

# Department of Social Services

## Strategic Plan Fiscal Year 2003-2004

Issued June 13, 2003

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The Department of Social Services Strategic Plan is an evolving tool for managers to establish and communicate key performance goals, to highlight some of the methods for achieving those goals, and to measure improvement. No element of the Strategic Plan shall be construed to define or establish a legal standard of care or duty of care to any individual or group of individuals. The Strategic Plan is not a tool to evaluate the work of any individual employee. Employee performance will continue to be measured using the tools and procedures established by the Division of Human Resource Management. The Strategic Plan is a flexible working tool designed to meet changing management needs and priorities. Therefore, it may be revised or updated at any time without notice.

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Issued June 13, 2003  
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**Strategic Plan**  
**SC Department of Social Services**  
**Fiscal Year 2003-2004**

A. **Mission<sup>1</sup>**: To ensure the safety and health of children and adults who cannot protect themselves, and to assist those in need of food assistance and temporary financial assistance while transitioning into employment.

- B. **Programs<sup>2</sup>**:
- 1. Child Welfare** – The program administered to ensure the safety and health of children. This system of services includes Child Protective Services, Foster Care, Managed Treatment, Adoption Services, and Day Care Regulatory & Licensing.
  - 2. Adult Protection** - The program administered to ensure the safety and health of vulnerable adults.
  - 3. Family Independence** – The program that assists those in need of temporary financial and employment related assistance.
  - 4. Family Nutrition** – The program that assists those in need of food assistance.
  - 5. Child Support Enforcement** - The program that enforces orders for child support, establishes paternity for children when paternity is an issue, and provides locate services when whereabouts are unknown.

C. **Program Outcomes, Measures, and Objectives<sup>3</sup>**:

I. **Child Welfare Outcomes and Measures** (Mandated through Federal Register, January 25, 2000. Department of Health and Human Services, Administration for Children and Families. 45 CFR Parts 1355, 1356, and 1357; Final Rule). Federal outcomes are mandated in three general areas: **Safety, Permanency, and Well-Being**. These have been adopted as Agency outcomes.

A. **Safety**

1. **Outcome - Children are, first and foremost, protected from abuse and neglect.**

a. **Measure 1.1:** Timeliness of initiating investigations on reports of child maltreatment. (Example: A report of sexual abuse requires a face-to-face contact with the child within 0-2 hours; a report of severe abuse requires a 0-2 hour response; other reports such as neglect have a response time of up to 24 hours depending upon the risk to the child).

i. **Objective:** = < 24 hours (State Law – no federal standard)

ii. **Strategies<sup>4</sup>:**

1. Conduct effective investigations and assessments that identify the nature of the maltreatment and risk, the responsible parties, and reach some opinion about the cause.

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**Assumptions:**

<sup>1</sup> **Mission** is the overarching goal of DSS (Agency).

<sup>2</sup> **Programs** are the system of services, opportunities or projects designed to meet the DSS mission.

<sup>3</sup> **Outcomes** are the desired conditions necessary to successfully implement DSS programs; **Measures** are the elements of each outcome that define actions to be taken; **Objective** is a measurable standard which DSS must attain in order to successfully accomplish its outcomes.

<sup>4</sup> **Strategies** are the overall plans or methods for achieving DSS objectives and will form the basis for State and County action plans.

2. Ensure all data and reports are logged into a federally approved collection system.
  3. Ensure state response timeframes are adhered to.
  4. Cooperate with criminal prosecution as appropriate.
- b. **Measure 1.2:** Recurrence of maltreatment – Of all children who were victims of indicated reports of child abuse and/or neglect during the first 6 months of the reporting period (Oct. 1-Sept. 30<sup>5</sup>), what percentage had another indicated report within a subsequent 6-month period? (Example: A second indicated report of maltreatment is received within six months of the initial report).
- i. **Objective:** = < 6.1% (Federal standard)
  - ii. **Strategies:**
    1. Ensure the family and all involved parties are included in the development of the treatment plan.
    2. Address family well being issues monthly, continue the assessment of the safety and risk of the family, ensure that individualized treatment services (such as domestic violence and alcohol drug services) are in place, and determine if court intervention is necessary.
    3. Assess families for economic services (Family Independence, Food Stamps, or Medicaid).
    4. Link families to community resources (mental health, drug and alcohol, etc.)
- c. **Measure 1.3:** Incidence of child abuse and/or neglect in foster care – Of all<sup>1</sup> children who were in foster care during the reporting period, what percentage was indicated for maltreatment by a foster parent or facility staff? (Example: An indicated report of maltreatment to a foster child by a foster parent or facility staff member).
- i. **Objective:** = < 0.57% (Federal standard)
  - ii. **Strategies:**
    1. Build the capacity of foster care providers in order to provide a stable substitute placement option.
    2. Provide respite care for foster parents for the purpose of relieving stress.
    3. Ensure that the foster care worker visits in the home with the foster parents and children to observe interactions. (State law requires monthly visits)
    4. Assess family well-being issues with the foster family and child(ren) at least monthly addressing physical, psychological, and educational needs of the child and family.
2. **Outcome - Children are safely maintained in their own homes whenever possible and appropriate.**
- a. **Measure 2.1:** Ensure that services are arranged for or provided to the family to protect children in the home and prevent removal – Of all children in treatment during the reporting period, what percentage was the subject of subsequent indicated reports of maltreatment? (Example: As an alternative to foster care placement, treatment services are provided in the home to the children and all appropriate family members).
- i. **Objective:** = < 6.1% (Agency established objective)
  - ii. **Strategies:**
    1. Ensure the family and all involved parties are included in the development of the treatment plan.

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<sup>5</sup> The reporting period is always October 1 thru September 30.

2. Continually assess safety and risk of the child and family, address family well-being issues, and ensure that the individualized treatment plan addresses needs by connecting services (i.e. domestic violence and alcohol drug services) to the family. (Example: if the family refuses to cooperate proceed with court intervention).
  3. Assess families for economic services (Family Independence, Food Stamps, or Medicaid).
  4. Provide placement prevention services (i.e. family support) to the family to protect the child in his/her own home.
  5. Conduct monthly home visits.
- b. **Measure 2.2:** Risk of harm to child. Intervention was taken by the Agency to reduce or remove the risk of harm to the child(ren). Of all unfounded reports during the reporting period, what percentage was the subject of subsequent reports within six months of the initial report? Also, of all screened out reports during the reporting period, what percentage had a subsequent report within six months of the initial report? (Example: A second report of maltreatment is received within six months of the initial report, and we previously either screened out or unfounded the report.)
- i. **Objective:** (Agency objective to be determined after data is collected<sup>6</sup>)
  - ii. **Strategies:**
    1. Case worker should consider the following when assessing safety and risk to children:
      - a. What is the nature of the risk of harm to the child?
      - b. What is needed to reduce or remove the risk of harm to the child?
      - c. How is risk addressed through services?
      - d. Through continuous assessment of safety and risk to the child (during the period of intervention) determine if further intervention is necessary. If the level of risk has changed, intervene timely in the appropriate manner or move towards case closure.

## B. Permanency

### 3. Outcome - Children have permanency and stability in their living situations.

- a. **Measure 3.1:** Incidence of foster care re-entries – Of all children who entered care during the year under review (Oct. 1- Sept. 30), what percentage re-entered foster care within 12 months of a prior foster care episode (a child's stay in foster care)? (Example: Subsequent to a child being returned to his parent from foster care, another report was received and the child was again removed from the parent and placed in foster care).
  - i. **Objective:** = < 8.6% (Federal standard)
- b. **Measure 3.2:** Stability of foster care placement – Of all children who have been in foster care less than 12 months from the time of the latest removal from home, what percentage had not more than two placement settings (foster home, group home, children's home, institution, etc.)? (Example: Children in care less than 12 months who have not been placed in more than two foster/group homes or facilities).
  - i. **Objective:** = > 86.7% (Federal standard)
- c. **Measure 3.3:** Length of time to achieve reunification – Of all children who were reunified with their parents or caretaker, at the time of discharge from foster care,

<sup>6</sup> This data has not been collected until recently; therefore, standards will be determined in the future.

what percentage were reunified in less than 12 months from the time of the latest removal from home? (Example: Child in foster care is returned home within twelve months of being removed from the home).

- i. **Objective:** = > 76.2% (Federal standard)
- d. **Measure 3.4:** Length of time to achieve adoption – Of all children who exited from foster care during the year under review (Oct. 1 – Sept. 30) to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (Example: Adoption is finalized within 24 months of a child entering foster care).
  - i. **Objective:** = > 32% (Federal standard)
  - ii. **Strategies:** (for measures 3.1 – 3.4)
    1. Conduct effective investigations and assessments that identify the nature of the maltreatment and risk, the responsible parties, and reach some opinion about the cause.
    2. Ensure the child is placed in the most appropriate placement.
    3. Ensure the assessment of the birth family to include all involved parties in the development of individualized treatment and placement plans. (Pursuant to ASFA and South Carolina Statute 20-7-764)
    4. Consider relatives of both birth parents earlier in the process, as placement options. (Do not wait until late in the TPR process to conduct diligent search efforts for other family members who may be interested in providing a home for the child).
    5. Target recruitment of adoptive and foster families to meet the needs of the children in care.
    6. Institutionalize a process for concurrent planning (planning to return a child home, while at the same time planning to terminate parental rights if the plan to return home is unsuccessful) in every case, to include adoption staff at the beginning of the planning process.
    7. Treatment planning that clearly indicates all efforts by the Agency to assist the birth parent; clear goals for the birth parents so they will know what is required for reunification; ensuring birth parents understanding that non-compliance with the treatment plan will result in the termination of their parental rights and adoption.
    8. Services and goals in the treatment plan are designed to reduce the sources of risk to the child within a reasonable time, no later than one year from the date of removal.
    9. Continually assess the appropriateness of services and progress towards goals to determine whether the treatment plan should change and/or whether the permanency plan should change before the 12-month permanency planning hearing.
    10. Schedule a permanency planning hearing earlier than 12 months from removal to return the child home or to advise the court of a change to the permanency plan; initiate a new permanency plan of TPR before the expiration of the first year in foster care when grounds exist and assessment indicates reunification is unlikely even with additional time.
    11. Adoption case management after TPR through finalization and post adoption services.
- e. **Measure 3.5:** Permanency goal for child – Of all children who have been in foster care for 15 of the most recent 22 months, what percentage has the Agency filed or joined a petition to terminate parental rights? (Example: Of the children who have been in care 15 of the most recent 22 months, the number and percent for which the Agency has filed a TPR petition).

- i. **Objective:** => 45% (Agency established objective)
  - ii. **Strategies:**
    - 1. Conduct effective investigations and assessments that identify the nature of the maltreatment and risk, the responsible parties, and reach some opinion about the cause.
    - 2. Treatment planning that indicates all efforts by the Agency to assist birth parents; clear goals for the birth parents so they will know what is required for reunification; ensuring birth parents understanding that non-compliance with the treatment plan will result in the termination of their parental rights and adoption.
    - 3. Institutionalize a process for concurrent planning (planning to return a child home, while at the same time planning to terminate parental rights if the plan to return home is unsuccessful) in every case, to include adoption staff at the beginning of the planning process.
    - 4. At the six-month in-house review, assess whether the plan should be return home, or termination of parental rights (TPR). Continually assess the appropriateness of services and progress towards goals to determine whether the treatment plan should change and/or whether the permanency plan should change to TPR and adoptions. If so, file the TPR complaint within 60 days of the permanency plan change. (In certain cases file the TPR complaint at the merits hearing and/or prior to the permanency planning hearings for certain incidents of severe abuse and neglect or a pattern of abuse and neglect. (Example: severe burns, shaken baby syndrome, severe broken limbs as the direct result of physical abuse.)
    - 5. Reunify or hold the permanency planning hearing prior to the first year in foster care when grounds exist and assessment indicates reunification is unlikely even with additional time.
  - f. **Measure 3.6:** Permanency goal of other planned living arrangement – Of all children in foster care, what percentage have a permanency goal of emancipation (independent living services) or a planned permanent living arrangement other than adoption, guardianship, or return to family<sup>7</sup>? (Example: Number of children with plans of permanent foster care or independent living).
    - i. **Objective:** =< 20% (Agency established objective)
    - ii. **Strategies:**
      - 1. Consider emancipation or other permanent living arrangements only after adoption, guardianship or return to family has been ruled out as a viable option.
      - 2. Ensure that there are compelling reasons for the selected permanency plan.
      - 3. Conduct assessments and develop individualized plans in conjunction with the child to address education, employment and housing needs.
      - 4. Review plan for continued appropriateness, while services are being provided.
4. **Outcome - The continuity of family relationships and connections are preserved for children.**
- a. **Measure 4.1:** Proximity of foster care placement. (Example: Child is placed as close to his/her home community as possible). Of all foster children (excluding MTS children) what percentage are placed within the county of origin?
  - b. **Measure 4.2:** Placement with sibling.

<sup>7</sup> For the purposes of this planning document the term family (federal language) is defined as the birth parents or other relatives.

- c. **Measure 4.3:** Visiting with parents and siblings in foster care.
- d. **Measure 4.4:** Preserving connections.
- e. **Measure 4.5:** Placement with a relative.
- f. **Measure 4.6:** Relationship of child in care with birth parents.
  - i. **Objective:** => 70% (Agency established objective)
  - ii. **Strategies:** (for measures 4.1 – 4.6)
    - 1. Limit the number of abused/neglected children entering foster care to those who are at an unreasonable risk of harm in their home.
    - 2. Ensure the family and involved parties are included in the development of the treatment plan (making decisions as a team).
    - 3. Consider relatives of both birth parents, first, in the placement decision process.
    - 4. Ensure that the child is placed in the most appropriate home within their community.
    - 5. Target recruitment of adoptive and foster families to meet the needs of the children in care.
    - 6. Institutionalize a process for concurrent planning in every case.

### C. Child and Family Well-Being (In-home and Out-of-home)

#### 5. Outcome - Families have enhanced capacity to provide for their children's needs.

- a. **Measure 5.1:** Services provided to meet needs of child, parents, foster parents
- b. **Measure 5.2:** Child and family involvement in case planning
- c. **Measure 5.3:** Worker visits with child
- d. **Measure 5.4:** Worker visits with parents.
  - i. **Objective:** Monthly face to face visits with foster children (State law)
  - ii. **Strategies:** (for measures 5.1 – 5.4)
    - 1. Conduct effective investigations and assessments that identify the nature of the maltreatment and risk, the responsible parties, and reach some opinion about the cause.
    - 2. Ensure that the child is placed in the most appropriate home.
    - 3. Target recruitment of adoptive and foster families to meet the needs of the children in care.
    - 4. Ensure that the family and involved parties are included in the development of the treatment plan.
    - 5. Consider relatives of both birth parents, first, in the placement decision process. (Do not wait until late in the TPR process to conduct diligent search efforts for other family members who may be interested in providing a home for the child).
    - 6. Institutionalize a process for concurrent planning in every case.
    - 7. Ensure that the foster care worker visits in the home with the foster parents and children to observe interactions. (This strategy pertains to measure 5.1)
    - 8. Assess family well-being issues with the foster family and child(ren) at least monthly addressing physical, psychological, and educational needs of the child and family.
    - 9. Increase visits between the children in care and their birth parents, when appropriate, for children with a plan of return home. (Example: in the case of an infant, more frequent visitation may be needed).

6. **Outcome - Children receive appropriate services to meet their educational needs.**
- a. **Measure 6.1:** Educational needs of the child. Of all children that age out of foster care, what percentage graduate from high school? Compare PACT scores among children in foster care with general population.
    - i. **Objective:** (Agency objective to be determined after data is collected)
    - ii. **Strategies:**
      1. Provide appropriate access to developmental testing and other educational services necessary to help children improve. (Example: tutoring services).
      2. Have the birth parents (in-home placements) or foster parents (out-of-home placements) access progress reports for children.
      3. Monitor progress reports on children and record in case file.
7. **Outcome - Children receive adequate services to meet their physical and mental health needs.**
- a. **Measure 7.1:** Physical health of the child. Children in foster who need medical services are receiving those services.
  - b. **Measure 7.2:** Mental health of the child. Children in foster care who need mental health services are receiving those services.
    - i. **Objective:** 72 hours (Services are in place within 72 hours of established need. (Agency established objective)
    - ii. **Strategies:** (for measures 7.1 –7.2)
      1. Ensure the birth parents (in-home placements) or foster parents (out-of-home placements) schedule and follow up with routine physical examinations for children.
      2. Ensure developmental testing of children are completed early to determine needs and to establish baselines for measuring improvement.
      3. Monitor and assess services to children through reports from, and interaction with, providers.
      4. Observe the behaviors of the child, discuss behaviors and needs of the child during visits, and share that information with service providers.

**Child Daycare Licensing and Regulatory Services** (Mandated in the South Carolina Child Daycare licensing law, Section's 20-7-27 through 20-7-3098) Mandated to establish state wide minimum regulations for Childcare and Childcare facilities. (No Federal mandate)

8. **Outcome – Children's health and safety will be protected in childcare settings to include the improvement of the quality of childcare facilities.**
- a. **Measure 8.1:** Number of unannounced visits
  - b. **Measure 8.2:** Number of closures
  - c. **Measure 8.3:** Number of revocations
  - d. **Measure 8.4:** Number of licensed facilities
    - i. **Objective:** Two unannounced visits annually to all licensed childcare facilities and registered churches.
    - ii. **Strategies:**
      1. Streamline fingerprint process to ensure childcare staff is appropriately screened prior to hiring.
      2. Investigate complaints within five business days
      3. Make referrals to other agencies as appropriate (State Fire Marshall, DHHEC, USDA Food program, ABC voucher program)

**II. Adult Protection Outcomes and Measures** (Mandated by S.C. Code of Laws Title 43 Chapter 35)

There are no federal or state required outcomes. State law defines vulnerable adults and the required service provisions for the agency.

**1. Outcome - Reduce recurrence of abuse/neglect, self-neglect, and exploitation of vulnerable (person 18 or older who is either subjected to or at risk of abuse, neglect or exploitation) adults.**

a. **Measure 1.1:** Of all vulnerable adults who were victims of abuse, neglect, self-neglect, or exploitation during the first 6 months of the reporting period, what percentage had another indicated report within a 6-month period? (Example: A second indicated report of maltreatment is received within six months of the initial report).

i. **Objective:** = < 6.1% (Agency established objective)

ii. **Strategies:**

1. Diligently search for a responsible family member.
2. Include family members and all relevant parties in the treatment planning process addressing well being issues (primarily health).
3. Ensure that the vulnerable adult is involved in treatment planning.
4. Ensure that treatment planning addresses the source of risk to the adult and provides for appropriate services.
5. Access and arrange community services that will support the self-sufficiency of the adult and reduce risk of harm.
6. Arrange appropriate placement when the adult cannot be maintained safely in his or her own home.
7. Ensure that the vulnerable adult is safe in the least-restrictive setting consistent with the client's risk factors, strengths, and needs. Court custody and involuntary placements are "last-resort" options to keep the victim safe from further maltreatment. (Example: Homemaker services could be provided in order to maintain the adult in his or her own home.)
8. Cooperate with criminal prosecution as appropriate.

**III. Family Independence** (Mandated by Federal - H.R. 3734 Personal Responsibility and Work Opportunity Reconciliation act of 1996; State - The South Carolina Family Independence Act of 1995 has been codified into the S.C. Code of Laws Title 20 Chapter 7 Sections 940, 9505, 9545). There are no federal or state outcomes. Federal regulations require that state agencies meet certain work participation requirements. State Law requires that county offices have job placement goals. Objectives are established by the Agency for the purpose of improving program effectiveness.

**1. Outcome – Expedite Family Independence (FI) services to eligible children and families.**

a. **Measure 1.1:** Number of cases served monthly. Of all case denials, what percentage was denied due to procedural reasons?

i. **Objective:** =< 40% (Agency established objective)

ii. **Strategies:**

1. Timely approval of eligibility.
2. Accurate determination of eligibility.
3. Accurate negative actions (closures and denials).
4. Provide individualized services to families.

**2. Outcome - Maximize number of clients placed in employment**

a. **Measure 2.1:** Number of individuals obtaining employment.

i. **Objective:** 11,280 countable job placements per year (Agency established objective)

ii. **Strategies:**

1. Maximize resources that are available through other agencies to increase employment and training opportunities.
2. Increase employment opportunities for clients by working with employers to meet client needs.

b. **Measure 2.2:** Of the FI cases with one or more adults, what percentage is participating in a combination of work and other countable activities for the required number of hours?

i. **Objective:** 50% of the cases with one or more adults (Federal All Parent Requirement); and 90% of FI cases with one or more adults (Federal Two Parent Requirement)

ii. **Strategies:** (for Measures 2.1 - 2.2)

1. Ensure the FI family is included in the development of the Family Plan and the Individual Self-Sufficiency Plan.
2. Address employment options (education level, training needs, available jobs, work history, community service slots, work experience slots, OJT, etc.)
3. Address barriers to employment to include, but not limited to physical health, developmental, mental health, alcohol and drug issues, etc.
4. Provide support services to include, but not limited to transportation, child care, and other work related items.
5. Focus on employable clients and those others who are included in participation requirements, ensuring that everyone possible is in a countable work activity, which moves the client toward employment, for the required number of hours.
6. Increase case closure due to earnings.
7. Reduce the number of cases closed due to time limits.
8. Increase job retention.
9. Improve the process of claim detection by eligibility staff and improve claim collections.

**3. Outcome - Reduce Pregnancy among adolescents between ages 11 and 18**

a. **Measure 3.1:** Teen Pregnancy rate among adolescents participating in the Community Adolescent Pregnancy Prevention Program (CAPP). (By county, compare the average adolescent pregnancy rate among CAPP participants between the ages of 11 and 18, during the reporting period, to the average rate among adolescents between the ages of 11 and 18 participating in the previous year.)

i. **Objective:** 2% statewide rate reduction

ii. **Strategies:**

Monitor the implementation of services provided by the Community Adolescent Pregnancy providers to ensure outcomes are obtained.

**IV. Family Nutrition** (Mandated by Code of Federal Regulations: Title 7, Subtitle B, Chapter 2) There are Federal High Performance Bonus Standards. Outcome objectives are established by the agency for the purpose of Improving program effectiveness.

1. **Outcome - Maximize eligible households' access to the Food and Nutrition Programs**

- a. **Measure 1.1:** Number of eligible cases and recipients served each month.
- b. **Measure 1.2:** Achieve the Federal High Performance bonus standards. (Comparison of food stamp recipients to persons in poverty.)
  - i. **Objective:** => 75% (Agency established objective)
    - 1. Timely processing of applications.
    - 2. Payment accuracy.
    - 3. Negative error rate.
  - ii. **Strategies:**
    - 1. Reduce clients who voluntarily withdraw applications.
    - 2. Ensure case closures are limited to ineligible clients.
    - 3. Reduce closure due to procedural reasons.
    - 4. Assess families for food stamp eligibility who present themselves for other core programs.
    - 5. Encourage participation in employment and training services.
    - 6. Establish and collect claims due to overpayment.
    - 7. Improve the process of claim detection by eligibility staff and improve claim collections.
- c. **Measure 1.3:** Increase the number of summer feeding sites.
  - i. **Objective:** 1,366 sites (Agency established objective)
- d. **Measure 1.4:** Increase the number of feeding sites in after school programs.
  - i. **Objective:** 150 sites (Agency established objective)
- e. **Measure 1.5:** Increase the number of pantry sites distributing commodities.
  - i. **Objective:** 575 sites (Agency established objective)
- f. **Measure 1.6:** Increase the number of Child and Adult care food program homes and centers.
  - i. **Objective:** 1,614 homes/centers (Agency established objective)

V. **Child Support Enforcement** (Mandated by Social Security Act, Title IV-D; 45 CFR Parts 301, 302, 303, 304, and 307; S.C. Code §20-7-840 through 20-7-1329; S.C. Code §20-7-9505 through 20-7-9575; S.C. Code §43-5-220 through 43-5-600)

1. **Outcome - Children who are born out of wedlock have paternity established in a timely fashion.**

- a. **Measure 1.1:** Paternity Establishment Percentage (PEP)
  - i. **Objective:** 2% increase over PEP from the previous Federal Fiscal (Federal standard)
  - ii. **Strategies:**
    - 1. Locate alleged parents within seventy-five (75) days of receipt of the referral or application for services.
    - 2. Schedule paternity determination conferences or hearings through administrative or judicial processes, and accomplish service of process, within ninety (90) days of confirming the alleged parent's address.
    - 3. Enhance service of process by increasing the level of communication of regional offices with the Clerks of Court and Sheriff's Departments in the 46 counties of the state.
    - 4. Provide on-site genetic testing services in every county on new case conference/hearing dates.

**2. Outcome - Children with one or both parents absent from the home receive adequate financial support from their absent parent(s).**

- a. **Measure 2.1:** Support Orders Established
- i. **Objective:** => 50% of open cases have orders established (Federal standard)
  - ii. **Strategies:**
    1. Locate alleged parents within seventy-five (75) days of receipt of the referral or application for services.
    2. Schedule support establishment conferences or hearings through administrative or judicial processes, and accomplish service of process, within ninety (90) days of confirming the alleged parent's address.
    3. Enhance service of process by increasing the level of communication of regional offices with the Clerks of Court and Sheriff's Departments in the 46 counties of the state.
    4. Decrease the number of contested cases requiring additional adjudication by providing non-custodial parents with clear, concise information about the South Carolina Child Support Guidelines.
- b. **Measure 2.2:** Current Support Collected.
- i. **Objective:** => 40% of current support in open cases collected as ordered (Federal standards)
  - ii. **Strategies:**
    1. Implement wage withholding to the greatest extent possible.
    2. Make use of new hire reporting data to ensure continuation of support payments following job changes.
    3. Through close coordination with Clerks of Court in all 46 counties, make use of rules to show cause, bench warrants and other civil contempt procedures to ensure that obligors do not fall far behind in their support obligations.
- c. **Measure 2.3:** Child Support arrears collected
- i. **Objective:** => 40% of open cases with arrears have a collection during the fiscal year (Federal standard)
  - ii. **Strategies:**
    1. Make use of income tax refund intercepts (federal and state) if the arrears exceed \$500 (\$150 in TANF cases).
    2. Make use of the Financial Institution Data Match (FIDM) to seize bank accounts if arrears exceed \$1,000.
    3. Place liens on real and/or personal property belonging to the obligor if arrears exceed \$1,000.
    4. Request revocation of any state-issued licenses, as appropriate, in conjunction with arrears collection efforts.
    5. Intercept lottery winnings.
    6. Request passport denial and/or revocation from the U.S. Department of State if arrears exceed \$5,000.

**3. Outcome - Children receive medical insurance coverage whenever such coverage is available through the non-custodial parent's or custodial parent's employer at reasonable cost.**

- a. **Measure 3.1:** Medical Support Orders Established
- i. **Objective:** => 25% (Agency established objective)
  - ii. **Strategies:**
    1. Address the issue of medical support in all new orders for support.
    2. Address the issue of medical support in all review orders.

3. Provide credit for medical insurance premiums, on an as-paid basis, through the application of the South Carolina Child Support Guidelines.
4. Make maximum use of the National Medical Support Notice to collect insurance information from the employers of obligors.

**4. Outcome - Funds expended by the program produce a reasonable rate of return in child support collected for the benefit of the dependent children.**

- a. **Measure 4.1:** Ratio of distributed collections to total program expenditures
  - i. **Objective:** => \$2.00 (Federal Standard)
  - ii. **Strategies:**
    1. Increase collections through the use of automated processes where practical.
    2. Use of administrative processes (rather than judicial) to the maximum extent practical.
    3. Completion of the federally mandated statewide-automated child support system.

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