South Carolina
Department of Social Services

Child and Family Services Review (CFSR) Round Four
Statewide Assessment

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Minor formatting adjustments may have been made to this document for 508 compliance. Content is unaffected.

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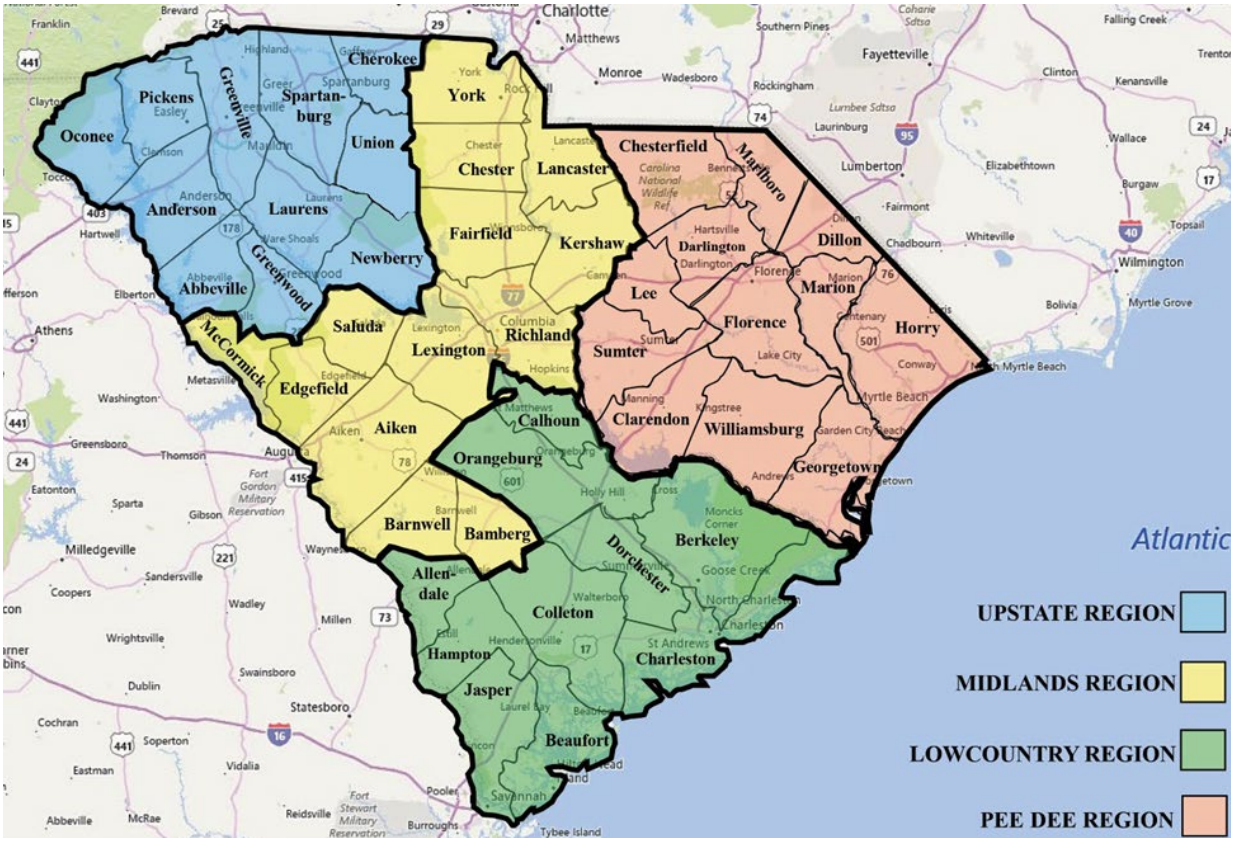
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Section I

General Information

SCDSS is a cabinet agency with the State Director appointed by the Governor of South Carolina with the advice and consent of the Senate. DSS provides protective services for children through the Division of Child Welfare Services and vulnerable adults through the Division of Adult Advocacy. Additionally, the Agency provides supplemental services to families and individuals through the Division of Economic Services which administers the Temporary Assistance for Needy Families (TANF) program, as well as the Supplemental Nutrition Program (SNAP). The Division of Child Support administers the state's child support program.



Tribes

The Catawba Indian Nation (CIN) is the sole federally recognized tribe in South Carolina. SCDSS maintains regular collaboration with representatives from the CIN. SCDSS and CIN meet to discuss ways to improve compliance with the Indian Child Welfare Act (ICWA) and share ways to improve coordination and cooperation between the state and tribe. The goal of these meetings is to identify areas of concern and barriers to ICWA compliance and ways to overcome these barriers. In addition, SCDSS shares the Child and Family Services Plan and on an annual basis shares the Annual Progress and Services Report with the tribe, who in turn share their plan with SCDSS.

Legal and Judicial Community

SCDSS collaborates and provides input on several committees which promote ongoing collaboration with the legal and judicial community, including the Court Improvement Project (CIP). SCDSS engages the legal and judicial community through the SCDSS-DJJ Crossover subcommittee, Family Court Bench Bar

Committee, Children's Justice Act Task Force, and the Docketing Committee for the Family Court System. These groups are dedicated to partnering with SCDSS on improving outcomes. Additionally, the CIP has continued to partner and provide input in the development and implementation of the Child and Family Services Plan, Annual Progress and Services Report, and Program Improvement Plan activities. The CIP provides monthly data reports to include data on hearings held, continuance rates and trends, and reasons for continuances. This data is broken down by the county and regional levels, providing insight into the particular challenges for each geographical area. Additionally, the CIP produces an annual report that includes an annual compilation of metrics at the regional, county, and state levels.

The Court Liaison Program, a companion program at the Children's Law Center with the CIP collaborates regularly with SCDSS. Court liaisons are positioned throughout the state to collect meaningful data that informs monthly court reports. In addition, court liaisons assist the court by providing child protection case summaries for family court judges for every child abuse and neglect hearing in the state. The court liaisons also provide case file review information to SCDSS county legal staff to alert them of items that may cause hearing delays. This data sharing has been beneficial to both the courts and SCDSS in identifying issues that impede permanency and recommending steps to address those impediments.

Section II

Mission

The Department's mission is to serve South Carolina by promoting safety, permanency and well-being of children and vulnerable adults, helping individuals achieve stability and strengthening families. SCDSS does this through the core principles of courage, compassion, and competence.

South Carolina aims to have a child welfare system that builds supports and resources in the community to prevent child maltreatment and reduce the likelihood of maltreatment reoccurring. SCDSS has focused on integrating organic internal and external stakeholder engagement in the program development and improvement processes. SCDSS recognizes the importance of engaging families, youth, and other partners and is committed to their inclusion and feedback at all levels. Demonstrating this commitment, SCDSS rolled out the GPS Practice Model, which takes a family-centered stance and embraces the inclusion and engagement of youth and families. SCDSS continues to shift the mindset of the Agency to one that emphasizes including stakeholder voice at all strategic planning, improvement, and decision-making stages.

Practice Model

SCDSS has adopted a model of casework practice for Child Welfare Services called Guiding Principles and Standards (GPS), which explains the values, principles, and core practice skills used by staff to empower children and families to achieve the goals of safety, stability, permanency, and well-being. Inspired by GPS navigation technology, the model serves as a road map to help practitioners arrive at desired practice model outcomes and to achieve uniform practice within the department. All training provided by South Carolina Department of Social Services is based on the SCDSS practice model, called Guiding Principles and Standards (GPS).

Values

Respect: We treat all individuals with dignity, educate them of their rights and responsibilities, and honor their values and culture.

Excellence: Our service delivery system and practice is based on our desire to achieve high performance, meet outcomes, and ensure accountability.

Community Investment: DSS relies on formal and informal supports throughout each community to promote prevention, protection, well-being and lifelong connections.

Accountability: Our decisions and actions are transparent; child and family outcomes are achieved, and data is utilized to improve our practice.

Guiding Principles:

- Family centered
- Trauma informed
- Individualized and Strengths-based
- Culturally Responsive

Core Practice Skills

- Engagement
- Teaming
- Functional Assessment
- Planning
- Intervening
- Tracking and Adapting

Cross-System Challenges

Staff recruitment and retention efforts have been a primary focus of SCDSS. The Agency closely monitors the child welfare turnover rate and the most recent data shows for 2023 that the turnover rate was 22.6%. The Office of Accountability, Data, and Research (ADR) tracks this data by program area and quarter. The program areas with the highest turnover rate are OHAN (32.67%) and foster care (31.68%). The program areas with the lowest turnover rate include licensing (7.89%), and intake (14.33%). The turnover justification includes a variety of separation reasons, including the employee transitioning into a new role within the Agency (promotions). The primary reason for separation includes personal reasons, accounting for 75.5% of separation. SCDSS efforts towards reduction of staff turnover have shown effective. 2021 data showed 31.15% CWS turnover rate which decreased in 2022 to 25.39%. Foster Care continues to have the highest turnover rate with 40.39% in 2021 and 34.42% in 2022. However, that has since decreased in 2023 as stated above.

In June 2023, SCDSS launched a competency-based hiring process referred to as Destination Retention. This competency-based hiring process is completed for all individuals who have applied and are identified as potential candidates to interview for case manager and team leader positions. The process consists of the applicant watching a realistic job preview, viewing a case study, participating in a standard interview, completing a fact-finding interview related to the case-study, and writing a case analysis of the case study. This hiring process not only offers a standardized and competency-based manner to consider potential applicants for hiring, but also provides potential applicants a realistic look at the job, what it entails, and the skills required to be successful. In addition to Destination Retention, SCDSS has implemented a Child Welfare Professional Advancement Pathway and complimenting salary ascension plan to assist in the professional develop and retention of existing staff.

The CWS progress was also measured through external oversite, evaluations, and settled class action litigation. The Michelle H. Final Settlement Agreement (FSA) has multiple measures with final targets that, when reached and maintained, reflect achievement of desired performance improvement in five reform areas: 1) caseload limits; 2) visitation; 3) investigations of suspected abuse and neglect related to children in foster care; 4) health care screens and treatment services; and 5) placement needs. This monitored process has and will continue to help SCDSS and specifically CWS evaluate implemented changes in programs and practices. Since measurement began in October 2016, SCDSS has achieved final targets for four of the seven measures for investigations of suspected abuse and neglect related to children in foster care. The measures focus on decisions not to investigate referrals of abuse or neglect and timely completion of investigations. SCDSS received Maintenance of Efforts status from the court for these four measures in July 2023 and the Court approved Termination and Exit in October 2024. Additionally, SCDSS achieved final targets for two of fourteen measures related to placement needs. These measures focus on placing children in family-like settings and outside of congregate care. SCDSS received Maintenance of Effort status from the Court for the two measures in October 2024. Lastly, SCDSS achieved the final targets for two of seventeen measures related to health care screens and treatment services. The measures focus on timeliness of referrals for developmental assessment for foster children under three years of age. SCDSS received Maintenance of Effort status from the Court for the two measures in October 2024. While efforts to achieve the final targets for the remaining measures continue, SCDSS has had success in reducing caseloads, increasing parent-child and sibling visitations, and increasing the timeliness of health care services for foster children.

To continue moving towards the vision, South Carolina continues to build a comprehensive service array that supports primary prevention, along with secondary prevention that will support the prevention of entry into foster care. Additional service offerings are intended to reduce the length of time in care and provide supports to children and families, including relative caregivers. Services must be accessible and individualized to the family. To individualize services, families must be holistically assessed to identify their specified needs and strengths.

Another innovative approach to provider engagement and collaboration initiated by SCDSS is the introduction of case consultations. These consultations bring together select counties and several statewide services to collaborate with providers. Recognizing that assessing the appropriateness of a service for a family can be overwhelming due to the wide range of services offered, SCDSS recently facilitated a Midlands Provider Roundtable where providers expressed support for this idea. The proposed format involves a 1–2-hour virtual meeting with representatives from each service model, providing an opportunity for case managers to present their case needs and receive feedback on which services may be suitable to assist the family.

This collaborative approach not only helps identify appropriate services within the SCDSS service array but also has the potential to lead to the discovery of other community resources and relationships, as some providers offer services beyond those included in the service array. Initially, these case consultations could focus on extremely difficult cases, such as children who are in night-to-night placements and could potentially return home if appropriate services were put in place, or Family Preservation cases that have been open for an extended period without evident progress. By facilitating these case consultations, SCDSS demonstrates its commitment to working closely with providers to find the most effective solutions for the families they serve.

Cross-Cutting Improvement Initiatives

Safety Culture Survey

SCDSS continues to engage staff in strategic initiatives, including through the development and implementation of the Strategic Plan. SCDSS recognizes the importance of supporting staff and incorporating staff voice into decision making. The Department has implemented several strategies to support and engage staff at all levels. In 2021 SCDSS launched the SC Safety Culture Survey in partnership with a team from the University of Kentucky and the National Partnership for Child Safety. This survey serves as an organizational assessment examining aspects of agency culture and operations. The initial survey was conducted in 2021 and serves as a baseline benchmark of staff wellness, safety, and workplace connectedness. In early 2023 the Department hired a new program manager and program coordinator position to support and further safety culture work. Results from the survey will be used to help inform further safety initiatives regarding staff satisfaction within the Agency. Leadership within Child Welfare continues to identify efforts to support staff, identify needs, and engage staff at all levels to improve staff morale and relationships. In 2021 2,734 staff participated and in 2024, 2,916 staff participated in the survey, a 6.7% increase year over year.

In addition, the Child Welfare team conducts an end-of-year survey for staff to gauge staff's satisfaction with their work, leadership, support, growth opportunities, communication, and numerous other measures of workplace harmony. Results of this survey are used to inform where additional staff supports may be needed.

One of the themes found through staff surveys was related to a disconnect from upper leadership. Recognizing this need, the Deputy State Director of Child Welfare began visiting staff in each county throughout the state, holding conversations with all staff within the office in each program area, team leaders, and program area and county leadership. Discussion topics include office culture, barriers to quality practice, needed resources, and opportunities for improvement at the local and state office level. To further staff engagement and connectedness in the areas of program improvement, the Office of Strategic Projects and System Alignment implemented the Safe Systems Analysis (SSA) process for engaging staff to identify systemic gaps and barriers and are tracking these gaps to provide meaningful data and insights to inform solutions. Staff at all levels are engaged in the SSA process, in which they are debriefed in a non-punitive, safety science manner to discuss the systemic challenges faced during case practice. Staff voice is informing the early stages of identifying barriers in the work, of which solutions are driven that ultimately assist to inform the Department's strategic plans.

Equity

In 2018, SCDSS formed the Racial Justice Action Team (RJAT). The goal of RJAT is to combat disproportionality and disparity within the child welfare system. This is a collaborative effort where the community is a stakeholder in this work. Through the RJAT, ideas are collectively developed and recommendations on how the child welfare system can justly interact with communities of color. These recommendations will be presented to DSS leadership to determine which approaches we can integrate in current practices. In return, this allows SCDSS to better serve all populations.

Currently, much of RJAT's work has focused on increasing the members' understanding of racism and the importance of utilizing shared language. In addition, the RJAT has requested SCDSS's Accountability, Data,

and Research (ADR) team to disaggregate data. These efforts align RJAT's work with the Child Welfare Strategic Plan. Moving forward, RJAT will focus on producing actionable steps to promote racial justice within SCDSS' control.

In 2024, RJAT was able to successfully deliver on its goal to create more disaggregated data by creating an Equity Menu in SafeMeasures, which provides disproportionality indexes across program areas and counties. In addition, RJAT will be collaborating with SD&T as they create racial disparities and equality training module. RJAT will continue identifying opportunities to promote equality internally within DSS and serve in a convening role to support racial justice activities of external RJAT members.

Family Voice Alliance (Birth Parent Workgroup)

South Carolina has contracted with the SC Federation of Families to recruit birth parents to participate in Agency-wide initiatives and to provide reimbursement for mileage and stipends for youth and families to attend workgroup meetings. As part of this contract, SC Federation of Families completes training for workgroup members to increase capacity on how to effectively partner with youth and families systemically. SCDSS has integrated the Federation of Families workgroup members in several of its FFPSA, practice model, and various other workgroups and initiatives. The Capacity Building Center for States has been working with SCSDSS and the Family Voice Alliance in creating a mission statement and defining the roles and responsibilities of the group. As the group more clearly defines their role, they will be focusing on creating a structure for implementing youth and family workgroup members across Agency initiatives. This includes increasing participation and recruitment, identifying ways to provide stipends and reimbursements, and structuring the integration of workgroup member voices into additional areas across the Agency.

Stakeholder Engagement

The Department has made tremendous progress in the inclusion and engagement of families and will continue to emphasize including stakeholder voices at all strategic planning, improvement, and decision-making stages. SCDSS uses workgroups to complete the work of major practice changes in the change management process, from understanding the concern through data analysis to fully implementing the change. These workgroups are made up of a diverse array of SCDSS staff members and external stakeholders, including those with lived experience with the child welfare services system. 30% of all current workgroup members are external stakeholders and another 20% are non-child welfare services staff members who support the practice through legal, data, or training lenses.

This practice represents a significant shift in practice, with those who are impacted the system and partners in the work are engaged from the beginning of the program improvement process rather than in the late stages of implementation. This enhancement in partnership increase buy-in and support for program improvement efforts and increases the likelihood of success.

Section III

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.

Safety Outcome 1

Children are, first and foremost, protected from abuse and neglect.

CFSR Round 3 Statewide Assessment Rating

SCDSS was not in substantial conformity with Safety Outcome 1 in 2017's Statewide Assessment. The outcome was substantially achieved in 80% of the 906 applicable cases reviewed. Item 1 was previously selected as a key area of improvement on the prior PIP and 2020-2024 CFSP and was set to a performance goal of 81%. Reviewers cited factors ranging from caseload size and quality of caseworker supervision to disparity in understanding of Agency policy and lack of documentation, as contributing factors for the Agency's performance on this measure.

CFSR Round 4 Statewide Assessment Rating

Safety Outcome 1 is not in substantial conformity for Round 4. Based on internal data and Child and Family Services Review (CFSR) results, timely response from 2022-July 2024 does not rise above 79%.

Item One: Timeliness of initiating investigations of reports of child maltreatment

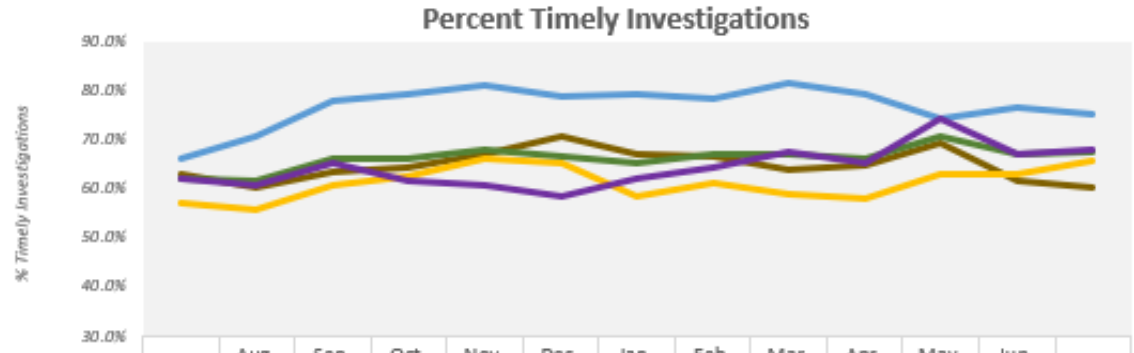
Were the Agency's responses to all child maltreatment reports initiated, and all face-to-face contact with the children made, within time frames established by Agency policies or state statutes.

Performance Data and Analysis

Item 1 for South Carolina is an area needing improvement (ANI) for Round 4.

Accountability Data and Research (ADR) Data

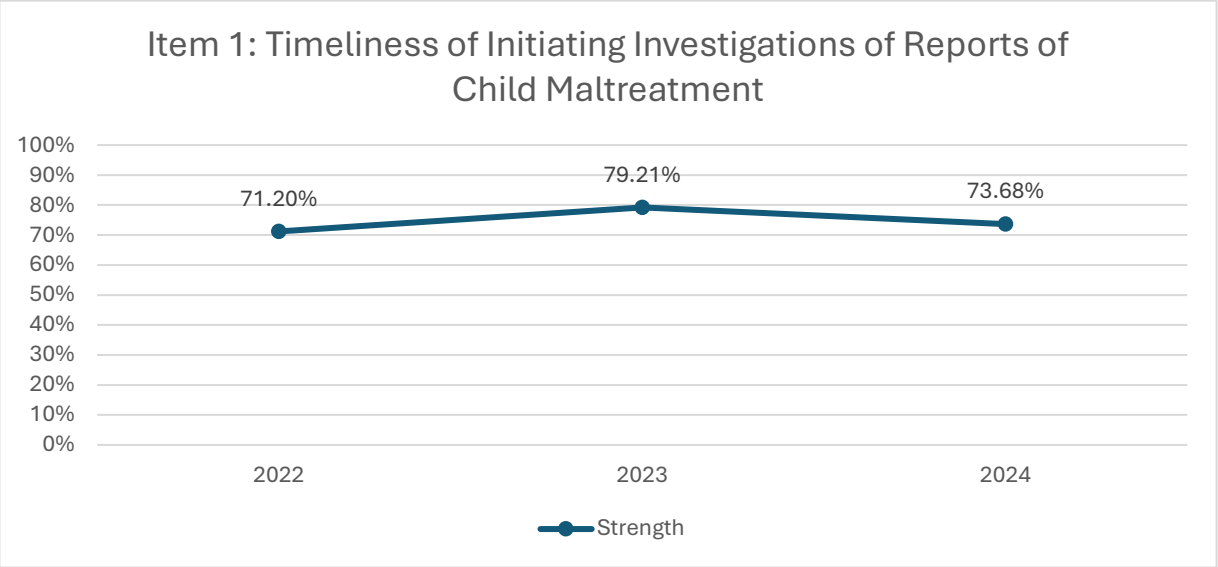
ADR produces an internal dashboard of child welfare metrics, including a dashboard of timely investigation initiation data. Data from this dashboard is retrieved from CAPSS and compiled to a more user-friendly format. This dashboard allows the user to view data by county, regional, and state levels and shows performance over time for each region. This data is shared with state office, regional, and county level child welfare leadership. The graph below is a snapshot of dashboard data of timely investigation initiations by region. Trends are relatively consistent across regions with the Pee Dee region performing slightly but consistently higher during this period.



	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Low Country Total	63.1%	60.1%	63.1%	64.2%	66.7%	70.6%	66.9%	66.5%	63.8%	64.5%	69.3%	61.7%	60.0%
Midlands Total	56.8%	55.4%	60.5%	62.6%	65.8%	65.3%	58.5%	61.2%	58.7%	57.7%	62.8%	62.8%	65.7%
Pee Dee Total	66.3%	70.5%	77.7%	79.4%	80.9%	78.6%	79.0%	78.4%	81.6%	79.2%	74.1%	76.2%	75.3%
State Total	61.9%	61.7%	66.2%	66.1%	67.8%	66.3%	65.0%	66.7%	67.0%	65.9%	70.5%	67.1%	67.3%
Upstate Total	61.8%	60.5%	65.0%	61.4%	60.7%	58.4%	62.1%	64.4%	67.6%	65.3%	74.4%	67.0%	67.9%

CFSR 2022 – July 2024 Data

CFSR data does show a slight increase in Item 1 ratings over the timeframe below. SCDSS internal data is comparable to CFSR data with a strength rating of 73.68% in July 2024 for CFSR data and 67.3% for ADR data, suggesting a high degree of validity in CAPSS data reporting on this item.

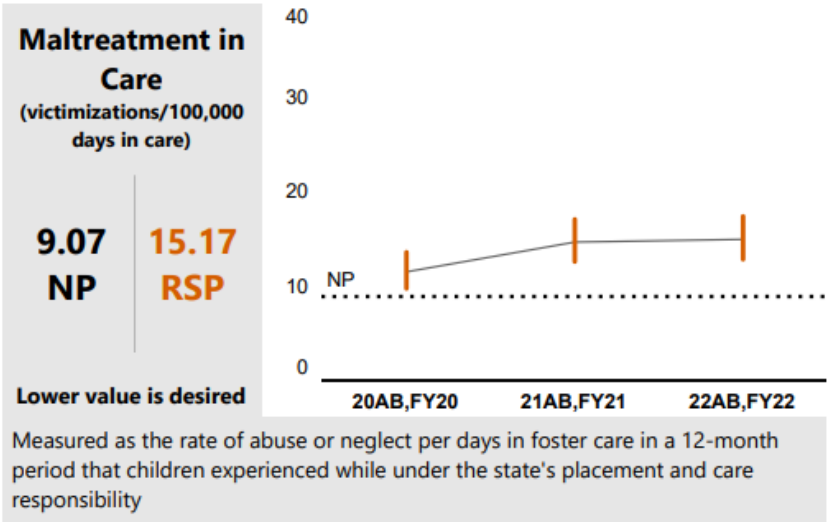


Statewide Data Indicators

Risk-Standardized Performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. The vertical dashes on each graph represent RSP intervals and national performance (NP) is the dotted black line.

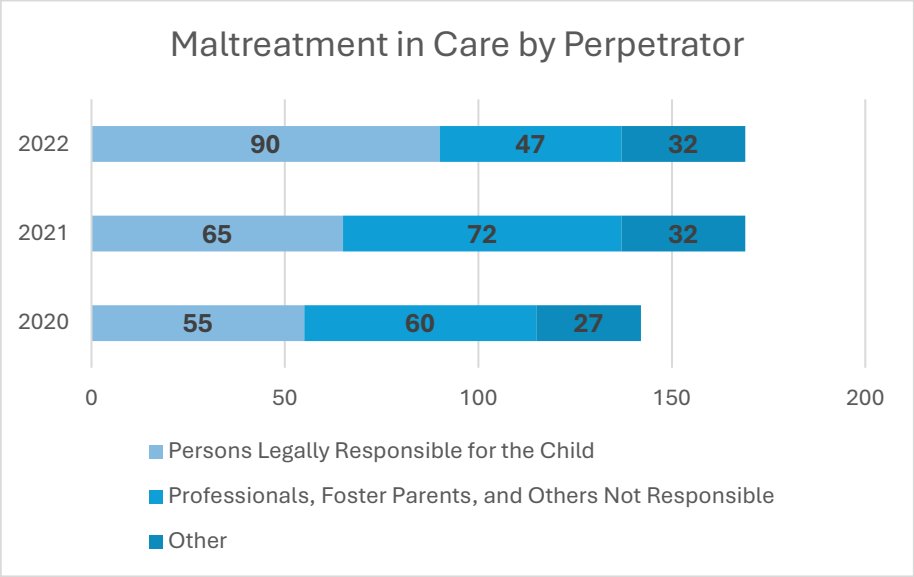
Maltreatment in care: Of all children in foster care during a 12-month period, the rate of victimization, per 100,000 days of care. A lower risk standardized performance (RSP) value is desired.

South Carolina's maltreatment in care RSP value for FY22 is 15.17, indicating worse performance on this measure than the national average of 9.07 as shown in the below chart.



However, SCDSS has identified a potential overreporting in this dataset. As shown in the below chart, at least 50 reported maltreatment in care instances reported through AFCARS each year are someone identified as a parent or someone legally responsible for the child's welfare. While it is

possible that parents may maltreat children in foster care through transitional visits, SCDSS explored this issue and identified a gap in correct documentation of date of maltreatment, capturing any allegations that arise during a case as maltreatment in care. SCDSS is in the process of enhancing fields available to document intake details to correctly parse maltreatment in care from maltreatment which is *reported* while a child is in care.

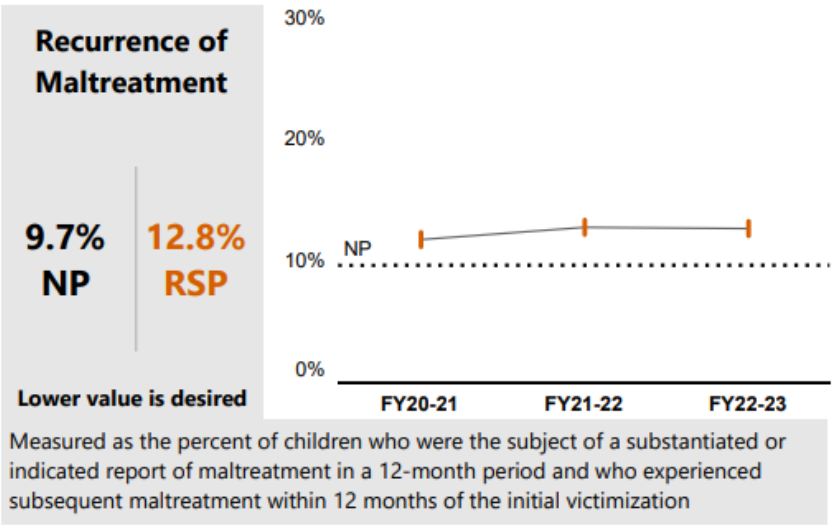


[1]

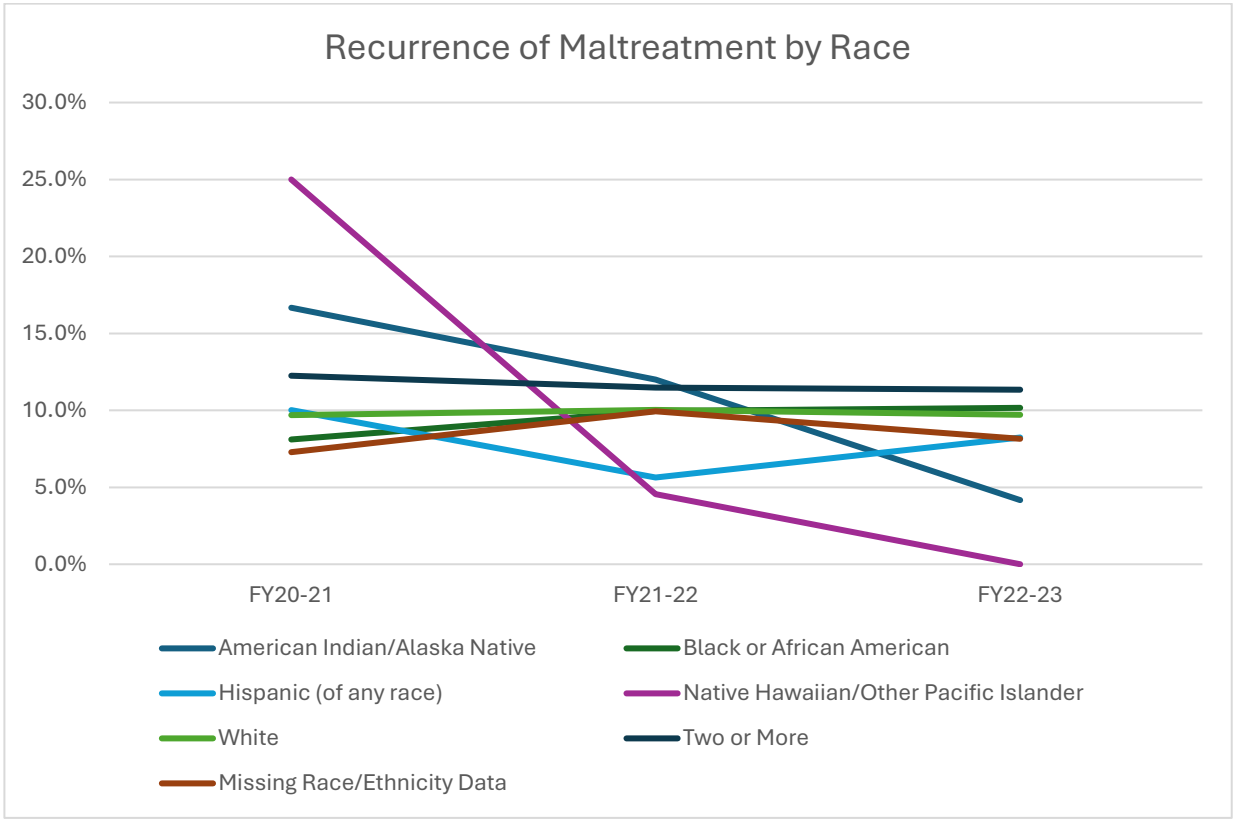
Recurrence of maltreatment: Of all children who were victims of an indicated maltreatment report during a 12-month period, the percent who were victims of another indicated maltreatment report within 12 months of the initial victimization. A lower RSP value is desired.

South Carolina's recurrence of maltreatment RSP value for FY21-23 is 12.8%, indicating worse performance on this measure than the national average of 9.7%.

[1] Persons Legally Responsible for the Child includes "father only," "mother only," "two parents of known sex," "multiple perpetrators with at least one parent," "unmarried partner of parent," and "legal guardian"
Professionals, Foster Parents, and Others Not Responsible includes "relative foster parent," "nonrelative foster parent," "foster parent, relationship unknown or unspecified," "group home or residential facility staff"
Other includes "other relative (non-foster parent," "child daycare provider," "other professionals," "friends or neighbors, "more than one category of nonparental perpetrator," "other," and "unknown or missing"



Using the CB-supplied Supplemental Context data from August 2024, SCDSS analyzed recurrence of maltreatment by race. While the overall rate has remained steady at nearly 9% across reporting years, there have been sharp declines of recurrent maltreatment of Native Hawaiian and American Indian children.



Information Regarding CQI Changes and Implementation Activities

SCDSS has prioritized efforts surrounding timely investigation initiation. A review of Item 1's performance shows a gradual upward trendline, with a recent improvement spike. SCDSS has worked diligently to promote and improve practice in this area. In May of 2023 S.C. Code § 63-7-920 was passed to include a tertiary response timeframe option, refining investigation initiation timeframes to include a 24 hour up to 2 business day response criteria. When an intake referral is

accepted, if the allegations do not include criteria for a 0 – 2 hour or 2 – 24-hour response timeframe, but still meets the threshold to screen in for investigation, the 24 hour – 2 business day response timeframe is to be used. The addition of this response timeframe will support staff in being able to make timely contact in accordance with Investigation policy, while prioritizing response timeframes more accurately based on the concerns identified through the intake screening tool.

SCDSS updated policy and implemented trainings to reflect this updated practice and will continue to monitor performance and address any identified areas needing improvement related to this item. S.C. Code § 63-7-920, along with SCDSS policy, states that SCDSS shall begin an investigation within 24 hours of receiving a report of child abuse, neglect, or harm that suggests: 1) a child is at imminent and substantial risk of physical or mental injury; 2) the family may flee or a child may be unavailable for the purpose of conducting a child protective services investigation; or 3) stating that a child has been taken into emergency protective custody. SCDSS begins a CWS investigation within 2 business days for all other reports of suspected child abuse, neglect, or harm that do not meet the criteria stated above. Over the last year, SCDSS has increased timely investigations from 61.9% in July 2023 to 67.3% in July 2024.

Safety Outcome 2

Children are safely maintained in their homes whenever possible and appropriate.

CFSR Round 3 Statewide Assessment Rating

SCDSS was not in substantial conformity with Safety Outcome 2 in 2017's Statewide Assessment. The outcome was substantially achieved in 46% of the 1,646 applicable cases reviewed. South Carolina received a rating of area needing improvement for Item 2 with 61% of 1,050 applicable cases were rated as a strength. South Carolina received a rating of area needing improvement for Item 3 with 48% of 1,646 cases were rated as a strength.

The biggest areas of concern related to items 2 and 3 were in the areas of ongoing safety and risk assessment, appropriate safety assessment for children who remain in the home, and in making "concerted efforts" to provide or arrange for safety services to protect children and prevent entry or re-entry into foster care.

CFSR Round 4 Statewide Assessment Rating

Safety Outcome 2 is not in substantial conformity for Round 4.

Item Two: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care

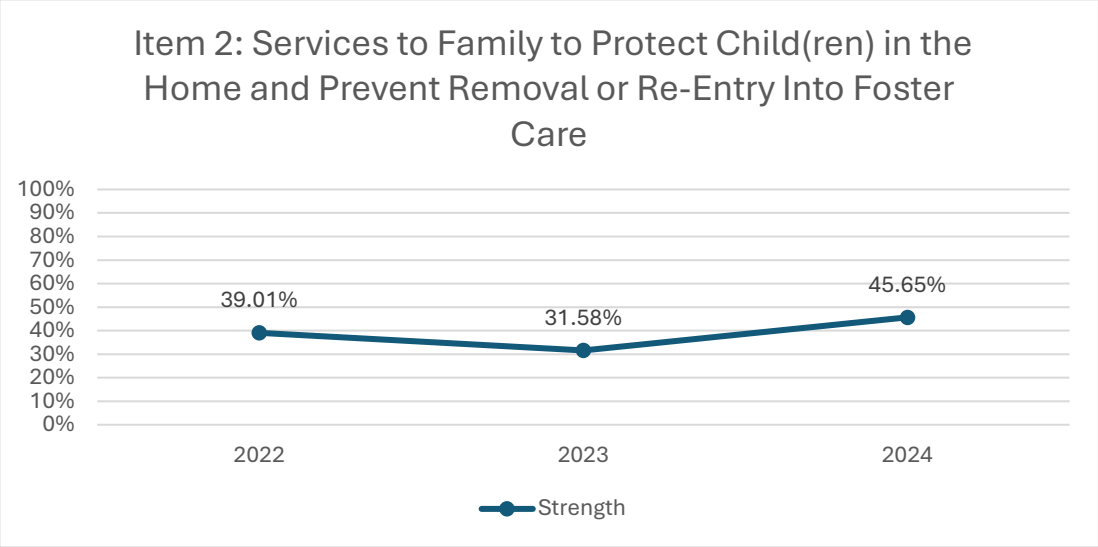
Did the Agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?

Performance Data and Analysis

Item 2 is an Area Needing Improvement in Round 4.

CFSR 2022 – July 2024 Data

According to the most recent CFSR data from 2022-July 2024, SCDSS has shown an increase in providing safety services to families to protect children in the home and prevent their removal or re-entry into foster care from 39% Strength in 2022 to 45.65% Strength in 2024. However, SCDSS is still well below positive performance in this item.



Information Regarding CQI Changes and Implementation Activities

SCDSS continues to prioritize efforts surrounding safety assessment and response, focusing on least-restrictive safety services to address the concern and keep children in their homes whenever possible. As of June 2024, SCDSS has implemented a supplemental Work Aid 3.6: Safety Services and Planning to DSS Policy Chapter 3: Investigations. This work aid guides the decision on what actions need to be taken to keep all children safe. Per SCDSS Work Aid 3.6, safety services are actions, activities, tasks, or imposed situations that may be informal or formal; provided by nonprofessionals and professionals for the purpose of managing or controlling impending danger threats. Safety services must be capable of having an immediate effect; must be immediately available; must always be accessible; and must be sufficient to control impending danger. Safety services are grouped according to five objectives: behavior management; crisis management; social connection; separation; and resource support. If immediate intervention is recommended, the case manager should consider the need for a safety service listed here: in-home safety action, in-home protector, kinship caregiver (out of home placement), or foster care.

According to the most recent CFSR data (above), SCDSS has shown an increase in providing services to families to protect children in the home and prevent their removal or re-entry into foster care. From 38% of case rated strength in 2022, 45.65% were rated strength on this item in 2024 representing a 20% increase over two years.

SCDSS launched a series of Spaced Education for safety assessment and response across Investigations staff and those who support Investigations practice. A selected cohort participated in a baseline series in 2022 and a reassessment in early 2024. Assessed topics included safety assessment tool (FAST) usage, identification of safety concerns, and application of safety services in a least-restrictive manner. During week three of the series, staff were tested on their ability to accurately assess a given scenario and apply least-restrictive safety services for the family. Through Spaced Education, CWS was able to learn about staff perception of what "least restrictive" means in the context of safety services. CWS plans to update policy and training during Round 4 as informed by insights gained through Spaced Education for better practice outcomes.

Additionally, services that enable children to remain safely in their homes when reasonable have been enhanced along with increased messaging and support to staff to utilize flexible funding to implement these safety services. In 2023, 4.7% of children identified in CPS Investigations entered foster care while 4.4% entered care in 2024. This rate reduction represents nearly 500 children not

entering foster care thus demonstrable functioning of the state's ability to provide services which enable children to remain safely with their parents when reasonable.

Item Three: Risk assessment and safety management

Did the Agency make concerted efforts to assess and address the risk and safety concerns relating to the children in their own homes or while in foster care?

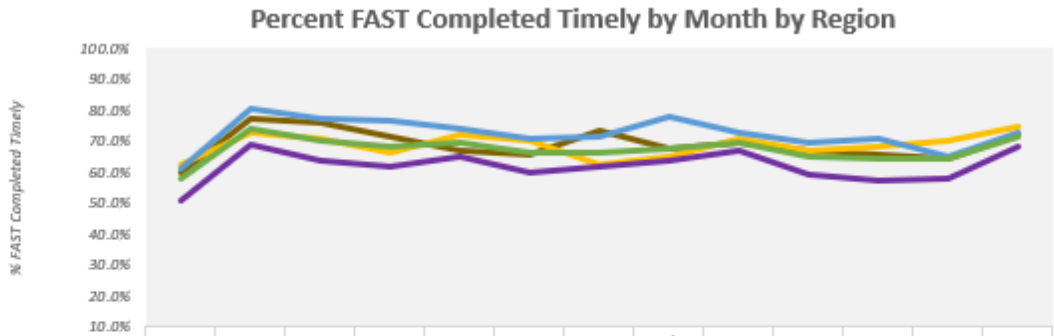
Performance Data and Analysis

Item 3 is rated an area needing improvement in Round 4.

SCDSS uses the Family Advocacy and Support Tool (FAST) as the formal safety assessment tool. SCDSS FAST policy outlines when a FAST should be completed, updated, and how to address identified safety concerns. The FAST is relatively new to SCDSS, with implementation completed in October of 2021. Since implementation, the Agency has focused on strengthening usage and application of the tool, seeing great improvements.

Accountability Data and Research (ADR) Data

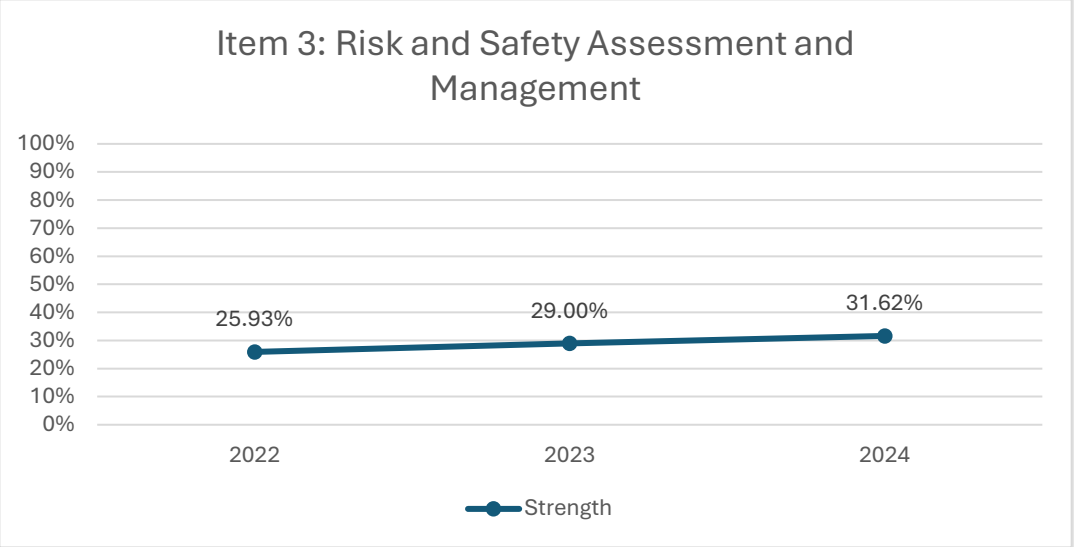
In July of 2023, the timely FAST completion rate was 57.9%. Currently, July 2024 data shows a 71.4% timely FAST completion rate, showing a 23.3% increase in timely FAST completions year over year,



	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Low Country Total	59.8%	77.5%	75.6%	71.6%	67.1%	65.4%	73.6%	67.4%	69.5%	66.7%	65.8%	64.6%	72.1%
Midlands Total	62.4%	72.9%	71.1%	66.0%	72.2%	70.1%	62.2%	65.1%	70.5%	67.1%	68.4%	70.4%	74.8%
Pee Dee Total	61.4%	80.2%	76.9%	76.4%	74.1%	70.6%	71.3%	78.2%	72.9%	69.6%	70.6%	65.3%	72.5%
State Total	57.9%	74.0%	70.4%	67.9%	69.4%	66.0%	66.0%	67.5%	69.4%	65.0%	64.3%	64.1%	71.4%
Upstate Total	50.8%	69.0%	63.7%	61.7%	64.9%	59.7%	61.7%	63.7%	66.7%	59.3%	57.5%	57.9%	67.9%

CFSR 2022 – July 2024 Data

Per 2022-July 2024 CFSR Item 3 data (below), Item 3 has had a continuous upward trend over the years. This rating includes initial safety assessment completion (timely) as well as ongoing safety assessments (timely) throughout the life of the case.



Information Regarding CQI Changes and Implementation Activities

There is a large discrepancy between ADR and CFSR data. This could be attributed to the specifics of the CFSR item questions which must all be rated a strength in order for the entire item to be rated as a strength whereas ADR data measures initial FAST timeliness only. Item 3 within the CFSR additionally assesses (for family preservation cases) whether all the children in the home had monthly safety assessments, whether the Agency developed appropriate safety plans, continually monitored safety plans, or updated safety plans as needed. CFSR Item 3 is more thorough in assessing all areas of safety.

While SCDSS has seen marked improvements in FAST assessments, the Agency is unable to readily measure accuracy of assessments, the regularity of continued safety assessments throughout the case, nor the appropriateness of services implemented to address identified safety concerns.

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.

Permanency Outcome 1

Children have permanency and stability in their living situations.

CFSR Round 3 Statewide Assessment Rating

SCDSS was not in substantial conformity with Permanency Outcome 1 in 2017's Statewide Assessment. The outcome was substantially achieved in 20% of the 763 applicable foster care cases reviewed.

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.

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.

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.

CFSR Round 4 Statewide Assessment Rating

Permanency Outcome 1 continues to not be in substantial conformity for Round 4.

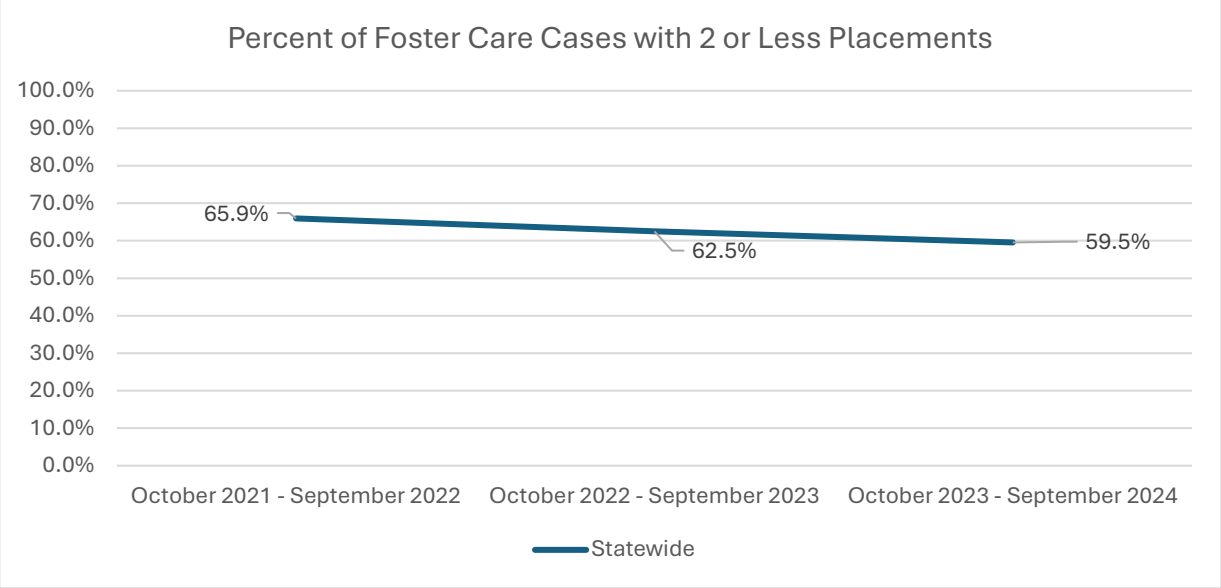
Items 4 and 5 are rated an ANI due to permanency goals not being established timely and children having high placement moves over the last 3 years according to CFSR data. However, Item 6 is rated as strength. SCDSS's RSP on permanency in 12 months for children entering care was 53.8% for South Carolina, while the national average was only 35.2%. Additionally, permanency in 12 months for children in care 24 months or more is outperforming the national average. South Carolina's measure is 42.5% while the national average was below at 37.3%.

Item Four: Stability of foster care placement

Performance Data Analysis

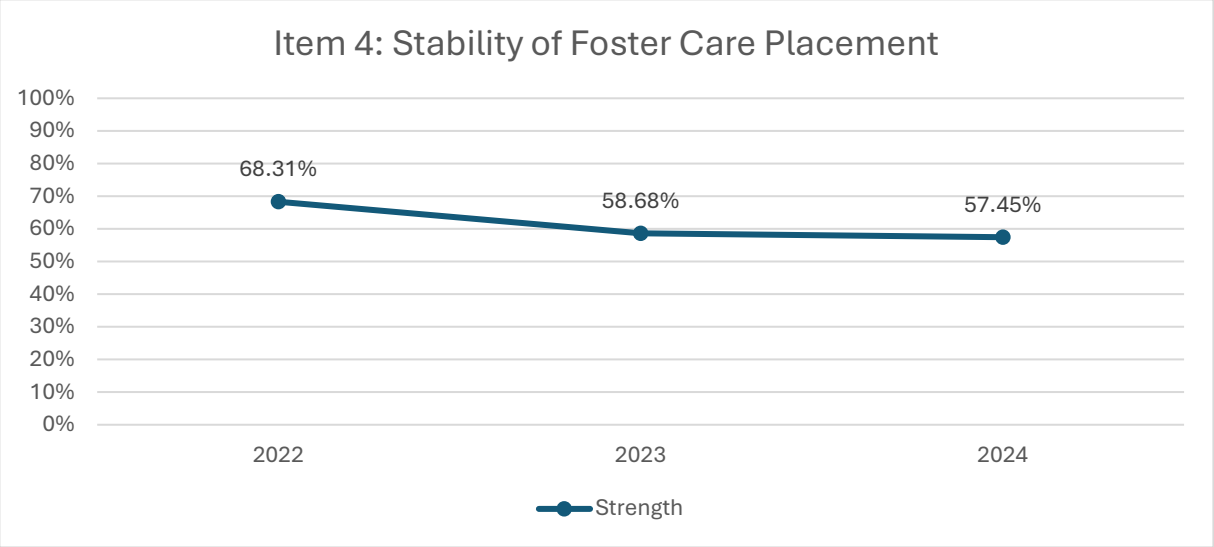
Item 4 for South Carolina is an Area Needing Improvement for Round 4. SCDSS tracks placement stability in various formats and closely monitors this metric. Accountability Data and Research data very closely mirrors CFSR quality assurance data, which lends credibility to SCDSS's SACWIS fields and internal tracking algorithms. Despite consistent monitor and efforts, described below, SCDSS has seen a steady decline in placement stability across the years.

Accountability Data and Research (ADR) Data



CFSR 2022 – July 2024 Data

CFSR 2022-July 2024 data (below) shows SCDSS has declined in stability of foster care placements each year from 68.1% Strength in 2022 to 57.45% through July in 2024.



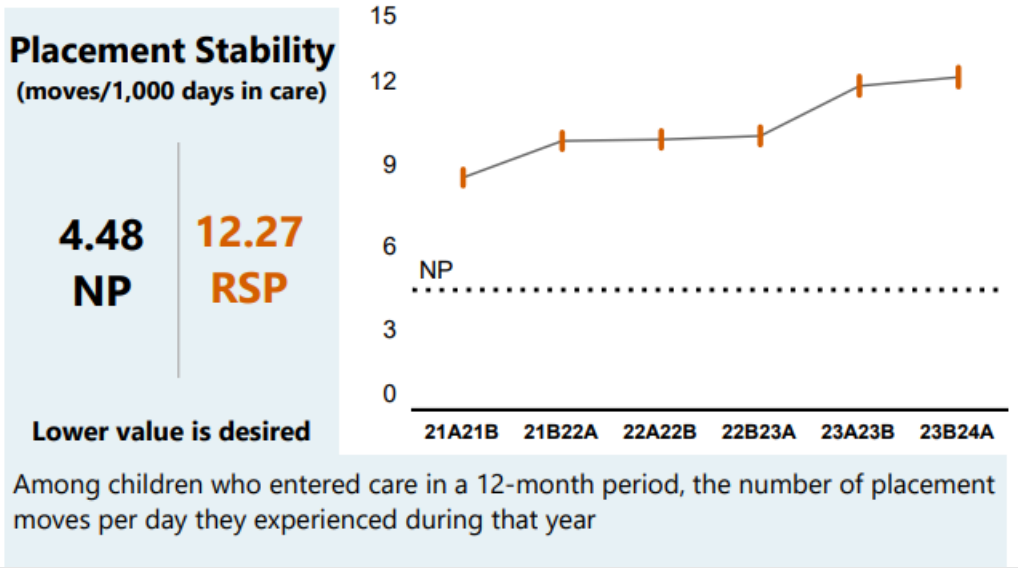
Michelle H Final Settlement Monitoring

SCDSS measures placement stability through the stability rate determined and monitored through the Michelle H. settlement agreement. The agreement requires the placement instability rate to be less than or equal to 3.37 moves per 1,000 days for all children under 18 years of age in foster care for 8 days or more during a 12-month period. SCDSS has seen increasing placement instability rates since the October 2019 – September 2020 period, which aligns with the placement stability challenges faced by jurisdictions across the country since the COVID-19 pandemic.

Placement Moves for Children in SCDSS Custody by Region April 2023 – September 2023						
	0 Moves	**1 Move**	**2-3 Moves**	**4-5 Moves**	**6-10 Moves**	**>10 Moves**
Upstate	56%	27%	9%	3%	3%	1%
Midlands	60%	20%	12%	3%	2%	2%
Lowcountry	49%	30%	15%	2%	2%	1%
Pee Dee	54%	27%	14%	3%	1%	2%
Total	**56%**	**25%**	**12%**	**3%**	**2%**	**2%**

Statewide Data Indicators

Placement Stability: Among children who entered care in a 12-month period, the number of placement moves per day they experienced during that year. A lower RSP value is desired. South Carolina's placement stability RSP value for FY24 is 12.27% indicating worse performance on this measure than the national average of 4.48%.



Additionally, SCDSS analyzed our placement stability rates by race/ethnicity using the Supplemental Context Data August 2024 report provided by the Children's Bureau. In-line with other placement stability data reports, children 11-16 years old experience the most placement moves accounting for 55.5% of all placement moves despite accounting for only 31.9% of the children in care. Black or African American children are more likely to experience placement moves than their white peers. Black or African American children make up 36% of the total days in foster care while accounting for 46.8% of placement moves while White children account for 44% of total days in foster care and just 37.8% of placement moves.

Stability in foster care remains a growing concern for SCDSS and is represented across all data reports.

Information Regarding CQI Changes and Implementation Activities

SCDSS continues to review, discuss, and refine the processes in which placement for children in foster care is secured. The COVID-19 pandemic contributed to higher rates of placement instability. In response to the rise of placement challenges, SCDSS incorporated twice daily calls and biweekly family stabilization meetings that include all SCDSS team members involved to address children who need a placement and children at risk for placement disruption. Additionally, SCDSS meets with the child placing agencies (CPAs) and placement providers to review youth with high placement instability to determine what creative solutions can be put in place for providers to accommodate placement for these youth. These reviews are a time of collaboration between DSS and placement partners in reviewing the child's specific needs and placement barriers and proposing creative ways to stabilize the child's placement. Additionally, SCDSS has contracted with a consultant to assist in reviewing children and youth experiencing the greatest placement instability to propose potential solutions specific to those children. There have been numerous other efforts focused on increasing placement stability. A few of those efforts are highlighted below.

Recognizing that placement instability is highest amongst youth with higher levels of behavioral and/or mental health needs, SCDSS launched an exceptional needs therapeutic foster care implementation in February of 2023. This initiative began with the agency's therapeutic CPA partner and is a placement service type that provides intensive, wraparound placement and services for teens experiencing higher placement instability who also have behavioral challenges and/or emotional dysregulation, those with difficulty adjusting to a traumatic experience, those with developmental challenges, multi-system involvement, a history of multiple placement disruptions, or those requiring more support than can be provided through less intensive models of foster care.

Therapeutic CPAS who contract for this work will designate therapeutic foster homes committed and trained to work with youth with exceptional needs and who are experiencing instability. These services are intended to be short-term for 90 days, with an additional 30-day extension.

An additional effort aimed at increasing placement stability is being conducted through a small test of change in Anderson, Spartanburg, and Greenville counties. This initiative is focused on preventing teen and older youth entries to foster care where abuse or neglect is not present, which in turn, lessens the placement stress on the system. Through this work, the team has found many teen entries are related to parent-child conflict and/or behavioral issues, with older youth entering care through multiple pathways lacking a unified approach to prevention. The team has reviewed data and policies and has formed several subgroups to create a unified teen entry-prevention approach, strengthening the current placement and services continuum to ensure teens and older youth have necessary supports and relationships. The group is in the process of formalizing the approach and initiatives under this small test of change and identifying which stakeholders will be involved. It is expected this will be a multi-disciplinary effort that will incorporate providers and other external partners, such as the judicial-legal system. As of May, 2024, the STOC workgroups have successfully met and developed plans for implementing pre-removal CFTMs, a prevention service contract specifically for teens, and an outline for how flexible funds should be utilized in efforts to prevent teen entry.

In 2023 SCDSS amended an existing contract to include behavioral modification specialists. These specialists will support youth who are experiencing placement instability and are at risk of staying at a DSS office. An automated referral process was developed for these cases, which is intended to alleviate pressure on county staff by eliminating the need for them to stay with children in the office until placement is identified, allowing them time to focus on case management work.

One area in which SCDSS identified a need was in transportation of children to placement. In 2023 SCDSS implemented a new process for emergency placement transportation. With this process transportation is available for youth who are in need of transport to and/or from an emergency placement. Prior to this county staff were responsible for arranging transportation, which could take significant time depending on the location of placement and time it takes to travel. This process alleviates county staff from conducting transportation for emergency placements, allowing them more time to focus on case management work. SCDSS has contracted with four providers who will be working with the Department for this service.

Building capacity with the service array, to include assessing for and identifying individualized service needs, is a crucial component to maintaining stable placements. SCDSS continues working towards strengthening CANS assessment skills and the use of assessments to identify service needs. Assessment findings combined with CFTMs that incorporate youth and family voice results in a stronger permanency plan that is based on individualized goals and needs. Skills labs around the topics of assessments, the development of the family permanency plan, and CFTMs continue to be held on a regular basis. Additionally, the small test of change is looking at how the CFTM process can be improved to increase placement stability.

One area SCDSS has focused improvement efforts is the addition of the medical module and screening for children entering foster care through the FAST and CANS assessments. The Department has updated processes around identifying and responding to medical needs of children in foster care by implementing an alert system for nursing response based on medical needs identified through these assessments. Quickly alerting nursing staff has improved response to these needs, and thus increases the utilization of assessments to inform placement decisions and the alignment with related processes (CFTM, ISCEDC, etc.) to support level of care decisions.

As SCDSS builds capacity for data literacy and utilization, early kin placement data has been pivotal to the Agency's efforts to reducing placement instability. Recognizing that kinship placement settings are statistically more stable and help preserve connections, SCDSS has focused on increasing kinship placements and supports. Kinship placement trends have steadily risen over recent years, while family-like foster settings are declining indicating significant strides toward a kin-first culture. For additional information on kinship placements, see Item 15.

Recognizing that assessing for service needs and connecting foster children and families to providers to meet individualized service needs is critical to maintaining a child in their placement, SCDSS has focused on improving the rate of assessments and child family team meetings (CFTMs). Findings of these assessments and CFTMs are used to inform the needs of the family, which assists in stabilizing placements, as well as informing permanency planning efforts. SCDSS continues to see improvement in these areas. In May of 2022 19% of expected CANS were completed. The most recent available data – December 2024 – shows CANS completion rates at 64%, representing a 237% increase in completed CANS in 32 months. For additional information on needs assessment, see item 12.

Further, SCDSS continues to engage stakeholders – including placement providers, juvenile justice, law enforcement, and judicial partners – in both further understanding placement instability and collaborative efforts to improve this item. As recently as December 2024, SCDSS is adding supplemental activities to the Michelle H placement plan.

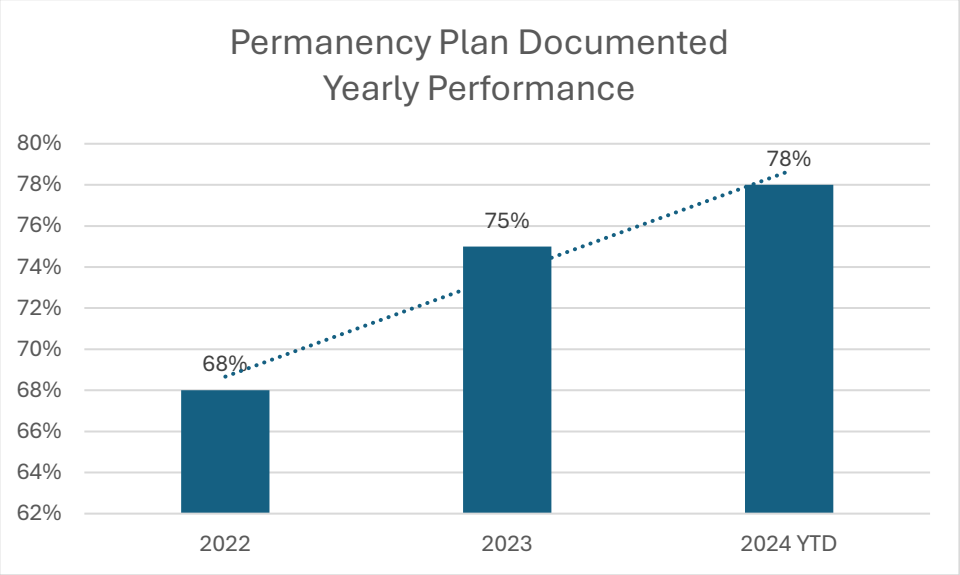
Item 5: Establishing Appropriate and Timely Permanency Goals

Performance Data Analysis

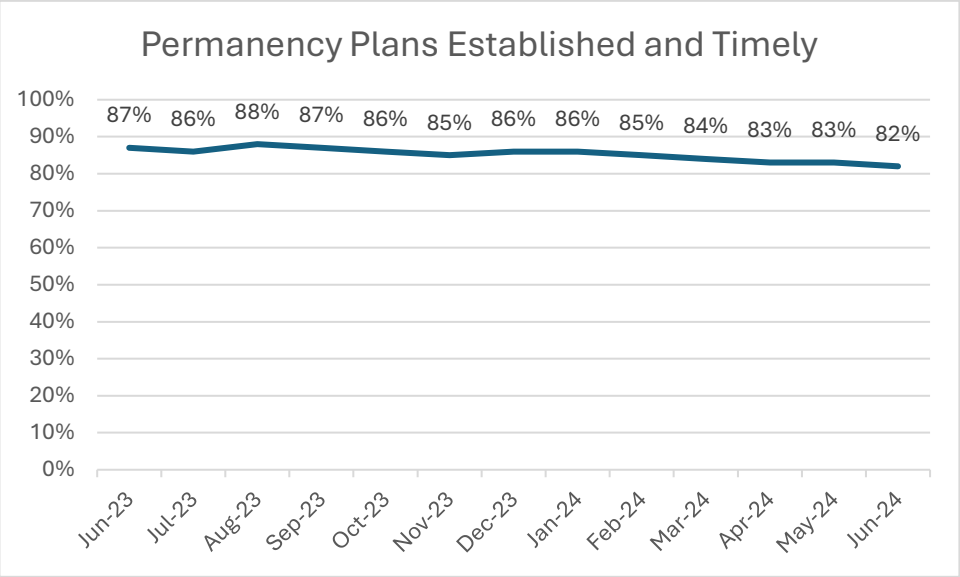
Item 5 for South Carolina is an Area Needing Improvement for Round 4. Permanency planning and goal establishment is done through the development of the family permanency plan (FPP). The FPP utilizes assessments and CFTMs to jointly develop the family's permanency plan.

SafeMeasures Data

SafeMeasures provides two reports to monitor permanency plans, documented and timely establishment. Year over year, SCDSS has seen sharp increases in rates of documented permanency plans nearing 80% as of November 2024. Of note, this report includes all children with a foster care service line as of the report run date, therefore includes children who just entered foster care whose permanency plan has not yet been established.

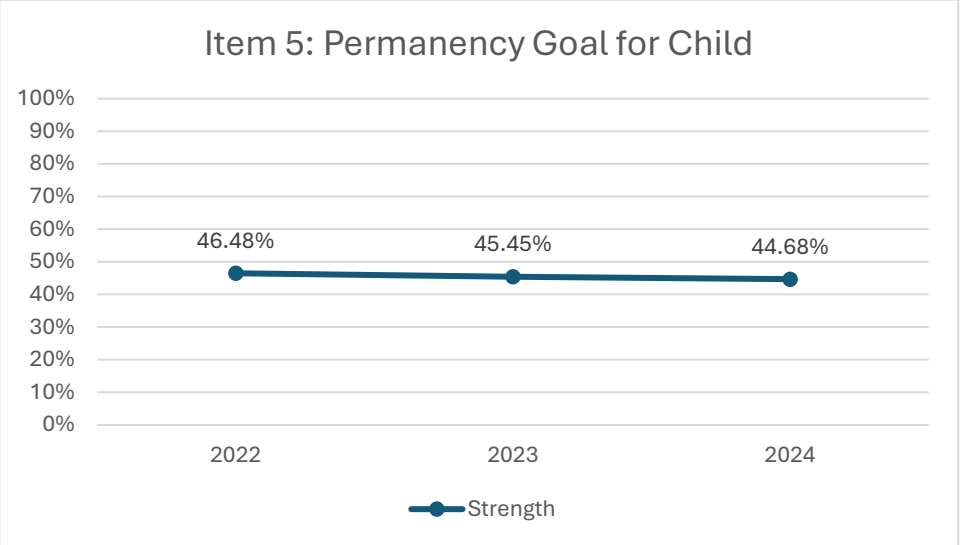


Additionally, SCDSS has developed a SafeMeasures report for tracking timeliness of established permanency plans. As represented in the chart below, SCDSS has maintained steady performance on timeliness of developing and documenting permanency plans over the past year.



CFSR 2022 – July 2024 Data

CFSR July 2022-2024 data measures whether the permanency goal for the child was both appropriate and completed timely. CFSR data shows an average of 45.53% Strength for this item. Keep in mind when comparing the SafeMeasures data to CFSR data and the discrepancies between the two data sets, that CFSR data measures both appropriateness and timely while SafeMeasures data only measures timeliness.



Information Regarding CQI Changes and Implementation Activities

SCDSS updated the Family Permanency Plan (FPP) policy in 2021 (in conjunction with S.C. Code Ann. Sections 63-7-10; 63-7-1640(A), 63-7-1650; 63- 71660, 63-7-1670, 63-7-1680, and 63-7-1690). This policy guides the development of the FPP collaboratively with the child and family team – through the CFTM process – to collectively identify specific interventions and services that reinforce family strengths and address the needs of the children and families identified by the functional assessment. DSS monitors and updates the FPP for progress collaboratively with the child and

family team. This collaborative effort recognizes the family as the expert in the identification and assessment of their strengths, needs, goals, resources and will lead to the development of a plan that is built upon their expertise along with members of the child and family team.

As SCDSS continues to strengthen practice around permanency plan development, skills labs around the topics of assessments, the development of the family permanency plan, and CFTMs continue to be held on a regular basis. For additional information about SCDSS implementation efforts around the full case planning process, see Item 20.

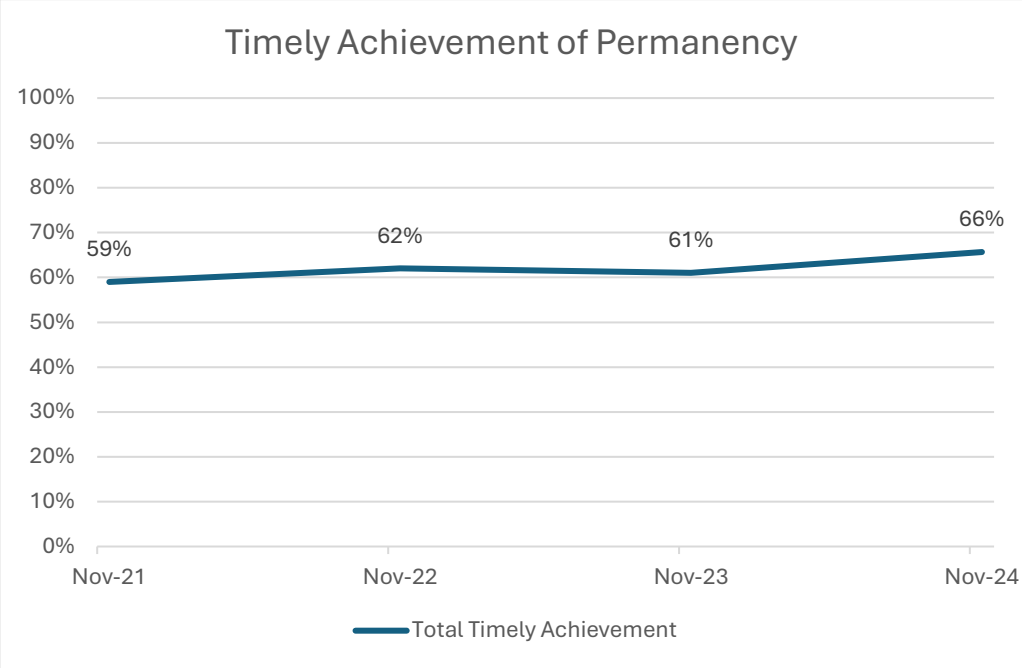
Item 6: Achieving reunification, guardianship, adoption, or other permanent planned living arrangement

Performance Data Analysis

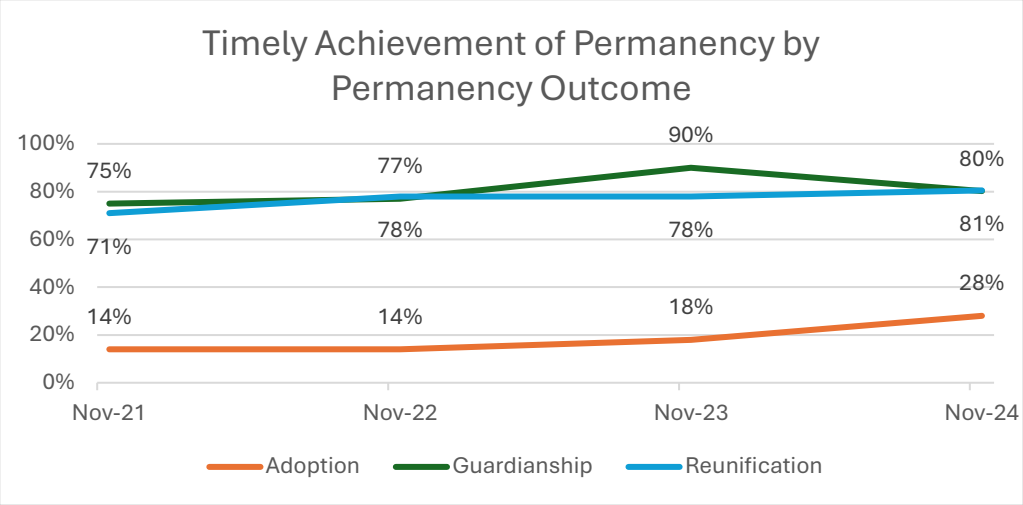
Item 6 for South Carolina is a Strength for Round 4.

Accountability Data and Research (ADR) Data

SCDSS's ADR team produces an exits report for children exiting foster care, showing that achievement of timely permanency has increased slightly in the most recent year. Overall, achievement of timely permanency has increased from 59% to 66% since 2021.

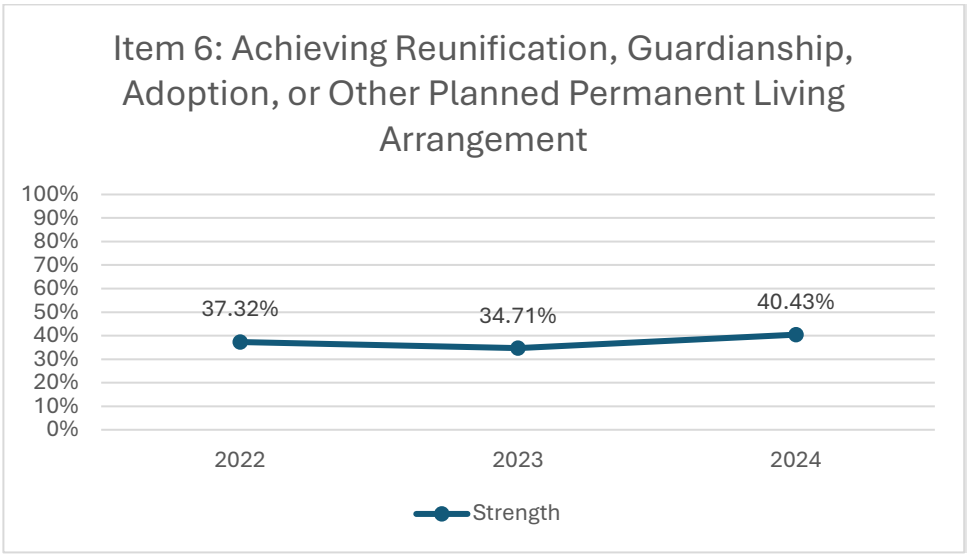


When viewing timely permanency by outcome, it's apparent that those achieving permanency through guardianship (within 18 months) and reunification (within 12 months) are most likely to be timely with timeliness to adoption being significantly less likely to be achieved timely. SCDSS has sharply increased timeliness to permanency for children adopted from foster care from 14% to 28% since 2021.



CFSR 2022 – July 2024 Data

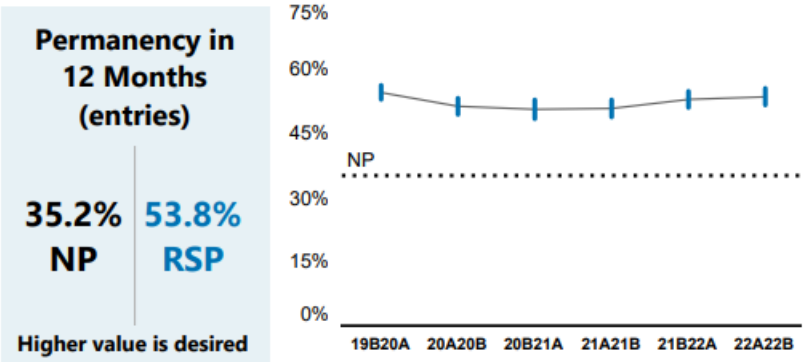
CFSR data below reflects how well the Agency achieved Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement. The most recent CFSR results from July 2024 reflect that 40% of cases reviewed achieved the desired permanency goal within the required timeframe (Reunification 12 months, Guardianship 18 months, Adoption 24 months).



Statewide Data Indicators

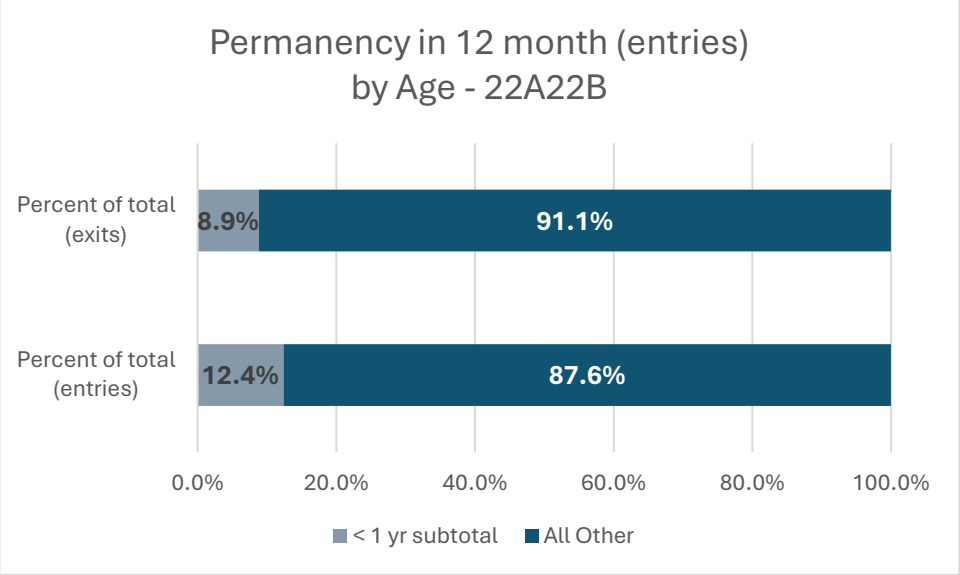
Achieving permanency is measured across three cohorts – children who achieve permanency within 12 months of entry, children who have been in care between 12 – 23 months who achieve permanency within 12 months, and children who have been in care for 24+ months who achieve permanency within 12 months.

South Carolina's most recent RSP value for Permanency in 12 Months (entries) data indicator is 53.8%, indicating markedly better performance on this measure than the national performance of 35.2%. While South Carolina has seen a small decline over prior measurement periods, performance has historically been well above the national average on this measure. This decline could potentially be attributed to court delays due to COVID-19 as seen in Item 22.

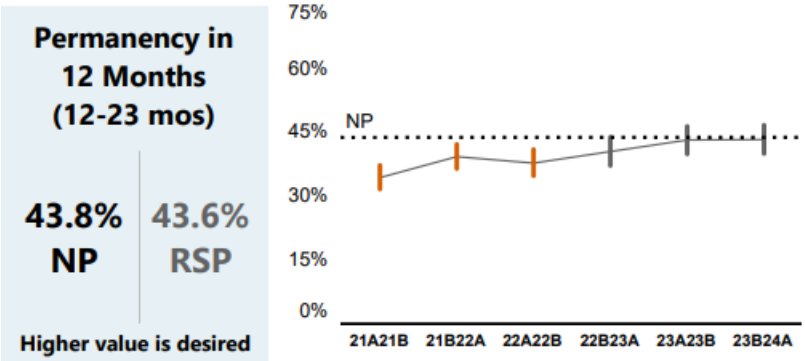


Among children who entered foster care in a 12-month period, the percent who exited foster care to reunification, adoption, guardianship, or living with a relative within 12 months of their entry

Most notably, children under 1 year are the least likely to exit to permanency within a year compared to their older counterparts, making up 12.4% of entries but only 8.9% of exits to permanency within a year.

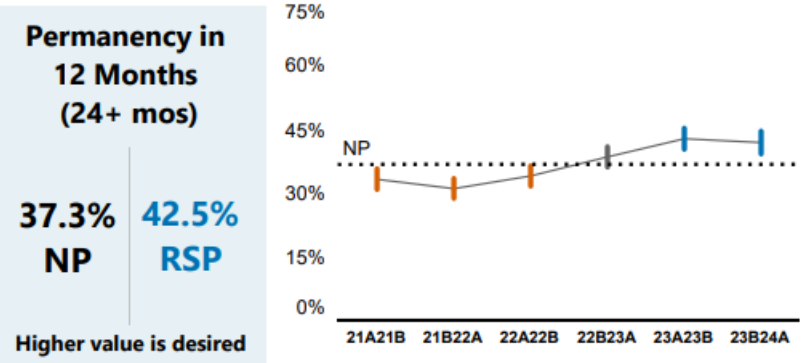


South Carolina's most recent RSP value for Permanency in 12 Months (12-23 mos) measure is 43.6%. This rate for the most current reporting periods is no different than the national average of 43.8%. South Carolina's performance continues to show improvement over reporting periods.



Among children in foster care at the start of the 12-month period who had been in care for 12 to 23 months, the percent who exited to permanency in the subsequent 12 months

South Carolina's most recent RSP value for Permanency in 12 Months (24+ mos) measure is 42.5%, indicating better performance on this measure than the national performance of 37.3% and a sharp increase over time.

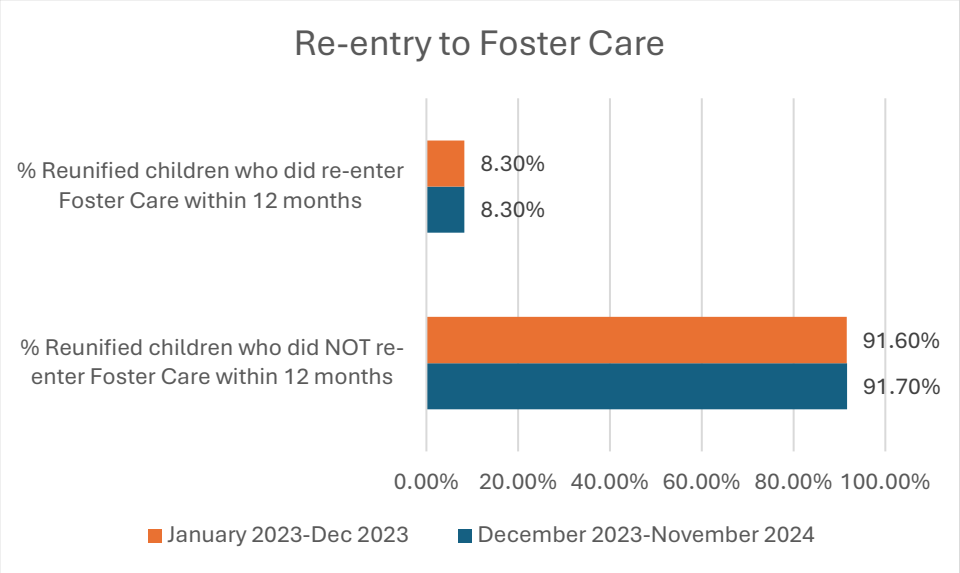


Among children in foster care at the start of the 12-month period who had been in care 24 months or more, the percent who exited to permanency in the subsequent 12 months

For most age groups, over 50% of children exit foster care within the same year as entry, however children who are less than 1 year and over 17 years are much less likely to do so. Additionally, children over 17 years are significantly less likely to find permanency the longer they remain in care.

Permanency in 12 Months 23B24A			
	(entries)	(12-23 mos)	(24+ mo)
< 1 yr subtotal	38.4%	NA	NA
1 - 5 yrs	56.2%	53.7%	65.4%
6 - 10 yrs	58.5%	41.0%	58.6%
11 - 16 yrs	56.8%	38.9%	30.8%
17 yrs	32.6%	4.3%	8.6%
Total	**53.8%**	**42.2%**	**42.4%**

South Carolina's Accountability, Data and Research team pulls data related to the percent of foster children who do not re-enter care. Over the past two reporting periods, South Carolina's rate of re-entry has stayed stable. The most recent Statewide Data Indicator could not be utilized to demonstrate the re-entry rate due to issues with the data submitted.



Additionally, SCDSS analyzed our re-entry rates by race/ethnicity using the Supplemental Context Data August 2024 report provided by the Children's Bureau. Black or African American children make up 39.7% of foster care exits, while accounting for 42.5% of re-entries. However, Hispanic children of any race make up 6.5% of all foster care exits and only 2.7% of entries making them statistically less likely to re-enter foster care within 12 months. By age, 11-16 year olds make up 37.6% of all exits but 53.4% of all re-entries making this population statistically more likely to re-enter care.

Information Regarding CQI Changes and Implementation Activities

Analysis of South Carolina's permanency achievement by outcome revealed a significantly lower achievement rate when the child reached permanency through adoption. SCDSS has identified this as an area of focus in Round 4.

Permanency Outcome 2

The continuity of family relationships and connections is preserved for children.

CFSR Round 3 Statewide Assessment Rating

SCDSS was not in substantial conformity with Permanency Outcome 2 in 2017's Statewide Assessment. The outcome was substantially achieved in 45% of the 759 applicable Foster Care cases reviewed. 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. 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. 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. 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. 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.

CFSR Round 4 Statewide Assessment Rating

Permanency Outcome 2 is not in substantial conformity for Round 4. While Items 8, 9, and 10 are rated as Strengths, Items 7 and 11 are ANI's due to separation of siblings in foster care placements and South Carolina's low performance on maintaining positive relationships between children in foster care and their caregivers outside of visitation.

Item Seven: Placement with siblings

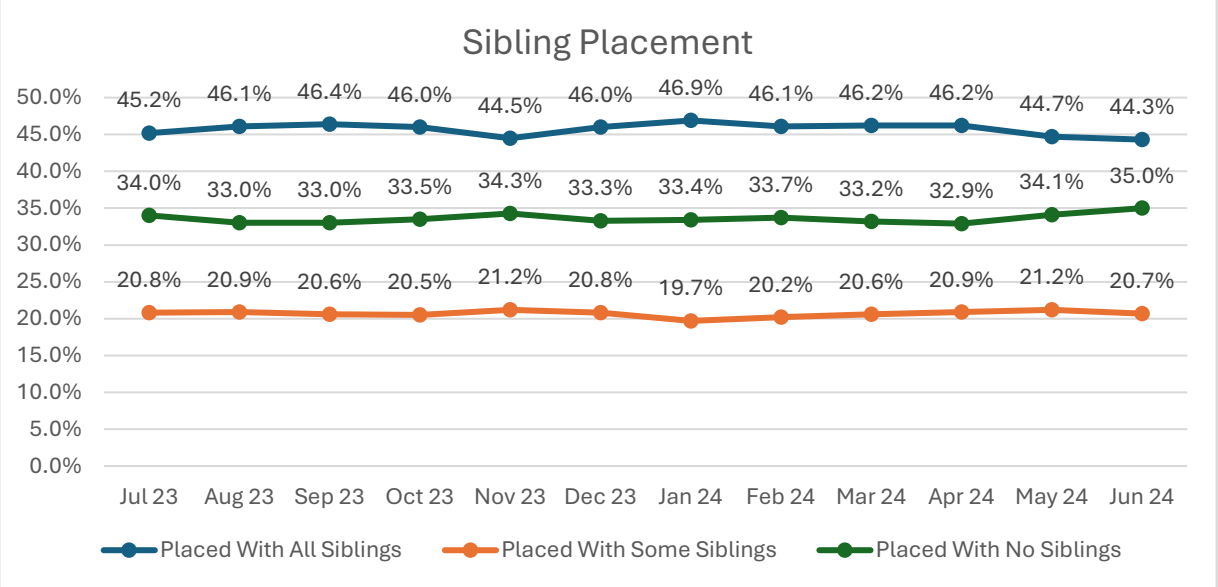
Did the Agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?

Performance Data Analysis

Item 7 for South Carolina is an Area Needing Improvement for Round 4. SCDSS Policy 510.2 Placement of a Child states that reasonable efforts shall be made to place siblings removed from their home in the same placement. SCDSS monitors sibling placement through several methods including SafeMeausres and the CFSR.

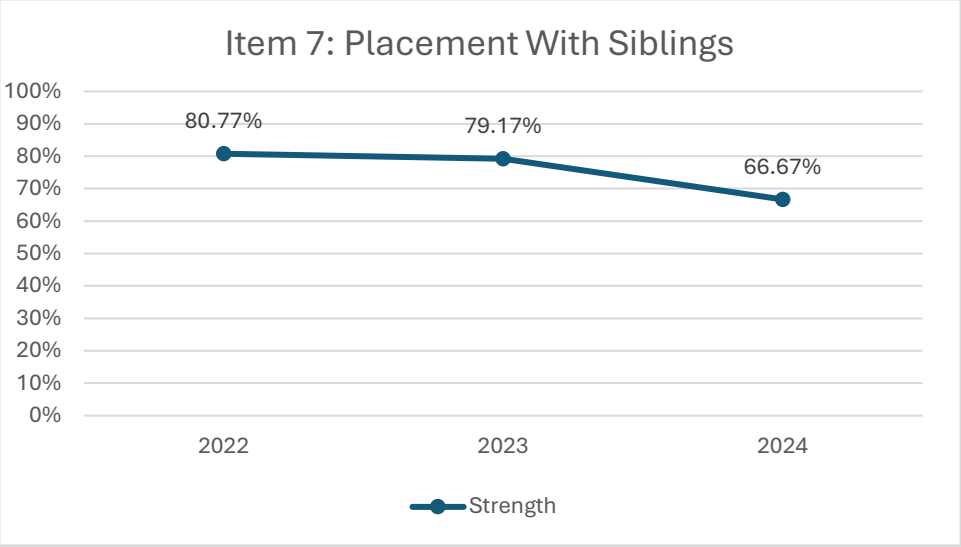
SafeMeasures Data

Below is a SafeMeasures report showing Sibling Placement for Foster Care cases from July 2023-July 2024. Reflected in the line graph below, Placed with All Siblings sits around 45% each month and Placed with Some Siblings is around 20% each month.



CFSR 2022 – July 2024 Data

SCDSS has trended downward consistently according to CFSR data from 2022 to July 2024 (below). In 2022, SCDSS received an 80.77% Strength rating on the CFSR, down to 66.67% in July 2024.



SafeMeasures and CFSR data do not align. This is likely due to SafeMeasures only assessing if children are placed together rather than considering appropriate separation of siblings which would be captured by the CFSR.

Information Regarding CQI Changes and Implementation Activities

Since Round 3, SCDSS has focused heavily on increasing kinship placements and supporting kinship providers with the necessary services and resources to equip kinship providers to be able to care for their kin. See Item 11 for data on kinship placement, which continue to steadily increase year over year, and implementation activities.

Item Eight: Visiting with parents and siblings in foster care

Did the Agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members?

Performance Data Analysis

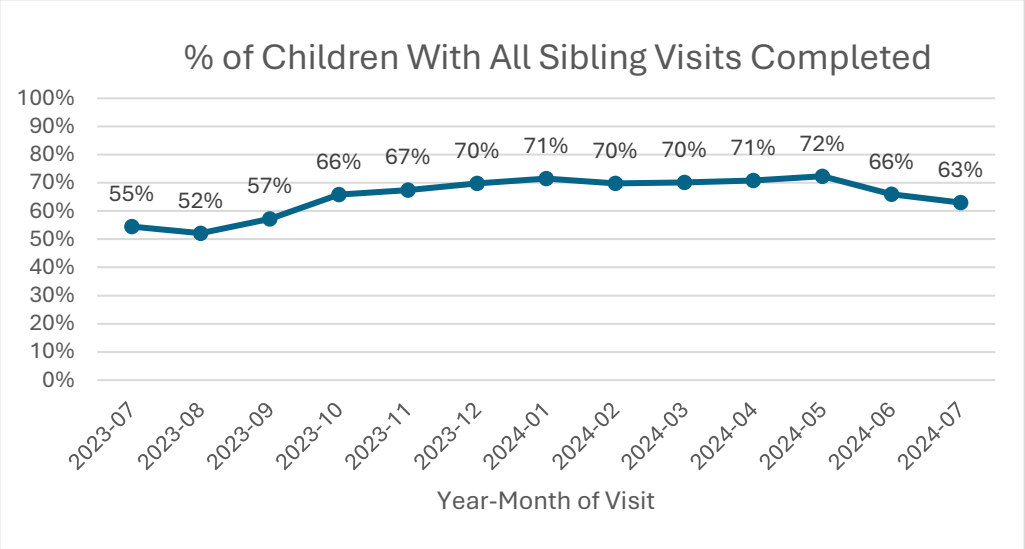
Item 8 for South Carolina is a Strength for Round 4.

Per SCDSS Policy 510.3 Family Visitation (in conjunction with authority S.C. Code Ann. § 63-7-1660, S.C. Code Ann. § 63-7-1680, S.C. Code Ann. § 63-7-2310), at a minimum SCDSS requires visitation twice monthly with the parent(s) with whom reunification is sought, unless there is an exception, including but not limited to a court order prohibiting visitation or limiting visitation to less frequently than twice every month. In effort to preserve connections, the case manager makes monthly concerted efforts to facilitate visitation between a child or youth and their relatives, and other identified significant persons to the child or youth and family, unless a court order indicates an alternative plan of visitation or prohibits visitation from occurring.

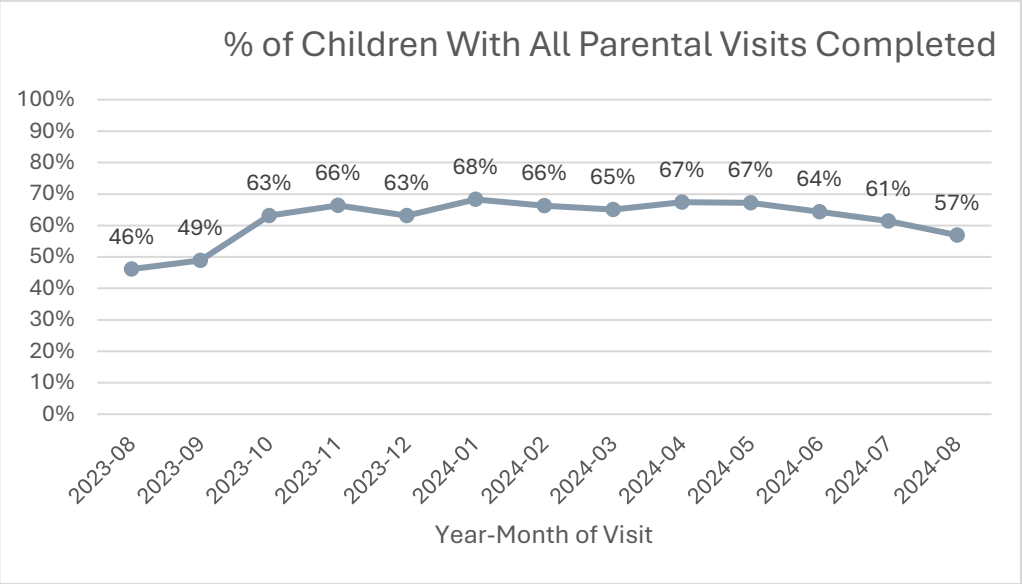
Accountability Data and Research (ADR) Data

ADR tracks sibling visitation via the child welfare services dashboard which is accessible to all SCDSS leadership and sent out monthly. This dashboard shows sibling and parental monthly visitation. Monthly sibling visits for all siblings not living together should be completed unless there is an exception, such as the visit not being in the best interest of one or more of the siblings. SCDSS continues to see an upwards trend in sibling visitation.

SCDSS continues to see increasing performance in sibling visits. There was an increase in sibling visits over the last year from 55% in July 2023 to 63% in July 2024, a 15% year-over-year increase.

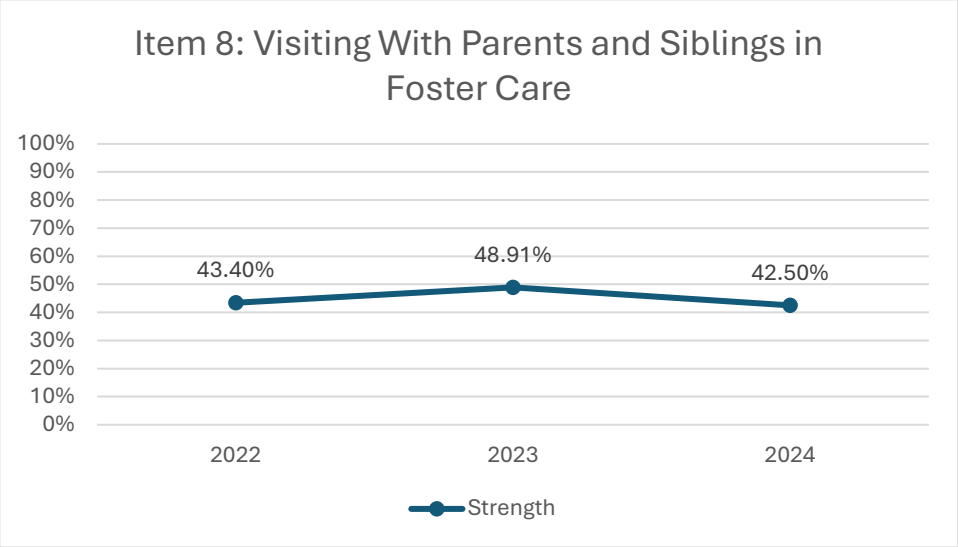


Similar to the trend in the sibling visitation data above, visitation with parents (charted below) has had a steady upward trend in performance over the past year. There was an increase in sibling visits over the last year from 46% in August 2023 to 57% in August 2024, a 24% year-over-year increase.



CFSR 2022 – July 2024 Data

CFSR data shows a performance average of 45% from 2022-July 2024. The discrepancy between ADR and CRSR data can be attributed to CFSR data capturing both parents and siblings to be rated in one item together, i.e. if a case is given an ANI for not visiting one sibling, but all other siblings and parents are a Strength, the entire item would be rated an ANI.



Information Regarding CQI Changes and Implementation Activities

In 2023 SCDSS published a Quality Visitation Guide to serve as a resource for staff, focused on strengthening families through visitation. Recognizing the critical role that visitation plays in achieving successful, timely permanency, SCDSS conducted a focused analysis of the performance on parent-child visitation. Through that analysis a need was identified to improve the quality and frequency of these visits. To make consistent and effective practice change, SCDSS created this guide to outline best practices in visitation. The guide lays out best practices that empower parents to be engaged in the lives of their children and learn new skills to increase protective capacity. It is to be used in conjunction with the parent-child visitation training.

SCDSS has provided opportunities for frontline staff to provide feedback regarding strengths, barriers and challenges related to visitation facilitation and documentation. In response to this feedback, DSS has provided additional training, coaching, and skills labs to increase staff proficiency in understanding and using management reports and properly documenting visits in CAPSS.

Item Nine: Preserving connections

Did the Agency make concerted efforts to preserve the child's connections to his or her neighborhood, community, faith, extended family, tribe, school, and friends?

Performance Data Analysis

Item 9 for South Carolina is a Strength for Round 4.

SCDSS recognizes placement in a child's home county/region is important to preserving connections the child has established through their community. Additionally, placing a child in their home county/region gives closer proximity to facilitate visitation schedules between family members. It is important that the children the Agency serves maintain connections to their neighborhood, community, faith, extended family, kin, tribe, school and extended family or connections.

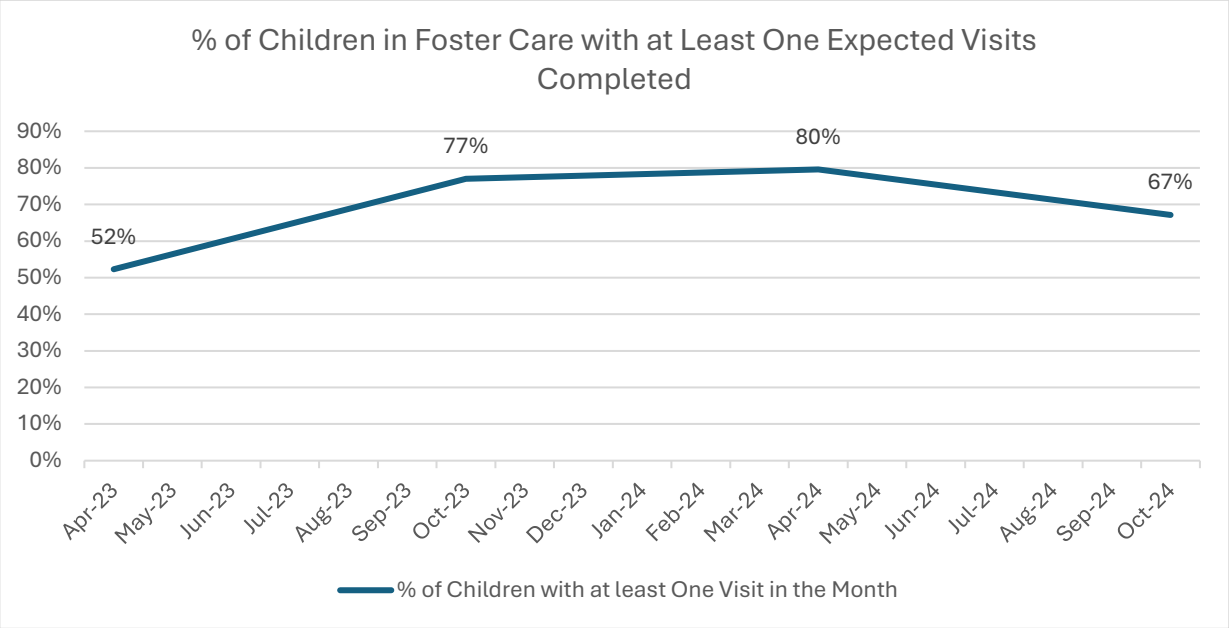
Further, SCDSS believes living with kin when not able to remain safely in their homes helps preserve connections. SCDSS has focused on increasing kin placements and has made great strides.

Accountability Data and Research (ADR) Data

SCDSS monitors the preservation of connections of children in foster care by tracking the actual versus expected visits for each child. While the Agency has seen a large increase (29%) in children

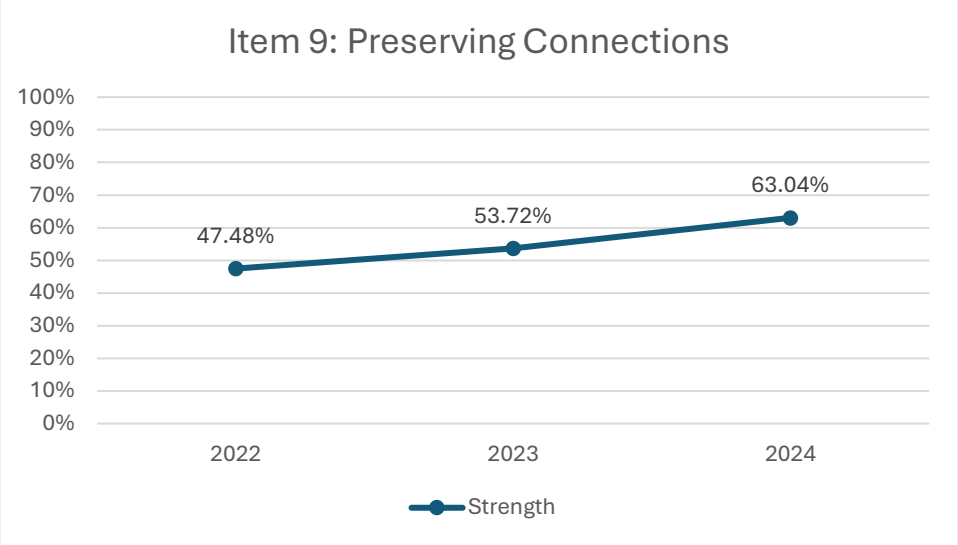
with at least one visit within the month since 2023, there has been a decrease over the past 6-months from the year's high of 80%.

This upward trend from 2023 to 2024 closely aligns with CFSR data.



CFSR 2022 – July 2024 Data

Per the 2022-July 2024 CFSR data below, SCDSS has seen an upward trend with 47.48% Strength in 2022 up to 63% through July in 2024, a 33% increase across years.



Information Regarding CQI Changes and Implementation Activities

Since Round 3, SCDSS has focused heavily on increasing kinship placements and supporting kinship providers with the necessary services and resources to equip kinship providers to be able to care for their kin. This focus will enhance the preservation of connections for children who are unable to remain safely at home. See Item 11 for data on kinship placement, which continue to steadily increase year over year, and implementation activities.

Additionally, SCDSS has refined data access related to parent-child visitation so staff at all levels are aware of and can address situations in which visitation is not occurring as per policy or is not

documented timely. SCDSS continues to engage staff in understanding the barriers and challenges to visitation, providing additional training, coaching, and skills labs to increase staff proficiency in visitation best practices.

Item Ten: Relative Placement

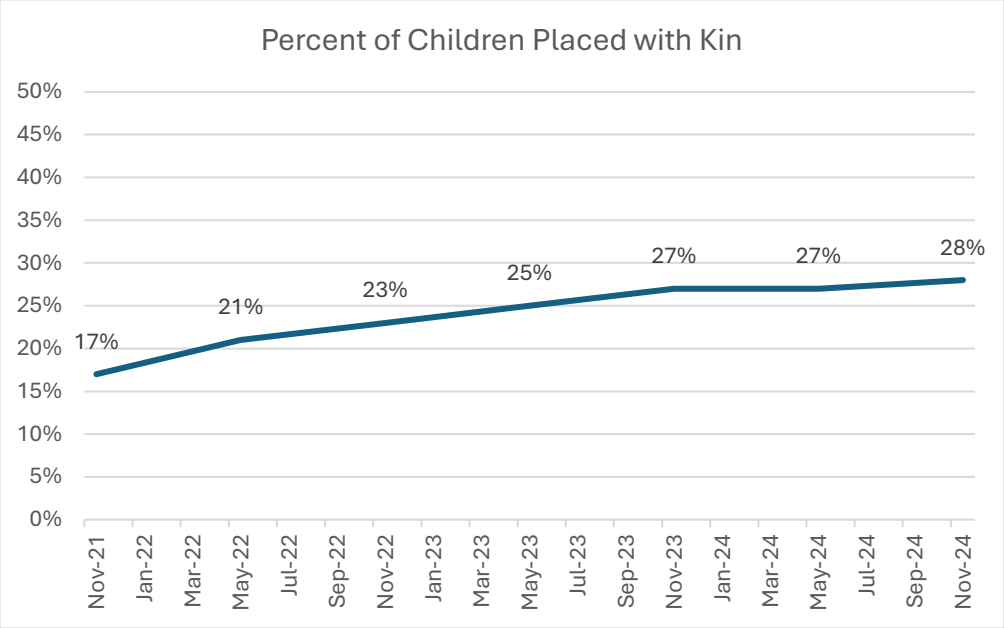
Did the Agency make concerted efforts to place the child with relatives when appropriate?

Performance Data Analysis

SCDSS rates this item as a Strength for Round 4. It is one of SCDSS' top priorities for all children who come into care to remain with relatives to reduce trauma in children's lives.

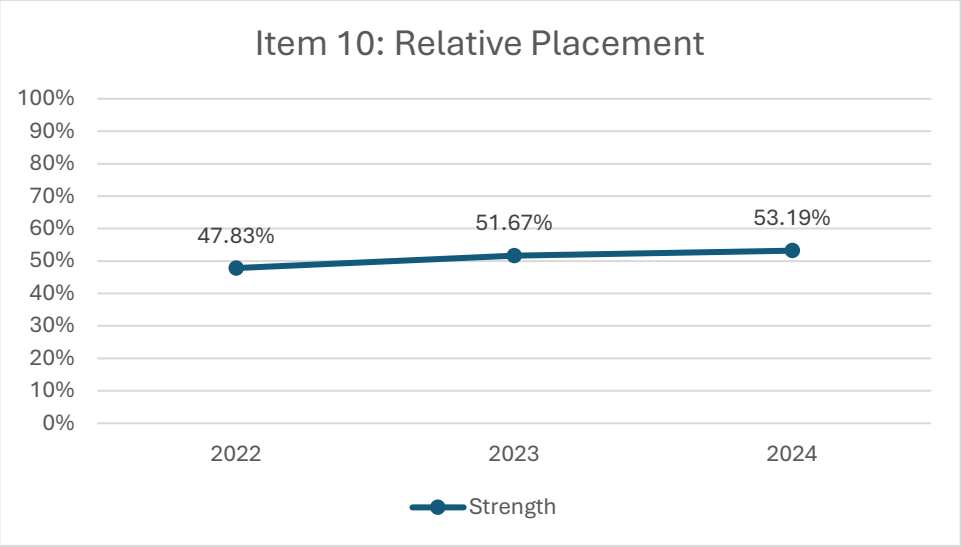
Accountability Data and Research (ADR) Data

SCDSS has seen a 65% increase in children placed with kin since 2021.



CFSR 2022 – July 2024 Data

2022-2024 CFSR data below shows performance typically ranging between 47-53%, representing a moderate boost in performance across two years.



Information Regarding CQI Changes and Implementation Activities

Since Round 3, SCDSS has focused efforts on increasing placements with kinship caregivers, with a particular focus within the last year. In a kin-first culture, every effort is made to keep children safely at home and if a child must be removed, the Agency partners with the family to identify a kinship option to provide temporary care. Kinship families need support and services to help with caring for and stabilizing children and youth placed in their care. Per SCDSS Policy 1643 Placement with Kinship Caregivers (in conjunction with authority S.C. Code Ann. Sections 63-7-640; 63-7-650; 63-7-680; 63-7- 690; 63-7-730; 63-7-735; 63-7-765; 63-7-1630; 63-7-1700; 63-7- 2320; and 63-7-2330), when a child or youth cannot safely remain in the home of a parent or guardian, research indicates children or youth in kinship care have better outcomes than those placed in foster care placements unknown to them or congregate care. Placement with a kinship caregiver minimizes the impact of trauma the child or youth experiences when removed from the parent or guardian; maintains important connections to family, extended family, school, and community; increases the likelihood that a sibling group will be placed together; enhances placement stability and expedites permanency.

In 2020, SCDSS focused their efforts to increase kin/fictive kin placements by providing ongoing training regarding the importance of kinship placements, instituted provisional foster home licenses and waivers for non-safety requirements for kinship providers, developed a kinship care policy and work aid available to all staff, funding to kinship providers through the kinship navigator grant. To date, SCDSS continues to focus on placing children in kinship homes by the continuation of the abovementioned practices. Since these practices have been put in place our children in kinship placements have continued to increase.

In April of 2022 the Extension of Foster Care bill was signed into law via H.3509. This law enables South Carolina to operate a Title IV-E reimbursable extended foster care (EFC) program for young adults ages 18-21. The purpose of the EFC program is to provide a pathway for youth who would otherwise leave the foster care system at age 18 to remain in or return to the placement and care responsibility of SCDSS through a voluntary placement agreement. EFC improves the Department's overall approach to responding to needs of older youth, enabling more appropriate and expanded independent living services. This program allows more time for the agency to achieve permanency and stability in the lives of young people who would otherwise age out of foster care at age 18 without a permanency home or adult connections. SCDSS is able to maximize resources of Title IV-E funding and promote successful outcomes for transitioning young adults. To operationalize the program SCDSS has partnered with the Annie E. Casey Foundation, Journey to Success, and YEA! (youth engagement advocates) to design and implement a system and culture that demonstrates normalcy, permanency, and support for the teen/older youth population.

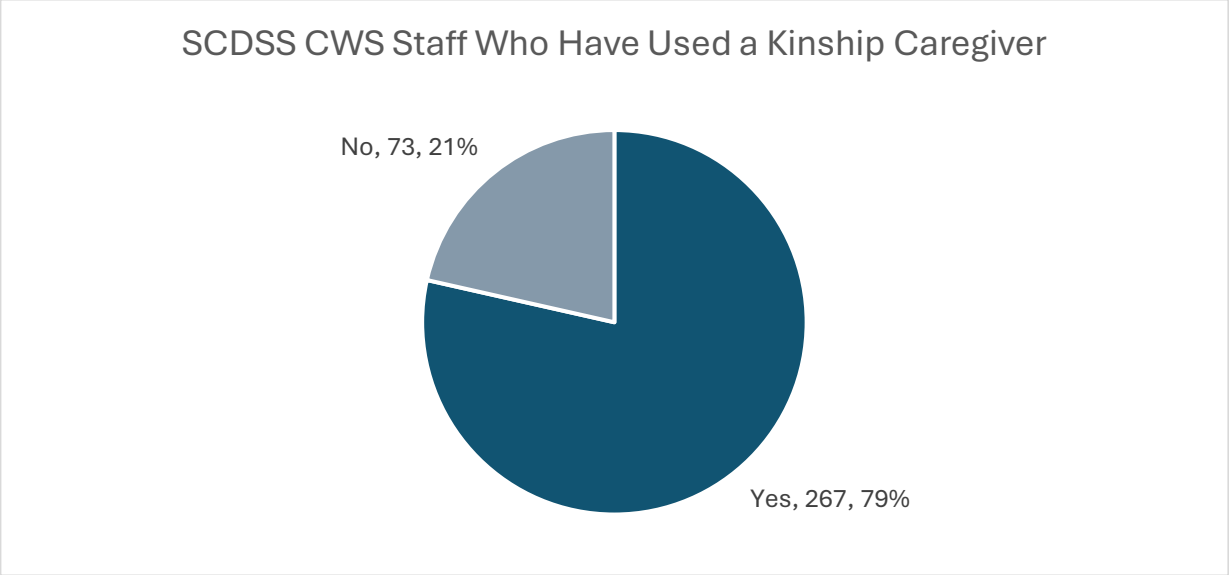
In May of 2022, the state legislature signed into law S.C. Code Ann. § 63-7-2320, which established the State Kinship Foster Care Program. The effect of this legislation expands the definition of the term, "relative" for the purpose of licensure to include nonrelative fictive kin. The Agency is in the process of defining practice and policy related to this statute.

In November of 2023 the Kinship Guardianship Program (KinGAP) was signed into South Carolina law via S.380. This law further strengthens the foster care system by increasing stability of kinship placements, allowing SCDSS to draw down federal Title IV-E dollars to fund kinship supports. The KinGAP program is similar to the state's public adoption program, providing monthly financial supports to kinship caregiver to help meet the need for raising youth exiting foster care until adulthood. This program helps stabilize kinship placements, thus preserving children's cultural identities and their relationship to their community. The launch of this program provides additional financial assistance to licensed kinship caregivers, many of which are retired or living on a fixed

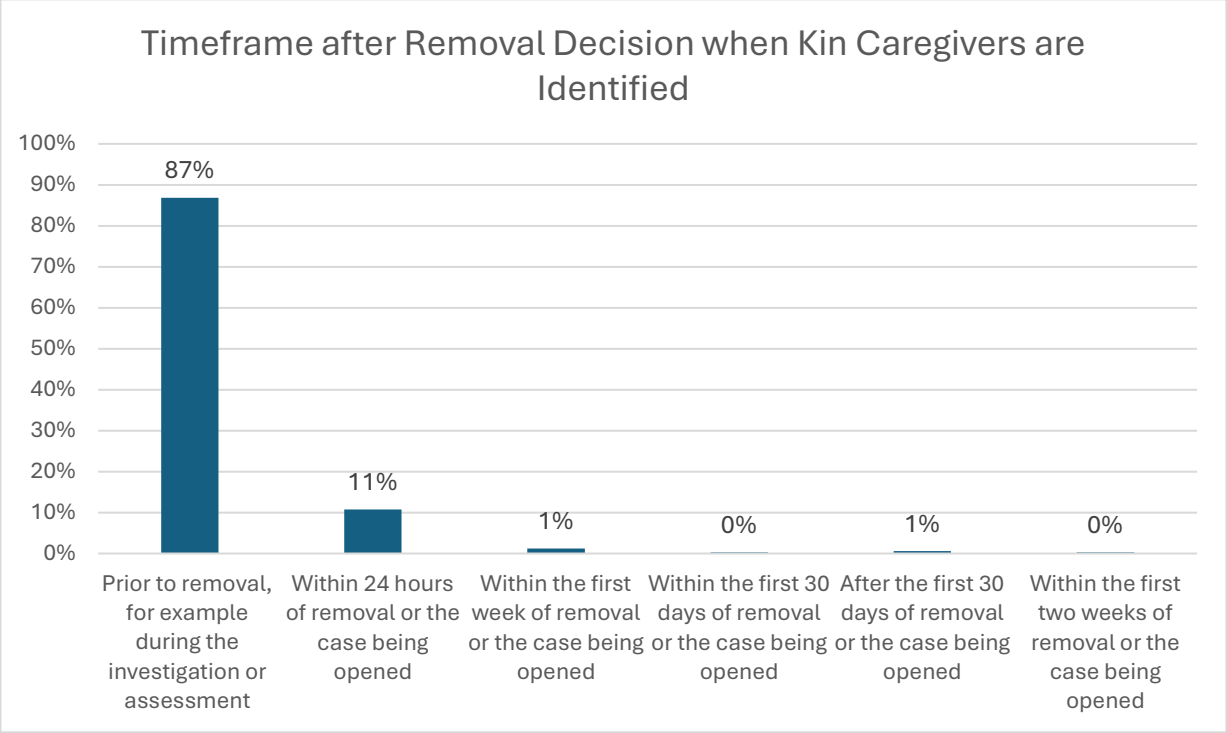
income. In November of 2023 SCDSS issued Capacity Building Grants to 3 providers to implement the Foster Kinship Navigator Model out of Nevada, listed as a promising practice in the IV-E clearinghouse. The Foster Kinship team came to South Carolina in February 2024 to provide training to the selected providers on this model. For more information on the Foster Kinship team please see https://www.fosterkinship.org/. For more information on SCDSS' kinship care program please visit https://dss.sc.gov/child-well-being/kinship-care/.

In August 2024, South Carolina was approved to operate a Kinship Navigator program statewide. This program seeks to nurture and support relationships between parents, children, youth, kin, fictive kin, and their communities and further South Carolina's commitment to a kin-first culture. All families – child-welfare involved and non-child – may receive support through services which increase access to resources, caregiver and child protective factors, caregiver knowledge, and caregiver satisfaction.

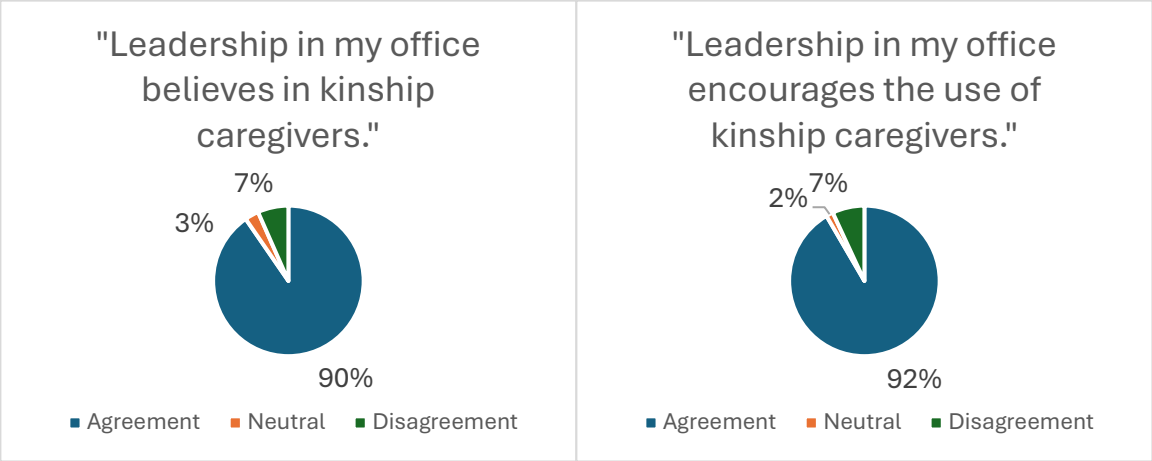
In September 2024, SCDSS deployed a survey to staff, kinship caregivers, law enforcement, and judicial partners to better understand their knowledge of, opinions and experiences with kinship care. An overwhelming majority of SCDSS staff reported using a kinship caregiver.



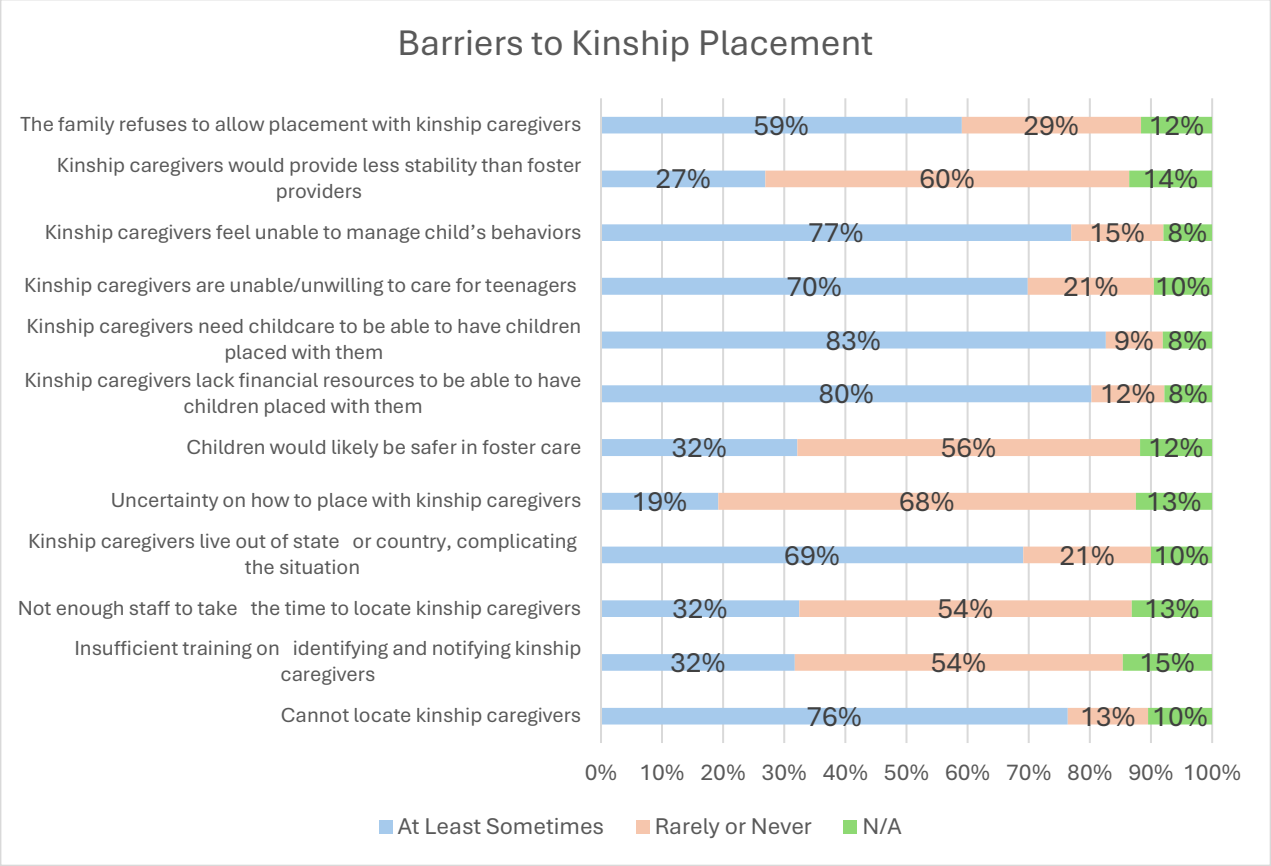
SCDSS staff were also asked to select the time after the removal decision when kinship caregivers are typically considered. 87% of respondents selected kinship caregivers are typically considered prior to removal, making it more likely for children to be placed with kin as their first placement rather than enter stranger foster care.



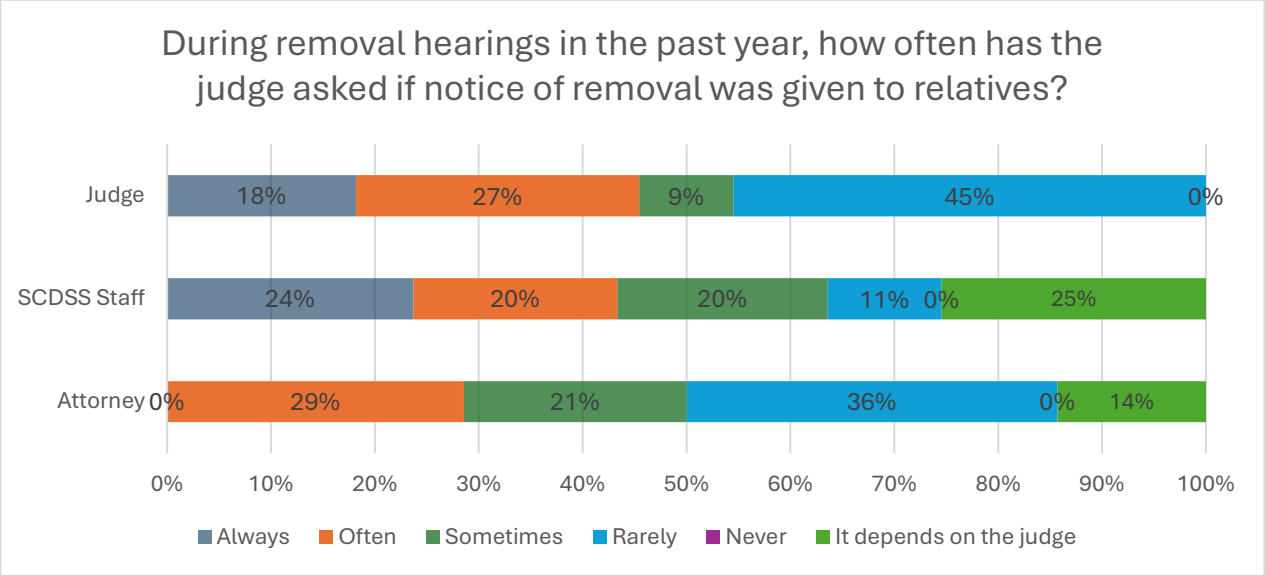
The pie charts below represent agreement among SCDSS staff members on two statements: “Leadership in my office believes in kinship caregivers” and “Leadership in my office encourages the use of kinship caregivers.” Agreement on these items is strong, however, SCDSS is able to use deeper survey results to narrow down areas with lower agreement for targeted improvement efforts.



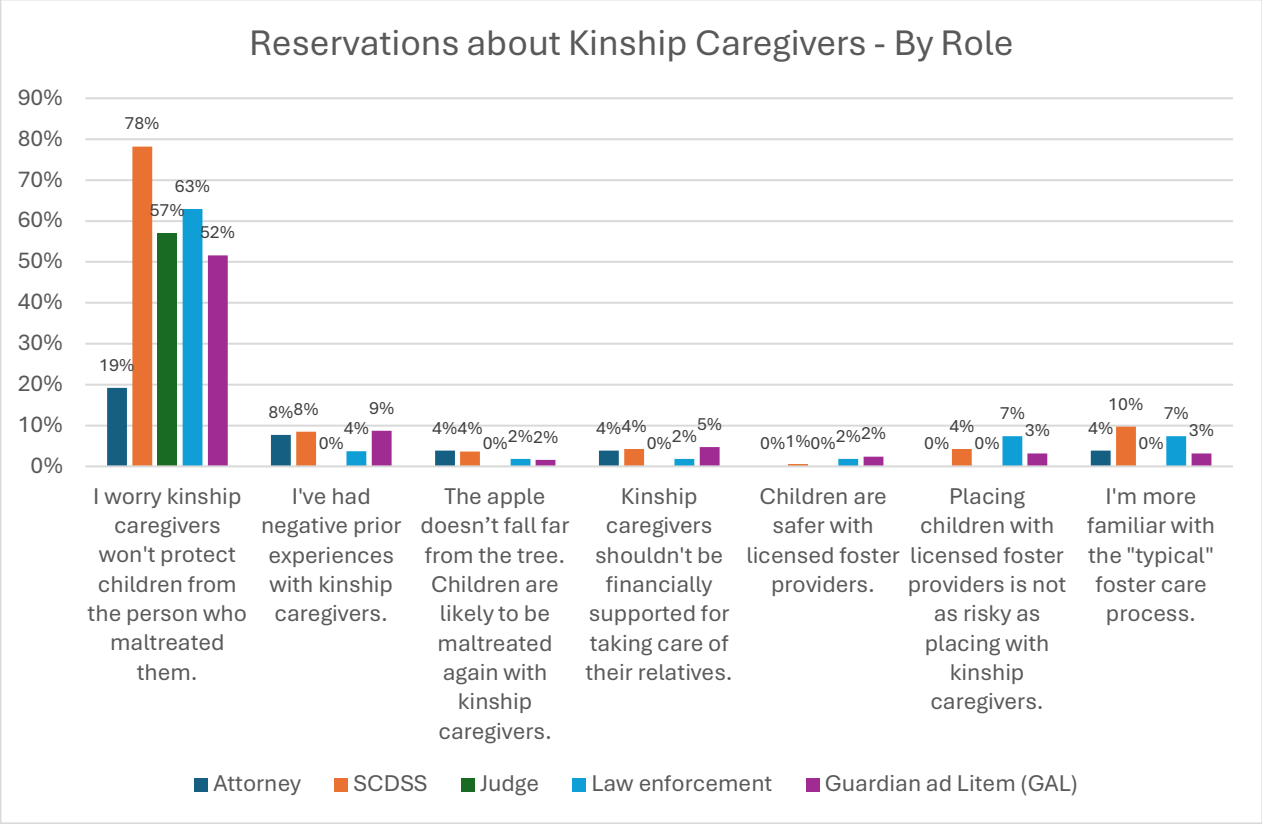
SCDSS staff were also asked to select barriers which impede placement with relatives. The potential kinship caregiver’s inability to manage the child’s behaviors, potential kinship caregivers being unwilling/unable to provide for the child, the need for child care, and a lack of financial resources as most common barriers. SCDSS believes services provided through the Kinship Navigator program will be effective at overcoming these common barriers to relative placement.



Survey respondents were asked how often the judge asked if notice of removal was given to relatives during removal hearings. Nearly half of all responding judges stated they rarely ask. Working with the courts to incorporate this as best practice could improve placement with relatives.



Lastly, survey respondents were asked about their reservations about kinship care. "I worry kinship caregivers won't protect children from the person who maltreated them" was the most selected option. 78% of SCDSS staff selected this as a reservation about placing with kinship caregivers. 63% of law enforcement and 57% of judges, who both have the power to remove a child, selected this option.



Item Eleven: Relationship of child in care with parents

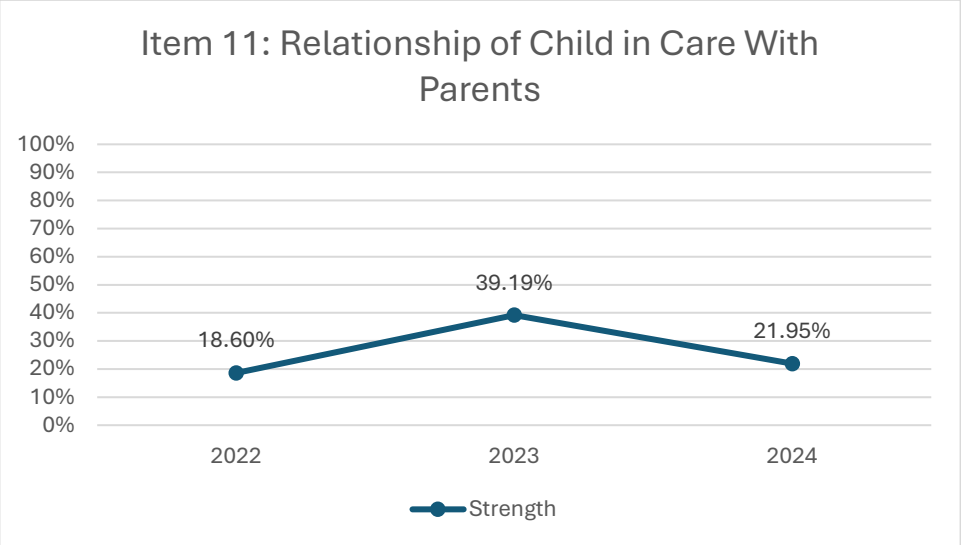
Did the Agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?

Performance Data Analysis

Item 11 for South Carolina is an Area Needing Improvement for Round 4.

CFSR 2022 – July 2024 Data

SCDSS has overall low performance for Item 11 reaching its highest level in 2023 at 39.19%.



Information Regarding CQI Changes and Implementation Activities

SCDSS CFSR reviews noted barriers to Item 11 included parents are not being invited or encouraged to participate in school activities and case conferences, doctor's appointments with the child, or engagement in the child's after-school activities or hobbies.

Additional systemic critical incident reviews identified engagement with paternal parents as a barrier. Gaps in policy guiding when and how to engage non-custodial parents have been identified for resolution during Round 4.

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.

Well-Being Outcome 1

Families have enhanced capacity to provide for their children's needs.

CFSR Round 3 Statewide Assessment Rating

SCDSS was not in substantial conformity with Well-Being Outcome 1 in 2017's Statewide Assessment. The outcome was substantially achieved in 24% of the 1,646 cases reviewed. South Carolina received a rating of an Area Needing Improvement on Item 12 because 26% of the cases were rated as a Strength. South Carolina received an Area Needing Improvement rating on Item 12A. Of the 1,646 cases reviewed, 71% received a Strength rating. 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. 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.

CFSR Round 4 Statewide Assessment Rating

This outcome is not in substantial conformity in Round 4 due to Item 12 being rated an ANI.

Item Twelve: Needs and services of child, parents, and foster parents

Did the Agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the Agency's involvement with the family?

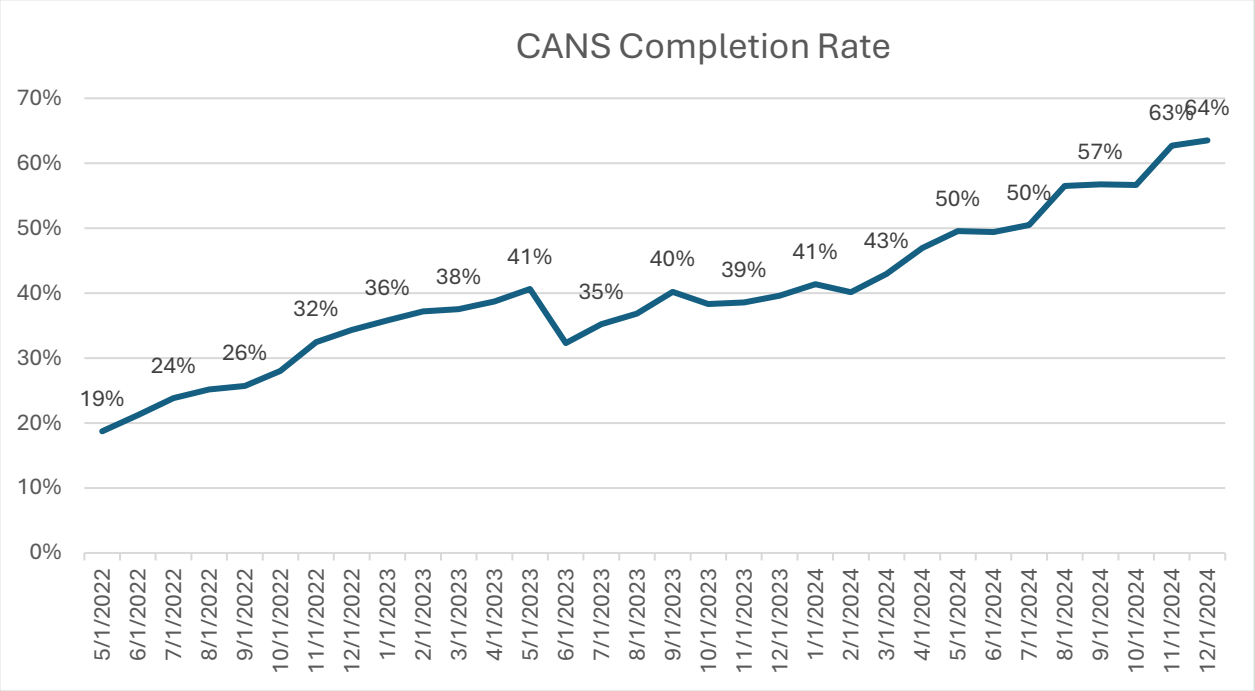
Performance Data Analysis

Item 12 is rated an Area Needing Improvement for Round 4.

SCDSS continues to see improvement in the completion rates of these assessments. In early 2022, SCDSS improved CAPSS reports to track CANS completion rates and has seen steady growth in CAPSS completion rates. Using formal assessments and CFTMs, case managers regularly monitor strengths and needs and co-develop service plans to address those needs. ADR data (below) shows a sharp upward trend of CANS completion.

Accountability Data and Research (ADR) Data

SCDSS has seen marked improvements in CANS completion rates – up 237% from May 2022 to December 2024. While quality assessments are just one component of arranging appropriate services, this represents a substantial cultural shift toward valuing formal safety assessments and leads SCDSS closer to the goal of designing informed service plans.

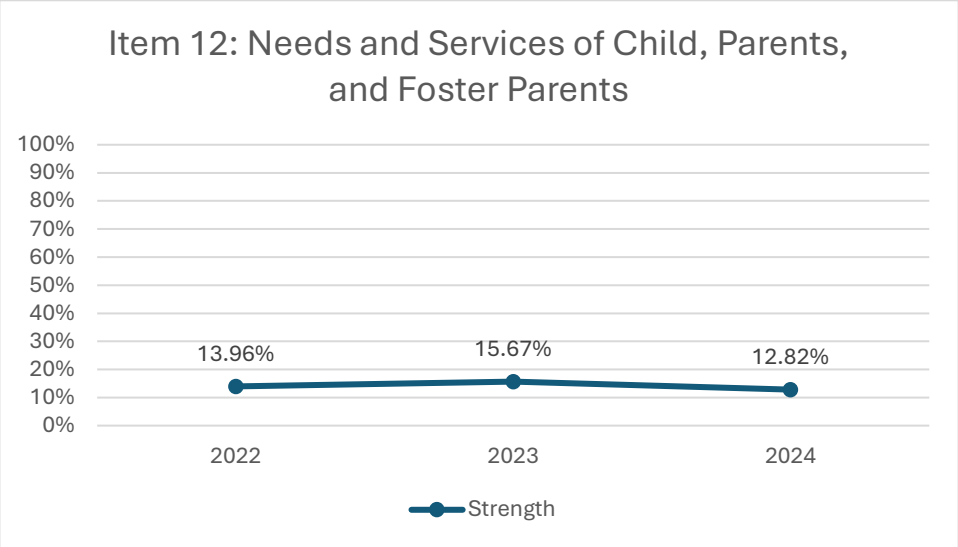


CFSR 2022 – July 2024 Data

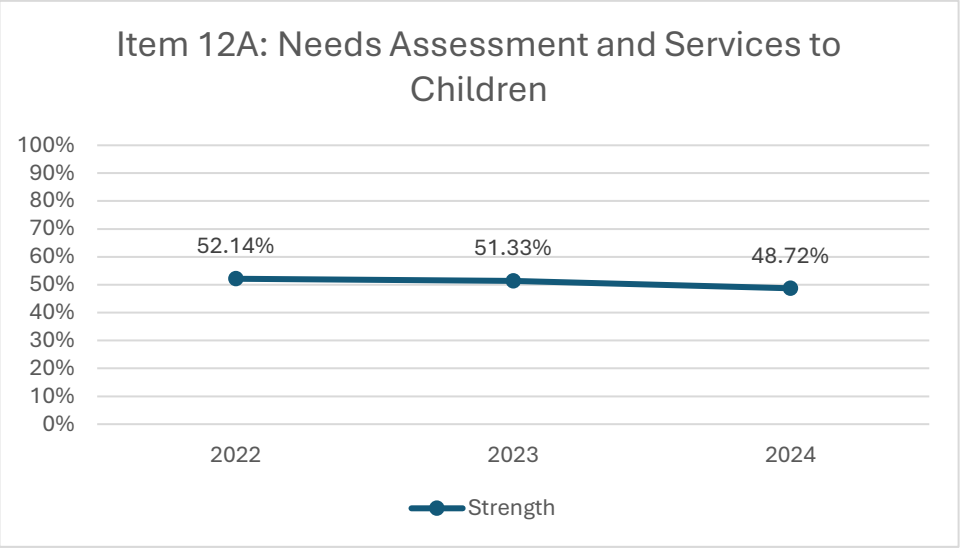
Below are graphic breakdowns between services to children (12A), caregivers (12B) and foster parents (12C). SCDSS needs to improve in locating and assessing all parents, especially paternal parents.

Across time, item 12 performance has remained under 20% with performance peaking in 2023 at 15.67%. It should be noted that this item contains multiple sub-items which all must be rated a strength for the item itself to be rated a strength.

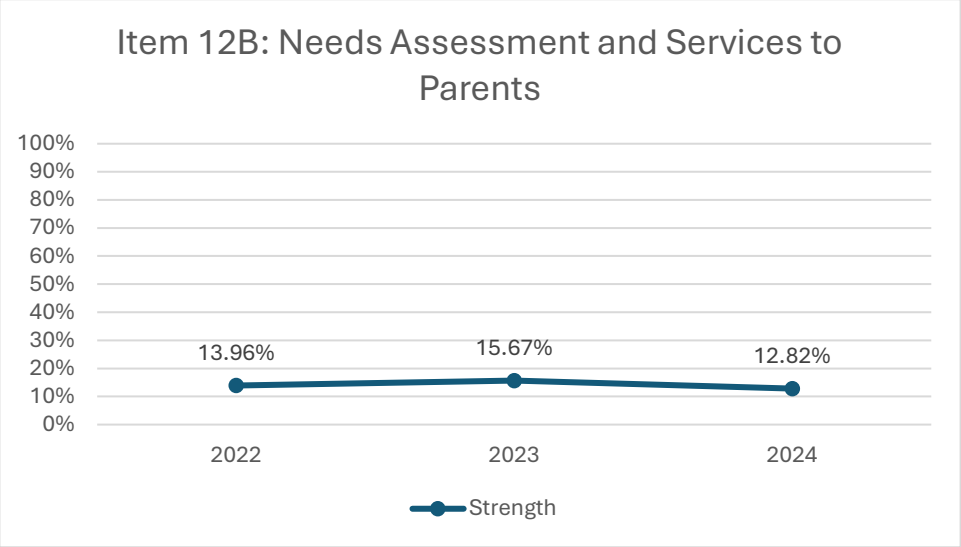
SCDSS QA CFSR reviews identified barriers impacting Item 12 to be challenges in practice such as, not all the children and caretakers are assessed for needs, not enough quality assessments due to time and/or frequency, lack of appropriate assessments, lack of monitoring services, and lack of concerted efforts to find missing parent(s).



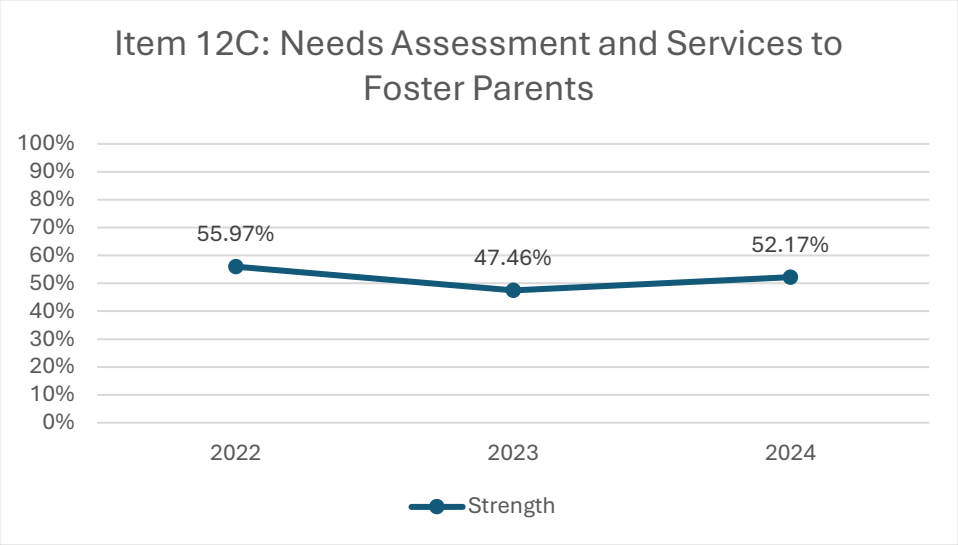
12A (needs assessment and service to child) had an average of a 50% Strength rating over the time periods. This is due to many factors including, accurately and thoroughly assessing children's needs, timeliness of services provided and, availability of services.



SCDSS QA CFSR reviews identified barriers impacting 12B included challenges in assessing and providing services to fathers, continued substance abuse, and untreated mental health. Often the fathers were not located or contacted throughout the case.



Factors that impacted performance in 12C (needs assessment and service to foster parents) included delays in services, inconsistent placement visits, and ensuring foster parents were aware of children's needs.



Information Regarding CQI Changes and Implementation Activities

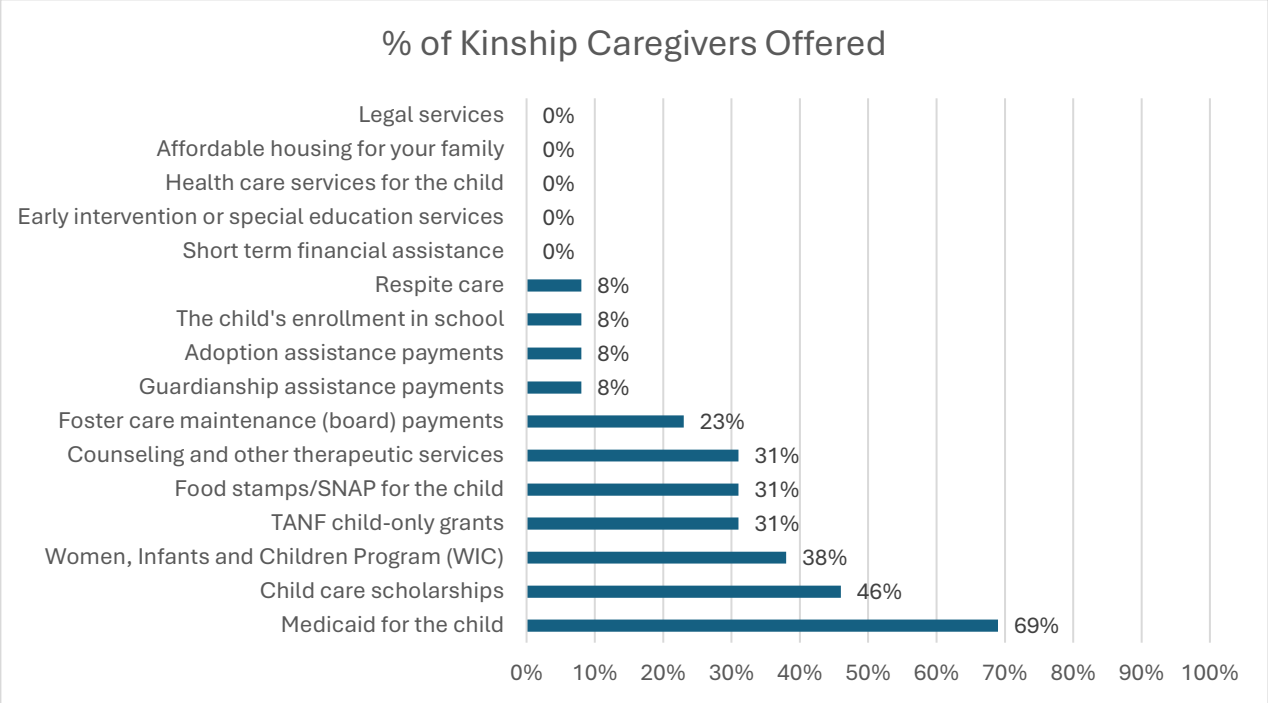
Since Round 3 of the CFSR, SCDSS fully implemented the Child and Adolescent Needs and Strengths (CANS) tool which drives the assessment and service coordination process. The Agency has focused on improving timeliness and fidelity of these assessments in the following years.

The CANS is designed from a communication perspective to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices.

SCDSS staff use the CANS reference guide to lead their work with clients. Additionally, staff also use the CANS Policy to guide their work.

While SCDSS has seen substantial improvements in CANS completions rates since the inception of current monitoring reports, SCDSS continues to work toward connecting quality assessments to service planning. This foundational work – along with improvements to the CFTM and FPP-development processes and further service array development – will be foundational to the alignment efforts necessary for effectively addressing service needs through Round 4.

As SCDSS further embraces a kin-first culture, the Agency has invested significant effort in understanding and meeting the needs of kinship caregivers. Engaging kinship caregivers in a survey in 2024, survey respondents were most likely to have been offered Medicaid, followed by childcare scholarships. However, legal services, affordable housing, health care services, early intervention/educational services, and short-term financial services were reported as offered by any respondents. SCDSS is committed to enhancing services to kinship caregivers, children, foster parents, and parents. To learn more about efforts to improve kinship care, see Item 11.



Item Thirteen: Child and family involvement in case planning

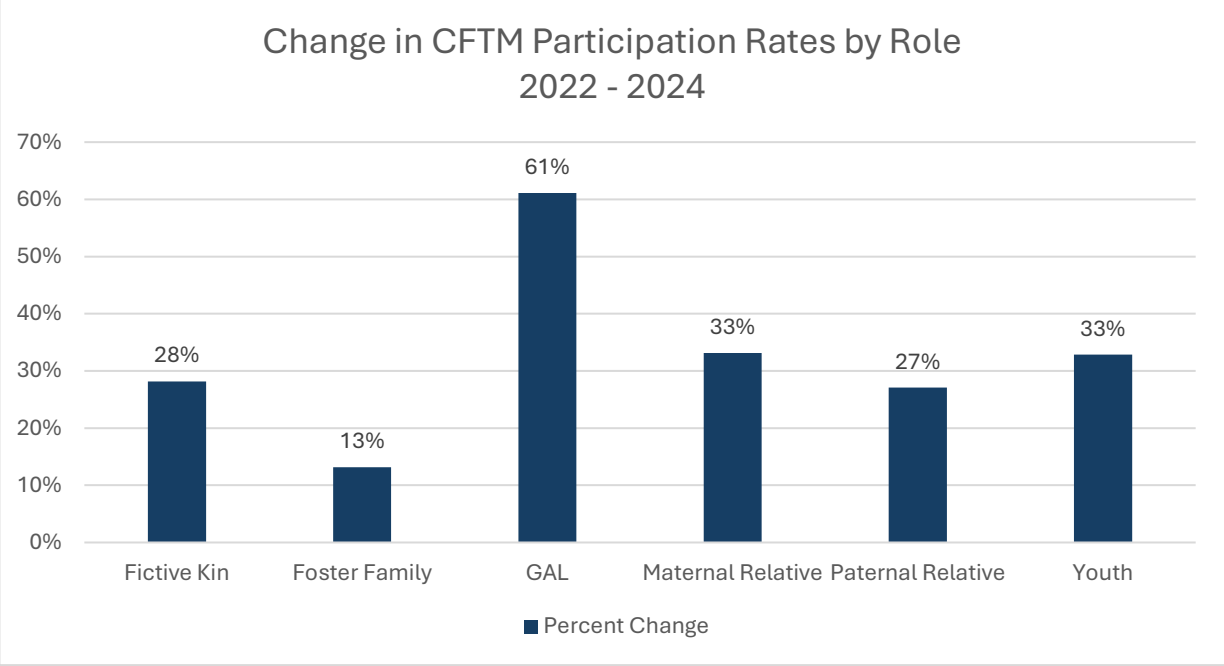
Did the Agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?

Performance Data Analysis

Item 13 is rated an Area Needing Improvement for Round 4. Despite vast improvements in foundational practices such as CFTMs, CFSR ratings remain low across time.

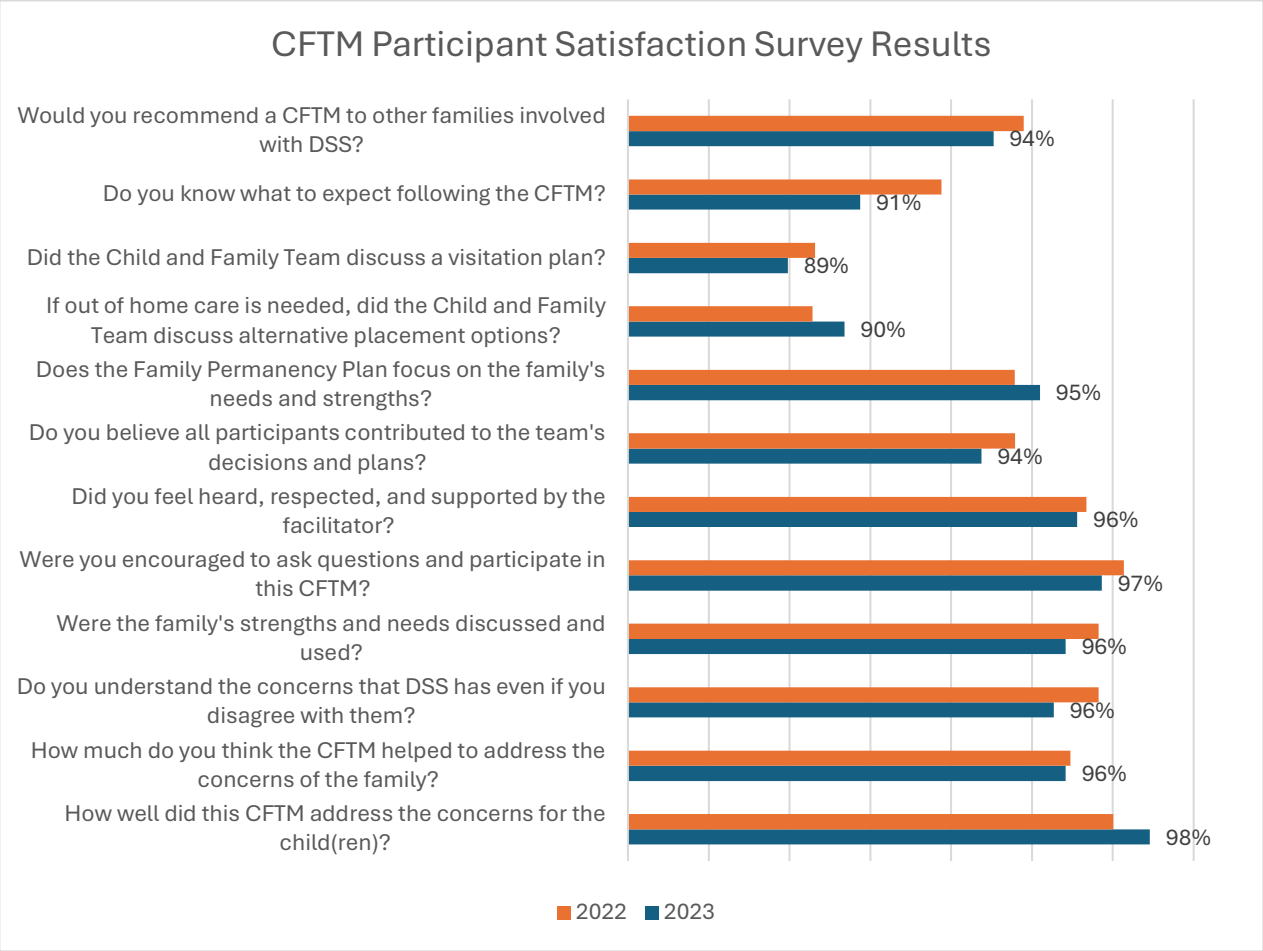
CFTM Participation Data

Year over year, SCDSS has seen steady increases in CFTM participation across all familial and child advocate roles.



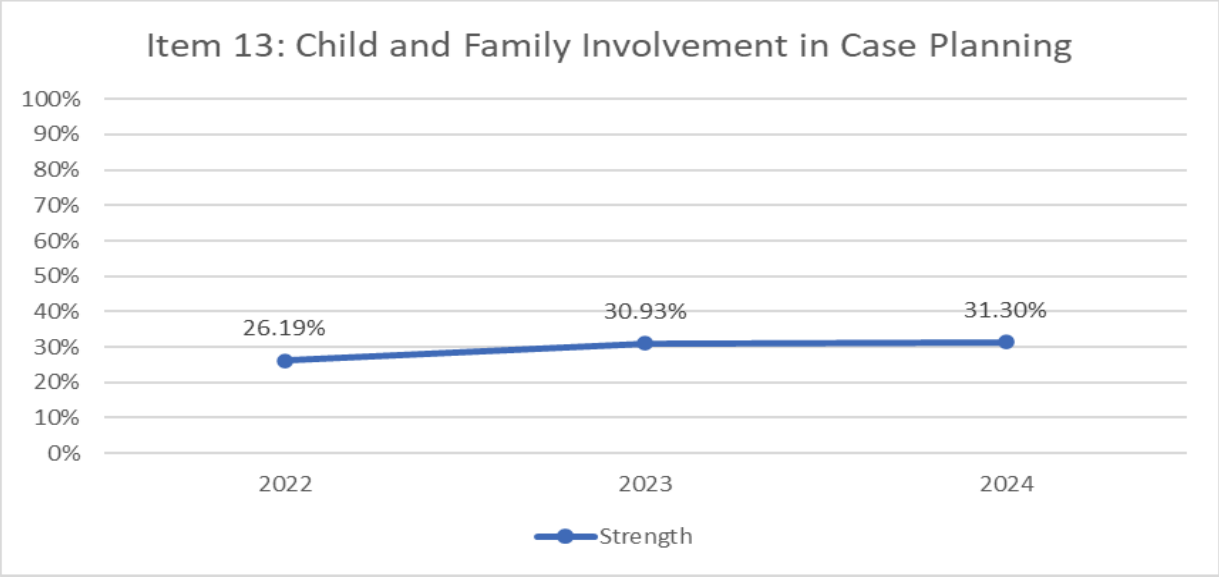
CFTM Survey Data

SCDSS offers a survey to all participants of CFTMs to inform program improvement efforts. Over time, SCDSS has maintained high satisfaction on all metrics including several factors which corelate to family involvement in building case plans. The bar chart below shows the percentage of participants since 2022 who rated "somewhat" or "completely" on the following measures.



CFSR 2022 – July 2024 Data

SCDSS has seen a 19% increase since 2022 in CFSR measurements of child and family involvement in case planning.



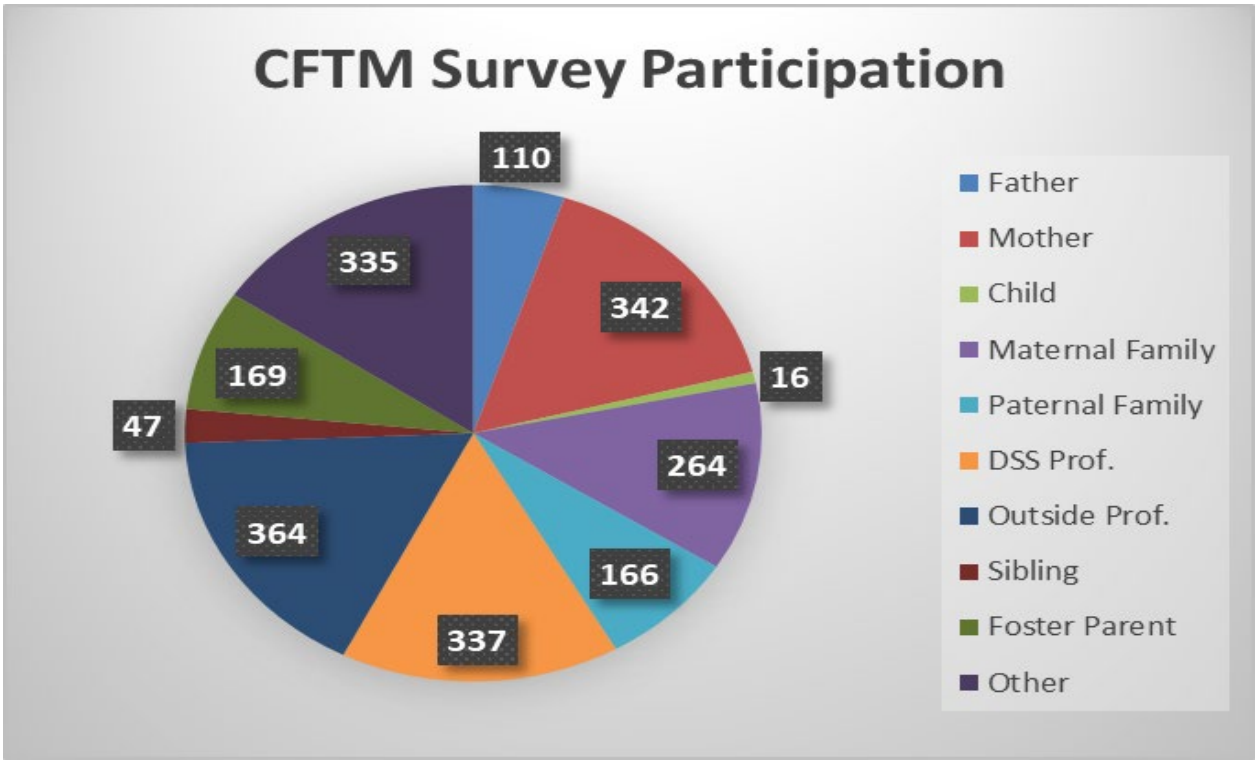
Information Regarding CQI Changes and Implementation Activities

SCDSS operationalizes its commitment to involving children and families in the case planning process through the Child and Family Team Meeting (CFTM) process.

In Round 3, Item 13 was rated an Area Needing Improvement with 30% of the applicable cases rated a Strength. Although SCDSS continues to have a low strength rating through CFSR case reviews over the past 3 years, family participation in Child and Family Team Meetings has improved dramatically.

Since CFSR Round 3, SCDSS published guidance to support the involvement of families in the development of their family plans through the CFTM policy, built fields in CAPSS to create CFTM referrals and track CFTM progress, and hired a team of specialized CFTM facilitators across the state. SCDSS policy requires parents be encouraged to attend CFTMs along with their support system.

SCDSS surveys participants across all roles.



85% of the CFTM survey participants reported the facilitator asked for the family's support system to attend the CFTM and 87% felt heard, respected, and supported by the facilitator. A brief analysis of the roles of the survey participants showed that 55% were a family member including maternal relative, paternal relative, mother, father, sibling or another kind of relative. However, a deeper analysis showed that of the 2177 CFTM survey participants only 12.68% of participants were either the father or paternal relative, while 27.84% were either the mother or a maternal relative, showing that the Agency needs to put more emphasis on family attendance; particularly encouraging fathers and paternal relatives to provide feedback to continue to drive improvement and ensure they are heard.

The Agency tracks attendance by role to assist in identifying barriers and opportunities for increased participation, in addition to encouraging feedback from participants to improve the current process. To increase fidelity to the CFTM model, SCDSS hired a team of CFTM coaches who serve specialized CFTM facilitators and case managers alike in sharpening their skills in co-designing case plans. To increase data accuracy, The Office of Child Welfare Operations offers skills labs focused on CFTM documentation.

According to the child welfare academy satisfaction survey, 81% of the newly hired Agency staff were confident in their ability to describe the best practices in collaborating with families to work toward safety, permanency, and well-being.

Item Fourteen: Caseworker visits with child

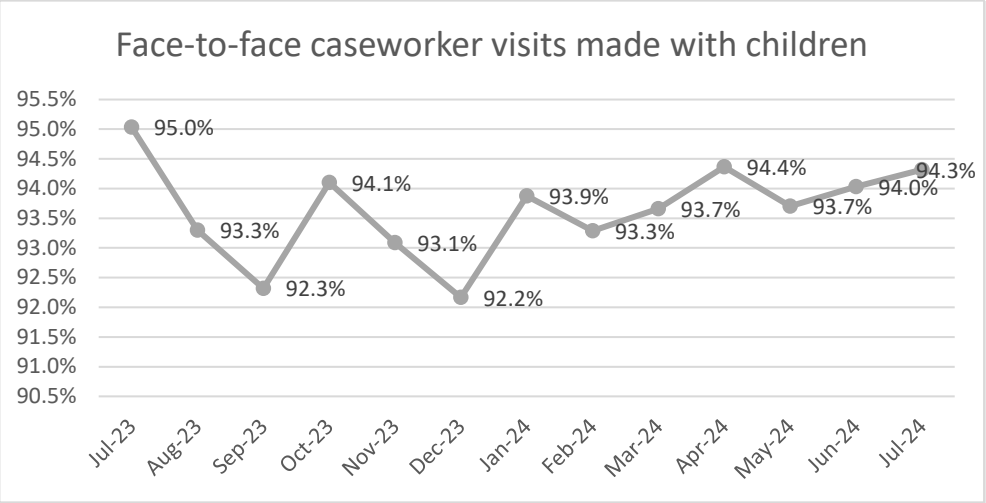
Were the frequency and quality of visits between caseworkers and children sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals?

Performance Data Analysis

SCDSS rates Item 14 is rated a Strength in Round 4.

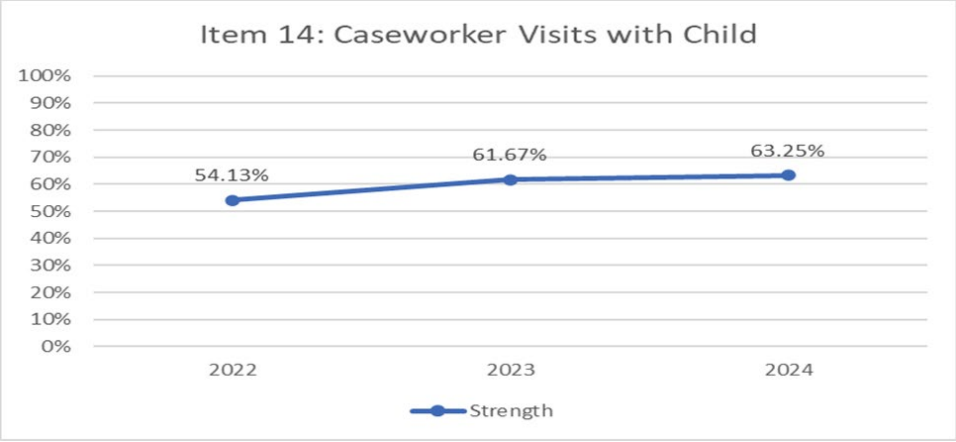
Accountability Data and Research (ADR) Data

Internal data compiled by the Agency's Accountability, Data and Research team shows that over the past year SCDSS has consistently made the required face-to-face contact between children and caseworkers ranging between 92% and 95% with majority of those visits being made in the home.



CFSR 2022 – July 2024 Data

Since 2022, the percentage of cases rating a Strength in CFSR case reviews has steadily increased from 54% to 63%. Although there has been a difference in the number of applicable cases ranging from 351 in 2022 to 117 in 2023, over the three years there was an average of 256 applicable cases and an average of 60% of cases rating a strength indicating that case manager visits with children are improving in a manner that is sufficient to ensure the safety, permanency, and well-being of children.



Information Regarding CQI Changes and Implementation Activities

South Carolina strives to ensure frequent caseworker visits with children to ensure their well-being, safety, permanency, and progress towards case goals through the practice of maintaining consistent visits and detailed visitation dictation entries. SCDSS policy requires case managers visits with children to be conducted in person weekly if they are placed in an emergency shelter or on a monthly basis, if placed elsewhere. Visits should be documented prior to the end of the calendar month using the proper CAPSS action codes for the type of visit and location.

SCDSS receives funding through Title IV-B, subpart 2 of the Social Security Act which helps states improve the quality of caseworker visits with children in foster care. To maintain funding the Agency is required to ensure that the total number of monthly caseworker visits is not less than 95 percent

of the total visits that would be made if each child in foster care were visited once per month. In addition, at least 50% of the total number of monthly visits made by caseworkers to children in foster care must occur in the child's residence. Over the last three reporting periods South Carolina has exceeded 50% of the total number of visits occurring in the child's residence and met the 95% of the total number of visits being made if each child were visited monthly. For more information on South Carolina's Monthly Formula Grant data, please see the links below:

- Monthly Caseworker Visits Formula Grant FY20-21
- Monthly Caseworker Visits Formula Grant FY21-22
- Monthly Caseworker Visits Formula Grant FY22-23

Item Fifteen: Caseworker visits with parent(s)

Were the frequency and quality of visits between caseworkers and the mothers and fathers of the children sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals?

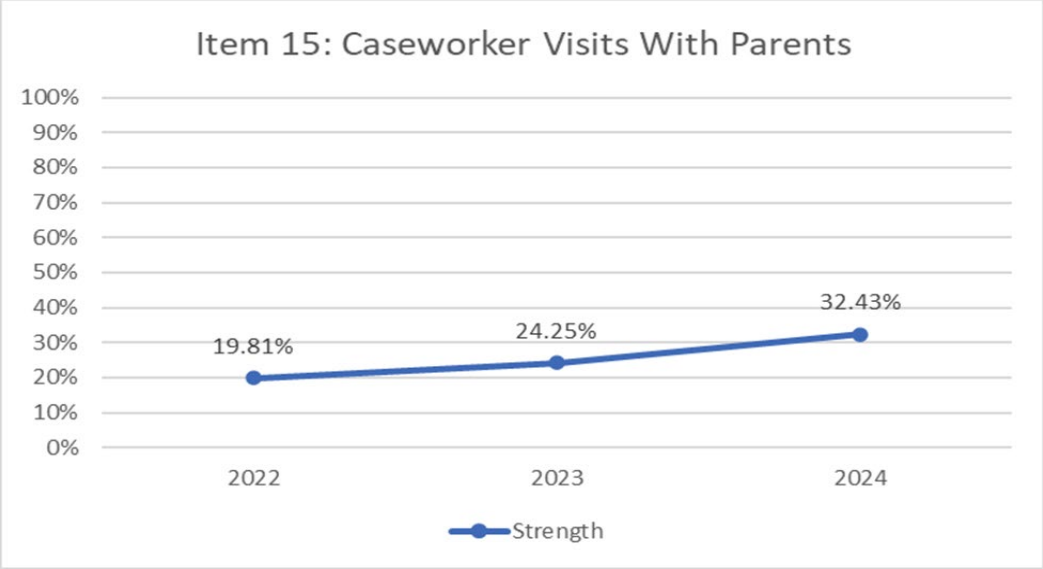
Performance Data Analysis

Item 15 for South Carolina is an Area Needing Improvement for Round 4.

During Round 3, Item 15 was rated an Area Needing Improvement because 25% of the 87 applicable cases were rated as a Strength. Item 15 was rated as a Strength in 30% of the 27 applicable foster care cases, 20% of the 51 applicable in-home services cases, and 44% of the 9 applicable in-home services alternative/differential response cases. In 33% of the 83 applicable cases, the Agency made concerted efforts to ensure that both the frequency and quality of caseworker visitation with mothers were sufficient. In 23% of the 65 applicable cases, the Agency made concerted efforts to ensure that both the frequency and quality of caseworker visitation with fathers were sufficient.

CFSR 2022 – July 2024 Data

CFSR reviews have shown a drastic increase in the percentage of applicable cases that rate a Strength from 19.81% in 2022 to 32% in 2024.



Information Regarding CQI Changes and Implementation Activities

SCDSS updated guidance on Case Manager Contacts with Parents, Non-Custodial Parents, and Guardians in 2021 and Family Preservation Services in 2024. These documents detail the required monthly contacts, service planning, and family engagement.

Additionally, in 2023, SCDSS published a Quality Visitation Guide to serve as a resource for staff, focused on strengthening families through visitation. To make consistent and effective practice change, SCDSS created this guide to outline best practices in visitation which empower parents to be engaged in the lives of their children and learn new skills to increase protective capacity.

SCDSS has provided opportunities for frontline staff to provide feedback regarding strengths, barriers and challenges related to visitation facilitation and documentation. In response to this feedback, DSS has provided additional training, coaching, and skills labs to increase staff proficiency in understanding and using management reports and properly documenting visits in CAPSS.

State Response

Well-Being Outcome 2

Children receive appropriate services to meet their educational needs.

CFSR Round 3 Statewide Assessment Rating

SCDSS was not in substantial conformity with Well-Being Outcome 2 because 68% of the 41 applicable cases were rated as a strength.

CFSR Round 4 Statewide Assessment Rating

SCDSS is not in substantial conformity with Well-Being Outcome 2 because Item 16 is rated as an Area Needing Improvement.

Item 16: Educational Needs of the Child

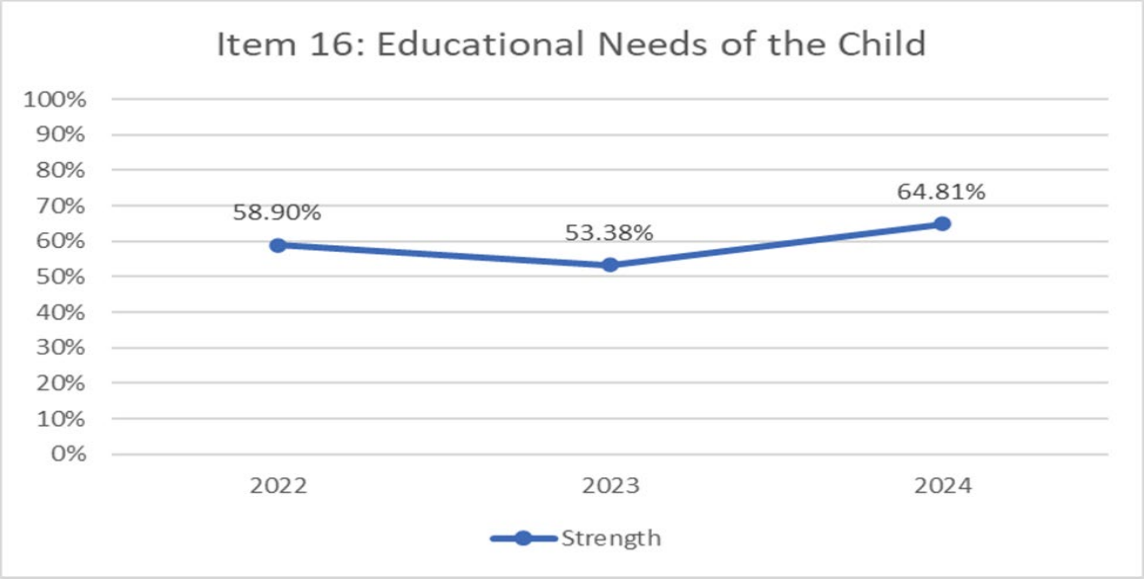
Did the Agency make concerted efforts to assess children's educational needs and appropriately address identified needs in case planning and case management activities?

Performance Data Analysis

SCDSS rates Item 16 an Area Needing Improvement in Round 4.

CFSR 2022 – July 2024 Data

Item 16 CFSR reviews after 2022 saw a slight decline in applicable cases rating a strength dropping to 53% before seeing an increase to 64.81% of applicable cases rating a strength. Although in 2022 there were 163 applicable cases, 133 applicable cases in 2023 and only 64 applicable cases in 2024 it is still a notable difference in practice.



Information Regarding CQI Changes and Implementation Activities

Per Agency policy, educational needs are formally assessed through the CANS which includes three assessment items – school achievement, school attendance, and school behavior. Assessments are used to identify needs and identify supports and services for the family. Recognizing that assessing for service needs and connecting foster children and families to providers to meet individualized service needs is critical to maintaining a child in their placement, SCDSS has focused on improving the rate of assessments. Findings of assessments, along with inputs from the family via engagement efforts such as the CFTM are used to inform the needs of the child and family. SCDSS continues to see improvement in these areas. In May of 2022 19% of expected CANS were completed. The most recent available data – December 2024 – shows CANS completion rates at 64%, representing a 237% increase in completed CANS in 32 months. For additional information on needs assessment, see item 12.

The Department implemented the FAST and CANS assessment tools in 2021 and has focused on improving timeliness and fidelity of these assessments in the following years. SCDSS continues to provide learning opportunities through formal trainings and skills labs to build upon staff's knowledge of these assessments. Since the rollout there has been steady increases in assessment completion and timeliness.

In 2021 SCDSS rolled out the CAIP portal, which allows foster parents and other providers to enter information as it relates to a child's progress in school, health encounters, visits, and other events or special interests. Since roll-out, there has been steadily increasing usage of the CAIP portal. Additional education information is entered in CAPSS on the individual child's "person" record. This record captures general educational information, including documentation of IEP or 504 plans. In 2023 the Well Being team worked to increase the knowledge of SCDSS field staff around the educational rights of foster care youth, specifically around IEPs and 504s. Trainings were held with front line staff to including the topics of 504 plans and IEPs. Additionally, training was coordinated around tutoring options for families.

To improve understanding and coordination with the school system, the SCDSS Well Being team presented to the South Carolina Department of Education on best interest determinations for youth in foster care. SCDSS plans to continue collaborating with partnering organizations to continue aligning efforts and developing shared understanding.

Well-Being Outcome 3

Children receive adequate services to meet their physical and mental health needs.

CFSR Round 3 Statewide Assessment Rating

SCDSS was not in substantial conformity on Well-Being Outcome 3 in Round 3.

CFSR Round 4 Statewide Assessment Rating

SCDSS is not in substantial conformity on Well-Being Outcome 3 in Round 4 because Item 17 and 18 are rated as an Area Needing Improvement.

Item 17: Physical Health of a Child

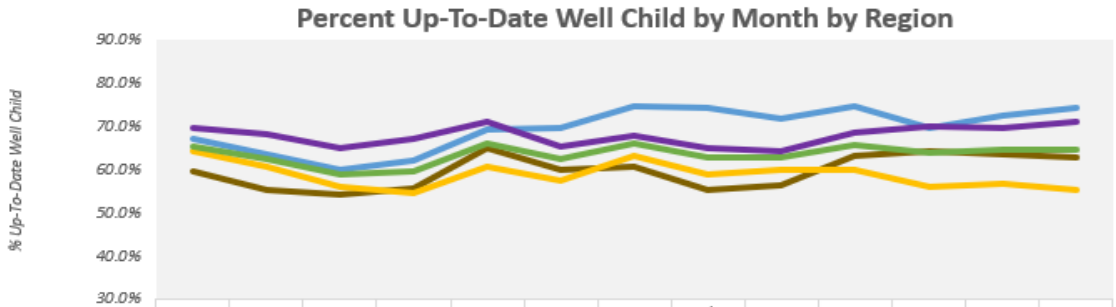
Did the Agency address the physical health needs of children, including dental health needs?

Performance Data Analysis

In Round 4 SCDSS rates Item 17 as an Area Needing Improvement. In Round 3 Item 17 was rated an Area Needing Improvement because 64% of the 73 applicable cases were rated as a Strength. In Round 4 SCDSS rates Item 17 as an Area Needing Improvement.

Accountability Data and Research (ADR) Data

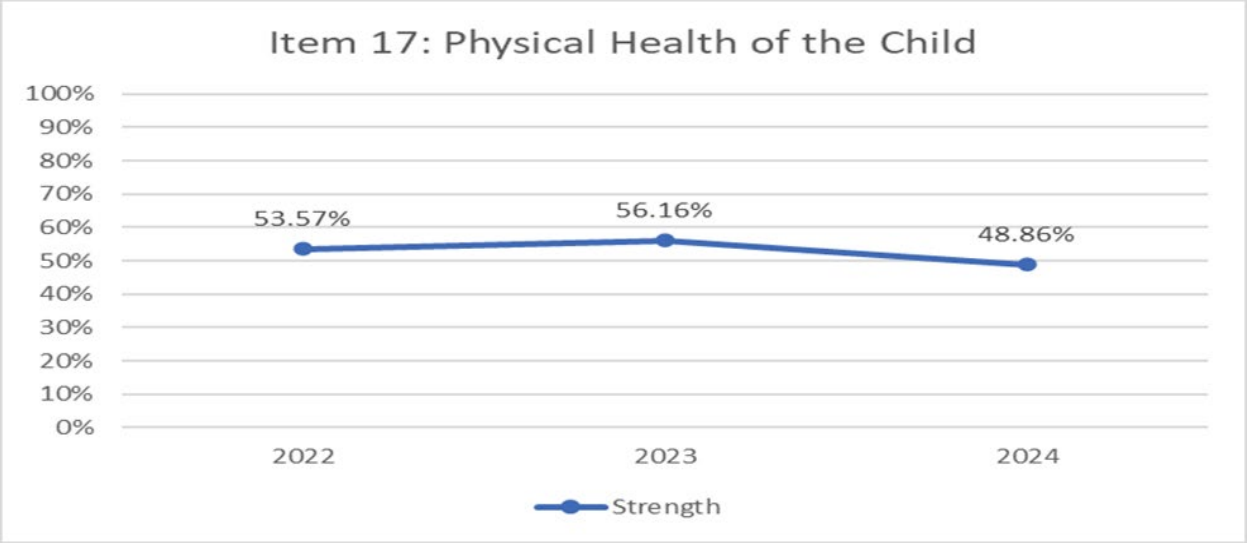
Internal data pulled by the Accountability, Data and Research team shows that over the past year that more than 60% of children have had up-to-date well-child and dental appointments that assist in identifying immediate treatment needs.



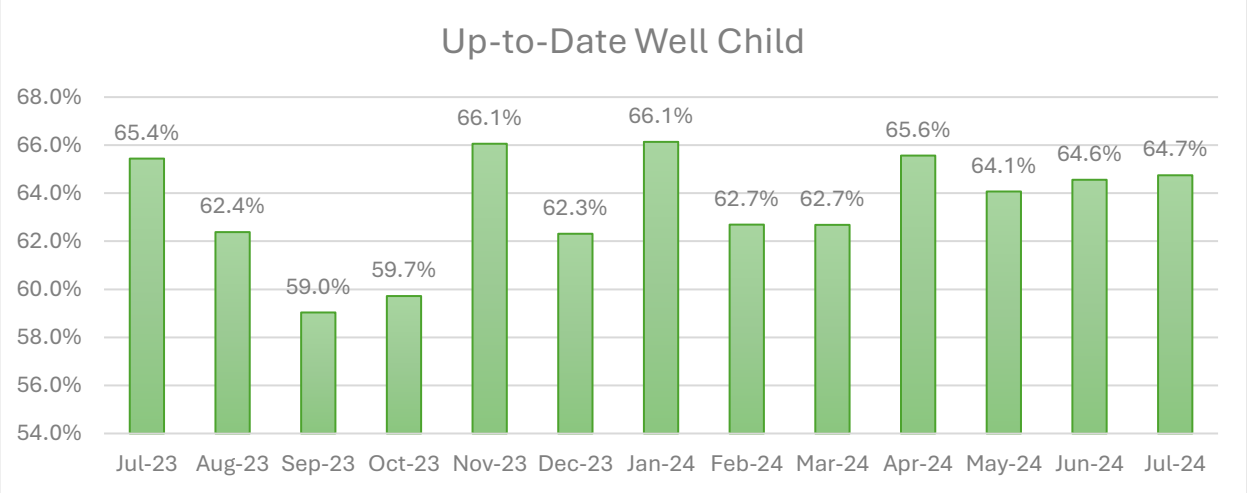
	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Low Country Total	59.5%	55.1%	54.4%	55.6%	64.9%	60.0%	60.7%	55.2%	56.3%	63.1%	64.3%	63.5%	62.9%
Midlands Total	64.2%	60.8%	56.1%	54.7%	60.8%	57.3%	63.3%	59.1%	60.0%	59.8%	56.0%	56.6%	55.4%
Pee Dee Total	67.0%	63.5%	60.0%	62.1%	69.4%	69.5%	74.5%	74.2%	71.9%	74.5%	69.5%	72.6%	74.4%
State Total	65.4%	62.4%	59.0%	59.7%	66.1%	62.3%	66.1%	62.7%	62.7%	65.6%	64.1%	64.6%	64.7%
Upstate Total	69.5%	68.1%	65.0%	67.0%	71.3%	65.5%	67.7%	64.9%	64.2%	68.6%	70.1%	69.8%	71.0%

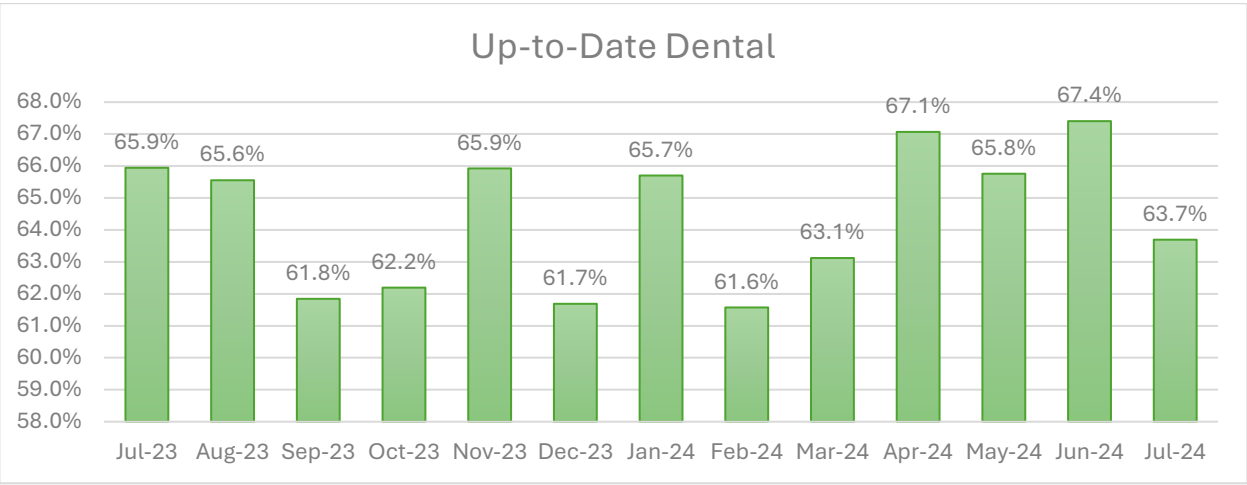
CFSR 2022 – July 2024 Data

Between 2022 and 2024 SCDSS CFSR case reviews had cases the percentage of cases rated a strength fluctuate between 58.9%, 56.16%, and 48.86%. It is important to note that all foster cases are applicable for CFSR reviews however, for a in home case to be applicable for a CFSR review the physical/dental health issue must be the reason for the Agency's involvement or must be reasonable to expect the Agency to address the issue. In addition, when the reviewer is going through the case the questions must apply to all children in the home.



SafeMeasures





SafeMeasures regional data combines up-to-date well-child child visits with up-to-date dental visits. Both datasets show a spike in November, January, and April, in addition to the both showing the state maintaining an average of more than 60% of children having up-date visits. Tthe

SafeMeasures regional dataset shows each region having the following average percentage of up-to-date well-child visits during the period of July 2023 5o July 2024:

- Low Country: 60%
- Midlands: 59%
- Pee Dee: 69%
- Upstate: 68%

Information Regarding CQI Changes and Implementation Activities

SDSS policy requires children in care receive and maintain frequent well-child and dental visits.

Additionally, the Agency continues to receive monthly data from the South Carolina Department of Health and Human Services (SCDHHS) on children in care with the latest well-child data that is in the claim's datasets which assists in completing the records of children in SCDSS custody who are on Medicaid. The Accountability, Data, and Research team verifies both the CAPSS and SCDHHS claims data to identify discrepancies. If CAPSS data is missing, then data from SCDHHS or Select Health is pulled for children on Medicaid. By combining the information, SCDSS has a more accurate picture of the status of well-child visits.

SCDSS's healthcare quality improvement coordinators (HQIC) continue to work to improve, children who enter foster care with providers for well-child visits using the nightly report on entering children to identify children need initial well-child exams. The HQIC team contacts each foster parent from this report to schedule these initial visits. Due to the close work done by this team, the Agency has seen improved collaboration between SCDSS, foster parents, and providers, resulting in children being seen for initial visits more quickly and consistently.

The SCDSS Well-Being team utilizes after-visit summaries and CFTMs to identify immediate treatment needs which are then flagged in CAPSS. In 2024 CAPSS was updated to allow other types of encounters to be logged by staff when inputting after-visit summaries, expanding current data capture for comprehensive assessments and follow ups.

During March of 2020 a significant "cleanup" operation on missing Medicaid numbers in CAPSS was completed. The Department reviewed SCDHHS claims data and CAPSS to identify discrepancies and verify correct entry. If CAPSS was missing data, SCDHHS claims data was pulled to identify the correct information and update CAPSS accordingly. A monthly process has since been implemented to review any new CAPSS records where the Medicaid number is missing.

In 2022 SCDSS hired five healthcare quality improvement coordinators (HQICs). This team was developed to streamline and improve the process around connecting children who entered foster care with providers for well-child visits. A nightly report on children who entered foster care the day prior is utilized to identify children who need well-child exams. The HQIC team contacts each foster parent from this report to schedule these initial visits. Because this team is working immediately with the foster parents and their preferred provider, collaboration has improved, and children are being seen for these initial visits more quickly and consistently.

South Carolina is one of eleven states receiving technical assistance from Mathematica through participation in an Affinity group. SCDSS, SCDHHS, and Select Health are participating in this work, which uses plan, do, study, act cycles to improve outcomes. In 2023, the Office of Child Health and Wellbeing continued the collaboration with the South Carolina Foster Care Affinity Group which includes SC DHHS and Select Health (MCO). Through this learning collaborative with DHHS, DSS and other partners there has been an intentional focus to expand the understanding of data-driven

interventions and improving timely access to medical care. Improvement in the timeliness of initial well-child visits was the primary focus of this group. The South Carolina Foster Care Affinity Group provided constant support to the Healthcare Quality Improvement Coordinators and the impact the duties of the HQICs had in ensuring that the initial well child visits were being scheduled timely. The Health Care Quality Improvement Coordinator's primary duty is to support improved timeliness of initial healthcare encounters by scheduling the appointments soon after a youth comes into foster care and conducting follow-up as needed with frontline case managers and the Care Coordinator with Select Health.

In 2023 a medical alert feature was added to CAPSS, which alerts SCDSS nursing staff when the medical items on the FAST or CANS identify a need. The nursing team receives this information and reaches out to case manager to address any immediate or ongoing treatment needs. These alerts expedite the nurse's awareness of children who may have complex medical needs so the nursing team can follow the child's case and provide support as needed. Additionally, the nursing team joins CFTMs anytime a medical or dental concern is flagged in the preparation work for the CFTM.

In November SCDSS was recognized as in compliance with the Michelle H settlement agreement guidelines numbers for developmental (BabyNet) assessments. To sustain and improve efforts, primary care providers were provided an incentivized rate for initial BabyNet assessments. This effort improved provider engagement around conducting these development assessments. SCDSS continues to collaborate ongoing with medical providers, SCDHHS, and Select Health to align and improve efforts related to medical needs.

SCDSS initially focused on improving well-child medical encounters, but more recently has been focusing more heavily on dental assessments. Engaging with dental providers, reiterating that providers can see a child and bill for the visit outside of the Medicaid 6-month timeframe has assisted in improving dental visit rates. This has been identified as a common barrier to timely dental visits, however through ongoing provider engagement and work with SCDHHS, it is expected that timely dental assessments will continue to improve. As this work continues, providers conducting well-child visits are conducting oral exams to identify any immediate dental health needs.

The Well Being team continues to refine policy and provide training as needed. A Well Being guide was published which provides guidance, clarifies roles and responsibilities, and reflects the structural and organizational changes such as the inclusion of the HQIC positions within the SCDSS Wellbeing team. In 2023 the regional clinical specialists held numerous trainings related to health care oversight and psychotropic medications. Formal trainings were held, in additional to skills labs. Trainings are also offered to foster parent providers around these topics.

Item 18: Mental/Behavioral Health of the Child

Did the agency address the mental/behavioral health needs of children?

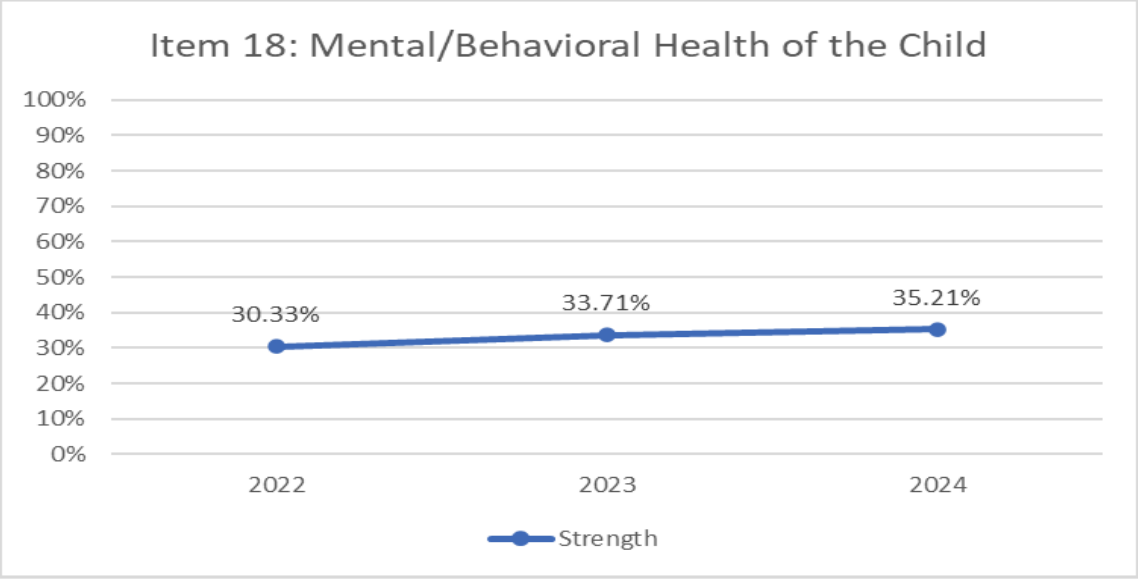
Performance Data Analysis

In Round 3, Item 18 was rated an Area Needing Improvement because 25% of the 59 applicable cases were rated as a Strength.

In Round 4, Item 18 continues to be an Area Needing Improvement.

CFSR 2022 – July 2024 Data

Since 2022 South Carolina has continued to see a slight upward trend in the percentage of cases that rate a Strength going from 30% to 35% while conducting CFSR reviews. It is important to note that for an in-home case to be applicable during CFSR review for this item it must be the reason the Agency became involved, or it is reasonable to expect that the Agency would address the mental/behavioral health issue.



Information Regarding CQI Changes and Implementation Activities

SCDSS policy requires children who enter care to have an initial mental health assessment within one business day, a trauma assessment within 3 business days and if applicable a full comprehensive evaluation within 30 days of their removal. Agency policy also requires staff to identify and address the child's needs on an ongoing basis to make necessary updates to the permanency plan.

The Family Advocacy and Support Tool (FAST) and the Child and Adolescent Needs and Strengths (CANS), have sections that assess mental and behavioral health needs. On both assessment tools, a rating on the emotional/behavioral items of a 2 or higher triggers the case manager to refer for a full mental health assessment. The FAST and CANS are used during the Child and Family Team Meeting (CFTM) to guide the Family Permanency Plan (FPP) and assist in the identification of service needs. The FAST is completed for family preservation cases and CANS are completed for foster care cases. SCDSS has worked closely with the Praed Foundation to develop an automated medical alert to the SCDSS nursing team for any CANS ratings of 2 or 3 on well-being related items. This process of quick notification to the well-being team allows for a more robust response for service needs.

SCDSS continuously evaluates and oversees efforts for the safe and effective use of psychotropic medications that includes expanding on training, changes in policy, review of psychotropic data, as well as the informed consent process. In 2018 SCDSS began receiving data from Medicaid for children in care having one or more red flags for psychotropics. This data is shared with child welfare and the regional clinical specialists for oversight. In addition, weekly red flag staffings began in 2019 and are used to further assist in psychotropic medication oversight.

For children under the age of six with three or more red flags and/or who are on antipsychotic mediations the SCDSS Well Being team holds regional staffings to review the reasons the child is on these medications. The staffing team looks at the reasons for the red flags and considers if other interventions could be used. Additionally, the Well Being team participates in CFTMs to discuss red flags and identify related needs.

In 2023 the regional clinical specialists held numerous trainings related to health care oversight and psychotropic medications. Formal trainings were held, in additional to skills labs. Trainings are also offered to foster parent providers around these topics.

Section IV

Provide a combination of the sources of evidence needed to determine whether the state is in substantial conformity with the seven systemic factors. The systemic factors encompass items associated with select CFSP requirements and seven systems within the state that have the capacity, if routinely functioning statewide, to support child safety, permanency, and well-being outcomes.

Statewide Information System

Systemic Factor 1 is in Substantial Conformity in Round 4 with Item 19 rated as a Strength.

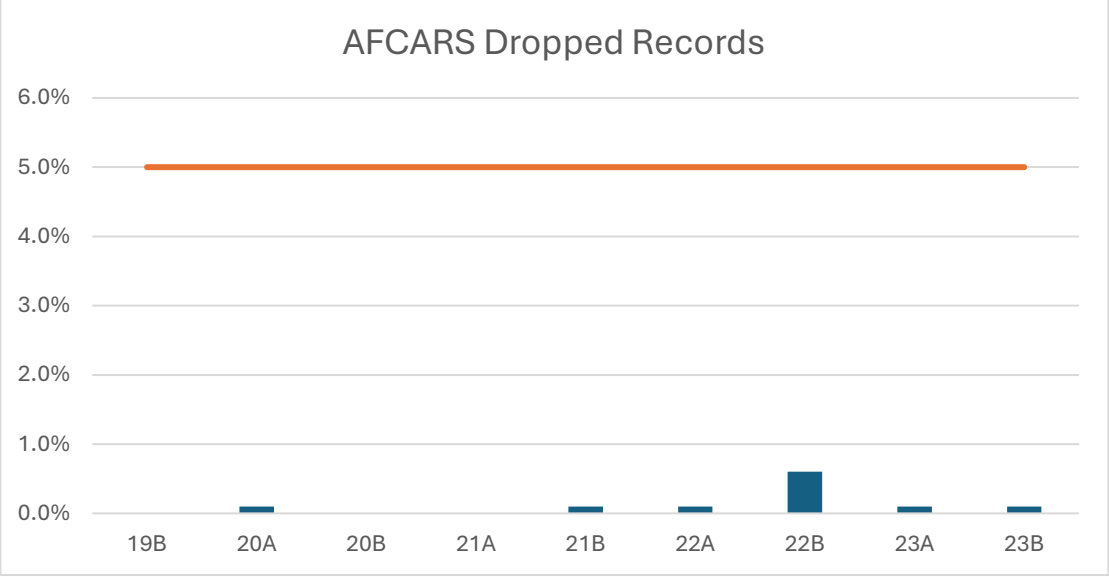
Item 19: Statewide Information System

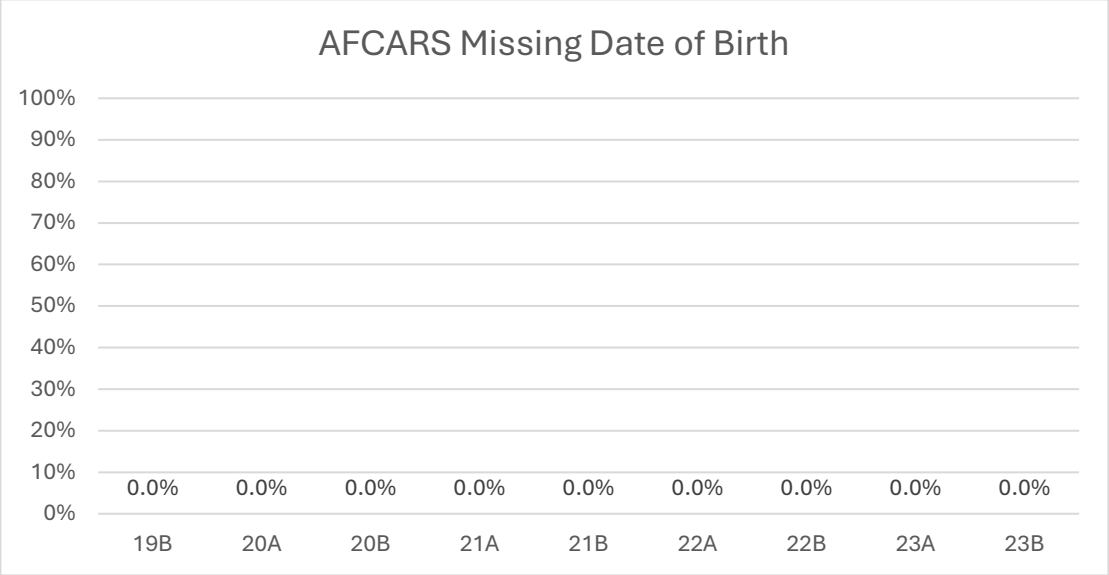
In Round 3 item 19 was rated an Area Needing Improvement based on information from the Statewide Assessment and stakeholder interviews. Information in the Statewide Assessment and collected during interviews with stakeholders did not demonstrate that the Statewide Information System, the Child and Adult Protective Services System (CAPSS), could readily identify the four required data elements.

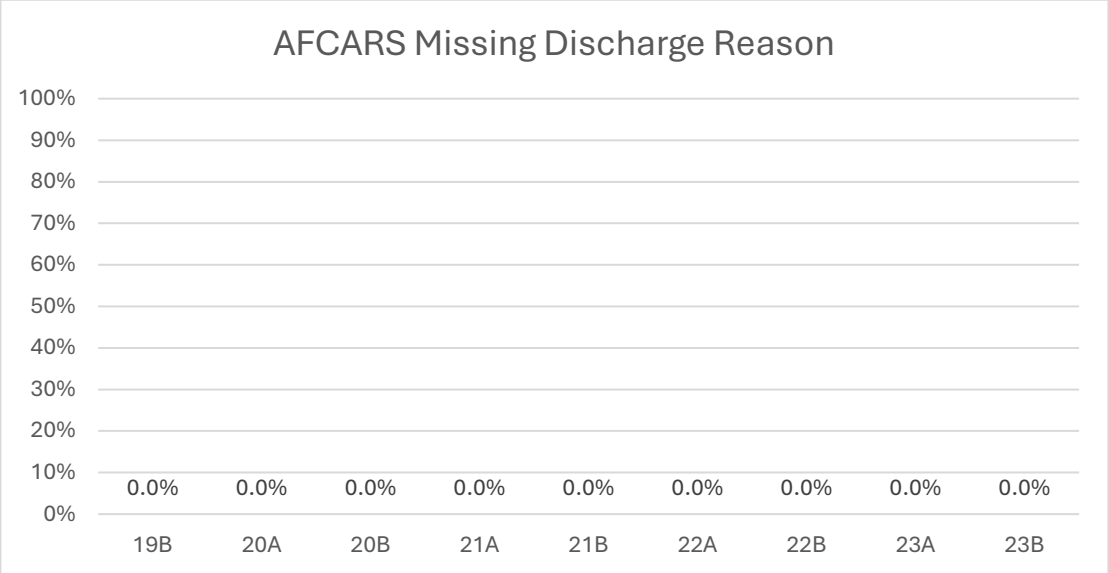
In Round 4, SCDSS rates Item 19 as a Strength. Maintaining a robust Statewide Information System, that integrates real-time data updates is crucial for effective case management and successful case outcomes and SCDSS has made several key improvements in maintaining data integrity since Round 3, namely with the adoption of SafeMeasures.

The Child and Adult Protective Services System is SCDSS's SACWIS system which stores, processes, and manages official case records and additional information to include the status, demographic characteristics, location, and goals for the placement of all children in care throughout the state. CAPSS holds all official case records and history for Title IV-B/IV-E children and families with all elements entered being verified through the Agency's AFCARS and NCANDS submission.

The charts below shows AFCARS dropped records and missing dates of birth and discharge reason rates are maintained well below the required 5%, if not at 0%.







Additionally, a review of the percentage of missing data included in the ACF Child Welfare Outcomes report for South Carolina showed low or zero rates of missing data across a variety factors, with data quality issues resolving over time.

ACF Child Welfare Outcomes Report - Percent of Missing Data					
	2018	**2019**	**2020**	**2021**	**2022**
Age of Children in Foster Care	0	0	0	0	0
Race/Ethnicity of Children in Foster Care	0	0	<.1	<.1	0
Race/Ethnicity of Children Waiting for Adoption	0	0	0	0	0
Race/Ethnicity of Children Adopted	0	0	0	0	0
Exits of Children from Foster Care	0	0	0	0	0
Exits of Children with a Diagnosed Disability	DQ*	DQ*	0	0	0

CAPSS, SafeMeasures, and Accountability, Data and Research (ADR) produce reports which assist in the verification of the accuracy and timeliness of data entered in the CAPSS system that are run both regularly and ad-hoc. In addition, to the internal reports that verify timeliness and accuracy SCDSS has several policies that include detailed timeframes for data to be entered into CAPSS and verified by approved staff.

Status

CAPSS captures the status of children in care through the program service line, by recording the date and time the child was removed in addition to the time and date that they left care. The system produces a weekly report which lists cases and services for each case managers allowing support/executive staff to look at the cases and service lines assigned for each case manager in each county office. Additionally, there is a report that provides a list of open service lines assigned to inactive workers that is used to ensure each case is assigned to an active case manager. Additionally, SCDSS actively collaborates with Evident Change utilizing the SafeMeasures platform to provide daily reports that are created using CAPSS extracts which include reports on case service types, counts of newly opened services, and counts of closed services. Both the SafeMeasures, CAPSS, and ADR reports allow for improved data accuracy and assist the staff with determining service line specific issues.

Demographic Characteristics

When a person is entered into CAPSS, the system assigns a unique identification number. Within the person screen, staff can locate demographics, health, medical flags, and more information on the individual. The health section of the person screen has several subsections within such as health summary, health care plan, personal history, family history, future appointments, health encounters, health concerns, health information, immunization, diagnosis, medications, injuries, physicians, allergies, medical devices, medical procedures, and lab results.

- In 2022 ADR analyzed a foster care cohort of over 4,000 children/youth (174 over 18 years old) for completeness of demographic characteristics. Results of the analysis indicated:
- All children had a documented date of birth
- All children had an entry in the field for sex, however 4 were listed as unknown
- All children had an entry in the field for race, however 207 (5%) were unknown. The unknown categories consisted of unknown – abandoned (20), unknown – incapacitated (31), unknown – multiracial/other race unknown (152), and unknown/unable to determine (4)
- All children had an entry in the field for ethnicity, however 148 (4%) were unknown. The unknown categories consisted for unknown (9), unknown – abandoned (72), unknown – incapacitated (67)

Although not every child that comes into the care of SCDSS has a disability and/or a medically diagnosed condition that requires special care, CAPSS and ADR produce reports that assist staff in identifying and monitoring medical needs including a report to track the medically fragile children in care. CAPSS produces a weekly report that shows all health care diagnoses entered that assist staff in monitoring diagnoses of children in care. Additionally, to monitor healthcare encounters, CAPSS produces a weekly report that focuses on scheduled and overdue medical appointments for foster children. Finally, there are reports for immediate treatment needs as well as BabyNet referrals.

Location

Within CAPSS location information is readily available in the placement tab and in the provider record. The placement tab for every child in care, provides the name and CAPSS ID of the foster care provider,

the type of placement, the start and end dates of the placement, and the reason the placement ends. The provider record captures the placement address and address history.

The Accountability, Data, and Research team analyzed a cohort of foster care providers who had at least one placement for the completeness of location information for each child/youth in care in 2022. Results of that analysis indicated:

- There were no missing provider names
- SCDSS maintains two address fields. There were no missing addresses. However, there was one observation with a "0" in the address field1. When ADR reviewed that observation, the youth was placed at the University of South Carolina in a dormitory. Other colleges (7 youth in total) had issues where they just cited the name of the college in address field1. However, address field2 helped to fill in the additional information needed except for three youth. It should also be further noted - except for two youth who were 17 years of age - all the youth who had a placement type of school or college were 18 years or older.
- There were no missing provider cities.
- There were no missing provider states.
- While there were no missing provider zips, there were three providers where the provider zip was coded as "0". All other information on the address, city, and state appeared to be part of the records thereby ensuring that the child can be located.

CAPSS has several reports related to foster care status and location. CAPSS report HRC160-R01 – Placement History by Person ID provides the case ID, case status, service type, removal end reason, person ID, placement type, placement start/end dates, provider ID, provider name, provider address, case manager, and county office. This report allows for placement history to be reviewed to know where a child is currently placed, when they were placed, and the name and address of their location.

Goals

Goals are captured through the Legal Tab Permanency Plan in CAPSS. CAPSS captures three plans: Court-ordered, Recommended, and Concurrent. Typically, case managers enter the recommended plan into CAPSS and present the recommended plan to the courts. After the case court meeting, case managers then enter the court ordered plan into CAPSS. The Agency, on an ongoing basis, evaluates whether a concurrent plan of adoption or guardianship is in the child's best interests. If so, the case manager creates and enters the concurrent plan into CAPSS.

- A cohort of children in foster care was analyzed by the ADR team in 2022 for the completeness of this information. Through the analysis the Agency learned:
- All but 7 children had a recommended plan in CAPSS
- All children had a court ordered plan in CAPSS. However, of the children under 18 years and after removal of newly opened cases, 25% had a court ordered plan of "not yet established"
- Of the children who had "not yet established" as their court ordered plan, all but 4 had a recommended plan. All had a concurrent plan

SCDSS has several internal reports available on permanency plan status including a periodic report produced by ADR that highlights cases where the court ordered plan is not yet established after newly opened cases have been removed. SafeMeasures also provides two reports on permanency plans, identifying the status and time since the last court ordered permanency plan. Both SafeMeasures reports examine the number of months since the last court ordered plan, looking for the plan after the current foster care line began. Data as of July 2024 from SafeMeasures shows that's 80% of children in care had an active permanency plan excluding children with a plan of "not yet established."

Case Review System

Systemic Factor 2 is in Substantial Conformity in Round 4 with Items 20, 21, 22, and 23 rated as strengths.

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?

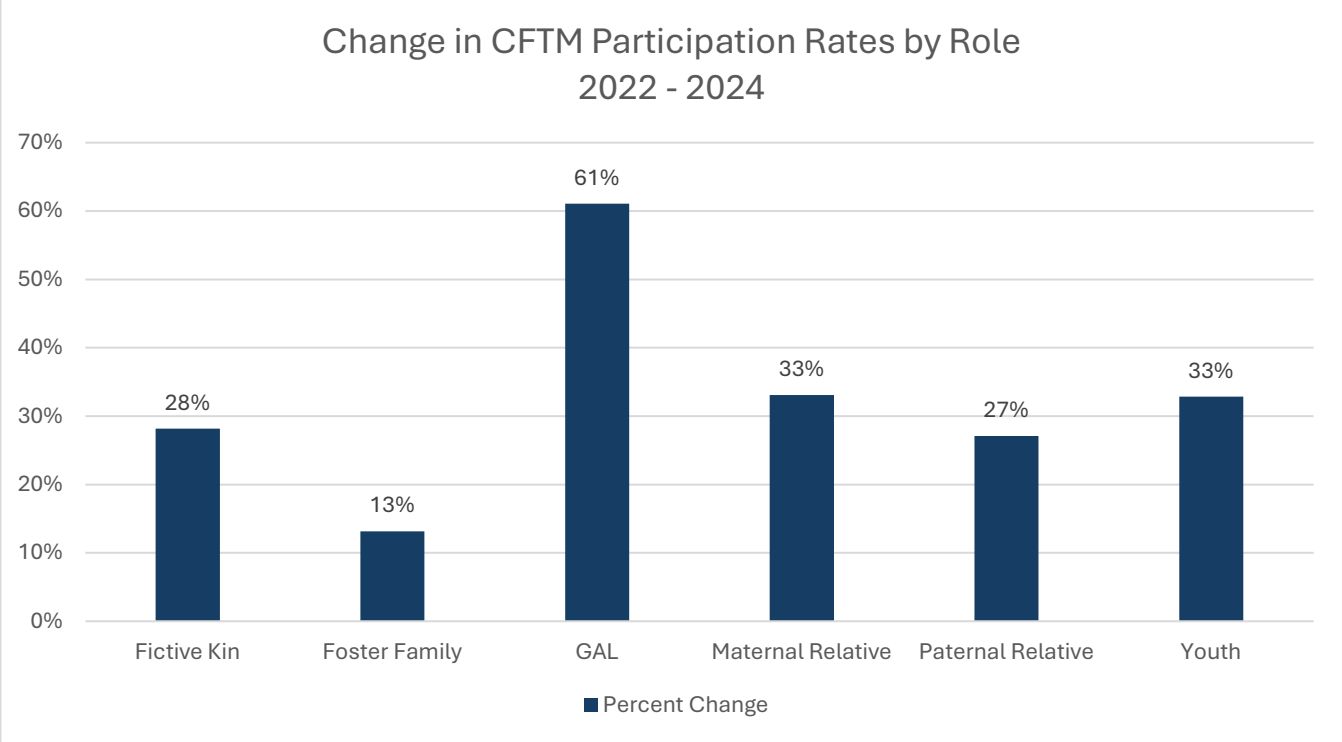
In Round 4 SCDSS rates Item 20 as a Strength.

In Round 3 CFSR, Item 20 was rated an Area Needing Improvement based on information from the Statewide Assessment and stakeholder interviews. Data in the Statewide Assessment showed that the state was not effectively ensuring that parents were engaged in the development of their case plans. Stakeholders confirmed that parent engagement varies across the state, and was not inclusive of all family members, especially fathers. The state implemented Family Team Meetings and Family Group Conferencing as tools of engagement but were not yet available statewide. Stakeholders also said that case plans were generic and not individualized to meet the family's specific needs.

Since Round 3, SCDSS has done a vast amount of work in developing and updating written case plans that incorporate the input of children and families served. In June of 2022 the Agency began implementing Child and Family Team Meetings (CFTMs) and as of January 2021, CFTMs were being held statewide in both foster care and family preservation cases. Since Round 3, SCDSS created a CFTM coaching team to support staff in the CFTM process and provide monthly facilitator training. Upon completion of this training, coaching staff work with case managers and team leaders to become certified as a back-up

facilitator. Additionally, coaches and regional team leaders routinely visit county offices to provide in-services and training to support case manager led CFTMs, review the county's performance, and needs to improve practice.

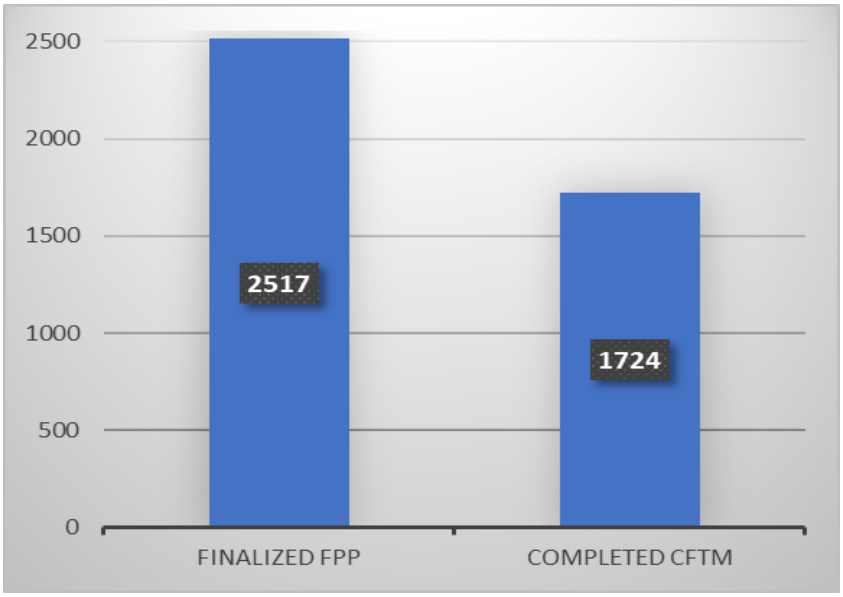
Family permanency plans are developed jointly during the CFTM with policy requiring that children (if developmentally appropriate) and caregivers receiving a copy within two days of the CFTM. CFTM supplemental work aid 16.5 provides staff with a section on the stages of the CFTM and a section on documenting the CFTM to ensure that all topics are discussed and properly documented. The 25-Day CFTM is required to be facilitator led for all foster care cases. 25-Day CFTM attendance for foster care cases continues to improve with both youth and maternal relative attendees increasing by 33% and paternal relative attendees increasing by 27% over the past year.



In addition, a brief analysis of CFTM participation rates shows participant roles are more clearly documented with less reliance on the "other" category. For example, use of the "other" category decreased by 26% and use of the "professional" category increased by 1750%. However, as referenced in Item 13 SCDSS realizes that there is still a greater need for participation of more children and caregivers in the CFTM process in addition to improvement in data collection to not rely on survey data to track participation of all roles individually as there is more that could be captured.

CFTM Participant	June 2022 - June 2023	June 2023 - June 2024	Percent Change
Fictive Kin	71	91	28%
Foster Family	152	172	13%
GAL	239	385	61%
Maternal Relative	873	1162	33%
Other	66	49	-26%
Paternal Relative	476	605	27%
Professional	171	3163	1750%
Youth	73	97	33%

SCDSS requires that Family Permanency Plans be jointly developed with the child, family and any additional participant during the Child and Family Team Meeting. Joint planning helps to ensure the opinions of the children, families and communities are heard and involved during the case planning process. Internal data pulled by ADR shows the overall process has begun to improve; with of the 3579 children in care 2517 (70%) have a finalized family permanency plan and 1724 (48%) have a completed Child and Family Team Meeting prior.



As referenced in Item 13, CFTM participants are asked to respond to a survey following their participation. Survey highlights from 2024 show:

- 85% of the participants felt that the facilitator asked the family for their identified support system to attend and participate in the CFTM.
- 87% of the participants felt heard respected and supported during the CFTM by the facilitator.
- 85% of participants understood the concerns that SCDSS had even if they disagreed.
- 74% of participants felt that overall, the CFTM helped address the concerns of the family.
- 83% of participants felt the family's strengths and needs were discussed and used.

Since the identification and addition of the family elements to the FPP by the CFTM/FPP workgroup, CFTM leadership continues to focus on strengthening CFTM facilitation skills, improving documentation of the FPP and the family elements, and improving data tracking. The CFTM team continues to collaborate with the ADR and CAPSS support teams to identify gaps in data monitoring and reporting. Regular case reviews

are conducted by the CFTM team to review CFTM and FPP timeliness, quality, and documentation. These case reviews provide an opportunity to identify gaps in performance and clarify the roles and responsibilities of CFTM facilitator efforts.

The Office of Child Welfare Operations works diligently to address the performance monitoring barrier of data entry by hosting skill lab trainings. The skill labs train staff on how the Agency's (CANS and FAST) inform the co-development of the family permanency plan (FPP) during the CFTM and how to properly input them into the CAPSS system. To expand training efforts, the CFTM leadership team collaborated with the Staff Development and Training (SD&T) team in May of 2022 to incorporate CFTM and FPP modules in the Supervisory Academy training. In addition, to increase understanding of the CFTM process with external staff, the leadership team has worked closely with the SC provider network, Foster Care association, attorneys, courts, and other stakeholders to ensure they are trained in the CFTM process to recognize the benefits and understand their role in the meeting.

Additional improvement efforts include continuing to improve strategies for engaging noncustodial parents. The CFTM leadership team is working to refine best practices around engaging noncustodial parents, including exploring eco-mapping software that the Agency can use to virtually develop genograms with families. The Agency is also working to develop a practice guide for CFTM facilitators to clearly outline the procedures, and roles and responsibilities of facilitators during the CFTM and FPP documentation processes.

In collaboration with the Annie E. Casey Foundation, SCDSS initiated the Small Test of Change pilot program in March of 2023. This pilot is ongoing in Anderson, Greenville, and Spartanburg counties and was devised to address the high teen entries into foster care, primarily due to parent-child conflicts and behavioral issues. As a part of this effort the process of initial CFTMs is being refined to focus on engaging families to divert entry into foster care by quickly and accurately identifying family needs and supports or services that will assist them in addressing identified concerns.

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?

In Round 3, Item 21 was rated a Strength based on quantitative data demonstrating reviews were occurring timely along with statutes and policies to support the work. In Round 4 SCDSS rates Item 21 as a Strength.

South Carolina Department of Social Services continues its partnership with the Office of Foster Care Review Board which now operates under the purview of the Department of Children's Advocacy, an independent state Agency that examines, on a system-wide basis, the care and services other state agencies provide children.

SCDSS policy requires case managers to arrange for an administrative review through the local Foster Care Review Board for children in foster care for at least four months and once every 6 months thereafter.

Current performance is represented in the below tables.

Performance Period 1			
Hearing Type	**Count of children (denominator)**	**Count of valid hearings (numerator)**	**Percentage of children who received a timely hearing**
Initial	573	420	73%
Subsequent	2724	2083	76%
All	**3297**	**2503**	**76%**
Performance Period 2			
Hearing Type	**Count of children (denominator)**	**Count of valid hearings (numerator)**	**Percentage of children who received a timely hearing**
Initial	513	377	73%
Subsequent	2622	1730	66%
All	**3135**	**2107**	**67%**

Performance Period 3			
Hearing Type	**Count of children (denominator)**	**Count of valid hearings (numerator)**	**Percentage of children who received a timely hearing**
Initial	572	409	72%
Subsequent	2476	1895	77%
All	**3048**	**2304**	**76%**

Performance Period 4			
Hearing Type	**Count of children (denominator)**	**Count of valid hearings (numerator)**	**Percentage of children who received a timely hearing**
Initial	566	425	75%
Subsequent	2332	1686	72%
All	**2898**	**2111**	**73%**

All Performance Periods			
Hearing Type	**Count of children (denominator)**	**Count of valid hearings (numerator)**	**Percentage of children who received a timely hearing**
Initial	2224	1631	73%
Subsequent	10154	7394	73%
All	**12378**	**9025**	**73%**

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?

In Round 3, Item 22 was rated a Strength based on information from the Statewide Assessment and stakeholder interviews. Information during the round showed that permanency hearings were held timely for most of the children in foster care. SCDSS rates this Item a Strength in CFSR Round 4.

State statute (S.C. Code Ann. § 63-7-1700) and Agency policy require hearings to take place within 12 months of the child's entry into foster care and annually thereafter (or earlier if set by the court). SCDSS conducts permanency planning hearings at the nine-month mark, allowing them to occur timely despite continuances. As a result, 86% of children across both performance periods have receives a timely hearing with performance increasing from 84% to 88% from Performance Period 1 to Performance Period 2.

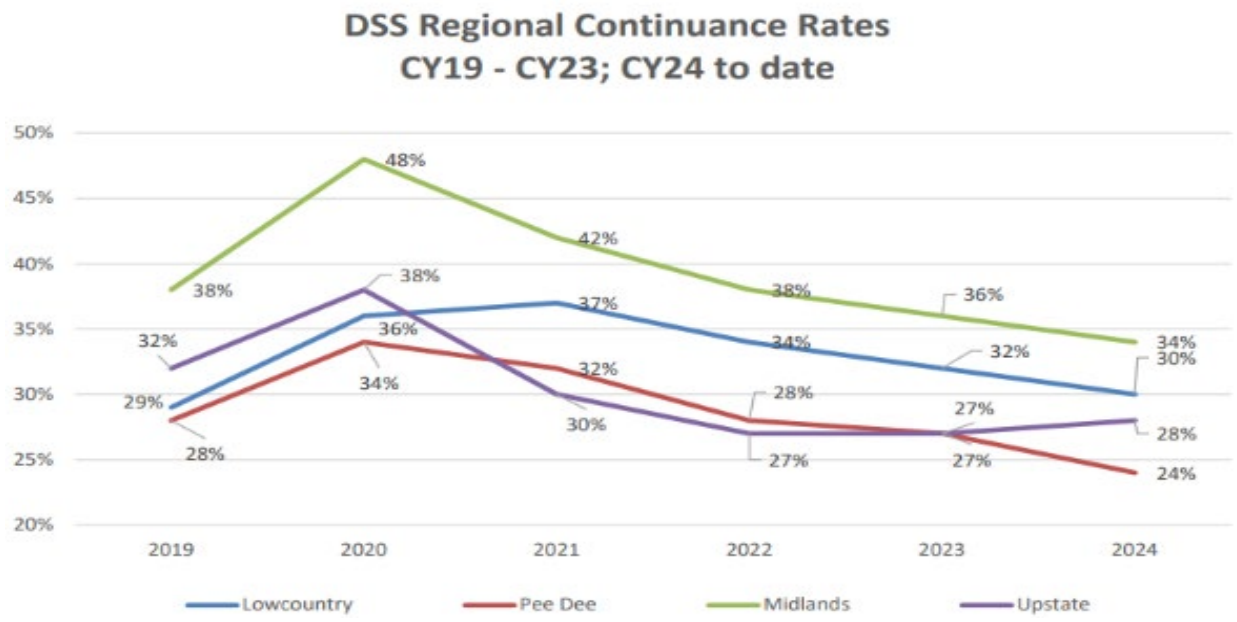
Performance Period 1			
Hearing Type	**Count of children (denominator)**	**Count of valid hearings (numerator)**	**Percentage of children who received a timely hearing**
Initial	931	737	79%
Subsequent	2307	1982	86%
All	**3238**	**2719**	**84%**

Performance Period 2			
Hearing Type	**Count of children (denominator)**	**Count of valid hearings (numerator)**	**Percentage of children who received a timely hearing**
Initial	814	683	84%
Subsequent	2204	1985	90%
All	**3018**	**2668**	**88%**

All Performance Periods			
Hearing Type	**Count of children (denominator)**	**Count of valid hearings (numerator)**	**Percentage of children who received a timely hearing**
Initial	1745	1420	81%
Subsequent	4511	3967	88%
All	**6256**	**5387**	**86%**

SCDSS has two internal reports that are automatically generated by the CAPSS system to assist staff in identifying children who are getting close to or who are overdue for permanency planning hearings. In addition, the Agency continues to collaborate with the Court Improvement Program (CIP) to obtain data and improve court quality and timeliness. Monthly data reports are provided from the Court Improvement Program to include data on hearings held, continuance rates and trends, and reasons for continuances. This data is broken down by the county and regional level, providing insight into the challenges for each geographical area. Currently each region's continuance rate continue to decline post-COVID below the five-year average.

Region Continuance Rates				
Calendar Year	**Low Country**	**Pee Dee**	**Midlands**	**Upstate**
2019	29%	28%	38%	32%
2020	36%	34%	48%	38%
2021	37%	32%	42%	30%
2022	34%	28%	38%	27%
2023	32%	27%	37%	27%
Five-Year Average	**34%**	**30%**	**41%**	**31%**

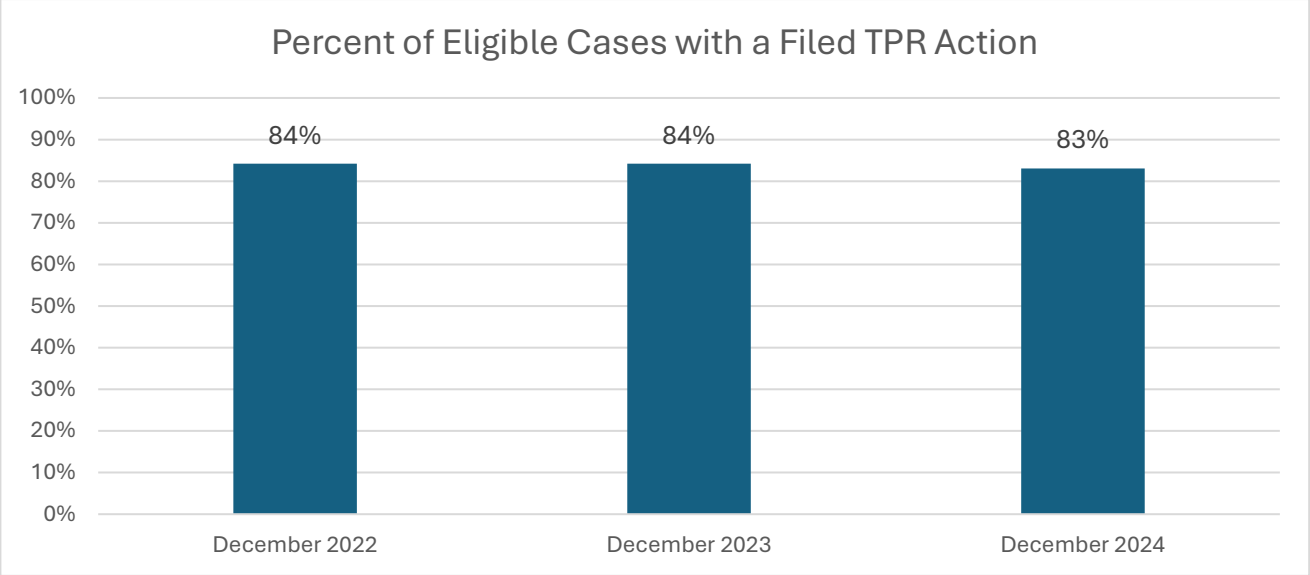


Item 23: Termination of Parental Rights

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?

In Round 3 Item 23 was rated an Area Needing Improvement based on information from the Statewide Assessment. SCDSS rates this item as a Strength.

TPR complaints are required to be filed within 60 days of the signed court order designating TPR/Adoption as the child's legal plan. CAPSS produces a monthly report used to track and monitor TPR filings. The below table shows a high percentage of cases with a filed TPR action across years.



To further promote timely permanency for children who have a primary or concurrent plan of adoption, SCDSS and the Court Liaison program are tracking if TPR complaints are filed within 60 days of the judge ordering the plan to be TPR/Adoption and if the TPR is held within 120 days of the filed TPR complaint.

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 (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?

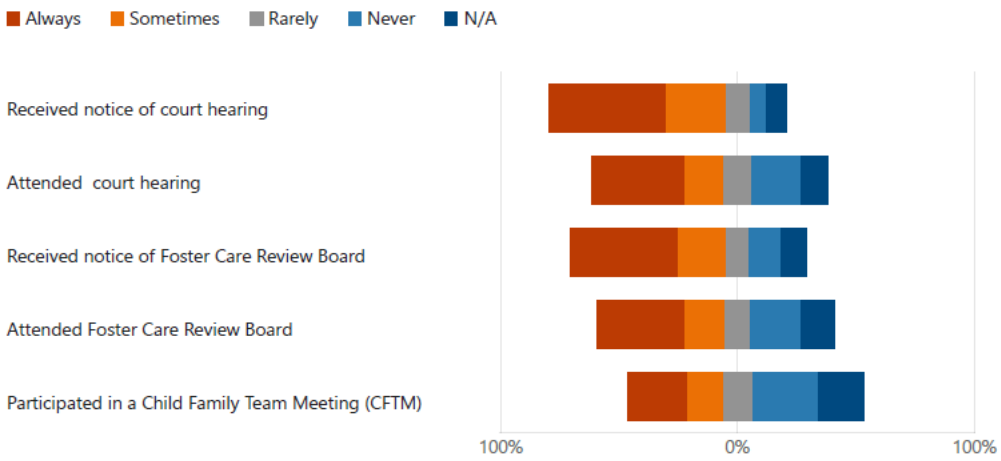
In Round 3 Item 24 was rated an Area Needing Improvement based on information from the Statewide Assessment and stakeholder interviews, which showed that the state has a process in place to provide notice of hearings, which includes language regarding the right to be heard. However, data in the Statewide Assessment showed that less than half of foster parents surveyed reported always or usually being notified of hearings.

SCDSS rates Item 24 an Area Needing Improvement in Round 4.

South Carolina Code of Laws § 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. Statute requires that the notice is sent in writing and delivered in person or by regular mail. In addition, the notice must inform the foster parent, pre-adoptive parent, or relative of the date, place, and time of the hearing and of the right to attend the hearing and to address the court concerning the child.

SCDSS has a strong process in place for ensuring caregivers receive notice of their right to be heard. This process is supported by state statute and Agency policy. Agency policy requires the paralegal send out timely notice of hearing to all parties, opposing counsels, the GAL, and all other persons/entities entitled to be notified under state law. The Agency's Legal Case Management System (LCMS) generates a standardized form that is used by the paralegal to provide the notice to all applicable parties. The LCMS is able to identify any cases for which notices have not been sent and generates a report within 15 days of the hearing date.

The annual foster parent feedback survey asked respondents to rate statements regarding their notification and participation in specific activities during their foster care case. Below shows that during the period of June 2022 – August 2023 49% of respondents indicated that they always received notice of court hearings.



Quality Assurance System

Systemic Factor 3 is in Substantial Conformity in Round 4 with Item 25 rated as a Strength.

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 Child and Family Services Plan (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 services delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

During the most recent Statewide Assessment in 2017, SCDSS rated this systemic factor as an Area Needing Improvement. SCDSS rates this item as a Strength in Round 4. The following addresses how quality assurance is operating throughout the agency and beyond the case review process to include work with Accountability, Data, and Research and work that happens within the child welfare operations unit.

SCDSS QA leadership has built an established, well-functioning quality assurance system that became fully internal to SCDSS in July 2022. Since then, SCDSS QA leadership has continued to work to create the needed infrastructure towards making improvements to the system. Two main areas of focus were closing feedback loops to identify service gaps to program areas *and* internal stakeholder involvement at the county, regional, and state levels, and external stakeholder involvement with our community partners.

The SCDSS QA leadership worked diligently to create the needed infrastructure to effectively operate an internal QA and CQI team. QA leadership has established internal and external website presence to promote this work and developed the needed infrastructure to ensure optimum work for improvements. This included the development of a QA manual for the process, a Quality Assurance Case Review Procedures policy, Child Welfare Quality Assurance Debrief work aid, and a Continuous Quality Improvement policy with supporting work aids for engagement and project planning. SCDSS QA also continues to maintain a robust data analysis system, which is instrumental in delivering the results of the reviews.

The following subsections discuss the evidence used for the QA process, our data analysis and reporting system, the evidence of the effectiveness of the system, how the information is being used by leadership and staff, and how the data is used for program improvement.

Subquestion 25A: What evidence do you have that the QA system is functioning statewide to ensure that it is operating in the jurisdictions where the services included in the CFSP are provided and that it 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)?

The Quality Assurance Process

South Carolina state statute requires SCDSS to complete quality assurance case reviews of county child welfare system performance and practice at least once every five years. In South Carolina, these are referred to as "CQI reviews." In the current regional QA review model, each county is reviewed every other year. With four regions, we review two regions a year. SCDSS QA closely mimics the CFSR process during all CQI reviews. This process is detailed in our Quality Assurance Manual, which has been approved by the Children's Bureau as acceptable to conduct a state-led review in Round 4 of the CFSR.

QA Management Structure

QA Managers each take a component of the process: quality, training, the overall process (to include eliminations). Each region has been assigned a Regional QA Manager to assist communicating the results of the reviews, case discussions, and practice improvement. This management design allows for the effective supervision of our QA staff and process as well as provides the needed, consistent engagement for our county staff and leadership.

Supplemental Surveys

The OSRI is an amazing tool to evaluate casework practice. There are additional, state-specific questions that are also value-added to the QA review process. QA leadership works with CWS leadership to identify additional information to be collected during the reviews. The data is collected during the reviews by the QA reviewers and entered into a platform for analysis. QA leadership also created a survey to assess the use of the practice model. Case managers who participate in the reviews are emailed this survey to determine the frequency with which they employ concepts from the practice model into their casework.

Working with Contracted Partners

To continue to develop the QA system, once internal to SCDSS, QA leadership has maintained strong partnerships with contracted partners. This includes ongoing work with the Capacity Building Center for States (CBCS) to discuss ongoing CQI efforts and engaging those with lived experience. This work was very helpful with conceptualizing the current policies for QA and CQI and better organizing a system to include feedback from our lived experience experts without overburdening existing processes. In addition to working with the CBCS, we also have two contracted external reviewers who participate regularly in the reviews to help ensure the accuracy and consistency of the item ratings.

Professional Pathways and QA

SCDSS provides an exciting opportunity for child welfare staff to participate in the QA review process that also leads to professional development and career enhancement. Child welfare case managers who are approved for Level Two of the Professional Advancement Pathway and have chosen Quality Assurance as their pathway are fully trained in the QA process and partner on a QA review at least once a quarter. Those staff can then take what they have learned about the process to other case managers in their counties.

Shadowing Opportunities in QA

SCDSS QA leadership created an additional opportunity for staff and external stakeholders to participate in QA reviews through shadowing opportunities. This provides them the opportunity to learn the process without completing the intense reviewer training and without the expectation of consistent participation in the reviews, which is a requirement for the Pathway participants. When participating as a shadower, the county staff person or external stakeholder is partnered with one of the QA reviewers to guide them through a first-hand look into the review process.

Strategic Reviews

SCDSS QA conducts strategic reviews when requested. These can be targeted reviews focused on one content area or more comprehensive depending upon the need of the program area. For example, the research and evaluation section of the QA and CQI unit spearheaded a collaborative Level 5 training

evaluation. This was a partnership with quality assurance, training, human resources, and finance. As part of the evaluation, case managers who had been working for one-year post certification training, had one case selected for review. The data from this review was used to inform needed training revisions and to help support new case managers in their daily work.

Spaced Education

As referenced in Item 2, SCDSS has conducted several Spaced Education Series. To date, the Agency has completed 6 series including an Adult Protective Services series. The other series have targeted CWS including Intake, Investigations and Family Preservation. The goal of the series is to assess staff knowledge on current policy and practice to better understand both what is happening in the field and how staff understand the work. A standard series last 5 weeks with staff receiving one question a week via Forms link in their email. Staff receive one reminder email during the week to help encourage participation. Following the series, the data collected is analyzed by the Systems Engagement Team who will debrief the results with the appropriate program leadership. The debrief provides leadership a chance to ask questions about both eh qualitative and quantitative data gathered during the series.

Subquestion 25B. What is the state's process to ensure that the CQI/QA system identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates implemented program improvement measures?

Data Analysis System

SCDSS QA has a robust data analysis system, which was conceptualized over a decade ago, spearheaded by the Director and now headed by the data analyst. The system involves using SPSS for additional quantitative data analysis and NVivo for qualitative data analysis. A benefit of the data analysis system is the ability to analyze the data using more complex techniques than allowable in the OMS.

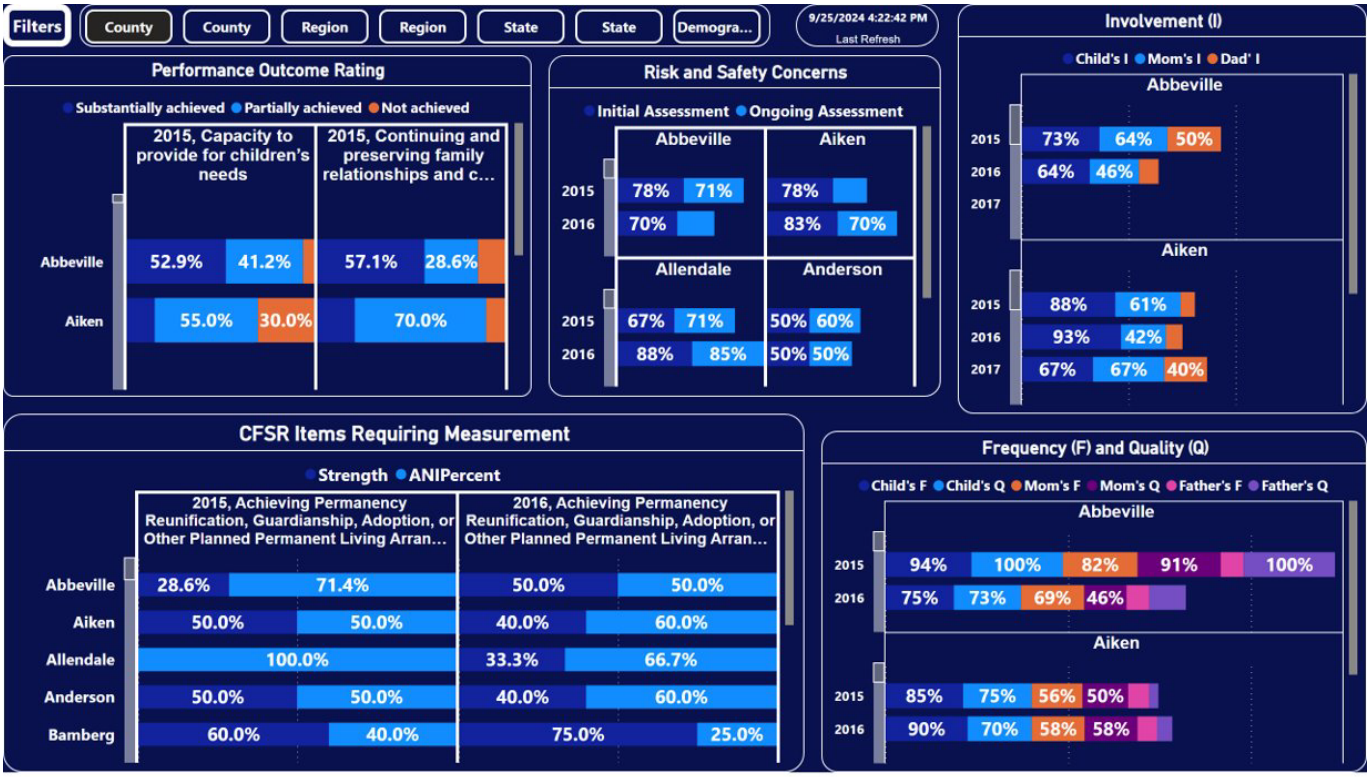
One the most impressive analyses the data analyst conducts centers on the impact of engagement. Using SPSS, the data analyst can demonstrate the impact of a strength rating on Item 15 across the totality of the case review. This analysis resonates with front line staff and leadership especially when we then guide them through a discussion regarding the impact of engagement. For example, in looking at a set of our data, Item 12 was rated as 19.6% strengths overall. When Item 15 was a strength, the percentage of strengths for Item 12 increased on 54.6%.

To analyze the extensive amount of qualitative data, the data analyst uses a complex coding scheme in NVivo. Using this methodology, the data analyst can code reasons for ANIs, barriers, and needed services. This data is coded in a way to be analyzed by county and region. The qualitative analysis system also allows for the more advanced summation of barriers identified in the reviews as well as overall practices that contribute to poor performance and outcomes.

Data Dashboards

The QA data is used in the debriefs, reports, presentations, and to contribute to two data dashboards. The first dashboard is internal and used to document the historical nature of the review data. The statistician for QA and CQI created a data dashboard, with live data, that is a historical representation of the totality of the data collected since 2015 to include sub-question data. This data can be analyzed

at the state, regional, and county level. The data for the foster care cases can also be stratified by included demographics. This dashboard is accessible to all QA and CQI staff, child welfare leadership, county directors, regional directors, and performance coaches. The dashboard is used to support the existing QA reports in SharePoint to track county, regional, and state performance over time. Below is a screenshot of the interactive dashboard.



To track and monitor performance, SCDSS maintains the Strategic Dashboard, which connects performance gaps to root causes to inform solutions. This dashboard provides a structured place to document practice barriers called insights, how they impact our performance, and what we are doing to fix them. This dashboard houses insights collected from quality assurance reviews including those completed by the Quality Assurance team and through Safe Systems Analysis (SSA). Survey and Spaced Education findings are also housed in the Strategic Dashboard.

SCDSS QA contributes to the Strategic Dashboard in two ways. The QA data analyst and Quality Manager put case-level and systemic-level identified trends into the dashboard to be used for program improvement. The data analyst provides barriers, reasons for areas needing improvement, and a list of needed services from the coded NVivo data. The Quality Manager is responsible for facilitating discussions with QA review staff and identifying systemic level trends at the conclusion of each review that would not be captured and coded in the instruments. These trends are also shared in the Strategic Dashboard.

Safe Systems Analysis (SSA) is a systemic critical incident review which focuses on strengthening teams, identifying systemic concerns, and promoting continuous learning by creating a safe space for those experiencing the work to share their experiences with the systems and barriers to the work they face.

Each anonymous insight is connected to the standardized performance metrics likely impacted and routed to the Child Welfare leaders to program improvement. By connecting insights to standardized performance measures, SDCSS is able to create well-informed program improvement solutions which address identified barriers by those doing the work as well as those experiencing the Child Welfare system. These solutions are then formed into program improvement and strategic plans including the CFSP.

Once solutions are confirmed, progress toward implementation and efficacy is monitored by continued monitoring of impact on expected metrics.

Subquestion 25C. What evidence do you have that the QA system is functioning statewide to ensure it identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates implemented program improvement measures?

Feedback for Services

SCDSS QA collaborates with other internal units to ensure that data is shared to make intentional improvements based on the analysis. To provide information about needed services to help bolster the service array in the state, SCDSS QA provides several sources of data. The Item reports for Items 16-18 are provided to program leadership for consideration to increase the established service array. This is housed on our SharePoint site at the conclusion of each review. The results of those reports are also shared and discussed in the county debriefings. The information on services is then coded in our data analysis process in NVivo to track service needs across regions and statewide. Finally, this information is included in the collaborative, Strategic Dashboard, which is shared with program leadership to discuss improvements.

QA Management and Practice Improvement

QA management offers support for existing program improvement efforts led by child welfare leadership to include regional and county action plans. QA Managers assist with existing child welfare action plans, communicate trends to regional performance coaches to help facilitate practice changes, and work to contribute existing data trackers and dashboards as previously discussed. QA Managers attend regional monthly meetings when that region is being reviewed and quarterly when the region is not being reviewed to continue to provide updates. Current trends, areas of practice improvement, and status of reviews are shared as part of the regular QA updates. QA Managers also conduct county-level and additional regional level reviews when requested. QA Managers meet quarterly with performance coaches to discuss case review trends, how QA can support the performance coaches during case reviews, and steps to meet the child welfare strategic goals. The communication of trends and QA updates occurs through PowerPoint presentations and verbal discussions with staff and leadership.

Including those with Lived Experience and External Stakeholders

QA leadership participates in meetings with those with lived experience (when appropriate and allowable). During the previous contract, this work was supported by Agency partners from the CBCS. Current lived experience groups are: youth, foster parents, kinship caregivers, and birth parents. The Division Director also attends quarterly external stakeholder meetings and updates stakeholders, periodically, regarding any relevant QA information to include upcoming opportunities for shadowing as discussed in Subquestion 25A. As an example of engagement, our QA Manger who attended the birth parent group explained the QA process and engaged the group in a discussion their experience with the

agency. Those discussions helped to lead to the creation of a survey for birth parents, kinship caregivers, foster parents, and children after participating in QA interviews to further understand their experiences with the agency.

Subquestion 25D. To what extent is information from CQI/QA processes (or other data, evidence, and reports) sound and relevant? How can it be used by staff to support good decisions? And, in what ways are relevant reports used by the intended audience?

Feedback Surveys

SCDSS QA Leadership conducted a survey of child welfare county leadership to assess their satisfaction and usefulness of the debriefing process. The majority of child welfare leadership surveyed found the discussion of data, trends, and casework practice to be "just right" in the debriefs. A few of the comments when they were asked how they use the information after the debriefs are over include:

- "Utilized the results to formulate plans to address the areas of concern, and to work with my team on strategies to address any barriers that may have been present that affected case work practice."
- "As a tool to lead discussions with the Team Leaders and Case Managers when debriefing from the formal debriefing. We use it as a benchmark to measure future progress and to help us get to the next incremental change level."

One hundred percent of the leadership who responded indicated that the data will help inform needed practice change in their counties. Ninety-seven percent indicated the data will help them inform existing strategic action plans.

Subquestion 25E. What is the state's process for using evidence collected through its QA activities to select or design program improvement measures

County Debriefs

SCDSS has significantly progressed toward increasing CWS staff's capacity to visualize, understand, and utilize data for CQI and performance management. SCDSS QA has several established processes to ensure that the review information is shared and distributed to staff and leadership. QA management conducts a one-hour debrief at the conclusion of each review. The SCDSS QA Regional Manager conducts a post-review debriefing to discuss results that align with the current strategic plan in child welfare. This focuses on cases with positive practice and areas of concern, especially those that align with current child welfare programmatic goals of improvement. They discuss ratings, sub-questions, trends, and service needs. Exemplary cases are also shared as examples. During this meeting the managers offer the opportunity for follow-up meetings by program area or discuss specific cases in more detail. For regional and county practice, the feedback provided is used to determine underlying conditions for performance and to develop action plans, if warranted, which can include the implementation of new or enhanced strategies.

All county staff and leadership are invited to attend as well to include all of child welfare leadership, performance coaches, training, internal audits, and CQI. CQI staff attend debriefs to offer needed CQI services to address any identified practice issues or help with county-level action plans they engage in through child welfare. These meeting are either online or in-person depending on the request of the

county. A copy of the final report is posted to the SCDSS website and emailed to the legislative delegates for that county as well, per state statute.

SharePoint

SCDSS QA houses a comprehensive SharePoint site accessible by county leadership to include cases and relevant reports from the OMS since 2004. All the cases from the review, as well as relevant reports, are put in the county's SharePoint folder for further discussion, training, and review, as needed.

CQI in Child Welfare

A culture of continuous quality improvement is desired, expected, and supported by the agency's leadership in order to establish and maintain a level of professional service that produces the best performance outcomes. The agency has developed and placed on its Learning Management system a basic CQI training course for all agency staff, which is mandatory for all new hires and those participating in CQI activities. CQI also conducts special projects at the request of CWS leadership.

Overall Justification for Rating

There has been a tremendous amount of growth in the quality assurance and CQI system since the current Director and QA management came to SCDSS. Under their continued leadership, the evidence of their work thus far should provide the needed support for a strength rating of the quality assurance system.

Staff and Provider Training

Systemic Factor 4 is in Substantial Conformity in Round 4 with Items 26 and 28 rated as Strengths.

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 so that:

- *Staff receive training in accordance with the established curriculum and timeframes for the provision of initial training; and*
- *The system demonstrates how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.*

During the most recent statewide assessment in 2017, SCDSS rated this systemic factor as an Area Needing Improvement. SCDSS rates this item as a Strength in CFSR Round 4 as evidenced by the comprehensive initial training process as outlined below.

Since Round 3, SCDSS has ended its contract with the prior provider and has created an internal team known as Staff Development and Training (SD&T) which provides initial and ongoing training to Child Welfare Services staff. This team launched the Child Welfare Academy (CWA) pre-services certification training for new case managers and supervisors in August 2021 with two pilots, and now provides this training statewide. This was a two-year collaborative project with training partners at the University of South Carolina's Center for Child and Family Studies and Affinita Consulting, focused on reimagining child welfare certification for child welfare services case managers. The CWA academy curriculum was chosen because it is known to provide new case managers with the information and support needed to increase retention for new hires. The goals of this training are to:

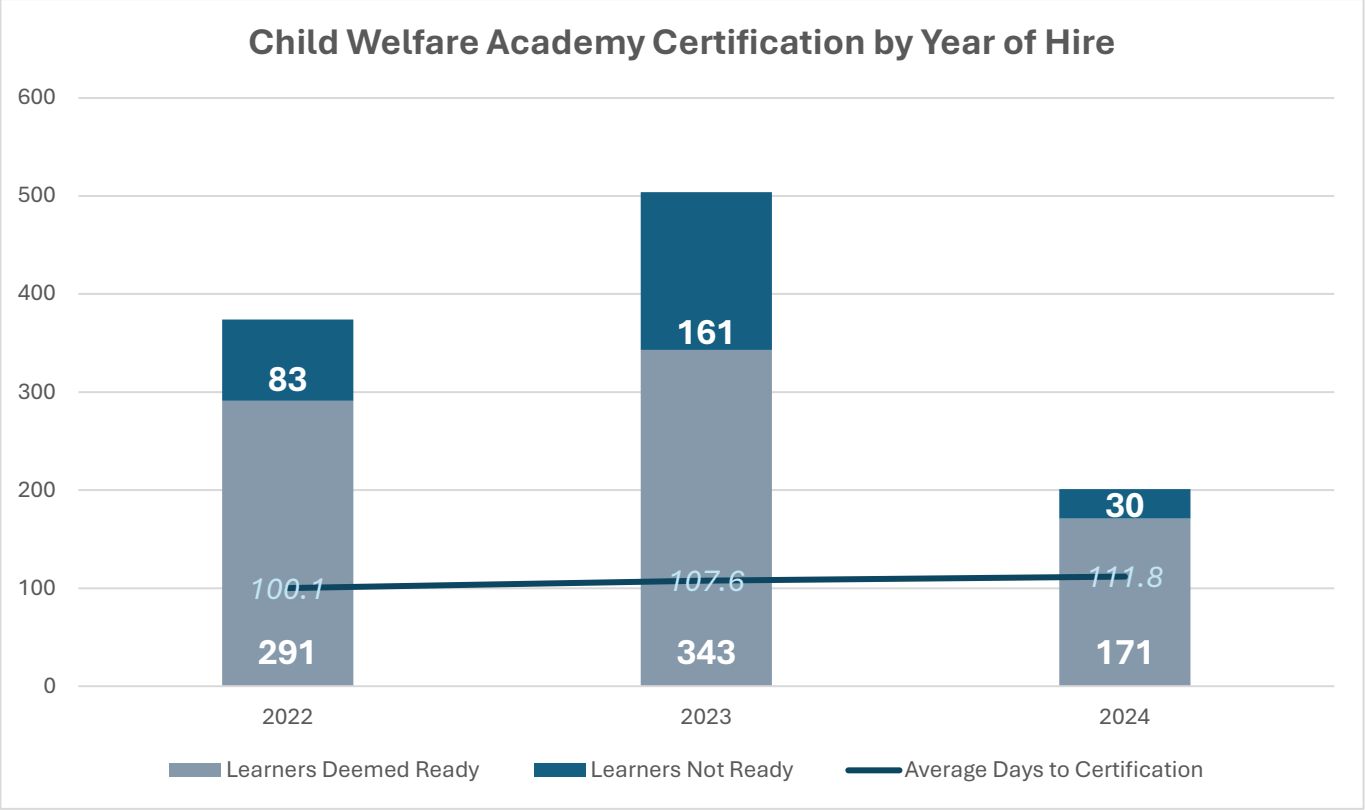
1. Improve the transfer of learning and casework readiness for new case managers
2. Increase supervisory and peer support from day one
    a. The support team is vital, providing county-level support for new staff is proven to help with new hire retention and improve the transmission of knowledge from the classroom to the field
3. Reduce turnover and improve staff retention
    a. Research tells us that workplace climate is improved when staff can rely on each other for support. Offering mentoring programs, informal discussion and support groups, social gatherings, and unit/team meetings provide more opportunities for peer support.
    b. Social-emotional support includes having concerns listened to, allowing opportunities to share, and offering encouragement. It is also important for new case managers to receive operational support focused on task related behaviors like ensuring casework activities are covered, offering tangible resources, and consulting on cases

Child Welfare Academy takes place over 9 weeks and is based on experiential learning with a focus on the Child Welfare Services Practice Model: Guiding Principles and Standards (GPS). The key objective of the Child Welfare Academy (CWA) is to actualize the South Carolina Child Welfare Services Practice Model: Guiding Principles and Standards (GPS) into all training and employee development activities. The Academy consists of courses designed for newly hired case managers, and existing staff who are seeking to increase their knowledge and skills. New case managers learn by doing, reflecting on what they have learned, and then learning the next level of casework practice skills. The training consists of 18 days of instructor-led training in a virtual classroom setting, and a 25-day on the job training (OJT) component that requires support from the learning support team which consists of the supervisor, a coworker designated as a peer support person, the performance coach, and as needed, support from the trainer.

The OJT component of training incorporates the use of the learning support team to have learners observe critical job tasks in the field, reinforcing and advancing the learning accomplished during the instructor-led training. This strengthens practice skills and allows the learner to get to know the day-to-day operations of the county office. OJT includes shadowing activities in clients' homes along with the learning support team while gradually taking on more casework responsibilities. This training also includes many opportunities for learners to work with their peers where they learn from each other and build a network of support.

After completion of all instructor-led and OJT requirements, there is a final assessment of the core practice skills and documentation of the contact with a score of 85% demonstrating the learner is "ready" or "not ready" to move on to phase II post-service training and to receive half of their caseload. This final assessment is a skill demonstration for the new case manager in their prospective program area of contact with a family, including at least one child and caregiver. This contact is observed and scored by the team leader and peer support person, utilizing debriefing and feedback tools with a completed rubric. Case managers who do not achieve this threshold are put on a competency plan for up to 45 days for reassessment.

An analysis of Child Welfare Academy Certification data across three years revealed an overall high rate (73%) of learners being deemed "Ready" post training with 85% of all learners with a 2024 hire date being deemed "Ready." Additionally, the average time from hire date to certification is 109.6 days across all cohorts.



After each session of CWA, respondents can provide their input regarding their satisfaction with the training through a survey. The survey collects information regarding the county, program area, education level, degree obtained, prior employment with the agency, confidence level after completion of the training, and asks participants to rate the level of support they received throughout the training. Participants are asked to rate their confidence level on competencies covered throughout the course. A condensed version of the results from the CWA cohorts from 1/1/2024 – 5/7/2024 are included below. The survey was sent to 158 case managers who attended training during this time with a total of 156 respondents, for a 99% response rate. The survey includes questions on competencies and support from mentors, performance coaches, and team leaders. Overall, staff report a high degree of knowledge transfer and team support post-Child Welfare Academy.

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 so that:

- *Staff receive ongoing training pursuant to the established curriculum and timeframes for the provision of ongoing training; and*

- *The system demonstrates how well the ongoing training addresses basic skills and knowledge needed by staff to carry out their duties?*

During the most recent Statewide Assessment in 2017, SCDSS rated this systemic factor as an Area Needing Improvement. SCDSS rates this Item as an Area Needing Improvement in CFSR Round 4.

To promote ongoing learning opportunities for frontline staff and supervisors, the CWA has implemented robust on-going in-service training opportunities. After the first year of employment, CWS employees are required to complete 20 hours of training each year – available through eLearning, in-house virtual and in-person instructor-led, and through external partners – to maintain child welfare certification or program specific training requirements. It is the appointing authority's responsibility to ensure each staff member has completed this requirement and maintain documentation of hours in the employee's personnel file. Ongoing in-service elective courses can be selected from the course catalog to fulfill this requirement.

Post-CWA, Child Welfare Services staff may participate in the Child Welfare Professional Advancement Pathway which was developed as part of the larger plan to increase salaries and increase retention of SCDSS Child Welfare employees. The Child Welfare Professional Advancement Pathway provides existing SCDSS Child Welfare staff with opportunities for professional growth and advancement. This process is based upon performance and practice evaluation and includes:

- Competency self-assessment: A self-assessment of the 10 baseline competencies to evaluate the individual's self-rated comprehension and application.
- Competency assessment (completed by the individual's supervisor): This assessment is completed by the individual's supervisor and are an evaluation of the individual's comprehension and application of the competencies in their performance and practice.
- Field observation: The field assessment serves as an assessment of the individual's performance, practice, and the utilization of the GPS Practice Model Core Practice Skills in the field while working with children, families, colleagues and/or external stakeholders.
- Case review: The case review is an assessment of the quality of the individual's documentation of a specific case management or supervisory activity within a case record.
- Data analysis: Each child welfare program area established quantitative data indicators specific to the job tasks of the eligible positions. The data analysis is a review of the data indicators over the last 6 months. The expectation is that the individual will be meeting or exceeding the data indicators consistently for their acquired level and will be supplemental to the overall evaluation process.
- Completion of required trainings: The individual must have completed the required trainings for their level as well as obtained and maintained the required certifications for their program area.

The pathway consists of 4 level series (trainee, level 1, level 2, level 3) and applies to all individuals in eligible SCDSS Child Welfare positions as detailed by the salary plan. These positions include case managers and supervisors in investigations, family preservation, foster care, and adoptions. It also

includes specific positions in the Child Welfare Services Safety division, Family and Community Services, and the Office of Permanency Management.

SD&T has undertaken a collaborative and coordinated effort aimed at understanding and addressing staff attrition. In 2020, SD&T conducted a full needs analysis to understand the impact of supervision and leadership on staff attrition rates. The findings showed that in many instances the quality of supervision and leadership has a direct impact on staff attrition. SCSDS has chosen to invest in the development of the coaching mindset and skill set for supervisors to provide coaching as a core competency. This approach leverages the established relationship and interactions between the supervisor and case manager. Coaching supports the supervisor's educational role in helping workers learn new tasks, apply needed skills, and tackle challenges in case practice. To develop coaching competency in supervisors, SCDSS chose the Coach Approach to Adaptive Leadership (CAAP) coaching model. This model has been implemented in many states and is evidence-based with multiple levels of fidelity measures, as well as being fully compatible to SCDSS' mission, vision, and values.

In addition to the supervisory and leadership trainings available through Coach Approach to Adaptive Leadership, SCDSS offers a supervisor certification training for child welfare supervisory staff. The Supervisor Certification training program was launched in May 2022 and is an intensive, 6-week program designed to provide the training and support for intensive supervisory professional development of quality practice standards. It focuses on improving the capacity of supervisors to lead through an understanding of quality practice standards and requirements and an understanding of their role in carrying out the agency's mission, goals, and values.

Despite the robust ongoing training selections offered, there is no current process in place to monitor attainment of the required 20 hours of ongoing training hours. Additionally, there is no current assessment of CWS staff's knowledge gaps nor ability to create individualized training plans which would remediate those gaps. During Round 4 of the CFSR, SCDSS will work to develop a process to monitor and develop an automated process to remind Child Welfare Services staff to complete their required training hours.

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 needed to carryout their duties with regard to foster and adopted children so that:

- *Current or prospective foster parents, adoptive parents, and staff receive training pursuant to the established annual/biannual hourly/continuing education requirement and timeframes for the provision of initial and ongoing training; and*
- *The system demonstrates 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*

During the most recent Statewide Assessment in 2017, SCDSS rated this systemic factor as an Area Needing Improvement. SCDSS rates this Item as a Strength in CFSR Round 4.

In 2024, SCDSS' Staff Development and Training team took responsibility for foster and adoptive parent training. SCDSS recognizes training is an activity designed to impart skills, techniques, and methodologies to foster and adoptive parents to assist them in maintaining the safety, permanency, and well-being of

children who reside within their home. The below standards have been established to ensure uniform preparedness for those who care for foster children.

SCDSS requires foster and adoptive home applicants to receive 14 hours of trauma-informed pre-licensure training that includes the following topics: an overview of the child welfare system, legal rights, roles, responsibilities and expectations of foster and adoptive parents, agency purpose, policies, and services, the courts and applicable laws and regulations (this includes Prudent Parenting), health care oversight and psychotropic medication. SCDSS also requires the following information to be trained and discussed: Information, including, but not limited to, trauma concepts and behavioral management, to provide for the needs of the child who is or may be placed in the home; early learning; child and adolescent brain development; healthy eating; protective factors; child abuse and neglect prevention; grief, loss, trauma, and separation issues; independent living skills; internet and social media safety for kids; sex trafficking prevention and warning signs; and first aid (including cardiopulmonary resuscitation (CPR) for the ages of children in placement, and bloodborne pathogen.

Adoptive home applicants are also required to complete an additional adoption specific training which includes 6 additional training hours on topics of the general adoption information, selection process, adoption subsidy, and lifelong grief/loss issues adoptive children may have. At the end of the pre-licensure training, the instructor completes an evaluation regarding each person in attendance. This evaluation denotes the family's understanding of the material taught, which is then logged in the Heartfelt Calling database. This assessment captures any concerns the licensing or adoptive worker would need to explore with the applicant. The licensing or adoptive worker then determines the next steps in alignment with the concerns noted.

Foster and adoptive parents will subsequently be required to complete at least fifteen (15) hours of training each year, or thirty (30) hours prior to each subsequent license renewal. Ongoing training can be chosen by the foster parent and can be instructor-led, web-based, or self-paced but must pertain to child and adolescent topics. The training shall be provided by SCDSS or another source approved by SCDSS, in which case SCDSS must be provided with the training certificates of the completed course.

Each foster and adoptive parent's initial training hours are manually reviewed by the licensing staff member assigned as part of the licensure process. This quality assurance check confirms initial training hours are completed.

SCDSS has the infrastructure in place to enter ongoing training hours in the SACWIS system and a report which monitors hours per license per year.

SCDSS conducts an annual foster parent survey which asks respondents to rate their agreement on a scale of 1 -5 the following statement: I feel the continuing training courses are adequate and provide information beneficial to fostering. The 2023 survey results show an average rating of 3.85 out of 5 on this question, falling slightly in 2024 to 3.7. Through the survey, foster parents are able to identify training topics they would like additional support around. These results are used to help inform future training and support offerings.

Hybrid Pre-Service Evaluation

Heartfelt Calling, operated by the SC Foster Parent Association is a program that is often the first point of contact for those wanting to start the process of becoming a licensed foster or adoptive resource. This

program includes training for both prospective foster and adoptive homes which can be used toward the initial licensing hours. This easily accessible training solution for foster and adoptive parents combines the use of recorded webinars and virtual check-ins. It is designed to prepare prospective foster and adoptive families for the important journey of helping children and families heal from the effects of child maltreatment and move towards family stability and permanency. Surveys are conducted to evaluate these trainings.

	Average
How likely is it that you would recommend hybrid pre-service training to a friend or colleague? (Rated on a scale of 1 - 5 with 1 being highly unlikely and 5 being highly likely)	4.5
Overall, how satisfied or dissatisfied are you with the hybrid pre-service training? (Rated on a scale of 1 - 5 with 1 being highly dissatisfied and 5 being highly satisfied)	4.5
How well does the hybrid pre-service training meet your needs? (Rated on a scale of 1-5 with 1 being not at all well and 5 being extremely well)	4.4
How would you rate the quality of the hybrid pre-service training? (Rated on a scale of 1-5 with 1 being very low quality and 5 being very high quality)	4.4

Adoption Training Evaluation

Below are the results of the adoptions pre-service training satisfaction survey for the period of January 1, 2023 – May 1, 2024. There were approximately 37 respondents in this survey.

Overall, how satisfied or dissatisfied are you with the adoptions pre-service training?	**Very Dissatisfied**	**Somewhat Dissatisfied**	**Neither Satisfied nor Dissatisfied**	**Somewhat Satisfied**	**Very Satisfied**
	5.4%	2.7%	0%	18.9%	73%
How well did the information presented in the adoption pre-service training meet your needs?	**Not at All Well**	**Not So Well**	**Somewhat Well**	**Very Well**	**Extremely Well**
	0%	2.7%	10.8%	35.1%	51.4%
How would you rate the quality of the adoptions pre-service training?	**Very Low Quality**	**Low Quality**	**Neither High nor Low Quality**	**High Quality**	**Very High Quality**
	0%	2.7%	10.8%	32.4%	54.1%
How clear was the presentation of information?	**Not Clear at All**	**Not so Clear**	**Somewhat Clear**	**Very Clear**	**Extremely Clear**
	0%	0%	5.4%	27%	67.6%
I understand the issues involved in foster care and adoption as a result of this training.	**Strongly Disagree**	**Disagree**	**Neither Agree nor Disagree**	**Agree**	**Strongly Agree**
	0%	2.7%	0%	40.5%	56.8%
Were you provided an opportunity to get your questions answered?	**No**			**Yes**	
	2.70%			97.3%	

Foster Parent Training Evaluation

Overall, how satisfied or dissatisfied are you with SCFPA training?	**Very Dissatisfied**	**Somewhat Dissatisfied**	**Neither Satisfied nor Dissatisfied**	**Somewhat Satisfied**	**Very Satisfied**
	2.80%	1.40%	1%	13.20%	82%
How well does our training meet your needs?	**Not at all Well**	**Not so Well**	**Somewhat Well**	**Very Well**	**Extremely Well**
	0.40%	1.40%	4.90%	39.80%	53.70%
How would you rate the quality of the training?	**Very Low Quality**	**Low Quality**	**Neither High nor Low Quality**	**High Quality**	**Very High Quality**
	0%	1.10%	7.30%	45.60%	46%
How would you rate the SCFPA training you attended?	**Poor**	**Below Average**	**Average**	**Above Average**	**Excellent**
	0.40%	1%	10.40%	24.70%	63.50%
How responsive have we been to our questions or concerns about training?[2]	**Not at all Responsive**	**Not so Responsive**	**Somewhat Responsive**	**Very Responsive**	**Extremely Responsive**
	0%	0.70%	3.10%	42.90%	46%
How likely are you to attend SCFPA training in the future?	**Not at all Likely**	**Not so Likely**	**Somewhat Likely**	**Very Likely**	**Extremely Likely**
	0.40%	0.40%	4.90%	28.10%	66.30%

The survey data below is from the re-certification training evaluations conducted through the SC Foster Parent Association (SCFPA) covering the period of 1/1/2020 – 5/1/2024. There were approximately 1,500 respondents.

Overall, how satisfied or dissatisfied are you with SCFPA training?	**Very Dissatisfied**	**Somewhat Dissatisfied**	**Neither Satisfied nor Dissatisfied**	**Somewhat Satisfied**	**Very Satisfied**
	3.22%	1.31%	1.38%	12.41%	81.68%
How well does our training meet your needs?	**Not at all Well**	**Not so Well**	**Somewhat Well**	**Very Well**	**Extremely Well**
	0.07%	1.05%	6.32%	36.47%	56.09%
How would you rate the quality of the training?	**Very Low Quality**	**Low Quality**	**Neither High nor Low Quality**	**High Quality**	**Very High Quality**
	0.07%	0.66%	7.16%	45.40%	46.71%
How would you rate the SCFPA training you attended?	**Poor**	**Below Average**	**Average**	**Above Average**	**Excellent**
	0.07%	1.05%	9.12%	26.51%	63.25%
How responsive have we been to our questions or concerns about training?[3]	**Not at all Responsive**	**Not so Responsive**	**Somewhat Responsive**	**Very Responsive**	**Extremely Responsive**
	0.20%	0.20%	4.52%	37.70%	49.21%
How likely are you to attend SCFPA training in the future?	**Not at all Likely**	**Not so Likely**	**Somewhat Likely**	**Very Likely**	**Extremely Likely**
	0.20%	0.39%	4.47%	225.10%	69.84%

[2] 7.3% of respondents selected not applicable. Results exclude those who selected not applicable.

[3] 7.3% of respondents selected not applicable. Results exclude those who selected not applicable.

The SC Foster Parent Association monitors skill development for foster parents through survey results, as well as with the use of the Foster Parent Learning Plan. This learning plan is used by the licensing worker to evaluation and check in on the caregiver's knowledge and skill at each licensing visit. This learning plan documents information for the following questions:

- What knowledge and skills do I have that work well with the children currently living in my home?
- What issues or behaviors do the children have that I have trouble dealing with or feel my skills could be increased in that area?
- What skills and knowledge areas do I need to strengthen in myself to be a better foster parent to the children living in my home? And/or what skills I would like to e-learn or gain for future placement of children, e.g., children with medical care needs, G-tube feedings, eating disorders, diabetes management in children/youth, etc.?

Once these responses are obtained, the learning plan includes a section for the staff member to document the recommended training topics for the foster parent to attend. This establishes a continuous feedback loop between the Agency and the foster parents to ensure needs are being met.

Facilities Staff Training

SCDSS requires facilities staff receive training prior to placement of children. All facilities staff must receive 32 hours of pre-service training before working alone with a child or youth. Training must include:

- Specific programmatic policies and procedures
- Trauma informed care/cognitive behavioral therapy
- Grief and loss issues for children/youth in care
- Behavior management and crisis prevention techniques
- Cultural competency, culturally responsive services and non-discrimination based on sexual orientation (LGBTQ)
- Specific needs of children/youth who may have emotional, behavioral, or physical problems; developmental delays, and who have been abused and/or neglected
- Overview of the use of medications commonly used for children/youth (if applicable, with a focus on psychiatric medications) and side effects (that when displayed by the child/youth) that would require staff to notify the referring SCDSS case manager
- Gang related activities
- Drug and alcohol education
- Sex education, pregnancy and STD prevention
- Sex trafficking and exploitation and actions to take to include reporting
- Reasonable and prudent parent standards
- Understanding of government assistance programs (i.e. Medicaid, SNAP, WIC, Voc. Rehab, HUD, etc.)
- Other education and/or training required by State and/or Federal Mandates Additionally, all facilities staff must receive 16 hours of training annually in the following topics:
- Grief and loss issues for children/youth in care
- Specific program policies and procedures
- Other education and/or training required by State and/or Federal Mandates
- Gang related activities

- Drug and alcohol education
- Sex education, pregnancy and STD prevention
- Understanding of government assistance programs
- Working with children/youth who may have emotional, behavioral, or physical problems; developmental delays, and who have been abused and/or neglected
- Specific needs of the population served by the program
- Cultural competency and culturally responsive services

Service Array and Resource Development

Systemic Factor 5 is Not in Substantial Conformity in Round 4 with Items 29 and 30 rated as Areas Needing Improvement.

Item 29: Array of Services

How well is the services array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the Child and Family Services plan (CFSP)?

- *Services that assess the strengths and needs of children and families and determine other services needs;*
- *Services that address the need 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 placement achieve permanency*

During the most recent Statewide Assessment in 2017, SCDSS rated this systemic factor as an Area Needing Improvement. Despite significant improvement in this area, this item remains an Area Needing improvement for Round 4.

SCDSS is committed to providing services tailored to the needs of children and families in South Carolina. SCDSS has made many improvements in developing a comprehensive service array, prioritizing evidence-based services to ensure children and families benefit from the latest research on the services offered. Over recent years individualized in-home services, evidence-based and other community-based services, and pre- and post- adoption services have been implemented.

SCDSS is continuing development of a provider portal to capture services in CAPSS. Efforts for this portal are ongoing and have faced some challenges. While integration with CAPSS is built, SCDSS has built a temporary data tracking portal to manage referral processing and case progress tracking.

In 2024, SCDSS completed a comprehensive service array and accessibility analysis addressing three key areas:

1. Service accessibility
2. Service array distribution
3. Access and adequacy

Service Coverage Statistics		
Service Level	**Number of Counties**	**Percentage of State**
High (8+ services)	5	10.9%
Medium (6-7 services)	7	15.2%
Basic (5 services)	34	73.9%
Total	**46**	**100%**

Geographic Service Distribution			
Region	**Total Counties**	**Counties with Specialized Services**	**Percentage Coverage**
Upstate	11	11	100%
Midlands	14	14	100%
Low Country	10	3	30%
Pee Dee	12	0	0%

Service Type Availability		
Service Category	**Number of Counties**	**Percentage of State**
Intensive Family Services	8	17.4%
Prevention Services	46	100%
Stabilization Services	6	100%
Basic Services (FRCPS/Triple P)	46	100%

Using this database, SCDSS will continue to monitor and assess the service array on the following metrics:

1. Wait list duration
2. Service initiation timeframes
3. Completion rates
4. Family engagement levels
5. Geographic distribution
6. Service type coverage
7. Provider capacity
8. Staff availability

Additionally, services that enable children to remain safely in their homes when reasonable have been enhanced along with increased messaging and support to staff to utilize flexible funding to implement

these safety services. In 2023, 4.7% of children identified in CPS Investigations entered foster care while 4.4% entered care in 2024. This rate reduction represents nearly 500 children not entering foster care thus demonstrable functioning of the state's ability to provide services which enable children to remain safely with their parents when reasonable.

SCDSS has continued its commitment to enhancing services for families and children in South Carolina, successfully integrating several key initiatives within the agency's framework over the past year. These improvements include the launch of Family Centered Treatment (FCT) in Greenville and Richland counties, beginning in October 2022 and fully operational in May 2023. Further expansion of services is reflected in the planned integration of the Intercept model, with the groundwork already being laid out for this transition. This endeavor began in late 2023 and aims to be operational across all four regions within the state by 2029.

Alongside these enhancements, SCDSS is also preparing for the statewide implementation of Motivational Interviewing (MI) after approval in the Title IV-E Prevention Plan. All of these initiatives exemplify SCDSS's unwavering commitment to strengthening service offerings, thereby providing comprehensive and effective support to the children and families of South Carolina.

Medical Services

SCDSS partners primarily with Select Health, SCDHHS, BabyNet, and Child Advocacy Centers to address the physical healthcare needs of children in foster care. The SCDSS Child Health and Well-Being team have focused in recent years on strengthening provider relations and communications, as well as refining processes to quickly identify and connect children entering care with providers for initial well-child assessments.

Behavioral and Mental Health Services

The S.C. Department of Mental Health (SCDMH) offers a statewide network of community mental health centers, clinics, hospitals, and nursing homes with clinical staff, providing an array of medical and support services for children, adults, and families across South Carolina.

SCDMH services are available statewide, located in all 46 South Carolina counties. In addition to the services available through SCDMH, the S.C. Department of Alcohol and Other Drug Abuse Services (SCDAODAS) is charged with ensuring the provision of quality services to prevent or reduce the negative impacts of substance use and addiction. DAODAS contracts with county alcohol and drug abuse authorities to provide the majority of direct prevention, treatment, and recovery services statewide. In addition, DAODAS contracts with a variety of public and private service providers, including opioid treatment programs, recovery organizations, hospitals, and community distributors of the overdose antidote Narcan. DAODAS has been designated by the Substance Abuse and Mental Health Services Administration (SAMHSA) as the single state agency responsible for overseeing substance use disorder programs in South Carolina. SCDSS partners with these agencies, as well as other programs to offer services to children and families.

Among other programs include partnership with the Incredible Years, which is a set of interlocking, comprehensive, and developmentally based programs targeting parents, teachers, and children. The training programs are guided by developmental theory on the role of multiple interacting risks and protective factors in the development of conduct problems. The programs are designed to work jointly

to promote emotional, social, and academic competence and to prevent, reduce, and treat behavioral and emotional problems in young children. The program is designed for children under the age of 12, promoting emotional and social competence to prevent, reduce, and treat behavioral and emotional problems. Included are classroom lesson plans delivered by the teacher to strengthen children's social and emotional competencies, such as understanding and communicating feelings, using effective problem-solving strategies, managing anger, practicing friendship and conversational skills, and behaving appropriately in the classroom.

Support Services

In 2020, SCDSS submitted its application for the FFTA funds which resulted in the Department acquiring its allotted funds under the act. Using these funds, the Department has provided funds for transitional initiatives including:

- Grants for transition to QRTP
- Grants for capacity building of EBPs included in our prevention plan
- Contract with a vendor to assist in FFPSA rigorous evaluation strategy and overall CQI process
- Contract with a vendor to assist in programmatic evaluation postimplementation, development, and implementation of a transitional pilot program to expand Departmental service array and improve access to evidence-based practices.

The Department remains committed to connecting children and families with the most evidence-based and effective interventions. To fulfill this commitment, the Department will assist its service provider partners in developing their capacity to deliver evidence-based practices. After careful evaluation of relevant data (i.e. case typologies, behavioral diagnoses, and other characteristics of children entering care) the Department believes the following IV-E clearinghouse "well-supported" interventions will assist in strengthening family's protective factors, parenting capabilities, and ultimately reducing the number of children in care. SCDSS initially selected brief strategic family therapy and homebuilders.

Additionally, SCDSS has continued its implementation of Brief Strategic Family Therapy, Homebuilders, Intercept, Healthy Families America, and Motivational Interviewing.

Independent Living Services

The South Carolina Department of Social Services (SCDSS) is the designated state agency that administers, supervises, and oversees the John H Chafee Foster Care Program Successful Transition to Adulthood (Chafee Program), and the Education and Training Voucher (ETV) Program. The goal of the Chafee Program is to provide the developmental skills necessary for youth and young adults in foster care to live healthy, productive, self-sufficient, and responsible adult lives. The purposes of these services are to provide youth and young adults in foster care with opportunities to learn needed independent living skills and to increase the likelihood of a successful transition from the foster care system. The Chafee/ETV Program also helps support permanency to allow youth age 14 and older who have been involved with the foster care system.

An extensive array of independent living services is available in the areas of daily living skills, adult education, education support, senior expenses, pre-college, special recognition, and transportation. In addition, if a youth identifies a service not already offered, likely SCDSS has the ability to pay for those additional services.

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?

During the most recent Statewide Assessment in 2017, SCDSS rated this systemic factor as an Area Needing Improvement. SCDSS rates this Item as an Area Needing improvement in CFSR Round 4.

SCDSS has made significant foundational efforts through the implementation of the FAST and CANS assessment tools and strengthening of the CFTM and FPP development processes to identify individualized service needs. These processes are still relatively new and limited data is available to track and monitor the progress of these initiatives.

SCDSS has implemented the FAST and CANS assessment tools, which are evidence based structured decision-making tools that facilitate the identification of family needs, strengths, and risk factors. These tools are family-centered, balancing risk and needs with resources and strengths. With the implementation of these tools complete, SCDSS has heavily focused on the assessment and identification of family needs and strengths, utilizing the FAST/CANS assessments to assist in identifying service needs at an individualized level. Strengthening skills in this area continues, as SCDSS continues in the development and refinement of a service intensity matrix connected to FAST assessment results. Additionally, the strengthening of the CFTM and FPP development processes have focused on individualizing and identifying service needs. Results of assessments (FAST and CANS) are included in the development of the Family Permanency Plan (FPP). Combining the results of assessments with CFTMs that incorporate youth and family voice results in a stronger FPP that is based on individualized goals and needs. The Child Welfare Services Safety Office and Child Welfare Operations have continued to host bi-weekly skills labs that focus on target areas, including assessments and FPP development. As staff grow their skills in these areas, it is expected that service needs will be better matched based on a family's unique strengths and needs.

Through statewide implementation of the CANS/FAST assessment, SCDSS staff are now trained to identify needs through the assessment and match those needs to appropriate services in consultation with the family during the Child and Family Team Meeting. Regional Assessment and Planning Coordinators review the assessments and support county staff in completing the assessment appropriately. The Assessment and Planning Coordinators also provide ongoing training on the CANS/FAST assessment. Performance coaches are also involved in the debriefing and planning process to ensure case managers are conducting appropriate assessment to individual services to families.

In August of 2021, a workgroup was established that focused on efforts to improve Child Family Team Meetings (CFTM) and Family Permanency Plan (FPP) development. The CFTM/FPP workgroup identified several family story elements that were not being captured in the documentation of the FPP that included the family story, concerns and impacts, and desires and possibilities. In October of 2021, the workgroup coordinated with the SCDSS CAPSS team and these missing family elements were built into the FPP within CAPSS. The inclusion of these elements supports improved family collaboration in the development and documentation of case planning. The CFTM leadership team continues to identify gaps in monitoring performance data and working collaboratively with the ADR and CAPSS team to improve data metrics.

While data to prove conformity is limited, SCDSS has spent several years in Round 3 building the foundational skills and structure necessary to allow tracking and monitoring of the extent to which services are individualized in Round 4.

Agency Responsiveness to the Community

Systemic Factor 6 is in Substantial Conformity in Round 4 with Items 31 and 32 rated as Strengths.

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 Child and Families Services Plan (CFSP) and developing related Annual Progress and Services Reports (APSRs), the state engages in ongoing consultation with Tribal representative, 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 foals, objectives, and annual updates of the CFSP?

During the most recent Statewide Assessment, SCDSS rated this systemic factor as an Area Needing Improvement. SCDSS rates this Item as a Strength in CFSR Round 4.

Over the last five years SCDSS has focused on integrating organic stakeholder engagement and collaboration into the work. SCDSS recognizes the importance of engaging families, youth, and other partners and is committed to their inclusion and feedback at all levels.

The Department has made tremendous progress in the inclusion and engagement of families and will continue to emphasize including stakeholder voices at all strategic planning, improvement, and decision-making stages. SCDSS uses workgroups to complete the work of major practice changes in the change management process, from understanding the concern through data analysis to fully implementing the change. These workgroups are made up of a diverse array of SCDSS staff members and external stakeholders, including those with lived experience with the child welfare services system. 30% of all current workgroup members are external stakeholders and another 20% are non-child welfare services staff members who support the practice through legal, data, or training lenses.

This practice represents a significant shift in practice, with those who are impacted the system and partners in the work are engaged from the beginning of the program improvement process rather than in the late stages of implementation. This enhancement in partnership increase buy-in and support for program improvement efforts and increases the likelihood of success.

Please see the Collaboration section of this document, which highlights some of the activities that have been used to inform program improvement efforts at the Department. This is by no means an exhaustive list, as the Agency has focused on integrating stakeholder voice in all areas of program development and improvement, which has led to an ongoing and continuous collaborative effort that cannot be summarized in a few pages. SCDSS remains committed to fully integrating stakeholder voice throughout the program improvement process and has seen great success across major implementation efforts, such as FFPSA, using this framework.

In addition to this fundamental shift in the work, SCDSS and the Children's Bureau team met for Joint Planning in February of 2024 to share progress and codesign the goals outlined in this CFSP.

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 Child and Family Services Plan (CFSP) are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

During the most recent Statewide Assessment, SCDSS rated this systemic factor as an Area Needing Improvement. SCDSS believes this Item is a Strength for Round 4.

Head Start

Head Start is a free program for young children in low-income families to help them prepare for success in school and life. Children participate in activities that help develop educational and social skills. They also receive nutritious meals, health care, and play in a supervised setting. Head Start also provides resources and support for the child's first and most important teachers, their parents and others who care for and teach them.

There are three options: center-based, home-based, and family childcare options. The center- based option delivers a full range of educational and developmental services that are delivered in a classroom setting. The home-based setting consists of home visitors once a week working with parents and their children.

Together, the home visitor and parents watch and plan ways to help the child learn using parent-child interactions, daily routines, and household materials. A small group of children, parents, and their home visitors also get together on a monthly basis for group socialization. The family childcare program option delivers the full range of educational and child development services. They are primarily delivered by a family childcare provider in their home or other family-like settings.

Children from birth to age five in foster care are categorically eligible for Head Start and Early Head Start services, regardless of income. The State Head Start Collaboration Office reports that the updated Head Start performance standards require programs to set aside slots for children in foster care for a period of time.

Medicaid

SCDSS continues to engage private providers to develop and improve timely access to community-based services, including by convening several workgroups of private providers regularly. During these meetings and in individual settings, information is provided allowing providers to bill Medicaid for new or existing services. This technical assistance includes using non-clinical codes such as z-codes and the diagnostic manual for infant and early childhood DC:0-5. The benefits of these codes are that they can help provide Medicaid-funded services for adults and can be billed through the child because of the needs or experiences their children have had. Training for clinicians on interventions for infants and very young children is also provided.

SCDSS staff has provided technical assistance to assist providers in navigating the rehabilitative behavioral health services (RBHS) moratorium. SC DHHS created an enrollment exception process for child placing agencies (CPAs) so that CPAs could enroll in Medicaid and become providers. SCDSS has also partnered with community providers that help expedite emergency diagnostic assessments and crisis services within two business days.

SCDHHS and Select Health continue to provide monthly claims data on children in SCDSS's care. There are lags in the claims data through SC DHHS and not every child in DSS custody is on Medicaid and thus, would not be captured in these monthly extracts. However, these monthly extracts still aid SCDSS in its evaluation of the completeness of its CAPSS data entry and supplements the CAPSS data entry. These monthly extracts further aid SCDSS in estimating both the number of visits that are past due and how long the well child visit is past due. This information is incorporated into monthly actionable data used by the field. SCDSS collects medical trend data from CAPSS in ongoing extracts. If CAPSS data is missing, then data from SC DHHS or Select Health is pulled for children on Medicaid. By combining the information, SCDSS has a more accurate picture showing the status of well child visits. SCDSS completed a significant "cleanup" operation on missing Medicaid numbers in CAPSS during March 2020 and now has a monthly process to review any new CAPSS records where the Medicaid number is missing. However, there may be some records that, despite the inclusion of other identifiers, SC DHHS or Select Health was unable to match the children and youth to their claims system. When this occurs, SCDSS completes further analysis to determine the reason there is not a match.

SCDSS also securely exchanges information with SCDHHS and Select Health to gather information on well-child, dental visits, mental health visits, and other health information from which several monthly reports are produced. Select Health also provides information on HEDIS and SCDSS nursing staff have access to a Select Health system which allows them to see if children have visited a health provider.

SNAP/TANF

Supplemental Nutrition Assistance Program (SNAP) benefits provide low-income households with nutrition assistance by increasing a household's food purchasing power. The voluntary employment and training program in SNAP assists clients to obtain training or employment. Over the course of the fiscal year, the employment services team implemented a SNAP E&T 10-day virtual boot camp, successfully closed the Project HOPE Health Professional Opportunity federal demonstration grant exceeding several projected goals and developed an employer survey to track trends with employers and performance.

South Carolina received $10 million in federal stimulus funds through the Temporary Assistance for Needy Families (TANF) program. In May 2022, DSS issued over $9.3 million in emergency cash assistance to help qualifying families with short-term basic needs and supplement household costs resulting from the COVID-19 pandemic and rising food, gas and energy prices. 7,341 TANF households received a one-time payment of $425. SNAP households with no income and at least one child under the age of six (23,660 total) received a one-time payment of $265.

SCDSS Economic Services Division continues to improve the infrastructure and processes of its programs. During 2021, ES collaborated with Child Support staff to assist with researching cases to resolve and prevent funds from being held. In addition, collaboration with the Agency's Information Technology team led to an upgrade in the agency's on-line SNAP/TANF application portal.

Child Care

The South Carolina Voucher Program provides childcare assistance, if funding is available, for families who have an open child protective services case, family preservation case, or for a child in an open foster care case. Children with therapeutic needs have also been approved on a case-by-case basis. Pre-adoptive parents may receive childcare while in the process of adopting a child from SCDSS custody if all other eligibility criteria are met. However, once the adoption is finalized, the SC Voucher Program is

not able to provide childcare through this category. A child in foster care, who otherwise meets the Program criteria, is eligible for childcare through age twelve years old. However, children thirteen years old to eighteen years old, who should not be left unsupervised or who have developmental, emotional concerns or other special needs, may qualify for childcare after the age of twelve years old.

Children and youth in foster care may receive childcare assistance for their children when SCDSS does not have custody. The baby is eligible if the mother remains in foster care, the child resides in the mother's custody, and the mother is attending school or employed. In March 2021, SCDSS implemented a streamlined process for assisting foster parents in receiving childcare assistance. At the time of placement, SCDSS's placement unit asks if childcare is needed and once confirmed, SCDSS staff completes the application and submits to the South Carolina Voucher Program on the foster parent's behalf.

In December 2021, the Agency launched the initial round of American Rescue Plan Child Care Stabilization Grants to qualified childcare providers. These grants are designed to help stabilize childcare operations, and funds may be used to cover expenses such as rent/mortgage payments, utility bills, payroll benefits, and facility maintenance or improvements. A second round of Stabilization Grants was launched in June 2022. Between Round 1 and Round 2, DECE staff approved more than $389 million in Stabilization Grants to childcare providers during the fiscal year.

Over the course of the fiscal year, DECE raised voucher rates for child care providers to help close the gap between voucher rates and private pay clients, created an accelerated pathway for enrollment of Head Start/Early Head Start and NAEYC accredited child care centers that allows an accelerated pathway to ACB Quality rating, enrolled 69 Head Start/Early Head Start programs in ABC Quality meeting a federal mandate, and developed key questions for parents to use in finding quality child care providers which has become one of the top three visited pages on the site. SCDSS Child Welfare also coordinated with DSS Child Care team to expand eligibility of time limited ABC vouchers to children involved with the agency through non- custodial cases and after transitioning home from foster care through reunification or following finalized adoption.

Child Support

The Child Support Services Division (CSSD) establishes and enforces orders for child support, establishes paternity for children when paternity is an issue, locates absent parents when whereabouts are unknown, and manages the collection and distribution of child support payments. In addition to services provided to custodial parents, noncustodial parents may apply for genetic testing to determine if they are the father of a child. CSSD also provides enhanced fatherhood initiatives to improve the capability of both custodial and noncustodial parents to provide their children with the financial, physical, and emotional support they deserve and need to be safe and to thrive. Through the Visitation and Access grant, better known as the Visitation Involvement Parenting (VIP) program, services are provided to assist noncustodial parents with obtaining court ordered visitation with their children. The VIP program currently provides services in the Midlands and Lowcountry regions.

CSSD continues to collect money for clients efficiently, with collections increasing year over year. In fact, CSSD was the 14th most cost-effective child support program in the United States for the last federal fiscal year. Streamlining processes by expanding virtual services, decreasing the backlog of cases awaiting scheduling, and improving performance on established measures including timely case

closure and successful establishment of paternity orders remains a focus for CSSD. CSSD continues to collaborate with both internal and external stakeholders to ensure timely and efficient services.

HUD

The Chafee/ETV program identified a supportive objective for young adult transitional living programs to decrease occurrences of homelessness. SCDSS continues to seek partnerships in the community for opportunities to create and build transitional living programs, including partnering with local HUD offices. The Chafee/ETV program continues to collaborate with the South Carolina Interagency Coalition for the Homeless Committee, Greenville Homeless Alliance conference, Eastern Carolina Housing Organization (ECHO), Transitions Homeless Shelter, and United Way to explore community options for homeless youth and to create partnerships. Additionally, SCDSS continues to work with local housing authorities to create MOU's to obtain the vouchers for youth transitioning out of foster care. To help providers navigate housing resources utilizing HUD vouchers, SCDSS provides sponsored webinars.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Systemic Factor 7 is Not in Substantial Conformity in Round 4 with Items 33, 34, 35, and 36 rated as Strengths.

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 childcare institutions receiving Title IV-B or IV-E funds?

During the most recent statewide assessment, SCDSS rated this systemic factor as an area needing improvement. SCDSS rates this item as a strength in Round 4.

Overall South Carolina statute, SCDSS policy and procedures support the rating of this Item as a Strength. South Carolina Code of Regulation 114-550 defines the requirements for licensure as a foster care placement resource. These, along with federal guidelines control the environments in which children in state custody can be placed. Licensure of Family Foster Homes and Approval of Adoptive Homes for Children in Foster Care regulations, which are followed by all providers authorized to license providers ensure standards are applied equally, regardless of licensing body. Additionally, SCDSS partners with other state agencies whose own regulatory requirements address foster homes/facilities, such as the State Fire Marshal. Foster children placed in non-licensed settings through a court, including children placed in non-licensed kinship care are exempt to these regulations and guidelines. In these cases, criminal and child abuse/neglect background checks are still conducted. Title IV-B or IV-E funds are not available for non-licensed placements. Only kinship caregivers who become licensed through the usual process are eligible to receive board payments from IV-B or IV-E sources.

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. Quarterly visits are made with providers during each certification period, during which ongoing compliance with requirements are discussed. This information is stored in CAPSS via the provider's record. Yearly updates for fire inspections, criminal background checks, sex offender and child abuse registry checks, and pet vaccinations are all monitored and entered in CAPSS. Renewing a license requires much of the same information as an initial license. If a licensed home reaches the end of the licensing period and has not maintained the standards required for continued licensure, the license is closed until the

requirements are met. Any child(ren) placed in the home are moved. There are numerous CAPSS reports to show licensure status and requirements.

SCDSS requires all institutions and foster homes to meet all the requirements to obtain their initial licensure and prelicensure. There are times after the initial licensing has occurred that a foster home may obtain a waiver, including but not limited moving to a new home or marriage. If a waiver is issued, it is temporary, and all requirements must be met prior to the expiration of the waiver. A copy of the waiver form is placed in the licensure file in CAPSS.

The annual foster parent survey includes a question for respondents to rate on a scale of 1 – 5 the following question: Overall I feel informed of foster parent licensing requirements to maintain my license and care for the child(ren) in my home. The 2023 survey results show respondents rated this question an average of 4.29 out of 5 whereas in 2024, the average was 4.46, constituting a 4% increase year over year.

Data is available through the CAPSS system through several reports to show the licensure requirements, licensure status, training completions, summary level reports, and provider specific data. These reports show providers with or without placements along with their licensure status.

CAPSS Report SF130-R02 provides a state summary of licensures. As of April 30, 2024, there was a total of 2,638 licenses. Of these, 2 (0%) are expired, 80 (3%) are closed, 2,334 (88%) are standard licenses, 1 (0%) is irregular license type, and 30 (1%) are temporary licenses.

Detailed record for each provider in CAPSS, showing the status of background checks. Additional licensure requirements are captured in a similar manner via other tabs.

Additionally, SCDSS has contracted with a provider to build a platform to enhance and monitor the foster parent licensing process including document management throughout the licensure and renewals process and allow the Agency to view the current provider array.

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?

During the most recent statewide assessment in 2017, SCDSS rated this systemic factor as a Strength. SCDSS rates this item a Strength in Round 4.

Statute, licensure, and CAPSS support compliance with federal requirements for criminal background checks of placement providers.

Prior to approval as a licensed foster home or an adoptive home, SCDSS requires all required background checks to be conducted. All applicants must obtain FBI Fingerprints, South Carolina Law Enforcement Division (SLED) Checks, Central Registry Checks, South Carolina Sex Offender Registry and National Sex Offender Registry checks.

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) provide 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. 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 17 years of age or younger
    - Criminal domestic violence
    - A felony drug-related offense under the laws of the State
    - Unlawful conduct toward a child
    - Cruelty to children
    - Child endangerment
    - Child sexual conduct with a minor in the first degree

Any other conviction(s) may be reviewed on a case by case basis but do not necessarily exclude the applicant from becoming a licensed foster parent.

The DSS office of Out of Home Abuse and Neglect (OHAN) receives reports of alleged abuse or neglect by foster parents towards foster children. If accepted, the investigation into the allegation begins within 24 hours of its receipt. An indicated investigation results in the revocation of the foster home license.

Information as it relates to licensure compliance, such as background investigation details, are documented in CAPSS within each provider record. The Background Information tab provides dates and results of each required background check. When the Results field populates "No Records Found," this indicates the person has met the background requirements. CAPSS will not allow licensure if requirements have not been met and entered.

There are several CAPSS reports related to licensure requirements, including report SL120- SR01 – License Requirements. This report pulls from the provider records within CAPSS and includes a column for background data where it can easily be determined if a particular provider does not meet the background requirements.

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 home are needed is occurring statewide?

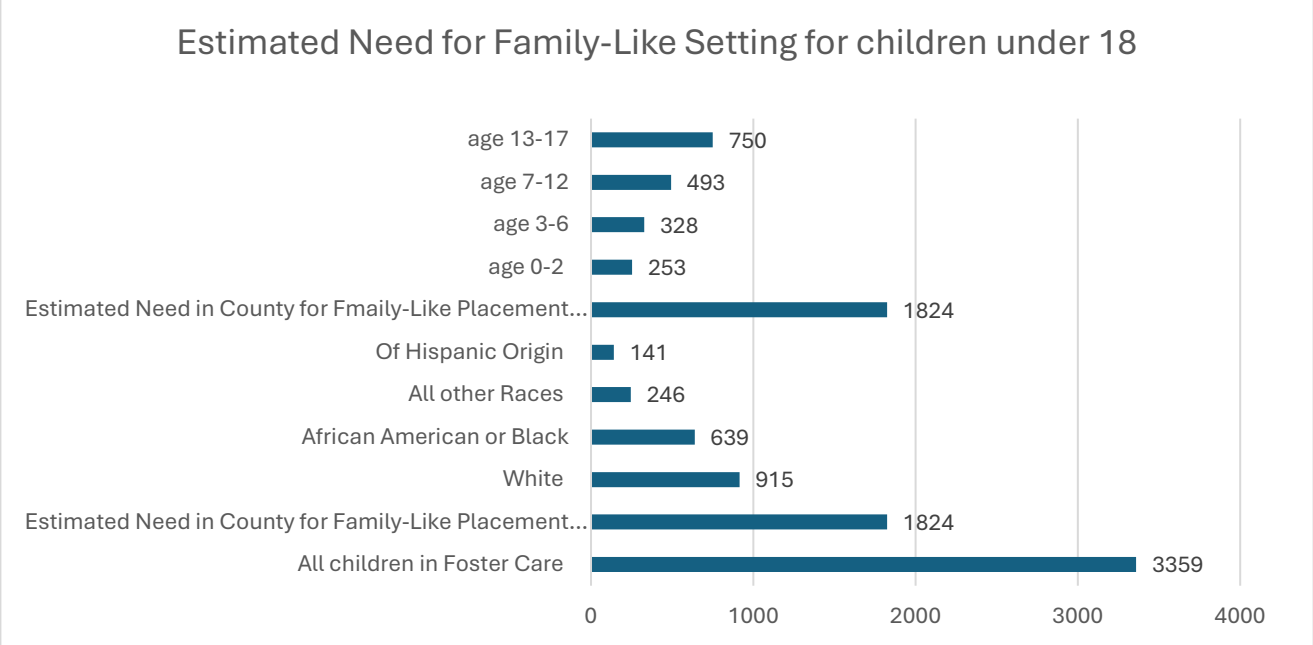
During the most recent statewide assessment in 2017, SCDSS rated this systemic factor as an Area Needing Improvement. SCDSS rates this as a Strength for Round 4. While SCDSS has made significant

progress since the 2017 statewide assessment in identifying and matching providers to the needs of children in foster care, there is still work to be accomplished in using data to target recruitment efforts to the populations and geographic locale of children in care.

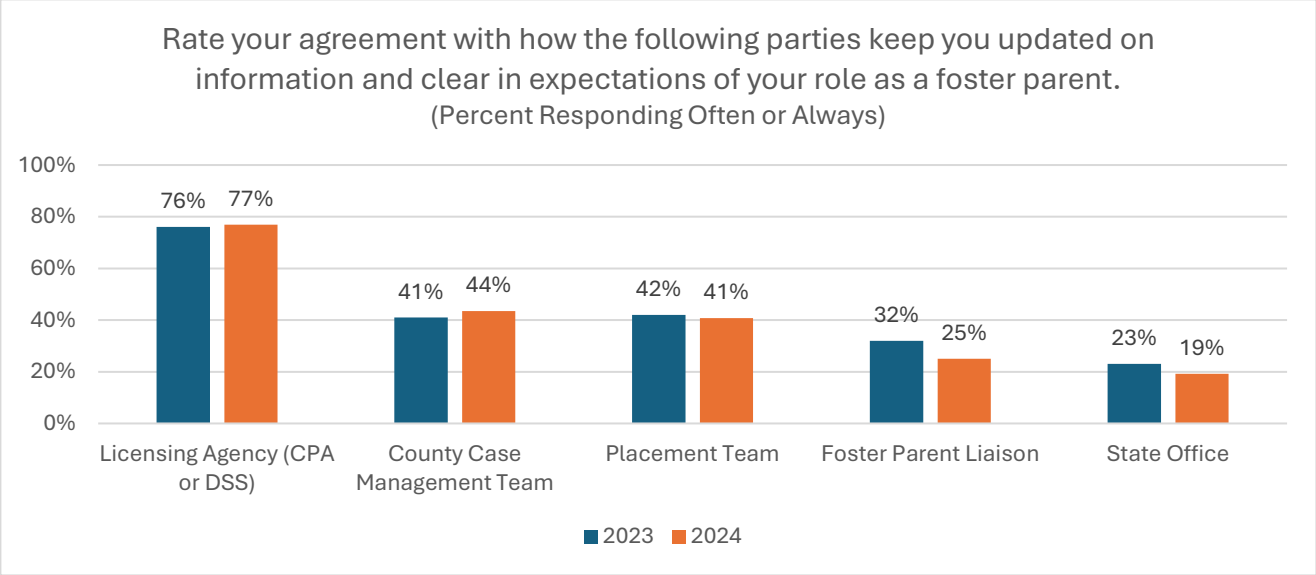
Currently, SCDSS's primary stakeholders for foster and adoptive parent licensing, recruitment, and retention are placement providers. Engaging with placement stakeholders, including the Foster Parent Association, CPAs, and congregate care providers, in data-driven discussions has allowed SCDSS to explain its methodology and describe the children most in need of foster homes. SCDSS regularly meets with these stakeholders to inform of ongoing placement needs.

SCDSS has a recurring monthly meeting with PAFCAF, a non-profit association for private agencies that provide care in emergency, long-term and adoptive settings. This partnership allows SCDSS and PAFCAF members to share information and troubleshoot issues as they arise.

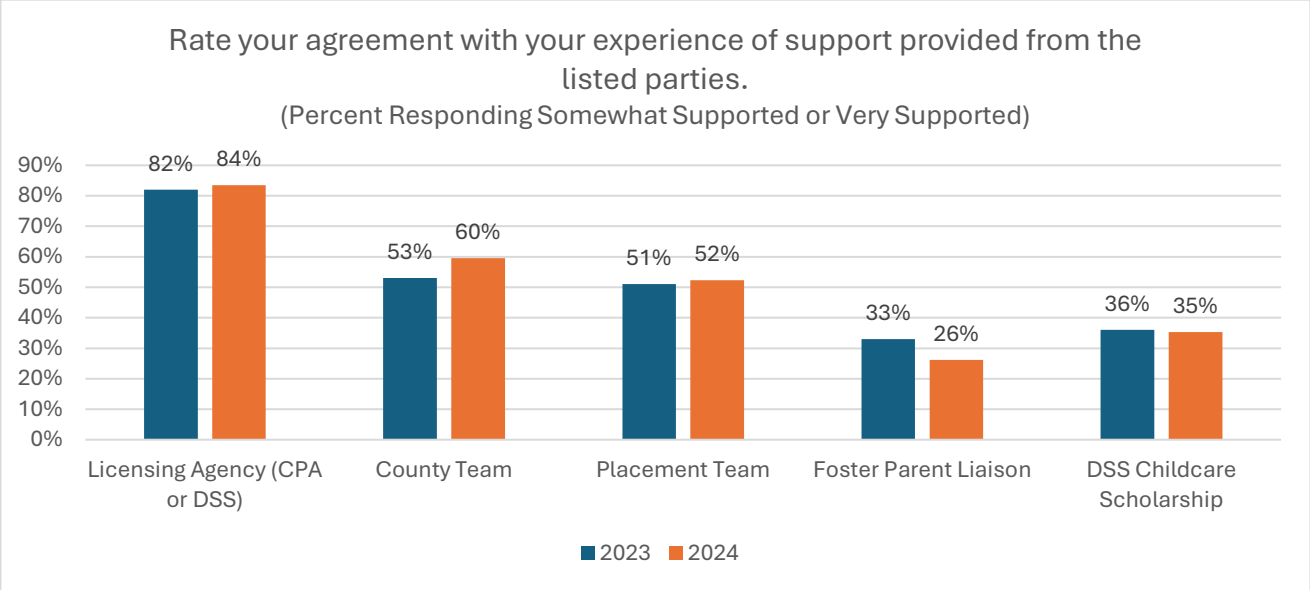
Additionally, SCDSS publishes a publicly-accessible Foster Home Placement Needs Report which examines the characteristics of every child under the age of 18 that is currently receiving foster care services which is then compared to the current population of foster homes to determine the specific need for more homes. This report is created by the ADR team to assist in assessing the state's need for foster homes that meet the needs of children in care.



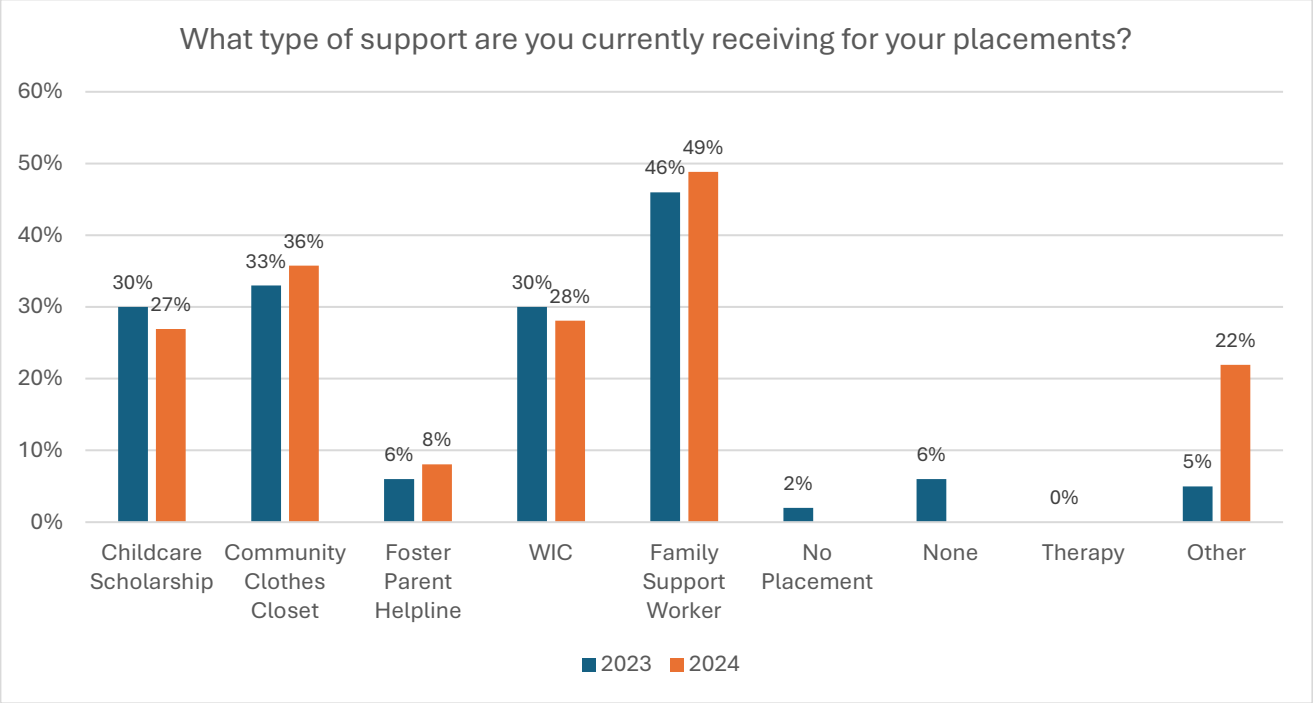
SCDSS gathers additional inputs from placement providers through the annual foster parent survey. This survey is used to better understand the training and ongoing support needs of foster parents. 2024 saw an increase on clear communication between foster parents and several parties with no sharp declines. Most clearly, this dataset shows foster parents are most likely to see their licensing agency, which may be SCDSS or a Child Placing Agency, as the primary source of information.



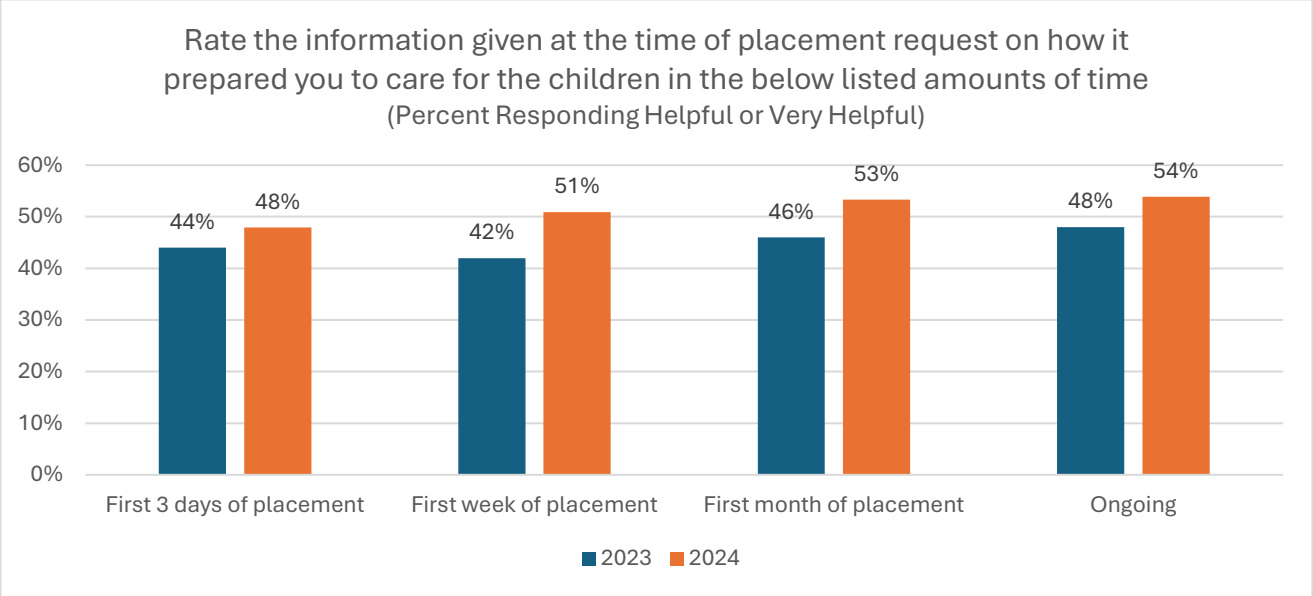
Respondents in 2024 are more likely to report feeling at least somewhat supported by nearly all parties involved in the placement and foster care process with a 13% increase in support from the county team. This point in particular is evidence of SCDSS's concerted and continued effort to support the workforce enabling them to in turn support children and families. Nearly all respondents reported feeling supported by their licensing agency.



Respondents in 2024 are also more likely to access most services with a 6.5% increase in accessing family support workers and a 9% increase in accessing community clothes closets. There was a sharp (340%) increase in providers reporting they had accessed a support service not listed. The survey provided respondents the opportunity to share supports that would be beneficial to maintaining children in their homes in the form of free text. SCDSS will use this data set to improve the support services to be provided to providers.



Respondents in 2024 were more likely to express that information given at the time of placement prepared them to care for children at all points in the case. This demonstrates SCDSS's ability to accurately communicate with placement providers about the needs of children in their care which leads to better placement stability for children.



Finally, SCDSS has secured a contract with a provider to build a software platform to track and monitor, among other features, the capacity of the foster parent array. Reports generated from this platform are expected to assist SCDSS and Child Placing Agencies to quickly identify gaps in the array guiding recruitment efforts, create efficiency in the licensing process, and boost overall performance in the licensure process.

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 placement for waiting children is occurring statewide?

During the most recent statewide assessment in 2017, SCDSS rated this systemic factor as an Area Needing Improvement. SCDSS rates this item as a Strength in Round 4.

SCDSS uses several adoptive exchanges for the recruitment and matching of children in care. The agency is continuing to identify needs in this area and partner with organizations to meet those needs. Additionally, ICPC efforts have strengthened to include policy and data enhancements via the CAPSS system.

Adoption recruitment

Referrals to the State Exchange through the SCDSS Adoption webpage are made for all children in the Agency's custody without an adoptive resource. Referrals to the national exchange (Adopt-US-Kids) are based on the child's legal status of being legally free without an adoptive resource.

National photo-listing: https://www.adoptuskids.org/meet-the-children/search-forchildren/search

Statewide photo-listing: https://portal.dss.sc.gov/adoptioninquiry/Search.aspx

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.

SCDSS continues partnering with numerous adoption services programs to promote finding permanent families for children in care. Diligent recruitment efforts continue through child- specific and generalized recruitment efforts. The Regional Adoption Offices utilizes child-specific (one-on-one individualized plan for a child based on the child's specific needs) recruitment strategies which engages both youth and families together and allows both the opportunity to take an active role in the selection process. Furthermore, SCDSS State Office Adoptions has implemented a centralized recruitment effort where home studies are reviewed and those who are a possible match for a child on active recruitment is forwarded to the Adoption Specialist for review.

South Carolina Heart Gallery

SCDSS uses the Heart Gallery to secure adoptive families for children that are legally free and do not have an adoptive resource. Contract monitoring requires quarterly reports from the Heart Gallery to monitor activities. Heart Gallery activities include photoshoots, community events, website and other media highlights, and family engagement activities. Heart Gallery is required to report to SCDSS the numbers of these events, as well as intake applications completed, and the number of children matched. The Heart Gallery conducts activities including photo shoots, community events, website and other media communications, and family engagement activities.

In collaboration with SCFPA, the CPAs, and the SC Heart Gallery, SCDSS has developed and is actively promoting the following targets:

1. Increase the number of licensed kinship placements
2. Focus on child-specific recruitment efforts based on current need
    a. Non-Kin Foster Homes
    b. Therapeutic Foster Homes
    c. Foster Homes for Sibling Groups
    d. Foster Homes for Teens
    e. Foster Homes for Victims of Sex Trafficking
3. Increase retention by improving relationships with current foster families

Interstate Compact on the Placement of Children (ICPC)

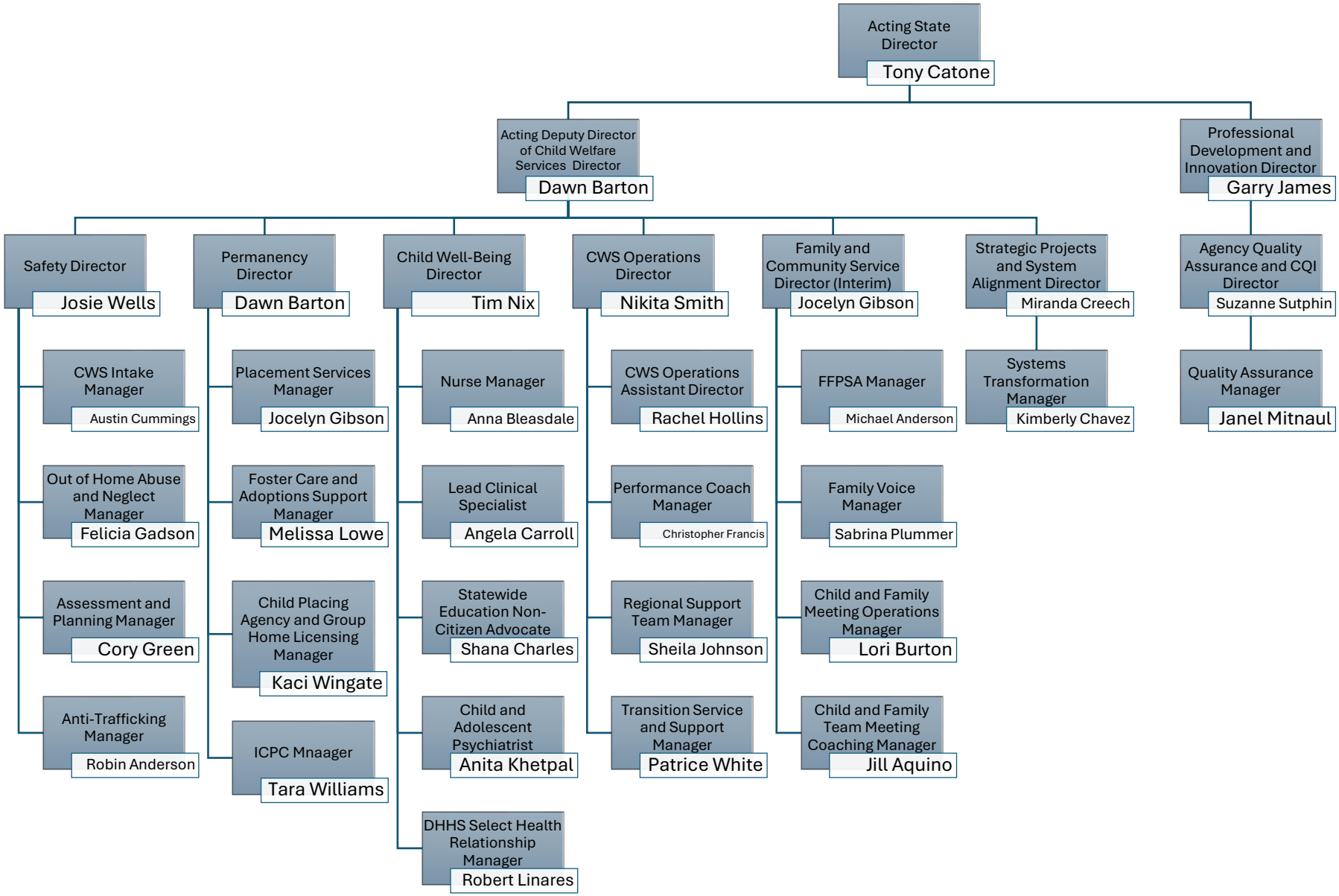
The Interstate Compact on the Placement of Children (ICPC) is an administrative and legal framework that facilitates foster care and adoptive placement of children across state lines. The Compact is a formal contractual agreement among states, enacted as statutory law, which promotes interstate cooperation 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.

Since the 2017 statewide assessment, a tab was established in CAPSS to provide a systematic way to accurately track data for ICPC activities for relevant cases. This tab includes a digital copy of the 100A ICPC request form, the date it was received, status, provider information, determination, and determination date. Transmittal history can also be reviewed to include the transmittal date, date received, status, and states involved.

SCDSS policy was updated in 2022 to clearly outline the procedures and requirements for ICPC as both a receiving and sending state, including the requirement to process completed requests received by the SC ICPC State Office within 60 days.

The state data profile and other appendices can be requested from the state or the Children's Bureau.

Appendix B: SCDSS Child Welfare Services Organization Chart



Appendix C: Pathways to Substantial Conformity Tables

Child and Family Outcomes

CFSR Outcome	Items and Ratings
Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect. **Not in Substantial Conformity**	Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment – **ANI**
Safety Outcome 2: Children are safely maintained in their home whenever possible and appropriate. **Not in Substantial Conformity**	Item 2: Services to Family to Protect Children in the home and Prevent Removal or Re-Entry into Foster Care – **ANI**
	Item 3: Risk and Safety Assessment and Management – **ANI**
Permanency Outcome 1: Children have permanency and stability in their living situations. **Not In Substantial Conformity**	Item 4: Stability of Foster Care Placement – **ANI**
	Item 5: Permanency Goal for Children – **ANI**
	Item 6: Achieving reunification, guardianship, adoption, or other permanent planned living arrangement – **Strength**
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children. **Not in Substantial Conformity**	Item 7: Placement with Siblings – **ANI**
	Item 8**:** Visiting with Parents and Sibling in Foster Care – **Strength**
	Item 9: Preserving Connections – **Strength**
	Item 10: Relative Placement – **Strength**
	Item 11: Relationship of Child in Care with Parents - **ANI**
	Item 12: Needs and Services of Child, Prants, and Foster Parents – **ANI**
	Item 13: Child and Family Involvement in Case Planning – **ANI**
Child and Family Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs. **Not in Substantial Conformity**	Item 14: Caseworker Visits with Child – **Strength**
	Item 15: Caseworker Visits with Parents – **ANI**
	Item 16: Education Need of the Child – **ANI**
	Item 17: Physical Health of the Child – **ANI**
Child and Family Well-Being Outcome 2: Children receive appropriate services to meet their educational needs **Not in Substantial Conformity**	Item 18: Mental/Behavioral Health of the Child – **ANI**
Child and Family Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs. **Not in Substantial Conformity**	

CFSR Systemic Factors

Systemic Factor 1: Statewide Information System **In Substantial Conformity**	Item 19: Statewide Information System – **Strength**
Systemic Factor 2: Case Review System **In Substantial Conformity**	Item 20: Written Case Plan – **Strength**
	Item 21: Periodic Reviews – **Strength**
	Item 22: Permanency Hearing – **Strength**
	Item 23: Termination of Parental Rights – **Strength**
	Item 24: Notice of Hearings and Reviews to Caregivers – **ANI**
Systemic Factor 3: Quality Assurance System **In Substantial Conformity**	Item 25: Quality Assurance System – **Strength**
Systemic Factor 4: Staff and Provider Training **In Substantial Conformity**	Item 26: Initial Staff Training – **Strength**
	Item 27: Ongoing Staff Training – **ANI**
	Item 28: Foster and Adoptive Parent Training – **Strength**
Systemic Factor 5: Service Array and Resource Development **Not in Substantial Conformity**	Item 29: Array of Services – **ANI**
	Item 30: Individualizing Services – **ANI**
Systemic Factor 6: Agency Responsiveness to the Community **In Substantial Conformity**	Item 31: State Engagement and Consultation with Stakeholder Pursuant to CFSP and APSR - **Strength**
	Item 32: Coordination of CFSP Services with other Federal Programs – **Strength**
Systemic Factor 7: Foster and Adoptive Parents Licensing, Recruitment, and Retention **In Substantial Conformity**	Item 33: Standards Applied Equally – **Strength**
	Item 34: Requirement for Criminal Background Checks – **Strength**
	Item 35: Diligent Recruitment of Foster and Adoptive Homes – **Strength**
	Item 36: State Use of Cross-Jurisdictional Resources for Placement - **Strength**