDEC):

Eligibility for therapeutic services and levels of care were determined through the ISCEDC process managed by SCDSS. The ISCEDC process was created legislatively (Children's Code of Laws) in 1994 by establishing multi-agency partnerships in every county of the state of South Carolina through a staffing process that assessed the individual child's needs and provided Medicaid match funding for services. This process created unique opportunities for local communities to holistically address the needs of emotionally disturbed children in Foster Care. The goal of the ISCEDC process was to support children in a manner that will facilitate their ability to transition from therapeutic settings back into less restrictive community settings, preferably back to their families when possible and appropriate. County staffing teams of representatives from state agencies were established in every region of the state of South Carolina. The staffing and determination process was and is available to every foster child and empowers local agencies to make decisions about how best to serve the individualized needs of children who need therapeutic services, and therapeutic levels of care along with wraparound services. Children and their families are able to access services, based on eligibility criteria related to their development and behavioral health needs. Although, this process was available in every jurisdiction, service gaps existed due to inconsistent interpretation of ISCEDC eligibility guidelines, thereby limiting some services throughout the forty-six (46) counties based for children deemed ineligible who may have been eligible.

Individualized service planning was also available through the Children's Advocacy Center (CAC) Multidisciplinary Team Staffing (MDT) process. As described in item 29, the CACs covered all jurisdictions and provided a MDT process for children referred for allegations of physical and sexual abuse. Following the forensic interview, the MDT was scheduled to make recommendations for court intervention and treatment planning. This followed an assessment process through the CAC or coordinated through local the local mental health centers to address trauma and other service and treatment needs. The findings became part of the Agency case and court ordered plan.

Limited English Proficient and/or Sensory Impairment (LEP/SI) Services:

The SCDSS Office of Civil Rights had policy indicating that all clients (children and their families) regardless of Limited English Proficient and/or Sensory Impairment (LEP/SI) have equal access to programs, had equality in participation and received entitled benefits regardless of race, sex, age, national origin, ancestry, religion, inability to speak or comprehend the English language, language proficiency, impairment, or disability. These policies also required designated staff within the Agency, referred to as the Client Special Services Coordinators (CSSC), to be available in every county and in some cases, regional offices to assist with these services. The role of the CSSC was to secure language resources, assess staff training needs, provide staff training and monitor quality, effectiveness and accessibility of language services. The Office of Civil Rights conducted assessments at the county, regional, and State Program Office to assess the potential and actual need for LEP/SI Services in the office's service area. The Office also reviewed the Current Population Survey through the US Census Bureau and the US Bureau of Labor Statistics to determine what areas of the state may have a language, where interpreter services may have been challenging and difficult, or nonexistent. The information

was used to recruit interpreters for languages where there were few resources in that area. The Office of Civil Rights maintained contracts with the SC School for the Deaf and the Blind for interpreter services for individuals with sensory impairment that was available in all forty-six (46) counties.

During the PUR, the SCDSS contracted with the University of South Carolina, Center for Child and Family Studies (CCFS), and the joint **Hispanic Assistance and Bilingual Language Access (HABLA)** Project at the University of South Carolina which trained and provided Spanish-English telephone interpreter services and translating documents services for all SCDSS programs. The HABLA operated six (6) lines to interpret for the SCDSS staff during business hours. On a typical month, HABLA interpreted 4400 calls for the SCDSS staff and translated 4350 documents such as notices, emails, letters, pamphlets, and court orders. The HABLA Call Center was open 8:00 am–5:00 pm, Monday through Friday and was available through a toll free line to the SCDSS staff and contracted service providers. The HABLA translators and interpreters were **American Council on the Teaching of Foreign Languages (ACTFL)** Certified and/or American Translator Association Certified, ensuring linguistically competent services. The HABLA's team was comprised of approximately twenty-five (25) interpreters/translators who were tested, trained, and specifically qualified to meet the needs of the diverse groups of Spanish speakers served by the SCDSS.

The Habla contract was discontinued in June 2016. The SCDSS then contracted for interpreter services through the **Interpreter Qualification Project (IQP)** providing over 70 Spanish dialects available to the Agency. LEP/SI services were accessed at the county level by the caseworker when needed and provided to some contracted provider agencies such as those providing family engagement services.

During non-business hours, the Agency had a contract with the AVAZA for telephonic interpreting and with Linguistica International for written translations. For communications in languages other than Spanish, the Agency had a contract with The AVAZA for telephonic interpreting, and with Linguistica International for written translations. The AVAZA telephonic interpreting was available twenty-four (24) hours per day, seven (7) days per week, and could be used for Spanish interpreting if necessary due to a HABLA backlog or closure.

The Agency had contracts with six (6) interpreter businesses to provide face-to-face interpreting in languages other than Spanish.

Family Engagement Services:

Individualized child and family service needs were assessed and identified through Family Engagement Services described in item 29 during the PUR. These services improved the overall engagement of families in Foster Care and family preservation and helped to individualize services specific to the child and family toward achieving positive permanency – reunification, relative guardianship or adoption. This was accomplished by involving the larger family group in coming together to develop the Family's Plan and identify services based on assessments to address the individual concerns regarding their involvement with SCDSS. The intent was to enhance the families capacity to provide for their children's needs by identifying the needs and services for their child, parents, and relevant family members, involving the child

and family in case planning, and enhancing the quality of visitation and caseworker visits with the child and parent. The expansion of components of family engagement services (Family Team Meetings (FTMs), Family Group Conferences (FGC) with Family Finding and Unlicensed Relative Assessments (URA) in 2015 to regions 1,3,and 4 (this includes 26 of 46 counties) allowed SCDSS to further expand the service array through service accessibility based on individualized planning for services needs of the child and family. The entire array of services offered in Family Engagement Services, was not available in regions 2 & 5 (except for 5 counties in Region 5 providing the full array from a previous contract); services continued in those counties (20 in total) under an emergency procurement contract which only included FGC. Family Meetings held as the child entered Foster Care (within 24 hours or up to 3 days) were either facilitated by a private provider under the Family Engagement contract or the caseworker. SCDSS policy states that family meetings provide opportunities for the parents and the child (ren) to be engaged in case planning process and for identifying and including individuals who will support/assist the parents in changing the behaviors that resulted in the child being placed in to Foster Care. The child's participation is determined on an individual basis (developmental issues, case circumstances, therapist recommendations or court order). If the child/youth was not present based on the above or by choice, their views were presented by an individual (i.e. the Guardian ad Litem for a child in Foster Care, or an individual chosen by the child). The child's views may have also been presented by letter written by the child. Other specific family engagement services as described earlier were also available to assist in assessments and service identification.

Case planning:

Caseworkers completed assessments of children and families to determine what is needed to achieve safety, positive permanency and well-being. The child's individualized plan (DSS 30231) is based on the comprehensive assessment with the parents and child as age/developmentally appropriate to include the following:

- The services to address the education, physical health, mental / behavioral needs, and if applicable criminal behavior, substance use, involvement with law enforcement, etc.
- Actions to determine the child's safety in placement and the appropriateness of the placement of the child.

A written case plan as described in item 20 is required to be completed and updated to identify specific needs of children, youth and family members/caregivers for those served in Foster Care and family preservation. For specific emotional or behavioral needs such as those related to a diagnosis of autism, a specific modality of treatment would be recommended. A caseworker having difficulty locating a qualified provider under that child or family Medicaid health plan, could contact a SCDSS clinical consultant and/or the MCO Select Health Foster Care liaison for assistance. In cases where the specified service is unique and no Select Health provider can be located, SCDSS staff reviewed requests that allowed for alternative agency funds to pay for services.

Once a plan was developed, the ability to add or modify a plan was always available with periodic updates required by policy and became part of the legal treatment plan for the family in court involved cases.

SCDSS policy dictated that in order to expedite implementation of the child's permanent plan, a primary and a concurrent permanent plan was selected for each child, and within six months of entry into Foster Care, if it was determined that it was unlikely the primary plan would be implemented within 12 months, then work to implement the concurrent plan was initiated concurrently with the primary plan.

Intensive Foster Care and Clinical Services (IFCCS):

During the PUR, since 1995, the SCDSS provided IFCCS services to give cases a clinical view to specifically detail the individual needs of children in Foster Care primarily, that were in need of high levels of care, intensive case management, and/or other specialized services. These Clinical Consultation Services were provided by Regional Clinical Specialists (RCS), whose role within the Agency is to review cases for all children managed by the IFCCS division, placed in therapeutic levels of care to clinically assess their current level of functioning, determine if the current services were addressing the overall goals and needs of the child, or if there were additional needs and services that the client may benefit from. Directives and protocols were created that included time frames for initial and ongoing consultation between the RCS's and direct line caseworkers. Directives include:

It is the responsibility of case management staff and supervisors to ensure that all IFCCS clients are referred for clinical case consultation with the Regional Clinical Coordinator as needed but not less than once annually. Exceptions for more frequent consultations are designated below:

All IFCCS cases should be staffed with the Regional Clinical Coordinator within 60 days of accepting lead case management.

Required Consultations:

- Referrals to:
 - Non-Medicaid Facilities (HMGH, Moderate, SIL Programs)
 - Residential Treatment Facilities (RTFs)
 - Providers of Psychosexual Assessment of Treatment (inpatient or outpatient)
- (After placement in one of the above, the case must be staffed every six months and at least one month prior to discharge)
- Approaching guidelines for lengths of stay
 - RTF (12 months)
 - TDC (45 days)
 - Psychiatric Hospitals (6 months)

- Behavioral Intervention (BI)
- TFC Level II or III
- Subclass members
- Out of State Therapeutic placements
- High profile clients and situations
 - Media events, legislative or political involvement, legal battles, ISCEDC or interagency conflicts, institutional abuse reports
- Significant School Problems, pending expulsions
- Clinical Day Program
- Psychological Evaluations

Limitations with the function of the RCS's included their inability to staff all eligible clients. The focus of the directives and the position of the RCS was to create an avenue for consultation for all cases managed by the IFCCS division. However, during the PUR, there was a change in practice for consultations. At the end of the PUR, there were 695 severely emotionally disturbed (SED) children's cases in Foster Care, which were managed by SCDSS County Offices, not IFCCS caseworkers, and those cases did not get consultation services as required by the protocol. These cases were called other Lead Cases.

In certain cases managed by SCDSS County Offices, the RCS's did consult on these Other Lead cases but it was not as formal as a case consultation held with an IFCCS Lead client. Other limitations to case consultation included not always meeting the timeframes for staffing clients at certain higher levels of care. Percentages of cases where case consultations were held in a timely manner were not kept by SCDSS so it is difficult to determine not only how many cases were staffed timely, but also what percentage of other lead cases were staffed by the RCS's, what types of recommendations were made, and how long it took before the client received the recommended services. IFCCS did maintain a separate database for clients who were severely emotionally disturbed; and reporting was available, but due to the age of the database, there were limitations around creating specific builds within the system to enhance its reporting capability so data could be collected, and goals established to produce better outcomes and improve overall the usefulness of the consultation services.

In the future, reducing caseworker caseloads as agreed upon in the Agency's Michelle H. Lawsuit agreement, should result in more SED clients being transferred to IFCCS, where they would benefit from the case consultation protocol, and should result in clients getting services that they need, when they need them. SCDSS firmly believes that clients should be placed in the least restrictive environment possible that allows them to function in their own community.

Caseworker Visits are a way to ensure that individualized services are being received. SCDSS policy requires a minimum of monthly Face to Face contact with each foster child under the age of 18 by the child's worker or member of the child's casework team. These contacts focus on the safety, permanency and well-being of the child. In addition since 2009, the CAPSS provided a Foster Care attention report documenting caseworker visits.

Indian Child Welfare Act:

During the PUR, the SCDSS had policy and procedures related to information to be gathered in the case planning process that included whether or not the child was a member or eligible for membership in a federally recognized tribe. If a member, or eligible for membership in a tribe, the Agency had policy and procedures to involve the tribal representative in the case from the moment the case was referred for a Child Protective Services investigation.

The Agency had policy and procedures consistent with the Indian Child Welfare Act, implemented a Memorandum of Agreement between the SCDSS and the Catawba Indian Nation, developed and provided regional training events for SCDSS staff about ICWA compliance, Native American cultural sensitivity, and the history of the Catawba Indian Nation.

Components of the Service Array often included in the individualization of services to children and caregivers include:

- **Parenting Classes:** Ideally, the need for parenting was determined by an assessment of parenting capacity or fitness to parent assessments and included a detailed social summary of any known parenting deficits and areas of needed intervention. If a deficit was identified as a core issue of the abuse and neglect, a recommendation for parenting classes would be included in the case plan for services and a criteria for successful completion included in the case plan. For those cases with court intervention, this usually became part of the court ordered plan.
- **Substance Abuse Assessment and Treatment Services:** As referenced in item 29, assessments and treatment services for substance abuse was a core service available in every jurisdiction. Judges often ordered some type of substance abuse assessment either based on SCDSS recommendations or the independent judge's decision. The type of assessment varied from county to county with some being more invasive than others by ordering hair follicle testing on all being considered for placement and visiting children in care.
- **Play Therapy:** According to the Association for Play Therapy web site, there were 58 registered and certified play therapists identified in South Carolina if a child was identified as needing this service. There was at least one play therapist in 21 counties and there was at least five play therapists in each region (region 1-18, Region 2-17, Region 3-7, Region 4-11 and Region 5-5). If a registered play therapist was clinically recommended but the provider did not accept Medicaid or the child did not qualify for Medicaid, SCDSS contracted for this and other needed non Medicaid reimbursable services through state procurement with state funding through SCDSS.
- **Independent Living Services:** According to SCDSS policy, all youth in Foster Care ages 13 through 18 must complete an annual life skills assessment. The youth's comprehensive transitional case plan listed goals specifically related to the identified deficits in skills needed for the youth to be successful in life. Some of the recommended assessments, such as the Ansell-Casey Life Skills Assessment, have additional

assessments available and recommended for youth with particular characteristics or circumstances, such as LGBTQ youth, American Indian, and education levels of the child. For example the LGBTQ assessment includes 81 items and covers LGBTQ terminology, self-concept, community resources and supports, health, environment and safety, and family and community values. The American Indian Assessment is designed to address the unique cultural needs of American Indians in maintaining their cultural identity while navigating between two worlds. The 27 items covered include religions and spiritual beliefs, resources and trust, tribal affiliations, and family and values. Other categories in education are available, specific to a level of education, and includes a category for educational supports that has 32 supplemental items for IEP and 504 plan support and assistance for young people with disabilities. Areas such as academic support, housing, career preparation, and education financial assessments are measured in the basic life skills assessment.

Independent living goals were included in the youth's child assessment and case plan and were updated in Transitional Planning meetings with the youth and documented in CAPSS as necessary based on policy. A description of the specific NYTD identified independent living skill categories are referenced in item 29.

In addition to Transitional Planning meetings, an exit interview for the youth's discharge from Foster Care was held with emphasis on housing, Medicaid coverage and or health coverage, education and employment plans. The transition must include the necessary documents for the Foster Care youth to execute the power of attorney/proxy if he/she chooses to do so. CAPSS reports were available weekly that addressed cleanup and clients with no NYTD categories documented. The reports have been available since 2011 and are referred to in item 29.

- **Psychiatric Residential Treatment Facilities:**

Gaps exists in some areas to the extent that services for certain populations of children, were more difficult to find, or in some circumstances, did not exist at all. Specific examples were referenced in item 29; psychiatric residential treatment facility (PRTF) services for victims of sex trafficking while protecting them and preventing the recruitment of other victims. In both of these examples, services were obtained through facilities in our neighboring state of Georgia. Also during the PUR, it was noted that bed availability was limited in PRTF's, due to the PRTF creating contracts with other states at higher contracted rates, resulting in service gaps in this level of care. Service gaps for specialized populations such as victim of sex trafficking may grow as the state becomes more adapt at identification and becoming familiar with their mental health and protective needs. There is also an anticipated growing need for cultural sensitivity and support in serving LGBTQ identified youth in all programs.

- **Other specialized treatments** such as the treatment of adjudicated juveniles for sexual offenses, can be challenging but not necessarily impossible to locate services providers; challenges often included qualified providers who do not take Medicaid or other insurance, or were not located in a client's county or neighboring county requiring

children and families to travel long distances to receive services in some cases, disrupting a family's day to day routine.

Flexible Funding: SCDSS does have the ability to utilize state funds and county based funding to pay for services and create sole source contracts on a case by case basis to meet the unique needs of children and families and fill service gaps after alternative means through the Agency's MCO Select Health to secure services, had been exhausted. These funds were also used to pay for services such as transportation if not otherwise available, unique services such as fitness to parent assessments, basic client needs (food, clothing, housing, utilities, medical and prescriptions not covered by Medicaid or SSCG funds such as counseling, drug testing, emergency SLED checks, etc.). These sources included SSBG funds, Project Fair and Adoption flex funds. Funds were approved by county directors based on caseworker assessment, clinical consultant recommendations and supervisory approval.

Barriers to obtaining services were often related to transportation availability and utilization for services especially in the rural areas, case worker availability and caseloads, availability of service delivery in rural areas, client and family schedules, child or family attitude about the service, willingness to participate and engage in services and service disruptions when placements terminate prematurely. Efforts were made to address these barriers in monitoring individualized case plans.

Cultural competency and sensitivity was a requirement of most state contracts, state and private providers similar to those referenced in the **Cass Elias McCarter Guardian ad Litem Program**.

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

Objectives of the Cultural Competence Training:

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

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

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

South Carolina Foster Parent Association (SCFPA)

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

Data

There are significant limitations regarding relevant data to address this item:

There was no data available for the accessibility to services, in compliance with the Americans with Disabilities Act, as provided by contracted services providers.

There was no survey data available for gaps and availability of LEP/SI Services.

There was no data available to indicate that the Foster Care Health Initiative provided better service identification or access to services requiring individualization for special needs.

SCDSS has policy that a child's individualized plan is based on the comprehensive assessment with the parents and child as age/development appropriate to include the services to address the education, physical health, mental and behavioral needs and if applicable criminal behavior, substance use and involvement with law enforcement, take action to determine the child's safety in placement and the appropriateness of the placement of the child; actions to support parent-child visitations and actions to maintain the child's family and other meaningful connections, actions to reunite siblings and that a permanent and concurrent plan and the actions by SCDSS to address the placement needs of the child. SCDSS views policy as the most appropriate tool for individualizing the needs, but in the course of record reviews, case plans at times are seen as "cookie cutter" and must be revised to be compliant with agency policy.

Individualization of services during the PUR has increased as additional tools and evidenced based training for caseworkers have become available, and certain requirements have been implemented in SCDSS agency policy although significant challenges remain. For example, SCDSS policy states that the Agency encourages and provides opportunities for parents to participate in the completion of the family story and assessment and development of the plan; Additionally, SCDSS policy states that family decision making and is a team decision (unless contra-indicated by the individual case circumstances to forego reasonable efforts) and should include stakeholders such as the child's guardian ad litem. However, even with this focus as evident in the QA review items noted in item 29, service identification and attainment were areas needing improvement during the PUR.

Although efforts were increased in using the Education and Health Passport in documenting individual dental, medical and mental health assessments and services and using this document to better coordinate services, challenges remain. During weekly Agency cadence calls, the percentages of Health and Education Passports being scanned and entered in the SCDSS CAPSS system was tallied. As of 7/01/16 when it was required that every foster child have a

scanned completed Health and Education Passport, the percentage was 99%. The limitation of this data was no field available in CAPSS that captures the completion of the form; the percentage is only indicative of the form being captured in the linked file portion of the client's record. It does not capture that the form has been 100% completed, nor does it assess the quality of the information recorded on the Health and Education passport. The Agency does not currently have any type of data reports that shows the percentages of completed passports, only that a copy is saved under the clients person tab in CAPSS.

It was further noted that in converting to the New Me CAPSS system, 85% of the records were missing documentation of required medical information indicating that the data did not mitigate to the new version of the CAPSS system.

The SCDSS had some ability to collect data regarding the number of children referred for ISCEDC consideration, but did not always document the reason why a client was denied services. The SCDSS collected data in October of 2015 with 4 of the 5 regions reporting information. The goal was to determine if SCDSS was defining eligibility consistently statewide, and assess how independently the counties and regional ISCEDC teams were functioning. Of 39 cases reviewed, the data suggested that in some counties, provisional authorization of ISCEDC eligibility was granted, without the availability of any documentation (80%) in writing, that 100% were deemed eligible, and that 62% of cases had clear recommendations made in writing. The limitations of the data collection included small sample size and follow up questions related to whether the teams determined eligibility in similar ways and if service delivery was consistent with recommendations - were children placed in the level of care recommended by the ISCEDC staffing, and if not, why? This information also may have been helpful in determining if there are gaps in the level of care or service recommended, and service availability statewide.

Percentages of cases where IFCCS case consultations were held in a timely manner were not kept by SCDSS. Documentation in CAPSS dictated verified the consultation and recommendations. Due to the number of requests, and the limited number of consultants, these cases were triaged based on those managed by the Intensive Foster Care and Clinical Services Unit, level of care, emergencies and case intensity. Limitations with the function of the RCS's included their inability to staff all eligible clients. Percentages of cases where case consultations were held in a timely manner were not kept by SCDSS making it difficult to determine not only how many cases were staffed timely, but also what percentage of other lead cases were staffed by the RCS's, what types of recommendations were made, and how long it took before the client received the recommended services. IFCCS maintained a separate database for clients who were severely emotionally disturbed; and reporting was available, but due to the age of the database, there were limitations around creating specific builds within the system to enhance its reporting capability so data could be collected, and goals established to produce better outcomes and improve overall the usefulness of the consultation services. Additionally, reducing caseworker caseloads as agreed upon in the Agency's Michelle H. Lawsuit agreement, should result in more SED clients being transferred to IFCCS, where they would benefit from the case consultation protocol.

CAPSS reports (SN200-R01 and R02) provided aggregate and child specific detail on the Number of Children in Foster Care 13 to 21 years of age and the Number of Children in FC

without NYTD categories. In pulling these reports for the reporting period 10/01/2016 through 3/31/2017: 345 children did not have an open NYTD category out of the total eligible group 1634 children representing 79% of children who received these services. The use of IL services and funding (Chafee Independent Living Funds and the Education and Training Voucher Program) have steadily increased during the PUR due to increased awareness of these services and available funding, new criteria, new partnerships, additional staff and new services. Additionally, SCDSS policy included documenting what services were reviewed with children monthly during each face to face visit. SCDSS CAPSS system has reports to track and keep up with children who do not have a documented IL skill reviewed with them. The report did not capture the services reviewed monthly for each client, but rather what youth did not have a service reviewed in a particular month.

Summary:

As referenced in this item, SCDSS had numerous individualized services in place based on the efforts of intensive, state-wide collaboration. However, due to inadequate referral and tracking systems in conjunction with identified service gaps, this item is rated as an Area Needing Improvement.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

How well is the Agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, Foster Care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the CFSP and related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, Foster Care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

State Response:

Tribes

The Catawba Indian Nation (CIN) is the only Federally-recognized tribe in South Carolina. During the period under review (PUR) SCDSS staff representing the following areas: OHAN, Office of General Counsel, Adoptions, Foster Home Recruitment and Licensing, Independent Living, Child Welfare Programs, Policy and Practice and York County SCDSS Office (location of the Catawba Indian Reservation) met regularly with representatives of the CIN (Social Services Director and General Counsel), University of South Carolina Center for Child and Family Studies and Children's Law Center, Winthrop University and The South Carolina Commission for Minority Affairs. The purpose of these quarterly meetings of the CIN-SCDSS Collaboration Group were to review the goals and objectives in the CFSP which related to the CIN and address progress in meeting these goals and objectives. The items discussed during these meetings related to identifying children who are members of or are eligible for membership in a Tribe; Native American Foster and Adoptive Family Diligent Recruitment; involving CIN Social Service representatives in all possible Child Welfare Services stakeholder meetings, and providing training for SCDSS staff.

In addition to the CIN-SCDSS Collaboration Group, CIN Social Services and SCDSS Child Welfare Program, Policy and Practice staff scheduled weekly conference calls to discuss questions and concerns with specific CIN cases.

Consumers

One function of The SCDSS Office of Constituent Services is to address concerns from Child Welfare Services (CWS) constituents. When a CWS constituent contacts the Office of Constituent Services with a concern, a member of that office forwards the concern to the appropriate Agency staff, Regional Director, County Director or State Office Program Manager.

The Office of Constituent Services then monitors for follow-up. Based on current anecdotal trends, most CWS constituent concerns came from one of the following groups: Parents with open CWS cases, Foster Parents and Pre-Adoptive Parents and Relative and Non-Relatives of a child in care. This information was included on page 8 of the 2017 APSR.

The agency also received feedback from birth parents through interactions and discussions with county office staff, QA Reviewers and Family Engagement Services but there is not a process in place to route this feedback to State Office for inclusion in the APSR. This has not been included in past APSR nor has it been utilized in the development of the AFSP or the APSR. During the PUR, birth parents were not included in statewide stakeholder meetings and if included in regional or county meetings there were no processes in place to capture their information for inclusion in the CFSP or APSR updates.

The SCDSS Chaffee Foster Care Independent Living Program (CFCILP) staff worked with the Federal NYTD Survey, the State Youth Advisory Board (GOALL), and the Independent Living Youth Association to garner feedback from youth in transition. Each year, GOALL youth visited all the Independent Living Youth Association's youth groups to gather feedback from youth in Foster Care. In the spring, these GOALL Advisory Board members invited upper administration to attend a meeting in which they presented concerns of youth in Foster Care throughout the state.

Courts

The goal of the South Carolina Court Improvement Program is to achieve timely and quality court proceedings so that children may obtain positive permanency outcomes as quickly as possible. Court Administration, the Children's Law Center (CLC), and the South Carolina Department of Social Services are the primary partners in implementing the Court Improvement Program. These projects targeted the court-related concerns identified in South Carolina's most recent CFSR and IV-E review, including: permanency goal for a child in care; utilization of APPLA; needs and services for child, parents, and caregivers; and child and family involvement in case planning. South Carolina Court Administration, which received all three CIP grants, subcontracts the data grant to the SCDSS for enhancement of the Legal Case Management System. The CIP basic grant and training grant were subcontracted to the CLC. This information was included on Page 41 of the 2016 APSR.

As indicated in the 2015-2019 CFSP, The goals of the Court Liaison Program were to expedite the legal progressing of child protection and termination of parental rights cases, to reduce the number of delays in hearings, eliminate late hearings, and improve the system at both the case and systemic levels. The duties and functions of the Court Liaison were as follows: obtain docket from the SCDSS; review court files; prepare an information sheet for the judge (procedural history, as well as who has been served and or notice of the hearings); identify issues that might cause delays (service or notices to defendants, prior orders); communicate with the SCDSS staff to assist in resolution of any issue prior to the court hearing; observe court hearings; track the cases to identify any recurring issues; track cases with the Permanency Plan of adoption, follow-up on the filing of the complaint and scheduling of hearing; prepare monthly reports on timeliness and reasons for delays; assess docket time available to the SCDSS; record whether paternity or child support has been addressed; record whether ICWA and

nationality issues are addressed early in the life of the legal case, and if not remind the SCDSS legal staff to address issues of nationality. This information was included on Page 17 of the 2017 APSR.

During the PUR, The Bench-Bar Committee in SC held quarterly meetings involving multiple child and juvenile-serving Departments and Agencies. At these meetings, there were reports from the Court Improvement Program and the Court Liaison Program, the Department of Juvenile Justice, the Guardian ad Litem Program, and other groups involved with SC Child Welfare services and the courts. These meetings were another opportunity for these stakeholders to make recommendations for the CFSP. During FFY 2016, SCDSS Office of General Counsel presented on the Court Improvement Project technology and data collection grant and the SCDSS State Director utilized opportunities to address this group. On December 2, 2016, The SCDSS Office of General Counsel (OGC) presented agency updates to the Bench-Bar Committee regarding SCDSS policy and procedure related to Public Law 113-183, the "Preventing Sex Trafficking and Strengthening Families Act", and the signing of South Carolina Act H4546 into law by Governor Haley in June 2016. In calendar year 2016 (July-September 2016), the SCDSS and the South Carolina Foster Parent Association invited Family Court judges to the Leadership Training on changes to Another Planned Permanent Living Arrangement (APPLA), Case Reviews, Transition Planning, Permanency Hearings and Reasonable and Prudent Parent Standard also related to PL 113-183 and H4546. This information was included in the 2017 APSR page 17.

SCDSS is represented on the South Carolina Children's Justice Act Task Force by the Deputy Director of Child Welfare Services and the CQI Director. This Task Force is charged with conducting an assessment every three years of the state's systems for responding to abused and neglected children and based on this assessment make recommendations in the following areas: investigative, administrative and judicial handling of cases; demonstration programs for testing innovative approaches which may result in the prompt and successful resolution of court hearings or enhance the effectiveness of judicial and administrative action in child abuse and neglect cases; reform of state law, regulations, policies and procedures to provide comprehensive protection for children from abuse and neglect. The following agencies also have representation on this task force: University of South Carolina School of Law and Children's Law Center, Child Advocacy Centers, Local Law Enforcement, The Joint Citizens and Legislative Committee on Children, Child Abuse Pediatricians, South Carolina Court Administration, South Carolina Guardian ad Litem Program, Domestic and Sexual Assault Prevention Groups, South Carolina Judicial Department, Parent Groups, Therapists, Protection and Advocacy Groups, Members of the South Carolina Bar and South Carolina Department of Disabilities and Special Needs. In December 2016, the Task Force worked with the Trauma Development Team to propose amendments to the South Carolina Safe Families Act to include Trauma Screening and Assessment as immediate needs of a child in a Safety Plan. Also in December 2016, the Task Force arrived at a number of recommendations for legislative and/or policy changes meant to improve the handling of Kinship Caregiver/Alternative Caregivers cases. These Kinship Care recommendations included amending the statute governing these placements to include monthly monitoring visits for a specified period and giving SCDSS the ability to facilitate a formal, temporary legal guardianship in these cases; and to provide additional funding to SCDSS to hire dedicated Kinship Care caseworkers at the county level, if

necessary. During the PUR this information was not included in the APSR updates to the CFSP due in part, to a gap in the quality improvement feedback system.

Partner Agencies and Other External Stakeholders

The Foster Care Advisory Committee (FCAC) advised the SCDSS in the development of the state's Health Care Oversight and Coordination Plan (HCOCP) for children in the South Carolina's Foster Care System. The purpose of the Foster Care Advisory Committee is to advocate a system of care that assures children in Foster Care have timely access to and are provided appropriate medical and mental health care in a coordinated manner. The SCDSS and Department of Health and Human Services (SCDHHS) partnered together to lead the FCAC meetings on a quarterly basis. These meetings included a wide array of medical and behavioral health professionals statewide, such as the physician community of Pediatricians (representing, in part, the SC chapter of Academy of Pediatrics) and the Select Health Managed Care Organization (MCO) and other clinics, a forensic pediatrician representing the Children's Advocacy Centers (CACs), and child psychiatrists representing the SCDSS and the SCDMH. The FCAC also included other behavioral health professionals from the Department of Mental Health (DMH), private community-based Licensed Independent Professionals (LIPs), the Palmetto Association for Children and Families, Therapeutic Foster Care, Congregate Care and Rehabilitative Behavioral Health Services (RBHS) providers. The Foster Care Advisory Committee was divided into three (3) sub-committees or Work Groups: Access to Care, Trauma-Informed Care, and Medical Assessment. This information was included on page 11 of the 2016 APSR.

The FCAC Access to Care Workgroup recommendation was for better communication between the SCDSS, SCDHHS, the Managed Care Organization (MCO), Select Health, and providers. Specifically, communication could improve around changes in billing or payment practices, as well as in the way to directly and expediently resolved disputes, regarding approvals for services, and reimbursement issues and the monitoring of children on psychotropic medications.

During the period under review (PUR), the SCDSS held statewide stakeholder meetings. These meetings were held to update internal and external stakeholders on changes to and emphases in the 2015-2019 CFSP Strategic Action Plan, and to obtain stakeholder feedback regarding these changes. While the Agency received stakeholder feedback on all 4 of the goals contained in the CFSP, this information was not presented to agency executive staff for inclusion in the APSR's Update on the Plan for Improvement. These meetings occurred on 01/22/2015, 02/27/2015, 12/04/2015, 03/11/2016 and 12/16/2016. Representatives from the following external stakeholder groups were invited to these meetings: South Carolina Children's Trust, South Carolina Appleseed Legal Justice Center, South Carolina Department of Juvenile Justice, South Carolina Department of Health and Human Services, Richland County CASA, South Carolina Foster Parent Association, University of South Carolina Children's Law Center, University of South Carolina Center for Child and Family Studies, University of South Carolina School of Medicine, Lutheran Services Carolinas, Catawba Indian Nation, Cass Elias McCarter Guardian ad Litem Program, Seneca Center, Columbia College, South Carolina Law Enforcement Division, University of South Carolina College of Education, Select Health of South

Carolina, Greenville County Sherriff's Department, Safe Generations, South Carolina Judicial Department, Medical University of South Carolina, Windwood Farm Home for Children and Family Services, Clemson University Youth Learning Institute, Pee Dee Coalition, The Nurturing Center, South Carolina Department of Alcohol and Other Drug Abuse Services, Child Advocacy Center of Aiken County, Carolina Youth Development Center, Columbia Urban League, Greenville Hospital System, Charleston Center, South Carolina Department of Education, South Carolina Foster Care Review Board, South Carolina Coalition Against Domestic Violence and Sexual Assault, South Carolina Citizen Review Panel, Baptist Easley Hospital, The South Carolina Network of Children's Advocacy Centers, Baby Net, Allen University, South Carolina Crime Victim's Council, South Carolina Youth Advocate Program, Dee Norton Lowcountry Children's Center, Family Corps, Palmetto Health, South Carolina Department of Mental Health, South Carolina Department of Health and Environmental Control, South Carolina Heart Gallery, Palmetto Association for Children and Families, Protection and Advocacy for People with Disabilities, Inc., South Carolina Center for Fathers and Families, South Carolina Hospital Association, Connie Maxwell Children's Home and South Carolina Continuum of Care. Representatives from the following internal stakeholder groups were invited to the Statewide Stakeholders meeting: SCDSS Child Welfare Quality Assurance Reviews, SCDSS Regional Directors, SCDSS Policy Unit, SCDSS Intensive Foster Care and Clinic Services Regional Directors, SCDSS Regional Adoption Administrators, SCDSS Performance Coaches, SCDSS Regional Attorneys, SCDSS Program Development, SCDSS Out of Home Abuse and Neglect (OHAN), SCDSS Regional Intake Hubs, SCDSS Interstate Compact for the Placement of Children (ICPC), SCDSS Private Provider Manager, SCDSS Office of General Counsel, SCDSS Child Welfare Operations, SCDSS Training and Central Registry, SCDSS Child Welfare Program, Policies and Practice, SCDSS Information Technology, SCDSS Accountability, Data and Research, SCDSS Behavioral Health, SCDSS Foster Family and Group Home Licensing, SCDSS Internal Lawsuit Monitors, SCDSS Independent Living, SCDSS County Directors and SCDSS State Youth Advisory Board (GOALL). This information regarding collaboration efforts reflected above were reported in 2016 APSR page 6 and the 2017 APSR page 5.

Beginning before the PUR and continuing throughout, some SCDSS county offices held Partners meetings. Partners meetings provide networking opportunities with various community agencies updating one another on what was taking place in their agency. At these Partners Meetings, the APSR topics discussed included Foster Family recruitment, the information presented during the statewide stakeholders meetings, trauma-informed care, CFSR outcomes and goals, Family Engagement and working with Child Advocacy Centers. The agency continued its efforts to transition from Partners Meetings to Child Welfare Improvement Team Meetings in order for the data received at these meetings to complete a feedback loop so Executive Staff can use this data to update the CFSP. In addition to the local Partners Meetings and CWIT meetings, during the PUR, the Agency held statewide CWIT meetings. These statewide CWIT meetings were to be part of the feedback loop to update the CFSP. The SCDSS did not have a system in place to transfer information received from Partners Meetings to agency leadership for CFSP/APSR development. Partners Meetings were referenced in the 2016 APSR pages 6, 8 and 187 and the 2017 APSR pages 8, 41, 164 and 175.

The agency plan continues to focus on the transition of the Partner Meetings into Local Child Welfare Improvement Team (CWIT) meetings where community stakeholders will meet

periodically with SCDSS to discuss the CFSP goals and objectives, and the APSR, and for the community stakeholders to provide feedback to the Agency using available data. At this time, 14 of South Carolina's 46 counties (Abbeville, Aiken, Bamberg, Barnwell, Calhoun, Edgefield, Georgetown, Greenwood, Horry, Laurens, McCormick, Newberry, Orangeburg and Saluda) have transitioned from Partners Meetings to CWIT meetings. These county CWITs will meet at least quarterly. Some of these counties will continue to facilitate both Partner and CWIT meetings. Some of the barriers these 14 counties encountered in making the transition from Partners Meeting to CWIT meetings were related to smaller counties sharing Partners Meetings since many of the same agency partners represent multiple counties resulting in some meeting duplication.

The plan was for these county CWITs to provide feedback to a statewide CWIT and the statewide CWIT was to provide feedback back to the county CWIT and to executive leadership. However, in the first quarter of calendar year 2016 the statewide CWIT stopped meeting. Therefore, this method to provide stakeholder feedback from all areas of the state to agency Executive Leadership did not occur and is still underdeveloped.

The Trauma Development Team, was assembled in 2014 to provide oversight of statewide implementation of CFSP trauma informed strategies and action steps. Members of the team included internal and external stakeholders representing SCDSS, the Center for Child and Family Studies, Foster Care Review Board, Palmetto Association of Children and Family Services, the Children's Law Center, SCCADVASA, the Continuum of Care, the Guardian Ad Litem Program, the Child Advocacy Center Network, Department of Juvenile Justice, the Department of Health and Human Services, Sexual Trauma Services of the Midlands, the Department of Mental Health, State Department of Education, SC Children's Trust, Project Best, Attorney General's Office, SC Foster Parent's Association, Citizen Review Panel, Department of Disabilities and Special Needs, the Department of Alcohol and Other Drug Abuse Services, Joint Council on Children and Adolescents, Palmetto Coordinated System of Care, and Select Health MCO. The Trauma Development Team was referenced on page 11 of the 2016 APSR.

The Joint Council on Children and Adolescence is a statewide interagency council addressing statewide child related issues. There is an oversight council consisting of agency heads and a workgroup council with agency representatives to implement tasks and assignments. During the PUR, the Joint Council addressed statewide training needs, the development of trauma informed competencies, agency self-assessments, and related practice issues. SCDSS has been an active participant throughout the PUR along with other key agency stakeholders through monthly meetings, activities assignments and trainings. In addition to SCDSS, representatives include the Department of Juvenile Justice, Project Best, National Child Victim Research and Treatment Center, Parent Advocacy Organizations, the SC Department of Mental Health, the Palmetto Association of Children's Homes, the SC Continuum of Care, and the SC Guardian ad Litem program, DAODAS, the Children's Trust and the Department of Education. An online training forum was launched for professionals and para professionals, regional trauma trainings and a statewide map of Trauma Focused Cognitive Behavioral treatment services have been made available as a result of the council's work during the PUR. The activities of the

Joint Council were reported in the 2016 APSR pages 6, 9, 49, 52, 76 and 77 and page 80 of the 2017 APSR.

In an effort to meet the ongoing goals related to increasing finalized adoptions of legally free children, the SCDSS partnered with The South Carolina Heart Gallery (SCHG) to provide enhanced, targeted recruitment. The Department contracted with the Foster Care Review Board (FCRB) to administer and support the SC Heart Gallery.

SCDSS Families First and contract monitoring staff meet regularly with partnering agencies providing Family Engagement Services. These agencies included the National Youth Advocacy Program, SC Youth Advocacy Program and networks of coalition organizations delivering these services statewide. Monthly and quarterly meetings were held to demonstrate progress and resolve issues as they occurred. Evaluations, audit results and participant survey results were data sources used to structure these meetings providing feedback that resulted in programmatic, reporting and training changes both informally and formally through executed change orders. In addition, Regional Advisory committees were established in Regions 1, 3 and 4 with county office and provider representation that ensured all aspects of the program operated smoothly. Stakeholder meetings with providers were also held periodically in Regions 2 and 5 as they were administered by different providers through 2 separate contracting entities.

Similar meetings were also held with the Community Based Prevention Services partners, Growing Homes, Specialized Alternatives for Youth, local coalition partners, and SCDSS staff through the PUR to enhance services and resolve specific, case related and systemic issues.

Data

Tribes

The work of the CIN-SCDSS Collaboration group led to the development of a Memorandum of Agreement between the CIN and the SCDSS which was signed by both the CIN and SCDSS on July 11, 2016.

Another product of the work of the CIN-SCDSS Collaboration group included six Regional training events held across all five SCDSS Regions between 11/20/15 and 3/11/16. The training sessions were half day events, and the content included the history and development of the Indian Child Welfare Act (ICWA), the history of the Catawba Indian Nation, and SCDSS policies and procedures related to ICWA compliance and Tribal interventions. This training was provided by SCDSS Office of General Counsel staff and CIN Director of Social Services and General Counsel with logistical support provided by University of South Carolina Children's Law Center.

During the PUR, the University of South Carolina's Center for Child and Family Studies began work on a video titled "Ask the Question". The purpose of this video was to serve as a desktop and/or online training for SCDSS caseworkers, supervisors and stakeholders on ICWA compliance. This project was developed through the efforts of the CIN-SCDSS Collaboration group and addresses Goal 4, Objective 3, Strategy 5 of the 2015-2019 CFSP.

The primary result of the weekly conference calls between CIN and SCDSS Child Welfare Program, Policy and Practice staff was the opportunity for Ms. Love (CIN Director of Social Services) to share current challenges to CIN involvement in cases with CIN children and

families. The state was often able to respond in a timely way when learning of these challenges to Tribal intervention. Additionally, SCDSS County leadership and front line caseworkers and their supervisors were provided opportunities to learn SCDSS policies and procedures while cases were being completed and the CIN was given more opportunities to become involved in the case.

Consumers

Feedback garnered from youth receiving independent living services and youth in transition revealed poor outcomes in the areas of homelessness, unintended pregnancy, education, employment, effective transition planning, and development of permanent connections. In response to the survey results SCDSS CFCILP staff developed the following goals and strategies: reduced homelessness among youth aging out of care, use of evidenced based interventions to address teen pregnancy and educate young men in Foster Care about fatherhood, the use of educational consultants to assist youth in obtaining their educational goals and assisting youth in vocational training and job placement. The information on homelessness and teen pregnancy is referenced on pages 201-203 of the 2017 APSR.

SCDSS participated in the Parent and Youth Support Focus Group hosted by the Palmetto Coordinated System of Care. Membership included SCDSS, the Palmetto Coordinated System of Care, the Department of Health and Human Services, the Continuum of Care, Family Connections, the Federation of Families and Family Corps. The group met throughout 2015 raising awareness of these unique consumer based services that should be available through all agencies, completed a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis of current services and concluded their work by endorsing support services for parents and youth as needed interventions with potential Medicaid reimbursement for these family support services. As a result of these meetings, SCDSS through the Families First program was able to incorporate parent peer support services for families involved in Family Engagement services through part-time co-location of the Family Corps statewide recruiter with their staff in the Charleston DSS office. These services are now being offered statewide and are part of the services array.

During the period under review (PUR), the South Carolina Foster Parent Association conducted a survey of Foster Parents in conjunction with their 2015 Foster Parent Conference. The survey covered the following topics: Respect, Services, Overall Responsiveness and Participation in Decision Making, Communication and Timeliness of Phone Calls. However, due to the small response rate, small sample size was limited only to Foster Parents who attended the conference and we only received responses from Foster Parents in 29 of South Carolina's 46 counties and for some counties less than 10 Foster Parents responded. Therefore, the data collected by this survey was of limited use and was not included in the CFSP/APSR. Also there is not a system in place to transfer this information to agency leadership for inclusion in the CFSP or APSR updates of the CFSP.

Courts

SCDJJ did initiate Meet and Greet collaboration meetings between county SCDJJ offices and county SCDSS offices. These meetings began in July 2015 and have taken place in 15

counties. These meetings led to a Mapping process which has allowed both agencies to learn essential information regarding policies, procedures, and statutes relevant to each other which results in problem solving measures to increase positive collaboration on behalf of children and families.

The Court Liaison Program provided opportunities to recommend modifications to the Goals and Objectives of the CFSP through regular contacts with the SCDSS Office of General Counsel staff and other SCDSS staff. These projects targeted the court-related concerns identified in South Carolina's most recent CFSR and IV-E review, including: permanency goal for a child in care; utilization of APPLA; needs and services for child, parents, and caregivers; and child and family involvement in case planning. This information was included in the 2017 APSR page 17.

Partner Agencies and Other External Stakeholders

A core problem revealed during the PUR has been that children in Foster Care had no specific identifier in the Medicaid-encounter data in South Carolina. There was no previous methodology to separate out current children in care vs. children that had been adopted and children receiving SSI. After monthly calls and multiple data exchanges with SCDSS Information Systems staff, Select Health (MCO) data staff and the South Carolina Department of Health and Human Services Information Systems staff, the result was that children in Foster Care finally received a specific identifier. This identifier meant that children in care could be identified with the MCO and the services could be tracked as of March 2015. Hence, the SCDSS has been partnering with the SCDHHS, the MCO and the SC Revenue and Fiscal Affairs (RFA) Office, which is the State's data warehouse agency that provides Medicaid-encounter data, to provide outcome and trend data for prescription oversight, EPSDT and medical assessments.

Preliminary data has been produced related to the EPSDT screenings, medical assessments and behavioral health screenings, and was reviewed by the Foster Care Advisory Committee (FCAC) in July 2015. This work addresses Goal 2 Objective 2, Children will thrive in SCDSS custody. This information was included in the 2017 APSR page 11.

During the PUR, the FCAC along with the SCDSS made the SCDSS' CAPSS update a priority, Goal 2 Objective 2 Strategies 1-4. The FCAC was involved in the implementation of training needs specified in Goal 2 Objective 2. A training package is being developed for physicians and other health care providers to train them on standards of care and coordination of care as they relate to children in Foster Care with a separate training module for SCDSS Case Workers and supervisors as brokers securing necessary services. These training modules will be developed by the University of South Carolina, Center for Child and Family Studies, and be on video, with new practitioners and providers trained as they come online. A third training package will also be provided to the Foster Family and the child's family of origin or prospective adoptive family, focusing on understanding and meeting the child's medical needs. Two training videos were completed for caseworkers regarding general care coordination practices and basic, psychopharmacology. This data was reported on page 61 of the 2017 APSR.

The FCAC Medical Assessment Workgroup has revised the Comprehensive Initial Medical Assessment Form (DSS Form 3057) to be utilized by all physicians, SCDSS caseworkers and caregivers statewide. This item was included in the 2017 APSR on page 60.

The FCAC Trauma-Informed Care Workgroup recommendation for the trauma-focused screening protocol, including lists of trauma screening instruments was finalized and approved by the SCDSS and the SCDMH. This was reported in the 2017 APSR page 62.

The SCDSS has worked diligently with other state partners and private provider agencies to advance several strategies to support implementation of the Health Care Oversight and Coordination Plan (HCOCP). One of the major foundational pieces of the HCOCP was the prospective consent for psychotropic medications in Psychiatric Residential Treatment Facilities (PRTFs) statewide. A *Notification Regarding Psychotropic Medication* form was completed by the treatment provider for each of the following circumstances: new medication initiation, medication discontinuation, titration of a medication outside the dosage range previously agreed upon, continuation of a medication started 6+ months ago, emergency medication administration and continuation of medications at time of admission to a congregate care facility. The evaluation component of this process has improved since the hiring in 2015 of a Consulting Psychiatrist, who specializes in Child Psychiatry, and a statewide Lead Clinical Specialist who manages the oversight process. This data can also be located on page 11 of the 2017 APSR.

During the PUR, the Agency also held P2 and P3 (Palmetto Power) meetings. Palmetto Power (P2) and Palmetto Power for Providers (P3) meetings, conducted in collaboration with the Palmetto Association for Children and Families (PACAF), were specific to agency services and out-of-home care providers, and were held at the state and regional levels. These meetings featured in-depth analysis of both data and programmatic support in the child welfare system toward the development of Agency imperatives by identifying areas of concerns and practice improvements.

The Trauma Development Team met monthly to provide guidance to SCDSS in trauma informed care related activities related to implementation of the trauma informed action steps under goal 2 of the CFSP. Outcomes included the development of the Evidence Based Trauma Practice Guidelines, endorsement of implementing the Guidelines for Trauma Screening, Assessment and Treatment for Children Entering Care developed by the SCDSS and DMH workgroup and recommendation for implementing the Effective Trauma Informed Practice Project.

The Executive Steering Committee of the Joint Council for Children and Adolescents consists of the Deputies of the following agencies: South Carolina Department of Mental Health (DMH), Department of Alcohol and Other Drug Abuse Services (DAODAS), Department of Juvenile Justice (DJJ), Department of Social Services (DSS), Department of Disabilities and Special Needs (DDSN), and the Governor's Office Continuum of Care for Emotionally Disturbed Children (COC), the South Carolina Department of Education (SDE), Department of Health and Human Services (DHHS), Commission for Minority Affairs (CMA), Behavioral Health Services Association of South Carolina (BHSA), Faces and Voices for Recovery (FAVOR SC), Federation of Families of South Carolina (FOF), National Alliance on Mental Illness (NAMI SC), SC Primary Health Care Association (PHCA), Palmetto Association for Children and Families (PACAF), and parents of children with serious mental illness. The organizations represented on the Executive Steering Committee were able to give specific strategies in how they can support

the 2015-2019 CFSP. Most of the strategies for support for the SCDSS and children in care or at risk for coming into care focused around Well-Being Outcome 3 for Goal 2, Objective 2.

The Center for Child and Family Studies (CCFS) Department in the College of Social Work at the University of South Carolina assisted the SCDSS with facilitation of the three (3) South Carolina Citizen Review Panels (CRP). Those services were funded by The Child Abuse Prevention and Treatment Act (CAPTA). South Carolina has three Citizen Review Panels (SCCRP) representing the Lowcountry, Midlands, and Upstate regions of the state which held regular bimonthly meetings during the PUR.

The goal is for CRPs to work collaboratively with SCDSS to effect change wherever is possible and to lay the ground work for future improvements to the Child Protective Service System at the state and local levels. This was achieved by submitting recommendations from each area panel chairperson through collaboration with other community partners who determine annually the trends and issues needing to be addressed to protect the children of South Carolina.

In 2015, the panels were invited to expand their contributions to improving outcomes for children in SC by working collaboratively with SCDSS and other child focused, results driven groups. CRP members were serving in a wide variety of roles outside the regular scope of their panel work. Their work involved improving how victims of abuse and neglect were identified and protected, especially children under five whose risk for abuse is highest; gaining financial and other supports for kinship caregivers, those grandparents and other kin who voluntarily take on the responsibility for raising grandchildren or other relatives; and improving outcomes for children who are eligible for Independent Living services.

Some of the key activities conducted by the SCCRCP during the PUR:

- Seven panel members and the group's facilitator attended the CRP National Conference in Oregon. Six of these panel members presented on their 2013-14 work on child fatalities.
- The panel facilitator participated in National Coordinator calls and continued service on the National Citizen Review Advisory Board.
- The SCCRCP hosted a presentation titled, "The Demographics of Child Maltreatment in South Carolina: the Medical Point of View" by Dr. Olga Rosa for Child Abuse Awareness Month.
- Child Abuse Awareness and Prevention Trainings were held, April 8 and 9, 2015 in Rock Hill, SC.
- The SCCRCP hosted its annual Fall Retreat on October 22, 2015.

Information on the Citizen Review Panels was presented on pages 196 and 197 and Appendix B of the 2016 APSR and page 186 and Appendix B of the 2017 APSR. Appendix B includes the SCDSS response to the Citizen Review Panel Annual Report.

The SCDSS along with its State Agency partners: the SC Department of Health and Human Services (DHHS), the SC Department of Mental Health, the SC Department of Juvenile Justice, the SC Continuum of Care and other stakeholders, have been attempting to address the accessibility to physical and behavioral health care providers and services in some rural parts of the state, through the System of Care (SOC), formally called the Palmetto Coordinated System

of Care (PCSC). Through the PCSC's Service Array Workgroup referenced in item 29, existing statewide service array needs were being assessed along with the identification of services needed to fill the gap in the state's array of services for children and families at-risk. The Service Array workgroup identified (4) critical services and evidence-based models: Intensive Family Services; Mobile Crisis Stabilization; Peer Support for Parents; Respite Services. The need for these identified critical services continues to date. The work of the Service Array workgroup is noted in the 2016 APSR pages 11, 46, 69 and 83 and pages 49 and 75 of the 2017 APSR. These items are also found in Goal 2 Objective 2 of the 2015-2019 CFSP

Summary

As the narrative for this section demonstrates, the SCDSS has many on-going, meaningful collaborative activities with multiple stakeholders. However, in analyzing the qualitative and quantitative data and resulting impact on practice, an Area Needing Improvement is recommended.

Item 32: Coordination of CFSP Services With Other Federal Programs

How well is the Agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Please provide relevant quantitative/qualitative data or information that show the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

State Response:

In determining the Agency's responsiveness to this item, coordination of state services under the CFSP included several key federal program area referenced below:

Head Start

The South Carolina Head Start Collaboration Office surveyed their grantees to determine the extent of collaboration with SCDSS in December 2016 and received responses from 24 of the 25 South Carolina Head Start grantees. Grantees were asked the following 3 questions: Does your program recruit by way of your local child welfare office? Do you have a Memorandum of Agreement (MOA) with local South Carolina Department of Social Services (SCDSS) offices in your service area? (Note that some programs have a presence in more than one county) How are foster children recruited or referred to your program? The results indicated that:

- 23 of the 24 respondents indicated they did recruit through the local child welfare agency.
- 12 respondents indicated they had a MOA with their local SCDSS' offices and 1 respondent indicated they are in the process of developing a MOA, and
- 15 respondents indicated they receive referrals through local SCDSS offices.
- This data indicated there is some collaboration between SCDSS Child Welfare Services and South Carolina Head Start Centers but the collaboration is limited to some localities and therefore not functioning statewide.

Statewide collaboration efforts during the PUR included:

- In 2015, the Head Start Collaboration Office in partnership with the Head Start Association conducted an information campaign to present the March 12, 2015 ACF 1305 Final Rule referencing Head Start's responsibility in serving homeless and foster children.
- In September 2016, the Head Start Collaboration Director, met with the SCDSS Deputy Director for Child Welfare Services. The focus was a review of the ACF IM outlining Head Start/Child Welfare cooperation, some Head Start Basics, The Final Rule, and future partnerships.

Medicaid

The SCDSS and the South Carolina Department of Health and Human Services (SCDHHS) engaged in a coordinated effort to better address health care delivery to foster children in South Carolina. The initiative established a medical home, a team-based health care delivery model intended to provide comprehensive and continuous medical care with the goal of maximizing health outcomes, for children in Foster Care. The overall goal of the medical home was and is to improve the coordination of services, enhance the quality of services and improve functional outcomes and overall stability for children in Foster Care. Under this initiative SCDHHS agreed that its managed care providers would serve foster children from the date of their entry into SCDSS' custody. SCDSS and SCDHHS have a file sharing agreement in which they agree that the necessary information would be shared and used for the purpose of enrolling the children in the Medicaid Program and assigning the children, in accordance with the wishes of SCDSS, the custodian of the children, to a medical home for the purpose of securing medical care and treatment for them. In addition, SCDSS and SCDHHS carved in exceptions or exemptions from Medicaid rules that are specific to the Foster Care populations.

Since the selection of a single MCO (Select Health) in November 2012, the SCDSS requested critical, medical-encounter data for children in Foster Care. The purpose for gathering this data was to track: the number of children in Foster Care on psychotropic medications; the rate of usage of prescribed medications; that EPSDT appointments and mental health and trauma screenings were compliant with the SCDSS required timeframes; access to physicians in and out of network; the proximity of services to where the child in Foster Care lives; the number of emergency room visits, etc. South Carolina Revenue and Fiscal Affairs Office (SCRFA) data was provided as well as data from the Healthcare Effectiveness Data and Information Set (HEDIS). SCDSS is currently comparing this data to our CAPSS data regarding well-child visits. In addition, SCDSS can now use the CAPSS system to document health care encounters for children in Foster Care.

While the SCDSS has a Memorandum of Agreement (MOA) with SCDHHS which addressed data sharing and another MOA with SCDHHS which dealt with the implementation of the Foster Care Health Initiative, neither addressed the sharing of data for the purpose of conducting quality assessments. In addition SCDSS staff encountered barriers in obtaining SCRFA data, such as data only being provided on request and not on a regular schedule and data requests to SCRFA being routed back to SCDHHS. In addition, we have not received data regarding psychotropic medications for use in monitoring and outcomes.

SNAP

Supplemental Nutrition Assistance Program (SNAP) benefits, formerly known as Food Stamp benefits, provided low-income households with nutrition assistance by increasing a household's food purchasing power. Both household, or individuals may be eligible for SNAP. SNAP benefits were received via an EBT card, which could be used at grocery stores and other certified retailers to purchase food. Even if a person or household worked or had other income, they may be eligible for SNAP. SNAP helped families meet their basic need of food. There was also a voluntary Employment and Training Program in SNAP, which assisted clients to obtain training or a job. The E & T program also had limited support services, which could help with

transportation, uniforms, etc. This program helped give families a better chance for training or jobs, thereby stabilizing the family.

SCDSS Child Welfare Services Policy and Procedure provided little specific guidance on referring a family for SNAP services. SCDSS also provided little educational information on nutritional guidelines to SNAP recipients.

Child Care (SC Voucher Program)

During the PUR, child care assistance may have been provided if funding was available for a family that had an open Child Protective Services (CPS) family preservation (formerly known as treatment) case or for a child in an open Foster Care (FC) case. Intensive Foster Care and Clinical Services (IFCCS) foster children were also been approved on a case-by-case basis.

A child may have received child care while in the process of being adopted, if all other eligibility criteria were met. However, once the adoption was finalized, the SC Voucher Program was no longer able to provide child care through this category. A child who otherwise met the program criteria was eligible for child care through age 12. However, a child 13 years old through age 18, who should not be left unsupervised or who had developmental, emotional concerns or other special needs, may qualify for child care after the age of 12.

A foster parent may receive child care assistance for the baby of a foster child when SCDSS does not have custody of the baby. The foster parent must have been employed, in school/training or disabled and the foster child must have been attending school or been employed in conjunction with school attendance. The baby was eligible as long as the mother (foster child) remained in Foster Care and the child resided in the care of the mother.

A parent/caretaker relative (aunts, uncles, grandparents, etc.) who was receiving an FI benefit (FI Child Only case) for a child may have been eligible to apply for FI/Child Only (FI/CO) child care. Child care may be provided for children who have experienced emotional, physical, or other trauma.

Foster care child care policy was expanded to allow for the foster parent(s) to be working, in school, training or have a verified disability to receive SC Voucher services.

Child care policy and procedures training was provided to CPS and Foster care workers and supervisors periodically as requested throughout the state. Also directive memos were disseminated via the SCDSS Intranet to the Human Services staff which contain child care policy and procedures. The SC Voucher Child policy and procedures manual was and is online via the SCDSS Intranet for the workers to review.

Child Support

Foster Care and Child Support programs interacted with daily frequency in the form of both regular case referrals and Diligent Search referrals. In any given month, the Child Support Services program would add anywhere from one hundred twenty-five to one hundred fifty Foster Care Referrals (regular case referrals), with roughly sixty percent of these being new cases, and

the remainder being additional information on existing cases. These numbers and percentages were captured on the Child Support Case Tracking System.

It appeared that some staff were treating the Seneca Search process as an alternative to the Diligent Search process instead of an additional resource.

While the regular Foster Care Referral instructed the Child Support Division to set up a case to establish paternity, support, and medical coverage, the Diligent Search Referral had a much more limited function and case life. It instructed the Child Support Division to set up a case to the extent necessary to determine an individual's identity and obtain a current address, and/or employer, if needed. However, as the data indicated during the PUR in item 36 this process was not being implemented according to policy or practice expectations.

The Child Support Division delivered training to county offices over the course of calendar year 2015 into the first quarter of calendar year 2016. This training covered the different types of Child Support Referrals available for all types of cases, as well as some background on the overall capabilities and limitations of the Child Support program along with Non-Custodial Parent engagement. However, data on referrals to local fatherhood coalitions for services during the PUR was not available.

TANF

Temporary Assistance to Needy Families (TANF) can be applied for and/or received if the children are with their natural parents, or if they have been removed and are living with a specified relative. If the parent or the caretaker relative was included in the budget and fell under the mandatory work program, a TANF case manager worked with them to help them obtain a job or training, and provided assistance with interviews, resumes, and job applications, all included with these employment services. TANF also had a diversion program that tried to help the client find a job before their case was ever approved. If a household was identified as being a Child Protective Services case, the TANF worker and supervisor invited the Human Service Worker to any staffing they may have with the client. These services encompassed the whole state. An SCDSS client does not have to receive TANF in order to receive Child Support Services, however, if the client does not receive TANF there was a \$25.00 fee for a client to receive Child Support Services. These services encompassed the entire state.

However, no data was provided during the PUR to indicate whether or not this was being done statewide on a routine and consistent basis.

SCDSS TANF staff stated that some TANF contract money was used to contract with Midlands Community Development for after school care as an example of service coordination. This is sometimes crucial for families with open CPS cases or for children in Foster Care. However, this program only served the Midlands of South Carolina and no data was provided on TANF recipients who received this service for the period under review to show the number of Child Welfare Services children and families receiving benefits under this program.

HUD

South Carolina has four geographically orientated homeless Continuums of Care (COC) designated funded by HUD to develop and plan for local homeless systems of care. SCDSS through its Division of Early Care and Education had a strong partnership with each of the four Continuums of Care. Through this coordination, a streamlined process had been developed for the referral of families with young children experiencing homelessness to the South Carolina Voucher Program for child care assistance. As of November 2016, 564 child care vouchers have been approved for children from families experiencing homelessness.

In addition, at least one of these 4 local COCs (Midlands COC) had a Youth in Transition (YIT) group which focused on young adults ages 17 to 24 who were homeless or vulnerable to homelessness due to lack of social or financial support such as youth transitioning out of Foster Care, adult or juvenile justice involvement or runaway youth. SCDSS Independent Living staff have been involved with this YIT group. The YIT group included over 40 community leaders, area agencies and non-profit organizations. Each meeting included an informational spotlight (e.g. human trafficking, reports from on-going YIT sponsored research) and discussion of improvements in service coordination. SCDSS was represented by Independent Living Staff on the YIT.

In addition, the SCDSS Independent Living Program and various other program areas (Early Care and Education and Child Welfare Services) participated in the South Carolina Coalition for the Homeless, an interagency council which met 6 times per year with the intent of engaging various stakeholder groups in addressing homelessness. The South Carolina Coalition for the Homeless included representation from each of the four HUD funded COCs and eight state agencies including the SCDSS.

Data

Head Start

According to the 2016 Federal Information report which contained the most recent verified Head Start numbers, South Carolina Head Start Centers served 155 children who at any point during the program year were in Foster Care. This 155 is from a population of 1,512 children age 5 and under who were in Foster Care from July 1, 2015 through June 30, 2016 meaning only 10% of children in Foster Care eligible for Head Services received them. In May of 2015, 107 children out of the 1,512 children age 5 and under in Foster Care were enrolled in a South Carolina Head Start Center or 7% of the Head Start eligible children in Foster Care in South Carolina were enrolled in a South Carolina Head Start Center. This data demonstrated that collaboration between SCDSS and Head Start Centers was not functioning well statewide. In addition, current Child Welfare Policy and Procedure discussed in the summary section indicated that Case Workers were given limited guidance on Head Start.

Medicaid

The SCDSS and the SCDHHS, South Carolina's Medicaid agency, have coordinated their efforts on a wide variety of projects as referenced earlier in this report and through their collaborative work on the Foster Care Advisory Committee (FCAC), which is documented in both the 2016 (page 46) and 2017 (page 10) APSR. In addition, SCDHHS had a staff person

who served as their SCDSS liaison. SCDSS Child Welfare policy and procedure does instruct Case Workers to complete a Medicaid Application when a child comes into Foster Care. The Education and Health Passport should also be completed for all children who enter into Foster Care as this requires a copy of the child's Medicaid card. While ensuring that eligible children received these services was a strength in all jurisdictions, there were areas relating to the sharing of information between agencies that needs improvement.

SNAP

There was no data to identify how many CPS families or Foster families received SNAP benefits. Also, current Child Welfare Policy and Procedure discussed in the summary section indicated that Case Workers were given limited guidance on SNAP benefits. The most specific guidance did not involve referring families who may have been eligible for these services but rather to remove children from this benefit group when they entered Foster Care.

Child Care (SC Voucher Program)

The SC CAPSS system did not collect data on the number of children in Foster Care who received SC Voucher Program services. In addition, The CAPSS system did not show whether or not a Foster Parent was eligible for SC Voucher Services nor did caseworkers regularly update the system to show if Foster Parents remained eligible for SC Voucher services. In addition, we do not have data to indicate if workers were referring families to SC Voucher services. Due to the limitations and/or lack of data, SCDSS cannot demonstrate the effectiveness of any coordination between Child Welfare Services and the SC Voucher Program. In addition, current Child Welfare Policy and Procedure discussed in the summary section indicated that Case Workers were given limited guidance on the SC Voucher Program.

While the data referenced below indicated numbers of children involved in Child Protective Services cases whose families received SC Voucher Program services in FFY 2015 and 2016, we are unable to demonstrate the effectiveness of any coordination efforts because the CAPSS system did not track the number of children referred to SC Voucher or were eligible for Voucher services. FFY 15: CPS-In (child still lives in their home): average 222 children served in child care; CPS-Out (Child living with caretaker out of child's home): average 525 children served in child care and Foster Care: average 601 children served in child care. FFY 16: CPS-In: average 357 children served in child care, CPS-Out: average 744 children served in child care and Foster Care: average 676 children served in child care. These numbers were provided by the SC Voucher Program.

Child Support

The number of Diligent Search Referrals received from the county offices from December 2014 to November 2016 is 298. However during the PUR, only three counties generated a total of more than ten Diligent Search Referrals; while nineteen counties generated between 1 and 10 Diligent Search Referrals; and twenty-four counties generated no Diligent Search Referrals. However, one county, Greenville, generated the overwhelming majority of Diligent Search requests - 230 out of a total of 298 requested during the PUR.

Case Workers were specifically instructed to refer cases to the Integrated Child Support Division for a Diligent Search when a child comes into care. Also during the PUR, Engaging the Noncustodial Parent training emphasizing these searches was provided to county office based on the limited numbers of diligent search referrals made by county office, it appears that coordination between Child Support and Child Welfare Services was not functioning well statewide and in fact may have only be functioning well in 1 of South Carolina's 46 counties.

TANF

Current Child Welfare Policy and Procedure only specifically mention TANF when addressing children entering Foster Care and then only in notifying the program area so the child can be removed from the enrolled benefit group. In addition, the SCDSS didn't capture data on the number of referrals being made to TANF by CWS caseworkers, nor were the number of families receiving TANF services involved with Child Welfare Services tracked, we could not demonstrate the effectiveness of any coordination efforts between TANF and Child Welfare.

HUD

Other than the anecdotal data referenced in the context section there was no other data which demonstrated coordination of services between SCDSS Child Welfare services and HUD funded programs.

Summary

While SCDSS showed collaborative efforts to provide services or benefits of other federal or federally assisted programs serving the same population, in analyzing the qualitative and quantitative data, SCDSS recommends this item as an Area Needing Improvement.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

State Response:

According to South Carolina Code of Regulations Chapter 114-550, Article 5 *Licensing*, Sub-articles 5 and 9, *Foster Care and Residential Group Care Facilities*, 2005, authority rests with the SCDSS to approve, deny, issue, maintain, or revoke all licenses to provide Foster Care granted to private homes, licensing agencies, and group care facilities. There are currently no state statutory provisions for recruiting foster and adoptive parents and, during the period under review (PUR), after examining the efficacy of its licensing practice, the SCDSS underwent a business process redesign (BPR) to increase the quality and number of private homes licensed to provide regular Foster Care. Prior to full implementation, an infrastructure of foster home support was created and regionalized. The new design vastly changed the method by which homes were recruited to serve as placement resources for children who do not require specialized care. (See below for information regarding the restructuring of staff and duties as a result of the BPR.) Figure 1:

Effects of the Business Process Redesign on Foster Home Licensing *				
Pre-BPR (County based)			Post-BPR (Regionally based)	
Area	Responsibility	Oversight	Responsibility	Oversight
Family Recruitment	County Licensing Worker	County Supervisor	Regional Foster Family and Licensing Support Unit	State Foster Family and Licensing Support Manager/Regional Directors
Application Intake	Heartfelt Calling (contractor)	Contract Monitor/State Licensing Manager	Heartfelt Calling	Contract Monitor/State Foster Home Initial Licensing Manager
Schedule Fingerprinting	County Licensing Worker	County Supervisor	Heartfelt Calling	Contract Monitor/State Foster Home Initial Licensing Manager
Background Check results (FBI and state)	County Licensing Worker	County Supervisor	Heartfelt Calling	Contract Monitor/State Foster Home Initial Licensing Manager
Training Registration	County Licensing Worker	County Supervisor	Heartfelt Calling	Contract Monitor/State Foster Home Initial Licensing Manager
CPS Background Checks	County Licensing Worker	County Supervisor	Foster Home Initial Licensing worker	State Foster Home Initial Licensing Manager
Visits to homes/ assessment of families	County Licensing Worker	County Supervisor	Foster Home Initial Licensing Worker	State Foster Home Initial Licensing Manager
Schedule Fire and Sanitation Inspections	County Licensing Worker	County Supervisor	Foster Home Initial Licensing Worker	State Foster Home Initial Licensing Manager
Written assessment of family and home	County Licensing Worker	County Supervisor	Foster Home Initial Licensing Worker	State Foster Home Initial Licensing Manager
Submission of request for licensure	County Licensing Worker	County Supervisor	Foster Home Initial Licensing Worker	State Foster Home Initial Licensing Manager
Licensing Decision	State Licensing Manager	County Director/State Child Welfare Director	Foster Home Initial Licensing Supervisor	State Foster Home Initial Licensing Manager

* The Business Process Redesign was proposed and accepted by the SC DSS Director in April, 2015, with a target implementation plan of September 1, 2015. A statewide rollout was not accomplished until April 2016, when all necessary staff had been hired. During the interim, a modified regional structure was in place which placed foster home licensing and family support in 5 regional, rather than 46 county offices. Regional Foster Family and Licensing Support Units were created and became operational during the months of June 2015 and January 2016. See Appendix B for the effects of the reorganization of State Foster Home Licensing.

Figure 2:

Effects of the State Foster Home Licensing Office restructuring on Foster Home Re-Licensing and Ongoing Training*				
Pre-restructure (County based)			Post-restructure (Regionally based)	
Area	Responsibility	Oversight	Responsibility	Oversight
Quarterly compliance visits with foster families	County Licensing Worker	County Supervisor	Regional Foster Family and Licensing Support Unit	State Foster Family and Licensing Support Manager
Scheduling yearly fire inspections	County Licensing Worker	County Supervisor	Regional Foster Family and Licensing Support Unit	State Foster Family and Licensing Support Manager
Requesting yearly state background checks	County Licensing Worker	County Supervisor	Regional Foster Family and Licensing Support Unit	State Foster Family and Licensing Support Manager
Completing yearly CPS/sex offender background checks	County Licensing Worker	County Supervisor	Regional Foster Family and Licensing Support Unit	State Foster Family and Licensing Support Manager
Maintaining complete license files	County Licensing Worker	County Supervisor	Regional Foster Family and Licensing Support Unit	State Foster Family and Licensing Support Manager
Amending licenses as needed	County Licensing Worker	County Supervisor	Regional Foster Family and Licensing Support Unit	State Foster Family and Licensing Support Manager
Monitoring training requirements	County Licensing Worker	County Supervisor	Regional Foster Family and Licensing Support Unit	State Foster Family and Licensing Support Manager
Submission of request for re-licensure	County Licensing Worker	County Supervisor	Regional Foster Family and Licensing Support Unit	State Foster Family and Licensing Support Manager
Relicensing Decision	State Licensing Manager	County Director/State Child Welfare Director	Regional Foster Family and Licensing Support Unit	State Foster Family and Licensing Support Manager

* Regional Foster Family and Licensing Support (FFALS) Units were created and became operational during the months of June 2015 and January 2016. They assumed responsibilities previously held by county licensing workers until the full implementation of the BPR in April 2016. The creation of these units was designed to offer specialized direct services to foster parents by staff whose sole responsibilities were in this area. The FFALS units ensure that homes are in regulatory compliance, as well as providing the foster families with information relative to training and support which will allow them to provide exceptional care to the children placed in their homes.

In all aspects of recruiting, licensing, and utilizing foster homes in SC, the state strictly adhered to the federal Multi-Ethnic Placement Act OF 1994.

Recruitment of Foster and Adoptive Families

As provided in MEPA, all recruitment materials inform potential foster or adoptive applicants that the SCDSS and any entity that receives funds from the Federal Government are prohibited from denying to any person the opportunity to become an adoptive or a foster parent, on the basis of the race, color, or national origin (RCNO) of the applicant or of the child involved. Delay or denial of the placement of a child for Foster Care or adoption, on the basis of the race, color, or national origin of the Foster Care or adoptive parent or the child involved is strictly prohibited.

Prior to the BPR, all recruitment activities were the responsibility of local county offices. Seeing no appreciable increase in the number of licensed homes, the SCDSS contracted during the PUR with state universities (1/1/2016) to provide logistical support for recruitment efforts. County staff, when required to oversee recruitment, followed these general policies: assessed placement trends within the county using the CAPSS; identified and assessed community resources to assist with recruitment including local print and broadcast media, current foster families, volunteers, the local foster parents association, churches, community groups, and community leaders such as teachers, ministers, and physicians; planned and attended recruitment events; participated in monthly Foster Parent Association (FPA) meetings; and, attended speaking engagements to promote the need for foster homes within the county.

After the establishment of the Foster Family and Licensing Support unit (Figure 2), recruitment activities were planned by region, with each county having at least one during the year. The number and scope of recruitment activities and events grew exponentially during 2016.

Between January 1 and November 30, 2016, statewide FFALS staff participated in 225 recruitment events/activities including TV, radio, and newspaper interviews. The majority of these opportunities were a result of the contract with the university partners, who were contracted to invite interested parties to the events and supply advertising and promotional materials. The governor of South Carolina launched a simultaneous campaign “Champions for Children” in order to increase awareness and to solicit citizens to consider fostering or adopting. Private agencies who provide management/oversight to regular and therapeutic foster homes were responsible for their own recruitment. In addition to recruitment events, the SCDSS began operating a website (www.scfamilies.org) specifically designed to assist with recruitment and retention of foster/adoptive parents. All interested persons, recruited from either the website or public events, were screened and began the application process through the South Carolina Foster Parent Association (Heartfelt Calling), who was specifically contracted for this service. This ensured that there was equity and consistency in the questions asked and information provided during the initial stage of licensure.

Data

Because the SCFPA served as the inception point for all applications to foster or adopt, their data system was key to identifying successful events. Prior to the BPR, the SCFPA sponsored recruiting events in addition to county events, but were not specifically required contractually to provide data relative to the events. Beginning July 1, 2016, their contract for services required they submit monthly the names of applicants and the source of their information about fostering/adopting. With these names, SCDSS staff was able to track applicants through the licensing process. There was no information available for recruitment events held/directed at the county level prior to the BPR.

Licensing

South Carolina Code of Regulations 114-550 clearly defines the requirements for licensure as a Foster Care placement resource. These, along with federal guidelines, and internal policies controlled the environments in which children in state custody can be placed. Additionally, the SCDSS partnered with other state agencies whose own regulatory requirements addressed foster homes/facilities (such as the State Fire Marshal). The only exemptions to the regulations and guidelines were the foster children placed in non-licensed settings through a court of competent jurisdiction. This included foster children placed in non-licensed kinship care. (Even in the event of a court-ordered placement, criminal and abuse background checks were conducted.) Title IV-B or IV-E funds were not available for non-licensed placements. Only kinship caregivers who became licensed through the usual process were eligible to receive board payments from IV-B or IV-E sources.

Upon completing an initial application for foster/adoption families, the SCFPA submitted the form to either the newly created (through the BPR, see Figure 1) Initial Foster Home Licensing Unit (IFHL) or the applicable regional Adoptions Unit. Concurrent with submitting the applications, the SCFPA was arranging with the family to attend pre-service training and to have

their fingerprints digitized for FBI and state (SLED) criminal background checks. Fingerprinting was conducted through a contract with MorphoTrust USA, which has locations throughout the state for the convenience of applicants. Criminal background checks through fingerprinting were completed on all adult occupants of a potential licensed foster home and on staff of group care facilities. The FBI and SC State Law Enforcement Division (SLED) provided information from their databases relative to criminal histories. Additionally, in compliance with the federal Adam Walsh Child Protection and Safety Act of 2006, applicants and household members aged 12 and older were also be cleared through national and state sex offender registries. Adults in the household must also have a clear record showing no instances of child abuse or neglect from South Carolina or any/all state(s) in which they've lived during the previous 5 years. (Some states provide information older than five years.) Unsubstantiated child protective services cases were not to be used to deny licensure. Licenses were not issued if an adult living in a potential foster home has a conviction for one of the following:

- a substantiated history of child abuse or neglect
- has pled guilty or nolo contendere to or has been convicted of
 - an "Offense Against the Person"
 - an "Offense Against Morality or Decency"
 - contributing to the delinquency of a minor
 - the common law offense of assault and battery of a high and aggravated nature when the victim was a person seventeen years of age or younger
 - criminal domestic violence
 - a felony drug-related offense under the laws of this State unlawful conduct toward a child
 - cruelty to children
 - child endangerment
 - criminal sexual conduct with a minor in the first degree

Any other conviction was reviewed on a case by case basis but did not necessarily exclude the applicant from becoming a licensed foster parent. All criminal background checks were reviewed by the SCDSS Office of Investigations, a special unit trained in criminal record reviews and certified to make recommendations of denial due to criminal history. FBI fingerprint checks were conducted during the initial license application and every 10 years afterward or, if an occupant of a home was under age during initial licensure, they were checked upon reaching the age of 18. State criminal background checks were completed on a subsequent annual basis on all adults living within a household or having direct care contact with youth in a congregate care facility. Prior to the implementation of the BPR, decisions to exclude or approve an applicant with a criminal history were made at the local level, with the county director holding responsibility. After the BPR, those decisions were made by IFHL supervisors or Program Manager.

Until the creation of the Initial Foster Home Licensing Unit (IFHLU), each county or region received the applications from the SCFPA and responded to them as staff was available. The IFHLU has allowed the process to be more efficient and less time consuming for the applicants. The initial applications were directed from SCFPA to only two staff at SCDSS, who ensured that all necessary background checks were completed and approved prior to the continuation of the

application. Once the applicants passed this step, they all complied with the same requirements in order to eventually become licensed. The IFHLU staff who worked with the families had a checklist of requirements that must have been met prior to recommending the applicants for licensure. Their supervisors reviewed the documentation and approved or denied the license based on compliance with the requirements. If requirements were missing or had not been met, the license was rejected until fully compliant with regulations. The Agency was required by regulation to complete the licensing process within 120 days. The BPR was intentionally created to address the length of time it had been taking from application to licensure and to reduce the time significantly.

The Group Home and Private Agency Licensing Unit acted similarly to the IFHLU supervisors in that they received the final documentation and approved or denied licensing based on compliance with all requirements. Staff of group homes who provided direct care services to children and youth were treated as if they were private foster parents and must have complied with the same requirements in order to be employed. The Group Home and Private Agency unit has staff who monitored the agencies and review licenses for compliance. These staff made on-site visits at least twice per year during which random employee records were pulled and evaluated. Additionally, private agencies and group homes under contract with the SCDSS had contract monitors to ensure further compliance with agency requirements.

Data

Beginning on July 31, 2016, the CAPSS was designed to better serve the foster home licensing process. The system was improved to provide access to reports relevant to initial licensing, such as these: time from licensure to application, reason for denial or withdrawal, license status, type of facility, license requirements, and family preferences. When fully operational as part of management, these reports will enable the SCDSS to develop practices that will significantly improve the flow of licenses through the system and to evaluate the barriers that foster parents may have in becoming licensed.

Retention and Re-licensure

All licenses are valid for a period of two years, unless a violation occurs that necessitates revocation or circumstances change in a home that requires the license to enter a waiver status. A license was considered to be on waiver for one of these usual reasons: move to a new home and inspections were required, a new household member or one who reaches the age of 18 and required background and medical checks, or awaiting results from a yearly background check. Waivers were granted and occasionally extended so that the placement was not disrupted. The SCDSS attempted to maintain placement stability in all circumstances. New placements were not made during a waiver period and CAPSS did not allow entry of a child into a home during this period (90 days). Waivers were not granted or extended if the license expiration date fell within the waiver period. Because the license was not closed, board payments were not affected.

The Foster Family and Licensing Support Unit staff made quarterly visits with each home

managed by DSS (private agencies make their own visits) during each certification period, during which ongoing compliance with requirements was discussed. These conversations were recorded on a narrative form that was kept in each license’s file as well as an electronic PDF copy of the narrative in CAPSS (new capability of the system). Yearly updates for fire inspections, criminal background checks, sex offender and child abuse registry checks, and pet vaccinations were all monitored by FFLSU staff and entered into the Licensing Requirements tab in CAPSS (see Figures 3, 4, and 5 below). At the time of license renewal, all information must have been entered before approval can be granted.

Figure 3.

Screen shot from SACWIS, CAPSS, which shows this home met safety and health requirements prior to licensure. CAPSS will not allow licensure if requirements have not been met and entered.

Row	Category	Address Type	Sent Date	Completion Date	Violation
1	Health Inspection	Household	11/7/2016	11/7/2016	No
2	Home Study		9/15/2016	9/15/2016	See file.
3	Fire Inspection		6/29/2016	7/29/2016	No
4	Health Inspection	Foster Home/Group Home	6/29/2016	7/29/2016	No
5	Disaster Form		6/29/2016	6/29/2016	A lead risk assessment was recommended on 7/29/16 but was not completed. At this time Disaster Plan completed.
6	Financial Forms		6/22/2016	6/22/2016	Financial form completed. Three months of paystubs received.
7	Discipline Agreement Form		6/21/2016	6/21/2016	Foster Parents understood agreement.
8	FireArms Form		6/20/2016	6/20/2016	██████████ signed the firearm notification form acknowledging they own

Figure 4.

Screen shot from SACWIS, CAPSS, which shows this home met safety and health pet vaccination requirements prior to licensure. CAPSS will not allow licensure if requirements have not been met and entered.

Row	Pet Name	Pet Type	Vaccination Type	Vaccination Date	Expiration Date	Vaccination Duration	Pet Died	Text	Void
1	Merle	Dogs	Rabies	6/18/2014	6/18/2017	3 Years			
2	Charlie	Dogs	Rabies	6/18/2014	6/18/2017	3 Years			

Figure 5.

Screen shot from SACWIS, CAPSS, which shows both parents met background check requirements prior to licensure. CAPSS will not allow licensure if requirements have not been met and entered.

Placement Status History												
General		Relationship	Address	Dictation	Worker	Facility Complaint	Action Log	Home Study	Application History	License Provider Dictation	Linked Files	Allegations
Compliance		Pet Vaccinations	Background	Training								
Row	Person ID	S.	Background Check Type	Sent Date	Completion Date	Results Received Date	Results					
1	2021533	S.	Central Registry Check	7/26/2016	7/26/2016	7/26/2016	No Record Found					
2	2021533	S.	Fingerprint Check	6/20/2016	6/20/2016	6/20/2016	No Record Found					
3	2021533	S.	Law Enforcement Check	7/18/2016	7/18/2016	7/18/2016	No Record Found					
4	2021533	S.	SC Sex offender Registry Check	7/26/2016	7/26/2016	7/26/2016	No Record Found					
5	2021533	S.	US Sex offender Registry Check	7/26/2016	7/26/2016	7/26/2016	No Record Found					
6	2021534	S.	Fingerprint Check	6/20/2016	6/20/2016	6/20/2016	No Record Found					
7	2021534	S.	Law Enforcement Check	7/18/2016	7/18/2016	7/18/2016	No Record Found					
8	2021534	S.	Central Registry Check	7/26/2016	7/26/2016	7/26/2016	No Record Found					
9	2021534	S.	SC Sex offender Registry Check	7/26/2016	7/26/2016	7/26/2016	No Record Found					
10	2021534	S.	US Sex offender Registry Check	7/26/2016	7/26/2016	7/26/2016	No Record Found					

Renewing a license required much of the same information as an initial license, captured over the course of 2 years, rather than during an intensive licensing process. Parents must have obtained 28 hours of ongoing training in addition to the following items required by SC Code of Regulations 114-550, K. (1) Foster family licenses shall be studied for renewal every two years and prior to the expiration of the last license. (2) Renewal process requirements include documentation of annual fire inspection, additional training hours, background checks through CPS, SLED, and Sex Offender Registry, home visit, assessment of ongoing compliance with requirements and standards of care, and any additional requirements as SCDSS or the child placing agency staff may deem necessary. A license was not issued or renewed if licensing requirements were not met, or standards of care had not been maintained as prescribed within these regulations or if, in the opinion of SCDSS, it was detrimental for children to be placed in the home. Families were managed by regional staff and the Family Support Coordinators were familiar with those on their caseloads. This relationship allowed staff to be aware long before barriers to re-licensure arise. Having one staff visiting the home to discuss the license allowed more conversation regarding the needs of the family as it related to training and other resources that the placed child or family may have desired or required.

If a licensed home reached the end of the licensing period and had not maintained the standards required for continued licensure (also tracked and reviewed via a checklist), the license was closed until the requirements are met. Any child(ren) placed in the home was moved. There were no waivers or extensions allowed if a license expires. Re-licensure materials were reviewed as they were obtained at the local level by regional supervisors. At the time of renewal, the entire collection of requirements were reviewed at the state level by one of three staff.

Data

For the period under review, up until the CAPSS revision on July 31, 2016, there was little quantitative data to support that the state met the standard for this item. After the revision, foster family case manager supervisors are now able to verify through reports that visits and contacts are being made with families, that training requirements are being met, which homes are nearing expiration and which homes have recently renewed. The management tools offered by the new CAPSS will enhance the ability of management to make practice decisions for what is working in the field, especially in filling the needs of foster families.

Summary

SCDSS views its performance on item 33 during the PUR as an Area Needing Improvement and is currently involved in strengthening the structure of foster home license records to inform improved service delivery to families. Future stakeholder input would be valued, especially in learning how the Agency can support families in maintaining compliance with required standards of care.

Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving Foster Care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of Foster Care and adoptive placements for children?

Please provide relevant quantitative/qualitative data or information that show the state is complying with federal requirements for criminal background clearances as related to licensing or approving Foster Care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of Foster Care and adoptive placements for children.

State Response:

According to South Carolina Code of Regulations Chapter 114-550, Article 5 *Licensing*, Sub-articles 5 and 9, *Foster Care and Residential Group Care Facilities*, 2005, authority rests with the SCDSS to approve, deny, issue, maintain, or revoke all licenses to provide Foster Care granted to private homes, licensing agencies, and group care facilities. During the period under review (PUR), after examining the efficacy of its licensing practice, the SCDSS underwent a business process redesign (BPR) to increase the quality and number of private homes licensed to provide regular Foster Care. Prior to full implementation, an infrastructure of foster home support was created and regionalized. The new design vastly changed the method by which homes were recruited to serve as placement resources for children who do not require specialized care. (See Figures 1 and 2 below for information regarding the restructuring of staff and duties as a result of the BPR.)

Section IV Assessment of Systemic Factors

Figure 1

Effects of the Business Process Redesign on Foster Home Licensing and Foster Parent Training*				
Pre-BPR (County based)			Post-BPR (Regionally based)	
Area	Responsibility	Oversight	Responsibility	Oversight
Family Recruitment	County licensing worker	County Supervisor	Regional Foster Family and Licensing Support Unit	State Foster Family and Licensing Support Manager/Regional Directors
Application Intake	Heartfelt Calling (contractor)	Contract Monitor/State Licensing Manager	Heartfelt Calling	Contract Monitor/State Foster Home Initial Licensing Manager
Schedule Fingerprinting	County licensing worker	County Supervisor	Heartfelt Calling	Contract Monitor/State Foster Home Initial Licensing Manager
Background Check results (FB and state)	County licensing worker	County Supervisor	Heartfelt Calling	Contract Monitor/State Foster Home Initial Licensing Manager
Training Registration	County licensing worker	County Supervisor	Heartfelt Calling	Contract Monitor/State Foster Home Initial Licensing Manager
CPS Background Checks	County licensing worker	County Supervisor	Foster Home Initial Licensing Worker	State Foster Home Initial Licensing Manager
Visits to homes/ assessment of families	County licensing worker	County Supervisor	Foster Home Initial Licensing Worker	State Foster Home Initial Licensing Manager
Schedule Fire and Sanitation Inspections	County licensing worker	County Supervisor	Foster Home Initial Licensing Worker	State Foster Home Initial Licensing Manager
Written assessment of family and home	County licensing worker	County Supervisor	Foster Home Initial Licensing Worker	State Foster Home Initial Licensing Manager
Submission of request for licensure	County licensing worker	County Supervisor	Foster Home Initial Licensing Worker	State Foster Home Initial Licensing Manager
Licensing Decision	State licensing Manager	County Director/State Child Welfare Director	Foster Home Initial Licensing Supervisor	State Foster Home Initial Licensing Manager

* The Business Process Redesign was proposed and accepted by the SC OSS Director in April, 2015, with a target implementation plan of September 1, 2015. A statewide rollout was not accomplished until April 2016, when all necessary staff had been hired. During the interim, a modified regional structure was in place which placed foster home licensing and family support in 5 regional, rather than 46 county offices. Regional Foster Family and Licensing Support Units were created and became operational during the months of June 2015 and January 2016. See Appendix B for the effects of the reorganization of State Foster Home licensing.

Figure 2

Effect of the State Foster Home Licensing Office restructuring on Foster Home Re-licensing and Ongoing Training*				
Pre-restructure (County based)			Post-restructure (Regionally based)	
Area	Responsibility	Oversight	Responsibility	Oversight
Quarterly compliance visits with foster families	County Licensing Worker	County Supervisor	Regional Foster Family and Licensing Support Unit	State Foster Family and Licensing Support Manager
Scheduling yearly fire inspections	County Licensing Worker	County Supervisor	Regional Foster Family and Licensing Support Unit	State Foster Family and Licensing Support Manager
Requesting yearly state background checks	County Licensing Worker	County Supervisor	Regional Foster Family and Licensing Support Unit	State Foster Family and Licensing Support Manager
Completing yearly CPS/sex offender background checks	County Licensing Worker	County Supervisor	Regional Foster Family and Licensing Support Unit	State Foster Family and Licensing Support Manager
Maintaining complete license files	County Licensing Worker	County Supervisor	Regional Foster Family and Licensing Support Unit	State Foster Family and Licensing Support Manager
Amending licenses as needed	County Licensing Worker	County Supervisor	Regional Foster Family and Licensing Support Unit	State Foster Family and Licensing Support Manager
Monitoring training requirements	County Licensing Worker	County Supervisor	Regional Foster Family and Licensing Support Unit	State Foster Family and Licensing Support Manager
Submission of request for re-licensure	County Licensing Worker	County Supervisor	Regional Foster Family and Licensing Support Unit	State Foster Family and Licensing Support Manager
Re-licensing Decision	State licensing Manager	County Director/State Child Welfare Director	Regional Foster Family and Licensing Support Unit	State Foster Family and Licensing Support Manager

* Regional Foster Family and Licensing Support (FFALS) Units were created and became operational during the months of June 2015 and January 2016. They assumed responsibilities previously held by county licensing workers until the full implementation of the BPR in April 2016. The creation of these units was designed to offer specialized direct services to foster parents by staff whose sole responsibilities were in this area. The FFALS units ensure that homes are in regulatory compliance, as well as providing the foster families with information relative to training and support which will allow them to

In all aspects of recruiting, licensing, and utilizing foster homes in South Carolina, the Agency strictly adhered to the federal Multi-Ethnic Placement Act OF 1994.

The SC Code clearly defines the requirements for licensure as a Foster Care placement resource. These, along with federal guidelines, and internal policies controlled the environments in which children in state custody can be placed. Additionally, the SCDSS partnered with other state agencies whose own regulatory requirements address foster homes/facilities (such as the State Fire Marshal). The only exemptions to the regulations and guidelines were for foster children placed in non-licensed settings through a court of competent jurisdiction. This included foster children placed in non-licensed kinship care. (Even in the event of a court-ordered placement, criminal and abuse background checks were conducted.) Title IV-B or IV-E funds were not available for non-licensed placements. Only kinship caregivers who became licensed through the usual process was eligible to receive board payments from IV-B or IV-E sources.

Upon completing an initial application for foster/adoption families, the Agency's intake partner, the South Carolina Foster Parent Association (SCFPA) submitted the form to either the newly created (through the BPR, see Figure 1) Initial Foster Home Licensing Unit (IFHL) or the applicable regional Adoptions Unit. Concurrent with submitting the applications, the SCFPA was arranging with the family to attend pre-service training and to have their fingerprints digitized for FBI and state (SLED) criminal background checks. Fingerprinting was conducted through a contract with MorphoTrust USA, which has locations throughout the state for the convenience of applicants. Criminal background checks through fingerprinting must be completed on all adult occupants of a potential licensed foster home and on staff of group care facilities. The FBI and SC State Law Enforcement Division (SLED) provided information from their databases relative to criminal histories. Additionally, in compliance with the federal Adam Walsh Child Protection and Safety Act of 2006, applicants and household members aged 12 and older must also be cleared through national and state sex offender registries. Adults in the household must also have a clear record showing no instances of child abuse or neglect from South Carolina or any/all state(s) in which they've lived during the previous 5 years. (Some states provide information older than five years.) Unsubstantiated child protective services cases may not be used to deny licensure. Licenses may not be issued if an adult living in a potential foster home has a conviction for one of the following:

- a substantiated history of child abuse or neglect
- has pled guilty or nolo contendere to or has been convicted of
 - an "Offense Against the Person"
 - an "Offense Against Morality or Decency"
 - contributing to the delinquency of a minor
 - the common law offense of assault and battery of a high and aggravated nature when the victim was a person seventeen years of age or younger
 - criminal domestic violence
 - a felony drug-related offense under the laws of this State
 - unlawful conduct toward a child c
 - cruelty to children

- child endangerment
- criminal sexual conduct with a minor in the first degree

Any other conviction may be reviewed on a case by case basis but do not necessarily exclude the applicant from becoming a licensed foster parent. All criminal background checks were reviewed by the SCDSS Office of Investigations, a special unit trained in criminal record reviews and certified to make recommendations of denial due to criminal history. FBI fingerprint checks were conducted during the initial license application and every 10 years afterward or, if an occupant of a home is under age during initial licensure, they were checked upon reaching the age of 18. State criminal background checks are completed on a subsequent annual basis on all adults living within a household or having direct care contact with youth in a congregate care facility. Prior to the implementation of the BPR, decisions to exclude or approve an applicant with a criminal history was made at the local level, with the county director holding responsibility. After the BPR, those decisions were made by IFHL supervisors or Program Manager.

Until the creation of the Initial Foster Home Licensing Unit (IFHLU), each county or region received the applications from the SCFPA and responded to them as staff was available. The IFHLU has allowed the process to be more efficient and less time consuming for the applicants. The initial applications were directed from SCFPA to only two staff at SCDSS, who ensure that all necessary background checks were completed and approved prior to the continuation of the application. Once the applicants passed this step, they all must comply with the same requirements in order to eventually become licensed. The IFHLU staff who work with the families had a checklist of requirements that must have been met prior to recommending the applicants for licensure. Their supervisors reviewed the documentation and approved or denied the license based on compliance with the requirements. If requirements were missing or have not been met, the license was rejected until fully compliant with regulations.

The Group Home and Private Agency Licensing Unit acted similarly to the IFHLU supervisors in that they received the final documentation and approved or denied licensing based on compliance with all requirements. Staff of group homes who provided direct care services to children and youth were treated as if they were private foster parents and must've complied with the same background check requirements in order to be employed. The Group Home and Private Agency unit had staff who monitored the agencies and reviewed licenses for compliance. These staff made on-site visits at least twice per year during which random employee records were pulled and evaluated. Additionally, private agencies and group homes under contract with the SCDSS had contract monitors to ensure further compliance with agency requirements.

After licensure, foster parents must submit to yearly state (SLED) criminal background checks in order to meet license renewal requirements. State and national sex offender registries and SC CPS records were also reviewed to determine if a parent has had a conviction or finding within the years' time. Fingerprints are taken/reviewed every 10 years. If a conviction was found during a background check of a licensed, the supervisor of the Foster Family and Licensing Support Unit obtained further information from the foster parent and made a recommendation to the FFALS Program Manager. If revocation of a license occurs, the foster parents were notified that the child(ren) placed in the home will be moved and their right to appeal the Agency's decision.

All letters stating that a revocation (or denial of initial an application) were sent to the foster parents via certified mail. The family had 30 days from the date the letter was received to notify the SCDSS Office of Administrative Hearings their desire to appeal the decision. The OAH, in conjunction with DSS General Counsel scheduled hearings to take place during which the appellant could have presented evidence to an impartial 3rd party panel.

The DSS office of Out of Home Abuse and Neglect (OHAN) receives reports of alleged abuse or neglect by a foster parent toward a foster child. If accepted, the investigation into the allegation begins within 24 of its receipt. Children were typically removed from the foster home while the investigation was taking place. A founded investigation resulted in the revocation of the foster home license and the foster parent could've filed an appeal using the same means as stated above. Unfounded or unaccepted reports were forwarded to the FFALS unit, who met with the foster parent(s) to discuss the allegation and determine if additional training should take place for the foster parent.

Data

The CAPSS had a number of upgrades during the PUR that greatly enhanced the Agency's ability maintain license compliance. As the information was populated into each license record, there were a number of reports that positively impacted the work of supporting foster parents and having compliance data to effectively monitor licensee activities. One such report was the restriction of renewing a license if background checks were not current. (See Figure 3 below for an example of the CAPSS requirements screen for background checks.) Limited or no data was available which quantifies the practices in place for background checks. No license was granted or renewed without criminal, sex offender, and CPS record checks, however, it has not been the practice of the SCDSS to track the number of applications denied or licenses revoked due to negative background reviews.

Figure 3

Screen shot from SACWIS, CAPSS, which shows both parents met background check requirements prior to licensure. CAPSS will not allow licensure if requirements have not been met and entered.

Row	Person ID	Background Check Type	Sent Date	Completion Date	Results Received Date	Results
1	2021533	S, Central Registry Check	7/26/2016	7/26/2016	7/26/2016	No Record Found
2	2021533	S, Fingerprint Check	6/20/2016	6/20/2016	6/20/2016	No Record Found
3	2021533	S, Law Enforcement Check	7/18/2016	7/18/2016	7/18/2016	No Record Found
4	2021533	S, SC Sex offender Registry Check	7/26/2016	7/26/2016	7/26/2016	No Record Found
5	2021533	S, US Sex offender Registry Check	7/26/2016	7/26/2016	7/26/2016	No Record Found
6	2021534	S, Fingerprint Check	6/20/2016	6/20/2016	6/20/2016	No Record Found
7	2021534	S, Law Enforcement Check	7/18/2016	7/18/2016	7/18/2016	No Record Found
8	2021534	S, Central Registry Check	7/26/2016	7/26/2016	7/26/2016	No Record Found
9	2021534	S, SC Sex offender Registry Check	7/26/2016	7/26/2016	7/26/2016	No Record Found
10	2021534	S, US Sex offender Registry Check	7/26/2016	7/26/2016	7/26/2016	No Record Found

Summary

The SCDSS views its performance on item 34 during the PUR as a Strength because of the consistent, timely, and repetitive practice of reviewing the backgrounds of all foster and adoptive parents. There was a strong reporting and investigation system in place for keeping children safe from abuse or neglect while in Foster Care and actions were taken immediately to remove children from harmful situations or ensured that unfounded cases are discussed thoroughly with foster parents. However, there was little or no data to validate this item as a strength. With the implementation of the new CAPSS reporting capabilities and data capture, the availability of data will improve.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

State Response:

There were several organizational changes within the SCDSS during the PUR that directly impacted compliance with this item, especially the creation of the Foster Family and Licensing Support Unit (see Figures 1 and 2 below). These staff were responsible for and took part in activities and events to recruit foster parents. Private agencies (CPA) were responsible for their own recruitment of potential foster parents and Regional Adoptions offices sponsor adoption-specific recruitment events. Due to the shortage of foster homes for all types of children in all regions and counties of the state, there were only a few targeted recruitment efforts during the PUR, primarily focusing on older youth (teens) and African-American children/youth. There were also concentrated efforts to add foster homes in rural areas so that placements could occur within proximity of the child(ren)'s community. The FFLS team was fully developed at the beginning of 2016 and, during this past year took part in over 225 recruitment events and activities throughout the state. The state provided two Foster and Adoptive Family orientation and recruitment events during FFY 2016 for the Catawba Indian Nation. These events resulted in one (1) new Foster and Adoptive Family.

Section IV Assessment of systemic Factors

Figure 1

Effects of the Business Process Redesign on Foster Home Licensing and Foster Parent Training*				
Area	Pre-8PR (County based)		Post-8PR (Regionally based)	
	Responsibility	Oversight	Responsibility	Oversight
Family Recruitment	County Licensing Worker	County Supervisor	Regional Foster Family and Licensing Support Unit	State Foster Family and Licensing Support Manager/Regional Directors
Application Intake	Heartfelt Calling (contractor)	Contract Monitor/State Licensing Manager	Heartfelt Calling	Contract Monitor/State Foster Home Initial Licensing Manager
Schedule Fingerprinting	County Licensing Worker	County Supervisor	Heartfelt Calling	Contract Monitor/State Foster Home Initial Licensing Manager
Background Check (FBI Index)	County Licensing Worker	County Supervisor	Heartfelt Calling	Contract Monitor/State Foster Home Initial Licensing Manager
Training Recertification	County Licensing Worker	County Supervisor	Heartfelt Calling	Contract Monitor/State Foster Home Initial Licensing Manager
CPS Background Checks	County Licensing Worker	County Supervisor	Foster Home Initial Licensing Worker	State Foster Home Initial Licensing Manager
Visits to homes/assessment of families	County Licensing Worker	County Supervisor	Foster Home Initial Licensing Worker	State Foster Home Initial Licensing Manager
Schedule fire and Sanitation Inspections	County Licensing Worker	County Supervisor	Foster Home Initial Licensing Worker	State Foster Home Initial Licensing Manager
Written assessment of family and home	County Licensing Worker	County Supervisor	Foster Home Initial Licensing Worker	State Foster Home Initial Licensing Manager
Submission of request for licensure	County Licensing Worker	County Supervisor	Foster Home Initial Licensing Worker	State Foster Home Initial Licensing Manager
Licensing Decision	State Licensing Manager	County Director/State Child Welfare Director	Foster Home Initial Licensing Worker	State Foster Home Initial Licensing Manager

* The Business Process Redesign was proposed and accepted by the SC OSS Director in April, 2015, with a target implementation plan of September 1, 2015. A statewide rollout was not completed until April 2016, when all necessary staff had been hired. During the interim, a modified structure was in place which placed foster home licensing and family support in regional offices, rather than 46 county offices. Regional Foster Family and Licensing Support Units were created and became operational during the months of June 2015 and January 2016. See Appendix 8 for the effects of the restructuring of State Foster Home Licensing.

Figure 2

Effects of the State Foster Home Licensing Office restructuring on Foster Home Licensing and Ongoing Training*				
Area	Pre-restructure (County based)		Post-restructure (Regionally based)	
	Responsibility	Oversight	Responsibility	Oversight
Quarterly compliance visits with foster families	County licensing Worker	County Supervisor	Regional Foster family and Licensing Support Unit	State Foster family and licensing Support Manager
Scheduling yearly fire inspections	County licensing Worker	County Supervisor	Regional Foster family and Licensing Support Unit	State Foster family and licensing Support Manager
Requesting yearly state background checks	County licensing Worker	County Supervisor	Regional Foster family and Licensing Support Unit	State Foster family and licensing Support Manager
Completing yearly CPS/sex offender background checks	County licensing Worker	County Supervisor	Regional Foster family and Licensing Support Unit	State Foster family and licensing Support Manager
Maintaining complete license files	County licensing Worker	County Supervisor	Regional Foster family and Licensing Support Unit	State Foster family and licensing Support Manager
Amending licenses as needed	County licensing Worker	County Supervisor	Regional Foster family and Licensing Support Unit	State Foster family and licensing Support Manager
Monitoring training requirements	County licensing Worker	County Supervisor	Regional Foster family and Licensing Support Unit	State Foster family and licensing Support Manager
Submission of request for re-licensure	County licensing Worker	County Supervisor	Regional Foster family and Licensing Support Unit	State Foster family and licensing Support Manager
Relicensing Decision	State licensing Manager	County Director/State Child Welfare Director	Regional Foster family and Licensing Support Unit	State Foster family and licensing Support Manager

* Regional Foster Family and Licensing Support (FFALS) Units were created and became operational during the months of June 2015 and January 2016. They assumed responsibilities previously held by county licensing workers until the full implementation of the BPR in April 2016. The creation of these units was designed to offer specialized direct services to foster parents by staff whose sole responsibilities were in this area. The FFALS units ensure that homes are in regulatory compliance, as well as providing the foster families with information relative to training and support which will allow them to provide exceptional care to the children placed in their homes.

Contributing to the number of recruitment events and activities during 2016 was a SCDSS contractual partnership with state universities to assist with recruitment of foster homes. The universities provided logistical support for the Agency to speak or present on the need for foster and adoptive homes to an audience invited by the universities. At least half of the 225 events attended by SCDSS staff were held in counties known to have large minority populations in an effort to specifically recruit in these areas. Between December 1, 2014 and November 30, 2015, the SCDSS licensed 315 homes that it would manage. Between December 1, 2015 and November 30, 2016, this number increased to 426, in part due to the concentrated efforts of the SCDSS to recruit quality homes for foster children. Private agencies were responsible for their own recruitment and the number of homes licensed through their activities was not included in these figures.

Data

There was incomplete data (not 100% accurate) regarding demographics of children in care. From the information that was available, it can be surmised where the greatest need for foster homes lie within each region. However, because these areas were largely composed of low socio-economic populations, there were barriers such as physical home environments, income, and clear background checks that prevented the successful recruitment of families within them. Future recruitment efforts will attempt to gain foster homes within specific school districts or zones, rather than by neighborhood or ZIP code so that the audience being recruited can be expanded. Recruitment by private agencies was not driven by data provided by the SCDSS.

Summary

There is significant work to be accomplished by the SCDSS as it relates to gathering, summarizing, and using data to target recruitment efforts to the populations and geographic locale of the children in Foster Care. At the beginning of 2017, the Agency will employ a full-time recruitment manager who will be able to further streamline the process by which potential foster and adoptive families are sought and educated about the needs of their communities. During the period under review, the SCDSS did not use data to maximize the efforts to recruit, therefore, this item is rated as an Area Needing Improvement at this time.

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

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

State Response:

In pursuing permanent placements for children, the SCDSS made concerted efforts during the period under review to focus on the family group first before considering non family options through both Family Engagement Services and Concurrent Planning efforts.

Family Engagement Services:

Specific areas of focus included targeted family engagement services such as the use of specific tools to identify and engage the noncustodial parent and the larger family group (maternal, paternal and fictive kin) through a variety of regional specific services.

Seeking Permanence through Noncustodial Parent Engagement:

During the PUR, strategic actions identified in the CFSP for engaging the noncustodial parent included developing caseworker support of engaging the noncustodial parent (primarily fathers) by raising awareness on the importance of safely connecting dads and the paternal family in services and consideration as potential permanent placements for children. The SCDSS has continued efforts in developing this awareness and service delivery through partnership with the SC Center for Fathers and Families. The SCDSS with The Center and their local Fatherhood Coalitions provided training and services referral links for father sensitive parenting education, peer support, job related training and placement to all counties over the past 2 years. Father friendly services, such as parenting and support offered through the SC Center for Fathers and Families were designed to enhance the noncustodial parent's suitability as placement resources.

The SCDSS staff are required by policy to initiate Diligent Search referrals to the Integrated Child Support Division to locate the noncustodial parent. However, data pulled from the CAPSS did not show that diligent searches were being completed consistently statewide during the PUR as referenced in item 32:

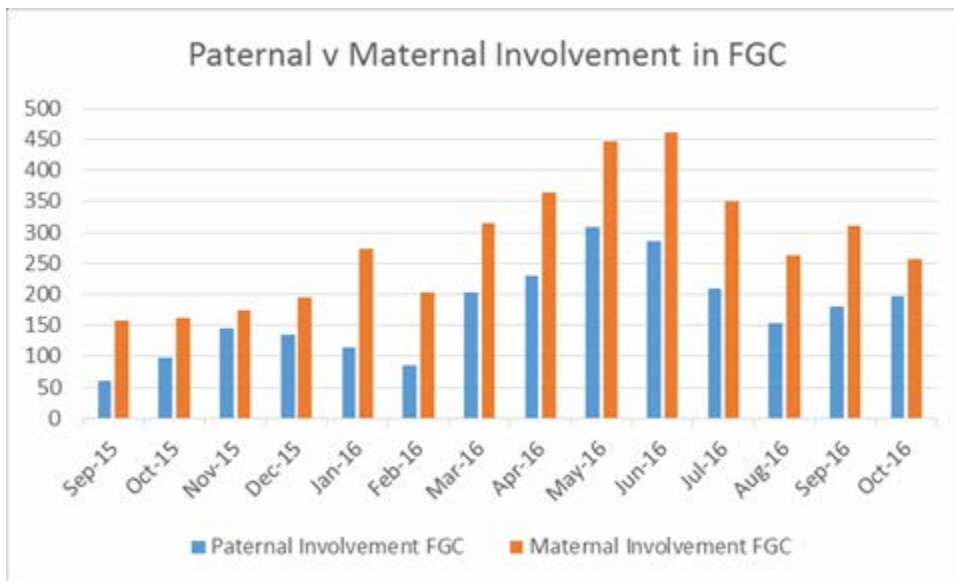
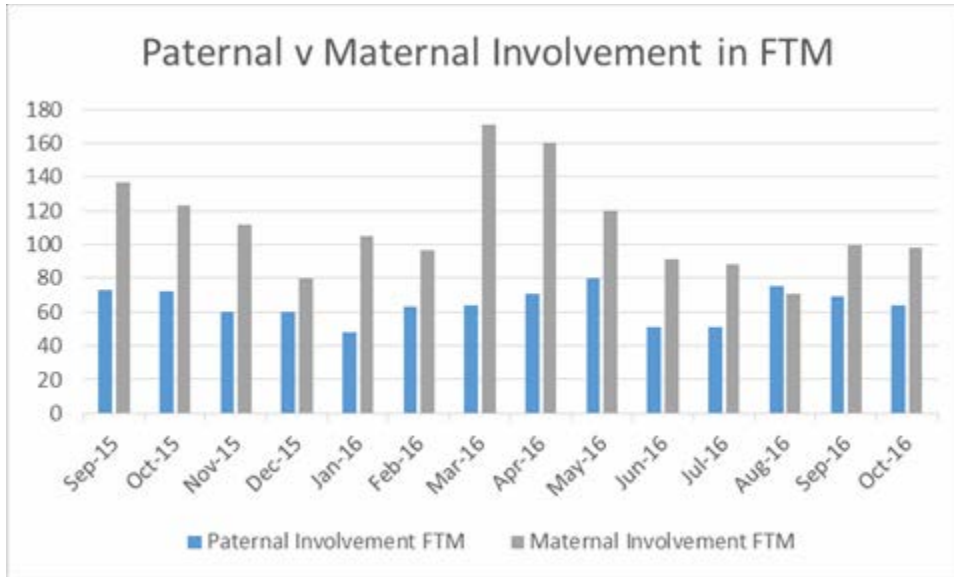
Diligent Search Cases entered with a service code of Foster Care since March 2014 as of November 2016

Region	County	Totals
1	Aiken	1
1	Bamberg	0
1	Barnwell	0
1	Calhoun	0
1	Chester	2
1	Edgefield	0
1	Fairfield	0
1	Kershaw	1
1	Lancaster	1
1	Lexington	13
1	McCormick	0
1	Newberry	7
1	Orangeburg	0
1	Richland	3
1	Saluda	0
1	Union	1
1	York	0
2	Allendale	0
2	Beaufort	0
2	Berkeley	3
2	Charleston	2
2	Colleton	2
2	Dorchester	0

2	Hampton	13
2	Jasper	0
3	Chesterfield	0
3	Clarendon	1
3	Darlington	0
3	Dillon	3
3	Florence	5
3	Georgetown	1
3	Horry	0
3	Lee	0
3	Marion	0
3	Marlboro	0
3	Sumter	3
3	Williamsburg	0
4	Abbeville	0
4	Anderson	1
4	Cherokee	0
4	Greenville	230
4	Greenwood	0
4	Laurens	0
4	Oconee	2
4	Pickens	1
4	Spartanburg	2
Totals		298

While these efforts did not result in an overall statewide increase in diligent search requests through the Child Support Division, except for Greenville County, it did impact the efforts of private Family Engagement providers in contacting noncustodial fathers and connecting the paternal side in services through Seneca Searches, genograms and eco-mapping. Although this data was only tracked under the Family Engagement contract, anecdotal information from Families First staff indicated these trends of engaging dads continued statewide for Family Engagement services during the PUR.

A comparison of Paternal and Maternal Involvement in FTMs and FGCs by Attendance:



-	Paternal Involvement FTM	Paternal Involvement FGC	Maternal Involvement FTM	Maternal Involvement FGC
Sep-15	73	60	137	158
Oct-15	72	97	123	161
Nov-15	60	146	112	174

Dec-15	60	134	80	194
Jan-16	48	115	105	273
Feb-16	63	85	97	203
Mar-16	64	204	171	314
Apr-16	71	230	160	365
May-16	80	309	120	446
Jun-16	51	285	91	461
Jul-16	51	209	88	350
Aug-16	75	154	71	262
Sep-16	69	181	100	310
Oct-16	64	197	98	256

Seeking Permanence through Family Engagement Services:

During the PUR, concerted efforts were made to locate and engage families through family meetings that are legislatively and agency directed as children enter care and at other times during the life of the case. The caseworker traditionally initiated these meetings. However, in surveys conducted following the Round 2 CFSR, it was discovered the format varied from worker to worker and county to county. To address this, the Agency adopted the Family Team Meeting (FTM) Model developed by the Child and Family Services Agency in Washington DC and piloted during the previous PIP. A statewide Family Engagement Solicitation was posted that included FTM and FGC services, but the contract was only awarded in Region 1, 3 and 4. Therefore, in Region 2 and 5 (except for 5 counties providing FTM under a previous contract), the legislated and agency directed family meeting was facilitated by the caseworker rather than a contracted provider.

The Family Engagement contract required that SCDSS staff in Region 1, 3, and 4 refer all families to the master contractor, National Youth Advocacy Program's (NYAP) within 2 hours of entering care through the NYAP call center. Referrals were made online through the SC Youth Advocacy Center website for the 5 counties in Region 5. Following the initial phone referral, a formal CAPSS referral was generated that auto populates all relevant case information. Since the family engagement codes were recently created in the CAPSS, follow up data on these related activities was not available. Referral information tracked through Families First, NYAP and SAFY weekly logs indicated that a total of 5,283 referrals were made during the PUR. To ensure that all families were referred, referrals were cross referenced with the CAPSS placement by date data. If a referral was not made within the referral timeline (up to 3 days) for the Family Team Meeting, the referral was accepted as a front end family group conference and included the following family finding activities for participation in the FTM and FGC and for consideration as potential permanent placement: Seneca Searches, Genogram and Eco-map. In addition to front end referrals, any child already in Foster Care, managed by the county office, IFCCS or Adoptions could have been referred for FGC with family finding services.

An array of Family Engagement Services available throughout the state during the PUR included:

- Family Team Meetings as children entered care for Regions 1, 3 and 4 along with 5 counties in Region 5 through 2 master contractors, the National Youth Advocacy Program and their coalition members (1,3 and 4) and the SC Youth Advocacy Center with their coalition member in the 5 region 5 counties. This service was available for all families in these regions as children entered Foster Care. They occurred within 24 hours to 3 days of entering care and resulted in a Family Plan that addressed potential family group member/kin placement, further assessments needed and enhanced visitation.
- Family Group Conferences with Family Finding was available statewide through the NYAP contract in Region 1, 3 and 4, the SCYAP contact in the five region 5 counties and through Families First providers in Region 2 and 5. This service followed the Family Team Meeting and must have occurred within 25 days of the child entering care and produced a Family Plan that addressed the same issues above plus more comprehensive treatment planning. Direct referrals for FGC with family finding were made in the other remaining counties in Region 5 and Region 2. This service was also available for families served through Family Preservation to support families by identifying services and kin placements to prevent children from entering Foster Care.
- Unlicensed Relative Assessments in Regions 1, 3 and 4 and the 5 counties in Region 5. These abbreviated home studies were made available when family group members were identified as potential temporary and permanent placements.

Efforts have been underway to unite the state under one master contractor with a coalition of providers to ensure that all 3 services are provided through a consistent service delivery model. Through RFP efforts during the PUR, bidders did not respond in several counties leaving the previous service delivery model under Families First intact until the RFP is reposted. Due to budgetary concerns, the RFP has not been reposted.

From 2014 through November 2016, combining all three service models statewide, the following represented the total family engagement services during the PUR by region. This information was collected manually from weekly service logs maintained by Families First as the CAPSS action codes were not used during the PUR.

Totals for Period Under Review		
-	FTMs	FGCs
Region 1	894	1509
Region 2	-	530
Region 3	288	804

Region 4	434	1053
Region 5	223	1387
-	1839	5283

Once potential placement resources were identified within the family group, the placement process was expedited through the Unlicensed Relative Assessment process. This abbreviated home study process allowed permanent placement to occur sooner.

The chart below represents the number of families referred for an Unlicensed Relative Assessment during the PUR for Regions 1, 3 and 4 and specific counties in Region 5 where this service was available under the Family Engagement Contracts. In reviewing billing records, a 70% completion rate was indicated in Region 1 which is believed to be indicative of the completion rate for the other counties where this was available. Incomplete URAs can be the result of a negative background check, if family chooses not to complete the process or SCDSS decides not to pursue.

-	URAs
Region 1	1214
Region 2	-
Region 3	129
Region 4	452
Region 5	255
-	2050

Adoption Recruitment

A number of statewide adoption recruitment activities are relevant for this item.

The Recruitment photo-listing was driven by CAPSS Recruitment which is a subsystem in CAPSS where recruitment referrals are made. Referrals to the State Exchange (Seedlings) and National Exchange (Adopt-US-Kids) were made through the CAPSS Recruitment.

Referrals to the national exchange were based on the child’s legal status of being legally free without an adoptive resource. All children in the Agency’s custody without an adoptive resource were referred to the Statewide Exchange.

Our adoption recruitment protocols are driven and mandated by state law as follows:

SECTION 63-9-1510. Statewide Adoption Exchange.

(A) The State Department of Social Services shall establish, either directly or through purchase of services, a statewide adoption exchange with a photograph listing component.

(B) The adoption exchange must be available to serve all authorized, licensed child-placing agencies in the State as a means of recruiting adoptive families for any child who meets one or more of the following criteria:

(1) the child is legally free for adoption;

(2) the child has been permanently committed to the department or to a licensed child-placing agency;

(3) the court system requires identification of an adoptive family for the child before ties to the biological parents are severed;

(4) the department has identified adoption as the child's treatment plan.

(C) The department shall register with the adoption exchange each child in its care who meets any one or more of the above criteria and for whom no adoptive family has been identified. This registration must be made at least thirty days from the determination date of the child's adoptable status and updated at least monthly.

(D) If an adoption plan has not been made within at least three months from the determination date of the child's adoptable status, the department shall provide the adoption exchange with a photograph, description of the child, and any other necessary information for the purpose of recruitment of an adoptive family for the child, including registration with the photograph listing component of the exchange which must be updated monthly. The department shall establish criteria by which a determination may be made that recruitment or photograph listing is not required for a child. The department also shall establish procedures for monitoring the status of children for whom that determination is made.

(E) In accordance with guidelines established by the department, the adoption exchange may accept from licensed child-placing agencies, referrals and registration for recruitment and photograph listing of children meeting the criteria of this section.

(F) The department shall refer appropriate children to regional and national exchanges when an adoptive family has not been identified within one hundred eighty days of the determination of the child's adoptable status. The department shall establish criteria by which a determination may be made that a referral to regional or national exchanges is not necessary, and the department shall monitor the status of those children not referred.

(G) The department shall provide orientation and training to appropriate staff regarding the adoption exchange procedures and utilization of the photograph listing component.

The adoption exchanges and recruitment tools utilized to secure permanency were as follows:

- Adopt-Us-Kids (National Photo-listing) – <http://www.adoptuskids.org/>
- Seedlings (Statewide photo-listing) – Website being updated

The SCDSS used the Heart Gallery to secure adoptive families for children that were legally free and did not have an adoptive resource. The guidelines for the South Carolina Heart Gallery follows:

1. The SCHG will arrange a minimum of eight photo sessions, at least one in each region. The SCHG will photograph each child transported to the scheduled photo shoot. Upon agreement by the child and regional adoption specialist, children attending photo shoots may also participate in child profile videos created by the

South Carolina Heart Gallery *Foundation*, provided the Foundation maintains adequate funding. The SCHG will also provide individual photography sessions for children with special needs that prevent inclusion at scheduled regional photo shoots, dependent upon availability of a participating photographer.

2. The SCHG will arrange a minimum of seventy-five venues displaying Heart Gallery photographs; at least one venue per quarter in each Adoption Region in the state. The term “venue” includes, but is not limited to, any presentation, speaking engagement, public appearance, or meeting where Heart Gallery photos or videos are presented or displayed, as well as community exhibits of framed Heart Gallery photos and/or videos.
3. The SCHG will select a minimum of two photographs for each child or sibling group for use on the website and one for use within a community display. The SCHG will include a biographical sketch with each child’s framed photograph. All photographs will be framed and ready for exhibit no later than twelve weeks from the date of the photo shoot or individual photography session. SCHG will provide each adoption worker with a digital photograph for non-SCHG recruitment. The SCHG provides a photo album to each child photographed.
4. The SCHG will maintain a fully developed website for posting photographs and descriptions of children photographed, with tracking and managing inquiries from interested families. The website will incorporate child profile videos created by the South Carolina Heart Gallery *Foundation*, provided the Foundation maintains adequate funding. Photographs and videos will be available on the website no later than twelve weeks from the date of the photo shoot or individual photography session. SCHG will update on-line photographs, upon notification from SCDSS, for any child with an identified family. Upon notification of an adoptive placement, the SCHG will remove the framed photograph from public exhibits and will provide the framed photograph to SCDSS for the adoptive family. The SCHG will provide a notice to the Adoption Specialist when a picture is outdated more than 12 months in order to keep online photographs current.
5. SCHG will maintain a dedicated database to track and manage inquiries, intakes, and applications for families. The SCHG will respond to telephone or website inquiries within three working days of receipt of inquiry, and will make a minimum of two attempts to contact the inquirer.
6. SCHG will follow established SCDSS protocols as first reviewers for approved home studies. The SCHG will pre-screen received home studies against a child’s background factors and placement needs and will forward appropriate studies to the SCDSS Regional Adoption Specialist for consideration. The SCHG will respond to families who do not appear appropriate for the specific child named in their inquiry and may suggest other children which more appropriately fit the family. The SCHG will maintain family background information and home studies in a database which can be searched for potential matches. The SCHG will follow up with families a minimum of twice per year to ensure their status is current.
7. SCHG will utilize its database of approved families to run matching reports for

- children on referral who are age 16 or older. For each child age 16 or older, the SCHG will run a matching report twice per year and submit any resulting families to the SCDSS Adoption Specialist. Upon request of the Adoption Specialist, matching reports will be provided for other children on referral.
8. The SCHG will expedite the application and home study process, utilizing current SCDSS protocol, for new South Carolina families responding to Heart Gallery recruitment. The SCHG will provide information regarding Orientation and Pre-Service Training through SCDSS and other vendors, complete the initial intake/application, submit completed applications to the regional adoption division for processing, and complete home studies. For those families who complete intake through the Heart Gallery program, SCHG will keep families engaged in the adoption process by contacting them quarterly for status updates. The SCHG will complete adoptive home studies for these families and other new SC families as assigned by DSS Regional Adoption staff. SCHG will complete 100% of the home studies accepted by the program.
 9. The SCHG will provide specialized recruitment services for all children reported by SCDSS as legally free for whom an adoptive resource has not been identified. Child-specific recruitment campaigns will be targeted to appropriate geographic areas and/or faith communities.

Summary of 2015-2016 Heart Gallery Contract Activities

Photo Shoots: 9

Children Referred/Photographed: 126

Children Videotaped: 122

Community Exhibits

- 222 (72 in Region I, 41 in Region II, 79 in Region III, 14 in Region IV, 16 in Region V)

Other media and events:

- 176 children featured in social media spotlights
- 56 children received gifts from the Draexlmaier Angel Tree
- 2 TV features

Inquiries Received: 3,672

Family Engagement/Additional Child Recruitment Activities

- 454 new family intakes completed
- 61 home studies assigned (48 submitted for approval; 8 pending; 5 returned/withdrawn)
- 17 children received matching services; 129 families submitted for placement consideration

Children Matched per Agency Reports: 46

Section IV: Assessment of Systemic Factors

Additional Recruitment Data

Report 9 - Summary of Status of All Youth with Open Adoptive Services

Data Source: CAPSS on 1/1/17

Region of Adoptive Svc. Case Management Child's Office of Case Management	Unique Childrn	Total Adoptv. Svcs.	Related Foster Care Svcs.	Avg. Mons. in Care	TPR Status		Primary Perm Plan		Date in Family Identified Field	
					Not TPRd	TPRd	Not "Adopt"	"Adopt"	No Date - Family Not Identified	Date Given - Family Identified
Total Adpt. Region I	716	716	716	28.1	481	235	273	443	630	86
Anderson	68	68	68	24.8	54	14	17	51	55	13
Cherokee	18	18	18	26.4	13	5	10	8	16	2
Greenville	171	171	171	21.6	130	41	111	60	158	13
Newberry	1	1	1	100.6	0	1	0	1	0	1
Oconee	46	46	46	17.6	43	3	19	27	41	5
Pickens	62	62	62	25.2	39	23	18	44	57	5
Spartanburg	202	202	202	22.6	146	56	50	152	176	26
Adoptions Reg I	8	8	8	48.0	0	8	0	8	1	7
Anderson IFCCS	62	62	62	47.3	31	31	23	39	57	5
Greenville IFCCS	46	46	46	51.1	14	32	11	35	42	4
Spartanburg IFCCS	32	32	32	49.3	11	21	14	18	27	5
Total Adpt. Region II	293	293	293	31.7	223	70	116	177	268	25
Anderson	2	2	2	15.9	2	0	1	1	2	0
Chester	2	2	2	26.1	2	0	0	2	2	0
Fairfield	5	5	5	32.2	3	2	1	4	5	0
Greenville	1	1	1	9.0	1	0	0	1	1	0
Kershaw	11	11	11	23.1	2	9	9	2	9	2
Lancaster	15	15	15	27.0	9	6	0	15	15	0
Lexington	75	75	75	25.2	70	5	49	26	65	10
Richland	53	53	53	29.1	43	10	36	17	49	4
Union	3	3	3	50.4	2	1	0	3	3	0
York	30	30	30	24.9	26	4	1	29	29	1
Adoptions Reg II	6	6	6	31.6	4	2	1	5	2	4
Anderson IFCCS	1	1	1	39.5	1	0	0	1	1	0
Bamberg IFCCS	3	3	3	39.2	2	1	2	1	3	0
Midlands IFCCS	38	38	38	42.3	28	10	15	23	37	1
Rock Hill IFCCS	48	48	48	43.8	28	20	1	47	45	3
Total Adpt. Region III	200	200	200	31.8	125	75	58	142	180	20
Beaufort	6	6	6	18.3	3	3	3	3	3	3
Berkeley	23	23	23	20.1	19	4	8	15	18	5
Charleston	54	54	54	29.2	34	20	13	41	54	0
Colleton	11	11	11	22.1	8	3	8	3	9	2
Dorchester	19	19	19	17.6	17	2	8	11	16	3
Greenville	2	2	2	33.0	0	2	0	2	0	2
Jasper	1	1	1	17.2	0	1	0	1	0	1
Beaufort IFCCS	18	18	18	42.1	9	9	3	15	16	2
Charleston IFCCS	66	66	66	42.2	35	31	15	51	64	2

Section IV: Assessment of Systemic Factors

Report 9 - Summary of Status of All Youth with Open Adoptive Services

Data Source: CAPSS on 1/1/17

Region of Adoptive Svc. Case Management		Unique Childrn	Total Adoptv. Svcs.	Related Foster Care Svcs.	Avg. Mons. in Care	TPR Status		Primary Perm Plan		Date in Family Identified Field	
						Not TPRd	TPRd	Not "Adopt"	"Adopt"	No Date - Family Not Identified	Date Given - Family Identified
Total Adpt. Region	IV	325	325	325	33.8	185	140	92	233	288	37
Anderson		1	1	1	34.2	1	0	0	1	0	1
Chesterfield		28	28	28	28.5	10	18	8	20	21	7
Clarendon		10	10	10	16.3	9	1	1	9	9	1
Darlington		18	18	18	16.9	17	1	8	10	17	1
Dillon		35	35	35	28.0	32	3	2	33	32	3
Florence		16	16	16	28.7	12	4	4	12	16	0
Georgetown		7	7	7	24.0	7	0	5	2	7	0
Horry		62	62	62	20.1	43	19	29	33	56	6
Lee		3	3	3	43.8	0	3	2	1	2	1
Marion		7	7	7	33.7	4	3	4	3	6	1
Marlboro		6	6	6	22.1	2	4	0	6	6	0
Sumter		16	16	16	26.9	16	0	6	10	16	0
Williamsburg		1	1	1	6.1	1	0	1	0	1	0
Adoptions Reg IV		12	12	12	43.8	1	11	0	12	2	10
Bennettsville IFCCS		31	31	31	51.5	8	23	6	25	27	4
Horry IFCCS		31	31	31	37.9	12	19	10	21	31	0
Sumter IFCCS		41	41	41	63.7	10	31	6	35	39	2
Total Adpt. Region	V	167	167	167	39.0	77	90	50	117	152	15
Abbeville		1	1	1	71.7	0	1	0	1	1	0
Aiken		17	17	17	26.8	7	10	14	3	13	4
Bamberg		1	1	1	12.9	1	0	1	0	1	0
Barnwell		10	10	10	37.5	7	3	3	7	10	0
Edgefield		1	1	1	25.8	0	1	0	1	0	1
Greenville		3	3	3	23.7	1	2	1	2	3	0
Greenwood		7	7	7	17.1	7	0	3	4	6	1
Laurens		37	37	37	34.7	16	21	6	31	33	4
Newberry		7	7	7	30.6	3	4	4	3	6	1
Orangeburg		21	21	21	32.6	14	7	8	13	19	2
Saluda		3	3	3	23.9	1	2	1	2	3	0
Adoptions Reg V		2	2	2	89.0	0	2	0	2	0	2
Aiken IFCCS		7	7	7	26.7	4	3	2	5	7	0
Bamberg IFCCS		11	11	11	59.2	2	9	2	9	11	0
Greenwood IFCCS		26	26	26	61.1	6	20	3	23	26	0
Orangeburg IFCCS		13	13	13	40.1	8	5	2	11	13	0
STATE TOTALS		1,701	1,701	1,701	31.3	1,091	610	589	1,112	1,518	183

Interstate Compact on the Placement of Children (ICPC)

The Interstate Compact on the Placement of Children (ICPC) is an administrative and legal framework that facilitates Foster Care and adoptive placement of children across State lines. The Compact is a formal contractual agreement among States, enacted as statutory law, which promotes interstate cooperation to ensure that children placed out of State receive protection and services. It establishes uniform administrative procedures and sets forth jurisdictional and financial responsibilities for the States involved in the placement of a child across State lines.

Placing children across state jurisdictional lines, however, can be very complicated; the process becomes even more complex when it involves agencies and judicial systems in two States. Interstate placements often take longer than in-state placements. Legal, administrative, and resource issues frequently impede or delay inter-jurisdictional placements. These issues may compound other obstacles that often hinder moving foster children to permanent homes even within their own jurisdiction. Large and complex in-state caseloads often take priority over a home study or family assessment for a child referred from another State. Some receiving States have developed protocols to ensure that home studies are completed in an appropriate timeframe and do not receive last priority.

Systemic court problems, including insufficient training for court personnel that work with child welfare cases and overburdened court dockets, get in the way of timely decisions on cases; insufficient access to support and treatment services for parents also lengthens the time children spend in Foster Care. Understanding and addressing the issues and challenges involved in placing children in permanent homes across jurisdictional lines can help foster children find permanent homes.

During the PUR, data was not available through the CAPSS to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children was occurring statewide. The State did not track the timeliness of completion of foster/adoptive home studies requested by other states within 60 days. Therefore, the state did not have data to answer the timeliness of SCDSS's response to ECPC requests from other States. The development of a standardized tracking and reporting system from CAPSS is in development.

South Carolina does not have a systematic way of accurately tracking data in our current CAPSS system. However, SCDSS tracks the numbers of cross-jurisdictional placements manually. Each Program Coordinator in the ICPC Unit monitored the inter-jurisdictional placements for which they are responsible. There was no electronic monitoring or tracking of this information. At the end of each month, each program coordinator submitted information related to placements to the ICPC unit supervisor. This information was not systemically reported, but is available upon request. However, based on the manual data system, there were some limitations in regards to the validity of the accuracy.

In addition, while the manual data sheet did not accurately capture the overall number of parent, relative, Foster Care or adoptions independently, a more detailed manual data sheet to be able to capture the data into the identified categories is referenced below:

Section IV: Assessment of Systemic Factors

** PARENT/FOSTER/RELATIVE/PUBLIC ADOPTION
 * # OF CHILDREN THAT HAVE BEEN PLACED
 DURING CURRENT REPORTING MONTH

2017	Data Collection Project	PROG. COOR.
MONTH: January 2017		
COUNTY	TOTALS	
**HOME STUDIES REQUEST INTO SC (Receiving State)		
Parent Home Study _____		
Relative Home Study _____		
Foster Home Study _____		
Adoption Home Study _____		
**HOME STUDIES REQUEST OUT (SC Sending State)		
Parent Home Study _____		
Relative Home Study _____		
Foster Home Study _____		
Adoption Home Study _____		
PLACEMENTS INTO SC * (100B) (Receiving State)		
Parent _____		
Relative _____		
Foster _____		
Adoption _____		
PLACEMENTS OUT * (100B) (SC Sending State)		
Parent _____		
Relative _____		
Foster _____		
Adoption _____		
PRIVATE ADOPTIONS INTO SC (Receiving State)		
PRIVATE ADOPTIONS OUT (SC Sending State)		
RESIDENTIAL REQUEST INTO SC (Receiving State)		
RESIDENTIAL REQUEST OUT (SC Sending State)		
**DETERMINATIONS MADE BY SC (Receiving state)		
**DETERMINATIONS MADE BY OTHER STATES		
**PROGRESS REPORTS BY SC (Receiving State)		
**PROGRESS REPORTS BY OTHER STATES		
**CLOSURES AS SC SENDING STATE		
**CLOSURES AS SC RECEIVING STATE		

Summary

The SCDSS made strides to address cross-jurisdictional efforts for permanent placement during the PUR. While the Agency demonstrated strengths utilizing Family Engagement Services and enhancing adoption recruitment efforts, overall, the relevant quantitative and qualitative data reflected this item to be recommended as an Area Needing Improvement.