

The 2005-2009 Child and Family Services Plan (CFSP)



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South Carolina Department of Social Services

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I. Introduction

South Carolina Department of Social Services (SCDSS)

The Federal Review provided an opportunity for the Department to systemically improve delivery of services, as it brought together all the stakeholders throughout the community to work with us in developing strategies for improvement. Unfortunately, the review does not take into consideration the severe budget cuts taken by agency. The South Carolina Department of Social Services appropriation for FY 2004-2005 will be \$78 million dollars. DSS has sustained a 35% reduction in its budget since FY 2001-2002. In FY 2003-2004, DSS took several steps to reduce the size of the agency and operate within its budget. Specifically, there were buy-outs, a reduction in force, and a full two-week mandatory furlough for every employee within the agency to avoid running a deficit. In total, DSS has reduced its workforce by 1,300 employees since FY 2001-2002, roughly 27%. Meanwhile, the caseloads have increased.

Achieving a permanent home for foster children whose plan is adoption is one of the areas for which the Department has been cited as needing improvement. The problems that cause serious delays are complex. State Director Aydlette is working closely with the South Carolina Chief Justice of the Supreme Court and South Carolina Court Administration to identify improvements that can be implemented to speed up the adoption process. Governor Mark Sanford pledged to work closely with State Director Aydlette and the entire system of adoption so that children may be placed in permanent homes more quickly.

Fortunately, one of our best partners, in this budget crisis, is the South Carolina Foster Parents Association. The Association has agreed to work with DSS on a resource family initiative aimed at recruiting foster/adoptive homes, mentoring new families through the "bureaucracy", and helping them transition from foster care to adoption when appropriate. The Association is statewide and their partnership will be an asset for us as we developed the 2005-2009 Child and Family Services Plan (CFSP).

The state has the opportunity to use a variety of recruitment and retention strategies including the Casey Family-to-Family model to increase and retain the number of quality foster/adoptive homes for children in care. Plans for recruitment and retention of foster care and adoptive families are to be developed in every county.

Another opportunity for the Department is our faith-based initiatives. State Director Aydlette is encouraging South Carolina's faith-based organizations to join with the Department of Social Services in helping provide assistance to people in need. The agency's faith-based initiative – People Helping People – can help improve the quality of life for South Carolina's citizens across the state even as the agency is going through serious budget cuts.

Churches and other organizations can help by recruiting or supporting adoptive and foster homes, by starting or supporting food pantries, by starting or supporting summer feeding programs, and after-school feeding programs, by providing transportation for welfare-to-work clients and by helping parents

on welfare gain training and work experience so they can support their families. The agency has developed partnerships with 36 faith-based organizations, a positive step for the Department and our clients.

The Department recognizes that many of the areas which need improvement present challenges that will require careful review and evaluation of current resources and programs; additional training for staff and providers and more effective collaboration and monitoring. The Department expects to make significant progress over the next five years.

II. The Planning Process and Collaborative Efforts

During the past year, the Child Welfare Services Advisory Committee has worked collaboratively with the Department. The purpose of the committee is to provide input into the development of a more comprehensive, coordinated, and effective child and family service delivery system. The committee is made up of a combination of existing task forces and steering committees that have an established working relationship with the Department. The committee has provided input into the development of the previous Child and Family Services Plan, Annual Progress and Services Report for Title IV-B, the recent Statewide Assessment for the Child and Family Service Review and the Program Improvement Plan. The Committee also serves as the steering committee for initiatives such as the Casey Family to Family. The committee is composed of external stakeholders as well as managers within the Department at the state and local level. The full committee meets quarterly; the subcommittees for safety, permanency, and well-being meet as needed. The following is a list of the names and affiliation of the individuals represented on the Child Welfare Advisory Committee who will continue to guide the agency through the next five years.

Child Welfare Advisory Committee		
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Anne Gunby	Citizen's Review Panel	kaky@greenwood.net
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Background

Since the CFSP process began in 1994, there have been two complete five-year plan cycles (FYs 1995 through 1999 and FYs 2000-2004).

A primary purpose of the plan is to facilitate States' integration of the programs that serve children and families including title IV-B, subparts 1 and 2 of the Act, CAPTA, and the CFCIP and ETV programs for older and/or former foster care youth into a continuum of services for children and their families.

The Children's Bureau has consolidated these plans to help States plan comprehensively for the full array of child welfare services, from prevention and protection through permanency. In addition, such consolidation reduces duplicative information requirements under the CFSP and the CAPTA plans.

Five-Year Child and Family Services Plan

Development of the new CFSP continues States' opportunity to implement a system of coordinated, integrated, culturally relevant, family-focused services. South Carolina reviewed the service principles at 45 CFR 1355.25. The process of coordination and collaboration implemented during the previous plan development, and continued annually for the Annual Progress and Services Report (APSR), was continued in the development of the CFSP for FYs 2005 – 2009. The initial baseline information, as up-

dated in each APSR, serves as a basis for the development of the State's CFSP vision, goals, objectives, funding, and service decisions.

The development of the CFSP for FYs 2005-2009 is based on information in the final report for FYs 2000-2004, and meet the requirements of the Child and Family Services Plan.

The following information must be provided in the CFSP:

1. State agency administering the programs: States must identify the State agency that will administer the title IV-B programs under the plan. The CFSP must include a description of the organization, its function, and the organizational unit responsible for the plan **page 103**.
2. Child and Family Services Continuum: States must describe the publicly funded child and family services continuum including child abuse and neglect prevention, intervention, and treatment services and foster care **page 108-114**.
3. Service Description: States must describe the services they offer under each category in title IV-B, subpart 2: family preservation; family support; time-limited family reunification; and adoption promotion and support services. The description must include services currently available to families and children; the extent to which each service is available and being provided in different geographic areas and to different types of families; and important gaps in service **pages 115-119**.
4. Estimated expenditures for above services: States must provide the estimated expenditures for the described services **page 102**.
5. Services in relation to permanency planning: States must explain how services will help meet the permanency provisions for children and families in sections 422(b)(10) and 471 of the Act and meet the provisions for promoting safe and stable families in section 432(a) **pages 108-114**.
6. Decision making process: States must include an explanation of how agencies and organizations were selected for funding to provide family support services and how these agencies are community-based **page 110**.
7. Assurances: States are to submit the assurances and certifications necessary for plan approval for each program. States may sign the pages of Attachment and submit it with the CFSP or include the assurances as part of the CFSP narrative (**beginning of narrative section**).
8. Coordination with Tribes: The State must provide a description, developed in consultation with Indian Tribes in the State, of the specific measures the State uses to comply with the Indian Child Welfare Act. In addition, the CFSP must describe the arrangements, jointly developed with the Indian Tribes within its borders, made for the provision of the child welfare services and

protections in section 422(b)(10) of the Act to Indian children under both State and Tribal jurisdiction **pages 43-44.**

9. Intercountry adoptions: States must provide a description of the activities that the State has undertaken for children adopted from other countries, including the provision of adoption and post-adoption services. This must include the number of children who were adopted from other countries and who enter into State custody as a result of the disruption of a placement for adoption or the dissolution of an adoption, the agencies who handled the placement or the adoption, the plans for the child, and the reasons for the disruption or dissolution **page 42.**
10. Staff training: The State's CFSP must include a staff development and training plan in support of the goals and objectives in the CFSP which addresses both of the title IV-B programs covered by the plan. This training plan also must be combined with the training plan under title IV-E as required by 45 CFR 1356.60 (b)(2). Training must be an on-going activity and must include content from various disciplines and knowledge bases relevant to child and family services policies, programs and practices **pages 75-93.**
11. Evaluation and Technical Assistance: The State's CFSP must describe any evaluation activities underway or planned with which the State agency is involved or participating and which are related to the goals and objectives in the plan. The State must also describe the technical assistance activities that will be undertaken in support of the goals and objectives of the plan **pages 94-96.**

Format of the CSFP

The Children's Bureau reiterated that the two processes used to identify needs and assure the safety, permanency and well-being of children, the Child and Family Services Review (CFSR) and subsequent Program Improvement Plan (PIP) and the CFSP and subsequent Annual Progress and Services Reports (APSRs), must be coordinated for purposes of improving the overall child welfare system in the State. According to CFR 45 1355.35 (f), "[t]he elements of the program improvement plan must be incorporated into the goals and objectives of the State's CFSP..." The specificity of the CFSR helps the State focus on areas of need related to outcomes and systemic factors and the action steps needed to correct them. The CFSP utilizes these findings and plans for improvement as an integral part of determining the adequacy of what is currently in place and for constructing a strategic, 5-year plan to advance the overall child welfare system.

States have been asked to integrate their Program Improvement Plan (PIP) into the Child and Family Services Plan (CFSP), therefore South Carolina's 5-year plan mirrors the Program Improvement Plan (PIP). There are two parts: a narrative and a matrix. The narrative focuses on the broad approach to program improvement and explains the rationale for focusing on various activities. The matrix addresses specific activities that South Carolina is in the process of implementing or plans to implement over the next five years. The matrix also includes items that are strengths for South Carolina; we will continue to monitor these items to ensure that they remain strengths for the state. The shaded area in the matrix is South Carolina's PIP. Without repeating or duplicating actions steps in the matrix, each item has a percentage of increase through 2009 based on the action steps in each area. The matrix describes only the

major activities that will move South Carolina closer to meeting national standards and continuous improvement over the next five years.

III. Current Executive Initiatives

Faith-Based and Community Initiatives:

Faith Base & Community Initiatives

"People Helping People"

What is the Faith Based Initiative?

DSS recognizes that we cannot meet all the needs of our clients and communities. The faith based initiative is our effort to match individuals and faith based institutions who feel called to serve their neighbor with people who need help.

What does DSS do?

The Department of Social Services mission is:

- To ensure the health and safety of children and adults who cannot protect themselves;
- To help parents and caretakers provide nurturing homes; and
- To help people in need of financial assistance reach their highest level of social and economic self-sufficiency.

What can I do to help?

The opportunities to help those served by DSS may be different in each county and community. There are, however, certain needs that are statewide, such as:

- Become or support a resource family (foster or adoptive).
- Start or support a food pantry.
- Start an Afterschool Snack Program or Summer Food Services Program.
- Provide transportation assistance to welfare to work clients.
- Help parents on welfare gain training and valuable work experiences so they can support their families.

Rural Initiatives:

Duke Endowment

The Department partnered with Palmetto Health Alliance and the Department of Health and Human Services to apply for a Health Care Division Grant to expand the Medically Fragile Children

Program to other parts of the state. Duke approved the grant which is administered by Palmetto Health Alliance with the Department being a sub-recipient through Palmetto Health.

Robert Wood Johnson Foundation

The Department partnered with the Department of Health and Human Services (DHHS), Medically Fragile Children Project and Palmetto Health Association to apply for a Center for Health Care Strategies Grant. (Center for Health Care Strategies is an arm of the Robert Wood Johnson Foundation). The grant award has been made to South Carolina with DHHS, the Medicaid Agency; being the actual recipient of the grant. The grant is to assist South Carolina in replicating the Medically Fragile Children Program in two other areas of the state and to develop a rural component of the program.

IV. Administration and Organization

The South Carolina Department of Social Services is a state administered system with services provided in 46 county offices, four regional MTS offices and in four area adoption offices. The Office of the State Director of the Department of Social Services has the responsibility of directing the various functions of the department to carry out activities designed to achieve the agency's mission under the policy direction of the Governor's Office. The Deputy State Director for the Office of Policy and Operations directs the various functions of the office to carry out the activities designed to provide for the provision of all services to children, families and adults. The Division of Human Services is responsible for the overall direction, policy, planning and program development for children services provided by the Department.

The majority of direct services are provided by the forty-six (46) county offices under the direction of the Deputy State Director Policy and Operations. County offices oversee the day to day operation and provision of all services to protect children and to maintain and support families. The local county boards function in an advisory capacity to the County Director and the State Department of Social Services. The county offices are also authorized to receive and expend funds provided by local governing bodies as well as private donations.

Managed Treatment Services (MTS) for children with emotional and behavioral problems are provided by staff in four (4) regional offices. The MTS coordinates activities with the county offices to prevent duplication of effort.

In the section XV Office Responsible for the CFSP provides a definition of the functional programs areas and in section XVIII provides the agency's organizational charts.

V. Mission and Values / Key Strategic Goals

The mission of the South Carolina Department of Social Services is 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.

Key Strategic Goals

I. **Child Welfare**

A. **Safety**

1. First and foremost, protect children from abuse and neglect.
2. Maintain children safely in their own homes whenever possible and appropriate.

B. **Permanency**

3. Ensure that children have permanency and stability in their living situations.
4. Preserve the continuity of family relationships and connections for children.

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

5. Enhance the capacity of families to provide for their children's needs.
6. Ensure that children receive appropriate services to meet their educational needs.
7. Ensure that children receive adequate services to meet their physical and mental health needs.

VI. Strategies for Improvement

The Federal Child and Family Services Review (CFSR) conducted in South Carolina, June 2003 provided an opportunity for South Carolina to identify areas of strengths and develop strategies to improve services and outcomes for children and families in areas that need improvements.

South Carolina will need to make improvements on twenty-three of the forty-five items, six of the outcomes and two of the systemic factors. The following is a list of those items:

Summary of Outcomes and Systemic Factors Addressed in Program Improvement Plan (PIP)						
Outcomes, Performance Item or Systemic Factor		Addressed In PIP		2003 CFSR Bench-mark	% Of PIP Increase (2 years)	% Increase by Year 5
		YES	NO			
Outcome S1:	Children are, first and foremost protected from abuse and neglect.		X			
Item 1:	Timeliness of initiating investigations of reports of child maltreatment		X	100%		
Item 2:	Repeat maltreatment		X	92.0%		
Outcome S2:	Children are safely maintained in their homes whenever possible and appropriate.	X		71.4%	75.0%	78%
Item 3:	Services to family to protect children (ren) in home and prevent removal	X		70.0%	73.0%	76%
Item 4:	Risk of harm to child	X		76.0%	79.0%	82%
Outcome P1:	Children have permanency and stability in their living situations.	X		40.0%	43.0%	46%
Item 5:	Foster Care re-entries		X	87.5%		
Item 6:	Stability of foster care placement	X		83.0%	86.0%	89%
Item 7:	Permanency goal for child	X		73.0%	76.0%	79%
Item 8:	Reunification, Guardianship, or Permanent Placement with Relatives	X		62.0%	65.0%	68%
Item 9:	Adoption	X		23.0%	26.0%	29%
Item 10:	Permanency goal of other planned permanent living arrangement		X	100%		
Outcome P2:	The continuity of family relationships is preserved for children.	X		66.7%	70.0%	73%
Item 11:	Proximity of foster care placement		X	100%		
Item 12:	Placement with siblings		X	86.0%		
Item 13:	Visiting with parents and siblings in foster care	X		57.0%	60.0%	63%
Item 14:	Preserving connections	X		75.0%	78.0%	83%
Item 15:	Relative placement	X		71.0%	74.0%	77%
Item 16:	Relationship of child in care with parents	X		68.0%	71.0%	74%

Outcome WB1:	Families have enhanced capacity to provide for their children's needs.	X		40.0%	43.0%	46%
Item 17:	Needs and services of child, parents, foster parents	X		46.0%	49.0%	52%
Item 18:	Child and family involvement in case planning	X		47.0%	51.0%	54%
Item 19:	Caseworker visits with child	X		71.0%	76.0%	79%
Item 20:	Caseworker visit with the parent	X		46.0%	49.0%	53%
Outcome WB2:	Children receive appropriate services to meet their educational needs.	X		84.2%	88.0%	91%
Item 21:	Educational needs of the child	X		84.2%	88.0%	91%
Outcome WB3:	Children receive adequate services to meet their physical and mental needs.	X		68.8%	73.0%	76%
Item 22:	Physical health of the child	X		79.0%	83.0%	86%
Item 23:	Mental health of the child	X		76.0%	80.0%	83%
Systemic Factors						
Statewide Information System			X	3		
Case Review System		X		2	3	4
Quality Assurance System			X	3		
Training			X	3		
Service Array		X		2	3	4
Agency Responsiveness to the Community			X	3		
Foster and Adoptive Parent Licensing, Recruitment, and Retention			X	3		

The Program Improvement Plan (PIP)

South Carolina's Program Improvement Plan (PIP)¹ addresses each outcome and systemic factor that fell below the threshold for substantial conformity. The systemic factors addressed in the PIP are the Case Review System and Service Array in addition to the six outcomes. Priorities have been established for correcting areas that directly affect safety, permanency and child and family well being.

South Carolina has included a specific percentage of improvement that will be achieved over the duration of the PIP (two years) and through the following three years for each statewide aggregate data indicator. South Carolina will utilize technical assistance from the National Resource Center on Child Maltreatment, Region IV ACF Office, The University of South Carolina Center for Child and Family Studies, South Carolina's Children's Law Office, Court Administration and other technical advisors from our Child and Family Services advisory committee.

Strategies

South Carolina has developed overall goals, action strategies and timelines to provide a framework, and establish priorities. The broad and far-reaching scope of these strategies will require a minimum of five years to complete. The items needing improvement are found in the matrix included in the appendix

¹ The Program Improvement Plan (PIP) is found in the appendix section and is highlighted in gray.

section highlighted in gray. The following is an overview of action strategies involving critical systemic changes impacting the child welfare system:

1. Review and revise policies and procedures and develop if necessary, any procedures to assure that safety, permanency and child and family well being are clearly addressed. Provide training to all staff and providers on revisions and procedures. **Expected completion date is June 2006 and ongoing.**
2. Continue on-going work agreements and relationships with all external stakeholders listed in the Child and Family Services Review (CFSR), providers, consumers and all other partners in the child welfare system. **Expected completion date 2002 and ongoing.**
3. Continue annual cross training with above agencies to provide and share information that leads to a common understanding of how to expedite permanency for children in care. **Expected completion date August 2003 and ongoing.**
4. Utilize Quarterly Reports sent to the Region IV ACF Office to monitor and assess progress and to revise strategies as needed. CAPSS data and other measurable benchmarks identified in the PIP will be addressed in each quarterly report. **Expected completion date is ongoing.**
5. Conduct an annual qualitative evaluation, similar to the CFSR, of a representative number of Child Protective Services, Foster Care and Adoption cases utilizing the State Office QA Technical Assistant Staff. **Expected completion date is June 2006 and ongoing.**
6. Continue QA reviews of counties conducted by the State Office QA Technical Assistance Staff. **Expected completion date is June 2006 and ongoing.**

Areas Needing Improvement

As stated earlier, South Carolina’s Plan addresses each outcome and systemic factor that fell below the threshold for substantial conformity. The following is an overview of each area that will be addressed:

OUTCOMES

Safety

Outcomes, Performance Item or Systemic Factor	Addressed In PIP		2003 CFSR Benchmark	% Of PIP In-crease	% Of In-crease by Year 5
	YES	NO			

Outcome S2:	Children are safely maintained in their homes whenever possible and appropriate.	X		71.4%	75.0%	78.0%
Item 3:	Services to family to protect children (ren) in home and prevent removal	X		70.0%	73.0%	76.0%
Item 4:	Risk of harm to child	X		76.0%	79.0%	82.0%

Safety Outcome 2: Children are safely maintained in their homes when possible and appropriate. Performance relevant to safety outcome 2 is assessed through 2 indicators. One indicator (item 3) addresses the issue of DSS’ efforts to prevent children’s removal from their homes by providing services to the families that ensure children’s safety while they remain in their homes. The other indicator (item 4) pertains to DSS’ effectiveness in reducing the risk of harm to the child.

Reviewers determined that in many cases South Carolina was effective in providing services to maintain children safely in their homes and in reducing the risk of harm to children, there was a substantial number of cases in which reviewers determined that South Carolina had not made sufficient efforts to ensure the safety of children, particularly when they remained in their homes. A key concern identified in these cases pertained to a lack of adequate assessment of the underlying problems in the family, which in turn resulted in a lack of provision of the services necessary to address the risk of harm to children and ensure children’s safety.

The Department will improve Safety Outcome 2 by:

Item 3: Increasing the percentage of cases in which diligent efforts are made to provide the necessary services to maintain children safely in their own homes.

Item 4: Increasing the percentage of cases in which sufficient efforts are made to reduce the risk of harm to children.

The Department will increase the CFRS benchmark Safety Outcome 2 rating from **71.4%** to **75.0%** within two years of the finalization and approval of the Program of Improvement Plan and to **78%** by year five (5).

Permanency

Outcomes, Performance Item or Systemic Factor		Addressed In PIP		2003 CFRS Benchmark	% Of PIP Increase	% Of Increase by Year 5
		YES	NO			
Outcome P1:	Children have permanency and stability in their living situations.	X		40.0%	43.0%	46%
Item 5:	Foster Care re-entries		X	87.5%		
Item 6:	Stability of foster care placement	X		83.0%	86.0%	89%
Item 7:	Permanency goal for child	X		73.0%	76.0%	79%

Item 8:	Reunification, Guardianship, or Permanent Placement with Relatives	X		62.0%	65.0%	68%
Item 9:	Adoption	X		23.0%	26.0%	29%
Item 10:	Permanency goal of other planned permanent living arrangement		X	100%		

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

There are 6 indicators incorporated in the assessment of permanency outcome 1, although not all of them are relevant for all children. The indicators pertain to the agency’s effectiveness in preventing foster care re-entry (item 5), ensuring placement stability for children in foster care (item 6), and establishing appropriate permanency goals for children in foster care in a timely manner (item 7).

Depending on the child’s permanency goal, the remaining indicators focus on the agency’s efforts to achieve permanency goals (such as reunification, guardianship, adoption, and permanent placement with relatives) in a timely manner (items 8 and 9), or whether the agency is effective in ensuring that children who have other planned living arrangements are in stable placements and adequately prepared for eventual independent living (item 10).

With respect to permanency outcome 1, the CFSR case reviews found that DSS is usually effective in preventing re-entry into foster care (item 5) and providing appropriate services to youth who are transitioning from foster care to independent living (item 10). However, the CFSR case reviews also found that a substantial percentage of children in foster care do not experience stability in their living arrangements (item 6), and that appropriate permanency goals are not uniformly established in a timely manner (item 7).

Another CFSR case review finding determined that DSS had not made concerted efforts to achieve reunification in a timely manner. This finding is not consistent with data reported in the State data profile indicating that the State’s percent of reunifications within 12 months of the child’s entry into foster care met the national standard for that measure. In addition, case reviewers determined that DSS had not made the necessary efforts to achieve adoptions in a timely manner. A primary concern identified for adoption pertained to extensive delays in the agency filing for TPR, as well as court-related delays due to overcrowded court dockets and the granting of continuances for TPR hearings.

The Department will improve Permanency Outcome 1 by:

- Item 6:** Increasing the percentage of children in care who experience no more than 2 placements in their first 12 months.
- Item 7:** Increasing the percentage of children in foster care for whom an appropriate permanency goal has been established in a timely manner.
- Item 8:** Increasing the percentage of children entering foster care who are returned home within 12 months.
- Item 9:** Increasing the percentage of finalized adoptions occurring within 24 months of the child’s entry into foster care.

The Department will increase the CFSR benchmark Permanency Outcome 1 rating from **40.0%** to **43.0%** within two years of the finalization and approval of the Program of Improvement Plan and to 46% by year five (5).

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

Outcomes, Performance Item or Systemic Factor		Addressed In PIP		2003 CFSR Bench-mark	% Of PIP In-crease	% Of In-crease by Year 5
		YES	NO			
Outcome P2:	The continuity of family relationships is preserved for children.	X		66.7%	70.0%	73%
Item 11:	Proximity of foster care placement		X	100%		
Item 12:	Placement with siblings		X	86.0%		
Item 13:	Visiting with parents and siblings in foster care	X		57.0%	60.0%	63.0%
Item 14:	Preserving connections	X		75.0%	78.0%	81.0%
Item 15:	Relative placement	X		71.0%	74.0%	77.0%
Item 16:	Relationship of child in care with parents	X		68.0%	71.0%	74.0%

Permanency outcome 2 incorporates six indicators that assess agency performance with regard to (1) placing children in foster care in close proximity to their parents and close relatives (item 11); (2) placing siblings together (item 12); (3) ensuring frequent visitation between children and their parents and siblings in foster care (item 13); (4) preserving connections of children in foster care with extended family, community, cultural heritage, religion, and schools (item 14); (5) seeking relatives as potential placement resources (item 15); and (6) promoting the relationship between children and their parents while the children are in foster care (item 16).

The CFSR case reviews found that DSS is highly effective in placing children in close proximity to their parents and/or close relatives and in ensuring that siblings are placed together while in foster care, unless separation is deemed necessary to meet at least one child’s needs. However, a key CFSR finding was that DSS is not consistently effective in promoting visitation between children in foster care with their parents or with their siblings in foster care. In addition, case reviewers determined that DSS was not consistent in making concerted efforts to (1) seek relatives as placement resources, (2) preserve children’s connections to extended families and to their culture and community, and (3) promote the relationship between children and their parents. The key concerns identified were: (1) DSS does not provide sufficient support for children’s relationships with their fathers, either through visitation or through other means of preserving connections; and (2) DSS does not routinely support and facilitate visitation among siblings when siblings are separated while in foster care.

The Department will improve Permanency Outcome 2 by:

Item 13: Increasing the percentage of cases in which workers make concerted efforts to facilitate parental and sibling visitation.

Item 14: Increasing the percentage of cases in which the child welfare system makes diligent efforts to preserve children’s connections.

Item 15: Increasing the percentage of children for whom the agency makes diligent efforts to locate and assess relatives as potential placement resources.

Item 16: Increasing the percentage of cases in which it makes efforts to support the parent-child relationship of children in foster care.

The Department will increase the CFSR benchmark Permanency Outcome 2 rating from **66.7%** to **70.0%** within two years of the finalization and approval of the Program of Improvement Plan and to **73%** by year five (5).

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

Outcomes, Performance Item or Systemic Factor		Addressed In PIP		2003 CFSR Benchmark	% Of PIP In-crease	% Of In-crease by year 5
		YES	NO			
Outcome WB1:	Families have enhanced capacity to provide for their children’s needs.	X		40.0%	43.0%	46%
Item 17:	Needs and services of child, parents, foster parents	X		46.0%	49.0%	52%
Item 18:	Child and family involvement in case planning	X		47.0%	51.0%	54%
Item 19:	Caseworker visits with child	X		71.0%	76.0%	79%
Item 20:	Caseworker visit with the parent	X		46.0%	49.0%	52%

Well Being Outcome 1 incorporates four indicators. One pertains to agency efforts to ensure that the service needs of children, parents, and foster parents are assessed and that the necessary services are provided to meet identified needs (item 17). A second indicator assesses agency effectiveness with regard to actively involving parents and children (when appropriate) in the case planning process (item 18). The two remaining indicators examine the frequency and quality of caseworker contacts with the children in their caseloads (item 19) and the children’s parents (item 20).

The CFSR case reviews resulted in ratings of Area Needing Improvement for all of the indicators of Well-Being Outcome 1 (WB1). Reviewers determined that DSS was not consistent in assessing and addressing the service needs of children and their parents, in involving parents and children in the case planning process, and/or in establishing sufficiently frequent face-to-face contact between caseworkers and the children and parents in their caseloads. However, the case reviews revealed that DSS was more effective with regard to achieving these indicators in the foster care cases than in the in-home services cases.

The Department will improve Well Being Outcome 1 by:

Item 17: Increasing the percentage of children for whom the Department has adequately addressed the needs and services for children, parents and foster parents.

Item 18: Increasing the proportion of cases in which the Department involves parents and/or children in the case planning process.

Item 19: Increasing the percentage of cases in which the frequency of caseworker

visits with children is sufficient to ensure adequate monitoring of children’s safety or to otherwise meet their needs.

Item 20: Increasing the proportion of cases in which caseworker visits with parents are sufficiently frequent or of adequate quality to promote the safety and well being of the child and enhance attainment of case goals.

The Department will increase the CFSR benchmark Well Being Outcome 1 rating from **40.0%** to **43.0%** within two years of the finalization and approval of the Program of Improvement Plan and to **46%** by year five (5).

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

Outcomes, Performance Item or Systemic Factor		Addressed In PIP		2003 CFSR Benchmark	% Of PIP In-crease	% Of In-crease by year 5
		YES	NO			
Outcome WB2:	Children receive appropriate services to meet their educational needs.	X		84.2%	88.0%	91.0%
Item 21:	Educational needs of the child	X		84.2%	88.0%	91.0%

There is only one indicator for well being outcome 2, and that pertains to agency effectiveness in addressing children’s educational needs (item 21).

The CFSR case reviews found that in most of the applicable cases, DSS was effective in assessing children's educational needs and providing appropriate services to meet those needs. However, in 16 percent of these cases, reviewers determined that the agency had not made concerted efforts to ensure that educational needs were assessed and appropriate services provided.

The Department will improve Well Being Outcome 2 by:

Item 21: Increasing the percentage of cases in which the system effectively meets children’s educational needs.

The Department will increase the CFSR benchmark Well Being Outcome 2 rating from **84.2%** to **87.0%** within two years of the finalization and approval of the Program of Improvement Plan and to **90%** by year five (5).

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

Outcomes, Performance Item or Systemic Factor		Addressed In PIP		2003 CFSR Benchmark	% OF PIP Increase	% Of Increase by year 5
		YES	NO			
Outcome WB3:	Children receive adequate services to meet their physical and mental needs.	X		68.8%	71.0%	74.0%
Item 22:	Physical health of the child	X		79.0%	83.0%	86.0%
Item 23:	Mental health of the child	X		76.0%	80.0%	83.0%

This outcome incorporates two indicators; one assesses agency efforts to meet children’s physical health needs (item 22) and the other assesses agency efforts to address children’s mental health needs (item 23).

The CFSR case reviews found that DSS was not consistent in its efforts to address children’s needs with respect to both physical and mental health. A key concern identified was that although children often were being assessed for service needs, they were not receiving needed medical, dental, and mental health services.

The Department will improve Well Being Outcome 3 by:

Item 22: Increasing the percentage of cases in which the system effectively meets children’s physical needs.

Item 23: Increasing the percentage of cases in which the system effectively meets children’s mental health needs.

The Department will increase the CFSR benchmark Well Being Outcome 3 rating from **68.8%** to **71.0%** within two years of the finalization and approval of the Program of Improvement Plan and to **74%** by year five (5).

SYSTEMIC FACTORS

Case Review System

Outcomes, Performance Item or Systemic Factor	Addressed In PIP		2003 CFSR Benchmark	% Of PIP Increase	% Of Increase by year 5
	YES	NO			
Systemic Factors					

SF 2:	Case Review System	X		2	3	4
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Five indicators are used to assess the State’s performance with regard to the systemic factor of a Case Review System. The indicators examine the development of case plans and parent involvement in that process (item 25), the consistency of 6-month case reviews (item 26) and 12-month permanency hearings (item 27), the implementation of procedures to seek termination of parental rights (TPR) in accordance with the timeframes established in the Adoption and Safe Families Act (ASFA) (item 28), and the notification and inclusion of foster and pre-adoptive parents and relative caregivers in case reviews and hearings (item 29).

CFSR findings indicate that the State is not consistent in involving parents in the case planning process or in holding permanency hearings for children in foster care in a timely manner. Delays in permanency hearings were attributed in part to the fact that the courts do not take responsibility for tracking permanency hearing requirements, granting of continuances, scheduling problems due to overcrowded court dockets, and an insufficient number of DSS attorneys. Stakeholders also noted that the State is not consistently proceeding with the termination of parental rights in a timely manner and does not routinely provide notification of hearings to foster parents, preadoptive parents and relative caregivers or provide them with an opportunity to have input into the hearings. Despite these concerns, the CFSR did find that DSS is effective in ensuring that there is a process for a review of the status of each child in foster care at least every 6 months.

The Department will achieve substantial conformity with the Case Review System by:

- Item 25:** Providing a process that consistently involves the parents and children in the case planning process;
- Item 27:** Providing a process that ensures permanency hearings are consistently held in a timely manner.
- Item 28:** Providing a process that ensures termination of parental rights hearings are held in a timely manner.
- Item 29:** Providing a process that ensures the notification of foster parents, pre-adoptive parents, and relative caregivers of court hearings and FCRB reviews, and giving them the opportunity to be heard in accordance with the Adoption and Safe Families Act.

The Department will increase the CFSR benchmark Case Review System rating from **2** to **3** within two years of the finalization and approval of the Program of Improvement Plan and to a **4** by year five (5).

Service Array

Outcomes, Performance Item or Systemic Factor		Addressed In PIP		2003 CFSR Benchmark	% Of PIP Increase	% Of Increase by year 5
		YES	NO			
Systemic Factors						
SF 5:	Service Array	X		2	3	4

The assessment of the systemic factor of service array addresses three questions: (1) Does the State have in place an array of services that meet the needs of children and families served by the child welfare agency (item 35)? (2) Are these services accessible to families and children throughout the State (item 36)? And (3) Can services be individualized to meet the unique needs of the children and families served by the child welfare agency (item 37)?

The CFSR determined that the services available in the State are not adequate to enable children to remain safely with their parents when reasonable and help children in foster and adoptive placements achieve permanency. In addition, the CFSR found that existing services are not consistently available throughout the State. Key services that were noted to be lacking were substance abuse treatment and quality mental health services.

The Department will achieve substantial conformity with its Service Array by:

Item 35: Providing a process that identifies and eliminates gaps in services.

Item 36: Providing a process that ensures accessibility of services in all areas of the state.

The Department will increase the CFSR benchmark Service Array rating from **2** to **3** within two years of the finalization and approval of the Program of Improvement Plan and to **4** by year five (5).

VII. Program Outcomes, Measures and Objectives

The following outcomes, measures and objectives developed and published June 13, 2003 will guide the 2005-2009 Child and Family Services Plan. The Department will use the outcomes measures below to describe agency's performance during the last fiscal year. For reporting purposes of the five year plan we will use the number system in the Federal Review, i.e. Safety Outcome 1, etc. We are in the process of developing a more formal data collection and evaluation process, based on our new outcomes, and expect to have that information available soon. The Child Welfare outcome measures are described below:

- 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. **Strategies⁴:**
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 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. 30⁵), 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).

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

⁵ The reporting period is always October 1 thru September 30.

- 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 ²children 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.
 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 collected⁶)
 - 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)

⁶ This data has not been collected until recently; therefore, standards will be determined by June 30, 2004.

- 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, 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 family⁷? (Example: Number of children with plans of permanent foster care or independent living).

i. **Objective:** =< 20% (Agency established objective)

ii. **Strategies:**

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

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.

5. 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.
- 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.
- e. **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).

7. 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.

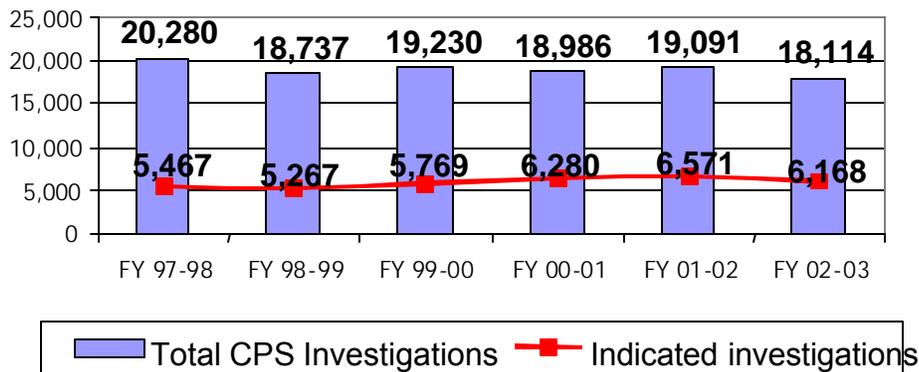
A. Child Protective and Preventive Services

Child Protective and Preventive Services are offered to families by the South Carolina Department of Social Services which is mandated by law to protect children from abuse or neglect within their families, in foster care, or by persons responsible for the child’s welfare as defined by statute. Services are provided to strengthen families; to enable children to remain safe in the home; to temporarily remove from parental custody a child who is at imminent risk of harm; or to pursue termination of parental rights and assure the child permanency in a substitute family if the custodial family cannot be preserved without serious risk to the child.

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

During the past fiscal year, DSS received more than 18,000 reports of suspected child abuse and/or neglect. Of those reports, a little more than one third were found to be cases where abuse, neglect or some other type of child maltreatment likely occurred.

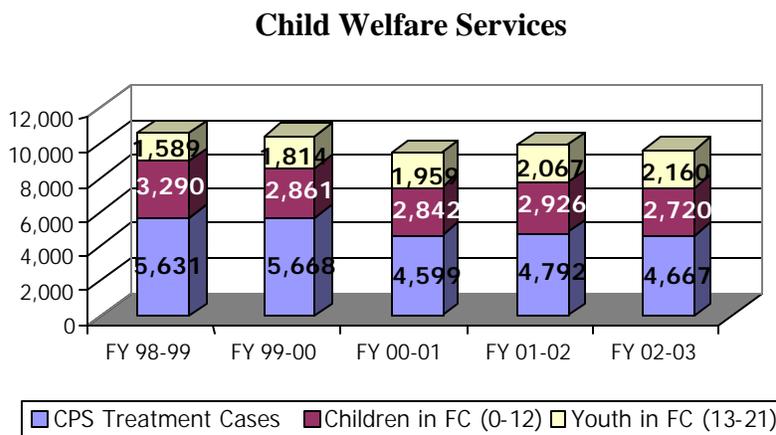
Total Child Protective Services Investigations



Safety Outcome 1 is in substantial conformity. The agency will continue to monitor this outcome to ensure compliance.

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

The chart below reflects the number of child welfare cases DSS had at the end of each fiscal year. This past fiscal year DSS served 9,547 cases involving child maltreatment or children that were not safe without DSS intervention. Of those cases approximately half were receiving services in their homes.



Safety Outcome 2 is an area needing improvement. The steps the agency plans to take for improvement include increasing the percentage of cases in which diligent efforts are made to provide the necessary services to maintain children safely in their own homes and increasing the percentage of cases in which sufficient efforts are made to reduce the risk of harm to children. A more comprehensive plan is found in the matrix appendix 1-15 in the shaded area.

Opportunities for Child Protective Services

- Recent statutory modifications increased the capacity of the Department to use all historical information on a family thereby enhancing the assessment of safety and risk for children.
- There is a continued and ongoing emphasis in agency policy and practice on the integration of safety and risk assessment principles into the intake and investigative/assessment processes.
- Modifications to the assessment tools for safety and risk provide staff with a format to complete more comprehensive assessments of families across program lines. This information was provided to all staff statewide in fall of 2001 in coordination with program policy staff, county operations and SD&T staff.
- Intensive technical assistance has been provided in 11 counties around cases open for in home treatment services longer than 12 months for the purpose of evaluating the need for additional

services or movement toward closure. The initial effort started with the 11 counties but will continue with the remaining 35 counties before the end of September 2003.

- Continued collaboration with the three Citizen Review Panels located in Greenwood, Richland and Charleston counties will enhance the child welfare system. The annual report of the panels' work and recommendations is being reviewed by the agency for implementation.
- Staff conducts regular reviews of child fatality cases by agency staff to identify trends and issues for policy, procedures and practice.
- The agency completed the process to map the automated system to the National Child Abuse and Neglect Data System (NCANDS) in order to be in full compliance with federal data requirements.

Barriers for Child Protective Services

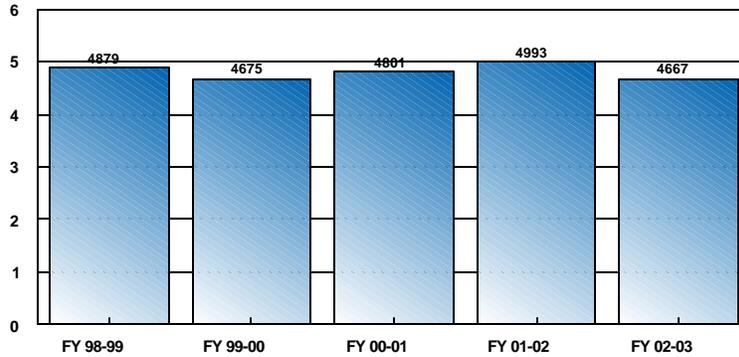
- A reduction in state funds that impacts the ability of the agency to provide emergency services to families with specific needs that impact on the safety and well being of children.
- 1/3 of Human Services Division staff is eligible for early retirement.

B. Foster Care

The mission of foster care is to provide, within the framework of federal and state mandates, substitute care and supporting out-of-home services which are child-centered and family-focused, contribute to the protection of children, and promote children's safety and well-being including services which meet their physical, social, emotional, educational, behavioral and developmental needs in a family setting.

Foster Care Statistics

As of June 2003 there were 4,667 children in foster care in South Carolina. Of that number 2,160 youth are ages 13-21.



Recruitment of Foster Families

DSS continues to see an increase in the number of foster homes.

Foster Care	FY 98-99	FY 99-00	FY 00-01	FY 01-02	FY 02-03
Number of foster homes	1,550	1,591	1,786	1,843	2001

The Department has initiated a comprehensive Independent Living program to address the needs of foster children over age 13 and is also implementing targeted recruitment for foster family homes.

Independent Living Services	FY 00-01	FY 01-02	FY 02-03	
Number of Requests	520	765	808	
Employment Support	28	64	72	
Educational Support (tutoring, mentoring)	133	193	205	
Emancipation Services	28	49	68	
Number of Children receiving Post Secondary Educational Services	102	127	135	
Number graduating from high school		GED	Diploma	*109
		8	101	

*Previous years unavailable.

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

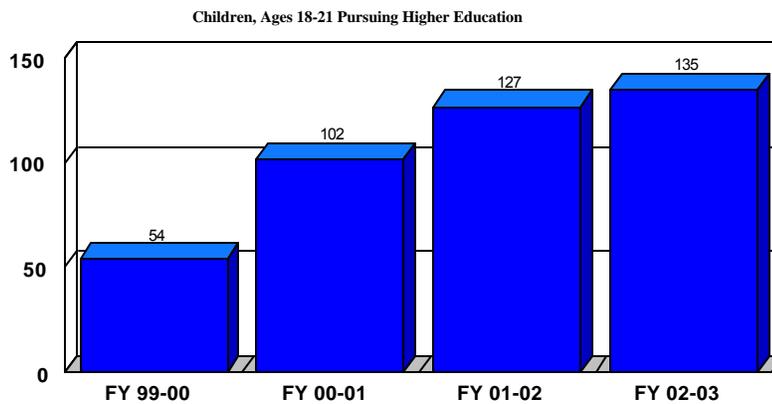
Permanency Outcome 1 is an area the agency needs to make improvements. The steps the agency plans to take to make improvements include increasing the percentage of children in care who experience no more than 2 placements in their first 12 months, increasing the percentage of children in foster care for whom an appropriate permanency goal has been established in a timely manner and increasing the percentage of children entering foster care who are returned home within 12 months. A more comprehensive plan can be found in the matrix appendix 16-37.

Permanency Outcome 2: The continuity of family relationships and connections is preserved children (DSS is in the process of developing a system to collect data pertaining to this measure).

The steps the agency plans to take to make improvements include increasing the percentage of cases in which workers make concerted efforts to facilitate parental and sibling visitation, increasing the percentage of cases in which the child welfare system makes diligent efforts to preserve children’s connections, increasing the percentage of children for whom the agency makes diligent efforts to locate and assess relatives as potential placement resources and increasing the percentage of cases in which it makes efforts to support the parent-child relationship of children in foster care.

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

During this past fiscal year, the department paid for 135 foster children to attend post-secondary education. This includes tech schools and colleges.



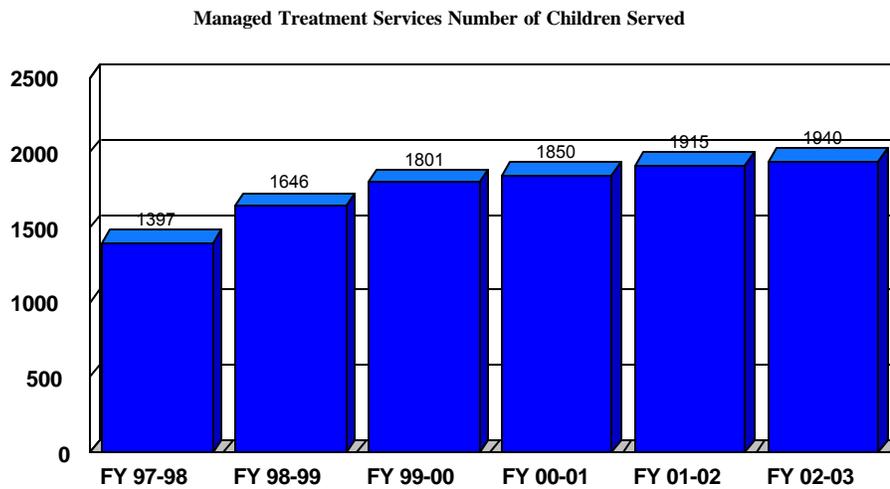
In FY 02-03, the Department received funding under the newly authorized Education and Training Vouchers (ETV) Program. This program expands and supplements the assistance authorized in the 1999 Foster Care Independence Act under section 477 (a)(3) to “help children who are likely to remain in foster care until 18 years of age prepare for and enter post-secondary training and educational institutions”. The Department has provided limited educational assistance (a maximum of \$1750 per academic year) to youth pursuing post secondary education. Legislation recently passed prioritized foster youth to receive state needs based grants. Even with these resources, adequate funding for education and training has been a significant barrier to foster youth. Through ETV monies, additional funds will be made available to: support the youth’s attendance in post secondary education or training programs (maximum of \$5000), expand the eligible population base to include adoptive youth who were adopted after 16 years of age, and foster youth up to the age of 23 years, develop and train staff, youth, and foster parents regarding education issues and the process to access additional education support resources for involved youth. Six-seven (67) youth have received funding through ETV.

With respect to Well Being Outcome 2, the CFSR case reviews found that in most of the applicable cases, DSS was effective in assessing children's educational needs and providing appropriate services to

meet those needs. However, in 16 percent of these cases, reviewers determined that the agency had not made concerted efforts to ensure that educational needs were assessed and appropriate services provided therefore the agency plans to increase the percentage of cases in which the system effectively meets children’s educational needs. A more comprehensive plan can be found in the matrix appendix 74-76.

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

Managed Treatment Services (MTS) provides intensive case management for children in DSS custody (Foster Care) who require therapeutic placement. This service is for children who have emotional problems so severe they cannot function effectively at home or adjust in regular foster care. The chart below shows a steady increase in the number of children receiving these services.



Foster Care Opportunities

- Joint training for county directors, supervisors, and attorneys to enhance the effectiveness of treatment and concurrent planning.
- DSS, the Children’s Law Office, and the Bench Bar Committee are collaborating to provide training for judges and attorneys to address delays in establishing permanency for children.
- Implementation of new strategies for recruitment, licensing and training of resource families should improve placement stability.
- Intensive technical assistance in the counties where children are in foster care for one year with a plan of return home or adoption. This is in 11 counties.
- Collaboration with Family Independence for Foster Care youth 16 to 21 years old to include educational and vocational assessment and provision of job skills services.
- There is a focus on enhancing educational achievement and self-sufficiency for children in the child welfare system.
- Responsibility has been designated to a specific individual at the state level to coordinate the development and implementation of strategies to address barriers to educational achievement.

- Refurbished computers have been distributed to foster homes with school age children through a partnership of DSS, the Children's Law Office, and the Foster Parents Association.
- Work groups internal and external to the Department are exploring ways to collaborate and address budget cuts in services and resources available for parents and children in the child welfare system.
- The newly organized Child Welfare Advisory Committee merges existing task forces and steering committees to provide an integrated approach to planning.
- The Casey Family-to-Family model, which focuses on child welfare strategies, is expanding statewide.
- National recruitment campaign with AdoptUSKids to recruit for foster and adoptive families

Foster Care Barriers

- The population of 13-18 year olds in foster care continues to increase. Over the past five years, the number of teens in foster care has increased thirty-six percent. Due to significant budget reductions, DSS will monitor placements in foster care to determine when children are entering care inappropriately because of gaps in services from state agencies other than DSS.
- The agency needs to increase permanency options to include independent living services, reunification, and adoptive options.

Well Being Outcome 3 is an area the agency needs to make improvement. The CFSR case reviews found that DSS was not consistent in its efforts to address children's needs with respect to both physical and mental health. A key concern identified was that although children often were being assessed for service needs, they were not receiving needed medical, dental, and mental health services. The agency plans to improve Well Being Outcome 3 by increasing the percentage of cases in which the system effectively meets children's physical needs and increasing the percentage of cases in which the system effectively meets children's mental health needs. A more comprehensive plan is found in the matrix appendix 77-80.

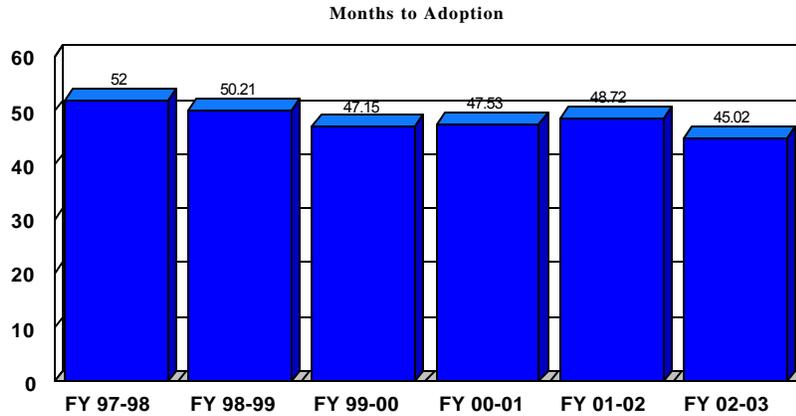
C. Adoption

Adoption is the permanent plan offering the most stability to the foster child who cannot return to his or her parents or relatives. Thus, it is always considered for any child who is unlikely to return home or to relatives. Within the Department, Adoption Services are responsible for those children identified as needing adoption planning.

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

It takes the agency an average of 45 months from the time a child enters foster care until a final decree of adoption is signed. Areas that must be addressed include early identification of children who will not return home, more effective implementation of concurrent planning, a strong focus across the agency on comple-

tion of TPR, better coordination with county legal staff and tracking of the key steps in the process to move a child into a permanent adoptive family.



Length of Time to Achieve Adoption

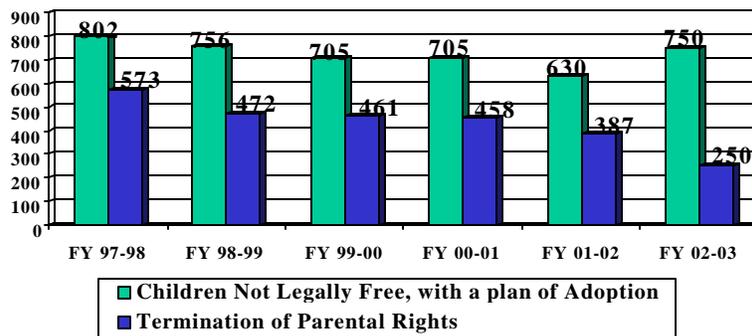
South Carolina is not in conformity with the national standard of 32% or more of children exiting foster care through a finalized adoption in less than 24 months of the date of the last entry into foster care. In the past five years there has been a decrease of 5 months in the time for children to move through the system and to receive a final decree of adoption. We know there continues to be delays in identifying TPR/adoption as the plan and then completing TPR once the plan is established.

Point in Time Data	1999	2000	2001	2002	2003
Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal	11.3%	15.9%	14.0%	15.4%	15.4%

Adoption Issues

Increasing the Number and Timeliness of Adoption

There has been a decline in the number of children that have been freed each year for adoption and the

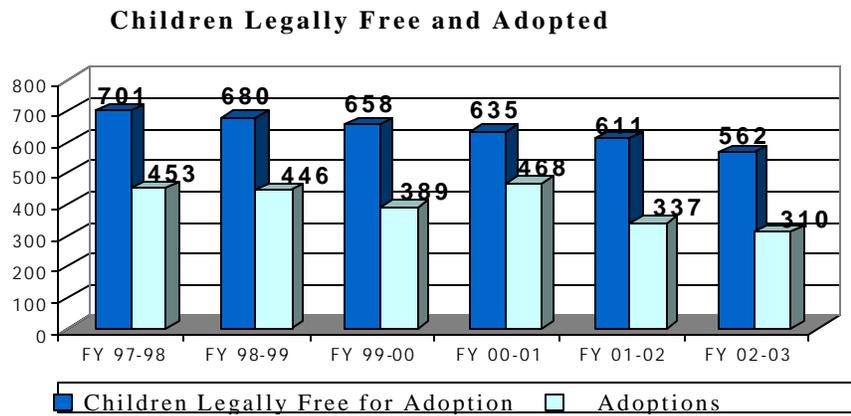


number of adoptions finalized, while there was an increase last fiscal year in the number of children with plans of adoption but who have not been legally freed for adoption.

Adoption Recruitment

In South Carolina, approximately 60 % of the children in DSS custody who are adopted are adopted by their foster parents. As of January 2003, there were 167 children available for adoption and who were without an identified resource. Sixty-seven percent (67 %) of those children are African American children.

Each county and adoption office completes an annual assessment of need for resource families to foster and/or adopt based on the population of children served. Needs specific recruitment is initiated based on that needs assessment. These individual plans incorporate the Casey principles and make up the statewide plan.

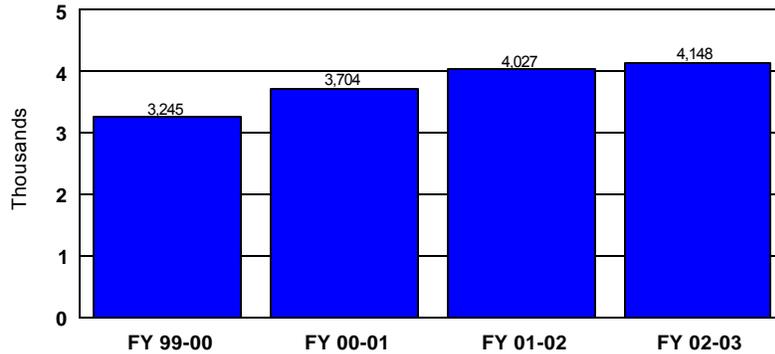


To promote adoption and recruitment of adoptive parents, each adoption office completes individual recruitment activities including, but not limited to Waiting Children’s Parties, fair booths, radio and TV announcements, faith based presentations, and individual contacts. During National Adoption Month in November, DSS, in partnership with private adoption agencies, promotes adoption through special events including the selection of an adoptive family of the year.

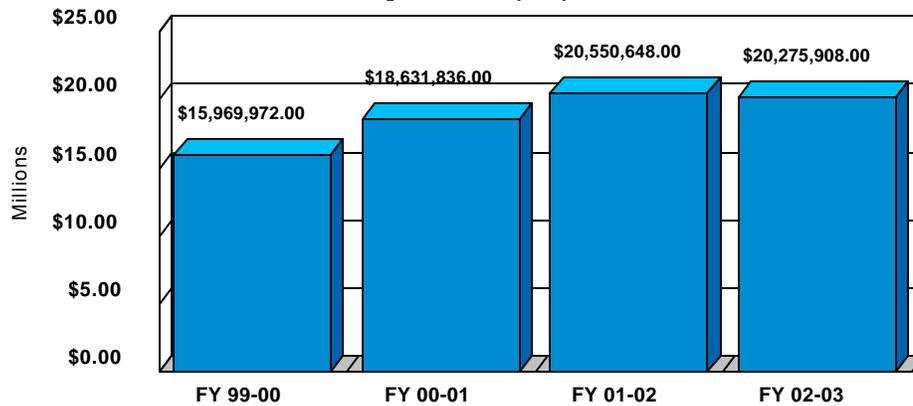
Adoption Subsidies

Because of the special needs of many foster children, recruitment of parents willing to adopt is dependent upon the availability of continuing assistance in meeting those needs. This assistance might involve financial assistance (e.g., for medical or psychiatric care), adoption preservation services, or the availability of respite from the constant demands posed by a special needs child. At the end of fiscal year 2002-03, DSS was paying 4,148 adoption subsidies at a rate of \$1,689,659 per month. Annualized, the total adoption subsidies are approximately \$20,276,000.

Children Receiving Adoption Subsidies
(Number of Children at the end of fiscal year)



Annual Adoption Subsidy Payments



Adoptive Families Waiting across the State or Other Jurisdictional Boundaries

After a staffing to determine that adoption is the plan, children are identified in CAPSS (statewide data base) as having a plan of adoption. If after the initial search of no more than 90 days, there are no family matches or appropriate referrals, the child’s picture and profile information is entered into South Carolina Seedlings Photo-listing book (hard copy) and online photo listing. This online photo listing is managed by an adoption contractor, Council on Adoptable Children (COAC). The page is also hosted on the national photo listing for ADOPTUSKids and is also linked to the agency’s website. Children are also referred to the statewide adoption exchange (SEEUS). In addition, the children’s profile and photo are submitted to designated staff in state office to coordinate child-specific recruitment activities so that children can be featured locally, regionally and nationally. Activities include newspaper profiles, newsletters, adoption fairs, and adoption parties. Case managers continue to promote the children by taking them to regional adoption parties and sharing information at local community events. Children on referral are taped and featured on regularly scheduled segments of television newscasts in three areas of the state. Once a family has identified a child whom they have an interest, the family can respond to a toll free number.

The agency also contracts with three private agencies to identify families for legally free children for

whom an adoptive resource has not been identified. Children are referred for a ninety-day period for specialized child-specific recruitment.

To address state barriers to placing children cross-jurisdictionally, the agency collaborated with Georgia in the Children's Bureau Adoption Opportunities Tale of Two States Research project. Through this project, the following barriers were identified: different reporting requirements by each state; lack of training; staff turnovers; insufficient Interstate Compact resources; staff attitudes related to interstate placements; work loads; and arrangement of pre-placement visitation of the child and family.

With statewide implementation of the project, Georgia and South Carolina workers have been crossed trained through a cross-jurisdictional training conference and training in each individual state. A workbook was developed which includes information on ICPC, ICAMA, Georgia and South Carolina case specific information for placing children across state lines, an overview of services available through the project and additional resources available for cross-jurisdictional placements. In addition, a work plan was developed to facilitate sharing of resources. Activities include video-conferences, online match meetings, adoption fairs, paper match meetings, shared media outlets, shared agency publications, and waiting children's parties. Through another Adoption Opportunities grant, South Carolina continues to collaborate with Georgia on the implementation of the pilot project.

An example of an effective resource is the online matching meeting through a secured chat room in which workers from South Carolina and Georgia share information about children and families in their caseloads. One of the most used services of the pilot project is the Liaison and Family Support Services. With the liaison services, children referred to the project are matched with families registered with AdoptUSKids. The liaison compiles the family profiles and sends them to the child's workers. More than 50 children have received services through the Tale of Two States project. Over the past year, four children were placed with families; two of which are near finalization has occurred. An additional placement disrupted. South Carolina continues to monitor and evaluate the outcomes of this project for effectiveness. It is hoped that a mode will be developed from this project for the nation to use in cross-jurisdictional adoption.

Post-Adoption Support

Adoption Preservation. Support services are made available to adoptive parents who are experiencing a crisis situation with their adoptive child (ren) and family might disrupt without intervention. An array of services tailored to a family's need is provided. The purpose of these services is to stabilize the families and avert a child's reentry to the foster care system.

Intercountry Adoption

South Carolina Interstate Compact on the Placement of Children (SC ICPC) reviews pre-placement international adoption home studies submitted by licensed South Carolina Adoptions Agencies. The

agency has review approximately 350 home studies this past fiscal year. If a study meets the requirements, then an approval letter is issued and the study plus the letter is forwarded to Citizenship and Immigration Services. The purpose of SC ICPC review of a home study is to carefully screen families so that potential placement disruption o not occur. The agency is working continues to work on a system to collect and report information on children adopted by other countries.

Adoption Opportunities

- DSS, the Children's Law Office, and the Bench Bar Committee are collaborating to provide training for judges and attorneys to address delays in establishing permanency for children.
- Implementation of new strategies for recruitment, licensing and training of resource families should improve placement stability. Intensive technical assistance in the counties where children are in foster care for one year with a plan of return home or adoption. This is in 11 counties.
- The two-state initiative between Georgia and South Carolina (Tale of Two States) is addressing barriers to cross-jurisdictional adoptive placements.
- The newly organized Child Welfare Advisory Committee merges existing task forces and steering committees to provide an integrated approach to planning.

Adoption Barriers

- Due to the significant budget cuts, a reduction in the foster care board rates and adoption subsidy rate and non-recurring cost was continued. The agency will need to continue to closely monitor adoption placements.
- Barriers to timeliness in adoptions include a lack of implementation of concurrent planning, insufficient involvement of parents in the development of treatment plans, inefficiency of some attorneys and insufficient court time.

Adoption is an area needing improvement (*Permanency Outcome 1*). The CFSR determined that DSS had not made the necessary efforts to achieve adoptions in a timely manner. A primary concern identified for adoption pertained to extensive delays in the agency filing for TPR, as well as court-related delays due to overcrowded court dockets and the granting of continuances for TPR hearings. The agency plans to improve this area by increasing the percentage of finalized adoptions occurring within 24 months of the child's entry into foster care. A more comprehensive plan can be found in the matrix appendix 38-44.

E. Compliance with Federal Indian Child Welfare Act

The Department meets with the Catawba Indian Nation regarding Indian adolescent foster youth and other issues. The following outcomes resulted:

1. The Catawba Nation will develop a youth cultural program for their adolescents in foster care. This will allow a connection to be maintained between the children in care and their heritage. The agency will fund this as part of self-esteem activities for Indian adolescents in independent living.

Progress

The Department in collaboration with the Catawba Nation is developing a culturally relevant package to distribute to Native American children in care, their caseworkers and foster parents;

2. A plan for recruiting Indian foster families for Native-American adolescents will be developed in conjunction with the York County DSS Office. The agency will fund this project through independent living funds.

Progress

The Department in coordination with the Catawba Nation has implemented a plan to recruit of Native American families to provide foster and adoptive care. The Department will use a Catawba caseworker who is certified by the department to guide the plan.

3. The Catawba Nation will forward a listing of all names and addresses of Catawba families to the York County DSS Office. A letter stating the need for Native American families will be sent to each family under the signature of the Department and the Indian Nation.

Progress

The York County DSS Office and the Catawba Nation have established a working system to ensure that the list is received and updated so that the needs of the families are being met.

4. The Catawba Nation will develop a cultural competency training curriculum which will be made available to all licensed foster parents within the county. It was decided this would be the best approach since all families could be asked to foster an Indian child. This will count as training hours for licensure.

Progress

The Department in coordination with the Catawba Nation is working on the development and delivery of a culturally competent training curriculum for foster parents within their home county; and other activities which will provide a culturally sensitive linkage between the child's culture and the state foster care system.

5. Indian Nation has two adolescents in Connie Maxwell Children's Home located in Greenwood County. They are the only two Native Americans in placement and are having a difficult time. The Department has agreed to pay expenses (in accordance with state guidelines) for a Native American mentor to meet with them on a regular basis.

Progress

The Department has paid the expenses (in accordance with state guidelines) for a Native American mentor to work with the two adolescents in the Department's care.

6. The Catawba Nation will provide post foster care services for those Indian

children leaving foster care services after their 18th birthday.

Progress

There are currently no children in care that require post foster care services.

State Policies Regarding Indian Child Welfare (ICW)

The Catawba Indian Nation is the only federally recognized Indian tribe in South Carolina. That Indian Nation has two children in the SC foster care. The cases of those foster care youth are managed by a Catawba caseworker that is certified by SCDSS. This past year, training was held with The Department caseworkers and the Catawba Indian Nation caseworkers on Child Protective and Preventive Services policy (page reference number 723, Cases Involving Indian (Native American) Children. Reference Data - Section 754, Indian Child Welfare Act, Foster Care policy (Chapter 8, section 811, Indian Child Welfare Act, and Catawba Indian Nation policy.

Other Issues

Representatives of the Catawba Nation asked that SCDSS add a question to its CPS Intake document, which requires that workers specifically ask if a child is Native American. The Catawba Nation states that SCDSS staff often assumes that a child is white because the child does not “look like an Indian.” This results in Native American children initially being placed in non-Native American homes and the child later revealing that he/she is Native American. These are rare occurrences, but could be avoided.

The Catawba Nation applied for and has received a grant to build an emergency shelter/group home on the reservation. They are applying to SCDSS for IV-E funding to cover room and board for their program, which will open in FY 2005.

VIII. Chafee Foster Care Independence and Educational and Training Vouchers Program

2005

I. Introduction

The South Carolina Department of Social Services is the designated state agency, which will administer, supervise and oversee the Chafee Foster Care Independence (CFCIP) and Educational and Training Vouchers (ETV) Programs. These services are provided by the forty-six (46) county offices, seven Managed Treatment Services (MTS) offices and in four area Adoption Offices under the direction of the Deputy State Director for Policy and Operations. County offices oversee the day-to-day operation and provision of services to protect children and maintain and support families. The programs are located and supervised in the county but administered through central office. The county offices are authorized to receive and expend funds provided by governing bodies as well as private donations.

Our agency is interdependent on private organizations and public social service organizations to meet the ever-changing needs of the child welfare population. The agency's independent living services are not segregated from the community but rather interwoven into the community fabric. The agency's plan for providing an adolescent with the opportunities to obtain the skills necessary for attaining self-sufficiency require the development of a broad based support system involving community, family and agency collaboration and cooperation.

A. Purpose

The state plan reflects this collaboration. The state's independent living program began in September, 1987. In the succeeding years, South Carolina developed program components allowing access to independent living services for 13 to 21 year old foster care adolescents in all counties and foster care settings. The purpose of the independent living program is to provide the developmental skills necessary for foster adolescents to live healthy, productive, self-sufficient and responsible adult lives. The program's overall goal is to provide foster adolescents with opportunities to learn needed independent living skills and increase the likelihood of their successful transition from the foster care system. With lowering the age to 13 years, basic introductory living skills will be provided at a younger age.

B. Operating Principles

The following operating principles will guide the development and implementation of the independent living program:

- Independent living requires the development of a broad based support system involving community, family and agency collaboration and cooperation and must provide a spectrum of health, education, employment, recreation and social services.

- The development of independent living skills begins early in childhood and progresses at each developmental stage. Agency preparation should begin with placement into foster care. The earlier the process begins, the more effective it will be.
- Independent living must be viewed within the context of permanence and as an adjunct to permanency planning and not as an alternate permanent plan.
- When youth are emancipated from the foster care system, they are seldom able to immediately live on their own and will often require supportive services in their transition.
- A wide array of services and learning experiences and not a single service delivery approach must be available to assist with the transition and teach needed skills.
- Self-sufficiency is a lifelong process and should be understood within the context of interdependence.
- Services must not only help develop daily skills but also encourage a youth's positive self-concept.
- Youth partnership and involvement in making plans for their independence is critical for success.
- Services must be provided according to the developmental needs and differing developmental stages of an adolescent.
- Youth must be encouraged to obtain a High School Diploma or GED and to continue education/training at the trade; technical education or college level with support from the Department to the extent funding is available.

II. Program Initiatives

The agency will continue and expand current services for eligible adolescents within the foster care program. The agency will not only focus on individual support for youth but also encourage community partnerships and projects. The following reflects policy areas, which have or will be implemented and modified by the agency to meet the ongoing and changing needs of foster adolescents.

Operational Policy

(1) The agency has lowered the age for independent living to become a mandatory part of each child's case plan to thirteen (13) years of age. Many children will remain in foster care until 18 years of age due to their presenting problems, case histories and the lack of appropriate resources. The strategy for identifying eligible children continues to be clearly, succinctly, and continuously defined by the independent living advisory committee and staff. Since all proposed services or programs will not be appropriate for each adolescent, varied services will be implemented at differing incremental and/or developmental stages. For example, an adolescent will not become part of an employment-training program until 16 years of age but may be eligible for other services at an earlier age. As the agency becomes more involved with younger adolescents, issues will emerge and changes will be necessary. These changes will reflect knowledge gained through experience, best practice and the needs of adolescents.

(2) When an adolescent becomes 13 and 16 years of age, an assessment will be

completed with each adolescent. This will establish baseline data and focus on each youth's strengths, long term plans, and interests. A checklist of needed and available individual skills and case plan will be completed in conjunction with the adolescent. This will result in a case plan being developed with the adolescent when an assessment is completed. A third assessment, skills checklist and transition case plan will be developed in conjunction with the adolescent six (6) months prior to exiting from foster care. At this point, the adolescent will be advised regarding the upcoming cessation of specific benefits, possible continuing benefits, and the agency's actual and potential role.

A booklet will be developed to give adolescents when they become 16 years of age explaining rights and benefits. The second booklet will be given to an adolescent when exiting the foster care system and will detail the agency's potential continuing involvement and benefits.

(3) Adolescents will receive after-care services to age 21 years; if an individual leaves the system at or after age 18 that still can receive the Educational and Training Voucher (ETV) until the age of 23. Available services will be based on input from staff, provider and adolescent surveys, focus groups, interviews, adolescent self-identified needs, etc. A procedure has been developed to disseminate these funds in the most effective manner.

(4) A stronger emphasis on partnering with youth in the development and implementation of their independent living transition case plan and systematic change will be continued. The state has a nine (9) member youth advisory committee composed of current and former foster care youth to advise regarding practice and policy based on their personal experience. Proposed policy and its impact on youth is reviewed by this committee prior to dissemination. Youth involvement, therefore, will not only be on a personal level but also a systematic basis.

(5) The agency will continue to pay an apartment or housing rental deposit and limited monthly payments for approximately six (6) months when an adolescent is being emancipated from the foster care system (dependent upon the availability of funds). In extenuating circumstances, additional assistance may be provided. Similar services will be available to all youth to age 21 years if they were in foster care at 18 years of age. In these situations, a case plan will be developed in conjunction with the youth. These will outline roles, expectations and responsibilities of each participant in order to receive services.

(6) Current policy stipulates that independent living is not an alternate permanent Plan for children but rather a service concurrently provided with continuing efforts to achieve return to parents, relative placement or adoption. This will be continuously emphasized through practice as well as staff, youth and provider training.

(B) Individual Services

(1) Self-esteem

A primary focus is to individualize services based on the specific needs of each youth. The program is not designed to have a singular focus of developing daily living skills (employment, managing money, etc.) but to assume a holistic approach concentrating on a youth's positive self concept and the improvement of self esteem necessary to establish positive relationships in later life. These activities may include esteem building activities, life skill classes, peer mentoring, art programs, sports camps, etc.

Adolescents require permanence and stability in their lives. The agency will place increased emphasis on permanency for adolescents through plans for return home, relative placement or adoption and will aggressively pursue all options to locate permanent families. Since there is a critical shortage of adoptive and foster homes for adolescents, emphasis will be placed on focused efforts to recruit and retain homes for this population. This includes working with Recruitment Solutions, an Ohio based organization, in the utilization of videoconferencing as a recruitment strategy. A home will provide a solid foundation for the development and enhancement of positive self-esteem and a successful transition to living in a community. Efforts will also be intensified to connect adolescents with siblings in other foster care placements.

(2) Education

Education will be presented as an integral part of becoming self-sufficient. Based on an individual assessment, plans for education will be encouraged and incorporated in the adolescent's case plan. The agency has partnered with several community groups, i.e. Urban League of South Carolina, Coker College, The University of South Carolina Center for Child and Family Studies, Benedict College and/or other community groups, i.e. Proparent; Richland School District One, who support educational efforts through special programs (employment, technology, summer sports and academic camps, mentoring).

The agency will support the improvement of test scores (State PACT and HSAP) and the attainment of a high school diploma or GED through:

- Adult Education;
- GED programs;
- Literacy/or other tutoring (limited);
- Summer School; and/or
- Learning Centers.
- Monitor and request for appropriate educational accommodations (FAPE) and placement (LRE)
- Home Computers through Computer Buddies program (age- and subject-appropriate software, including practice software for state tests.)

The agency will provide or obtain educational and/or employment support services, which will allow an adolescent to: (1) increase their self-esteem; and/or (2) seek or maintain employment or educational opportunities. These include the following:

- Transportation to school (bus tokens, approved mileage reimbursement, bicycle, etc.);
- Drivers Education course;
- Senior expenses (Includes graduation invitations, senior pictures, cap and gown, and other senior expenses);
- Special recognition expenses, i.e. youth conferences, governor's school tuition and expenses, etc; and
- SAT/ACT preparation.
- College tours.
- Computers for College

If an adolescent would like to further his education through college, technical school or other training programs, the agency will provide the following assistance within approved funding guidelines and limitations:

- College or application fees;
- SAT/ACT fees;
- An annual college scholarship/ ETV Funds up to \$5000;
- Educational supplies needed for each semester;
- Computer (If education plans include the need);
- Household shower (This will also include items needed for a college dormitory room. The State Foster Parent Association. provides these showers);
- Filing FAFSA (Free Application for Student Aid), other financial aid, scholarships, books, etc;
- Educational information for youth, staff and providers regarding higher education opportunities; and
- Academic camps

There will be continued emphasis on educational involvement and success. A staff person has been employed to support youth in their educational pursuits by: sharing information regarding available resources, being an educational advocate, coordinating educational activities with the South Carolina Department of Education and local school districts, and providing services which will support educational achievement and successful outcomes, to include extracurricular services through grants (i.e. JUMP- Juvenile Mentoring Program). The educational liaison will serve on various state-operated Task Forces and Advisory Committees (Mckinney-Vento Homeless Advisory Committee, State Truancy Task Force, Duke Endowment Advisory Committee for group home assessments, and ARAC [Alternative Residences Advisory Committee) to ensure equal representation and voice for our constituents of foster care.

(3) Transition to Self Sufficiency

Being able to obtain and retain a job is critical in achieving self sufficiency. The Family Independence and child welfare programs have formed a partnership to assure that foster youth have the opportunity to learn employment readiness and retention skills. The TANF program has experienced extraordinary success in preparing “welfare” families for employment. Employment skill development was identified as an area which needed improvement for foster youth leaving the system. Since a successful program already existed within our agency and could be utilized to teach these skills to foster youth, it was a logical partnership. Each foster care youth will be referred to the program 30 days prior to their 16th birthday and again six months prior to their planned exit from foster care. An individual assessment of each adolescent is completed to determine interests, aptitude, etc. This will result in the development of an employment self sufficiency plan. The two programs are sharing costs for allowable services or within their funding capacity. For example, the program is voluntary and there was a question regarding youth motivation, therefore, a stipend for attendance is being paid to adolescents. The program is now implemented on a statewide. The program will encompass all adolescents regardless of their residence, i.e., foster, group homes, therapeutic placements, etc. Age is the only eligibility criteria.

Recognizing the invaluable experience and knowledge of foster adolescents, the agency will utilize youth as program and project consultants and trainers as much as possible. This action will empower youth, provide a sense of control and allow the agency to design programs, which are reflective of the realistic needs of youth within the system. To increase involvement of youth in the system, limited employment and other services designed to increase inclusiveness will be made available. In addition, the program will provide or obtain limited support services, which include the following:

- Apprenticeship Programs;
- Transportation to and from employment;
- Shared salary with employers;
- Certification courses (first aid, life guard, etc.);
- Childcare (1st month- full cost with 2nd & 3rd month- half costs. After the 3rd month, funds will terminate and adolescent will be responsible for all costs or limited child care unless extenuating circumstances exist);
- Interview clothes;
- Initial supply of work uniforms & footwear;
- Car repair (if adolescent has a personal car);
- Job skills training classes, i.e., computer classes, etc;
- Stipend for job skills training; and/or
- Summer job opportunities.
- Job coach/Shadow

(4) Emancipation Expense:

The agency will make a concentrated effort to assure that youth moving out on their own begin on an “even footing”. In order to accomplish this, the agency will assist with the following within funding limitations:

- Phone deposit;
- Electric, gas, & water deposit;
- Furniture for an apartment;
- Household shower. This is provided by the foster parent association and involves individuals within the community who have a relationship with the adolescent i.e. current/former foster parent, caseworker, teachers, etc. Basic household items, i.e., pots and pans, towels, silverware, curtains, etc. are purchased;
- Housing costs. The agency may assist with the full (approved) cost for the first month and assume decreasing financial responsibility until the sixth month at which time the youth must assume total responsibility. Additional funds for housing may be available if a youth has encountered extenuating services. Housing will be rental and may consist of a house, apartment, condominium, etc. The agency will begin negotiations with the housing authority and other housing providers to serve this population.
- If an adolescent is physically, developmentally or mentally disabled, the agency will work with community organizations to develop an individualized transition plan responsive to a youth’s needs. This community based plan can provide a safety net during the transition time.
- Since over 50% of youth return home or to relatives within two (2) years of exiting foster care in South Carolina, a task force consisting of staff, emancipated and nonemancipated youth, birth parents/relatives, providers, etc. will identify and address relevant issues related to this reality. The committee’s purpose will be to assess the situation and make recommendations to improve the process to increase the likelihood of success for these families.
- Transportation has been identified as a major barrier to successful independence within our state. The agency will assess all possible options to address this problem and pursue the most feasible alternative.
- Negotiations have begun with a major bank to provide banking services to youth within the state.
- Items needed to transition youth with developmental disabilities.

(5) Health

All youth leaving care will be given a copy of their medical records. Information will be provided to eligible youth regarding continued Medicaid eligibility and how to maintain this coverage until 21 years of age. Data will also include a listing of Medicaid providers within the community.

(6) After-Care Services

The agency will continue services and assistance to youth who leave the system at 18 years of age but who return in need of services. Agency involvement will not abruptly end. The agency will assume a supportive rather than a directive role with the youth. Youth may or may not be in the custody of the agency. Youth may elect to reenter foster care on their 18(th) birthday or voluntarily reenter foster care within twelve (12) months of their emancipation up to age 21 years. Another option for youth who leave care on or after their 18th birthday will be to return to the agency for assistance at any point until their 21st birthday without reentering the system. As a parent surrogate, the agency has developed procedures to maintain an open door policy for the possible return of foster care youth. There will be an array of services and resources such as financial assistance, housing, counseling, educational support, employment and/or other appropriate support services available to former foster care recipients. The same services and resources will be available to both youth remaining in the system and to eligible foster care graduates. The overall services and service delivery system will be developed, defined and continuously modified by recipients, staff and providers. Since this was a departure from current program functioning, there have been a variety of changes made within the programmatic structure to accommodate the modifications.

(7) Advisory Committees

The agency has established an advisory committee to provide oversight and guidance to the independent living program. The composition of the committee currently consists of agency (administrative, supervisory and direct delivery) staff, university staff, service providers, the Catawba Indian Nation, foster parents and group care providers. Membership includes two slots for youth - one currently in foster care and, the second, a foster care graduate. The Youth Advisory Committee consists of nine (9) youth who are or have been in foster care. This committee will continue to provide the youth perspective on the foster care program, its impact on their lives and needed changes. The committee established a foster child's bill of rights as a top priority. This will continue to be distributed to all components of the state child welfare system. The committee will undertake multiple projects to improve the lives of their peers in foster care. The committee also developed and distributed a brochure for youth over 10 years of age entering foster care. The brochure entitled "Foster Care: What It's All About?" addresses personal concerns which participant youth experienced when being placed into foster care. As a result of the Youth Advisory Committee's success, county committees are being pursued in several counties. One representative from each of the county committees will serve on the State Youth Advisory Committee.

(8) Youth Involvement/Development

Each child over the age of thirteen (13) years has independent living as part of its case plan. Each individual plan requires a youth's personal participation in its development, implementation and establishing objectives. The responsibilities of each party (youth & agency) will be clearly defined in the case plan and agreed upon.

There are various functions within the child welfare program, which could be greatly enhanced with youth involvement and direction. Once such undertaking is the development of a foster children's association, which would operate similar to the foster parent association. This could provide a forum for support and communication for adolescents. The agency is working with various community organizations, such as Coker College, in developing county associations. Another function, which could best be performed by youth, would be to serve as a mentor to younger foster children who need positive peer direction and involvement. The agency will fund the employment of foster youth during the summer months. This will allow young adults to connect to other young adults and provide a peer support network to help one another. A position description will be developed for each position and will reflect the needs of the county (or state office) in which the youth will be employed.

a. Youth Leadership

The development of youth leadership skills will be encouraged through programs focusing on relevant leadership issues sponsored by organizations such as West Columbia Leadership Center, Youth Leadership Development Institute, Foster Parent Association, Coker College, 4-H Leadership Center, United Way, Center for Child and Family Studies, etc. These programs are geared toward the development of healthy attitudes, leadership skills and positive decision-making.

b. Youth Training

Youth will learn new information through the "Annual Independent Living Conference" which is planned and implemented in conjunction with youth and the community. The Annual Conference focuses on skills development, i.e. money management, apartment search, etc.; community employment opportunities; and other issues which have been identified by youth and staff. The conference participants include staff and providers and youth. The conference provides an avenue for dissemination of information and served as a support group for approximate 650 participants.

c. Communication with Youth

In order to obtain more information from youth, the University of South Carolina Center for Child and Family Studies has and will continue to conduct focus groups of foster care adolescents. The purpose is to learn from each youth's foster care experience and obtain their perceptions regarding emancipation and needed transitional skills, which, they have or have not acquired. The University also surveys current and former foster youth to determine their transition readiness, resource knowledge, etc. This data is critical in planning. While the agency has recognized the importance of youth involvement, the incorporation of their perspective into the daily program functioning and training of staff is the next challenge. Policy revision and staff and provider training will encompass this.

(9) Training

The agency is developing a training plan for foster and adoptive parents, group care providers, and staff to address issues confronting independent living youth in conjunction with the Center for Child and Family Studies at the University of South Carolina. The University has received a federal grant to develop a training curriculum (First Voice) for staff, providers and youth, which is currently being piloted in seven (7) counties. This curriculum has been implemented on a statewide basis. Independent living training is also being interwoven in the initial prelicensing training for foster and adoptive parents and the required relicensing training hours for foster parents.

(10) Provider Involvement

In an effort to assure consistency and similar services, group care programs and county offices will be annually evaluated to determine if services are adequate and responsive to the needs of youth. There must be a minimum standard of service, which is available to all adolescents on a statewide basis. In an effort to enhance communication among and with independent living providers, a quarterly meeting of providers will be scheduled. New information, resources and policies can be shared and learning from one another can occur.

In an expanded role for foster parents of adolescents, a partnering component will be developed by which experienced foster parents will be matched with new foster parents of adolescents. This will allow personal experiences to be incorporated into the ongoing strategy of dealing with adolescents on an individual basis.

(11) Collaboration with Public & Private Sector

The agency currently has extensive collaborative efforts with the public and private sector. The basic premise for community-based programs is to reflect community diversity and be more realistic in meeting the needs of adolescents within the community. These partnerships have been reduced due to budgetary issues during the past year. If funding becomes available the programs will be reinstated. There will be continued emphasis on the development of additional initiatives, which reflect responsiveness to the needs of the local community. Community participation will continue to be sought through the advisory committee, group care providers, foster parents, attorneys, court, adolescent service providers, guardian-ad-litem and other identified stakeholders in regard to the state plan, its implementation and proposed modifications. An annual evaluation and solicitation of ideas for improvement will be sought through this collaborative effort. Current collaborative efforts, which will continue, are as follows:

- a. The Foster Parent Association** has a contractual agreement with the agency to provide household showers for youth who will be emancipated from the foster care system or who will be attending college. When an adolescent has been identified, the foster parent association plans a household shower to include current and former caseworkers, foster families, etc. The association then pur-

chases concrete items, e.g. pots, pans, linens, sheets, silverware, microwave, etc. which are necessary to establish housekeeping. This program has proven extremely successful and will expand during the upcoming year. In addition, the Foster Parent Association will assist with the purchase and/or reformatting of computers for youth who are pursuing post-secondary training.

b. The Center for Child and Family Studies (University of South Carolina) has undertaken three projects in conjunction with the program. The Center has conducted focus groups of adolescents. The plan is for a focus group to be conducted whenever a need arises. These groups are designed to reflect the diversity of the foster care population, e.g. geographic, gender, race, age, adolescents in "regular" foster care versus managed care, etc. The purpose of these groups has been to learn from the experiences of youth, their perceptions of needed transitional skills, the identification of positive skills learned in foster care, unlearned needed skills, etc. The center is also involved in obtaining information from the targeted population in the foster care system as well as graduates of the foster care system through a written survey. The information is obtained through a scientific sampling of foster youth. The survey began in March 2000 and consisted of two phases. The first phase focused on advising county staff and foster parents regarding the undertaking. The second phase consisted of obtaining information from youth who have left the foster care system within the past two (2) years. The latter survey focused on the skills and/or on lack of skills which adolescents had when leaving the system. The results of the survey have increased the knowledge level of staff and enabled policy to be modified to reflect the actual and perceived needs of youth who are exiting or have left the system. The survey is now annually completed and providing additional data concerning the knowledge level of youth regarding available resources.

c. The Youth Leadership Development Institute, a project being undertaken in conjunction with the Columbia Urban League, offers a youth curriculum encompassing employment and career, individualized counseling, transportation, and a year round mentoring and tutoring program. This program served 300 foster care and TANF youth in a sixteen (10) county area during the past year. The geographic area has been reduced due to budgetary reductions.

d. The United Way of South Carolina is partnering with the department to obtain or provide mentoring, tutoring, employment, educational support services, fatherhood initiatives, and other support services for youth in foster care.

e. Catawba Nation. Collaboration continues with the Catawba Nation. A Catawba Representative serves on the state advisory committee. The agency will work with the Catawba Nation to provide the following services: (1) post foster care services for older adolescents who have left the system; (2) recruitment of Native American families to provide foster and adoptive care; (3) development of a culturally relevant package to distribute to Native American children in care, their caseworkers and foster parents; (4) the development and delivery of a culturally competent training curriculum for foster parents within their home county; and (5) other activities which will provide a culturally sensitive linkage between the child's culture and the state foster care system.

f. Children Unlimited, Inc. Children Unlimited provides specialized independent living services to transitioning youth in Richland County. Some foster adolescents refuse to remain in traditional foster care placements and require an individualized approach to their transition. Children Unlimited provides an array of individualized for each youth during their participation. Youth are taught independent living skills and provided intensive training on accessing needed community resources and services. Due to funding reductions, this program was terminated.

g. Department of Mental Health/ County Workers Project. In an effort to better meet the mental health needs of adolescents, some Department of Mental Health staff is collocated in DSS offices. The purpose of the positions are to: (1) link the skills, experience and knowledge of mental health and child welfare professionals to better serve families; (2) foster a collaborative attitude and approach between child welfare and mental health professionals in serving youth and families; (3) promote and enhance individual and family strengthening and functioning, thereby, enabling youth to successfully transition from foster care; (4) expedite permanency for youth in foster care; and/or (5) support foster and adoptive families to deal with crisis situations and avoid disruptions of youth from their homes. The involved offices are Florence Regional Adoption Office, Greenville DSS, Greenville Regional Adoption Office, Charleston, Richland, Orangeburg, Horry, Spartanburg, Anderson/ Oconee/ Pickens, and Lexington.

i. Coker College. During the past year, DSS staff from Darlington County and State Office as well as representatives from Coker College, the business community, foster youth and foster parents engaged in a planning process to assess the needs of youth within the county and develop a community plan to support the transition of foster youth to independence. The three areas identified as needing intervention were personal development, career planning, and relationship building. As a result of the latter concern, a foster youth association has been developed in the county. The agency partnered with S. Graham & Associates, a Leadership Institute of Chicago to develop a proposed model. The proposed program was presented to the Bush administration during a White House meeting in May 2002. There was a subsequent request for a complete program proposal to be submitted for consideration. This continues to be developed.

j. Expanded Collaborative Efforts. Each community agency and organizations has unique features which could assist transitioning youth. The agency will not concentrate on a single approach for a service delivery system but instead individualize each adolescent's situation in conjunction with the community in supporting a successful transition. The agency will redirect energy into the development of community-based initiatives, which reflect sensitivity to individual needs and a localized approach to meet those needs. The agency will provide an array of teaching approaches which will include monitoring, group presentations, individual tutoring, problem solving, counseling, etc. These approaches will be community based and reflect individualization. The approach will benefit youth and simultaneously sensitize other groups in the community regarding the special challenges being faced by transitioning youth. The renewed efforts toward collaborative expansion will include housing, disability and special needs, juvenile justice, alcohol and drug abuse, vocational rehabilitation and other related

programs. This collaboration will create an environment of interdependence between community resources and youth in transition.

IV. Targeted Service Area/Services Delivery/Eligibility Determination

Uniform and consistent services will be provided through each county office to all targeted youth on a statewide basis. The array of services will be available to all youth between 13 and 21 years of age. While the advisory committee will focus on the development of services and the service delivery system, the individual independent living focus will vary according to the developmental and chronological age of each youth. The emphasis on adolescents between 13 and 15 years of age will be on education (including tutoring), enhancement of self esteem, and acquiring basic daily living skills such as housekeeping, shopping, meal preparation, etc. The emphasis on adolescents between 16 and 18 years of age will continue to include education as well as summer job opportunities, apprenticeships, relationship building, pregnancy prevention, anger management, job skills preparation, the development of marketable employment skills and learning concrete skills for daily living, i.e., apartment search, home maintenance, banking information, cooking, etc. Services will continue for youth between 18 and 21 years of age but the service delivery system will incorporate an emergency response for adolescents who have left the system but return for assistance due to an immediate or pending crisis. Such assistance may include financial, information and referral, housing, educational and employment support, counseling, etc. and will be based on an individual's need and situation. An additional potential targeted population (within the stated age range) will be young parents in the foster care system. The services for this population will focus on parenting skills development and pregnancy prevention. All eligible foster children within the targeted age range will be eligible for services regardless of their geographic location in the state or type of foster care placement. All youth between the ages of 16 and 21 years in the system and all youth leaving the system after their 18(th) birthday will be eligible. Services for 18-21 year olds will be limited in duration and amount of assistance, but youth may return for booster assistance in a crisis situation at any point during this time frame. Responsibilities of involved youth will be clearly defined in a case plan.

V. Data Collection/ Outcome Measures

The collection of demographic data has been expanded to collect data on youth between 13 and 21 years of age. Data will also be collected on youth who exited the foster care system at 18 years of age. The data collection elements will minimally consist of the following:

- A. Number of youth by county;
- B. Demographic data (age, gender, race. etc.);
- C. Type placement (group home, foster home, therapeutic foster home, institution, etc.);
- D. Type and quantity of services provided;
- E. Educational attainment;
- F. Employment status;
- G. Avoidance of dependence;
- H. Out of wedlock childbirth;
- I. Homelessness;
- J. Involvement with other social services systems;
- K. Incarceration; and

L. High -risk behaviors

The agency will cooperate with any national efforts geared to data collection and evaluation.

VI. Personnel

Due to aforementioned increase in program activities and requirements, additional staff were required to develop, implement and monitor the program on a statewide basis. Although not responsible for specific casework services, staff responsibilities include, but are not be limited to monitoring county and provider programs, education and employment support services, consultation to direct delivery staff and providers, coordination with community organizations, development and implementation of training curriculum, and development and implementation of needed projects. This will assure accountability of funding expenditures and development of community resources.

VII. Program Enhancement

While progress has been significant, much work lies ahead. The aforementioned plans are ambitious but realistic and attainable. The agency would, however, like to aggressively pursue a holistic approach and community based approach to preparation of youth for entry into independent living. If additional funding becomes available, the following activities will be pursued:

A. Transition Planning. A minimal number of counties within the state have specialized caseloads containing only independent living youth. This means that most youth are in generic caseloads without the benefit, experience and knowledge of speciality staff. Some youth may not learn of important services and others may not have needs met although resources are available. Regional transition staff will be employed to assure that: (1) youth and staff are aware of available resources/services; (2) each youth's plan incorporates all components needed for a successful transition; and (3) the plan is monitored to assure implementation. Planning will begin six to nine months prior to a youth's planned discharge and continuing for six to twelve months subsequent to discharge. This approach assures that youth on a statewide basis will have equal access to acknowledge, resources, and a solid foundation for living on their own.

B. Faith Based Initiative. When youth leave the foster care system, agency support and services are totally terminated at age 21 years of age. The youth must then face the community and independence alone. The agency would like to involve the faith community to shepherd youth who are transitioning or have transitioned into the community. The program would be modeled after the successful "One Church, One Child" program which focuses on local churches recruiting and supporting individual adoptive families for waiting children. Churches would be identified six to twelve months before a youth's planned exit from foster care. The church would, in essence, adopt the youth and congregational members would then mentor the youth for at least one year after leaving the system. This allows time for youth to settle into the community and establish positive connections with adults in the locality. The agency, in conjunction with faith partners and youth, will develop a transition and mentoring plan for the term of their involvement.

C. An assessment is currently being completed concerning the “state of the art” training programs among group care providers and the need for synchronized provider training. Foster parent involvement as trainees as well as serving as a conduit for training adolescents in their home is considered to be critical variables in assuring success. Foster parents will undergo specialized training to work with older adolescents in their home. This would incorporate development of developmentally appropriate skills needed by adolescents. If successful, a training stipend will be paid to the foster parent. Independent living training for staff will be prioritized and accomplished through an annual training conference and will focus on issues related to transitioning youth and how the agency can better prepare youth to meet those challenges. Two important changes will occur in training; i.e., the incorporation of youth as trainers of staff, providers, and peers as well as cross training of involved parties.

VIII. Conclusion

The aforementioned plan for successful transitioning to independent living is comprehensive, adolescent responsive and reflective of the reality and needs of older foster youth. The proposed program presents a formula for success and provides a strong foundation for successful independent living within the community.

IX. Child Abuse Prevention Treatment Act Grant (CAPTA)

History

In 1974 Congress enacted the Child Abuse Prevention and Treatment Act (42 U.S.C. §5101 et seq.), a law that has since provided annual federal grants to states to support improvement in the work of child protective services (CPS) agencies, as well as enhanced interdisciplinary collaboration in the handling of reported child maltreatment cases. This law has been reauthorized and amended, on average, every 4-6 years.

Although the total amount of federal “CAPTA State Grant” funding has been modest (e.g., for federal fiscal year 2003, slightly less than \$22 million divided among the states), the law’s state grant eligibility requirements have led to important statutory changes. For example, when CAPTA first took effect almost thirty years ago, many states did not have laws mandating appointment of a guardian ad litem for all children involved in abuse/neglect court proceedings. CAPTA’s grant condition that states always make such appointments has resulted in almost all states imposing this requirement in their law.

As of 2003, only two states, Indiana and Pennsylvania, do not receive CAPTA State Grants. Indiana is ineligible because it doesn’t mandate appointment of a guardian ad litem or have a CAPTA-required parental appeals process; Pennsylvania because its child neglect law is not as comprehensive as CAPTA’s definition.

CAPTA Changes

The Keeping Children Safe Act of 2003 amended CAPTA, the Child Abuse Prevention and Treatment Act (PL108-36), and was signed into law on June 25, 2003

(<http://thomas.loc.gov/cgi-bin/queryz?c108:S.342.enr>:). This law includes requirements that each state develop “provisions and procedures for referral of a child under the age of three (3) who is involved in a substantiated case of child abuse or neglect to early intervention services funded Part C of the Individuals with Disabilities Education Act (IDEA) 9section 106(b)(A)(xxi).” Part C component of PL 105-17, IDEA. Agencies providing Part C services are required to provide comprehensive, coordinated, multidisciplinary, early intervention for infants and toddlers with disabilities or developmental delays and their families.

“BabyNet” is South Carolina’s name for a system of comprehensive, coordinated, multidisciplinary, early intervention services for children birth to three (3) years old with disabilities or developmental delays. It is a collaborative effort among nine (9) state agencies including the South Carolina Department of Social Services (SCDSS). The South Carolina General Assembly passed Act (41) in 1991, committing to provide early intervention services to the birth through two (2) year olds. South Carolina designated the South Carolina Department of Health and Environmental Control (SC DHEC) is the lead agency and required all agencies providing these services to assist the lead agency as spelled out in the regulations. In March 2004, SCDHEC and SCDSS signed a Memorandum of Understanding (MOU) laying the ground work to put in place “provisions and procedures for referral of a child under three (3)

who is involved in a substantiated case of child abuse or neglect to early intervention services funded Part C of the Individuals with Disabilities Education Act (IDEA) 9section 106(b)(A)(xxi).”

CAPTA Initiatives

Child Abuse Prevention and Treatment Act (CAPTA) funds continues to be used to improve the child protective services program in South Carolina. The Department continues to meet the non-supplantation requirment in section 432(a)(7) of the Act and Federal regulation at 45 CFR 1357.32(f)(maintenance of effort) by focusing on the following program areas set forth in section 106(a):

(1) the intake, assessment, screening, and investigation of reports of abuse and neglect

The South Carolina Department of Social Services, Out-of-Home Abuse and Neglect Investigations unit, a component of the Child Protective and Preventive Services unit, conducts investigation of child abuse or neglect allegations in foster homes. The decision to move these investigations from the county offices was made in 1995 in order to remove any potential conflict of interest from the local office that licensed the foster home and used their services. Although separated, the state and local offices coordinate the activities required in an investigation with the state staff taking the lead. Geographic co-location of the State Office investigative unit with the State Office foster home regulatory unit provides more comprehensive intervention with the foster family. DSS recognizes that a child in foster care has several people who can and do provide oversight and work together to ensure safety. The assigned foster care worker is in the home monthly, frequently there are treatment providers seeing the child on a regular basis, and there are regular supervised visits with the parents. There are many opportunities for the child to communicate any concerns with someone in authority.

(2) creating and improving the use of multidisciplinary teams and interagency protocols to enhance investigations

Citizen Review Panel: The establishment of Citizen Review Panels is required under CAPTA. The purpose of the panels is to provide new opportunities for citizens to play an integral role in ensuring that States meet their goals of protecting children from abuse by reviewing the Child Protection System. The Department has established three panels. The panels are located in Richland, Charleston and Greenwood Counties. The panels are composed of volunteer members who are broadly representative of the communities in which they operate. Panel members include attorneys who are primarily concerned with children’s issues, child advocates, parent/consumer representatives, domestic violence professionals, teachers, school counselors, representatives of law enforcement, hospital social workers and health/mental health professionals, many of whom are familiar with the intricacies of the Child Protection System, and all of whom are dedicated to seeing that all of South Carolina’s children are safe.

Children’s Justice Act Task Force: The South Carolina Children’s Justice Act Task Force was established in 1995 and continues to be active. It is currently addressing recommendations which were adopted in spring 2000.

The Task Force consists of 37 members, reflecting all of the disciplines required by federal legislation. Members serve three-year terms. The task force meets two or three times per year, with committees meeting separately as needed. The three committees are: (1) Court Practices; (2) Multi-disciplinary Investigation; and (3) Legislative/Advocacy. The state's network of children's advocacy centers has continued to function as a sub-group of the Task Force although it is moving toward formalization as a separate organization.

In addition to these ongoing committees, the Task Force voted this year to incorporate the Bench/Bar Committee as an affiliated group. The Bench/Bar committee grew out of the Families for Kids (Kellogg) Initiative in South Carolina to examine needed legal reforms to achieve earlier permanence for children.

South Carolina Child Fatality Review Teams/Children's Health and Safety Councils: This team was established through a collaborative effort of the State Law Enforcement Division, the South Carolina Department of Social Services and the Department of Health and Environmental Control. One objective of the council is to examine the circumstances around child deaths for the purpose of improving local services. Additionally, the councils will review child maltreatment injuries and develop programs and/or participate in promoting prevention efforts of the injuries and fatalities in their appropriate county. South Carolina has a mandated state child fatality team, The State Child Fatality Advisory Committee (mandated by law) is supporting the implementation of the local Children's Health and Safety Councils with the Department.

Members of South Carolina's local and state child fatality teams have met two times this year for information sharing and coordination of projects and programs. Efforts to formally link the state and local team processes are underway. The Southeast Coalition on the Prevention and Investigation of Child Deaths, which includes staff from South Carolina's child death review process, has met with representatives from the Alabama Child Death Review System to begin planning a second conference on child fatalities for 2003. It will be a resource to evaluate, assist and advocate the process of child fatality investigation, review and prevention.

(5) developing, strengthening, and facilitating training opportunities and requirements for individuals overseeing and providing services to children and their families through the child protective system

- Continued and ongoing emphasis in agency policy and practice on the integration of safety and risk assessment principles into the intake and investigative/assessment processes. Technical assistance to counties designed to support these best practice concepts continues with counties.
- The National Resource Center on Child Maltreatment provided technical assistance to the state as part of the initiative to enhance the safety and risk assessment tools for county staff, the assessment of out of home abuse and neglect, and safety issues in placement.
- Intensive technical assistance has been provided in 11 counties around cases open for in home treatment services longer than 12 months for the purpose of evaluating the need for additional

services or movement toward closure. The remaining 38 counties were trained by September 2003.

CAPTA Funding

The South Carolina Department of Social Services continues to use CAPTA Funding to support and enhance the Child Protection program by the following activities:

Child Abuse Prevention Month (CAPM) Initiative. The South Carolina Department of Social Services (SCDSS) and Prevent Child Abuse South Carolina (PCASC) has worked collaboratively for the past 7 year to promote awareness during Child Abuse Prevention Month. Working in conjunction with ten affiliates and several partner organizations SCDSS and PCASC distributed over 250,000 CAPM materials reaching over 200,000 South Carolina residents. Hundreds of thousands more were reached through a diverse media campaign. The following report highlights various aspects and events related to CAPM 2004.

Materials Development

PCASC, working in conjunction with DSS, developed new materials for CAPM 2004 including book-marks, posters, stickers, newsletters and a bi-lingual resource guide. All of the materials were developed using PCASC's new logo and blue/yellow color scheme. To actively engage persons receiving materials, each piece included a message such as "we can prevent child abuse," "you can prevent child abuse" or "I'm a blue ribbon kid."

The "You Can" bookmarks contained suggestions on how individuals can become active in child abuse prevention, listed the 1-800-CHILDREN telephone number and the names and phone numbers of all ten PCASC affiliates. Blue ribbons were typically attached to each bookmark. Stickers were developed to distribute through schools, faith-based institutions and other events. A children's sticker featured a blue ribbon and the slogan "I'm a blue ribbon kid." A second sticker included the message "You Can Prevent Child Abuse South Carolina."

Columbia, SC artist and DSS staff member Chet Goff donated original artwork for the CAPM posters. They featured an angel surrounded by a multi-ethnic group of children with the phrase "every child needs an angel, every child needs you." The response to the posters by all audiences was overwhelmingly positive. Blue Cross Blue Shield of South Carolina helped underwrite poster printing costs.

PCASC combined local and national prevention materials to develop a 32-page *We Can Prevent Child Abuse, Resource Guide for Educators, Health Care Providers, Faith Leaders and Families*. The guide contained statistics, information and several suggested prevention activities. It also featured a 6-page information section in Spanish. Copies were sent to every South Carolina school as well as distributed through affiliates and partner organizations. The guide featured 8 1/2 X 11 inch perforated sheets that could be easily reproduced for greater distribution and use. The guide was so popular that thousands of additional copies have been requested for guardian ad-litem programs and county DSS offices. PCASC is currently seeking funding to meet this request.

Additional Materials

In addition to items produced through the CAPM grant, PCASC and its affiliates distributed thousands of additional materials. In early 2004, PCASC received a donation of 2000 English and 500 Spanish copies of the *2004 Gateways to Prevention* Resource Packet from the National Clearinghouse on Child Abuse and Neglect Information. Each 61-page packet contains prevention information, activities and a poster. PCASC affiliates each received 100 English copies and 30 Spanish copies to supplement for distribution to schools, faith groups and others. The packets have been especially effective in helping PCASC reach out to South Carolina's Spanish-speaking population, a new area for most affiliates.

Local affiliates also produced and distributed many of their own materials. For example, the affiliate in Beaufort made several CAPM banners and signs; the Pee Dee affiliate produced Blue Ribbon Campaign brochures, Child Sexual Abuse Materials, Touches/Word Cards, and agency brochures; the affiliate in Anderson distributed "It Shouldn't Hurt to be a Child" and "Preventing Child Abduction" manuals, Parenting Support Group flyers, Magnets, Pens and Balloons; and most affiliates bought additional ribbons to supplement those received from PCASC.

Distribution of Materials

The following materials were distributed statewide:

- 3000 Newsletters mailed throughout the state highlighting CAPM activities
- 157,000 Bookmarks (most with blue ribbons)
- 91,000 Stickers
- 4,600 "every child needs an angel" Posters
- 3,900 "We Can" Resource Guides
- 1,600 English language "Gateways to Prevention" Resource Guides
- 1,600 English language "Gateways to Prevention" Posters
- 440 Spanish language "Gateways to Prevention" Resource Guides
- 440 Spanish language "Gateways to Prevention" Posters
- 500 Blue Ribbon Lapel Pins

Total Materials Distributed: 261,180

Examples of how Materials were Distributed

- 1,700 South Carolina schools received a newsletter, a "We Can" resource guide, Angel poster and a sticker.
- Over 400 schools and 68,000 students participated in special CAPM activities receiving stickers, bookmarks or CAPM information.
- Approximately 200 faith-based organizations and 30,000 congregants participated in CAPM. Most received either a bookmark or a sticker.
- At least 33 Spanish-speaking groups received Spanish language resource guides reaching over 800 individuals.

- PCASC affiliated agencies distributed bookmarks, ribbons, stickers, posters and brochures at over 85 events throughout CAPM reaching over well over 100,000 people.
- Over 200,000 South Carolinians received at least one child abuse prevention material.
- Media and press stories related to CAPM ran in every major South Carolina market reaching hundreds of thousands more people.

CAPM Activities

PCASC and its affiliates each conducted and/or participated in a series of CAPM activities and events. Following are highlights of some of the events:

2nd Annual Celebrity Waiter Luncheon at Carrabba's Italian Grill:

On March 25th, PCASC hosted its 2nd annual Celebrity Waiter Luncheon at Carrabba's Italian Grill in Columbia. Organized by PCASC volunteers and staff, the event raised \$10,480, a 60% increase over 2003's event. Fourteen Midlands area celebrities served meals to approximately 200 paying guests. Eighteen corporate donors also contributed. The event raised awareness for PCASC and its programs and child abuse prevention in general. Citadel Broadcasting radio stations gave away tickets and invited PCASC staff on-air to discuss child abuse and prevention. WLTX-TV did a live remote during the luncheon and both WIS-TV and WLTX-TV featured the event on their evening and morning newscasts.

Legislative Breakfast

On April 15, 90 lawmakers and over 200 guests attended a legislative breakfast at the Blatt House Office Building. PCASC staff, board members, affiliates, volunteers and other child advocates met with lawmakers to discuss issues affecting children.

Governor's Press Conference and Proclamations

Governor Mark Sanford hosted a press conference in the Statehouse Rotunda to proclaim April as Child Abuse Prevention Month and over 300 people attended. WOLO, WLTX, AP Radio and others covered the event. The Mayors of Latta, Lake View, Dillon and Darlington all signed CAPM proclamations in an event coordinated by Prevent Child Abuse Pee Dee.

Faith and Blue Ribbons Weekends

Blue Ribbon Sunday began in 2001 as a way to link the faith community to child abuse prevention activities. In 2004, the name was changed to Faith and Blue Ribbons Weekend to be inclusive of other faith-based groups. PCASC and the affiliates planned at least one weekend each to promote this activity. Faith groups held special worship services; taught parenting classes, distributed bookmarks, blue ribbons and stickers; and published articles in their bulletins as part of the effort. Approximately 200 religious organizations participated reaching over 30,000 people. St. Peter's Catholic Church and School in Columbia conducted a special children's mass to discuss abuse and neglect. Blue candles were lit and special prayers were offered for all children and for victims of abuse and neglect. The event was covered by WLTX-TV. An Anderson County church hosted a Teddy Bear Tea for child abuse prevention.

Training Programs and Conference

PCASC and SCDSS organized a Midlands Child Abuse Prevention Month committee consisting of faith and community leaders from throughout the area. On March 23, six members completed a two-hour PCASC training of trainers workshop. Each participant received a written lesson plan, resource guide and a CD-ROM to use in their own presentations to their groups or organizations. The Foothills Alliance in Anderson conducted a Child Sexual Abuse Training for 80 area counselors, law enforcement officials and other child service providers. The Exchange Club organized a "Parents Leading the Way" conference in Charleston.

Kid's Days and Kid's Fests:

Several affiliates participated in Kid's Days / Kid's Fests and other children-focused events. On March 27, PCASC had a booth at Columbia Kid's Day Safety Village. On April 3, the Child Abuse Prevention Association in Beaufort organized a Kid's Fest that involved 25 agencies. Forty Oconee County agencies including PCA Oconee participated in a Baby Fair providing information to new and expectant mothers. In Anderson County, the Foothills Alliance held a Child Safety Day with free children's IDs, child safety seat checks, and a booth with parenting and abuse prevention information. The Family Care Council participated in the Spartanburg Kid's Day event.

Festivals

The Flowertown Festival in Summerville attracts approximately 40,000 visitors each year. The Exchange Club Parent-Child Resource Center managed an information booth and had over 20 volunteers working the crowd distributing bookmarks with blue ribbons. PCASC had an information booth at the annual Three Rivers Music Festival in Columbia. Blue Ribbons, stickers and parenting information were distributed at the three-day event that attracts approximately 40,000 people.

Motorcycle Rallies

Affiliates on opposite ends of South Carolina have great success working with motorcycle groups. In Easley, the annual "Ride for the Child Poker Run" raised over \$15,000 for Prevent Child Abuse Pickens County. Charleston's Heritage Motorcycle Rally attracts 30,000 bikers each year. The Exchange Club distributed bookmarks with blue ribbons and held a raffle as part of that event.

Cooper River Bridge Run

The Exchange Club Parent-Child Resource Center distributed over 40,000 bookmarks with ribbons to runners and spectators during Charleston's annual Cooper River Bridge Run.

Collaboration with County DSS Offices and Guardian Ad-Litem Offices

PCASC provided 5900 bookmarks, resources guides and posters to DSS offices in Richland, Marlboro, Sumter, Dorchester and Charleston counties. On April 16, PCASC staff joined over 200 DSS employees and children's advocates for a child abuse prevention walk-a-thon

led by the Richland County DSS office. Prevent Child Abuse Oconee collaborated with their county DSS office for their CAPM kick-off event. Guardian-Ad Litem programs in several counties participated with affiliates in CAPM activities. The state program distributed over 200 resource guides.

Vigils and Memorials

Prevent Child Abuse Pee Dee held candlelight vigils and memorials for victims of child sexual abuse at the Florence Baptist Church and at Coker College in Darlington.

Fort Jackson Activities

For the first year, PCASC, SCDSS and Fort Jackson combined efforts for several activities on the military base. Officials there report a usually high number of stressed parents due to ongoing military conflicts in Afghanistan and Iraq. PCASC provided training and materials to the director of the Soldier and Family Readiness Program for use in their many activities including a Spring Jamboree and Midlands Safe Kids event, a Blue Ribbon Day campaign and a child abuse prevention conference.

Hispanic Outreach Activities

One of the goals of the 2004 CAPM campaign was to expand our program into the growing Spanish-speaking population. Five hundred Spanish copies of the *Gateways to Prevention* Resource Packet from the National Clearinghouse on Child Abuse and Neglect Information were obtained and the *We Can* resource guide contained a six-page section in Spanish. Many affiliates reported reaching out to the Hispanic community for the first time. It is estimated that over 800 people were reached as a result of these efforts. *Latino*, South Carolina's leading Hispanic newspaper published an article on CAPM and PCASC in their April 9 edition. *Latino* distributes over 900 copies of their newspaper each week and is read by close to 100,000 people. Prevent Child Abuse Pee Dee provided materials to restaurant owners, grocers, migrant farmers, churches and local Hispanic Ministries. The Exchange Club in Charleston gave information to Spanish-speaking churches. The Foothills Alliance in Anderson gave materials to schools with large numbers of Spanish-speaking students. PCASC distributed materials through Columbia area Hispanic groups and also gave a child abuse awareness presentation to a group of Latin American mothers in Lexington County.

Fundraisers

Many PCASC affiliates conducted fundraisers as part of CAPM. For example, PCA Pickens County raised over \$20,000 through a "Pennies for Prevention" campaign in area schools and their annual "Ride for the Child" event. The Child Abuse Prevention Association in Beaufort raised \$7,500 with their "Give Child Abuse the Boot" campaign conducted with local firefighters and \$2,500 through a luncheon at Outback Steakhouse. To date, PCASC and affiliates report raising over \$43,000 during CAPM. These fundraisers enable PCASC affiliates to reach a wider number of families.

Media and Press Exposure

PCASC and its affiliates received the following media and press exposure:

TV

- 29 contacts for background/reference for stories
- 26 on-air appearances for education or to discuss a story or event
- 14 times a CAPM event was mentioned without a PCASC related on-air appearance
- 122 public service announcements (PSAs) broadcast

Radio

- 12 contacts for background/reference for stories
- 22 on-air appearances for education or to discuss a story or event
- 31 times a CAPM event was mentioned without a PCASC related on-air appearance
- 25 PSAs broadcast

Press

- 28 articles about abuse or neglect with references to PCASC affiliated agencies
- 32 articles featuring PCASC affiliated agencies
- 32 mentions in community calendars
- 2 editorials published by PCASC affiliated authors

Website Traffic

The internet is growing in importance as an outreach tool providing basic child abuse prevention information, contacts, and a way to offer volunteer services and as forum to request sensitive information. PCASC is grateful to DSS for highlighting CAPM at the top of their home page and for providing a link to PCASC's website. One year ago, a total of 2002 unique visitors logged on to the www.pcasc.org website between March 21 and May 15. In 2004, that number grew by 59% to 3395 visitors for the same time period.

Staff Time Devoted to CAPM

Eighty-one PCASC, SCDSS and affiliate employees directly participated in CAPM activities dedicating approximately 3000 hours of staff time.

Volunteer Time Devoted to CAPM

Almost 500 volunteers contributed over 12,000 hours of volunteer time as part of the CAPM events. Typical volunteers included college students, Ft. Jackson soldiers, members of faith-based groups, City Year participants, retirees, businesses and concerned individuals.

Future CAPM Needs and Plans

Request for 2005

In order to meet growing demands for CAPM materials, PCASC estimates that it will need a budget increase of \$5,000 for 2005. This increase is needed for the following:

- Meet increased demand for the popular *We Can* resource guides, from 4000 printed in 2004 to 7500 in 2005;
- Print a Child Abuse Awareness and Prevention brochure that can easily be distributed at CAPM events; and
- Meet the increased need for all CAPM materials due to addition of at least two new PCASC affiliates.

Resource Guide Enhancements

Without dramatically changing the format, PCASC plans to improve the 2005 resource guide content by adding more information on risk factors and indicators of abuse, providing more South Carolina statistics, discussing emerging problems, publicizing best practices for schools and faith groups and by listing contact information for county DSS offices. The organization will also continue printing a section in Spanish to meet the needs of this growing population.

There were 4000 copies printed of the *We Can* resource guide in 2004. An additional 2000 copies of the *Gateways to Prevention* resource guides were distributed for a total of almost 6000 distributed. Most DSS offices received copies in 2004, but we would like to ensure that every DSS child protection case-worker receives a copy in 2005. It is therefore expected that 7500 resource guides will be needed.

Projections for 2005 - 2009

PCASC requests a budget increase of \$3,000 for each year from 2005 through 2009. The increase is needed to:

- Produce more materials to meet the needs of new affiliates. PCASC plans to add at least 2 affiliates each year for the period 2005 – 2009. An additional \$1,000 is budgeted for each new affiliate.
- Meet increased production and delivery costs.
- Develop more bi-lingual materials. The need for Spanish language materials is expected to grow each year therefore increasing the need to produce CAPM materials for this audience.

Domestic Violence and Child Protective Services Initiatives. The Child Protective Services and Domestic Violence areas within the Department will continue to work collaboratively to develop and implement protocols that will enable the child protection and domestic violence system to integrate collaborative response strategies to more effectively intervene on behalf of children and families suffering abuse. A two-day course developed by Staff Development & Training (SD&T) which included how to apply information about family violence to the casework process within the issues of safety, permanency, placement, well-being, parenting standards, and self-sufficiency was provided to caseworkers and supervisors in Human Services and Family Independence.

Parent Aide Program to Serve the Midlands (Richland, Lexington, Fairfield, Newberry). A contract with Prevent Child Abuse South Carolina to operate a parent aide program in the midlands. The Parent Aide Program is an intervention program of intensive home visitation. Parent Aides are trained and supervised as they work closely with individual families to promote healthy, appropriate and stable functioning in families who are experiencing difficulty with their parenting, those at risk for maltreatment, or those where abuse and neglect has already occurred. Through weekly home visits and around the clock availability during crisis, Parent Aides provide the education and support necessary to maintain family stability and reduce the need for out-of-home placement. Focusing on family strengths, Parent Aides help client identify and mobilize their personal resources, learn positive parenting methods, develop healthy relationship and reduce isolation, thus increasing self-esteem. During FY 2002-2003, the program provided services to 288 families. 74 families had been identified as parents at high risk of abuse and neglect.

Budget

FFY 2004-05 CAPTA Grant

Personnel	\$169,011
Support Services	17,724
Resource Materials	26,341
Contractual	49,025
Child Abuse Prevention Month	<u>40,000</u>
TOTAL:	\$302,101

X. Legislative Developments

SCDSS

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June 8, 2004 To look up any bill listed below, go to <http://www.scstatehouse.com>, click on Legislation, then click on bill, act or rat. number and then insert the number of the bill that you would like to review.

Bill #	Author(s)	Description	Status	Agency Comments
HProviso 72.83, H. 4925 – Appropriations bill	Cobb-Hunter	Establishes local domestic violence fatality review teams to better understand and address the cause of fatalities due to domestic violence	Passed in the 04-05 Appropriations Act - Vicki Bourus, SCCADVASA is asking for money from a federal grant to staff the task force	SCADVAASA advocating for this change - supported by Governor's Office
Doc. 2901	DSS	Child care center licensing regulations; Lowers child-staff ratio and limits group size	Received the Administrative Law Judge's recommendations, adopted by Child Care Advisory Committee and regulations submitted to the General Assembly and referred to House 3M and Senate General. 120 day period will begin tolling again in January when the General Assembly goes back in session.	
S387	Fair	Prohibits cohabiting couples from being foster parents	Did Not Pass	
S390	Hayes	Allows Children's Trust Fund to promote the adoption of special needs children in the custody of the state, in addition to its previous mandate to provide grants for the prevention of child abuse.	Governor signed bill on 3/24/04	Press Conference/bill signing well attended. Senators Hayes, Alexander, Short, and Fair attended as well as Representatives Leach and James Smith. Sen. Hayes said it was the best press conference he's ever attended. Part of Governor's strategies to improve the state's performance in adoptions of foster children-
S500	McConnell	Requires Children's Advocacy Centers to adhere to	02/18/04 Signed by Governor	DSS supports bill - CACs help in the in-

		national guidelines to be called a Children's Advocacy Center		investigation of child abuse
S758	Hawkins, et al	Adds requirements to regulatory process to help protect small business from undue government regulation	Signed into law	Places more requirements on agencies for documentation of regs prior to promulgating if they impact small businesses as defined by the bill. Group home licensing and child care licensing would be impacted by these regulations
S841	McConnell et al	Restructuring of State Government	Did not Pass	Need amendment to allow APS to remain at DSS
S935	Hawkins	Definitions of pardons, provides that a specific provision of law may limit the effect of a pardon and to provide that certain criminal history background reviews are not affected by a pardon. Amendment makes a pardon of a crime that prohibits licensure (etc.) a factor to consider in denying a license, but not a blanket prohibition as in earlier version of bill. Also moves the authority for administering the Social Services Block Grant from DHHS to DSS.	Bill passed, ratified and waiting for the Governor's signature.	
S1002	Grooms	Requires all group child care homes and family child care homes to have day care liability insurance of at least three hundred thousand dollars.	Did not pass.	Subcommittee amended bill to delete liability requirement but required child care providers get written statements from parents that parents are aware that provider does not have liability insurance. DSS must notify all group child care homes and family child care homes the content of this new law within 60 days of its passage. Passed Senate and referred to House LCI. DSS required to notify all pro-

				providers about the new law within 60 days of the bill being signed into law.
S1084	Moore	Authorizes DSS to administer the Social Services Block Grant Program	Did not pass on this bill - was amended to S. 935, which did pass.	
H3552	Smith, Lourie, et al	Makes DSS workers mandated reporters of animal abuse, and provides immunity but does not provide criminal sanctions for not reporting and makes animal control officers mandated reporters of child abuse and neglect. Amended with language from H. 4747 that gives DSS the authority to assess penalties/fines against child care facilities and group homes and allows the agency to re-license group homes every two years versus annually.	Bill passed, ratified, and waiting for Governor's signature.	Provided information concerning "animal hoarding" to SCS
3681	Pitts	Allows murder of parent as ground for TPR - amended with DSS-requested language - Allows DSS to petition to terminate rights without first seeking approval for change in permanency plan	Bill passed, signed by the Governor on 3/5/04.	
H3768	Rice, et al	SC Health & Human Services Reorganization and Accountability Act - moves group home licensing to DHHS. Similar to 3579, 3685, and 3770.	Did not pass.	
H4004	Hinson	Revises definition of exploitation of a vulnerable adult to include swindling	Bill passed, ratified, and waiting for Governor's signature.	DSS Staff comments: Positive change - provides additional circumstances to indicate a vulnerable adult OGC staff provided suggested language for amendment to further define swindling
H4031	Altman	If soldier on active duty then a reduction in pay as a result is a material change in	Bill did not pass.	

		circumstances - child support must be reduced by a percentage equal to percentage reduction in pay and child support arrearage does not accrue during active duty.		
H4653	W. D. Smith and Wilkins	SC Parental Responsibilities Act of 04 provides a structured process for the educational system to assure parents become involved in remedying truancy.	Bill did not pass.	
H4747	Simrill, et al	Allows DSS to assess fines against group home providers and child care providers for regulatory violations. Revenue raised from fines to be used in providing technical assistance for providers.	Bill did not pass. However, language on fines amended to H. 3552 plus group home re-licensing to occur every two years versus annually which is a workload savings for DSS. H. 3552 passed and waiting for Governor's signature.	A fee schedule was approved by the Budget & Control Board based on proviso authority in the Appropriations Act. The fee schedule will be implemented in July 2004.
H4920	Loftis, Altman, Cato, Harrison, Quinn, Rice, Davenport et al	Similar to Sen. Fair's bill restricting licensure of foster parents in sexual relationship with unmarried partner	Bill did not pass.	Need to provide Senate and House Judiciary (Fair and Altman) with data on foster parent demographics plus excerpts from our revised policy manuals.

XI. Training in Child Welfare

The Child and Family Services Review (CFSR) held in June 2003 found that South Carolina is in substantial conformity with the systemic factor of training. The Department of Social Services (DSS) is operating a staff development and training program that supports the goals and objectives in the Child and Family Services Plan (CFSP), addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services. DSS provides training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children. However, DSS does not provide for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.

While developing the Program Improvement Plan (PIP) the agency identified several areas in the training process that needed improvement in order for the caseworker to have the skills and knowledge base needed to carry out their duties with regard to service delivery. This meant revising and developing the Child Welfare training curriculum. An agency training workgroup was developed and the following recommendations were submitted:

In order to bring the casework practice up to standard, DSS has identified several training needs. The agency has estimated that it will take approximately 219 training sessions statewide to meet the requirements of the PIP as well as the agency outcomes.

Goals:

- Identify ways training can remediate agency deficits identified in the PIP
- Increase the quality and consistency of services; and
- Address the workforce challenges - present and future.

Current Status & Concerns: The group examined how training is currently being delivered and analyzed the content for each program area in order to establish ways to increase efficiency and effectiveness.

Efficiency concerns were primarily related to the amount of time new employees were required to be away from their offices and related expenses. There is also the belief that training is an event that occurs, and once completed, employees are prepared to function independently. In order to decrease the number of days new staff spend away from their offices, the philosophy about training needs to be modified. Training is a combination of didactic presentations by SD&T that is then followed up and reinforced by supervisors to ensure that job performance reflects agency procedures.

Currently, basic training is delivered in Columbia by trainers by SD&T staff. Human services staff also participate in academy courses, which are conducted by USC. There are no specific requirements that

new employees do preparatory reading or observe specific activities prior to attending agency training. Some attend training on their hire date or within a few days of hire, which necessitates SD&T staff to perform functions such as getting photo IDs made and assisting with other paperwork. This takes away from training time, and staff so new to the agency have no meaningful context for the training material being presented. Once training is completed, there are no provisions for structured application of the newly learned material or formal methods for supervisors to provide on the job training in a consistent manner.

A training model that requires structured field experience and requisite computer based modules would reduce the amount of time spent out of the office and would make classroom training more meaningful. Once the employee returned to their job, training would continue by the supervisor who would be responsible for ensuring agency policy and procedures are followed.

Efficiency cannot be at the cost of effectiveness. Procedures for agency staff should be based on "best practice" models for each program area. Information has been gathered from a number of sources which defines the best practice models and the most universal competencies used by other states as well as national public and private agencies and organizations. Core competencies for Child Welfare Services have been identified from eight states, the Child Welfare League, and the National Center of Child Abuse and Neglect.

Initial Recommendations: The recommended changes in training are an attempt to balance the agency's current fiscal restraints with the federal mandates for performance improvements. Basic case-work skills were identified for all DSS caseworkers with emphasis on assessment and service planning. The core program specific training should be directly related to policy and best practices to increase consistent application of policy. The role of the supervisor is a critical component of the overall training program for all employees, as they are responsible for their ongoing development.

The format of the proposed training program is broken down into 4 phases:

- I. **Pre-work** - Elements to be performed prior to attending classroom training. Completion of this material will be required and will include self-paced computer modules, observation/shadowing of specific job related tasks, and reading. Pre-work must be monitored by the supervisor and communicated to SD&T for certification.
- II. **Basic Skills Training** - (Estimated 1 week) Basic case management skills training is needed for all DSS employees regardless of specific program assignment. This training will be conducted in week one. The focus will be on assessment and service planning. Communication skills that facilitate gathering information and engaging families will also be a component.
- III. **Program Specific Training** - (Estimated 1 week – timeframe not yet determined) This will tailor the learning experiences from Phases I and II as related to the program specific job duties.

IV. Ongoing Development - Continuing skill enhancement and professional development will occur with direct supervision of daily activities as well as Advanced Training Courses. The role of the supervisor will be instrumental in providing oversight, coaching, mentoring and assistance to new employees. Additionally, optional Advanced Training Courses will be offered so that employees and supervisors can meet identified training needs/interests. These courses will also provide for continuing credit hours for recertification and licensure purposes. New courses will be developed as warranted. The group suggested that the courses currently offered through USC be examined so that only those relevant to a particular job are mandated, while others would be supplemental training.

SD&T and USC staff will jointly develop training with input from program and operations staff. Given the limited fiscal and human resources at DSS, it is imperative to maximize the existing training contract with USC and to develop training teams that include SD&T staff and USC staff. The new training curricula being proposed will be developed and delivered by training teams with USC & SD&T staff. SD&T will take the lead in the development of the training materials for all phases of training. Training development is being proposed according to the following schedule:

November 2003 – May 2004: Needs Assessment - identified problem areas, deficits and training needs (done May through surveys, focus groups, individual interviews and input from staff from the counties represented on work group), develop logic model to guide development and delivery

June 2004 Training Design: identify best practices, set objectives, identify teaching points, create a design and begin development.

July- September 2004 Curriculum Writing: development of training modules, visual aids and media.

September – November 2004 Training Delivery: conduct initial sessions of revised plan

December 2004 Evaluation Design: integral part of training development; use throughout to ensure logic model is followed; collect data from supervisory reviews, technical assistance visits, agency reports and training evaluations and follow up; process evaluation - to detect flaws and improve training, summative evaluation - to measure outcomes; make revisions to curricula as needed.

January – December 2005 Revised Training Plan Implemented Statewide.

The Taskforce identified seven areas that need improvement:

- Safety Assessment
- Risk Assessment
- Treatment Planning
- Concurrent Planning

- Permanency Planning
- Child Well Being and
- Engagement of Parents

Several other areas that will be addressed in the PIP include:

- Probing and Forensic Interviewing
- Recruitment strategies with Foster Parents and outside resources
- Quality Visitation
- Cultural Diversity
- Working with Birth Families
- Education and Health Passport
- Targeted Case Management/ Dictation
- Child Welfare Issues for Judges

Funding: Title IV-B, Part II	6,250
Title IV-E	87,500
Match	<u>31,250</u>
	\$125,000

The following State Training Plan is in effect until January 2005:

State Training Plan

Training is considered an integral part of the service delivery system and is included in the State IV-B, IV-E and SSBG plans.

I. Pre-service Training

The Child Welfare Academy was implemented in January 2001. The training consists of basic, intermediate and advanced professional development. The duration of the training sessions range from one day to three weeks with the focus on social work knowledge and skills that are required initially to perform the job and later to enhance job performance. The Department of Social Services collaborated with the University of South Carolina, College of Social Work, and Center for Child and Family Studies to develop the curriculum and conduct the training for most of the intermediate and advanced training. Also, the training division works cooperatively with other agencies to maximize the benefits of existing training resources.

The required basic training is delivered over two and half consecutive weeks in a central location. This is mandatory for all child welfare workers before taking on case management responsibilities. Training is based on best practice models necessary to acquire the knowledge and basic skills required to perform assigned job duties. The workers are actively involved in learning the concepts of assessment, risk and safety and developing a good case plan. The training is consistent with current law, regulations, policy, procedures, and the defined outcomes of the child welfare program.

The course of instruction begins at the county level with on-site orientation. The counties then enroll the worker in the two and half-week curriculum. The courses are as outlined:

Week One: Art of Casework Management/HIPPA
 System Theory
 Establishing and Maintaining interpersonal relationships with clients
 Grief and Loss
 Maltreatment

Week Two: Assessment Process
 Assessing Risk and Safety in a Family
 Interviewing Skills
 Foster Care/ Adoptive Placement (Concurrent Planning)
 Family to Family (Casey Concept)
 IV-E Eligibility Requirements

Week Three: Preparing Family/Child Plan
 Working with a Family
 Referrals to therapeutic services
 Adoption Services
 Computer based Information System

I. Funding:	SSBG	76,164
	IV-B Part 1	50,000
	IV-B Part 2	158,250
	IV-E	3,133,436
	TANF	481,952
	Medicaid	252,000
	Match/CPE	<u>1,816,647</u>
	TOTAL	\$5,968,449

Presently, there is a formal competency based test is administered at the end of the two and half-week basic training curriculum. This test is in compliance with current law, regulations and program policy. The test scores from group to group range from 85- 97%. If a worker fails the initial test they are tutored in the areas where they were weak. The test is administered a second time. If the worker fails a second test, they are enrolled into the two and half-week basic training a second time. If they fail the test after repeating the training, they are not allowed to work in any of the child welfare programs.

II. Intermediate and advanced training is conducted in a classroom setting several months following basic training. All Child Protective Services trainees will be enrolled in the Mock Trial training. SD&T will make recommendations to supervisors at the end of the basic training as to the courses that are most applicable to the trainee's specific job assignment. Supervisors will register employees for the ses-

sions they feel are necessary. The intermediate and advanced training courses consists of 31 courses that cover a wide array of human service topics such as child development, maltreatment, mental illness, case staffing, and substance abuse. Each trainee will be required to obtain 20 hours of intermediate or advance training after basic training in order to be certified.

Annually, an average of 90 percent of the workers returns to complete the intermediate and advanced training. All new employees in the Child Welfare Training Academy are required to complete the following courses:

- Creating Conditions for Client Change
- Technical Writing for Court/Mock Trial
- Child/Adolescent Growth and Development
- Children and Adolescents with Disabilities
- Mental Illness
- DSM-IV Child
- DSM-IV Adult
- Family Violence
- Alcohol and Drug Abuse

Workers assigned to perform the program services identified below are required to complete advanced training courses.

Child Protective Service workers, who are the majority of the new workers in basic child welfare training, are required to complete these two additional courses:

- Advanced Maltreatment
- Sexual Maltreatment

Foster Care, Adoption and Managed Treatment Services workers are required to complete one additional course:

- Advanced Out of Home Case Management

II. Funding:	IV-E	1,412,999
	IV-B	39,247
	State/CPE	798,455
	Medicaid	417,750
	IV-B, Part2	18,750
	Independent Living	<u>4,225</u>
	TOTAL	\$2,691,426

There are approximately 175 new workers who completed the child welfare basic training in FY 2002/03 and approximately 200 currently working on the completion of the remaining training requirements of the Academy (due to conflicts with court cases and similar situations, not all new workers are

able to complete total requirements within the first twelve months of employment). We generally average 200 workers a year who complete basic child welfare training.

The feedback from workers generally indicates that the certification training prepares them to begin providing basic casework on the job. However, it is obvious that most new workers are idealistic and are looking to find the solutions to client problems in the forms they have to complete. Our concerns over this led us to look closely at how well assessments were being conducted initially and ongoing in all of the child welfare cases. Our findings led to the inclusion of significant training on assessment in the certification training. This was followed by the development of specific training on full family assessment as an ongoing process from initial intake to closure for all child welfare staff, including supervisors.

Supervisors generally support the workers perception that the certification training provides the workers the basic knowledge to begin performing the tasks associated with their assigned jobs. Many are unrealistic about how well prepared a new worker may be after the completion of only two and half weeks of basic training. Workers are usually assigned a full caseload when they report for employment. This puts significant pressure on them and their supervisors. Specific rules have been put in place to ensure that calls from supervisors to new workers in training do not interfere with their initial training and learning.

The child welfare academy was established to ensure that the learning of new workers continued over a period of time. New workers often cannot understand the relevance of portions of the basic certification training to their jobs as they perceive them. It is only after time spent on their jobs, and their return for intermediate and advanced classes in the child welfare academy, do they begin to understand the relevance of certain training to various work components associated with their specific jobs and as components of an ongoing casework process.

In-service Training

Sixteen in-service training sessions with specific focus on child welfare are offered annually to all staff. They range in length from 5 hours to 40 hours. These training sessions are open to all child welfare workers and supervisors who may not have taken them when originally offered, or who may want to enroll for refresher training. There are thirty or more other classes from the in-service training offerings not specifically related to child welfare that staff may attend.

Training for workers during their probationary year is specifically defined. For in-service training, a requirement that each worker had to receive 20 hours of training annually was rescinded a number of years ago due to high caseloads and the level of turnover. However, those hours have been re-established as a need for all workers and supervisors.

Content Focus

The child welfare-training program is varied and multidimensional. It ranges from the general to the specific and is often topic focused training such as DSM-IV interpretation. Other general training sessions exist such as Cultural Diversity, Civil Rights, Casework with Deaf Clients, Learning Disabilities Over-

view, etc. All of the training more specific to child welfare emphasizes understanding the family situation through effective assessments, particularly to determine risks and safety, and case planning that involves the total family and resource families as appropriate.

Beginning with the two and half-week child welfare basic training, new workers are taught the basic knowledge and required to assume work with cases. The knowledge and skills as taught for interviewing, assessment, case planning and termination are reinforced with specifics in follow-up training such as Advanced Maltreatment. The required skills are reflected in actual case situations used in the initial and follow-up training.

Training of Staff by Position

Training is not provided to staff based on position except as reflected in the additional training required of new workers based on their job assignment. Beyond the certification process for new workers it is the responsibility of supervisors in conjunction with their staff to determine ongoing training needs. The only exception is for staff promoted to supervisory positions. They are required to complete certain supervisory and management classes beyond their certification training as workers.

III. Supervisory Training

Employees promoted to child welfare supervisory positions are required to successfully complete the basic training for workers unless previously certified as a worker. Supervisors hired from outside the Agency are required to fulfill the same requirements as an employee regardless of the training received in another state. We have found this to be necessary because of differences in laws, policy, procedures and some practices from state to state.

Upon appointment to a supervisory position, the employee is automatically scheduled for certain training by the Staff Development and Training Division. The training is a total of 10 days and is broken into three parts. Part one is titled Leadership Quest, which introduces the new supervisor to knowledge and skills necessary to be effective in their new role. Part two is known as Personnel Practices, which enables supervisors to manage employees using appropriate state personnel policies and procedures. Part three is called Change Management and addresses issues and behaviors related to any kind of change in a particular part of the agency or the whole organization. Supervisors may take as an elective a training program titled Smart Supervision: Partnership in Learning. Key components of this training emphasize empowerment, learning styles, teamwork, professional development planning and transfer of learning.

III. Funding:	IV-E	401,165
	IV-A	42,500
	Medicaid	180,310
	State/CPE	<u>226,025</u>
	TOTAL	\$850,000

- o Training Updates will be conducted in three ways:

- A. Workers will continue to identify training in their locale, have it approved by the Office of Staff Development & Training and report it on the External Training Activity Form.
- B. State Office staff will coordinate and/or deliver a series of regional workshops on specialized topics identified by county and state program staff. The ideas for the workshops will come from the human service planning meetings.

Funding:	TANF	\$ 435
	IV-E	2,700
	IV-B	957
	SSBG	1,908
	State	<u>1,200</u>
	TOTAL	\$ 7,200

o Title IV Eligibility Training will be continued:

- A. All new caseworkers in Title IV eligible categories will be trained to determine and document eligibility for Title IV foster care.
- B. Follow-up training will be conducted on a regional basis to cover areas where deficiencies exist.

Funding:	IV-E	\$ 179,480
	CPE	<u>59,827</u>
	TOTAL	\$239,307

- o Two training sessions to Foster Care and Adoption staff will be provided on their roles and responsibilities in the third party foster care case review process.

Funding:	IV-E	\$ 2,822
	State	940
	SSBG	<u>1,612</u>
	TOTAL	\$ 5,376

- o Training will be implemented for group and institutional providers of foster care services in this state.

Funding:	Title IV-E	\$ 1,219,950
	State/CPE	<u>1,317,450</u>
	TOTAL	\$ 2,537,400

- Ongoing Adoptive and Foster Parent Training, conference, re-licensing, etc.

Funding: IV-E	\$1,520,295
IV-B, Part 2	651,555
State/CPE	<u>723,950</u>
TOTAL	\$2,895,800

- o Training for administrative support staff in supervisory and nonsupervisory positions will be developed, delivered, and coordinated for the purpose of enhancing the service delivery function and team effort of professional and administrative staff.

Funding: IV-E	\$ 1,549
IV-B	408
SSBG	8,239
State	<u>3,399</u>
TOTAL	\$13,595

Legal Training:

The quality of judicial reviews will be upgraded by improving the knowledge and skill as all participants in those proceedings. This will be done by providing training in legal matters such as court procedures, legal standards for intervention, removal, and TPR; parents' rights and their limitations; judicial proceedings; liability; and dispute resolution techniques for child welfare caseworkers, specialists, and attorneys. In addition, interdisciplinary training will be provided for lawyers, judges, caseworkers, guardians ad litem, and others working in the child welfare process. Interdisciplinary educational programs on the child welfare process will be developed for law students and students in other disciplines.

Funding: Title IV-E	\$ 165,999
State/Other	<u>114,187</u>
TOTAL	\$ 280,186

Cultural Diversity Training

Provide comprehensive training to child welfare staff to promote understanding of cultural diversity issues and how cultural and other family differences contribute to the strength of families, and to build cultural sensitivity and competency skills in child welfare practice.

Funding: Title IV-E	\$39,750
State/Local	<u>13,250</u>
TOTAL	\$53,000

During FY 2002/03 the SC DSS offered Twenty One different training sessions specifically for child welfare workers. More than 2,400 staff attended these sessions that ranged in duration from 90 hours to 2 hours. The listing follows:

Title	Duration in class hours
Basic Child Welfare	90.0
Adolescent Development	5.5
Advanced Child Maltreatment	20.0
Advanced Sexual Maltreatment	44.0
Child Development	11.0
Child Welfare Assessment	15.0
DSMIV-Child	6.0
DSS Trial Advocacy	17.5
Advanced Out of Home	3.0
Engaging Family	3.0
Family Group Conferencing	2.5
Finding Words	32.0
Foster Home Licensing & Assessment	10.0
Foster Home Basic Requirements	5.0
Guardian Ad Litem & Adoption	4.0
Child Growth and Development-Special Needs	11.0
Interstate Compact on Placement of Children	5.0
ProNet: Working Together for Wholeness	16.0
Safety Issues on Home Visits	2.0
Substance Abuse & Child Welfare	11.0
Permanency Planning	5.0

A Training Information System was developed in the 1980's. It is a database for tracking training attendance and contains the available training records of all DSS employees. The currently active database contains in excess of 150,000 individual training records. Some of the older training records have been archived and are in storage.

Process for Developing, Evaluating and Updating the Training Curriculum

The evaluating and subsequent development of the child welfare-training program reacts to at least seven different stimuli. In order to maintain a well balanced training effort all seven must be acknowl-

edged and every attempt made to meet the perceived needs of the public through elected officials, administrative concerns within the agency and the constituent group of trainees which are overwhelmingly child welfare caseworkers, foster parents, volunteer groups, supervisors and second level administrators in county offices. The seven different stimuli referred to above are:

- ⇒ Legislation
- ⇒ Program changes
- ⇒ Organization changes
- ⇒ Federal mandates
- ⇒ Grants and new initiatives
- ⇒ Popular topics
- ⇒ Formal evaluation of existing training programs to identify needed changes and new training

The first six stimuli are self-explanatory. They are constantly present in public social services and will continue to be determinants of staff training programs in the foreseeable future.

Several different mechanisms are in place to evaluate training. Formally, training staff administers a written exam to new workers during the child welfare basic training which gives indications of areas of strength and weakness. At the end of each session, trainees are requested to complete a participant reaction evaluation sheet that is studied for training needs. Occasional surveys are conducted of the trainee population to determine satisfaction with the training program and to make recommended changes or additions to the training program. Currently, trainers from the Center for Child and Family Studies are surveying participants in all intermediate and advanced training sessions to get their input on training needs.

Focus groups of two kinds are often utilized to either evaluate or plan new training. Program or topic specific groups are convened to discuss specific training topics. Small groups, such as a group of child welfare supervisors, will be convened to discuss the need for revising or changing current training for their workers. If through all or some of these processes a particular need for training is identified, it then becomes the responsibility of the person assigned the task to draw on all available resources to develop the training and plan for its implementation.

Supervisors are periodically called for the purpose of determining their perception of how well workers are learning policy, procedure and performance skills as a result of their participation in certain training.

Recent involvement with the Casey Foundation and the National Network for Child Safety provided input from focus groups on training needs and gaps in training related to child protective services, foster care and adoptions. These groups helped redefine mission, goals, objectives, etc., that helped change our direction in the way services are delivered.

Under the current administration, there is a concerted effort to involve trainers in the development of policy and procedure, the assessment of program performance as determined by various data sources, and to involve them as members of technical assistance teams, composed of program, operations and

training staff, working with counties around performance deficiencies. All of this is designed to invest the total resources of the agency toward improved casework practice at the service delivery level.

Method for Delivering Training to Staff

The primary method for delivering training to staff continues to be in small to medium sized groups (10-30) gathered in a specific location with a stand-up trainer delivering the training. The methods used most frequently are lecture, audio visual aids and small group activities associated with simulated case situations. Some attempts have been made, with little success to date, to use distant learning concepts, computer assisted instruction, and web-based approaches.

Initiatives with Schools of Social Work

The SCDSS has had a long and continuing productive relationship with the University of South Carolina, College of Social Work, and the only graduate school of social work in the state. The training contract, through which the Center provides expertise in training planning, needs assessment, curriculum design and development, scheduling and training of DSS staff.

The agency also contracts with South Carolina State University, Department of Social Work, DSS Training and Education Project. This institution, through its undergraduate social work program, provides a limited opportunity for employees to acquire the Bachelor of Social Work degree. They also provide training for the agency's child welfare workers four times per year. This training has been highly regarded by staff based on evaluations.

The current budget issues within the State and within the agency are affecting these contracts. The cost allocation process required for these contracts includes a significant amount of TANF funds to sustain the contract budgets. These are 100% Federal funds that are needed to sustain employment of current employees.

The contract with South Carolina State University was rewritten to include training only for foster parents in 10 counties within a 50-mile radius of the campus. That contract will not be renewed due to budget restraints.

Promising Practices

Several initiatives qualify as promising practices in staff development and training but three stand out as particularly promising. They are:

Child Welfare Academy: The academy uses the entire year of a new worker's probationary period to continue their training. Spreading the training throughout the year enables new workers to learn more advanced techniques and develop more state of the art knowledge while applying it directly to their

casework under continuing training and coaching by supervisors. At this time there is more demand for the training than there are resources to meet the need.

VI. Foster/Adoptive Parent Training

Until recently, foster parents and adoptive parents have been trained separately. Foster parents have been trained by licensing workers and trainers from two different private organizations by contract. The Adoption workers have trained potential adoptive families.

Approximately 68% of adoptions are by foster parents, the impetus is to recruit families for children who will be qualified to be either. Consequently, future recruitment, training, licensing and retention efforts will be toward engaging resource families for DSS children.

Because of this change, the Center for Child and Family Studies is redesigning the licensing training to be inclusive of the former individual needs and requirements associated with foster parents and adoptive parents. The revised training will incorporate the Casey Family to Family strategies for resource families.

Most ongoing training for the resource families will continue to be conducted by the Center for Child and Family Studies. This training is conducted on Saturday's in all day sessions throughout the state.

IV. Funding:	IV-E	\$200,000
	State/CPE	<u>400,000</u>
	TOTAL	\$600,000

V. Until March 2003, Foster/Adoptive Parents were required to participate in 10 hours of pre-licensing training. Legislation passed March 2003, will increase the number of training hours for both pre-licensing and re-licensing. The curriculum for pre-licensing was developed by the University of South Carolina, College of Social Work, and Center for Child and Family Studies. The training is based on the legal statute for the State of South Carolina, Federal mandates, and good practice as determined by external resources and the Foster Care Licensing unit of the Department.

The major training focus for resource families in the future will be associated with a Resource Family Training Institute. The assessment of needs that will drive the development of the curriculum comes from input provided by agencies and individual providers of services to resource families and the children in their care, members of resource families, DSS Foster Care and Adoption staffs from the state, region and county levels, and foster children themselves.

The Institute is being designed to:

- Maximize child well-being through standardization in quality of care
- Enhance the role and practice of fostering children in kinship care and non-relative placements

- Afford a competency-based hierarchy of basic and advanced trainings to target accepted responsibilities assumed in the role of foster parent/resource family
- Equip resource families with demonstrable skills as members of the permanency planning and interagency team (consistent with job description)
- Certify resource families upon successful completion of basic and advanced trainings indicating accountability in their role

The Resource Family Training Institute will be implemented as described below. The Institute will consist of basic, intermediate and advanced trainings. The actual number of training hours for each level has not been determined because of pending legislation and other issues. Regardless, the trainings are designed to address the items described below:

- Enhance the quality of care for children in placement through education of resource families and DSS staff
- Help children by strengthening families through targeted trainings and providing supportive caregivers
- Provide training to potential and existing resource families, residential facilities staff and the staff of DSS that address the skills and mutual support necessary to address the daily issues that confront substitute caregivers and case managers
- Schedule training in times and locations that offer best accessibility, affordability and scheduled annually in all regional locations
- Select instructors to facilitate the three levels of trainings based on their experience and expertise to include resource family members certified as trainers and, when and where appropriate, foster children themselves

Level 1 – Basic Foundations for Fostering

Level 1 is required of individuals/families interested in providing foster care as a resource family. Satisfactory completion of this level certifies that the individual has met pre-licensure training requirements. The training objectives are to:

- Promote a better understanding of how to work with children
- Promote a better understanding of working with families
- Promote a better understanding of working with child placing agencies
- Prepare applicants to be skilled caregivers
- Prepare applicants to be professional team members

Level 1 will consist of the following seven courses:

- Orientation
- Regulations
- Child Growth and Development

- Tackling the Meaning of Child Maltreatment
- Parenting This Child
- Communicating with Children and Youth and,
- Sustaining Family Connections

Level 2 – Intermediate

Continuing Training for Resource Family Caregivers

Level 2 consist of competency-based courses designed to provide on-going skills and reciprocal support essential to resolve challenges facing resource families and case managers. The courses are designed to meet requirements for resource family re-licensure. The assigned hours vary by course. A certificate of satisfactory completion is given for each completed course. This level is built around 8 broad categories and numerous sub-categories of courses. They are:

- **Abuse and Neglect**
 - ⇒ Understanding Child Abuse (6 hours)
 - ⇒ Documentation for Court and Case Review (5 hours)
- **Adolescence**
 - ⇒ Preparing This Child for Independent Living (6 hours)
 - ⇒ Adolescent Development (5 hours)
 - ⇒ Substance Abuse (6 hours)
- **Behavior Management**
 - ⇒ Parenting This Child (6 hours)
 - ⇒ Managing Sexualized Behaviors (3 hours)
 - ⇒ Fostering Children with Special Needs: Emotional Challenges (4 hours)
 - ⇒ Fostering Children with Special Needs: Developmental Challenges (4 hours)
- **Child Development**
 - ⇒ Infant and Toddler Development (5 hours)
 - ⇒ Development of the Preschool Child (5 hours)
 - ⇒ Development of the School Aged Child (5 hours)
 - ⇒ Adolescent Development (5 hours)
 - ⇒ Challenges in the Kitchen: Toddlers to Teens (3 hours)
- **Education**
 - ⇒ Influencing School Success (6 hours)
 - ⇒ Attention Deficit – Hyperactivity Disorder: From Childhood Through Adolescence (3 hours)

- **Families**
 - ⇒ Skills for Mentoring Birth Parents on Behalf of This Child (6 hours) This course is a required prerequisite for Co-parenting with Birth Parents on Behalf of This Child
 - ⇒ Co-parenting with Birth Parents on Behalf of This Child (on-going)
 - ⇒ Transitioning from Fostering to Adoption (6 hours)
- **Self Development**
 - ⇒ Conflict Resolution (6 hours)
 - ⇒ Taking Care of You: De-stressing and Coping (5 hours)

Level 3 – Advanced Specialized Resource Family Training

Level 3 consists of four courses consisting of 21 hours of training designed for resource families who have met additional training requirements and who have been referred by DSS licensing personnel as approved to provide specialized foster care. This Level of training is still under development but will be built around the following topics:

- **Licensed Resource Family: Specializes**
 - ⇒ Specialized Foster Care (6 hours)
 - ⇒ Behavior Management (3 hours)
 - ⇒ Fostering the Severely Traumatized Child (6 hours)
 - ⇒ Support and Training for Resource Families: Specialized Training for Resource Families with Prenatal Substance Exposure

V. Funding:	Medicaid	\$100,000
	Title IV-E	800,000
	State/CPE	<u>600,000</u>
	TOTAL	\$1,500,000

Identification of Training Needs for Foster/Adoptive Families

Training needs are determined a number of ways. For foster parents, the Center for Child and Family Studies conducted a full-scale needs assessment in the spring of 2001. They continue to survey them at each training session. Additional assessment was done with foster parents and staff when we were looking at improving case planning and training for foster children transitioning out of care. This led to training on First Voice designed on the philosophy that youths should be heard in planning for their futures, and they can be helped to envision positive futures. Foster Care workers and Licensing workers provide considerable input on training needs observed during their contact with foster parents. In a January 2003 meeting with the State Foster Parents Association chairs, they were unanimous in their assessment that our training was currently meeting the need of foster parents statewide. They expressed that foster parents as a whole felt the need for more mentoring from their caseworkers. This is an area

of concern for the Foster Care program because there is frequent turnover of caseworkers. The majority are young, inexperienced and even if well trained, have too little work and life experience to offer solutions to foster parents for seriously acting out foster children.

The DSS Education and Training Project at South Carolina State University conduct personal surveys with County Directors, supervisors, workers and foster parents. Contact is directly with the Chairs of Foster Parent Associations, when active, in the ten county areas they serve. Foster parents are also surveyed following each training session.

Training for Adoption services has been determined in several ways. First and foremost is the guidance provided by the Child Welfare League of America, Standards for Excellence for Adoption Services. Second, needs identified by adoption workers in their case planning and observation of needs. Third, adoptive families provide information on what they see as their specific needs for training.

Child Care Licensing

New workers employed in the Child Day Care Licensing and Regulatory Services are trained on the job by supervisors and experienced workers. All of the staff attends training offered by the agency for child welfare employees that is relevant to the jobs of regulatory staff. The assistant director of the licensing and regulatory function conducts an in-service training day once a month. The sessions deal with interpretation of regulations and updates on other programmatic issues.

Provider training since January 2002 has been provided and/ or certified by the South Carolina Child Care Training System. The system conducts and/or certifies training for child care centers, family homes and private and public group care settings. The training is available through the Technical Education System and the Department of Education. This is a joint venture between the Department of Social Services, the South Carolina Department of Health and Human Services ABC Child Care program, and the South Carolina First Steps program. Also, as part of this venture, funds were made available to employ a full-time trainer for the Child Day Care Licensing and Regulatory Services Division. The trainer is currently developing a basic training curriculum for the Child Care Specialists proposed to be one and one-half days. The trainer will also develop other training for this staff that is not available elsewhere in the agency.

Evaluation and Summary

Strengths of the Training Program

- Training is based on competencies
- Training ties policy, procedures, outputs and outcomes to quality practice
- Collaboration with program and legal staff
- Partnership with the University of South Carolina, College of Social Work, Center for Child and Family Studies to conduct intermediate and advanced training as part of the Child Welfare Academy

- Partnership with the University of South Carolina, College of Law, Children's Law Office to conduct legal training as part of the Basic Child Welfare Certification training
- as qualified staff
- Recent efforts to help staff learn the CAPSS (SACWIS) system by using their own cases as in the training process
- Strong training program for foster and adoptive parents
- In conjunction with the Center for Child and Family Studies providing staff, foster parents and foster children access to outside professional speakers, trainers and presenters through two conferences with programs specifically related to their interest and needs

Areas Needing Improvement

- CAPSS training directed toward helping supervisors and workers fully understand the value of the system as a tool for more effectively and efficiently carrying out their respective roles and functions
- A supervisory training program that is designed to help supervisors understand the agency's business plan as a system and the role and function they and their workers play in helping the agency fulfill its mission, goals and outcomes
- Assisting supervisors to take responsibility for a continuum of training by helping workers use the knowledge and skills learned in training so that it is applied professionally on the job
- Assessment of training needs, e.g., what is lacking in knowledge and skill vs. lack of motivation due to poor management practices

XII. Quality Assurance/ Child Welfare Services Review (CWSR)

South Carolina is in substantial conformity with the systemic factor quality assurance. The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children. The State is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the CFSP are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.

The State's quality assurance team (Child Welfare Services Review) is utilizing a system of case reviews that parallel the Federal Child and Family Services on-site case review process. Just as in the Federal review process, staff from the county "team up" with CWSR staff to review the case record and conduct case related stakeholder interviews using the federal instrument. This process not only assists in determining compliance, but it also in helping all staff understand what is expected in the areas of safety, permanency and well-being and to translate these concepts to their daily case practice. The reviews are county-based, with twenty-five (25) cases selected and ten (10) screened out cases reviewed for appropriateness of those decisions. The case sample is drawn from cases open for any period of time during a six-month period. Cases are debriefed in the evenings. The review is completed in a week and the on-site portion concludes with an exit conference involving the County Director and Staff. A written report under the signature of the State Director, which identifies the county strengths and areas needing improvement, is provided to the County Director and copies to the Deputy Director, Director and PIP Coordinator. Aggregate data for the county is included in the analysis found in the final report. When deficiencies are identified, the CWSR procedure requires the County Director to submit a county program improvement plan within 30 days of receipt of the CWSR findings. The State Office Technical Assistance (TA) Team will assist the county in the development. The Child Welfare Services Review Team will return to the county to evaluate progress and the effectiveness of the county-based efforts.

An integral component of the Child Welfare Review (CWSR) Team is the State Office Technical Assistance Staff (TA): Technical assistance is defined as the process of providing to county and regional staff information and guidance on federal and state statute, regulations, policy and procedure regarding child welfare. The guidance to staff includes information to assist in the implementation of good and best practices to carry out the mission of the agency. It is important to note that technical assistance is provided as a support to the county directors, program coordinators and supervisors and does not supplant the role and responsibilities of the supervisors or program coordinators. The State Office Technical Assistance (TA) will provide:

1. On-site case review and guidance to all 46 counties using the Child Welfare Services Review (CWSR) instrument based upon the federal outcomes and good casework practice.
2. Conducting the qualitative review as outlined in the schedule for fiscal year 2004.

3. On-site technical assistance with the counties upon completion of the qualitative reviews by development of the county program improvement plan and assisting in the areas identified for improvement, and
4. Participation and assisting in the joint county and regional adoption meeting to identify and resolve barriers to permanency for children.

State Office Technical Assistance Staff is comprised of four (4) Child Protective Services (CPS) Staff and three (3) Foster care Staff. The following is a list of the counties each Staff person is responsible for:

Child Protective Services (CPS) Technical Assistance Staff (TA) County Assignments

TA 1	TA 2	TA 3	TA 4
Chesterfield	Clarendon	Abbeville	Aiken
Darlington	Chester	Anderson	Allendale
Dillon	Fairfield	Cherokee	Bamberg
Edgefield	Horry	Greenwood	Barnwell
Florence	Kershaw	Greenville	Beaufort
Georgetown	Lancaster	Laurens	Berkeley
Lexington	Lee	Newberry	Calhoun
Marion	Richland	Oconee	Charleston
Marlboro	Sumter	Pickens	Colleton
McCormick	Williamsburg	Spartanburg	Dorchester
Saluda	York	Union	Hampton
			Jasper
			Orangeburg

Foster Care (FC) Technical Assistance Staff (TA) County Assignments

TA 1	TA 2	TA 3
Abbeville	Calhoun	Allendale
Aiken	Chester	Bamberg
Anderson	Chesterfield	Barnwell
Cherokee	Darlington	Beaufort
Edgefield	Dillon	Berkeley
Greenwood	Fairfield	Charleston
Greenville	Florence	Clarendon
Laurens	Kershaw	Colleton
McCormick	Lancaster	Dorchester
Newberry	Lee	Georgetown
Pickens	Lexington	Hampton
Saluda	Marlboro	Horry
Spartanburg	Richland	Jasper
Union	York	Marion
		Orangeburg

The State has begun using the Strategic Plan Measures Outcome Report (SPM) in its quality review process. This report consists of management information that tracks outcome measures. All of the measures for which there are national data standards are contained in the Strategic Plan Outcome

Measure report. Syntax identical to that 4 used by the federal Data Profile has been replicated in these reports. These reports are issued monthly showing a rolling 12 months of data by state and by each county. To test the validity of the syntax, a test will be conducted by December 2004 using the most recent NCANDS/AFCARS files. If any of the data is inconsistent, the syntax in the Strategic Plan reports will be changed to more accurately reflect the federal syntax. The SPM is sent out monthly to the Deputies, Directors, Child Welfare Services Review Team, State Office Technical Assistant Team (TA), and County Directors so that outcomes can be tracked at multiple levels.

DSS will use the Child Welfare Services Review (CWSR), the Strategic Plan Measures Outcome Report (SPM) and State Office Technical Assistance (TA) Staff for monitoring and reporting purposes during the next five years.

XIII. Information System

South Carolina is in substantial conformity with the systemic factor of Statewide Information System for the Child and Family Services Review, however, we are still in development to complete some of the federal requirements for SACWIS.. The State is operating a Statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care.

South Carolina's child welfare information system, called CAPSS, is the latest version of the State's SACWIS. Implemented in October 2001, CAPSS provides case tracking for Child Protective Services (CPS), Adult Protective Services (APS), Foster Care, Foster Care Licensing, and Adoptions. In addition, CAPSS manages support services authorization (Title XX), Targeted Case Management, Foster Care board payments, and Adoptions subsidy payments. Ongoing CAPSS development is in progress to complete the rest of the federal requirements for SACWIS.

For many of the functions, CAPSS is a Visual Basic GUI application using a broker to message to the ADABAS Natural mainframe files. The broker used is Entire X. Some administrative functions continue to be on the "green screen" (security, case transfer, IVE/IVA eligibility data entry). Work to move these functions to the GUI is on the work schedule.

While CAPSS is significantly more user friendly than the prior version of the SACWIS, it also represented a change in organizing data. Users have indicated the need for formalized follow-up training on this version. Users have also indicated the need for additional edits to assist in entry of mandatory elements.

The following indicates how the human services computer system addresses each of the SACWIS functional requirements.

Intake

CAPSS includes 17 different intake types, with an intake worksheet for ease of data entry during an intake phone conversion. Such activities as creating a provider, CPS intake, information and referrals, cases, start with an intake. Persons are not created unless they are attached to an intake, case, or provider. The Person Search component is generic to the entire system; therefore, caseworkers have the benefit of having an individual's history as each individual is linked for any type of intake.

Demographic information collected is based on NCANDS, AFCARS and State needs. Because some of the State needs are non-mandatory fields (i.e., education status), work is in progress to develop additional edits.

Eligibility

Eligibility information for IVE/IVA is entered on the "green screen." The agency continues to work on developing the decision table for an automated eligibility process and developing the

VB GUI for the data entry of this information. The interface between the CAPSS and the Food

Stamp/TANF eligibility system (CHIPs) has not been completed, so at this time, workers must manually review each of the other systems for information.

Case Management

CAPSS has 18 different case types. It allows case managers to enter, update and track case details. Relationship links are indicated. APS assessment is available; however, CPS assessment will be available in a future release. Demographic information on all persons involved in the case, including data of birth, social security number, race, ethnicity, tribal affiliation, address, employment information, school information, medical information can be recorded. Person specific information is recorded on the "Person" with information organized by 22 different tabs. Documentation is recorded on the "Dictation" tab.

Resource Management

CAPSS allows case managers to document information relating to in-home and out-of-home placements. Bed availability by provider is calculated. Placement history by child and by provider is available. Board payments are automated calculated by child's age, days of the month in placement, and payment type. Adoptive Home recruitment is included in CAPSS. Still to be implemented is edits stopping placement within homes with non-regular licenses.

Court Processing

CAPSS does not have interfaces with the judicial system, nor is an interface planned. However, CAPSS tracks all legal actions, including court hearings, disposition, and foster care review board hearings.

Financial Management

CAPSS calculates board payments and adoption subsidies and these payments are run on a monthly and weekly basis. CAPSS' interface with the State's accounting system is in place. CAPSS creates provider invoices based on services authorized. System entry of units of services is also functional.

Administration

Assignment of intakes/cases by worker and office is in place. System security is set up based on worker function and requirements, policy, and office location. Administrative locks are used to seal adoption cases.

Interfaces

Interfaces with the State's Controller General's Office and the State's accounting system (GAFRS) is completed. The other required interfaces are still to be developed. Development for the Child Support interface cannot begin until work starts on a CSES; Development for the Medicaid interface is on hold until the State's Department of Health and Human Services (the Medicaid agency for the State) is in a position to address this issue. In addition, HIPAA issues relating to the Medicaid interface have yet to be addressed.

Reporting Capacity

AFCARS and NCANDS submissions are completed by CAPSS. Currently, CAPSS has 54 on-line reports that staff can utilize. Most of these are caseload reports containing data on intakes, cases, adoptions, administration, and licenses. These reports can be sorted by worker, office, provider types, etc. On-line reports are used by staff (county, staff office) to manage caseloads, or to provide information needed to handle assignments. For example, the Licensed Provider Report indicates the providers within the county selected and basic information about each, including the currently available beds. The Intake Summary Report indicates the information for the particular intake, including household member names/ages/etc., address/directions, schools, contact names/phones, etc. A caseworker would print this report prior to going out to the home and have, at his/her fingertips, all pertinent information relating to the situation.

In addition, CAPSS produces 63 "canned" management and statistical reports. These reports range from weekly reports that indicate missing case determinations to yearly SSBG reports of services provided. These reports are distributed via paper report to each county director/division director. In addition, CAPSS produces 29 extracts monthly, used by the Division of Planning and Research for detailed analysis of trends, outcomes, etc. The Office of County Operations also has access to these extracts and uses them to provide county management with trend analysis and problematic indicators.

A combination of the "canned" reports and the analysis from the extracts have been used extensively by county staff to prepare for the conversion from SACWIS to CAPSS, to clean up any conversion issues and are now used to track data integrity issues.

The agency has had significant budgets cuts over the last several years, and funds for technical network upgrades or software for electronic reporting and distribution options have not been available.

Evaluation and Summary

South Carolina replaced 5 legacy systems with a SACWIS beginning in September 1998 through December 1999. Training for the SACWIS included a 2-day PC readiness component and then, right before implementation, a 5-day hands-on classroom training for the SACWIS. For many of the users, SACWIS was the first opportunity to use PCs, and it definitely was the first time that caseworkers and supervisors were required to directly enter data into a computer system. Because of this, and the fact

that it was strictly a mainframe system without such options as “Cut and Paste,” “Spell check,” etc., SACWIS was not well received. South Carolina then moved to provide a more user-friendly system and implemented CAPSS in October 2001. CAPSS has a PC front to the system with features such as “Cut and Paste,” “Spell check,” etc.

CAPSS is able to identify the status, demographic characteristics, placements, and goals for every child and family in which there are human services concerns. The agency has submitted AFCARS files since 1999 and NCANDS data for 2001 has also been submitted. Most recently, the AFCARS mapping has been reviewed for data integrity and the modified programming will be used for the October 2002 through March 2003 submission. Exception reports for NCANDS and AFCARS have been developed to be used until additional edits are developed. Major development work, to complete the federal requirements for a SACWIS as well as to improve the overall function of the system is scheduled.

In order to ensure a holistic assessment of the system, surveys were sent to each of the program areas, the local county DSS offices, the MTS offices, and the Division of Staff Development and Training. Questions asked were:

- What do you consider the easiest part of CAPSS to use?
- What is the most problematic (hardest to do)?
- What suggestions for improvement to CAPSS do you have?
- What additional functions would you recommend be added to CAPSS?
- CAPSS Helpdesk – Is it responsive?
 - Do the helpdesk staff call back when problems are resolved?
 - Do you get answers when you call?
 - Can you get through?
- Do you use the “help” feature?
- What do you recommend to improve the help feature?
- Do you like the “CAPSS Notification” when there are problems, new builds?
- What would you change about the notification process or is there anything you would change?
- Do you utilize the CAPSS trainer assigned to your country? How?
- Do you feel that follow-up training is needed?
- Do you use laptops to have remote access to CAPSS/
- Do you use AlphaSmarts in order to do dictation away from the office?

Also, the only outside agency stakeholder for CAPSS, staff of the Department of Health and Human Services, was sent the survey for its input. In addition, an analysis was completed on all problem reports of the system since implementation, and all calls received by the CAPSS Helpdesk from April through October 2002.

Problem reports on the system, since implementation, have showed a downward trend; however, due to available staff resources, work on addressing problems has been slow. The surveys indicated many of the problems in using the system related to incorrect/needed information on reports, with case dictation

following. To address the reports, a re-write of all the on-line reports was completed in December 2002. After this programming effort, a re-write of dictation is scheduled.

The user surveys also indicated that training has been a concern. Hands-on training prior to the release of CAPSS was not an option. The agency did not wish to require all frontline staff to go to Columbia for hands-on training, nor did the agency have the funds to sponsor such training. Therefore, the CAPSS training staff went to each office and provided a PowerPoint presentation, complete with “screen cam” processing of intakes, case management, etc. Each worker received a copy of the user guide, hints sheets, etc., at the time of the county training. Also, CAPSS trainers, assigned specific counties, have made hundreds of on-site visits to provide one-to-one training. However, CAPSS constituted a significant change in how data was organized on the computer system and agency staff still feel, as indicated by the surveys, that they have had to play “catch-up” and continue to indicate more formalized training would be a benefit. New employee computer system training is handled by the agency’s Staff Development and Training Division and is incorporated into the certification training for new workers.

Several law and policy changes within the State recently has placed the agency in a position to re-evaluate several policy definitions, such as expungement and CPS assessment before system development can start.

In addition, the agency has identified the following to address improved system support for users:

- **System Enhancements:** System enhancements and upgrades need to be completed on schedule. Enhancements and upgrades should be scheduled with training as well as policy updates. Additional functions, needed to meet federal requirements, are scheduled.
- **Reporting Capacity:** The reporting capability needs to be expanded beyond the limited number of canned reports, or the limited number of on-line reports. Field staff should be instrumental in development of on-line reports.
- **Multiple Applications:** The “green screen” side of CAPSS requires workers to work with 2 different applications. It is problematic. The agency must allocate resources to move the green screen application to the GUI.
- **Hardware Upgrade:** Agency equipment (hardware/software) needs to be upgrade to allow additional functions/more memory/faster response time.

XIV. Child Welfare Expenditures

Approximately \$298,207,000 will be required to provide child welfare services during FY 2004-2005. These cost figures include personnel expenditures associated with implementing the laws and regulations which govern the child welfare programs and related services. Administrative costs are also included in this estimate.

Funding for child welfare comes from a number of federal and state general revenue funds appropriated by the South Carolina Legislature. Federal funding amounts to \$281,035 of the South Carolina Department of Social Services estimated child welfare services budget for FY 2004-2005. The federal share of the budget is 73% for the year. The state portion reflects 27% of the budget. The federal funding programs are Medicaid (19.7%), Title IV-E (11.2%), TANF (7.3%), SSBG (8.2%), and Title IV-B Parts 1 & 2 (3.8%) of the total budget. Several other federal programs make up the remaining 22.9% of the budget.

XV. Office Responsible for the Child Welfare Services Plan

The Office of the Deputy State Director for Policy and Operations develops, provides and/or coordinates services which protect children, prevent abuse, neglect, exploitation and maintain and support families. This office also provides and/or coordinates services which protect adults, improve self-image, promote and maintain independent living and/or reduce institutionalization. This is a state-administered environment involving forty-six county offices. The Deputy State Director also oversees the activities of Adoption and Birth Parent Services. There are four area adoption offices. The county offices deliver all services with the exception of adoptions.

In addition to Human Services, Child Support Enforcement, Family Assistance, Staff Development and Training, Regional Offices and County Offices.

Child Welfare Services Review Team

In accordance with Section 43-1-115 of the S.C. Code of Laws, the Child Welfare Review Team (CWSR) conducts qualitative reviews of county human services programs. The current purpose of the review is to determine the progress of each service delivery unit in achieving the published outcome expectations of the Agency.

Through case reviews, systems data review, staff interviews, client surveys, and provider surveys, the unit documents the actual service delivery activity of a county as well as formulate an assessment of the county's use of Agency procedures in resolving issues or needs affecting the clients the Agency serve.

Foster Care and Adult Protective Services cases may also be reviewed for compliance with Medicaid Targeted Case Management (TCM) funding requirements as outlined by contract with the South Carolina Department of Health and Human Services. Compliance with TCM criteria is reviewed and reported separately.

Samples are selected for review from the following program areas:

- Child Protective Services:
- Referrals Not Accepted as CPS Reports;
- CPS Investigation;
- CPS Treatment;

Foster Care;
Foster Home Licensing; and
Adult Protective Services (APS)

Findings are presented as a synthesis of information gained from case record reviews, system data, staff interviews, client surveys, provider surveys, and reviewer observations.

Copies of the Child Welfare Services Review Team(CWSR) report are provided to Agency Management and external bodies as required by law.

THE DIVISION OF HUMAN SERVICES

In April 2000, the Adult Services Division was incorporated into the Division of Division of Human Services. This Division includes all services to adults, children and families. The Regional Adoption Offices have been moved under the Division of Human Services as well as the Office of Managed Treatment Services (MTS). The Adoption and Birth Parent Unit located in the state office has been united with the Substitute Care Unit to create a new unit for Out of Home Care.

Adult Services

The goal of the Division of Adult Services is to develop, provide and/or coordinate services which protect adults, improve self image, promote and maintain independent living and/or reduce institutionalization.

Adult Protective Services

The purpose of Adult Protective Services (APS) is to protect individuals aged 18 and older, who are senile, developmentally disabled, mentally ill or likewise incapacitated from abuse, neglect or exploitation. Adult Protective Services is a mandatory service pursuant to the Omnibus Adult Protection Act of 1993 (S.C. Code 43-35-5,et.seq.)

Homemaker Services

Homemaker Services are major support services which provide assistance to families or individuals in overcoming specific barriers in maintaining, strengthening and safeguarding their functioning in the home. This service is designed to improve the quality of life by assisting parents in becoming more effective by the development of positive parenting skills, and to help frail, ill and disabled adults live as independently as possible in order to prevent or delay institutionalization.

Program Development Unit

This unit oversees program planning, resource development and implementation of initiatives to maximize resources for children within the Division of Human Services. The unit also develops and coordinates policy issuance's for children in out-of-home care. The budget, contracts, and resource utilization are coordinated for the Division through this unit. In addition, the unit provides for the final approval and coordination of placement and program requirements for children classified as special needs, but who do not qualify for MTS services. Targeted Case Management Services, Day Care for CWS cases, Flex funding and purchased services are coordinated by this area.

Program Development Unit monitors expenditures and makes recommendations regarding budget items. It is involved in the negotiation of contracts and processes payments to providers. The coordination and approval for a child's placement in a residential program under Medicaid takes place in this area in order to coordinate the use of funding sources for the child's care. The Unit analyzes current Human Service Reporting Systems reports for the purpose of program evaluation, planning and funding allocations. It coordinates annual planning for Titles IV-B, and IV-E training. The Unit works with programs in the Department to assist in the development of new initiatives or modify current programs to improve services to clients. In addition, the unit drafts policy and procedural manuals for foster care and adoption services. Finally, this unit operates a Helpline for responding to children in foster care 24 hours, concerns of other clients, agencies and constituents and to provide technical assistance regarding program procedures and computer systems. The Helpline also serves as a point of entry for individuals interested in adoption or foster parenting.

Child Protective and Preventive Services

Service delivery is designed to receive and investigate reports, to identify actual and potential occurrences, and to implement ameliorative intervention in order to protect and/or prevent abuse, neglect and exploitation of children. This is a statutorily mandated and coercive service.

CPPS Emergency Caretaker Services is a program designed to avoid the unnecessary out-of-home placement of children and to support treatment plans for families by the placement of a responsible adult in the home to provide supervision to families. Participation by families is voluntary.

Reports of abuse, neglect and exploitation of children in institutional (residential care) are received and investigated by the Institutional Abuse and Neglect unit in the Division of CPPS. These reports involve both public and private institutions providing residential care to children. The Division of CPPS also receives and disseminates intrastate and interstate referrals on families which have fled the jurisdiction of the child protection agencies.

Out of Home Care

Foster Care

The Foster Care Program is responsible for assuring that all children needing foster care are provided the best placement planning to meet their needs, with the long-range goal of affording an appropriate permanent placement. Whenever possible, return to the biological family is the primary objective for children in foster care. Permanency, whether through the biological family, adoption or other planned living arrangement is the goal for children served by the Department of Social Services.

Interstate Compact on the Placement of Children

South Carolina is a member of the Interstate Compact on the Placement of Children (ICPC). The purpose of this legislation is to assure that children who are being placed in and out of South Carolina receive an appropriate level of care in a placement.

Specialized Residential Treatment

This service provides residential treatment for children who are unable to live in family home situations or community based care facilities and for whom residential treatment is recommended to overcome problems.

Foster Home Licensing

The department is mandated to issue permits of operation to foster family homes and residential child caring facilities. Each of the forty-six county offices and six area Adoption offices have the responsibility to license foster family homes. The state office licensing unit coordinates with the county and area offices recruitment, development, training and licensure of foster family homes. Foster parent training for initial licensure and annual relicensure and is an ongoing process. State Office staff complete licensure for residential child caring facilities and child placing agencies.

Services to Children

The philosophy of Adoption and Birth Parent Services is that every child freed for adoption or who can be freed will not be denied the opportunity to have a permanent family. The purpose is to place children into permanent adoptive homes.

Services to Families

Application and family assessment services are designed to secure adoptive resources for children in need of permanent homes. Placement and post placement services are provided to aid in successful adoptive placements.

Services to Birth Parents

Birth parent services are provided to birth parents who are uncertain about the permanent plan for a child and include counseling and help in locating community resources to meet health, housing and financial needs.

Post-placement Services

Post-placement services are essential to the success of adoptive placements. The primary purposes are to provide support and appropriate assistance to the family, to facilitate decision making and to assist with problem solving.

Post-legal Services

Post-legal services are provided to adoptees, birth families and adoptive families. Counseling and non-identifying information are available.

XVI. Child and Family Services Continuum

Through both policy and practice, DSS supports the Title IV-B/IV-E requirement to provide services to help children safely remain in their own homes or appropriately return to the families from which they were removed. Our initial task is to provide services where appropriate to prevent abuse and neglect through preventive services. Secondly, our task is to investigate reports of abuse and neglect and provide services to prevent removal from the home through a variety of support services at the time the family becomes known to the Agency. The department's first priority when a child is removed from his/her home is to assess the strengths and needs of the child and family and to facilitate family reunification as soon as possible, unless reunification is contrary to the child's best interest. The department seeks to understand factors that necessitate out-of-home placements, and to provide services that will address these risk factors and assist families in building on their strengths. DSS contracts with a variety of service agencies within the community in order to support these efforts and augment the services provided through the department utilizing Medicaid, Title IVB, Part 2, TANF and Social Service Block Grant funding.

Most services are provided under purchase of service contracts with private provider agencies throughout the state. These providers contract for services that span from child abuse prevention to adoption services. The role that they play in making flexible and intensive services available is integral to meeting the needs of the children and families involved in the child welfare system. Contract providers work in coordination with DSS staff to facilitate services and involve the family in treatment. These agencies provide services in a residential facility, foster home, therapeutic foster home, or in the home of the child, as is appropriate to meet the needs of the child and family through the service plan.

All the counties provide the following services:

- Intake, investigation and assessment
- Placement prevention services (including evaluations, counseling, parent education, day care, purchase of services via flex funding for an array of wrap services)
- Emergency and planned placement services (including emergency placement, foster family care and residential care).

The Adoption services are provided through four regional adoption offices. The Adoption offices provide adoption recruitment, adoption home studies, non-recurring costs, adoption subsidy, placement and post adoption services. We also have contracts with Child Placing agencies to recruit, do home studies and place children adoptively as well as provide post adoption services.

Foster children with emotional/behavioral problem are served through four regional Managed Treatment Services (MTS) offices operated by DSS throughout the state. When a child is identified with emotional/behavioral problems, they are referred by the county office to the MTS office who will arrange for an interagency staffing on the child to identify the child's placement needs and the facility that can best

meet the individual child's needs. The case, if accepted by MTS, is transferred from the county worker to the Manage Treatment Worker who will carry the case from this point forward. An array of services are provided through the use of Medicaid funding: Intensive Family services, Therapeutic Child Treatment, Clinical Day Programming, Therapeutic Foster Care, Moderate Management Rehabilitative Services, High Management Rehabilitative Services, specialized treatment services for sexual offenders, supervised independent living, intensive crisis care, and WRAP services.

Prevention Program/Service Description

The department's primary mechanism for providing preventive services to families is through contracts with local non-profit providers. These contracts are written at the state level and included services for intensive in-home based services (family preservation), a variety of counseling and parent education services, parent aide services, flexible funding (previously described) and child care services through the CCDBG Voucher program.

While some of the major services are described below, the Agency also contracts for services that may be statewide or unique to a particular county such as Parents Anonymous Of South Carolina for local chapter development to counseling through Family Services, Inc.

Services Provided Through Other Agencies

Healthy Family Program is a home-visiting program offered to at risk parents with newborn children to promote family health, early education and prevent child abuse. Services offered through this program include screening for risk factors for abuse, home visits from birth through the child's third birthday, child development training for parents, parenting education, along with referral for well baby screenings, immunizations and developmental screenings. The program is voluntary and serves families involved with DSS as well as those referred by hospitals and other agencies. This program is administered through private agencies in five counties and a similar program is administered by DSS in two counties.

After School Programs are school-based (located at schools) are provided through contracts with several private groups through out the state such as The Youth Leadership Development Institute operated by the Columbia Urban League, the Paxen Group, South Carolina alliance of Boys and Girls Club, Inc based on the Project Learn Model, and the Communities in Schools. The location and specific description of each program is described in the attached listing of services.

Domestic Violence Programs are provided to victims and their children under contracts with local providers throughout the state. Services include provision of emergency shelter and crisis intervention services, community education and awareness about family violence, school-based prevention programs, diagnosis and treatment and other services, which may vary with each contractor.

Pregnancy and Parenting Services are preventive services to assist parents/expectant parents in identifying their capacity and desire to parent their child and/or expected child, planning for the care of their child, and identifying services available to assist them in meeting the future needs of the child. DSS adoption staff is prepared to provide these services when approached by parents who may desire to surrender their children.

The greatest problems to overcome are related to drug/alcohol use, lack of available support systems and resources, poverty, lack of education and job skills of parents, mental health issues (often related to alcohol and drugs), domestic violence and general lack of knowledge and education about parenting. The challenges over the next months and years will be to refine the programs and to further develop the additional services to address the needs of children and families. For example, the Department is aware that the prevalence of alcohol- and drug-related behaviors of parents raises serious safety concerns for children. Yet, the pool of resources to address this issue needs further development. DSS also hopes to make better use of family involvement techniques and the concept of utilizing extended family and friends to keep children safe in their own communities.

Support Services

The following support services are provided to intact families and to prevent placement in state custody:

Services Within DSS

Child Protective Services for children under the age of 18 who are or are alleged to be abused, neglected, or exploited or who are at risk of abuse, neglect, exploitation and require services to prevent this from happening is the main focus of the department. The services include receiving reports; assessing those reports as to occurrence of alleged incident and occurrence of future abuse, neglect or exploitation; assessment of family strengths, needs, and risk to child's safety; referral to services, and case management services to address the factors causing or contributing to the maltreatment. This service is provided on a statewide basis.

Child Care Services provide care, education, supervision, and guidance for children on a regular basis. DSS through an agreement with the Department of Health and Human Services may authorize child day care for families who are the subject of an abuse/neglect report. This service raises the child's visibility in the community, and can be an additional safeguard in preventing the child from entering foster care. This service can be utilized as a prevention mechanism for a child remaining at home, or as a way to support relative caregivers who without child care assistance might not be able to maintain the child in their home, thus resulting in the child entering into state custody.

Many of the services listed under prevention are also available to provide support services as well. The biggest service is the use of flex funding to design services to meet the individual needs of the family.

Support Services for safe and timely reunification

The descriptions below provide an overview of some of the services provided by the Department to support safe and timely reunification.

Services within DSS

A comprehensive needs assessment is used to identify the strengths and needs of children and their families through the use of an on-going assessment process. The assessment is used as the foundation for development of a service plan in conjunction with the families, child, significant others and involved service/treatment providers. An assessment consists of a social history, completion of a child safety and risk assessment, an assessment of family functioning, an assessment of the child's needs in the areas of

medical, social, educational, emotional and other services to include well-being, a psychological assessment if the need is indicated, and an EPSDT assessment.

Case management services are provided directly by DSS case managers and include regular contact with the child and family to continuously assess and identify needs and strengths; to provide referral services for families to needed services; to advocate for appropriate support services; to monitor the family's use of services, evaluating the progress toward completion of case goals; and to provide assistance to families so that they can identify objectives for the safe return of the child.

Ongoing Monitoring and follow-up of the service plan (face to face contacts and telephone contacts) will be rendered to assure that the plan is being followed, to identify whether progress is being achieved on plan objectives and if not; to make needed revisions to the plan, and to ensure that services are coordinated with the active participants in the child's life.

Flexible funding is used in order to purchase services on a fee-for-service basis to meet the unique needs of individual families and foster/adoptive children. These funds include federal funds and state dollars. Purchased services include a broad array of intervention/ treatment services to support families including in-home family interventions, counseling, homemaker, emergency day care, youth enrichment, transportation and psychological services. We also use flexible funding to meet basic, tangible needs of families such as emergency rent; utilities and emergency home repair payments.

Services Provided Through Other Agencies

Many services are provided through a referral process or a contract process with other state and local agencies. These services range from Mental Health Counselors out-stationed in the local county DSS office to provide MH services, Intensive Family services (Family Preservation) services by Mental health and/or Alcohol and other Drugs agencies, health screening by Dept of Health and Environmental Control and other programs on a local basis. Agencies provide services to the child and the family from which they were removed.

Intensive Family Services (Family Preservation Services) are services offered under Medicaid for children and families upon referral and authorization by DSS. They are time limited clinical interventions predominantly provided within the home and community environment of the identified child. The Intensive Family Services are behavioral, psychological, and psychosocial in orientation. They are multi-faceted and include crisis management, individual and family counseling, skills training, and coordination and linkage with other necessary services, resources and supports to prevent utilization of more restrictive residential services. Services are child centered and have a family focus. Assessment of needs and treatment planning are strength based and involve a partnership with the child and family.

There are still areas in which services are lacking, such as for families confronting alcohol and drug issues. Many of the programs we do have are not available in every county due to no providers or lack of funding to cover all clients throughout the state. Other service areas needing improvement include

increasing the number of foster families available for teens, increasing treatment options and implementing the availability of all components of independent living services to all the counties.

The State's challenge is to maintain and where possible increase services during a time of severe budget cuts within the agency by the state legislature. The Agency has had a 35% reduction in state funds over the past three years and faces a 5% additional cut this year due to decreasing state revenue collections.

Adoption Promotion and Support Services

In an effort to achieve timely permanence for more children in custody, the Department has emphasized permanency planning through a permanency plan that focuses on concurrent planning, family meetings or involving the significant family members, and identification of significant adults in the child's life who may serve as a resource for that child as early as possible. Case managers are encouraged to identify barriers to permanency, identify resources, and highlight appropriate placement strengths. Concurrent planning is intended to facilitate permanency through establishment of alternative permanency options for children as their families work toward reunification. Should reunification prove inappropriate, the alternative plans should help permanence be realized more quickly.

The Department has also implemented a number of program enhancements in the provision of adoption services to birth parents who wish to make a voluntary plan for their child, to children in need of permanence through adoption, and to adoptive families. Adoption workers are established in four regional offices to concentrate on adoption activities. These staff respond to and provide services to birth families who wish to make an adoption plan for their children; provide foster care case management to the children they serve; prepare children for the adoption experience; recruit and prepare adoptive families; select families for children; and provide pre-placement, placement and post-placement adoption services to families and their children.

An Request for Proposal (RFP) has been issued to seek providers to serve children who have been in the custody of the agency for over one year and are special needs youth who are free for adoption. Contracts will be developed with those responding to the RFP. The Department contracts with licensed, child-placing agencies in the state and out of state which provide adoption services to children identified as "special needs" and in custody of the Department. These agencies provide services to children and families in accordance with departmental policies and procedures. These agencies recruit and prepare adoptive families, and provide services to the children and families throughout the adoption process once a child is identified and placed with the family. The Department also has a long-standing contract with the Council On Adoptable Children to provide an annual adoption conference and to maintain the state adoption resource exchange, web site and with SEEUS to maintain the regional "Seedling Book", a photo listing of available children. South Carolina's waiting children are also referred to the National Adoption Exchange.

Through Title IV-B, Part II monies, regional adoption teams have developed and implemented adoption recruitment plans. These plans include billboards, pamphlets, adoption walks, parties and fairs, television-waiting children spots, advertisements in newspapers and parent-focused magazines, and devel-

opment of child specific recruitment activities. In addition, these monies are used to support adoptive placement, non-Medicaid medical services, post adoption and respite services placement/permanency planning, and to assist staff in developing a plan that would bring these children to permanence. It is through this team approach that staff becomes more attuned to the urgency of permanence for children.

The Department will increase the adoption non-recurring expenses from \$250 to \$1,500. This will reinstate funds that had been cut. Medicaid coverage for all children eligible for Adoption Assistance is provided. Dependent on the basis of the child's special needs, medical services, psychological, and psychiatric services (including counseling, residential and hospitalization services) are available to support the adoptive placement.

We have developed a Medically Fragile Program to cover foster children and adoptive children at the option of the adoptive parent. This program has resulted in approximately 47% of the children in this program being adopted by their foster parents. Most of these children were deemed un-adoptable prior to this program. The Department in conjunction with the Medicaid agency plan to increase the program to two more areas of the state.

Independent living has been addressed through the John H. Chafee Foster Care Independence Program, which offers important opportunities for expanding the competencies, resiliency, and self-confidence of youths transitioning from foster care towards independence. An estimated 228 young people leave foster care at age 18 - 21 each year in South Carolina without a formal connection to family. These youths are typically in need of services and support to assist with their education, physical health, mental health, employment, housing, and personal support needs. We are seeing more foster children opt to stay in foster care past their 18th birthday.

With the passage of the Chafee Foster Care Independence program, the Department has worked with the Department of Health and Human Services to expand Medicaid coverage to all young adults who were in Foster Care on their 18th birthday, but has opted to leave foster care or no longer met foster care criteria. Medicaid coverage is available to the young adults until third 21st birthday.

The Independent Living program seeks to help these youths through provision of such services as: youth leadership development, job skill development utilizing our Family Independence job Training and Development component in the county office, foster youth newsletter, provision of IL scholarship of \$5,000 for post-secondary education, priority for needs based scholarships and grants at the states colleges and universities, IL showers for transitioning youth through an arrangement with the Foster Parents Association, and assistance through case management services, counseling and financial aid until the youth reaches age 21. Our philosophy is that a child who exits the foster care system at age 18 or later deserves the same consideration and assistance from the state that a child would receive from a parent.

The Agency has an advisory committee (GOALL) made up of current and former foster youth to review policy, procedures and provide input into programs to serve foster youth currently in the system and for those who have exited the system. The Agency also has an Advisory Committee, which along

with GOALL provide direction, oversight, and support to DSS for all Independent Living Program activities. The department will also initiate outcome evaluation data collection when instructions from HHS become available and elements can be programmed into CAPSS.

As a result of the emphasis on permanency planning and the work on enhancing adoption services, the department expects to see an increase in the timeliness and appropriateness of permanency actions on behalf of children in custody. South Carolina has experienced a definite increase in the numbers of children accessing the IL program and seen secondary education efforts go from 28 youth three years ago to over 140 in FY 04. The Foster Parent Association is providing more showers and we are seeing more youth voluntarily returning to the agency for assistance after they leave the foster care system.

The department designated Title IVB, subpart 2 funding and authorized the provision of respite services to foster parents and to biological families in CPS treatment cases via approval by the case manager for the case needing the service. We also sponsored the development of Parent Anonymous programs throughout the state, the co-location of Mental Health counselors. Some of the programs are in danger of losing funding due to the reduction in state funds for all agencies in the state.

Unless otherwise noted, all services are available and accessible to families statewide. Being a state-administered system makes the process of development and implementation of services on a statewide basis easier. Ensuring that all children have access to needed resources also calls for the flexibility at the client level to address individual needs.

XVII. Description of South Carolina's Services

The Department, along with its sister agencies (Mental Health, Juvenile Justice, Disabilities and Special Needs, Continuum of Care in the Governor's Office) has developed an array of services to meet the needs of children and families. The array presented below describes services not described in the body of the State Plan:

- 1. Wrap-Around Services:** Services rendered to a child and/or the child's family which will stabilize or strengthen the child's placement or prevent out-of-home care. Services are classified as Wrap-Around Services. Wrap-Around Services are defined as treatment-oriented, goal directed services which provide a therapeutic benefit for the child. Specific services included in the array of Wrap-Around Services are intended to help stabilize or strengthen the placement of children, some of whom are severely emotionally disturbed, aggressive, and multi-handicapped. Without the provision of services a child may be at jeopardy of placement disruption and/or movement to a more intensive and costly setting or service. The array includes evaluation and assessment, counseling, therapy (activity, recreation, occupational and expressive/adjunctive), positive role model, behavior management, non-residential independent living skills, temporary de-escalation care, caregiver services, and family and group services.
Funding: Medicaid, IV-B Part 1 and 2, SSBG, State, and Local
- 2. Psychological Services:** This service includes psychological evaluations, individual, family and group counseling and consultation services.
Funding: Medicaid, Title IV-B Part 1, SSBG, State, and Local
- 3. Family Preservation/Home Based Treatment Services:** Home Based Treatment Services shall be provided for the identified child based on the assessed needs. The purpose of Home-Based Treatment Services is to reinforce and enhance the identified child's ability to function within his/her home environment and to enhance the family's level of functioning. The aim of services should be to identify and assist the identified child and his/her family in resolving conflicts, coordinate efforts between the LCS and the child and family and the designated referring agent in order to maintain the child in the home, reunify the family unit, communicate and demonstrate methods of appropriate parenting skills and/or behavior management techniques in order to help family members more effectively manage certain behaviors or supporting/strengthening the identified child's home environment. Services shall be made available 24 hours per day, even days per week. Funding: Medicaid, SSBG, Title IV-B Part 1 and 2, State, and Local
- 4. Adoption Preservation Service:** Adoption preservation services are provided to those families who have finalized an adoption and are experiencing serious problems which threaten the integrity and stability of the family

unit. This program is preventive, e.g. it is designed to prevent the dissolution of the adoptive family and the reentry of a child into foster care. Funding: Medicaid, IV-B Part 2, State, and Local

5. **Medically Fragile Children's Program:** This is a center based program of health services developed to serve children with complex, chronic illnesses and disability through an interdisciplinary treatment team approach. Service provision consists of a medical home including an array of medical, psycho-social, and support services. Service delivery is designed to be coordinated care for the purpose of optimizing the child's potential and enhancing their opportunity to reside in a natural home environment either in foster care, adoption or with parents or relatives. Funding: Medicaid, State, Local, IV-E, IV-B

6. **Clinical Day Programming (CDP):** A comprehensive system of individual, family and group treatment services dedicated to the mitigation of the effects of serious emotional and/or behavioral disturbances) on children and adolescents. Children referred to Clinical Day Programming are typically needing an alternative educational/social setting in which their maladaptive behaviors can be therapeutically remedied with the ultimate goal of producing sufficient change so that the child can function successfully in a less restrictive setting. Funding: Medicaid, State, Local

7. **Therapeutic Child Care:** A psychosocial and developmental system of services for young children (ages 0 to 6) whose goal is to cultivate the psychological and emotional well-being of children and to promote their developing competencies. The child/client will show significant problem indicators in any one or more of the following developmental areas: attachment, emotional, social, cognitive, self concept, self-help, behavioral, receptive/expressive language, and physical. The family will frequently be found at the highest risk for care giving dysfunction. In the absence of focused, individualized interventions, these children and their families will be at high risk for more serious emotional/social problems. This is one project in Richland County. Funding: Medicaid, State, Local

8. **Special Foster Home Service (SPHS) Program:** To increase placement resources for foster youth needing a therapeutic level of care and to promote permanency planning in those homes, DSS has implemented a in three regions of the state as an alternative for the use of private sector therapeutic foster homes. SPHS allows children to step down from therapeutic care level to regular foster care in the same home without having to be placed with another family. The program meets standards for Medicaid providers in SC.

9. **Emergency Shelter Services:** This service is provided by local nonprofit organizations to provide for 24 hour care with little or no advance warning. Providers are licensed by the state. Funding: Title IV-E, IV-B Part 1, State, and Local

10. **Standard Group Care:** The service is provided by licensed nonprofit organizations in a group setting of five or more children. Many have house parents, while others have around the clock staff. They provide a place to live for a child who cannot stay at home or in a home setting. Funding: Title IV-E, IV-B Part 1, State, and Local
11. **Therapeutic Foster Care - Level A:** Therapeutic Foster Care, Level A is a therapeutic residential service provided in a specially recruited, professional supervised, therapeutic foster home. The service goal is to enable the mentally and behaviorally challenged child to develop skills that promote successful functioning in normalized familiar and other social settings. Prevention of more costly and restrictive treatment options and facilitation of reuniting the child with his or her family of origin and/or permanent guardian, are expected outcomes of this service. Funding: Medicaid, Title IV-E, Title IV-B Part 1, State, and Local
12. **Low Management Services:** This service provider for more structure and a higher child to staff ratio than standard group care services. Funding: Title IV-E, Title IV-B Part 1, State, and Local
13. **Respite Care:** Respite is defined as a short-term, planned or emergency service which is provided for families or family substitutes of children who are emotionally disturbed, and, under certain circumstances, for the children themselves, when they require temporary alternative living arrangements. The service is provided under one or more of the following circumstances:
- Planned respite is a short-term service for families or family substitutes who require periodic relief from the constant and often stressful care of these children. The goal of respite provided under this circumstance is to enable the families or family substitutes to continue the care and treatment of a child who might otherwise require treatment in a more restrictive setting.
- Emergency respite is a short-term service for families or family substitutes who become ill or otherwise require the temporary services of an alternative caregiver for a limited period of time. The goal of respite provided under this circumstance is to ensure that the quality of the care and treatment of a child is not compromised until the family or family substitute is again able to become the primary caregiver.
- Planned or emergency respite is a short-term service for the children themselves who require short-term, highly structured residential care while they are between placements. Funding: Title IV-B Part 1 and 2, State, and Local
14. **Supervised Independent Living Programs:** Supervised Independent Living is defined as a range of rehabilitative services provided to adolescents ages 13 to 21. Services are designed to improve the quality of life for adolescents by assisting them to assume responsibility over their lives and to function as actively and independently in the community as possible. Supervised

Independent living is designed to both strengthen the adolescent's skills and develop environmental supports necessary to enable them to function independently in the community.
Funding: Medicaid, IV-E, Independent Living, IV-B, State, Local

15. **Therapeutic Foster Care Programs:** Therapeutic Foster Care is defined as individualized foster care provided to children by Treatment Parents who are specially recruited, trained, and matched with a child with whom they can best work. The Treatment Parents are then supported by clinical staff throughout the child's length of stay. The purpose of therapeutic foster care programs is to enable children to overcome their problems in a highly supportive, individualized, and flexible residential placement which will assist them to move to a less intensive foster or group care placement or to return to their families.
Funding: Medicaid, IV-E, IV-B, State, Local
16. **Crisis Stabilization Programs:** Crisis Stabilization is defined as services provided to a child with emotional and/or behavioral disturbances in need of short-term therapeutic intervention. Crisis Stabilization placements provide for intensive, short-term services designed to de-escalate a potential crisis situation and/or provide a therapeutic outlet for a child's emotional problems.
Funding: Medicaid, IV-E, IV-B, State, Local
17. **Specialized Treatment Services for Sexual Offenders:** The Specialized Treatment Services for Sexual Offenders program involves intensive clinical services provided in a high management group home having specialized staff and programs for severely emotionally disturbed children who exhibit sexually aggressive behavior. These children are not able to be treated in a less restrictive environment due to the severity of their emotional and behavioral problems, their history of sexual abuse of other children/adolescents, and the potential for recurrence of sexually offending behaviors. Funding: Medicaid, State, Local
18. **High and Moderate Management Rehabilitative Services:** These services are defined as highly structured therapeutic group homes having intensive staff supervision and programs for emotionally disturbed children which may include severely emotional disturbed, aggressive and multi-handicapped children or adolescents. These children are not able to live in a less restrictive environment due to the intensity or severity of their current emotional problems, behavioral disorders and/or acting-out behaviors. The treatment program is behavioral, psychological, and psychosocial in orientation. The goal of these therapeutic group homes is to enable children to overcome their problems to the degree that they may move to a less restrictive community placement with plans toward eventual placement in a family or independent living situation.
Funding: Medicaid, IV-E, IV-B, Part 1 State, Local
19. **Residential Treatment Facilities:** A Residential Treatment Facility (RTF) provides for the diagnosis and treatment of severely emotionally disturbed and/or mentally ill children under the

age of twenty-one (21) who require less than acute inpatient care but who need a structured environment with intensive treatment services.

The RTF services are inpatient psychiatric services provided in a Joint Commission on Accreditation of Health Care Organizations residential "hospital-like" treatment program.

Funding: Medicaid, IV-B, Part 1, State, Local

20. **Inpatient Psychiatric Hospital Care:** This service is provided on a short term (1 to 30 days) and a long term basis (15 to 365 days). Funding: Medicaid, State, Local

XVIII. Organizational Charts

South Carolina Department of Social Services

ORGANIZATIONAL CHARTS

- 1. South Carolina Department of Social Services**
- 2. ³Division of Human Services**
- 3. Adult Services**
- 4. Program Development**
- 5. Out of Home Care**
- 6. Child Protective Services**
- 7. Children Services**
- 8. Managed Treatment Services**

³ The programs under the Division of Human Services are currently being reorganized; so future charts will reflect some changes.

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
Safety Outcome 1: Children are, first and foremost protected from abuse and neglect.	91.8%	South Carolina achieved substantial conformity for Safety Outcome 1. The case review findings indicate that DSS caseworkers are consistent in responding to maltreatment reports in accordance with the State's required timeframes.									
Item 1: Timeliness of initiating investigations of reports of child maltreatment.	100%	Item 1 was assigned an overall rating of Strength based on the finding that in 100 percent of the applicable cases, the agency initiated a response to a maltreatment report in accordance with the required time frames.									
Item 2: Repeat maltreatment.	92.0%	Item 2 was assigned an overall rating of Strength based on 92% of the cases reviewed the State's rate of maltreatment reoccurrence for the year 2001 (3.4%), as reported in the State data profile, met the national standard of 6.1 percent or less.									
¹ Safety Outcome 2: Children are safely maintained in their homes when possible and appropriate	Baseline is 71.4% Midterm = 73% By June 2005 Goal = 75% by June 2006		Child Welfare Services Review (CWSR)		Midterm = 73% Goal = 75%	June 2005		June 2006			
Safety Outcome 2: Children are safely maintained in their homes when possible and appropriate	Baseline is 75% June 2007=76% June 2008=77% Goal = 78% by June 2009		State Office TA, SPM Reports		76% 77% Goal= 78%	June 2007 June 2008 June 2009		June 2009			

¹ The shaded area is SC revised Program Improvement Plan (PIP) that has not received final approval at the submission of this report; therefore the plan may have some revisions in later reports.

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
Item 3: Services to family to protect children in home and prevent removals.	Baseline = 70% Midterm=71.5% By June 2005 Goal = 73% by June 2006		Quarterly reports from Child Welfare Services Review (CWSR)		Midterm=71.5% By June 2005 Goal = 73% June 2006	June 2005		June 2006			
Item 3: Services to family to protect children in home and prevent removals.	Baseline is 73% June 2007=74% June 2008=75% Goal=76% by June 2009		State Office TA, SPM Reports		74% 75% Goal= 76%	June 2007 June 2008 June 2009		June 2009			
Item 3: Services to family to protect children in home and prevent removals.		Step 1 Develop and implement a case review process with standards for quality review regarding purpose, appropriate frequency of supervisory case reviews, standards for documentation & follow up action. a) Assess current review process b) Develop Supervisory	Step 1 Statewide supervisory quality review checklist developed and implemented. 100% Supervisory staff trained. a) Report from assessment review. b) Report from Human	Step 1 Director of Human Services, Directors of Field Operations, Director of Staff Development and Training	Step 1 a) Review of current assessment process completed b) Quality	Step 1 a) Feb 2004 b) Feb		Step 1 Aug 2004			

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		

		<p>Review checklist for use by supervisors, state technical assistance, for case review.</p> <p>c) Supervisory Case Review Checklist sent to 3 counties Greenville, Marion and Richland) for testing to refine and resolve implementation issues.</p> <p>d) Supervisory Case Review Checklist disseminated via online E-News.</p> <p>e) Provide training to all (100%) supervisory staff and State Office Technical Assistance Staff on Checklist statewide.</p>	<p>Services that Supervisory review checklist developed for use by supervisors, state technical assistance for case review.</p> <p>c) Report from Human Services on the findings to refine and resolve implementation issues.</p> <p>d) E-News memo of Checklist and effective date to implement.</p> <p>e) Report that all (100%) supervisory staff and State Office Technical Assistance Staff trained.</p>		<p>Review checklist for use by supervisors, state technical assistance, QR reviews staff for case review developed.</p> <p>c) Development of Supervisory Case Review Checklist completed.</p> <p>d) Supervisory Case Review Checklist disseminated.</p> <p>e) Provided training to all (100%) supervisory staff and State Office Technical Assistant Staff trained.</p>	<p>2004</p> <p>c) May 2004</p> <p>d) June 2004</p> <p>e) August 2004</p>					
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The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
<p>Item 3: Services to family to protect children in home and prevent removals.</p>		<p>Step 2 Identify and implement state supervisory training that defines the role of the supervisor and that supports development of coaching, mentoring and clinical skills.</p> <p>a) Staff Development & Training (SD&T) will identify curriculum</p> <p>b) SD&T will train statewide all supervisors and technical assistance staff.</p>	<p>Step 2 Statewide Supervisory Process identified and a report from SD&T that training was provided to 100% of supervisors and TA staff.</p> <p>a) Report that SD&T identified curriculum</p> <p>b) Report from SD&T that training was provided to 100% of supervisors and TA staff.</p>	<p>Step 2 Directors of Field Operations (State Office) Director of Human Services (State Office) Director of Staff Development and Training</p>	<p>Step 2</p> <p>a) SD&T identified curriculum</p> <p>b) 50% of staff trained. Remaining 50% of staff trained.</p>	<p>Step 2</p> <p>a) June 2004</p> <p>b) March 2005; June 2005</p>		<p>Step 2 June 2005</p>			
<p>Item 3: Services to family to protect children in home and prevent removals.</p>		<p>Step 3 Implement monitoring to ensure that thorough and ongoing assessments are completed that identify underlying dynamics and that services match</p>	<p>Step 3 CWSR</p>	<p>Step 3 Director of Human Services Directors of Field Operations</p>	<p>Step 3 Case record review implemented which documents assessments are thorough and services match needs identified.</p>	<p>Step 3 August 2004</p>		<p>Step 3 August 2004</p>			

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
		needs identified for children, parents and foster parents/ relative caregivers (includes referrals to Family Independence). Monitor for diligent search of absent parent using the supervisory review. (Refer to the CWSR in the narrative for follow up corrective action plan)									
Item 3: Services to family to protect children in home and prevent removals.		Step 4 Review of current training modules by Staff Development and Training for emphasis on skill development of ongoing comprehensive assessment, child/family assessment, matching of needs and resources (includes relative and foster caregivers), involvement of parents in planning process (includes diligent search) & training on probing	Step 4 Review completed and revisions made and incorporated and a report from SD&T that all (100%) supervisors, staff assigned to intake, assessment, in-home treatment and foster care are trained.	Step 4 Director of Human Services Directors of Field Operations Director of Staff Development and Training	Step 4	Step 4		Step 4 July 2005			

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		

		and forensic interviewing skills for intake workers. a) Review current training modules by DSS Training task force. b) Revisions made to training modules. c) Revised modules incorporated into new worker training. d) Re-certification module incorporating revisions delivered to all (100%) supervisors (currently employed and who have not been through the revised basic	a) Report from DSS Training Taskforce on status of current training modules b) Report from SD&T that training modules revised. c) Report from SD&T that revised modules are incorporated into new worker training. d) Report that re-certification module incorporating revisions delivered to all (100%) supervisors (currently		a) Review of current training modules by DSS Training task force completed. b) Revisions made to training modules completed. c) Revised modules incorporated into new worker training completed. d) Re-certification module incorporating revisions delivered to all (100%) supervisors (currently employed and who have not been through the	a) June 2004 b) Oct 2004 c) Nov 2004 d) Feb 2005					
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The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
		training). e) Provide training all (100%) staff assigned to intake, assessment, in-home treatment and foster care on probing and forensic interviewing skills.	employed and who have not been through the revised basic training). e) Report from SD&T that training was provided to all (100%) staff assigned to intake, assessment, in-home treatment and foster care on probing and forensic interviewing skill.		revised basic training). e) Training provided to all (100%) staff assigned to intake, assessment, and in-home treatment and foster cares on probing and forensic interviewing skills.		e) July 2005				
Item 3: Services to family to protect children in home and prevent removals.		Step 5 Review policies and assessment tools to ensure family and child needs and services are adequately addressed through a comprehensive individualized family assessment and planning process (includes safety, risk	Step 5 Policies and tools reviewed, revised and disseminated. Provide training to all (100%) supervisors, CPS and foster care TA. Monthly QA Reports	Step 5 Director of SD&T, Director of Field Operations, Director of Human Services	Step 5	Step 5		Step 5 April 2005			

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		

		assessment, assessing relatives for potential care arrangement and assessing protective capacity of relatives); revise as appropriate. a) Obtain recommendations on policies and tools from appropriate NRC. b) Revise Child Protective Services (CPS) and Foster care assessment and case planning process and tools as needed (to include Targeted Case Management (TCM) standards for In-home service as appropriate).	a) Report from Human Services on recommendations on policies and tools from appropriate NRC. b) Report from Human Services that CPS and Foster care assessment and case planning process and tools (to include Targeted Case Management (TCM) standards for In-home service are revised.		a) Policies and tools reviewed, revised. b) Child Protective Services (CPS) and Foster care assessment and case planning process and tools as needed (to include Targeted Case Management (TCM) standards for In-home service as appropriate) revised.	a) Aug2004 b) Oct 2004					
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The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		

		<p>c) Provide to supervisors, current CPS and foster care TA staff revised policies and tools.</p> <p>d) SD&T will train all supervisors, current CPS and foster care TA staff via 7 locations teleconferences on revisions (with technical assistance from appropriate NRC).</p> <p>e) Provide TA by State Office Technical Assistance Staff based on monthly Supervisory Case Review Reports regarding safety and risk assessments.</p>	<p>c) Report from Human Services that supervisors, current CPS and foster care staff received revised policies and tools.</p> <p>d) Report from SD&T that training was provided to all (100%) supervisors, current CPS and foster care TA staff.</p> <p>e) Report from State Office TA staff regarding safety and risk assessment.</p>		<p>c) Revised policies and tools provided to supervisors, current CPS and foster care TA staff.</p> <p>d) Training provided to all (100%) supervisors, current CPS and foster care TA staff.</p> <p>e) TA provided based on monthly Supervisory Case Review Reports regarding safety and risk assessments.</p>	<p>c) Nov 2004</p> <p>d) Jan 2005</p> <p>e) April 2005</p>				
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The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
Item 3: Services to family to protect children in home and prevent removals.		<p>Step 6 State Office Technical Assistance (TA) Staff will provide technical assistance in all regions based on need as determined by QA results regarding reasonable effort to prevent removal. (Refer to the CWSR in the narrative for follow up corrective action)</p> <p>a) Monitor through case record review efforts to prevent removal</p>	<p>Step 6 Report summarizing TA assistance regarding efforts to prevent removals.</p> <p>a) Report from State Office TA staff summarizing TA assistance regarding efforts to prevent removals.</p>	Step 6 Director of Human Services	Step 6			Step 6 Sept 2004			
					a) TA assistance to county regarding efforts to prevent removals completed.	a) Sept 2004					

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
Item 4: Risk of harm to child	Baseline = 76% Midterm = 77.5% By June 2005 Goal = 79% By June 2006		Quarterly Reports from Child Welfare Services Review (CWSR)		Midterm = 77.5% Goal = 79%	June 2005		June 2006			
Item 4: Risk of harm to child	Baseline=79% June 2007=80% June 2008=81% Goal=82% by June 2009		State Office TA Reports, SPM Reports		80% 81% Goal= 82%	June 2007 June 2008 June 2009		June 2009			
Item 4: Risk of harm to child		Step 1 Revise Child Protective Services (CPS) policy to require a Supervisory case record review of open cases at the 3 rd month of service delivery to assess: -whether services are based on comprehensive assessment to reduce risk; -appropriateness of any informal	Step 1 Report from state CPS Assistant Director that policy is revised, disseminated and all staff trained on revisions.	Step 1 Director of Human Services, CPS Assistant Director of Field Operations	Step 1	Step 1		Step 1 Dec 2004			

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		

		relative placement, safety and risk assessment and services to reduce risk; and -to involve family in planning process. a) Revise policy. b) Disseminate policy via online manual. c) Provide training to all (100%) staff on revisions via teleconference in 7 locations.	a) Report from CPS Assistant Director that policy is revised. b) E-News memo of policy revisions and effective date. c) Report from State Office TA staff that training was provided to all (100%) staff.		a) Policy revised. b) Policy disseminated. c) Training was provided to all (100%) staff	a) August 2004 b) Oct 2004 c) Dec 2004					
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The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
Item 4: Risk of harm to child		<p>Step 2 Review and revise CPS Policy on (A) reasonable efforts including due diligent search and engagement of fathers and support for relative placement. (B) Revise CPS policy to include all targeted case management language, individual assessment, individual plans, health, education and mental assessment and include a timeline for reassessment in the policy.</p> <p>a) Policy reviewed, drafted revisions submitted for approval.</p> <p>b) Policy disseminated via online manual.</p>	<p>Step 2 Policy amended and disseminated. Report from TA that training was provided to all (100%) supervisors and policy implemented.</p> <p>a) Report from CPS Assistant Director that policy review completed and drafted revisions submitted for approval.</p> <p>b) E-News memo of policy revisions and</p>	<p>Step 2 Director of Human Services, CPS Assistant Director, Director of Field Operations, TA Staff</p>	<p>Step 2</p> <p>a) Policy revisions completed.</p> <p>b) Policy disseminated.</p>	<p>Step 2</p> <p>a) Dec 2004</p> <p>b) March 2005</p>		<p>Step 2 June 2005</p>			

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
		<p>c) Training provided to all (100%) supervisors on revisions via teleconference in 7 locations.</p> <p>d) Supervisors train CPS caseworkers in unit or county office meetings.</p>	<p>effective date.</p> <p>c) Report from State Office TA staff that training is completed.</p> <p>d) Reports from each county office that all staff CPS staff trained.</p>		<p>c) Training provided to all (100%) supervisors.</p> <p>d) Training provided to all (100%) CPS caseworkers.</p>		<p>c) April 2005</p> <p>d) June 2005</p>				
Item 4: Risk of harm to child		<p>Step 3 Add tracking code on CAPSS to track relative placements during in-home treatment and code to track monthly visits for in-home treatment cases.</p> <p>a) Tracking code added to CAPSS.</p>	<p>Step 3 Code added to CAPSS and monthly report produced. Report from TA staff that training was provided to all (100%) trained. Report from Designee in Information Resource Management code added to CAPSS.</p>	Step 3 Director of Human Services Designee in Information Systems, TA staff	<p>Step 3</p> <p>a) Tracking code added to CAPSS completed.</p>		<p>Step 3</p> <p>a) Sept 2004</p>		<p>Step 3 Jan 2005</p>		

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
		b) Issue directive memo via online describing tracking codes and instructions for use. c) Provide training to all (100%) staff on use of code in 7 locations by State Office TA staff. d) Produce tracking mechanism to provide information on relative placements and in-home visits for in-home cases.	b) E-News memo describing instructions for use and effective date. c) Report from State Office TA staff that training was provided to all (100%) staff. d) Information Systems will provide quarterly report.		b) Instructions for use of tracking code disseminated. c) Training provided to all (100%) staff. d) Mechanism is developed.	b) Oct 2004 c) Dec 2004 d) Jan 2005					
Item 4: Risk of harm to child		Step 4 Implement monitoring to determine that risk of harm to child is adequately addressed according to supervisory review process.	Step 4 Child Welfare Services Review	Step 4 Directors of Field Operations Director of Human Services	Step 4 Review reports completed.	Step 4 Oct 2004		Step 4 Oct 2004			

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
II. Permanency Outcome 1: Children Have Permanency and Stability in Their Living Situation	Baseline = 40% Midterm= 41.5% by June 2005 Goal= 43% by June 2006		Child Welfare Services Review (CWSR)		Midterm= 41.5% Goal= 43%	June 2005		June 2006			
Permanency Outcome 1: Children Have Permanency and Stability in Their Living Situation	Baseline = 43% June 2007 =44% June 2008 =45% Goal =46% by June 2009		State Office TA Reports, SPM Reports		44% 45% Goal =46%	June 2007 June 2008 June 2009		June 2009			
Item 5: Foster Care Re-entries	87.5%	Item 5 was rated as a strength because reviewers found that DSS is usually effective in preventing re-entry into foster care.									
Item 6: Stability of Placement	Baseline = 83% Interim = 84.5% by June 2005 Goal = 86% by June 2006		Quarterly Reports from Child Welfare Services Review (CWSR)		Interim = 84.5% Goal = 86%	June 2005		June 2006			
Item 6: Stability of Placement	Baseline =86% June 2007=87% June 2008=88% Goal =89% by June 2009				87% 88% Goal=89%	June 2007 June 2008 June 2009		June 2009			

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
Item 6: Stability of Placement	National Data Indicator: Baseline =77.8% Interim = 79.2% By June 2005 Goal = 80.7% By June 2006		Strategic Plan Outcome Measure 3.2		Interim = 79.2% Goal = 80.7%	June 2005			June 2006		
Item 6: Stability of Placement	National Data Indicator: Baseline =80.7% June 2007 =81.7% June 2008 =82.7% Goal =83.7% by June 2009		Strategic Plan Outcome Measure 3.2		81.7% 82.7% Goal =83.7%	June 2007 June 2008 June 2009			June 2009		
Item 6: Stability of Placement		Step 1 Contact appropriate resource Center for information on the best practice in strategies for targeted recruitment to increase the workers' skills in stability of placement based upon the individual county recruitment plans. Request resource information on enhancing matching of children with foster care	Step 1 Report of assistance obtained and information disseminated.	Step 1 Director of Human Services Directors of Field Operations, SD&T	Step 1	Step 1		Step 1 June 2005			

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		

		<p>providers to prevent future disruptions and in recruiting adoptive families for teens and children with special needs.</p> <p>a) Provide technical assistance to counties based on strategies obtained from resources and county.</p> <p>b) SD&T will train on recruitment strategies to staff with recruitment assignments in regional sites.</p> <p>c) Partner with FCRB, GAL's foster parent associations, and religious institutions that are collaborating with the agency at the local level regarding recruitment</p>	<p>a) Report from TA</p> <p>b) Report that recruitment staff trained.</p> <p>c) Report on involvement and activity of local partners.</p>		<p>a) Obtained assistance from resource center.</p> <p>b) Report that all recruitment staff trained.</p> <p>c) Partnering & collaboration in place.</p>	<p>a) Dec 2004</p> <p>b) March 2005</p> <p>c) June 2005</p>					
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The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
Item 6: Stability of Placement		Step 2 Implement all county specific recruitment plans. Hold monthly and/or quarterly meetings sponsored by the county directors with the local FCRB, GAL program and Foster Parent Association presidents. The purpose of the meeting is to develop strategies for on-going support for foster parents, recruitment of foster homes, support for foster care children and resolve other local issues. Implementation of the county specific recruitment plan will be discussed including using the current pool of volunteers from the FCRB, GAL and foster parent association as resources for recruitment.	Step 2 Summary reports	Step 2 Human Services Director, County and Regional Operations Staff	Step 2 County specific recruitment plans implemented statewide.	Step 2 Jan. 2005		Step 2 Jan 2005			

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
Item 6: Stability of Placement		Step 3 Provide on-going support for foster parents to prevent possible disruptions.	Step 3 Report that Resource guide developed and distributed.	Step 3 Human Services Director, County/Regional Operations Staff, Foster Care Assistant Director	Step 3	Step 3		Step 3 Dec 2004			
		a) Assist Foster Parent Association in developing local resource guide to include telephone numbers of critical staff or providers. b) Resource guide distributed statewide.	a) Report from the Foster Care Assistant Director on the development of the resource guide. b) Report from Foster Care Assistant Director that the guide distributed statewide.		a) Resource guide developed. b) Resource guide distributed statewide.	a) Sept 2004 b) Dec 2004					
		Step 4 Develop and conduct a thorough survey of foster parents regarding issues of foster parent support and retention. Survey will be designed to	Step 4 Report that survey developed and disseminated. -Report of results of	Step 4 Human Services Director, County/Regional Operations Staff, Foster Care Assistant Director, State Office TA staff	Step 4	Step 4		Step 4 March 2006			

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		

		<p>elicit information regarding foster parent support initiatives for the agency and identification of retention issues to be addressed by the agency and foster parent association. Strategies will be developed and follow up information will be obtained</p> <p>a) Survey developed and disseminated to all foster parents and child caring institutions</p> <p>b) Survey compiled and results reviewed and shared with all</p>	<p>survey. -Report of TA received. -Report on strategies identified. -Summary report of county action plans. - Report of results of follow up survey and further actions</p> <p>a) Report from the Foster Care Assistant Director that survey developed and disseminated to all (100%) foster parents and foster child caring institutions.</p> <p>b) Report from Foster Care Assistant</p>		<p>a) Survey developed and disseminated.</p> <p>b) Survey results compiled and shared.</p>	<p>a) Dec 2004</p> <p>b) March 2005</p>					
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The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
		foster parents and foster child caring institutions. c) Contact appropriate National Resource Center (NRC) for TA on strategies. Convene workgroup to develop strategies to address issues identified d) Counties develop and implement action plans regarding needs identified. e) Follow up survey of foster parents and child caring institutions.	Director that the results of the survey has been compiled and shared with all (100%) foster parents and foster child caring institutions. c) Report form Foster Care Assistant Director on TA from NRC and strategies to address identified issues. d) Report from State Office TA staff development of county action plans. e) Report from Foster Care Assistant Director that		c) TA from NRC and strategies identified. d) County action plans developed and implemented. e) Follow up survey results compiled and shared.	c) March 2005					

The 2005 – 2009 Child and Family Services Matrix

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						Projected	Actual	Projected	Actual		
		f) Develop plan for additional actions as needed	results from the follow up survey have been compiled, reviewed and shared with all (100%) foster parents and foster child caring institutions. f) Report from Foster Care Assistant Director of plan for additional actions as needed.		f) Plan for additional action completed.	f) March 2006					
Item 6: Stability of Placement		Step 5 Implement and monitor compliance with existing policy regarding foster care visits in the home.	Step 5 CWSR	Step 5 Director of Human Services Director of Field Operations, Technical Assistance & CWSR	Step 5 Ongoing process implemented.	Step 5 Dec 2004		Step 5 Dec 2004			
Item 6: Stability of Placement		Step 6 Implement monitoring of the agency's effectiveness in	Step 6 CWSR	Step 6 Director of Human Services Directors of Field Operations,	Step 6 Ongoing process implemented.	Step 6 Dec 2004		Step 6 Dec 2004			

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						Projected	Actual	Projected	Actual		

		matching children's needs with appropriate foster care placements (to number of placements and use of shelter placements) to include placing emphasis on the use of the child factor checklist to identify the factors a family is willing and capable of accepting.		Technical Assistance & CWSR							
Item 6: Stability of Placement		<p>Step 7 The University of South Carolina Center for Child and Family Studies will review and revise, if needed the current Foster Parent training for foster parents taking children with special needs (emotional or physical) to fully understand daily needs of children</p> <p>a) Training reviewed, revised and provides training all (100%)</p>	<p>Step 7 Report summarizing revisions, training presented and number of foster parents who selected this training as part of required training hours.</p> <p>a) Report from the University of South</p>	<p>Step 7 Director of Human Services, University of South Carolina Center for Child and Family Studies Director of Field Operations</p>	<p>Step 7 Training reviewed, revised and provides training to all (100%) foster parents taking children with special needs.</p> <p>a) Training reviewed and revised and all (100%) foster parents taking</p>	<p>Step 7 Dec 2005</p> <p>a) Dec 2005</p>		<p>Step 7 Dec 2005</p>			

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						Projected	Actual	Projected	Actual		
		foster parents taking children with special needs trained in 7 locations across the state.	Carolina Center for Child and Family Studies that the training has been reviewed and revised and all (100%) foster parents taking children with special needs trained in 7 regional sites across the state.		children with special needs trained.						
Item 7: Permanency goal for children	Baseline = 73% Midterm= 74.5% by June 2005 Goal = 76% by June 2006		Quarterly Reports from Child Welfare Services Review (CWSR)		Midterm= 74.5% Goal = 76%	June 2005		June 2006			
Item 7: Permanency goal for children	Baseline = 76% June 2007 = 77% June 2008 = 78% Goal = 79% by June 2009		State Office TA, SPM Reports		77% 78% Goal = 79%	June 2007 June 2008 June 2009		June 2009			

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						Projected	Actual	Projected	Actual		

Item 7: Permanency goal for children		Step 1 Deliver refresher training on policy practice on concurrent planning using curriculum delivered in 2003 by the agency at the State Judicial Conference. OGC and SD&T will provide training for all (100%) county attorneys, county directors, and supervisors; foster care workers and judges in 4 sites. a) The first site which includes Greenville will be trained by 9/04. b) The second site to include Lexington will be trained by 11/04. c) The third site to include Marion will be trained by 1/05.	Step 1 Report from SD&T and OGC that training was provided to all (100%) county attorneys, county directors, supervisors, foster parents and judges. a) Report from SD&T and OGC that site one is trained. b) Report from SD&T and OGC that site two is trained. c) Report from SD&T and OGC that site three is trained.	Step 1 Office of General Counsel, Director of Human Services, Director of Staff Development and Training	Step 1 Report from SD&T and OGC that training was provided to all (100%) identified county attorneys, county directors, supervisors, foster parents and judges. a) Site one trained. b) Site two trained. c) Site three trained. d) Site four trained.	Step 1 a) Sept 2004 b) Nov 2004 c) Jan 2005	Step 1 March 2005				
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The 2005 – 2009 Child and Family Services Matrix

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						Projected	Actual	Projected	Actual		
		d) The fourth site to be designated will train the remaining 13 counties by 3/05.	d) Report from SD&T and OGC that site four is trained.			d) March 2005					
Item 7: Permanency goal for children		<p>Step 2 Office of General Counsel (OGC) and SD&T will develop concurrent planning key point guide which will include grounds for expedited TPRs, and a timeline for staffing of cases with agency attorney, foster care, adoption staff and social workers.</p> <p>a) OGC & SD&T develops guide 8/04</p>	<p>Step 2 Key point guide developed. Report from OGC and SD&T that training was provided to all (100%) county attorneys, county directors, county supervisors, foster parents and judges and social workers.</p> <p>a) Report from OGC and SD&T that guide</p>	Step 2 Director of Human Services, OGC SD&T and Directors of Field Operations	<p>Step 2 Key point guide developed. Report from OGC and SD&T that training was provided to all (100%) county attorneys, county directors, supervisors, foster parents and judges and social workers.</p> <p>a) Guide developed.</p>	<p>Step 2</p> <p>a) August 2004</p>		<p>Step 2</p> <p>April 2005</p>			

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						Projected	Actual	Projected	Actual			
		b) OGC &SD&T will follow the training schedule in step 1 and begin with site 1 to be trained by 10/04. c) Site 2 trained by 12/04. d) Site 3 trained by 2/05. e) Site 4 trained by 4/05.	has been developed. b) Report from OGC and SD&T that site one trained. c) Report from OGC and SD&T that site two trained. d) Report from OGC and SD&T that site three trained. e) Report from OGC and SD&T that site four trained.		b) Site one trained. c) Site two trained. d) Site three trained. e) Site four trained.		b) Oct 2004 c) Dec 2004 d) Feb 2005 e) April 2005					
Item 7: Permanency goal for children		Step 3 Revise Foster Care policy to require all new cases be staffed at 60 days after entry to assess concurrent planning and establishing appropriate and timely goals for the child. This staffing	Step 3	Step 3 Director of Human Services	Step 3	Step 3		Step 3 Dec 2004				

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						Projected	Actual	Projected	Actual		

		will include foster care workers, foster care supervisors, TPR supervisors, Adoption worker and Adoption supervisors, attorney a) Revise policy. b) Policy disseminated via online manual. c) Training provided to all (100%) at regional meeting regarding new requirement.	a) Report from Foster Care Assistant Director that policy revisions are revised. b) E-News memo of policy revisions and effective date. c) Report that regional meeting conducted on revisions		a) Policy revisions completed. b) Policy disseminated. c) Training provided to all (100%) Supervisors on staffing requirement.	a) Sept 2004 b) Oct 2004 c) Dec 2004					
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						Projected	Actual	Projected	Actual		
Item 7: Permanency goal for children		Step 4 Implement monitoring to ensure that Family Meetings are occurring and that the family is participating in the development of the treatment plan. Monitor through supervisory case review process	Step 4 Technical Assistant Reports	Step 4 Director of Human Services, Director of County Operations, County Directors, Supervisors	Step 4 Reports that Family Meetings are occurring and that the family is participating in the development of the treatment plan.	Step4 Nov 2004		Step 4 Nov 2004			
Item 7: Permanency goal for children		Step 5 Implement monitoring the number of children who have been in care 15 of the most recent 22 months to determine the number and percent for which the Department has filed a TPR petition when there are not exceptional circumstances. Exceptional circumstances will be documented. Track monthly by Strategic Plan Measure 3.5 each county: Of all children in foster care 15 out of 22 months, % that have TPR filed—in	Step 5 SPM Monthly Data Report (SPM 3.5). County Directors and TA staff will receive monthly SPM report. Case documented as exception circumstances and/or staffed with the county attorney.	Step 5 Director of Human Services, Directors of Field Operations	Step 5 Monitoring implemented. Case documented as exception circumstances and/or staffed with the county attorney.	Step 5 Nov 2004		Step 5 Nov 2004			

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						Projected	Actual	Projected	Actual		

		addition to aggregate report, child specific reports will be forwarded to county.									
Item 7: Permanency goal for children		Step 6 Directive from State Director to field staff and county attorneys regarding Court Rule 601- Family Court cases involving CPS including Merits & TPR hearings are to have priority over other court matters when an attorney is called to appear in simultaneous actions pending in two court rooms and filing TPR's in a timely manner when this is the only ground available including the 15 and 22 months. Counties will report at the regional TA meetings on their progress.	Step 6 Memo on E-News, Counties reporting at the regional TA meetings, TA reports	Step 6 Human Services Director	Step 6 Directive Memo sent and implemented.	Step 6 April 2004		Step April 2004			

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						Projected	Actual	Projected	Actual		
Item 7: Permanency goal for children		Step 7 Implement monitoring to assess for appropriateness of goals being established in a timely manner and thoroughness of assessment and treatment planning, appropriateness of placement, involvement of birth family in individualized treatment and placement plans, consideration of relatives at entry and ongoing as needed, use of concurrent planning process, ongoing assessment of progress and appropriateness of permanent plan; timeliness of TPR hearing, use of plan of alternative living arrangement. (Refer to the CWSR in the narrative for follow up corrective plan)	Step 7 CWSR	Step 7 Director of Human Services, State Office County/ Regional Operations Staff, County Director	Step 7 Monitoring implemented.	Step 7 Nov 2004		Step 7 Nov 2004			

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						Projected	Actual	Projected	Actual		
Item 7: Permanency goal for children		Step 8 Work with Court Administration to identify counties/circuits with significant backlogs/caseloads for Merits, Permanency Planning and TPR hearings.	Step 8 Report from Court Administration on County/circuits identified	Step 8 Court Administration, Director of Human Services	Step 8 County/circuits identified	Step 8 Aug 2004		Step 8 Aug 2004			
Item 7: Permanency goal for children		Step 9 Work with Court Administration via CIP to provide annual training on child abuse and neglect cases including but not limited to relevant federal & State legislation, regulatory information, CFSR findings and progress relating to implementation of the Program Improvement Plan. Set agenda for training for annual conference to include training curriculum that will address the court's oversight role in concurrent planning	Step 9 Report from CIP that 95% of judges trained child abuse and neglect cases including but not limited to relevant federal & State legislation, regulatory information during annual training.	Step 9 Court Administration, Director of Human Services	Step 9 95% of judges trained child abuse and neglect cases including but not limited to relevant federal & State legislation, regulatory information during annual training.	Step 9 Sept 2005		Step 9 Sept 2005			

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						Projected	Actual	Projected	Actual		

		requirements for DSS, parent participation in case planning and parent's active participation in identifying services and goals included in the plan.									
Item 7: Permanency goal for children		Step 10 Work with Court Administration via CIP to determine the percentage of cases, which are receiving merits and TPR hearings in a timely manner.	Step 10 Written report Of percentage of cases, which are receiving merits and TPR hearings in a timely manner.	Step 10 Court Administration, Director of Human Services	Step 10 Written report of percentage of cases, which are receiving merits and TPR hearings in a timely manner.	Step 10 Oct 2004		Step 10 Oct 2004			
Item 7: Permanency goal for children		Step 11 Continue quarterly collaborative meeting with Court Administration to discuss the increase efficiency of docket time for Family Court; to assess backlogs, develop action plans and address any problems jointly shared.	Step 11 Quarterly summary Report of outcome of meetings	Step 11 Court Administration, Director of Human Services	Step 10 Meeting held to discuss docket time, to assess backlogs, develop action plans and address other concerns.	Step 11 Jan 2004 and ongoing		Step 11 Jan 2004 and ongoing			

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		

Item 7: Permanency goal for children		Step 12 Establish a committee chaired by the Office of General Counsel to assess and develop a method of tracking legal cases throughout the process. a) Committee convened b) Draft submitted for approval c) Office of General Counsel will provide training for County Attorneys and Directors on method of tracking legal cases throughout the process.	Step 12 Report from Office of General Counsel (OGC) that Tracking system has been assessed, developed and implemented. a) Report from Office of General Counsel that committee has been convened. b) Report from OGC that draft completed and submitted for approval. c) Report from OGC that training was provided to all (100%) of the county attorneys and Directors on method of	Step 12 Office of General Counsel, County Directors, County Attorneys	Step 12 a) Committee established. b) Draft completed and submitted for approval. c) Training provided to all (100%) County Attorneys and County Directors on method of tracking legal cases throughout the process.	Step 12 a) April 2004 b) June 2004 c) July 2005	Step 12 July 2005			
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The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
			tracking legal cases throughout the process.								
Item 8: Reunification, or Permanent Placement with Relatives	Baseline=62% Midterm=63.5% by June 2005 Goal=65% by June 2006		Quarterly Reports from the Child Welfare Services Review (CWSR)		Midterm=63.5% Goal=65	June 2005		June 2006			
Item 8: Reunification, or Permanent Placement with Relatives	Baseline= 65% June 2007=66% June 2008=67% Goal= 68% by June 2009		State Office TA Reports, SPM Reports		66% 67% Goal= 68%	June 2007 June 2008 June 2009		June 2009			
	National Data Indicator: Baseline =79.3% Interim = 80.8% By June 2004 Goal=82.3% By June 2005		Strategic Plan Outcome Measure Report		Interim=79.3% Goal=82.3%	June 2005		June 2006			

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		

	National Data Indicator: Baseline = 82.3% June 2007= 83.3% June 2008 84.3% Goal =85.3% by June 2009		Strategic Plan Outcome Measure Report		83.3% 84.3% Goal = 85.3%	June 2007 June 2008 June 2009		June 2009		
Item 8: Reunification, or Permanent Placement with Relatives		Step 1 Implement monitoring quarterly, case plans for timely implementation of plans for the involvement of parents, child, other appropriate parties in case planning and family meetings; parent/relative and child visitation as a support of plan of reunification and relative placement; ongoing diligent search for absent parents and potential relative resources.	Step 1 CWSR	Step 1 State Office County/ Regional Operations Staff, Director of Human Services	Step 1 Monitoring implemented.	Step 1 Dec 2004		Step 1 Dec 2004		

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
Item 9: Adoption National Standard: The Department will increase the percentage of finalized adoptions occurring within 24 months of the child's entry into foster care from 15.4%% to 16.9% by June 2005 to 18.4%. By June 2006			Strategic Plan Outcome Report Measure 3.4 monthly reports by county of the length of time from entry to finalized adoption.		Interim 16.9% Goal 18.4%	June 2005		June 2006			
Item 9: Adoption National Standard: The Department will increase the percentage of finalized adoptions occurring within 24 months of the child's entry into foster care from 18.4% June 2006 to 21.4% by June 2009.			Plan Outcome Report Measure 3.4 monthly reports by county of the length of time from entry to finalized adoption.		19.4% 20.4% Goal= 21.4%	June 2007 June 2008 June 2009		June 2009			

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
Item 9: Adoption	Baseline=23% Midterm=24.5% by June 2005 Goal=26% by June 2006	Child Welfare Services Review (CWSR)			Midterm=24.5% Goal=26%	June 2005		June 2006			
Item 9: Adoption	Baseline =26% June 2007 =27% June 2008= 28% Goal =29% by June 2009	State Office TA Reports, SPM Reports			27% 28% Goal =29%	June 2007 June 2008 June 2009		June 2009			
Item 9: Adoption		Step 1 Hold quarterly meeting in all regions of the state for foster care and adoption workers and supervisors to review individual and aggregate data regarding status of timeliness of adoption process; to develop and share strategies that address successfully case specific barriers to TPR and adoption and	Step 1 Summary Reports of minutes of meetings	Step 1 Director of Human Services & Directors of Field Operations	Step 1 Quarterly meeting held regarding timely adoption process and other strategies.	Step 1 June 2004		Step 1 June 2004			

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		

		transfer of cases from foster care to adoption.									
Item 9: Adoption		Step 2 Implement monitoring through Technical Assistant, foster cases within six months of entry to determine if concurrent planning is being implemented if timely reunification within 12 months of entry unlikely; staffing participants include foster care and adoption staff to facilitate transfer to adoption when appropriate; implement follow up to address barriers, if needed.	Step 2 Report from State Office TA Staff	Step 2 Director of Human Services, & Directors of Field Operations	Step 2 Staffing held and concurrent planning implemented.	Step 2 May 2004		Step 2 May 2004			
Item 9: Adoption		Step 3 There are 93 adoptive families approved and waiting for children between the ages of 10-17 years. The agency will increase the number of adoptive families by 1.5% June 2005, and 1.5% by June	Step 3 Monthly Reports from the Adoption Tracking System	Step 3 Director of Human Services, Director of Field Operations	Step 3 The agency increased the number of adoptive families by 1.5% June 2005, and 1.5% by June 2006.	Step 3 June 2005 June 2006		Step 3 June 2006			

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		

Item 9: Adoption		2006 Step 4 Contract with statewide private providers for adoption services for approximately 160 foster children who are free for adoption and for whom no adoptive family has been identified. Services to be recruitment of an adoptive family for the identified special needs child, planning with the children for adoption, assisting adoptive applicants with assessing their potential for meeting the needs of a child to be adopted, and providing post - placement services to the adoptive family and adoptee. a) Award contract to statewide provider via RFP process.	Step 4 Quarterly report from providers on adoption placements a) Report that contract is awarded.	Step 4 Director of Human Services	Step 4 Report of the number of children with finalized adoptions placed via the contract a) Contract awarded.	Step 4 a) Sept 2004		Step 4 Dec 2004			
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The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		

		b) Tracking the outcomes every six months.	b) Report from Assistant Director of Foster Care/Adoptions on the progress of moving the 160 children to finalization.		b) Report made on the progress of moving the 160 children to finalization.	b) Dec 2004					
Item 9: Adoption		Step 5 Implement statewide the revised application process for foster/ adoptive parents (Training completed 10/03) -Provide technical assistance to foster care & adoption staff to facilitate implementing new process 06/04	Step 5 TA reports all (100%) staff has implemented the single application process.	Step 5 Directors of Field Operations Director of Human Services	Step 5 TA reports that all (100%) staff has implemented the Foster Adoption application process.	Step 5 June 2004		Step 5 June 2004			
Item 9: Adoption		Step 6 Implement monitoring through aggregate data, the length of time from the date child enters foster care to achieve adoption finalization.	Step 6 Strategic Plan Measure 3.4: Length of time to achieve adoption monthly report	Step 6 Directors of Field Operations Director of Human Services	Step 6 Monitoring implemented.	Step 6 August, 2004		Step 6 August 2004			

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
Item 9: Adoption		Step 7 Under the leadership of the Chief Justice and the State Director of DSS establish educational goals for judges, DSS attorneys and caseworkers on the significance of judicial determinations concerning reasonable efforts to finalize permanency plans. Include in Annual Judicial Conference training on reasonable efforts to finalize adoptions.	Step 7 Report from Court Administration on summarizing training presented and number of judges trained.	Step 7 Chief Justice, State DSS Director, Director of Human Services	Step 7 a) Finalize agenda for 2005 Annual Judicial Conference	Step 7 Jan 2005		Step 7 Jan 2005			
Item 9: Adoption		Step 8 Identify Counties not making progress towards achieving TPR's using reports from CAPSS (08/04) - Plans developed by county directors and state managers to address problems identified 10/04	Step 8 Reports that identify TPR's not being completed and identify actions taken to address areas of concern	Step 8 Director of Human Services, Director of Field Services	Step 8 Reports from CAPSS that indicate Increase in filing and completion of TPR's.	Step 8 Oct 2004		Step 8 Oct 2004			

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
Item 9: Adoption		Step 9 Proposed Legislative statute change to clarify the court's review when the permanent plan for a child has changed to TPR. The purpose of the change is to allow the agency to file for TPR without an additional court hearing regarding the change in the permanent plan, thus eliminating unnecessary court hearings.	Step 9 Report regarding passage of legislation to field staff and attorneys	Step 9 Director of Human Services, Director of Field Services	Step 9 a) Notice via memo to field staff and attorneys upon passage of legislation 07/04	Step 9 July 2004		Step 9 July 2004			
Item 10: Permanency goal of other planned permanent living arrangement.	100%	Item 10 was assigned an overall rating of Strength because in 100 percent of the applicable cases, reviewers determined that the agency had made concerted efforts to ensure that the child's placement was long-term and stable and that the child was receiving appropriate services to assist in the eventual transition to independent living.									
Permanency Outcome 2: The Continuity of Family Relationships and Connections is Preserved for Children	Baseline =66.7% Midterm =68.5% by June 2005 Goal= 70% by June 2006.		Quarterly Reports from Child Welfare Services Review (QR)		Midterm=68.5% Goal= 70%	June 2005		June 2006			

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
Permanency Outcome 2: The Continuity of Family Relationships and Connections is Preserved for Children	Baseline = 70% June 2007 = 71% June 2008 = 72% Goal =73% by June 2009		State Office TA Reports		71% 72% Goal = 73%	June 2007 June 2008 June 2009		June 2009			
Item 11: Proximity of foster care placement.	100%	Item 11 was assigned an overall rating of Strength because in 100 percent of the cases, reviewers determined that DSS had made diligent efforts to ensure that children were in foster care placements that were in close proximity to their parents or relatives, or, if not in close proximity, were necessary to meet special needs.									
Item12: Placement with siblings.	86.0%	Item 12 was assigned an overall rating of Strength based on the finding that in 86 percent of the applicable cases, reviewers determined that DSS had made diligent efforts to place siblings together in foster care.									
Item 13: Visiting with Parents and Siblings in Foster Care	Baseline=57% Midterm=58.5% by June 2005 Goal=60% By June 2006		Quarterly Reports from Child Welfare Services Review (QR)		Midterm=58.5% Goal=60%	June 2005		June 2006			
Item 13: Visiting with Parents and Siblings in Foster Care	Baseline =60% June 2007 =61% June 2008=62% Goal= 63% by		State Office TA Reports		61% 62%	June 2007 June 2008					

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		

	June 2009				Goal= 63%	June 2009		June 2009			
Item 13: Visiting with Parents and Siblings in Foster Care		Step 1 Provide training for staff and foster parents on the Family to Family principles regarding engagement of foster parents as team members and serve as an aid to biological families.	Step 1 All (100%) staff and foster parents trained. Training attendance roster and training certificate	Step 1 Human Services Director, State Office Foster Care Staff, Director of Staff Development and Training	Step 1 a) Train 13 counties in two sites by 3/04 b) Remaining counties in five sites by 7/04	Step 1 a) March 2004 b) July 2004		Step 1 July 2004			
Item 13: Visiting with Parents and Siblings in Foster Care		Step 2 Implement monitoring to determine that foster parents and biological parents are included as team members in case planning within three days of the removal to enhance visitation opportunities for biological parents and separated siblings. (Refer to the CWSR in the narrative for corrective action plan)	Step 2 Supervisory Case Review Reports, TA Reports	Step 2 Directors of Field Operations, Director of Human Services, County Director	Step 2 Reports that parents and foster parents plan together for visits.	Step 2 Oct 2004		Step 2 Oct 2004			

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
Item 13: Visiting with Parents and Siblings in Foster Care		Step 3 Implement monitoring visitation between children in foster care and their parents and siblings in foster care and whether visits occurred with sufficient frequency to meet the needs of children and families.	Step 3 CWSR	Step 3 Directors of Field Operations Director of Human Services	Step 3 Reports that visitation between children in foster care and their parents and siblings in foster care visits occurred with sufficient frequency to meet the needs of children and families.	Step 3 Oct 2004		Step 3 Oct 2004			
Item 14: Preserving Connections	Baseline=75% Midterm=76.5% By June 2005 Goal=78% By June 2006		Quarterly Reports from Child Welfare Services Review (Q R)		Midterm=76.5% Goal=78%	June 2005		June 2006			
Item 14: Preserving Connections	Baseline = 78% June 2007 =79% June 2008 =80% Goal = 81% by June 2009		State Office TA Reports		79% 80% Goal= 81%	June 2007 June 2008 June 2009		June 2009			

The 2005 – 2009 Child and Family Services Matrix

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						Projected	Actual	Projected	Actual		
Item 14: Preserving Connections		Step 1 Identify a curriculum on Cultural diversity training for foster parents and foster care staff so that they can better meet the needs of children placed in foster homes that are ethnically or racially different from the child's family of origin. -Identify curriculum 07/04 -Revise curriculum, if needed, 01/05 -SD& T train foster parents and foster care staff 04/05	Step 1 Report that curriculum identified and modified. Report from SD&T that training was provided all (100%) Foster Care staff and 100% of the foster parents.	Step 1 Human Service Director, Director of SD&T	Step 1 Report that curriculum identified and modified. Report from SD&T that training was provided all (100%) Foster Care staff and 100% of the foster parents.	Step 1 April 2005		Step 1 April 2005			
Item 14: Preserving Connections		Step 2 Enhance Foster Care, Foster Licensing, and Adoption manuals and distribute revisions by E-News memo as follows: Section 810.01 #4 to require the 30 day conference to address and reassess separation of siblings, documentation of	Step 2 E-News memo that revisions are incorporated into on line manual	Step 2 Directors of Field Operations Director of Human Services, Foster Care Assistant Director	Step 2 Revised policy in on-line manual	Step 2		Step 2 May 2005			

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						Projected	Actual	Projected	Actual		

		reason for separation and require supervisor signature if placement together is not an option; to require reassessment of siblings placed separately; and plans made for reunification. -Foster Care manual Section 831.1#5 to assessment of child's significant attachments including but not limited to former foster parents for the purpose of possible permanent homes or continuing relationships. -Adoption, Chapter 4, Section 415 Item 6b to include significant positive connections to foster parents. - Adoption, Chapter 4, section 416.01 #1f regarding additional									
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The 2005 – 2009 Child and Family Services Matrix

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						Projected	Actual	Projected	Actual		

		<p>significant relationships to include former foster parents. -Foster Licensing, Chapter 9, to include county self-assessment and continued recruitment plan to focus on identification of resource families who will accept sibling groups. -Foster Care, Chapter 8 to require placement staffing to address the relationship and documentation in the case file of justification of separation of siblings; to require a plan for reassessment if siblings are separated.</p> <p>a) TA regional meeting regarding policy revisions, effective 12/04</p>	<p>a) Report from regional meeting regarding TA on new policy</p>		<p>a) TA at Regional meeting regarding policy revisions</p>	<p>a) Dec 2004</p>					
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The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		

		b) Incorporate into new worker training c) Review and revise as needed the training curriculum for foster and adoptive families with stress to items relating to sibling relationships as well as significant others in the child's life and maintaining those relationships when in the best interest of the child. d) Revise foster parent handbook to include agency policy regarding significant relationship and distribute.	b) Report from Staff Development and Training that new policy is in new worker training c) Report from SD&T and or USC that training is revised as needed d) Report that handbook is revised and distributed to county and adoption offices.		b) New worker training revised to include new policies c) Revised Curriculum d) Handbook revised and distributed	b) Feb 2005 c) March 2005 d) May 2005					
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The 2005 – 2009 Child and Family Services Matrix

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						Projected	Actual	Projected	Actual		
Item 15: Relative Placements	Baseline=71% Midterm=72.5% by June 2005 Goal=74% by June 2006		Reports from Child Welfare Services Review (Q R)		Midterm=72.5% Goal 74%	June 2005		June 2006			
Item 15: Relative Placements	Baseline 74% June 2007 =75% June 2008 =76% Goal =77% by June 2009		State Office TA Reports		75% 76% Goal = 77%	June 2007 June 2008 June 2009		June 2009			
Item 15: Relative Placements		Step 1 Revise supervisory staffing sheet (form 3062) to ensure adequate diligent efforts to find, adequately assess and involve non-custodial parents and relatives continue throughout the life of the case. The staffing sheet should have a place to record the date of the parent/relative search. -Revise form 0/04	Step 1 Supervisor staffing sheet revised and implemented.	Step 1 Director of Human Services, Directors of Field Operations	Step 1 Supervisor staffing sheet revised and implemented.	Step 1 August 2004		Step 1 August 2004			

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						Projected	Actual	Projected	Actual		
		Communicate revision via E-News -Provide TA to implement via teleconference. 08/04									
Item 15: Relative Placements		Step 2 Provide technical assistance on foster care policy regarding assessment of relative placement for safety, risk assessment, and maintaining family relatives. Begin with 13 designated counties and follow up technical assistance after the Child Welfare Services Reviews in the remaining 33 counties by 03/05.	Step 2 TA Summary reports	Step 2 Director Human Services, TA staff	Step 2 TA Summary reports completed.	Step 2 March 2005		Step 2 March 2005			
Item 15: Relative Placements		Step 3 Implement monitoring quarterly, the efforts to locate and assess relative as potential placement resources and to locate and involve absent parents. (Refer to the CWSR narrative for	Step 3 CWSR	Step 3 Director of Field Operations Director of Human Services	Step 3 Monitoring implemented.	Step 3 Oct 2004		Step 3 Oct 2004			

The 2005 – 2009 Child and Family Services Matrix

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						Projected	Actual	Projected	Actual		

		corrective action plan)									
Item 16: Relationship of Child in Care with Parents	Baseline=68.0% Midterm=69.5% by June 2005 Goal=71.0% by June 2006		Quarterly Reports from Child Welfare Services Review (CWSR)		Midterm=69.5% Goal=71.0%	June 2005		June 2006			
Item 16: Relationship of Child in Care with Parents	Baseline =71% June 2007 =72% June 2008 =73% Goal =74% by June 2009		State Office TA Reports		72% 73% Goal = 74%	June 2007 June 2008 June 2009		June 2009			
Item 16: Relationship of Child in Care with Parents		Step 1 Develop training module that instructs staff and foster parents in strategies to maintain and strengthen the relationship of children in care with their custodial and non-custodial parents that emphasizes staff need to initiate and encourage more frequent visitation and provide	Step 1 Report from SD&T training that training module developed and training provided to all (100%) staff and foster parents.	Step 1 Director of Human Services, SD&T	Step 1 Training module developed and training provided to all (100%) staff and foster parents.	Step 1		Step 1 Dec 2005			

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		

		<p>services to address parents' reluctance to request visitation where that is the case.</p> <p>a) Training developed. Seven training sites will be held.</p> <p>b) Three sites trained by 05/05.</p> <p>c) Four sites trained by 10/05.</p> <p>d) Training provided to all (100%) staff and foster parents by 12/05.</p>	<p>a) Report from SD&T that training is developed.</p> <p>b) Report from SD&T that training provided in three sites.</p> <p>c) Report from SD&T that training provided in four sites.</p> <p>d) Report from SD&T that training provided to all (100%) staff and foster parents.</p>		<p>a) Training developed.</p> <p>b) Three sites trained.</p> <p>c) Four sites trained.</p> <p>d) Training provided to all (100%) staff and foster parents.</p>	<p>a) Nov 2004</p> <p>b) May 2005</p> <p>c) Oct 2005</p> <p>d) Dec 2005</p>					
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The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
Item 16: Relationship of Child in Care with Parents		Step 2 Revise policy/procedure in Foster Care manual regarding visitation plan to include the kinds of activities both child and parent can participate in. Once policy is revised all (100%) staff will be provided training.	Step 2 Report from state Foster Care Assistant Director that policy review and revisions completed and all staff trained revised policy.	Step 2 Director of Human Services, Foster Care Assistant Director, State Office TA staff	Step 2 Policy revisions completed and training provided to all (100%) Foster Care supervisors and Foster Care workers.	Step 2		Step 2 April 2005			
		a) Policy reviewed and revised.	a) Report from Foster Care Assistant Director that policy review and revisions completed.		a) Policy revisions completed.	a) Dec 2004					
		b) Policy disseminated via online manual.	b) E-News memo of policy revisions and effective date.		b) Policy disseminated.	b) Jan 2005					
	c) Training provided to all (100%) foster Care Supervisors and workers at TA meetings.	c) Report from State Office TA staff that staff training completed.		c) Training provided to all (100%) Foster Care supervisors and Foster Care workers at TA meetings.	c) April 2005						

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
III. Child and Family Well-Being Outcome WB1: Families have enhanced capacity to provide for their children's needs.	Baseline =40% Midterm =41.5% by June 2005 Goal =43% by June 2006		Child Welfare Services Review (CWSR)		Midterm =41.5% Goal =43%	June 2005		June 2006			
III. Child and Family Well-Being Outcome WB1: Families have enhanced capacity to provide for their children's needs.	Baseline = 43% June 2007 =44% June 2008 =45% Goal =46% by June 2009		State Office TA Reports		44% 45% Goal =46%	June 2007 June 2008 June 2009		June 2009			
Item 17: Needs and Services of child, parents, foster parents	Baseline=46% Midterm=47.5% by June 2005 Goal=49% by June 2006		Quarterly Reports from Child Welfare Services Review (CWSR)		Midterm=47.5% Goal=49%	June 2005		June 2006			
Item 17: Needs and Services of child, parents, foster parents	Baseline =49% June 2007 =50% June 2008 =51% Goal = 52% by June 2009		State Office TA Reports		50% 51% Goal =52%	June 2007 June 2008 June 2009		June 2009			
Item 17: Needs and Services of child, parents, foster parents		Step 1 Review and revise as needed policy for the comprehensive family assessment	Step 1 Report from Foster Care and CPS Assistant	Step 1 Director of Human Services, Foster Care & CPS Assistant Directors, County Directors	Step 1 Policy revised and disseminated.	Step 1		Step 1 Feb 2005			

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
		to more clearly include the assessment of physical health needs for all children; that parents are involved in planning. a) Policy reviewed and revised. b) Regional Meeting held regarding revised policy and to train supervisors.	Director that policy has been reviewed, revised and disseminated.			a) Dec 2004 b) Feb 2005					
Item 17: Needs and Services of child, parents, foster parents		Step 2 Review and revise the CPS and Foster Care Case Planning Process to ensure provision of services to child, parents and foster parents (e.g. appropriateness of Targeted Case Management standards for Treatment cases. a) Policy revised.	Step 2 Report from CPS and Foster Care Assistant Director that the Case Planning Process has been reviewed, revised and disseminated. a) Report from CPS and Foster Assistant Directors that	Step 2 Director of Human Services, CPS and Foster Care Assistant Director County Directors	Step 2 CPS and Foster Care Case Planning Process reviewed and revised as appropriate. a) Policy revised.	Step 2 a) Dec 2004		Step 2 March 2005			

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments	
						Projected	Actual	Projected	Actual			
		b) Disseminate policy via online manual. c) Provide training to all (100%) supervisors at regional meetings regarding Case Planning Process.	policy is revised. b) E -News memo of policy revisions and effective implementation date. c) Report from State Office TA staff that training was provided to all (100%) supervisors.		b) Policy disseminated c) Training provided to all (100%) supervisors.	b) Jan 2005 c) March 2005						
Item 17: Needs and Services of child, parents, foster parents		Step 3 Implement monitoring of the Supervisory Case Review process to ensure consistent compliance with policies & standards, i.e. that child, parents and foster parents are appropriately involved in identifying services and that the needs are being addressed.	Step 3 A quarterly report from State Office Technical Assistance Staff (TA)	Step 3 Director of Human Services, Director of Field Operations	Step 3 Monitoring implemented.	Step 3 Dec 2004		Step 3 Dec 2004				

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
Item 17: Needs and Services of child, parents, foster parents		<p>Step 4 Develop and provide training for all field supervisors regarding the DSS comprehensive assessment process and the provision of needed services, as well as the case review process and will provide training to all (100%) field supervisors in CPS and Foster Care in 4 sites.</p> <p>a) SD&T develops training module.</p> <p>b) Provide training to all (100%) field supervisors in CPS and Foster Care. In 4 sites. The first site to include Greenville will be trained by 3/05. The second site to include Lexington will be trained by 4/05. The third site to include Marion will be trained by 5/05. The fourth</p>	<p>Step 4 Training module developed and implemented and training provided to all (100%) field supervisors in CPS and Foster Care.</p> <p>a) Report from SD&T that training module developed.</p> <p>b) Report from SD&T that training was provided to all (100%) field supervisors in CPS and Foster Care.</p>	<p>Step 4 Director of Human Services, County Directors & SD&T</p>	<p>Step 4 Training module developed and implemented. Training provided to all (100%) field supervisors in CPS and Foster Care.</p> <p>a) Training module developed.</p> <p>b) Training provided to all (100%) field supervisors in CPS and Foster Care.</p>	<p>Step 4</p> <p>a) Dec 2004</p> <p>b) July 2005</p>		<p>Step 4 July 2005</p>			

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		

		site the remaining 13 counties will be trained by 7/05.									
Item 17: Needs and Services of child, parents, foster parents		<p>Step 5 SD&T will develop and implement training for front line CPS and Foster Care staff on child/family assessment and service provision to ensure all staff do appropriate on-going assessments and service provision for child, parents and foster parents and will provide training to all (100%) CPS and Foster Care staff.</p> <p>a) SD&T develops training module.</p> <p>b) Provide training to all (100%) CPS and Foster Care staff in 4 sites. Site one trained by March 2005. Site two trained by April 2005. Site three trained by May</p>	<p>Step 5 Training module developed and implemented and training provided to all (100%) front line CPS and Foster Care staff.</p> <p>a) Report from SD&T that training module developed.</p> <p>b) Report from SD&T that training was provided to all (100%) CPS and Foster Care staff.</p>	<p>Step 5 Director of Human Services & SD&T</p>	<p>Step 5 Training module developed and implemented and training provided to all (100%) front line CPS and Foster Care staff.</p> <p>a) Training module developed.</p> <p>b) Training provided to all (100%) CPS and Foster Care staff.</p>	<p>Step 5</p> <p>a) Dec 2004</p> <p>b) July 2005</p>		<p>Step 5 July 2005</p>			

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		

		2005 and site four trained by July 2005.									
Item 17: Needs and Services of child, parents, foster parents		Step 6 Hold Regional TA meetings for Field office CPS and Foster Care staff on a regular basis to address on-going casework questions for supervisors, clarify policies and expectations, and monitor casework practice. Regional TA meetings held on regular basis beginning June 2004 and at regular intervals after that. Casework practices monitored through program plans and reports at the TA meetings.	Step 6 Reports of Regional TA meetings held on regular basis	Step 6 Director of Human Services, Directors of Field Operations	Step 6 Reports of Regional TA meetings held on regular basis	Step 6 June 2004		Step 6 June 2004			

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
Item 18: Child and Family Involvement in Case Planning	Baseline=47% Midterm=49% by June 2005 Goal=51% by June 2006		Quarterly Reports from Child Welfare Services Review (CWSR)		Midterm=49% Goal=51%	June 2005		June 2006			
Item 18: Child and Family Involvement in Case Planning	Baseline = 51% June 2007 =52% June 2008 =53% Goal= 54% by June 2009		State Office TA Reports		52% 53% Goal =54%	June 2007 June 2008 June 2009		June 2009			
Item 18: Child and Family Involvement in Case Planning		Step 1 Review and revise policies to ensure that parents, children (as appropriate) and foster parents are encouraged to be actively involved in case planning and other case-related meetings in both CPS and Foster Care cases. Revise as appropriate. a) Policies reviewed and revised for compliance with	Step 1 Report from CPS and Foster Care Assistant Directors that policy is revised, disseminated and training provided to all (100%) CPS and Foster Care staff. a) Report from CPS and	Step 1 Director of Human Services, Directors of Field Operations, Director of Staff Development and Training	Step 1 Policy reviewed, revised, disseminated and training provided to all (100%) CPS and Foster Care staff. a) Policy reviewed and revised.	Step 1 Nov 2004 a) July 2004		Step 1 Nov 2004			

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
		above standards. 7/04 b) Disseminate policy via online manual. c) Provide training to all (100%) CPS and Foster Care staff at regional TA meetings. 11/04	Foster Care Assistant Directors that policy is reviewed and revised. b) E-News memo of policy revisions and effective date to implement revisions. c) Report from State Office TA staff that training was provided to all (100% CPS and Foster Care staff.		b) Policy disseminated. c) Training provided to all (100%) staff.		b) Sept 2004 c) Nov 2004				

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
Item 18: Child and Family Involvement in Case Planning		<p>Step 2 Continue offering the Welfare Academy training module for all CPS and Foster Care front-line staff. Add training module for supervisory staff on the necessity of on-going family involvement and family-centered practice in all cases including monitoring and coaching field staff.</p> <p>a) Supervisory training module developed.</p> <p>b) Provide training for all (100%) CPS and Foster Care supervisors in 4 sites. Site one trained by Jan 2005, Site two trained by Feb 2005. Site three trained by March 2005 and Site four trained by April 2005.</p>	<p>Step 2 Report from SD&T that Supervisory training module developed and training provided to all (100%) current CPS and FC supervisors.</p> <p>a) Report from SD&T that Supervisory training module developed.</p> <p>b) Report from SD&T that training was provided to all (100%) CPS and Foster Care supervisors.</p>	<p>Step 2 Director Human Services, Director of Staff Development and Training</p>	<p>Step 2 Supervisory training module developed and training provided to all (100%) current CPS and FC supervisors.</p> <p>a) Supervisory training module developed.</p> <p>b) Training provided to all (100%) CPS and Foster Care supervisors.</p>			<p>Step 2 April 2005</p>			

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		

Item 18: Child and Family Involvement in Case Planning		Step 3 Develop and distribute the "Parent Handout" about laws, policies and DSS practices related to CPS and foster care issues, including parent and DSS staff rights, responsibilities and expectations, including on-going involvement in case planning. a) "Handout" developed. b) Distribute "Handout" to 85% of the families and to all (100%) staff.	Step 3 Report that "Handout" has been developed and distributed to 85% of families and to all (100%) staff and instructions for use implemented. a) Report that "Handout" has been developed. b) Report CPS and Foster Care Assistant Directors that that "Handout" has been distributed to 85% of families and all (100%) staff.	Step 3 Director of Human Services Director of Field Operations	Step 3 "Handout" developed and distributed to 85% of families and to all (100%) staff and instructions for use implemented. a) "Handout" developed. b) "Handout" distributed.	Step 3 a) June 2004 b) August 2004	Step 3 Oct 2004				
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The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
		c) Send Information Memo with instructions for use send via Lotus Notes for staff and mailing list for families.	c) E-News memo with instructions and effective date to implement for all (100%) staff and mailing list with letter of instructions for use for 85% of families.		c) "Handout" instructions disseminated.	c) Oct 2004					
Item 18: Child and Family Involvement in Case Planning		Step 4 Implement monitoring for involvement of mother & fathers in case planning.	Step 4 C WSR	Step 4 Directors of Field Operations Director of Human Services	Step 4 Monitoring implemented.	Step 4 Oct 2004		Step 4 Oct 2004			
Item 19: Worker visits with child	Baseline=71% Midterm-73.5% by June 2005 Goal=76% by June 2006		Quarterly Reports from Child Welfare Services Review (CWSR)		Midterm-73.5% Goal=76%	June 2005		June 2006			

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
Item 19: Worker visits with child	Baseline = 76% June 2007 =77% June 2008 =78% Goal = 79% by June 2009		State Office TA Reports		77% 78% Goal = 79%	June 2007 June 2008 June 2009		June 2009			
Item 19: Worker visits with child		Step 1 Review and revise policy to include revisions to the Exception Report Form to clarify requirements for minimum contacts with children and biological parents, especially fathers in both CPS and Foster Care cases. a) Policy and Exception Report Form revised. b) Policy disseminated via online manual and E-News.	Step 1 CPS and Foster Care to include revisions to the Exception Report Form. Instructions developed for implementation. a) Report from Foster and CPS Assistant Director that revisions have been completed. b) E-News memo of policy revisions and effective	Step 1 Director of Human Services, Foster Care and CPS Assistant Directors, State Office TA staff	Step 1 CPS and Foster Care policy revised to include revisions to the Exception Report Form. Revisions disseminated and training provided to all (100%) staff. a) Policy reviewed and revised. b) Policy disseminated.	Step 1 a) Dec 2004 b) Jan 2005		Step 1 June 2005			

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
		<p>c) Forms added to CAPSS Lotus Notes Master Form Index.</p> <p>d) Provide training to all (100%) Foster Care and CPS staff on revisions via teleconference in 4 regional meetings.</p>	<p>date.</p> <p>c) Report from Information Systems that Form added to CAPSS.</p> <p>d) Report from State Office TA staff that training is completed.</p>		<p>c) Form added to CAPSS.</p> <p>d) Training provided for 100% Foster and CPS staff.</p>	c) Feb 2005					
Item 19: Worker visits with child		<p>Step 2 Develop training module for training on standards for worker visits in foster care and in-home cases and for developing skills for meaningful contacts (e.g. case planning, service delivery, and goal attainment) that will be incorporated into new worker training.</p> <p>a) Training module developed and incorporated into new training.</p>	<p>Step 2 Report from SD&T that training module developed; incorporated into the new worker training and training provided to all (100%) staff.</p> <p>a) Report from SD&T that training module</p>	Step 2 Director of Human Services, Foster Care Assistant Director, Director of Staff Development and Training	<p>Step 2 Training module developed; incorporated into the new worker training and training provided to all (100%) staff.</p> <p>a) Training module developed and incorporated into</p>	Step 2		Step 2 May 2005			

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
								b) Provide training to all (100%) staff in 4 sites. Site one trained by 10/04. Site two trained by 12/04. Site three trained by 02/05 and site four trained by 05/05.	developed and incorporated into the new worker training. b) Report from SD&T that training has been provided to all (100%) staff.		
Item19: Worker visits with child		Step 3 Implement monitoring to assess sufficient frequency and quality of caseworker visits to promote attainment of case goals and/or ensure the children's safety and well being.	Step 3 CWSR	Step 3 Directors of Field Operations Director of Human Services	Step 3 Monitoring implemented.	Step 3 Sept 2004		Step 3 Sept 2004			

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
Item 20: Caseworker visits with parents	Baseline=46% Midterm=47.5% by June 2005 Goal=49% by June 2006		Quality Reports from the Child Welfare Services Review (CWSR)		Midterm=47.5% Goal=49%	June 2005			June 2006		
Item 20: Caseworker visits with parents	Baseline = 49% June 2007 = 50% June 2008 =51% Goal = 52% by June 2009		State Office TA Reports		50% 51% Goal = 52%	June 2007 June 2008 June 2009			June 2009		
Item 20: Caseworker visits with parents		Step 1 Review and revise policy to include revisions to the Exception Report Form to clarify requirements for minimum contacts with children and biological parents, especially fathers in both CPS and Foster Care cases. a) Policy and Exception Report Form revised.	Step 1 CPS and Foster Care to include revisions to the Exception Report Form. Instructions developed for implementation. a) Report from Foster and CPS Assistant Director that revisions	Step 1 Director of Human Services, Foster Care and CPS Assistant Directors, State Office TA staff	Step 1 CPS and Foster Care policy revised to include revisions to the Exception Report Form. Revisions disseminated and training provided to all (100%) staff. a) Policy reviewed and revised.	Step 1 a) Dec 2004		Step 1 June 2005			

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments	
						Projected	Actual	Projected	Actual			
		b) Policy disseminated via online manual and E-News. c) Forms added to CAPSS Lotus Notes Master Form Index. d) Provide training to all (100%) Foster Care and CPS staff on revisions via teleconference in 4 regional meetings.	have been completed. b) E-News memo of policy revisions and effective date. c) Report from Information Systems that Form added to CAPSS. d) Report from State Office TA staff that training is completed.		b) Policy disseminated. c) Form added to CAPSS. d) Training provided for 100% Foster and CPS staff.	b) Jan 2005 c) Feb 2005 d) June 2005						
Item 20: Caseworker visits with parents		Step 2 Develop training module for training on standards for worker visits in foster care and in-home cases and for developing skills for meaningful contacts (e.g. case planning, service delivery, and goal attainment) that will be incorporated into new worker	Step 2 Report from SD&T that training module developed; incorporated into the new worker training and training provided to all (100%) staff.	Step 2 Director of Human Services, Foster Care Assistant Director, Director of Staff Development and Training	Step 2 Training module developed; incorporated into the new worker training and training provided to all (100%) staff.	Step 2		Step 2 May 2005				

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments	
						Projected	Actual	Projected	Actual			
		training. a) Training module developed and incorporated into new training. b) Provide training to all (100%) staff in 4 sites. Site one trained by 10/04. Site two trained by 12/04. Site three trained by 02/05 and site four trained by 05/05	a) Report from SD&T that training module developed and incorporated into the new worker training. b) Report from SD&T that training has been provided to all (100%) staff.		a) Training module developed and incorporated into new worker training. b) Training provided to all (100%) staff.	a) July 2004 b) May 2005						
Item 20: Caseworker visits with parents		Step 3 Implement monitoring to assess sufficient frequency and quality of caseworker visits to promote attainment of case goals and/or ensure the children's safety and well being.	Step 3 CWSR	Step 3 Directors of Field Operations Director of Human Services	Step 3 Monitoring implemented.	Step 3 Sept 2004		Step 3 Sept 2004				

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
Outcome WB 2: Children receive appropriate services to meet their educational needs	Baseline=84.2% Midterm=86.1% by June 2005 Goal=88% by June 2006		Quarterly Reports from the Child Welfare Services Review (CWSR)		Midterm=86.1% Goal=88%	June 2005		June 2006			
Outcome WB 2: Children receive appropriate services to meet their educational needs	Baseline = 88% June 2007 =89% June 2008 =90% Goal = 91% by June 2009		State Office TA Reports		89% 90% Goal = 91%	June 2007 June 2008 June 2009		June 2009			
Item 21: Educational needs of the child.		Step 1 Review and revise the guidelines for the assessment of educational needs of individual children to be used for both in home and out of home treatment cases to ensure the thorough assessment of child's educational needs. a) Guidelines for the assessment reviewed and revised.	Step 1 Report that guidelines revised and disseminated. a) Report from Foster Care Assistant	Step 1 Director of Human Services	Step 1 Guidelines revised and disseminated. a) Guidelines reviewed and revised.	Step 1 a) August 2004		Step 1 Oct 2004			

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
		b) Guidelines revisions disseminated.	Director that guidelines reviewed and revised. b) E-News memo of guideline revisions and effective date to implement.		b) Guidelines disseminated.	b) Oct 2004					
Item 21: Educational needs of the child.		Step 2 Develop and implement use of Education and Health Passport for all foster children statewide to facilitate maintaining child's records no matter where placed. a) Policy and procedure revised. b) Regional TA training on the use of passport 13 counties in two sites trained.	Step 2 Passport developed, distributed and training provided to all (100%) staff trained. a) Report from Foster Care Assistant Director that policy revised. b) Report from Foster Care Assistant Director that 13 counties	Step 2 Director of Human Services, Foster Care Assistant Director	Step 2 Passport developed, distributed and training provided to all (100%) staff trained. a) Policy revised. b) 13 Counties trained.	Step 2 a) April 2004 b) July 2004		Step 2 Dec 2004			

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
		c) Regional TA training for remaining 33 counties will be trained in five sites.	trained. c) Report from Foster Care Assistant Director that remaining counties trained.		c) Remaining 33 counties trained	c) Dec 2004					
Item 21: Educational needs of the child.		Step 3 Implement monitoring of the guidelines and individualized assessments for all children.	Step 3 CWSR	Step 3 Director of Field Operations Director of Human Services	Step 3 Monitoring implemented.	Step 3 Sept 2004		Step 3 Sept 2004			

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
WB Outcome 3: Children receive adequate services to meet their physical and mental health needs	Baseline = 68.8% Midterm =70.8% by June 2005 Goal =73% by June 2006		Quarterly Reports from Child Welfare Services Review (CWSR)		Midterm =70.8% Goal =73%	June 2005		June 2006			
WB Outcome 3: Children receive adequate services to meet their physical and mental health needs	Baseline = 73% June 2007 = 74% June 2008 = 75% Goal= 76% by June 2009		State Office TA Staff		74% 75% Goal = 76%	June 2007 June 2008 June 2009		June 2009			
Item WB22: Physical needs of the child.	Baseline=79% Midterm=81% by June 2005 Goal=83% by June 2006		Quarterly Reports from Child Welfare Services Review (CWSR)		Midterm=81% Goal=83%	June 2005		June 2006			
Item WB22: Physical needs of the child.	Baseline = 83% June 2007 =84% June 2008 =85% Goal = 86% by June 2009		State Office TA Reports		84% 85% Goal =86%	June 2007 June 2008 June 2009		June 2009			

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		

<p>Item 22: Physical needs of the child.</p>		<p>Step 1 SD&T will identify training curriculum and provide training to all child welfare staff on assessing physical health needs of children and evaluating effectiveness of treatment.</p> <p>a) Training module identified.</p> <p>b) SD&T will provide training to all (100%) staff in 4 sites. Site one trained by 3/05. Site two trained by 6/05. Site three trained by 9/05 and site four trained by 12/05.</p>	<p>Step 1 Report that training was provided to all (100%) Child Welfare Staff on assessing physical health needs of children and evaluating the effectiveness of treatment.</p> <p>a) Report from SD&T that training module identified.</p> <p>b) Report from SD&T that training provided to all (100%) staff.</p>	<p>Step 1 Director of Human Services, Director of SD&T</p>	<p>Step 1 Training provided to all (100%) Child Welfare Staff trained on assessing physical health needs of children and evaluating the effectiveness of treatment.</p> <p>a) Training module identified.</p> <p>b) All (100%) staff trained.</p>	<p>Step 1</p> <p>a) Dec 2004</p> <p>b) Dec 2005</p>	<p>Step 1</p> <p>Dec 2005</p>		
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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		

Item 22: Physical needs of the child.		Step 2 Implement monitoring to assess issues surrounding physical health needs of children in foster care and in-home cases.	Step 2 CWSR	Step 2 Directors of Field Operations Director of Human Services	Step 2 Monitoring implemented.	Step 2 Sept 2004		Step 2 Sept 2004			
Item 22: Physical needs of the child.		Step 3 Refer to Service Array Item 35 Step 2 to address dental care.	Step 3	Step 3	Step 3	Step 3		Step 3			
Item 23: Mental Health of the child.	Baseline=76% Midterm=78% by June 2005 Goal=80% By June 2006		Quarterly Reports from Child Welfare Services Review (CWSR)		Midterm=78% Goal=80%	June 2005		June 2006			
Item 23: Mental Health of the child.	Baseline = 80% June 2007 = 81% June 2008 = 82% Goal = 83% by June 2009		State Office TA Reports		81% 82% 83%	June 2007 June 2008 June 2009					
Item 23: Mental Health of the child		Step 1 SD&T will identify training curriculum and provide training to all child welfare staff on assessing mental health needs of children and evaluating	Step 1 Report that training was provided to all (100%) Child Welfare Staff on assessing mental health	Step 1 Director of Human Services, Director of SD&T	Step 1 Training provided to all (100%) Child Welfare Staff trained on assessing mental health needs of children and evaluating the	Step 1		Step 1 Dec 2005			

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						Projected	Actual	Projected	Actual		
		effectiveness of treatment. a) Training module identified. b) SD&T will provide training to all (100%) staff in 4 sites. Site one trained by 3/05. Site two trained by 6/05. Site three trained by 9/05 and site four trained by 12/05.	needs of children and evaluating the effectiveness of treatment. a) Report from SD&T that training module identified. b) Report from SD&T that training provided to all (100%) staff.		effectiveness of treatment. a) Training module identified. b) All (100%) staff trained.		a) Dec 2004 b) Dec 2005				
Item 23: Mental Health of the child.		Step 2 Implement monitoring to assess issues addressing mental health needs of children in foster care and in-home cases.	Step 2 CWSR	Step 2 Directors of Field Operations Director of Human Services	Step 2 Monitoring implemented.	Step 2 Sept 2004		Step 1 Sept 2004			

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						Projected	Actual	Projected	Actual		
						<p>IV. Statewide Information System</p> <p>Item 24: State is operating a Statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care.</p>	<u>3</u>				
<p>V. Case Review System</p> <p>Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent (s) that includes the required provisions.</p>	Baseline = 3 To move the case review process to a 4 by June 2009		State Office TA Reports		3 4	June 2006 June 2009		June 2009			

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
V. Case Review System Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent (s) that includes the required provisions.		Step 1 Review policies to ensure that parents, children (as appropriate) and foster parents are encouraged to be involved in case planning and other case-related meetings. Revise as appropriate. -Policies reviewed for compliance. If needed, revisions approved and disseminated; Otherwise, document that no changes are needed. 07/04	Step 1 Policies reviewed for compliance. If needed, revisions approved and disseminated.	Step 1 Director of Human Services	Step 1 Policies reviewed for compliance. If needed, revisions approved and disseminated; Otherwise, document that no changes are needed.	Step 1 July 2004		Step 1 July 2004			
Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent (s) that includes the required provisions.		Step 2 Implement monitoring for case plans developed jointly with child's parents (mother/father).	Step 2 CWSR	Step 2 Directors of Field Operations Director of Human Services	Step 2 Monitoring implemented.	Step 2 Oct 2004		Step 2 Oct 2004			

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		

Item 26: Provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review.	Item 26 is rated as a Strength because information gathered during the CFSR process indicates that each child (96%) in foster care receives a periodic review at least every 6 months.										
Item 27: Provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter		Step 1 Establish baseline for current percentage of cases with timely hearings in each county.	Step 1 Baseline information established for timely hearings. CAPSS Report	Step 1 Director of Human Services	Step 1 Baseline information established for timely hearings	Step 1 July 2004		Step 1 July 2004			
Item 27: Provides a process that ensures that each child in foster care under the supervision of the		Step 2 Implement monitoring to assess timeliness of Permanency Hearings held	Step 2 CWSR	Step 2 Director of Field Operations Director of Human Services	Step 2 Monitoring implemented.	Step 2 July 2004		Step 2 July 2004			

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						Projected	Actual	Projected	Actual		
State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter		within 12 months of child entry into care.									
Item 27: Provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter		Step 3 When Pending criminal cases and pending child welfare family court cases arising from the same incidents are scheduled for the same time, the criminal cases will be heard first, thus delaying a permanency hearing for a child. The Chief Justice established a Court Coordination Taskforce in 2001 to address this issue. This Taskforce included family court and criminal court judges, lawyers and	Step 3 Report that guidelines developed, implemented and training provided to all (100%) family court judges, criminal court judges, lawyers, solicitors and social workers.	Step 3 CLO, Court Administration, Director of Human Services	Step 3 Guidelines developed, implemented and training provided to all (100%) family court judges, criminal court judges, lawyers, solicitors and social workers.	Step 3		Step 3 June 2005			

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
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		<p>solicitors. Guidelines are being reviewed by the Family Court Advisory Committee and are scheduled to be implemented September 2004.</p> <p>a) Develop statewide guidelines for child maltreatment cases that are for family court and criminal court. The guidelines will provide direction to resolve these cases in both court systems.</p> <p>b) Training provided to all (100%) staff in 4 sites.</p>	<p>a) Report that statewide guidelines have been developed.</p> <p>b) Report that training provided to all (100%) family court judges, criminal court judges, lawyers, solicitors and social</p>		<p>a) Guideline developed.</p> <p>b) Training provided to all (100%) family court judges, criminal court judges, lawyers, solicitors and social workers.</p>	<p>a) Dec 2004</p> <p>b) June 2005</p>					
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The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
			workers.								
Item 28: Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act.		Step 1 Implement monitoring quarterly the filing of TPR's in a timely manner.	Step 1 CWSR	Step 1 Directors of Field Operations Director of Human Services	Step 1 Monitoring implemented.	Step 1 Oct 2004		Step 1 Oct 2004			
Item 28: Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act.		Step 2 Staff from Court Administration will survey counties where court coordinator was assigned to determine if use resulted in greater timeliness and consistency in the handling of child abuse and neglect cases within that county, as compared to other counties without additional court resources.	Step 2 Survey developed and distributed. Results analyzed and assessed for needed improvement.	Step 2 Court Administration or contracted services, Director of Human Services	Step 2 Survey developed and distributed. Results analyzed and assessed for needed improvement.	Step 2		Step 3 Jan 2006			

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						Projected	Actual	Projected	Actual		

		<p>a) Identify average length of time to schedule hearings.</p> <p>b) Percentage of court docket that is occupied by child abuse and neglect cases prior to employing additional court resources and at the time of the reassessment. Compare this information in pilot counties to a representative sample statewide. Through survey of pilot counties identify other areas still needing improvement, including timely filing for TPR.</p> <p>c) Survey developed and distributed.</p>	<p>a) Report from DSS on average length of time to schedule hearings.</p> <p>b) Report from Court Administration on percentage of court docket that is occupied by child abuse and neglect cases.</p> <p>c) Report from Court Administration on the development</p>		<p>a) Average length of time to schedule hearings identified.</p> <p>b) Percentage of court docket occupied by child abuse and neglect cases.</p> <p>c) Survey distributed.</p>	<p>a) Nov 2004</p> <p>b) Feb 2005</p> <p>c) July 2005</p>					
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						Projected	Actual	Projected	Actual		
		d) Results analyzed and assessed for improvement.	and distribution of survey. d) Report from Court Administration on the results of the survey.		d) Results analyzed and assessed for improvement.	d) Jan 2006					
Item 28: Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act.		Step 3 Staff from Court Administration will Survey county clerks of court, county DSS staff and judges to identify court management and case-flow procedures used throughout the State. a) Analyze current state practices for tracking and scheduling hearing dates. b) Identify model case tracking and	Step 3 Survey and assessment completed a) Report from Court Administration on practices for tracking and scheduling hearing dates. b) Report from Court	Step 3 CIP Advisory Council, Court Administration, SCJD IT, Director of Human Services	Step 3 Survey and assessment completed a) Report on Practices for tracking and scheduling hearing dates completed. b) Report on model case tracking systems	Step 3 a) Sept 2004 b) March 2005		Step 3 Dec 2005			

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		<p>management systems with assistance of Technical Resource Centers to determine best practices.</p> <p>c) Examine alternative case tracking and management systems for implementation on a pilot basis with ultimate statewide implementation. Initiation of a pilot and statewide implementation are dependent upon development of a Family Court case management system.</p>	<p>Administration on identifying model case tracking and management systems with assistance of Technical Resource Centers to determine best practices.</p> <p>c) Report from Court Administration on alternative case tracking and management systems for implementation on a pilot basis with ultimate statewide implementation.</p>		<p>completed.</p> <p>c) Report on alternative case tracking and management systems for implementation on a pilot basis with ultimate statewide implementation. Completed.</p>	<p>c) Dec 2005</p>					
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						Projected	Actual	Projected	Actual		
Item 28: Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act.		Step 4 Implement monitoring in counties where TPR's are backlogged, assess systemic issues contributing to backlog. (Refer to CWSR narrative for corrective action plan)	Step 3 CWSR	Step 4 Director of Human Services; Director of Field Operations	Step 4 Monitoring implemented.	Step 4 July 2004		Step 4 July 2004			
Item 29: Foster Family notice of Hearings		Step 1 Implement monitoring of Notice sent to Foster/Adoptive Parents for all court hearings and opportunity to be heard at said hearings will be monitored.	Step 1 Report from State Office TA Staff	Step 1 Director of Human Services, County Directors, Supervisors	Step 1 Monitoring implemented.	Step 1 July 2004		Step 4 July 2004			
Item 29: Foster Family notice of Hearings		Step 2 Implement monitoring of current DSS court practices concerning foster and pre-adoptive parents' access to and input during merits and permanency planning hearings.	Step 2 Report from State Office TA Staff	Step 2 Director of Human Services, Court Administration	Step 2 Monitoring implemented.	Step 2 Oct 2004		Step 2 Oct 2004			

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						Projected	Actual	Projected	Actual		
Item 29: Foster Family notice of Hearings		Step 3 Collaborate with DSS and Children's Law Office to clarify statutory requirements, roles and responsibilities for notice and opportunity to be heard.	Step 3 Requirements of the state statute concerning notice and opportunity to be heard by these parties are met.	Step 3 Director of Human Services, CLO, Court Administration	Step 3 Requirements of the state statute concerning notice and opportunity to be heard by these parties are met.	Step 3 Dec 2004		Step 3 Dec 2004			
Item 29: Foster Family notice of Hearings		Step 4 Educate the family court judges on the current law relating to notice and opportunity to be heard for foster and pre-adoptive parents.	Step 4 95% of Judges trained on notice & opportunity to be heard	Step 4 Director of Human Services, CLO, Court Administration	Step 4 95% of Judges trained on notice & opportunity to be heard	Step 4 Oct 2004		Step 4 Oct 2004			
VI. Quality Assurance System	<u>3</u> South Carolina is in substantial conformity with the systemic factor of quality assurance.										
Item 30: The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children.	Item 30 is rated as a Strength because the State has developed and implemented standards to ensure the protection of the health and safety of children in foster care.										

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						Projected	Actual	Projected	Actual		
<p>Item 31: The State is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the CFSP are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.</p>	<p>Item 31 is rated as a Strength because the State maintains a quality assurance system that evaluates and measures program strengths and areas needing improvement.</p>										
<p>VII. Training</p>	<p>3 South Carolina is in substantial conformity with the systemic factor of training.</p>										

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						Projected	Actual	Projected	Actual		
<p>Item 32: The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services.</p>	<p>Item 32 is rated as a “Strength” because the State provides a pre-service training program, and requires staff to pass a certification test with a minimum score of 75%.</p>										
<p>Item 33: The State provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.</p>	<p>Item 33 is rated as an Area Needing Improvement because there is no longer a requirement that caseworkers must complete a specified number of training hours each year to address the professional development issues necessary to carry out their duties.</p> <ul style="list-style-type: none"> ❖ DSS created a Training Taskforce to address this issue and recommendations were made. Current curriculum is being revised and full implementation will occur by June 2006. 										

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						Projected	Actual	Projected	Actual		

<p>Item 34: The State provides training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.</p>											
<p>VIII. Service Array</p>	<p>Baseline 3 To move the service array process to a 4 by June 2009</p>		<p>State Office TA Reports</p>		<p>3 4</p>	<p>June 2006 June 2009</p>		<p>June 2009</p>			
<p>VIII. Service Array</p> <p>Item 35: The State has in place an array of services that assess the strengths and needs</p>		<p>Step 1 Conduct a needs assessment survey of existing support services and distribution to determine gaps in</p>	<p>Step 1 Report from Program Development that survey completed.</p>	<p>Step 1 Director of Human Services, Program Development, County Directors, County Supervisors</p>	<p>Step 1 Survey completed.</p>	<p>Step 1 June 2005</p>		<p>Step 1 June 2005</p>			

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						Projected	Actual	Projected	Actual		
of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency		service array and accessibility/ distribution of services. This is to include mental health services, physical health services, family violence, substance abuse, intensive in-home services, and out-of-home services. The needs assessment will also include the immediate availability of foster homes.									
Item 35: The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when		Step 2 Work collaboratively with the South Carolina Dental Association to arrange free dental care for foster care children. a) Statewide free Dental Clinic held	Step 2 Report of the number of foster children attending the free clinics. Directory created and distributed to all (100%) foster parents and group home providers. a) Report from the	Step 2 Director of Human Services, Representative from the South Carolina Dental Association	Step 2 Report of the number of foster children attending the free clinics. a) Report of the number of foster	Step 2 a) Feb 2004		Step 2 Feb 2004			

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						Projected	Actual	Projected	Actual		
reasonable, and help children in foster and adoptive placements achieve permanency		in six locations in the state.	South Carolina Dental Association with the number of foster children attending the free clinic.		children attending the free clinics.						
Item 35: The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.		<p>Step 3 Continue Domestic Violence collaborative to improve services to children who witness domestic violence. DSS received a 3-year grant to pilot services to children in 15 counties. At the end of the 3-year grant period services will be made accessible to families and children in all political jurisdictions covered in the State's CFSP.</p> <p>a) Establishment of coordinating councils and locally based response teams. 4 county councils and</p>	<p>Step 3 Report on the establishment of County Councils and Response teams.</p> <p>a) Report from State Office Domestic Violence Coordinator</p>	Step 3 Director of Human Services, State Office Domestic Violence staff	<p>Step 3 Report on the establishment of County Councils and Response teams</p> <p>a) Four new county councils and response teams established.</p>	Step 3		Step 3 Feb 2005			

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						Projected	Actual	Projected	Actual		

		response teams established.	on the status of the 4 county councils and response teams.								
Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.		Step 1 Findings from the assessment survey will be made accessible to families and children statewide.	Step 1 Report from Program Development that findings will be disseminated statewide.	Step 1 Director of Human Services, Program Development, County Directors, County Supervisors	Step 1 Findings disseminated statewide.	Step 1 Dec 2005		Step 1 Dec 2005			
Item 36: The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.		Step 2 Create statewide directory of all dentist who will accept Medicaid and distribute to all foster parents and group home providers and made accessible to families and children statewide.	Step 2 Report from Program Development that statewide directory created and distributed to 85% of foster parents and group home providers.		Step 2 Directory created and distributed to all 85% foster parents and group home providers	Step 2 August 2005		Step 2 August 2005			

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						Projected	Actual	Projected	Actual		
Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.	Item 37 is rated as a Strength because services can be individualized to meet the unique needs of children and families. The use of flexible funding is an effective way to craft an array of services tailored to meet the needs of individual families and children.										
IX. Agency Responsiveness to the Community	3 South Carolina achieved substantial conformity with the systemic factor of Agency Responsiveness to the Community.										
Item 38: In implementing the provisions of the Child and Family Services Plan (CFSP), the State engages in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child and family-serving agencies and includes the major concerns of these representatives in the goals and objectives of the CFSP.	Item 38 is rated as a Strength because there is broad collaboration with other agencies in the development of the goals and objectives for the State's Child and Family Services Plan (CFSP).										

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						Projected	Actual	Projected	Actual		
Item 39: Item 38 is rated as a Strength because there is broad collaboration with other agencies in the development of the goals and objectives for the State's Child and Family Services Plan (CFSP).		Item 39 is rated as a Strength because the State collaborates with internal and external partners in the development of the Annual Progress and Services Report for the CFSP.									
Item 40: The State's services under the CFSP are coordinated with services or benefits of other Federal or federally assisted programs serving the same population.		Item 40 is rated as a Strength because the agency engages in extensive collaboration with other agencies at the State level to ensure the coordination of services.									
X. Foster and Adoptive Parent Licensing, Recruitment, and Retention		³ South Carolina is in substantial conformity with the systemic factor of foster and adoptive parent licensing, recruitment and retention.									

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						Projected	Actual	Projected	Actual		
Item 41: The State has implemented standards for foster family homes and child care institutions, which are reasonably in accord with recommended national standards.	Item 41 is rated as a Strength because the State of South Carolina has consistently implemented standards for foster family homes and child care institutions that conform to recognized national guidelines.										
Item 42: The standards are applied to all are licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds.	Item 42 is rated as a Strength because South Carolina's licensing standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds.										

The 2005 – 2009 Child and Family Services Matrix

Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
Item 43: 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.	Item 43 is rated as a Strength because the State completes a criminal records clearance prior to the approval of all foster and adoptive homes.										
Item 44: This item is rated as a Strength because the State completes a criminal records clearance prior to the approval of all foster and adoptive homes.	<p>Item 44 is rated as an Area Needing Improvement because, although the State has in place a process for Statewide recruitment of foster and adoptive homes that reflect the needs of children requiring placement, there is no comprehensive plan for diligent recruitment that is implemented in the counties.</p> <ul style="list-style-type: none"> ❖ A State Office Foster Care Technical Assistant has been assigned to oversee the implementation in each of the counties and to provide a forum by which the involved counties can learn from each other's efforts. 				Comprehensive plan for diligent recruitment implemented in all counties	Dec 2005		Dec 2005			

The 2005 – 2009 Child and Family Services Matrix

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Outcome or Systemic Factors and Item(s) Contributing to Non-Conformity	Percent Improvement Goal	Action Steps	Method of Measuring Improvement	Person Assigned	Benchmarks Toward Achieving Goal	Benchmarks' Dates Of Achievements		Goals' Dates of Achievement		Accomplishments	Barriers to Accomplishments
						Projected	Actual	Projected	Actual		
<p>Item 45: The State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.</p>											